2009 Rhode Island Kids Count Factbook

Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action. Rhode Island KIDS COUNT appreciates the generous support of The Rhode Island Foundation, United Way of Rhode Island, The Annie E. Casey Foundation, Prince Charitable Trusts, CVS Caremark Charity Classic, Hasbro Children's Fund, Jessie B. Cox Charitable Trust, David and Lucile Packard Foundation, Pre-K Now, Nellie Mae Education Foundation, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, UnitedHealthcare, Voices for America's Children, America's Promise Alliance and Citizens Bank Foundation.

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

Additional copies of the *2009 Rhode Island Kids Count Factbook* are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the *2009 Factbook*, please contact:

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2009 Rhode Island Kids Count Factbook

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* *New Indicator*

Overview

From *Rain in Summer*

by Henry Wadsworth Longfellow

How beautiful is the rain!
After the dust and heat,
In the broad and fiery street,
In the narrow lane,
How beautiful is the rain!

How it clatters along the roofs,
Like the tramp of hoofs!
How it gushes and struggles out
From the throat of the overflowing spout!

Across the window-pane
It pours and pours;
And swift and wide,
With a muddy tide,
Like a river down the gutter roars
The rain, the welcome rain!

The *2009 Rhode Island Kids Count Factbook* is the fifteenth 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 *2009 Rhode Island Kids Count Factbook* provides a statistical portrait of the status of Rhode Island's children. Information is presented for the state of Rhode Island, each city and town and an aggregate of the six cities in which 15% or more of the children live in poverty. These six core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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

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

The *2009 Rhode Island Kids Count Factbook* examines sixty-three 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 *2009 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs and individual service on behalf of children.

Early Investments Count

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

Educational Attainment for All Children

Improving student achievement and high school graduation rates in Rhode Island will require focused leadership to increase school readiness, to maintain high academic standards across the curriculum at all grades, and to ensure that all children graduate from high school with the skills they need to succeed in college and the workforce. Research shows that disparities in student achievement can be closed when all children – regardless of race, ethnicity, family or community income level – attend schools with rigorous academic standards, effective teachers and high expectations for all students.

Family Economic Security

Children most at risk of not achieving their full potential are children in poverty. Rhode Island's child poverty rate was 17.5% in 2007. There were 40,468 Rhode Island children living in families with incomes below the federal poverty threshold in 2007. Many families with incomes above the poverty level also have a difficult time meeting the high costs of housing, utilities, food, child care and health care. Child care subsidies, health insurance, affordable housing and tax policies that support working families are important tools to ensure the economic well-being of Rhode Island families and to improve child outcomes.

Family and Community

We're Racing, Racing down the Walk

by Phyllis McGinley

We're racing, racing down the walk,
Over the pavement and round the block.
We rumble along till the sidewalk ends–
Felicia and I and half our friends.
Our hair flies backward. It's whish and whirr!
She roars at me and I shout at her
As past the porches and garden gates
We rattle and rock
On our roller skates.

Child Population

DEFINITION

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

SIGNIFICANCE

In 2007, there were 117,132 family households with children under age 18 in Rhode Island, representing almost a third (29%) of all households.[1] According to the American Community Survey conducted by the Census Bureau, there were 1,057,832 Rhode Island residents in 2007. Children under age 18 made up 22% (234,821) of the Rhode Island population. The 2007 child population was slightly lower than the child population in 2000.[2,3] More than a quarter (26%) of Rhode Island children were under age 5, 28% were ages 5 to 9, 27% were ages 10 to 14, and 18% were ages 15 to 17.[4]

In 2007 in Rhode Island, 150,210 (64%) children under age 18 lived in a married-couple household, 66,079 (28%) children lived in a single-parent household, and 14,767 (6%) children lived with relatives, including married and single-parent grandparents or other relatives. A total of 3,174 (1%) children lived with a foster family or other non-relative head of household, and 591 (<1%) children lived in group quarters or other non-household situations, such as residential treatment programs.[5]

The total number of children in all household types in Rhode Island saw decreases between 2000 and 2007. The number of children under age 18 living in single-parent households decreased 1%, the number of children living with a grandparent or other relative decreased 17%, and the number of children living in a two-parent household decreased 4%.[6,7]

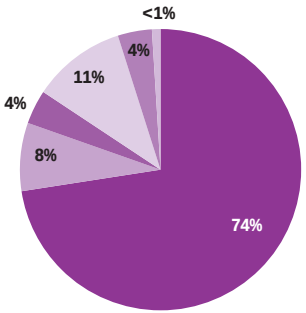
Rhode Island's children are diverse in race, ethnic background, language and country of origin. In 2007, there were 9,620 foreign-born children under age 18 living in Rhode Island, representing 4% of the child population.[8] In Rhode Island, 77% of children ages 5-17 speak only English, 15% of children speak Spanish, 5% speak other Indo-European languages and 2% speak an Asian or other Pacific Island language at home.[9]

Sexual identity is another important facet of diversity among youth. According to the *2007 Youth Risk Behavior Survey* 7.2% of Rhode Island high school students described themselves as lesbian, gay or bisexual. This does not include students who responded "not sure" when asked about their sexual identity.[10]

Rhode Island's Children under Age 18, 2007

By Race/Ethnicity*

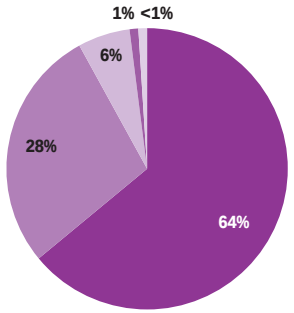
74%	White
8%	Black
4%	Asian
11%	Some Other Race
4%	Two or More Races
<1%	Race Unknown



n= 234,821

By Family Structure

64%	Married Couple**
28%	Single Parent**
6%	Other Relatives
1%	Foster Family or Other Unrelated Household
<1%	Group Quarters or Other Non-Households



n= 234,821

**Hispanic children may be included in any race category. Of Rhode Island's 234,821 children, 42,382 (18%) were Hispanic.*

Source: U.S. Bureau of the Census, American Community Survey, 2007. B01001, B01001A, B01001B, B01001D, B01001F, B01001G and B01001I. Percentages may not sum to 100% due to rounding.

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

Source: U.S. Bureau of the Census, American Community Survey, 2007. Tables B09002, B09005, and B09006. Percentages may not sum to 100% due to rounding.

◆ **According to the 2007 American Community Survey, 66% of children in Rhode Island lived in owner-occupied housing units and 34% lived in renter-occupied units.[11]**

◆ **Of children ages 3 to 17 enrolled in school in Rhode Island in 2007, 83% were enrolled in public schools and 17% were enrolled in private schools.[12]**

◆ **In 2007, 8% of Rhode Island children had at least one specified disability, including either a long-lasting physical condition or difficulty completing educational or daily life tasks.[13]**

Table 1.

Child Population, Rhode Island, 1990 and 2000

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

Source of Data for Table/Methodology

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

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

References

[1] U.S. Bureau of the Census, American Community Survey, 2007. Rhode Island: Selected Social Characteristics in the United States: 2007.

[2,4] U.S. Bureau of the Census, American Community Survey, 2007. Table B01001.

[3] U.S. Bureau of the Census, American Community Survey, 2000. Table P004.

[5,6] U.S. Bureau of the Census, American Community Survey, 2007. Tables B09001, B09002, B09005 & B09006.

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

[8] U.S. Bureau of the Census, American Community Survey, 2007. Table B05003.

[9] U.S. Bureau of the Census, American Community Survey, 2007, Table B16007.

[10] Rhode Island Department of Health, *Youth Risk Behavior Survey*, 2007.

[11,12,13] U.S. Bureau of the Census, American Community Survey, 2007. Table S0901: Rhode Island Children Characteristics.

Children in Single-Parent Families

DEFINITION

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

SIGNIFICANCE

According to the American Community Survey conducted by the U.S. Census Bureau, there were 216,289 children living with one or more of their parents in Rhode Island in 2007. Of these, 31% (66,079) were living with an unmarried parent, an increase from 27% in 2000. In 2007, 69% of Rhode Island children living with one or more of their parents were living in married-couple households.[1,2]

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

In 2007 in Rhode Island, 78% of children living in poverty were living in single-parent families. Children in single-parent families in Rhode Island were seven times more likely to be living in poverty than those in married-couple families. In 2007, 42% of children in single-parent households lived in poverty, compared to 6% of children in married-couple households.[4]

The financial barriers facing many single-parent families explain some of the differences in well-being between the children in single-parent households and those in two-parent households. Children who grow up in single-parent families (whether they were due to divorce or the parents never having been married) are at increased risk for low academic achievement, low levels of social and emotional well-being, and increased levels of depression and stress. As adults they have diminished earnings and are more likely to have non-marital births, discordant marriages and to get divorced. Regardless of family structure, the quality of parenting is one of the best predictors of a child's well-being.[5]

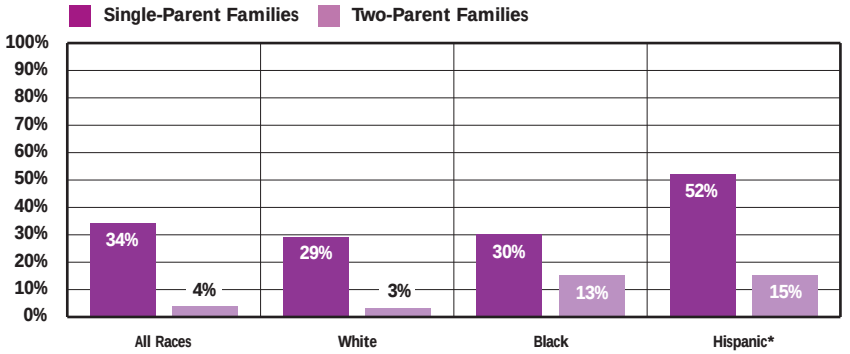
Single-Parent Families

	2000	2007
RI	32%	33%
US	31%	32%
National Rank*		*31st*
New England Rank**		*6th*

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

Source: Annie E. Casey Foundation KIDS COUNT Data center. (n.d.). *Comparisons by topic: Children in single-parent families, 2000 and 2007*. Retrieved January 13, 2009 from www.kidscount.org/datacenter

Families with Children under Age 18 and Income below the Poverty Threshold by Race & Ethnicity, Rhode Island, 2007



Source: U.S. Bureau of the Census, American Community Survey, 2007. Tables B17010, B17010A, B17010B & B17010I. *Hispanic families may also be in any race category.

◆ **Hispanic single-parent families are more likely than other single-parent families in Rhode Island to live in poverty. Black and Hispanic married-parent families are also more likely than White married-parent families in Rhode Island to live in poverty.[6]**

◆ **The number of adults a child lives with is associated with the amount of parental and economic resources available to promote that child's well-being.[7] In 2007, 7% of children in Rhode Island lived in a household where the unmarried head of household lived with a partner.[8]**

Barriers to Marriage for Low-income Couples

◆ **Researchers have found that most low-income men and women value marriage and aspire to be married. However, many low-income women face significant barriers in identifying partners with adequate social and economic resources.[9]**

◆ **Barriers to marriage in low-income communities include low educational attainment among men, untreated substance abuse and mental health issues and high rates of male incarceration.[10]**

◆ **Government policies can better support work and marriage by targeting tax and transfer programs towards efforts that help low-income men develop skills, find stable employment and be involved with their families.[11]**

Table 2.

Children's Living Arrangements, Rhode Island, 2000

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

Note to Table

The denominator is the number of children under age 18 living in family households according to Census 2000. A family household is defined by the U.S. Census Bureau as consisting of a householder and one or more people living together in the same household who are related to the householder by birth, marriage or adoption – it may also include others not related to the householder.

Source of Data for Table/Methodology

U.S. Bureau of the Census, Census 2000.

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

References

[1] U.S. Bureau of the Census, American Community Survey, 2007. Table B09002.

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

[3,7] Thomas, A. & Sawhill, I. (2005). For love and money? The impact of family structure on family income. *The Future of Children: Marriage and Child Wellbeing*, 15(2), 57-74.

[4] U.S. Bureau of the Census, American Community Survey, 2007. Table B17006.

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

[6] U.S. Bureau of the Census, American Community Survey, 2007. Tables B17010, B17010A, B17010B & B17010I.

[8] U.S. Bureau of the Census, American Community Survey, 2007. Table B09008.

[9,10] Roberts, P. (2007). *Out of order? Factors influencing the sequence of marriage and childbirth among disadvantaged Americans.* Washington, DC: Center for Law and Social Policy.

[11] Carasso, A., Holzer, H., Maag, E. & Steuerle, C. (2008). *The next stage for social policy: encouraging work and family formation among low-income men.* Washington, DC: The Urban Institute.

Grandparents Caring for Grandchildren

DEFINITION

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

SIGNIFICANCE

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

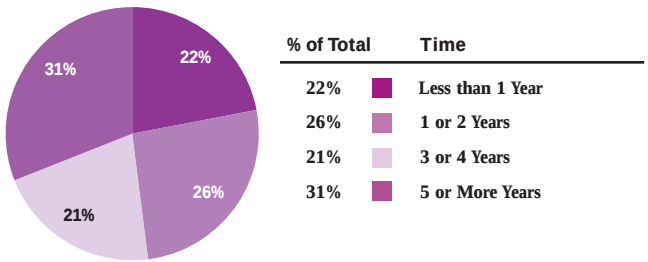
Grandparents living on a fixed income may be at greater risk of poverty after they become financially responsible for their grandchildren.[2] In fact, grandparent caregivers are more likely to live in poverty than other grandparents.[3]

Nationally, the majority of children in relative care (78%) are in private care, meaning that they have not been involved with a child welfare agency.[4] Relative caregivers receive less training, information, support and supervision than licensed non-relative foster parents.[5] Studies indicate that relative caregivers are more likely to be poor, older, isolated from their community, and have less education than non-relative foster parents.[6]

Grandparent caregivers may not receive the support or services that they need and for which they are eligible. This may be because grandparents lack information and understanding about programs such as cash assistance and Medicaid, or because grandparents may feel that there is a stigma attached to receiving this assistance.[7,8] Nearly all grandparent caregivers are eligible for either foster care payments or child-only Temporary Assistance for Needy Families (TANF) payments regardless of their household's income level, but few receive this assistance. Nationally, an estimated one in five children in private relative care received any public monetary support, compared to two-thirds of children in relative care who were involved with a child welfare agency.[9]

Grandparent caregivers are at risk for poor physical and mental health.[10] They may face legal barriers when enrolling children in school or when seeking health insurance or medical care for the children.[11] Many children in relative care are unable to obtain permanent status such as adoption or guardianship, often because their caregivers do not want to pursue a legal relationship in hopes of avoiding strain on family relationships.[12] Grandparents make up the largest percentage of relative caregivers, but other relative caregivers (including aunts, uncles, cousins, and siblings) may face similar obstacles.[13]

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



n = 4,275

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

◆ **In 2007, more than one-half of the 4,275 Rhode Island grandparents who were financially responsible for their grandchildren had been responsible for the children for three or more years.[14] There were a total of 10,565 children living in households headed by grandparents, though grandparents may not have been financially responsible for their grandchildren. An additional 4,202 children lived in households headed by other relatives. Six percent of all children living in Rhode Island lived in households headed by a relative other than a parent.[15]**

◆ **Children in private kinship care are almost twice as likely to live in poverty as children living with their parents. Nationally in 2002, nearly one-third (31%) of children in kinship care lived in poverty and one-sixth (17%) had no health insurance.[16]**

◆ **Rhode Island regulations state that the Department of Children, Youth and Families (DCYF) must give priority to relatives when placing a child in out-of-home care. On December 1, 2008 in Rhode Island, there were 646 children in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 24% of all children in out-of-home placements in Rhode Island.[17]**

◆ **The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* helps children and youth in foster care establish permanent families through relative guardianship and adoption. Provisions of the Act include increased notice to relatives when children enter care, federal funds for supporting improved subsidized guardianship payments for relatives, and clarified licensing standards for relative foster family homes.[18]**

Table 3.

Grandparents Caring for Grandchildren, Rhode Island, 2000

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

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

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

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Infants Born at Highest Risk

DEFINITION

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

SIGNIFICANCE

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

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

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

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

Infants Born with Identified Risk Factors, Rhode Island, 2008

	# OF BIRTHS	# BORN AT RISK*	# BORN AT HIGHEST RISK**
Central Falls	396	382	37 (9%)
Newport	269	226	8 (3%)
Pawtucket	1,021	921	75 (7%)
Providence	2,900	2,704	257 (9%)
West Warwick	376	302	20 (5%)
Woonsocket	624	566	50 (8%)
Core Cities	5,586	5,101	447 (8%)
Remainder of State	6,071	4,687	160 (3%)
Rhode Island	11,668	9,788	607 (5%)

** Births with at least one risk factor identified by the Rhode Island Department of Health's Newborn Risk Assessment Program.*
*** Births to mothers who were under age 20, single and without a high school degree.*

Source: Rhode Island Department of Health, KIDSNET Database, 2008.

◆ **There are three important social and economic risk factors present at birth that, when combined, strongly predict childhood poverty and poor education outcomes – having a mother who is under age 20, unmarried and without a high school degree.[12] Studies show that effective interventions targeting this population can improve child and family outcomes and yield a strong return on investment.[13] In 2008 in Rhode Island, 607 (5%) babies were born to unmarried teen mothers without high school diplomas.[14]**

Nurse-Family Partnership

◆ **The Nurse-Family Partnership (NFP) program is an evidence-based home visiting model that has been replicated in 23 states. Nurses conduct a series of home visits to low-income, first-time mothers, starting during pregnancy and continuing through the child's second birthday. The model has operating costs of approximately $4,500 per family per year based on experiences in other states.[15]**

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

Table 4.

Infants Born at Highest Risk, Rhode Island, 2008

CITY/TOWN	TOTAL # OF BIRTHS	BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DEGREE	BIRTHS TO SINGLE MOTHERS	BIRTHS TO MOTHERS YOUNGER THAN AGE 20	BIRTHS TO MOTHERS WITH ALL 3 RISK FACTORS	% OF BIRTHS WITH ALL 3 RISK FACTORS
Barrington	**111**	**2**	**17**	**3**	**1**	**1%**
Bristol	**149**	**7**	**47**	**6**	**2**	**1%**
Burrillville	**133**	**4**	**43**	**4**	**1**	**1%**
Central Falls	**396**	**143**	**300**	**60**	**37**	**9%**
Charlestown	**59**	**1**	**15**	**1**	**0**	**0%**
Coventry	**313**	**29**	**95**	**25**	**11**	**4%**
Cranston	**835**	**71**	**282**	**48**	**26**	**3%**
Cumberland	**290**	**13**	**71**	**13**	**5**	**2%**
East Greenwich	**112**	**2**	**22**	**1**	**0**	**0%**
East Providence	**506**	**60**	**199**	**38**	**21**	**4%**
Exeter	**52**	**4**	**18**	**3**	**0**	**0%**
Foster	**44**	**1**	**9**	**0**	**0**	**0%**
Glocester	**66**	**4**	**18**	**4**	**3**	**5%**
Hopkinton	**90**	**8**	**35**	**6**	**3**	**3%**
Jamestown	**24**	**0**	**2**	**0**	**0**	**0%**
Johnston	**296**	**24**	**107**	**21**	**5**	**2%**
Lincoln	**163**	**9**	**40**	**6**	**4**	**2%**
Little Compton	**23**	**0**	**9**	**1**	**0**	**0%**
Middletown	**185**	**10**	**45**	**7**	**3**	**2%**
Narragansett	**76**	**4**	**14**	**2**	**0**	**0%**
New Shoreham	**13**	**0**	**3**	**0**	**0**	**0%**
Newport	**269**	**28**	**114**	**21**	**8**	**3%**
North Kingstown	**231**	**17**	**65**	**15**	**6**	**3%**
North Providence	**335**	**24**	**139**	**18**	**7**	**2%**
North Smithfield	**68**	**4**	**16**	**2**	**0**	**0%**
Pawtucket	**1,021**	**224**	**642**	**131**	**75**	**7%**
Portsmouth	**117**	**2**	**20**	**0**	**0**	**0%**
Providence	**2,900**	**879**	**1,945**	**456**	**257**	**9%**
Richmond	**86**	**9**	**29**	**13**	**9**	**10%**
Scituate	**59**	**0**	**11**	**0**	**0**	**0%**
Smithfield	**122**	**3**	**32**	**4**	**0**	**0%**
South Kingstown	**215**	**13**	**63**	**11**	**8**	**4%**
Tiverton	**69**	**5**	**17**	**3**	**1**	**1%**
Warren	**88**	**9**	**37**	**4**	**4**	**5%**
Warwick	**810**	**72**	**266**	**64**	**36**	**4%**
West Greenwich	**51**	**3**	**11**	**3**	**1**	**2%**
West Warwick	**376**	**52**	**161**	**33**	**20**	**5%**
Westerly	**280**	**21**	**103**	**15**	**3**	**1%**
Woonsocket	**624**	**171**	**405**	**92**	**50**	**8%**
Unknown	***11***	***1***	***5***	***2***	***0***	***NA***
Core Cities	***5,586***	***1,497***	***3,567***	***793***	***447***	***8%***
Remainder of State	***6,071***	***435***	***1,900***	***341***	***160***	***3%***
Rhode Island	***11,668***	***1,933***	***5,472***	***1,136***	***607***	***5%***

Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET Database, 2008. Unknown refers to infants born to mothers whose residence was not recorded. This table shows the number and percentage of all births with three risk factors that place a child at very high risk for poor developmental outcomes.

Note: The Rhode Island Department of Health screens all infants born in the state to identify risks for poor developmental outcomes, including: developmental disabilities, low birth weight, medical fragility, inadequate prenatal care, low Apgar scores at birth, low maternal education, young maternal age, advanced maternal age, single mother, first time mother, mother who has given birth more than five times, parental characteristics indicating vulnerability (e.g., chronic illness), and low income (indicated by use of Medicaid/RIte Care health insurance). Data on all births with any of these risk factors are presented in the chart on the previous page.

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

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(continued on page 152)

Mother's Education Level

DEFINITION

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

SIGNIFICANCE

Parental educational attainment can impact many aspects of child well-being. Parental education levels influence children's health and health-related behaviors, the level of education children will ultimately achieve, and their access to material, human and social resources.[1] Increases in maternal education levels have also been associated with improvements in children's academic performance.[2]

Higher education levels typically lead to higher earnings.[3] Even if a child's parents work full-time, children are more likely to be low income if their parents do not have a college education.[4] Children of immigrants, Black children and Hispanic children are less likely to have parents with high education levels and more likely to be low income than their peers. However, Black and Hispanic children are more likely to be low income than White and Asian children even when their parents have comparable levels of education.[5,6]

One of the best ways parents can raise their families' incomes is through higher education.[7] Women with a bachelor's degree in Rhode Island earn more than twice as much as those with less than a high school diploma.[8] Between 2003 and 2007, 15% of Rhode Island births were to mothers with less than a high school diploma and 37% were to mothers with a bachelor's degree or higher.[9] Educational attainment levels vary widely across cities and towns in Rhode Island.[10]

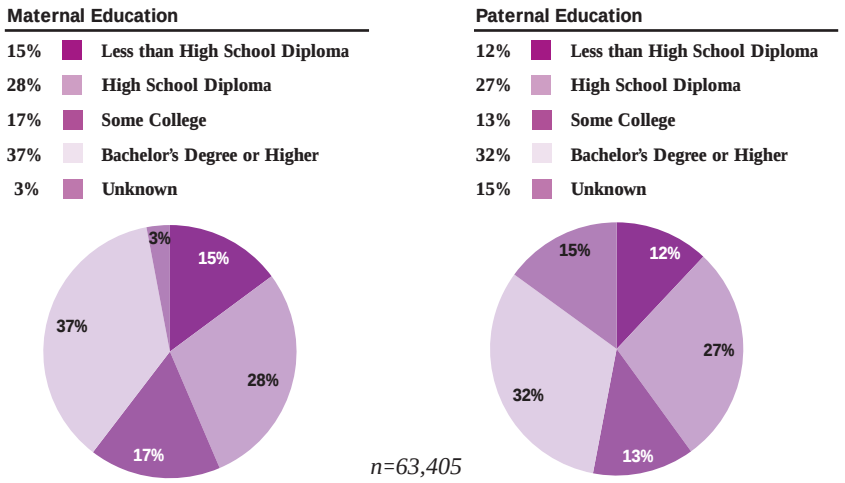
Of the 9,802 Rhode Island children born to mothers with less than a high school diploma between 2003 and 2007, 3,273 were to teen mothers (under age 20).[11] Nationally, teen mothers attain an average of three fewer years of education than older mothers.[12]

% of Births to Mothers with Less than High School Diploma

City/Town	% of Children
Central Falls	36%
Newport	16%
Pawtucket	21%
Providence	29%
West Warwick	15%
Woonsocket	25%
Remainder of State	6%
Rhode Island	15%

Source: Rhode Island Department of Health, Hospital Discharge Database, 2003-2007.

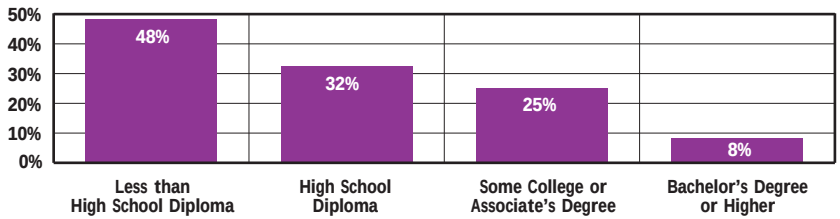
Births by Parental Education Levels, Rhode Island, 2003-2007



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island between 2003 and 2007, 43% of infants were born to mothers with a high school diploma or less, and 39% were born to fathers with a high school diploma or less.[13]**

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



Source: U.S. Bureau of the Census, American Community Survey, 2007. Table S1702.

◆ **The poverty rate among families headed by single females is directly correlated with householder educational levels. In Rhode Island in 2007, the poverty rates for families headed by single females ranged from 48% for women with less than a high school diploma to 8% for those with a bachelor's degree or higher.[14]**

Table 5.

Births by Education Level of Mother, Rhode Island, 2003-2007

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	**725**	**583**	**80%**	**63**	**9%**	**60**	**8%**	**7**	**1%**
Bristol	**967**	**488**	**50%**	**193**	**20%**	**214**	**22%**	**48**	**5%**
Burrillville	**776**	**285**	**37%**	**196**	**25%**	**213**	**27%**	**59**	**8%**
Central Falls	**2,027**	**183**	**9%**	**248**	**12%**	**777**	**38%**	**739**	**36%**
Charlestown	**387**	**199**	**51%**	**77**	**20%**	**81**	**21%**	**27**	**7%**
Coventry	**1,775**	**821**	**46%**	**353**	**20%**	**479**	**27%**	**101**	**6%**
Cranston	**4,407**	**2,026**	**46%**	**761**	**17%**	**1,141**	**26%**	**381**	**9%**
Cumberland	**1,826**	**1,037**	**57%**	**344**	**19%**	**337**	**18%**	**72**	**4%**
East Greenwich	**522**	**392**	**75%**	**57**	**11%**	**43**	**8%**	**15**	**3%**
East Providence	**2,638**	**957**	**36%**	**536**	**20%**	**784**	**30%**	**282**	**11%**
Exeter	**281**	**139**	**49%**	**48**	**17%**	**71**	**25%**	**15**	**5%**
Foster	**228**	**115**	**50%**	**37**	**16%**	**56**	**25%**	**15**	**7%**
Glocester	**410**	**209**	**51%**	**81**	**20%**	**95**	**23%**	**17**	**4%**
Hopkinton	**467**	**193**	**41%**	**101**	**22%**	**129**	**28%**	**36**	**8%**
Jamestown	**206**	**158**	**77%**	**22**	**11%**	**19**	**9%**	**2**	**1%**
Johnston	**1,395**	**582**	**42%**	**279**	**20%**	**407**	**29%**	**103**	**7%**
Lincoln	**935**	**493**	**53%**	**180**	**19%**	**191**	**20%**	**42**	**4%**
Little Compton	**143**	**89**	**62%**	**24**	**17%**	**26**	**18%**	**3**	**2%**
Middletown	**1,005**	**485**	**48%**	**201**	**20%**	**263**	**26%**	**37**	**4%**
Narragansett	**547**	**317**	**58%**	**101**	**18%**	**89**	**16%**	**20**	**4%**
New Shoreham	**52**	**23**	**44%**	**19**	**37%**	**9**	**17%**	**0**	**0%**
Newport	**1,540**	**668**	**43%**	**224**	**15%**	**333**	**22%**	**242**	**16%**
North Kingstown	**1,319**	**774**	**59%**	**200**	**15%**	**254**	**19%**	**58**	**4%**
North Providence	**1,650**	**684**	**41%**	**346**	**21%**	**454**	**28%**	**104**	**6%**
North Smithfield	**470**	**253**	**54%**	**91**	**19%**	**85**	**18%**	**25**	**5%**
Pawtucket	**5,715**	**1,298**	**23%**	**997**	**17%**	**1,996**	**35%**	**1,190**	**21%**
Portsmouth	**855**	**499**	**58%**	**144**	**17%**	**165**	**19%**	**28**	**3%**
Providence	**14,869**	**3,220**	**22%**	**1,885**	**13%**	**4,745**	**32%**	**4,357**	**29%**
Richmond	**483**	**271**	**56%**	**79**	**16%**	**95**	**20%**	**31**	**6%**
Scituate	**446**	**245**	**55%**	**88**	**20%**	**90**	**20%**	**15**	**3%**
Smithfield	**746**	**450**	**60%**	**130**	**17%**	**116**	**16%**	**28**	**4%**
South Kingstown	**1,214**	**756**	**62%**	**168**	**14%**	**205**	**17%**	**52**	**4%**
Tiverton	**660**	**317**	**48%**	**160**	**24%**	**141**	**21%**	**34**	**5%**
Warren	**546**	**229**	**42%**	**115**	**21%**	**140**	**26%**	**53**	**10%**
Warwick	**4,273**	**1,970**	**46%**	**815**	**19%**	**1,065**	**25%**	**320**	**7%**
West Greenwich	**256**	**140**	**55%**	**50**	**20%**	**52**	**20%**	**11**	**4%**
West Warwick	**2,019**	**605**	**30%**	**360**	**18%**	**716**	**35%**	**295**	**15%**
Westerly	**1,322**	**515**	**39%**	**266**	**20%**	**404**	**31%**	**123**	**9%**
Woonsocket	**3,301**	**474**	**14%**	**566**	**17%**	**1,322**	**40%**	**815**	**25%**
Unknown	***2***	***1***	***NA***	***0***	***NA***	***0***	***NA***	***0***	***NA***
Core Cities	***29,471***	***6,448***	***22%***	***4,280***	***15%***	***9,889***	***34%***	***7,638***	***26%***
Remainder of State	***33,934***	***16,694***	***49%***	***6,325***	***19%***	***7,973***	***23%***	***2,164***	***6%***
Rhode Island	***63,405***	***23,142***	***36%***	***10,605***	***17%***	***17,862***	***28%***	***9,802***	***15%***

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth.

Percentages may not sum to 100% for all cities, towns and the state because the number and percentage of births with unknown parental education levels are not included in this table. Between 2003 and 2007, maternal education levels were unknown for 1,993 births (3%).

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

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Racial and Ethnic Diversity

DEFINITION

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

SIGNIFICANCE

Racial and ethnic diversity increased in the United States over the last several decades and is projected to rise in the future.[1] Minority children (all those except White, non-Hispanic children) accounted for 98% of the growth in the U.S. child population during the 1990s.[2] In 2000, 61% of all U.S. children were White non-Hispanic.[3] According to Census Bureau projections, by 2023 fewer than half of all children in the United States will be White, non-Hispanic.[4]

In 2000, 73% of children in Rhode Island were White, non-Hispanic, down from 84% in 1990. The number of minority children nearly doubled from 36,867 in 1990 to 67,747 in 2000. The number of White non-Hispanic children dropped by 8,748 during the same period.[5,6]

In 2007 in Rhode Island, 74% of children under age 18 were White, 8% were Black or African American, 4% were Asian, 11% of children were identified as Some Other Race, and 4% as Two or More Races. Race was unknown for less than 1% of children in Rhode Island. In 2007, 18% of children living in Rhode Island were Hispanic.[7]

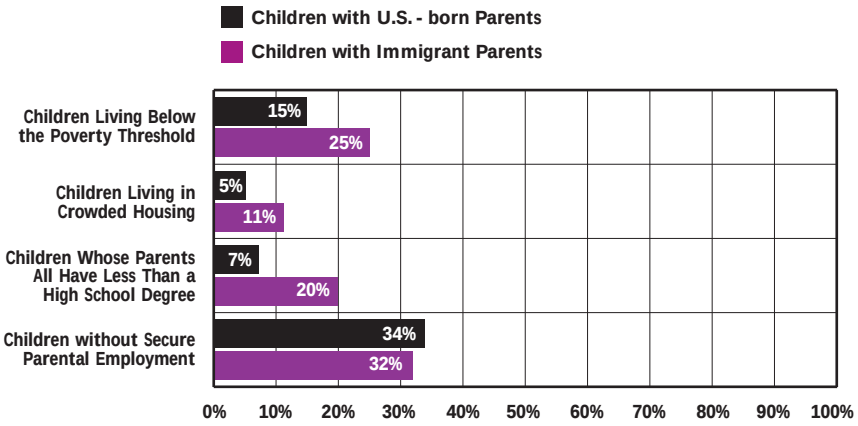
Minority children are highly concentrated in the six core cities in Rhode Island. Core cities are defined as those cities in which 15% or more of the children live in poverty. More than half (58%) of children living in the core cities are minority children. More than three-quarters (78%) of all minority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

In 2007, there were 9,620 foreign-born children under age 18 living in Rhode Island, 31% of whom were naturalized U.S. citizens.[9] Of Rhode Island's immigrant children, 24% were born in Central or South America, 19% were born in Asia, 17% were born in the Caribbean, 14% were born in Africa, 13% were born in Europe, and 10% were born in North America (Canada, Bermuda or Mexico).[10]

In 2007, 22% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home. Of these children, 92% spoke English well or very well.[11]

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

Characteristics of Children Living in Families with U.S.-born and Immigrant Parents, Rhode Island, 2007



Source: Population Reference Bureau analysis of data from the 2007 American Community Survey.

◆ **Twenty-six 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).[13] Most immigrant families in Rhode Island are not new arrivals to the United States; 3% of parents in Rhode Island immigrant families arrived in this country fewer than five years ago.[14] Eighty-seven percent of children in immigrant families in Rhode Island were born in the United States.[15]**

◆ **Fifteen percent of children in Rhode Island with U.S.-born parents are poor, compared with 25% of children with immigrant parents. Almost two-thirds (62%) of Rhode Island's poor children live in families with U.S.-born parents.[16]**

◆ **In the U.S., higher rates of poverty among immigrant families are mainly due to lower labor force participation among immigrant women than native-born women and to the low wages received by many immigrants. Many immigrant parents earn low wages because of low levels of educational attainment and limited English proficiency.[17] Twenty-five percent of children in immigrant families in Rhode Island live in linguistically-isolated households.[18]**

Table 6.

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

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

Source of Data for Table/Methodology

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

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

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[7] U.S. Bureau of the Census, American Community Survey, 2007. Tables B01001, B01001A, B01001B, B01001D, B01001F, B01001G, & B01001I.

[9] U.S. Bureau of the Census, American Community Survey, 2007. Table B05003.

[10,14,18] Population Reference Bureau analysis of 2007 American Community Survey data.

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[16] U.S. Bureau of the Census, American Community Survey, 2007. Table B05010.

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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 race, ethnic background and country of origin. Between 2000 and 2007, the percentage of children under age 18 who were minorities increased from 27% to 32%. The child population in Rhode Island is more racially and ethnically diverse than the adult population, a trend also seen nationally.[1,2,3,4]

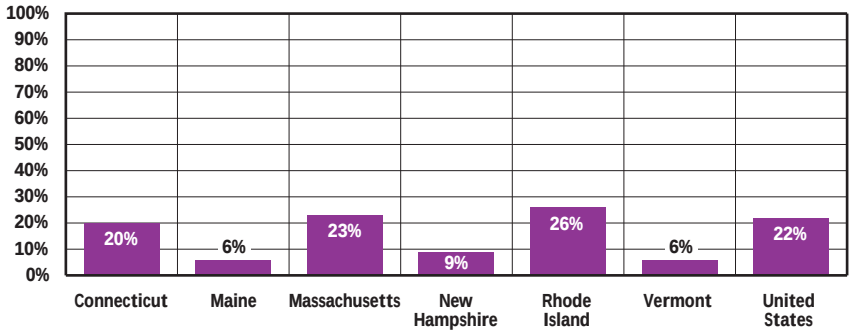
In 2007 in Rhode Island, 74% of children were White, 8% were Black, 4% were Asian, <1% were Native American, 11% identified as Some Other Race and 4% identified as Two or More Races. Eighteen percent of the Rhode Island child population was Hispanic in 2007.[5]

Diversity among children in Rhode Island is not evenly distributed by geographical location, with minority children concentrated in core urban communities that have the highest rates of child poverty in the state. In 2000, more than three-quarters (78%) of Rhode Island's minority children lived in one of the six core cities (those cities with 15% or more of children living in poverty). In 2000, approximately three-quarters of the children in Providence (76%) and Central Falls (72%) were of minority racial and ethnic backgrounds.[6] In several high-poverty neighborhoods of Providence, minority children accounted for more than 90% of all children in 2000.[7]

Research demonstrates a significant relationship between residence in low-income or poor neighborhoods and increased teen pregnancy and high school dropout rates.[8] In 2007, 17% of all Rhode Island children lived in poverty.[9] In Rhode Island in 2007, 49% of all children living in poverty were White, 12% were Black, and 6% were Asian. Forty-three percent of all poor children in Rhode Island were Hispanic.[10]

Residential segregation between Whites and Blacks has decreased in the U.S. since the 1960s, but high levels of residential segregation still exist, particularly in urban areas. Hispanic and Asian residential segregation from Whites has been increasing in recent years.[11] School segregation remains a problem, as Black and Hispanic students in the U.S. are now more segregated than at any point in the past four decades.[12] The Providence-Fall River-Warwick metropolitan area was the second most segregated metropolitan area in the nation for Hispanics in 2000 and also was the metropolitan area with the largest increase in Hispanic segregation between 1980 and 2000.[13]

Percentage of Children Living in Immigrant Families, New England and the United States, 2007



Source: Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). *Children in immigrant families: Percent: 2007.* Retrieved on February 27, 2009 from www.kidscount.org/datacenter

Rhode Island Children in Immigrant Families

◆ **Children in immigrant families are defined as children under age 18 who are foreign-born or who have at least one foreign-born parent, regardless of citizenship status or year of arrival in the United States. In 2007, 26% (60,110) of Rhode Island children were living in immigrant families, compared to the U.S. rate of 22%.[14,15]**

◆ **In 2007, 4% (9,620) of Rhode Island's 234,821 children under age 18 were foreign-born, 31% of whom were naturalized citizens of the United States.[16]**

◆ **Three-quarters of children in Rhode Island immigrant families live in families with incomes above the federal poverty level.[17] Almost one-third (31%) of children in Rhode Island's immigrant families have at least one parent with a college or graduate level education.[18]**

◆ **Of children in immigrant families, one-quarter live in poverty. Almost half (48%) of parents in immigrant families have low levels of education and one-quarter have limited English-language skills.[19,20] Understanding the needs of this more vulnerable group of immigrants can help policymakers and community leaders to ensure that all children in Rhode Island grow up with the opportunities they need to succeed.**

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	12%	42%	26%	29%	NA	17%
Births to Mothers with < 12 Years Education	14%	34%	23%	16%	31%	15%
% of Children with All Resident Parents in the Workforce	71%	48%	65%	54%	47%	68%
Median Family Income	$76,329	$37,608	$44,246	$61,547	$30,606	$70,187
Homeownership	68%	29%	36%	46%	29%	64%

Sources: *Children in Poverty* data are from the U.S. Bureau of the Census, American Community Survey, 2007. Tables R1704, B17020A, B17020B, B17020C, B17020D & B17020I. *Maternal Education* data are from the Rhode Island Department of Health, Maternal and Child Health Database, 2003-2007. *Parental Labor Force Participation* data are from the U.S. Bureau of the Census, Census 2000, Tables P46, PCT70A, PCT70B, PCT70C, PCT70D & PCT70H. *Median Family Income* data are from the U.S. Bureau of the Census, American Community Survey, 2007, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Bureau of the Census, American Community Survey, 2007, Tables B25003, B25003A, B25003B, B25003C, B25003D & B25003I. Hispanics may also be included in any of the race categories. All Census data refer only to those individuals who selected one race. NA indicates that the data are unavailable due to small population or sample sizes.

◆ **In 2007, 17% of Rhode Island children under age 18 lived in families with incomes below the federal poverty level, an increase from 15% in 2006. In 2007, 42% of Hispanic children, 26% of Black children, and 29% of Asian children in Rhode Island lived in poor families, compared with 12% of White children.[21,22]**

◆ **In 2007 in Rhode Island, one-third of Black, Hispanic and Native American households owned their homes, compared with approximately half of Asian households and two-thirds of White households.[23]**

◆ **In 2000, 71% of White children in Rhode Island had one or both of their resident parents in the workforce, compared to 65% of Black children, 54% of Asian children, 48% of Hispanic children, and 47% of Native American children.[24]**

◆ **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.[25] 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.[26]**

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Women with Delayed Prenatal Care	10.6%	16.3%	19.2%	21.1%	19.7%	12.1%
Preterm Births	11.5%	13.3%	14.8%	13.8%	17.2%	12.0%
Infants Born Low Birthweight	7.6%	8.3%	11.1%	9.6%	13.8%	8.1%
Infant Mortality (per 1,000 births)	5.5	8.3	12.1	6.6	11.4	6.3
Asthma Hospitalizations (per 1,000 children)	3.1	6.4	9.6	2.2	0.5	4.0
Births to Teens Ages 15 – 19 (per 1,000 teens)	30.2	100.1	80.2	30.1	125.0	31.1

Sources: All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database 2003-2007 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, 2003-2007. For *Asthma Hospitalizations* the denominators are the child population under age 18 by race from the U.S. Bureau of the Census, Census 2000, SF1. For *Births to Teens* the denominators are the female populations ages 15-19 by race from the U.S. Bureau of the Census, Census 2000, SF3. NA indicates that the data are unavailable due to small population or sample sizes. For all indicators other than *Asthma Hospitalizations*, Hispanics may also be included in any of the race categories.

◆ **Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of maternal and infant health outcomes in Rhode Island. Minority women are more likely than White women to receive delayed or no prenatal care and to have preterm births. Minority children are more likely to die in infancy than White children. Native Americans are the most likely to give birth as teenagers, followed by Hispanic and then Black teens.[27]**

◆ **Black and Hispanic children in Rhode Island are more likely to be hospitalized as a result of asthma than White, Asian and Native American children.[28] Nationally, Blacks and Native Americans are the most likely of all racial and ethnic groups to have asthma.[29]**

◆ **In 2006 in the U.S., 7% of White non-Hispanic children under age 18 were not covered by health insurance, compared with 22% of Hispanic children, 14% of Black children and 11% of Asian children.[30] Nationally in 2006, Hispanic adults were the least likely of all racial and ethnic groups to have continuous health insurance coverage, even when a family member had full-time employment and after adjusting for income level.[31]**

Racial and Ethnic Disparities

Safety Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Juveniles at the Training School* (per 1,000 males ages 14-19)	2.7	13.7	32.5	7.4	8.5	6.1
Children of Incarcerated Parents (per 1,000 children)	8.6	21.1	83.5	2.9	8.9	14.0
Children in Out of Home Placement (per 1,000 children)	8.5	17.8	36.7	8.3	16.9	10.7

*Not comparable with previous Factbooks due to a change in methodology.

Sources: *Juveniles at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, January 1, 2009 (includes only male adjudicated youth). *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2008 and reflect the race of the incarcerated parent (includes only the sentenced population). *Children in Out-of-Home Placement* data are from the Department of Children, Youth and Families, RICHIST Database, December 31, 2008. Population denominators used for *Children of Incarcerated Parents* are the populations under age 18 by race from the U.S. Census Bureau, Census 2000, SF1. Population denominators used for *Children in Out-of-Home Placement* are the populations under age 18 by race from the U.S. Census Bureau, Census 2000, SF3. The population denominators used for *Juveniles at the Training School* are the male populations ages 14-19 by race from the U.S. Census Bureau, Census 2000, SF3.

◆ **Racial and ethnic minority youth continue to be disproportionately represented in juvenile justice systems in the U.S. Minority youth (especially non-Hispanic Black youth) are treated more harshly than White youth for the same type and severity of offenses at every critical point in the justice system, from detention to processing to incarceration in juvenile and adult correctional facilities.[32]**

◆ **Minority children account for 55% of children in foster care despite making up only 33% of the total child population in the U.S. The greatest disparities exist for Black children who account for 15% of the U.S. child population and 38% of children in foster care. Research shows disparate treatment of minority children as they enter the foster care system and while they are in the system. Black, Hispanic and Native American families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their children removed.[33]**

◆ **Disproportionality in child welfare and juvenile justice systems are in part a reflection of differential poverty rates between minority and White communities. However, while addressing poverty through federal, state and local policies would reduce child maltreatment and juvenile offending rates, policies that work directly to reduce racial and ethnic disparities are necessary as well.[34]**

Education Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
4th Grade Students Reading at or above Proficiency	76%	47%	54%	70%	44%	68%
8th Grade Students Reading at or above Proficiency	73%	40%	45%	72%	46%	65%
Students Attending Schools Making Insufficient Progress	16%	56%	50%	37%	30%	27%
High School Graduation Rates*	78%	62%	64%	74%	63%	74%
% of Adults over Age 25 with a Bachelor's Degree or Higher	31%	12%	17%	47%	NA	30%

*Not comparable with previous Factbooks due to a change in methodology.

Sources: All data are from the Rhode Island Department of Elementary and Secondary Education, 2007-2008 school year or the October 2008 NECAP (Reading Proficiency) unless otherwise noted. *Adult Educational Attainment* data are from the U.S. Bureau of the Census, American Community Survey, 2007, Tables B15002, B15002A, B15002B, B15002C, B15002D & B15002I. All Census data refer only to those individuals who selected one race and Hispanics may also be included in any of the race categories. NA indicates that data are unavailable due to small population or sample sizes.

◆ **In Rhode Island, Hispanic, Native American and Black children are less likely to be proficient in reading in both 4th and 8th grades and less likely to graduate from high school than White and Asian children.[35] Black and Hispanic adults living in Rhode Island in 2007 were less likely to have a bachelor's degree than White or Asian adults.[36]**

◆ **Nationally, Black and Native American students are more likely than White and Hispanic students to receive special education services. Asians are the least likely to receive services for disabilities. Mental retardation and emotional disturbance rates are about twice as high among Black students as the national average. Disproportionality is most likely in categories that involve subjective diagnoses.[37] In Rhode Island, over-representation of Black and Hispanic students occurs most often in the disability categories of learning disabilities, emotional disturbances and other health impairments.[38]**

◆ **According to the Rhode Island Department of Elementary and Secondary Education, during the 2007-2008 school year Rhode Island's Hispanic and Black children were more than three times more likely to attend schools making insufficient progress than White children.[39]**

Rhode Island's Hispanic Children

◆ **In 2007, there were 42,382 Hispanic children under age 18 living in Rhode Island, up from 34,924 in 2000. Hispanic children made up 18% of Rhode Island's child population in 2007, compared with 14% in 2000.[40,41]**

◆ **More than three-quarters (78%) of the Hispanic children in Rhode Island live in Central Falls, Pawtucket, and Providence.[42] While Providence has the largest population of Hispanics overall, they are most densely concentrated in Central Falls.[43]**

Economics

◆ **Forty-two percent of Hispanic children were living in poverty in 2007 in Rhode Island, compared to the national rate of 27%.[44] In 2000, Rhode Island Hispanics had the lowest median family income of all Hispanics in the U.S.[45] In 2007, the median family income for Hispanics was $37,608, compared to $70,187 overall in Rhode Island.[46]**

Health

◆ **In Rhode Island between 2003 and 2007, 16% percent of Hispanic women who gave birth received delayed prenatal care, compared with 12% of all races. Hispanic female teens between the ages of 15 and 19 in Rhode Island have a birth rate that is more than three times as high as the state rate overall (100.1 per 1,000 teens ages 15-19 compared to 31.1 per 1,000).[47,48]**

Education

◆ **Hispanics in Rhode Island have lower educational attainment levels than the population overall. In the 2007-2008 school year, the high school graduation rate for Hispanic youth was 62%, the lowest of any racial/ethnic group in the state and lower than the overall Rhode Island high school graduation rate of 74%.[49]**

◆ **In 2007, 12% of Hispanics 25 years of age and older in Rhode Island held a bachelor's degree or higher, compared to 30% of all Rhode Islanders.[50] Hispanic immigrants in Rhode Island are more likely to have less than a high school education and also are more likely to have a college degree or higher than Hispanics born in the U.S.[51]**

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(continued on page 152)

Economic Well-Being

A Father's Hands

by Rebecca Kai Dotlich

Gently shake
you awake.
Brush.
Braid.
Break eggs.
Write letters.
Patch tires.
Put out fires.
A father's hands
stack books.
Stir soup.
Pull weeds.
Lead.
Pound nails.
Steer sails.
A father's hands
lift.
Hold.
Build. Fold.
Swing bats.
Feed cats.
Paint. Sweep.
Peel.
Heal.

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. These data include families with their "own children" defined as never-married children under age 18 who are related to the family head by birth, marriage, or adoption.

SIGNIFICANCE

Median family income provides one measure of the ability of Rhode Island's families to meet the costs of food, clothing, housing, health care, transportation, child care, and higher education. In 2007, the median family income for Rhode Island families with their own children was $67,629. Rhode Island had the 9th highest median family income nationally and the 4th highest in New England.[1]

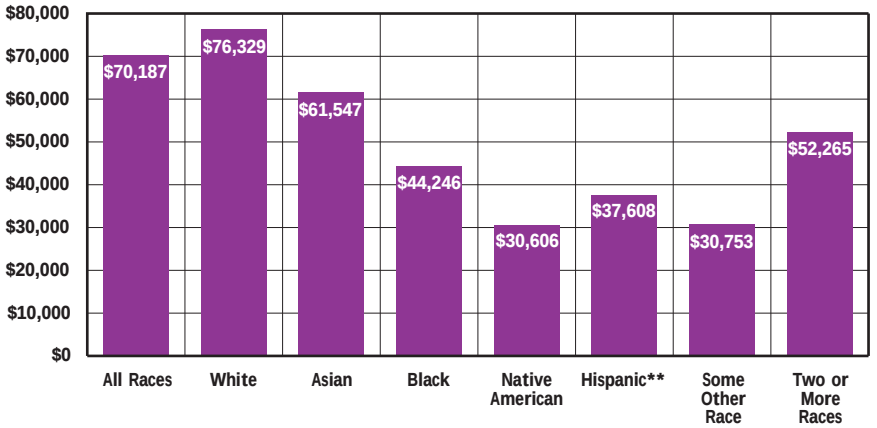
In 2007, Rhode Island's median income for families with their own children differed significantly by family type. The median family income for two-parent families ($84,949) was almost twice as much as for male-headed single-parent families ($43,049) and almost four times as much as for female-headed single-parent families ($21,772).[2]

Despite significant increases in worker productivity in the U.S. since 2000, the real incomes of most families have remained stagnant or fallen during this period.[3] Rhode Island was the only New England state to experience a decline in the real median wage between 2000 and 2006.[4]

Over the past thirty years, the wealthiest families in the nation have experienced substantial increases in income, while low and middle-income families have experienced only small increases.[5] Several factors have contributed to this rising income inequality, including the expansion and concentration of investment income among the highest-income families, long periods of high unemployment, a shift toward lower-paying service-sector jobs and away from manufacturing, increased globalization, and the declining real value of the minimum wage.[6]

In Rhode Island, the average annual income of the wealthiest 20% of families increased 44% or an additional $43,438 during the past twenty years, while the average income of the bottom 20% remained essentially unchanged. The wealthiest 20% of families in Rhode Island have average incomes that are 7.5 times as large as the average incomes of the poorest 20% of families. The gap between the incomes of Rhode Island's richest and poorest families is growing.[7] In fact, Connecticut is the only state in the nation where income inequality is growing at a faster rate than in Rhode Island.[8]

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



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

◆ **The median income for White families in Rhode Island is higher than that of Asian families and much higher than that of Black, Native American, and Hispanic families.[9]**

◆ **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 Black children are more likely to fall into lower income brackets than their parents.[10] Social and home lending policies from the first half of the 20th century, including the post-WWII G.I. Bill, created the basis for much of the racial inequities in the U.S. today. Like other policies at the time, the G.I. Bill was implemented in such a way that White veterans were offered home-ownership assistance but Black and Hispanic veterans were not.[11]**

◆ **According to the Poverty Institute's *2008 Rhode Island Standard of Need*, it costs a single-parent family with two young children $47,352 a year to pay basic living expenses, including housing, food, clothing, health care, child care and transportation. They would need an annual income of $52,800 to meet this budget without government subsidies.[12]**

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

Table 7.

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

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

**Adjusted to 1999 dollars*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

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

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

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Cost of Rent

DEFINITION

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

SIGNIFICANCE

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

In 2005, 40% percent of U.S. families (both owners and renters) reported a cost burden, crowding, and/or physically inadequate housing. While the percentage of families in crowded or physically inadequate housing has decreased slightly over the past three decades, the percentage with a cost burden has increased over that same period. In 2005, 45% of very low-income renters with children paid more than 50% of their incomes toward rent.[4]

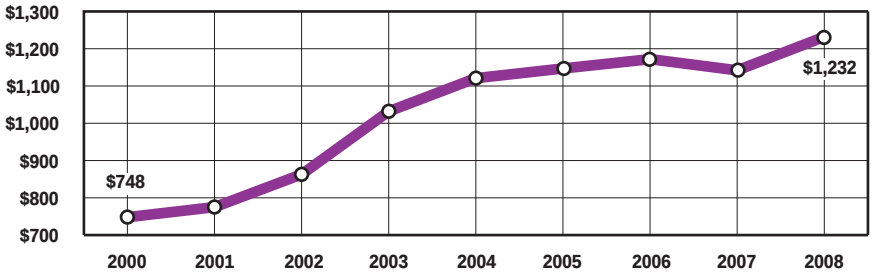
The growth in families' housing expenses has far outpaced income growth both nationally and in Rhode Island.[5,6] In 2008, the area median income in Rhode Island was $68,908.[7] Families with this income can afford a median-priced, single-family home in only two of the 39 communities in the state – Central Falls and Providence.[8] In 2007, the median cost of a single family home in Rhode Island was $275,000, 118% higher than 1999 but 3% lower than 2006.[9]

In 2008, a worker would have to earn $23.69 and work 40 hours a week year-round to be able to afford the average rent in Rhode Island without a cost burden. This hourly wage is more than three times the state's minimum wage of $7.40 per hour.[10]

Section 8 rental vouchers can help low-income individuals and families afford the high cost of housing. In 2008, 1,507 Rhode Island families received Section 8 subsidies. The average wait time to receive a Section 8 voucher was three to five years, and 2,186 families were on the waitlist to receive a voucher.[11]

In 2006, voters approved a $50 million bond to build affordable housing in Rhode Island. The first $12.5 million in bond funds has been awarded and is being used to build 283 affordable rental units and 73 affordable homeownership units in 17 cities and towns.[12]

Average Rent, Two Bedroom Apartment, Rhode Island, 2000-2008



Source: Rhode Island Housing, Annual Rent Surveys, 2000-2008. The 2003-2008 rents include adjustments for the cost of heat, cooking fuel, electricity and hot water. All prior years' rents include adjustments for the cost of heat and hot water only. Adjustments for utilities for each year vary according to HUD annual utility allowances.

◆ **Between 2000 and 2008, the average cost of rent in Rhode Island increased by 65% from $748 to $1,232.[13] The percentage of renters in Rhode Island who spent 30% or more of their household income on rent increased from just over one third (35%) of renters in 2000 to almost half (47%) in 2007. The percentage of homeowners who had a cost burden due to their mortgages also increased between 2000 and 2007, from 25% to 42%.[14,15]**

◆ **High energy costs put affordable housing even further out of reach for low-income families. Research shows that children in households experiencing energy shutoffs are also at risk of hunger, health, and developmental problems.[16] Rhode Island state law prohibits utility shut-offs for protected customers (such as the elderly, seriously ill or low-income) during the moratorium period from November 1 through April 15. Between April 16, 2008 and October 31, 2008, 2,302 residential customers had their electricity shut off and not turned back on, while 3,297 had their gas shut off and not turned back on.[17]**

Foreclosures in Rhode Island

◆ **In 2008, 6,583 properties in Rhode Island were filed for foreclosure, up from 1,838 in 2007.[18,19] Nationally, more than 20% of properties facing foreclosure are rentals (not owner-occupied), and renters make up about 40% of families facing eviction. Rhode Island is the only New England state that does not have legislation protecting tenants after foreclosure.[20]**

Table 8.

Cost of Rental Housing for Low-Income Families, Rhode Island, 2008

CITY/TOWN	2008 AVERAGE RENT 2-BEDROOM	2008 POVERTY LEVEL FAMILY OF THREE	% INCOME NEEDED FOR RENT, POVERTY LEVEL FAMILY OF THREE	2008 VERY LOW-INCOME FAMILY	% INCOME NEEDED FOR RENT, VERY LOW-INCOME FAMILY
Barrington	$1,310	$17,600	89%	$32,900	48%
Bristol	$1,390	$17,600	95%	$32,900	51%
Burrillville*	$1,020	$17,600	70%	$32,900	37%
Central Falls	$937	$17,600	64%	$32,900	34%
Charlestown*	$1,020	$17,600	70%	$32,900	37%
Coventry	$1,159	$17,600	79%	$32,900	42%
Cranston	$1,122	$17,600	77%	$32,900	41%
Cumberland	$1,254	$17,600	86%	$32,900	46%
East Greenwich	$1,281	$17,600	87%	$32,900	47%
East Providence	$1,150	$17,600	78%	$32,900	42%
Exeter*	$1,020	$17,600	70%	$32,900	37%
Foster*	$1,020	$17,600	70%	$32,900	37%
Glocester*	$1,020	$17,600	70%	$32,900	37%
Hopkinton*	$965	$17,600	66%	$32,900	35%
Jamestown	$1,512	$17,600	103%	$32,900	55%
Johnston	$1,173	$17,600	80%	$32,900	43%
Lincoln	$1,240	$17,600	85%	$32,900	45%
Little Compton*	$1,020	$17,600	70%	$32,900	37%
Middletown*	$1,168	$17,600	80%	$34,850	40%
Narragansett	$1,508	$17,600	103%	$32,900	55%
New Shoreham*	$965	$17,600	66%	$32,900	35%
Newport	$1,545	$17,600	105%	$34,850	53%
North Kingstown	$1,216	$17,600	83%	$32,900	44%
North Providence	$1,189	$17,600	81%	$32,900	43%
North Smithfield*	$1,020	$17,600	70%	$32,900	37%
Pawtucket	$1,068	$17,600	73%	$32,900	39%
Portsmouth*	$1,168	$17,600	80%	$34,850	40%
Providence	$1,163	$17,600	79%	$32,900	42%
Richmond*	$1,020	$17,600	70%	$32,900	37%
Scituate*	$1,020	$17,600	70%	$32,900	37%
Smithfield	$1,080	$17,600	74%	$32,900	39%
South Kingstown	$1,436	$17,600	98%	$32,900	52%
Tiverton*	$1,020	$17,600	70%	$32,900	37%
Warren*	$1,020	$17,600	70%	$32,900	37%
Warwick	$1,276	$17,600	87%	$32,900	47%
West Greenwich*	$1,020	$17,600	70%	$32,900	37%
West Warwick	$1,175	$17,600	80%	$32,900	43%
Westerly	$1,184	$17,600	81%	$32,900	43%
Woonsocket	$976	$17,600	67%	$32,900	36%
Core Cities	*$1,144*	*$17,600*	*78%*	*$33,225*	*41%*
Remainder of State	*$1,258*	*$17,600*	*86%*	*$33,018*	*46%*
Rhode Island	*$1,232*	*$17,600*	*84%*	*$33,050*	*45%*

Source of Data for Table/Methodology

Rhode Island Housing, Rhode Island Rent Survey, 2008. Average rents are based on a survey of rents in Rhode Island conducted between January and December 2008. Rents have been adjusted using the current U.S. Department of Housing and Urban Development (HUD) utility allowance of $262 for a two-bedroom apartment (includes heat, cooking fuel, electricity and hot water).

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

* Rhode Island Housing 2008 Rent Survey data are not available for these communities. Average rent used for these communities is the HUD 2008 Fair Market Rent for the metropolitan area as reported in: National Low Income Housing Coalition. (2008). *Out of reach 2007-2008.* Retrieved February 3, 2009, from www.nlihc.org/oor/oor2008

2008 poverty level is from the *Federal Register,* Vol. 73, No. 15, January 23, 2008, pp. 3971-3972.

A very low-income family as defined by HUD is a three-person family with income 50% of the median family income and is calculated separately for each of the three metropolitan areas comprising Rhode Island. Reported in Rhode Island Housing. (n.d.). *2008 Rhode Island income limits for low- and moderate-income households.* Retrieved February 3, 2009, from www.rihousing.org

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

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(continued on page 152)

Secure Parental Employment

DEFINITION

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

SIGNIFICANCE

Secure parental employment can have positive impacts on child well-being that go beyond reducing poverty and increasing family income. Children with parents who have steady employment are more likely to have access to health care. Secure parental employment is also likely to improve family functioning by reducing the stress brought on by unemployment and underemployment of parents.[1] Among poor families, children with working parents are less likely to repeat a grade or be suspended or expelled from school and more likely to go to special classes for gifted students than children with non-working parents.[2]

The U.S. seasonally adjusted unemployment rate increased dramatically during 2008, starting the year at 4.9% in January and ending the year at 7.2% in December.[3] In Rhode Island, the 2008 unemployment rate increase was even more significant, starting in January at 6.3% and ending the year at 9.4% in December.[4] Local unemployment rates vary greatly by city and town.[5]

In 2007, 70% of children under age six and 73% of children ages 6-17 in Rhode Island had all parents in the labor force.[6] In comparison, nationally 62% of children under age six and 70% of children ages 6-17 had all parents in their family in the labor force.[7]

Even when families include adults with secure parental employment, low wages cause many families to remain in poverty. Nationally, one in four working families with children is low-income (9.6 million working families with a total of 21 million children).[8] Welfare reform focused on transitioning welfare recipients to work, yet when these individuals enter the workforce they earn low-wages, typically from $8,000 to $12,000 per year. Income at this level is well below the poverty threshold for a family of three.[9]

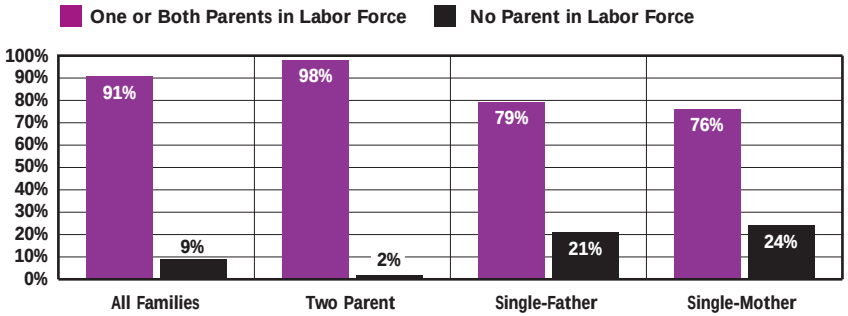
Children Living in Families Where At Least One Parent Has Full-Time, Year-Round Employment

	2000	2007
RI	66%	66%
US	68%	67%
National Rank*		*33rd*
New England Rank**		*6th*

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

Source: The Annie E. Casey Foundation. (2009). KIDS COUNT Data Center. Analysis of U.S. Bureau of the Census, Supplementary Survey, 2000 & 2001 and American Community Survey, 2007.

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



Source: U.S. Bureau of the Census, American Community Survey, 2007. Table B23008.

◆ **The majority of children living in Rhode Island in 2007 had one or both parents in the labor force. Children living with a single parent were ten times more likely than children living in a two-parent family to have no parents in the labor force. Of children in two-parent families, 69% had both parents in the labor force.[10]**

◆ **In 2007, there were 20,538 Rhode Island children in families with no parent in the labor force. Children in families with a single parent represented 83% of families with no employed parents.[11]**

◆ **In 2007, there were 2,844 Rhode Island families with incomes below the federal poverty threshold in which at least one adult had full-time, year-round employment.[12] Between 1997 and 2007, the percentage of Rhode Island children living in low-income families (below 200% of the federal poverty threshold) with no employed parents fell from 34% to 26%.[13]**

◆ **According to the Poverty Institute's *2008 Rhode Island Standard of Need*, a single parent with two children who works full-time year-round at a minimum wage job and who receives all public benefits for which the family is eligible (including food stamp benefits, the Earned Income Tax Credit (EITC), child care subsidies and health insurance), will still be $373 short of affording basic expenses each month.[14]**

Barriers to Secure Employment for Low-Income Families

◆ There are many barriers to employment for those low-income parents leaving welfare for work. Research shows that welfare leavers who return to welfare after working are much more likely to be in poor health, to have low levels of education, and to have young children than those who remain employed.[15]

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

◆ Low-income workers are less likely to have benefits such as paid time off and flexible work schedules that would allow them to address the needs of sick children. In the United States, almost four in ten low-income workers and more than half of working parents with below-poverty incomes lack paid leave.[17]

◆ Limited education can also be a barrier to sustained employment. In Rhode Island, 34% of low-income working families include a parent lacking a high school diploma or GED. Rhode Island ranks 44th in the U.S. on this measure.[18]

◆ Having access to work supports, such as health insurance, food stamp benefits/SNAP, and child care subsidies can facilitate steady employment over time. Welfare leavers who use these kinds of transitional support services are much less likely to return to welfare.[19]

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Secure Employment and Child Care

◆ Research shows a link between adequate child care availability and sustained maternal labor force participation.[20] Low-income working mothers who do not have regular child care arrangements for their preschool children have lower job retention than mothers with regular care arrangements.[21]

◆ Low-income parents are less likely to use paid child care than higher-income parents. When they do pay for child care, they spend five times more of their income than higher-income parents. One national study found that child care costs for infants are higher than the cost of public college tuition in every state.[22]

◆ In Rhode Island, child care assistance is guaranteed to all income eligible working families. During the 2007 legislative session, eligibility for child care was rolled back from 225% to 180% of the federal poverty level ($32,958 for a family of three in 2009).[23]

Rhode Island Earned Income Tax Credit (EITC)

◆ Earned Income Tax Credits (EITCs) provide tax reductions and wage supplements for low- and moderate-income working families. EITCs reduce child poverty, cut taxes and increase work incentives for families struggling to make ends meet. The federal EITC is the nation's most effective antipoverty program for working families, lifting 4.4 million people – roughly half of whom are children – out of poverty each year.[24]

◆ State EITCs can supplement the federal EITC to further support working families. Currently, Rhode Island offers a state EITC equal to 25% of the federal EITC, with 3.75% being refundable.

◆ Of the 24 states offering state EITCs, 20 offer credits that are fully refundable, meaning taxpayers receive back the entire tax credit even if it exceeds their income tax liability. Rhode Island is the only state with a partially refundable credit.[25] Credits that are non-refundable assist fewer working-poor families with children than refundable credits and are likely to be less effective as a work incentive.[26]

Children Receiving Child Support

DEFINITION

Children receiving child support is the percentage of parents, as indicated in the Rhode Island Office of Child Support Services system, who make child support payments on time and in full. 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 provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial and medical support of their children. The goals of the child support program are to promote family self-sufficiency and child well-being, to provide support and services to custodial parents in locating the non-custodial parent and establishing paternity (when applicable), establishing support orders, collecting support payments and providing non-custodial parents with services, such as reviews of their support orders.[1]

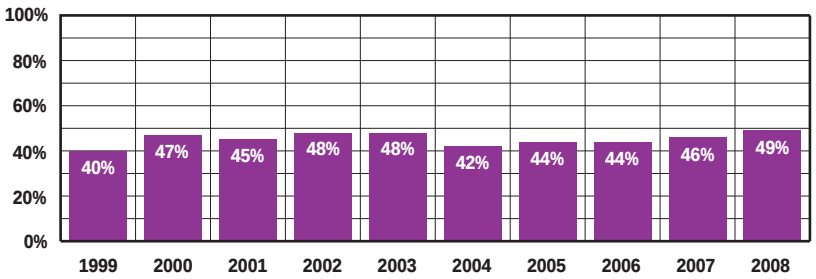
The receipt of child support payments can significantly improve the economic well-being of a child growing up in a family with a non-resident parent.[2] Custodial parents who receive steady child support payments are more likely to find work more quickly and to maintain that employment longer than those who do not.[3] For poor families that receive child support, it is the second largest source of income (after mothers' earnings).[4]

Yet for many families, even when a child support order is in place, payments can be unreliable. Low-income non-custodial parents often earn low wages and have high rates of joblessness, and children are unlikely to receive reliable support when their fathers do not have stable employment.[5,6,7] Programs that offer job training and employment services can help non-custodial parents better meet their child support obligations.[8]

Fathers who pay regular child support are more involved with their children, providing them with emotional and financial support.[9,10] Research also shows that the receipt of regular child support payments can have positive effects on children's academic achievement.[11]

The Office of Child Support Services is a cost-effective program. For every $1.00 Rhode Island spends, it collects $6.53. Collections go towards both child support and medical support. Some funds are distributed to families and others are used to reimburse the state and federal governments for cash assistance (FIP/RI Works) and RIte Care costs.[12]

Non-Custodial Parents with Court Orders Who Pay Child Support On-Time and in Full, Rhode Island, 1999–2008



Source: Rhode Island Department of Administration, Office of Child Support Enforcement, 1999-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2008.

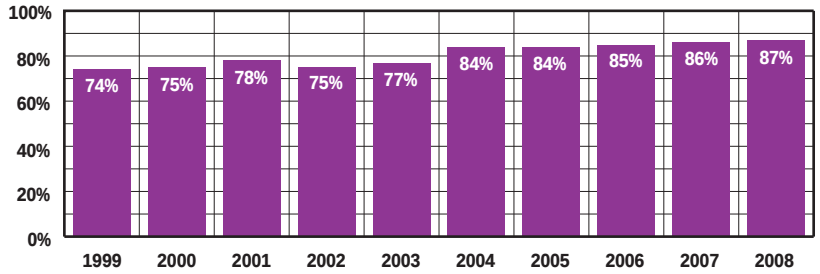
◆ **As of December 1, 2008, 49% of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.[13] As of December 1, 2008, there were 84,246 Rhode Island children in the Rhode Island Office of Child Support Services system.[14] Over half (57%) of those children that had a known Rhode Island residence lived in the six core cities.[15]**

◆ **In Federal Fiscal Year (FFY) 2008, the Rhode Island Office of Child Support Services collected more than $82.5 million in child support, an increase of more than $4 million from the previous year. Eighty-two percent ($67.8 million) of these funds were distributed directly to families.[16] As of December 31, 2008, the cumulative amount of past-due court-ordered child support since the inception of the program in Rhode Island totaled almost $314.4 million (including interest). Of this total, $208.3 million represented the principal.[17]**

◆ **In March 2008, the Office of Child Support Services began to use an electronic debit card called the Kids Card. Custodial parents now have the option of having their child support payments directly deposited into a personal bank account or put on this card. Since March 2008, over 17,000 custodial parents have enrolled in the Kids Card program.[18]**

◆ **During FFY 2008, there were 14,345 court orders for medical insurance and 7,577 orders to pay for medical coverage. A total of $2.9 million in payments (known as "cash medical") was retained by the state to offset the cost of RIte Care, while $944,523 was disbursed to families to offset the cost of private coverage or other medical expenses.[19]**

Rhode Island Children in the Office of Child Support Services System with Paternity Established, 1999-2008



Source: Rhode Island Department of Administration, Office of Child Support Enforcement, 1999-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2008. Includes all children in the child support system -- private, interstate, and IV-D cases (i.e., those cases that received assistance with child support because they were receiving FIP/RI Works, RIte Care, or child care assistance benefits).

◆ **Between 1999 and 2008, the percentage of children in the Rhode Island child support system with paternity established increased from 74% to 87%, an increase of 18%.[20]**

◆ **Despite increases in the percentage of children with paternity established, Rhode Island had the lowest rate of court orders for child support established in New England (Maine – 89%; Vermont – 85%; New Hampshire – 84%; Massachusetts – 76%; Connecticut – 72%; Rhode Island – 60%).[21]**

◆ **In FFY 2007, Rhode Island had the highest case/staff ratio in New England.[22] Since then, the Office of Child Support Services has faced further staff reductions, affecting the Office's ability to establish court orders for child support.**

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Child Support and the Rhode Island Works Program (Formerly the Family Independence Program)*

◆ **As of December 1, 2008, Rhode Island's Office of Child Support Services system included 11,762 children enrolled in Rhode Island Works (RI Works).[23]**

◆ **In 2008, the average child support obligation for children enrolled in RI Works was $262 per month, compared to an average child support obligation of $351 per month for children in non-RI Works families.[24] 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 2008, Rhode Island's Office of Child Support Services collected $8.5 million dollars in child support for children enrolled in RI Works. The federal and state governments retained $7.6 million, and the remaining $867,896 was passed through to families.[25]**

◆ **In Rhode Island, as in many other states, 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.[26] The remainder of the payment is retained by the federal and state governments as reimbursement for assistance received through RI Works. In FFY 2008 in Rhode Island, an average of 1,480 families received at least one "pass-through" payment each month.[27]**

◆ **Research suggests that child support "pass-through programs" encourage paternity establishment and higher child support payments by low-income parents.[28] Welfare recipients who receive child support "pass throughs" are more likely to leave welfare for work, remain off welfare and have incomes above the federal poverty line.[29] In October 2008, a federal policy change went into effect that provides states the option to increase the amount of money passed through to children. States that choose to pass through up to $100 per month for one child and up to $200 per month for two or more children and that disregard this income in calculating eligibility for cash assistance do not have to reimburse the federal government for its share of the child support collected.[30]**

** The Rhode Island Works Program replaced the Family Independence Program in 2008.*

Children in Poverty

DEFINITION

Children in poverty is the percentage of children under age 18 who are living in households with incomes below the poverty threshold, as defined by the U.S. Census Bureau. Poverty is determined based on income received during the year prior to the Census.

SIGNIFICANCE

Poverty is related to every KIDS COUNT indicator. Children in poverty, especially those who experience poverty in early childhood and for extended periods of time, are more likely to have health and behavioral problems, experience difficulty in school, become teen parents, and earn less or be unemployed as adults.[1,2] Children in low-income communities are more likely to attend schools that lack resources and rigor; are less likely to be enrolled in a preschool; and have fewer opportunities to participate in extracurricular activities.[3,4,5]

Black and Hispanic children nationally and in Rhode Island are more likely to grow up poor than White children.[6,7] Children under age six, who have single parents, whose parents have low educational levels, or whose parents work part-time or are unemployed are all at increased risk of being poor.[8]

In 2008, the federal poverty threshold was $17,346 for a family of three with two children and $21,837 for a family of four with two children.[9] The federal poverty threshold underestimates the number of families who struggle to meet basic needs. The method of calculating the poverty level has not been adjusted to address the changes in family expenditure patterns since its development in the 1960s, particularly the rising costs of housing, transportation, child care, and medical care. It also does not consider geographic variations in the cost of living.[10,11]

According to the *2008 Rhode Island Standard of Need* developed by the Poverty Institute, a single parent with two children who has an income of $30,800 a year (175% of the federal poverty level) and subsidized child care and health care (RIte Care) would still be $48 short of paying for basic needs each month. A family of four with two children and an income of $37,100 a year (175% of the FPL) would have an even larger gap ($103 per month).[12]

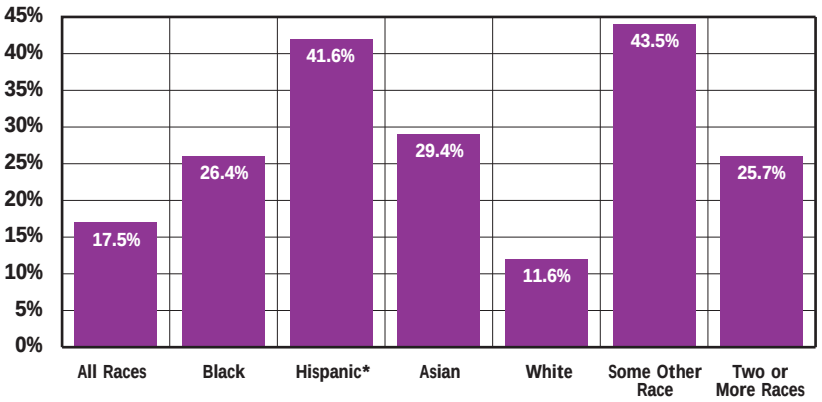
Children in Poverty

	2004	2005	2006	2007
RI	21.0%	19.5%	15.1%	17.5%
US	18.4%	18.5%	18.3%	18.0%
National Rank*				*31st*
New England Rank**				*6th*

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

Source: U.S. Bureau of the Census, American Community Survey, 2004-2007. Table R1704.

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



Source: U.S. Bureau of the Census, American Community Survey, 2007. Tables B17001, B17020A, B17020B, B17020D, B17020F, B17020G and B17020I.*Hispanic children may be included in any race category.

◆ **According to the 2007 American Community Survey, 17.5% (40,468) of Rhode Island's 231,579 children under age 18 lived below the federal poverty threshold. This is a statistically significant decrease from 2004 when 21.0% (50,390) of Rhode Island children were living below the federal poverty threshold.[13]**

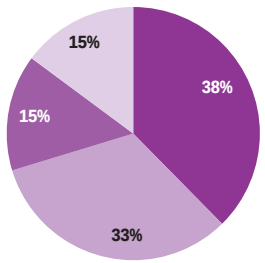
◆ **In 2007, more than two in five Hispanic children (42%), and more than one in four Asian (29%) and Black (26%) children in Rhode Island lived in poverty, compared to 12% of White children.[14]**

◆ **In 2007, of all children living in poverty in Rhode Island, almost half (49%) were White, 12% were Black, 6% were Asian, 27% were "some other race" and 6% were "two or more races." Using the Census definition, Hispanic children also may be included in any race category. In 2007, 43% of Rhode Island's poor children were Hispanic.[15]**

Rhode Island's Poor Children, 2007

By Age

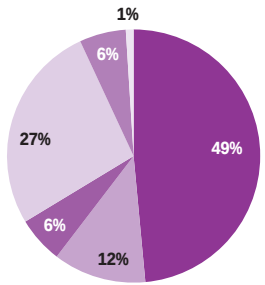
38%	Ages 5 and younger
33%	Ages 6 to 11
15%	Ages 12 to 14
15%	Ages 15 to 17



n = 40,468

By Race*

49%	White
12%	Black
6%	Asian
27%	Some Other Race
6%	Two or More Races
1%	Unknown

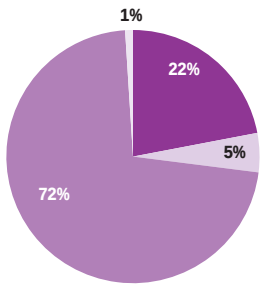


n = 40,468

**Hispanic children also may be included in any race category. In 2007, 17,295 (43%) of Rhode Island's 40,468 poor children were Hispanic.*

By Family Structure**

22%	Married Couple Family
5%	Unmarried Male Householder
72%	Unmarried Female Householder
1%	Not in Related-Family Households



n = 40,468

***Only includes related children living in households*

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

Children Living in Extreme Poverty

◆ **Families with incomes below 50% of the federal poverty threshold are considered to be in extreme poverty. In 2008, the extreme poverty level was $8,673 for a family of three with two children and $10,917 for a family of four with two children.[16]**

◆ **Of the 40,468 children living below the poverty threshold in Rhode Island in 2007, 44% lived in extreme poverty. In total, an estimated 7.6% (17,697) of all children in Rhode Island lived in extreme poverty. This is an increase from the previous year when 6.5% of Rhode Island children lived in extreme poverty.[17]**

◆ **Recent projections suggest that if the U.S. unemployment rate reaches 9%, 1.5 to 2.0 million more children will be in extreme poverty.[18] Children in extreme poverty may be even worse off now than in the mid-1990s because their families are now less likely to access food stamps, Medicaid, and other programs for which they are eligible.[19]**

Young Children under Age Six in Poverty in Rhode Island

◆ **Children under age six are at higher risk of living in poverty than any other age group, because their parents tend to be younger, have less work experience, and earn less than parents of older children.[20]**

◆ **Increased exposure to risk factors associated with poverty interferes with young children's emotional and intellectual development. Risk factors associated with poverty include: inadequate nutrition, environmental toxins, maternal depression, trauma and abuse, lower quality child care and parental substance abuse.[21]**

◆ **In 2007, 21% (15,339) of Rhode Island children under age six lived below the poverty threshold, the same as the national rate of 21%.[22] In 2007, 44% of Rhode Island children under age six who were living in poverty lived in extreme poverty.[23]**

◆ **As of December 1, 2008 there were 4,169 children under age three and 2,742 children ages three to five in families receiving cash assistance (FIP/RI Works). About half (49%) of all children under age 18 who received cash assistance were under age six.[24]**

◆ **In 2008, 55% of all indicated allegations of neglect (which is often linked with family poverty) in Rhode Island were for children under the age of six.[25]**

Children in Poverty

Financial Asset Building

◆ For working poor families, having assets such as checking accounts, stocks and bonds and access to information about the cost of goods and services can be as important as income in building economic security.[26,27]

◆ Assets can help families manage financial crises or risks from life events, such as divorce, unemployment, retirement, illness, accidents, and death.[28] Families without sufficient wealth can accumulate debt or go without necessities during difficult financial times.[29]

◆ Low-income families that lack knowledge about or access to traditional banks may instead rely on alternative institutions, such as check-cashing stores, payday lenders, rent-to-own stores and early-refund tax preparers. These alternative institutions often charge high fees and interest rates, so families using them have less money to save.[30]

◆ Improving financial literacy (i.e., the understanding of money, banking, credit and how best to build assets) and encouraging banks to provide affordable services can encourage low-income families to use traditional banking institutions and increase their savings.[31]

◆ State policies that protect families from predatory mortgage lending and payday lending allow families to keep more of their earnings, save and invest and can ultimately promote a more stable workforce and stronger communities.[32] Policies that encourage mainstream businesses to serve lower-income communities can help reduce costs to low-income families who often pay higher costs for the same goods and services than families in higher-income communities.[33]

◆ Many public income-support 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 accumulating the assets they need to improve their economic security.[34]

Building Blocks of Economic Security

Income Supports

◆ Nationally, income supports lifted 27 million Americans above the poverty line in 2003, cutting poverty nearly in half and helping low-income working families meet their basic needs. Income supports can be in the form of cash payments, such as the Family Independence Program (FIP)/Rhode Island Works Program (RI Works); tax credits including the Earned Income Tax Credit and the Child Tax Credit; and "near-cash" benefits, such as food stamps, child care subsidies, and rental subsidies that are not provided in cash but that are used to pay regular monthly bills.[35]

Access to Health Care

◆ Compared to their middle-income counterparts, low-income families are much less likely to have access to health insurance through their employer.[36] Many working families that are offered health insurance through their employers cannot afford to pay the employee share.[37] Access to health insurance improves the likelihood that children and their parents will have a regular source of health care.[38]

Affordable Quality Child Care

◆ High quality, affordable child care helps parents maintain employment and supports children's cognitive and emotional development.[39] Child care costs represent a significant portion of low-income families' budgets. On average, families living below the poverty threshold spent 25% of their monthly income on child care, compared to 7% for families above the threshold.[40]

Educational Attainment

◆ Low-income workers are nearly three times less likely to have finished high school than workers who earn more.[41] On average, individuals with higher education have more job opportunities, higher wages and greater job security than those with lower levels of education.[42,43]

Affordable Housing

◆ Having stable housing is critical for getting and keeping a job.[44] In 2008, the average rent for a two-bedroom apartment in Rhode Island was $1,232.[45] In Rhode Island, a family of three with an income at the federal poverty level would need to spend 84% of its income on rent to pay this amount, well above the recommended percentage of 30%.[46]

Table 9. **Children Living below the Federal Poverty Threshold, Rhode Island, 2000**

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

Source of Data for Table/Methodology

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

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

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(continued on page 153)

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), the program that replaced the Family Independence Program (FIP). These data measure the number of children and families enrolled in RI Works on December 1, 2008. Children and families who participated in the program at other points in the year but who were not enrolled on December 1, 2008 are not included.

SIGNIFICANCE

The Rhode Island Works Program (RI Works) replaced the Family Independence Program (FIP), effective July 1, 2008. The goal of RI Works is to help families successfully transition to work by providing cash assistance and work supports, including employment services, food stamp benefits, health insurance and subsidized child care.[1] Children and families qualify for cash assistance based on their income, resources and the number of people in their families.[2]

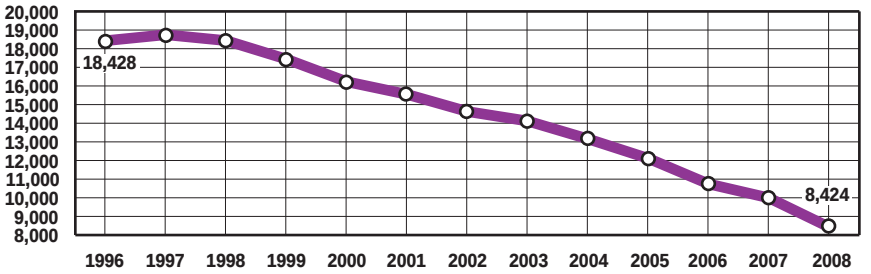
RI Works cash assistance recipients must participate in an employment plan focused on supporting rapid entrance or re-entrance into the workforce, unless they meet specific criteria for a work exemption. Employment plans may include job search and placement, job skills development, work experience, literacy and GED programs, vocational education, English-language programs or post-secondary education.[3]

RI Works provides a safety net for children whose parents are unable to work due to a disability and functions as an unemployment system for parents who do not have sufficient earnings or work experience to qualify for regular unemployment benefits. RI Works also provides time-limited supplementary cash assistance to very low-income working families.[4] In December 2008, the average wage of parents enrolled in RI Works and working was $9.12 per hour.[5]

RI Works also connects families to the Office of Child Support Services (OCSS), which assists families in establishing paternity (when applicable), establishing child support orders and collecting money from non-custodial parents. In Rhode Island, the first $50 of child support paid on time each month on behalf of a child enrolled in RI Works goes to the custodial parent caring for the child.[6]

The maximum monthly RI Works benefit for a family of three is $554 per month.[7] Rhode Island's monthly benefit has not increased in 18 years.[8]

Cash Assistance* Caseload, Rhode Island, 1996 – 2008



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

◆ **Between 1996 and 2008, the Rhode Island cash assistance caseload decreased by 54% from 18,428 to 8,424. In just the past year, from 2007 to 2008, the caseload decreased by 16% or 1,569 cases.[9,10,11]**

◆ **A large part of the recent decline was the result of new policies that eliminated children's entitlement to cash assistance when parents reach their time limit. In 2008, there were 1,301 fewer child-only cases than in 2007. In fact, 83% of the overall decline in the caseload from 2007 and 2008 can be attributed to reductions in child-only cases.[12,13]**

◆ **In December 2008, there were 6,307 adults and 13,973 children under age 18 enrolled in RI Works. Almost seven out of ten (69%) of all RI Works beneficiaries were children, and almost half (49%) of the children enrolled in RI Works were under the age of six. In Rhode Island, 83% of the families enrolled in RI Works have one or two children.[14]**

◆ **In December 2008, there were 625 teen heads of household enrolled in RI Works, representing 7% of the total caseload.[15] Teen parents without a high school diploma receive mandatory parenting skills training and are supported in completing their high school education while enrolled in RI Works. Teen parents are required to live in an adult-supervised setting if such an arrangement is available and appropriate.[16]**

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 or education that is directly related to employment or a GED program with 20 hours of work to reach the 30-hour work requirement.[17]

Time Limits

◆ The lifetime limit for RI Works is 48 months, rather than 60 months as it was under FIP. Families also are now 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 a family's time limits. The Rhode Island Department of Human Services also has the discretion to offer hardship exemptions to the time limits for families in certain situations (such as domestic violence and homelessness).[18]

Child-Only Cases

◆ Child-only cases are those that receive assistance for only the children in the family because the child's parent is ineligible. Child-only cases include children living with a non-parent relative or a parent who is disabled and receives Supplemental Security Income (SSI). Children living with parents who have reached their time limits are no longer entitled to cash assistance as child-only cases as they were under FIP.[19]

Citizenship/Residency

◆ Recipients of cash assistance must be United States citizens, legal residents who have been in the U.S. for at least five years, or be exempt from the five-year ban on receipt of cash assistance due to refugee, veteran, or other allowed status.[20]

Sanctions

◆ If a parent misses a required appointment, refuses or quits a job or in some other way fails to comply with an employment plan and is not able to establish "good cause" (e.g., lack of child care, illness, a family crisis, or other allowed circumstance), the family's cash benefit is reduced for three months. After three months of reduced benefits due to non-compliance (consecutive or not), the family's case is closed and the entire family loses the RI Works benefit.[21]

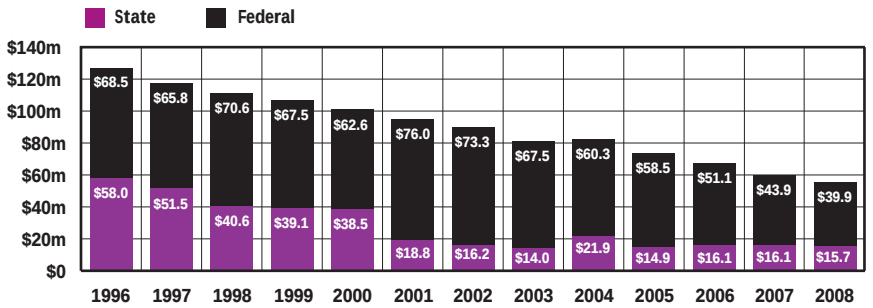
RI Works by Case Type, 2008

Total RI Works Caseload	8,424
Child-only cases	2,750
Cases with adults required to engage in a work activity	3,857
Cases with adults exempt from a work activity*	1,817

Source: Rhode Island Department of Human Services, InRhodes Database, 2008.

**Exemptions from work activities include: caring for a disabled spouse or child (141), in third trimester of pregnancy (352), and youngest child under age one (1,324). Under RI Works regulations, recipients who have disabilities or who are age 60 or older are no longer exempt from work activities.*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2008



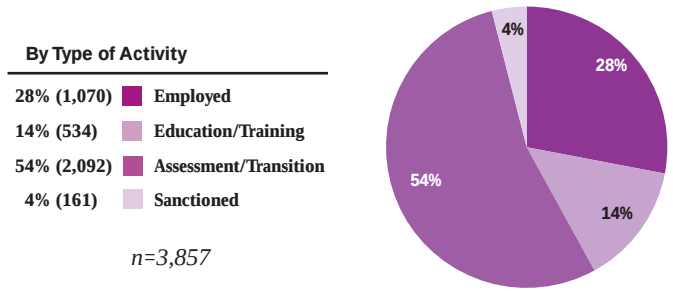
Source: Rhode Island Department of Human Services, *Family Independence Program 2007 Annual Report* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2008). *Budget as enacted: Fiscal Years 2005-2009.* Providence, RI: Rhode Island House of Representatives, (FY 2002-2007). November 2008 Caseload Estimating Conference (FY 2008).

◆ Between State Fiscal Year (SFY) 1996 and SFY 2008, state general revenue spending for cash assistance decreased 69% from $58.0 million to $15.7 million.[22,23]

◆ In SFY 2008, cash assistance represented less than 1% of Rhode Island's total federal and state budget expenditures of $6.92 billion.[24]

Children in Families Receiving Cash Assistance

Activities of Families Enrolled in RI Works, December 2008



Source: Rhode Island Department of Human Services, InRhodes Database, December 2008.

◆ As of December 2008, 28% of families that were required to engage in work-related activities were employed, down from 38% of families in December 2007.[25,26] During this same period, from December 2007 through December 2008, the unemployment rate in Rhode Island increased from 6.0% to 9.4%.[27]

◆ As of December 2008, 14% of families were participating in approved adult education or job training programs, including programs for adults with low literacy levels or limited English-language skills, and vocational training.[28]

◆ The largest group of families (54%) were in assessment or transition.[29] Assessment/transition can include preparing an employment plan, receiving educational or vocational assessments, developing resume writing and interviewing skills, conducting job searches or waiting to begin an education program or job. These services are delivered in partnership with the Rhode Island Department of Labor and Training, primarily through their netWORKri one-stop career center locations.[30]

◆ Fewer than one in 20 families (4%) required to engage in a work-related activity were sanctioned, meaning they lost benefits due to non-compliance with their employment plan. More than one-third (37%) of all RI Works cases that closed in 2008 were closed because the parents' employment income exceeded the eligibility limit.[31]

RI Works and Working Families

◆ The high rate of unemployment in Rhode Island coupled with stricter eligibility and shorter time limits for cash assistance may leave many families without employment or a cash assistance safety net, resulting in a rise in deep poverty, hardship and homelessness.[32]

◆ Many states, including Rhode Island, provide supplementary cash assistance to families after a parent is employed until the families reach their time limits. This type of assistance encourages parents to work by helping them make ends meet when they are earning low wages.[33]

◆ In Rhode Island, a single parent with two children who works full time and earns the minimum wage would be eligible for $78 per month in supplementary cash assistance. Combined with the Earned Income Tax Credit (EITC), this supplementary payment would bring the family's income to just above the federal poverty level.[34]

Rhode Island's Most Vulnerable Families

◆ Research from a longitudinal study of FIP showed that cash assistance recipients who remained enrolled in the program for at least three years faced many barriers to employment including health problems, housing problems, seasonal, temporary or part-time jobs, jobs that paid too little, difficulty finding jobs, and problems related to child care and transportation.[35]

◆ Adults receiving cash assistance are more likely to have disabilities than other adults. RI Works recipients with disabilities may face multiple barriers to work and need specialized education, training, and mental health services in order to succeed.[36]

◆ Many families receiving cash assistance include children with disabilities. Parents caring for disabled children may need help finding appropriate child care or need flexible workplace environments so they can meet their children's medical and educational needs and respond appropriately in emergencies.[37]

◆ Under RI Works, parents with disabilities are no longer exempt from work requirements as they were under FIP. Parents who report having a disability but who are not receiving SSI may be referred to the Office of Rehabilitation Services for further assessment and help applying for SSI.[38]

Children in Families Receiving Cash Assistance

Education and Training Supporting Employment

◆ **Twenty percent of Rhode Island's adult working age population (ages 16-64) lacks a high school diploma, has limited English-language skills or faces both of these obstacles to success in the labor market.[39]**

◆ **Parents enrolled in RI Works face even greater barriers to success in the labor market. Almost one-half of the parents (48%) enrolled in RI Works report not finishing high school. Among a recently-tested group of parents receiving cash assistance, more than one-third (36%) tested at or below the 6th grade reading level.[40,41]**

◆ **The skill levels of average high school dropouts qualify them for only 10% of the jobs created between 2000 and 2010, while people possessing the skills of typical high school graduates qualify for 22% of these jobs.[42] In 2006, the unemployment rate for Rhode Islanders without high school diplomas was almost twice as high as it was for those with high school degrees.[43]**

◆ **Providing adult basic education and occupational training programs will strengthen Rhode Island's workforce.[44] The U.S. Department of Human Services has highlighted efforts to provide adults with limited educational and linguistic skills with integrated educational services and career pathways programs as a promising practice for transitioning parents receiving cash assistance to work.[45]**

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2008. The denominator is the total number of children under age 18 from U.S. Census Bureau, Census 2000. Summary File 1, Table P12.

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

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Table 10. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 1, 2008**

CITY/TOWN	# OF CHILDREN UNDER 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,745	17	22	<1%
Bristol	4,399	46	65	1%
Burrillville	4,043	54	81	2%
Central Falls	5,531	413	758	14%
Charlestown	1,712	17	26	2%
Coventry	8,389	108	156	2%
Cranston	17,098	462	720	4%
Cumberland	7,690	89	135	2%
East Greenwich	3,564	23	33	1%
East Providence	10,546	216	319	3%
Exeter	1,589	13	18	1%
Foster	1,105	17	30	3%
Glocester	2,664	21	27	1%
Hopkinton	2,011	24	39	2%
Jamestown	1,238	6	11	1%
Johnston	5,906	154	229	4%
Lincoln	5,157	72	111	2%
Little Compton	780	7	11	1%
Middletown	4,328	60	82	2%
Narragansett	2,833	36	53	2%
New Shoreham	185	1	3	2%
Newport	5,199	199	334	6%
North Kingstown	6,848	90	160	2%
North Providence	5,936	149	219	4%
North Smithfield	2,379	24	35	1%
Pawtucket	18,151	883	1,413	8%
Portsmouth	4,329	25	37	1%
Providence	45,277	3,490	6,101	13%
Richmond	2,014	12	30	1%
Scituate	2,635	19	28	1%
Smithfield	4,019	27	85	2%
South Kingstown	6,284	51	39	1%
Tiverton	3,367	57	69	2%
Warren	2,454	43	57	2%
Warwick	18,780	306	454	2%
West Greenwich	1,444	7	10	1%
West Warwick	6,632	253	386	6%
Westerly	5,406	75	123	2%
Woonsocket	11,155	858	1,464	13%
Core Cities	*91,945*	*6,096*	*10,456*	*11%*
Remainder of State	*155,877*	*2,328*	*3,517*	*2%*
Rhode Island	*247,822*	*8,424*	*13,973*	*6%*

Children Receiving Food Stamps/SNAP Benefits

DEFINITION

Children receiving food stamps/SNAP benefits is the percentage of income-eligible children under age 18 who participate in the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program.

SIGNIFICANCE

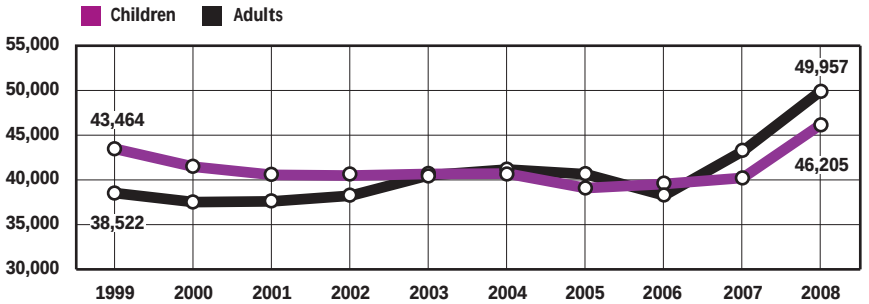
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional and academic problems in children and can impede their growth and development.[1,2,3] The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income individuals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

SNAP is open to applicants who meet eligibility requirements related to income, residency, and assets. To qualify, a household must have a gross monthly income that is less than 130% of the federal poverty level. In Federal Fiscal Year 2009, a family of three with a gross monthly income of less than $1,907 (about $22,900 per year) would meet the income guidelines for SNAP. Households that include elderly or disabled members or that are "categorically eligible" because all household members receive certain other public assistance are exempt from some eligibility requirements.[6,7] The *2008 Farm Bill* increased the minimum benefit and the standard deduction, eliminated the cap on dependent care deductions, and excluded education and retirement accounts from the assets counted to determine eligibility.[8,9] The *American Recovery and Reinvestment Act of 2009* also increased the maximum benefit by 13.6%, effective April 2009.[10]

Purchasing food using SNAP benefits helps many low-income families bridge the gap between what they earn and their basic living expenses. In 2008, a Rhode Island family with one full-time, year-round worker making the minimum wage had only 70% of the income needed to meet basic expenses. If the same family received SNAP benefits, they would be able to meet 84% of their basic needs.[11] In 2008, the average monthly SNAP benefit for a family of three in Rhode Island was $326.[12]

SNAP benefits provide economic protection for families and for the local economy. Because every dollar in SNAP benefits helps free up funds that families can use to purchase other items, every SNAP dollar ultimately translates into $1.73-$1.84 in economic activity, making it one of the most effective forms of economic stimulus.[13]

Participation in the Supplementary Nutrition Assistance Program (Formerly the Food Stamp Program), Children and Adults, Rhode Island, 1999-2008



Source: Rhode Island Department of Human Services, InRhodes Database, 1999 – 2008. Data represent children under age 18 and adults (parents and other adults) who participated in the Food Stamp Program/SNAP during the month of October.

◆ **Between 2006 and 2008, the number of Rhode Islanders receiving food stamp/SNAP benefits increased by 24%. The number of children receiving food stamp/SNAP benefits increased by 17%, from 39,546 to 46,205, while the number of participating adults increased by 31%, from 38,268 to 49,957.[14]**

◆ **In 2006, 45% (58,500) of Rhode Islanders who were eligible for food stamp benefits did not receive them, and Rhode Island ranked 46th in the U.S. for food stamp participation.[15]**

Food Insecurity in Rhode Island

◆ **The USDA defines food insecurity as not always having access to enough food for an active, healthy life. Between 2005 and 2007, 10.9% of Rhode Island households and 11.0% of U.S. households were food insecure. In 2007, 15.8% of U.S. households with children were food insecure compared to 8.7% of those without children. Almost one-third (30.2%) of female-headed households with children were food insecure.[16]**

◆ **In 2005, 31% of the more than 62,000 people served by the Rhode Island Food Bank network were children. Recipients of emergency food often have to make hard choices between food and other basic needs. In 2005, 49% of Rhode Islanders who received emergency food chose between food and utilities, 46% chose between food and housing payments, and 34% chose between food and health expenditures.[17]**

Children Receiving Food Stamps/SNAP Benefits

Increasing SNAP (Food Stamp) Participation Rates

◆ **Nationally, a lack of information and knowledge about SNAP, mistaken perceptions about eligibility, stigma, a complicated application process, and inconvenient hours of operation and locations of enrollment sites, have all been identified as reasons for low participation rates.[18]**

◆ **Strategies for increasing enrollment among working families and families with children include extending hours of operation for enrollment sites, requiring less frequent recertification, offering telephone interviews in place of face-to-face interviews, taking advantage of policies that allow families already receiving other state services to be "categorically eligible" for benefits, and offering child care at enrollment sites.[19]**

◆ **In February 2009, the Rhode Island Department of Human Services announced its intention to implement a number of these strategies, including requiring less frequent recertification and conducting telephone rather than face-to-face interviews. They are also partnering with the Rhode Island Department of Labor and Training to get information on the SNAP program to those receiving unemployment benefits and hiring additional staff to manage increased demand.[20]**

Table 11.

Children Under Age 18 Receiving Food Stamps/SNAP Benefits, Rhode Island, October 1, 2008

CITY/TOWN	ESTIMATED NUMBER INCOME-ELIGIBLE*	NUMBER PARTICIPATING	% OF INCOME-ELIGIBLE PARTICIPATING
Barrington	155	46	30%
Bristol	607	246	41%
Burrillville	356	302	85%
Central Falls	2,840	2,328	82%
Charlestown	173	102	59%
Coventry	654	577	88%
Cranston	2,057	2,037	99%
Cumberland	485	471	97%
East Greenwich	242	134	55%
East Providence	1,687	1,146	68%
Exeter	169	49	29%
Foster	66	45	68%
Glocester	225	91	40%
Hopkinton	228	125	55%
Jamestown	36	21	58%
Johnston	733	639	87%
Lincoln	404	391	97%
Little Compton	21	17	81%
Middletown	404	243	60%
Narragansett	310	130	42%
New Shoreham	19	5	26%
Newport	1,731	1,050	61%
North Kingstown	818	532	65%
North Providence	802	618	77%
North Smithfield	92	109	100%*
Pawtucket	5,948	4,578	77%
Portsmouth	187	130	70%
Providence	22,395	17,431	78%
Richmond	118	99	84%
Scituate	157	107	68%
Smithfield	239	300	100%*
South Kingstown	485	129	27%
Tiverton	150	195	100%*
Warren	333	229	69%
Warwick	1,712	1,619	95%
West Greenwich	81	34	42%
West Warwick	1,610	1,157	72%
Westerly	843	480	57%
Woonsocket	4,125	3,479	84%
Core Cities	*38,649*	*30,023*	*78%*
Remainder of State	*15,048*	*11,398*	*76%*
Rhode Island	*53,697*	*41,421*	*77%*

Note to Table

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

Source of Data for Table/Methodology

Estimated number income-eligible is based on the total number of children under age 18 living in families with incomes below 130% of the federal poverty line from the 2000 Census. Supplemental Nutrition Assistance Program (SNAP) data are from the Rhode Island Department of Human Services, InRhodes Database, October 1, 2008.

The data in the city/town table may differ from the data on the previous page as this table uses point-in-time data for October 1st, rather than data based on participation for the entire month.

Due to a change in methodology, SNAP participation rates in this Factbook cannot be compared with Factbooks before 2003. Estimates for the percentage of income-eligible children participating in SNAP in Rhode Island cities and towns are now based on the total number of children ages birth to 18 living in families with incomes below 130% of the federal poverty threshold from the 2000 Census. Past estimates were based on the percent of children eligible for the free school breakfast program.

* Estimated Number Income-Eligible is based on Census 2000 data and may not reflect increases or decreases in the eligible population.

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

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(continued on page 154)

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

Children who suffer from undernutrition have poorer overall health status, miss more days of school and are less ready to learn when they do attend than well-nourished children.[1] Students who participate in school breakfast programs have higher standardized test scores, fewer absences, reduced tardiness, improved attentiveness, better behavior and lower risks of obesity.[2]

Food-insecure families often do not have sufficient food to provide nutritious breakfasts to their children every morning. Nationally, children in households experiencing food-insecurity missed on average over two days more of school than their peers in food-secure households.[3] In Rhode Island, 11% of families experienced food insecurity and 4% experienced hunger, comparable to national rates.[4] Risk factors for food insecurity in Rhode Island include: being Hispanic, having children under the age of six, being a single parent, and not finishing high school.[5]

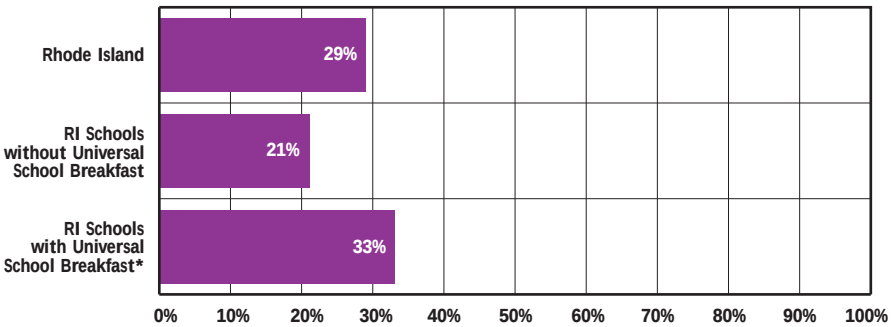
School breakfast improves student health, school performance and student behavior.[6] Additionally, students who participate in school breakfast programs are less likely to be overweight or obese than non-participants.[7] School Breakfast Programs offer nutritious meals, and participating children are more likely to meet their Recommended Daily Allowances of at least four key nutrients.[8]

Rhode Island state law requires all public schools to provide students with access to school breakfast, although higher-income parents may be required to pay for some share of the costs. Rhode Island also receives over $5.4 million in federal funds for the School Breakfast Program, which flows directly into the state's economy.[9]

If Rhode Island increased low-income student participation in the School Breakfast Program from 40% to 60% of School Lunch Program participation, the state would receive more than $2.3 million in additional federal funds to support school breakfast.[10]

Rhode Island ranks 37th in the country for participation in school breakfast when participation is analyzed as the ratio of low-income students in the breakfast program to low-income students in the lunch program. During the 2007-2008 school year, 40 low-income students participated in the breakfast program for every 100 low-income students that participated in the lunch program.[11]

Low-Income Children Participating in the School Breakfast Program, Rhode Island, October 2008



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

Source: Rhode Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Office of Finance and Office of Network & Information Systems, October 2008.

◆ **In 2008, the percentage of low-income students participating in School Breakfast Programs in Rhode Island schools offering universal school breakfast was 33% compared with 21% of students participating in programs in the remainder of the state. There were 15 school districts in Rhode Island in the 2007-2008 school year with severe need schools (schools in which 40% or more of students qualify for free or reduced price schools meals) that did not offer universal school breakfast.[12]**

◆ **Universal School Breakfast Programs, which provide free breakfast to all children regardless of income, increase school breakfast participation, especially among low-income students; they also reduce administrative costs. When schools offer breakfast in the classroom at the start of the school day, participation rates increase even more.[13]**

◆ **In October 2008, an average of 21,956 breakfasts were served daily in Rhode Island public schools. Of these, 80% (17,664) were to low-income children eligible for free or reduced-price meals, comparable to the national rate.[14,15]**

◆ **In the 2007-2008 school year in Rhode Island, $300,000 was allocated as support for administration of the School Breakfast Program, down from $600,000 in 2006-2007. The state per-breakfast subsidy was $0.08 per meal served during the 2007-2008 school year.[16]**

Table 12. **Children Participating in School Breakfast, Rhode Island, October 2008**

SCHOOL DISTRICT	OCTOBER 2008 ENROLLMENT	DISTRICT-WIDE AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL CHILDREN PARTICIPATING IN BREAKFAST	# OF LOW-INCOME STUDENTS	LOW-INCOME AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL LOW-INCOME CHILDREN PARTICIPATING IN SCHOOL BREAKFAST
Barrington	**3,443**	**50**	**1%**	**111**	**12**	**11%**
Bristol Warren	**3,648**	**325**	**9%**	**1,056**	**177**	**17%**
Burrillville	**2,676**	**224**	**8%**	**740**	**144**	**19%**
Central Falls	**3,951**	**1,080**	**27%**	**2,895**	**837**	**29%**
Chariho	**3,675**	**138**	**4%**	**681**	**98**	**14%**
Coventry	**5,688**	**429**	**8%**	**1,127**	**255**	**23%**
Cranston	**11,331**	**687**	**6%**	**3,187**	**475**	**15%**
Cumberland	**5,286**	**340**	**6%**	**883**	**250**	**28%**
East Greenwich	**2,560**	**32**	**1%**	**355**	**31**	**9%**
East Providence	**5,660**	**354**	**6%**	**2,283**	**288**	**13%**
Exeter-West Greenwich	**2,184**	**55**	**3%**	**263**	**29**	**11%**
Foster	**224**	**9**	**4%**	**29**	**7**	**24%**
Foster-Glocester	**1,546**	**46**	**9%**	**164**	**27**	**16%**
Glocester	**541**	**61**	**11%**	**100**	**58**	**58%**
Jamestown	**497**	**4**	**1%**	**45**	**3**	**7%**
Johnston	**3,699**	**352**	**10%**	**1,164**	**263**	**23%**
Lincoln	**3,599**	**199**	**6%**	**708**	**184**	**26%**
Little Compton	**311**	**11**	**4%**	**34**	**5**	**15%**
Middletown	**2,380**	**148**	**6%**	**533**	**104**	**20%**
Narragansett	**1,564**	**32**	**2%**	**168**	**22**	**13%**
New Shoreham	**133**	**23**	**17%**	**17**	**7**	**41%**
Newport	**2,102**	**441**	**21%**	**1,235**	**422**	**34%**
North Kingstown	**4,450**	**381**	**9%**	**717**	**259**	**36%**
North Providence	**3,456**	**317**	**9%**	**1,070**	**262**	**24%**
North Smithfield	**1,883**	**62**	**3%**	**232**	**25**	**11%**
Pawtucket	**9,296**	**2,136**	**23%**	**6,691**	**1,758**	**26%**
Portsmouth	**2,675**	**92**	**3%**	**247**	**48**	**19%**
Providence	**29,543**	**9,845**	**33%**	**22,407**	**8,484**	**38%**
Scituate	**1,748**	**19**	**1%**	**149**	**14**	**9%**
Smithfield	**2,639**	**104**	**4%**	**345**	**51**	**15%**
South Kingstown	**3,691**	**135**	**4%**	**543**	**120**	**22%**
Tiverton	**1,929**	**128**	**7%**	**326**	**75**	**23%**
Warwick	**10,822**	**493**	**5%**	**2,918**	**426**	**15%**
West Warwick	**3,862**	**483**	**13%**	**1,474**	**391**	**27%**
Westerly	**3,273**	**418**	**13%**	**895**	**311**	**35%**
Woonsocket	**6,710**	**2,303**	**34%**	**4,196**	**1,742**	**42%**
Core Cities	***55,464***	***16,288***	***29%***	***38,898***	***13,634***	***35%***
Remainder of State	***97,211***	***5,668***	***6%***	***21,090***	***4,030***	***19%***
Rhode Island	***152,675***	***21,956***	***14%***	***59,988***	***17,664***	***29%***

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Office of Finance and Office of Network & Information Systems, October 2008.

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

"2008 Fall Enrollment" is the school enrollment in October 2008. "District-Wide Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per school day during October 2008. "Number of Low-Income Students" is the number of students eligible for and enrolled in free or reduced-price meals during October 2008. "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 2008.

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 households receiving Food Stamp Benefits and households participating in the Rhode Island Works (formerly the Family Independence Program) are automatically eligible for free meals.

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(continued on page 154)

Health

maggie and milly and molly and may

by e.e. cummings

maggie and milly and molly and may
went down to the beach (to play one day)

and maggie discovered a shell that sang
so sweetly she couldn't remember her troubles, and

milly befriended a stranded star
whose rays five languid fingers were;

and molly was chased by a horrible thing
which raced sideways while blowing bubbles: and

may came home with a smooth round stone
as small as a world and as large as alone.

For whatever we lose (like a you or a me)
it's always ourselves we find in the sea

Children's Health Insurance

DEFINITION

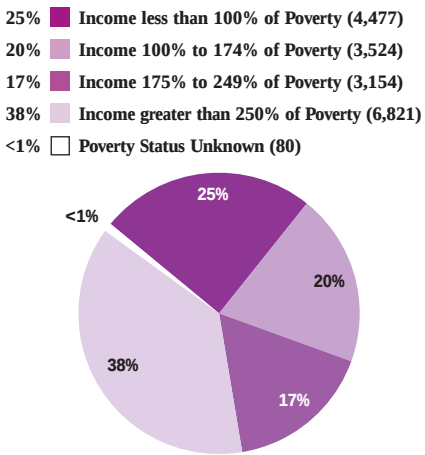
Children's health insurance is the percentage of children under age 19 who were covered by any kind of private or public health insurance, including Medicaid, during 2005, 2006 and 2007 (three-year average).

SIGNIFICANCE

Children's health insurance status is the major determinant in whether children have access to care.[1] Children who lack insurance coverage are more likely to have no usual place of care, delayed care, unmet medical and dental needs, and fewer visits to the doctor and dentist.[2] Insured children are more likely than uninsured children to receive preventive care or medical treatment for common conditions like asthma and ear infections – illnesses that if left untreated can have life-long consequences and lead to more serious health problems.[3,4] Covering parents increases the likelihood that children receive preventive care, reduces unmet health needs and improves health care access for both children and parents.[5]

Medicaid provides low-income children with access to health care that is comparable to children with private health insurance.[6] RIte Care/RIte Share, Rhode Island's Medicaid managed care health insurance program, is available to children and families who qualify based on family income. RIte Care also serves as the health care delivery system for specific groups of children who qualify for Medical Assistance based on a disability or because they are in foster care or receiving an adoption subsidy. As of December 31, 2008, 71% (73,832) of RIte Care members who qualified based on family income were children under age 19.[7] There were 38,014 low-income parents enrolled in RIte Care as of December 31, 2008, 1,172 fewer than in December 2007.[8,9] RIte Care enrollment has steadily declined in recent years, from 120,049 members in December 2004 to 104,636 in December 2008 (a 13% reduction).[10]

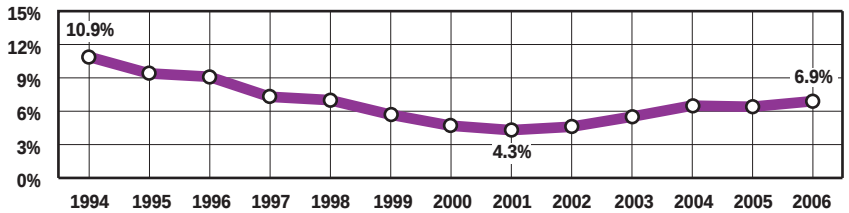
Children under Age 19 without Health Insurance, by Poverty Level, Rhode Island, 2005-2007*



n = 18,057

Source: Urban Studies Institute at the University of Louisville analysis of U.S. Bureau of Census, Current Population Survey data, 2005-2007 three-year average. These data reflect only those who were uninsured throughout the entire year and do not include those who were insured for only part of the year.

Children without Health Insurance, Rhode Island, 1993-2007 3-Year Averages



Source: U.S. Census Bureau, Current Population Survey, 1993-2007, 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 2005 and 2007, 6.9% of Rhode Island's children under age 18 were uninsured, compared to 11.2% of children in the U.S.[11] Rhode Island ranks 11th in the nation with 93.1% of children with health insurance, down from 2nd in 2002 and 2003. The majority of children in Rhode Island are covered by private health insurance, usually obtained through their parents' employers.[12]**

◆ **An estimated 6,821 uninsured children live in Rhode Island families with incomes above 250% of the federal poverty level ($42,925 for a family of three in 2007), the limit for RIte Care eligibility. Approximately 62% (11,155) of the estimated 18,057 uninsured children in Rhode Island in 2007 were eligible for RIte Care based on their family incomes but were not enrolled.[13,14]**

◆ **Recent increases in the rate of uninsured children in Rhode Island can be partly attributed to the decline in employer-sponsored insurance. Between 2005 and 2007, 66.4% of children were covered by employer-sponsored health insurance, down from 73.3% in 2001 (a 9% decline).[15]**

◆ **In 2007, 79% of employers in Rhode Island offered health coverage as a benefit to their full-time employees and 10% offered it to their part-time employees.[16] On average, employers in Rhode Island contribute 78% of health insurance premiums. The average cost of private health coverage for families in Rhode Island is $11,924 annually ($994 per month).[17]**

◆ **As of June 2008, RIte Care eligibility was eliminated for approximately 2,800 immigrant children who had legal permanent resident status for fewer than five years and for all undocumented children.**

Table 13. **Children under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2008**

CITY/TOWN	RIte Care RI Works	RIte Care Non RI Works	SSI	Katie Beckett Provision	Adoption Subsidy	Foster Care	Total
Barrington	29	159	6	47	9	10	260
Bristol	94	530	21	15	25	35	720
Burrillville	126	615	38	28	62	56	925
Central Falls	1,146	2,560	289	4	26	22	4,047
Charlestown	43	258	11	8	17	2	339
Coventry	232	1,216	69	74	101	45	1,737
Cranston	1,006	3,606	237	154	118	129	5,250
Cumberland	214	835	73	78	58	29	1,287
East Greenwich	53	221	9	58	10	14	365
East Providence	510	2,097	140	64	62	64	2,937
Exeter	23	128	11	6	19	43	230
Foster	33	105	4	7	12	9	170
Glocester	44	201	15	16	45	42	363
Hopkinton	68	317	16	14	12	10	437
Jamestown	12	59	7	9	7	2	96
Johnston	346	1,168	66	38	33	39	1,690
Lincoln	154	679	51	49	42	33	1,008
Little Compton	14	64	1	5	0	4	88
Middletown	108	538	43	29	9	31	758
Narragansett	66	273	18	26	20	66	469
New Shoreham	3	30	0	0	0	0	33
Newport	467	1,203	88	10	20	50	1,838
North Kingstown	240	827	54	66	25	32	1,244
North Providence	311	1,137	86	29	44	65	1,672
North Smithfield	58	243	20	24	19	36	400
Pawtucket	2,178	5,864	539	38	84	178	8,881
Portsmouth	49	366	22	47	11	41	536
Providence	9,490	16,278	1,877	67	958	770	29,440
Richmond	49	190	6	15	14	28	302
Scituate	46	280	11	37	18	14	406
Smithfield	55	330	22	38	15	35	495
South Kingstown	161	621	52	55	39	24	952
Tiverton	75	393	23	16	18	9	534
Warren	85	455	18	16	24	11	609
Warwick	671	3,049	163	183	155	136	4,357
West Greenwich	15	107	9	11	13	13	168
West Warwick	579	1,472	114	28	48	40	2,281
Westerly	209	988	56	41	24	14	1,332
Woonsocket	1,993	3,301	452	39	106	130	6,021
Out of State/Unknown	*8*	*6*	*26*	*0*	*0*	*0*	*40*
Core Cities	*15,853*	*30,678*	*3,359*	*186*	*1,242*	*1,190*	*52,508*
Remainder of State	*5,202*	*22,085*	*1,378*	*1,303*	*1,080*	*1,121*	*32,169*
Rhode Island	*21,063*	*52,769*	*4,763*	*1,489*	*2,322*	*2,311*	*84,717*

Note to Indicator

*In previous Factbooks, Current Population Survey (CPS) data were labeled by the years in which the data were released. Beginning with the 2009 Factbook, 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 2007 are collected in March 2008 and released in August 2008).

Source of Data for Table/Methodology

Rhode Island Department of Human Services, MMIS Database, December 31, 2008.

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

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

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

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(continued on page 155)

Childhood Immunizations

DEFINITION

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

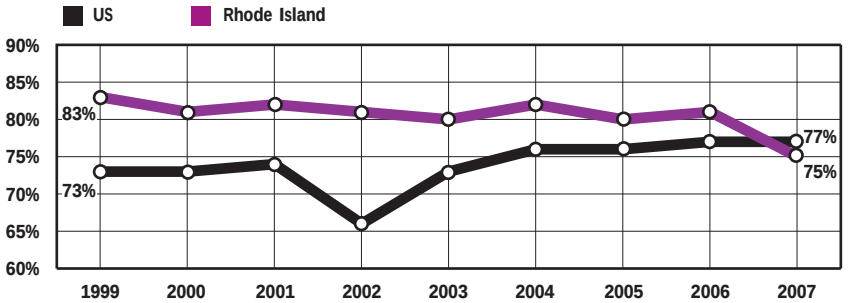
SIGNIFICANCE

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

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

Rhode Island purchases vaccines for all children and distributes them to health care providers. In order to ensure that vaccines reach all children, the Rhode Island Department of Health works in partnership with Rhode Island health care providers to maintain and share KIDSNET immunization data for children from birth to age 18.[8,9] In accordance with national recommendations, Rhode Island requires vaccination against the following diseases prior to entry into child care, Head Start or kindergarten: diphtheria, tetanus, and pertussis (DTaP); hepatitis B; Haemophilus influenzae type b (Hib); measles, mumps, rubella (MMR); polio (IPV); varicella (chickenpox) and pneumococcal disease.[10]

Fully Immunized Children*, Ages 19 Months to 35 Months, United States and Rhode Island, 1999-2007



**Fully immunized children received the 4:3:1:3:3 series from 1999 to 2001 and the 4:3:1:3:3:1 series from 2002 to 2007.*

Source: Centers for Disease Control and Prevention, National Immunization Survey, 1999-2007.

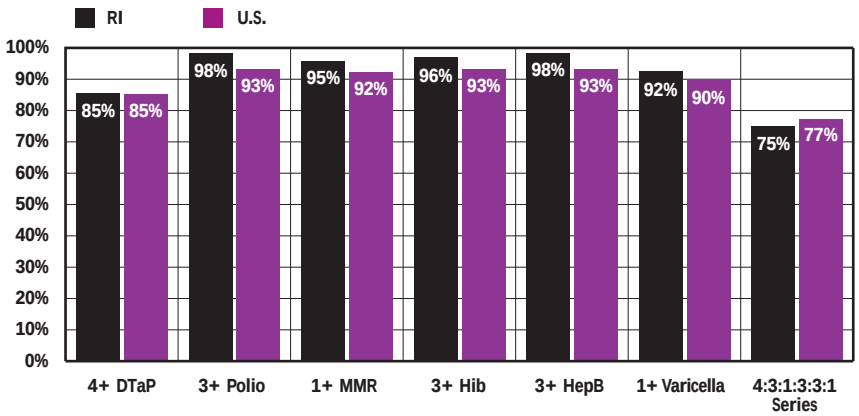
◆ **Rhode Island's rate of fully immunized children ages 19 months to 35 months (75%) was lower than the national average (77%) in 2007, the first time Rhode Island's rate has been below the U.S. rate in a decade.[11]**

◆ **In the U.S. in 2007, the 4:3:1:3:3:1 vaccination rate among children ages 19 months to 35 months was 79% for Asian children, 78% for White children, 78% for Hispanic children, and 75% for Black children.[12]**

◆ **Poverty remains a risk factor for under-immunizations. In the U.S. in 2007, children living at or above the federal poverty level had a 78% immunization rate while children living below the poverty level had a 75% vaccination rate.[13]**

◆ **Concerns about vaccine safety have resulted in some parents refusing to have their children immunized, contributing to the number of children who are under-immunized in the U.S.[14,15] As required by the National Childhood Vaccine Injury Act, families should be provided with informational materials about vaccines and given the opportunity to clarify issues or concerns with their health care provider.[16,17]**

Vaccination Coverage among Children, Ages 19 Months to 35 Months, United States and Rhode Island, 2007



Source: Centers for Disease Control and Prevention, National Immunization Survey, 2007.

◆ **In 2007, Rhode Island had the highest vaccination rate in the nation for one of the six vaccines in the 4:3:1:3:3:1 Series (polio). Rhode Island ranks 38th in the nation for the completion of the full Series, down from 7th in 2006.[18,19]**

◆ **In 2007, 175 Rhode Island children were exempt from receiving one or more vaccines for medical, religious, or personal reasons.[20]**

◆ **Since the end of 2005, a significant emphasis has been placed on infants receiving their first dose of the hepatitis B vaccine before hospital discharge. In 2006, the Rhode Island hepatitis B vaccination rate reached a ten-year peak of 91%, which resulted in the Centers for Disease Control and Prevention naming Rhode Island as the state with the most improved rate of infants who received the birth dose of the hepatitis B vaccine.[21]**

◆ **The Advisory Committee on Immunization Practices (ACIP) periodically reviews the national immunization schedule to update its recommendations and include newly licensed vaccines and changes in vaccine formulation to ensure that immunization practices remain effective. In 2009, ACIP recommends an annual influenza vaccine for all children ages six months to 18 years.[22]**

School Immunization

◆ **The 2007-2008 Rhode Island School Children Immunization Assessment (comprised of data collected directly from student health records) included an analysis of 2,917 randomly-selected records from students in kindergarten and 7th grade across 125 randomly selected schools. Immunization completion rates averaged 97% for kindergarteners and 89% for children in 7th grade. The rates reflect children's immunization status as of the date they entered kindergarten or 7th grade.[23]**

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

◆ **During the 2007-2008 school year, 69 schools participated in VBYG. Of the 1,505 students enrolled in the program, 97% received one or more immunizations and 76% completed all immunizations for which they were enrolled. The shots administered included hepatitis B, MMR, Tdap, meningococcal, varicella (chicken pox), polio, influenza, and the human papillomavirus vaccine.[25]**

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(continued on page 155)

Access to Dental Care

DEFINITION

Access to dental care is the percentage of children under age 21 who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2008 and had received dental services at any point during the previous federal fiscal year (October 1, 2007 – September 30, 2008).

SIGNIFICANCE

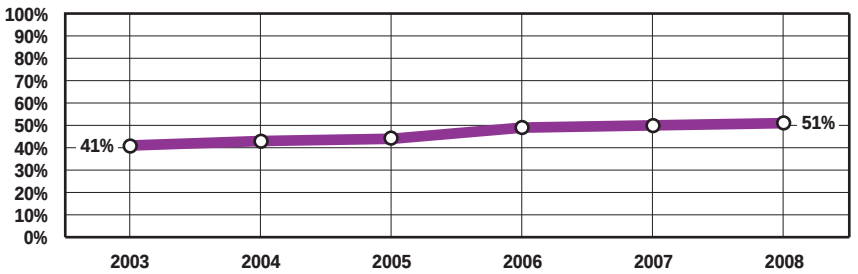
Dental caries (tooth decay) is the most common disease among children five to 17 years old.[1] Children with untreated dental problems are more likely to have problems chewing and swallowing, speech problems, and poor school performance due to difficulty concentrating and absenteeism.[2,3]

Insurance is a strong predictor of access to health and dental care. Nearly one in four (24%) uninsured children in the U.S. has unmet dental needs, compared with 6% of those with Medicaid and 4% of those with private health insurance.[4] National estimates indicate that the number of children without dental insurance is 2.6 times those without medical insurance.[5] The percentage of Rhode Island children with dental insurance has been increasing, from 62% in 1990, to 67% in 1996, to 73% in 2001 to 76% in 2004.[6,7]

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

Minority children also have higher rates of tooth decay and untreated dental problems than White children.[11] Hispanic children (19%) in the U.S. are more likely not to have had a dental visit in more than two years than non-Hispanic Black (15%) or non-Hispanic White children (14%).[12] Children with disabilities or special health care needs also may have problems finding and accessing providers who are trained and equipped to address their special dental, medical and mobility needs.[13]

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, Federal Fiscal Years 2003-2008



Source: Rhode Island Department of Human Services, Federal Fiscal Years 2003-2008. *Medical Assistance includes RIte Care, RIte Share or Medicaid fee-for-service.

◆ **Half (51%) of the children who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2008 received a dental service during Federal Fiscal Year 2008.[14] Approximately 9,850 more children enrolled in Medical Assistance received a dental service in 2008 than in 2003, a 27% increase.[15]**

◆ **The federal Medicaid program mandates that states provide comprehensive dental services to eligible children up to age 21, including diagnostic and preventive services, treatment services, emergency services, and medically necessary orthodontic services.[16]**

◆ **As of December 31, 2008, there were 38,428 Rhode Island children receiving Medical Assistance born on or after May 1, 2000 who were receiving dental benefits through the RIte Smiles program. There were 215 dental providers participating in the RIte Smiles program at the end of 2008, up from 90 when it began in September 2006. All children receiving Medical Assistance born before May 1, 2000 continue to receive dental benefits under the fee-for-service system.[17]**

◆ **Dental insurance is not available to many working families in Rhode Island. Half (50%) of Rhode Island employers offer dental insurance to their full-time employees, and 9% offer it to their part-time employees (compared to 79% and 10% who offer health insurance, respectively).[18]**

Oral Health Services for Young Children

◆ Nearly one-half of children in the U.S. do not receive dental care in accordance with the American Academy of Pediatric Dentistry's recommendations of two visits per year beginning at age one. The youngest children are the least likely to receive dental care.[19]

◆ Fewer than one in five (19%) children under the age of six enrolled in Medicaid in the U.S. received any dental service in 2004. 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.[20]

◆ Nationally, the number of very young children with dental caries (cavities) in their primary teeth has increased. Between 1988 and 1994, 24% of children ages two to five had caries, compared with 28% between 1999 and 2004, an increase of 17%. More than half (51%) of children ages six to 11 had dental caries between 1999-2004, essentially the same as 1988-1994 (50%).[21]

Medicaid Reimbursement Rates

◆ In 2006, Medicaid reimbursement rates were raised for Rhode Island dental providers participating in the RIte Smiles program. As a result of RIte Smiles, the number of dentists accepting qualifying children with Medical Assistance has increased from 27 in early 2006 (before RIte Smiles), to 90 (at the launch of RIte Smiles) in September 2006 to 215 in 2008. General dentists and specialists providing oral health services to Medicaid-enrolled children who do not qualify for the RIte Smiles have continued to be reimbursed at the Medicaid fee-for-service reimbursement rates, which were last increased in 1992.[22,23]

◆ When comparing Rhode Island's Medicaid fee-for-service reimbursement rates for children not enrolled in RIte Smiles and average fees charged by dentists in the state, fewer than 1% of dentists in Rhode Island would consider the Medicaid rate to be equal to or greater than their current charge.[24]

◆ Dentists cite low reimbursement rates that fail to cover the cost of services and administrative difficulties as their two main reasons for limiting or not serving Medicaid patients. State efforts to attract more dentists to Medicaid by paying higher fees and streamlining administrative requirements have resulted in increased access.[25]

Consequences of Untreated Dental Disease

◆ An average of 580 children under age 21 were treated for a dental related condition in Lifespan Emergency Departments (Rhode Island Hospital, Hasbro Children's Hospital, The Miriam Hospital and Newport Hospital) annually between Federal Fiscal Years 2004 and 2008. Three out of four (75%) of these children had private health or dental insurance, 9% had public insurance and 16% were uninsured. The total number of children treated for a dental related condition at Rhode Island Hospital has risen, from 421 in 2004 to 546 in 2008, a 30% increase.[26]

◆ An average of 58 children under age 19 were hospitalized with a diagnosis that included an oral health condition each year between 2003 and 2007 in Rhode Island. On average, 13 children per year were hospitalized with an oral health condition as the main reason during this time.[27]

◆ A national study found that of people who had visited a non-dental health care provider (such as a physician or emergency room) for dental treatment, school-age children suffered the most limitations due to dental pain. Dental problems related to untreated dental disease result in over 1.6 million missed days of school for children in the U.S. every year.[28]

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Children's Mental Health

DEFINITION

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

SIGNIFICANCE

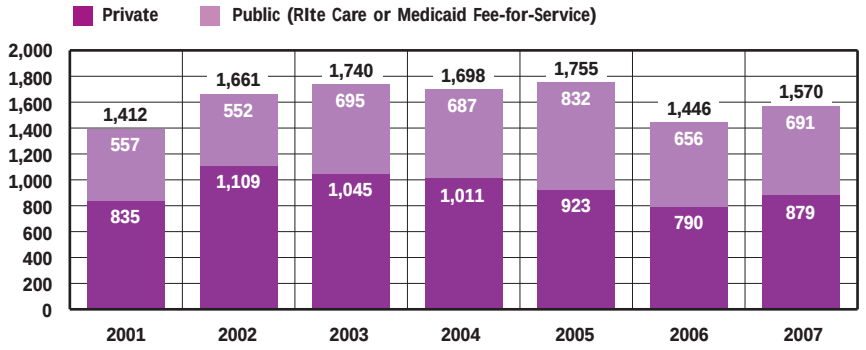
Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills. One in five children ages nine to 17 in the U.S. has a diagnosable mental or addictive disorder; one in ten has a significant functional impairment.[1] An estimated one-third of children who need mental health treatment do not get it.[2]

Behavioral health problems affect children of all backgrounds. Children most at risk for mental disorders are those with prenatal exposure to alcohol, tobacco and other drugs; children born with low birth weight, difficult temperament or an inherited predisposition to a mental disorder; children living in poverty; those suffering abuse and neglect; children exposed to traumatic events; and children of parents with a mental health disorder.[3] Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than children and youth in general.[4]

Mental health problems, whether arising from biological or psycho-social causes or both, affect the physical functioning of the brain and can be prevented or treated in many cases. The mental health status of children influences their behavior at home, child care or school, as well as their academic performance and their ability to participate in community life. Common parental mental health disorders, such as substance abuse and maternal depression, can have significant negative effects on children's social-emotional development.[5,6]

In the U.S. and in Rhode Island, mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital and residential care and inadequate investment in prevention and community-based services that would allow children to receive treatment at appropriate levels of care in their own communities.[7,8,9,10] Over the past several years, Rhode Island has been building capacity and investing in more preventive and home- and community-based treatment options for children and youth.[11,12,13]

Hospitalizations with Primary Diagnosis of Mental Disorder, Children under Age 18, By Insurance Type, Rhode Island, 2001-2007*



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

◆ **In 2007, there were 1,570 hospitalizations of children with a primary diagnosis of a mental disorder at the following hospitals: Bradley, Butler, Kent, Landmark, Newport, Memorial, Miriam, Rhode Island (including Hasbro Children's Hospital), Roger Williams, Saint Joseph, South County, and Westerly Hospitals.[14]**

◆ **Children and adolescents receive a range of behavioral health treatment services at hospitals in Rhode Island, ranging from inpatient treatment at a psychiatric hospital or a general acute care hospital to outpatient treatment services. For example, Hasbro Children's Hospital, a division of Rhode Island Hospital, provided 7,555 outpatient psychiatry visits to 1,773 children and youth under age 19 in 2008.[15]**

◆ **When a bed at a psychiatric hospital is not available, children and youth are "boarded" in the emergency department or on medical floors at acute care hospitals.[16] These children and youth must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others. In 2008, 219 children between the ages of four and 17 years with a psychiatric diagnosis were "boarded" at Hasbro Children's Hospital due to the unavailability of an inpatient psychiatric bed in the state, up from 137 in 2007. The average period for which these young people were boarded in 2008 was two days.[17,18]**

Psychiatric Hospitals

Children under Age 19 Treated at Rhode Island Psychiatric Hospitals, 2008

	Bradley Hospital General Psychiatric Services		Bradley Hospital Developmental Disabilities Program		Butler Hospital General Psychiatric Services		Butler Hospital Child Intensive Services Unit	
	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay
Inpatient	778	17 days	61	96 days	628	11 days	68	24 days
Residential	57	141 days	18	299 days	– –	– –	– –	– –
Partial Hospitalization	328	20 days	16	19 days	92	6.1 days	– –	– –
Outpatient	1,502	5 visits	41	6 visits	69	NA	– –	– –

Source: Lifespan and Butler Hospital, 2008. Programs can have overlapping enrollment. Partial hospitalizations are those in which a young person lives at home but receives intensive ongoing treatment at a hospital.

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

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

◆ **Inpatient treatment at a psychiatric hospital is the most intensive type of behavioral health care. In 2008, there were 1,446 young people admitted for inpatient psychiatric treatment at either Bradley Hospital or Butler Hospital. Of young people treated in an inpatient setting, the primary diagnoses were depressive disorders (29%), childhood/adolescent disorders (24%), bipolar disorders (19%), anxiety disorders (12%), and adjustment disorders (10%).[19,20]**

◆ **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 four schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 218 students in 2008.[21]**

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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 2008, 8,197 children under age 18 were treated at community mental health centers, and 3,851 children were receiving services as of December 31, 2008.[22]**

◆ **Among the children who received services through Rhode Island CMHCs in 2008, 21% presented with a primary diagnoses of attention deficit disorders, 21% with depressive disorders, 12% with conduct disorders and 11% with anxiety disorders.[23]**

Child and Adolescent Intensive Treatment Services (CAITS)

◆ **The CAITS program (formerly the Children's Intensive Services (CIS) program) aims to reduce the likelihood of inpatient psychiatric hospitalization or residential treatment among Medicaid-eligible young people with moderate to severe emotional and/or behavioral disorders. Up to 16 weeks of intensive, home- and community-based treatment via individual and/or family therapy, family training and support worker services are available per year, based on the needs of the child. Now administered by the Rhode Island Department of Human Services (formerly by the Rhode Island Department of Children, Youth and Families), CAITS will become an in-plan benefit for RIte Care members in 2009.[24]**

◆ **Of the 3,083 children and youth who were served by the ten CAITS provider agencies in State Fiscal Year 2008, 52% were over age 12, 36% were between the ages of six and 11 and 12% were under age six. Sixty-one percent (61%) of children and youth who received CAITS services were male and 39% were female.[25]**

Kid's Link Emergency Services Hotline

◆ **In 2007, the Rhode Island Department of Children, Youth and Families (DCYF) launched the Kid's Link Emergency Services hotline to help parents and caregivers determine the best place to go for behavioral health treatment for children and youth experiencing mental health problems or crises.[26] In 2008, there were 1,299 phone calls to Kid's Link, resulting in 442 evaluations by mental health professionals.[27]**

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 (where the child is eligible due to special health care needs) in 2008.

SIGNIFICANCE

Nationwide, 20% of children have a chronic physical, developmental, behavioral or emotional condition that requires health care or related services.[1] Some chronic and disabling conditions among children include mental retardation, autism spectrum disorders, hearing impairments, communication disorders, seizure disorders and congenital diseases.[2,3]

Children with special needs are a heterogeneous group, varying by the type and severity of the chronic disease or disability. The needs of children with special needs are best met through a medical home, which can provide care that is comprehensive, coordinated, continuous, accessible and family-centered.[4] Children with chronic or disabling conditions can have impairments in physical, social, emotional or behavioral functioning.[5] In Rhode Island, youth with special needs are much less likely than their non-disabled peers to finish high school, go on to postsecondary education, find employment, or live independently.[6]

Children with chronic or disabling conditions, whether they are mild or severe, have special needs related to physical health, mental health, education, family support, child care, recreation and career preparation. For many parents, having children with special needs significantly impacts their finances, their jobs and their family lives.[7,8]

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

An estimated 17% of Rhode Island children under age 18 have special health care needs.[12] Children with special needs often have multiple disabilities. One study found that 34% of children with special needs in Rhode Island had one disability, 34% had two disabilities and 33% had three or more disabilities.[13]

Children Enrolled in Early Intervention

◆ **States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to provide appropriate Early Intervention (EI) services to all children under age three who are developmentally delayed or have been diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay.[14]**

◆ **In Rhode Island in 2008, ten certified Early Intervention provider agencies served 3,649 children. Nearly two-thirds (63%) of children receiving Early Intervention services were male and just over one-third (37%) were female. Enrollment is nearly evenly distributed among children by age, with 30% ages birth to one year, 35% between ages one and two, 33% between ages two and three and 1% over age three.[15]**

Children Enrolled in Special Education

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

◆ **In Rhode Island during the 2007-2008 school year, 18% (26,100) of children enrolled in K-12 public schools received special education services. Forty-two percent (42%) of students receiving special education services in Rhode Island had a learning disability.[17]**

◆ **Early Intervention 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 2008, 640 (66%) of the 971 children who reached age three while in Early Intervention were eligible for Special Education and 11% did not have eligibility determined when exiting EI.[18]**

◆ **During the 2007-2008 school year, there were 2,866 children ages three to five who were not yet in kindergarten receiving special education services through Rhode Island schools.[19]**

Medical Assistance Coverage for Children with Special Health Care Needs

◆ Children and youth who meet certain disability criteria are eligible for Medicaid and/or cash assistance through the federal Supplemental Security Income (SSI) program.[20] As of December 31, 2008, there were 5,226 Rhode Island children and youth under age 21 receiving Medical Assistance benefits because of their enrollment in SSI.[21]

◆ The Katie Beckett eligibility provision provides Medical Assistance coverage to children and youth under age 19 who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution.[22] As of December 31, 2008, there were 1,634 Rhode Island children and youth enrolled in Medical Assistance through the Katie Beckett provision.[23]

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 when compared to other children, including behavioral and emotional problems, developmental delays, and serious health problems such as chronic illnesses and disabilities.[24,25]

◆ As of December 31, 2008, 2,626 children in Rhode Island were enrolled in Medical Assistance due to their foster care status.[26] Rhode Island youth who are in substitute care on their 18th birthday are provided with RIte Care health insurance coverage until their 21st birthday through the Post Foster Care Medical Assistance provision.[27]

◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for adoption subsidies, including Medical Assistance. As of December 31, 2008, 2,548 children were enrolled in Medical Assistance because of special needs adoptions.[28]

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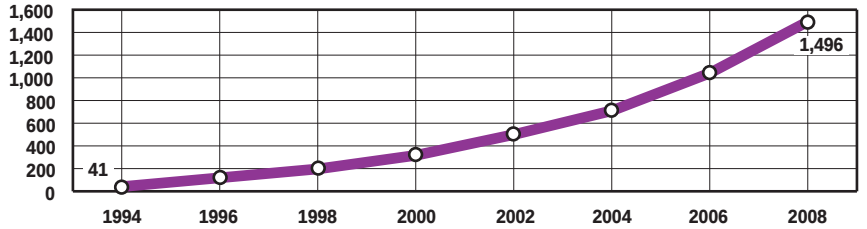
Children with Autism Spectrum Disorders (ASDs)

◆ Autism Spectrum Disorders (ASDs) are a collection of brain development disorders that affect a person's ability to communicate, process and respond to sensory information, and form social relationships throughout their lives. Children diagnosed with ASDs have a range of symptoms and abilities and experience challenges that range widely in severity. Many children with ASDs face challenges in social interaction, speech/language and communication, and repetitive behaviors and routines.[29]

Children with Autism Spectrum Disorders (ASDs), Rhode Island, 1993-1994 to 2007-2008 School Years



Source: Rhode Island Department of Elementary and Secondary Education, Office of Diverse Learners, 1993-1994 to 2007-2008 School Years.

◆ National estimates of ASD prevalence (including mild to severe disorders) range from one out of every 150 children to one out of every 166 children.[30,31] The number of children ages three to 21 with ASDs in Rhode Island increased from 41 in the 1993-1994 school year to 1,496 in the 2007-2008 school year.[32] The increasing number of children with ASDs nationally and in Rhode Island is largely attributable to improved awareness and diagnosis and a broadening of the educational definition of autism to include other ASDs, as well as other factors.[33,34]

◆ Research indicates that early, sustained and appropriate intervention can result in significant improvements in the quality of life, level of independent functioning in school and work and reduction of public costs associated with ASDs. Interventions for children and youth with ASDs are costly and require skilled professionals to deliver them, often resulting in gaps in access.[35,36]

Women and Children Participating in WIC

DEFINITION

Women and children participating in WIC is the percentage of eligible women, infants and children served by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) on September 30, 2008.

SIGNIFICANCE

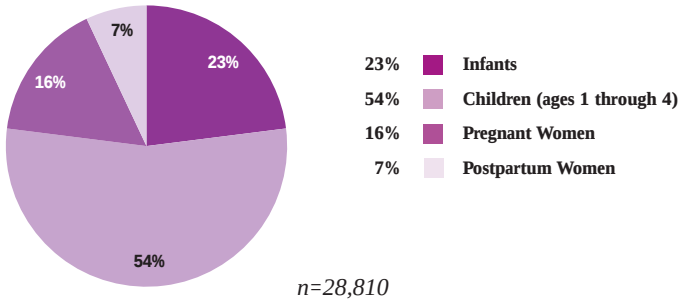
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a preventive program that provides participants with nutritious food, nutrition education, screening and referrals to health care and social services.[1,2] WIC is a federally-funded program that serves pregnant, postpartum and breastfeeding women, infants, and children under age five with household incomes below 185% of the poverty level. In addition, any individual who participates in SNAP (formerly the Food Stamp Program), RIte Care, Medicaid, and the Rhode Island Works Program (formerly FIP), or who is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is automatically income eligible. Participants must also have a specified nutritional risk, such as anemia, high-risk pregnancy, abnormal growth, or be in need of supplemental foods for their diet.[3]

Young children who experience food insecurity, hunger and poor nutrition can be negatively impacted during times of critical growth and development.[4] Food insecurity in early childhood can lead to impaired cognitive and socio-emotional development, limiting school achievement.[5] Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.[6]

WIC participation has been shown to reduce infant mortality (especially neonatal mortality), improve birth outcomes (including reducing the likelihood of low birthweight), protect against underweight and poor nutrition in infants, prevent overweight in young children, increase immunization rates, improve cognitive development, and increase the likelihood of having a source of regular medical care.[7,8] WIC promotes breastfeeding as the optimal method of infant feeding.[9] In Rhode Island, 19% of infants participating in WIC were breastfed in Federal Fiscal Year 2008.[10]

In 2007, the U.S. Department of Agriculture revised the WIC food packages in order to increase the number of food choices available to participants, improve the nutritional quality of qualifying foods and include food options that reflect the cultural needs of the diverse populations served by the WIC program.[11]

Women, Infants and Children Participating in WIC, Rhode Island, September 30, 2008



n=28,810

Source: Rhode Island Department of Health, Division of Family Health, WIC Program, September 30, 2008. Percentages may not sum to 100% due to rounding.

◆ **On September 30, 2008, infants and children ages one through four comprised the majority of the population being served by WIC (77%). Women accounted for 23% (16% pregnant and 7% postpartum) of the population being served.[12]**

◆ **In August 2008, 66% of WIC participants identified as White, 17% identified as Black or African American, 3% identified as Asian, and 14% identified as other races or multiple races. Thirty-six percent of WIC participants identified as Hispanic or Latino. Hispanics are also included in the racial groups above.[13]**

◆ **The statewide WIC participation rate increased from 71% in 2007 to 78% in 2008. Four of the six core cities – Central Falls (83%), Pawtucket (92%), Providence (83%) and Woonsocket (83%) – had WIC participation rates that exceeded the statewide participation rate of 78% in 2008. Newport (72%) and Pawtucket (66%) had participation rates below the state rate.[14,15]**

◆ **WIC is not an entitlement program and is not funded at a level that is sufficient to serve all eligible women, infants, and children.[16] Rhode Island received $24.2 million dollars in federal funding for WIC during Federal Fiscal Year 2008.[17]**

◆ **The WIC Farmer's 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.[18] In Rhode Island, 50 farmers were authorized by WIC to provide fresh produce to 17,200 participants in Federal Fiscal Year 2008, up from 15,439 in Federal Fiscal Year 2007.[19,20]**

Table 14. **Women, Infants and Children Participating in WIC, Rhode Island, September 30, 2008**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	86	34	40%
Bristol	321	254	79%
Burrillville	299	254	85%
Central Falls	2,019	1,673	83%
Charlestown	127	69	54%
Coventry	649	405	62%
Cranston	2,062	1,517	74%
Cumberland	489	358	73%
East Greenwich	147	74	50%
East Providence	1,288	1,063	83%
Exeter	70	43	61%
Foster	77	55	71%
Glocester	105	63	60%
Hopkinton	177	133	75%
Jamestown	39	15	38%
Johnston	648	533	82%
Lincoln	324	177	55%
Little Compton	44	23	52%
Middletown	315	290	92%
Narragansett	154	92	60%
New Shoreham	11	7	64%
Newport	802	580	72%
North Kingstown	475	245	52%
North Providence	666	442	66%
North Smithfield	120	99	83%
Pawtucket	4,195	3,878	92%
Portsmouth	211	124	59%
Providence	13,241	11,042	83%
Richmond	130	92	71%
Scituate	107	41	38%
Smithfield	162	126	78%
South Kingstown	339	251	74%
Tiverton	181	130	72%
Warren	221	169	76%
Warwick	1,690	1,032	61%
West Greenwich	50	33	66%
West Warwick	1,092	723	66%
Westerly	600	443	74%
Woonsocket	2,639	2,193	83%
Unknown	*424*	*35*	*NA*
Core Cities	*23,988*	*20,089*	*84%*
Remainder of State	*12,384*	*8,686*	*70%*
Rhode Island	*36,796*	*28,810*	*78%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, WIC Program, September 30, 2008.

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

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Breastfeeding

DEFINITION

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

SIGNIFICANCE

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

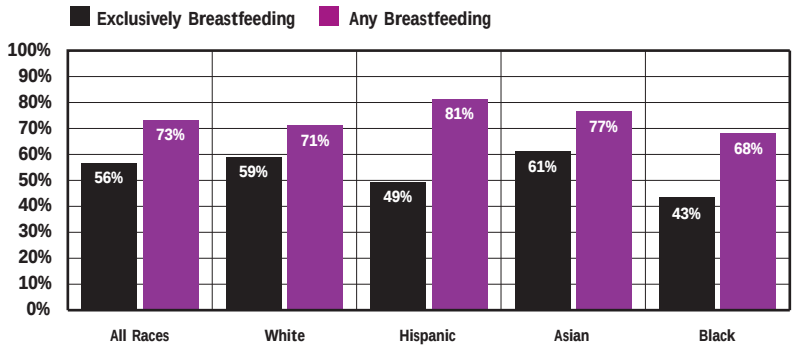
Breastfeeding provides optimal nutrition for newborns, and decreases the incidence of diarrhea, lower respiratory infections and ear infections. Breastfeeding has been linked to decreases in sudden infant death syndrome (SIDS), childhood obesity, diabetes, allergies, asthma, lymphoma and other illnesses; improved cognitive development and school performance in children; reduced incidence of child abuse; and improved maternal health, including reduced rates of 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.[2,3]

Nationally, women who are older, have higher incomes or are more educated are more likely to breastfeed than their peers. Asian and Pacific Islander women in the U.S. are the most likely to breastfeed their infants followed by Hispanic and White women.[4]

Breastfeeding can be effectively promoted by training health professionals how to support breastfeeding among post-partum mothers, prenatal and postnatal education of mothers, hospital policies that promote breastfeeding, and referrals to lactation support groups.[5]

Healthy People 2010, the nation's health agenda, established target breastfeeding rates of 75% at birth, 50% at six months and 25% at one year.[6] Breastfeeding rates in the United States increased significantly between 1993 and 2006. Seventy-seven percent of infants in the 2005-2006 birth cohort were reported as ever being breastfed, exceeding the *Healthy People 2010* target.[7] *Healthy People 2010* recommends increasing breastfeeding rates among those at highest risk through increased education for health care providers and new parents, additional support of breastfeeding from employers and the community, and greater media portrayal of breastfeeding as the normal method of infant feeding.[8]

Breastfeeding Rates by Race and Ethnicity, Rhode Island, 2006-2007



Source: Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program, 2006-2007. *Any Breastfeeding* refers to those infants exclusively breastfed and those fed breast milk in combination with formula. Hispanics can be of any race.

◆ **In Rhode Island between 2006 and 2007, Black and Hispanic mothers were less likely to exclusively breastfeed than their Asian and White peers. However, Hispanic and Asian mothers were more likely to report any breastfeeding than women in other racial and ethnic groups.[9]**

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

◆ **Between 2003 and 2007, more than half (57%) of all women who gave birth in Rhode Island chose to exclusively breastfeed their children, almost one-third (28%) chose to exclusively formula feed, and 12% chose to use a combination of breast and formula feeding.[11]**

◆ **Of new mothers in Rhode Island between 2004 and 2007 who were surveyed approximately three months after giving birth, 73% reported having ever breastfed. Fifty-two percent of these mothers reported continued breastfeeding at the time of the survey.[12]**

◆ **In 2008, the Rhode Island General Assembly enacted a law that provides mothers with the explicit right to breastfeed in public places.**

Table 15.

Breastfeeding Rates, Rhode Island, 2003-2007

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	695	23	573	86%	82%
Bristol	927	41	599	69%	65%
Burrillville	703	27	408	62%	58%
Central Falls	1,994	569	876	72%	44%
Charlestown	400	7	296	76%	74%
Coventry	1,746	51	1,029	62%	59%
Cranston	4,235	392	2,431	67%	57%
Cumberland	1,606	90	1,067	72%	66%
East Greenwich	606	23	452	78%	75%
East Providence	2,575	193	1,449	64%	56%
Exeter	272	3	199	74%	73%
Foster	229	15	163	78%	71%
Glocester	366	17	238	70%	65%
Hopkinton	490	21	339	73%	69%
Jamestown	200	5	164	85%	82%
Johnston	1,377	100	724	60%	53%
Lincoln	879	51	553	69%	63%
Little Compton	107	3	89	86%	83%
Middletown	979	40	749	81%	77%
Narragansett	506	24	367	77%	73%
New Shoreham	49	0	46	94%	94%
Newport	1,517	79	1,057	75%	70%
North Kingstown	1,353	59	919	72%	68%
North Providence	1,868	188	985	63%	53%
North Smithfield	423	20	274	70%	65%
Pawtucket	5,421	959	2,766	69%	51%
Portsmouth	772	22	597	80%	77%
Providence	14,579	3,416	7,172	73%	49%
Richmond	403	17	282	74%	70%
Scituate	472	24	322	73%	68%
Smithfield	691	26	451	69%	65%
South Kingstown	1,250	40	942	79%	75%
Tiverton	363	15	242	71%	67%
Warren	512	16	308	63%	60%
Warwick	4,136	182	2,441	63%	59%
West Greenwich	254	13	169	3%	67%
West Warwick	2,023	101	1,069	90%	53%
Westerly	1,186	55	824	74%	69%
Woonsocket	3,048	409	1,233	54%	40%
Unknown	*3*	*1*	*0*	*NA*	*NA*
Core Cities	*28,582*	*5,533*	*14,173*	*69%*	*50%*
Remainder of State	*35,630*	*1,803*	*20,691*	*63%*	*58%*
Rhode Island	*61,215*	*7,337*	*34,864*	*69%*	*57%*

Notes

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

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

Sources of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program Database and Maternal and Child Health Database, 2003-2007. *Breastfeeding* is defined as breastfeeding as intended feeding method at hospital discharge. Births to Rhode Island women that occurred outside Rhode Island are not included.

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

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(continued on page 156)

Women with Delayed Prenatal Care

DEFINITION

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

SIGNIFICANCE

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

Prenatal care offers the opportunity to screen for and treat conditions that increase the risk for poor birth outcomes. Effective prenatal care also screens for and intervenes with a range of maternal needs including nutritional needs, social support, mental health, substance use, domestic violence, and unmet needs for food and shelter. Prenatal care visits provide an opportunity for health care professionals to assess and educate parents on issues such as newborn care, including breastfeeding, safety and infant development.[2,3]

Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes, including poverty and low maternal education. Enhanced prenatal care services available to women with high-risk pregnancies who are enrolled in Medicaid include risk assessment, case management, smoking cessation, nutritional and psychosocial counseling, health education, transportation and home visits.[4]

In Rhode Island between 2003 and 2007, 12.1% of women giving birth either received no prenatal care or did not begin care until the second or third trimester, up from 9.4% in 2001-2005.[5] Pregnant adolescents in Rhode Island are the most likely to delay prenatal care. Between 2003 and 2007, one-quarter (24.9%) of teens ages 19 and under received delayed prenatal care, compared with 10.9% of women ages 20 and over.[6]

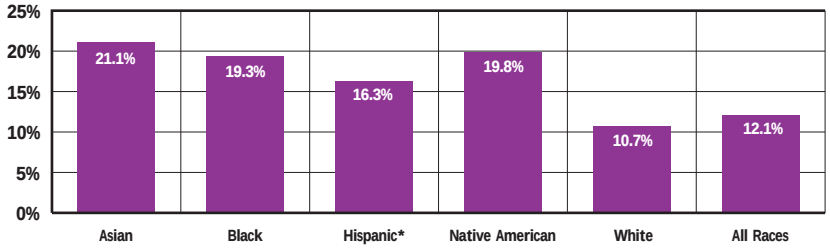
Late or No Prenatal Care

	1995	2006
RI	1.3%	1.9%
US	4.2%	3.6%
National Rank*		*3rd*
New England Rank**		*3rd*

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

Source: U.S. Center for Disease Control and Prevention. (2009). Births: Final data for 2006. *National Vital Statistics Reports*, 57(7). This ranking is based on the 32 states with comparable prenatal care data. Late or no prenatal care indicates care beginning in the 3rd trimester or not at all prior to birth.

Women with Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2003-2007



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Database, 2003-2007. Data for 2007 are provisional. *Hispanic may be included in any racial category.

◆ **Between 2003 and 2007 in Rhode Island, Asian women (21.1%), Black women (19.3%), Native American women (19.8%) and Hispanic women (16.3%) were significantly more likely to receive delayed prenatal care than White women (10.7%).[7]**

◆ **Between 2003 and 2007, the rate of delayed prenatal care in the core cities (16.0%) was nearly twice the rate in the remainder of the state (8.8%). Newport was the only core city with a rate of delayed prenatal care (11.9%) better than the state rate (12.1%).[8]**

RIte Care's Impact on Prenatal Care Utilization

◆ **Nationally, prenatal care utilization improved for all groups of women between 1990 and 2003, with gains linked to the expansion of Medicaid for pregnant women; however, more recent changes to Medicaid policy may limit further improvements in timely care.[9]**

◆ **RIte Care, Rhode Island's Medicaid managed care program, has improved access to prenatal care for women. Targeted interventions expanded the number of obstetric care providers serving Medicaid patients and improved the adequacy of prenatal care to women in the program.[10]**

◆ **Between 2003 and 2007, uninsured women in Rhode Island were nearly two and a half times more likely to receive delayed prenatal care (44.4%) as women enrolled in RIte Care (18.4%).[11] Between 1995 and 2005, the percentage of women enrolled in RIte Care or Medicaid who began prenatal care in the first trimester increased from 80.4% to 83.8%.[12]**

Table 16.

Delayed Prenatal Care, Rhode Island, 2003-2007

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	**725**	**45**	**6.2%**
Bristol	**967**	**82**	**8.5%**
Burrillville	**776**	**62**	**8.0%**
Central Falls	**2,027**	**348**	**17.2%**
Charlestown	**387**	**28**	**NA**
Coventry	**1,775**	**155**	**8.7%**
Cranston	**4,407**	**456**	**10.3%**
Cumberland	**1,826**	**131**	**7.2%**
East Greenwich	**522**	**33**	**6.3%**
East Providence	**2,638**	**237**	**9.0%**
Exeter	**281**	**20**	**NA**
Foster	**228**	**21**	**NA**
Glocester	**410**	**30**	**NA**
Hopkinton	**467**	**53**	**NA**
Jamestown	**206**	**14**	**NA**
Johnston	**1,395**	**122**	**8.7%**
Lincoln	**935**	**76**	**8.1%**
Little Compton	**143**	**8**	**NA**
Middletown	**1,005**	**89**	**8.9%**
Narragansett	**547**	**44**	**8.0%**
New Shoreham	**52**	**6**	**NA**
Newport	**1,540**	**183**	**11.9%**
North Kingstown	**1,319**	**109**	**8.3%**
North Providence	**1,650**	**167**	**10.1%**
North Smithfield	**470**	**28**	**NA**
Pawtucket	**5,715**	**838**	**14.7%**
Portsmouth	**855**	**78**	**9.1%**
Providence	**14,869**	**2,586**	**17.4%**
Richmond	**483**	**26**	**NA**
Scituate	**446**	**37**	**NA**
Smithfield	**746**	**49**	**6.6%**
South Kingstown	**1,214**	**95**	**7.8%**
Tiverton	**660**	**73**	**11.1%**
Warren	**546**	**57**	**10.4%**
Warwick	**4,273**	**379**	**8.9%**
West Greenwich	**256**	**17**	**NA**
West Warwick	**2,019**	**252**	**12.5%**
Westerly	**1,322**	**147**	**11.1%**
Woonsocket	**3,301**	**509**	**15.4%**
Unknown	***2***	***0***	***NA***
Core Cities	***29,471***	***4,716***	***16.0%***
Remainder of State	***33,932***	***2,974***	***8.8%***
Rhode Island	***63,405***	***7,690***	***12.1%***

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional.

During 2004, data on delayed prenatal care began to be collected via a review of medical records, rather than via self report by the mother. Due to this change in methodology, data in this indicator are not comparable to data included in previous Factbooks.

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

The denominator is the total number of live births to Rhode Island residents between 2003 and 2007.

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

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(continued on page 156)

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

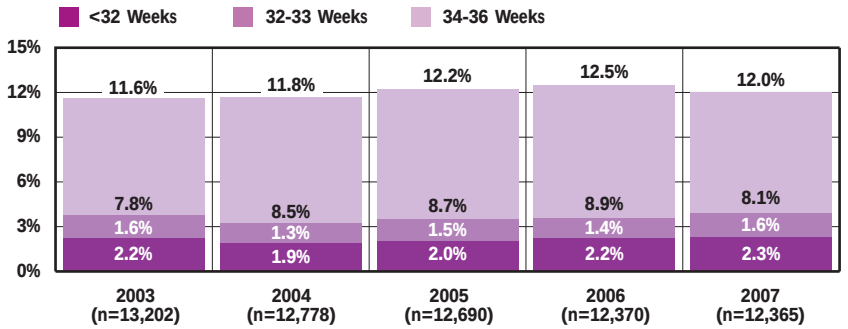
Preterm birth is a major determinant of infant mortality and morbidity and is the leading cause of death among newborns during the first month of life in the U.S.[1,2] Infants born before 37 weeks gestation are at higher risk than infants born full-term for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing and vision problems.[3,4] Infants born preterm have longer hospital stays than full-term infants. Nationally, newborns with no complications stay an average of 1.5 days in the hospital, compared with an average of 13 days for preterm infants.[5] Children who were born preterm also experience learning difficulties, lower cognitive test scores and more behavioral problems later in life.[6] Infants born very preterm (<32 weeks gestation) are at higher risk for death and life-long disability than other infants.[7]

While the specific causes of spontaneous preterm births are largely unknown, research indicates that there are a number of inter-related risk factors involved. The three leading risk factors are a history of preterm birth, current multifetal pregnancy, and uterine and/or cervical abnormalities. Other risk factors include infections, diabetes, hypertension, late or no prenatal care, and maternal use of tobacco, alcohol and other drugs.[8] The rate of preterm births for Rhode Island women who smoke is higher than for those who do not. Between 2003 and 2007, 14.9% of births to smokers were preterm, compared with 11.4% of births to women who did not smoke during pregnancy.[9]

The overall rate of preterm births has been increasing in the U.S. for over a decade, rising 20% since 1990.[10] While preterm birth occurs in all racial and ethnic groups, nationally the rate is highest for non-Hispanic blacks.[11,12] Low-income women also are at greater risk for pre-term births than higher-income women.[13]

Multiple birth infants are more likely to be born preterm than singletons. In Rhode Island between 2003 and 2007, 57.0% of multiple births were preterm, compared with 10.1% of singleton births.[14] The rise in the preterm birth rate in the U.S. has been influenced by an increase in the number of multiple births (which tend to be born earlier than singletons), yet preterm births also have been rising among singletons.[15,16]

Preterm Births by Gestational Age, Rhode Island, 2003-2007



Source: Rhode Island Department of Health, Division of Family Health, 2003-2007. Percentages by gestational age may not sum to total preterm births percentage due to rounding.

◆ **In 2007, the preterm birth rate in Rhode Island was 12.0%, compared with 12.8% in the U.S.[17,18] Most of the increase in preterm births in the U.S. over the past decade was due to increases in late preterm births (34-36 weeks gestation).[19] Approximately 2% of births in the U.S. and Rhode Island were very preterm (<32 weeks gestation).[20,21] The percentage of infants born preterm in Rhode Island has increased from 11.6% in 2003 to 12.0% in 2007.[22]**

◆ **More than one in seven (14.8%) of births among Black infants in Rhode Island from 2003-2007 were preterm, compared with 13.8% of Asian, 17.2% of Native American, and 11.5% of White births. During this period, 13.3% of births to Hispanic women were preterm (Hispanic women can be of any race).[23]**

◆ **Women under age 20 and over age 35 have the highest preterm birth rates in Rhode Island. The rate of preterm births among women under age 20 between 2003 and 2007 was 13.6%. The preterm birth rate was 22.6% for 12-14 year olds, 15.1% for 15-17 year olds and 12.7% for 18-19 year olds. The preterm birth rate for women over age 35 was 13.5% during this period.[24]**

◆ **Among women with private health insurance coverage in Rhode Island between 2003 and 2007, 11.2% of all births were premature, compared with 12.8% of those with public insurance (RIte Care or Medicaid) and 21.4% of those with no health insurance.[25]**

Table 17.

Preterm Births, Rhode Island, 2003-2007

City/Town	# Births	# Preterm Births	% Preterm Births
Barrington	**725**	**73**	**10.1%**
Bristol	**967**	**86**	**8.9%**
Burrillville	**776**	**76**	**9.8%**
Central Falls	**2,027**	**236**	**11.6%**
Charlestown	**387**	**36**	**NA**
Coventry	**1,775**	**223**	**12.6%**
Cranston	**4,407**	**530**	**12.0%**
Cumberland	**1,826**	**202**	**11.1%**
East Greenwich	**522**	**47**	**9.0%**
East Providence	**2,638**	**327**	**12.4%**
Exeter	**281**	**32**	**NA**
Foster	**228**	**27**	**NA**
Glocester	**410**	**51**	**NA**
Hopkinton	**467**	**63**	**NA**
Jamestown	**206**	**17**	**NA**
Johnston	**1,395**	**153**	**11.0%**
Lincoln	**935**	**102**	**10.9%**
Little Compton	**143**	**22**	**NA**
Middletown	**1,005**	**90**	**9.0%**
Narragansett	**547**	**62**	**11.3%**
New Shoreham	**52**	**5**	**NA**
Newport	**1,540**	**178**	**11.6%**
North Kingstown	**1,319**	**135**	**10.2%**
North Providence	**1,650**	**198**	**12.0%**
North Smithfield	**470**	**52**	**NA**
Pawtucket	**5,715**	**691**	**12.1%**
Portsmouth	**855**	**70**	**8.2%**
Providence	**14,869**	**2,060**	**13.9%**
Richmond	**483**	**51**	**NA**
Scituate	**446**	**48**	**NA**
Smithfield	**746**	**82**	**11.0%**
South Kingstown	**1,214**	**117**	**9.6%**
Tiverton	**660**	**71**	**10.8%**
Warren	**546**	**59**	**10.8%**
Warwick	**4,273**	**504**	**11.8%**
West Greenwich	**256**	**22**	**NA**
West Warwick	**2,019**	**218**	**10.8%**
Westerly	**1,322**	**142**	**10.7%**
Woonsocket	**3,301**	**451**	**13.7%**
Unknown	***2***	***1***	***NA***
Core Cities	***29,471***	***3,834***	***13.0%***
Remainder Of State	***33,932***	***3,753***	***11.1%***
Rhode Island	***63,405***	***7,588***	***12.0%***

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional.

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

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

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 between 2003 and 2007.

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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 born at normal weights.[1] Increased risk of low birthweight is associated with maternal poverty, smoking and low levels of educational attainment.[2]

Low birthweight is often the result of a premature birth but can also occur after a full-term pregnancy. In 2006 in the U.S., 66% of all low birthweight infants were born prematurely (under 37 weeks gestation) while 31% were born full-term (37 to 41 weeks gestation) and 2% were born post-term (over 41 weeks gestation).[3]

The percentage of babies born at low birthweight has increased 24% since the mid-1990s and is currently at the highest level recorded in the past four decades.[4] A significant climb in the rate of multiple births has strongly influenced the increase in the percentage of low birthweight babies. The data show that low birthweights also are on the increase among single-infant deliveries.[5]

Children born at low birthweights face greater risks of long-term illness, long-term disability and death than infants born at normal birthweights.[6] Children born at very low birthweight (less than 1,500 grams or 3 pounds, 4 ounces) are nearly 100 times more likely to die within the first year of life than infants of normal birthweight. Those who survive are at significantly higher risk of severe problems, including physical and visual difficulties, developmental delays, and cognitive impairments.[7] The number of births with moderately low birthweight (1,500 to 2,400 grams or 3 pounds, 5 ounces to 5 pounds, 8 ounces) has risen 19% since 1990.[8] Low birthweight babies are at greater risk for long-term cognitive problems, poor school performance, and are substantially less likely to complete high school than their peers.[9]

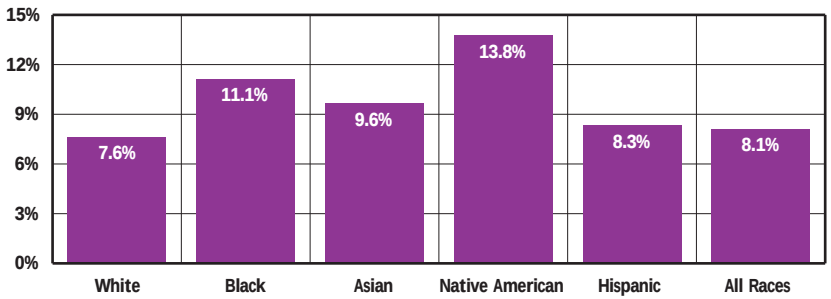
Low Birthweight Infants

	1990	2006
RI	6.2%	8.0%
US	7.0%	8.3%
National Rank*		*20th*
New England Rank**		*5th*

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

Source: Martin, J. A., Hamilton, B. E., Sutton, P. D., Ventura, S. J., Menacker, F., Kirmeyer, S. & Mathews,T.J. (2009). Births: Final data for 2006. *National vital statistics reports,* 57(7).

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2003-2007



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional. Hispanic infants can be of any race.

◆ **Over the past decade, the percentage of low birthweight infants has increased in Rhode Island and in the U.S., with particular disparities existing by race and ethnicity.[10,11] In Rhode Island between 2003 and 2007, 13.8% of Native American infants, 11.1% of Black infants, 9.6% of Asian infants, and 8.3% of Hispanic infants were born with low birthweight, compared to 7.6% of White infants.[12]**

◆ **Nationally and in Rhode Island, 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 under age 15.[13,14] Between 2003 and 2007 in Rhode Island, the percentage of low birthweight infants born to mothers under the age of 20 was 10.4%, compared to 7.9% for mothers age 20 and above.[15]**

◆ **Rhode Island has the 5th highest rate of twin births in the U.S. Of the 5,148 babies born with low birthweight between 2003 and 2007 in Rhode Island, 1,355 (26%) were part of a twin, triplet or higher order birth.[16]**

◆ **In Rhode Island between 2003 and 2007, 2% (1,035) of all infants born were very low birthweight (less than 1,500 grams).[17]**

Table 18.

Low Birthweight Infants, Rhode Island, 2003-2007

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	725	34	4.7%
Bristol	967	60	6.2%
Burrillville	776	46	5.9%
Central Falls	2,027	132	6.5%
Charlestown	387	22	NA
Coventry	1,775	152	8.6%
Cranston	4,407	350	7.9%
Cumberland	1,826	118	6.5%
East Greenwich	522	47	9.0%
East Providence	2,638	249	9.4%
Exeter	281	26	NA
Foster	228	23	NA
Glocester	410	31	NA
Hopkinton	467	38	NA
Jamestown	206	11	NA
Johnston	1,395	102	7.3%
Lincoln	935	67	7.2%
Little Compton	143	12	NA
Middletown	1,005	56	5.6%
Narragansett	547	47	8.6%
New Shoreham	52	4	NA
Newport	1,540	114	7.4%
North Kingstown	1,319	84	6.4%
North Providence	1,650	133	8.1%
North Smithfield	470	33	NA
Pawtucket	5,715	502	8.8%
Portsmouth	855	56	6.5%
Providence	14,869	1,407	9.5%
Richmond	483	38	NA
Scituate	446	23	NA
Smithfield	746	48	6.4%
South Kingstown	1,214	66	5.4%
Tiverton	660	48	7.3%
Warren	546	35	6.4%
Warwick	4,273	341	8.0%
West Greenwich	256	13	NA
West Warwick	2,019	151	7.5%
Westerly	1,322	102	7.7%
Woonsocket	3,301	326	9.9%
Unknown	*2*	*1*	*NA*
Core Cities	*29,471*	*2,632*	*8.9%*
Remainder of State	*33,932*	*2,515*	*7.4%*
Rhode Island	*63,405*	*5,148*	*8.1%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional.

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

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

The denominator is the total number of live births to Rhode Island residents between 2003 and 2007.

References

[1] *2008 KIDS COUNT data book: State profiles of child well-being.* (2008). Baltimore, MD: The Annie E. Casey Foundation.

[2] U.S. Department of Health and Human Services (2005). *Child health USA 2005 data book.* Rockville, MD: U.S. Department of Health and Human Services, Maternal and Child Health Bureau.

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[5,7] U.S. Department of Health and Human Services. (2008). *Child health USA 2007 data book.* Rockville, MD: U.S. Department of Health and Human Services, Maternal and Child Health Bureau.

[6] Federal Interagency Forum on Child and Family Statistics. (2007). *American's children: Key national indicators of well-being 2007.* Washington, DC: Government Printing Office.

[9] Shore, R. (2005). *KIDS COUNT indicator brief: Preventing low birth weight.* Baltimore, MD: The Annie E. Casey Foundation.

[10,12,13,15,16,17] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional.

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

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

The two chief causes of infant death are low birthweight (particularly births at less than 750 grams) and prematurity.[3] Other leading causes of infant death include congenital abnormalities and malformations, Sudden Infant Death Syndrome (SIDS), and unintentional injuries.[4]

The infant mortality rate in the U.S. has declined significantly in recent decades from 26.0 deaths per 1,000 births in 1960 to 6.9 deaths per 1,000 births in 2005. Despite this decline, the United States ranks below many other industrialized nations.[5,6] The poor ranking of the U.S. is due in large part to disparities among various racial and ethnic groups, particularly African Americans. The infant mortality rate among African Americans is twice the national average.[7]

Risk factors for infant mortality include poor preconception health status of the mother, delayed or no prenatal care, smoking during pregnancy, pregnancies involving more than one fetus, maternal age over 40 or under 20 at the time of birth, having low education levels, and being unmarried.[8]

The overall infant mortality rate in Rhode Island for 2003-2007 was 6.3 deaths per 1,000 births. The infant mortality rate was 58% higher in the core cities than in the remainder of the state.[9]

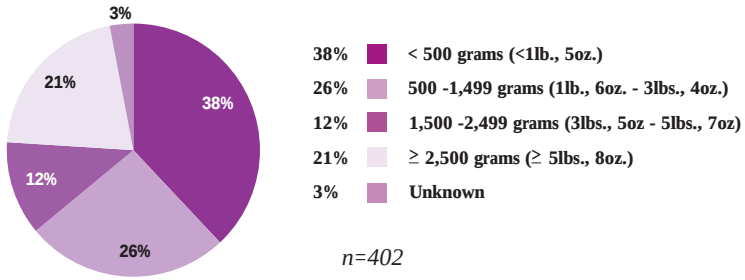
Infant Mortality Rate
(rate per 1,000 live births)

	2000	2005
RI	6.3	6.5
US	6.9	6.9
National Rank*		*19th*
New England Rank**		*4rd*

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

Source: 2008 *KIDS COUNT data book: State profiles in child well-being 2008.* (2008). Baltimore, MD: The Annie E. Casey Foundation.

Infant Mortality by Birthweight, Rhode Island, 2003-2007



n=402

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2006-2007 are provisional.

◆ **Between 2003 and 2007, 402 infants died before their first birthday. Of these, 76% of infants who died were born at low birthweights, 21% were born at normal weights and 3% had unknown birthweights.[10]**

◆ **Of the 402 infant deaths between 2003 and 2007 in Rhode Island, 308 (77%) occurred in the neonatal period (during the first 27 days of life).[11] Neonatal mortality is generally related to short gestation and low birthweight (less than 2,500 grams), malformations at birth and/or conditions occurring in the perinatal period.[12]**

◆ **Twenty-three percent (94) of the 402 infant deaths in Rhode Island occurred in the post-neonatal period (between 28 days and one year after delivery).[13] Nationally, most of the progress in reducing the rate of infant mortality has resulted from improving outcomes during the post-neonatal period.[14]**

◆ **In Rhode Island between 2003 and 2007, the Black infant mortality rate was 12.1 deaths per 1,000 births, the Asian infant mortality rate was 6.6 per 1,000 births and the Native American infant mortality rate was 11.4 per 1,000 births. All minority groups had infant mortality rates greater than the rate for White infants (5.5 per 1,000 births). The Hispanic infant mortality rate was 8.3 per 1,000 births compared with 7.2 deaths per 1,000 births among non-Hispanic infants in Rhode Island.[15]**

◆ **Preterm births are a major determinant of infant mortality in the U.S. In Rhode Island between 2003 and 2007 there were 7,610 preterm births (12% of all births).[16]**

Table 19.

Infant Deaths, Rhode Island, 2003-2007

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 BIRTHS
Barrington	725	2	2.8
Bristol	967	5	5.2
Burrillville	776	1	1.3
Central Falls	2,027	17	8.4
Charlestown	387	0	NA
Coventry	1,775	8	4.5
Cranston	4,407	24	5.4
Cumberland	1,826	4	2.2
East Greenwich	522	4	7.7
East Providence	2,638	16	6.1
Exeter	281	3	NA
Foster	228	1	NA
Glocester	410	2	NA
Hopkinton	467	1	NA
Jamestown	206	1	NA
Johnston	1,395	6	4.3
Lincoln	935	6	6.4
Little Compton	143	0	NA
Middletown	1,005	2	2.0
Narragansett	547	4	7.3
New Shoreham	52	0	NA
Newport	1,540	9	5.8
North Kingstown	1,319	14	10.6
North Providence	1,650	6	3.6
North Smithfield	470	4	NA
Pawtucket	5,715	42	7.3
Portsmouth	855	5	5.8
Providence	14,869	133	8.9
Richmond	483	4	NA
Scituate	446	1	NA
Smithfield	746	3	4.0
South Kingstown	1,214	6	4.9
Tiverton	660	2	3.0
Warren	546	0	0.0
Warwick	4,273	22	5.1
West Greenwich	256	1	NA
West Warwick	2,019	11	5.4
Westerly	1,322	11	8.3
Woonsocket	3,301	21	6.4
Unknown	*2*	*0*	*NA*
Core Cities	*29,471*	*233*	*7.9*
Remainder of State	*33,932*	*169*	*5.0*
Rhode Island	*63,405*	*402*	*6.3*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2006-2007 are provisional.

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

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

The denominator is the total number of live births to Rhode Island residents from 2003-2007.

References

[1] Federal Interagency Forum on Child and Family Statistics. (2007). *America's children: Key national indicators of well-being 2007*. Washington, DC: Government Printing Office.

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[4,5,12] Maternal and Child Health Bureau. (2006). *Child health USA 2006 data book.* Rockville, Maryland: U.S. Department of Health and Human Services.

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[9,10,11,13,15,16] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2006-2007 are provisional.

Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the percentage of three-year-old children with a confirmed elevated blood lead level (≥10 mcg/dL) at any time prior to December 31, 2008.[1] These data are for children eligible to enter kindergarten in the fall of 2010 (i.e., children born between September 1, 2004 and August 31, 2005).

SIGNIFICANCE

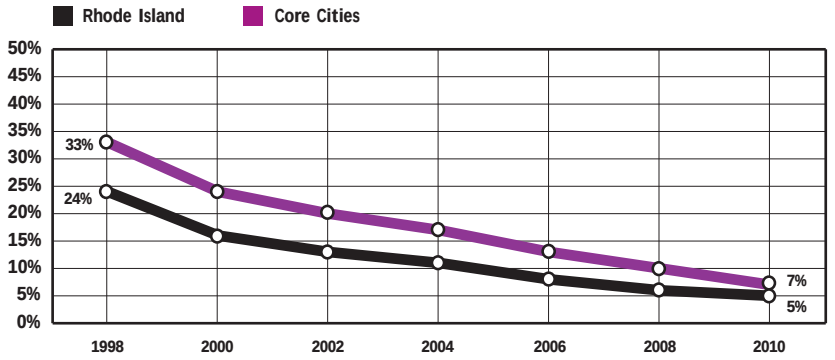
Lead poisoning is a preventable childhood disease.[2] Infants, toddlers and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.[3] Lead exposure can cause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

Access to healthy housing (defined as dry, clean, pest-free, ventilated, safe, free of contaminants and well-maintained) is an important element in preventing lead poisoning.[8] Children living in homes built before 1978, when lead paint was banned from interior use in the U.S., are at high risk for lead poisoning.[9,10] Low-income and minority children are particularly likely to be lead poisoned.[11] Children living in one of the six core cities (where most children who are racial and ethnic minorities live) are at increased risk for lead exposure because the housing stock tends to be older.[12] Nutritional factors also play a role in lead poisoning by affecting the rate of absorption of lead.[13]

The U.S. Centers for Disease Control and Prevention has recognized that lead exposure at any level is harmful and recommends a focus on primary prevention of lead exposure.[14] Prevention efforts should target the systematic reduction of lead paint in housing as the key source of lead exposure, through the removal and replacement of building materials that contain lead, professional cleaning and paint stabilization.[15]

In 2006, Rhode Island had the second highest percentage (among 34 comparable states) of children under the age of six with a confirmed elevated blood lead level. In 2006, the rate of lead poisoning for children under age six in Rhode Island was 2.4%, compared to 1.2% in the U.S.[16] In Rhode Island in 2008, 487 children under age six had confirmed elevated blood lead levels (1.6% of those tested).[17]

Children Entering Kindergarten with History of Elevated Blood Lead Level Screening, Rhode Island and Core Cities, 1998–2010



Source: Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1998-2010.

◆ **Elevated blood lead levels have been steadily declining in the core cities and in Rhode Island over the past decade. Of the 563 children entering kindergarten in 2010 who had a blood lead screen of ≥10 mcg/dL, 43 did not receive a confirmatory second test. Their lead poisoning status is unknown.[18]**

◆ **In Rhode Island, a child is considered to be "significantly lead poisoned" if she or he has a single venous blood test result of ≥20 mcg/dL or two venous tests ≥15 mcg/dL that are at least 90 days but no more than 365 days apart.[19]**

◆ **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, works with property owners to make the property lead-safe. In 2008, 63 environmental inspections were offered, of which 40 were performed. Of the 40 inspections performed, 37 are ongoing and in various stages of abatement, two were completed, and one was determined not to be a violation. Of the 23 inspections that were offered but not performed, 16 were refused, four were for properties from which the lead poisoned child had moved, two received no response, and one is pending.[20]**

Table 20. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2010, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	SCREENED WITH BLOOD LEAD LEVEL ≥10 mcg/dL		CONFIRMED WITH BLOOD LEAD LEVEL ≥10 mcg/dL	
		NUMBER	PERCENT	NUMBER	PERCENT
Barrington	190	4	2.1%	3	1.6%
Bristol	210	8	3.8%	0	0.0%
Burrillville	159	6	3.8%	2	1.3%
Central Falls	436	30	6.9%	26	6.0%
Charlestown	65	6	9.2%	3	4.6%
Coventry	364	5	1.4%	2	0.5%
Cranston	782	26	3.3%	20	2.6%
Cumberland	372	4	1.1%	3	0.8%
East Greenwich	156	0	0.0%	0	0.0%
East Providence	511	31	6.1%	17	3.3%
Exeter	45	1	2.2%	0	0.0%
Foster	52	1	1.9%	0	0.0%
Glocester	67	3	4.5%	3	4.5%
Hopkinton	80	3	3.8%	1	1.3%
Jamestown	46	0	0.0%	0	0.0%
Johnston	268	3	1.1%	1	0.4%
Lincoln	196	3	1.5%	2	1.0%
Little Compton	27	1	3.7%	1	3.7%
Middletown	221	5	2.3%	2	0.9%
Narragansett	104	3	2.9%	0	0.0%
New Shoreham	8	1	12.5%	0	0.0%
Newport	320	19	5.9%	5	1.6%
North Kingstown	311	5	1.6%	3	1.0%
North Providence	252	10	4.0%	7	2.8%
North Smithfield	84	2	2.4%	1	1.2%
Pawtucket	1,082	58	5.4%	33	3.0%
Portsmouth	191	2	1.0%	1	0.5%
Providence	2,916	242	8.3%	215	7.4%
Richmond	60	3	5.0%	0	0.0%
Scituate	123	3	2.4%	0	0.0%
Smithfield	156	2	1.3%	1	0.6%
South Kingstown	284	7	2.5%	1	0.4%
Tiverton	141	5	3.5%	1	0.7%
Warren	119	5	4.2%	4	3.4%
Warwick	807	13	1.6%	7	0.9%
West Greenwich	48	0	0.0%	0	0.0%
West Warwick	368	5	1.4%	1	0.3%
Westerly	261	9	3.4%	3	1.1%
Woonsocket	669	29	4.3%	20	3.0%
Unknown Residence	*4*	*0*	*NA*	*0*	*NA*
Core Cities	*5,791*	*383*	*6.6%*	*300*	*5.2%*
Remainder of State	*6,760*	*180*	*2.7%*	*89*	*1.3%*
Rhode Island	*12,555*	*563*	*4.5%*	*389*	*3.1%*

Source of Data for Table/Methodology

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

Data for children entering kindergarten in the fall of 2010 reflect the number of Rhode Island children eligible to enter school in the fall of 2010 (i.e., born between 9/1/04 and 8/31/05).

Children who screened positive for lead poisoning (blood lead level ≥10 mcg/dL) are counted if they screened positive with an unconfirmed capillary test at any time in their lives prior to the end of December 2008. Children confirmed positive for lead poisoning (blood lead level ≥10 mcg/dL) are counted if they screened positive with a venous test and/or had a confirmed capillary tests at any time in their lives prior to the end of December 2008. The Rhode Island Childhood Lead Poisoning Prevention Program recommends that children under age six with a capillary blood lead level of ≥10 mcg/dL receive a confirmatory venous test.

The denominator is the number of children entering school in the fall of 2009 who were tested for lead poisoning. Screening data are based on the highest lead test result through December 2008. Data include both venous and confirmed capillary tests.

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

See Methodology Section for more information.

References

[1,19] *Childhood lead poisoning in Rhode Island: The numbers. 2008 Edition.* (2008). Providence, RI: Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program. Data are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used.

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(continued on page 156)

Children with Asthma

DEFINITION

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

SIGNIFICANCE

Asthma is a chronic inflammatory lung disease that causes recurrent, reversible episodes of coughing, wheezing, shortness of breath and chest tightness, which can be life threatening.[1,2] Attacks can be triggered by respiratory infections, cigarette smoke, exercise, weather conditions, stress and allergies to pollen, mold, dust, cockroaches and animal dander.[3,4] Childhood asthma in the U.S. increased over the past two decades. The current prevalence has remained stable since 2001, but is at historically high levels. Ambulatory care use for asthma continues to grow. Emergency department visits and hospitalization rates for asthma have stabilized at high levels, while deaths due to asthma have decreased recently.[5]

Nationally, asthma is the most common chronic condition in children, the third-ranked cause of hospitalization for children under age 15 and one of the leading causes of school absences.[6,7] Nearly 13.5% of children under age 18 in the U.S. have ever been diagnosed with asthma and more than 9.3% currently report having asthma.[8] Black and Puerto Rican children have higher rates of asthma prevalence than White children.[9] While research is inconclusive, racial differences in asthma prevalence are believed to be correlated with poverty, exposure to indoor and outdoor air pollution, stress, lack of access to preventive medical care and genetic factors.[10]

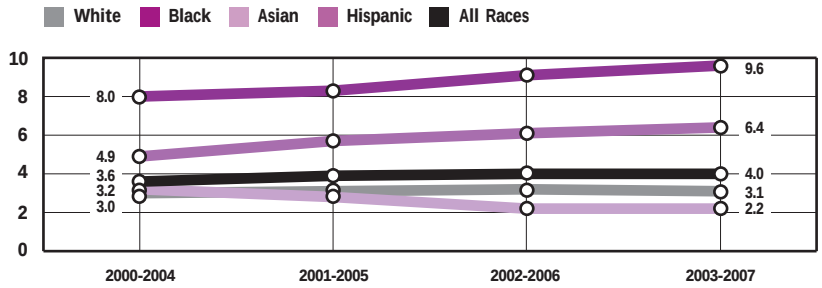
Proper asthma management requires patient education, ongoing partnerships with primary care providers, avoidance of asthma triggers, medication to prevent and minimize symptoms, management of asthmatic episodes and regular follow-up care.[11] A primary care provider acting as a child's medical home can provide the connections to support services needed to help manage asthma.[12]

Childhood Asthma Hospitalization Rates, Core Cities and Rhode Island, 2003-2007

City/Town	Number of Children Hospitalized	Rate per 1,000 Children
Central Falls	168	6.1
Newport	107	4.1
Pawtucket	480	5.3
Providence	1,489	6.6
West Warwick	154	4.6
Woonsocket	266	4.8
Rhode Island	4,972	4.0

Source: Rhode Island Department of Health, Hospital Discharge Database, 2003-2007.

Asthma Hospitalizations by Race/Ethnicity per 1,000 Children under Age 18, Rhode Island, 2000-2007



◆ In Rhode Island between 2003 and 2007, the rate of asthma hospitalizations for Black children was more than three times the rate of hospitalizations for White children and the rate for Hispanic children was more than twice the rate for White children. The rate of asthma hospitalizations among Black children has risen from 8.0 per 1,000 in 2000-2004 to 9.6 per 1,000 in 2003-2007 and the rate among Hispanic children in Rhode Island has increased from 4.9 per 1,000 in 2000-2004 to 6.4 per 1,000 in 2003-2007.

Source: Rhode Island Department of Health, Hospital Discharge Database, 2000-2007; U.S. Bureau of the Census, Census 2000. Due to a change in methodology, race and ethnicity data are not comparable with Factbooks prior to 2008.

Preventing Childhood Asthma

◆ In Rhode Island, more than one in 10 (11%) children under age 18 reported having asthma between 2001 and 2005. Only four states report higher current asthma prevalence rates.[13] In both the U.S. and in Rhode Island, health care use for asthma (including emergency room use and hospitalizations) is highest among the youngest children.[14,15] In Rhode Island between 2003 and 2007, children under age five accounted for 52% of hospitalizations for asthma. Children ages five through 12 and adolescents ages 13-17 accounted for 28% and 20% of hospitalizations, respectively.[16]

◆ Asthma prevention and management are best handled in a primary care setting. Research shows that asthma care that is delivered in outpatient and emergency department settings is of lesser quality than that delivered through primary care. Rhode Island children with asthma who are racial and ethnic minorities, economically disadvantaged, uninsured or have other barriers to services must be able to access comprehensive and affordable primary medical care. This access will allow them to prevent and manage their chronic illness and avoid more costly and less effective treatment in other settings.[17,18]

Table 21. **Asthma Hospitalizations for Children under Age 18, Rhode Island, 2003-2007**

CITY/TOWN	ESTIMATED NUMBER OF CHILDREN UNDER AGE 18*	NUMBER OF ASTHMA HOSPITALIZATIONS	RATE PER 1,000 CHILDREN
Barrington	23,725	41	1.7
Bristol	21,995	71	3.2
Burrillville	20,215	48	2.4
Central Falls	27,655	168	6.1
Charlestown	8,560	16	1.9
Coventry	41,945	106	2.5
Cranston	85,490	276	3.2
Cumberland	38,450	86	2.2
East Greenwich	17,820	44	2.5
East Providence	52,730	244	4.6
Exeter	7,945	18	2.3
Foster	5,525	10	1.8
Glocester	13,320	27	2.0
Hopkinton	10,055	25	2.5
Jamestown	6,190	12	1.9
Johnston	29,530	73	2.5
Lincoln	25,785	68	2.6
Little Compton	3,900	6	1.5
Middletown	21,640	67	3.1
Narragansett	14,165	23	1.6
New Shoreham	925	1	1.1
Newport	25,995	107	4.1
North Kingstown	34,240	86	2.5
North Providence	29,680	106	3.6
North Smithfield	11,895	30	2.5
Pawtucket	90,755	480	5.3
Portsmouth	21,645	68	3.1
Providence	226,385	1,489	6.6
Richmond	10,070	17	1.7
Scituate	13,175	32	2.4
Smithfield	20,095	52	2.6
South Kingstown	31,420	47	1.5
Tiverton	16,835	19	1.1
Warren	12,270	39	3.2
Warwick	93,900	304	3.2
West Greenwich	7,220	14	1.9
West Warwick	33,160	154	4.6
Westerly	27,030	82	3.0
Woonsocket	55,775	266	4.8
Unknown	*NA*	*150*	*NA*
Core Cities	*459,725*	*2,664*	*5.8*
Remainder of State	*779,385*	*2,158*	*2.8*
Rhode Island	*1,239,110*	*4,972*	*4.0*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, 2003-2007.

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

*The denominator used to compute the 2003-2007 rate is the number of children under age 18 according to the 2000 U.S. Census, multiplied by five.

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Housing and Health

DEFINITION

Housing and health is the percentage of children under age 18 who live in low-income families that reside in older housing, defined as housing built before 1980. Low-income families are those with incomes less than 200% of the federal poverty level. Data are from the 2005-2007 American Community Surveys (three-year average).

SIGNIFICANCE

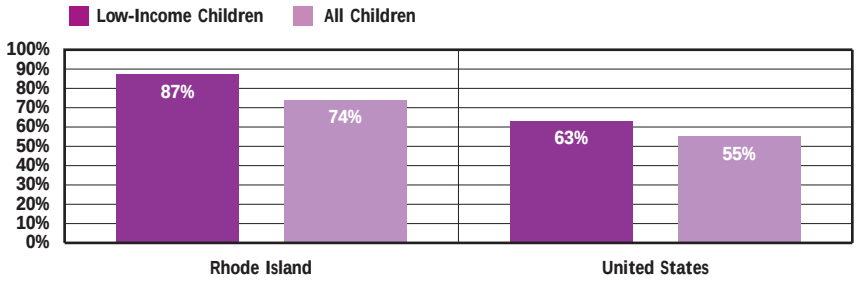
Healthy child development requires a home that is well-built and free of health and safety hazards and that provides a place to eat well, play safely, and sleep soundly. Housing quality affects a child's ability to grow, think, learn, relax, and form critical early bonds.[1]

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

Adopting a comprehensive "healthy homes" approach that includes both education and physical interventions can help prevent housing related injuries and illnesses, reduce health costs and improve children's quality of life. Because the causes of many health conditions related to the home environment are interconnected, it may be cost-effective to address multiple hazards simultaneously.[6] For example, repairing cracks in a home's foundation can help keep both water and pests from entering the house and would address several athsma triggers – mold, cockroaches and rodents. Similarly, most lead programs that repair painted surfaces containing lead also fix the leaks that caused the paint to peel in the first place. Fixing the leaks helps the lead repair last longer and also prevents mold problems.

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

Children Living in Older Housing*, 2005-2007 Average, Rhode Island and the United States



Source: Population Reference Bureau analysis of the 2005-2007 American Community Survey (ACS) Public Use Microsample (PUMS) data. *Older housing is defined here as built before 1980. The ACS reports data on the year a housing structure was built by decade, so this is the best available approximation for housing built before 1978 (when lead paint was banned from interior use in the United States).

◆ **In both Rhode Island and the nation as a whole, children in low-income families are more likely to live in older housing than children in general. Between 2005 and 2007, 87% of low-income children in Rhode Island lived in older housing, while 74% of all children lived in older housing.[8] Of all 50 states, Rhode Island has the highest percentage of low-income children living in older housing.**

◆ **Rhode Island children were more likely to live in older housing (74%) than children in the nation as a whole (55%). In fact, Rhode Island has the second highest percentage of children living in older housing in the nation.[9]**

◆ **Rhode Island's older housing stock poses additional health risks for children because until 1978 lead paint was commonly used in the interior and exterior of homes, and exposure to lead paint is associated with numerous health risks.[10,11]**

◆ **Low-income families are more likely to lack the resources required to maintain, repair or improve their homes in ways that reduce residential health hazards, such as by removing lead paint hazards, repairing unsafe stairs, repairing leaks or sealing cracks that may allow moisture or rodents to enter the home.[12]**

◆ **The Weatherization Assistance Program exemplifies the comprehensive "healthy homes" approach. This program helps low-income families reduce their heating bills and also provides up to $500 per home to fix health and safety problems.**

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, roaches, 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:*** **Research shows that 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 13, 2009 from www.ncch.org/What-We-Do/Healthy-Homes-Principles.aspx

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(continued on page 157)

Health Problems Associated with Housing

Lead Poisoning

◆ **Children living in homes built before 1978, when lead paint was banned for residential use in the United States, are at risk for lead poisoning.[13,14] Lead exposure during early childhood can cause irreversible damage, including loss of intelligence, impaired cognitive, motor, and physical abilities and behavioral problems.[15,16,17]**

◆ **One in twenty (4.5%) Rhode Island children due to start kindergarten in 2010 has had a blood lead screen of ≥10 mcg/dL at some point in the past, indicating exposure to an environmental lead hazard.[18] Children living in the core cities (who are disproportionately poor and/or minority) are at increased risk for lead exposure because the housing stock tends to be older.[19]**

Asthma

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

◆ **Between 2003 and 2007, there were almost 5,000 hospitalizations of children in Rhode Island due to asthma. Asthma hospitalization rates were highest for Black and Hispanic children.[23] Minority children are more likely to live in the core cities where the housing stock tends to be older and may be exposed to more asthma triggers.**

Unintentional Injuries

◆ **Falls are the leading cause of unintentional injuries among children in the U.S. More than 80% of fall-related injuries among children under age five occur in the home. Residential hazards associated with falls among children include a lack of safety devices, such as safety gates and window guards; structural problems, such as uneven floors; and insufficient lighting in stairways and other areas.[24,25]**

◆ **In 2007, housing-related falls resulted in 4,837 emergency room visits by children under age 18 in Rhode Island. Half (50%) of these visits were for children under age six.[26]**

Childhood Obesity

DEFINITION

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

SIGNIFICANCE

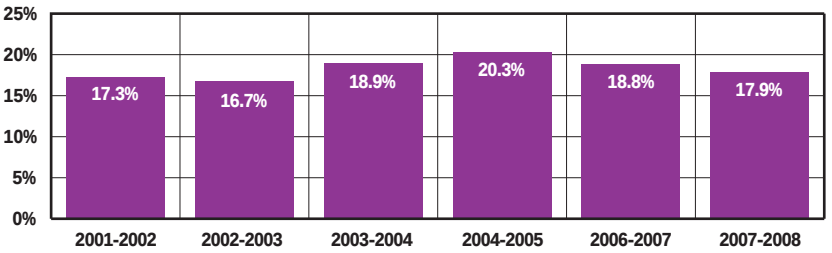
Obesity is associated with type II diabetes, hypertension, heart disease, and other acute and chronic health problems.[3,4] Overweight children are susceptible to depression, negative self-image and low self-esteem that can lead to social isolation and high-risk behaviors.[5,6] Adolescents who are overweight have a 70% chance of becoming overweight or obese adults, with increased health risks and higher health care costs than those at a healthy weight.[7,8]

Weight gain occurs when more calories are consumed than are expended.[9] On average, overweight children do not consume significantly more calories than their normal weight peers, but demonstrate a slow, consistent weight gain over several years due to a relatively small imbalance between energy input and output.[10] Most children become overweight through sedentary behavior, in combination with consumption of large portions of energy-dense foods.[11] Nutritional factors related to obesity include eating unhealthy food and beverages, skipping breakfast and large portion sizes of meals at home and in restaurants.[12,13]

Environmental factors in childhood obesity include: lack of access to fresh produce in low-income neighborhoods, community designs that do not include venues for physical activity, few opportunities for physical activity at or after school, and few children walking or biking to school.[14,15] Children who are breastfed as infants may be less likely than their peers to be obese when they are older.[16] Children who have one or more overweight or obese parents are more likely to be overweight or obese themselves.[17,18]

The *2003 National Survey of Children's Health* indicated that 31% of Rhode Island children ages 6-17 were either overweight (15%) or obese (16%).[19] During the 2007-2008 school year, 18% of seventh graders in Rhode Island were obese.[20] In 2007, 11% of high school students were obese.[21]

Obesity among Children Entering Kindergarten, Rhode Island, 2001-2002 through 2007-2008*



Source: Immunization Program, Division of Family Health, Rhode Island Department of Health, School Years 2001-2002 through 2007-2008. *There are no data available for the 2005-2006 school year. Data are based on a sample of recorded heights and weights at kindergarten entry.

◆ **Over one in six (17.9%) Rhode Island children entering kindergarten during the 2007-2008 school year were obese, with a BMI at or greater than the 95th percentile.[22]**

◆ **Thirty percent of Hispanic children entering kindergarten in Rhode Island during the 2007-2008 school year were obese, compared to 16% of their non-Hispanic peers.[23]**

Prevalence of Obesity Among U.S. Children and Adolescents, Ages 2–19, 1971-1974 through 2003-2004

AGE	1971-1974	1976-1980	1988-1994	1999-2000	2003-2004
2-5	5%	5%	7%	10%	14%
6-11	4%	7%	11%	15%	19%
12-19	6%	5%	11%	15%	17%

Source: National Center for Health Statistics. (2006). *Prevalence of overweight among children and adolescents: United States, 2003-2004.* Hyattsville, MD: U.S. Department of Health and Human Services. The National Health and Nutrition Examination Survey (NHANES) uses measured heights and weights to calculate a body mass index (BMI) for age.

◆ **In the U.S., non-Hispanic White adolescents who live in families with lower incomes have a greater prevalence of being overweight than those who live in higher-income families. Income is not correlated with obesity for non-Hispanic Black or Mexican-American youth.[24]**

Physical Activity

◆ **Regular physical activity can lower the risk of becoming overweight and developing related diseases. About half of all children in the U.S. ages six to 17 go without sufficient daily exercise.[25] There has been a 25% decrease in children's time spent playing and a 50% decline in unstructured outdoor activities over the past thirty years in the U.S.[26]**

◆ **Rhode Island ranks worst nationally for the percentage of children and teens who exercise regularly. Three out of five (61%) children and youth ages six to 17 reported engaging in fewer than five days of vigorous physical activity in the past week, compared with 52% nationally.[27] In 2007, 42% of Rhode Island high school students (51% of males and 33% of females) reported being physically active for a total of at least 60 minutes five days per week.[28]**

◆ **Nationally, the weekly recommended amount of physical education is 150 minutes in elementary school and 225 minutes in middle school and high school.[29] Rhode Island state mandates are much lower than these amounts (health education and physical education totaling 100 minutes per week for children in grades one through 12).[30] Four out of five (79%) Rhode Island high school students reported attending physical education classes on one or more days in an average week in 2007.[31]**

Nutrition Behavior Among Public High School Students, by Gender, Rhode Island, 2007

	ALL	MALE	FEMALE
Ate fruit one or more times during the past 7 days	86%	83%	88%
Ate fruits and vegetables 5 or more times per day during the past 7 days	19%	20%	18%
Drank a container of soda one or more times per day during the past 7 days	25%	30%	20%
Drank 3 or more glasses per day of milk during the past 7 days	16%	20%	12%

Source: *2007 Rhode Island Youth Behavior Survey*, Rhode Island Department of Health, Center for Health Data and Analysis.

Sedentary Behavior

◆ **Screen time (including television, video games, computer and internet time) may increase obesity in the following ways. Young people may forgo physical activity in favor of sedentary activity. Advertising found in the media may increase the child's desire for and consumption of snack foods and sweetened beverages. Screen time may be accompanied by snacking, leading to higher caloric intake.[32]**

Activities of Rhode Island High School Students, 2007

	ALL	MALE	FEMALE
Played video/computer games or used a computer for something that was not school work 3 hours or more*	26%	29%	24%
Watched TV at home for 3 hours or more*	27%	28%	27%
Attended PE classes daily on an average week when they were in school	23%	24%	22%
Physically active for a total of at least 60 minutes per day on five or more of the past seven days.	42%	51%	33%

Source: *2007 Rhode Island Youth Risk Behavior Survey*, Rhode Island Department of Health, Center for Health Data and Analysis. *Refers to the average school day.

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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

The United States has the highest teen pregnancy and birth rates in the industrialized world.[1] Teen pregnancy and parenting threaten the development of teen parents as well as their children. Teen mothers are less likely to have the financial resources, social supports and parenting skills needed for healthy child development. Babies born to teen mothers are at increased risk for low birthweight, prematurity, and death in infancy.[2] Children of teen parents are more likely to experience learning and behavior problems in school, live in poverty, enter the foster care system, drop out of high school, spend time in prison, and become teen parents themselves.[3,4]

While teen pregnancy occurs in families of all income levels, teen pregnancy and childbearing are strongly associated with poverty. As many as 83% of teen mothers are from poor or low-income families. There is a strong intergenerational pattern of early childbearing. At least one-third of teen parents (both teen mothers and fathers) were the children of adolescent mothers themselves.[5]

Poor school achievement, attendance and involvement are predictors of teen pregnancy and childbearing. Childbirth is the leading cause of dropping out of school among teen girls. Nationally, fewer than half of teen mothers (40%) ever graduate from high school and fewer than 2% earn a college degree before age 30.[6] Reduced educational attainment among teen parents puts them at increased risk of unemployment, low-wage jobs and poverty.[7]

In 2007 in Rhode Island, there were 1,206 babies born to mothers under age 20, accounting for almost 10% of all babies born in the state.[8] Rhode Island ranks 22nd in the U.S. for births to younger teens ages 15 to 17.[9]

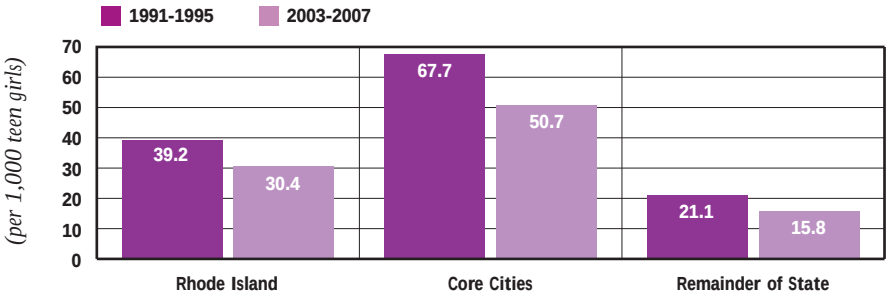
Teen Birth Rates
(per 100,000 girls ages 15-19)

	1991	2006
RI	44.7	31.4
US	61.8	40.5
National Rank*		*13th*
New England Rank**		*6th*

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

Source: Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S. J., Menacker, F., Kirmeyer, S., & Matthews, T.J. (2009). *Births: Final data for 2006. National Vital Statistics Reports*, 57(7). Hyattsville, MD: Centers for Disease Control and Prevention.

Births to Teens Ages 15-19, Rhode Island, Core Cities and Remainder of State, 1991-1995 and 2003-2007



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-1995 and 2003-2007. Data for 2007 are provisional.

◆ Of all births to Rhode Island teens ages 15 to 19 between 2003 and 2007, 70% occurred in the core cities, the six communities with the highest child poverty rates.[10]

◆ Since the early 1990s, the teen birth rate for Rhode Island girls ages 15-19 has declined by 22%, mirroring the overall national trend.[11] Between 1991 and 2005, the U.S. teen birth rate fell by 34%. However, U.S. teen birth rates rose by 3% in 2006.[12]

◆ The decline in both teen pregnancy and birth rates has been attributed to improved use of contraception among those teens who are sexually active (accounting for 86% of the decline) and reduced sexual activity (accounting for 14% of the decline).[13]

Repeat Births to Teens, Rhode Island, 2003-2007

Age	Total Number of Births	Number of Repeat Births	Percent
12-14	84	1	1%
15-17	1,882	170	9%
18-19	3,782	849	22%
Total	*5,748*	*1,020*	*18%*

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional.

◆ Once a teenager has a baby, she is at increased risk of having another as a teen. A repeat birth during the teen years compounds educational, economic and health problems for both the mothers and the children.[14]

Table 22.

Birth to Teens, Ages 15-19, Rhode Island, 2003-2007

CITY/TOWN	NUMBER OF BIRTHS TO GIRLS AGES 15-17	BIRTH RATE PER 1,000 GIRLS AGES 15-17	NUMBER OF BIRTHS TO GIRLS AGES 18-19	BIRTH RATE PER 1,000 GIRLS AGES 18-19	NUMBER OF BIRTHS TO GIRLS AGES 15-19	BIRTH RATE PER 1,000 GIRLS AGES 15-19
Barrington	**2**	**0.9**	**5**	**6.8**	**7**	**2.4**
Bristol	**8**	**4.3**	**30**	**8.1**	**38**	**6.8**
Burrillville	**7**	**3.9**	**26**	**24.8**	**33**	**11.6**
Central Falls	**111**	**59.2**	**227**	**144.6**	**338**	**98.1**
Charlestown	**7**	**10.4**	**15**	**NA**	**22**	**22.1**
Coventry	**29**	**9.0**	**68**	**40.2**	**97**	**19.8**
Cranston	**99**	**14.4**	**170**	**42.2**	**269**	**24.6**
Cumberland	**22**	**7.0**	**47**	**32.2**	**69**	**15.0**
East Greenwich	**5**	**3.5**	**5**	**10.0**	**10**	**5.2**
East Providence	**45**	**9.9**	**127**	**55.1**	**172**	**25.0**
Exeter	**4**	**5.5**	**5**	**NA**	**9**	**8.8**
Foster	**2**	**NA**	**11**	**NA**	**13**	**19.4**
Glocester	**4**	**3.5**	**20**	**33.6**	**24**	**13.8**
Hopkinton	**6**	**6.9**	**13**	**NA**	**19**	**14.8**
Jamestown	**1**	**1.8**	**2**	**NA**	**3**	**4.1**
Johnston	**24**	**10.5**	**49**	**37.4**	**73**	**20.2**
Lincoln	**7**	**3.2**	**37**	**39.4**	**44**	**14.1**
Little Compton	**0**	**NA**	**7**	**NA**	**7**	**NA**
Middletown	**12**	**8.8**	**32**	**47.1**	**44**	**21.5**
Narragansett	**5**	**4.0**	**16**	**14.7**	**21**	**8.9**
New Shoreham	**0**	**NA**	**0**	**NA**	**0**	**NA**
Newport	**51**	**25.6**	**83**	**24.2**	**134**	**24.7**
North Kingstown	**12**	**4.5**	**42**	**34.7**	**54**	**14.0**
North Providence	**29**	**11.7**	**63**	**42.7**	**92**	**23.3**
North Smithfield	**4**	**3.9**	**14**	**NA**	**18**	**12.1**
Pawtucket	**222**	**32.6**	**419**	**92.3**	**641**	**56.4**
Portsmouth	**7**	**4.2**	**18**	**29.8**	**25**	**10.9**
Providence	**817**	**47.9**	**1,394**	**47.3**	**2,211**	**47.5**
Richmond	**6**	**7.4**	**15**	**NA**	**21**	**18.9**
Scituate	**4**	**3.3**	**10**	**19.4**	**14**	**8.1**
Smithfield	**4**	**2.3**	**21**	**7.7**	**25**	**5.6**
South Kingstown	**12**	**4.4**	**37**	**4.4**	**49**	**4.4**
Tiverton	**5**	**3.7**	**23**	**31.5**	**28**	**13.5**
Warren	**8**	**8.0**	**25**	**43.1**	**33**	**20.9**
Warwick	**71**	**9.0**	**192**	**48.4**	**263**	**22.1**
West Greenwich	**3**	**5.6**	**12**	**NA**	**15**	**18.0**
West Warwick	**44**	**17.9**	**113**	**67.9**	**157**	**38.1**
Westerly	**33**	**15.2**	**70**	**63.3**	**103**	**31.5**
Woonsocket	**150**	**35.4**	**319**	**113.1**	**469**	**66.4**
Core Cities	***1,395***	***40.5***	***2,555***	***58.7***	***3,950***	***50.7***
Remainder of State	***487***	***7.6***	***1,227***	***27.8***	***1,714***	***15.8***
Rhode Island	***1,882***	***19.1***	***3,782***	***43.2***	***5,664***	***30.4***

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2003-2007. Data for 2007 are provisional. The denominators are the number of girls in each age group according to Census 2000, multiplied by five to compute rates over five years.

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

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

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

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[8,10,11] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-2007. Data for 2007 are provisional.

[13] Columbia University's Mailman School of Public Health. (December 4, 2006). U.S. teen pregnancy rates decline as a result of improved contraceptive use. *Science Daily.* Retrieved January 8, 2009 from www.sciencedaily.com

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Alcohol, Drug and Cigarette Use by Teens

DEFINITION

Alcohol, drug and cigarette use by teens is the percentage of middle school and high school students who report having used alcohol, illegal drugs (such as marijuana, uppers, or downers) or cigarettes at least once in the 30 days prior to taking the School Accountability for Learning and Teaching (SALT) Student Survey during the 2007-2008 school year.

SIGNIFICANCE

The use and/or abuse of substances by children and youth poses health and safety risks to them, their families, their schools and their communities.[1] The number of adolescents using alcohol, tobacco and illegal drugs has been declining steadily both in the U.S. and in Rhode Island for the past decade.[2,3]

Research shows that the key risk periods for alcohol, cigarette and other drug abuse are during major transitions in children's lives. These include the transition to middle school, which presents new academic and social situations and the transition to high school, which presents additional social and emotional challenges. There is greater availability of drugs, more peers who abuse substances, and more social activities involving drugs and alcohol at the high school level.[4]

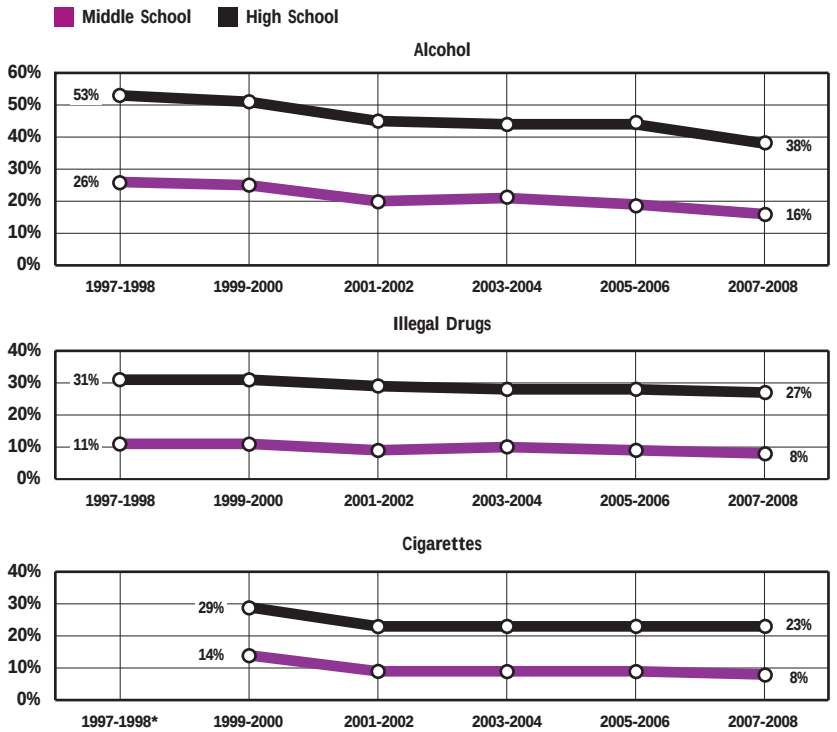
The risk for becoming a substance abuser involves the relationship between risk factors and protective factors, which vary in their effects by age, gender and race/ethnicity. Risk factors include early aggressive behavior, lack of parental supervision, peer substance abuse, academic failure and poverty. Protective factors include strong parent-child bonds, parental involvement and consistent discipline, academic competence and strong neighborhood attachments.[5]

Early family and school interventions can build and strengthen protective factors and address risk factors, which will help to prevent substance use among young people.[6] Adolescents who participate in after-school activities are less likely to use substances than those who are not involved in any school-based, community-based, faith-based or other after-school activities.[7]

In 2007, approximately 8% of youth ages 12-17 in the U.S. met standard diagnostic criteria indicating the need for treatment for an alcohol and/or illicit drug use problem. Few of these youth received specialty treatment (6% of those needing treatment received specialty alcohol treatment and 10% received specialty illicit drug use treatment).[8]

Nationally in 2006 and 2007, 26% of youth ages 12-20 reported obtaining alcohol for free from a non-relative aged 21 or over, 15% from another underage person, 6% from a parent or guardian, 9% from another relative aged 21 or older, and 4% reported taking it from their own home without permission.[9]

Reported Use of Alcohol, Drugs, and Cigarettes 30 Days Prior to the Survey, Rhode Island, 1997-1998 through 2007-2008 School Years



Source: *Rhode Island SALT Survey reports, student reports of health risk practices by grade level, 1997-1998 through 2007-2008 school years.* Retrieved from Information Works at www.infoworks.ride.uri.edu. Data are for students who reported substance use in the past 30 days. *Cigarette use questions were not asked in the 1997-1998 school year survey.

◆ **Over the past decade, there has been a decline in reported use of alcohol and illegal drugs among Rhode Island middle school and high school students. After an initial drop, the reported rates of cigarette use have remained steady. In the 2007-2008 school year, as was the case in previous years, students in school districts in the core cities report lower use of alcohol, tobacco and cigarettes than do students in the remainder of the state.[10]**

◆ **In Rhode Island, there are 35 municipal Substance Abuse Prevention Task Forces (representing all 39 cities and towns) that promote comprehensive substance abuse prevention programs; conduct local needs assessments; and plan, implement and evaluate interventions.[11]**

Table 23.

Student Reports of Alcohol, Drug and Cigarette Use by Student Grade Level, Rhode Island, 2007-2008

SCHOOL DISTRICT	ALCOHOL USE		DRUG USE		CIGARETTE USE	
	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Barrington	**6%**	**23%**	**4%**	**19%**	**4%**	**16%**
Bristol-Warren	**14%**	**39%**	**5%**	**31%**	**6%**	**26%**
Burrillville	**26%**	**42%**	**14%**	**29%**	**17%**	**26%**
Central Falls	**20%**	**29%**	**10%**	**14%**	**8%**	**9%**
Chariho	**13%**	**43%**	**8%**	**33%**	**9%**	**28%**
Coventry	**11%**	**41%**	**4%**	**30%**	**5%**	**26%**
Cranston	**15%**	**34%**	**7%**	**23%**	**6%**	**20%**
Cumberland	**14%**	**42%**	**8%**	**31%**	**8%**	**26%**
East Greenwich	**16%**	**39%**	**12%**	**23%**	**13%**	**18%**
East Providence	**20%**	**40%**	**9%**	**33%**	**10%**	**28%**
Exeter-West Greenwich	**14%**	**36%**	**8%**	**23%**	**7%**	**17%**
Foster-Glocester	**20%**	**45%**	**14%**	**33%**	**13%**	**31%**
Jamestown	**7%**	**NA**	**3%**	**NA**	**3%**	**NA**
Johnston	**17%**	**42%**	**7%**	**25%**	**9%**	**23%**
Lincoln	**9%**	**48%**	**4%**	**39%**	**4%**	**31%**
Little Compton	**7%**	**NA**	**3%**	**NA**	**3%**	**NA**
Middletown	**7%**	**44%**	**4%**	**33%**	**3%**	**30%**
Narragansett	**8%**	**36%**	**5%**	**25%**	**5%**	**16%**
New Shoreham	**NA**	**65%**	**NA**	**50%**	**NA**	**28%**
Newport	**16%**	**40%**	**10%**	**33%**	**9%**	**25%**
North Kingstown	**10%**	**43%**	**6%**	**33%**	**5%**	**24%**
North Providence	**14%**	**41%**	**5%**	**27%**	**5%**	**21%**
North Smithfield	**17%**	**37%**	**11%**	**23%**	**13%**	**21%**
Pawtucket	**22%**	**32%**	**12%**	**21%**	**10%**	**15%**
Portsmouth	**19%**	**40%**	**11%**	**27%**	**9%**	**22%**
Providence	**20%**	**33%**	**10%**	**23%**	**10%**	**19%**
Scituate	**14%**	**43%**	**7%**	**27%**	**8%**	**23%**
Smithfield	**12%**	**41%**	**6%**	**33%**	**5%**	**27%**
South Kingstown	**11%**	**39%**	**7%**	**25%**	**7%**	**19%**
Tiverton	**17%**	**47%**	**9%**	**37%**	**10%**	**31%**
Warwick	**18%**	**45%**	**9%**	**33%**	**9%**	**31%**
West Warwick	**15%**	**40%**	**6%**	**32%**	**9%**	**29%**
Westerly	**18%**	**46%**	**10%**	**30%**	**8%**	**26%**
Woonsocket	**21%**	**35%**	**9%**	**20%**	**9%**	**18%**
Core Cities	***20%***	***34%***	***10%***	***23%***	***9%***	***19%***
Remainder of State	***14%***	***40%***	***7%***	***29%***	***7%***	***25%***
Rhode Island	***16%***	***38%***	***8%***	***27%***	***8%***	***23%***

NA = Community has no middle school or no high school

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

Sources of Data for Table/Methodology

Brand, S. & Seitsinger, A. M. (2009). *Rhode Island student reports of health risk practices by grade level: 2007-2008 school year.* Data collected by the Center on School Improvement and Educational Policy at the University of Rhode Island for the Rhode Island Department of Elementary and Secondary Education.

Retrieved from Information Works at www.infoworks.ride.uri.edu. Data are for students who reported substance use in the 30 days prior to the date the survey was administered.

Rhode Island state totals include the following charter schools (Compass School, CVS Highlander Charter School, Paul Cuffee Charter School, Blackstone Academy Charter School, and BEACON Charter School) and the following state-operated schools (William M. Davies Jr. Career-Technical High School and Metropolitan Regional Career & Technical Center), as well as the Urban Collaborative (UCAP). These schools are not included in the core city and remainder of state calculations.

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

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

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(continued on page 157)

Safety

Youth

by Langston Hughes

We have tomorrow
Bright before us
Like a flame.

Yesterday
A night-gone thing,
A sun-down name.

And dawn-today
Broad arch above the road we came.

We march!

Child Deaths

DEFINITION

Child deaths is the number of deaths from all causes to 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 and mental health of children, the dangers to which children are exposed in the community, access to and use of safety devices and practices (such as bicycle helmets and smoke alarms) and the level of adult supervision children receive.[1,2] In the United States, the child death rate has declined for all children due to medical advances and a general decrease in motor vehicle accident deaths.[3]

Nationally, child injuries and deaths disproportionately affect poor children, younger children, males and minorities.[4] Low-income children are four times more likely to drown, five times more likely to die in a fire and twice as likely to die in a motor vehicle crash than higher-income children. Among children under age 15, Native American children are twice as likely and Black children are one and a half times as likely to die from accidental injury as White children.[5]

In Rhode Island between 2003 and 2007, there were 125 deaths of children ages one to 14 (a rate of 13.5 per 100,000 children). Sixty-three (50%) of these children lived in the core cities, 61 (49%) lived in the remainder of the state and one child's residence (1%) was unknown. Of the 125 deaths, 86 (69%) were due to disease, 27 (22%) were due to unintentional injuries, seven (6%) were due to intentional injuries (six homicides and one suicide), two (2%) were due to undetermined injuries, and three (2%) were due to unknown causes. Unintentional injuries are the leading cause of death for children ages one to 14 in Rhode Island, more than from any one single disease.[6,7]

According to safety experts, 90% of unintentional injuries are preventable. Using effective safety products (like child restraints in cars) and creating safe environments (like installing smoke alarms and checking the batteries regularly) can significantly reduce the risk of child injury and death.[8]

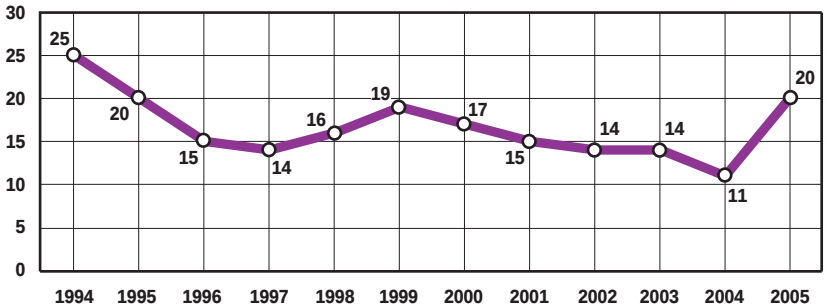
Child Death Rate
(per 100,000 Children Ages 1-14)

	2000	2005
RI	17	20
US	22	20
National Rank*		*18th*
New England Rank**		*5th*

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

Source: *Kids count data book: State profiles in child well-being 2008.* (2008). Baltimore, MD: The Annie E. Casey Foundation

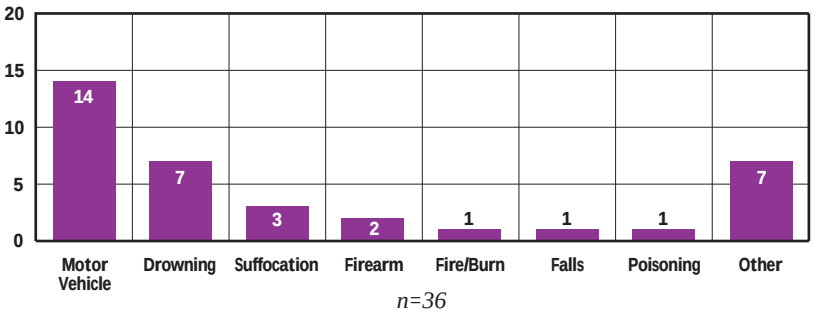
Child Death Rate Per 100,000 Children Ages 1-14 in Rhode Island, 1994-2005



Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2008). *Child deaths: Rate per 100,000.* Retrieved January 28, 2009 from www.kidscount.org/datacenter

◆ **Between 1994 and 2004, Rhode Island's child death rate for children ages 1-14 declined from 25 per 100,000 children to 11 per 100,000 children. In 2005, Rhode Island's child death rate rose to 20 per 100,000, the same as the national rate.[9,10]**

Child Deaths Due to Injury, By Cause, Rhode Island, 2003-2007



n=36

Source: Rhode Island Department of Health, Maternal and Child Health Database, 2003-2007.

◆ **Between 2003 and 2007, 36 children died as a result of injuries. The leading cause of death due to injury was motor vehicle injuries (39%).[11]**

References

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(continued on page 157)

Teen Deaths

DEFINITION

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

SIGNIFICANCE

The main threats to adolescents' health and safety are risk behaviors, including substance abuse and violence. Teens' emotional health, including self-esteem and mental health, further impacts their safety. Nationally, the most prevalent causes of teen deaths are motor vehicle accidents, homicides and suicides, all of which are preventable. Factors that protect against teen deaths include parent involvement, access to mental health services geared to adolescents, and the availability of school and community programs to reduce risk behaviors and support positive youth development.[1]

According to the *2007 Rhode Island Youth Risk Behavior Survey*, Rhode Island high school students are exposed to numerous risks and frequently engage in risk behaviors. Students reported the following risk behaviors at least once during the 12 months preceding the survey: 8% had been threatened or injured with a weapon on school property, 26% (34% of males and 19% of females) were in a physical fight and 14% of students were physically hurt by a boyfriend or girlfriend. Additionally, 9% of Rhode Island high school students attempted suicide during the 12 months preceding the survey, 28% rode in a vehicle driven by someone who had been drinking in the 30 days prior to the survey, and 14% never or rarely wore a seatbelt when riding in a car.[2]

Between 2003 and 2007, there were 169 deaths of teens ages 15 to 19 in Rhode Island, a rate of 42.6 per 100,000 teens.[3,4] Of the teens ages 15 to 19 who died between 2003 and 2007, 36% (60) lived in the core cities and 109 (64%) lived in the remainder of the state. Of teen deaths, 48 (28%) were due to disease, 31 (18%) were due to intentional injury, 83 (49%) were due to unintentional injuries, 3 (2%) were due to undetermined injuries, and 4 (2%) were of unknown cause. Of the intentional injuries, 14 were homicides and 17 were suicides.[5]

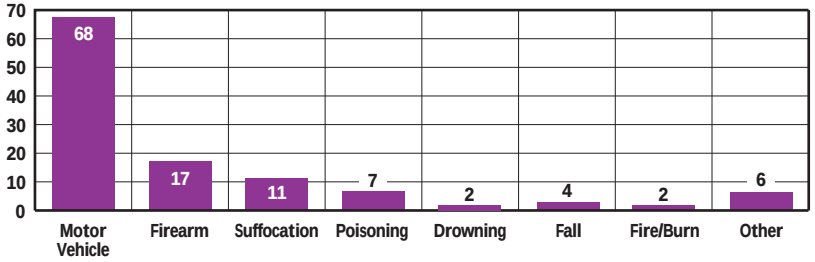
Teen Deaths
(deaths per 100,000 Youth 15-19)

	2000	2005
RI	52	39
US	67	65
National Rank*		*2nd*
New England Rank**		*1st*

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

Source: *Kids Count data book: State profiles in child well-being 2008.* (2008). Baltimore, MD: The Annie E. Casey Foundation.

Injury Deaths by Cause, Teens Ages 15 to 19, 2003-2007



n=117

Source: Rhode Island Department of Health, Maternal and Child Health Database, 2003-2007.

◆ **Between 2003 and 2007 in Rhode Island, nearly three-quarters (71%) of the 117 deaths caused by injury were unintentional. The majority of the injury deaths (56%) were caused by motor vehicle accidents.[6]**

◆ **Among the 43 teenage boys ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2003 and 2007, 21 (49%) were driving and 15 (35%) were passengers in vehicles driven by other teenage boys ages 15-19. The other seven (16%) were passengers in cars driven by adults or were pedestrians or bicyclists.[7]**

◆ **In Rhode Island between 2003 and 2007, 18 teenage girls died in motor vehicle accidents. Of these, seven (39%) were driving, 10 (56%) were passengers and one was a pedestrian. Twelve (67%) of the teenage girls who died were in vehicles driven by themselves, another teenager or a young adult.[8]**

◆ **More than one-third (36%) of the teen drivers who died in motor vehicle crashes between 2003 and 2007 had been drinking and 38% of teen passengers who died had also been drinking.[9]**

References

[1] *KIDS COUNT indicator brief: Reducing the teen death rate.* (2005). Baltimore, MD: The Annie E. Casey Foundation.

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[7,8,9] Department of Transportation, National Center for Statistics and Analysis, Fatality Analysis Reporting System (FARS), 2003-2007. Analysis by the Rhode Island Department of Health, 2008.

Gun Violence

DEFINITION

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

SIGNIFICANCE

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

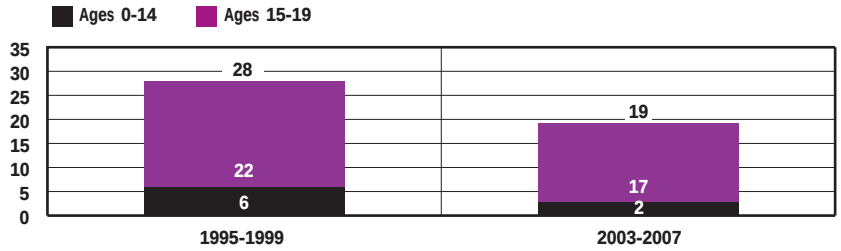
Teens are more likely to be killed by gun violence than older people in the U.S. Since the mid-1990s, gun homicide offender rates for children under age 17 have declined dramatically.[2] Between 1995 and 2005 in the U.S., the number of homicides committed by children under age 17 with a gun decreased by 60%, from 3,015 homicides in 1995 to 1,217 homicides in 2005. Up until age 19, the percentage of homicides involving guns increases with age. The rate decreases thereafter.[3]

The gun death rate is still a cause of concern for children and youth. Nationally in 2005, youth ages 15 to 24 had a death rate due to firearms of 16.2 per 100,000 youth.[4] The likelihood of being a victim of gun violence is linked to gender and race. In the U.S., males ages 15 to 24 are 9.5 times more likely than their female peers to die as a result of gun violence. Black (86.8), Hispanic (33.0) and Native American (32.7) males ages 15 to 24 had a disproportionately higher firearm-related death rate per 100,000 youth than their White (13.9) or Asian (12.1) peers.[5]

Factors that place young people at risk for violent perpetration include: a history of early aggression, poor supervision, exposure to violence in the home, parental drug/alcohol abuse, association with peers engaged in high-risk behavior, low commitment to school, school failure, diminished economic opportunity, high levels of transience and family disruption.[6]

In Rhode Island, between 2003 and 2007, there were 60 gun-related hospitalizations of children ages one to 19. Two-thirds (40) of the 60 hospitalizations were victims of assault, 25% (15) were victims of unintentional injuries, 2% (1) were hospitalized for a self-inflicted firearm injury, and 7% (4) were undetermined. There were 19 deaths of children ages one to 19 attributed to gun violence during this period.[7]

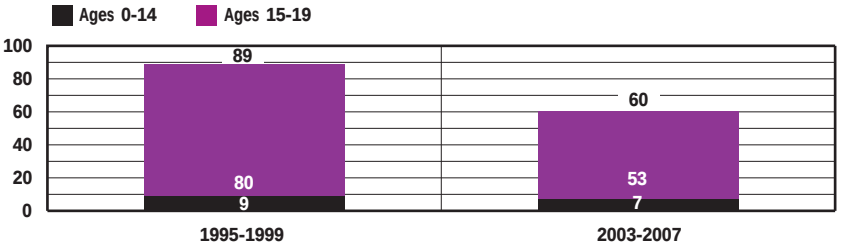
Gun Deaths of Children under Age 20, Rhode Island, 1995-1999 and 2003-2007



◆ **Between 2003 and 2007 in Rhode Island, there were 294 deaths of children under age 20, 7% (19) of which were the result of firearms. Of these, 89% (17) represented youth ages 15 to 19, and 11% (2) represented children under the age of 15.**

Source: Rhode Island Department of Health, Office of Health Statistics, Federal Fiscal Years 1995-1999 and calendar years 2003-2007.

Gun-Related Hospitalizations of Children under Age 20, Rhode Island, 1995-1999 and 2003-2007



◆ **There were 60 gun-related hospitalizations between 2003 and 2007 for children and youth under age 20 in Rhode Island. Since 1995-1999, gun-related hospitalizations of children and youth under age 20 fell by 33%.**

◆ **Seventy-eight percent (47) of the 60 Rhode Island youth hospitalized between 2003 and 2007 for gun-related injuries were residents of core cities (38 from Providence, six from Pawtucket, one from Central Falls, one from Newport, and one from Woonsocket).**

Source: Rhode Island Department of Health, Office of Health Statistics, federal Fiscal Years 1995-1999 and calendar years 2003-2007.

Weapon Carrying among Rhode Island Public High School Students, 2007

	Females	Males	Total
Carried a gun, knife, or club at least once in the past 30 days	5%	19%	12%
Carried a gun, knife, or club at least once on school property in the past 30 days	2%	8%	5%
Were threatened or injured with a weapon on school property at least once in the past 12 months	6%	10%	8%

Source: *2007 Rhode Island Youth Risk Behavior Survey,* Rhode Island Department of Health, Office of Health Statistics.

◆ **In Rhode Island in 2007, 12% of high school students reported they carried a weapon in the 30 days preceding the *Youth Risk Behavior Survey*, compared with 18% nationally.[8,9] In 2007, 20% of middle school students in Rhode Island reported they had ever carried a weapon.[10]**

◆ **Students are more likely to bring weapons to school when they have weak attachments to school and their parents, have witnessed or experienced interpersonal violence involving weapons, and spend time with delinquent peers. Nationally and in Rhode Island, males are more likely than females to bring a weapon to school.[11]**

◆ **Training school resource officers and teachers to direct students to support services if they have histories involving weapons violence either in or out of school can help reduce the number of students who bring weapons to school.[12]**

Guns in the Home

◆ **Research shows a strong correlation between firearm availability and firearm-related deaths and injuries among children and teens. The availability of guns in the home significantly increases the risk of suicide and unintentional injury for children and youth under age 20. The majority of the guns used in accidental shootings of children and youth originate in the residence of the victim, a relative or a friend.[13]**

◆ **In homes with guns, keeping a gun locked and unloaded, and storing ammunition locked and in a separate location reduces the risk of gun injuries to children and youth.[14]**

Preventing Youth Gun Violence

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

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

◆ **Studies show that successful efforts to reduce youth violence work with individual youth, teachers, families and non-parental mentors, and use neighborhood resources and services targeted at youths to prevent violence.[16]**

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[7] Rhode Island Department of Health, Office of Health Statistics, 2003-2007. Data for 2006 & 2007 are provisional.

[8,10] *Health risks among Rhode Island public high school students, 2007.* (2008). *Youth Risk Behavior Survey*, Rhode Island Department of Health and Rhode Island Department of Elementary and Secondary Education. (2008). Rhode Island Department of Health, Center for Health Data and Analysis.

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Homeless Children

DEFINITION

Homeless children is the number of Rhode Island children under age 13 who received emergency housing services at emergency homeless shelters and domestic violence shelters during the State Fiscal Year 2008 (July 1, 2007 to June 30, 2008).

SIGNIFICANCE

Lack of affordable housing, unemployment, low-paying jobs, extreme poverty, and decreasing government supports all contribute to the problem of family homelessness. Other causes of family homelessness include domestic violence, the changing demographics of the family, the fraying of social support networks, mental illness, and substance abuse.[1,2]

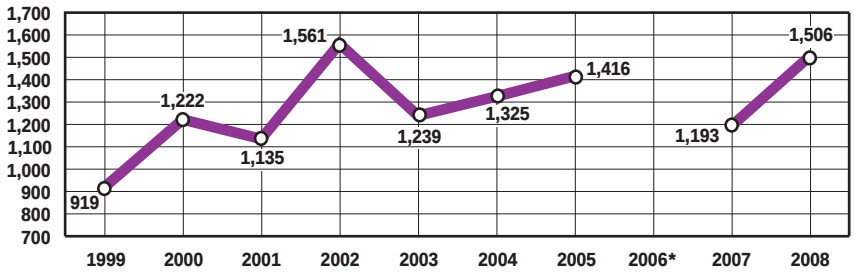
Compared to their peers, homeless children are more likely to become ill, develop mental health issues (such as anxiety, depression, and withdrawal), experience significant educational disruption, and exhibit delinquent or aggressive behaviors. Homeless children go hungry at twice the rate of other children and are more likely to experience illnesses such as stomach problems, ear infections and asthma. Infants, toddlers and preschoolers who are homeless are more likely to have one or more developmental delays compared with poor children living in stable housing.[3]

Families who have experienced homelessness have higher rates of family separation than other low-income families. Homeless children are 12 times more likely to be placed in foster care than other children. Homelessness is also a barrier to reunification for many families. Studies suggest that more than 30% of children in foster care could return home if their parents had adequate housing.[4]

In Rhode Island, 953 Rhode Island families received emergency shelter between July 1, 2007 and June 30, 2008, a 21% increase from the previous year.[5,6] More than one in six (18%) of the children in these families had experienced homelessness before.[7]

In Rhode Island, it is likely that several forces contributed to increases in the number of homeless families. Between December 2007 and December 2008, Rhode Island's unemployment rate increased from 5.2% to 9.4%.[8] At the same time, the average rent for a two-bedroom apartment in Rhode Island increased by 8% and many families (both renters and owners) lost their homes to foreclosure.[9,10] In 2008, 6,583 properties in Rhode Island were filed for foreclosure, up from 1,838 in 2007.[11,12]

Children under Age 13 Living in Shelters, Rhode Island 1999 – 2008



Source: Rhode Island Emergency Shelter Information Project 1999 – 2008. *Data were not available for 2006 due to data system issues.

◆ In Rhode Island, 1,506 children under age 13 received emergency housing at homeless shelters and domestic violence shelters in 2008. Of these children, 895 (59%) were under the age of six.[13]

Supporting Homeless Children in Schools

◆ The McKinney-Vento Homeless Assistance Act requires that state and local educational agencies support homeless students by allowing them to enroll in school even if they lack required documents (such as birth certificates or immunization records), allowing them to remain in their "home" school district, and providing transportation when needed.[14]

◆ School districts across the U.S. are reporting increases in the number of homeless children in the classroom.[15] Schools can support homeless families by 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 children get food, clothing, school supplies, and other supports they need to succeed in school.[16]

References for Homeless Children

[1,3,4] National Center on Family Homelessness. (2008). *The characteristics and needs of families experiencing homelessness.* Retrieved February 15, 2009 from www.familyhomelessness.org

[2] *Hunger and homelessness survey: A status report on hunger and homelessness in America's cities.* (2008). Washington, DC: The United States Conference of Mayors.

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DEFINITION

Homeless youth is the number of Rhode Island youth ages 13 to 17 who received emergency housing services at emergency homeless shelters and domestic violence shelters during the State Fiscal Year 2008 (July 1, 2007 to June 30, 2008).

SIGNIFICANCE

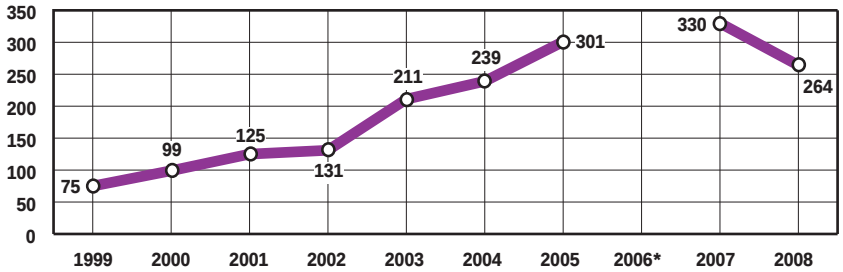
Homelessness among youth has a number of causes including family problems (such as strained relationships with parents and physical and sexual abuse), economic hardship, family homelessness, and residential instability resulting from foster care and institutional placements.[1,2] Studies of homeless youth have found that 40% to 60% of homeless youth have been physically abused, and 20% to 50% have been sexually abused in their homes. One study found that between 20% and 40% of homeless youth identify themselves as gay, lesbian, bisexual, or transgender, and many homeless youth are forced out of their homes by parents who disapprove of their sexual orientation.[3]

Other youth become homeless because they run away from or are discharged from the foster care system and have nowhere to go. More than one in five homeless youth come directly from foster care, and more than one in four were in foster care in the previous year.[4] In fact, studies show that one in five youth who are in foster care at age 16 "exit" foster care by running away.[5]

It is often difficult for homeless youth to obtain the food, clothing and medical care they need and to maintain personal hygiene. While living on the streets, homeless youth face a high risk of both physical and sexual assault. They are highly susceptible to sexual exploitation as a means of obtaining their basic daily needs. Consequently, homeless youth face an increased risk of contracting HIV/AIDS.[6,7]

Homeless youth are typically disconnected from positive community assets such as education, employment, and health care.[8] They often experience higher rates of school suspensions and are more likely to repeat grades and drop out of school when compared to their peers.[9] Three-quarters of homeless youth do not finish high school.[10] Homeless youth also experience higher rates of anxiety, depression, and low self-esteem than youth with stable housing.[11] Health issues can go untreated due to the lack of access to health and mental health care. In addition, homeless youth may not seek health care because they are likely to be asked for a permanent address, health insurance information or parental permission for treatment.[12]

Homeless Youth Ages 13-17 in Rhode Island's Emergency Shelter System, 1999-2008



Source: Rhode Island Emergency Shelter Information Project, 1999 – 2008. *Data were not available for 2006 due to data system issues.

◆ **Between July 1, 2007 and June 30, 2008, 264 youths ages 13-17 entered the Rhode Island Emergency Shelter system accompanied by a parent or another adult.[13]**

◆ **Rhode Island has a limited number of beds designated for runaway and unaccompanied homeless youth.[14] Between October 1, 2007 and September 30, 2008, 15 unaccompanied youth received Basic Center services (up to 15 days of shelter) and seven received Transitional Living services (up to 18 months of housing and supportive services).[15,16,17]**

◆ **As of December 31, 2008, there were 81 youth in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways.[18]**

◆ **In 2008, the National Runaway Switchboard handled 201 calls from or about youth ages 12-21 in Rhode Island.[19]**

References for Homeless Youth

[1,4,7,11] National Coalition for the Homeless. (2008). *Homeless youth (NCH fact sheet #13).* Retrieved February 16, 2009 from www.nationalhomelesss.org

[2,8,12] U.S Department of Health and Human Services. (2007). *Promising strategies to end youth homelessness: Report to Congress.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

[3,5,10] Julianelle, P. (2008). *Using what we know: supporting the education of unaccompanied homeless youth.* Washington, DC: The National Association for the Education of Homeless Children and Youth.

[6] The National Network for Youth & Volunteers of America. (n.d.). *Issue brief: Runaway and Homeless Youth Act reauthorization.* Retrieved February 15, 2008 from www.nn4youth.org

(continued on page 157)

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 early antisocial behavior, poor cognitive development, poor parenting, child maltreatment, exposure to family violence, association with other high-risk youth, poor academic performance and family poverty.[1]

The Rhode Island Family Court has jurisdiction over juvenile offenders under age 18 referred for wayward and delinquent offenses. All referrals to Family Court are from state and local law enforcement agencies, except for truancy cases, which are referred by local school departments.[2,3] During 2008 in Rhode Island, 5,242 youth (5% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court for 8,790 wayward and delinquent offenses. Of these, 386 (4%) involved violent offenses, 242 (63%) of which occurred in the core cities. An additional 957 probation violations also came before the Family Court in 2008.[4,5]

Males are more likely than females to be involved in the juvenile justice system. In 2008, 26% of juveniles referred to the Rhode Island Family Court were female and 74% were male. Youth in urban communities with high poverty concentrations also are more likely to be referred for wayward or delinquent offenses. In 2008 in Rhode Island, 26% of juvenile offenses referred to Family Court were committed by youth from Providence, 24% were committed by youth from the other five core cities and 50% were committed by youth from the remainder of the state.[6]

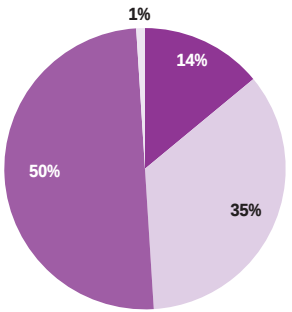
Fifteen percent of juveniles referred to Rhode Island Family Court in 2008 had been referred once before and 11% had been referred at least twice before.[7] The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting of public safety are key elements of juvenile justice systems. National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.[8]

Key components of successful community-based programs to prevent juvenile recidivism are the provision of intensive family therapy and an acknowledgment of the critical role families, homes and communities play in resolving delinquency. Successful programs also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families.[9,10]

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2008

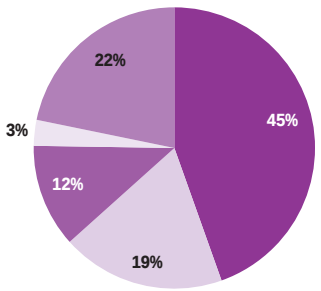
By Age of Juvenile

14%	Ages 13 or Younger
35%	Ages 14 and 15
50%	Ages 16 and 17
1%	Over Age 17



By Race and Ethnicity of Juvenile

45%	White
19%	Black
12%	Hispanic
3%	Asian
22%	Other/Unknown



n=8,790 offenses

By Type of Offense

28%	Property Crimes	5%	Traffic Offenses
19%	Disorderly Conduct	4%	Violent Crimes
17%	Status Offenses*	3%	Weapons Offenses
10%	Simple Assault	5%	Other**
8%	Alcohol and Drug Offenses		

n=8,790

**Status offenses are age-related acts that would not be punishable if the offender were an adult, such as truancy and disobedient conduct.*
***Other includes offenses such as conspiracy, crank/obscene phone calls and computer crimes.*
Probation violations, contempt of court and other violations are not included in the offenses above.

Source: Rhode Island Family Court, *2008 Juvenile Offense Report*. Percentages may not sum to 100% due to rounding.

Alternatives to Incarceration for Juvenile Offenders in Rhode Island

◆ Juvenile courts have a wide range of options for handling juvenile offenders, including: restitution, community service, home curfews, academic supports, counseling, substance abuse treatment and probation.[11] In 2008 in Rhode Island, 22% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.[12]

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2008, 2,229 juveniles were referred by schools in Rhode Island to the Truancy Court and 232 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.[13] Juveniles referred to the Drug Court undergo a six- to twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.[14]

◆ There are 30 Juvenile Hearing Boards in Rhode Island that serve 32 communities. Three of the existing Juvenile Hearing Boards were not active in 2007 (Providence, Exeter and Central Falls) and seven communities in Rhode Island did not have Juvenile Hearing Boards (Jamestown, Little Compton, New Shoreham, North Providence, Richmond, South Kingston 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 community service, restitution and counseling. A total of 804 cases were heard before Juvenile Hearing Boards in 2007.[15]

◆ Using effective community-based programming for preventing or treating the behavior of delinquent and violent youth costs significantly less than incarceration and has been shown in repeated studies to be more effective than incarceration at reducing recidivism.[16]

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 handled in juvenile systems for equivalent offenses. Counseling, therapeutic services, job training and educational services form the basis of rehabilitation in youth correctional environments. Youth placed in adult correctional facilities are less likely to receive appropriate services.[17,18]

◆ Behavioral research shows that most youth offenders will stop breaking the law as part of the normal maturation process and that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Research also shows that judgment and decision-making skills do not fully develop until the early 20s.[19,20]

◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Rhode Island Attorney General may request that the Family Court Judge waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver of jurisdiction is mandatory for juveniles age 17 or older who are charged with murder, first degree sexual assault or assault with intent to commit murder.[21]

◆ In 2008, the Attorney General's Office filed 28 motions to waive jurisdiction to try juveniles as adults (7 mandatory and 21 discretionary waivers). Nine were waived voluntarily, nine were waived after a hearing, three were withdrawn, two were dismissed, one was denied by the Chief Judge and three waivers were of unknown type. As of January 2009, three motions from 2008 were pending before the Family Court.[22]

◆ A juvenile in Rhode Island may also be "certified" allowing the Family Court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period time in which to accomplish rehabilitation. There were two discretionary certifications in 2008.[23] 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.[24]

References

[1] Wasserman, G. A., Keenan, K., Tremblay, R. E., Coie, J. D., Herrenkohl, T. I., Loeber, R. & Petechuk, D. (2003). Risk and protective factors of child delinquency. *Child Delinquency Bulletin Series.* (NCJ Publication No. 193409.). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

[2] Rhode Island Family Court. (n.d.). *Judiciary of Rhode Island, Rhode Island Family Court home page.* Retrieved February 3, 2008, from www.courts.ri.gov/family/defaultfamily.htm

[3] Rhode Island Family Court. (n.d.). *Rhode Island Truancy Court-Overview.* (n.d.). Retrieved February 3, 2008 from www.courts.ri.gov/truancycourt/overview.htm

[4,6,7] Rhode Island Family Court. *2007 Juvenile offense report.* (2008). Providence, RI: Rhode Island Family Court.

[5] U.S. Bureau of the Census, 2007 Population Estimates. Table SC-EST2006-AGESEX_RES.

[8,9,16,17,19] *A road map for juvenile justice reform: 2008 KIDS COUNT essay summary.* (2008). Baltimore, MD: Annie E. Casey Foundation.

(continued on page 158j

Juveniles at the Training School

DEFINITION

Juveniles at the Training School is the number of juveniles age 21 or under who were in the care and custody of the Rhode Island Training School at any time during 2008, including youth in community placements while in the care and custody of the Training School.

SIGNIFICANCE

The juvenile justice system has three primary obligations: to identify and respond to the needs of the young people in its care; to protect youth from legal jeopardy; and to maintain public safety.[1] Early antisocial behavior, cognitive impairment, inadequate parenting skills, child maltreatment, exposure to violence, association with other high-risk youth, poor academic performance, and poverty increase risk for involvement with the juvenile justice system.[2,3] Youth at risk often come to the attention of public schools, social service agencies and child welfare systems, presenting opportunities to prevent juvenile justice system involvement.

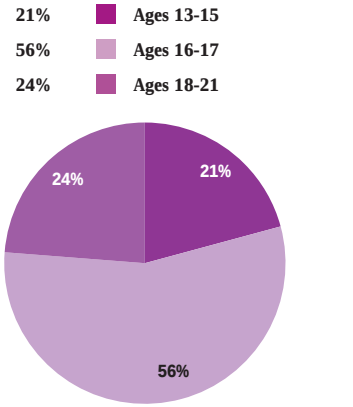
Violent crimes among youth in the U.S. have declined over the last 15 years. In 2005 and 2006, there was a slight increase nationally in arrests of juveniles for violent crimes, while juvenile arrests for property crimes continued to decline.[4,5] Nationally, less than one-quarter of adjudicated youth were incarcerated for violent felonies. Most are incarcerated for non-violent drug and property offenses or violations of court orders/probation.[6,7]

Juvenile justice systems have a range of options for monitoring and rehabilitating juvenile offenders in addition to incarceration, including: electronic monitoring, day/evening reporting centers, skills training programs, community-based therapy for youth and families and substance abuse treatment.[8] Alternatives to incarcerating youth have been shown to be more successful in preventing recidivism and more cost-effective than incarceration. Programs that are community-based, intensive, sustained, and involve the families of the youth in individualized treatment programs are the most successful.[9,10,11]

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School for Youth, the state's residential detention facility for adjudicated youth and youth awaiting trial in detention. A total of 1,084 youth (81% male and 19% female) were in the care and custody of the Training School at some point during 2008. On January 1, 2009, there were 305 youth in the care and custody of the Training School, 159 of whom were physically at the Training School.[12]

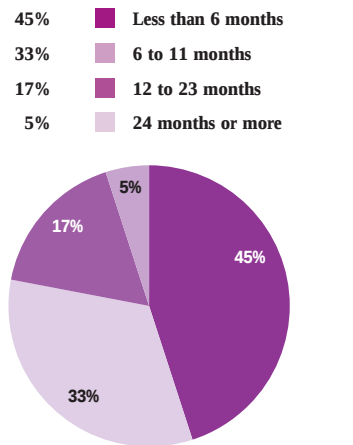
Adjudicated Juveniles, Rhode Island Training School for Youth on January 1, 2009

By Age



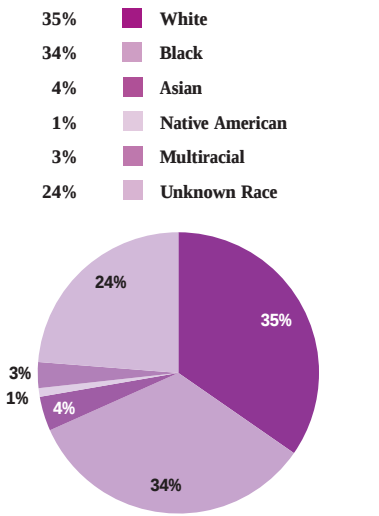
n=305

By Length of Time in Custody



n=305

By Race*



n=305

**On January 1, 2009, 89 adjudicated youth (29%) adjudicated to the Rhode Island Training School were identified as Hispanic. Hispanic youth may be of any race.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, January 1, 2009. Percentages may not sum to 100% due to rounding.

Highest Level Current Charge of Youth Incarcerated at the Training School, January 2008

CHARGE	# BOYS	% BOYS	# GIRLS	% GIRLS
Crimes against property	24	22%	1	8%
Felony assault	20	18%	2	15%
Violation of probation	20	18%	0	0%
Illegal substance-related crime	13	12%	2	15%
Simple assault	7	6%	3	23%
Obstruction, resist, escape	6	5%	1	8%
Possession of a weapon	6	5%	3	23%
Sex crime	4	4%	0	0%
Traffic: Driving w/out a license, DUI	2	2%	1	8%
Unknown charge	8	7%	0	0%
Total Youth	110	100%	13	100%

Source: Rhode Island Department of Children, Youth and Families, week of January 14, 2008. Data were gathered for the 110 boys adjudicated to the RITS and the 13 girls in residence at the RITS (9 adjudicated and 4 detained).

Disproportionate Minority Representation in Juvenile Justice Systems

◆ At every point in juvenile justice systems, minority youth (both males and females) are more likely to receive harsher treatment. Disproportionate minority representation has been shown not to be the result of higher rates of offending by youth of color. Minority youth are more likely than White youth to be detained, formally charged in juvenile court, placed in a secure facility (and less likely to receive probation), more likely to be waived to adult court and more likely to be incarcerated as an adult once waived to the adult system. In addition, a national review of more than 150 studies has shown that racial bias plays a definite part in the overrepresentation of minority youth in juvenile justice systems.[13,14,15]

◆ In particular, it has been clearly documented that Black youth in the United States receive different and harsher treatment than White youth for similar offenses, accumulating disadvantage at each step of the juvenile justice process. Black youth made up 16% of the U.S. youth population between 2002 and 2004, but comprised 28% of juvenile arrests, 30% of adjudicated youth, 35% of youth waived to adult court and 58% of youth admitted to state adult prisons. National data on Hispanic youth in juvenile justice systems show that they also face disproportionate representation but the data are less clear in part because of poor record keeping on ethnicity in many jurisdictions.[16]

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ More than two-fifths (42%) of the 305 adjudicated youth in the care and custody of the Training School on January 1, 2009 had at some point in their childhood been victims of documented child abuse or neglect.[17]

◆ Nationally, youth in child welfare systems who enter group homes are 2.5 times more likely than youth with similar backgrounds who are served in foster care homes to enter the juvenile justice system.[18]

Behavioral Health Needs

◆ In 2008, all youth adjudicated to the Training School received counseling services as part of their service plans, and 156 youth received mental health services for psychiatric diagnoses other than conduct disorders and substance abuse disorders.[19] During 2008, 54 males participated in the residential substance abuse treatment program at the Training School, designed specifically for youth offenders.[20] Half of youth at the Training School during the week of January 10, 2008 were receiving outpatient substance abuse treatment.[21]

Teen Pregnancy and Parenting

◆ Two of 13 adjudicated or detained females at the Training School during the week of January 10, 2008 were pregnant. Nine of the 110 adjudicated males at the Training School during this period reported already being a parent and two reported being an expectant parent.[22]

Educational Attainment

◆ Of the 96 students at the Training School on January 15, 2008 with school records, 12 (13%) had failed all classes before entering the Training School.[23] The average pre-test scores for both reading and math skills for students at the Training School were at fifth grade levels and the average post-test scores were sixth grade. Approximately half of the students at the Training School receive special education services.[24]

◆ During the 2007-2008 school year, 78 adjudicated youth graduated from high school while serving a sentence at the Training School. Fifty-eight of these students graduated with a GED and 20 graduated with a high school diploma.[25]

Juveniles at the Training School

Girls in the Juvenile Justice System

◆ Girls in the juvenile justice system enter with different personal and offense histories and needs than their male peers. Girls are less likely than boys to commit violent offenses. The majority of offenses committed by girls are property crimes and status offenses (age-related acts that would not be punishable if the offender were an adult, such as truancy). Girls are disproportionately arrested for running away from home. Girls in the juvenile justice system are very likely to have histories of physical and sexual abuse and exposure to violence. As a result, they may have a higher prevalence of self-abusive behaviors, mental health issues (like depression and post-traumatic stress disorder), substance use and suicide attempts, requiring support services tailored to their needs.[26,27]

Alternatives to Juvenile Detention and Incarceration

◆ The Rhode Island Training School is an important resource for the rehabilitation of youth who commit serious offenses and who pose a danger to themselves or the community. For youth who do not pose a danger to themselves or others, expanding Rhode Island's capacity to provide effective community-based alternatives to detention and incarceration is essential.

◆ The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting public safety are key elements of juvenile justice systems. National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.[28,29]

◆ Key components of successful community-based programs to prevent juvenile recidivism include intensive family therapy and an acknowledgment of the critical roles that families, homes and communities play in resolving delinquency. Successful programs also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families, including academic and job skills assistance, substance use and mental health treatment and supports.[30,31]

◆ Peer influences are often a significant factor in the development of antisocial behavior. Placing delinquent youth together (such as in a Training School) may reduce positive program impacts and may even lead to negative outcomes.[32]

Probation for Rhode Island Youth

◆ The Juvenile Correctional Services Division of DCYF includes the Rhode Island Training School for Youth 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.[33]

◆ On December 29, 2008, there were 1,259 youth on the DCYF probation caseload. One-quarter (24%) of youth on probation were ages 11-15, 50% were ages 16-17 and 26% were ages 18-21. Almost half (45%) of youth on probation were White, 26% were Black, 2% were Asian, 3% were more than one race and 23% were of unknown race. More than one-quarter (27%) of youth were identified as Hispanic. Hispanic youth may be of any race.[34]

Prevention of Recidivism among Delinquent Youth

◆ Of the 1,084 youth who were at the Training School at some point during 2008, 25% (258) had been admitted previously. One-quarter (64) of the youth previously admitted had been at the Training School three or more times.[35]

◆ Early identification and interventions for youth at risk of chronic delinquency, and immediate, evidence-based interventions involving the youth and his or her family in counseling and other treatment are effective in reducing chronic delinquency.[36,37]

◆ Programs that offer transition services for post-incarceration reintegration into the community are important for reducing recidivism as well. For serious, repeat and violent juvenile offenders, the quality and intensity of rehabilitative services is particularly critical, since most youth will eventually return to their communities. Successful models for rehabilitation of chronically delinquent youth include addressing multiple needs at once, family involvement, counseling, interpersonal skills training, substance abuse treatment, intensive academic programs, and vocational skills training.[38,39,40]

Cap on the Number of Youth at the Rhode Island Training School

◆ In 2008, the Rhode Island General Assembly instituted a cap on the Rhode Island Training School detained and adjudicated populations. This cap of 148 males and 12 females can be achieved either by reducing the number of admissions or by reducing the length of stay.[41]

◆ In 2007, 73% of admissions to detention at the Rhode Island Training School resulted in stays of seven days or less. Of these short admissions, 24% led to adjudication to the Training School or Temporary Community Placements (TCP), while the remainder resulted in release.[42]

◆ Of youth discharged from the Training School in calendar year 2008 (including both adjudicated and detained youth), 84% were there for six months or less, 9% for six months to a year, 6% for one to two years, and 2% for two or more years. Three of the 15 youth in detention on January 1, 2009 had been there for more than 10 months while waiting for waivers to the adult system.[43]

Table 24. **Youth at the Rhode Island Training School, 2008**

CITY/TOWN	TOTAL POPULATION AGES 13-21	NUMBER OF YOUTH
Barrington	2,009	11
Bristol	3,525	3
Burrillville	2,067	7
Central Falls	2,625	48
Charlestown	755	4
Coventry	3,688	16
Cranston	8,499	50
Cumberland	3,325	28
East Greenwich	1,397	1
East Providence	5,092	36
Exeter	730	1
Foster	512	3
Glocester	1,251	3
Hopkinton	912	7
Jamestown	536	1
Johnston	2,624	10
Lincoln	2,260	11
Little Compton	351	0
Middletown	1,647	13
Narragansett	2,798	3
New Shoreham	70	0
Newport	3,755	32
North Kingstown	2,773	11
North Providence	3,045	18
North Smithfield	1,073	6
Pawtucket	8,298	113
Portsmouth	1,723	9
Providence	33,871	388
Richmond	783	1
Scituate	1,155	2
Smithfield	3,890	6
South Kingstown	6,532	8
Tiverton	1,523	7
Warren	1,208	8
Warwick	8,863	38
West Greenwich	599	0
West Warwick	3,177	36
Westerly	2,414	19
Woonsocket	5,034	79
Out of State	*NA*	*45*
Unknown	*NA*	*2*
Core Cities	*56,760*	*696*
Remainder of State	*79,629*	*294*
Rhode Island	*136,389*	*1,037*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2008.

Training School data are for 1,084 youth who were in the care and custody of the Rhode Island Training School during calendar year 2008 (including youth from out-of-state, those with unknown addresses and those in temporary community placements).

There is no statutory lower age limit for sentencing, however adjudicated children under the age of 13 typically do not serve sentences at the Training School.

An "out-of-state" designation is given to youth whose parent(s) have an address on file that is outside of Rhode Island or to a youth who lives in another state, but commits a crime in Rhode Island and is sentenced to serve time at the Training School.

Total Population Ages 13-21 data are from the U.S. Census Bureau, 2000.

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(continued on page 158)

Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children reported by parents serving sentences at the Rhode Island Department of Corrections as of September 30, 2008 per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison.

SIGNIFICANCE

Approximately 1.7 million children in the U.S. have a parent incarcerated in state or federal prison, and a quarter of minor children with a parent in prison are under age five.[1] Having an incarcerated parent can negatively impact the quality of a young child's attachment to their parent, which can lead to anxiety, withdrawal, hyper-vigilance, and depression.[2]

As a result of parental incarceration, children may face disruptions in their homes, temporary caregivers or placements in foster care, financial hardship and an increased risk of child abuse and neglect.[3] Compared to other children, children of incarcerated parents are at greater risk for poor academic achievement, impaired emotional and behavioral development, depression, criminal behavior and incarceration.[4,5,6]

Nationally, most children of incarcerated parents live with their other parent (84%), a grandparent (15%), or other relatives (6%).[7] Grandparents and other relative caregivers often experience significant economic hardship. They may not receive the support or services that they need or are entitled to because they do not know that they are eligible, they wish to avoid the stigma attached to receiving assistance, they have been erroneously denied benefits or because they do not wish to expose their family to scrutiny by public agencies.[8]

Children who are involved with the child welfare system and have parents who have been involved with the criminal justice system are the most complex cases child welfare agencies encounter. These children are generally exposed to more risk factors than other children, including parental substance abuse, mental illness, domestic violence and extreme poverty.[9]

In Rhode Island in 2008, two-thirds of incarcerated parents with a known in-state residence identified one of the core cities as their last place of residence. The rate of children of incarcerated parents in the core cities (20.7 per 1,000 children) is nearly four times the rate in the remainder of the state (5.5 per 1,000 children).[10]

Parents at the Rhode Island Adult Correctional Institutions, 2008

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	545	385	71%	881
Serving a Sentence	2,449	1,618	66%	3,474
Total Inmates	2,994	2,003	67%	4,355

Source: Rhode Island Department of Corrections, September 30, 2008. **Does not include inmates who were missing responses to the question on number of children.*

◆ **Of the 2,994 inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2008 and answered the question on number of children, 2,003 inmates reported having 4,355 children. The median length of sentence of inmates who reported having children was three and a half years for males and one year for females.[11]**

◆ **Of the 2,003 Rhode Island parents incarcerated in 2008, including those awaiting trial, 47% were White, 30% were Black, 21% were Hispanic, and 1% were Native American, Asian or another race.[12]**

◆ **Of the 119 sentenced mothers, 48% were serving a sentence for a nonviolent offense, 25% for a drug offense, 20% had committed a violent offense, 5% were serving sentences for breaking and entering, and 1% for sex-related offenses. Of the 1,499 sentenced fathers, 39% were serving sentences for violent offenses, 21% for drug offenses, 16% for nonviolent offenses, 14% for sex-related offenses, and 9% for breaking and entering.[13]**

◆ **For most incarcerated parents, a supportive family, education and training, stable housing, employment assistance, medical assistance, and substance abuse treatment contribute to the well-being of their children and a successful transition to the community upon re-entry.[14]**

◆ **Maintaining positive and healthy familial bonds between children and their incarcerated parents is crucial to the children's emotional well-being because it can reduce the negative effects children experience as a result of the parent's absence. Preservation of this bond can also have positive effects on the rehabilitation of incarcerated parents.[15]**

Table 25.

Children of Incarcerated Parents, Rhode Island, September 30, 2008

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	4	10	4,745	2.1
Bristol	9	25	4,399	5.7
Burrillville	11	21	4,043	5.2
Central Falls	55	113	5,531	20.4
Charlestown	7	10	1,712	5.8
Coventry	20	39	8,389	4.6
Cranston	70	139	17,098	8.1
Cumberland	14	32	7,690	4.2
East Greenwich	11	32	3,564	9.0
East Providence	36	77	10,546	7.3
Exeter	4	10	1,589	6.3
Foster	3	4	1,105	3.6
Glocester	3	3	2,664	1.1
Hopkinton	6	17	2,011	8.5
Jamestown	2	5	1,238	4.0
Johnston	27	60	5,906	10.2
Lincoln	5	9	5,157	1.7
Little Compton	0	0	780	0.0
Middletown	6	8	4,328	1.8
Narragansett	10	20	2,833	7.1
New Shoreham	2	4	185	21.6
Newport	40	89	5,199	17.1
North Kingstown	10	24	6,848	3.5
North Providence	22	41	5,936	6.9
North Smithfield	4	6	2,379	2.5
Pawtucket	105	205	18,151	11.3
Portsmouth	1	3	4,329	0.7
Providence	530	1,187	45,277	26.2
Richmond	4	6	2,014	3.0
Scituate	5	9	2,635	3.4
Smithfield	7	11	4,019	2.7
South Kingstown	14	30	6,284	4.8
Tiverton	3	4	3,367	1.2
Warren	8	18	2,454	7.3
Warwick	66	121	18,780	6.4
West Greenwich	2	4	1,444	2.8
West Warwick	43	82	6,632	12.4
Westerly	21	48	5,406	8.9
Woonsocket	88	227	11,155	20.3
Unknown Residence	*255*	*537*	*NA*	*NA*
*Out-of-State Residence***	*85*	*184*	*NA*	*NA*
Core Cities	*861*	*1,903*	*91,945*	*20.7*
Remainder of State	*417*	*850*	*155,877*	*5.5*
Rhode Island	*1,278*	*2,753*	*247,822*	*11.1*

Note to Table

Due to a change in methodology, Children of Incarcerated Parents in this Factbook cannot be compared to Factbooks prior to 2007. Previous Factbooks reported data as of December 31st. The data are now reported as of September 30th. The Children of Incarcerated Parents rate is based upon the sentenced population only. Prior to the 2006 Factbook, the rate was based on both the sentenced and awaiting trial populations.

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2008. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

*Data on the number of children are self-reported by the incarcerated parents and may include some children over age 18. Nationally and in Rhode Island, much of the existing research has relied upon self-reporting by incarcerated parents or caregivers.

**Data on Out-of-State Residence includes inmates who are under jurisdiction in Rhode Island, but report an out-of-state address. Inmates who were from another state's jurisdiction, but serving time in Rhode Island are not included in the Rhode Island, core cities or remainder of state rates.

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

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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 in 2007. Domestic violence is the use of physical force, or threat of force, against a current or former partner in an intimate relationship, resulting in fear and emotional and/or physical suffering.

SIGNIFICANCE

Millions of children are at risk of being exposed to domestic violence each year.[1] National studies indicate that 80% to 90% of children in homes where there is domestic violence are aware of the abuse.[2] In Rhode Island in 2007, police reports indicate that children were present in 29% of domestic violence incidents resulting in arrests.[3]

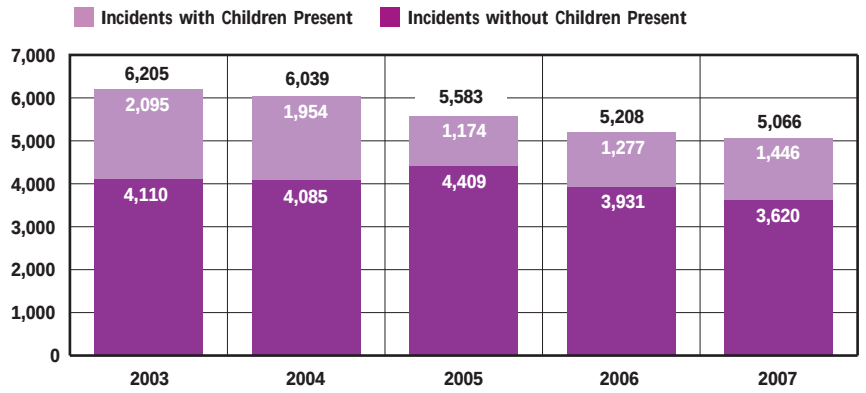
Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their parent's emotional and physical injuries or damage done to their homes.[4] Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect than those who are not. Child maltreatment and domestic violence occur in an estimated 30% to 60% of families where there is some form of family violence. It is more likely that children are abused in families in which the violence against the mother is more frequent.[5]

Exposure to violence in the home can affect brain development and impairs cognitive, academic and social functioning. Children who witness domestic violence are more likely to face some combination of social, emotional, health, and learning problems. They are more prone to depression, anxiety, fear, phobias, sleep disruption, low self-esteem and concentration and memory problems.[6,7,8]

Effective interventions for children who have witnessed domestic violence depend on collaborative working relationships among child protective services caseworkers and community organizations, including domestic violence agencies, police departments, physical and mental health care providers, early childhood programs, schools, and faith groups.[9]

Witnessing inter-parental violence increases the likelihood that individuals will perpetrate (particularly men) or be the victims of violence during dating and marriage.[10] Men and women who grow up in violent homes are at increased risk for depression, other trauma-related symptoms, and for using and abusing alcohol and other drugs.[11,12]

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2003-2007



Source: Rhode Island Supreme Court Domestic Violence Training Unit, 2003-2007. Includes domestic violence reports resulting in an arrest from local police and Rhode Island State Police. Data for 2007 are provisional.

◆ In 2007, there were 5,066 domestic violence incidents that resulted in arrests. Children were present in 29% (1,446) of these incidents. Police officers reported that children saw their parent being abused in 1,239 incidents, and children heard their parent being abused in 1,357 incidents resulting in arrests. These incidents were not mutually exclusive.[13]

◆ In 2007, children were present in 224 of the 1,982 (11%) domestic violence incidents reported by police officers that did not result in an arrest.[14]

◆ The data under-represent domestic violence incidents in Rhode Island because many cases of domestic violence are never reported to police. In the U.S. between 1998 and 2002, it is estimated that 59% of family violence incidents were reported to police.[15]

Children and Domestic Violence in Rhode Island

◆ **Between 2003 and 2007, the total number of domestic violence incidents resulting in an arrest decreased from 6,205 to 5,066. The percentage of such incidents with children present also declined from 34% in 2003 to 29% in 2007.[16]**

◆ **Rhode Island police officers use special reporting forms to document children's exposure to violence. The attending officer may check any combination of three boxes: "Were children present during the incident?" "Did children witness the incident?" and "Did children hear the incident?"[17]**

◆ **Rhode Island's statewide network of six shelters and advocacy programs provides services to victims of domestic violence, including shelter, advocacy, counseling and education. During 2008, 329 women and 367 children spent a total of 21,414 bed nights in a domestic violence shelter. Rhode Island's domestic violence agencies provided services including therapy, individual counseling, expressive arts therapy and child care to 661 children. The shelters also conduct school-based domestic violence prevention programs.[18]**

◆ **The data under-represent the number of domestic violence incidents in which children were present, regardless of whether an arrest was made, because police reports are not fully completed in all cases.[19]**

Table 26. **Domestic Violence Incidents Resulting in Arrest with Children Present, Rhode Island, 2007**

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	39	9	23%
Bristol	86	20	23%
Burrillville	55	17	31%
Central Falls	161	56	35%
Charlestown	26	5	19%
Coventry	155	54	35%
Cranston	338	91	27%
Cumberland	94	31	33%
East Greenwich	34	6	18%
East Providence	190	72	38%
Exeter*	NA	NA	NA
Foster	15	1	7%
Glocester	19	0	0%
Hopkinton	46	14	30%
Jamestown	12	5	42%
Johnston	127	26	20%
Lincoln	48	14	29%
Little Compton	9	5	56%
Middletown	92	25	27%
Narragansett	68	8	12%
New Shoreham	2	0	0%
Newport	140	22	16%
North Kingstown	110	33	30%
North Providence	180	41	23%
North Smithfield	37	6	16%
Pawtucket	410	89	22%
Portsmouth	83	25	30%
Providence	822	282	34%
Richmond	20	9	45%
Scituate	24	9	38%
Smithfield	82	22	27%
South Kingstown	74	21	28%
Tiverton	98	16	16%
Warren	71	22	31%
Warwick	321	104	32%
West Greenwich	20	0	0%
West Warwick	325	86	26%
Westerly	122	37	30%
Woonsocket	416	131	31%
Rhode Island State Police	*95*	*32*	*34%*
Core Cities	*2,274*	*666*	*29%*
Remainder of State	*2,697*	*748*	*28%*
Rhode Island	*5,066*	*1,446*	*29%*

Source of Data for Table/Methodology

The number of domestic violence incident reports in which an arrest was made and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms sent by Rhode Island law enforcement to the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2007 and December 31, 2007. Data for 2007 are provisional.

The data are only the incidents during which an arrest was made in which children were present, and do not represent the total number of children who experienced domestic violence in their homes. More than one child may have been present at an incident.

*Reports of domestic violence in Exeter are included in the Rhode Island State Police numbers.

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

References

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Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total unduplicated number of victims of child abuse and neglect per 1,000 children. Child abuse includes physical, sexual and emotional abuse. Child neglect includes emotional, educational, physical and medical neglect, as well as a failure to provide for basic needs.

SIGNIFICANCE

Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Children are at increased risk for maltreatment if their parents or caregivers are overwhelmed by multiple problems such as inadequate income, family stressors, isolation from extended family or friends, drug and/or alcohol abuse, or depression.[1] Child maltreatment can lead to low academic achievement, juvenile delinquency, substance abuse, behavioral, emotional and mental health problems, teenage pregnancy, adult criminality and increased likelihood of becoming an adult victim of physical or sexual abuse.[2,3]

Responding to reports of child abuse and neglect and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and more cost-effective.

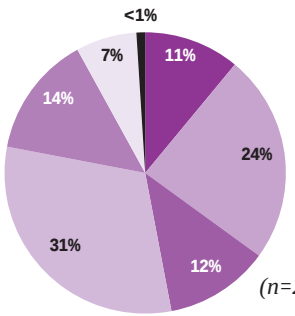
In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department of Children, Youth and Families (DCYF). When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home when the families are willing to work with community providers. In both of these cases, DCYF makes referrals to regional Family Community Care Partner (FCCP) agencies. They work with the family to identify appropriate services and resources, including natural supports.[4]

In 2008 in Rhode Island, there were 1,913 indicated investigations of child abuse and neglect involving 2,743 children. The child abuse and neglect rate per 1,000 children under age 18 was more than two times higher in the core cities (17.0 victims per 1,000 children) compared to the remainder of the state (7.0 victims per 1,000 children). Almost half (47%) of the victims of child abuse and neglect in 2008 were young children under age six and more than one-third (35%) were ages three and younger.[5]

Child Abuse and Neglect, Rhode Island, 2008

By Age of Victim*

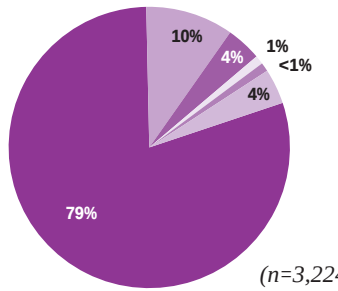
11% (312)	Under Age 1
24% (654)	Ages 1 to 3
12% (326)	Ages 4 to 5
31% (859)	Ages 6 to 11
14% (390)	Ages 12 to 15
7% (200)	Ages 16 and Older
<1% (2)	Unknown



*(n=2,743)**

By Type of Neglect/Abuse**

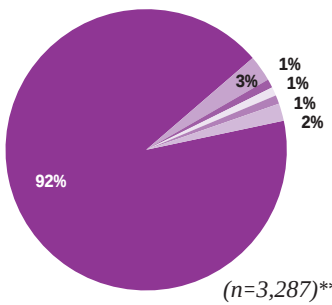
79%	Neglect
10%	Physical Abuse
4%	Sexual Abuse
1%	Medical Neglect
<1%	Emotional Abuse
4%	Other



*(n=3,224)***

By Relationship of Perpetrator to Victims***

92%	Parents
3%	Relatives/Household Members
1%	Child Care Providers
1%	Foster Parents
1%	Residential Facility Staff
2%	Other or Unknown



*(n=3,287)****

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008. Percentages may not sum to 100% due to rounding.

Notes on Pie Charts

** These data reflect an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.*

***This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, the number of child victims is unduplicated.*

****Perpetrators can abuse more than one child and can abuse a child more than once. This number is a duplicated count of perpetrators based on their number of victims. Under Rhode Island law, Child Protective Services can only investigate alleged perpetrators who are legally defined as caretakers to the victim(s), except in situations of child sexual abuse by another child.*

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 1999-2008

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
1999	13,519	58% (7,882)	2,628
2000	13,580	56% (7,635)	2,234
2001	13,804	54% (7,479)	2,261
2002	14,545	50% (7,254)	2,209
2003	13,651	50% (6,847)	2,126
2004	13,341	52% (6,890)	2,095
2005	13,144	55% (7,188)	2,260
2006	14,957	59% (8,841)	2,862
2007	13,542	54% (7,363)	2,396
2008	12,204	51% (6,214)	1,913

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008.

** One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded or unable to complete (as when an essential party cannot be found).*

◆ **The percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 59% in 2006 to 51% in 2008. The number of unduplicated child maltreatment reports to the CPS Hotline was also lower in 2008 than at any point in the past decade.[6] In 2008, there were 1,913 indicated investigations based on child maltreatment investigations, 31% of completed investigations. The percentage of completed investigations that were indicated has remained fairly stable over the past decade.[7] An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.[8]**

◆ **Of the 12,204 maltreatment reports in 2008, 5,019 were classified as "information/referrals" (formerly "early warnings").[9] Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is a legal caretaker or is living in the home, there is reasonable cause to believe that abuse or neglect circumstances exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. When essential criteria for investigation are not present, the report may lead to a referral to other services or to the information being passed on to a DCYF case-worker (if the family is active with DCYF).[10]**

Rhode Island Child Deaths Due to Child Abuse and/or Neglect**

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
1999	3	2004	3
2000	3	2005	4
2001	5	2006	0
2002	1	2007	0
2003	4	2008	0
Total 1999-2003	*16*	*Total 2004-2008*	*7*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 1999-2008.

***Based on Rhode Island Department of Children, Youth and Families determination of death due to child abuse or neglect by parent or caretaker.*

◆ **Between 1999 and 2008, 23 children died as a result of injuries due to abuse by a parent or caretaker.[11] During 2007, there were 32 children hospitalized with the diagnosis of child abuse or neglect, the same as in 2006, compared with 34 in 2005, 22 in 2004 and 28 in 2003.[12]**

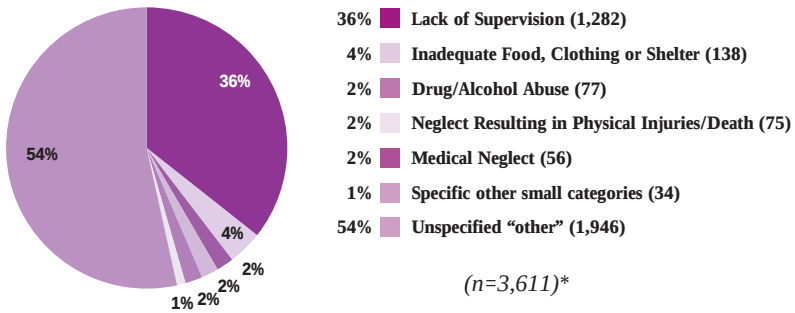
Child Abuse and Neglect in Rhode Island Communities

◆ **Many parents at risk of child abuse and neglect lack essential parenting skills and are struggling with a combination of social and economic issues. These families benefit from access to community-based, comprehensive services that are able to respond flexibly to their needs.[13] Preventing the occurrence and recurrence of child abuse and neglect requires family support systems such as evidence-based home visiting programs, access to high quality child care, parenting education, vocational training, and counseling and treatment for substance abuse and mental health problems.[14,15,16]**

◆ **In 2008, the six core cities had the highest rates of child victims of abuse and neglect per 1,000 children out of all Rhode Island communities. Warren (18.3) and Johnston (13.0) also had child abuse and neglect rates higher than that of the state as a whole (10.7). Child abuse and neglect rates in the core cities ranged from a low of 14.4 per 1,000 children in Providence to a high of 28.2 per 1,000 children in Woonsocket.[17]**

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2008



*(n=3,611)**

◆ **The importance of adequate capacity, affordability and quality of child care, preschool, other early childhood programs, and quality after-school opportunities is highlighted by the fact that of the 3,611 indicated allegations (confirmed claims) of neglect in Rhode Island in 2008, 36% involved lack of supervision.**

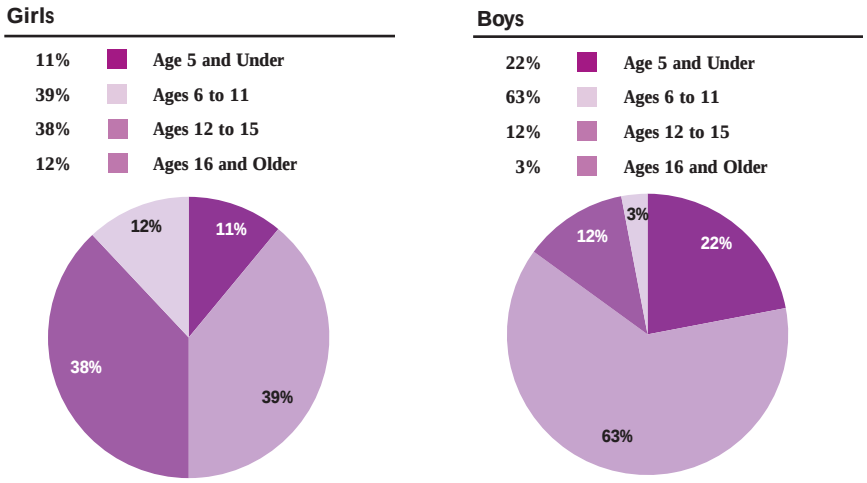
◆ **The single largest category of neglect (54%) is "unspecified other." These are instances of neglect that do not fit into the other specified categories.**

◆ **The "specific other small categories" include: abandonment (10), educational neglect (8), failure to thrive (7), excessive/inappropriate discipline (5), tying or confinement (5), and emotional neglect (2).**

** The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008. Percentages may not sum to 100% due to rounding.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2008



(n=134) *(n=59)*

◆ **In Rhode Island in 2008, there were 194 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once. In 69% (134) of the 194 indicated allegations of sexual abuse, the victim was a female. Half (50%) of the female victims were under age 12 while 85% of the male victims were under age 12.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2008. Percentages may not sum to 100% due to rounding. Note: Total victims equals 194 as one victim had no gender reported.

Table 27. **Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2008**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD ABUSE/NEGLECT	VICTIMS PER 1,000 CHILDREN
Barrington	4,745	5	1.1	8	1.7
Bristol	4,399	15	3.4	19	4.3
Burrillville	4,043	25	6.2	32	7.9
Central Falls	5,531	83	15.0	103	18.6
Charlestown	1,712	9	5.3	11	6.4
Coventry	8,389	43	5.1	42	5.0
Cranston	17,098	131	7.7	172	10.1
Cumberland	7,690	24	3.1	24	3.1
East Greenwich	3,564	14	3.9	13	3.6
East Providence	10,546	59	5.6	75	7.1
Exeter	1,589	10	6.3	12	7.6
Foster	1,105	4	3.6	6	5.4
Glocester	2,664	6	2.3	7	2.6
Hopkinton	2,011	17	8.5	13	6.5
Jamestown	1,238	4	3.2	6	4.8
Johnston	5,906	54	9.1	77	13.0
Lincoln	5,157	23	4.5	34	6.6
Little Compton	780	4	5.1	3	3.8
Middletown	4,328	24	5.5	38	8.8
Narragansett	2,833	16	5.6	18	6.4
New Shoreham	185	2	10.8	1	5.4
Newport	5,199	58	11.2	91	17.5
North Kingstown	6,848	31	4.5	51	7.4
North Providence	5,936	36	6.1	60	10.1
North Smithfield	2,379	10	4.2	19	8.0
Pawtucket	18,151	234	12.9	303	16.7
Portsmouth	4,329	4	0.9	7	1.6
Providence	45,277	452	10.0	650	14.4
Richmond	2,014	9	4.5	17	8.4
Scituate	2,635	6	2.3	6	2.3
Smithfield	4,019	20	5.0	14	3.5
South Kingstown	6,284	35	5.6	56	8.9
Tiverton	3,367	14	4.2	28	8.3
Warren	2,454	33	13.4	45	18.3
Warwick	18,780	92	4.9	116	6.2
West Greenwich	1,444	6	4.2	8	5.5
West Warwick	6,632	66	10.0	102	15.4
Westerly	5,406	38	7.0	48	8.9
Woonsocket	11,155	197	17.7	315	28.2
Unknown	*NA*	*0*	*NA*	*4*	*NA*
Core Cities	*91,945*	*1,090*	*11.9*	*1,564*	*17.0*
Remainder of State	*155,877*	*823*	*5.3*	*1,086*	*7.0*
Rhode Island	*247,822*	*1,913*	*7.7*	*2,650*	*10.7*

Note to Table

Data can not be compared to previous Factbooks. The denominator is the number of children under age 18 according to the US Bureau of the Census, Census 2000 and the numerator is an unduplicated count of child victims. Previous Factbooks used children under 21 as the denominator and the indicated investigations as the numerator to calculate the rate of indicated investigations per 1,000 children. In 2008, Rhode Island lowered the eligibility age for entry into DCYF services to under age 18, although some children remain eligible for services after their 18th birthday.

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), calendar year 2008.

Victims of child abuse/neglect are unduplicated counts of victims with substantiated allegations of child abuse and/or neglect.

An indicated investigation is an investigated report of child abuse and/or neglect for which a preponderance of evidence exists that child abuse and/or neglect occurred. An indicated investigation can involve more than one child and multiple allegations. City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the city/town table includes fewer indicated investigations than the chart with reports/investigations and indicated cases.

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

References

[1,2,16] Horton, C. (n.d.). *Protective factors literature review: Early care and education programs and the prevention of child abuse and neglect.* Washington, DC: Center for the Study of Social Policy.

[3] Office of Justice Programs. (2004). *Violence against women: Identifying risk factors.* Washington, DC: U.S. Department of Justice.

[4,8,10] Rhode Island Department of Children, Youth and Families, Child Protective Services, 2008 & 2009.

[5,6,7,9,11,17] Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2008.

(continued on page 159)

Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanent placement. Out-of-home placements include foster homes (relative, non-relative and private agency foster homes), placements with step parents, group homes, shelter care, residential treatment facilities, and medical facilities. Permanent placement includes reunification with the family, adoption or guardianship.

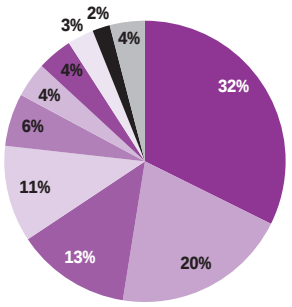
SIGNIFICANCE

Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for a child's safety and well-being; however, it is disruptive and can compromise a child's developmental progress.[1] Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment that provides for their well-being. Permanency planning efforts should begin as soon as the child enters the child welfare system. *The Adoption and Safe Families Act* of 1997 requires states to monitor progress on a specific set of outcomes and indicators related to children's safety, permanency and well-being.[2]

Rhode Island children in out-of-home care frequently experience multiple placements, lose contact with family members, and often have overlooked educational, physical, and mental health needs.[3] Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.[4,5] Long-term stays in out-of-home placements can cause emotional, behavioral or educational problems that adversely affect their future well-being and self-sufficiency.[6,7] Many children in foster care drop out of school, change schools multiple times and require remedial services. A full array of supports and services are needed to ensure that all youth maximize their potential, and are prepared for higher education and work.[8]

Research shows disparate treatment of children of color as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their children removed and placed in foster care. Once in foster care, children of color are more likely than non-Hispanic White children to remain in placement for longer periods of time and to receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments.[9]

Children in Out-of Home Placement, December 31, 2008



n= 2,654

32%	(840)	Foster Care Home (non-relative, private agency)
20%	(540)	Foster Care Home (relative)
13%	(344)	Residential Facility
11%	(301)	Group Home
6%	(162)	Rhode Island Training School for Youth
4%	(113)	Independent Living/Supervised Apartment
4%	(106)	Relatives Caring for Children*
3%	(83)	DCYF Shelter Care
2%	(66)	Psychiatric or Medical Hospital/Substance Abuse Facility
4%	(99)	Other**

** Relatives caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives did not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, the relative caring for the child initiated contact with DCYF to receive assistance from the agency.*

***The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (81), pre-adoptive homes (7), minors with mother in shelter/group home/residential facility (8), step parents (2) and trial home visit (1).*

◆ **As of December 31, 2008, there were 2,654 children under age 21 in the care of DCYF who were in out-of-home placements, a 20% decrease since 2006 (3,311).**

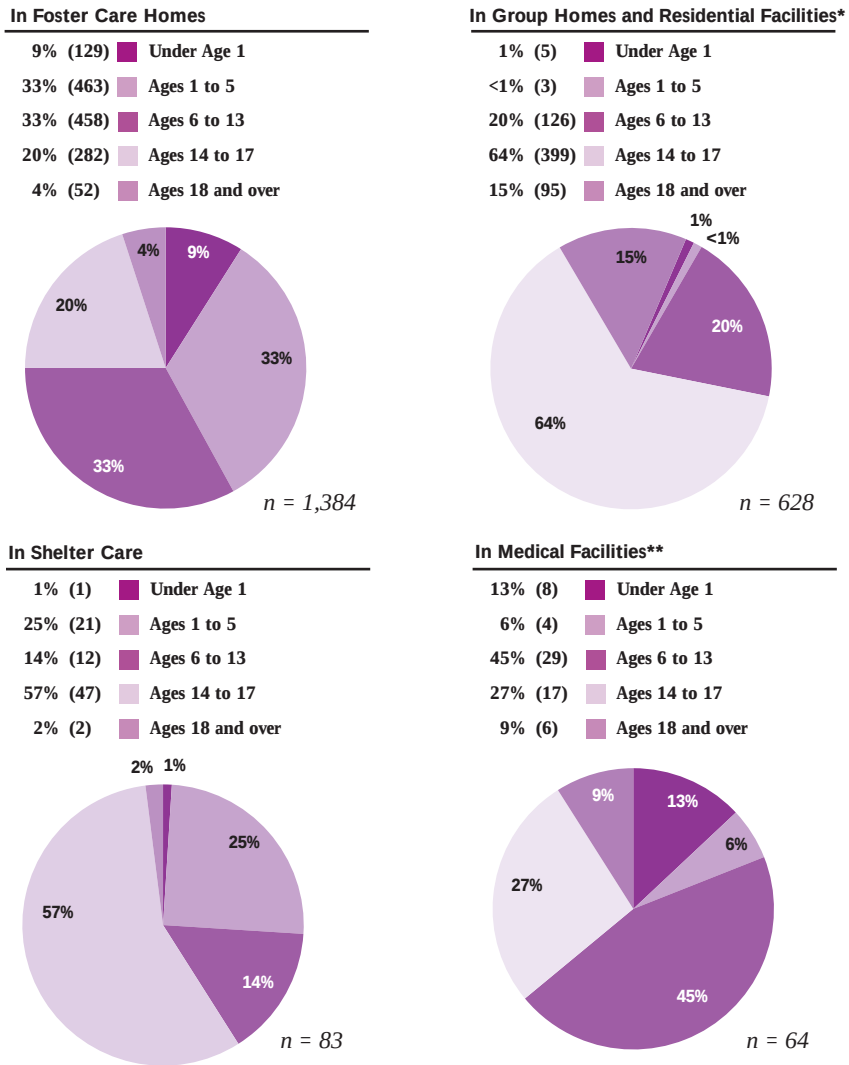
◆ **The total caseload of DCYF on December 31, 2008 was 8,203, including 2,824 children living in their homes under DCYF supervision and 2,729 children living in adoption placements. This is a 13% decrease in the DCYF caseload since 2006 (9,414).**

◆ **The total DCYF caseload also includes 33 children in out-of-state placements/other agency custody; eight children receiving respite care services; 11 youth in a prison other than the Rhode Island Training School; and eight children in other placements.**

◆ **On December 31, 2008, 113 Rhode Island youth were in an independent living arrangement or supervised apartment setting, a decline of 44% from 203 youth in 2006. Just over half (64) of the 113 youth in independent living arrangements were ages 18 and older. Older youth often transition into adulthood while still in care.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2006 - 2008.

Children and Youth in Out-of-Home Placement, by Type of Setting and Age, Rhode Island, January 2009



*Residential facilities do not include psychiatric hospitals, medical hospitals, or the Rhode Island Training School.
**Medical facilities include medical hospitals (18), psychiatric hospitals (42) and substance abuse treatment facilities (4).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 5, 2009. Percentages may not sum to 100% due to rounding. Data do not match table on previous page due to different report dates.

Safety, Permanency and Well-Being

Placement Stability

◆ **In Federal Fiscal Year (FFY) 2008, 16.9% of the 1,733 children who had been in out-of-home care for less than one year had experienced three or more placements, up from 13.4% in FFY 2004. The national standard is 13.3%. Three or more placements were experienced by 36% of the 990 children who were in care between 12 and 24 months, compared to 37% in FFY 2004. Almost two-thirds (65%) of the 1,309 children who had been in care for 24 or more months experienced three or more placements (compared with 68% in FFY 2004).[10]**

Recurrence of Abuse While in Foster Care

◆ **Of the 1,466 Rhode Island children who were victims of abuse or neglect during FFY 2008 (whether or not they were removed from the home), 9.6% experienced one or more recurrences of abuse or neglect within six months, up from 7.8% in FFY 2004 but down from 13.3% in FFY 2007. The national standard is 6.1% or fewer.[11]**

Night-to-Night Placements

◆ **Night-to-night placements refer to the temporary nightly placement of children in the care of DCYF who are awaiting longer-term placements. In 2007 (excluding September and October) there were 163 children placed in night-to-night placements for a total of 179 bed nights. There were no night-to-night placements in 2008.[12]**

Shelter Care

◆ **The number of children in the care and custody of the state who were in shelter care decreased from 106 on December 31, 2007 to 83 on December 31, 2008. Of the 83 children in DCYF shelter care on January 5, 2009, 22 were young children under age six; 12 were ages six to 13; and 49 were ages 14 and older.[13]**

References

[1] Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31-47.

[2] Lutz, L. (2003). *Achieving Permanence for Children in the Child Welfare System: Pioneering Possibilities Amidst Daunting Challenges.* Retrieved March 3, 2009 from www.hunter.cuny.edu/socwork/nrcfcpp/downloads/achieving-permanence.pdf

[3] U.S. Department of Health and Human Services, Administration for Children and Families. (2004). *Final report: Rhode Island child and family services review.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

(continued on page 159)

Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF Care is the percentage of children in out-of-home care who transition to a permanent placement through reunification, adoption or guardianship. Data are for all children who were in out-of-home placement during Federal Fiscal Year 2008 (October 1, 2007 – September 30, 2008).

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements can negatively affect children's emotional well-being, identity formation and sense of belonging, impacting behavior, academic achievement, health and long term self-sufficiency.[1,2,3] One of the goals of the federal *Adoption and Safe Families Act* of 1997 (ASFA) was to ensure that children exit out-of-home placement to permanent placement, (i.e. reunification, adoption or guardianship) as quickly as possible without jeopardizing the children's safety. Effectiveness in achieving permanency must include the interrelated measures of how quickly permanency is achieved, the proportion of children for whom it is achieved, and the lasting success of the permanent placements.[4,5]

Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve. This includes older children, males, children with disabilities and minority children.[6,7,8] 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.[9,10,11]

Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, hunger, homelessness, unemployment, and poor health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.[12]

Part of permanency planning for all children and youth in care includes providing systemic, developmentally appropriate and continuous services that adequately prepare them for adulthood. Child welfare agencies can develop systems that ensure that they are making progress in achieving youth outcomes in the areas of employment, education, housing, life skills, personal and community engagement, personal and cultural identity, physical and mental health, and access to legal information and documents, including medical and educational histories.[13]

Exits from Foster Care*, Rhode Island, FFY 2008

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	17%	20%	1%
Guardianship	4%	2%	2%
Reunification	63%	56%	68%
Aged Out	10%	NA**	17%
Other	5%	23%	11%
Total Number	*1,521*	*517*	*661*

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2008 (Draft).* (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 & 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) 2008, 1,521 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 84% exited to a permanent placement (adoption, guardianship or reunification). Children with disabilities were somewhat more likely than other children to exit to adoption and less likely to exit to reunification with their biological family.[14]**

◆ **Success in reducing the duration of foster care placement must be measured in conjunction with rates of re-entry into the system (i.e., the failure rate of the permanent placement). In FFY 2008, 18% of children in Rhode Island who entered out-of-home placement were re-entering care within 12 months of a prior episode, down from 21% in FFY 2004. Despite this decrease, Rhode Island children re-enter care at more than twice the rate of the national standard (8.6%).[15]**

Reunification

◆ **The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in fewer than 12 months from the time of removal from the home decreased from 71% in FFY 2004 to 66% of children in FFY 2008. The national standard is 76% of reunifications occurring within 12 months of the child's removal.[16]**

◆ **The majority of child maltreatment cases involve neglect. The greatest contributors to neglect are poverty, parental substance abuse and/or mental illness. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, in-home services, parenting skills training, assistance in meeting basic needs, child care and specific strategies to decrease isolation and strengthen community supports.[17]**

Adoptions of Children in DCYF Care, 2008

◆ In calendar year 2008, 270 children in the care of DCYF were adopted in Rhode Island. Of these children, 60% were White, 20% were Black, 19% were of another race or were multiracial, and 1% were of unknown race. Twenty-six percent of children adopted in 2008 were Hispanic (belonging to any race category).[18]

◆ Of the children adopted, 62% were under age six, 30% were ages six to 13 and 8% were ages 14 to 17.[19]

Rhode Island Children Waiting to be Adopted, September 30, 2008

◆ On September 30, 2008, there were 458 Rhode Island children in the care of DCYF who were waiting to be adopted. Of these, 8% were under age one, 27% were ages one to five, 28% were ages six to 10, 32% were ages 11 to 15, 4% were ages 16 and older, and 2% were of unknown age.[20]

◆ Of all waiting children, 43% were White, non-Hispanic, 26% were Hispanic (of any race), 18% were Black, non-Hispanic, 8% were two or more races, 2% were Native American, 1% were Asian or Pacific Islander, and 2% were unknown.[21]

◆ Of the 458 children waiting to be adopted, 258 (56%) were children with parents whose parental rights had been legally terminated.[22]

◆ Over the past five years, the age breakdown of children waiting to be adopted has grown increasingly younger. In 2004, half (51%) of all children waiting to be adopted were under age 11 while in 2008, almost two-thirds (63%) of waiting children were under age 11.[23]

◆ The percentage of children in the Rhode Island child welfare system who were adopted within 24 months from the time of removal from their home decreased from 50% in FFY 2004 to 38% in FFY 2008, compared with 31% in FFY 2007. The national standard is 32% of adoptions occurring within 24 months of the child's removal.[24]

Rhode Island Youth Aging Out of Foster Care, FFYs 1999-2008

YEAR	# WHO AGED OUT	YEAR	# WHO AGED OUT
FFY 1999	43	FFY 2004	82
FFY 2000	82	FFY 2005	103
FFY 2001	77	FFY 2006	119
FFY 2002	62	FFY 2007	145
FFY 2003	85	FFY 2008	157
Total FFY 1999-2003	*349*	*Total FFY 2004-2008*	*606*

Source: Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual reports for FFY 1999-2008. 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.

◆ In Rhode Island between FFY 1999 and FFY 2003, 349 youth aged out of foster care never having gained permanent placements through reunification, adoption or guardianship. This number increased by 74% to 606 for the period between FFY 2004 and FFY 2008.[25]

◆ Since 2004, between 65% and 77% of youth who aged out of foster care in Rhode Island were older than age 12 at entry into care.[26] In FFY 2008, 157 Rhode Island youth exited out-of-home placement to emancipation. Of these youth, 73% (115) were older than age 12 at entry into care.[27]

◆ As of July 1, 2007, youth in Rhode Island age out of the foster care system at 18 years old, a change from age 21 in previous years. Youth with serious emotional disturbances, autism or a functional developmental disability will continue to have their cases managed by DCYF and remain legally entitled to services through age 21.[28]

◆ Youth who age out on their 18th birthday are entitled to health insurance coverage through RIte Care until their 21st birthday and may be eligible for education assistance. Some youth between the ages of 18 and 21 are enrolled in a voluntary aftercare service network that provides limited case management support and a stipend for housing and other living expenses.[29]

References

[1,16] Haskins, R., Wulczyn, F. & Webb, M. B. (2007). Using high-quality research to improve child protection practice: An overview. In R. Haskins, F. Wulczyn & M. B. Webb (Eds.), *Child protection: Using research to improve policy and practice.* (Chapter 1, 1-33). Washington, DC: The Brookings Institution.

[2,9] Mallon, G. P. & Leashore, B. R. (2002). Preface to contemporary issues in permanency planning. *Child Welfare,* 81(2), 91-99.

(continued on page 159)

Education

There is no frigate like a book

by Emily Dickinson

There is no frigate like a book
To take us lands away
Nor any coursers like a page
Of prancing poetry-
This traverse may the poorest take
Without oppress of toll-
How frugal is the chariot
That bears the human soul.

Children Enrolled in Early Intervention

DEFINITION

Children enrolled in Early Intervention is the percentage of children under age three who had an active Individual Family Service Plan through a Rhode Island Early Intervention provider during 2008.

SIGNIFICANCE

During the first few years of life, children develop the linguistic, cognitive, emotional, social and behavioral capabilities that are the foundation for subsequent development.[1] The *Individuals with Disabilities Education Act (IDEA) Part C* requires states to identify and provide appropriate early intervention services to children under age three who are developmentally delayed or have a diagnosed physical or mental condition that is associated with a developmental delay. States may choose to serve children who are at risk of experiencing a substantial delay if early intervention services are not provided, but few states choose to provide services to these children.[2]

Rhode Island's eligibility criteria for Early Intervention (EI) include children with a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) and children exhibiting or who have been professionally determined to have a developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Children also may be eligible for Rhode Island Early Intervention through a "multiple established conditions" category, which includes children with a history of biological issues that could negatively impact the developing nervous system and/or early life experiences that indicate a high probability for atypical or delayed development.[3]

Young children with disabilities and/or developmental delays who receive EI services are better prepared for school and later life.[4] Poverty is linked to disabilities and developmental delays; children living below the federal poverty level have higher participation rates in EI than higher-income children.[5]

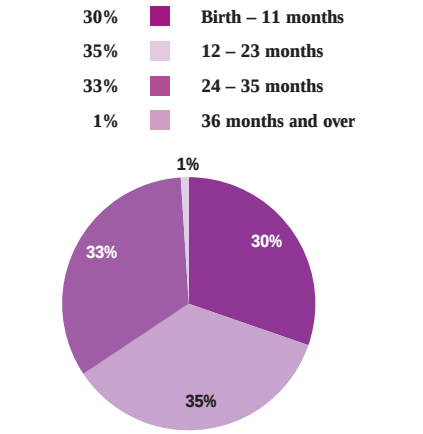
% of Children Receiving Early Intervention Services, 2007

	Under Age 1	Under Age 3
RI	2.3%	4.6%
US	1.1%	2.5%
National Rank*	*5th*	*4th*
New England Rank**	*2nd*	*2nd*

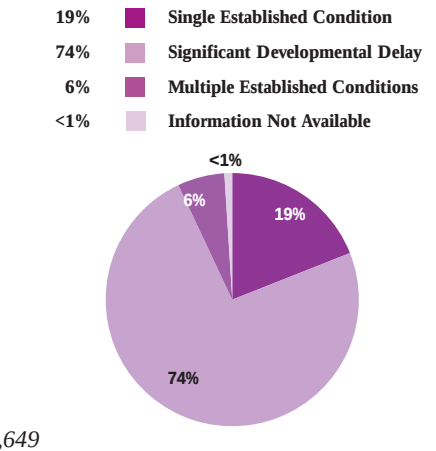
**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: IDEA Infant and Toddler Coordinator Association. (2007). *IDEA Part C Percentage of all children (including at risk) under the age of one/under the age of three receiving services.* Retrieved February 11, 2009 from www.ideainfanttoddler.org (Note: Data are point-in-time for December 1, 2007).

Early Intervention Enrollment, By Age, Rhode Island, 2008



Early Intervention Enrollment, By Eligibility, Rhode Island, 2008



n = 3,649

Source: Rhode Island Department of Human Services, Center for Child and Family Health, 2008.

◆ **In 2008 in Rhode Island, 3,649 children received Early Intervention (EI) services, 10% of the 37,775 Rhode Island children under age three. Children in the core cities participated in EI at a slightly higher rate (10%) than children in the remainder of the state (9%).[7] Sixty-three percent of the EI population was male and 37% was female.[8]**

◆ **In 2008 in Rhode Island, 971 children were discharged from EI upon reaching age three. Of these children, 66% were eligible for preschool special education, 17% were not eligible for preschool special education, and 11% did not have eligibility determined when exiting. An additional 5% moved out of state, were unreachable, or were withdrawn by a parent or guardian.[9]**

◆ **Federal legislation requires states to refer children who have been involved in a substantiated case of child abuse or neglect and children who have been affected by parental substance abuse to Early Intervention for an eligibility assessment.[10] In 2008, out of 646 children under age three in the care of DCYF, 314 (49%) were referred to EI programs and 217 (33%) children were already receiving EI services.[11]**

◆ **National research indicates that approximately one-third to one-half of maltreated infants and toddlers exhibit developmental delays that would make them eligible for EI.[12]**

Table 28. **Infants and Toddlers Enrolled in Early Intervention (EI), by Eligibility Type, Rhode Island, 2008**

CITY/TOWN	# OF CHILDREN UNDER AGE 3*	SINGLE ESTABLISHED CONDITION	DEVELOP-MENTAL DELAY	MULTIPLE ESTABLISHED CONDITIONS	ELIGIBILITY INFORMATION NOT AVAILABLE	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED
Barrington	**570**	**7**	**48**	**1**	**0**	**56**	**10%**
Bristol	**655**	**11**	**59**	**3**	**0**	**73**	**11%**
Burrillville	**509**	**3**	**32**	**2**	**0**	**37**	**7%**
Central Falls	**990**	**16**	**65**	**3**	**0**	**84**	**8%**
Charlestown	**289**	**6**	**14**	**2**	**1**	**23**	**8%**
Coventry	**1,243**	**39**	**100**	**6**	**0**	**145**	**12%**
Cranston	**2,455**	**44**	**175**	**19**	**4**	**242**	**10%**
Cumberland	**1,136**	**18**	**91**	**1**	**1**	**111**	**10%**
East Greenwich	**384**	**6**	**34**	**5**	**0**	**45**	**12%**
East Providence	**1,552**	**25**	**105**	**8**	**0**	**138**	**9%**
Exeter	**187**	**2**	**13**	**0**	**0**	**15**	**8%**
Foster	**113**	**0**	**13**	**0**	**0**	**13**	**12%**
Glocester	**335**	**0**	**14**	**0**	**0**	**14**	**4%**
Hopkinton	**282**	**6**	**27**	**3**	**0**	**36**	**13%**
Jamestown	**132**	**6**	**4**	**0**	**0**	**10**	**8%**
Johnston	**893**	**15**	**50**	**4**	**0**	**69**	**8%**
Lincoln	**662**	**12**	**44**	**3**	**1**	**60**	**9%**
Little Compton	**107**	**3**	**7**	**0**	**0**	**10**	**9%**
Middletown	**700**	**12**	**36**	**5**	**0**	**53**	**8%**
Narragansett	**403**	**7**	**22**	**2**	**0**	**31**	**8%**
New Shoreham	**35**	**1**	**3**	**0**	**0**	**4**	**11%**
Newport	**941**	**13**	**57**	**5**	**0**	**75**	**8%**
North Kingstown	**1,034**	**23**	**87**	**9**	**1**	**120**	**12%**
North Providence	**885**	**10**	**30**	**2**	**0**	**42**	**5%**
North Smithfield	**337**	**4**	**35**	**1**	**0**	**40**	**12%**
Pawtucket	**2,957**	**65**	**223**	**21**	**2**	**311**	**11%**
Portsmouth	**583**	**11**	**35**	**4**	**0**	**50**	**9%**
Providence	**7,642**	**153**	**543**	**78**	**5**	**779**	**10%**
Richmond	**321**	**0**	**8**	**0**	**0**	**8**	**2%**
Scituate	**371**	**5**	**25**	**1**	**0**	**31**	**8%**
Smithfield	**499**	**4**	**22**	**0**	**2**	**28**	**6%**
South Kingstown	**868**	**16**	**56**	**5**	**0**	**77**	**9%**
Tiverton	**461**	**9**	**23**	**1**	**0**	**33**	**7%**
Warren	**355**	**5**	**22**	**1**	**0**	**28**	**8%**
Warwick	**2,714**	**47**	**201**	**16**	**0**	**264**	**10%**
West Greenwich	**192**	**0**	**18**	**0**	**0**	**18**	**9%**
West Warwick	**1,136**	**26**	**98**	**8**	**0**	**132**	**12%**
Westerly	**827**	**11**	**53**	**3**	**0**	**67**	**8%**
Woonsocket	**2,020**	**34**	**218**	**12**	**0**	**264**	**13%**
Unknown	***NA***	***3***	***8***	***2***	***0***	***13***	***NA***
Core Cities	***15,686***	***307***	***1,204***	***127***	***7***	***1,645***	***10%***
Remainder of State	***22,089***	***368***	***1,506***	***107***	***10***	***1,991***	***9%***
Rhode Island	***37,775***	***678***	***2,718***	***236***	***17***	***3,649***	***10%***

**Population under age 3 is based on Census 2000 and may not reflect increases or decreases in population.*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, Center for Child and Family Health, Early Intervention enrollment, calendar year 2008.

The denominator is the number of children under age three, according to Census 2000, Summary File 1.

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

References

[1] Shonkoff, J. P. & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press.

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[7] U.S. Census Bureau, Census 2000, Summary File 1.

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[11] Rhode Island Department of Children, Youth and Families, 2008.

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Children Enrolled in Early Head Start

DEFINITION

Children enrolled in Early Head Start is the percentage of eligible children enrolled in a Rhode Island Early Head Start program as of October 2008.

SIGNIFICANCE

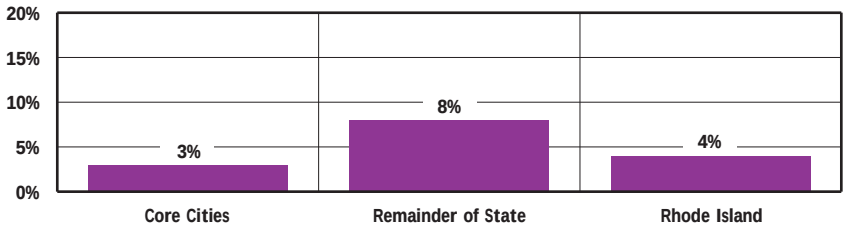
Established in 1994, Early Head Start is a comprehensive early childhood program serving low-income children birth to age three, pregnant women, and their families. Early Head Start programs serve children in families with incomes below 130% of the federal poverty guidelines, which for a family of three is $23,803.[1,2,3] Funded almost entirely by the federal government, Early Head Start is designed to provide high-quality early care and education and comprehensive services to infants and toddlers, to promote healthy birth outcomes for pregnant women, and to foster the development of healthy family relationships.[4]

Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy and individualized pregnancy plans are developed to support prenatal health, the promotion of healthy behaviors and preparation for the baby's arrival.[5] After the baby is born, families participate by enrolling in either a center-based program or a home-based program. Home-based programs use weekly home visits to support child development. Center-based programs provide enrollment for children in center-based early care and education programs and twice yearly home visits.[6] In Rhode Island in 2008, there were 381 federally-funded Early Head Start slots. Of these slots, 46% were center-based and 54% were home-based.[7]

The *National Evaluation of Early Head Start* showed that the program produced significant cognitive and language development gains in participating children and more positive interaction with their parents. Early Head Start parents provided more emotional support and greater opportunities for language and learning to their children than a comparable group of parents not participating in Early Head Start. Early Head Start mothers also have fewer subsequent births within two years of enrollment and are more likely to participate in education and job-training activities.[8]

As of October 2008, 385 infants and toddlers were receiving Early Head Start services in Rhode Island, approximately 4% of the estimated eligible population. In addition, there were 33 pregnant women receiving Early Head Start services designed to improve birth outcomes and early childhood development.[9]

Access to Early Head Start, Rhode Island, 2008



Source: Rhode Island Early Head Start program data compiled by Rhode Island KIDS COUNT, 2008

◆ **In 2008 in Rhode Island, federal funding for Early Head Start enables services to be provided to approximately 4% of income-eligible children ages birth to three and their families.[10]**

◆ **Just over half of the child population that is income-eligible for Early Head Start resides in the core cities of Rhode Island, yet only 3% of these eligible children have access. There are five Early Head Start providers in Rhode Island serving 207 children in the core cities of Central Falls, Newport, Providence, and West Warwick and 177 children in the remainder of the state. There are no Early Head Start services available to children in the core cities of Pawtucket and Woonsocket.[11]**

Early Head Start and Teen Parents

◆ **Nationally, approximately one-third of the children enrolled in Early Head Start programs have a parent who is a teenager.[12]**

◆ **Children born to teen parents are more likely to have birth complications, experience child abuse and neglect, and have behavior problems. They are also less likely to have the necessary skills and knowledge needed to succeed when they enter school.[13]**

◆ **The national Early Head Start evaluation demonstrated that the program has a positive effect on the social-emotional development of children of teen parents and the supportiveness of teen parents. It also increases teen parents' participation in educational activities.[14]**

Children Enrolled in Early Head Start

Table 29. **Children Ages Birth to 3 Enrolled in Early Head Start, Rhode Island, 2008**

CITY/TOWN	# OF CHILDREN UNDER AGE 3	ESTIMATED # OF CHILDREN ELIGIBLE FOR EARLY HEAD START*	# OF CHILDREN ENROLLED IN EARLY HEAD START	% of ESTIMATED ELIGIBLE CHILDREN ENROLLED IN EARLY HEAD START
Barrington	567	13	0	0%
Bristol	582	66	3	5%
Burrillville	525	70	8	11%
Central Falls	933	526	50	9%
Charlestown	266	36	0	0%
Coventry	1,268	112	15	13%
Cranston	2,499	276	18	7%
Cumberland	1,232	102	0	0%
East Greenwich	378	33	0	0%
East Providence	1,563	274	17	6%
Exeter	160	44	0	0%
Foster	126	0	0	NA
Glocester	261	16	2	13%
Hopkinton	240	46	0	0%
Jamestown	153	0	0	NA
Johnston	951	111	10	9%
Lincoln	654	43	0	0%
Little Compton	111	5	0	0%
Middletown	685	83	14	17%
Narragansett	346	27	0	0%
New Shoreham	32	2	0	0%
Newport	996	439	56	13%
North Kingstown	1,010	135	0	0%
North Providence	893	157	9	6%
North Smithfield	368	28	1	4%
Pawtucket	2,765	1,021	1	<1%
Portsmouth	622	33	3	9%
Providence	7,397	3,819	52	1%
Richmond	348	16	0	0%
Scituate	451	17	0	0%
Smithfield	499	10	3	29%
South Kingstown	807	41	0	0%
Tiverton	522	29	4	14%
Warren	329	43	6	14%
Warwick	2,741	260	64	25%
West Greenwich	175	11	0	0%
West Warwick	1,146	386	48	12%
Westerly	824	146	0	0%
Woonsocket	2,041	890	0	0%
Homeless	*NA*	*NA*	*1*	*NA*
Core Cities	*15,278*	*7,080*	*207*	*3%*
Remainder of State	*22,188*	*2,285*	*177*	*8%*
Rhode Island	*37,466*	*9,365*	*385*	*4%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2008. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated Early Head Start eligible population was adjusted in the 2009 Factbook to reflect increased income eligibility guidelines passed as part of the *Improving Head Start for School Readiness Act* of 2007. The estimated number of Early Head Start eligible children is calculated by multiplying the number of children under age three in each community by the percentage of children under age five living in families with incomes below 130% of the poverty level in that community, according to Census 2000, Summary File 3. These rates cannot be compared with rates in previous Factbooks.

*These are estimates of the eligible population and do not take into account other children who are eligible for Early Head Start services (e.g., children in homeless families) or changes in child population and poverty rates since 2000. Also, Early Head Start regulations allow 10% of enrolled children to be in families with incomes over the threshold.

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

References

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[3] U.S. Department of Health and Human Services. (2009). HHS poverty guidelines. *Federal Register,* 74(14), 4199-4200.

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(continued on page 159)

Infant and Preschool Child Care

DEFINITION

Infant and preschool child care is the number of regulated child care slots per 100 children under age six estimated to be in need of care. Regulated child care slots include licensed child care center slots and licensed family child care home slots.

SIGNIFICANCE

Child care enables parents to work and, when high quality, supports the development of important school-readiness skills. Research indicates that high-quality child care and early-learning programs for infants, toddlers and preschoolers has long-lasting positive effects on how children learn, develop, cope with stress, and handle their emotions.[1]

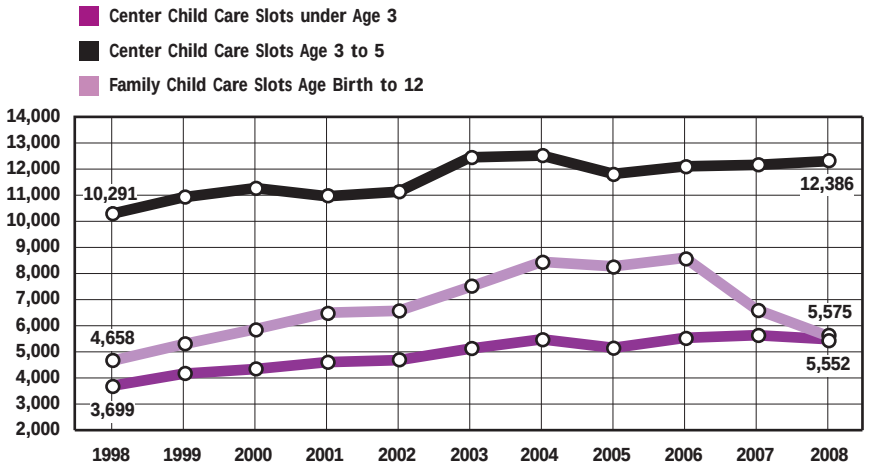
Early and extensive enrollment in child care is common in the United States and is a basic need for many working families in Rhode Island. In 2007, 70% (51,215) of Rhode Island children under age six had all parents in the workforce, higher than the U.S. rate of 62%.[2] National data indicate that, on average, preschoolers with an employed mother spend 28 hours per week in non-parental care, compared to 18 hours per week for children with mothers not in the workforce.[3]

The availability of stable child care is critical for Rhode Island's economy. When parents have difficulty finding and keeping child care, they miss work more frequently and are more likely to leave their jobs.[4] Access to affordable, quality child care plays a pivotal role in supporting maternal employment and economic self-sufficiency. On average, women with children earn lower hourly wages than women without children. In contrast, having children has a positive or no impact on men's wages. Research shows that greater use of child care during the early childhood years is associated with higher hourly wages for mothers and more hours of maternal employment in the long term, indicating that child care support can improve women's career trajectories.[5]

In 1997 Rhode Island passed legislation known as *Starting Right* to improve low-income families' access to affordable quality child care. With the passage of *Starting Right*, Rhode Island experienced significant growth in the availability of regulated child care. Rhode Island families receiving child care subsidies are significantly more likely to choose licensed and certified care rather than non-certified care.[6]

Researchers have found that unregulated child care is often low quality.[7] When the availability of child care is sufficient to meet demand and child care subsidies are accessible and tied to market rates, families have more options and can make enrollment decisions based on the quality of the care.

Infant and Preschool Child Care Capacity, Rhode Island, 1998 - 2008



Source: Options for Working Parents, slots in licensed child care centers and certified family child care homes 1997-2006. Rhode Island Department of Children, Youth and Families, slots in licensed child care centers and certified family child care homes, 2007-2008.

◆ In 2008 in Rhode Island, there were 23,513 slots for children under age six in licensed child care centers and certified family child care homes, down from peak high of 26,243 in 2006 and up from 18,648 in 1998.[8]

◆ Since 1998 the number of licensed child care center slots for infants and toddlers (children under age three) in Rhode Island has increased fairly steadily, growing 50%, from 3,699 to 5,552.[9]

◆ The number of licensed child care center slots for preschoolers (children ages three to five) has grown more slowly. Since 1998, there has been a 20% increase in the number of licensed slots for preschoolers.[10]

◆ The number of certified family child care slots nearly doubled between 1998 and 2006. In 2007 and 2008, there were marked reductions in the number of certified family child care slots in Rhode Island, dropping by over 3,000 slots in two years, from 8,601 to 5,575.[11]

Table 30.

Child Care for Children under Age 6, Rhode Island, 2008

CITY/TOWN	# OF CHILD CARE CENTER SLOTS < AGE 3	# OF CHILD CARE CENTER SLOTS AGES 3-5	# OF CERTIFIED FAMILY CHILD CARE HOME SLOTS*	TOTAL REGULATED CHILD CARE SLOTS FOR CHILDREN < AGE 6	POTENTIAL CHILDREN < AGE 6 IN NEED OF REGULATED CHILD CARE	SLOTS PER 100 CHILDREN < AGE 6 IN NEED OF REGULATED CHILD CARE
Barrington	**102**	**170**	**28**	**300**	**386**	**78**
Bristol	**33**	**117**	**47**	**197**	**447**	**44**
Burrillville	**28**	**114**	**20**	**162**	**408**	**40**
Central Falls	**93**	**244**	**197**	**534**	**520**	**103**
Charlestown	**13**	**35**	**20**	**68**	**170**	**40**
Coventry	**80**	**197**	**112**	**389**	**962**	**40**
Cranston	**453**	**1,130**	**366**	**1,949**	**1,799**	**108**
Cumberland	**114**	**267**	**116**	**497**	**912**	**54**
East Greenwich	**283**	**466**	**14**	**763**	**277**	**275**
East Providence	**157**	**542**	**83**	**782**	**1,168**	**67**
Exeter	**28**	**60**	**8**	**96**	**189**	**51**
Foster	**29**	**40**	**0**	**69**	**107**	**64**
Glocester	**60**	**61**	**12**	**133**	**264**	**50**
Hopkinton	**0**	**0**	**32**	**32**	**283**	**11**
Jamestown	**31**	**33**	**8**	**72**	**83**	**87**
Johnston	**219**	**342**	**83**	**644**	**702**	**92**
Lincoln	**119**	**297**	**35**	**451**	**565**	**80**
Little Compton	**0**	**0**	**6**	**6**	**53**	**11**
Middletown	**168**	**389**	**32**	**589**	**463**	**127**
Narragansett	**24**	**40**	**0**	**64**	**228**	**28**
New Shoreham	**12**	**22**	**0**	**34**	**27**	**126**
Newport	**104**	**192**	**26**	**322**	**615**	**52**
North Kingstown	**178**	**339**	**36**	**553**	**805**	**69**
North Providence	**112**	**196**	**108**	**416**	**662**	**63**
North Smithfield	**0**	**79**	**50**	**129**	**285**	**45**
Pawtucket	**279**	**732**	**385**	**1,396**	**2,103**	**66**
Portsmouth	**90**	**132**	**12**	**234**	**411**	**57**
Providence	**920**	**2,078**	**3,268**	**6,266**	**4,002**	**157**
Richmond	**0**	**36**	**16**	**52**	**255**	**20**
Scituate	**12**	**44**	**28**	**84**	**288**	**29**
Smithfield	**227**	**472**	**26**	**725**	**400**	**181**
South Kingstown	**117**	**313**	**59**	**489**	**590**	**83**
Tiverton	**25**	**136**	**22**	**183**	**358**	**51**
Warren	**42**	**70**	**14**	**126**	**325**	**39**
Warwick	**783**	**1,522**	**139**	**2,444**	**2,119**	**115**
West Greenwich	**134**	**161**	**0**	**295**	**173**	**171**
West Warwick	**136**	**399**	**57**	**592**	**737**	**80**
Westerly	**134**	**300**	**0**	**434**	**644**	**67**
Woonsocket	**213**	**619**	**110**	**942**	**1,100**	**86**
Core Cities	***1,745***	***4,264***	***4,043***	***10,052***	***9,077***	***111***
Remainder of State	***3,807***	***8,122***	***1,532***	***13,461***	***16,808***	***80***
Rhode Island	***5,552***	***12,386***	***5,575***	***23,513***	***25,885***	***91***

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, number of licensed child care center slots for children under age 6 and number of certified family child care home slots, December 2008. *Family child care slots are for children birth to 12 years old.

The denominator is the Census 2000 number of children under age six with both parents in the workforce, multiplied by 56.5% (the percentage of employed mothers using non-relative care, according to the Census Bureau's Survey of Income and Program Participation, Spring 1999).

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

References

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[8,9,10,11] Options for Working Parents, slots in licensed child care centers and certified family child care homes 1997-2006. Rhode Island Department of Children, Youth and Families, slots in licensed child care centers and certified family child care homes, 2007-2008.

[12] U.S. Bureau of the Census, Survey of Income and Program Participation, Spring 2005. *Child care arrangements of preschoolers under 5 years old living with mother, by employment status of mother and selected characteristics.*

Accredited Early Care and Education

DEFINITION

Accredited early care and education is the percentage of private preschools, licensed child care centers and licensed family child care homes in Rhode Island that are nationally accredited. Child care centers and preschools are accredited by the National Association for the Education of Young Children (NAEYC). Family child care homes are accredited by the National Association for Family Child Care (NAFCC).

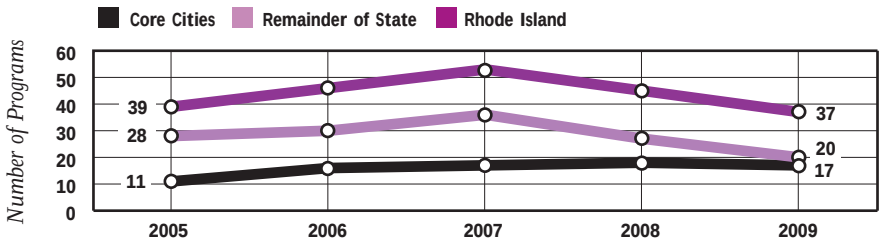
SIGNIFICANCE

Research on early care and education reveals strong associations between program quality and children's development of skills and well-being.[1] Children who receive high-quality early care and education score higher on tests of language and cognitive skills and demonstrate stronger social and emotional development than children who receive poor-quality care. The impact of program quality is stronger for children from low-income families.[2] Programs vary markedly in quality, ranging from rich, growth-promoting experiences to mediocre, custodial care.[3]

High-quality child care and early education is characterized by smaller numbers of children in a classroom or group, fewer children per adult, educated and experienced caregivers, nurturing and dependable relationships between staff and children, and safe and stimulating environments.[4] Researchers have consistently found that both the formal education levels of providers and specialized training in child development are associated with richer language and literacy environments, more positive staff-child interactions, more sensitive caregiving and improved child development and learning.[5,6] The relationship between provider education and the quality of care delivered has been found to be true in child care centers, family child care homes and informal care provided by family, friends and neighbors.[7]

National accreditation is a marker for high-quality early care and education and is a popular strategy for program improvement in both centers and family child care homes.[8,9] Many states use a tiered funding strategy to pay higher child care subsidy rates to programs that achieve measurable quality standards, including NAEYC or NAFCC accreditation, through a state Quality Rating and Improvement System. States with tiered financial incentives, specifically tiered reimbursement rates and/or annual bonuses, have seen an increase in the numbers of programs achieving quality benchmarks, including accreditation.[10] As of 2009, 29 states and the District of Columbia have differential child care subsidy reimbursement rates based on program quality.[11]

NAEYC Accredited Child Care Centers & Preschools, Rhode Island, 2005-2009



Source: National Association for the Education of Young Children, 2005-2009.

◆ **Between 2005 and 2009, the number of child care centers and preschools in Rhode Island that had achieved NAEYC accreditation climbed from 39 to 53 and then fell to 37.[12] During the same time period, the total number of programs remained fairly stable.[13]**

◆ **In 2006, NAEYC implemented new, more rigorous accreditation criteria and increased their application fees, which may have resulted in fewer Rhode Island programs renewing or applying for accreditation.[14] In 2007, Rhode Island's child care subsidy program was significantly cut, leading to fewer public dollars in the child care system, which negatively impacts the ability of programs serving low-income families to achieve and maintain high-quality care benchmarks.[15]**

Strategies to Improve the Quality of Child Care

◆ **Seventeen states have developed quality rating and improvement systems (QRIS) that systematically measure program quality, support and reward incremental quality improvements, and align investments to promote quality.[16] BrightStars, Rhode Island's new statewide QRIS for child care and early learning programs, was launched in January 2009 with voluntary quality ratings for child care centers and preschools.**

◆ **The quality of early learning programs is strongly related to the wages, education and retention of teachers. Expanding provider access to higher education and connecting education to improved compensation improves workforce quality and reduces turnover.[17]**

◆ **Improving child care licensing systems by making inspection and verified complaint data public is another effective strategy to improve quality.[18]**

Table 31. **Early Childhood Programs with NAEYC or NAFCC Accreditation, Rhode Island, 2009**

	CHILD CARE CENTERS AND PRESCHOOLS			FAMILY CHILD CARE HOMES		
CITY/TOWN	NUMBER	NAEYC ACCREDITED	% NAEYC ACCREDITED	NUMBER	NAFCC ACCREDITED	% NAFCC ACCREDITED
Barrington	11	0	0%	4	0	0%
Bristol	6	1	17%	8	0	0%
Burrillville	3	0	0%	3	0	0%
Central Falls	4	0	0%	30	0	0%
Charlestown	4	1	25%	3	0	0%
Coventry	7	1	14%	18	0	0%
Cranston	34	3	9%	54	1	2%
Cumberland	9	0	0%	17	0	0%
East Greenwich	11	0	0%	2	0	0%
East Providence	16	1	6%	12	0	0%
Exeter	2	0	0%	1	0	0%
Foster	2	0	0%	0	0	NA
Glocester	3	0	0%	2	0	0%
Hopkinton	2	1	50%	4	0	0%
Jamestown	1	1	100%	1	0	0%
Johnston	13	2	15%	11	0	0%
Lincoln	6	0	0%	6	0	0%
Little Compton	1	0	0%	1	0	0%
Middletown	11	0	0%	5	0	0%
Narragansett	2	0	0%	0	0	NA
New Shoreham	1	0	0%	0	0	NA
Newport	5	0	0%	3	0	0%
North Kingstown	12	1	8%	5	0	0%
North Providence	8	1	13%	17	0	0%
North Smithfield	1	1	100%	6	0	0%
Pawtucket	16	1	6%	61	0	0%
Portsmouth	7	0	0%	2	0	0%
Providence	49	10	20%	498	2	<1%
Richmond	2	0	0%	2	0	0%
Scituate	1	0	0%	4	0	0%
Smithfield	8	0	0%	4	0	0%
South Kingstown	10	2	20	8	0	0%
Tiverton	3	0	0%	3	0	0%
Warren	3	0	0%	2	1	50%
Warwick	31	3	10%	22	0	0%
West Greenwich	4	1	25%	0	0	NA
West Warwick	8	1	13%	9	0	0%
Westerly	7	0	0%	0	0	NA
Woonsocket	13	5	38%	17	0	0%
Core Cities	*95*	*17*	*18%*	*618*	*2*	*0%*
Remainder of State	*242*	*20*	*8%*	*227*	*2*	*1%*
Rhode Island	*337*	*37*	*11%*	*845*	*4*	*<1%*

Source of Data for Table/Methodology

Number of accredited programs is from the National Association for the Education of Young Children, January 2009 and National Association for Family Child Care, January 2009. Data on the number of child care centers, family child care homes, and preschools are from the Rhode Island Department of Children, Youth and Families, December 2008 and the Rhode Island Department of Elementary and Secondary Education, December 2008.

Programs that are not currently licensed or certified by the Rhode Island Department of Children, Youth and Families or approved as a preschool by the Rhode Island Department of Elementary and Secondary Education are not included in the table. Some public school classrooms have NAEYC accreditation, but they are not included in this table.

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

References

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(continued on page 159)

Children Enrolled in Head Start

DEFINITION

Children enrolled in Head Start is the percentage of eligible children enrolled in the Head Start preschool program in October 2008.

SIGNIFICANCE

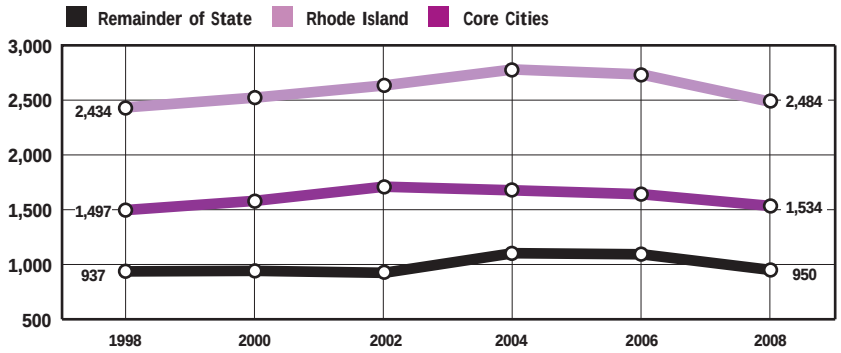
Head Start is a federally-funded comprehensive early childhood program for low-income preschool children and their families. It is designed to address a wide variety of needs during the two years before kindergarten so that low-income children can begin school on a more equal footing with their more economically advantaged peers.[1] Head Start programs deliver early education, medical and dental screenings and referrals, nutritional services, mental health services, parental involvement activities, and social service referrals for the whole family.[2]

Family income is strongly correlated with children's cognitive and social skills at school entry. On average, before kindergarten entry, children in the highest socio-economic group have cognitive test scores that are 60% higher than the scores of children in the lowest socio-economic group. Children in families with incomes below the federal poverty threshold are typically 18 months behind their peers at age four.[3]

Head Start centers are typically of higher quality than most other early care and education programs available to low-income parents.[4] Researchers have found that there are both short-term and long-term benefits for children who participate in Head Start, including improved literacy skills, reduced behavior problems, less grade retention, reduced special education enrollment and increased high school graduation rates.[5,6]

Annual federal Head Start funding has not kept pace with inflation since 2002, resulting in fewer children served across the country.[7,8] In December 2007, Head Start was reauthorized by the federal government with increased authorized funding levels and new rules designed to expand access, improve quality and strengthen collaboration among state early childhood programs. Eligibility for Head Start was adjusted to include children in families up to 130% of the federal poverty guidelines, with priority enrollment given to children in families living at or below 100% of the federal poverty guidelines.[9] Rhode Island supplements federal funding with state funds so that Head Start programs can serve more eligible children.[10]

Head Start Enrollment, Rhode Island, 1998 – 2008



Source: Rhode Island Head Start program data, compiled by Rhode Island KIDS COUNT, 1998 – 2008.

◆ **In October 2008, Rhode Island Head Start programs served 2,484 children, 40% of the estimated 6,200 eligible children. In the core cities, 34% of eligible children were enrolled in Head Start, compared with 58% in the remainder of the state.[11]**

◆ **In 2008, state funding for Head Start was cut, eliminating 244 of the 400 state-funded Head Start slots for the 2008-2009 school year.[12] The state's Comprehensive Child Care Services Program, designed to provide Head Start–like services in child care centers serving low-income children, was also eliminated, resulting in approximately 300 Head Start-eligible children losing enhanced educational and social services through their child care.[13]**

Improving Head Start for School Readiness Act of 2007

◆ **The federal reauthorization of Head Start in 2007 expanded eligibility to children in families with incomes below 130% of federal poverty guidelines ($23,803 for a family of three in 2009). Children also are eligible if their families are homeless or receive public assistance.[14]**

◆ **New federal regulations require all Head Start teachers to have at least an associate's degree by 2011 and 50% of Head Start teachers in the U.S. to have at least a bachelor's degree by 2013.[15] In 2006 in Rhode Island, 70% of Head Start teachers had at least an associate's degree (compared with 72% across the U.S.), and 32% had a bachelor's degree or higher (compared with 38% nationally).[16]**

Table 32.

Children Enrolled in Head Start, Rhode Island, 2008

CITY/TOWN	# OF CHILDREN AGES 3 & 4	ESTIMATED # OF CHILDREN ELIGIBLE FOR HEAD START*	# OF CHILDREN ENROLLED IN HEAD START	% OF ESTIMATED ELIGIBLE CHILDREN ENROLLED IN HEAD START
Barrington	416	10	1	10%
Bristol	547	62	16	26%
Burrillville	370	49	38	77%
Central Falls	607	342	137	40%
Charlestown	184	25	8	32%
Coventry	789	70	43	61%
Cranston	1,689	186	209	100%
Cumberland	776	64	0	0%
East Greenwich	381	33	0	0%
East Providence	1,030	181	110	61%
Exeter	220	60	0	0%
Foster	76	0	0	NA
Glocester	313	19	4	21%
Hopkinton	263	50	6	12%
Jamestown	71	0	1	100%
Johnston	638	75	48	64%
Lincoln	483	32	0	0%
Little Compton	66	3	1	34%
Middletown	508	61	59	96%
Narragansett	290	23	13	58%
New Shoreham	27	1	0	0%
Newport	599	264	125	47%
North Kingstown	750	100	39	39%
North Providence	540	95	40	42%
North Smithfield	180	14	0	0%
Pawtucket	2,112	780	200	26%
Portsmouth	443	24	11	47%
Providence	4,590	2,370	763	32%
Richmond	226	10	3	29%
Scituate	164	6	6	100%
Smithfield	365	8	6	79%
South Kingstown	660	33	24	72%
Tiverton	261	15	19	100%
Warren	243	32	20	63%
Warwick	1,989	189	164	87%
West Greenwich	241	15	0	0%
West Warwick	791	266	103	39%
Westerly	538	95	61	64%
Woonsocket	1,233	537	206	38%
Core Cities	*9,932*	*4,559*	*1,534*	*34%*
Remainder of State	*15,737*	*1,640*	*950*	*58%*
Rhode Island	*25,669*	*6,200*	*2,484*	*40%*

Note to Table

The estimated Head Start eligible population was adjusted in the 2009 Factbook to reflect increased income eligibility guidelines passed as part of the *Improving Head Start for School Readiness Act* of 2007. The estimated number of Head Start eligible children is calculated by multiplying the number of three and four-year-old children in each community by the percentage of children under age five living in families with incomes below 130% of the poverty level in that community, according to Census 2000, Summary File 3. Because of the changes in eligibility, the percentage of eligible children enrolled in Head Start cannot be compared with previous Factbooks. Also, this table includes all children ages three to five enrolled in Head Start. Enrollment data in previous Factbooks did not include five-year-olds in the table.

*This is an estimate of the income-eligible population and does not take into account other children who are eligible for Head Start services (e.g., children in homeless families) or changes in child population and poverty rates since 2000. Also, Head Start regulations allow 10% of enrolled children to be over the income threshold.

Source of Data for Table/Methodology

Rhode Island Head Start Programs, all children (ages three to five) enrolled as of October 2008. Children enrolled are sorted by place of residence of child, not the location of the Head Start program.

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

References

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Full-Day Kindergarten

DEFINITION

Full-day kindergarten is the percentage of public school children enrolled in full-day kindergarten programs as of October 2008. Full-day kindergarten is defined as kindergarten programs that operate for at least six hours per day. Children enrolled in private kindergarten programs or in half-day kindergarten programs that offer after-school child care are not included.

SIGNIFICANCE

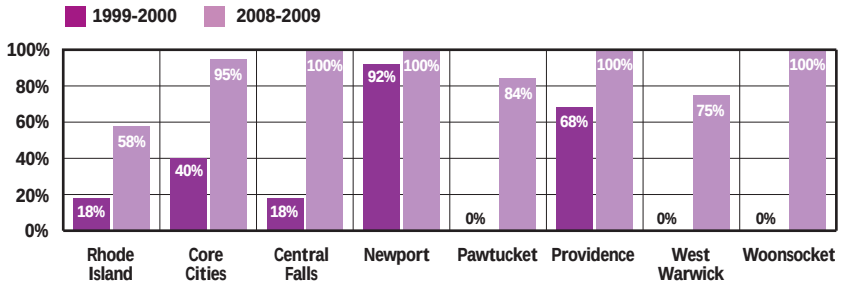
Children benefit academically from participating in full-day kindergarten. Those in full-day kindergarten are more likely to be ready for first grade than children in half-day kindergarten programs.[1] On average, the learning gains that students make in full-day kindergarten programs translate to a month of additional schooling over the course of a school year.[2] Full-day kindergarten programs can be especially beneficial to poor and minority children and can contribute significantly to closing academic achievement gaps.[3]

With an estimated 69% of kindergarteners in the U.S. having attended center-based early education programs, kindergarten no longer serves as the entry-point to formal, full-day school for most young children.[4] Many parents favor full-day kindergarten as it provides continuity for children who are already accustomed to full-day preschool experiences and it reduces the number of transitions and disruptions their children must make each day.[5] Teachers in full-day kindergarten programs have more time to provide meaningful learning opportunities that encourage cognitive, physical and social-emotional development.[6,7]

Nationally, enrollment in full-day kindergarten has been increasing steadily over the past 25 years. In 1979, 25% of kindergartners were in full-day programs.[8] In 2006, 72% of the nation's public school kindergarteners and 74% of private school kindergarteners were enrolled in full-day programs.[9]

Across the U.S., nine states require all school districts to offer full-day kindergarten and two states require children to attend full-day kindergarten before entering first grade.[10]

Children in Full-Day Public Kindergarten Programs, Core Cities and Rhode Island, 1999-2000 and 2008-2009 School Years



Source: Rhode Island Department of Elementary and Secondary Education, October 1999 and October 2008.

◆ In Rhode Island in the 2008-2009 school year, 58% of the children who attended public kindergarten were in a full-day program.[11]

◆ As of the 2008-2009 school year, 13 school districts offered universal access to full-day kindergarten programs and another eight school districts operated at least one full-day kindergarten classroom. The East Providence, North Providence, Pawtucket and West Warwick school districts significantly expanded the availability of full-day kindergarten in 2008-2009. All of Rhode Island's independent charter schools offering kindergarten run full-day programs.[12]

Academic Progress in Full-Day Kindergarten

◆ According to the National Center for Education Statistics, 68% of full-day kindergarten classes spend more than one hour per day on reading instruction compared to 37% of half-day classes.[13]

◆ Full-day kindergarten classes are more likely than half-day classes to spend time every day on math (90% and 73%, respectively), social studies (30% and 18%, respectively), and science (24% and 10%, respectively).[14]

◆ Nationally, children in full-day kindergarten classes make greater academic gains in both reading and mathematics compared to those in half-day classes, even after adjusting for differences associated with race/ethnicity, poverty status, fall achievement level, gender and class size.[15]

Table 33. **Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2008-2009**

SCHOOL DISTRICT	1999-2000 SCHOOL YEAR			2008-2009 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%	185	0	0%
Bristol-Warren*	255	0	0%	261	261	100%
Burrillville*	164	0	0%	197	197	100%
Central Falls*	250	44	18%	279	279	100%
Chariho	292	0	0%	219	0	0%
Coventry	381	0	0%	302	6	2%
Cranston	737	0	0%	683	10	1%
Cumberland	373	0	0%	300	6	2%
East Greenwich*	165	0	0%	138	27	20%
East Providence*	443	0	0%	385	219	57%
Exeter-W. Greenwich	129	0	0%	111	0	0%
Foster	55	0	0%	32	0	0%
Foster-Glocester	0	0	0%	0	0	NA
Glocester	124	0	0%	91	2	2%
Jamestown*	59	0	0%	42	42	100%
Johnston*	241	0	0%	203	15	7%
Lincoln	232	0	0%	192	0	0%
Little Compton	38	0	0%	27	0	0%
Middletown*	258	211	82%	179	179	100%
Narragansett*	125	0	0%	90	90	100%
New Shoreham*	8	8	100%	13	13	100%
Newport*	225	206	92%	156	156	100%
North Kingstown*	313	0	0%	234	52	22%
North Providence*	211	0	0%	228	116	51%
North Smithfield*	122	55	45%	128	127	99%
Pawtucket*	788	0	0%	735	616	84%
Portsmouth	214	0	0%	157	1	1%
Providence*	2,117	1,431	68%	1,909	1,909	100%
Scituate	107	0	0%	92	0	0%
Smithfield	177	0	0%	123	0	0%
South Kingstown*	278	0	0%	236	236	100%
Tiverton	144	0	0%	115	1	1%
Warwick*	766	29	4%	642	17	3%
West Warwick*	260	0	0%	262	196	75%
Westerly*	282	10	4%	230	230	100%
Woonsocket*	522	0	0%	482	482	100%
Charter Schools	*NA*	*NA*	*NA*	*249*	*249*	*100%*
State-Operated Schools	*NA*	*NA*	*NA*	*4*	*4*	*100%*
Core Cities	*4,162*	*1,681*	*40%*	*3,823*	*3,638*	*95%*
Remainder of State	*6,907*	*313*	*5%*	*5,835*	*1,847*	*32%*
Rhode Island	*11,069*	*1,994*	*18%*	*9,911*	*5,738*	*58%*

* District operated at least one full-day kindergarten classroom during the 2008-2009 school year.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education. Data are as of October 1999 and October 2008.

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

Charter schools reported for this indicator are CVS Highlander Charter School, The Compass Charter School, International Charter School, Kingston Hill Academy, The Learning Community, and Paul Cuffee Charter School. The state-operated school is the Rhode Island School for the Deaf.

References

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[9] U.S. Bureau of the Census, Current Population Survey, October 2006. Table 3.

[10] Kauerz, K. (2005). State kindergarten policies: Straddling early learning and early elementary school. *Beyond the Journal: Young Children on the Web.* Washington, DC: National Association for the Education of Young Children.

[11,12] Rhode Island Department of Elementary and Secondary Education, October 2008.

[13,14,15] 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.* Washington, DC: U.S. Department of Education, Institute for Education Sciences.

Children Receiving Child Care Subsidies

DEFINITION

Children receiving child care subsidies is the number of children receiving child care that is either fully or partially paid for with a child care subsidy from the Rhode Island Department of Human Services. Child care subsidies can be used for care by a child care center, family child care home, a relative or an in-home caregiver.

SIGNIFICANCE

Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care in the United States ($3,400 - $14,600 per child per year) puts quality care out of reach for many low-income families.[1]

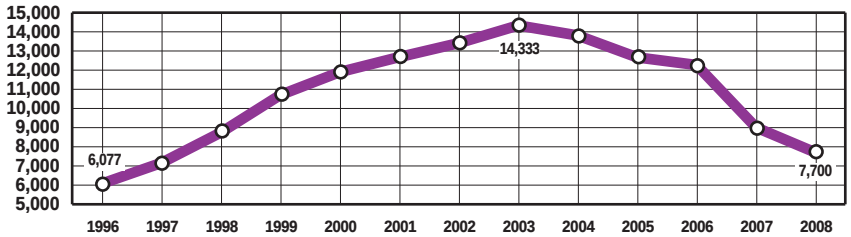
In Rhode Island, the average cost of full-time child care for an infant in a child care center consumes 47% of the median single-parent family income and 12% of the median two-parent family income. The average cost of child care for two children in Rhode Island, exceeds the state's median rent and is nearly as high as the average monthly mortgage payment.[2] Using the federal affordability guideline that families should spend no more than 10% of their gross income on child care, a Rhode Island family would need to make at least $87,000 per year to afford the average cost of child care for a three-year-old at a licensed center ($8,736).[3,4]

Use of child care subsidies increases the likelihood that low-income parents, particularly families that previously received cash assistance, are able to work and remain employed. Child care subsidies reduce the likelihood that former cash assistance recipients return to the program and increase the range of types of child care that low-income families can afford. Families who use child care subsidies have higher rates of maternal employment, more stable employment, and higher wages than disadvantaged families who do not use child care subsidies.[5,6]

In 1996, Rhode Island established an entitlement to child care assistance for families with incomes up to 185% of the federal poverty level (FPL) as a key component of welfare reform. In 1998, eligibility was expanded to families with incomes up to 225% of the FPL, children ages 13 to 15 were added and rates paid to child care providers were to be adjusted biennially in order to provide low-income families with access to high-quality child care.[7]

In 2007, eligibility for child care subsidies was reduced to 180% of the FPL ($32,958 for a family of three in 2009) and eligibility for children ages 13 to 15 was eliminated.[8,9] In 2008, rates paid to providers serving children with subsidies were increased slightly to the average of the 2002 and 2004 market rate levels.[10]

Child Care Subsidies, Rhode Island, 1996-2008



Source: Rhode Island Department of Human Services, December 1996 – December 2008.

◆ **In December 2008, there were 7,700 child care subsidies in Rhode Island, down from 9,008 in December 2007. The number of child care subsidies increased steadily from 6,077 in 1996 to 14,333 in 2003. Since 2003, there has been a 46% decrease in the number of child care subsidies.[11] In September 2007, the state cut income eligibility for the Child Care Assistance Program from 225% of the FPL to 180% of the FPL, increased family co-payments, and eliminated eligibility for children ages 13 to 15, which has resulted in fewer families qualifying for subsidies.[12]**

◆ **In 2008 in Rhode Island, 65% of children receiving child care subsidies were enrolled in a licensed child care center, 33% were enrolled in a licensed family child care home or group family child care home, and 1% were being cared for by a non-licensed relative, friend or neighbor.[13]**

◆ **In December 2008, 76% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 15% were used by families enrolled in the Rhode Island Works Program (formerly FIP) who were engaged in employment activities. Another 9% of child care subsidies were being used for children in the care of the Rhode Island Department of Children, Youth and Families.[14]**

Average Annual Cost for Full-Time Child Care, Rhode Island, 2006

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	$10,557
Child Care Center (preschool care)	$8,736
Family Child Care Home (preschool care)	$8,140
School-Age Center-Based Program (child age 6-12)	$6,902

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2006). *Statewide survey of childcare rates in Rhode Island*. Kingston, RI: University of Rhode Island.

Table 34.

Child Care Subsidies, Rhode Island, December 2008

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE: ENROLLED IN RI WORKS	SUBSIDY USE BY CHILD RESIDENCE: NOT ENROLLED IN RI WORKS	SUBSIDY USE BY CHILD RESIDENCE: TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION: UNDER AGE 3	SUBSIDY USE BY PROGRAM LOCATION: AGES 3-5	SUBSIDY USE BY PROGRAM LOCATION: AGES 6-12	SUBSIDY USE BY PROGRAM LOCATION: TOTAL CHILD CARE SUBSIDIES
Barrington	**5**	**5**	**10**	**4**	**6**	**7**	**17**
Bristol	**4**	**29**	**33**	**5**	**17**	**19**	**41**
Burrillville	**7**	**33**	**40**	**9**	**44**	**37**	**90**
Central Falls	**57**	**327**	**384**	**85**	**108**	**151**	**344**
Charlestown	**3**	**18**	**21**	**3**	**7**	**3**	**13**
Coventry	**15**	**91**	**106**	**18**	**42**	**34**	**94**
Cranston	**55**	**361**	**416**	**126**	**177**	**225**	**528**
Cumberland	**18**	**77**	**95**	**26**	**22**	**37**	**85**
East Greenwich	**3**	**30**	**33**	**34**	**32**	**21**	**87**
East Providence	**34**	**181**	**215**	**71**	**94**	**106**	**271**
Exeter	**1**	**4**	**5**	**6**	**7**	**2**	**15**
Foster	**3**	**3**	**6**	**2**	**2**	**1**	**5**
Glocester	**3**	**16**	**19**	**9**	**11**	**10**	**30**
Hopkinton	**3**	**6**	**9**	**1**	**5**	**8**	**14**
Jamestown	**1**	**6**	**7**	**3**	**5**	**1**	**9**
Johnston	**13**	**79**	**92**	**34**	**59**	**36**	**129**
Lincoln	**6**	**54**	**60**	**24**	**46**	**56**	**126**
Little Compton	**0**	**1**	**1**	**0**	**0**	**1**	**1**
Middletown	**4**	**53**	**57**	**36**	**33**	**29**	**98**
Narragansett	**3**	**15**	**18**	**9**	**8**	**7**	**24**
New Shoreham	**0**	**0**	**0**	**0**	**1**	**0**	**1**
Newport	**32**	**169**	**201**	**54**	**58**	**76**	**188**
North Kingstown	**24**	**89**	**113**	**36**	**44**	**36**	**116**
North Providence	**14**	**90**	**104**	**32**	**34**	**36**	**102**
North Smithfield	**5**	**16**	**21**	**3**	**2**	**4**	**9**
Pawtucket	**86**	**611**	**697**	**187**	**259**	**274**	**720**
Portsmouth	**5**	**22**	**27**	**6**	**8**	**9**	**23**
Providence	**531**	**2,524**	**3,055**	**867**	**1,049**	**1,263**	**3,179**
Richmond	**0**	**9**	**9**	**1**	**1**	**1**	**3**
Scituate	**1**	**7**	**8**	**1**	**1**	**0**	**2**
Smithfield	**3**	**17**	**20**	**29**	**30**	**13**	**72**
South Kingstown	**10**	**40**	**50**	**12**	**25**	**24**	**61**
Tiverton	**2**	**19**	**21**	**3**	**5**	**7**	**15**
Warren	**3**	**49**	**52**	**5**	**2**	**11**	**18**
Warwick	**53**	**218**	**271**	**120**	**179**	**141**	**440**
West Greenwich	**0**	**7**	**7**	**11**	**17**	**5**	**33**
West Warwick	**32**	**140**	**172**	**45**	**52**	**52**	**149**
Westerly	**20**	**57**	**77**	**25**	**39**	**26**	**90**
Woonsocket	**116**	**316**	**432**	**121**	**132**	**179**	**432**
DCYF	***NA***	***NA***	***669***	***NA***	***NA***	***NA***	***NA***
Out-Of-State	***NA***	***NA***	***NA***	***8***	***12***	***6***	***26***
Core Cities	***854***	***4,087***	***4,941***	***1,359***	***1,658***	***1,995***	***5,012***
Remainder of State	***321***	***1,702***	***2,023***	***712***	***1,017***	***959***	***2,662***
Rhode Island	***1,175***	***5,789***	***7,633***	***2,071***	***2,675***	***2,954***	***7,700***

Source of Data for Table/Methodology

The Rhode Island Department of Human Services, InRhodes Database, December 2008.

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.

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.

Parents who are working and are enrolled in RI Works can claim a "child care disregard." When cash benefit levels are calculated based on monthly income, the child care disregard allows families to not count or "disregard" and designate for child care expenses up to $200 of their monthly income for children under two years of age and up to $175 for children two years and older. The child care disregard is a form of subsidy not included in this table. In December 2008, 27 families used child care disregards.

The average annual cost for full-time child care was determined by multiplying the average weekly tuition rate by 52 weeks (for infants and preschoolers). For school-age children, the annual cost was determined by multiplying the average weekly tuition for before and after school care by 39 weeks and adding three weeks of average school vacation tuition and 10 weeks of average summer vacation tuition.

References

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[2] *Parents and the high price of child care: 2008 update.* (2008). Arlington, VA: National Association of Child Care Resource and Referral Agencies.

[3] U.S. Department of Health and Human Services. (1998). Child Care and Development Fund: Final rule. *Federal Register,* 63(142). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

(continued on page 160)

School-Age Child Care

DEFINITION

School-age child care is the number of licensed after-school child care programs and slots for children ages six and older. These numbers do not include certified family child care home slots, informal child care arrangements, summer day camps, or community programs that do not require licensing by the state.

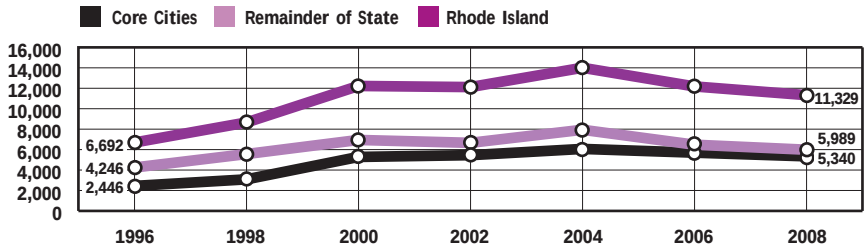
SIGNIFICANCE

In 2007, 73% (111,956) of Rhode Island children ages six to 17 had all resident parents in the workforce, higher than the U.S. average of 70%.[1] Children are typically in school for only about 64% of the time that full-time employed parents are at work. The gap between parents' work schedules and students' school schedules amounts to 15-25 hours per week during the school year.[2] Families often patch together different care arrangements to cover the hours before and after school and the days during school vacations and summer break.[3] Concerns about their children's safety and the reliability of care arrangements can be a significant source of stress for working parents of school-age children.[4]

National research indicates that approximately 7% of children in grades one to five and 34% of children in grades six to eight are in self care, defined as being left home unsupervised by an adult.[5] When school is out and parents are at work, children and young adolescents need safe, structured programs with adequate adult supervision. Effective after-school programs also expose children to new experiences, give them a chance to build skills and increase their sense of competency, and offer children opportunities to develop meaningful relationships with both adults and peers.[6]

Children who are regularly left alone without adult supervision when school is out more likely to become involved with gangs, engage in criminal behavior, and use illegal substances. Research shows that children who participate in high-quality, well-designed after-school programs and extracurricular activities benefit socially, emotionally, and academically. They attend school more regularly, behave better in school, perform better academically, and have higher graduation rates.[7] Students who are low-income, have poor school attendance, limited English proficiency or low test scores gain the most from participating in high-quality after-school programs.[8]

Licensed School-Age Child Care Slots, Rhode Island, 1996-2008



Source: Options for Working Parents, 1996-2006. Rhode Island Department of Children, Youth and Families, 2008. Data do not include slots in family child care settings.

◆ **The number of licensed school-age child care slots in Rhode Island more than doubled between 1996 and 2004. After reaching a peak of 14,006 in 2004, the number of slots has been steadily decreasing.[9]**

◆ **In December 2008, 2,742 Rhode Island children ages six to 12 received a child care subsidy for before and/or after-school care. Of these children, 1,731 (63%) were enrolled in a licensed center-based program, 971 (35%) were enrolled in certified family child care, and 40 (1%) were in the care of a license-exempt family, friend or neighbor.[10]**

Challenges Facing the School-Age Care Field

◆ **Since 2006, the number of child care subsidies for school-age children has dropped 43% from 5,218 to 2,954.[11] In 2007, family income eligibility for a child care subsidy was reduced from 225% to 180% of the federal poverty level ($32,958 for a family of three in 2009), eligibility for children over age 12 was eliminated, and family co-payments increased. In addition, the subsidy rates paid to before and after-school providers was decreased.**

◆ **Respondents to a national survey of school-age care professionals cited recruiting and retaining qualified staff as their top challenge. The part-time nature of after-school programs and prevailing low wages make finding skilled staff difficult.[12]**

Federal Financing

After-School Care

◆ The Child Care and Development Block Grant (CCDBG) is the largest source of federal funding for child care. States receive funding based on an allocation formula and can use these funds for child care subsidies for low-income children ages 12 and under and to improve the quality of child care.[13]

◆ Rhode Island's Fiscal Year 2009 enacted budget included $51.6 million for child care subsidies, of which $44.5 million came from federal sources, primarily the Child Care and Development Block Grant (CCDGB) and TANF, and $7.1 million from state general revenue.[14,15] In 2008, about 39% of children receiving child care subsidies were school age.[16]

Expanded Learning Opportunities

◆ The 21st Century Community Learning Centers program provides funding for after-school programs primarily serving students attending Title I schools (schools with high concentrations of disadvantaged students). In Federal Fiscal Year 2008, Rhode Island received almost $5.3 million in 21st Century funds to serve approximately 5,300 children.[17]

Table 35. **Licensed School-Age Child Care for Children Ages 6 to 12, Rhode Island, 2008**

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	NUMBER OF PROGRAMS	NUMBER OF SLOTS
Barrington	2,064	8	325
Bristol	1,784	4	126
Burrillville	1,672	3	213
Central Falls	2,190	5	398
Charlestown	717	1	26
Coventry	3,431	7	273
Cranston	7,115	18	618
Cumberland	3,135	4	270
East Greenwich	1,581	3	130
East Providence	4,292	13	637
Exeter	684	3	83
Foster	489	2	39
Glocester	1,105	1	10
Hopkinton	802	2	92
Jamestown	576	1	51
Johnston	2,490	5	75
Lincoln	2,206	7	335
Little Compton	322	1	26
Middletown	1,787	6	206
Narragansett	1,144	1	60
New Shoreham	69	0	0
Newport	2,056	7	378
North Kingstown	2,823	9	375
North Providence	2,444	4	196
North Smithfield	988	1	100
Pawtucket	7,477	12	1,047
Portsmouth	1,839	3	134
Providence	18,592	31	2,701
Richmond	830	1	52
Scituate	1,102	1	29
Smithfield	1,653	5	116
South Kingstown	2,630	3	160
Tiverton	1,452	2	95
Warren	1,032	2	92
Warwick	7,630	16	777
West Greenwich	592	2	28
West Warwick	2,618	5	285
Westerly	2,160	6	240
Woonsocket	4,373	10	531
Core Cities	*37,306*	*70*	*5,340*
Remainder of State	*64,640*	*145*	*5,989*
Rhode Island	*101,946*	*215*	*11,329*

Source of Data for Table/Methodology

Number of children ages six to 12 years old is from the U.S. Census Bureau, Census 2000, Summary File 1.

Department of Children, Youth and Families, number of licensed school-age child care programs and slots for children ages six to 12 as of December 2008. These numbers do not include certified family child care home slots, informal child care arrangements, and community programs for youth ages six and older that do not require licensing by the state. Licensed school-age child care programs also provide services to five year-old children who are enrolled in Kindergarten.

References

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[3] Lawrence, S. & Kreader, J. L. (2006). *School-age child care arrangements.* Child Care & Early Education Research Connections, No. 4. Retrieved February 6, 2007, from www.childcareresearch.org

[5] Afterschool Alliance. (n.d.). *America after 3 pm: A household survey on afterschool in America.* Retrieved January 27, 2009, from www.afterschoolalliance.org

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[7] *Making the case: A 2008 fact sheet on children and youth in out-of-school time.* (2008). Wellesley, MA: National Institute on Out-of-School Time, Wellesley Centers for Women, Wellesley College.

[8] Miller, B. M. (2003). *Critical hours: Afterschool programs and educational success.* Brookline, MA: Nellie Mae Education Foundation.

[9] Options for Working Parents, school-age child care slots,1996-2006 and Rhode Island Department of Children Youth and Families, school-age child care slots, 2008.

[10,11] Rhode Island Department of Human Services, InRhodes Database, 2003-2008.

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English Language Learners

DEFINITION

English Language Learners is the percentage of all public school children (pre-kindergarten through grade 12) who are receiving English as a second language services or bilingual education services in Rhode Island public schools.

SIGNIFICANCE

Children for whom English is a second language are at risk of difficulties at school. Many of them face multiple other risk factors including poverty, lack of access to health care, low parental education levels, discrimination and racism. Children who speak languages other than English at home and who also have difficulty speaking English, face greater challenges in school and the workforce as adults than their English-speaking peers.[1,2]

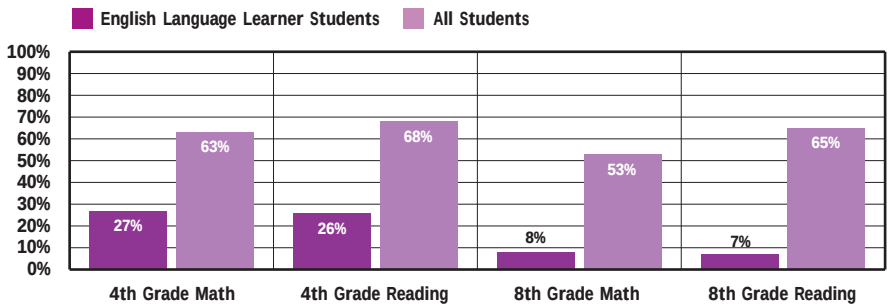
English language learner (ELL) students are the fastest growing population in U.S. public schools. Nationally, 11% of students today are ELL students, compared to 5% in 1990.[3] English language learners are diverse in culture, levels of basic academic content proficiency (regardless of language of instruction) and English ability.[4] Successful ELL education programs are adaptable to student needs, use ongoing assessments of student progress, and provide educators with ongoing professional development; bilingual education programs can be particularly effective.[5,6,7,8]

Nationally and in Rhode Island, students who are English Language Learners and children in immigrant families are more likely to be concentrated in under-resourced schools in high poverty communities.[9,10,11] Seventy-six percent of all ELL students in Rhode Island live in the core cities, and 85% (6,342) of all ELL students live in low-income families.[12] Given the proven link between educational attainment and family economic success, a high-quality education is the most important vehicle for upward mobility for children in immigrant families.[13,14]

Studies show that ELL students overwhelming believe that school prepares them to get ahead; they believe studying hard is important to succeed and most hope to go to college.[15] ELL students are challenged to learn English and simultaneously succeed academically.[16,17] Schools play a critical role in helping ELL students transition to the culture of the U.S. and in supporting their academic success.[18]

In the 2007-2008 school year, ELL students in Rhode Island public schools spoke over 80 different languages.[19] Twenty-eight percent were enrolled in a bilingual program and 72% were enrolled in an English as a second language program. The Providence Public School District and the International Charter School offered the only bilingual programs in Rhode Island in the 2007-2008 school year.[20]

4th Grade Reading Proficiency Rates, by English Language Learner Status, Rhode Island, 2008



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2008.

◆ **Nationally and in Rhode Island, students who are English Language Learners score significantly lower on standardized tests than their peers.[21,22] In October 2008 in Rhode Island, 27% of fourth-grade ELL students scored at or above proficiency in math, compared to 63% of all fourth graders statewide. Twenty-six percent of fourth-grade ELL students scored at or above proficiency in reading, compared to 68% of all fourth graders statewide.[23]**

◆ **Nationally and in Rhode Island, the achievement gap between students who are English Language Learners and all students widens between elementary and middle school.[24,25] In October 2008 in Rhode Island, 8% of eighth-grade ELL students scored at or above proficiency in math, compared to 53% of all eighth graders statewide. Seven percent of eighth-grade ELL students scored at or above proficiency in reading, compared to 65% of eighth graders statewide.[26]**

◆ **ELL student performance on reading and math tests has improved in the last four years. However, ELL students in Rhode Island consistently score significantly lower than any other group of students.[27]**

◆ **Best practices to increase the academic achievement of ELL students include: use of data and research, highly skilled teachers and leaders, supports beyond the classroom for parents and students, programs accommodating the needs of students at varying levels of English proficiency and academic ability, positive school environments, and clear guidelines for transitioning students out of ELL programming.[28]**

Table 36.

English Language Learner Students, Rhode Island, 2007-2008 School Year

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF ENGLISH LANGUAGE LEARNER STUDENTS					% OF TOTAL DISTRICT
		PRE K AND K	ELEMENTARY (GRADES 1-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)	TOTAL # OF ELL STUDENTS	
Barrington	**3,382**	**2**	**24**	**7**	**6**	**39**	**1%**
Bristol-Warren	**3,433**	**13**	**70**	**29**	**16**	**128**	**4%**
Burrillville	**2,554**	**3**	**2**	**0**	**0**	**5**	**0%**
Central Falls	**3,338**	**80**	**299**	**151**	**198**	**728**	**22%**
Chariho	**3,690**	**2**	**12**	**1**	**2**	**17**	**0%**
Coventry	**5,215**	**0**	**5**	**1**	**0**	**6**	**0%**
Cranston	**10,323**	**48**	**251**	**106**	**80**	**485**	**5%**
Cumberland	**4,766**	**9**	**54**	**15**	**1**	**79**	**2%**
East Greenwich	**2,347**	**3**	**6**	**4**	**4**	**17**	**1%**
East Providence	**5,660**	**30**	**122**	**18**	**23**	**193**	**3%**
Exeter-W. Greenwich	**1,906**	**0**	**10**	**5**	**3**	**18**	**1%**
Foster	**258**	**0**	**0**	**0**	**0**	**0**	**0%**
Foster-Glocester	**1,523**	**0**	**0**	**0**	**0**	**0**	**0%**
Glocester	**554**	**0**	**0**	**0**	**0**	**0**	**0%**
Jamestown	**481**	**0**	**3**	**1**	**0**	**4**	**1%**
Johnston	**3,136**	**1**	**25**	**34**	**8**	**68**	**2%**
Lincoln	**3,318**	**6**	**13**	**4**	**3**	**26**	**1%**
Little Compton	**303**	**0**	**0**	**0**	**0**	**0**	**0%**
Middletown	**2,390**	**2**	**38**	**17**	**20**	**77**	**3%**
Narragansett	**1,456**	**0**	**2**	**0**	**0**	**2**	**0%**
New Shoreham	**142**	**1**	**2**	**0**	**2**	**5**	**4%**
Newport	**2,175**	**7**	**34**	**11**	**10**	**62**	**3%**
North Kingstown	**4,401**	**11**	**22**	**8**	**5**	**46**	**1%**
North Providence	**3,128**	**3**	**21**	**19**	**20**	**63**	**2%**
North Smithfield	**1,853**	**2**	**12**	**2**	**0**	**16**	**1%**
Pawtucket	**8,530**	**121**	**398**	**181**	**171**	**871**	**10%**
Portsmouth	**2,847**	**0**	**0**	**0**	**0**	**0**	**0%**
Providence	**24,180**	**481**	**1,935**	**594**	**605**	**3,615**	**15%**
Scituate	**1,721**	**0**	**0**	**0**	**0**	**0**	**0%**
Smithfield	**2,496**	**1**	**9**	**4**	**1**	**15**	**1%**
South Kingstown	**3,614**	**2**	**10**	**5**	**4**	**21**	**1%**
Tiverton	**1,979**	**0**	**0**	**0**	**0**	**0**	**0%**
Warwick	**10,742**	**15**	**41**	**17**	**6**	**79**	**1%**
West Warwick	**3,575**	**6**	**46**	**9**	**25**	**86**	**2%**
Westerly	**3,327**	**6**	**29**	**20**	**12**	**67**	**2%**
Woonsocket	**6,166**	**21**	**166**	**51**	**37**	**275**	**4%**
Charter Schools	***1,901***	***60***	***215***	***9***	***3***	***287***	***15%***
State-Operated Schools	***1,727***	***0***	***0***	***1***	***26***	***27***	***2%***
Core Cities	***47,964***	***716***	***2,878***	***997***	***1,046***	***5,637***	***12%***
Remainder of State	***92,945***	***160***	***783***	***317***	***216***	***1,476***	***2%***
Rhode Island	***144,537***	***936***	***3,876***	***1,324***	***1,291***	***7,427***	***5%***

Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2007-2008 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 2007-2008 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 cannot be compared with percentages before the 2004 Factbook. The "% of Total District" is based on the total number of English language learners divided by the "average daily membership."

The charter schools are: BEACON Charter School, Blackstone Academy Charter School, Compass Charter School, CVS Highlander Charter School, International Charter, Kingston Hill Academy, Paul Cuffee Charter School and The Learning Community Charter School. The state-operated schools are: William M. Davies Jr. Career-Technical School, DCYF schools, and the Rhode Island School for the Deaf.

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

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(continued on page 160)

Children Enrolled in Special Education

DEFINITION

Children enrolled in special education is the percentage of K-12 students who received special education services in Rhode Island public schools or who were placed in private special education programs by their district of residence. Unless otherwise specified, references to students enrolled in special education in this indicator do not include pre-school or parentally-placed special education students.

SIGNIFICANCE

Effective and appropriate special education and related services are important resources for improving long-term outcomes for children and youth with special needs. Students with disabilities are more likely than students without disabilities to have lower student achievement, graduation rates, participation in postsecondary education and economic success in adulthood.[1] Students with disabilities are more likely than their peers to report social and academic difficulty in school.[2]

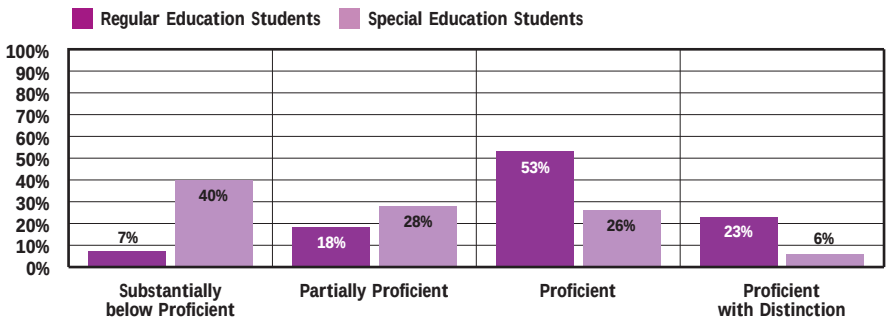
The federal *Individuals with Disabilities Education Act* (IDEA) Part B mandates that local school districts identify and evaluate students ages three to 21 whom they have reason to believe have disabilities.[3,4] Once found eligible for special education, a student must be provided with an Individualized 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 (i.e., to the extent appropriate, integrated into a regular education setting).[5]

In the 2006-2007 school year, Rhode Island had the highest percentage of public school students with IEPs in the U.S. at 20%, compared with 13% in overall the U.S.[6]

In Rhode Island in the 2007-2008 school year, there were 26,100 (18%) students enrolled in special education. Forty-two percent of Rhode Island children enrolled in special education had a learning disability, 18% had a speech impairment, 17% had a health impairment, 10% had an emotional disturbance, 5% had an autism spectrum disorder, and 7% had other disabilities.[7]

Thirty-eight percent of Rhode Island special education students in 2007-2008 were ages five to 10; 33% were ages 11 to 14; 27% were ages 15 to 18; and 1% were ages 19 to 21. There were an additional 2,866 pre-school students in Rhode Island receiving special education services during the 2007-2008 school year. Of these preschool children, 48% were receiving speech and language services, 38% had developmental delays, 7% had autism, and 7% had other disabilities.[8]

4th Grade Reading Proficiency Rates, by Special Education Status, Rhode Island, 2008



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program*, (NECAP) 4th Grade, October 2008. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island, students with disabilities consistently achieve at lower levels than non-disabled students on the state assessments. On the 2008 fourth grade reading assessment, 26% of special education students were proficient, 6% were proficient with distinction and 40% were substantially below proficient. Fifty-three percent of regular education students were proficient in reading, 23% were proficient with distinction and 7% were substantially below proficient.[9]**

◆ **The federal *No Child Left Behind Act* (NCLB) requires states, districts and schools to demonstrate that students with disabilities make "adequate yearly progress" towards proficiency in reading and math. Together with IDEA, NCLB promotes accountabilty for the achievement of students with disabilities.[10]**

◆ **Nationally, students with disabilities are much less likely than their peers to graduate from high school and are five times less likely to go on to post-secondary education than students without disabilities.[11] The Rhode Island special education four-year graduation rate for the class of 2008 was 56%, compared to an overall state graduation rate of 74%. The special education dropout rate was 25%, compared with 15% in the state overall.[12]**

◆ **Ensuring that all students are served in the least restrictive environment appropriate to their needs can help improve educational outcomes for special needs students. Of Rhode Island students ages six to 21 receiving special education services during the 2007-2008 school year, 70% were in a regular class for 80% of the day or more, 7% were in a regular class for 40% to 79% of the day and 15% were in a regular class for less than 40% of the day.[13]**

Children Enrolled in Special Education

Table 37.

Kindergarten through 12th Grade Students in Special Education by Primary Disability, Rhode Island, 2007-2008

SCHOOL DISTRICT OF RESIDENCE	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	LEARNING DISABILITY	MENTAL RETARDATION	SPEECH DISORDER	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	**3,383**	**36**	**35**	**122**	**140**	**12**	**118**	**13**	**476**	**14%**
Bristol-Warren	**3,455**	**26**	**22**	**29**	**197**	**31**	**101**	**11**	**417**	**12%**
Burrillville	**2,565**	**29**	**44**	**87**	**142**	**18**	**116**	**17**	**453**	**18%**
Central Falls	**3,339**	**12**	**68**	**73**	**463**	**51**	**105**	**21**	**793**	**24%**
Chariho	**3,619**	**38**	**20**	**45**	**115**	**24**	**95**	**13**	**350**	**10%**
Coventry	**5,210**	**33**	**54**	**86**	**553**	**31**	**111**	**30**	**898**	**17%**
Cranston	**10,207**	**105**	**150**	**345**	**853**	**45**	**234**	**59**	**1,791**	**18%**
Cumberland	**4,792**	**57**	**83**	**241**	**280**	**25**	**223**	**24**	**933**	**19%**
East Greenwich	**2,361**	**35**	**20**	**104**	**90**	**NA**	**67**	**12**	**334**	**14%**
East Providence	**5,629**	**47**	**183**	**389**	**509**	**43**	**266**	**44**	**1,481**	**26%**
Exeter-West Greenwich	**1,917**	**16**	**36**	**72**	**89**	**11**	**86**	**NA**	**319**	**17%**
Foster	**268**	**NA**	**NA**	**NA**	**NA**	**NA**	**19**	**NA**	**31**	**12%**
Foster-Glocester	**1,523**	**NA**	**12**	**32**	**54**	**10**	**28**	**NA**	**149**	**10%**
Glocester	**558**	**NA**	**NA**	**11**	**17**	**NA**	**41**	**NA**	**86**	**15%**
Jamestown	**697**	**14**	**NA**	**39**	**42**	**NA**	**17**	**NA**	**124**	**18%**
Johnston	**3,211**	**42**	**63**	**196**	**307**	**17**	**114**	**15**	**754**	**23%**
Lincoln	**3,336**	**34**	**64**	**125**	**187**	**21**	**82**	**15**	**528**	**16%**
Little Compton	**437**	**NA**	**NA**	**NA**	**40**	**NA**	**12**	**NA**	**66**	**15%**
Middletown	**2,385**	**29**	**45**	**81**	**226**	**11**	**54**	**14**	**460**	**19%**
Narragansett	**1,459**	**15**	**16**	**35**	**83**	**NA**	**75**	**10**	**237**	**16%**
New Shoreham	**142**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**24**	**17%**
Newport	**2,170**	**25**	**39**	**16**	**269**	**14**	**60**	**11**	**434**	**20%**
North Kingstown	**4,199**	**29**	**73**	**111**	**265**	**20**	**143**	**31**	**672**	**16%**
North Providence	**3,128**	**29**	**47**	**147**	**149**	**24**	**146**	**22**	**564**	**18%**
North Smithfield	**1,861**	**20**	**23**	**46**	**113**	**NA**	**76**	**NA**	**292**	**16%**
Pawtucket	**8,537**	**69**	**145**	**172**	**597**	**86**	**283**	**40**	**1,392**	**16%**
Portsmouth	**2,695**	**39**	**48**	**102**	**201**	**NA**	**93**	**NA**	**500**	**19%**
Providence	**24,194**	**119**	**709**	**286**	**2,244**	**314**	**784**	**109**	**4,565**	**19%**
Scituate	**1,733**	**14**	**NA**	**29**	**64**	**NA**	**97**	**NA**	**215**	**12%**
Smithfield	**2,496**	**19**	**10**	**49**	**114**	**10**	**49**	**19**	**270**	**11%**
South Kingstown	**3,633**	**45**	**72**	**141**	**220**	**11**	**132**	**31**	**652**	**18%**
Tiverton	**2,004**	**19**	**19**	**40**	**218**	**NA**	**60**	**19**	**383**	**19%**
Warwick	**10,710**	**107**	**136**	**533**	**776**	**49**	**300**	**66**	**1,967**	**18%**
West Warwick	**3,577**	**24**	**99**	**75**	**350**	**32**	**118**	**28**	**726**	**20%**
Westerly	**3,367**	**42**	**90**	**107**	**190**	**12**	**98**	**17**	**556**	**17%**
Woonsocket	**6,126**	**67**	**173**	**315**	**471**	**124**	**247**	**58**	**1,455**	**24%**
Charter Schools	***1,901***	***11***	***16***	***42***	***128***	***NA***	***69***	***NA***	***273***	***14%***
State-Operated Schools	***1,782***	***NA***	***94***	***119***	***165***	***NA***	***NA***	***71***	***463***	***26%***
UCAP	***136***	***NA***	***NA***	***NA***	***14***	***NA***	***NA***	***NA***	***17***	***13%***
Core Cities	***47,943***	***316***	***1,233***	***937***	***4,394***	***621***	***1,597***	***267***	***9,365***	***20%***
Remainder of State	***92,982***	***935***	***1,378***	***3,361***	***6,243***	***472***	***3,061***	***532***	***15,982***	***17%***
Rhode Island	***144,689***	***1,271***	***2,723***	***4,460***	***10,944***	***1,096***	***4,731***	***875***	***26,100***	***18%***

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education (RIDE), 2007-2008 school year. Office for Diverse Learners, June 30, 2008. The denominator (number of students) is the "resident average daily membership" for the 2007-2008 school year provided by RIDE.

Due to changes in methodology, *Children Enrolled in Special Education* in this Factbook cannot be compared with Factbooks prior to 2008. Prior Factbooks included parentally-placed private school students and preschool students receiving special education services – these students are no longer included. Children attending schools in other districts are listed in the district in which the students reside. An additional 2,866 students ages three to five receiving special education services in preschools are not included in the table.

NA indicates that fewer than ten students are in that category; actual numbers are not shown to protect student confidentiality. These students are still counted in the district totals and in the core cities, remainder of state and state totals.

The category "other" includes: developmental delay, visually impaired/blind, hearing impaired/deaf, multi-handicapped, orthopedically impaired and traumatic brain injury.

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

Independent charter schools reported for this indicator are BEACON Charter School, Blackstone Academy Charter School, The Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. State-operated schools are William M. Davies Career-Technical High School, DCYF Schools, the Rhode Island Department of Corrections, Metropolitan Career & Technical Center and Rhode Island School for the Deaf.

References

[1] American Youth Policy Forum. (n.d.). *Improving secondary education and transition services for youth with disabilities: A forum – December 5, 2003.* Retrieved on February 11, 2008 from www.aypf.org

(continued on page 160)

Student Mobility

DEFINITION

Student mobility is the number of students who either enrolled in or withdrew from Rhode Island public schools during the 2007-2008 school year divided by the total school enrollment numbers.

SIGNIFICANCE

Families move for a variety of reasons that may include changes in household structure, parental employment status, cost of housing, health, dissatisfaction with neighborhood conditions or to improve the overall quality of family life.[1]

Nationally, 14% of school-age children moved between 2006 and 2007.[2] Mobility can adversely affect children's academic performance. Changing schools disrupts learning and can result in children missing parts of the core curriculum.[3] Delays in the transfer of student records often present challenges for administrators in correctly placing students in classes. This problem can be particularly damaging for students with special needs or behavior problems who may not receive needed services in a timely manner.[4]

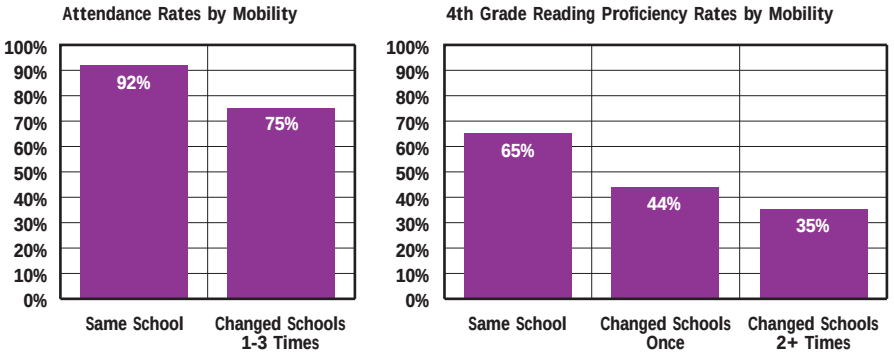
High mobility rates in a school can also negatively impact non-mobile students because teachers often slow curriculum progress and spend extra time helping new students "catch up."[5] The higher the mobility in a school, the more often teachers have to interrupt, change or completely abandon current lessons. Teachers in these schools must also spend more time helping new students adjust to new rules and addressing their social concerns.[6]

Students who move more frequently are more likely to have lower test scores and grade point averages and are less likely to graduate from high school than their peers.[7,8] Mobility also has a strong relationship to child well-being, particularly for at-risk families. Frequent moves are correlated with negative outcomes such as depression and drug and alcohol use.[9] Children who move three or more times are 60% more likely to repeat a grade and 80% more likely to be expelled or suspended than their less-mobile peers.[10]

Nationally, children under age five are more likely to move than older children. Individuals living in low-income households and individuals in renter households are more mobile than higher-income people and people who own their own homes.[11] Black and Hispanic children are more mobile than their White peers.[12]

The overall school mobility rate for Rhode Island was 16% for the 2007-2008 school year. There was significant variation across school districts, from a high of 28% in Providence to a low of 2% in the Foster and Foster-Glocester Districts. The core cities have a significantly higher mobility rate (26%) than schools in the remainder of the state (10%).[13]

School Mobility and Education Outcomes in Rhode Island, 2006-2007 School Year



Source: Rhode Island Department of Elementary and Secondary Education, Data Warehouse, 2006-2007 school year.

◆ **Rhode Island students who change schools mid-year are absent more often than students who do not change schools. Rhode Island students who did not change schools had a 92% attendance rate, compared with 75% for those who changed schools between one and three times during the 2006-2007 school year.[14]**

◆ **Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2006-2007 school year in Rhode Island, 65% of fourth grade children who did not experience mobility were proficient in reading on the state assessments, compared with 44% of students who moved once and 35% of students who moved twice or more.[15]**

Residential Mobility among Rhode Island Children

◆ **In 2007 in Rhode Island, 15% of children ages five to 19 changed residency at least once during the previous year, with the majority (8%) moving within the same county, 1% moving across a county line within Rhode Island, 5% moving from a different state, and 1% moving from abroad.[16]**

◆ **Individuals living below the federal poverty threshold were more likely to change residency in Rhode Island in 2007 than individuals with higher incomes. Twenty-seven percent of the Rhode Island population living below the poverty threshold moved during 2007, compared with 10% of people with higher incomes.[17]**

Table 38.

Student Mobility Rates, Rhode Island, 2007-2008 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	ENROLLED WHOLE YEAR	CHILDREN ENROLLED & EXITED DURING YEAR	STABILITY RATE	MOBILITY RATE
Barrington	**3,528**	**3,408**	**126**	**97%**	**4%**
Bristol-Warren	**3,632**	**3,334**	**312**	**92%**	**9%**
Burrilville	**2,754**	**2,505**	**262**	**91%**	**10%**
Central Falls	**3,955**	**2,955**	**1,075**	**75%**	**27%**
Chariho	**3,967**	**3,541**	**457**	**89%**	**12%**
Coventry	**5,660**	**5,295**	**401**	**94%**	**7%**
Cranston	**11,445**	**10,185**	**1,353**	**89%**	**12%**
Cumberland	**4,972**	**4,794**	**178**	**96%**	**4%**
East Greenwich	**2,500**	**2,363**	**148**	**95%**	**6%**
East Providence	**6,164**	**5,497**	**721**	**89%**	**12%**
Exter-West Greenwich	**2,053**	**1,913**	**159**	**93%**	**8%**
Foster	**282**	**260**	**23**	**92%**	**8%**
Foster-Glocester	**1,572**	**1,535**	**38**	**98%**	**2%**
Glocester	**615**	**604**	**11**	**98%**	**2%**
Jamestown	**544**	**480**	**64**	**88%**	**12%**
Johnston	**3,480**	**3,077**	**429**	**88%**	**12%**
Lincoln	**3,632**	**3,302**	**345**	**91%**	**9%**
Little Compton	**332**	**312**	**20**	**94%**	**6%**
Middletown	**2,597**	**2,213**	**415**	**85%**	**16%**
Narragansett	**1,554**	**1,429**	**129**	**92%**	**8%**
Newport	**2,482**	**1,972**	**557**	**79%**	**22%**
New Shoreham	**163**	**129**	**37**	**79%**	**23%**
North Kingstown	**4,714**	**4,364**	**381**	**93%**	**8%**
North Providence	**3,437**	**3,113**	**348**	**91%**	**10%**
North Smithfield	**1,992**	**1,824**	**195**	**92%**	**10%**
Pawtucket	**10,100**	**7,877**	**2,407**	**78%**	**24%**
Portsmouth	**3,134**	**2,846**	**318**	**91%**	**10%**
Providence	**28,851**	**21,491**	**8,083**	**74%**	**28%**
Scituate	**1,841**	**1,737**	**107**	**94%**	**6%**
Smithfield	**2,691**	**2,536**	**167**	**94%**	**6%**
South Kingstown	**3,923**	**3,535**	**419**	**90%**	**11%**
Tiverton	**2,148**	**1,988**	**167**	**93%**	**8%**
Warwick	**11,860**	**10,553**	**1,428**	**89%**	**12%**
West Warwick	**4,040**	**3,373**	**729**	**83%**	**18%**
Westerly	**3,511**	**3,156**	**387**	**90%**	**11%**
Woonsocket	**7,080**	**5,499**	**1,713**	**78%**	**24%**
Charter Schools	***1,930***	***1,863***	***68***	***97%***	***4%***
State-Operated Schools	***2,387***	***1,510***	***1,102***	***63%***	***46%***
UCAP	***155***	***126***	***31***	***81%***	***20%***
Core Cities	***56,508***	***43,167***	***14,564***	***76%***	***26%***
Remainder of State	***100,697***	***91,828***	***9,545***	***91%***	***9%***
Rhode Island	***161,677***	***138,494***	***25,310***	***86%***	***16%***

Calculating School Mobility and Stability Rates

- **Mobility rates are calculated by adding all children who entered any school within the school district to all those who withdrew from any school in the district and dividing the total by the total enrollment for that school district.**
- **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.**
- **Total enrollment for each district is cumulative over the course of the school year.**

Source: Rhode Island Department of Elementary and Secondary Education, 2008.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2007-2008 School Year.

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

References

[1] U.S. Bureau of the Census, Current Population Survey, 2007 Annual Social and Economic Supplement. *Table 23: Reason for move, by sex, age, race and Hispanic origin, relationship to householder, educational attainment, marital status, nativity, tenure, tenure, poverty status, and type of move (all categories): 2006 to 2007.*

[2] U.S. Bureau of the Census, Current Population Survey, 2007 Annual Social and Economic Supplement. *Table 1: General mobility, by race and Hispanic origin, region, sex, age, relationship to householder, educational attainment, marital status, nativity, tenure, and poverty level: 2006-2007.*

[3,5,7] American Youth Policy Forum. (2002). *Forum Brief: Addressing the causes and consequences of high student mobility: The role of school systems and communities.* Retrieved December 18, 2007 from www.aypf.org/forumbriefs/2002/fb030102.htm

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[10] Rhodes, V. L. (2005). Kids on the move: The effects of student mobility on NCLB school accountability ratings. *Urban Education Journal,* 3(3).

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[12] *Trends in the well-being of America's children and youth.* (2003). Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

[13] Rhode Island Department of Elementary and Secondary Education, 2007-2008 school year.

[14,15] Rhode Island Department of Elementary and Secondary Education, Data Warehouse, 2006-2007 school year.

[16] U.S. Bureau of the Census, American Community Survey, 2007. Table B07001.

[17] U.S. Bureau of the Census, American Community Survey, 2007. Table B07012.

Fourth-Grade Reading Skills

DEFINITION

Fourth-grade reading skills is the percentage of fourth-grade students who scored at or above the proficiency level for reading on the *New England Common Assessment Program* (NECAP) test in October 2008. The NECAP test measures reading, writing and math skills. Proficiency rates from the reading sub-test are reported here.

SIGNIFICANCE

Reading proficiency is fundamental to the development of academic competencies and basic life skills. Students with poor reading skills will experience difficulty completing academic coursework, graduating from high school and can experience difficulty finding and maintaining employment later in life.[1]

Literacy begins long before children encounter formal school instruction in writing and reading. Enhanced vocabulary, comprehension and cognitive development can be seen in children under three years of age by starting to read to children from infancy.[2] Literacy-rich home environments (including reading, singing or telling stories to children) contribute to advanced literacy development and reading achievement.[3,4] Participation in high-quality preschools also can boost language and literacy skills by helping children learn, think and talk about new areas of knowledge; by integrating reading and writing into everyday activities; and offering opportunities to play in ways that build vocabulary and other language skills.[5]

Literacy development in the elementary grades can be enhanced through the prioritization of literacy development, varied strategies and materials to meet diverse student needs, high-quality teacher training, small classes, and parent involvement.[6]

When students continue to have difficulty reading beyond third grade, they often face tremendous difficulty catching up. Older students can learn to read when schools identify reading difficulties early and intervene quickly in order to teach foundational skills that students have missed by providing many opportunities to practice reading with meaningful, age-appropriate books.[7]

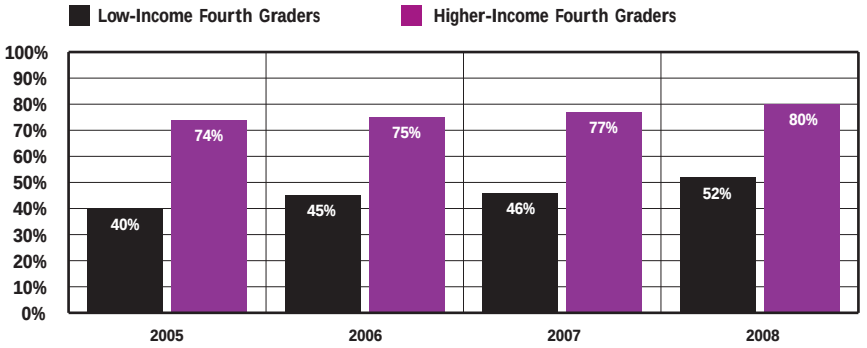
4th Grade NAEP Reading Proficiency

	1998	2007
RI	31%	31%
US	28%	32%
National Rank*		*32nd*
New England Rank**		*6th*

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center. (n.d.). *4th graders who scored at or above proficient reading level on the National Assessment of Educational Progress (NAEP), 1998 and 2007.* Retrieved on February 17, 2009 from www.kidscount.org/datacenter

Fourth-Grade NECAP Reading Proficiency Rates, by Income Status, Rhode Island, 2005-2008



Source: Rhode Island Department of Elementary and Secondary Education, New England Common Assessment Program (NECAP) Results, 2005-2008. Low-income status is determined by eligibility for the free or reduced-price lunch program.

◆ **In October 2008, 68% 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.[8]**

◆ **In Rhode Island between 2005 and 2008, 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 2008, 52% of low-income fourth graders scored at or above the proficient level, up from 40% in 2005. Eighty percent of higher-income fourth graders score at or above the proficient level in 2008, compared with 74% in 2005.[9]**

◆ **Students receiving special education services are much less likely to be proficient in reading than students in regular education and have seen some of the smallest improvements of any student group since the first NECAP tests were administered in 2005.[10] In Rhode Island in 2008, 33% of fourth graders with disabilities achieved proficiency, up from 26% in 2005. Seventy-five percent of non-disabled fourth graders were proficient in reading in 2005, compared with 68% in 2005.[11]**

◆ **Seventy-six percent of White fourth graders were proficient on the October 2008 NECAP, compared with 70% of Asian students, 54% of Black students, 47% of Hispanic students and 44% of Native American students.[12]**

Table 39. **Fourth-Grade Reading Proficiency, Rhode Island, 2005 & 2008**

SCHOOL DISTRICT	COMMUNITY CONTEXT: % ADULTS COMPLETING HIGH SCHOOL	COMMUNITY CONTEXT: % CHILDREN AGES 5-17 IN POVERTY	COMMUNITY CONTEXT: % ENGLISH LANGUAGE LEARNERS	OCTOBER 2005: # OF 4TH GRADE TEST TAKERS	OCTOBER 2005: % AT OR ABOVE THE PROFICIENCY LEVEL	OCTOBER 2008: # OF 4TH GRADE TEST TAKERS	OCTOBER 2008: % AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	92%	3%	1%	248	89%	232	90%
Bristol-Warren	75%	7%	4%	268	69%	220	78%
Burrillville	80%	9%	0%	164	63%	166	72%
Central Falls	49%	36%	22%	253	40%	214	48%
Chariho	88%	5%	0%	269	73%	276	73%
Coventry	83%	6%	0%	405	68%	361	75%
Cranston	79%	12%	5%	801	71%	711	80%
Cumberland	81%	6%	2%	410	74%	368	75%
East Greenwich	93%	4%	1%	201	86%	139	85%
East Providence	71%	12%	3%	415	59%	329	73%
Exeter-W. Greenwich	89%	5%	1%	162	74%	140	75%
Foster	88%	7%	0%	66	68%	36	86%
Glocester	87%	9%	0%	124	77%	95	77%
Jamestown	93%	4%	1%	42	83%	56	80%
Johnston	78%	11%	2%	276	58%	214	66%
Lincoln	82%	7%	1%	267	72%	229	77%
Little Compton	91%	7%	0%	37	73%	45	76%
Middletown	91%	6%	3%	195	68%	185	70%
Narragansett	91%	7%	0%	122	81%	85	86%
New Shoreham	95%	9%	4%	14	100%	11	91%
Newport	87%	16%	3%	178	46%	117	53%
North Kingstown	92%	7%	1%	337	79%	283	75%
North Providence	77%	11%	2%	250	64%	192	73%
North Smithfield	82%	5%	1%	128	77%	134	85%
Pawtucket	66%	22%	10%	703	48%	630	58%
Portsmouth	91%	4%	0%	236	75%	200	75%
Providence	66%	34%	15%	1,887	31%	1,477	47%
Scituate	87%	6%	0%	141	72%	121	79%
Smithfield	85%	5%	1%	219	79%	176	84%
South Kingstown	91%	5%	1%	249	76%	245	75%
Tiverton	80%	6%	0%	154	77%	129	74%
Warwick	85%	7%	1%	853	71%	719	75%
West Warwick	76%	13%	2%	295	55%	232	69%
Westerly	82%	7%	2%	255	69%	217	70%
Woonsocket	64%	25%	4%	489	46%	402	53%
Charter Schools	*NA*	*NA*	*15%*	*159*	*43%*	*223*	*64%*
Core Cities	*67%*	*28%*	*12%*	*3,805*	*39%*	*3,072*	*52%*
Remainder of State	*83%*	*8%*	*2%*	*7,467*	*72%*	*6,314*	*76%*
Rhode Island	*78%*	*15%*	*5%*	*11,272*	*60%*	*9,609*	*68%*

Source of Data for Table/Methodology

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education (RIDE), *Fourth Grade Reading Skills* cannot be compared with Factbooks prior to 2007.

Data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2005 and 2008.

% 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 district and school proficiency rates. All enrolled students are eligible unless their IEP specifically exempts them or unless they are beginning English Language Learners.

The % of adults completing high school or higher is from Census 2000. The % of children in poverty is from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2007. The % of English Language Learners is from RIDE 2007-2008 school year.

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

Independent charter schools included in this indicator are the Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, and Paul Cuffee Charter School. Charter schools are not included in the core city and remainder of state calculations.

See the Methodology section for more information.

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[1] *Reading proficiency.* (n.d.). Retrieved from the Child Trends Data Bank on February 13, 2008 from www.childtrendsdatabank.org

[2] Raikes, H., et al. (2006). Mother-child bookreading in low-income families: Correlates and outcomes during the first three years of life. *Child Development*, 77(4), 924-953.

(continued on page 160)

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 in October 2008. The NECAP test measures reading, writing and math skills. Proficiency rates from the reading sub-test are reported here.

SIGNIFICANCE

To succeed in post-secondary education or employment, students must possess literacy skills that enable them to construct meaning from a variety of texts and materials presented in different ways and convey that meaning to others.[1] Challenges in reading increase for older students because literacy demands intensify in tandem with content demands.[2] Instructional needs for struggling readers in fourth and fifth grade have more in common with strategies for students in middle and high school than they do with students in the early elementary grades.[3]

Reading difficulties can persist over time with long-term consequences for youth.[4] Problems faced by struggling readers are exacerbated when they are English Language Learners, recent immigrants or have learning disabilities.[5] Adolescents who are poor readers have difficulty succeeding in other core subjects and are more likely to drop out than their peers.[6]

At-risk adolescent students rarely receive intensive reading instruction.[7] Many schools that institute programs to support struggling adolescent readers serve only a small proportion of students who need assistance through special education programs.[8]

Adolescent literacy can be improved by providing direct and explicit instruction for vocabulary and comprehension strategies and making available intensive, individualized interventions for struggling readers that can be provided by trained specialists.[9] Schools with successful adolescent literacy programs have strong leadership, incorporate interdisciplinary teaching teams, target professional development, implement comprehensive literacy instruction strategies, and use student assessments effectively.[10]

8th Grade NAEP Reading Proficiency

	1998	2007
RI	32%	27%
US	30%	29%
National Rank*		*35th*
New England Rank**		*6th*

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center. (n.d.). *8th graders who scored at or above proficient reading level on the National Assessment of Educational Progress (NAEP)*, 1998 and 2007. Retrieved on February 18, 2009 from www.kidscount.org/datacenter

Rhode Island Public School 8th-Grade NECAP Reading Proficiency

Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), 2005 – 2008.

◆ **In October 2008, 65% of Rhode Island eighth-graders scored at or above proficiency in reading, an increase from 56% in 2005. Proficiency levels increased between 2005 and 2008 for students across the state. The greatest gains have been seen in the core cities, with proficiency rates increasing from 33% to 45% between 2005 and 2008.[11,12]**

◆ **Black, Hispanic and Native American students scored significantly lower than their White and Asian counterparts in Rhode Island. Fewer than 1% of eighth-grade English Language Learners in Rhode Island scored at or above proficiency in reading in 2008.[13]**

◆ **Forty-six percent of low-income eighth-grade students (determined by eligibility for the free or reduced-price lunch program) were proficient in reading in 2008, up from 33% in 2005. Seventy-six percent of higher-income eighth graders were proficient in reading in 2008, compared with 68% in 2005.[14]**

◆ **In Rhode Island in 2008, 25% of eighth-grade students receiving special education services were proficient in reading, up from 21% in 2005. Seventy-four percent of eighth graders in regular education programs were proficient in reading in 2008, compared with 63% in 2005.[15]**

Table 40.

Eighth-Grade Reading Proficiency, Rhode Island, 2005 & 2008

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2008	
	% ADULTS COMPLETING HIGH SCHOOL	% CHILDREN IN POVERTY	% 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	**92%**	**3%**	**1%**	**275**	**92%**	**265**	**94%**
Bristol Warren	**75%**	**7%**	**4%**	**291**	**63%**	**257**	**76%**
Burrillville	**80%**	**9%**	**0%**	**230**	**67%**	**177**	**64%**
Central Falls	**49%**	**36%**	**22%**	**279**	**27%**	**268**	**34%**
Chariho	**88%**	**5%**	**0%**	**302**	**58%**	**282**	**85%**
Coventry	**83%**	**6%**	**0%**	**479**	**66%**	**435**	**80%**
Cranston	**79%**	**12%**	**5%**	**926**	**57%**	**838**	**68%**
Cumberland	**81%**	**6%**	**2%**	**409**	**72%**	**412**	**71%**
East Greenwich	**93%**	**4%**	**1%**	**214**	**87%**	**197**	**86%**
East Providence	**71%**	**12%**	**3%**	**499**	**57%**	**430**	**65%**
Exeter-W. Greenwich	**89%**	**5%**	**1%**	**161**	**72%**	**160**	**78%**
Foster-Glocester	**87%**	**6%**	**0%**	**217**	**57%**	**202**	**67%**
Jamestown	**93%**	**4%**	**1%**	**74**	**86%**	**61**	**87%**
Johnston	**78%**	**11%**	**2%**	**288**	**58%**	**290**	**66%**
Lincoln	**82%**	**7%**	**1%**	**261**	**74%**	**270**	**79%**
Little Compton	**91%**	**7%**	**0%**	**41**	**83%**	**32**	**75%**
Middletown	**90%**	**6%**	**3%**	**185**	**64%**	**194**	**80%**
Narragansett	**91%**	**7%**	**0%**	**123**	**81%**	**126**	**87%**
New Shoreham	**95%**	**9%**	**4%**	**9**	**NA**	**9**	**NA**
Newport	**87%**	**16%**	**3%**	**177**	**50%**	**178**	**69%**
North Kingstown	**92%**	**7%**	**1%**	**349**	**73%**	**359**	**73%**
North Providence	**77%**	**11%**	**2%**	**307**	**70%**	**250**	**66%**
North Smithfield	**82%**	**5%**	**1%**	**161**	**72%**	**161**	**58%**
Pawtucket	**66%**	**22%**	**10%**	**795**	**44%**	**698**	**52%**
Portsmouth	**91%**	**4%**	**0%**	**223**	**81%**	**215**	**80%**
Providence	**66%**	**34%**	**15%**	**1,935**	**25%**	**1,636**	**41%**
Scituate	**87%**	**6%**	**0%**	**156**	**89%**	**151**	**87%**
Smithfield	**85%**	**5%**	**1%**	**227**	**78%**	**195**	**81%**
South Kingstown	**91%**	**5%**	**1%**	**348**	**76%**	**288**	**82%**
Tiverton	**80%**	**6%**	**0%**	**203**	**67%**	**163**	**68%**
Warwick	**85%**	**7%**	**1%**	**955**	**59%**	**881**	**71%**
West Warwick	**76%**	**13%**	**2%**	**319**	**56%**	**261**	**59%**
Westerly	**82%**	**7%**	**2%**	**266**	**59%**	**279**	**79%**
Woonsocket	**64%**	**25%**	**4%**	**494**	**28%**	**414**	**43%**
Charter Schools	***NA***	***NA***	***15%***	***22***	***55%***	***94***	***48%***
UCAP	***NA***	***NA***	***NA***	***67***	***6%***	***82***	***43%***
Core Cities	***67%***	***28%***	***12%***	***3,999***	***33%***	***3,455***	***45%***
Remainder of State	***83%***	***8%***	***2%***	***8,179***	***67%***	***7,581***	***74%***
Rhode Island	***78%***	***15%***	***5%***	***12,270***	***56%***	***11,212***	***65%***

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education (RIDE), *New England Common Assessment Program (NECAP)* October 2005 & 2008.

% at or above the proficiency level are the eighth grade students who received proficient or proficient with distinction scores on the reading section of the NECAP. Only students who actually took the test are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Language Learners.

% of adults completing high school or higher data are from Census 2000. % children in poverty data are from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2007. % English Language Learners is from the Rhode Island Department of Elementary and Secondary Education, 2007-2008 school year.

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

Core city and remainder of state calculations do not include charter schools or UCAP. Independent charter schools reported for this indicator are Highlander Charter School, Paul Cuffee Charter School and Compass Charter School. UCAP is the Urban Collaborative Accelerated Program.

See the Methodology section for more information.

References

[1] McCombs, J. S., Kirby, S. N., Barney, H., Darilek, H., Magee, S. J. (2005). *Achieving state and national literacy goals, a long uphill road.* New York: RAND Corporation.

[2] Snow, C. E. & Biancarosa, G. (2003). *Adolescent literacy and the achievement gap: What do we know and where do we go from here?* New York: Carnegie Corporation.

(continued on page 161)

Math Skills

DEFINITION

Math skills is the percentage of fourth- and eighth-grade students who scored at or above the proficiency level for math on the *New England Common Assessment Program* (NECAP) test in October 2008. Proficiency rates from the mathematics sub-test are reported here.

SIGNIFICANCE

The ability to understand and use mathematics is critical in life. Students must rely on math skills not only for advancing their education, but also in the course of daily activities.[1] Strong high school math skills can also open higher education and career opportunities for students.[2] Schools in Rhode Island teach mathematics every year through eighth grade and require students to take four years of mathematics to graduate from high school.[3,4]

State, national and international assessments show that U.S. students fare well when asked to perform straightforward computational procedures, but tend to have a limited understanding of the basic mathematical concepts needed to solve simple problems. Performance in mathematics, while generally low, has been improving over the past decade.[5]

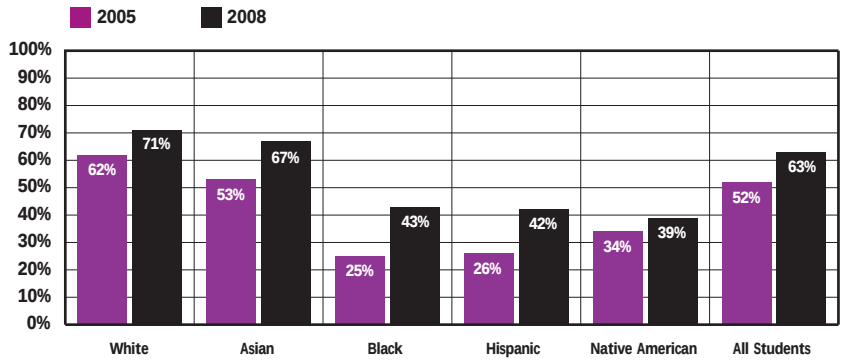
Family risk factors, such as poverty, language barriers and low maternal education levels negatively impact student achievement in mathematics.[6] Disparities in math achievement related to race and family income persist in the United States.[7] Students with insufficient math skills will have fewer opportunities to pursue post-secondary education and secure high-level employment than their peers.[8]

Frequent engagement in classroom activities, such as doing math problems from a textbook, talking with others about how to solve math problems and using a calculator are associated with higher scores on assessments, particularly for older students.[9] Students' achievement in math is highest when they are taught by teachers with strong math backgrounds and training in teaching math.[10]

Achieving math proficiency for all students requires that improvements be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation and professional development.[11,12]

Nationally and in Rhode Island, gaps in math performance exist between low-income and higher-income students. In Rhode Island in 2008, 46% of low-income fourth-grade students were proficient in math compared to 75% of higher-income fourth-grade students. Thirty-three percent of low-income eighth-grade students were proficient in math compared to 66% of higher-income eighth-grade students.[13,14]

4th Grade Math Proficiency Levels, by Race and Ethnicity
Rhode Island Public Schools, 2005 & 2008



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2005 and October 2008.

◆ **In October 2008, 63% of Rhode Island fourth graders scored at or above proficiency in math, compared with 52% in 2005. In Rhode Island in 2008, 32% of fourth-grade students with disabilities were proficient in math compared to 69% of students without disabilities.[15]**

◆ **Black and Hispanic students have seen the greatest improvements in fourth-grade math proficiency since 2005, yet Black, Hispanic and Native American students continue to score significantly lower than their White and Asian peers.[16]**

◆ **In Rhode Island in 2008, 53% of eighth-grade students were proficient in math, compared with 48% in 2005. Fifteen percent of eighth-grade students with disabilities were proficient in math in 2008 compared with 61% of students without disabilities.[17]**

National Assessment of Educational Progress

◆ **Eighty percent of Rhode Island fourth graders performed at or above the Basic level in math on the 2007 National Assessment of Educational Progress (NAEP), compared with 81% nationally. Sixty-six percent of Rhode Island eighth-graders performed at or above the Basic level in math on the NAEP, compared with 70% nationally. Students performing at the Basic level have shown partial mastery of prerequisite knowledge and skills that are fundamental for proficient grade-level work.[18,19]**

Table 41.

Fourth and Eighth Grade Math Proficiency, Rhode Island, 2005 and 2008

SCHOOL DISTRICT	FOURTH GRADE # OF TEST TAKERS, 2005	FOURTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	FOURTH GRADE # OF TEST TAKERS, 2008	FOURTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2008	EIGHTH GRADE # OF TEST TAKERS, 2005	EIGHTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	EIGHTH GRADE # OF TEST TAKERS, 2008	EIGHTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2008
Barrington	**248**	**85%**	**234**	**87%**	**275**	**87%**	**265**	**91%**
Bristol-Warren	**269**	**62%**	**220**	**75%**	**291**	**57%**	**257**	**64%**
Burrillville	**163**	**55%**	**166**	**70%**	**230**	**52%**	**177**	**55%**
Central Falls	**266**	**28%**	**223**	**39%**	**292**	**16%**	**275**	**27%**
Chariho	**269**	**66%**	**276**	**70%**	**304**	**55%**	**282**	**73%**
Coventry	**405**	**63%**	**361**	**72%**	**478**	**62%**	**436**	**68%**
Cranston	**806**	**55%**	**712**	**70%**	**928**	**41%**	**840**	**51%**
Cumberland	**410**	**58%**	**367**	**69%**	**410**	**56%**	**413**	**60%**
East Greenwich	**201**	**83%**	**140**	**82%**	**214**	**84%**	**197**	**82%**
East Providence	**416**	**59%**	**328**	**64%**	**499**	**46%**	**433**	**50%**
Exeter-West Greenwich	**162**	**68%**	**141**	**77%**	**160**	**64%**	**160**	**73%**
Foster	**65**	**66%**	**36**	**86%**	**NA**	**NA**	**NA**	**NA**
Foster-Glocester	**NA**	**NA**	**NA**	**NA**	**217**	**61%**	**202**	**55%**
Glocester	**124**	**62%**	**95**	**73%**	**NA**	**NA**	**NA**	**NA**
Jamestown	**43**	**65%**	**56**	**77%**	**74**	**77%**	**61**	**70%**
Johnston	**276**	**45%**	**214**	**57%**	**289**	**41%**	**290**	**45%**
Lincoln	**266**	**72%**	**229**	**79%**	**261**	**62%**	**270**	**69%**
Little Compton	**37**	**59%**	**45**	**71%**	**41**	**76%**	**32**	**63%**
Middletown	**199**	**68%**	**187**	**72%**	**185**	**70%**	**197**	**76%**
Narragansett	**122**	**66%**	**86**	**83%**	**122**	**75%**	**126**	**67%**
New Shoreham	**14**	**57%**	**11**	**91%**	**9**	**67%**	**9**	**NA**
Newport	**179**	**34%**	**122**	**54%**	**178**	**39%**	**182**	**51%**
North Kingstown	**334**	**71%**	**282**	**78%**	**349**	**61%**	**359**	**66%**
North Providence	**252**	**39%**	**192**	**68%**	**311**	**38%**	**254**	**35%**
North Smithfield	**129**	**80%**	**134**	**61%**	**161**	**66%**	**161**	**55%**
Pawtucket	**705**	**42%**	**633**	**50%**	**804**	**37%**	**705**	**35%**
Portsmouth	**236**	**67%**	**201**	**76%**	**223**	**72%**	**215**	**82%**
Providence	**1,925**	**25%**	**1,490**	**40%**	**1,957**	**20%**	**1,658**	**28%**
Scituate	**141**	**62%**	**121**	**69%**	**156**	**79%**	**151**	**74%**
Smithfield	**220**	**72%**	**177**	**82%**	**227**	**64%**	**194**	**71%**
South Kingstown	**249**	**71%**	**246**	**82%**	**348**	**72%**	**292**	**78%**
Tiverton	**154**	**75%**	**129**	**76%**	**203**	**62%**	**164**	**71%**
Warwick	**854**	**63%**	**719**	**67%**	**951**	**52%**	**883**	**58%**
West Warwick	**294**	**42%**	**231**	**56%**	**318**	**51%**	**261**	**55%**
Westerly	**255**	**56%**	**218**	**73%**	**266**	**47%**	**280**	**69%**
Woonsocket	**493**	**41%**	**402**	**48%**	**495**	**29%**	**419**	**29%**
Charter Schools	***160***	***36%***	***223***	***61%***	***23***	***39%***	***94***	***36%***
UCAP	***NA***	***NA***	***NA***	***NA***	***66***	***5%***	***82***	***15%***
Core Cities	***3,862***	***32%***	***3,101***	***45%***	***4,044***	***27%***	***3,500***	***33%***
Remainder of State	***7,319***	***63%***	***6,323***	***72%***	***8,182***	***57%***	***7,600***	***63%***
Rhode Island	***11,341***	***52%***	***9,647***	***63%***	***12,315***	***47%***	***11,276***	***53%***

Source of Data for Table/Methodology

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education, Math Skills in the Factbook cannot be compared with Factbooks prior to 2007.

All data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2008.

Only students who actually took the test are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their IEP specifically exempts them or unless they are beginning English-Language Learners.

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

Charter schools include Compass Charter School, Highlander School, International Charter School, Kingston Hill Academy, Learning Community Charter School and Paul Cuffee Charter School. Charter schools are not included in the core city and remainder of state calculations. UCAP is the Urban Collaborative Accelerated Program.

NA indicates that the school district does not serve students at that grade level or that the number of students was too small to report.

References

[1,9] National Center for Education Statistics. (2001). *The nation's report card: Mathematics 2000.* Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics.

[2,7,12] U.S. Department of Education. (2008). *Foundations for success: The final report of the National Mathematics Advisory Council.* Washington, DC: U.S. Department of Education.

[3] Rhode Island Board of Regents for Elementary and Secondary Education. (2008). *Regulations for K-12 literacy, restructuring the learning environment at the middle and high school levels, and proficiency based graduation requirements (PBGR) at high schools.* Retrieved February 22, 2009 from www.ride.ri.gov

[4] Rhode Island Department of Elementary and Secondary Education. (2007). *Rhode Island K – 8 mathematics grade-level expectations.* Retrieved February 20, 2009 from www.ride.ri.gov

(continued on page 161)

Schools Making Insufficient Progress

DEFINITION

Schools making insufficient progress is the percentage of Rhode Island public schools making insufficient progress as classified by the Rhode Island Department of Elementary and Secondary Education. Classification levels include: "Insufficient Progress," "Caution," "Met Adequate Yearly Progress (AYP)," and "Met AYP and Commended." Classifications are based on 37 measures of school performance. Rhode Island's accountability system is designed to promote an increase in educational outcomes so all students reach proficiency by 2014, as required by the federal *No Child Left Behind Act* of 2001.

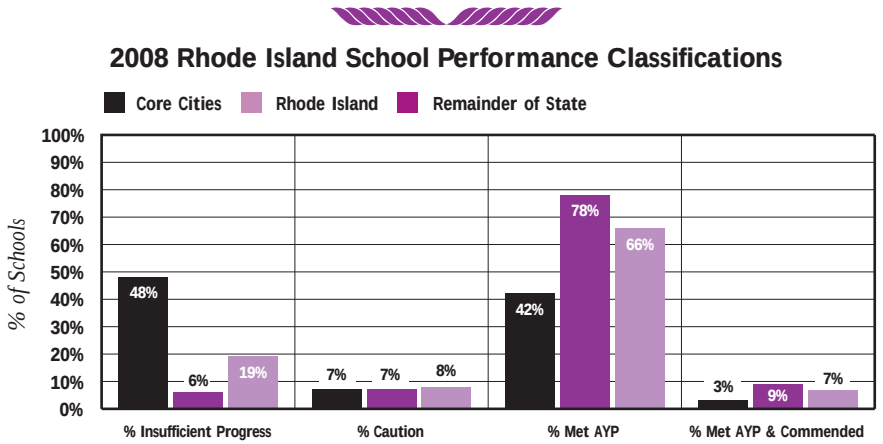
SIGNIFICANCE

The 2001 federal *No Child Left Behind Act* (NCLB) is aimed at closing achievement gaps and improving public schools. Through improved standards and accountability and increased testing and reporting requirements, NCLB is intended to focus on improving educational outcomes for all students with special attention paid to key demographic groups. The law is also intended to improve teacher quality and expand options for students.[1]

The concept of standards-based education relies on four cornerstones: making learning goals explicit, ensuring teachers are using curricula aligned with the standards, providing the necessary resources, and developing tests and implementing accountability systems closely aligned with the learning goals.[2] Accountability systems are insufficient without deliberate interventions to improve teacher quality and provide extra resources to students at risk of failure.[3]

Testing student performance in reading and mathematical skills can indicate how well schools are preparing students to succeed in higher education and the labor market. Students with higher test scores are more likely to graduate from high school, attend college, earn more and have more stable employment than students with lower test scores.[4]

High poverty schools can achieve high standards for student performance by regularly communicating high expectations for students and staff, nurturing positive relationships among adults and students, having a strong focus on academic instruction, providing ongoing professional development for staff connected to student achievement data, using student assessments to individualize instruction, making decisions collaboratively, employing enthusiastic and diligent teachers, and effectively recruiting, hiring and assigning teachers to maximize success.[5]



Source: Rhode Island Department of Education, 2007-2008 school year.

◆ **In Rhode Island in 2008, 201 schools (66%) were classified as "Met Adequate Yearly Progress (AYP)," 21 additional schools (8%) were classified as "Met AYP and Commended," 23 schools (8%) were classified as "Caution," and 58 schools (19%) were classified as "Insufficient Progress."[6]**

◆ **School classifications are based on 37 targets that include school-wide English and mathematics targets, English and mathematics targets for student groups, school-wide and student group test participation targets, and attendance or graduation rate targets (depending on whether the school is an elementary/middle school or a high school). English and mathematics targets are evaluated using the *New England Common Assessment Program* (NECAP) test and other state test results.[7]**

◆ **Schools that do not miss any current targets are classified as "Met AYP." Schools that achieve exceptionally high performance in English (ELA) or Mathematics for two years, make significant progress for two years or significantly close achievement gaps between student groups are designated as Regents Commended Schools ("Met AYP and Commended"). Schools that miss up to three targets for the first time (other than school-wide ELA and mathematics targets) may be classified as "Caution" for one year only. Schools that miss a school-wide ELA or math target, more than three targets, or schools that miss any target for multiple years are classified as making "Insufficient Progress."[8]**

◆ **Schools that are classified as making "Insufficient Progress" may face state interventions, including the implementation of a corrective action plan or restructuring by the state.[9]**

Table 42.

School Classifications, Rhode Island, 2008

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# MET AYP & COMMENDED	% MET AYP & COMMENDED	# MET AYP	% MET AYP	# CAUTION	% CAUTION	# MAKING INSUFFICIENT PROGRESS	% MAKING INSUFFICIENT PROGRESS
Barrington	**6**	**6**	**100%**	**0**	**0%**	**0**	**0%**	**0**	**0%**
Bristol-Warren	**7**	**1**	**14%**	**6**	**85%**	**0**	**0%**	**0**	**0%**
Burrillville	**5**	**0**	**0%**	**5**	**100%**	**0**	**0%**	**0**	**0%**
Central Falls	**7**	**0**	**0%**	**2**	**29%**	**1**	**14%**	**4**	**57%**
Chariho	**7**	**0**	**0%**	**6**	**86%**	**0**	**0%**	**1**	**14%**
Coventry	**8**	**0**	**0%**	**6**	**75%**	**2**	**25%**	**0**	**0%**
Cranston	**23**	**1**	**4%**	**18**	**78%**	**1**	**4%**	**3**	**13%**
Cumberland	**8**	**0**	**0%**	**2**	**25%**	**4**	**50%**	**2**	**25%**
East Greenwich	**6**	**3**	**50%**	**3**	**50%**	**0**	**0%**	**0**	**0%**
East Providence	**11**	**0**	**0%**	**8**	**73%**	**1**	**9%**	**2**	**18%**
Exeter-West Greenwich	**5**	**0**	**0%**	**5**	**100%**	**0**	**0%**	**0**	**0%**
Foster	**1**	**0**	**0%**	**1**	**100%**	**0**	**0%**	**0**	**0%**
Foster-Glocester	**2**	**0**	**0%**	**2**	**100%**	**0**	**0%**	**0**	**0%**
Glocester	**2**	**0**	**0%**	**2**	**100%**	**0**	**0%**	**0**	**0%**
Jamestown	**2**	**0**	**0%**	**2**	**100%**	**0**	**0%**	**0**	**0%**
Johnston	**6**	**0**	**0%**	**5**	**83%**	**1**	**17%**	**0**	**0%**
Lincoln	**8**	**0**	**0%**	**8**	**100%**	**0**	**0%**	**0**	**0%**
Little Compton	**1**	**0**	**0%**	**1**	**100%**	**0**	**0%**	**0**	**0%**
Middletown	**5**	**0**	**0%**	**5**	**100%**	**0**	**0%**	**0**	**0%**
Narragansett	**3**	**0**	**0%**	**3**	**100%**	**0**	**0%**	**0**	**0%**
New Shoreham	**1**	**0**	**0%**	**1**	**100%**	**0**	**0%**	**0**	**0%**
Newport	**7**	**0**	**0%**	**5**	**71%**	**1**	**14%**	**1**	**14%**
North Kingstown	**9**	**1**	**11%**	**8**	**89%**	**0**	**0%**	**0**	**0%**
North Providence	**9**	**0**	**0%**	**8**	**89%**	**0**	**0%**	**1**	**11%**
North Smithfield	**4**	**0**	**0%**	**4**	**100%**	**0**	**0%**	**0**	**0%**
Pawtucket	**15**	**2**	**13%**	**8**	**53%**	**0**	**0%**	**5**	**33%**
Portsmouth	**5**	**0**	**0%**	**2**	**40%**	**3**	**60%**	**0**	**0%**
Providence	**46**	**0**	**0%**	**16**	**35%**	**0**	**0%**	**30**	**65%**
Scituate	**5**	**0**	**0%**	**5**	**100%**	**0**	**0%**	**0**	**0%**
Smithfield	**6**	**1**	**17%**	**5**	**83%**	**0**	**0%**	**0**	**0%**
South Kingston	**7**	**0**	**0%**	**6**	**86%**	**0**	**0%**	**1**	**14%**
Tiverton	**5**	**0**	**0%**	**4**	**80%**	**1**	**20%**	**0**	**0%**
Warwick	**26**	**2**	**8%**	**22**	**85%**	**1**	**4%**	**1**	**4%**
West Warwick	**6**	**0**	**0%**	**4**	**67%**	**1**	**17%**	**1**	**17%**
Westerly	**7**	**3**	**43%**	**4**	**57%**	**0**	**0%**	**0**	**0%**
Woonsocket	**10**	**1**	**10%**	**3**	**30%**	**3**	**30%**	**3**	**30%**
Charter Schools	***7***	***0***	***0%***	***4***	***57%***	***2***	***29%***	***1***	***14%***
State-Operated Schools	***4***	***0***	***0%***	***2***	***50%***	***1***	***25%***	***1***	***25%***
UCAP	***1***	***0***	***0%***	***0***	***0%***	***0***	***0%***	***1***	***100%***
Core Cities	***91***	***3***	***3%***	***38***	***42%***	***6***	***7%***	***44***	***48%***
Remainder of State	***200***	***18***	***9%***	***157***	***78%***	***14***	***7%***	***11***	***6%***
Rhode Island	***303***	***21***	***7%***	***201***	***66%***	***23***	***8%***	***58***	***19%***

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, 2007-2008 school year.

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

Independent charter schools are Blackstone Academy Charter School, The Compass School, CVS Highlander Charter School, the International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. State-operated schools are the William M. Davies Jr. Career-Technical High School, DCYF schools, Metropolitan Regional Career & Technical Center, and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

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See the Methodology Section for more information.

School Attendance

DEFINITION

School attendance is the average daily attendance of public school students in each school district in Rhode Island for elementary school (grades 1-5), middle school (grades 6-8), and high school (grades 9-12). Public school students in pre-school, kindergarten, and un-graded classrooms are not included.

SIGNIFICANCE

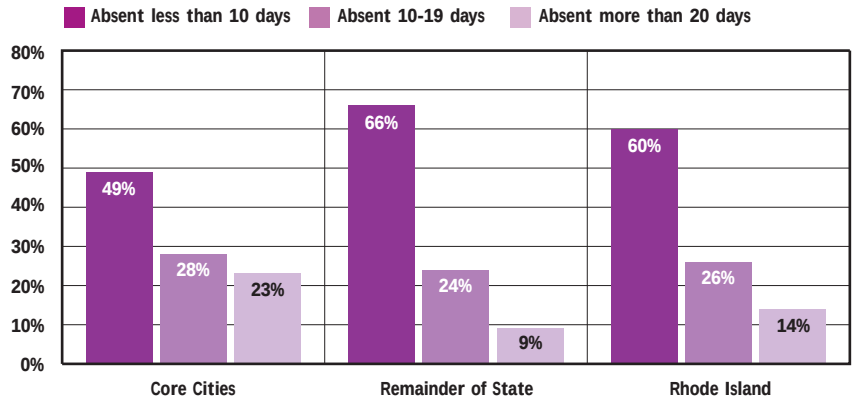
An important aspect of students' access to education is the amount of time actually spent in the classroom. When students are absent from school they miss opportunities to learn. Chronic absenteeism places individual children at risk for school failure.[1] Poor attendance may indicate an increased alienation and disengagement from school, which may eventually lead to students dropping out permanently.[2] Truancy (unexcused absences from school) among teens is also a risk factor for delinquent behavior. Youth who are truant are at risk for substance abuse, teenage pregnancy, criminal activity and incarceration.[3]

Chronic absenteeism and truancy are rarely a reflection of the child alone and are often an indication that the family needs help.[4] Poor children are more likely to be chronically absent than students in high-income families. The more exposure to maternal and family risks a child has the greater the absenteeism in early schooling.[5]

Truancy increases with each grade level, starting with the 8th grade and problems often begin with the transition to high school. Attendance problems usually worsen as the school year progresses.[6,7] Students' reasons for not attending school include repeated suspensions, poor achievement, concerns for safety, difficulty with peer and adult relationships, conflicts between school and work, and negative perceptions of school.[8]

A supportive, safe, and engaging school environment and caring adults can address many of the causes of student absenteeism and truancy. Chronic absenteeism can result from poor quality education, student and family disengagement from school, and bullying, as well as family and community factors. By engaging families and communities in strategies to improve attendance, offering incentives to families and children, and helping families access medical, economic and academic services, chronic absenteeism and truancy rates can be reduced.[9,10,11]

School Attendance in Rhode Island by Number of School Days Missed, 2007-2008 School Year



Source: Rhode Island Department of Elementary and Secondary Education. 2007-2008. *Data for charter and state-operated schools are only included in Rhode Island rates.*

◆ **During the 2007-2008 school year, nearly a quarter (23%) of students in the core cities in Rhode Island were absent for more than 20 days, compared with 9% of students in the remainder of the state, and 14% in Rhode Island as a whole.[12]**

◆ **Improving the core cities' high school attendance rate from the current rate of 86% to 93% (the rate in the remainder of the state) would mean that on average 1,024 more students would be attending high school in the core cities each day of the school year.[13]**

School Attendance in the Early Grades

◆ **Elementary school children are more likely than their peers to be absent from school if they live in low-income households, live in single-parent households, were born to a teenage mother, have a mother with poor health, experience food insecurity, or have mothers with low education levels.[14]**

◆ **Research shows that low-income children who are chronically absent in elementary school are less proficient than their peers in reading and in math.[15] In Rhode Island in the 2007-2008 school year, almost one-third (32%) of elementary students missed at least two weeks of school.[16]**

Table 43.

School Attendance Rates, Rhode Island, 2007-2008 School Year

SCHOOL DISTRICT	ELEMENTARY SCHOOL			MIDDLE SCHOOL			HIGH SCHOOL		
	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE
Barrington	**1,425**	**1,479**	**96%**	**805**	**835**	**96%**	**1,079**	**1,130**	**96%**
Bristol-Warren	**1,379**	**1,447**	**95%**	**774**	**814**	**95%**	**1,049**	**1,159**	**91%**
Burrillville	**1,047**	**1,099**	**95%**	**549**	**572**	**96%**	**811**	**863**	**94%**
Central Falls	**1,408**	**1,507**	**93%**	**772**	**828**	**93%**	**807**	**944**	**85%**
Chariho	**1,222**	**1,279**	**96%**	**1,087**	**1,134**	**96%**	**1,130**	**1,248**	**91%**
Coventry	**2,171**	**2,266**	**96%**	**1,282**	**1,342**	**96%**	**1,706**	**1,773**	**96%**
Cranston	**4,365**	**4,570**	**96%**	**2,471**	**2,619**	**94%**	**3,173**	**3,470**	**91%**
Cumberland	**2,056**	**2,136**	**96%**	**1,183**	**1,235**	**96%**	**1,391**	**1,502**	**93%**
East Greenwich	**1,142**	**1,189**	**96%**	**404**	**419**	**96%**	**725**	**764**	**95%**
East Providence	**2,292**	**2,418**	**95%**	**1,253**	**1,340**	**94%**	**1,782**	**1,999**	**89%**
Exeter-W. Greenwich	**911**	**948**	**96%**	**322**	**332**	**97%**	**637**	**667**	**95%**
Foster	**261**	**274**	**96%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Foster-Glocester	**NA**	**NA**	**NA**	**587**	**613**	**96%**	**839**	**910**	**92%**
Glocester	**575**	**598**	**96%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Jamestown	**230**	**242**	**95%**	**202**	**210**	**96%**	**7**	**7**	**97%**
Johnston	**1,321**	**1,390**	**95%**	**819**	**877**	**93%**	**832**	**930**	**89%**
Lincoln	**1,387**	**1,445**	**96%**	**832**	**868**	**96%**	**1,002**	**1,111**	**90%**
Little Compton	**212**	**221**	**96%**	**96**	**100**	**96%**	**NA**	**NA**	**NA**
Middletown	**881**	**920**	**96%**	**733**	**762**	**96%**	**645**	**682**	**95%**
Narragansett	**422**	**441**	**96%**	**500**	**519**	**96%**	**450**	**473**	**95%**
New Shoreham	**67**	**72**	**93%**	**27**	**30**	**93%**	**36**	**40**	**88%**
Newport	**957**	**1,014**	**94%**	**476**	**515**	**92%**	**552**	**629**	**88%**
North Kingstown	**1,732**	**1,804**	**96%**	**1,024**	**1,067**	**96%**	**1,512**	**1,619**	**93%**
North Providence	**1,225**	**1,286**	**95%**	**743**	**785**	**95%**	**1,040**	**1,124**	**93%**
North Smithfield	**903**	**942**	**96%**	**294**	**310**	**95%**	**537**	**570**	**94%**
Pawtucket	**4,487**	**4,742**	**95%**	**1,416**	**1,524**	**93%**	**2,166**	**2,460**	**88%**
Portsmouth	**1,094**	**1,136**	**96%**	**692**	**722**	**96%**	**1,005**	**1,048**	**96%**
Providence	**10,484**	**11,337**	**92%**	**4,406**	**4,889**	**90%**	**6,364**	**7,513**	**85%**
Scituate	**733**	**761**	**96%**	**425**	**441**	**96%**	**538**	**567**	**95%**
Smithfield	**1,012**	**1,051**	**96%**	**635**	**659**	**96%**	**796**	**847**	**94%**
South Kingstown	**1,426**	**1,487**	**96%**	**843**	**889**	**95%**	**1,110**	**1,191**	**93%**
Tiverton	**681**	**715**	**95%**	**588**	**617**	**95%**	**651**	**696**	**93%**
Warwick	**5,272**	**5,524**	**95%**	**1,731**	**1,830**	**95%**	**3,310**	**3,611**	**92%**
West Warwick	**1,546**	**1,627**	**95%**	**807**	**859**	**94%**	**1,009**	**1,125**	**90%**
Westerly	**1,339**	**1,402**	**96%**	**772**	**809**	**95%**	**1,033**	**1,096**	**94%**
Woonsocket	**2,695**	**2,913**	**93%**	**1,225**	**1,349**	**91%**	**1,574**	**1,843**	**85%**
Charter Schools	***1,251***	***1,309***	***96%***	***267***	***280***	***95%***	***284***	***312***	***91%***
State-Operated Schools	***33***	***35***	***94%***	***28***	***28***	***100%***	***1,120***	***1,207***	***93%***
UCAP	***NA***	***NA***	***NA***	***79***	***79***	***100%***	***56***	***56***	***100%***
Core Cities	***21,577***	***23,141***	***93%***	***9,102***	***9,965***	***91%***	***12,473***	***14,513***	***86%***
Remainder of State	***38,783***	***40,541***	***96%***	***21,675***	***22,753***	***95%***	***28,825***	***31,098***	***93%***
Rhode Island	***61,644***	***65,026***	***95%***	***31,151***	***33,105***	***94%***	***42,758***	***47,187***	***91%***

Source of Data for Table/Methodology

Attendance rates are calculated by dividing "the average daily attendance" by the "average daily membership," as of September 2007. Both measures are provided by the Rhode Island Department of Elementary and Secondary Education for the 2007-2008 school year.

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

Charter schools include BEACON Charter School, Blackstone Academy Charter School, The Compass School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. State-operated schools include The Rhode Island Training School operated by DCYF, Metropolitan Regional Career & Technical Center, and William M. Davies Jr. Career & Technical High School.

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[12,13,16] Rhode Island Department of Elementary and Secondary Education, 2007-2008 school year.

Suspensions

DEFINITION

Suspensions is the rate of infractions and disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. Students can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions, out-of-school suspensions, and alternate program placements.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate for students and teachers, support learning, and address the causes of student misbehavior. Studies have shown that punitive disciplinary practices, including "zero tolerance" policies, are largely ineffective and even counterproductive.[1] Out-of-school suspension is the most widely used disciplinary technique, both nationally and in Rhode Island, though out-of-school suspensions have fallen as a proportion of total disciplinary actions in Rhode Island since the 2005-2006 school year. Suspensions may be used for minor offenses, such as attendance infractions and disrespect, and for more serious offenses, such as drug-related offenses and weapon possession.[2,3,4]

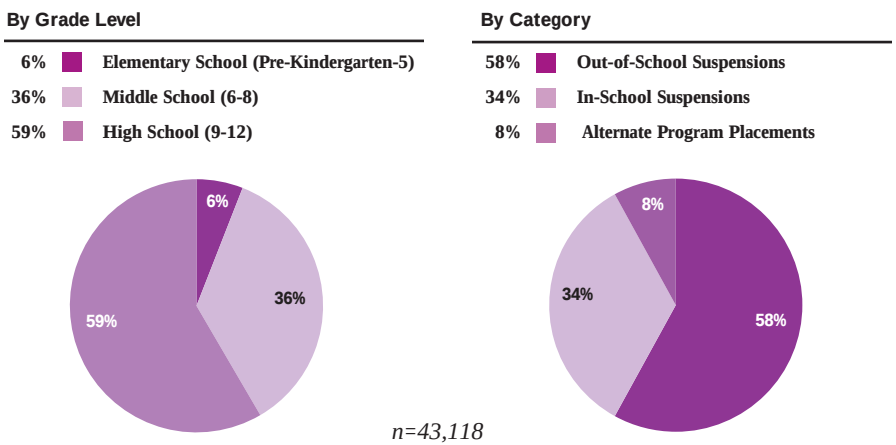
Suspensions usually do not deter students from misbehaving and may actually reinforce negative behavior patterns.[5] Suspended students are also more likely to have poor academic performance and to drop out of school than their peers.[6,7] Additional consequences of exclusion from school include students' further disempowerment and isolation from peers and teachers.[8,9]

During the 2007-2008 school year in Rhode Island, 43,118 disciplinary actions were attributed to 15,957 students.[10] The total number of disciplinary actions is almost three times the number of students disciplined because some students were disciplined multiple times.

Low-income and minority students are overrepresented in school suspensions and receive disproportionately severe disciplinary actions compared with their higher-income and White peers. In Rhode Island during the 2007-2008 school year, 47% (20,157) of the disciplinary actions were to minority students, who comprise 31% of the student population. One-third (33%) of Rhode Island students were enrolled in core city districts, but they received 50% of the disciplinary actions.[11,12]

Students with disabilities also are more likely than other students to be suspended. While 18% of Rhode Island students were in special education, they accounted for 35% (14,880) of the disciplinary actions in the 2007-2008 school year and 31% (4,943) of the total students disciplined.[13]

Disciplinary Actions, Rhode Island Public Schools, 2007-2008



n=43,118

Disciplinary Actions, Rhode Island Public Schools, 2007-2008

By Type of Infraction	#	%	By Type of Infraction	#	%
Attendance Offenses	15,371	36%	Assault of Student or Teacher	1,531	4%
Disorderly Conduct	7,075	16%	Alcohol/Drug/Tobacco Offenses	833	2%
Insubordination/Disrespect	6,811	16%	Arson/Larceny/Vandalism	810	2%
Fighting	2,865	7%	Weapon Possession	292	1%
Obscene/Abusive Language	2,538	6%	Other Offenses*	3,063	7%
Harassment/Intimidation/Threat	1,929	4%	*Total*	*43,118*	

**Examples of other offenses include forgery, trespassing and communication/electronic devices, etc.*

Source: Rhode Island Department of Elementary and Secondary Education, 2007-2008 school year. Percentages may not sum to 100% due to rounding.

◆ **Students who are suspended are more likely to have a history of poor behavior, academic achievement below grade level, grade repetition, mobility between schools, and attendance at schools with high rates of suspension.[14]**

◆ **In Rhode Island during the 2007-2008 school year, 11% of the student population was suspended at least once. More than one-third (36%) of suspensions were for attendance-related offenses.[15]**

Table 44.

Disciplinary Actions, Rhode Island School Districts, 2007-2008

SCHOOL DISTRICT	TOTAL # OF STUDENTS ENROLLED	TYPE OF DISCIPLINARY ACTION: SUSPENDED OUT-OF-SCHOOL	SUSPENDED IN-SCHOOL	ALTERNATE PROGRAM PLACEMENTS*	TOTAL DISCIPLINARY ACTIONS	ACTIONS PER 100 STUDENTS
Barrington	3,382	87	20	0	107	3
Bristol Warren	3,433	488	1,476	5	1,969	57
Burrillville	2,554	155	499	14	668	26
Central Falls	3,338	905	635	0	1,540	46
Chariho	3,690	444	0	0	444	12
Coventry	5,215	1,288	0	463	1,751	34
Cranston	10,323	2,004	0	49	2,053	20
Cumberland	4,766	332	534	0	866	18
East Greenwich	2,347	82	38	0	120	5
East Providence	5,660	855	4	0	859	15
Exeter-West Greenwich	1,906	122	0	0	122	6
Foster	258	1	0	0	1	<1
Foster-Glocester	1,523	394	278	0	672	44
Glocester	554	0	3	0	3	1
Jamestown	481	2	3	0	5	1
Johnston	3,136	488	39	0	527	17
Lincoln	3,318	458	3	0	461	14
Little Compton	303	0	0	0	0	<1
Middletown	2,390	298	20	0	318	13
Narragansett	1,456	48	201	0	249	17
New Shoreham	142	6	0	0	6	4
Newport	2,175	622	352	0	974	45
North Kingstown	4,401	223	105	0	328	7
North Providence	3,128	71	1,014	200	1,285	41
North Smithfield	1,853	172	0	0	172	9
Pawtucket	8,530	1,484	1,865	0	3,349	39
Portsmouth	2,847	47	19	1	67	2
Providence	24,180	7,683	3,236	0	10,919	45
Scituate	1,721	84	0	405	489	28
Smithfield	2,496	124	118	0	242	10
South Kingstown	3,614	327	583	0	910	25
Tiverton	1,979	442	387	742	1,571	79
Warwick	10,742	1,947	361	0	2,308	21
West Warwick	3,575	914	1,365	16	2,295	64
Westerly	3,327	190	0	0	190	6
Woonsocket	6,166	1,591	1,443	1,725	4,759	77
Charter Schools	*1,901*	*115*	*40*	*1*	*156*	*8*
State-Operated Schools	*1,589*	*320*	*0*	*0*	*320*	*20*
UCAP	*136*	*24*	*19*	*0*	*43*	*32*
Core Cities	*47,962*	*13,199*	*8,896*	*1,741*	*23,836*	*50*
Remainder of State	*92,946*	*11,179*	*5,705*	*1,879*	*18,763*	*20*
Rhode Island	*144,534*	*24,837*	*14,660*	*3,621*	*43,118*	*30*

Notes to Table

*Alternate Program Placements (APPs) used for disciplinary reasons can consist of short-term or long-term academic placements in the student's home school or in an alternate setting. APPs provide students with explicit academic supports, unlike traditional in-school suspensions. The definition and use of APPs differs by district. Due to changes in how some districts categorize APPs, some of the data included in the in-school suspension and alternate program placement columns of this table may not be comparable to Factbooks prior to 2008.

The type of infraction resulting in disciplinary action varies according to school district policy. The type of disciplinary action used for each type of infraction also varies according to school district policy.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2007-2008 school year.

Total disciplinary actions is the number of incidents resulting in suspension—either in-school or out-of-school—or placement of the student in an alternate program.

The disciplinary actions rate per 100 students is the total disciplinary actions for the school district at all grade levels (pre-kindergarten through 12th grade), multiplied by 100, and divided by the "average daily membership."

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

Charter schools are BEACON Charter School, Blackstone Academy Charter School, Highlander Charter School, International Charter School, Kingston Hill Academy, and Paul Cuffee Charter School. State-operated schools include the Metropolitan Career & Technical Center, Rhode Island School for the Deaf, and Wm. M. Davies Jr. Career-Technical High School.

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(continued on page 161)

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 students in the cohort (the cohort is the number of first-time entering ninth graders in 2004-2005 adjusted for transfers in and transfers out during the four years).

SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. The path to high school graduation begins early. Research indicates that children who attend high-quality preschool programs are more likely to graduate from high school.[1]

Dropping out is almost always a long process rather than a sudden event. Warning signs that a student may drop out include: repeating one or more grades, failing one or more core subjects in the ninth grade, ongoing patterns of absenteeism or tardiness, suspensions, low academic achievement, high mobility, delinquent behavior and disengagement from school. In particular, research has consistently shown that students who are retained in school, even at the elementary level, are more likely to drop out than similar students who were not held back.[2,3,4,5,6,7]

Rhode Island public high schools lose 20 students from the "graduation pipeline" every school day.[8] Student achievement and graduation rates can be improved with strong school leadership, effective teachers, the use of data-based early warning systems to identify at-risk students, access to appropriate and timely academic and social supports, meaningful connections with adults in the school, improved communication with parents, and implementation of rigorous, engaging and relevant curricula.[9,10,11]

Adults without a high school diploma in Rhode Island are more than 4.5 times as likely to be unemployed as those who receive a bachelor's degree.[12] In Rhode Island in 2007, the median income of adults without a high school diploma or General Education Development (GED) certificate was $22,087 compared to $29,986 for people with a high school degree, and $48,464 for those with a bachelor's degree.[13]

2005 High School Graduation Rates

	2005
RI	71%
US	71%
National Rank*	*30th*
New England Rank**	*6th*

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

Source: Editorial Projects in Education Research Center. (2008). *Diplomas Count 2008 – Rhode Island state highlights 2008.* Retrieved February 3, 2009 from www.edweek.org/go/dc08 *Diplomas Count* uses the Cumulative Promotion Index (CPI) method to calculate graduation rates.

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2008

	Four-Year Graduation Rate	Dropout Rate	% Completed GED	% of Students Still in School
All Students	74%	16%	3%	7%
Females	79%	13%	3%	5%
Males	69%	18%	4%	10%
English Language Learners	59%	27%	1%	13%
Students with Disabilities	56%	25%	4%	15%
Students without Disabilities	79%	13%	3%	5%
Low-Income Students	61%	24%	4%	11%
Higher-Income Students	86%	8%	2%	4%
White	78%	12%	3%	6%
Asian/Pacific Islander	74%	17%	3%	6%
Black	64%	21%	3%	12%
Hispanic	62%	25%	3%	10%
Native American	63%	22%	1%	14%

Source: Rhode Island Department of Elementary and Secondary Education, Class of 2008 four-year rates. Percentages may not sum to 100% due to rounding.

◆ **The Rhode Island four-year graduation rate for the class of 2008 was 74%, the dropout rate was 16%, 3% of students completed their GEDs within four years of entering high school and 7% were still in school in the fall of 2008. An additional 3% of students from the original class of 2007 cohort graduated in five years with the class of 2008.[14]**

◆ **Poverty is strongly linked to the likelihood of dropping out. Students in the core cities in Rhode Island are two and a half times more likely to drop out of high school than students in the remainder of the state.[15] Minority students are also more likely than White students to drop out of school. However, lower graduation rates in minority communities are mainly driven by higher poverty rates and lower rates of educational attainment among adults in the community.[16]**

◆ **The Rhode Island four-year graduation rate for the class of 2008 was 69% for males and 79% for females.[17] While female students have lower dropout rates than males, national data show that female dropouts are significantly more likely to be unemployed and they earn less on average than male dropouts from the same racial and ethnic group.[18]**

◆ **Graduation and dropout rates for pregnant and parenting youth and youth in the foster care system in Rhode Island are not available at this time.**

Table 45.

High School Graduation Rates, Rhode Island, Class of 2008

SCHOOL DISTRICT	COMMUNITY CONTEXT: % CHILDREN IN POVERTY	% MINORITY ENROLLMENT	% STUDENTS TAKING THE SAT	FOUR-YEAR COHORT RATES: # OF STUDENTS IN COHORT	4-YEAR GRADUATION RATE	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL
Barrington	3%	5%	89%	239	95%	3%	2%	1%
Bristol-Warren	7%	6%	60%	318	80%	11%	2%	7%
Burrillville	9%	5%	55%	230	75%	12%	4%	9%
Central Falls	36%	85%	38%	305	52%	29%	2%	16%
Chariho	5%	5%	53%	310	84%	10%	1%	4%
Coventry	6%	3%	53%	458	83%	11%	2%	4%
Cranston	12%	24%	52%	907	82%	9%	4%	5%
Cumberland	6%	9%	63%	398	81%	10%	2%	8%
East Greenwich	4%	8%	82%	196	94%	2%	2%	3%
East Providence	12%	22%	47%	541	76%	18%	1%	6%
Exeter-West Greenwich	5%	4%	59%	195	87%	5%	3%	5%
Foster-Glocester	6%	3%	71%	261	87%	8%	3%	3%
Johnston	11%	16%	51%	212	78%	8%	8%	6%
Lincoln	7%	7%	64%	309	83%	12%	2%	3%
Middletown	6%	16%	57%	158	84%	6%	4%	6%
Narragansett	7%	7%	77%	117	94%	3%	1%	3%
New Shoreham	9%	8%	94%	15	100%	0%	0%	0%
Newport	16%	49%	60%	192	66%	22%	3%	9%
North Kingstown	7%	5%	70%	384	88%	6%	2%	4%
North Providence	11%	21%	54%	289	88%	5%	1%	6%
North Smithfield	5%	4%	66%	124	90%	2%	6%	2%
Pawtucket	22%	56%	52%	717	57%	26%	6%	11%
Portsmouth	4%	5%	70%	289	86%	4%	6%	4%
Providence	34%	88%	57%	2,379	63%	26%	2%	9%
Scituate	6%	2%	70%	164	84%	9%	4%	4%
Smithfield	5%	5%	60%	215	88%	6%	1%	5%
South Kingstown	5%	12%	72%	309	86%	8%	2%	4%
Tiverton	6%	2%	64%	199	83%	9%	5%	3%
Warwick	7%	10%	55%	985	72%	13%	4%	11%
West Warwick	13%	16%	45%	300	68%	19%	4%	10%
Westerly	7%	11%	64%	291	88%	7%	2%	4%
Woonsocket	25%	42%	43%	492	60%	28%	3%	9%
Davies Career and Technical	*NA*	*39%*	*23%*	*189*	*68%*	*14%*	*3%*	*14%*
DCYF	*NA*	*71%*	*NA*	*193*	*4%*	*57%*	*24%*	*15%*
MET School	*NA*	*72%*	*4%*	*197*	*74%*	*13%*	*2%*	*11%*
Beacon Charter	*NA*	*25%*	*56%*	*50*	*60%*	*32%*	*6%*	*2%*
Blackstone Academy Charter	*NA*	*76%*	*37%*	*28*	*68%*	*7%*	*4%*	*21%*
Core Cities	*28%*	*69%*	*53%*	*4,385*	*61%*	*26%*	*3%*	*10%*
Remainder of State	*8%*	*12%*	*61%*	*8,115*	*83%*	*9%*	*3%*	*5%*
Rhode Island	*15%*	*31%*	*57%*	*13,163*	*74%*	*16%*	*3%*	*7%*

Source of Data for Table/Methodology

% of children in poverty is from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2007. All other data are from the Rhode Island Department of Elementary and Secondary Education, 2007-2008 school year and refer only to public school students.

The four-year 2008 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 2004-2005 adjusted for transfers in and transfers out during the course of the four years). The cohort dropout rate is calculated the same way as the graduation rate, but the numerator is the number of students who drop out or whose status is unknown at the end of four years. Separate rates are also calculated for the percentage of students who are retained in high school and therefore are taking more than four years to graduate and for the percentage of students who received their GED within four years instead of graduating with a traditional diploma.

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

Students from Little Compton attend high school in Portsmouth and students from Jamestown attend high school in North Kingstown. DCYF includes students attending DCYF alternative schools.

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(continued on page 161)

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

Dropping out of school and not becoming part of the workforce places teens at a significant disadvantage as they transition from adolescence to adulthood. These adolescents have a difficult time connecting to the job market as young adults and have lower earnings and less stable employment histories than their peers who stayed in school or secured jobs.[1] Unemployed and undereducated youth are also at risk for being imprisoned, living in under-resourced neighborhoods, earning low wages, and needing public assistance as adults.[2,3]

Quality parent-child relationships improve academic outcomes, lessen the likelihood of problem behaviors, and improve the mental, social and emotional well-being of adolescents and teens.[4] Mentoring can also improve attitudes toward school, reduce school absences, improve child-parent relationships, and decrease drug and alcohol use.[5]

Youth living in low-income families are six times more likely to drop out of high school than their more affluent peers.[6] Improving educational and employment opportunities is especially important for disadvantaged and minority youth in urban settings.[7] In 2007 in the U.S., 11% of both Hispanic and Black youth were not in school and not working compared to 6% of White youth.[8]

In 2007, 3,972 (6%) of Rhode Island teens ages 16 to 19 were not in school or working. In 2007, females represented 49% of youth not in school and not working, while males accounted for 51% of these youth.[9]

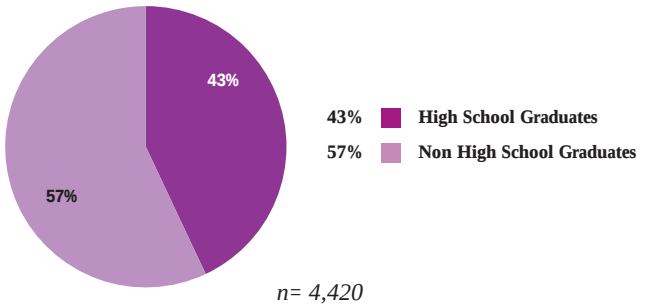
Teens Not in School and Not Working 2002 and 2007

	2002	2007
RI	6%	6%
US	9%	8%
National Rank*		*7th*
New England Rank**		*3rd*

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center (2008). *Comparisons by topic: Teens not attending school and not working: Percent: 2002 and 2007*. Retrieved December 15, 2008 from www.kidscount.org/ datacenter

Rhode Island Teens Ages 16-19 Not in School and Not Working by Education Level, 2005-2007 Average



n= 4,420

Source: U.S. Bureau of the Census, American Community Survey, 2005-2007 3-Year Estimates, Table B14005. May include some youth who are in the Armed Forces.

◆ **Annually between 2005 and 2007, an estimated 4,420 youth ages 16-19 were not in school and not working in Rhode Island. Forty-three percent of these youth were high school graduates and 57% percent had not graduated from high school.[10]**

◆ **Education has an impact on the likelihood of finding and maintaining employment, regardless of race or ethnicity. In 2007, people with less than a high school diploma in the United States were more than twice as likely to be unemployed as those who attained a high school degree or equivalent and were more than four times as likely to be unemployed as those who received a bachelor's degree.[11]**

Connecting Youth to College and Jobs

◆ **Between 2000 and 2015, about 85% of newly-created jobs will require education or training beyond high school.[12] Low-income youth are far less likely to graduate from high school and go on to college than their peers. Similarly, Black young adults (18%) and Hispanic young adults (9%) are much less likely to earn a bachelor's degree than their White peers (34%).[13]**

◆ **Programs and alternative schools that enable students to earn college credits while working towards their high school degree can improve high school graduation rates and better prepare students for high-skill careers.[14]**

Table 46.

Teens Not in School and Not Working, Ages 16-19, Rhode Island, 2000

CITY/TOWN	TOTAL NUMBER OF TEENS AGES 16-19	JOBLESS HIGH SCHOOL GRADUATES	JOBLESS HIGH SCHOOL DROPOUTS	TOTAL NUMBER OF JOBLESS TEENS NOT IN SCHOOL	% OF TEENS WHO ARE JOBLESS & NOT IN SCHOOL
Barrington	**816**	**7**	**11**	**18**	**2.2%**
Bristol	**1,701**	**0**	**23**	**23**	**1.4%**
Burrillville	**980**	**3**	**14**	**17**	**1.7%**
Central Falls	**1,082**	**66**	**112**	**178**	**16.5%**
Charlestown	**320**	**0**	**0**	**0**	**0.0%**
Coventry	**1,632**	**9**	**50**	**59**	**3.6%**
Cranston	**4,233**	**304**	**329**	**633**	**15.0%**
Cumberland	**1,449**	**67**	**28**	**95**	**6.6%**
East Greenwich	**636**	**0**	**0**	**0**	**0.0%**
East Providence	**2,068**	**75**	**55**	**130**	**6.3%**
Exeter	**251**	**5**	**0**	**5**	**2.0%**
Foster	**232**	**0**	**0**	**0**	**0.0%**
Glocester	**551**	**5**	**10**	**15**	**2.7%**
Hopkinton	**402**	**4**	**16**	**20**	**5.0%**
Jamestown	**267**	**0**	**5**	**5**	**1.9%**
Johnston	**1,080**	**33**	**17**	**50**	**4.6%**
Lincoln	**974**	**0**	**26**	**26**	**2.7%**
Little Compton	**175**	**0**	**16**	**16**	**9.1%**
Middletown	**713**	**37**	**18**	**55**	**7.7%**
Narragansett	**739**	**9**	**12**	**21**	**2.8%**
New Shoreham	**26**	**0**	**0**	**0**	**0.0%**
Newport	**1,740**	**31**	**100**	**131**	**7.5%**
North Kingstown	**1,159**	**13**	**0**	**13**	**1.1%**
North Providence	**1,262**	**22**	**38**	**60**	**4.8%**
North Smithfield	**494**	**0**	**0**	**0**	**0.0%**
Pawtucket	**3,684**	**203**	**292**	**495**	**13.4%**
Portsmouth	**736**	**0**	**12**	**12**	**1.6%**
Providence	**15,673**	**420**	**1,138**	**1,558**	**9.9%**
Richmond	**326**	**16**	**0**	**16**	**4.9%**
Scituate	**604**	**44**	**17**	**61**	**10.1%**
Smithfield	**1,904**	**11**	**11**	**22**	**1.2%**
South Kingstown	**3,532**	**8**	**11**	**19**	**0.5%**
Tiverton	**769**	**23**	**22**	**45**	**5.9%**
Warren	**507**	**33**	**33**	**66**	**13.0%**
Warwick	**3,843**	**60**	**130**	**190**	**4.9%**
West Greenwich	**300**	**0**	**0**	**0**	**0.0%**
West Warwick	**1,341**	**47**	**73**	**120**	**8.9%**
Westerly	**1,029**	**24**	**23**	**47**	**4.6%**
Woonsocket	**2,179**	**75**	**181**	**256**	**11.7%**
Core Cities	***25,699***	***842***	***1,896***	***2,738***	***10.7%***
Remainder of State	***35,710***	***812***	***927***	***1,739***	***4.9%***
Rhode Island	***61,409***	***1,654***	***2,823***	***4,477***	***7.3%***

Sources of Data for Table/Methodology

U.S. Bureau of the Census, Census 2000.

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

The denominator is the number of teens ages 16 to 19 according to the 2000 U.S. Census.

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Methodology

The *2009 Rhode Island Kids Count Factbook* examines 63 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. The information on each indicator is organized as follows:

- ***Definition:*** A description of the indicator and what it measures.
- ***Significance:*** The relationship of the indicator to child and family well-being.
- ***National Rank and New England Rank:*** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends since 1996. The New England Rank highlights Rhode Island's rank among the six New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- ***Sidebars:*** Current state and national data and information related to the indicator.
- ***City/Town Tables:*** Data presented for each of Rhode Island's cities and towns, the state as a whole and the core cities.
- ***Core Cities Data:*** Six core cities are identified as Rhode Island communities in which more than 15% of the children live below the poverty threshold according to the 2000 Census. They include: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.
- ***Most Recent Available Data:*** The 2009 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 2003 and 2007. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in your state with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight.

Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the numerator) are identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the methodology used to estimate the total number of children eligible for the indicator of interest (the denominator) is also noted within the Source of Data/Methodology section. Rates and percentages are not calculated for cities and towns with small denominators (less than 500 for delayed prenatal care, low birthweight infants, and infant mortality rates and less than 100 for births to teens). Rates and percentages for small denominators are statistically unreliable. "NA" is used in the indicator table when this occurs. In the indicator for child deaths and teen deaths, and other indicators in which the indicator events are rare, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

There are four sources of U.S. Census Bureau data used in the Factbook: Census 2000, the Current Population Survey, Population Estimates and the American Community Survey. In all city/town tables that require population statistics, data is from Census 2000 as is stated in Source sections. Throughout the text portions of each indicator, all three sources are used and the relevant citations provide clarification on which source data come from. In instances where Census 2000 data is used in the denominator, caution should be taken when comparing new rates with those for past years, as actual population numbers may have changed. Whenever possible, Census data are updated to 2007 using data from the American Community Survey conducted by the U.S. Census Bureau.

Methodology for Children with Lead Poisoning

The number of children confirmed positive for lead levels ≥ 10 mcg/dL are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used. The number of children confirmed positive may be underestimated because the policies recommending a venous follow-up for a capillary screening test ≥ 10 mcg/dL were not in place until July 1, 2004. Starting July 1, 2004 if a child under age six has a capillary blood lead

level of ≥ 10 mcg/dL the Rhode Island Childhood Lead Poisoning Prevention Program contacts the physician to encourage a confirmatory venous test on the child.

Rhode Island law requires that all children under age six must be screened annually for lead. In October 2007, the Rhode Island Childhood Lead Poisoning Prevention Program made its screening guidelines consistent with the American Academy of Pediatrics, which recommends a blood lead screening test for every child at one and two years of age. The Guidelines indicate that if either of the blood lead tests done at one and two years of age is ≥ 10 mcg/dL, annual screening should continue until the age of six. If both of the blood lead tests are < 10 mcg/dL, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six, which means that not all children receive an annual blood test after age two.

State-Operated and Charter Schools

The state-operated schools and charter schools included in each table are listed in the Source/Methodology Section next to the table. Charter schools include only independently-run charter schools and not those affiliated with a district. Textron/Chamber of Commerce Academy, Times^2 Academy and the New England Laborers'/Cranston Public Schools Construction Career Academy are all district-affiliated charter schools, and consequently their data are reported within district categories instead of the charter school category.

The Urban Collaborative Accelerated Program (UCAP) is listed separately when data are available.

Charter schools, state-operated schools and UCAP are not included in core city and remainder of state calculations.

New England Common Assessment Program (NECAP)

In October 2005, Rhode Island began using a new statewide assessment system for elementary and middle school students, and Rhode Island implemented a new high school assessment beginning in October 2007. The tests were developed and administered in collaboration with New Hampshire and Vermont through the New England Common Assessment Program (NECAP), the first multi-state testing collaboration in the nation. The NECAP tests students in reading, writing and mathematics, and all test questions are directly related to specific state educational standards. Test results are available for the state, district and school levels on the Rhode Island Department of Elementary and Secondary Education website. Results from the NECAP are not comparable with statewide assessment tests from years prior to 2005 for elementary and middle schools and 2007 for high schools.

Methodology for Children Attending Schools Making Insufficient Progress

Rhode Island's public school accountability plan specifies a timeline for bringing all students to proficiency by the year 2014. Students are tested in *English Language Arts* and *Mathematics* in grades 3 through 8 plus 11th grade. Schools and districts are classified based on student scores on these tests and test participation rates. The state has set five equal intermediate goals from the baseline year (2002) to the year 2014 when all schools are expected to meet the goal of 100% proficiency.

Schools are measured by the performance of all students on the *English Language Arts* and *Mathematics* tests in the aggregate and by specific disaggregated groups: race/ethnicity (Asian, Black, Hispanic, Native American, White), economic disadvantage (school-lunch status), special needs (IEP), and Limited English Proficiency. There must be at least 45 students within each disaggregated group across a 3 year span in order to use the data for school classification. Other factors which influence school classification include test participation rate (target: 95%) and meeting target attendance (for elementary and middle schools) or graduation (for high schools) rates.

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in the 63 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 2008 federal poverty threshold for a family of three with two children is $17,346 and $21,834 for a family of four with two children.

The poverty guidelines are the other version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes such as determining financial eligibility for certain federal programs. Often, government assistance programs, including many of those administered by Rhode Island use the federal poverty guidelines to determine income eligibility. The figures are adjusted upward for larger family sizes.

The phrases "Federal Poverty Level" and "Federal Poverty Line" (often abbreviated FPL) are used interchangeably and can refer to either the poverty thresholds or the poverty guidelines.

Family Income Levels Based on the Federal Poverty Guidelines

2009 Federal Poverty Guidelines	Annual Income Family of Three	Annual Income Family of Four
50%	$9,155	$11,025
100%	$18,310	$22,050
130%	$23,803	$28,665
185%	$33,874	$40,793
200%	$36,620	$44,100
225%	$41,198	$49,613
250%	$45,775	$55,125

(continued from page 15)

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Children Enrolled in Head Start and Early Head Start: Larry Pucciarelli, RI Department of Human Services; Toni Enright, Cranston Child Development Center; Lynda Dickinson, CHILD, Inc.; Jeanne Rheaume, CDI Head Start; LoriAnn Hiener, South County Community Action; Linda Laliberte, Mary Nugent, Barbara Schermack, East Bay Community Action Program; Rhonda Farrell, Tri-Town Community Action Agency; Karen Bouchard, Dee Henry, Woonsocket Head Start and Day Care; Aimee Mitchell, Malia Goodwin, Children's Friend and Service; Susan Dickstein, PhD., Bradley/Hasbro Children's Research Center; Karen Pucciarelli, RI Department of Elementary and Secondary Education.

Full Day Kindergarten: Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education.

English Language Learners: Kenneth Gu, Susan Rotblat-Walker, Elliot Krieger, RI Department of Elementary and Secondary Education; Cynthia Garcia-Coll, Ph.D., Brown University.

Children Enrolled in Special Education: Kenneth Gu, Jennifer Wood, Charlene Gilman, Karen Cooper, Elizabeth Landry, Elliot Krieger, RI Department of Elementary and Secondary Education; Thomas Snyder, National Center for Education Statistics; William Hollinshead, MD, Samara Viner-Brown, Rachel Cain, Peter Simon, MD, RI Department of Health; John A.Y. Andrews, RI Department of Human Services; Dawn Wardyga, Family Voices; Jane Griffin, MCH Evaluation, Inc; Steve Nardilli, RI Charter Schools Association.

Student Mobility: Katie Murray, The Providence Plan; Jim Vandermillen; Julia Steiny; Terese Curtin, Connecting for Children and Families, Inc.; Christine Arouth, Newport School Department; Samara Viner-Brown, RI Department of Health; Susanna Greschner, RI Public Expenditure Council; Scott Gausland, Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education.

Fourth- and Eighth-Grade Reading Skills: Cynthia Corbridge, Kenneth Gu, Jackie Bourassa, Betsey Hyman, Charlene Gilman,

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Schools Making Insufficient Progress: David Abbott, Elliott Krieger, Kenneth Gu, Charlene Gilman, RI Department of Elementary and Secondary Education; Steve Nardilli, RI Charter Schools Association.

School Attendance: Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education; Patrick McGuigan, The Providence Plan; Michael Jolin, East Greenwich School District; Judge Joan Byer, Linda Wilhelms, Truancy Diversion Project of Jefferson County, Kentucky; Steve Nardilli, RI Charter Schools Association; Sergeant Richard Rodriguez, New Haven Department of Police Services.

Suspensions: Kenneth Gu, Elliot Krieger, Jennifer Almeida, Sheila Galamaga, Elizabeth Landry, Benjamin Doherty, RI Department of Elementary and Secondary Education.

High School Graduation Rate: Cynthia Garcia-Coll, Brown University; Jane Nugent, United Way of Rhode Island; Kenneth Gu, Elliot Krieger, Elizabeth Landry, Bob Mason, RI Department of Elementary and Secondary Education.

Teens Not in School and Not Working: Linda Soderberg, RI Department of Labor and Training; Jack Combs, Brown University.

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