2010 Rhode Island Kids Count Factbook

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

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

Additional copies of the *2010 Rhode Island Kids Count Factbook* are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the *2010 Factbook*, please contact:

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2010 Rhode Island Kids Count Factbook

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The *2010 Rhode Island Kids Count Factbook* is the sixteenth 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 *2010 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 *2010 Rhode Island Kids Count Factbook* examines sixty-seven indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in his or her family and community affects school performance; a child's economic security affects his or her health and education. The *2010 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 15.5% in 2008. There were 36,970 Rhode Island children living in families with incomes below the federal poverty threshold in 2008. Many families with incomes above the poverty level also have a difficult time meeting the high costs of housing, utilities, food, child care and health care. Child care subsidies, health insurance, affordable housing and tax policies that support working families are important tools to ensure the economic well-being of Rhode Island families and to improve child outcomes.

Child Population

DEFINITION

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

SIGNIFICANCE

According to the American Community Survey conducted by the Census Bureau, there were 1,050,788 Rhode Island residents in 2008. Children under age 18 made up 22% (228,501) of the Rhode Island population, a decrease of 8% from 2000.[1,2] Between 2006 and 2008 there were 126,450 households with children under age 18 in Rhode Island, representing almost a third (31%) of all households.[3] More than a quarter (26%) of Rhode Island children were under age five, 27% were ages five to nine, 28% were ages 10 to 14, and 19% were ages 15 to 17.[4]

In Rhode Island between 2006 and 2008, 143,854 (62%) children under age 18 lived in a married-couple household with their parents, 67,908 (29%) children lived in a single-parent household, and 16,474 (7%) children lived with relatives, including grandparents and other relatives. A total of 2,742 (1%) children lived with a foster family or other non-relative head of household. There were 815 (<1%) children and youth under age 18 who lived in group quarters and 167 youth (<1%) who were householders, spouses or unmarried partners.[5]

Since 2000, the number of Rhode Island children under age 18 living in a two-parent household decreased by 8%, as did the number of children under age 18 living with a grandparent or other relative. The number of children under age 18 living in single-parent households has increased by 1% since 2000.[6,7]

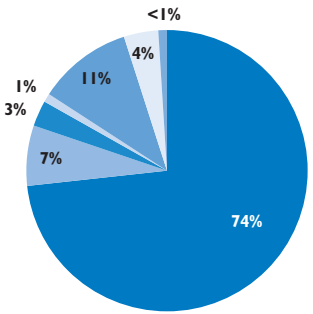
Rhode Island's children are diverse in race, ethnic background, language and country of origin. Between 2006 and 2008, there were 9,301 foreign-born children under age 18 living in Rhode Island, representing 4% of the child population.[8] Of Rhode Island children ages five to 17, 78% speak only English at home, 14% speak Spanish, 5% speak other Indo-European languages, 2% speak an Asian or other Pacific Island language and 1% speak some other language at home.[9]

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

Rhode Island Children Under Age 18, 2006-2008

By Race/Ethnicity*

74%	White
7%	Black
3%	Asian
1%	Native American
11%	Some Other Race
4%	Two or More Races
<1%	Race Unknown



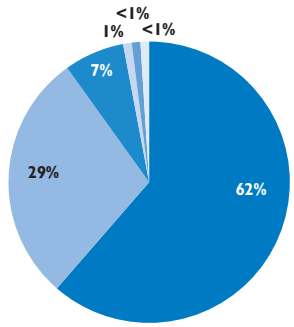
n= 231,960

**Hispanic children may be included in any race category. Of Rhode Island's 231,960 children, 43,013 (19%) were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2006-2008. B01001, C01001A, C01001B, C01001C, C01001D, C01001F, C01001G and C01001I.

By Family Structure

62%	Married Couple**
29%	Single Parent**
7%	Other Relatives
1%	Foster Family or Other Unrelated Household
<1%	Group Quarters
<1%	Child is Head of Household



n= 231,960

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

Source: U.S. Census Bureau, American Community Survey, 2006-2008. Tables B09001, B09002 and B09006.

◆ **Between 2006 and 2008, 66% of children in Rhode Island lived in owner-occupied housing units and 34% lived in renter-occupied units.**[11]

◆ **Of children ages three to 17 enrolled in school in Rhode Island between 2006 and 2008, 82% were enrolled in public schools and 18% were enrolled in private schools.**[12]

◆ **In 2008, 5% of Rhode Island children had at least one specified disability, including either a long-lasting physical condition or difficulty completing educational or daily life tasks.**[13]

Table 1.

Child Population, Rhode Island, 1990 and 2000

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

Source of Data for Table/Methodology

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

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

References

[1] U.S. Census Bureau, American Community Survey, 2008. Table S0201: Rhode Island Selected Population Profile.

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

[3] U.S. Census Bureau, American Community Survey, 2006-2008. Table S1101: Rhode Island Households and Families.

[4] U.S. Census Bureau, American Community Survey, 2006-2008. Table B01001.

[5,6] U.S. Census Bureau, American Community Survey, 2006-2008. Tables B09001, B09002 & B09006.

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

[8] U.S. Census Bureau, American Community Survey, 2006-2008. Table B05003.

[9] U.S. Census Bureau, American Community Survey, 2006-2008, Table B16007.

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

[11,12] U.S. Census Bureau, American Community Survey, 2006-2008. Table S0901: Rhode Island Children Characteristics.

[13] U.S. Census Bureau, American Community Survey, 2008. 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 211,762 children living with one or more of their parents in Rhode Island between 2006 and 2008. Of these, 32% (67,908) were living with an unmarried parent, an increase from 27% in 2000.[1,2]

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

Between 2006 and 2008 in Rhode Island, 80% of children living in poverty were living in single-parent families. Children in single-parent families in Rhode Island were eight times more likely to be living in poverty than those in married-couple families. Between 2006 and 2008 in Rhode Island, 38% of children in single-parent households lived in poverty, compared to 5% of children in married-couple households.[4]

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

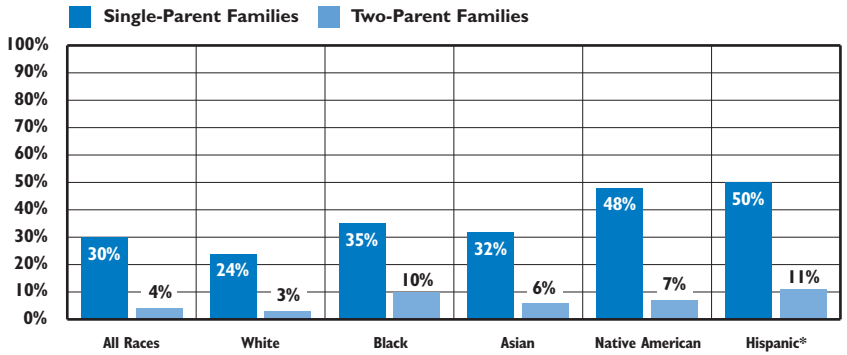
Single-Parent Families

	2000	2008
RI	32%	34%
US	31%	32%
National Rank*		*36th*
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 2008.* Retrieved November 20, 2009 from www.kidscount.org/datacenter

Families With Children Under Age 18 and Income Below the Poverty Threshold by Race & Ethnicity, Rhode Island, 2006-2008



Source: U.S. Census Bureau, American Community Survey, 2006-2008. Tables B17010, B17010A, B17010B, B17010I, C17010D and C17010C. *Hispanics may be in any race category.

◆ **Hispanic and Native American single-parent families in Rhode Island are about twice as likely as White single-parent families to live in poverty. Asian and Native American married-couple families are about twice as likely and Black and Hispanic married-couple families are more than three times as likely as White married-couple families in Rhode Island to live in poverty.[6]**

Economic Well-Being and Family Structure

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

◆ **Additional educational attainment in the first few years after a child's birth can be a pathway to increased economic well-being for some women. Married mothers are the least likely to return to school after a child's birth, followed by cohabiting mothers. Single mothers are the most likely to return to school while their children are young, although divorce or the end of a cohabiting relationship also increases the likelihood that a mother will return to school.[8]**

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. Census Bureau, Census 2000.

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

References

[1] U.S. Census Bureau, American Community Survey, 2006-2008. Table B09002.

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

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

[4] U.S. Census Bureau, American Community Survey, 2006-2008. 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. Census Bureau, American Community Survey, 2006-2008. Tables B17010, B17010A, B17010B, B17010I, C17010C & C17010D.

[7] Meadows, S., McLanahan, S. & Knab, J. (n.d.). *Economic trajectories in non-traditional families with children* (WP09-10-FF). Princeton, NJ: Princeton University and RAND.

[8] MacGregor, C. A. (n.d.). *Education delayed: Family structure and postnatal educational attainment.* Princeton, NJ: Princeton University.

Grandparents Caring for Grandchildren

DEFINITION

Grandparents caring for grandchildren is the percentage of family households in which a grandparent is financially responsible for food, shelter, clothing, child care, etc. for any or all grandchildren under age 18 living in the household.

SIGNIFICANCE

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

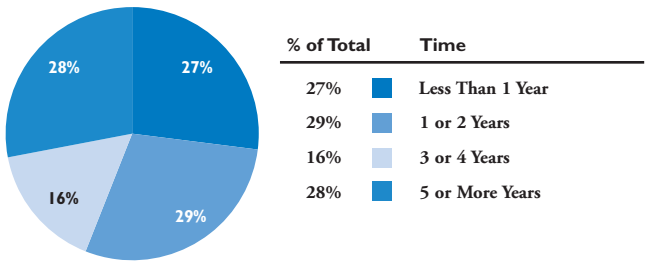
Grandparents living on a fixed income may be at greater risk of poverty after they become financially responsible for their grandchildren.[2] In fact, grandparent caregivers are more likely to live in poverty than other grandparents.[3]

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

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

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

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2006-2008



n = 5,009

Source: U.S. Census Bureau, American Community Survey, 2006-2008. Table B10050.

◆ **Between 2006 and 2008, 44% of the 5,009 Rhode Island grandparents who were financially responsible for their grandchildren had been responsible for the children for three or more years.[15] During this period, there were a total of 11,758 children living in households headed by grandparents, though not all grandparents were financially responsible for their grandchildren. An additional 4,716 children lived in households headed by other relatives. Over 7% of all children living in Rhode Island lived in a household headed by a relative other than a parent.[16]**

◆ **Children in private kinship care are twice as likely to live in poverty as children living with their parents. Nationally, nearly one-third (31%) of children in private kinship care live in poverty, and 17% have no health insurance. Many kinship families may not be aware of the services for which they are eligible.[17]**

◆ **Rhode Island regulations state that the Department of Children, Youth and Families (DCYF) must give priority to relatives when placing a child in out-of-home care. On December 1, 2009 in Rhode Island, there were 568 children in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 25% of all children in out-of-home placements in Rhode Island.[18]**

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

Table 3.

Grandparents Caring for Grandchildren, Rhode Island, 2000

CITY/TOWN	TOTAL FAMILY HOUSEHOLDS WITH CHILDREN UNDER AGE 18	GRANDPARENTS IN HOUSEHOLDS WITH THEIR GRANDCHILDREN UNDER AGE 18		GRANDPARENTS FINANCIALLY RESPONSIBLE FOR GRANDCHILDREN UNDER AGE 18	
		NUMBER	% OF ALL HOUSEHOLDS WITH CHILDREN	NUMBER	% OF ALL HOUSEHOLDS WITH CHILDREN
Barrington	2,421	176	7%	59	2%
Bristol	2,345	373	16%	88	4%
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 often have difficulty completing high school, are likely to remain unmarried and a majority will remain persistently low income.[2,3] Children born to mothers under age 20 are more likely to suffer abuse and neglect and are less likely to be ready for school at kindergarten entry, to perform well in school, and to complete high school themselves.[4,5]

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

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

Infants Born With Identified Risk Factors, Rhode Island, 2009

	# OF BIRTHS	# BORN AT RISK*	# BORN AT HIGHEST RISK**
Central Falls	354	343 (97%)	34 (10%)
Newport	277	237 (86%)	18 (6%)
Pawtucket	1,005	907 (90%)	72 (7%)
Providence	2,718	2,524 (93%)	244 (9%)
West Warwick	404	355 (88%)	15 (4%)
Woonsocket	616	571 (93%)	63 (10%)
Core Cities	5,374	4,937 (92%)	446 (8%)
Remainder of State	5,740	4,497 (78%)	132 (2%)
Rhode Island	11,115	9,435 (85%)	578 (5%)

** Births with at least one risk factor identified by the Rhode Island Department of Health's Newborn Risk Assessment Program. See note on page 15.*
*** Births to mothers who were under age 20, single and without a high school degree.*

Source: Rhode Island Department of Health, KIDSNET Database, 2009.

◆ **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 2009 in Rhode Island, 578 (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 28 states. Nurses conduct a series of home visits with low-income, first-time mothers, starting during pregnancy and continuing through the child's second birthday.[15]**

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

Table 4.

Infants Born at Highest Risk, Rhode Island, 2009

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	95	1	14	1	1	1%
Bristol	159	9	55	7	2	1%
Burrillville	137	15	57	13	6	4%
Central Falls	354	125	263	61	34	10%
Charlestown	59	1	18	5	1	2%
Coventry	298	24	96	20	12	4%
Cranston	755	73	304	48	21	3%
Cumberland	273	18	71	10	5	2%
East Greenwich	89	1	13	3	1	1%
East Providence	521	44	218	43	14	3%
Exeter	46	2	11	2	0	0%
Foster	28	2	7	0	0	0%
Glocester	82	5	21	2	0	0%
Hopkinton	74	5	32	6	2	3%
Jamestown	24	0	0	0	0	0%
Johnston	269	20	94	15	6	2%
Lincoln	195	12	64	7	5	3%
Little Compton	14	1	2	0	0	0%
Middletown	169	10	51	12	6	4%
Narragansett	89	2	29	2	0	0%
New Shoreham	8	2	2	1	0	0%
Newport	277	35	110	28	18	6%
North Kingstown	200	5	60	11	3	2%
North Providence	297	30	122	27	15	5%
North Smithfield	88	4	21	1	1	1%
Pawtucket	1,005	211	602	119	72	7%
Portsmouth	113	0	15	0	0	0%
Providence	2,718	812	1,760	399	244	9%
Richmond	76	5	17	4	3	4%
Scituate	62	1	13	1	0	0%
Smithfield	129	1	20	2	1	1%
South Kingstown	192	7	54	9	3	2%
Tiverton	78	4	23	2	1	1%
Warren	93	10	35	8	2	2%
Warwick	769	49	242	36	16	2%
West Greenwich	47	1	9	1	0	0%
West Warwick	404	49	209	32	15	4%
Westerly	212	19	90	13	5	2%
Woonsocket	616	149	403	98	63	10%
Unknown	*1*	*NA*	*NA*	*NA*	*NA*	*NA*
Core Cities	*5,374*	*1,381*	*3,347*	*737*	*446*	*8%*
Remainder of State	*5,740*	*383*	*1,880*	*312*	*132*	*2%*
Rhode Island	*11,115*	*1,764*	*5,227*	*1,049*	*578*	*5%*

Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET Database, 2009. Unknown refers to infants born to mothers whose residence was not recorded. This table shows the number and percentage of all births in Rhode Island to Rhode Island residents with the 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 160)

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 level because a significant number of birth records lack information on paternal education levels.

SIGNIFICANCE

Parental educational attainment can have an impact on many aspects of child well-being, including children's health and health-related behaviors, the level of education children will ultimately achieve, and their access to material, human and social resources. Children of parents with low levels of education are more likely to die before their first birthday, more likely to have poor health and less likely to succeed in school. Increases in maternal education levels have also been associated with improvements in children's academic performance, health and future earnings.[1,2]

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] In the U.S., children of immigrants, Black children and Hispanic children are less likely to have parents with high education levels and are 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 some college education.[5,6]

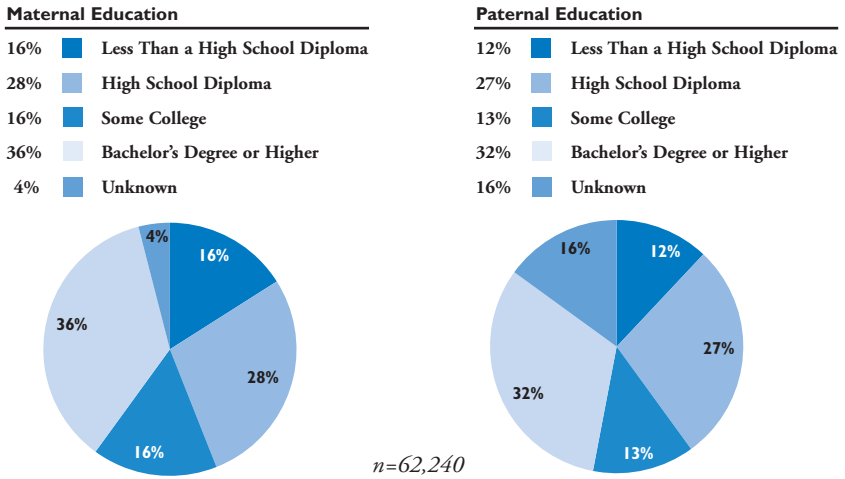
One of the best ways parents can raise family income is through higher education.[7] Women with bachelor's degrees in Rhode Island earn more than twice as much as those with less than a high school diploma.[8] Between 2004 and 2008, 16% of Rhode Island births were to mothers with less than a high school diploma and 36% were to mothers with a bachelor's degree or higher.[9] Educational attainment levels vary widely across cities and towns in Rhode Island.[10]

Births to Mothers with Less Than a High School Diploma

City/Town	% of Children
Central Falls	36%
Newport	15%
Pawtucket	21%
Providence	30%
West Warwick	14%
Woonsocket	25%
All Core Cities	26%
Remainder of State	7%
Rhode Island	16%

Source: Rhode Island Department of Health, Hospital Discharge Database, 2004-2008.

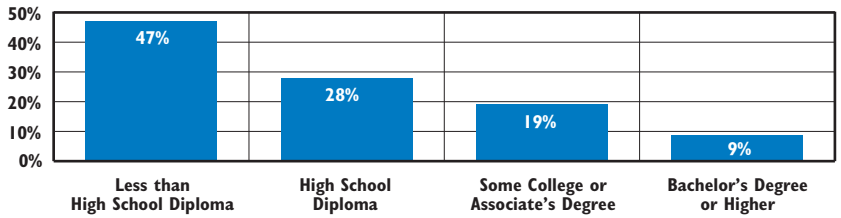
Births by Parental Education Levels, Rhode Island, 2004-2008



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2004-2008. Data for 2008 are provisional.

◆ **In Rhode Island between 2004 and 2008, 44% of all 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.[11]**

Poverty Rates for Families Headed by Single Females by Educational Attainment, Rhode Island, 2006-2008



Source: U.S. Census Bureau, American Community Survey, 2006-2008. Table S1702.

◆ **The poverty rate among families headed by single females is directly correlated with the householder's educational level. In Rhode Island between 2006 and 2008, the poverty rates for families headed by single females ranged from 47% for women with less than a high school diploma to 9% for those with a bachelor's degree or higher.[12]**

Table 5.

Births by Education Level of Mother, Rhode Island, 2004-2008

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	667	521	78%	63	9%	61	9%	7	1%
Bristol	921	458	50%	184	20%	203	22%	46	5%
Burrillville	754	282	37%	178	24%	219	29%	51	7%
Central Falls	2,021	170	8%	230	11%	782	39%	731	36%
Charlestown	370	199	54%	68	18%	75	20%	23	6%
Coventry	1,683	755	45%	353	21%	431	26%	114	7%
Cranston	4,325	1,936	45%	764	18%	1,125	26%	376	9%
Cumberland	1,784	1,017	57%	310	17%	342	19%	72	4%
East Greenwich	517	385	74%	52	10%	50	10%	13	3%
East Providence	2,606	960	37%	525	20%	744	29%	283	11%
Exeter	261	134	51%	44	17%	56	21%	17	7%
Foster	233	112	48%	37	16%	64	27%	14	6%
Glocester	398	205	52%	70	18%	93	23%	19	5%
Hopkinton	458	196	43%	88	19%	128	28%	35	8%
Jamestown	187	148	79%	18	10%	13	7%	2	1%
Johnston	1,390	567	41%	272	20%	420	30%	104	7%
Lincoln	909	466	51%	176	19%	187	21%	46	5%
Little Compton	141	89	63%	24	17%	25	18%	2	1%
Middletown	984	467	47%	194	20%	260	26%	40	4%
Narragansett	492	287	58%	89	18%	75	15%	21	4%
New Shoreham	49	22	45%	18	37%	8	16%	0	0%
Newport	1,516	672	44%	209	14%	329	22%	221	15%
North Kingstown	1,272	730	57%	192	15%	247	19%	67	5%
North Providence	1,615	680	42%	332	21%	438	27%	100	6%
North Smithfield	439	252	57%	77	18%	74	17%	27	6%
Pawtucket	5,668	1,271	22%	987	17%	1,960	35%	1,189	21%
Portsmouth	810	487	60%	133	16%	146	18%	23	3%
Providence	14,774	3,123	21%	1,836	12%	4,661	32%	4,432	30%
Richmond	460	249	54%	72	16%	95	21%	35	8%
Scituate	417	226	54%	86	21%	83	20%	13	3%
Smithfield	730	435	60%	128	18%	119	16%	27	4%
South Kingstown	1,161	726	63%	158	14%	191	16%	55	5%
Tiverton	625	308	49%	145	23%	126	20%	35	6%
Warren	527	214	41%	103	20%	144	27%	55	10%
Warwick	4,193	1,901	45%	768	18%	1,053	25%	348	8%
West Greenwich	245	123	50%	58	24%	50	20%	10	4%
West Warwick	1,989	608	31%	340	17%	701	35%	287	14%
Westerly	1,340	517	39%	267	20%	418	31%	122	9%
Woonsocket	3,304	476	14%	559	17%	1,312	40%	836	25%
Unknown	*5*	*1*	*NA*	*2*	*NA*	*1*	*NA*	*0*	*NA*
Core Cities	*29,272*	*6,320*	*22%*	*4,161*	*14%*	*9,745*	*33%*	*7,696*	*26%*
Remainder of State	*32,963*	*16,054*	*49%*	*6,046*	*18%*	*7,763*	*24%*	*2,202*	*7%*
Rhode Island	*62,240*	*22,375*	*36%*	*10,209*	*16%*	*17,509*	*28%*	*9,898*	*16%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, 2004-2008. Data for 2008 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 maternal education levels are not included in this table. Between 2004 and 2008, maternal education levels were unknown for 2,249 births (4%).

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

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Racial and Ethnic Diversity

DEFINITION

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

SIGNIFICANCE

Racial and ethnic diversity has increased in the United States over the last several decades and is projected to rise in the future.[1] Minority children (all those except White, non-Hispanic children) accounted for 98% of the growth in the U.S. child population during the 1990s.[2] In 2008, 56% of all U.S. children were White non-Hispanic.[3] According to Census Bureau projections, the U.S. is becoming more racially and ethnically diverse. By 2030 more than half of all children in the United States will be children of color.[4]

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

Between 2006 and 2008 in Rhode Island, 74% of children under age 18 were White, 7% were Black or African American, 3% were Asian, 1% were Native American, 11% of children were identified as "some other race," and 4% as two or more races. Between 2006 and 2008, 19% of children living in Rhode Island were Hispanic.[7]

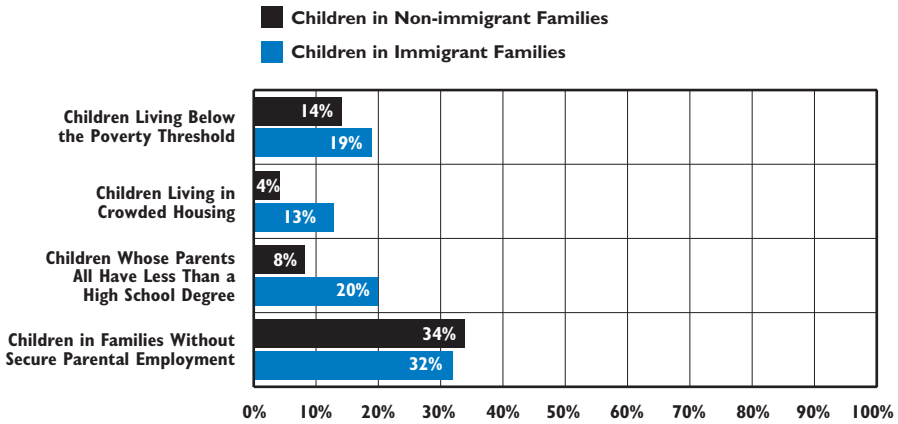
Minority children are concentrated in Rhode Island's six core cities. Core cities are defined as cities in which 15% or more of the children live in poverty. More than half (58%) of children living in the core cities are minority children. More than three-quarters (78%) of all minority children in Rhode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

Between 2006 and 2008, there were 9,301 foreign-born children living in Rhode Island, 25% of whom were naturalized U.S. citizens.[9] Of Rhode Island's immigrant children, 28% were born in Central or South America, 21% were born in the Caribbean, 16% were born in Africa, 14% were born in Asia, 13% were born in Europe, and 7% were born in North America (Canada, Bermuda or Mexico).[10]

Between 2006 and 2008, 22% of children ages five to 17 living in Rhode Island spoke a language other than English at home, 93% of whom spoke English well or very well.[11]

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

Characteristics of Children Living in Immigrant and Non-immigrant Families, Rhode Island, 2008



Source: The Annie E. Casey Foundation KIDS COUNT Data Center. Retrieved February 4, 2010 from www.kidscount.org/datacenter

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

◆ **Fourteen percent of children in Rhode Island in non-immigrant families are poor, compared with 19% of children in immigrant families.[16] More than two-thirds (69%) of Rhode Island's poor children live in families with U.S.-born parents.[17]**

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

Table 6.

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

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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Racial and Ethnic Disparities

DEFINITION

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

SIGNIFICANCE

Rhode Island's children are diverse in racial and ethnic background. Between 2006 and 2008, 74% of Rhode Island children were White, 7% were Black, 3% were Asian, 1% were Native American, 11% identified as "some other race," 4% identified as two or more races, and 19% of the Rhode Island child population were Hispanic. (Hispanic children are also included in the other racial categories).[1]

Children who grow up in poverty are more likely to be exposed to social and environmental factors that can have a negative impact on their opportunities to thrive.[2] Between 2006 and 2008, 16% of all Rhode Island children lived in poverty, 52% of whom were minorities.[3,4]

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

Residential segregation between Whites and Blacks has decreased in the U.S. since the 1960s, but high levels of residential segregation still exist, particularly in urban areas. Hispanic and Asian residential segregation from Whites has been increasing in recent years.[8] The Providence-Fall River-Warwick metropolitan area was the second most segregated metropolitan area in the nation for Hispanics in 2000.[9]

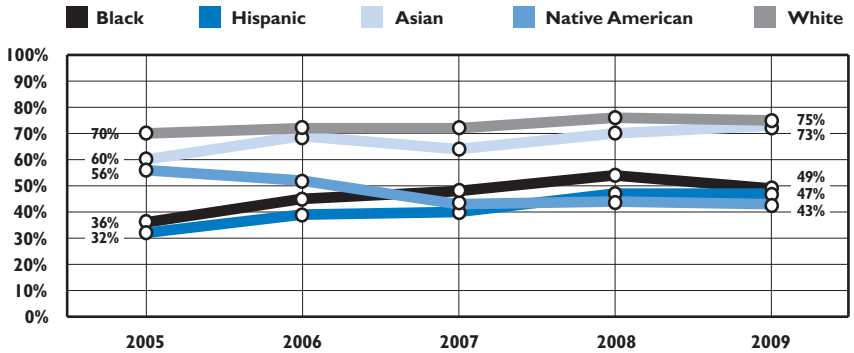
In good economic climates, minority families are less likely to be employed, have higher poverty rates and receive lower wages than White families. Minority families also face greater negative impacts during economic recessions and their recovery from economic downturns is slower than that of White families.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

Residential Segregation in the United States

◆ **As a result of significant residential segregation in the U.S., Black and Hispanic students are now more segregated from White students than at any point in the past four decades. The vast majority of educational segregation occurs between (not within) school districts, with very high concentrations of minority students in urban districts.**[12,13]

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

Racial and Ethnic Disparities in Fourth Grade Reading Proficiency Rates, Rhode Island, 2005-2009



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), 2005-2009.

◆ **In Rhode Island between 2005 and 2009, White fourth-graders were more likely to achieve the proficient level on the NECAP exam than minority fourth-graders.**[16]

◆ **Minority students are much less likely to graduate from high school, go to college, and graduate from college than their White peers. Poverty has been shown to drive much of the racial difference in these outcomes.**[17,18,19,20]

◆ **Factors that contribute to educational achievement gaps include school factors, family participation and inclusion in schools, and non-school factors (e.g., poor child health and access to out-of-school learning opportunities).**[21,22,23]

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	10%	34%	30%	16%	37%	16%
Births to Mothers With <12 Years Education	15%	35%	22%	15%	31%	16%
% of Children With All Resident Parents in the Workforce	71%	48%	65%	54%	47%	68%
Median Family Income	$76,910	$35,798	$46,535	$62,091	$42,847	$71,081
Homeownership	67%	30%	37%	51%	42%	63%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2006-2008. Tables B17001, B17020A, B17020B, B17020C, B17020D & B17020I. *Maternal Education* data are from the Rhode Island Department of Health, Maternal and Child Health Database, 2004-2008. *Parental Labor Force Participation* data are from the U.S. Census Bureau, Census 2000, Tables P46, PCT70A, PCT70B, PCT70C, PCT70D & PCT70H. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2006-2008, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2006-2008, Tables B25003, B25003A, B25003B, B25003C, B25003D & B25003I. Hispanics also may be included in any of the race categories. All Census data refer only to those individuals who selected one race.

◆ **Between 2006 and 2008 in Rhode Island, 16% of all children, 37% of Native American children, 34% of Hispanic children, 30% of Black children, 16% of Asian children and 10% of White children lived in families with incomes below the federal poverty level.[24]**

◆ **Between 2006 and 2008 in Rhode Island, White households were the most likely to own their homes and Hispanic households were the most likely to live in rental units.[25]**

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

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

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Women With Delayed Prenatal Care	12.3%	19.1%	21.4%	24.2%	21.6%	14.0%
Preterm Births	11.4%	13.4%	14.8%	13.3%	17.3%	11.9%
Infants Born Low Birthweight	7.4%	8.2%	10.9%	9.2%	13.3%	8.0%
Infant Mortality (per 1,000 births)	5.4	8.2	12.1	6.2	9.3	6.2
Asthma Hospitalizations (per 1,000 children)	1.3	3.2	5.0	0.9	0.1	1.8
Births to Teens Ages 15 – 19 (per 1,000 teens)	29.5	101.7	79.5	28.1	110.3	30.9

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database 2004-2008 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, 2004-2008 and refer only to hospitalizations due to primary diagnoses of asthma. For *Asthma Hospitalizations,* the denominators are the child population under age 18 by race from the U.S. Census Bureau, Census 2000, SF1. For *Births to Teens,* the denominators are the female populations ages 15-19 by race from the U.S. Census Bureau, Census 2000, SF3. For all indicators other than *Asthma Hospitalizations,* Hispanics also may be included in any of the race categories.

◆ **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 teens, followed by Hispanic and Black teens.[29]**

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

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

Racial and Ethnic Disparities

Safety Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Juveniles at the Training School* (per 1,000 males ages 14-19)	1.8	10.6	25.8	4.7	2.8	4.6
Children of Incarcerated Parents (per 1,000 children)	7.2	20.1	73.2	1.8	15.1	12.3
Children in Out-of-Home Placement (per 1,000 children)	7.5	16.1	29.7	7.1	13.8	9.4

Sources: *Juveniles at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, January 1, 2010 (*includes only male adjudicated youth). *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, December 31, 2009 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, 2009. 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.[33] A recent study found that Rhode Island's juvenile justice system has some of the widest residential placement disparities between White and minority youth in the nation.[34]**

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

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

Education Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
4th Grade Students Reading at or Above Proficiency	75%	47%	49%	73%	43%	67%
8th Grade Students Reading at or Above Proficiency	78%	48%	50%	75%	56%	70%
Students Attending Schools Making Insufficient Progress	13%	38%	34%	28%	20%	20%
High School Graduation Rates	80%	64%	67%	73%	71%	75%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	31%	13%	19%	46%	11%	30%

Sources: All data are from the Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year or the October 2009 NECAP (Reading Proficiency) unless otherwise noted. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2006-2008, Tables C15002, C15002A, C15002B, C15002C, C15002D & C15002I. All Census data refer only to those individuals who selected one race and Hispanics also may be included in any of the race categories.

◆ **In Rhode Island, Hispanic, Native American and Black children are less likely to be proficient in reading in both 4th and 8th grades than White and Asian children.[38] Black, Hispanic and Native American adults living in Rhode Island are less likely to have a bachelor's degree than White or Asian adults.[39]**

◆ **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.[40] In Rhode Island in 2007 and 2008, 15 public school districts had significant racial and ethnic over-representation among students receiving special education services.[41]**

◆ **According to the Rhode Island Department of Elementary and Secondary Education, during the 2008-2009 school year, Rhode Island's Hispanic and Black children were almost three times more likely than White children to attend schools making insufficient progress.[42]**

Rhode Island's Hispanic Children and Youth

◆ **In 2008, there were 43,821 Hispanic children under age 18 living in Rhode Island, up from 35,282 in 2000. Hispanic children made up 19% of Rhode Island's child population in 2008, compared with 14% in 2000.[43]**

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

Economics

◆ **Thirty-six percent of Rhode Island's Hispanic children were living in poverty in 2008, compared to the national rate of 28%.[46] The median family income for Hispanics in Rhode Island is $35,798, compared to $71,081 overall in Rhode Island.[47]**

Health

◆ **In Rhode Island between 2004 and 2008, 19.1% percent of Hispanic babies were born to women who received delayed or no prenatal care, compared with 14.0% of all babies in the state.[48]**

◆ **Hispanic female teens between the ages of 15 and 19 in Rhode Island have a birth rate that is over three times higher than the overall teen birth rate in Rhode Island (101.7 per 1,000 teens ages 15 to 19 compared to 30.9 per 1,000).[49,50]**

Education

◆ **The Hispanic high school graduation rate for the class of 2009 was 64%, the lowest of any racial/ethnic group in the state and lower than the overall Rhode Island high school graduation rate of 75%.[51]**

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

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Median Family Income

DEFINITION

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

SIGNIFICANCE

Median family income provides one measure of the ability of Rhode Island's families to meet the costs of food, clothing, housing, health care, transportation, child care, and higher education. In 2008, the median family income for Rhode Island families with their own children was $67,891. Rhode Island had the 10th highest median family income nationally and the 4th highest in New England.[1]

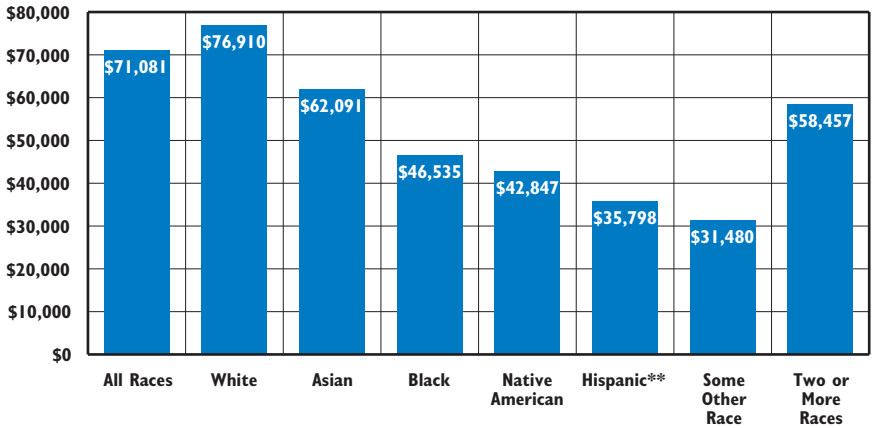
Between 2006 and 2008, Rhode Island's median income for families with their own children differed significantly by family type. The median family income for two-parent families ($88,015) was almost twice as much as for male-headed single-parent families ($44,047) and more than three times as much as for female-headed single-parent families ($25,738).[2]

Despite significant increases in worker productivity in the U.S. between 2000 and 2007, the real incomes of most families remained stagnant or decreased.[3] Since the recession began, the median household income has fallen to its lowest level since 1997.[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]

The gap between the incomes of Rhode Island's richest and poorest families is growing. In Rhode Island, the average income of the wealthiest 20% of families increased 44% or $43,438 during the past twenty years, while the average income of the 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.[7] Connecticut is the only state where income inequality is growing faster than in Rhode Island.[8]

Median Family Income by Race and Ethnicity, Rhode Island, 2006-2008*



Source: U.S. Census Bureau, American Community Survey, 2006-2008. 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 middle-income White children are more likely to move up the economic ladder, while middle-income Black children are more likely to fall into lower income brackets than their parents. In addition, 54% of Black children born into poor families stay in the lowest income levels compared to 31% of White children born into poor families.[10,11]**

◆ **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 for basic living expenses, including housing, food, clothing, health care, child care and transportation. This family 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, SNAP/food stamp benefits and the Earned Income Tax Credit) are critical for helping low- and moderate-income working families make ends meet.[13]**

Median Family Income

Table 7.

Median Family Income, Rhode Island, 1999

CITY/TOWN	ADJUSTED 1989 MEDIAN HOUSEHOLD INCOME*	1999 MEDIAN HOUSEHOLD INCOME	1999 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18
Barrington	$69,222	$74,591	$88,794
Bristol	$44,573	$43,689	$53,328
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 Housing

DEFINITION

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

SIGNIFICANCE

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

In 2007, 43% percent of U.S. families with children (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 2007, 16% of families paid more than half of their incomes toward rent, compared with 6% in 1978.[4]

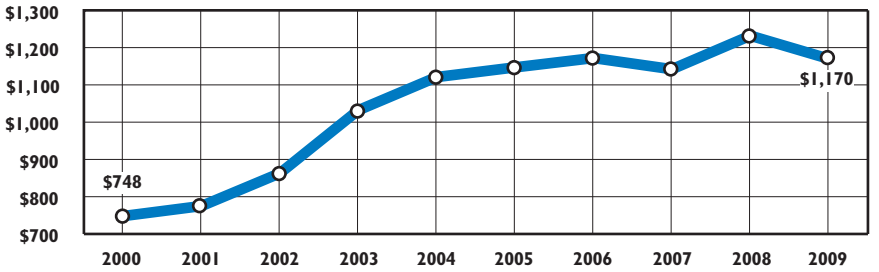
The growth in families' housing expenses has far outpaced income growth both nationally and in Rhode Island.[5,6] In 2009, the area median income for families in Rhode Island was $73,339.[7] Families with this income can afford a median-priced, single family home in only thirteen of the 39 communities in the state.[8] In 2008, the median cost of a single family home in Rhode Island was $234,900, 86% higher than in 1999 but 15% lower than 2007.[9]

In 2009, a worker would have to earn $22.50 an hour and work 40 hours a week year-round to be able to afford the average rent in Rhode Island without a cost burden. This hourly wage is more than three times the state's minimum wage of $7.40 per hour.[10]

Section 8 rental vouchers can help low-income individuals and families afford the high cost of housing.[11] In 2009, 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 1,405 families were on the waitlist to receive a voucher.[12]

In 2006, voters approved a $50 million bond to build affordable housing in Rhode Island. From 2007 to 2008, $25 million in bond funds was awarded and will be used to build 425 affordable rental units and 135 affordable homeownership units in 22 cities and towns.[13]

Average Rent, Two-Bedroom Apartment, Rhode Island, 2000-2009



Source: Rhode Island Housing, Annual Rent Surveys, 2000-2009. The 2003-2009 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 2009, the average cost of rent in Rhode Island increased by 56% from $748 to $1,170.[14] 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 (49%) in 2008. The percentage of homeowners who had a cost burden due to their mortgages also increased between 2000 and 2008, from 25% to 42%.[15,16]**

◆ **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.[17] Rhode Island state law prohibits utility shut-offs for protected customers (such as the unemployed and low-income families with children under age two) during the moratorium period from November 1 through April 15.[18,19] In 2009, 268 protected residential customers who used electric and 476 who used gas to heat their homes entered the moratorium period with their utilities shut off due to nonpayment.[20]**

Foreclosures in Rhode Island

◆ **The number of properties in Rhode Island filed for foreclosure has fallen from 6,583 in 2008 to 5,065 in 2009, but is still more than double the number of properties filed for foreclosure in 2007 (1,838).[21,22,23] Nationally, more than 20% of properties facing foreclosure are rentals (not owner-occupied), and renters make up about 40% of families facing eviction.[24] Nationally, close to two million children are in families that have lost homes they owned due to foreclosure, with 6,200 of these children living in Rhode Island.[25]**

Table 8.

Cost of Housing for Very Low-Income Families, Rhode Island, 2009

CITY/TOWN	FAMILY INCOME: 2009 POVERTY LEVEL FAMILY OF THREE	FAMILY INCOME: 2009 VERY LOW-INCOME FAMILY	HOMEOWNERSHIP COSTS: TYPICAL MONTHLY HOUSING PAYMENT	HOMEOWNERSHIP COSTS: % INCOME NEEDED FOR HOUSING PAYMENT, VERY LOW-INCOME FAMILY	RENTAL COSTS: AVERAGE RENT 2-BEDROOM	RENTAL COSTS: % INCOME NEEDED FOR RENT POVERTY LEVEL FAMILY OF THREE	RENTAL COSTS: % INCOME NEEDED FOR RENT VERY LOW-INCOME FAMILY
Barrington	$18,310	$32,900	$2,993	109%	$1,307	86%	48%
Bristol	$18,310	$32,900	$2,296	84%	$1,263	83%	46%
Burrillville	$18,310	$32,900	$1,864	68%	$1,228	80%	45%
Central Falls	$18,310	$32,900	$1,101	40%	$902	59%	33%
Charlestown*	$18,310	$32,900	$2,920	107%	$956	63%	35%
Coventry	$18,310	$32,900	$1,637	60%	$1,033	68%	38%
Cranston	$18,310	$32,900	$1,644	60%	$1,089	71%	40%
Cumberland	$18,310	$32,900	$1,956	71%	$1,170	77%	43%
East Greenwich	$18,310	$32,900	$3,470	127%	$1,208	79%	44%
East Providence	$18,310	$32,900	$1,600	58%	$1,085	71%	40%
Exeter*	$18,310	$32,900	$2,626	96%	$956	63%	35%
Foster*	$18,310	$32,900	$2,040	74%	$956	63%	35%
Glocester*	$18,310	$32,900	$1,934	71%	$956	63%	35%
Hopkinton*	$18,310	$34,700	$1,889	65%	$1,005	66%	35%
Jamestown	$18,310	$32,900	$3,910	143%	$1,637	107%	60%
Johnston	$18,310	$32,900	$1,499	55%	$1,128	74%	41%
Lincoln	$18,310	$32,900	$2,186	80%	$1,179	77%	43%
Little Compton*	$18,310	$32,900	$4,839	176%	$956	63%	35%
Middletown*	$18,310	$37,650	$2,692	86%	$1,215	80%	39%
Narragansett	$18,310	$32,900	$3,067	112%	$1,358	89%	50%
New Shoreham*	$18,310	$34,700	$4,606	159%	$1,005	66%	35%
Newport	$18,310	$37,650	$2,944	94%	$1,424	93%	45%
North Kingstown	$18,310	$32,900	$2,582	94%	$1,209	79%	44%
North Providence	$18,310	$32,900	$1,563	57%	$1,085	71%	40%
North Smithfield*	$18,310	$32,900	$2,058	75%	$956	63%	35%
Pawtucket	$18,310	$32,900	$1,358	50%	$982	64%	36%
Portsmouth	$18,310	$37,650	$2,406	77%	$1,215	80%	39%
Providence	$18,310	$32,900	$966	35%	$1,111	73%	41%
Richmond*	$18,310	$32,900	$1,796	66%	$956	63%	35%
Scituate*	$18,310	$32,900	$2,223	81%	$956	63%	35%
Smithfield	$18,310	$32,900	$1,840	67%	$1,179	77%	43%
South Kingstown	$18,310	$32,900	$2,377	87%	$1,204	79%	44%
Tiverton*	$18,310	$32,900	$1,747	64%	$956	63%	35%
Warren*	$18,310	$32,900	$2,023	74%	$956	63%	35%
Warwick	$18,310	$32,900	$1,475	54%	$1,166	76%	43%
West Greenwich*	$18,310	$32,900	$2,223	81%	$956	63%	35%
West Warwick	$18,310	$32,900	$1,505	55%	$1,022	67%	37%
Westerly	$18,310	$34,700	$2,260	78%	$1,166	76%	40%
Woonsocket	$18,310	$32,900	$1,380	50%	$948	62%	35%
Core Cities	*$18,310*	*$33,692*	*$1,542*	*55%*	*$1,065*	*70%*	*38%*
Remainder of State	*$18,310*	*$33,352*	*$2,371*	*85%*	*$1,206*	*79%*	*43%*
Rhode Island	*$18,310*	*$33,404*	*$1,782*	*64%*	*$1,170*	*77%*	*42%*

Source of Data for Table/Methodology

2009 poverty level for family of three as reported in: *Federal Register*, Vol. 74, No. 14, January 23, 2009. p. 4200.

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.). *2009 Rhode Island income limits for low- and moderate-income households.* Retrieved February 22, 2010 from www.rhodeislandhousing.org

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Rhode Island Housing, *Rhode Island Rent Survey*, 2009. Average rents are based on a survey of rents in Rhode Island between January and December 2009. 2009 rents have been adjusted using the current U.S. Department of Housing and Urban Development (HUD) utility allowance of $254 for a two-bedroom apartment (includes heat, cooking fuel, electricity and hot water).

* Rhode Island Housing *2009 Rent Survey* data are not available for these communities. Average rent used for these communities is the HUD 2009 Fair Market Rent for the metropolitan area as reported by Rhode Island Housing.

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

The average 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.

References

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(continued on page 161)

Homeless Children

DEFINITION

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

SIGNIFICANCE

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

Compared to their peers, homeless children are more likely to become ill, develop mental health issues (such as anxiety, depression, and withdrawal), experience significant educational disruption, and exhibit delinquent or aggressive behaviors. Homeless children go hungry at twice the rate of other children and are more likely to experience illnesses such as stomach problems, ear infections and asthma.[6,7]

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

In Rhode Island, children in homeless families made up just over one-quarter (26%) of the people who used a shelter or transitional housing between July 1, 2008 and June 30, 2009. One-half (844) of these 1,676 children were under the age of six.[9]

Several forces have contributed to the high number of families experiencing homelessness in Rhode Island, including rising unemployment, lack of affordable housing, and high rates of foreclosure. From December 2007 to December 2009, Rhode Island's unemployment rate more than doubled from 6.0% to 12.9%.[10] In 2009, the average rent for a two-bedroom apartment in Rhode Island was $1,170 or 91% of the monthly earnings of a full-time worker earning the minimum wage.[11,12] In 2009, 5,065 properties in Rhode Island were filed for foreclosure and many families (both renters and owners) lost their homes.[13,14]

Neighborhood Opportunities Program

◆ **Started in Fiscal Year 2001, the Neighborhood Opportunities Program (NOP) was the first state-funded program for affordable housing in Rhode Island. When it began, the program subsidized both the development and operation of affordable housing. Since 2008, NOP funds have been used only to subsidize rents for families with very low incomes. Families generally pay 30% of their income and the subsidy makes up the difference between this amount and the total rent.[15,16]**

◆ **The Neighborhood Opportunities Program has helped many homeless families move into affordable housing and prevented other families from becoming homeless. As of April 2009, NOP has contributed $41.5 million toward the development and operation of 1,127 homes in 26 cities and towns.[17,18]**

Supporting Homeless Children in Schools

◆ **Family residential instability and homelessness contribute to poor educational outcomes for children. Homeless children are more likely to change schools, repeat grades, and have learning disabilities than children who have housing.[19]**

◆ **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.[20]**

◆ **The *McKinney-Vento Act* defines as homeless any child who does not have a "fixed, regular, and adequate night-time residence."[21] During the 2008-2009 school year, Rhode Island public school personnel identified 1,099 children as homeless. Of these children, 57% (622) were living in shelters, 38% (423) were doubled up, 4% (46) were living in hotels or motels, and 1% (8) were unsheltered.[22]**

◆ **Schools can support homeless families by identifying children and youth experiencing homelessness, ensuring that families and staff are aware of students' rights under the *McKinney-Vento Act*, developing relationships with community agencies serving homeless families, and helping homeless children get food, clothing, school supplies, and other supports they need to succeed in school.[23]**

Table 9.

Homeless Children Identified by Public Schools, Rhode Island, 2008-2009 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOLS
Barrington	3,434	0
Bristol Warren	3,537	3
Burrillville	2,513	23
Central Falls	2,862	29
Chariho	3,574	7
Coventry	5,401	9
Cranston	10,774	14
Cumberland	5,025	2
East Greenwich	2,393	0
East Providence	5,740	24
Exeter-West Greenwich	1,906	0
Foster	257	0
Foster-Glocester	1,383	6
Glocester	596	0
Jamestown	487	0
Johnston	3,200	0
Lincoln	3,355	4
Little Compton	317	0
Middletown*	2,361	136
Narragansett	1,467	7
New Shoreham	126	0
Newport*	2,106	55
North Kingstown*	4,456	147
North Providence	3,289	6
North Smithfield	1,829	1
Pawtucket	8,838	41
Portsmouth	2,859	22
Providence	23,847	238
Scituate	1,656	0
Smithfield	2,508	0
South Kingstown	3,581	27
Tiverton	1,966	0
Warwick*	10,507	74
West Warwick	3,594	21
Westerly	3,193	67
Woonsocket*	6,086	110
Charter Schools	*2,331*	*NA*
State-Operated Schools	*1,628*	*26*
UCAP	*136*	*NA*
Core Cities	*47,333*	*494*
Remainder of State	*93,690*	*579*
Rhode Island	*145,118*	*1,099*

Table 10.

Sheltered Homeless Children, Rhode Island, July 1, 2008 - June 30, 2009**

CITY/TOWN	2000 POPULATION UNDER AGE 18	# OF CHILDREN IN SHELTERS BY LAST PERMANENT RESIDENCE
Barrington	4,745	3
Bristol	4,399	10
Burrillville	4,043	5
Central Falls	5,531	81
Charlestown	1,712	3
Coventry	8,389	18
Cranston	17,098	50
Cumberland	7,690	5
East Greenwich	3,564	13
East Providence	10,546	44
Exeter	1,589	0
Foster	1,105	0
Glocester	2,664	0
Hopkinton	2,011	8
Jamestown	1,238	0
Johnston	5,906	5
Lincoln	5,157	0
Little Compton	780	0
Middletown	4,328	23
Narragansett	2,833	0
New Shoreham	185	0
Newport	5,199	94
North Kingstown	6,848	13
North Providence	5,936	16
North Smithfield	2,379	5
Pawtucket	18,151	153
Portsmouth	4,329	5
Providence	45,277	556
Richmond	2,014	5
Scituate	2,635	0
Smithfield	4,019	2
South Kingstown	6,284	3
Tiverton	3,367	2
Warren	2,454	3
Warwick	18,780	57
West Greenwich	1,444	5
West Warwick	6,632	39
Westerly	5,406	39
Woonsocket	11,155	151
Out of State	*NA*	*260*
Core Cities	*91,945*	*1,074*
Remainder of State	*155,877*	*342*
Rhode Island	*247,822*	*1,676*

Source of Data for Table/Methodology

Table 9. Homeless Children Identified by Public Schools, Rhode Island, 2008-2009 School Year

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

Number of children identified as homeless by public school personnel includes children in pre-kindergarten through grade 12 who are identified by public school personnel as meeting the McKinney-Vento definition of homelessness which includes any child who does not have a "fixed, regular, and adequate night-time residence" including children living in shelters as well as children doubling up with relatives and friends and living in hotels and motels, cars, campsites, parks, and other public places. Schools report the child's primary night-time residence as sheltered, doubled-up, unsheltered, or in a hotel/motel. State-operated schools include the Metropolitan Career & Technical Center and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

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

Table 10. Sheltered Homeless Children, Rhode Island, July 1, 2008 - June 30, 2009

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

Rhode Island Emergency Shelter Information Project, July 1, 2008 - June 30, 2009.

Number of homeless children who stayed in shelters by last permanent residence includes all children under age 18 who stayed at homeless shelters, domestic violence shelters, or transitional housing facilities in Rhode Island with their families between July 1, 2008 and June 30, 2009.

**These data include some children whose families were in permanent housing but who continued to receive supportive services.

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

References

See page 161.

Secure Parental Employment

DEFINITION

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

SIGNIFICANCE

Secure parental employment increases family income and reduces poverty. Children with parents who have steady employment are more likely to have access to health care. Secure parental employment 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 than children with non-working parents.[2]

The U.S. seasonally-adjusted unemployment rate increased dramatically during 2009, starting the year at 7.7% in January and ending the year at 10.0% in December.[3] In Rhode Island, the 2009 unemployment rate was even higher, starting in January at 10.3% and ending the year at 12.9% in December.[4] As a result of the current recession, one in seven U.S. children has an unemployed parent. These children are at increased risk for homelessness, child abuse or neglect, and failure to complete high school or college. They are also more likely to live in poverty as adults.[5]

Between 2006 and 2008, 68% of children under age six and 74% of children ages six to 17 in Rhode Island had all parents in the labor force.[6] In comparison, nationally 62% of children under age six and 71% of children ages six to 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. Research shows that many low-income workers never move out of low-wage jobs, even as they gain experience and seniority.[9]

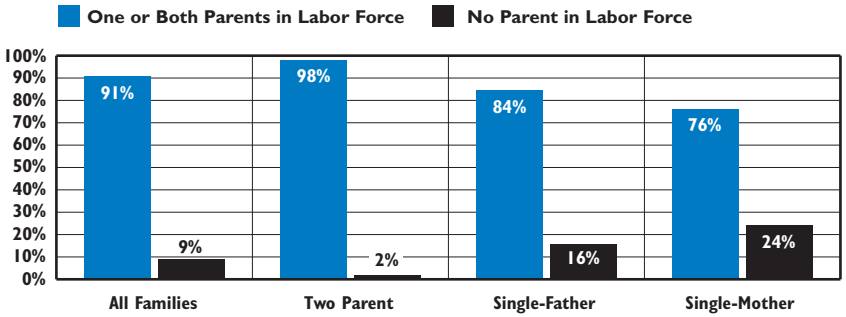
Children Living in Families Where At Least One Parent Has Full-Time, Year-Round Employment

	2008
RI	70%
US	73%
National Rank*	*41st*
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 data from the U.S. Census Bureau, and American Community Survey, 2008.

Employment Status of Parents by Family Type, Rhode Island, 2006-2008



Source: U.S. Census Bureau, American Community Survey, 2006-2008. Table B23008.

◆ **The majority of children living in Rhode Island between 2006 and 2008 had one or both parents in the labor force. Children living with a single parent were 11 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]**

◆ **Between 2006 and 2008, there were 20,582 Rhode Island children in families with no parent in the labor force. Children in families with a single parent represented 85% of families with no employed parents.[11]**

◆ **Between 2006 and 2008, there were 2,768 Rhode Island families with incomes below the federal poverty threshold in which at least one adult had full-time, year-round employment.[12] Between 1998 and 2008, the percentage of Rhode Island children living in low-income families (below 200% of the federal poverty threshold) with no employed parents fell from 34% to 25%.[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 (SNAP/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 leaving welfare for work. Research shows that people 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 mothers were significantly lower.[16]

◆ Low-income workers are less likely to have benefits, such as paid time off and flexible work schedules, which would allow them to address the needs of sick children. In the U.S., more than half of working parents with below-poverty incomes lack paid leave.[17] Even when they work full-time, year-round, women earn less than male workers and are less likely to have paid time off.[18]

◆ Limited education can also be a barrier to sustained employment. In Rhode Island, 34% of low-income working families include a parent without a high school diploma or GED. Rhode Island ranks 44th (1st is best) in the U.S. on this measure.[19]

◆ Having access to work supports, such as health insurance, food stamp benefits/SNAP, and child care subsidies can facilitate steady employment over time. People who leave welfare and use these kinds of transitional support services are much less likely to return to welfare.[20]

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(continued on page 161)

Secure Employment and Child Care

◆ Research shows a link between adequate child care availability and sustained maternal labor force participation.[21] Low-income working mothers who do not have regular child care arrangements for their preschool-age children have lower job retention than mothers with regular care arrangements.[22]

◆ Low-income parents are less likely to use paid child care than higher-income parents. When they do pay for child care, they spend a higher proportion of their income than higher-income parents.[23]

◆ 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).[24]

Rhode Island Earned Income Tax Credit (EITC)

◆ Earned Income Tax Credits (EITCs) provide tax reductions and wage supplements for low- and moderate-income working families. EITCs reduce child poverty, decrease taxes and increase work incentives for families struggling to make ends meet. The federal EITC is the nation's most effective antipoverty program for working families, lifting 6.5 million people – roughly half of whom are children – out of poverty each year.[25] In 2009, the federal *American Recovery and Reinvestment Act* (ARRA) expanded the federal EITC, providing an additional estimated $3.4 billion in benefits to working families.[26]

◆ State EITCs can supplement the federal EITC to further support working families. Currently, Rhode Island offers a partially-refundable state EITC equal to 25% of the federal EITC, with 15% of this being refundable (i.e., 3.75% of the federal EITC).[27]

◆ 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 one of two states with a partially refundable credit.[28] Fully refundable credits provide more financial benefit to working poor families with children than partially refundable credits.[29]

Children Receiving Child Support

DEFINITION

Children receiving child support is the percentage of parents who make child support payments on time and in full as indicated in the Rhode Island Office of Child Support Services system. The percentage does not include cases in which paternity has not been established or cases in which the non-custodial parent is not under a court order because he/she cannot be located. Court orders for child support and medical support require establishment of paternity.

SIGNIFICANCE

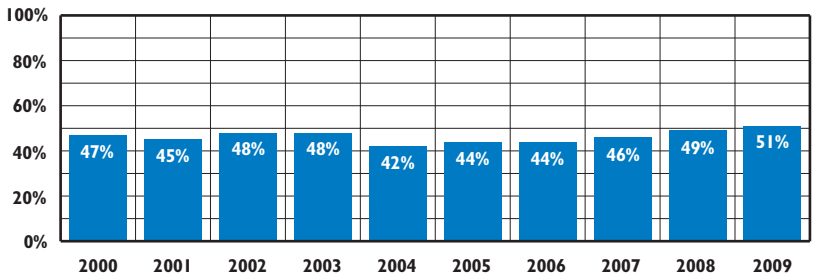
Child support is a major part of the safety net for children and families. One in four U.S. children (17 million) receives child support services.[1] Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial and medical support of their children. Child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

The receipt of child support payments can significantly improve the economic well-being of a child growing up in a family with a non-resident parent.[3] For poor families that receive child support, these payments represent almost one-half (48%) of their income.[4] Custodial parents who receive steady child support payments are less likely to receive cash assistance and more likely to find work more quickly and to maintain that employment longer than those who do not.[5]

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 non-custodial parents do not have stable employment.[6,7] Programs that offer job training and employment services, substance abuse treatment, family counseling, and parenting education can help non-custodial parents meet their child support obligations.[8,9]

Non-custodial fathers who pay regular child support are more involved with their children, providing them with emotional and financial support.[10,11] Research also shows that the receipt of regular child support payments can have a positive effect on children's academic achievement.[12]

Non-Custodial Parents With Court Orders Who Pay Child Support On-Time and in Full, Rhode Island, 2000–2009



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2000-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2009.

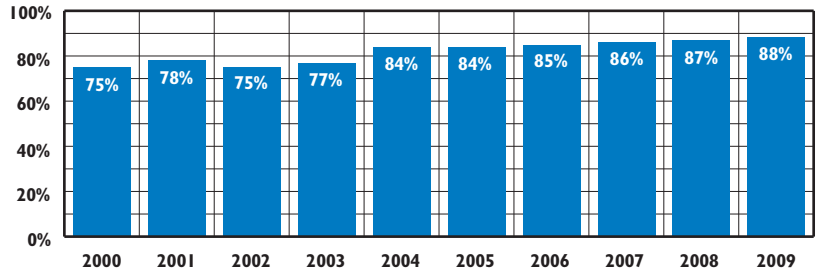
◆ **As of December 1, 2009, there were 84,746 Rhode Island children in the Rhode Island Office of Child Support Services system and over half (57%) of the children with a known Rhode Island residence lived in the six core cities. Fifty-one percent (51%) of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.[13]**

◆ **In 2009, the Rhode Island Office of Child Support Services collected almost $81.5 million in child support, about $1 million less than the previous year. Eighty-five percent ($69.1 million) of these funds were distributed directly to families.[14] State officials attribute declines in the amount of collections to the state's high unemployment rate, noting that many parents who paid child support in the past are no longer able to make these payments.[15] Non-custodial parents who are unable to meet their child support obligations may be required to participate in job search and matching assistance.[16]**

◆ **The Office of Child Support Services is a cost-effective program. For every $1.00 Rhode Island spends, it collects $6.76.[17] 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 (RI Works) and RIte Care costs.[18]**

◆ **During Federal Fiscal Year (FFY) 2009, there were 11,157 court orders for medical insurance and 8,915 orders to pay for medical coverage. A total of $4.6 million in payments (known as "cash medical") was retained by the state to offset the cost of RIte Care, while approximately $1.2 million was disbursed directly 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, 2000-2009



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2000-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2009. Includes all children in the child support system -- private, interstate, and IV-D cases (i.e., those cases that received assistance with child support because they were receiving RI Works, RIte Care, or child care assistance benefits).

◆ **Between 2000 and 2009, the percentage of children in the Rhode Island child support system with paternity established increased from 75% of children in 2000 to 88% of children in 2009, an increase of 17%.[20]**

◆ **Despite increases in the percentage of children with paternity established, in FFY 2008, Rhode Island had the lowest rate of court orders for child support established in New England (Maine – 89%; Vermont – 88%; New Hampshire – 85%; Massachusetts – 77%; Connecticut – 72%; Rhode Island – 62%) and the second lowest rate in the U.S.[21]**

◆ **In FFY 2008, Rhode Island had the highest case/staff ratio in New England, almost twice that of the next highest state (CT) and almost four times that of the lowest state (VT). In recent years, the Office of Child Support Services has faced major staff reductions, affecting the Office's ability to establish court orders for child support.[22]**

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(continued on page 162)

Child Support and Rhode Island Works

◆ **As of December 1, 2009, Rhode Island's Office of Child Support Services system included 10,053 children enrolled in Rhode Island Works (RI Works).[23]**

◆ **In 2009, the average child support obligation for children enrolled in RI Works was $253 per month, compared to an average child support obligation of $357 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 2009, Rhode Island's Office of Child Support Services collected $6.4 million dollars in child support for children enrolled in RI Works. The federal and state governments retained $5.8 million, and the remaining $601,942 was passed through to families.[25]**

◆ **In Rhode Island, only the first $50 of child support paid on time each month on behalf of a child receiving RI Works cash assistance (called a "pass-through" payment) goes to the custodial parent caring for the child.[26] The remainder of the payment is retained by the federal and state governments as reimbursement for assistance received through RI Works. In FFY 2009 in Rhode Island, an average of 1,032 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 which provides states the option to increase the amount of money passed through to children. States that pass through up to $100 per month for one child and up to $200 per month for two or more children and that disregard this income in calculating eligibility for cash assistance do not have to reimburse the federal government for its share of the child support collected.[30] Since October 2008, eight states have increased the amount they pass through to children. Rhode Island has not implemented this option.[31]**

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. 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.[6,7]

In 2009, the federal poverty threshold was $17,285 for a family of three with two children and $21,756 for a family of four with two children.[8] 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 changes in family expenditure patterns since its development in the 1960s, particularly the rising costs of housing, child care, medical care, and transportation. It also does not consider geographic variations in the cost of living from state to state or for urban versus rural areas.[9,10,11,12]

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 2008 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).[13]

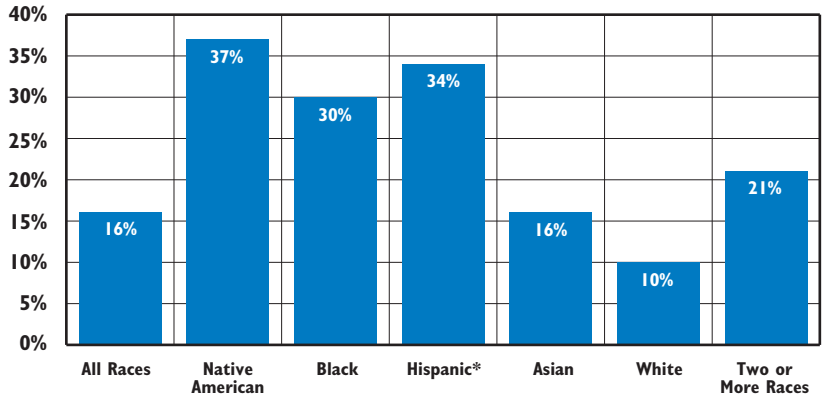
Children in Poverty

	2005	2006	2007	2008
RI	19.5%	15.1%	17.5%	15.5%
US	18.5%	18.3%	18.0%	18.2%
National Rank*				*22nd*
New England Rank**				*5th*

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

Source: U.S. Census Bureau, American Community Survey, 2005-2008. Table R1704.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2006-2008



Source: U.S. Census Bureau, American Community Survey, 2006-2008. Tables B17001, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. *Hispanic children may be included in any race category.

◆ **Between 2006 and 2008, 16.1% (36,970) of Rhode Island's 228,980 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.[14]**

◆ **In Rhode Island as well as in the United States as a whole, children who are racial and ethnic minorities are more likely to live in families with incomes below the federal poverty threshold. Between 2006 and 2008, about one in three Native American (37%), Hispanic (34%), and Black (30%) children in Rhode Island lived in poverty, compared to 16% of Asian children and 10% of White children.[15]**

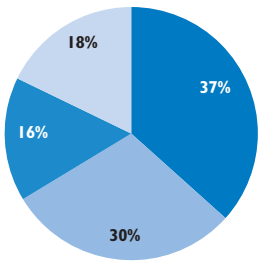
◆ **While Native American, Black, and Asian children in Rhode Island are more likely to experience poverty than White children, children from these groups represent less than 20% of all children living in poverty in Rhode Island. Between 2006 and 2008, of all children living in poverty in Rhode Island, almost half (48%) were White, 15% were Black, 3% were Asian, 1% were Native American, 27% were "some other race" and 6% were two or more races.**

◆ **Between 2006 and 2008, 43% of Rhode Island's poor children were Hispanic. Hispanic children may be included in any race category. The Census Bureau asks about race separately from ethnicity, and the majority of families who identify as "some other race" also identify as Hispanic.[16]**

Rhode Island's Poor Children, 2006-2008

By Age

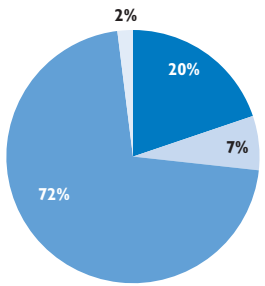
37%	Ages 5 and Younger
30%	Ages 6 to 11
16%	Ages 12 to 14
18%	Ages 15 to 17



n = 36,970

By Family Structure

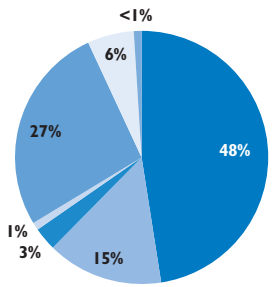
20%	Married Couple Family
7%	Unmarried Male Householder
72%	Unmarried Female Householder
2%	Not in Related-Family Households



n = 36,970

By Race*

48%	White
15%	Black
3%	Asian
1%	Native American
27%	Some Other Race
6%	Two or More Races
<1%	Unknown



n = 36,970

**Hispanic children may be included in any race category. Between 2006 and 2008, 15,874 (43%) of Rhode Island's 36,970 poor children were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2006-2008. Tables B17001, B17006, B17020A, B17020B, B17020C, B17020D, B17020F, B17020G & B17020I. Population includes children for whom poverty status was determined. Percentages may not sum to 100% due to rounding.

Children Living in Extreme Poverty

◆ Families with incomes below 50% of the federal poverty threshold are considered to be in extreme poverty. In 2009, the extreme poverty level was $8,643 for a family of three with two children and $10,878 for a family of four with two children.[17] Of the 36,970 children living below the poverty threshold in Rhode Island from 2006 to 2008, almost half (45%) lived in extreme poverty. In total, an estimated 7.2% (16,552) of all children in Rhode Island lived in extreme poverty.[18]

◆ In 2008, economists predicted that the U.S. unemployment rate would reach 9% and 1.5 to 2.4 million more children would be in extreme poverty. The unemployment rate has since reached 10%.[19,20] Children in extreme poverty may be even worse off now than in the mid-1990s because their families are less likely to be able to access TANF cash assistance due to stricter eligibility rules, work requirements, and time limits.[21]

Young Children Under Age Six in Poverty in Rhode Island

◆ Children under age six are at higher risk of living in poverty and experiencing negative outcomes than any other age group, because their parents tend to be younger, have less work experience, and earn less than parents of older children.[22,23]

◆ 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.[24]

◆ Between 2006 and 2008, 19% (13,686) of Rhode Island children under age six lived below the poverty threshold, similar to the national rate of 21%, and almost half (45%) of Rhode Island children under age six who were living in poverty lived in extreme poverty.[25]

◆ As of December 1, 2009 there were 3,662 children under age three and 2,224 children ages three to five in families receiving cash assistance (RI Works). Children under age 6 made up 54% of all children receiving cash assistance in Rhode Island.[26]

◆ In 2009, 47% of all child victims of child abuse and neglect (which is often linked with family poverty) in Rhode Island were children under the age of six.[27]

Children in Poverty

Financial Asset Building

◆ For working poor families, having assets such as checking and savings accounts provides families the ability to conduct basic financial transactions, manage financial emergencies related to unemployment and illness, and invest in education and training.[28,29]

◆ Many low-income families lack knowledge about or access to traditional banks and instead rely on cash transactions or alternative financial services, such as check-cashing stores, payday lenders, rent-to-own stores and refund anticipation loans. These families pay high fees for financial transactions and high interest rates on loans, are more vulnerable to loss or theft, and often struggle to build credit histories and achieve economic security.[30,31]

◆ In Rhode Island, 6% of households do not have a checking or savings account. Among the poorest households, those with incomes less than $15,000, almost one in three households (31%) have no bank account, a rate that is higher than the U.S. as a whole (27%) and higher than any other state in New England.[32]

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

◆ State and federal policies that protect families from predatory mortgage lending and payday lending and expand cost-effective and safe financial services would allow families to keep more of their earnings, save and invest more and could ultimately promote a more stable workforce and stronger communities.[34,35,36]

◆ Many public assistance programs have eligibility provisions that limit the amount of assets and/or the value of vehicles a family can own. Such policies discourage families from accumulating the assets they need to improve their economic security. Rhode Island currently has a $1,000 asset limit to qualify for RI Works and is one of only eight states with such a restrictive asset limit.[37]

Building Blocks of Economic Security

Income Supports

◆ Nationally, income supports lifted 31 million Americans above the poverty line in 2005, cutting poverty nearly in half and helping low-income working families meet their basic needs. Income supports can be cash payments, such as the Rhode Island Works Program; tax credits including the Earned Income Tax Credit and the Child Tax Credit; and "near-cash" benefits, such as SNAP (food stamps), child care and housing assistance that are not provided in cash but which are used to pay regular monthly bills.[38]

Access to Health Care

◆ Families with incomes below the poverty level are much less likely to receive health insurance through an employer than their higher-income counterparts. Some low-income workers are ineligible because they work part-time or are recent hires, while others cannot afford to pay the employee share of the insurance premium.[39] Children with health insurance (public or private) are more likely than children without insurance to have a regular and accessible source of health care.[40]

Affordable Quality Child Care

◆ High-quality, affordable child care helps parents maintain employment and supports children's development.[41] Child care costs represent a significant portion of low-income families' budgets. On average, families living below the poverty threshold spent 25% of their income on child care, compared to 7% for families above the threshold.[42]

Educational Attainment

◆ Eighty-three percent of children whose parents lack a high school diploma and over half of children whose parents have only a high school diploma live in low-income families.[43] Greater access to adult basic education and English as a second language courses is necessary to ensure that all parents have the skills necessary to participate in the workforce. Higher education is one of the most effective ways that parents can raise their families' incomes. Increasing access to financial aid and child care subsidies for parents pursuing higher education can make higher education more accessible to low-income parents.[44]

Affordable Housing

◆ Having stable housing is critical for getting and keeping a job.[45] In 2009, the average rent for a two-bedroom apartment in Rhode Island was $1,170.[46] In Rhode Island, a family of three with an income at the federal poverty level would need to spend 77% of its income on rent to pay this amount, well above the recommended percentage of 30%.[47]

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

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

Source of Data for Table/Methodology

Data are from the U.S. Census Bureau, Census 2000, Summary File 3, Tables 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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Children in Families Receiving Cash Assistance

DEFINITION

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

SIGNIFICANCE

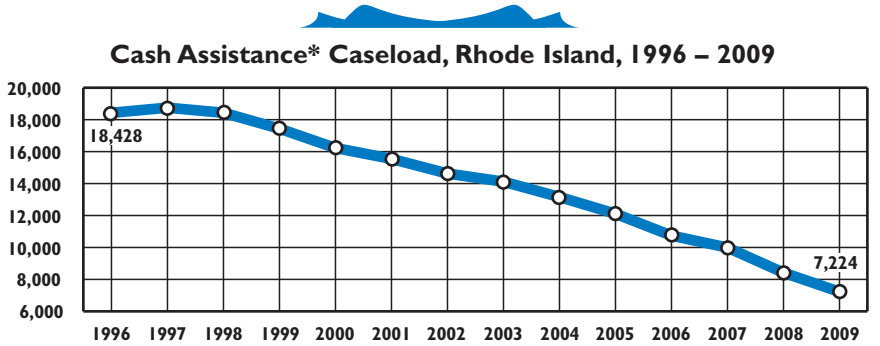
The Rhode Island Works Program (RI Works) replaced the Family Independence Program (FIP), effective July 1, 2008. The goal of RI Works is to help families successfully transition to work by providing cash assistance and work supports, including employment services, SNAP/food stamp benefits, health insurance 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. Most plans begin with job search and placement and job skills development. Plans may also include 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 did not have sufficient earnings or work experience to qualify for unemployment benefits. RI Works also provides time-limited supplementary cash assistance to very low-income working families.[4] In December 2009, the average hourly wage of parents enrolled in RI Works and working was $9.67 per hour.[5]

RI Works also connects families to the Office of Child Support Services, 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. The balance is shared by the state and federal governments.[6,7]

If a family has no earned income, the maximum monthly RI Works benefit for a family of three is $554 per month.[8] Rhode Island's monthly benefit has not increased in 20 years.[9]



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996 – 2009. 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 2009, the Rhode Island cash assistance caseload decreased by 61% from 18,428 to 7,224. In just the past year, from 2008 to 2009, the caseload decreased by 14% or 1,200 cases.[10,11,12]**

◆ **A large part of the recent decline in the caseload was the result of new policies implemented when the program changed from FIP to RI Works. These policies include a new 48-month lifetime limit for benefits, closing child-only cases when parents reach their time limit, and limiting eligibility for legal permanent residents to those who have had that status for five years.[13] An additional 950 cases are due to close on June 30, 2010 due to the new periodic time limit which limits assistance to no more than 24 months of assistance in any 60-month period.[14]**

◆ **In December 2009, there were 5,271 adults and 10,846 children under age 18 enrolled in RI Works. More than two-thirds (67%) of all RI Works beneficiaries were children, and more than half (54%) of the children enrolled in RI Works were under the age of six.[15]**

◆ **In December 2009, there were 529 teen heads of household enrolled in RI Works, representing 7% of the total caseload.[16] Teen parents without a 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.[17]**

RI Works Policies

Work Requirements

◆ Single-parent families must participate in a work activity for a minimum of 20 hours per week if they have a child under age six and a minimum of 30 hours per week if their youngest child is age six or older. Single parents can combine 10 hours of job skills training, education that is directly related to employment, or a GED program with 20 hours of work to reach the 30-hour work requirement.[18]

Time Limits

◆ The lifetime limit for RI Works is 48 months. Families also are limited to no more than 24 months of cash assistance in a 60-month period. All cash assistance issued in Rhode Island or any other state since May 1997 counts toward the lifetime limit, while assistance received since July 1, 2008 counts toward the 24-month periodic time limit.[19]

Hardship Extensions

◆ Families can apply for hardship extensions that allow them to continue receiving cash assistance after reaching the time limit if the parent has a documented physical or mental incapacity, is caring for a disabled family member, is unable to pursue employment due to a domestic violence situation, or is unable to work because of "a critical other condition or circumstance."[20] Families apply for a three-month extension and can receive a maximum total extension of one year.

Child-Only Cases

◆ Child-only cases are those that receive assistance for only the children in the family because the child's parent is ineligible. Child-only cases include children living with a non-parent or a parent who is disabled and receiving Supplemental Security Income.[21]

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.[22]

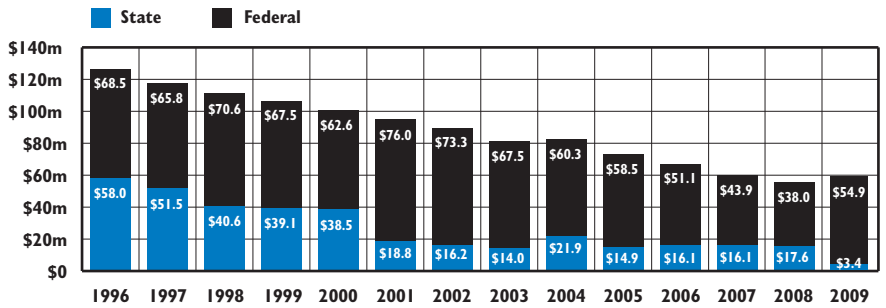
RI Works by Case Type, 2009

Total RI Works caseload	7,224
Child-only cases	2,502
Cases with adults required to engage in a work activity	3,130
Cases with adults exempt from a work activity*	1,592

Source: Rhode Island Department of Human Services, InRhodes Database, 2009.

**RI Works regulations require that all parents and caretaker relatives included in the cash assistance grant participate in a work activity unless they receive a temporary exemption. Exemptions from work activities include: caring for a disabled spouse or child (57), in third trimester of pregnancy (337), and youngest child under age one (1,198).*

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2009



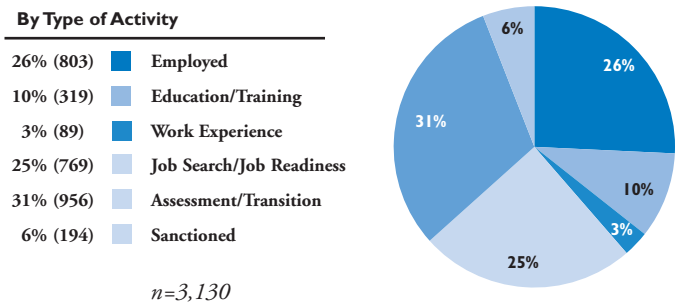
Source: Rhode Island Department of Human Services, *Family Independence Program 2007 Annual Report.* (FY 1996-2001); House Fiscal Advisory Staff. (2004-2009). *Budget as enacted: Fiscal Years 2005-2010.* (FY 2002-2007). House Fiscal Advisory Staff. (2010). *Governor's FY 2010 revised budget.* (FY 2008-2009).

◆ Between State Fiscal Year (SFY) 1996 and SFY 2009, state general revenue spending for cash assistance decreased 94% from $58 million to $3.4 million.[23,24]

◆ In SFY 2009, cash assistance represented less than 1% of Rhode Island's total federal and state budget expenditures of $7.19 billion.[25]

Children in Families Receiving Cash Assistance

Activities of Families Enrolled in the RI Works Program, December 2009



Source: Rhode Island Department of Human Services, InRhodes Database, December 2009.

◆ As of December 2009, 26% of families that were required to engage in work-related activities were employed, down from 38% in December 2007.[26,27] During this same period, from December 2007 through December 2009, the unemployment rate in Rhode Island more than doubled from 6.0% to 12.9%.[28] One-half (50%) of the RI Works cases that closed in 2009 closed because the parents' employment income exceeded the eligibility limit.[29]

◆ Parents with limited literacy or English-language skills can participate in a six-month basic education and work skills program. Parents can also receive up to one year of vocational education.[30] As of December 2009, 10% of families were participating in education or training programs. An additional 3% with limited work histories were participating in work experience programs.[31]

◆ One-quarter (25%) of families were participating in job search/job readiness activities, including job search and job skills development programs delivered in partnership with the RI Department of Labor and Training, primarily through their netWORKri one-stop career center locations, and vocational rehabilitation services delivered by the Office of Rehabilitation Services. Almost one in three families (31%) was in assessment or transition, which includes preparing an employment plan, receiving educational or vocational assessments, or waiting to begin an education program or job.[32,33]

◆ Slightly more than 1 in 20 families (6%) required to engage in a work-related activity were sanctioned, meaning they lost benefits due to non-compliance with their employment plan.[34]

Support for Unemployed and Low-Wage Families

◆ Many states, including Rhode Island, provide supplementary cash assistance to families after a parent is employed until they reach their time limits. This type of assistance encourages parents to work by helping them make ends meet when they are earning low wages.[35]

◆ 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.[36]

◆ 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.[37]

◆ Families can continue to receive cash assistance for up to one year after they reach their time limit if they have a documented hardship.[38] As of December 1, 2009, 666 families had hardship extensions, 275 for a physical or mental disability, 26 to care for a disabled family member, 24 who were unable to work due to a domestic violence situation, 9 for homelessness and 332 for another reason (e.g., unable to find work due to the recession).[39]

Support for Families with Disabilities

◆ Nationally, more than one-quarter (27%) of cash assistance recipients have physical, mental, or emotional problems that keep them from working or limit the type or amount of work they can do, compared to 6% of all low-income single mothers.[40]

◆ Under RI Works, parents with disabilities are not exempt from work requirements. Parents who report having a disability and who are not receiving SSI may be referred to the Office of Rehabilitation for further assessment, vocational rehabilitation services, and help applying for SSI.[41]

◆ Families that include children with disabilities face special challenges, including difficulty finding appropriate child care. Parents may need to miss work to provide for their children's special needs and missing work puts them at risk of being sanctioned.[42]

Children in Families Receiving Cash Assistance

Education and Training Supporting Employment

◆ Twenty percent of Rhode Island's adult working age population (ages 16-64) that is not enrolled in school lacks a high school diploma, has limited English-language skills or faces both of these obstacles to success in the labor market.[43]

◆ 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.[44] Between 2006 and 2008, the unemployment rate for Rhode Islanders without high school diplomas (12.3%) was almost twice as high as it was for those with high school degrees (6.7%).[45]

◆ Parents enrolled in RI Works face even greater barriers to success in the labor market. Almost one half of the parents (44%) enrolled in RI Works report not finishing high school.[46] Among a recently tested group of parents receiving cash assistance, almost one third (30%) tested at or below the 6th grade reading level. Almost three-quarters (71%) of native Spanish speakers enrolled in RI Works tested at or below a 6th grade reading level on a Spanish-language version of the test.[47]

◆ The U.S. Department of Human Services recommends combining basic skills and career and technical training with supportive services, such as child care, as a promising practice for transitioning parents receiving cash assistance to work.[48]

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2009. The denominator is the total number of children under age 18 from U.S. Census Bureau, Census 2000. Summary File 1, Table P12.

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

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

References

[1,2,3,4,6,17,18,19,20,21,22,30,33,38,41] *Rhode Island Department of Human Services. (2010). Rhode Island Department of Human Services Code of Rules: RI Works Program.* Retrieved February 23, 2010 from www.policy.dhs.ri.gov/1400.htm

[7] Rhode Island Department of Human Services, Office of Child Support Services, 2010.

[5,8,11,14,15,16,26,29,31,32,34,39,46] Rhode Island Department of Human Services, InRhodes Database, December 2009.

[9,35,36] *Comparison of work supports in Rhode Island and other New England states.* (2008). Providence, RI: The Poverty Institute at the Rhode Island College School of Social Work.

(continued on page 163)

Table 12. **Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 1, 2009**

CITY/TOWN	# OF CHILDREN UNDER 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,745	7	6	<1%
Bristol	4,399	46	76	2%
Burrillville	4,043	62	75	2%
Central Falls	5,531	371	615	11%
Charlestown	1,712	13	17	1%
Coventry	8,389	77	95	1%
Cranston	17,098	334	469	3%
Cumberland	7,690	76	96	1%
East Greenwich	3,564	19	25	1%
East Providence	10,546	203	277	3%
Exeter	1,589	8	13	1%
Foster	1,105	8	11	1%
Glocester	2,664	20	21	1%
Hopkinton	2,011	14	16	1%
Jamestown	1,238	6	13	1%
Johnston	5,906	117	150	3%
Lincoln	5,157	62	94	2%
Little Compton	780	7	10	1%
Middletown	4,328	59	81	2%
Narragansett	2,833	27	29	1%
New Shoreham	185	1	0	0%
Newport	5,199	220	336	6%
North Kingstown	6,848	74	119	2%
North Providence	5,936	151	197	3%
North Smithfield	2,379	30	46	2%
Pawtucket	18,151	734	1,081	6%
Portsmouth	4,329	19	37	1%
Providence	45,277	3,039	4,725	10%
Richmond	2,014	10	23	1%
Scituate	2,635	12	16	1%
Smithfield	4,019	20	52	1%
South Kingstown	6,284	36	28	<1%
Tiverton	3,367	61	75	2%
Warren	2,454	41	61	2%
Warwick	18,780	243	309	2%
West Greenwich	1,444	8	14	1%
West Warwick	6,632	186	281	4%
Westerly	5,406	71	95	2%
Woonsocket	11,155	732	1,162	10%
Core Cities	*91,945*	*5,282*	*8,200*	*9%*
Remainder of State	*155,877*	*1,942*	*2,646*	*2%*
Rhode Island	*247,822*	*7,224*	*10,846*	*4%*

Children Receiving SNAP Benefits

DEFINITION

Children receiving SNAP benefits (formerly the Food Stamp Program) is the number of children under age 18 who participated in the Supplemental Nutrition Assistance Program (SNAP) in 2009 and the percentage change between 2005 and 2009 in the number of children under age 18 participating.

SIGNIFICANCE

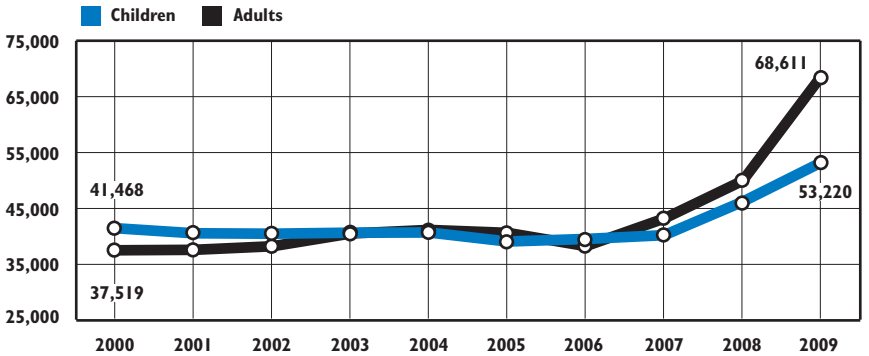
Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional and academic problems in children and can interfere with their growth and development.[1,2,3] The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income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

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

Purchasing food using SNAP benefits helps many low-income families bridge the gap between what they earn and their basic living expenses. In 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 2009, the average monthly SNAP benefit for a family of three in Rhode Island was $388.[12]

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

Participation in the Supplementary Nutrition Assistance Program, Children and Adults, Rhode Island, 2000-2009



Source: Rhode Island Department of Human Services, InRhodes Database, 2000 – 2009. Data represent children under age 18 and adults who participated in SNAP during the month of October.

◆ **The most recent USDA report estimates that in 2007 there were 50,000 Rhode Islanders who were income-eligible for SNAP benefits but not enrolled. Rhode Island ranked 40th (1st is best) in the U.S. for SNAP participation.[14]**

◆ **Since 2007, the number of Rhode Island children receiving SNAP benefits increased by 32%, from 40,224 in 2007 to 53,220 in 2009, while the number of participating adults increased by 59%, from 43,207 in 2007 to 68,611 in 2009.[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 2006 and 2008, 11.7% of Rhode Island households and 12.2% of United States households were food insecure. In 2008, more than one in every five (21.0%) U.S. households with children were food insecure, while one-half (50.3%) of U.S. households with children with incomes below the poverty level experienced food insecurity.[16]**

◆ **More than 50,000 Rhode Islanders receive emergency food assistance from food pantries and soup kitchens each month, and 41% of food pantry clients have children at home. In 2009, over one-half (57%) of Rhode Islanders who accessed emergency food assistance also received SNAP benefits, up from 35% in 2006.[17]**

Children Receiving SNAP Benefits

SNAP Participation in Rhode Island

- Between 2005 and 2009, the number of Rhode Island children receiving SNAP benefits increased by 53% from 35,168 to 53,632.[18]

- SNAP participation rates among children increased by more than one-third (36%) in the core cities and more than doubled (110%) in the remainder of the state.

- In 2009, Rhode Island implemented a number of strategies to improve access to SNAP benefits including implementing "expanded categorical eligibility" so more families qualify, conducting telephone interviews so applicants do not need to apply in person, and requiring less frequent recertification.[19]

- Simplifying applications, reducing documentation requirements, improving communication (i.e., phone systems and notices), extending hours of operation and providing child care at enrollment sites, and hiring more workers so that caseloads are reduced and applications can be processed in a timely fashion are additional strategies that could be implemented to further increase access.[20]

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

CITY/TOWN	NUMBER PARTICIPATING IN 2005	NUMBER PARTICIPATING IN 2009	% CHANGE IN NUMBER PARTICIPATING FROM 2005 TO 2009
Barrington	28	85	204%
Bristol	160	363	127%
Burrillville	186	456	145%
Central Falls	2,038	2,917	43%
Charlestown	99	152	54%
Coventry	381	772	103%
Cranston	1,547	2,857	85%
Cumberland	253	617	144%
East Greenwich	81	190	135%
East Providence	914	1,608	76%
Exeter	44	86	95%
Foster	34	79	132%
Glocester	61	158	159%
Hopkinton	84	209	149%
Jamestown	21	40	90%
Johnston	398	839	111%
Lincoln	195	551	183%
Little Compton	9	46	411%
Middletown	149	392	163%
Narragansett	87	218	151%
New Shoreham	3	5	67%
Newport	884	1,202	36%
North Kingstown	385	634	65%
North Providence	420	907	116%
North Smithfield	51	213	318%
Pawtucket	3,795	5,790	53%
Portsmouth	91	237	160%
Providence	16,767	20,771	24%
Richmond	51	125	145%
Scituate	39	149	282%
Smithfield	52	457	779%
South Kingstown	270	406	50%
Tiverton	108	321	197%
Warren	258	373	45%
Warwick	1,136	2,295	102%
West Greenwich	22	129	486%
West Warwick	851	1,472	73%
Westerly	383	815	113%
Woonsocket	2,833	4,696	66%
Core Cities	*27,168*	*36,848*	*36%*
Remainder of State	*8,000*	*16,784*	*110%*
Rhode Island	*35,168*	*53,632*	*53%*

Note to Table

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

Source of Data for Table/Methodology

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

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

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

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

References

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

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

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

(continued on page 163)

Women and Children Participating in WIC

DEFINITION

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

SIGNIFICANCE

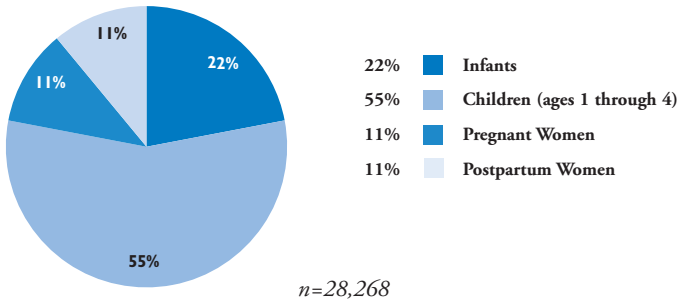
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a preventive program that provides participants with nutritious food, nutrition education, screening and referrals to health care and social services.[1] WIC is a federally-funded program that serves pregnant, postpartum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

Compared to children who receive WIC benefits, young children who are eligible for WIC but not enrolled are more likely to be in poor health, have developmental delays and experience food insecurity (i.e., live in families that do not always have enough food for an active healthy life).[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, improve birth outcomes (including reducing the likelihood of low birthweight and prematurity), protect against underweight and poor nutrition in infants, increase immunization rates, improve cognitive development, and increase the likelihood of having a source of regular medical care. WIC promotes breastfeeding as the optimal method of infant feeding.[7] In Rhode Island, 20% of WIC infants were breastfed in Federal Fiscal Year 2009.[8]

In 2009, Congress revised appropriations to enhance the WIC food package, improving the health and nutritional quality of the foods in the program, and increasing participants' choice and expansion of cultural food options by offering more fruits, vegetables, and other new foods.[9,10]

Women, Infants and Children Enrolled in WIC, Rhode Island, September 30, 2009



n=28,268

Source: Rhode Island Department of Health, Center for Health Data and Analysis, WIC Program, September 30, 2009.
Totals may not sum to 100% due to rounding.

◆ **On September 30, 2009, infants and children ages one through four comprised more than three-quarters of the population being served by WIC in Rhode Island. Women accounted for 22% (11% pregnant and 11% postpartum) of the population being served.[11]**

◆ **In September 2009, 69% of WIC participants in Rhode Island identified as White, 16% identified as Black or African American, 3% identified as Asian, and 11% identified as other races or multiple races. Thirty-eight percent of WIC participants identified as Hispanic or Latino. Hispanics are included in the racial groups above.[12]**

◆ **Five of the six core cities – Central Falls (77%), Newport (79%), Pawtucket (78%), Providence (80%), and Woonsocket (87%) – had WIC participation rates equal to or exceeding the statewide enrollment rate of 77% in 2009.[13,14]**

◆ **WIC is not an entitlement program and is not funded at a level that is sufficient to serve all eligible women, infants, and children.[15] Rhode Island received $20.6 million dollars in federal funding for WIC during Federal Fiscal Year (FFY) 2009.[16]**

◆ **The WIC Farmers' Market Nutrition Program (FMNP) improves participants' intake of fresh fruits and vegetables by enabling participants to purchase produce at authorized local farmers' markets using WIC benefits.[17] In Rhode Island, 67 farmers' markets provided fresh produce to 18,344 WIC participants through the Farmers' Market Nutrition Program during FFY 2009.[18,19]**

Table 14. **Women, Infants and Children Participating in WIC, Rhode Island, September 30, 2009**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	86	43	50%
Bristol	321	261	81%
Burrillville	299	228	76%
Central Falls	2,019	1,555	77%
Charlestown	127	66	52%
Coventry	649	476	73%
Cranston	2,062	1,539	75%
Cumberland	489	314	64%
East Greenwich	147	66	45%
East Providence	1,288	1,073	83%
Exeter	70	51	73%
Foster	77	54	70%
Glocester	105	77	73%
Hopkinton	177	139	79%
Jamestown	39	16	41%
Johnston	648	517	80%
Lincoln	324	246	76%
Little Compton	44	17	39%
Middletown	315	279	89%
Narragansett	154	98	64%
New Shoreham	11	8	73%
Newport	802	633	79%
North Kingstown	475	272	57%
North Providence	666	569	85%
North Smithfield	120	100	83%
Pawtucket	4,195	3,258	78%
Portsmouth	211	127	60%
Providence	13,241	10,659	80%
Richmond	130	80	62%
Scituate	107	62	58%
Smithfield	162	97	60%
South Kingstown	339	259	76%
Tiverton	181	151	83%
Warren	221	192	87%
Warwick	1,690	1,145	68%
West Greenwich	50	48	96%
West Warwick	1,092	763	70%
Westerly	600	431	72%
Woonsocket	2,639	2,299	87%
Unknown	*425*	*0*	*NA*
Core Cities	*23,988*	*19,167*	*80%*
Remainder of State	*12,384*	*9,101*	*73%*
Rhode Island	*36,797*	*28,268*	*77%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, WIC Program, September 30, 2009.

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

Note: Due to a change in methodology, WIC participation rates in this Factbook cannot be compared with Factbooks prior to 2007. "Estimated number eligible" is based on calculations done by the Rhode Island Department of Health to determine the number of pregnant and postpartum women, infants and children under age five who live in families with an income less than 185% of poverty. In past years, the "estimated number eligible" was based on 2000 Census data (2005 and 2006 Factbooks) and 1990 Census data (all Factbooks prior to 2005).

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(continued on page 163)

Children Participating in School Breakfast

DEFINITION

Children participating in school breakfast is the percentage of low-income children who participate in the School Breakfast Program. Children are counted as low-income if they are eligible for and enrolled in the Free or Reduced-Price Lunch Program.

SIGNIFICANCE

The School Breakfast program is a key component of eliminating child hunger, and it has been proven to improve children's health, school attendance and behavior.[1] School Breakfast Programs offer nutritious meals, and participating children are more likely to meet their Recommended Daily Allowances of four key nutrients.[2] Students who participate in school breakfast programs have higher standardized test scores, fewer absences, reduced tardiness, better behavior and lower risks of obesity.[3]

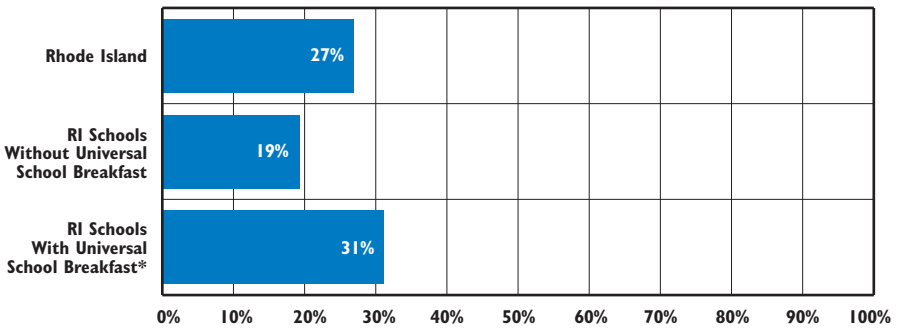
Food-insecure families often do not have sufficient food to provide nutritious breakfasts to their children every morning, and children in these families are at risk of falling behind their peers physically, cognitively, academically, emotionally and socially.[4,5] Children who suffer from undernutrition or food insecurity are more likely than their peers to have poor health, be absent from school, show aggression and anxiety, suffer from childhood obesity and need special education services.[6,7] Nationally, kindergarteners in households experiencing food insecurity missed, on average, two days more of school each year than their peers in food-secure households.[8] 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.[9]

Rhode Island state law requires all public schools to provide students with access to school breakfast, although higher-income parents may be required to pay for some share of the costs. Rhode Island also receives over $5.4 million in federal funds for the School Breakfast Program, which flows directly into the state's economy.[10]

If Rhode Island increased low-income student participation in the School Breakfast Program from 40% to 60% of School Lunch Program participation rates, the state would receive more than $2.4 million in additional federal funds to support the School Breakfast Program.[11]

During the 2008-2009 school year, 39 low-income students participated in the School Breakfast Program for every 100 low-income students that participated in the School Lunch Program. Rhode Island ranks 41st in the country for participation in the School Breakfast Program when participation is analyzed as the ratio of low-income students in the School Breakfast Program to low-income students in the School Lunch Program, down from 37th last year.[12]

Low-Income Children Participating in the School Breakfast Program, Rhode Island, October 2009



** 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.*

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 2009.

◆ **In 2009, the percentage of low-income students participating in School Breakfast Programs in schools offering universal school breakfast was 31% compared with 19% of students participating in non-universal programs in the remainder of the state.[13]**

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

◆ **During the 2009-2010 school year, 16 school districts in Rhode Island with severe-need schools (schools in which 40% or more of students qualify for free or reduced price schools meals) did not offer universal school breakfast.[15] Data show that universal classroom breakfast programs are key to increasing school breakfast participation among low-income students, especially in severe-needs schools.[16]**

◆ **Each day a low-income student does not participate in the School Breakfast Program in a severe-needs school, the district loses $1.68 in federal nutrition funding for each student who would have received a free breakfast and $1.38 for each student who would have received a reduced-price breakfast.[17]**

Children Participating in School Breakfast

Table 15. **Children Participating in School Breakfast, Rhode Island, October 2009**

SCHOOL DISTRICT	OCTOBER 2009 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	3,538	12	<1%	141	5	4%
Bristol Warren	3,640	297	8%	1,132	176	16%
Burrillville	2,540	173	7%	753	129	17%
Central Falls	3,532	897	25%	2,600	654	25%
Chariho	3,603	135	4%	788	108	14%
Coventry	5,449	350	6%	1,246	218	17%
Cranston	11,443	959	8%	3,518	639	18%
Cumberland	5,188	367	7%	1,139	300	26%
East Greenwich	2,452	35	1%	186	26	14%
East Providence	5,570	360	6%	2,355	307	13%
Exeter-West Greenwich	1,931	66	3%	267	40	15%
Foster	233	16	7%	37	12	32%
Foster-Glocester	1,427	40	3%	200	31	16%
Glocester	544	79	15%	119	73	61%
Jamestown	443	3	1%	24	2	8%
Johnston	3,244	240	7%	1,242	211	17%
Lincoln	3,652	218	6%	829	193	23%
Little Compton	311	11	4%	48	9	19%
Middletown	2,356	119	5%	622	96	15%
Narragansett	1,437	43	3%	211	36	17%
New Shoreham	122	18	15%	16	7	44%
Newport	2,402	405	17%	1,253	393	31%
North Kingstown	4,513	338	7%	811	263	32%
North Providence	3,558	260	7%	1,317	201	15%
North Smithfield	1,845	80	4%	254	44	17%
Pawtucket	9,952	2,065	21%	6,723	1,657	25%
Portsmouth	2,693	89	3%	306	52	17%
Providence	29,437	8,799	30%	22,685	7,709	34%
Scituate	1,683	18	1%	206	14	7%
Smithfield	2,668	65	2%	390	42	11%
South Kingstown	3,751	121	3%	590	105	18%
Tiverton	1,959	90	5%	385	53	14%
Warwick	10,513	421	4%	3,100	380	12%
West Warwick	3,738	462	12%	1,677	402	24%
Westerly	3,206	371	12%	966	289	30%
Woonsocket	6,527	2,111	32%	4,401	1,700	39%
Core Cities	*55,588*	*14,739*	*27%*	*39,339*	*12,515*	*32%*
Remainder of State	*95,512*	*5,394*	*6%*	*23,198*	*4,061*	*18%*
Rhode Island	*151,100*	*20,133*	*13%*	*62,537*	*16,576*	*27%*

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 2009.

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

"District-wide average daily participation in breakfast" is the average number of students who ate breakfast in school per school day during October 2009. "Number of low-income students" is the number of students eligible for and enrolled in free or reduced-price meals during October 2009. "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 2009.

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/SNAP Benefits and households participating in the Rhode Island Works Program are automatically eligible for free meals.

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(continued on page 163)

Children's Health Insurance

DEFINITION

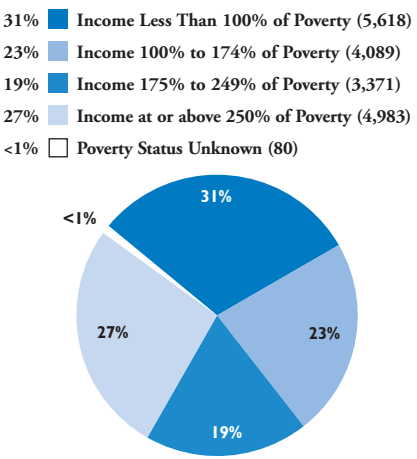
Children's health insurance is the percentage of children under age 18 who are covered by any kind of private or public health insurance, including Medicaid.

SIGNIFICANCE

Children's health insurance status is a 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 be monitored for the achievement of developmental milestones, miss fewer days of school, and have fewer avoidable hospitalizations.[3] Covering parents increases the likelihood that children receive preventive care, reduces unmet health needs and improves health care access for both children and parents.[4,5]

Medicaid and the Children's Health Insurance Program (CHIP) provide low-income children with access to health care that is comparable to the access for children with private health insurance.[6] RIte Care/RIte Share, Rhode Island's Medicaid/CHIP managed care health insurance program, is available to children and families who qualify based on family income. RIte Care also serves as the health care delivery system for 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, 2009, 71% (78,953) of RIte Care members who qualified based on family income were children under age 19.[7] There were 41,223 low-income parents enrolled in RIte Care as of December 31, 2009.[8,9] RIte Care enrollment rose from 104,636 in December 2008 to 111,646 in December 2009, but remains below the peak of 120,049 in December 2004.[10]

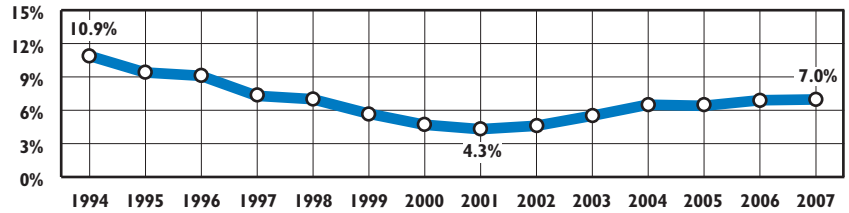
Children Under Age 19 Without Health Insurance, by Poverty Level, Rhode Island, 2006-2008*



n = 18,141

Source: Population Reference Bureau analysis of U.S. Census Bureau, Current Population Survey data, 2006-2008. 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, 1993-2008



Source: U.S. Census Bureau, Current Population Survey, 1993-2008, 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 2006 and 2008, 7.0% of Rhode Island's children under age 18 were uninsured, compared to 10.8% of children in the U.S.[11] Rhode Island ranks 14th best in the nation with 93.0% of children with health insurance, down from 2nd in 2002 and 2003. The majority of children in Rhode Island are covered by private health insurance, most of which is obtained through their parents' employers.[12]**

◆ **An estimated 4,983 uninsured children under age 19 live in Rhode Island families with incomes at or above 250% of the federal poverty level ($44,000 for a family of three in 2008), the limit for RIte Care eligibility. Between 2006 and 2008, approximately 72% (13,078) of the estimated 18,141 uninsured children in Rhode Island 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 2006 and 2008, 67.2% of children were covered by employer-sponsored health insurance (ESI), down from 73.3% between 1999 and 2001 (an 8% decline).[15]**

◆ **The cost of health care coverage for families has increased faster than wages in every state over the past decade. Between 1999 and 2009, health care premiums in Rhode Island increased by 122%, compared with 38% wage growth.[16] In 2008, the average annual cost for a family policy in Rhode Island was $13,363, compared with $12,298 in the U.S.[17]**

◆ **Rhode Island's RIte Share premium assistance program helps low-income families to afford the cost of employer-sponsored coverage. As of December 31, 2009, 7,234 children and 3,143 parents (10,377 total) were enrolled in RIte Share.[18]**

Table 16. **Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2009**

CITY/TOWN	RIte Care RI Works	RIte Care Not RI Works	SSI	Katie Beckett Provision	Adoption Subsidy	Foster Care	Total
Barrington	21	224	6	42	9	14	316
Bristol	103	625	19	14	36	33	830
Burrillville	118	720	45	28	63	67	1,041
Central Falls	998	2,898	284	3	26	16	4,225
Charlestown	31	310	10	10	18	5	384
Coventry	193	1,419	70	72	102	47	1,903
Cranston	863	4,048	243	141	145	104	5,544
Cumberland	167	932	71	78	54	32	1,334
East Greenwich	37	245	12	47	14	9	364
East Providence	505	2,345	152	56	78	48	3,184
Exeter	31	143	10	4	15	41	244
Foster	25	123	6	7	14	5	180
Glocester	33	234	18	14	50	41	390
Hopkinton	49	404	19	12	15	12	511
Jamestown	14	68	6	10	5	1	104
Johnston	267	1,267	77	35	34	36	1,716
Lincoln	166	794	50	44	50	30	1,134
Little Compton	9	81	1	3	0	3	97
Middletown	106	609	40	27	17	35	834
Narragansett	62	314	24	25	21	59	505
New Shoreham	3	29	2	0	0	1	35
Newport	460	1,272	95	5	20	56	1,908
North Kingstown	213	951	49	55	25	37	1,330
North Providence	302	1,304	107	27	49	66	1,855
North Smithfield	52	282	27	24	23	31	439
Pawtucket	1,892	6,589	542	33	98	168	9,322
Portsmouth	47	436	22	43	7	52	607
Providence*	8,077	19,116	1,913	56	884	648	30,694
Richmond	41	222	8	12	15	28	326
Scituate	27	292	11	31	27	11	399
Smithfield	52	384	18	34	17	30	535
South Kingstown	121	713	56	51	40	19	1,000
Tiverton	92	450	25	19	20	17	623
Warren	91	490	18	16	22	19	656
Warwick	478	3,514	196	163	187	121	4,659
West Greenwich	18	138	11	10	13	8	198
West Warwick	398	1,782	124	25	58	33	2,420
Westerly	204	1,133	63	35	27	11	1,473
Woonsocket	1,799	3,869	489	33	105	87	6,382
Out of State/Unknown	*10*	*9*	*26*	*0*	*0*	*0*	*45*
Core Cities	*13,624*	*35,526*	*3,447*	*155*	*1,191*	*1,008*	*54,951*
Remainder of State	*4,541*	*25,243*	*1,492*	*1,189*	*1,212*	*1,073*	*34,750*
Rhode Island	*18,175*	*60,778*	*4,965*	*1,344*	*2,403*	*2,081*	*89,746*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, MMIS Database, December 31, 2009.

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, 2009.

*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 164)

Childhood Immunizations

DEFINITION

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

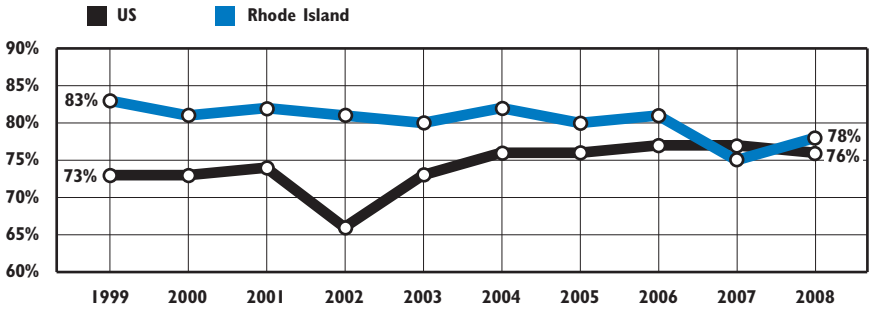
SIGNIFICANCE

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. Society benefits from the creation and maintenance of community immunity, prevention of disease outbreaks and reduction of health-related costs.[3,4] Although many of the diseases against which children are vaccinated are rare, it is important to continue to immunize them until the diseases are completely eradicted.[5]

Vaccines are an extremely cost-effective tool in preventing disease. Every dollar spent on routine childhood immunization saves $5 in direct costs and $11 in additional societal costs.[6] In order to eliminate cost as a barrier to vaccination, the federal Vaccines for Children program allows states to purchase vaccines at a discounted price. Providers then administer the vaccines at no cost to eligible children, including those who are uninsured, underinsured or Medicaid-eligible.[7] Because of the rapidly rising cost of vaccines and the increasing complexity of vaccine administration, adequate financing for vaccine programs in the public and private sector has become an area of national policy concern.[8]

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.[9,10] In accordance with national recommendations, Rhode Island requires vaccination against the following diseases prior to entry into child care, preschool, Head Start or kindergarten: diphtheria, tetanus, and pertussis (DTaP); hepatitis B; Haemophilus influenzae type b (Hib); measles, mumps, rubella (MMR); polio (IPV); varicella (chickenpox) and pneumococcal disease.[11]

Fully Immunized Children*, Ages 19 Months to 35 Months, United States and Rhode Island, 1999-2008



**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 2008.*

Source: Centers for Disease Control and Prevention, National Immunization Survey, 1999-2008.

◆ **Rhode Island's rate of fully immunized children ages 19 months to 35 months (77.5%) was higher than the national average (76.1%) in 2008.[12]**

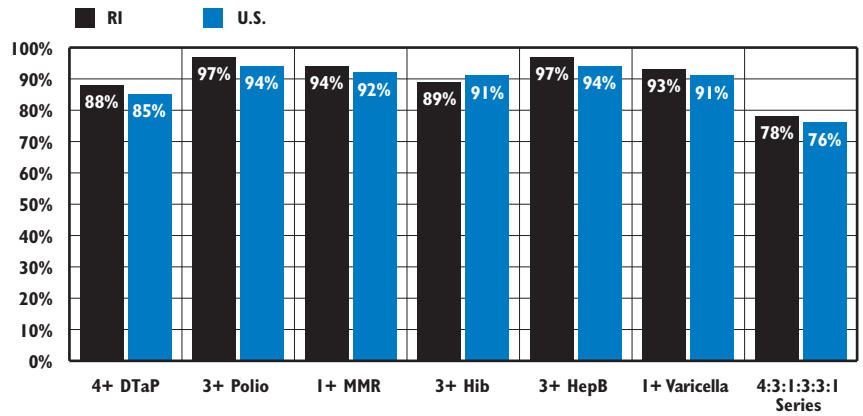
◆ **In the U.S. in 2008, the 4:3:1:3:3:1 vaccination rate among children ages 19 months to 35 months was 82% for Asian children, 78% for Hispanic children, 77% for Native American children, 75% for White children and 73% for Black children.[13]**

◆ **Poverty remains a risk factor for under-immunization. In the U.S. in 2008, children living at or above the federal poverty level had a 78% immunization rate while children living below the poverty level had a 72% immunization rate.[14]**

◆ **Concerns about vaccine safety have resulted in some parents refusing to have their children vaccinated, contributing to the number of children who are under-immunized in the U.S.[15,16] As required by the National Childhood Vaccine Injury Act, families must be provided with informational materials about each vaccine and given the opportunity to clarify issues or concerns with their healthcare provider.[17,18]**

◆ **In 2008, there were 179 Rhode Island children who were exempt from receiving one or more vaccines for medical, religious, or personal reasons.[19]**

Vaccination Coverage Among Children, Ages 19 Months to 35 Months, United States and Rhode Island, 2008



Source: Centers for Disease Control and Prevention, National Immunization Survey, 2008.

◆ **Rhode Island ranks 15th in the nation for the completion of the full Series in 2008, an improvement from 38th in 2007.[20,21]**

Immunizations for Elementary and Middle School Students

◆ **The 2008-2009 *Rhode Island School Immunization Assessment* (comprised of data collected directly from student health records) included an analysis of 2,751 randomly selected records from students at kindergarten entry (5-7 years of age) and at middle school entry (11-13 years of age) across 132 randomly selected public and private schools. Over 94% of entering kindergarteners were up-to-date on the five immunizations needed for school entry. More than 94% of entering middle school students had three of the four recommended immunizations.[22]**

Adolescent Immunization

◆ **State-level data for immunizations among adolescents ages 13 to 17 are available for the first time through the *National Immunization Survey–Teen.* In 2008, Rhode Island adolescents ranked best in the U.S. for four immunizations (3+HepB, 1+Varicella (chickenpox), 1+MCV4, and 1+HPV4), 2nd best for two immunizations (2+MMR and 1+Td/Tdap), and 27th for 1+Tdap. In 2008, more than 95% of Rhode Island adolescents had received the 2+MMR, the 3+HepB and the 1+Varicella vaccines, compared with rates below 90% in the U.S. as a whole.[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 2008-2009 school year, 72 schools participated in VBYG. Of the 1,676 students enrolled in the program, 98% received one or more immunizations and 86% completed all immunizations for which they were enrolled. The vaccines administered included Hepatitis B, MMR, TdaP, meningococcal (MCV4), varicella (chicken pox), polio, influenza, and the human papillomavirus vaccine (HPV).[25]**

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Access to Dental Care

DEFINITION

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

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]

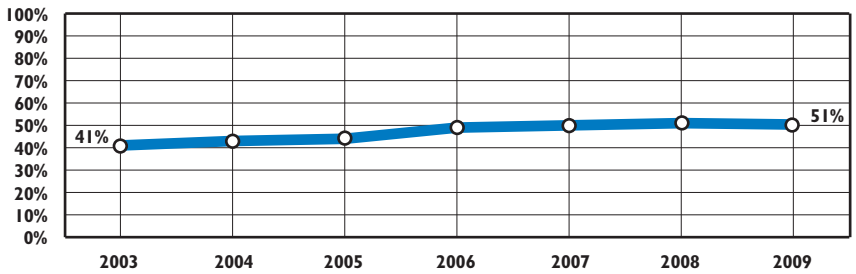
Insurance is a strong predictor of access to health and dental care. Nearly one in four (24%) uninsured children in the U.S. has unmet dental needs, compared with 6% of those with Medicaid and 4% of those with private health insurance.[3] National estimates indicate that the number of children without dental insurance is 2.6 times greater than the number without medical insurance.[4] The percentage of Rhode Island children with dental insurance increased in the 1990s through the early 2000s (from 62% in 1990 to 76% in 2004, the most recent year for which data are available).[5,6]

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

Minority children have the highest rates of tooth decay and untreated dental problems. One in five (19%) Hispanic children in the U.S. has gone for more than two years without a dental visit, compared with 15% of non-Hispanic Black and 14% of non-Hispanic White children.[11,12]

Children with special health care needs may have problems finding and accessing providers who are trained and equipped to address their special dental, medical and mobility needs.[13] A dental home can provide comprehensive, continuously accessible, coordinated and family-centered oral health care.[14,15]

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, Federal Fiscal Years 2003-2009



Source: Rhode Island Department of Human Services, Federal Fiscal Years 2003-2009. *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, 2009 received a dental service during Federal Fiscal Year 2009.[16] The Centers for Medicare and Medicaid Services (CMS) reports that Rhode Island ranked 6th best in the U.S. for the percentage of children under age 21 enrolled in Medicaid who received dental services in Federal Fiscal Year 2008.[17]**

◆ **The increase in access to dental care for low-income children has been attributed to the RIte Smiles program, Rhode Island's dental benefits management program for young children (who were born on or after May 1, 2000).[18,19] As of December 31, 2009, there were 45,684 Rhode Island children receiving dental benefits through the RIte Smiles program. At the end of 2009, there were 276 dental providers participating in the RIte Smiles program, up from 90 when it began in September 2006. All children receiving Medical Assistance who were born before May 1, 2000 continue to receive dental benefits under the fee-for-service system.[20]**

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

◆ **Dental insurance is not available to many working families in Rhode Island. In 2007, half (50%) of Rhode Island employers reported offering dental insurance to their full-time employees, and 9% offered it to their part-time employees (compared to 79% and 10% who offer health insurance, respectively).[22]**

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.[23]

◆ There are too few dentists in the U.S. trained to treat very young children, and too few who treat children with special health care needs or those who have public insurance.[24]

◆ Despite significant improvements in oral health in the U.S., 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%. Between 1999 and 2004, more than half (51%) of children ages six to 11 had dental caries, essentially the same as between 1988 and 1994 (50%).[25]

Medicaid Reimbursement Rates

◆ In 2006, 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 2006 (before RIte Smiles) to 90 (at the launch of RIte Smiles) in September 2006 to 276 in 2009.[26]

◆ General dentists and specialists providing oral health services to Medicaid-enrolled children who do not qualify for RIte Smiles continue to be reimbursed at Medicaid fee-for-service reimbursement rates.[27] Fewer than 1% of dentists in Rhode Island report that the Medicaid reimbursement rate is equal to or greater than their standard rate. Rhode Island's fee-for-service Medicaid reimbursement rates for key dental services for children have not been increased since 1992 and continue to be the lowest in New England and to lag behind much of the nation.[28,29]

◆ Dentists cite low reimbursement rates that fail to cover the cost of services and administrative difficulties as the 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.[30]

Consequences of Untreated Dental Disease

◆ Between 2006 and 2008, an average of 881 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments each year. Half (49%) of these children had public insurance (Medicaid/RIte Care) and 26% had private/commercial health or dental insurance. Nearly one-quarter (23%) were self-pay patients, which could mean that their health or dental insurance did not cover the cost of the emergency department visit or that they were uninsured. The number of children treated for a dental condition at emergency departments increased from 813 in 2006 to 875 in 2007 and 956 in 2008.[31]

◆ Between 2006 and 2008 in Rhode Island, an average of 56 children under age 19 were hospitalized each year with a diagnosis that included an oral health condition, and an average of 13 children were hospitalized each year with an oral health condition as the primary reason for the hospitalization.[32]

State Policy Solutions for Children's Oral Health

◆ Ensuring that children have good oral health and access to care can be achieved through a combination of policy solutions that cost relatively little and have large returns on investment. States can improve children's oral health when they implement school-based sealant programs in schools with many high-risk children, fluoridate their community water supplies, and ensure access to care for Medicaid-eligible children. Innovative workforce models can be used to expand the number of dental and medical providers that are able to offer oral health services when dentists are unavailable.[33]

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Children's Mental Health

DEFINITION

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

SIGNIFICANCE

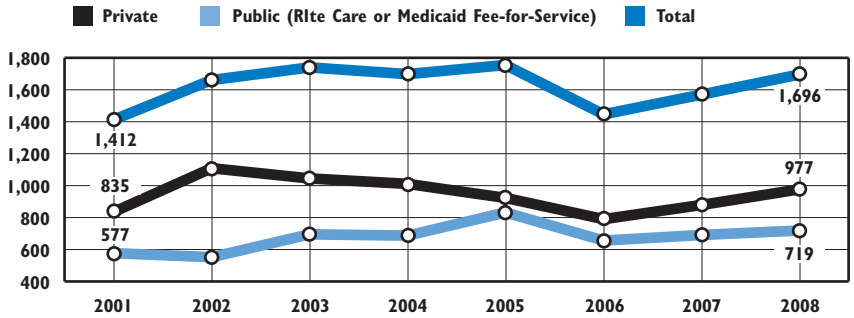
Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills.[1] One in five children ages six to 17 in Rhode Island has a diagnosable mental or addictive disorder; one in ten has significant functional impairment.[2] Nationally, an estimated four out of five children who need mental health treatment do not get it.[3,4]

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.[5] Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than children and youth in general.[6]

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

In both the U.S. and Rhode Island, mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital and residential care and inadequate investment in prevention and community-based services that would allow children to receive treatment at appropriate levels of care in their own communities.[9,10,11,12] Over the past several years, Rhode Island has been focusing on building more preventive and home- and community-based treatment capacity for children and youth.[13,14,15]

Hospitalizations With Primary Diagnosis of Mental Disorder, Children Under Age 18, By Insurance Type, Rhode Island, 2001-2008*



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 2008, there were 1,696 hospitalizations of children with a primary diagnosis of mental disorder at the following hospitals: Bradley, Butler, Kent, Landmark, Newport, Memorial, Miriam, Rhode Island (including Hasbro Children's Hospital), Roger Williams, Saint Joseph, South County, and Westerly Hospitals.[16]**

◆ **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. In 2009, 2,190 children received outpatient treatment at Bradley Hospital and another 102 received outpatient treatment at Butler Hospital.[17,18]**

◆ **When an inpatient psychiatric bed or other needed service is not available, children and youth are "boarded" in the emergency department or on medical floors at acute care hospitals. These children and youth must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others.[19,20] In 2009, 122 children between the ages of four and 17 years with a psychiatric diagnosis were "boarded" for an average of two days at Hasbro Children's Hospital, down from 166 children boarded in 2008.[21,22]**

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2008 – September 30, 2009

	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	1,135	11 days	129	46 days	485	11 days	97	25 days
Residential	62	136 days	77	289 days	– –	– –	– –	– –
Partial Hospitalization	515	11 days	37	12 days	83	5 days	– –	– –
Outpatient	2,103	4 visits	87	4 visits	102	NA	– –	– –

Source: Lifespan, 2010 and Butler Hospital, 2009. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FY 2009). The average length of stay is based on discharges.

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

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

◆ Inpatient treatment at a psychiatric hospital is the most intensive type of behavioral health care. In 2009, 1,846 children and youth received inpatient psychiatric treatment at either Bradley Hospital or Butler Hospital. At Bradley Hospital, the most common diagnoses for young people treated in an inpatient setting were bipolar disorders (39%), depressive disorders (24%), anxiety disorders (18%), and adjustment disorders (14%). At Butler Hospital the most common disorders were bipolar disorders (45%), depressive disorders (35%), anxiety disorders (7%), and child/adolescent disorders (6%).[23,24]

◆ 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 237 students in 2009.[25]

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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 2009, 7,929 children under age 18 were treated at community mental health centers, and 4,109 children were receiving services as of December 31, 2009.[26]

◆ Among the children who received services through Rhode Island CMHCs in 2009, 20% presented with a primary diagnosis of attention deficit disorders, 17% with depressive disorders, 12% with conduct disorders and 12% with anxiety disorders.[27]

Child and Adolescent Intensive Treatment Services (CAITS)

◆ The CAITS program, which is administered by the Rhode Island Department of Human Services as an in-plan benefit under RIte Care, aims to reduce inpatient psychiatric hospitalizations and residential treatment among Medicaid-eligible children and youth with moderate to severe emotional and/or behavioral disorders. CAITS provides up to 16 weeks of intensive, home- and community-based treatment via individual and/or family therapy, family training and support worker services per year.[28]

◆ CAITS replaced the Children's Intensive Services (CIS) program, which had been administered by the Rhode Island Department of Children, Youth and Families, and which allowed children and youth to receive services for two to three years, with an average length of treatment of six months.[29]

◆ In State Fiscal Year 2009, 2,283 children and youth received services from twelve CAITS provider agencies, down 28% from the 3,189 children served by CIS in 2007.[30,31]

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.[32] In 2009, there were 818 phone calls to Kid's Link, resulting in 275 evaluations by mental health professionals.[33]

Children with Special Needs

DEFINITION

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

SIGNIFICANCE

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

Children with mild or severe chronic or disabling conditions have special needs related to physical health, mental health, education, family support, housing, child care and recreation.[4] Health-related needs of children with special needs are best met through a medical home, which can provide care that is comprehensive, coordinated, continuous, accessible and family-centered.[5] In Rhode Island, youth with special needs are much less likely than their non-disabled peers to finish high school, go on to post-secondary education, find employment or live independently.[6]

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

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

Children Enrolled in Early Intervention

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

◆ **In Rhode Island in 2009, ten certified Early Intervention provider agencies served 3,795 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 31% ages birth to one year, 35% between ages one and two, 33% between ages two and three, and less than 1% over age three.[15]**

Children Enrolled in Special Education

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

◆ **In Rhode Island during the 2008-2009 school year, 17% (24,302) of children enrolled in K-12 public schools received special education services. Forty-one percent (41%) of students receiving special education services in Rhode Island had a learning disability.[17]**

◆ **Early Intervention (EI) programs are required to provide transition services for children who are enrolled in EI and who may be eligible for special education at age three. In 2009, 630 (68%) of the 931 children who reached age three while in EI were referred to special education, 13% did not have eligibility determined when exiting EI, 14% were found not eligible for special education, and the remainder either completed their service plan prior to reaching the maximum age for EI or withdrew from the program prior to completion.[18]**

◆ **During the 2008-2009 school year, there were 2,635 pre-school age children (not yet enrolled in kindergarten) who were receiving special education services through Rhode Island public school districts.[19]**

Medical Assistance for Children With Special Health Care Needs

◆ As of December 31, 2009, there were 5,805 Rhode Island children and youth under age 21 receiving Medical Assistance benefits through their enrollment in the federal Supplemental Security Income (SSI) program.[20,21]

◆ The Katie Beckett eligibility provision provides Medical Assistance coverage to children under age 19 who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution.[22] As of December 31, 2009, there were 1,346 Rhode Island children enrolled through the Katie Beckett provision.[23]

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

Children With Special Needs in the Child Welfare System

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

◆ As of December 31, 2009, there were 2,489 children in Rhode Island enrolled in Medical Assistance through the child welfare system.[28] Rhode Island youth in care on their 18th birthday are provided with RIte Care health insurance coverage until their 21st birthday through the Post Foster Care Medical Assistance provision.[29]

◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage. As of December 31, 2009, 2,476 children in Rhode Island were enrolled in Medical Assistance because of special needs adoptions.[30]

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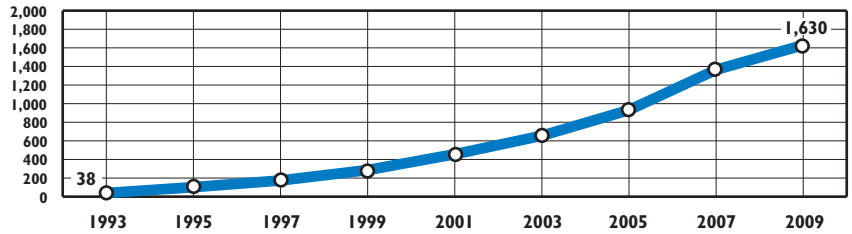
Children With Autism Spectrum Disorders (ASDs)

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

Children Ages Three to 21 With Autism Spectrum Disorders (ASDs), Rhode Island, December 1993 through December 2009



Source: Rhode Island Department of Elementary and Secondary Education, Office of Diverse Learners, December 1993 through December 2009.

◆ The national ASD prevalence (including mild to severe disorders) is estimated to be one out of every 110 children (one out of 70 boys and one out of 315 girls).[32,33] In December 2009, there were 1,630 Rhode Island children ages three to 21 with an ASD who received special education services.[34] The significant increase in the number of children with ASDs nationally and in Rhode Island is largely attributable to improved awareness and diagnosis, a broadening of the educational definition of autism to include other ASDs, as well as an increase in the risk of developing ASDs.[35,36]

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

Breastfeeding

DEFINITION

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

SIGNIFICANCE

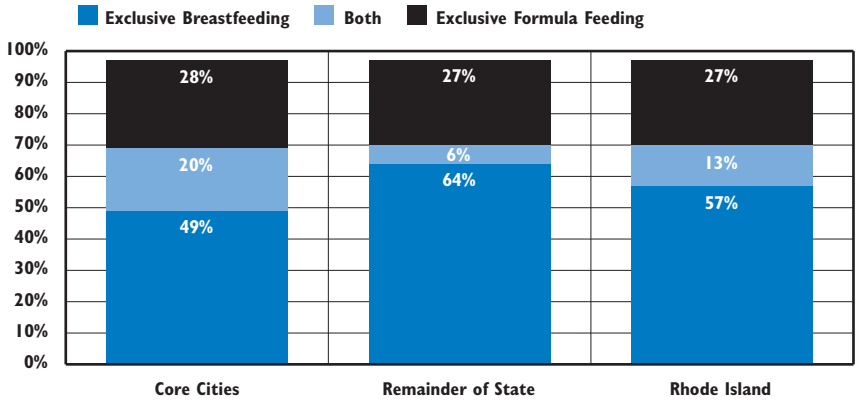
The American Academy of Pediatrics (AAP) identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as a critical component in achieving optimal infant and child health, growth and development. The AAP recommends exclusive breastfeeding for six months after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

Breastfeeding decreases infant mortality and morbidity.[2] Benefits for infants include optimal nutrition, reduced risk for sudden infant death syndrome (SIDS) as well as reduced risk for chronic conditions such as obesity, type 1 and 2 diabetes and childhood leukemia. Additionally, breastfeeding benefits mothers by creating a strong bond with infants and decreasing risk for postpartum depression, type 2 diabetes, breast and ovarian cancer.[3] Breastfeeding provides significant social and economic benefits including reduced cost to the family, reduced health care costs and reduced employee absenteeism.[4]

Breastfeeding can be effectively promoted by practices that take place before, during, and after labor and delivery.[5] Educating new mothers and women of childbearing age about breastfeeding is instrumental to increasing practice initiation. Hospital and other birth facility policies and practices influence the success of breastfeeding.[6] Access to professional lactation consultants, involvement in mother-to-mother lactation support networks, and birth facility support for breastfeeding all factor into protecting, supporting and promoting breastfeeding.[7] Without adequate support, women are more likely to stop breastfeeding earlier.[8] Certain social determinants also influence exclusivity and duration of breastfeeding. Breastfeeding rates generally increase with maternal age, higher educational achievement and higher income levels.[9]

Healthy People 2010, the nation's health agenda, established target breastfeeding rates of 75% at birth, 50% at 6 months and 25% at one year.[10] Rhode Island exceeded the *Healthy People 2010* goal with 75% of infants born in 2006 having ever been breastfed.[11] Nationally, the percentage of infants who were ever breastfed has significantly increased from 60% among infants born in 1993-1994 to 77% among infants born between 2005-2006, which exceeds the *Healthy People 2010* target.[12]

Breastfeeding and Formula Feeding Rates in Rhode Island, 2004-2008



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program, 2004-2008. *Breastfeeding* and *formula feeding* are defined as intended feeding method at hospital discharge. Core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket. Totals may not sum to 100% because data on feeding methods were not available on 3% of births.

◆ **Nationally in 2007, Hispanic children were the most likely to have ever been breastfed, followed by Asian and Native American children.[13] Nationally, non-Hispanic black children are the least likely to have been breastfed, although significant increases in breastfeeding rates have occurred in this group since the mid-1990s.[14]**

◆ **Between 2004 and 2008, more than half (57%) of all women who gave birth in Rhode Island chose to exclusively breastfeed their children, nearly one-third (27%) chose to exclusively formula feed, 13% chose to use a combination of breast and formula feeding and data on feeding method was not available for 3% of births.[15]**

◆ **Of new mothers in Rhode Island between 2004 and 2008 who were surveyed approximately 3 months after giving birth, 73% reported having ever breastfed. Fifty-two percent of these mothers reported continued breastfeeding at the time of the survey.[16]**

◆ **In 2008, the Rhode Island General Assembly enacted a law that provides mothers with the explicit right to breastfeed in public places. Despite protective laws, mothers and babies who breastfeed in public can still face obstacles and negative reactions from others. Rhode Island does not have legislation that mandates support for breastfeeding mothers who return to work, as do fifteen other states.[17]**

Table 17.

Breastfeeding Rates, Rhode Island, 2004-2008

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	644	23	531	86%	82%
Bristol	878	46	575	71%	65%
Burrillville	686	37	402	64%	59%
Central Falls	1,997	588	861	73%	43%
Charlestown	367	9	272	77%	74%
Coventry	1,663	65	987	63%	59%
Cranston	4,230	457	2,453	69%	58%
Cumberland	1,578	106	1,038	72%	66%
East Greenwich	564	25	420	79%	74%
East Providence	2,541	223	1,463	66%	58%
Exeter	254	7	182	74%	72%
Foster	229	18	164	79%	72%
Glocester	361	20	234	70%	65%
Hopkinton	464	18	333	76%	72%
Jamestown	180	6	146	84%	81%
Johnston	1,372	116	714	60%	52%
Lincoln	876	51	573	71%	65%
Little Compton	111	5	92	87%	83%
Middletown	962	43	724	80%	75%
Narragansett	472	28	347	79%	74%
New Shoreham	48	1	43	92%	90%
Newport	1,492	89	1,044	76%	70%
North Kingstown	1,281	62	883	74%	69%
North Providence	1,713	169	956	66%	56%
North Smithfield	399	23	261	71%	65%
Pawtucket	5,400	1,026	2,737	70%	51%
Portsmouth	733	23	576	82%	79%
Providence	14,559	3,507	7,087	73%	49%
Richmond	416	21	298	77%	72%
Scituate	436	26	290	72%	67%
Smithfield	689	33	458	71%	66%
South Kingstown	1,167	45	874	79%	75%
Tiverton	357	17	250	75%	70%
Warren	498	19	296	63%	59%
Warwick	4,104	216	2,446	65%	60%
West Greenwich	243	15	162	73%	67%
West Warwick	1,987	112	1,045	58%	53%
Westerly	1,232	66	870	76%	71%
Woonsocket	3,067	460	1,225	55%	40%
Unknown	*3*	*1*	*0*	*NA*	*NA*
Core Cities	*28,502*	*5,782*	*13,999*	*69%*	*49%*
Remainder of State	*31,748*	*2,039*	*20,313*	*70%*	*64%*
Rhode Island	*60,253*	*7,822*	*34,312*	*70%*	*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 with Any Breastfeeding" includes infants fed breast milk in combination with formula and those exclusively breastfed.

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Assessment Screening Program Database and Maternal and Child Health Database, 2004-2008. *Breastfeeding* is defined as breastfeeding as intended feeding method at hospital discharge. Births to Rhode Island women that occurred outside Rhode Island are not included.

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(continued on page 166)

Women with Delayed Prenatal Care

DEFINITION

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

SIGNIFICANCE

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

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

Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes. Addressing barriers to prenatal care, implementing and enhancing Medicaid policies and other programs that provide health care to women of childbearing age, and renewing focus on timing and content of prenatal care are strategies to increase timely prenatal care for all women.[6]

In Rhode Island between 2004 and 2008, 14% of women who gave birth either received no prenatal care or did not begin care until the second or third trimester, up from 9.4% between 2001 and 2005.[5] Pregnant adolescents in Rhode Island are the most likely to delay prenatal care. Between 2004 and 2008, over one-quarter (26.8%) of teens ages 19 and under received delayed prenatal care, compared with 12.6% of women ages 20 and over.[7]

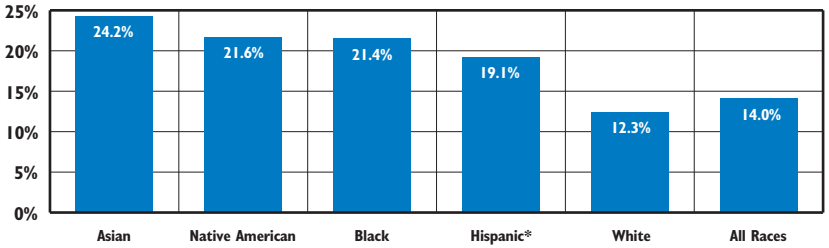
Late or No Prenatal Care

	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. Centers 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, 2004-2008



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2004-2008. Data for 2008 are provisional. *Hispanic may be included in any racial category.

◆ **Between 2004 and 2008 in Rhode Island, Asian women (24.2%), Native American women (21.6%), Black women (21.4%), and Hispanic* women (19.1%) were significantly more likely to receive delayed prenatal care than White women (12.3%).[8]**

◆ **Between 2004 and 2008, the rate of delayed prenatal care in the core cities (18.2%) was nearly twice the rate in the remainder of the state (10.2%). Newport was the only core city with a rate of delayed prenatal care (11.5%) better than that of the state as a whole (14.0%).[9]**

Reducing Barriers to Prenatal Care

◆ **Strategies that increase access to timely prenatal care include insurance coverage and access to preconceptual care for teens and women of childbearing age, education on preventive health practices, and access to health providers with the training and skills to be culturally and linguistically competent.[10]**

◆ **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.[11]**

◆ **Between 2004 and 2008, uninsured women in Rhode Island were more than twice aslikely to receive delayed prenatal care (44.2%) than women enrolled in RIte Care (20.4%).[12]**

Table 18.

Delayed Prenatal Care, Rhode Island, 2004-2008

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	667	53	7.9%
Bristol	921	92	10.0%
Burrillville	754	61	8.1%
Central Falls	2,021	383	19.0%
Charlestown	370	25	NA
Coventry	1,683	177	10.5%
Cranston	4,325	559	12.9%
Cumberland	1,784	149	8.4%
East Greenwich	517	39	7.5%
East Providence	2,606	283	10.9%
Exeter	261	22	NA
Foster	233	27	NA
Glocester	398	29	NA
Hopkinton	458	50	NA
Jamestown	187	14	NA
Johnston	1,390	158	11.4%
Lincoln	909	87	9.6%
Little Compton	141	11	NA
Middletown	984	89	9.0%
Narragansett	492	32	NA
New Shoreham	49	2	NA
Newport	1,516	174	11.5%
North Kingstown	1,272	127	10.0%
North Providence	1,615	189	11.7%
North Smithfield	439	22	NA
Pawtucket	5,668	927	16.4%
Portsmouth	810	82	10.1%
Providence	14,774	3,031	20.5%
Richmond	460	34	NA
Scituate	417	43	NA
Smithfield	730	59	8.1%
South Kingstown	1,161	93	8.0%
Tiverton	625	76	12.2%
Warren	527	70	13.3%
Warwick	4,193	450	10.7%
West Greenwich	245	25	NA
West Warwick	1,989	288	14.5%
Westerly	1,340	129	9.6%
Woonsocket	3,304	525	15.9%
Unknown	*5*	*1*	*NA*
Core Cities	*29,272*	*5,328*	*18.2%*
Remainder of State	*32,963*	*3,358*	*10.2%*
Rhode Island	*62,240*	*8,687*	*14.0%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2008 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 from 2004-2008.

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

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

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(continued on page 166)

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

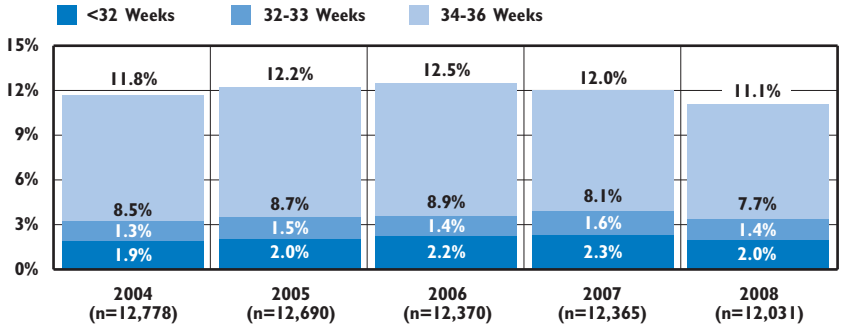
Preterm birth is a major determinant of infant mortality and morbidity and is the leading cause of death among newborns during the first month of life in the U.S.[1,2] Infants born before 37 weeks gestation are at higher risk than infants born full-term for neurodevelopmental, respiratory, gastrointestinal, 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] Preschool and school-age children who are born preterm can also experience learning difficulties, and more behavioral problems later in life.[6] Infants born very preterm (<32 weeks gestation) are at highest risk for death and life-long disability.[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 2004 and 2008, 14.7% of births to smokers were preterm, compared with 11.4% of preterm births to women who did not smoke during pregnancy.[9]

Nationally in 2007, the preterm birth rate was 12.7%. The preterm birth rate has generally been on the rise for more than two decades. While preterm birth occurs in all racial and ethnic groups, nationally the rate is highest for non-Hispanic blacks.[10] Low-income women also are at greater risk for pre-term births than higher-income women.[11]

Multiple birth infants are more likely to be born preterm than singletons. In Rhode Island between 2004 and 2008, 57.1% of multiple births were preterm, compared with 10.1% of singleton births.[12] Multifetal pregnancy is a known risk factor for preterm birth.[13] Nationally, widespread use of fertility drugs, which cause a high percentage of multiple births, likely play a role in premature births.[14]

Preterm Births by Gestational Age, Rhode Island, 2004-2008



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2004-2008. Percentages by gestational age may not sum to total percentage of preterm births due to rounding.

◆ **Between 2004 and 2008, the preterm birth rate in Rhode Island was 11.9%.[15] The majority of preterm births in Rhode Island during this period were late preterm births (34-36 weeks gestation). Approximately 2% of births in Rhode Island in 2008 were very preterm (<32 weeks gestation).[16]**

◆ **In Rhode Island between 2004 and 2008, more than one in six (17.3%) Native American births was preterm, compared with 14.8% of Black, 13.3% of Asian and 11.4% of White births. During this time period, 13.4% of births to Hispanic women were preterm (Hispanic women can be of any race).[17]**

◆ **Women under age 20 have higher preterm birth rates than women over age 20. The rate of preterm births among women under age 20 between 2004 and 2008 was 13.4%. The preterm birth rate was 24.7% for mothers under age 14, 15.8% for 15 to 17 year olds and 12.0% for 18 to 19 year olds.[18]**

◆ **Among women with private health insurance coverage in Rhode Island between 2004 and 2008, 11.0% of all births were premature, compared with 12.8% of those with public insurance (RIte Care or Medicaid) and 22.0% of those with no health insurance.[19]**

Table 19.

Preterm Births, Rhode Island, 2004-2008

City/Town	# Births	# Preterm Births	% Preterm Births
Barrington	667	67	10.0%
Bristol	921	76	8.3%
Burrillville	754	84	11.1%
Central Falls	2,021	243	12.0%
Charlestown	370	34	NA
Coventry	1,683	209	12.4%
Cranston	4,325	507	11.7%
Cumberland	1,784	192	10.8%
East Greenwich	517	44	8.5%
East Providence	2,606	309	11.9%
Exeter	261	32	NA
Foster	233	17	NA
Glocester	398	48	NA
Hopkinton	458	52	NA
Jamestown	187	16	NA
Johnston	1,390	150	10.8%
Lincoln	909	105	11.6%
Little Compton	141	15	NA
Middletown	984	89	9.0%
Narragansett	492	54	11.0%
Newport	1,516	181	11.9%
New Shoreham	49	6	NA
North Kingstown	1,272	120	9.4%
North Providence	1,615	195	12.1%
North Smithfield	439	51	NA
Pawtucket	5,668	683	12.1%
Portsmouth	810	69	8.5%
Providence	14,774	2,046	13.8%
Richmond	460	49	NA
Scituate	417	48	NA
Smithfield	730	68	9.3%
South Kingstown	1,161	117	10.1%
Tiverton	625	58	9.3%
Warren	527	62	11.8%
Warwick	4,193	476	11.4%
West Greenwich	245	25	NA
West Warwick	1,989	217	10.9%
Westerly	1,340	146	10.9%
Woonsocket	3,304	455	13.8%
Unknown	*5*	*3*	*NA*
Core Cities	*29,272*	*3,825*	*13.1%*
Remainder Of State	*32,963*	*3,590*	*10.9%*
Rhode Island	*62,240*	*7,418*	*11.9%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2008 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 2004 and 2008.

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Low Birthweight Infants

DEFINITION

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

SIGNIFICANCE

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

Low birthweight is often a result of a premature birth but can also occur after a full-term pregnancy. In 2006 in the U.S., 43% of all preterm infants (less than 37 weeks gestation) were born with low birthweight, while 3.2% of full-term infants (37 to 41 weeks gestation) were born with low birthweight.[3]

Cigarette smoking during pregnancy is the single most important known cause of low birthweight, with smokers nearly twice as likely to deliver a low birthweight baby as non-smokers.[4] Between 2004 and 2008 in Rhode Island, 10.4% of infants were born to mothers who smoked during their pregnancy.[5]

Children born at low birthweight face greater risks of long-term illness, long-term disability and death than infants of normal birthweight. 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.[6]

Nationally in 2007, 8.2% of infants were born low birth weight. The 2007 national rate of low birthweight is 17% higher than the 1990 national rate (7.0%). Rhode Island's low birthweight rate increased from 6.2% in 1990 to 8.0% in 2007, a 29% increase.[7,8]

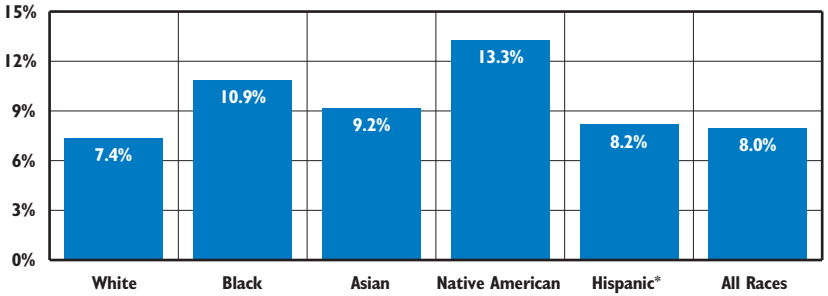
Low Birthweight Infants

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

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

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

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2004-2008



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2008 are provisional. *Hispanic infants can be of any race.

◆ **Low birthweight babies are at greater risk for long-term cognitive problems and poor school performance, and are substantially less likely to complete high school than their peers.[9]**

◆ **Nationally, the percentage of low birthweight infants has been increasing over the past two decades. Racial and ethnic disparities still remain.[10] In Rhode Island between 2004 and 2008, 13.3% of Native American infants, 10.9% of Black infants, 9.2% of Asian infants, and 8.2% of Hispanic infants were born with low birthweight, compared to 7.4% of White infants.[11]**

◆ **In both Rhode Island and the U.S., the rate of low birthweight infant births is higher for women under the age of 20 than for older women and is particularly high for mothers who give birth when they are under age 15.[12,13] Between 2004 and 2008 in Rhode Island, the percentage of low birthweight infants born to mothers under the age of 20 was 9.9%, compared to 7.8% for mothers age 20 and older.[14]**

◆ **In Rhode Island between 2004 and 2008, 1.6% (969) of all live births were born at very low birthweight (less than 1,500 grams).[15]**

Table 20.

Low Birthweight Infants, Rhode Island, 2004-2008

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	667	28	4.2%
Bristol	921	50	5.4%
Burrillville	754	55	7.3%
Central Falls	2,021	139	6.9%
Charlestown	370	25	NA
Coventry	1,683	133	7.9%
Cranston	4,325	333	7.7%
Cumberland	1,784	116	6.5%
East Greenwich	517	39	7.5%
East Providence	2,606	232	8.9%
Exeter	261	25	NA
Foster	233	16	NA
Glocester	398	29	NA
Hopkinton	458	29	NA
Jamestown	187	11	NA
Johnston	1,390	89	6.4%
Lincoln	909	64	7.0%
Little Compton	141	7	NA
Middletown	984	62	6.3%
Narragansett	492	37	NA
New Shoreham	49	4	NA
Newport	1,516	121	8.0%
North Kingstown	1,272	78	6.1%
North Providence	1,615	124	7.7%
North Smithfield	439	31	NA
Pawtucket	5,668	484	8.5%
Portsmouth	810	52	6.4%
Providence	14,774	1,394	9.4%
Richmond	460	33	NA
Scituate	417	23	NA
Smithfield	730	40	5.5%
South Kingstown	1,161	78	6.7%
Tiverton	625	40	6.4%
Warren	527	30	5.7%
Warwick	4,193	329	7.8%
West Greenwich	245	13	NA
West Warwick	1,989	140	7.0%
Westerly	1,340	103	7.7%
Woonsocket	3,304	330	10.0%
Unknown	*5*	*1*	*NA*
Core Cities	*29,272*	*2,608*	*8.9%*
Remainder of State	*32,963*	*2,358*	*7.2%*
Rhode Island	*62,240*	*4,967*	*8.0%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2008 are provisional.

The denominator is the total number of live births to Rhode Island residents between 2004 and 2008.

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 over the five-year period, as percentages for small denominators are statistically unreliable.

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Infant Mortality

DEFINITION

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

SIGNIFICANCE

Infant mortality rates are associated with maternal health, quality of and access to medical care, socio-economic conditions, and public health practices.[1] Communities with 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 birthweights of less than 750 grams and prematurity.[3] Other leading causes of infant death include congenital abnormalities and malformations, Sudden Infant Death Syndrome (SIDS), maternal complications, and unintentional injuries.[4] Nationwide, approximately 20% of infant deaths are attributed to birth defects, compared with 14% in Rhode Island. The majority of birth defects affect the cardiovascular system.[5]

The U.S. infant mortality rate fell from 26.0 deaths per 1,000 live births in 1960 to 6.9 deaths per 1,000 live births in 2000, a decrease due to improvements in sanitary conditions, antibiotics, and health care access for low-income families. The U.S. has higher infant mortality rates than other industrialized countries, due in large part to disparities among various racial and ethnic groups, particularly for African Americans.[6] Between 1990 and 2007, the infant mortality rate among African Americans remained at more than twice the national average.[7]

Risk factors for infant mortality include 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 between 2004 and 2008 was 6.2 deaths per 1,000 live births. The infant mortality rate was 55% higher in the core cities than in the remainder of the state.[9]

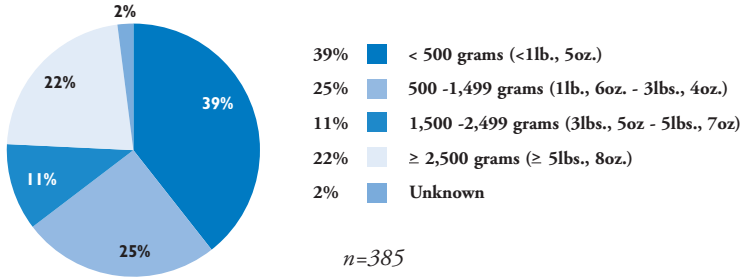
Infant Mortality Rate
(rate per 1,000 live births)

	2000	2006
RI	6.3	6.1
US	6.9	6.7
National Rank*		*17th*
New England Rank**		*3rd*

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

Source: *2009 KIDS COUNT data book: State profiles in child well-being 2009.* (2009). Baltimore, MD: The Annie E. Casey Foundation.

Infant Mortality by Birthweight, Rhode Island, 2004-2008



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for births in 2007 and 2008 are provisional. Data for deaths in 2008 are provisional. Percentages may not sum to 100% due to rounding.

◆ **Between 2004 and 2008, 385 infants died in Rhode Island before their first birthday. Seventy-six percent of infants who died during this time period were low birthweight, 22% were born at normal weights and 2% had unknown birthweights.[10]**

◆ **Of the 385 infant deaths between 2004 and 2008 in Rhode Island, 295 (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]**

◆ **Between 2004 and 2008, 90 (23%) of the 385 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 2004 and 2008, the Black infant mortality rate was 12.1 deaths per 1,000 live births, the Asian infant mortality rate was 6.2 per 1,000 live births and the Native American infant mortality rate was 9.3 per 1,000 live births. All minority groups had infant mortality rates greater than the rate for White infants (5.4 per 1,000 births). The Hispanic infant mortality rate was 8.2 per 1,000 live births compared with 7.1 deaths per 1,000 live births among non-Hispanics in Rhode Island.*[15]**

◆ **Preterm births are a major determinant of infant mortality in the U.S. In Rhode Island between 2004 and 2008 there were 7,418 preterm births (11.9% of all births).[16]**

Table 21.

Infant Mortality Rate, Rhode Island, 2004-2008

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 BIRTHS
Barrington	667	2	3.0
Bristol	921	2	2.2
Burrillville	754	1	1.3
Central Falls	2,021	17	8.4
Charlestown	370	0	NA
Coventry	1,683	9	5.3
Cranston	4,325	27	6.2
Cumberland	1,784	4	2.2
East Greenwich	517	4	7.7
East Providence	2,606	17	6.5
Exeter	261	4	NA
Foster	233	1	NA
Glocester	398	1	NA
Hopkinton	458	0	NA
Jamestown	187	0	NA
Johnston	1,390	5	3.6
Lincoln	909	4	4.4
Little Compton	141	0	NA
Middletown	984	4	4.1
Narragansett	492	2	NA
New Shoreham	49	1	NA
Newport	1,516	6	4.0
North Kingstown	1,272	9	7.1
North Providence	1,615	7	4.3
North Smithfield	439	5	NA
Pawtucket	5,668	38	6.7
Portsmouth	810	3	3.7
Providence	14,774	137	9.3
Richmond	460	4	NA
Scituate	417	1	NA
Smithfield	730	2	2.7
South Kingstown	1,161	6	5.2
Tiverton	625	1	1.6
Warren	527	0	0.0
Warwick	4,193	25	6.0
West Greenwich	245	1	NA
West Warwick	1,989	8	4.0
Westerly	1,340	10	7.5
Woonsocket	3,304	17	5.1
Unknown	*5*	*NA*	*NA*
Core Cities	*29,272*	*223*	*7.6*
Remainder of State	*32,963*	*162*	*4.9*
Rhode Island	*62,240*	*385*	*6.2*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for births in 2007 and 2008 are provisional. Data for deaths in 2008 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 with small denominators are statistically unreliable.

The denominator is the total number of live births to residents between 2004 and 2008.

References

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[9,10,11,13,15,16] Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2004-2008 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, 2009.[1] These data are for children eligible to enter kindergarten in the fall of 2011 (i.e., children born between September 1, 2005 and August 31, 2006).

SIGNIFICANCE

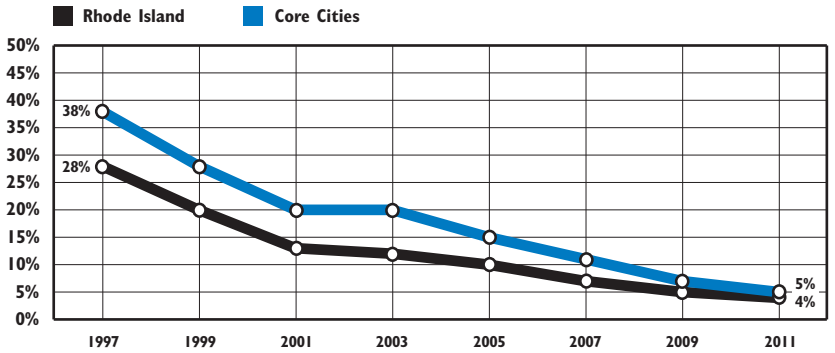
Lead poisoning is a preventable childhood disease.[2] Infants, toddlers and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults and have inherent vulnerability due to developing central nervous systems.[3] Lead exposure at even very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

Access to healthy housing (defined as dry, clean, pest-free, ventilated, safe, free of contaminants and well-maintained) is important in preventing lead poisoning.[8] Children living in homes built before 1978, when lead paint was banned from interior use in the U.S., are at high risk for lead poisoning.[9] Although the percentage of children with elevated blood lead levels are declining among all groups nationally, low-income and minority children remain the most likely to be lead poisoned.[10,11] Children living in Rhode Island's six core cities (where most 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 may play a role in lead poisoning by affecting the rate of lead absorption.[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] Every dollar invested in lead paint hazard control is estimated to have a return on investment of $17-$221 in reduced health, education and other lifetime costs of childhood lead poisoning.[16]

In Rhode Island in 2009, 438 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, 1997 – 2011



Source: Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1997 and 2011.

◆ **Elevated blood lead levels have been steadily declining in the core cities and in Rhode Island over the past decade and a half. Of the 436 children entering kindergarten in 2011 who had an initial blood lead screen of ≥10 mcg/dL, 23 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, it works with property owners to make the property lead-safe. In 2009, 65 environmental inspections were offered, of which 48 were performed. Of the 48 inspections performed, 36 are ongoing and in various stages of abatement, seven were parent-owned and therefore the parents' responsibility to pursue, four were completed, and one was determined not to be a violation. Of the 17 inspections that were offered but not performed, 11 were refused, three were for properties from which the lead poisoned child had moved, one received no response and two are pending.[20]**

Table 22. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2011, 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	160	2	1.3%	1	0.6%
Bristol	222	9	4.1%	1	0.5%
Burrillville	158	3	1.9%	3	1.9%
Central Falls	378	20	5.3%	18	4.8%
Charlestown	82	2	2.4%	1	1.2%
Coventry	325	4	1.2%	4	1.2%
Cranston	815	21	2.6%	16	2.0%
Cumberland	365	3	0.8%	2	0.5%
East Greenwich	148	0	0.0%	0	0.0%
East Providence	539	16	3.0%	5	0.9%
Exeter	46	0	0.0%	0	0.0%
Foster	44	0	0.0%	0	0.0%
Glocester	71	1	1.4%	1	1.4%
Hopkinton	85	3	3.5%	0	0.0%
Jamestown	32	2	6.3%	1	3.1%
Johnston	266	6	2.3%	4	1.5%
Lincoln	189	3	1.6%	1	0.5%
Little Compton	28	5	17.9%	0	0.0%
Middletown	225	5	2.2%	1	0.4%
Narragansett	89	2	2.2%	1	1.1%
New Shoreham	5	0	0.0%	0	0.0%
Newport	340	12	3.5%	4	1.2%
North Kingstown	291	5	1.7%	2	0.7%
North Providence	269	2	0.7%	2	0.7%
North Smithfield	96	1	1.0%	1	1.0%
Pawtucket	1,056	47	4.5%	35	3.3%
Portsmouth	171	2	1.2%	2	1.2%
Providence	2,937	175	6.0%	151	5.1%
Richmond	52	2	3.8%	2	3.8%
Scituate	93	4	4.3%	2	2.2%
Smithfield	155	2	1.3%	2	1.3%
South Kingstown	295	4	1.4%	3	1.0%
Tiverton	135	6	4.4%	0	0.0%
Warren	127	6	4.7%	2	1.6%
Warwick	774	18	2.3%	8	1.0%
West Greenwich	52	0	0.0%	0	0.0%
West Warwick	368	6	1.6%	2	0.5%
Westerly	257	7	2.7%	4	1.6%
Woonsocket	640	30	4.7%	20	3.1%
Unknown Residence	*4*	*0*	*NA*	*0*	*NA*
Core Cities	*5,719*	*290*	*5.1%*	*230*	*4.0%*
Remainder of State	*6,661*	*146*	*2.2%*	*72*	*1.1%*
Rhode Island	*12,384*	*436*	*3.5%*	*302*	*2.4%*

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 2011 reflect the number of Rhode Island children eligible to enter school in the fall of 2011 (i.e., born between 9/1/05 and 8/31/06).

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 2009. Children confirmed positive for lead poisoning (blood lead level ≥10 mcg/dL) are counted if they screened positive with a venous test and/or had a confirmed capillary test at any time in their lives prior to the end of December 2009. 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 2011 who were tested for lead poisoning. Screening data are based on the highest lead test result through December 2009. 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 2009 Edition.* (2009). 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 166)

Children with Asthma

DEFINITION

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

Nationally, asthma is the most common chronic condition in children, the third-ranked cause of hospitalization for children under age 15 and one of the leading causes of school absences.[5,6] In 2008, nearly 14% of children under age 18 in the U.S. had ever been diagnosed with asthma and 9.5% reported currently having asthma.[7]

Nationally, Black children have higher rates of asthma prevalence than Hispanic and non-Hispanic White children, and children living in poverty have higher rates of asthma than children in higher-income families.[8] Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to indoor and outdoor air pollution, stress, lack of access to preventive medical care and genetic factors.[9]

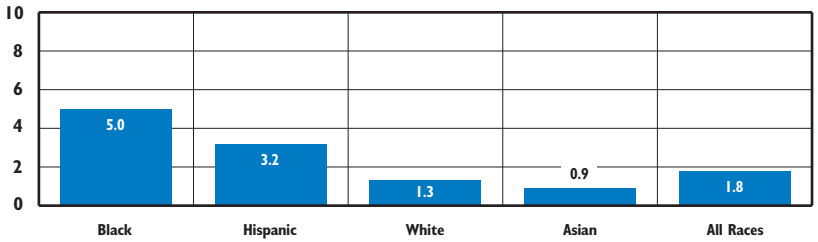
Proper asthma management requires assessment and monitoring, patient education, environmental control and medication.[10] A primary care provider acting in partnership with the family as a child's medical home can provide the connections to specialty and support services needed to help manage asthma.[11]

Children Hospitalized with Primary Diagnosis of Asthma, Core Cities and Rhode Island, 2004-2008

City/Town	Number of Children Hospitalized	Rate per 1,000 Children
Central Falls	74	2.7
Newport	43	1.7
Pawtucket	235	2.6
Providence	678	3.0
West Warwick	58	1.7
Woonsocket	105	1.9
Rhode Island	2,268	1.8

Source: Rhode Island Department of Health, Hospital Discharge Database, 2004-2008.

Asthma Hospitalizations With Primary Diagnosis of Asthma, by Race/Ethnicity, per 1,000 Children Under Age 18, Rhode Island, 2004-2008



◆ **In Rhode Island between 2004 and 2008, the hospitalization rate for primary diagnosis of asthma for Black children was almost four times the rate for non-Hispanic White children. Hispanic children were hospitalized for asthma almost two and a half times as often as White children.**

Source: Rhode Island Department of Health, Hospital Discharge Database, 2004-2008; U.S. Census Bureau, Census 2000.

Health Care Costs for Childhood Asthma in Rhode Island

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

◆ **In the U.S. and in Rhode Island, health care use (including hospitalizations and emergency room use) for asthma is highest among young children.[13,14]**

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

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

Table 23. **Asthma Hospitalizations for Children Under Age 18, Rhode Island, 2004-2008**

CITY/TOWN	ESTIMATED # OF CHILDREN UNDER AGE 18*	# OF CHILD HOSPITALIZATIONS WITH ANY ASTHMA DIAGNOSIS	RATE OF CHILD ASTHMA HOSPITALIZATIONS WITH ANY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN	# OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
Barrington	23,725	41	1.7	23	1.0
Bristol	21,995	73	3.3	37	1.7
Burrillville	20,215	52	2.6	26	1.3
Central Falls	27,655	175	6.3	74	2.7
Charlestown	8,560	16	1.9	6	0.7
Coventry	41,945	115	2.7	56	1.3
Cranston	85,490	272	3.2	131	1.5
Cumberland	38,450	91	2.4	29	0.8
East Greenwich	17,820	37	2.1	15	0.8
East Providence	52,730	256	4.9	136	2.6
Exeter	7,945	15	1.9	1	0.1
Foster	5,525	7	1.3	1	0.2
Glocester	13,320	30	2.3	7	0.5
Hopkinton	10,055	28	2.8	12	1.2
Jamestown	6,190	10	1.6	5	0.8
Johnston	29,530	58	2.0	29	1.0
Lincoln	25,785	65	2.5	25	1.0
Little Compton	3,900	9	2.3	2	0.5
Middletown	21,640	62	2.9	29	1.3
Narragansett	14,165	21	1.5	3	0.2
New Shoreham	925	1	1.1	0	0.0
Newport	25,995	103	4.0	43	1.7
North Kingstown	34,240	82	2.4	25	0.7
North Providence	29,680	102	3.4	61	2.1
North Smithfield	11,895	32	2.7	10	0.8
Pawtucket	90,755	489	5.4	235	2.6
Portsmouth	21,645	60	2.8	31	1.4
Providence	226,385	1,442	6.4	678	3.0
Richmond	10,070	14	1.4	6	0.6
Scituate	13,175	27	2.0	13	1.0
Smithfield	20,095	45	2.2	18	0.9
South Kingstown	31,420	39	1.2	19	0.6
Tiverton	16,835	19	1.1	10	0.6
Warren	12,270	37	3.0	19	1.5
Warwick	93,900	296	3.2	130	1.4
West Greenwich	7,220	14	1.9	0	0.0
West Warwick	33,160	124	3.7	58	1.7
Westerly	27,030	74	2.7	21	0.8
Woonsocket	55,775	275	4.9	105	1.9
Unknown	*NA*	*279*	*NA*	*139*	*NA*
Core Cities	*459,725*	*2,608*	*5.7*	*1,193*	*2.6*
Remainder of State	*779,385*	*2,100*	*2.7*	*936*	*1.2*
Rhode Island	*1,239,110*	*4,987*	*4.0*	*2,268*	*1.8*

Source of Data for Table/Methodology

Rhode Island Department of Health, Hospital Discharge Database, 2004-2008. The Centers for Disease Control and Prevention requests that states report asthma hospitalization data only where asthma is the primary diagnosis. Due to this change, data in this indicator now include data on primary diagnosis of asthma as well as data on any asthma hospitalization (for comparison with previous Factbooks).

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

*The denominator used to compute the 2004-2008 rate is the number of children under age 18 according to the 2000 U.S. Census, multiplied by five.

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Housing and Health

DEFINITION

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

SIGNIFICANCE

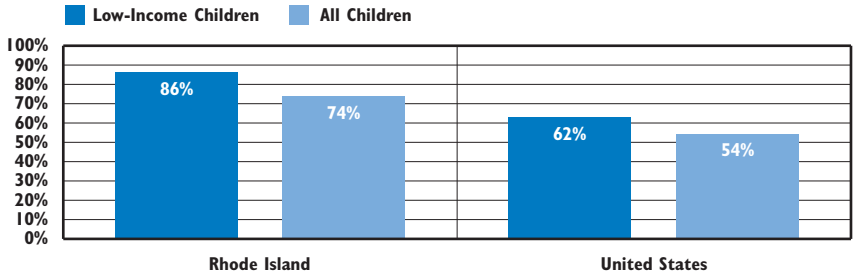
Healthy child development requires a home that is well-built, free of toxic hazards and that provides a place to eat well, play safely, and sleep soundly. Housing quality affects children's ability to grow, think, learn, relax, and form critical early bonds.[1]

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

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

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

Children Living in Older Housing*, 2006-2008, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2006-2008 American Community Survey (ACS) Public Use Microsample (PUMS) data. *Older housing is defined here as housing built before 1980. The ACS reports data on the year a housing structure was built by decade, so this is the best available approximation for housing built before 1978 (when lead paint was banned from interior use in the United States).

◆ **In both Rhode Island and the nation as a whole, children in low-income families are more likely to live in older housing than children in general. Between 2006 and 2008, 86% of low-income children in Rhode Island lived in older housing, while 74% of all children lived in older housing. Of all 50 states, Rhode Island has the highest percentage of low-income children living in older housing.[8]**

◆ **Rhode Island children were more likely to live in older housing (74%) than children in the nation as a whole (54%). Rhode Island has the second highest percentage of children living in older housing in the nation, after New York.[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 risks to child health and development.[10,11]**

◆ **Because affordable housing is in short supply, many low-income families must choose between poorly-maintained housing that puts the health and safety of their families at risk and housing that is safer but unaffordable.[12] When available housing costs more than a low-income family can afford to pay, they are unlikely to have the discretionary income needed to maintain, repair, or improve their homes.[13]**

Key Principles of Healthy Housing

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

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

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

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

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

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

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

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

Source: National Center for Healthy Housing. (n.d.). *Seven principles of healthy homes.* Retrieved March 13, 2009 from www.ncch.org/What-We-Do/Healthy-Homes-Principles.aspx

References

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(continued on page 166)

Health Problems Associated With Housing

Lead Poisoning

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

◆ **One in 28 (3.5%) Rhode Island children due to start kindergarten in 2011 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 and less well maintained.[19]**

Asthma

◆ **The presence of dust mites, cockroaches, mold, pet dander, and rodents 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 2004 and 2008, there were 2,268 hospitalizations of children in Rhode Island for which the primary diagnosis was asthma. Asthma hospitalization rates in Rhode Island were highest for Black and Hispanic children.[23] 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.[24]**

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.[25,26]**

◆ **In 2008, housing-related falls resulted in 4,383 emergency room visits by Rhode Island children. Half (51%) of these visits were for children under age six.[27]**

Childhood Obesity

DEFINITION

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

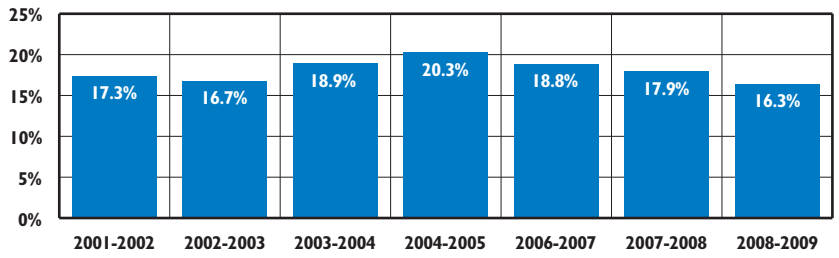
SIGNIFICANCE

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

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

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

Obesity Among Children Entering Kindergarten, Rhode Island, 2001-2009*



Source: Immunization Program, Center for Health Data and Analysis, Rhode Island Department of Health, School Years 2001-2002 through 2008-2009. *There are no data available for the 2005-2006 school year. Data are based on a sample of recorded heights and weights at kindergarten entry.

◆ **Nearly one in six (16.3%) Rhode Island children entering kindergarten during the 2008-2009 school year were obese, down from a high of 20.3% in the 2004-2005 school year.[11]**

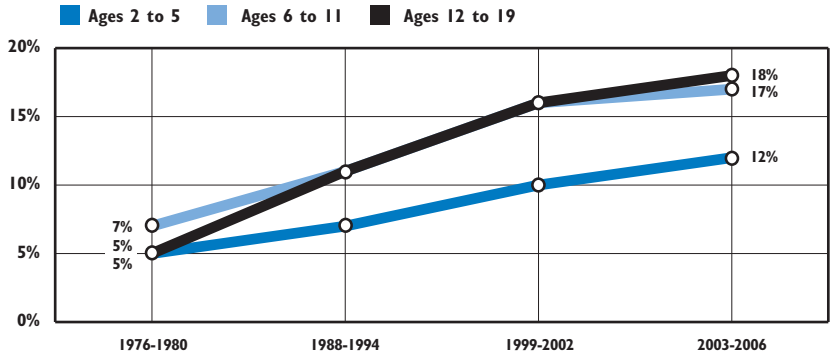
◆ **Maternal excess weight during the prenatal period and gestational diabetes can put children at risk for obesity early in life. Breastfeeding has been found to have significant long-term potential for maintaining a lower BMI.[12] Nationwide, one in seven (14.6%) low-income, preschool-aged children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

Sedentary Behavior

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

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

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



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

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

◆ **During the 2008-2009 school year, 19% of 7th graders in Rhode Island were obese, up from 16.8% during the 2006-2007 school year.[17] School-age children have the benefit of exposure to school interventions to address obesity. Schools can implement health education curriculum for pre-kindergarten through grade 12, empowering students to make healthy nutrition choices and meet physical activity recommendations.[18]**

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

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

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

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

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

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

References

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[4,7,12,14,18] U.S. Department of Health and Human Services. (2010). *The Surgeon General's vision for a healthy and fit nation.* Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.

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[6] U.S. Institute of Medicine. (2009). *Local government actions to prevent childhood obesity.* Washington, DC: National Academies of Science.

[8] Davis, M. M., Gance-Cleveland, B., Hassink, S., Johnson, R., Paradis, G. & Resnicow, K. (2007). Recommendations for prevention of childhood obesity. *Pediatrics, 120,* S229-S253.

(continued on page 166)

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 2009 in Rhode Island, there were 1,049 babies born to mothers under age 20, accounting for 9% of all babies born in the state.[8] Researchers estimate that approximately 11% of Rhode Island girls (vs. 18% of all girls in the U.S.) will become teen mothers.[9]

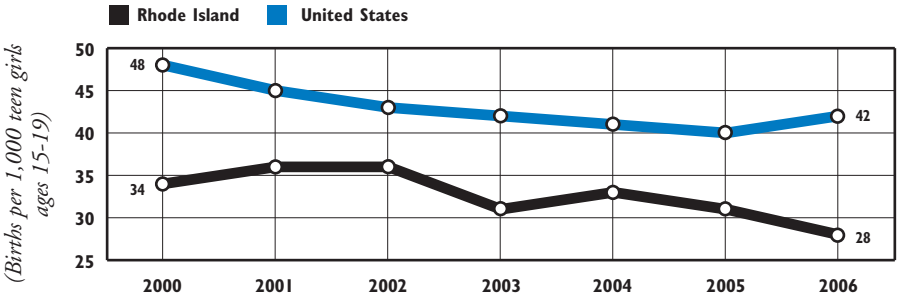
Teen Birth Rates
(rate per 1,000 girls ages 15-19)

	1991	2006
RI	44.7	27.8
US	61.8	41.9
National Rank*		*9th*
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.

Birth Rates for Teens Ages 15-19, Rhode Island and United States, 2000-2006



Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2009). *Teen births by age group: 15-19, United States and Rhode Island: 1990-2006.* Retrieved January 20, 2010 from www.kidscount.org/datacenter

◆ **In Rhode Island, the teen birth rate fell by 18% between 2000 and 2006. The U.S. teen birth rate declined by 13%, with rates increasing between 2005 and 2006 after steady declines over the previous decade.[10,11]**

◆ **Of the 5,711 births to Rhode Island teens ages 15 to 19 between 2004 and 2008, 70% (3,984) were to teens in the core cities, the six communities with the highest child poverty rates.[12]**

Repeat Births to Teens, Rhode Island, 2004-2008

Age	Total Number of Births	Number of Repeat Births	Percent Repeat Births
12-14	89	1	1%
15-17	1,860	164	9%
18-19	3,851	861	22%
Total	*5,800*	*1,026*	*18%*

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2008 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, developmental and health problems for both the mothers and the children.[13] In 2006, Rhode Island ranked 8th nationally (tied with Louisiana, New Mexico and Alaska) for the highest percentage of repeat teen births.[14]**

Table 24.

Births to Teens, Ages 15-19, Rhode Island, 2004-2008

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	8	10.9	10	3.5
Bristol	7	3.8	33	8.9	40	7.2
Burrillville	5	2.8	24	22.9	29	10.2
Central Falls	115	61.3	214	136.3	329	95.5
Charlestown	4	6.0	14	NA	18	18.1
Coventry	35	10.9	74	43.8	109	22.2
Cranston	94	13.6	166	41.2	260	23.8
Cumberland	17	5.4	51	34.9	68	14.8
East Greenwich	4	2.8	5	10.0	9	4.7
East Providence	50	11.0	121	52.5	171	24.9
Exeter	4	5.5	4	NA	8	7.8
Foster	2	NA	10	NA	12	17.9
Glocester	6	5.2	22	37.0	28	16.1
Hopkinton	8	9.2	16	NA	24	18.8
Jamestown	0	0.0	2	NA	2	2.7
Johnston	24	10.5	52	39.7	76	21.1
Lincoln	10	4.6	34	36.2	44	14.1
Little Compton	0	NA	8	NA	8	NA
Middletown	13	9.5	34	50.0	47	22.9
Narragansett	4	3.2	15	13.8	19	8.1
New Shoreham	0	NA	0	NA	0	NA
Newport	48	24.1	88	25.7	136	25.1
North Kingstown	14	5.3	45	37.2	59	15.2
North Providence	26	10.5	62	42.0	88	22.3
North Smithfield	5	4.9	11	NA	16	10.8
Pawtucket	227	33.3	440	96.9	667	58.7
Portsmouth	6	3.6	15	24.8	21	9.2
Providence	796	46.7	1,435	48.7	2,231	48.0
Richmond	12	14.7	20	NA	32	28.8
Scituate	3	2.5	8	15.5	11	6.4
Smithfield	5	2.9	18	6.6	23	5.1
South Kingstown	10	3.6	42	5.0	52	4.7
Tiverton	5	3.7	20	27.4	25	12.0
Warren	10	10.0	25	43.1	35	22.2
Warwick	79	10.0	192	48.4	271	22.8
West Greenwich	3	5.6	11	NA	14	16.8
West Warwick	45	18.3	116	69.7	161	39.1
Westerly	28	12.9	70	63.3	98	29.9
Woonsocket	134	31.6	326	115.6	460	65.2
Core Cities	*1,365*	*39.6*	*2,619*	*60.2*	*3,984*	*51.1*
Remainder of State	*495*	*7.7*	*1,232*	*27.9*	*1,727*	*15.9*
Rhode Island	*1,860*	*18.9*	*3,851*	*44.0*	*5,711*	*30.7*

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2004-2008. Data for 2008 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.

References

[1,4,7] Hoffman, S. D. (2006). *By the numbers: The public costs of teen childbearing.* Washington, DC: The National Campaign to Prevent Teen Pregnancy.

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[8] Rhode Island Department of Health, KIDS NET Database, 2009.

[9] Perper, K. & Manlove, J. (2009). *Estimated percentage of females who will become teen mothers: Differences across states.* Washington, DC: Child Trends.

[11] Hamilton, B. E., Martin, J. A. & Ventura, S. J. (2009). Births: Preliminary data for 2007. *National Vital Statistics Reports, 57*(12). Hyattsville, MD: Centers for Disease Control and Prevention.

(continued on page 166)

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.

SIGNIFICANCE

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

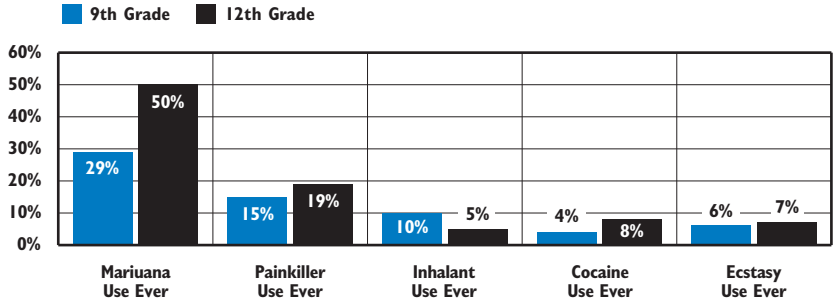
Research shows that the key risk periods for alcohol, cigarette and other drug abuse occur during major transitions in children's lives. These include the transition to middle school, which presents new academic and social situations and the transition to high school, which presents additional social and emotional challenges. There is greater exposure to drugs, to peers who abuse substances, and to social activities involving drugs and alcohol at the high school level.[3]

The risk for becoming a substance user involves the relationship between risk factors and protective factors, which vary in their effects by age, gender, ethnicity, and environment. Risk factors include early aggressive behavior, lack of parental supervision, peer substance abuse, poor academic achievement and poverty. Protective factors include a strong parent-child bond, parental involvement and support, consistent discipline, academic competence and a strong neighborhood attachment.[4]

Early family and school interventions can build and strengthen protective factors and be tailored to reduce risk factors, which will help to prevent substance use among young people.[5] Adolescents who participate in school-based, community-based, faith-based or other after-school activities are less likely to use substances than those who are not involved in any such activities.[6]

Approximately one in 10 adolescents in the U.S. who meet standard diagnostic criteria indicating the need for treatment for an illicit drug use problem and one in 14 who need treatment for an alcohol use problem actually receive specialty treatment. This on-going trend indicates a need to expand the continuum of care to engage young people who are unable to go to specialty treatment programs.[7]

Illicit Drug Use by Rhode Island Students in 9th and 12th Grades, 2009



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

◆ **Among high school students in Rhode Island in 2009, 50% of 12th graders and 29% of 9th graders reported ever having used marijuana. Nearly one in five (19%) Rhode Island 12th grade students reported using painkillers, such as OxyContin, Codeine, Percocet or Tylenol III without a doctor's prescription at least once in their lifetime.[8]**

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

Tobacco Use

◆ **The percentage of Rhode Island high school students who smoked cigarettes on 20 or more days in the past month has decreased significantly over the past decade, from 19% in 1997 to 5% in 2009.[10]**

◆ **In 2009, almost one in ten male high school students in Rhode Island reported using chewing tobacco in the previous month.[11] In 2009, 46% of high school-age smokers in Rhode Island reported trying to quit in the past year, down from 59% in 2007.[12]**

Table 25.

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.* Retrieved from Information Works at www.infoworks.ride.uri.edu. 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.

The SALT survey was not administered during the 2008-2009 school year.

References

[1,3,4,5] *Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders, second edition.* (2003). NIH 04-4212(A). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse.

(continued on page 167)

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 health of children, maternal health, access to health care, the dangers to which children are exposed in the community, access to and use of safety devices and practices (such as bicycle helmets and smoke alarms) and the level of adult supervision children receive.[1,2] Recent declines in the U.S. child death rate are due to increased parental education about the effective use of safety products (like seat belts and car seats) and child safety laws (like requiring residential smoke detectors and window guards and better product safety labeling).[3]

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

In Rhode Island between 2004 and 2008, there were 124 deaths of children ages one to 14 (a rate of 13.73 per 100,000 children).[6,7] Seventy (56%) of these children lived in the core cities, 53 (43%) lived in the remainder of the state and one child's residence (1%) was unknown. Of the 124 deaths, 83 (67%) were due to disease, 26 (21%) were due to unintentional injuries, eight (6%) were due to intentional injuries (7 homicides and one suicide), one (1%) was due to undetermined injuries, and six (5%) were due to unknown causes. Unintentional injuries are the leading cause of death for children ages one to 14 in Rhode Island and in the U.S., more than from any single disease.[8,9]

The leading causes of child injury deaths are motor vehicle crashes and drowning. Evidence-based interventions that have proven to reduce child injury include child-restraint and helmet laws, reduced speed limits and requiring four-sided fencing around swimming pools.[10]

In Rhode Island between 2004 and 2008, eight children under age 15 were hospitalized for firearms injuries and there were two gun-related child deaths.[11]

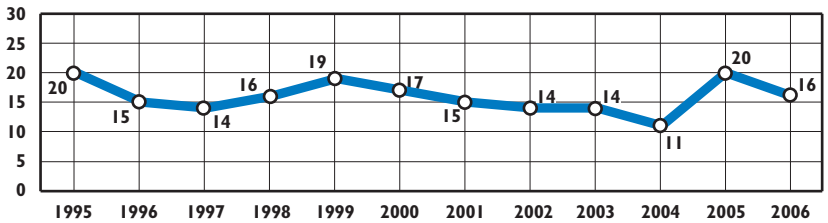
Child Death Rate
(per 100,000 Children Ages 1-14)

	2000	2006
RI	17	16
US	22	19
National Rank*		*9th*
New England Rank**		*4th*

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

Source: *KIDS COUNT data book: State profiles in child well-being 2009.* (2009). Baltimore, MD: The Annie E. Casey Foundation

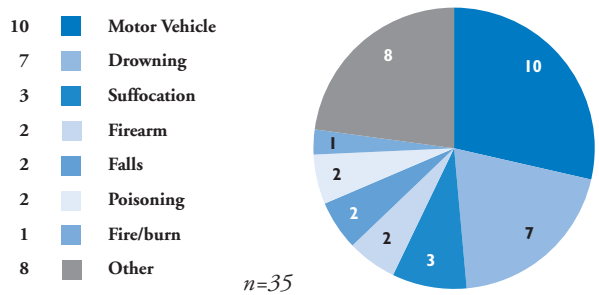
Child Death Rate per 100,000 Children Ages One to14 in Rhode Island, 1995-2006



Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2009). *Child deaths: Rate per 100,000.* Retrieved January 10, 2010 from www.kidscount.org/datacenter

◆ **Between 2005 and 2006, Rhode Island's child death rate for children ages one to 14 declined from 20 per 100,000 children to 16 per 100,000 children.[12]**

Child Deaths Due to Injury, By Cause, Rhode Island, 2004-2008



Source: Rhode Island Department of Health, Maternal and Child Health Database, 2004-2008.

◆ **Between 2004 and 2008, 35 children died as a result of injury. Motor vehicle injuries were the leading cause of child deaths due to injury (29%) in Rhode Island.[13] Nationally, half of the children under age 15 who died in motor vehicle collisions were not wearing a seat belt or other restraint.[14]**

References

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(continued on page 167)

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 collisions, homicides and suicides, all of which are preventable.[1]

Factors that protect against teen deaths include parent involvement, access to mental health services designed for adolescents, state policies regulating teens' driving, prevention of teen drinking and driving, reduced access to guns, and school and community programs to reduce risk behaviors and support positive and healthy youth development.[2]

Between 2004 and 2008, there were 153 deaths of teens ages 15 to 19 in Rhode Island, a rate of 38.5 per 100,000 teens.[3,4] Of the teens ages 15 to 19 who died between 2004 and 2008, 57 (37%) lived in the core cities and 96 (63%) lived in the remainder of the state.[5]

Of the teen deaths between 2004 and 2008, 39 (25%) were due to disease, 39 (25%) were due to intentional injury, 72 (47%) were due to unintentional injuries, one (1%) was due to undetermined injuries, and two (1%) were of unknown causes. Of the intentional injuries, 20 were homicides and 19 were suicides (3 females and 16 males).[6]

According to the *2009 Rhode Island Youth Risk Behavior Survey*, 7% of male high school students and 8% of female high school students in Rhode Island reported having attempted suicide in the previous year, and 9% of male high school students and 15% of female high school students reported seriously considering suicide in the previous year. Eight percent of female middle school students in Rhode Island and 4% of their male peers reported having ever attempted suicide.[7]

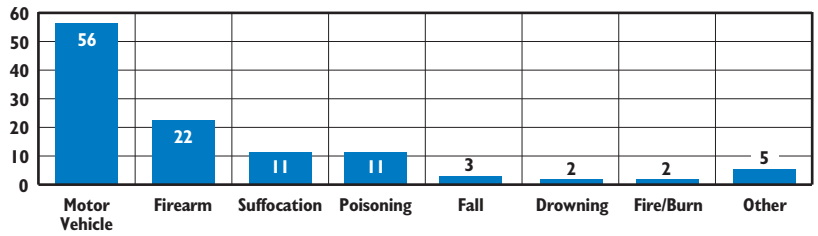
Teen Deaths
(Deaths per 100,000 Youth Ages 15-19)

	2000	2006
RI	52	34
US	67	64
National Rank*		*1st*
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 2009.* (2009). Baltimore, MD: The Annie E. Casey Foundation.

Injury Deaths by Cause, Teens Ages 15 to 19, 2004-2008



n=112

Source: Rhode Island Department of Health, Maternal and Child Health Database, 2004-2008.

◆ **Between 2004 and 2008 in Rhode Island, nearly two-thirds (64%) of the 112 deaths caused by injury were unintentional. Half of all injury deaths (50%) were caused by motor vehicle collisions.[8]**

◆ **Among the 33 males ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2004 and 2008, 17 (52%) were driving, 13 (39%) were passengers in vehicles driven by other teenage boys ages 15 to 19, one was a passenger in a vehicle driven by an adult, one was a pedestrian and one was a skateboarder. Between 2004 and 2008, 17 teen girls in Rhode Island died in motor vehicle accidents. Of these, 6 (35%) were driving, 10 (59%) were passengers and one was a pedestrian.[9]**

◆ **Six (26%) of the teen drivers who died in motor vehicle crashes between 2004 and 2008 had been drinking and 9 (38%) of the teen passengers who died had also been drinking.[10]**

◆ **According to the *2009 Rhode Island Youth Risk Behavior Survey*, 23% of Rhode Island public high school students reported that during the month before the survey they rode in a vehicle driven by someone who had been drinking, and 13% reported that they never or rarely wore a seatbelt when riding in a car.[11]**

References

[1,2] *KIDS COUNT indicator brief: Reducing the teen death rate.* (2009). Baltimore, MD: The Annie E. Casey Foundation.

[3,5,6] Rhode Island Department of Health, Hospital Discharge Database, 2004-2008.

[4] U.S. Census Bureau, Population Estimates, 2004-2008.

[7,11] Rhode Island Department of Health, Center for Health Data and Analysis, *2009 Rhode Island Youth Risk Behavior Survey.*

[8,9,10] Department of Transportation, National Center for Statistics and Analysis, Fatality Analysis Reporting System (FARS), 2004-2008. Analysis by the Rhode Island Department of Health, 2009.

Youth Violence

DEFINITION

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

SIGNIFICANCE

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

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

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

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

In 2008, juveniles made up 16% of all serious violent crime arrests in the U.S. The 2008 Rhode Island juvenile arrest rate for serious violent crimes was 186 per 100,000 youth ages 10 to 17, compared to the U.S. rate of 306 per 100,000 youth.[11] In 2008 in Rhode Island, there were 814 juvenile arrests for assault offenses and 161 juvenile arrests for weapons offenses.[12] In 2009, violent crimes made up 5% (359) of the 7,829 juvenile offenses referred to Rhode Island Family Court.[13]

Self-Reported Violent Behavior and Victimization, Rhode Island High School Students, 2009

	FEMALES	MALES	TOTAL
Been bullied on school property during the past 12 months	17%	15%	16%
Carried a gun, knife, or club at least once in the past 30 days	5%	16%	10%
Did not go to school on one or more of the past 30 days because they felt unsafe at school or on their way to/from school	8%	7%	7%
Were in a physical fight at least once in the past 12 months	19%	31%	25%
Were hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	11%	11%	11%
Ever physically forced to have sexual intercourse when they did not want to	9%	5%	7%

Source: *2009 Rhode Island Youth Risk Behavior Survey,* Rhode Island Department of Health, Office of Health Statistics.

◆ **Violence in schools affects individual victims and also disrupts the functioning of entire schools.[14] During the 2007-2008 school year, 12% of Rhode Island public high school students reported ever experiencing violence at school.[15]**

◆ **In Rhode Island in 2009, 7% of high school students reported not going to school due to safety concerns and 16% had been bullied at school in the past year.[16] Lesbian, gay, bisexual and transgender youth, youth with disabilities and youth with low grades (Ds and Fs) in Rhode Island are more likely than their peers to report being threatened or injured at school and to miss school because they felt unsafe.[17,18,19]**

◆ **Relationship violence is also an issue faced by Rhode Island youth. In 2009, 11% of high school students in Rhode Island reported that they had been hit, slapped or physically hurt by their boyfriend or girlfriend in the previous year.[20]**

Youth Gun Violence

◆ **Guns are the leading cause of fatal teen violence and are used in more than three-quarters (82%) of teen homicides in the U.S.[21] In Rhode Island between 2004 and 2008, there were 46 gun-related hospitalizations of youth ages 15 to 19 and 22 deaths of youth ages 15 to 19 attributed to firearms.[22,23]**

Youth Violence, Rhode Island, 2008

Table 26.

CITY/TOWN	COMMUNITY CONTEXT: VIOLENT CRIME OFFENSES (ALL AGES)	COMMUNITY CONTEXT: % OF CHILDREN IN POVERTY	COMMUNITY CONTEXT: TOTAL POPULATION AGES 11-17	VIOLENCE IN HIGH SCHOOLS: % OF STUDENTS EVER BROUGHT WEAPONS TO SCHOOL	VIOLENCE IN HIGH SCHOOLS: % OF STUDENTS EVER EXPERIENCED VIOLENCE AT SCHOOL	JUVENILE ARRESTS FOR VIOLENCE: # FOR ASSAULT OFFENSES	JUVENILE ARRESTS FOR VIOLENCE: # FOR WEAPONS OFFENSES	JUVENILE ARRESTS FOR VIOLENCE: TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	2	3%	2,033	7%	7%	7	0	7
Bristol	12	10%	1,725	12%	12%	2	0	2
Burrillville	9	6%	1,791	12%	12%	1	2	3
Central Falls	109	41%	1,970	8%	5%	16	5	21
Charlestown	8	5%	666	16%	15%	7	0	7
Coventry	27	6%	3,320	11%	11%	23	1	24
Cranston	136	9%	6,904	10%	9%	30	3	33
Cumberland	31	3%	3,057	15%	16%	20	3	23
East Greenwich	5	4%	1,470	10%	11%	13	1	14
East Providence	70	11%	4,296	18%	16%	33	0	33
Exeter	NA	7%	665	7%	7%	NA	NA	NA
Foster	1	3%	482	16%	14%	2	0	2
Glocester	7	7%	1,166	16%	14%	1	4	5
Hopkinton	6	6%	844	16%	15%	3	0	3
Jamestown	2	1%	553	14%	16%	4	0	4
Johnston	27	9%	2,253	11%	8%	22	1	23
Lincoln	34	6%	2,163	17%	17%	10	0	10
Little Compton	3	1%	336	14%	12%	0	0	0
Middletown	13	6%	1,524	18%	19%	12	2	14
Narragansett	13	9%	1,182	10%	9%	4	0	4
New Shoreham	0	10%	56	10%	15%	1	0	1
Newport	121	24%	1,888	15%	12%	16	2	18
North Kingstown	24	10%	2,641	14%	16%	20	5	25
North Providence	45	10%	2,452	10%	10%	29	1	30
North Smithfield	5	3%	981	7%	7%	2	0	2
Pawtucket	268	25%	6,718	12%	9%	91	10	101
Portsmouth	16	3%	1,729	14%	12%	5	0	5
Providence	1,162	41%	16,349	16%	11%	270	79	349
Richmond	3	4%	772	16%	15%	12	3	15
Scituate	1	4%	1,091	12%	10%	0	0	0
Smithfield	9	4%	1,776	16%	15%	13	1	14
South Kingstown	22	5%	2,637	13%	12%	12	2	14
Tiverton	9	3%	1,407	14%	14%	5	1	6
Warren	15	8%	1,019	12%	12%	1	0	1
Warwick	83	7%	7,780	17%	17%	41	7	48
West Greenwich	1	3%	596	7%	7%	0	0	0
West Warwick	57	18%	2,439	16%	14%	23	0	23
Westerly	27	10%	2,102	14%	13%	11	4	15
Woonsocket	181	32%	3,971	13%	11%	45	22	67
State Police/Other	*NA*	*NA*	*NA*	*NA*	*NA*	*12*	*2*	*14*
Core Cities	*1,898*	*34%*	*33,335*	*NA*	*NA*	*461*	*118*	*579*
Remainder of State	*666*	*7%*	*63,469*	*NA*	*NA*	*346*	*41*	*387*
Rhode Island	*2,564*	*17%*	*96,804*	*13%*	*12%*	*819*	*161*	*980*

Sources of Data for Table/Methodology

Violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2009). *Crime in the United States 2008: Rhode Island offenses known to law enforcement.* Retrieved on January 28, 2010 from www.fbi.gov/ucr/ucr/cuis2008/data/table_08_ri.html

Child poverty data are from U.S. Census Bureau, Census 2000 Summary File 3, P.87 and PCT.50.

Total population ages 11 to 17 data are from U.S. Census Bureau, Census 2000, Summary File 1.

High school students bringing weapons to school and experiencing violence at school data are from Felner, R. (2008). *2007-2008 student ratings of school safety* (high school SALT Survey). Rock Island, IL: National Center on Public Education and Prevention. SALT data for communities that belong to regional districts reflect the district's overall SALT results.

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Gilheeney, E. (2009). *2008 juvenile detention data.* Providence, RI: Rhode Island Department of Public Safety, Grant Administration Office. A complete list of assault and weapons offenses can be found in the Methodology Section of this Factbook.

NA indicates that the data are not available. Exeter arrest numbers are included in the State Police totals.

Other includes the Rhode Island Airport Police Department, the Brown University Department of Public Safety, the Department of Environmental Management Police Department and the University of Rhode Island Police and Security Department.

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

References

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(continued on page 167)

Disconnected Youth

DEFINITION

Disconnected youth is the number of Rhode Island youth who are in foster care, involved in the juvenile justice system, teen parents or high school dropouts. Youth may be in more than one of these groups.

SIGNIFICANCE

Youth who have weak connections to families, positive social networks, and communities that can provide emotional and material support and guidance are at great risk as they transition to adulthood. All youth, regardless of their background or financial status, need the guidance, time and financial help of a stable and secure family. They need access to caring adults who, as mentors, can provide information and supports that will help them make good choices for their futures. Youth are more likely to make a successful transition to adulthood when they have the life experiences, adult supports and education that build skills, academic credentials, knowledge and confidence.[1,2]

Disconnected youth often depend on effective public systems to get the supports and resources they need to overcome obstacles and challenges. These youth depend on the child welfare system to help them make strong family connections, the juvenile justice system for fair treatment and rehabilitative supports, public schools to teach them the skills and knowledge to be independent adults, and the public health and human services systems for the resources to be physically and mentally healthy and meet their family responsibilities.[3,4] When these systems do not work well, youth end up at greater risk for long-term disconnection than when they entered.[5]

Interventions for disconnected youth require strategies that are tailored to the individual strengths and life circumstances of the youth. These interventions can include comprehensive case management, mental health and substance abuse treatment, independent living transition supports, community, school and workforce reentry supports, mentorship, out-of-school-time programs, parenting supports, and high-quality alternative educational opportunities. Disconnected youth also may face additional challenges because they are homeless, have mental health or substance abuse issues, or identify as lesbian, gay, bisexual, transgender or queer (LGBTQ).[6,7,8]

Some disconnected youth reconnect to their communities through employment, school, marriage, or the military. However, youth from low-income families and minority youth are less likely to reconnect than other disconnected youth.[9]

Disconnected Youth in Rhode Island

Youth in Foster Care

◆ **Youth who age out of foster care without permanent family connections experience high rates of economic hardship, low educational attainment, hunger, homelessness, incarceration, welfare use, unemployment, and poor health.[10] In 2009 in Rhode Island, there were 1,056 youth ages 13 to 17 and 237 youth ages 18 to 21 who were in the care or custody of the Rhode Island Department of Children, Youth and Families (DCYF).[11] In Rhode Island in Federal Fiscal Year 2009, 151 youth aged out of foster care to emancipation never having gained permanent placement through reunification, adoption or guardianship.[12]**

Youth at the Rhode Island Training School

◆ **Many youth who are incarcerated as juveniles struggle with school re-enrollment, homelessness, mental health problems, substance abuse, and poverty when they return to their communities, and they often lack the necessary supports to avoid re-offending.[13] During 2009, 894 youth ages 12 to 22 were in the care or custody of the Rhode Island Training School.[14]**

Teen Parents

◆ **Teen pregnancy and parenting threatens the healthy development of teen parents as well as their children. Reduced educational attainment among teen parents puts them at risk of dropping out, low wages and poverty.[15] During 2009, there were 1,049 births to teen mothers under age 20 in Rhode Island. Of these, 594 did not have a high school diploma or GED.[16]**

High School Dropouts

◆ **Youth who drop out of school are at risk of unemployment, poverty, receiving public assistance, incarceration and having poor health.[17] During the 2008-2009 school year, 2,917 students in 7th through 12th grades dropped out of Rhode Island public schools.[19] Between 2006 and 2008, there were an estimated 4,323 Rhode Island youth ages 16 to 19 who were not in school and not working, 55% of whom were high school dropouts.[19]**

References

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[2,4,7,15] *2004 KIDS COUNT data book essay: Moving youth from risk to opportunity.* (2004). Baltimore, MD: Annie E. Casey Foundation.

(continued on page 167)

Homeless and Runaway Youth

DEFINITION

Homeless and runaway youth is the number of youth in Rhode Island who accessed emergency shelter services without their families or who were absent without leave (AWOL) from state care placements (including youth in child welfare and juvenile justice community placements).

SIGNIFICANCE

There are three primary causes of homelessness among youth – family conflict, residential instability resulting from foster care and institutional placements, and economic problems. Many homeless youth run away due to physical and sexual abuse, strained family relationships, substance abuse by a family member and/or parental neglect.[1,2]

Other youth become homeless when they run away from or are discharged from the foster care or juvenile justice systems. In U.S. shelters, more than one in five homeless youth comes directly from foster care and more than one in four were in foster care in the previous year. Homeless youth with histories of foster care placements often become homeless at an earlier age and remain homeless for longer periods than their peers.[3,4]

Youth who identify as gay, lesbian, bisexual, transgender or queer (LGBTQ) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity. LGBTQ homeless youth also experience greater levels of physical and sexual exploitation while living on the streets than their heterosexual peers.[5,6]

It is often difficult for homeless youth to obtain the food, clothing and medical care they need. While living on the streets, homeless youth are at risk of sexual exploitation and many turn to selling drugs, shoplifting, theft or prostitution to provide for their basic needs. Consequently, homeless youth face an increased risk of arrests and are more likely to contract sexually transmitted infections.[7,8]

Homeless youth are typically disconnected from community resources such as education, employment, and health care.[9] They often have difficulty enrolling in school without a parent or guardian, and they are more likely than their peers to have been suspended, expelled, repeated grades and to have dropped out of school.[10,11]

Homeless youth experience higher rates of depression, post-traumatic stress disorder, substance abuse and other mental health problems than youth with stable housing. Health issues can go untreated due to lack of access to health and mental health care. In addition, homeless youth may not seek needed health care because they are likely to be asked for a permanent address, health insurance information or parental permission for treatment.[12,13]

Homeless Youth in Rhode Island

◆ **There is one emergency shelter in Rhode Island tailored to the needs of unaccompanied and runaway homeless youth in Rhode Island. During Federal Fiscal Year (FFY) 2009, 14 unaccompanied youth ages 12 to 18 received Basic Center services (up to 21 days of emergency shelter) and five youth ages 17 and 18 received Transitional Living services (long-term residential and supportive services) in Rhode Island programs funded through the federal Runaway and Homeless Youth Program.[14,15,16,17]**

◆ **Sixty single youth ages 18 to 20 and 130 young adults ages 21 to 24 received emergency shelter services though the adult emergency shelter system in Rhode Island in 2009.[18]**

◆ **In 2009, the National Runaway Switchboard handled 193 crisis-related calls regarding youth ages 21 and under who were homeless, runaways, or at risk of homelessness in Rhode Island. Nationally, 50% of callers to the Switchboard in 2009 were youth and the rest were friends, family, and other adults.[19]**

◆ **On December 31, 2009, there were 69 youth in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways (AWOL), 31 of whom were female and 38 of whom were male. These youth were be AWOL from either foster care or juvenile justice placements.[20]**

◆ **There were an additional 248 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2009.[21] These youth are vulnerable to being separated from their families due to shelter or child welfare policies.[22]**

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(continued on page 167)

Juveniles Referred to Family Court

DEFINITION

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

SIGNIFICANCE

Risk factors for juvenile delinquency and involvement in the juvenile justice system include association with other delinquent youth, neurological and cognitive impairments, academic and learning difficulties, poor parenting, child maltreatment, and high levels of community violence.[1]

The Rhode Island Family Court has jurisdiction over juvenile offenders under age 18 referred for wayward and delinquent offenses. All referrals to Family Court are from state and local law enforcement agencies, except for truancy cases, which are referred by local school departments.[2,3] During 2009 in Rhode Island, 4,825 youth (4% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court for 7,829 wayward and delinquent offenses, down from 5,242 youth and 8,790 offenses in 2008. Of the offenses in 2009, 359 (5%) were violent offenses, 213 (59%) of which were committed by youth from the core cities. An additional 815 probation violations also came before the Family Court in 2009.[4,5,6]

Youth in urban communities with high poverty concentrations also are more likely to be referred for wayward or delinquent offenses. In 2009 in Rhode Island, 27% 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 49% were committed by youth from the remainder of the state.[7]

Fifteen percent of juveniles referred to Rhode Island Family Court in 2009 had been referred once before and 10% had been referred at least twice before.[8] The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting public safety are key elements of juvenile justice systems.

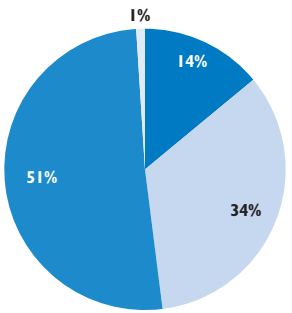
National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.[9]

Key components of successful community-based programs to prevent juvenile recidivism are the provision of intensive family therapy and an acknowledgment of the critical role families, homes and communities play in resolving delinquency. Successful programs also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families.[10]

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2009

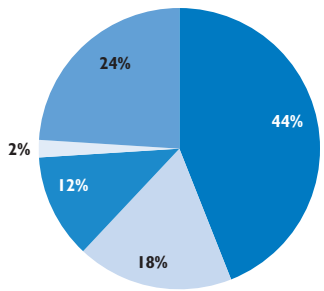
By Age of Juvenile

14%	Ages 13 or Younger
34%	Ages 14 and 15
51%	Ages 16 and 17
1%	Over Age 17



By Race and Ethnicity of Juvenile

44%	White
18%	Black
12%	Hispanic
2%	Asian
24%	Other/Unknown



n=7,829 offenses

By Type of Offense

24%	Property Crimes	5%	Traffic Offenses
19%	Disorderly Conduct	5%	Violent Crimes
19%	Status Offenses*	3%	Weapons Offenses
10%	Simple Assault	6%	Other**
9%	Alcohol and Drug Offenses		

n = 7,829

**Status offenses are age-related acts that would not be punishable if the offender were an adult, such as truancy and disobedient conduct.*
***Other includes offenses such as conspiracy, crank/obscene phone calls and computer crimes. Probation violations, contempt of court and other violations of court orders are not included in the offenses above.*

◆ **In 2009, 27% of juveniles referred to the Rhode Island Family Court were female and 73% were male.**

Source: Rhode Island Family Court, *2009 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 2009 in Rhode Island, 21% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.[12]

◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2009, 2,021 juveniles were referred to the Truancy Court by schools in Rhode Island and 297 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.[13] Juveniles referred to the Drug Court undergo a six- to twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.[14]

◆ In 2008 there were 30 Juvenile Hearing Boards in Rhode Island that served 32 of Rhode Island's cities and towns. The Providence Juvenile Hearing Board was not active in 2008, 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 but are not limited to community service, restitution and counseling. A total of 789 cases were heard before Rhode Island Juvenile Hearing Boards in 2008.[15,16]

Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts

◆ Many lesbian, gay, bisexual and transgender (LGBT) youth experience family rejection, conflicts at home and bullying and harassment in school due to their gender identity or sexual orientation. These factors increase LGBT youth's risk of Family Court involvement for status offenses (like running away), survival crimes (like shoplifting and prostitution), truancy related to safety issues at school, and assault charges related to self defense. Training and resources for adults working in the juvenile justice system about the specific family, social and developmental challenges faced by LGBT youth can help ensure positive outcomes.[17]

Juveniles Tried as Adults

◆ Youth tried and punished in the adult court system are more likely to re-offend and to commit future violent crimes than youth who commit similar crimes but who are in juvenile systems. Counseling, therapeutic services, job training and educational services form the basis of rehabilitation in youth correctional environments. Youth placed in adult correctional facilities are less likely to receive appropriate services.[18,19]

◆ Behavioral research shows that most youth offenders will stop breaking the law as part of the normal maturation process and that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Research also shows that judgment and decision-making skills do not fully develop until the early twenties.[20,21]

◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Rhode Island Attorney General may request that the Family Court Judge waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver of jurisdiction is mandatory for juveniles who are 17 years old and who are charged with murder, first degree sexual assault or assault with intent to commit murder.[22]

◆ In 2009, the Attorney General's Office filed 17 motions to waive jurisdiction to try juveniles as adults (four mandatory and 13 discretionary waivers). Seven were waived voluntarily, five were waived after a hearing, one was withdrawn, and one was dismissed. As of January 2010, three motions from 2009 were pending before the Family Court.[23]

◆ 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 was one discretionary certification in 2009.[24] While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the court deems it appropriate.[25]

References

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[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

(continued on page 168)

Juveniles at the Training School

DEFINITION

Juveniles at the Training School is the number of juveniles age 21 or under who were in the care or custody of the Rhode Island Training School at any time during the calendar year, including youth in community placements while in the care or custody of the Training School.

SIGNIFICANCE

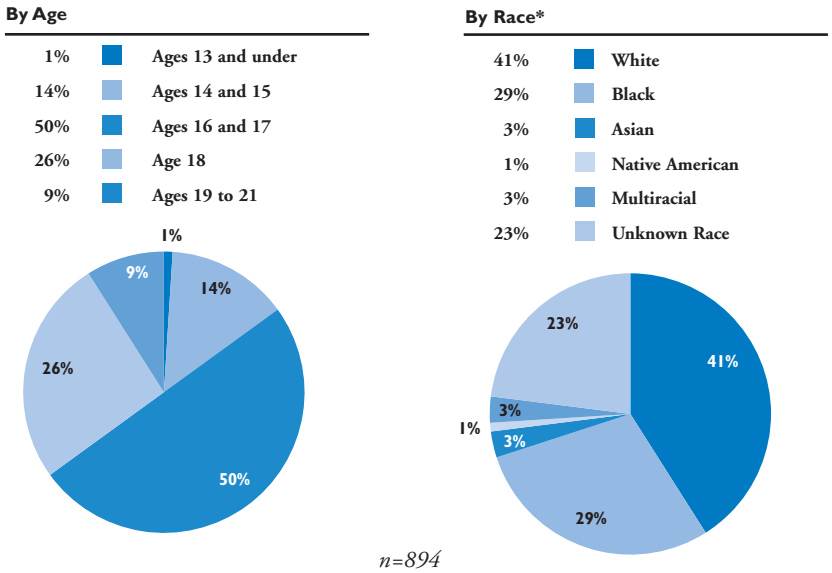
The juvenile justice system has three primary obligations: to identify and respond to the needs of the young people in its care; to protect youth from legal jeopardy; and to maintain public safety.[1] Early antisocial behavior, cognitive impairment, inadequate parenting skills, child maltreatment, exposure to family violence, association with other high-risk youth, poor academic performance, and poverty increase risk for involvement with the juvenile justice system.[2,3] Youth at risk of juvenile justice systems involvement often come to the attention of schools, social service agencies and child welfare systems, presenting opportunities to prevent wayward and delinquent behavior.

Juvenile justice systems have a range of options for monitoring and rehabilitating juvenile offenders in addition to incarceration, including: electronic monitoring, day and evening reporting centers, skills training programs, community-based therapy for youth and families and substance abuse treatment.[4] Alternatives to incarcerating youth have been shown to be more successful in preventing recidivism and more cost-effective than incarceration. Programs that are community-based, intensive, sustained, and involve the families of the youth in individualized treatment programs are the most successful.[5,6]

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's residential detention facility for adjudicated youth and youth in detention while awaiting trial. A total of 894 youth (82% male and 18% female) were in the care or custody of the Training School at some point during 2009, down from 1,084 in 2008. On January 1, 2010, there were 275 youth in the care or custody of the Training School, 110 of whom were physically at the Training School.[7]

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

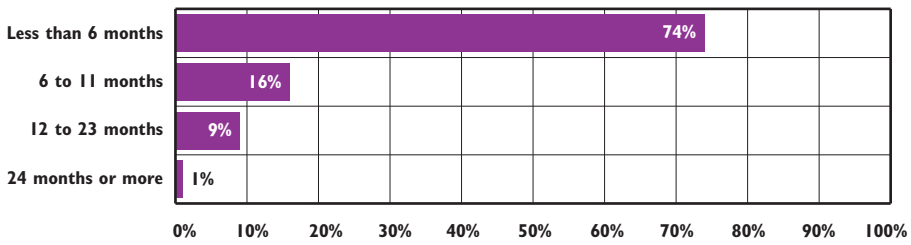
Juveniles in the Care or Custody of the Rhode Island Training School, Calendar Year 2009



n=894

**In 2009, 264 youth (30%) in the care or custody of the Rhode Island Training School were identified as Hispanic. Hispanic youth may be of any race.*

Discharges From the Rhode Island Training School, by Length of Time in Custody, Calendar Year 2009



n=1,049

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2009. Total discharges (1,049) are higher than the total number of youth who passed through the Training School (894) due to some youth being detained and/or adjudicated and then discharged from the Training School more than once in 2009.

Disproportionate Minority Contact in Juvenile Justice Systems

◆ At every point in juvenile justice systems in the U.S., minority youth (both males and females) are likely to receive harsher treatment than White youth for comparable offenses. Minority youth are more likely than White youth to be detained, formally charged in juvenile court, placed in a secure facility (and less likely to receive probation), waived to adult court and incarcerated as an adult once waived to the adult system. In addition, a national review of more than 150 studies has shown that racial bias plays a definite part in the overrepresentation of minority youth in juvenile justice systems.[9,10,11,12]

Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION 2006-2008	% OF JUVENILES DETAINED BY POLICE 2008	% OF JUVENILE OFFENSES REFERRED TO FAMILY COURT, 2009	% OF JUVENILES WHO PASSED THROUGH THE TRAINING SCHOOL, 2009	% OF JUVENILES ADJUDICATED TO THE TRAINING SCHOOL, JAN. 1, 2010	% OF JUVENILES ON PROBATION JAN. 4, 2010
White	74%	54%	44%	41%	31%	44%
Black	7%	26%	18%	29%	35%	25%
Asian	3%	2%	2%	3%	4%	3%
Native American	1%	<1%	NA	1%	<1%	1%
Multi-Racial	4%	NA	NA	3%	3%	3%
Other/ Unknown	11%	<1%	24%	23%	27%	24%
Hispanic	19%*	17%	12%	30%*	32%*	28%*

◆ Youth of color are disproportionately more likely than White youth to have contact with juvenile justice systems in Rhode Island. Black youth are more likely to be adjudicated to the Training School than White youth, despite making up 7% and 74% of the state's child population, respectively. Hispanic youth made up 30% of youth who passed through the Training School in 2009, while they were 19% of the state's child population.

Sources: *Child Population by race* is from the U.S. Census Bureau, American Community Survey, 2006-2008. *Police Detentions* are from the Juvenile Detention Data Summaries submitted by Rhode Island Police Departments to the Rhode Island Justice Commission, 2008. *Family Court referrals* are from the Rhode Island Family Court, 2009. *Passed through the Training School* are from the Rhode Island Department of Children, Youth and Families (DCYF), 2009. *Adjudicated to the Training School* are point-in-time data from DCYF for January 1, 2010. *Probation* are point-in-time data from DCYF for January 4, 2010. *Hispanics in these columns are also included in other racial categories.

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ Almost one-third (31%) of the 275 youth in the care or custody of the Training School on January 1, 2010 had at some point in their childhood been victims of documented child abuse or neglect.[13]

◆ Nationally, youth in child welfare systems are 2.5 times more likely to enter the juvenile justice system if they are placed in group homes instead of foster care homes.[14]

Behavioral Health Needs

◆ In 2009, 92 youth at the Training School were prescribed psychiatric medications for psychiatric diagnoses other than conduct disorders and substance abuse disorders. Between April and December 2009, 126 youth (119 males and 7 females) at the Training School received residential and outpatient substance abuse treatment services through the CEC/CiviGenics Straight Ahead Program.[15]

Teen Pregnancy and Parenting

◆ Two of the 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.[16]

Educational Attainment

◆ In January 2008, students' reading and math skills were on average at the 5th grade level at entry to the Training School. At exit, their reading and math skills were on average at 6th grade levels.[17]

◆ Of the 787 youth in 7th through 12th grades who received educational services at the Training School during 2009, 193 (25%) received special education services. Fifty-three percent of these youth had emotional disorders, 33% had learning disabilities and 14% had other health impairments.[18]

◆ During 2009, 62 youth graduated from high school while serving a sentence at the Training School (57 received a GED and five graduated with a high school diploma). An additional 66 youth received post-secondary education services at the Training School in 2009.[19]

Juveniles at the Training School

Girls in the Juvenile Justice System

◆ Girls in the juvenile justice system enter with different personal and offense histories and needs than their male peers. Girls are less likely than boys to commit violent offenses. 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.[20,21]

Alternatives to Juvenile Detention and Incarceration

◆ The Rhode Island Training School is an important resource for the rehabilitation of youth who commit serious offenses and who pose a danger to the community. For youth who do not pose a danger to public safety, expanding Rhode Island's capacity to provide effective community-based alternatives to detention and incarceration is essential.

◆ The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting public safety are key elements of juvenile justice systems. National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.[22,23]

◆ Key components of successful community-based programs to prevent juvenile recidivism include intensive family therapy and an acknowledgment of the critical roles that families, homes and communities play in resolving delinquency. Successful programs also work with youths' strengths and provide a wide range of services and resources tailored to the needs of youth and their families, including academic and job skills assistance, substance use and mental health treatment and supports.[24,25]

◆ Peer influences can be a significant factor in the development of antisocial behavior. Placing delinquent youth together (such as in a Training School) may reduce positive program impacts and may even lead to negative outcomes.[26,27]

Probation for Rhode Island Youth

◆ The Juvenile Correctional Services Division of DCYF includes the Training School and Juvenile Probation and Parole. Juvenile Probation and Parole works to rehabilitate youth in the community to ensure public safety and full compliance with court orders and conditions of probation. Adolescents are placed on probation by the Family Court either as an alternative to incarceration at the Training School or as the final part of their sentence after being incarcerated at the Training School. Parole is not currently used for youth in Rhode Island.[28]

◆ On January 4, 2010, there were 1,102 youth on the DCYF probation caseload. One-quarter (24%) of youth on probation were ages 12 to 15, 51% were ages 16 to17 and 25% were ages 18 to 21.[29]

◆ Almost half (44%) of youth on probation were White, 25% were Black, 3% were Asian, 1% were Native American, 3% were multiracial and 24% were of unknown race. More than one-quarter (28%) of youth were identified as Hispanic. Hispanic youth may be of any race.[30]

Prevention of Recidivism Among Delinquent Youth

◆ Of the 894 youth who were in the care or custody of the Training School at some point during 2009, 20% (183) were admitted at least twice in 2009, and 3% were admitted to the Training School three or more times in 2009.[31]

◆ There are three evidence-based interventions that have repeatedly been shown in scientific trials to reduce recidivism among delinquent youth, all of which involve the youth and his or her family in counseling and other treatments, and all of which cost less than incarceration.[32]

◆ Effective reentry programs that include pre-release planning, access to services and active case management for at least a year after release can enable youth to successfully reintegrate into their communities. Reentry services are most effective when they recognize youths' diverse needs, are located where youth live, provide individualized services, concentrate on ensuring school attendance and success, focus on permanent family/guardianship connections, include access to mental health and substance abuse treatment, include employment supports, and provide housing assistance when needed.[33]

Youth in Detention in Rhode Island

- In 2008, 29% of admissions to detention at the Training School that did not lead to adjudications to the Training School or Temporary Community Placements (TCP) resulted in stays of two days or less, 43% resulted in stays of three days to two weeks, and 28% resulted in stays of more than two weeks.[34]

- Five of the 17 unadjudicated youth in detention on January 1, 2010 had been there for more than two months; many youth who stay in detention for long periods of time are waiting for waivers to the adult system.[35]

Table 27. **Youth at the Rhode Island Training School, 2009**

CITY/TOWN	TOTAL POPULATION AGES 13-21	# OF DETAINED YOUTH	# OF ADJUDICATED YOUTH	TOTAL # OF YOUTH
Barrington	2,009	3	6	9
Bristol	3,525	1	4	5
Burrillville	2,067	6	3	9
Central Falls	2,625	5	13	18
Charlestown	755	2	1	3
Coventry	3,688	7	8	15
Cranston	8,499	7	29	36
Cumberland	3,325	11	10	21
East Greenwich	1,397	0	0	0
East Providence	5,092	16	13	29
Exeter	730	1	0	1
Foster	512	0	1	1
Glocester	1,251	3	2	5
Hopkinton	912	0	3	3
Jamestown	536	0	0	0
Johnston	2,624	1	7	8
Lincoln	2,260	8	7	15
Little Compton	351	1	0	1
Middletown	1,647	3	7	10
Narragansett	2,798	1	2	3
New Shoreham	70	0	1	1
Newport	3,755	3	23	26
North Kingstown	2,773	4	10	14
North Providence	3,045	5	13	18
North Smithfield	1,073	2	2	4
Pawtucket	8,298	28	68	96
Portsmouth	1,723	1	2	3
Providence	33,871	97	246	343
Richmond	783	0	0	0
Scituate	1,155	0	2	1
Smithfield	3,890	2	3	5
South Kingstown	6,532	3	7	10
Tiverton	1,523	3	4	7
Warren	1,208	0	3	3
Warwick	8,863	19	18	37
West Greenwich	599	0	0	0
West Warwick	3,177	10	18	28
Westerly	2,414	10	6	16
Woonsocket	5,034	11	36	47
Out of State/Unknown	*NA*	*13*	*30*	*43*
Core Cities	*56,760*	*154*	*404*	*558*
Remainder of State	*79,629*	*149*	*144*	*293*
Rhode Island	*136,389*	*316*	*578*	*894*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2009; and the U.S. Census Bureau, Census 2000.

Data are for adjudicated and detained youth who were in the care or custody of the Rhode Island Training School during calendar year 2009 (including youth from out of state, those with unknown addresses and those in temporary community placements). Youth with out-of-state and unknown addresses are not included in the Rhode Island, core cities or remainder of state totals.

The total unduplicated column includes youth who were detained and/or adjudicated to the training school as well as youth who received Temporary Community Placement (TCP) adjudications. Youth who received TCP adjudications are included in the adjudicated column. Youth who are counted in the detained columns did not receive adjudications to the Training School or TCP. Youth included in the adjudicated columns may or may not have been in detention at the Training School prior to adjudication.

There is no statutory lower age limit for sentencing, however adjudicated children under the age of 13 typically do not serve sentences at the Training School.

An "out-of-state" designation is given to youth whose parent(s) have an address on file that is outside of Rhode Island or to a youth who lives in another state, but commits a crime in Rhode Island and is sentenced to serve time at the Training School.

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(continued on page 168)

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 per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison.

SIGNIFICANCE

Approximately 1.7 million children in the U.S. have a parent incarcerated in state or federal prison, and a quarter of minor children with a parent in prison are under age five.[1] Having an incarcerated parent can negatively impact the quality of a child's attachment to their parent and can lead to anxiety, withdrawal, hyper-vigilance, and other reactive behaviors.[2]

As a result of parental incarceration, children may experience 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 also are at greater risk for poor academic achievement, aggressive behavior, and housing instability.[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 necessary supports or services because they are unaware that they are eligible, they are worried about stigma attached to receiving assistance, they have previously been denied benefits or because they wish to maintain their families' privacy.[8]

Children of incarcerated parents are more likely to be involved with the child welfare system.[9] These cases are some of 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.[10]

In Rhode Island in 2009, more than two-thirds (67%) 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 (18.8 per 1,000 children) is nearly four times the rate in the remainder of the state (5.1 per 1,000 children).[11,12]

Of the 1,774 Rhode Island parents incarcerated on December 31, 2009, including those awaiting trial, 47% were White, 29% were Black, 22% were Hispanic, and 1% were Native American, Asian or another race.[13]

Parents at the Rhode Island Adult Correctional Institutions, December 31, 2009

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	513	368	72%	846
Serving a Sentence	2,138	1,406	66%	3,043
Total Inmates	2,651	1,774	67%	3,889

Source: Rhode Island Department of Corrections, December 31, 2009. **Does not include inmates who were missing responses to the question on number of children, inmates on home confinement or those from another state's jurisdiction.*

◆ **Of the 2,651 inmates awaiting trial or serving a sentence who were surveyed as of December 31, 2009 and answered the question on number of children, 1,774 inmates reported having 3,889 children. The median length of sentence of inmates who reported having children was four years for males and one and a half years for females.[14]**

◆ **Of the 83 sentenced mothers on December 31, 2009, 37% were serving a sentence for a nonviolent offense, 30% for a violent offense, 20% for a drug offense, 11% for breaking and entering, and 1% for sex-related offenses. Of the 1,323 sentenced fathers, 42% were serving sentences for violent offenses, 19% for drug offenses, 15% for nonviolent offenses, 15% for sex-related offenses, and 9% for breaking and entering.[15]**

◆ **In Rhode Island in 2009, 63% of the incarcerated parents awaiting trial or serving a sentence had less than a high school degree and 8% had less than a ninth-grade education. Thirty percent of the parents awaiting trial or serving a sentence had a high school diploma or a GED and 7% had some college education.[16] Inadequate education, poor housing, unemployment and poor health put parents at risk of incarceration.[17]**

◆ **For most incarcerated parents, a supportive family, education, job training, stable housing, employment assistance, medical assistance and substance abuse treatment support the well-being of their children and their successful transition to the community after incarceration.[18]**

◆ **Maintaining positive and healthy familial bonds between children and their incarcerated parents is crucial to 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 also can have positive effects on the rehabilitation of incarcerated parents.[19]**

Table 28. **Children of Incarcerated Parents, Rhode Island, September 30, 2009**

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	2	6	4,745	1.3
Bristol	13	27	4,399	6.1
Burrillville	6	11	4,043	2.7
Central Falls	48	99	5,531	17.9
Charlestown	5	6	1,712	3.5
Coventry	23	38	8,389	4.5
Cranston	77	148	17,098	8.7
Cumberland	14	28	7,690	3.6
East Greenwich	9	34	3,564	9.5
East Providence	35	93	10,546	8.8
Exeter	3	10	1,589	6.3
Foster	1	1	1,105	0.9
Glocester	4	7	2,664	2.6
Hopkinton	2	8	2,011	4.0
Jamestown	1	2	1,238	1.6
Johnston	17	44	5,906	7.5
Lincoln	2	3	5,157	0.6
Little Compton	0	0	780	0.0
Middletown	3	6	4,328	1.4
Narragansett	7	14	2,833	4.9
New Shoreham	1	3	185	16.2
Newport	26	55	5,199	10.6
North Kingstown	11	27	6,848	3.9
North Providence	25	51	5,936	8.6
North Smithfield	3	7	2,379	2.9
Pawtucket	100	205	18,151	11.3
Portsmouth	3	5	4,329	1.2
Providence	463	1,081	45,277	23.9
Richmond	3	7	2,014	3.5
Scituate	4	5	2,635	1.9
Smithfield	7	13	4,019	3.2
South Kingstown	9	22	6,284	3.5
Tiverton	4	7	3,367	2.1
Warren	6	10	2,454	4.1
Warwick	59	95	18,780	5.1
West Greenwich	4	6	1,444	4.2
West Warwick	48	88	6,632	13.3
Westerly	22	46	5,406	8.5
Woonsocket	84	200	11,155	17.9
Unknown Residence	*242*	*528*	*NA*	*NA*
*Out-of-State Residence***	*82*	*183*	*NA*	*NA*
Core Cities	*769*	*1,728*	*91,945*	*18.8*
Remainder of State	*385*	*790*	*155,877*	*5.1*
Rhode Island	*1,154*	*2,518*	*247,822*	*10.2*

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, 2009. Offenders who were on home confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2000.

*Data on the number of children are self-reported by the incarcerated parents and may include some children over age 18. Nationally and in Rhode Island, much of the existing research has relied upon self-reporting by incarcerated parents or caregivers.

**Data on Out-of-State Residence includes inmates who are under jurisdiction in Rhode Island, but report an out-of-state address. Inmates who were from another state's jurisdiction, but serving time in Rhode Island are not included in the Rhode Island, core cities or remainder of state rates.

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

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(continued on page 168)

Children Witnessing Domestic Violence

DEFINITION

Children witnessing domestic violence is the percentage of reported domestic violence incidents resulting in an arrest in which children under age 18 were present in the home. The data are based on police reports of domestic violence. Domestic violence is the use of physical force, or threat of force, against a current or former partner in an intimate relationship, resulting in fear and emotional and/or physical suffering.

SIGNIFICANCE

Millions of children are exposed to domestic violence each year.[1] National studies indicate that rates of partner violence are higher among couples with children than those without children.[2] In Rhode Island in 2008, police reports indicate that children were present at 31% of domestic violence incidents resulting in arrests.[3]

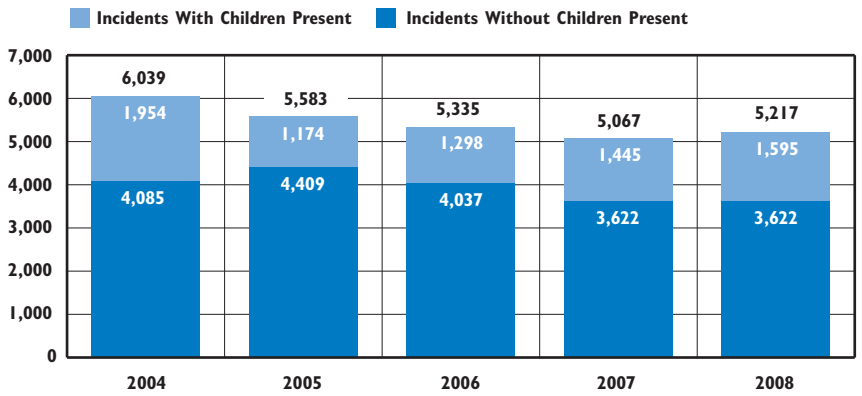
Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their parent's emotional and physical injuries or damage done to their homes.[4] Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect than those who are not. Nationally, between 45% and 70% of children exposed to domestic violence are also victims of physical abuse.[5]

Exposure to violence in the home can affect brain development and impair cognitive, academic and social functioning. Children who witness domestic violence are more likely to have social, emotional, health, and learning problems. They are more prone to depression, anxiety, fear, post-traumatic stress disorder, concentration and memory problems, and difficulty with school performance than children who do not witness domestic violence.[6,7]

Research suggests that exposure to inter-parental violence increases the likelihood that individuals will perpetrate (particularly men) or be the victims of violence during dating and marriage.[8] Exposure to violence may impair a child's capacity for partnering and parenting later in life.[9]

Effective interventions for children who have witnessed domestic violence depend on coordination among schools, early education programs, pediatric health care, mental health programs, child welfare, courts and law enforcement. These service systems can identify and address emergent problems related to healthy child development that can result from exposure to family violence.[10]

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2004-2008



Source: Rhode Island Supreme Court Domestic Violence Training Unit, 2004-2008. Includes domestic violence reports resulting in an arrest from local police and Rhode Island State Police. Data for 2008 are provisional.

◆ **In 2008, there were 5,217 domestic violence incidents that resulted in arrests. Children were present in 31% (1,595) of these incidents. Police officers reported that children saw their parent being abused in 1,259 incidents, and children heard their parent being abused in 1,382 incidents resulting in arrests. These incidents were not mutually exclusive.[11]**

Under-reporting of Domestic Violence

◆ **Many domestic violence incidents are never reported to police. In the U.S. between 1998 and 2002, it is estimated that somewhat more than one-half (59%) of family violence incidents were reported to police.[12]**

◆ **Police reports are not always fully completed, so even when arrests were made, the data likely under-represent the number of domestic violence incidents in which children were present.[13]**

Children Witnessing Domestic Violence

Children and Domestic Violence in Rhode Island

◆ Between 2004 and 2008 the total number of domestic violence incidents resulting in an arrest decreased from 6,039 to 5,217. The percentage of such incidents with children present remained fairly stable, 32% in 2004 compared to 31% in 2008.[14]

◆ 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?"[15]

◆ 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 2009, 313 women and 312 children spent a total of 18,536 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 540 children. The shelters also conduct school-based domestic violence prevention programs.[16]

Table 29. **Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2008**

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	37	8	22%
Bristol	65	22	34%
Burrillville	66	25	38%
Central Falls	179	78	44%
Charlestown	21	3	14%
Coventry	164	52	32%
Cranston	346	96	28%
Cumberland	105	29	28%
East Greenwich	42	10	24%
East Providence	171	57	33%
Exeter*	NA	NA	NA
Foster	26	6	23%
Glocester	28	7	25%
Hopkinton	29	14	48%
Jamestown	6	1	17%
Johnston	113	41	36%
Lincoln	46	13	28%
Little Compton	10	4	40%
Middletown	85	25	29%
Narragansett	83	18	22%
New Shoreham	10	4	40%
Newport	166	52	31%
North Kingstown	114	35	31%
North Providence	188	52	28%
North Smithfield	46	12	26%
Pawtucket	530	138	26%
Portsmouth	86	19	22%
Providence	825	267	32%
Richmond	31	12	39%
Scituate	22	5	23%
Smithfield	84	19	23%
South Kingstown	85	23	27%
Tiverton	96	22	23%
Warren	69	12	17%
Warwick	327	103	31%
West Greenwich	16	5	31%
West Warwick	328	88	27%
Westerly	116	40	34%
Woonsocket	385	148	38%
Rhode Island State Police	*71*	*30*	*42%*
Core Cities	*2,413*	*771*	*32%*
Remainder of State	*2,733*	*794*	*29%*
Rhode Island	*5,217*	*1,595*	*31%*

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, 2008 and December 31, 2008. Data for 2008 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

[1,2] McDonald, R., Jouriles, E., Ramisetty-Mikler, S., Caetano, R., & Green, C. (2006). Estimating the number of American children living in partner-violent families. *Journal of Family Psychology, 20,* (1), 137-142.

[3,11,13,16] Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms, 2004-2008.

[4] Edleson, J., Ellerton, A., Seagren, E., Kirchberg, S., Schmidt, S., & Ambrose, A. (2007). Assessing child exposure to adult domestic violence. *Children and Youth Services Review, 29,* (7), 961-971.

[5] Summers, A. (2006). *Children's exposure to domestic violence: A guide to research and resources.* Reno, NV: National Council of Juvenile and Family Court Judges.

[6,10] Cohen, E., McAlister Groves, B., & Kracke, K. (2009). *Understanding children's exposure to violence.* Moving from Evidence to Action: The Safe Start series on children exposed to violence: Issue Brief #1. North Bethesda, MD: Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Program, U.S. Department of Justice.

(continued on page 169)

Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total unduplicated number of victims of child abuse and neglect per 1,000 children. Child abuse includes physical, sexual and emotional abuse. Child neglect includes emotional, educational, physical and medical neglect, as well as a failure to provide for basic needs.

SIGNIFICANCE

Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Children are at increased risk for maltreatment if their parents or caregivers are overwhelmed by multiple problems such as inadequate income, family stressors, isolation from extended family or friends, drug and/or alcohol abuse, or depression.[1] The immediate effects of child abuse and neglect include isolation, fear, inability to trust, injury, and even death. Child maltreatment can also lead to low academic achievement, juvenile delinquency, substance abuse, mental health problems, and teen pregnancy. As adults, child victims are more likely to experience domestic violence and to abuse and neglect their own children, thus perpetuating the cycle of abuse.[2,3]

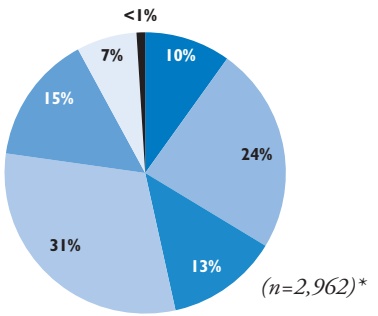
Responding to reports of child abuse and neglect and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors 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 families are willing to work with community providers. In both of these cases, DCYF makes referrals to regional Family Community Care Partnership (FCCP) agencies. They work with the family to identify appropriate services and resources, including natural supports.[4]

In 2009 in Rhode Island, there were 2,075 indicated investigations of child abuse and neglect involving 2,962 children. The child abuse and neglect rate per 1,000 children under age 18 was more than twice as high in the core cities (17.4 victims per 1,000 children) as in the remainder of the state (8.3 victims per 1,000 children). Almost half (47%) of the victims of child abuse and neglect in 2009 were young children under age six and more than one-third (34%) were age three and younger.[5]

Child Abuse and Neglect, Rhode Island, 2009

By Age of Victim*

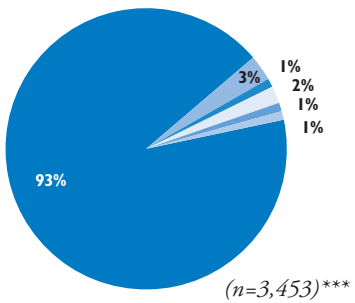
10% (308)	Under Age 1
24% (698)	Ages 1 to 3
13% (375)	Ages 4 to 5
31% (923)	Ages 6 to 11
15% (437)	Ages 12 to 15
7% (218)	Ages 16 and Older
<1% (3)	Unknown



*(n=2,962)**

By Relationship of Perpetrator to Victims***

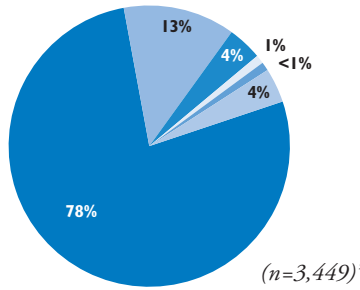
93%	Parents
3%	Relatives/Household Members
1%	Child Care Providers
2%	Foster Parents
1%	Residential Facility Staff
1%	Other or Unknown



*(n=3,453)****

By Type of Neglect/Abuse**

78%	Neglect
13%	Physical Abuse
4%	Sexual Abuse
1%	Medical Neglect
<1%	Emotional Abuse
4%	Other



*(n=3,449)***

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2009. 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, 2000-2009

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
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
2009	12,189	52% (6,362)	2,075

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2000-2009.

** One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded or unable to complete (as when essential party cannot be found).*

◆ The percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 59% in 2006 to 52% in 2009. The number of unduplicated child maltreatment reports to the CPS Hotline was also lower in 2009 than at any point in the past decade.[6] In 2009, there were 2,075 indicated investigations based on child maltreatment investigations, 33% of all completed investigations. The percentage of completed investigations that were indicated has remained fairly stable over the past decade.[7] An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.[8]

◆ Of the 12,189 maltreatment reports in 2009, 4,662 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 caseworker (depending on whether the family is active with DCYF).[10]

Rhode Island Child Deaths Due to Child Abuse and/or Neglect**

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
2000	3	2005	4
2001	5	2006	1
2002	1	2007	0
2003	4	2008	0
2004	3	2009	2
Total 2000-2004	*16*	*Total 2005-2009*	*7*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2000-2009.

***Based on Rhode Island Department of Children, Youth and Families determination of death due to child abuse or neglect by a parent or caretaker.*

◆ Between 2000 and 2009, 23 children died as a result of injuries due to abuse by a parent or caretaker. In 2009, two children died as a result of child abuse and/or neglect, the first deaths since 2006.[11] During 2008, there were 31 children hospitalized with the diagnosis of child abuse or neglect, compared with 32 in 2007, 32 in 2006, 34 in 2005, and 22 in 2004.[12]

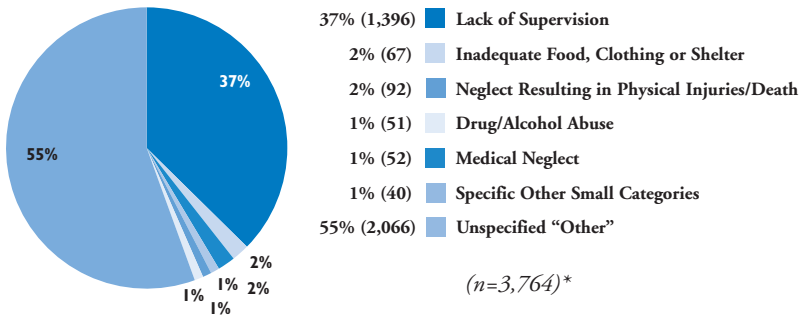
Child Abuse and Neglect in Rhode Island Communities

◆ Many parents at risk of child abuse and neglect lack essential parenting skills and are struggling with a combination of social and economic issues. These families benefit from access to community-based, comprehensive services that are able to respond flexibly to their needs.[13] Helping families access income supports, medical care, high-quality child care, parent education and support, treatment for substance abuse and mental health problems and offering evidence-based home visiting programs, such as the Nurse-Family Partnership, to families at risk can prevent the occurrence and recurrence of child abuse and neglect.[14,15,16,17]

◆ In 2009, 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. Johnston (13.2) and Westerly (12.6) were the only other communities with child abuse and neglect rates higher than that of the state as a whole (11.7). Child abuse and neglect rates in the core cities ranged from a low of 14.1 per 1,000 children in Providence to a high of 26.6 per 1,000 children in Woonsocket.[18]

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2009



*(n=3,764)**

◆ **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 3,764 indicated allegations (confirmed claims) of neglect in Rhode Island in 2009, 37% involved lack of supervision.**

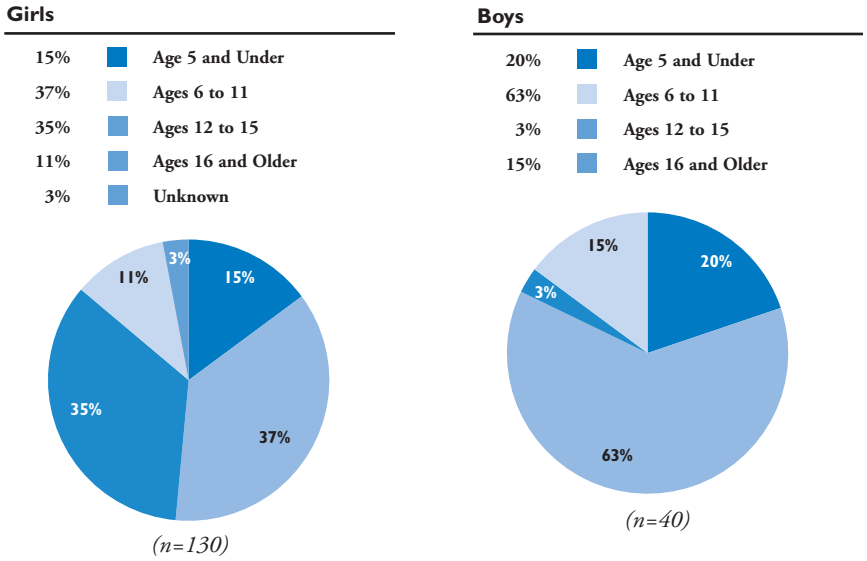
◆ **The single largest category of neglect (55%) is "unspecified other." These are instances of neglect that do not fit into the other specified categories.**

◆ **The "specific other small categories" include: tying or confinement (14), failure to thrive (8), excessive/inappropriate discipline (7), abandonment (5), educational neglect (3), and emotional neglect (3).**

** The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2009. Percentages may not sum to 100% due to rounding.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2009



(n=130) *(n=40)*

◆ **In Rhode Island in 2009, there were 170 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once. In 76% (130) of the 170 indicated allegations of sexual abuse, the victim was a female. Just over half (52%) of the female victims were known to be under age 12 while 83% of the male victims were under age 12.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2009. Percentages may not sum to 100% due to rounding.

Table 30. **Indicated Investigations and Victims of Child Abuse and Neglect, Rhode Island, 2009**

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD ABUSE/NEGLECT	VICTIMS PER 1,000 CHILDREN
Barrington	4,745	6	1.3	7	1.5
Bristol	4,399	34	7.7	30	6.8
Burrillville	4,043	32	7.9	42	10.4
Central Falls	5,531	57	10.3	107	19.3
Charlestown	1,712	10	5.8	20	11.7
Coventry	8,389	71	8.5	88	10.5
Cranston	17,098	134	7.8	168	9.8
Cumberland	7,690	34	4.4	48	6.2
East Greenwich	3,564	9	2.5	18	5.1
East Providence	10,546	59	5.6	72	6.8
Exeter	1,589	7	4.4	8	5.0
Foster	1,105	10	9.0	7	6.3
Glocester	2,664	4	1.5	13	4.9
Hopkinton	2,011	13	6.5	17	8.5
Jamestown	1,238	0	0.0	1	0.8
Johnston	5,906	51	8.6	78	13.2
Lincoln	5,157	37	7.2	47	9.1
Little Compton	780	2	2.6	3	3.8
Middletown	4,328	32	7.4	44	10.2
Narragansett	2,833	19	6.7	20	7.1
New Shoreham	185	1	5.4	0	0.0
Newport	5,199	67	12.9	90	17.3
North Kingstown	6,848	38	5.5	50	7.3
North Providence	5,936	38	6.4	56	9.4
North Smithfield	2,379	24	10.1	24	10.1
Pawtucket	18,151	209	11.5	320	17.6
Portsmouth	4,329	25	5.8	31	7.2
Providence	45,277	469	10.4	640	14.1
Richmond	2,014	8	4.0	7	3.5
Scituate	2,635	18	6.8	23	8.7
Smithfield	4,019	18	4.5	26	6.5
South Kingstown	6,284	41	6.5	53	8.4
Tiverton	3,367	19	5.6	35	10.4
Warren	2,454	21	8.6	27	11.0
Warwick	18,780	114	6.1	162	8.6
West Greenwich	1,444	4	2.8	6	4.2
West Warwick	6,632	100	15.1	144	21.7
Westerly	5,406	48	8.9	68	12.6
Woonsocket	11,155	192	17.2	297	26.6
Unknown	*NA*	*0*	*NA*	*1*	*NA*
Core Cities	*91,945*	*1,094*	*11.9*	*1,598*	*17.4*
Remainder of State	*155,877*	*981*	*6.3*	*1,299*	*8.3*
Rhode Island	*247,822*	*2,075*	*8.4*	*2,898*	*11.7*

Note to Table

Data can not be compared to Factbooks prior to 2009. The denominator is the number of children under age 18 according to the U.S. Census Bureau, Census 2000 and the numerator is an unduplicated count of child victims. Previous Factbooks used children under age 21 as the denominator and the indicated investigations as the numerator to calculate the rate of indicated investigations per 1,000 children. In 2008, Rhode Island lowered the eligibility age for entry into DCYF services to under age 18, although some children remain eligible for services after their 18th birthday.

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), calendar year 2009.

Victims of child abuse/neglect are unduplicated counts of victims with substantiated allegations of child abuse and/or neglect. More than one victim can be involved in an investigation.

An indicated investigation is an investigated report of child abuse and/or neglect for which a preponderance of evidence exists that child abuse and/or neglect occurred. An indicated investigation can involve more than one child and multiple allegations. City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the city/town table includes fewer indicated investigations than the chart with reports/investigations and indicated cases.

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

References

[1,2,17] Horton, C. (2003). *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] *Long-term consequences of child abuse and neglect.* (2008). Washington, DC: U.S. Department of Health and Human Services, Children's Bureau, Child Welfare Information Gateway.

[4,8,10] Rhode Island Department of Children, Youth and Families, Child Protective Services.

(continued on page 169)

Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanent placement. Out-of-home placements include foster care homes, group homes, residential facilities, shelter care, and medical facilities. Permanent placements include reunification with the family, adoption or guardianship.

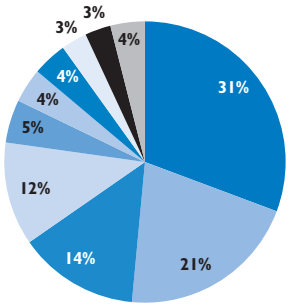
SIGNIFICANCE

Children need stability, permanency and safety for healthy development. Removal from the home may be necessary for a child's safety and well-being; however, it is disruptive and can compromise their developmental progress. Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment that provides for their well-being. Permanency planning efforts should begin as soon as the child enters the child welfare system so that children can attain a permanent placement as soon as possible.[1,2] The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act)* promotes permanency through supports for relative guardianship and incentives for adoption.[3]

Rhode Island children in out-of-home care frequently experience multiple placements, lose contact with family members, and often have overlooked educational, physical, and mental health needs.[4] Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.[5,6] Long-term stays in care can lead to emotional, behavioral or educational problems that can negatively impact children's long-term well-being and success.[7] Children in foster care are more likely than their peers to change schools, be suspended, require special education services, repeat a grade, and drop out of school.[8] Appropriate supports and services can ensure that all youth maximize their potential and are prepared for higher education and work.[9]

Research shows that children of color are overrepresented at all decision points in the child welfare system, including reporting, investigation, substantiation, placement and exit from care. Minority children in child welfare systems experience significantly worse outcomes, have more placement changes, receive fewer supports, stay in care longer, are less likely to be adopted or reunited with their families, have fewer contacts with caseworkers, less access to mental health and substance abuse services, and are placed in detention or correctional facilities at higher rates than White children.[10]

Children in Out-of-Home Placement, Rhode Island, December 31, 2009



31%	(723)	Foster Care Home (non-relative, private agency)
21%	(478)	Foster Care Home (relative)
14%	(323)	Group Home
12%	(288)	Residential Facility
5%	(108)	Rhode Island Training School for Youth
4%	(95)	Relatives Caring for Children*
4%	(93)	Independent Living/Supervised Apartment
3%	(68)	DCYF Shelter Care
3%	(68)	Psychiatric or Medical Hospital/Substance Abuse Facility
4%	(87)	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 (68), pre-adoptive homes (10), minors with mother in shelter/group home/residential facility (4), step parents (3) and trial home visits (2).*

◆ **As of December 31, 2009, there were 2,331 children under age 21 in the care of DCYF who were in out-of-home placements, a 30% decrease from 3,311 in 2006.**

◆ **The total caseload of DCYF on December 31, 2009 was 7,677, including 2,506 children living in their homes under DCYF supervision and 2,769 children living in adoption placements. This is an 18% decrease in the DCYF caseload, down from 9,414 in 2006.**

◆ **The total DCYF caseload also includes 49 children in out-of-state placements/other agency custody; eight children receiving respite care services; six youth in a prison other than the Rhode Island Training School; and eight children in other placements.**

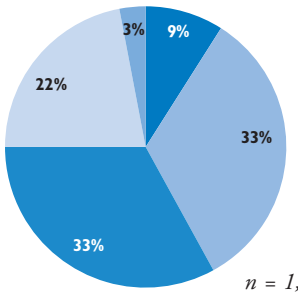
◆ **On December 31, 2009, 93 Rhode Island youth were in an independent living arrangement or supervised apartment setting, a decline of 54% from 203 youth in 2006. Just under one-half (45) of the 93 youth in independent living arrangements were ages 18 and older.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2006 and 2009.

Children and Youth in Out-of-Home Placement, by Type of Setting and Age, Rhode Island, January 5, 2010

In Foster Care Homes

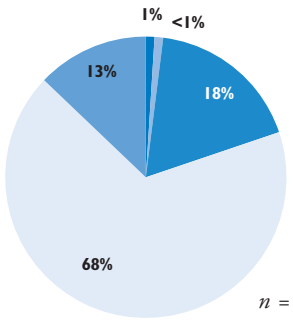
9% (112)	Under Age 1
33% (397)	Ages 1 to 5
33% (394)	Ages 6 to 13
22% (269)	Ages 14 to 17
3% (33)	Ages 18 and Older



n = 1,205

In Group Homes and Residential Facilities*

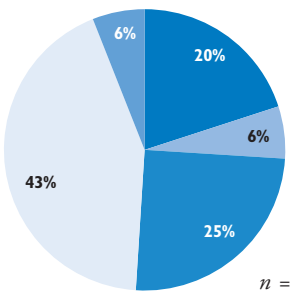
1% (5)	Under Age 1
<1% (3)	Ages 1 to 5
18% (108)	Ages 6 to 13
68% (410)	Ages 14 to 17
13% (79)	Ages 18 and Older



n = 605

In Medical Facilities**

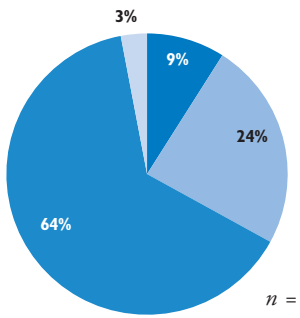
20% (13)	Under Age 1
6% (4)	Ages 1 to 5
25% (16)	Ages 6 to 13
43% (28)	Ages 14 to 17
6% (4)	Ages 18 and Older



n = 65

In Shelter Care

9% (6)	Ages 1 to 5
24% (16)	Ages 6 to 13
64% (43)	Ages 14 to 17
3% (2)	Ages 18 and Older



n = 67

*Residential facilities do not include psychiatric hospitals, medical hospitals or the Rhode Island Training School.
**Medical facilities include medical hospitals (19), psychiatric hospitals (30), and substance abuse treatment facilities (16).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 5, 2010. Percentages may not sum to 100% due to rounding. Data do not match chart on previous page due to different report dates.

Safety, Permanency and Well-Being

Fostering Connections

◆ The federal *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.[11] Rhode Island's guardianship assistance program defines kin quite broadly and includes any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.[12]

Placement Stability

◆ In Federal Fiscal Year (FFY) 2009, 11.6% of the 1,684 children who had been in out-of-home care for less than one year had experienced three or more placements, down from 13.0% in FFY 2005. The national standard is 13.3%. Three or more placements were experienced by 38.0% of the 828 children who were in care between 12 and 24 months, up from 31.4% in FFY 2005. Almost two-thirds (65.3%) of the 1,180 children who had been in care for 24 months or more experienced three or more placements, down from 68.0% in FFY 2005.[13]

Recurrence of Abuse While in Foster Care

◆ Of the 1,407 Rhode Island children who were victims of abuse or neglect during FFY 2009 (whether or not they were removed from the home), 7.0% experienced one or more recurrences of abuse or neglect within six months, down from a recent peak of 13.3% in FFY 2007. The national standard is 6.1% or fewer.[14]

Shelter Care

◆ The number of children in shelter care in Rhode Island fell from 106 on December 31, 2007 to 83 on December 31, 2008 to 67 on December 31, 2009. Of the 67 children in DCYF shelter care on January 5, 2010, six were young children under age six; 16 were ages six to 13; and 45 were ages 14 and older.[15]

References

[1] Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children,* 14(1), 31-47.

[2] Lutz, L. L. (2003). *Achieving permanence for children in the child welfare system: Pioneering possibilities amidst daunting challenges.* Retrieved March 3, 2009 from www.hunter.cuny.edu/socwork/nrcfcpp/downloads/achieving-permanence.pdf

(continued on page 169)

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 the Federal Fiscal Year.

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements can negatively affect children's emotional well-being, identity formation and sense of belonging, which have an impact on behavior, academic achievement, health and long-term self-sufficiency.[1,2,3] Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, males, children with disabilities and minority children.[4,5,6] Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, stable and lifelong connections with caring adults.[7,8,9]

One of the goals of the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* is to promote permanency through relative or kinship guardianship and adoption. The *Fostering Connections Act* requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance payments, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families considering adopting a foster child about the availability of the adoption tax credit.[10,11]

Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, hunger, homelessness, unemployment, and poor physical and mental health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.[12]

Child welfare agencies can develop systems that ensure that they are making progress in achieving youth outcomes in the areas of employment, education, housing, life skills, community connections, personal and cultural identity, physical and mental health, and access to legal information and documents, including medical and educational histories.[13] The *Fostering Connections Act* encourages states to extend foster care beyond age 18 by providing federal reimbursement for foster care, adoption, and guardianship assistance payments for youth up to the age of 21.[14,15]

Exits from Foster Care*, Rhode Island, FFY 2009

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	19%	23%	1%
Guardianship	6%	2%	2%
Reunification	60%	50%	70%
Aged Out	10%	NA**	16%
Other	5%	24%	12%
Total Number	*1,493*	*470*	*628*

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2009 (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) 2009, 1,493 children in out-of-home placement in Rhode Island exited care. Of these, 85% exited to a permanent placement (adoption, guardianship or reunification). Children with disabilities were somewhat more likely than other children to exit to adoption and less likely to exit to reunification with their biological family.[16]**

◆ **In FFY 2009, 16% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode, the same as the rate in FFY 2005. Rhode Island children re-enter care at almost twice the rate of the national standard (8.6%).[17]**

Reunification

◆ **The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months from the time of removal from the home decreased from 74% in FFY 2005 to 68% of children in FFY 2009. The national standard is 76% of reunifications occurring within 12 months of the child's removal.[18]**

◆ **In FFY 2009, the vast majority (87%) of child maltreatment cases in Rhode Island involved neglect.[19] The greatest contributors to neglect are poverty, parental substance abuse and/or mental illness. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, in-home services, parenting skills training, assistance in meeting basic needs, child care and specific strategies to decrease isolation and strengthen community supports.[20]**

Subsidized Guardianship, 2009

◆ The federal *Fostering Connections Act* provides funding for states offering kinship guardianship assistance payments. Rhode Island's guardianship assistance program defines kin broadly as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors, and clergy.[21] In FFY 2009, 6% of children in foster care exited care to guardianship, up from 2% in FFY 2005.[22]

Adoptions of Children in DCYF Care, 2009

◆ In calendar year 2009, 278 children in the care of DCYF were adopted in Rhode Island. Of these children, 60% were White, 21% were Black, 17% were of another race or were multiracial, and 2% were of unknown race. Twenty-four percent of children adopted in 2009 were Hispanic (belonging to any race category).[23]

◆ Of the children adopted, 62% were under age six, 33% were ages six to 13 and 5% were ages 14 to 17.[24]

Rhode Island Children Waiting to be Adopted, September 30, 2009

◆ On September 30, 2009, there were 360 Rhode Island children in the care of DCYF who were waiting to be adopted, 6% under age one, 22% ages one to five, 31% ages six to 10, 32% ages 11 to 15, 3% ages 16 and older, and 2% of unknown age.[25]

◆ Of all waiting children, 44% were White, non-Hispanic, 27% were Hispanic (of any race), 17% were Black, non-Hispanic, 9% were two or more races, 1% were Native American, 2% were Asian, and 1% were of unknown race/ethnicity.[26]

◆ Of the 360 children waiting to be adopted, 229 (64%) were children with parents whose parental rights had been legally terminated.[27]

◆ In FFY 2009, 43% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, down from 49% in FFY 2005 but up from 38% in FFY 2008. The national standard is 32% of adoptions occurring within 24 months of the child's removal.[28]

Rhode Island Youth Aging Out of Foster Care, FFYs 2000-2009

YEAR	#WHO AGED OUT	YEAR	#WHO AGED OUT
FFY 2000	82	FFY 2005	103
FFY 2001	77	FFY 2006	119
FFY 2002	62	FFY 2007	145
FFY 2003	85	FFY 2008	157
FFY 2004	82	FFY 2009	151
Total FFY 2000-2004	*388*	*Total FFY 2005-2009*	*675*

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2000-2009.* 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.

◆ Between FFY 2005 and FFY 2009, there were 675 Rhode Island youth who aged out of foster care with no permanent placement. This was a 74% increase from the previous five year period when 388 youth aged out of care.[29,30]

◆ In FFY 2009, 151 Rhode Island youth exited out-of-home placement to emancipation, never having gained permanent placement through reunification, adoption or guardianship.[31]

◆ As of July 1, 2007, youth in Rhode Island age out of the foster care system at age 18, a change from age 21 in previous years. Youth with serious emotional disturbances, autism or a functional developmental disability continue to have their cases managed by DCYF and remain legally entitled to services through age 21.[32]

◆ A recent cost-benefit analysis found that if states extend foster care beyond age 18, an option that the *Fostering Connections Act* encourages, the potential benefits in terms of increased educational attainment, reduced reliance on public assistance and increased earnings will more than offset the costs to states.[33]

References

[1] 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.

[2,8] Mallon, G. P. & Leashore, B. R. (2002). Preface to special issue: Contemporary issues in permanency planning. *Child Welfare, 81*(2), 91-99.

(continued on page 169)

Public School Enrollment and Demographics

DEFINITION

Public school enrollment and demographics is the total number of students enrolled in Rhode Island public schools on October 1.

SIGNIFICANCE

Education is a lifetime process that begins at birth and continues throughout a child's life into adulthood. Racial, ethnic and income gaps in educational attainment and success have been well-documented throughout the country and continue to impact students well into their adult lives. Research has shown that there are three clusters of factors that impact student achievement: school factors, factors related to connections between home and school and factors that exist before and beyond school (including health, nutrition and non-school academic supports).[1]

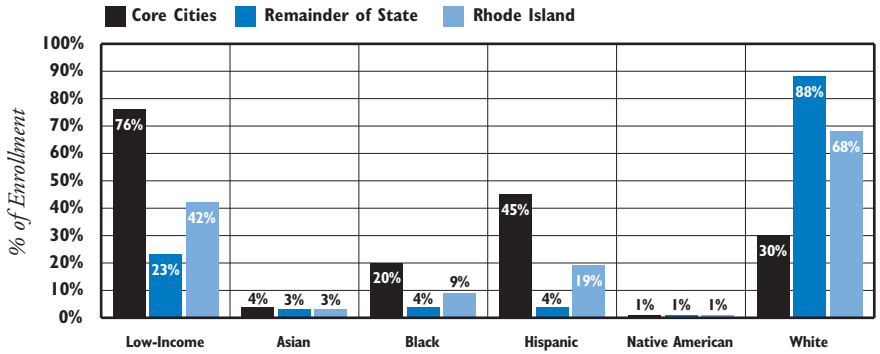
On October 1, 2009, there were 145,118 students enrolled in Rhode Island public schools in grades pre-K through 12, a decrease of 7% from 156,632 on October 1, 1999. Of the 145,118 Rhode Island public school students in October 2009, one-third (47,333) were attending schools in the six core cities (communities with 15% or greater child poverty rates according to the 2000 U.S. Census), almost two-thirds (93,690) were attending schools in the remaining districts, and the remaining 4,095 attended charter schools, state-operated schools or the Urban Collaborative Accelerated Program (UCAP). There were an additional 21,007 students in Rhode Island attending private and parochial schools and 1,135 students were home-schooled.[2]

In October 2009, there were 62,724 students in grades K-5, 33,351 in grades 6-8 and 46,934 in grades 9-12. There were 2,109 children ages 3-5 enrolled in preschool special education classrooms through Rhode Island public school districts.[3]

Rhode Island public school students are racially and ethnically diverse. In October 2009, 68% of Rhode Island public school students were non-Hispanic White, 19% were Hispanic, 9% were Black, 3% were Asian and 1% were Native American. Rhode Island students are also economically diverse. In October 2009, 42% of students in Rhode Island were low-income (students who qualified for the free or reduced-price lunch program).[4]

Rhode Island schools also are diverse in terms of students with disabilities and students who are English Language Learners. In the 2008-2009 school year, 17% (24,302) of Rhode Island public school students were receiving special education services and 5% (7,152) were receiving English as a second language (ESL) or bilingual education services.[5]

Rhode Island Public School Enrollment by Demographic Groups, 2009



Source: Rhode Island Department of Elementary and Secondary Education, October 1, 2009.

◆ **The core city school districts have more minority and low-income students enrolled than other school districts in Rhode Island. Thirty percent of students enrolled in the core cities were White, compared with 88% in the remainder of the state, and 76% of students enrolled in the core cities were low-income compared with 23% in the remainder of the state.[6]**

Student Engagement in School

◆ **Student engagement is an important factor in student success. Recent national research has shown that student engagement is strongly related to the extent of positive parent-child interaction, high family expectations for student achievement, involvement in school activities (such as sports, lessons or clubs) and students' school experiences (such as suspensions and participation in gifted classes). Female students of all ages were significantly more likely to be engaged in school than their male peers.[7]**

◆ **Parental education levels, urban-suburban district type and family income did not have a significant impact on student engagement in school. However, minority students were less likely to be engaged in school than their White peers, even after controlling for factors such as parental education and family income. This indicates that different strategies may be needed to engage minority students than White students.[8]**

Table 31. **Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2009**

	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS						
SCHOOL DISTRICT	PRE-SCHOOL	ELEMEN-TARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN	% BLACK	% HISPANIC	% NATIVE AMERICAN	% WHITE	TOTAL ENROLL-MENT
Barrington	26	1,486	782	1,140	4%	4%	1%	1%	<1%	94%	3,434
Bristol Warren	70	1,505	822	1,140	31%	1%	3%	2%	<1%	93%	3,537
Burrillville	42	1,126	523	822	29%	1%	1%	2%	1%	95%	2,513
Central Falls	74	1,312	668	808	76%	<1%	15%	72%	<1%	12%	2,862
Chariho	45	1,483	827	1,219	20%	1%	2%	2%	2%	93%	3,574
Coventry	121	2,246	1,230	1,804	22%	1%	2%	2%	<1%	96%	5,401
Cranston	59	4,710	2,441	3,564	32%	8%	5%	10%	1%	76%	10,774
Cumberland	94	2,169	1,182	1,580	20%	2%	4%	6%	<1%	88%	5,025
East Greenwich	51	968	605	769	7%	7%	1%	3%	1%	88%	2,393
East Providence	65	2,437	1,294	1,944	41%	2%	14%	4%	1%	79%	5,740
Exeter-West Greenwich	23	781	475	627	13%	1%	1%	2%	1%	95%	1,906
Foster	0	257	0	0	6%	2%	0%	1%	<1%	97%	257
Foster-Glocester	0	0	552	831	14%	1%	1%	1%	<1%	97%	1,383
Glocester	11	585	0	0	18%	1%	1%	1%	0%	98%	596
Jamestown	36	293	152	6	5%	2%	1%	1%	<1%	95%	487
Johnston	45	1,389	820	946	37%	3%	4%	9%	<1%	83%	3,200
Lincoln	84	1,354	890	1,027	22%	3%	2%	4%	<1%	91%	3,355
Little Compton	0	212	105	0	3%	3%	0%	1%	0%	96%	317
Middletown	25	1,101	557	678	26%	5%	8%	6%	1%	81%	2,361
Narragansett	54	581	346	486	14%	1%	2%	2%	2%	93%	1,467
New Shoreham	0	60	40	26	12%	1%	0%	8%	0%	91%	126
Newport	35	951	481	639	57%	2%	27%	18%	2%	50%	2,106
North Kingstown	57	1,703	1,024	1,672	18%	1%	2%	2%	1%	94%	4,456
North Providence	54	1,365	789	1,081	27%	3%	8%	13%	<1%	76%	3,289
North Smithfield	45	769	445	570	13%	1%	1%	2%	0%	95%	1,829
Pawtucket	61	4,218	2,109	2,450	75%	2%	25%	29%	1%	42%	8,838
Portsmouth	52	1,127	651	1,029	11%	2%	3%	1%	<1%	93%	2,859
Providence	311	10,871	5,064	7,601	85%	6%	22%	60%	1%	12%	23,847
Scituate	11	673	432	540	12%	1%	<1%	1%	<1%	98%	1,656
Smithfield	46	1,015	634	813	14%	1%	2%	2%	<1%	95%	2,508
South Kingstown	96	1,470	876	1,139	16%	2%	3%	3%	4%	88%	3,581
Tiverton	20	839	451	656	21%	1%	1%	1%	<1%	97%	1,966
Warwick	179	4,367	2,541	3,420	29%	3%	3%	4%	<1%	90%	10,507
West Warwick	83	1,622	788	1,101	45%	2%	4%	10%	1%	82%	3,594
Westerly	77	1,323	755	1,038	31%	4%	3%	3%	2%	88%	3,193
Woonsocket	52	2,789	1,451	1,794	68%	7%	10%	25%	1%	58%	6,086
Charter Schools	*0*	*1,546*	*393*	*392*	*61%*	*3%*	*16%*	*47%*	*1%*	*32%*	*2,331*
State-Operated Schools	*5*	*21*	*20*	*1,582*	*63%*	*1%*	*19%*	*35%*	*1%*	*43%*	*1,628*
UCAP	*0*	*0*	*136*	*0*	*86%*	*3%*	*24%*	*65%*	*2%*	*7%*	*136*
Core Cities	*616*	*21,763*	*10,561*	*14,393*	*76%*	*4%*	*20%*	*45%*	*1%*	*30%*	*47,333*
Remainder of State	*1,488*	*39,394*	*22,241*	*30,567*	*23%*	*3%*	*4%*	*4%*	*1%*	*88%*	*93,690*
Rhode Island	*2,109*	*62,724*	*33,351*	*46,934*	*42%*	*3%*	*9%*	*19%*	*1%*	*68%*	*145,118*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Public School Enrollment in preschool through grade 12, October 1, 2009.

*Preschool includes students enrolled in half-day or full-day preschool through the public school district, primarily preschool special education classrooms.

*Elementary includes kindergarten through 5th grade, middle includes 6th through 8th grades and high includes 9th through 12th grades.

State-operated schools include: The MET School, DCYF, Davies Career and Tech and the Rhode Island School for the Deaf. Charter Schools include: Segue Institute for Learning, Democracy Prep Blackstone Valley Academy, Highlander, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, Blackstone Academy, The Compass School, Beacon Charter School, and The Learning Community.

UCAP is the Urban Collaborative Accelerated Program.

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

References

[1] Barton, P. E. & Coley, R. J. (2009). *Parsing the achievement gap II.* Princeton, NJ: Educational Testing Service.

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[5] Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year.

[7,8] Dye, J. L. & Johnson, T. (2009). A child's day: 2006 (Selected indicators of child well-being). *Current Population Reports P70-118.* Washington, DC: U.S. Census Bureau.

Children Enrolled in Early Intervention

DEFINITION

Children enrolled in Early Intervention is the percentage of children under age three who have an active Individual Family Service Plan through a Rhode Island Early Intervention provider.

SIGNIFICANCE

During the first few years of life, children develop the linguistic, cognitive, emotional, social and behavioral capabilities that are the foundation for subsequent development.[1] The *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 may also 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 Early Intervention 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]

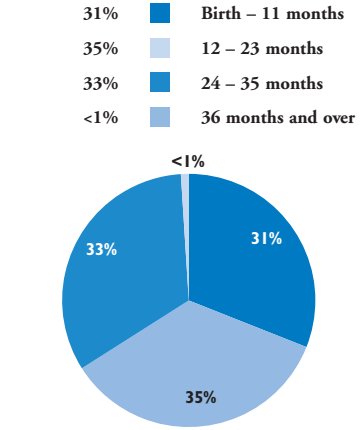
Children Receiving Early Intervention Services, 2008

	Under Age 1	Under Age 3
RI	2.2%	4.8%
US	1.0%	2.7%
National Rank*	*4th*	*4th*
New England Rank**	*2nd*	*2nd*

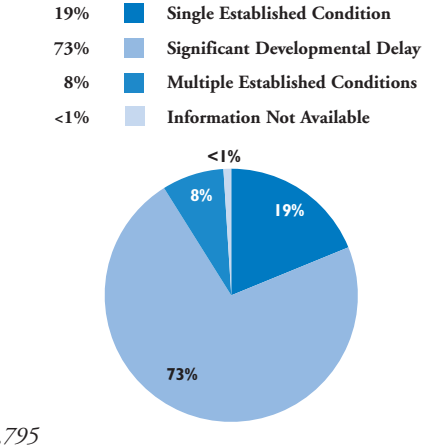
**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: IDEA Infant and Toddler Coordinator Association. (2009). *IDEA Part C: Percentage of all children under the age of one/under the age of three receiving services. (Single day count 10/1 – 12/1/2008).* Retrieved February 19, 2010 from www.ideainfanttoddler.org

Early Intervention Enrollment, by Age, Rhode Island, 2009



Early Intervention Enrollment, by Eligibility, Rhode Island, 2009



n = 3,795

Source: Rhode Island Department of Human Services, Center for Child and Family Health, 2009.

◆ **In 2009 in Rhode Island, 3,795 children received Early Intervention (EI) services, 10% of the 37,775 Rhode Island children under age three. Children in the core cities participated in EI at a slightly higher rate (11%) than children in the remainder of the state (9%). Sixty-three percent of the EI population was male and 37% was female.[6]**

◆ **In 2009 in Rhode Island, 931 children were discharged from EI upon reaching age three. Of these children, 68% were eligible for preschool special education, 14% were not eligible for preschool special education, and 13% did not have eligibility determined when exiting. An additional 5% moved out of state, were unreachable, completed their service plan, or were withdrawn by a parent or guardian.[7]**

◆ **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 for Early Intervention services.[8] In 2009, out of 784 children under age three who were victims of an indicated investigation of child abuse or neglect, 514 (66%) were screened by DCYF as eligible for EI and were referred to EI programs.[9]**

◆ **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.[10]**

Table 32. **Infants and Toddlers Enrolled in Early Intervention (EI), by Eligibility Type, Rhode Island, 2009**

CITY/TOWN	# OF CHILDREN UNDER AGE 3*	SINGLE ESTABLISHED CONDITION	DEVELOP-MENTAL DELAY	MULTIPLE ESTABLISHED CONDITIONS	ELIGIBILITY INFORMATION NOT AVAILABLE	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED
Barrington	570	2	43	1	0	46	8%
Bristol	655	15	51	6	0	72	11%
Burrillville	509	8	29	2	0	39	8%
Central Falls	990	17	73	14	0	104	11%
Charlestown	289	5	22	1	0	28	10%
Coventry	1,243	32	82	9	0	123	10%
Cranston	2,455	51	179	16	1	247	10%
Cumberland	1,136	17	80	1	0	98	9%
East Greenwich	384	8	24	4	0	36	9%
East Providence	1,552	23	127	6	0	156	10%
Exeter	187	3	10	2	0	15	8%
Foster	113	0	18	0	0	18	16%
Glocester	335	1	15	0	0	16	5%
Hopkinton	282	5	32	2	0	39	14%
Jamestown	132	4	5	2	0	11	8%
Johnston	893	16	64	4	0	84	9%
Lincoln	662	15	45	5	0	65	10%
Little Compton	107	2	5	1	0	8	7%
Middletown	700	14	34	8	0	56	8%
Narragansett	403	8	16	2	0	26	6%
New Shoreham	35	2	1	0	0	3	9%
Newport	941	13	75	6	0	94	10%
North Kingstown	1,034	20	69	16	0	105	10%
North Providence	885	25	95	9	0	129	15%
North Smithfield	337	4	34	0	0	38	11%
Pawtucket	2,957	64	217	33	0	314	11%
Portsmouth	583	11	34	3	0	48	8%
Providence	7,642	151	550	83	4	788	10%
Richmond	321	0	9	0	0	9	3%
Scituate	371	6	21	1	0	28	8%
Smithfield	499	2	26	1	0	29	6%
South Kingstown	868	14	51	6	0	71	8%
Tiverton	461	9	24	4	0	37	8%
Warren	355	2	22	2	0	26	7%
Warwick	2,714	55	184	24	0	263	10%
West Greenwich	192	2	19	0	0	21	11%
West Warwick	1,136	36	101	12	0	149	13%
Westerly	827	19	52	7	0	78	9%
Woonsocket	2,020	28	236	7	1	272	13%
Unknown	*NA*	*0*	*6*	*0*	*0*	*6*	*NA*
Core Cities	*15,686*	*309*	*1,252*	*155*	*5*	*1,721*	*11%*
Remainder of State	*22,089*	*400*	*1,522*	*145*	*1*	*2,068*	*9%*
Rhode Island	*37,775*	*709*	*2,780*	*300*	*6*	*3,795*	*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 2009.

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.

[2,5] *Why young children enter Early Intervention services.* (2007). Chapel Hill, NC: University of North Carolina, FPG Child Development Institute.

[3,6,7] Rhode Island Department of Human Services, Center for Child and Family Health, 2009.

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[8] Shaw, E. & Goode, S. (2005). *The impact of abuse, neglect and foster care placement on infants, toddlers and young children: Selected resources.* Chapel Hill, NC: University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

[9] Rhode Island Department of Children, Youth and Families, 2009.

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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.

SIGNIFICANCE

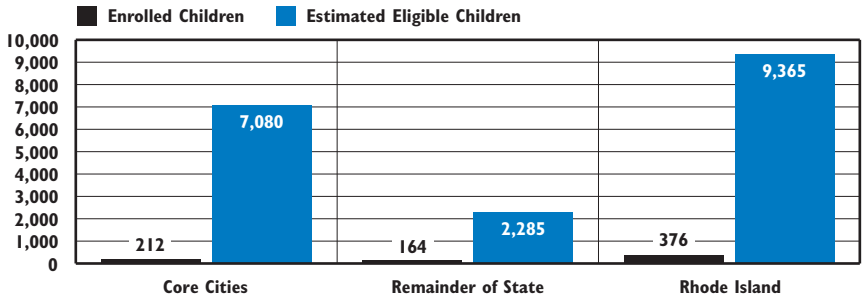
Established in 1994, Early Head Start is a comprehensive early childhood program serving low-income children birth to age three, pregnant women, and their families. Early Head Start programs serve children in families with incomes below 130% of the federal poverty guidelines, which for a family of three is $23,803 in 2009.[1,2,3] Children in families with incomes below the federal poverty line have priority enrollment. Funded almost entirely by the federal government, Early Head Start is designed to provide high-quality early care and education and comprehensive services to infants and toddlers, to promote healthy birth outcomes for pregnant women, and to foster the development of healthy family relationships.[4]

Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy. Individualized plans are developed to support prenatal health, promote healthy behaviors and prepare for the baby's arrival.[5] After the baby is born, families participate by enrolling in either a center-based program or a home-based program. Home-based programs use weekly home visits to support child development. 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 2009, there were 381 federally-funded Early Head Start slots. Of these slots, 45% were center-based and 55% 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 2009, 376 infants and toddlers were receiving Early Head Start services in Rhode Island, approximately 4% of the estimated eligible population. In addition, there were 19 pregnant women receiving Early Head Start services designed to improve birth outcomes, maternal health and early childhood development.[9]

Access to Early Head Start, Rhode Island, 2009



Source: Rhode Island Early Head Start program data compiled by Rhode Island KIDS COUNT, 2009.

◆ **In 2009 in Rhode Island, federal funding for Early Head Start enabled services to be provided to 376 children, approximately 4% of the 9,365 income-eligible children ages birth to three and their families.[10]**

◆ **Three-quarters of the child population that are income-eligible for Early Head Start reside in the core cities of Rhode Island, yet only 3% of these eligible children have access.[11] In 2009, there were 212 children enrolled in Early Head Start from the core cities of Central Falls, Newport, Providence, and West Warwick and 164 children from the remainder of the state. There were no Early Head Start services available to children in the core cities of Pawtucket and Woonsocket.[12]**

◆ **Beginning in 2010, federal stimulus funding to expand Early Head Start services in Rhode Island will bring services to approximately 134 children in Pawtucket, Providence, and the Johnston/North Providence/Smithfield area.[13]**

Early Head Start and Children with Special Needs

◆ **Federal Head Start regulations require programs to make at least 10% of their enrollment opportunities available to young children with disabilities.[14] In 2009, 66 children with disabilities were enrolled in an Early Head Start program in Rhode Island (18% of Early Head Start enrollment).[15]**

◆ **Early Head Start providers work closely with the state's Early Intervention system to ensure specialized services and supports for children are delivered in coordination with the Early Head Start program.[16]**

Children Enrolled in Early Head Start

Table 33. **Children Ages Birth to Three Enrolled in Early Head Start, Rhode Island, 2009**

CITY/TOWN	# OF CHILDREN UNDER AGE 3	ESTIMATED ELIGIBLE CHILDREN <100% FPL*	ESTIMATED ELIGIBLE CHILDREN 100-129% FPL*	# OF PREGNANT WOMEN ENROLLED IN EARLY HEAD START	# OF CHILDREN ENROLLED IN EARLY HEAD START	ESTIMATED % OF ELIGIBLE CHILDREN ENROLLED IN EARLY HEAD START
Barrington	567	13	0	0	0	0%
Bristol	582	57	9	0	5	8%
Burrillville	525	50	20	0	10	14%
Central Falls	933	400	127	10	48	9%
Charlestown	266	11	25	0	0	0%
Coventry	1,268	72	40	0	16	14%
Cranston	2,499	211	64	0	20	7%
Cumberland	1,232	51	50	0	0	0%
East Greenwich	378	28	4	0	0	0%
East Providence	1,563	204	71	0	21	8%
Exeter	160	26	18	0	0	0%
Foster	126	0	0	0	0	NA
Glocester	261	15	1	0	1	6%
Hopkinton	240	17	29	0	0	0%
Jamestown	153	0	0	0	0	NA
Johnston	951	81	30	0	10	9%
Lincoln	654	33	10	0	0	0%
Little Compton	111	5	0	0	0	0%
Middletown	685	40	42	0	14	17%
Narragansett	346	22	5	0	0	0%
New Shoreham	32	2	0	0	0	0%
Newport	996	371	68	2	53	12%
North Kingstown	1,010	114	20	0	0	0%
North Providence	893	99	57	0	10	6%
North Smithfield	368	26	2	0	0	0%
Pawtucket	2,765	842	178	0	0	0%
Portsmouth	622	33	0	0	4	12%
Providence	7,397	3,092	727	4	55	1%
Richmond	348	10	6	0	0	0%
Scituate	451	17	0	0	0	0%
Smithfield	499	6	4	0	3	29%
South Kingstown	807	41	0	0	0	0%
Tiverton	522	25	5	0	3	10%
Warren	329	23	20	0	6	14%
Warwick	2,741	188	72	1	41	16%
West Greenwich	175	8	3	0	0	0%
West Warwick	1,146	299	86	2	56	15%
Westerly	824	77	69	0	0	0%
Woonsocket	2,041	733	156	0	0	0%
Core Cities	*15,278*	*5,737*	*1,343*	*18*	*212*	*3%*
Remainder of State	*22,188*	*1,607*	*678*	*1*	*164*	*7%*
Rhode Island	*37,466*	*7,344*	*2,021*	*19*	*376*	*4%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2009. Children enrolled are listed by residence of child, not location of the Early Head Start program.

The estimated number of children eligible for Early Head Start is divided into two categories (below 100% of the Federal Poverty Line and between 100 and 129% of the Federal Poverty Line) as described in the income eligibility guidelines passed as part of the *Improving Head Start for School Readiness Act of 2007*. The estimated number of Early Head Start eligible children is calculated by multiplying the number of children under age three in each community from Census 2000, Summary File 3 by the percentage of children under age five living in families with incomes below 100% of the poverty level and between 100 and 129% of the poverty level in that community, according to Census 2000, Summary File 3.

*These are estimates of the income-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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(continued on page 170)

Infant and Preschool Child Care

DEFINITION

Infant and preschool child care is the number of regulated child care slots per 100 children under age six estimated to be in need of care. Regulated child care slots include licensed child care center slots and licensed family child care home slots.

SIGNIFICANCE

Child care enables parents to work and, when high quality, supports the development of important school-readiness skills. Research indicates that high-quality child care and early-learning programs for infants, toddlers and preschoolers have long-lasting positive effects on how children learn, develop, cope with stress, and handle their emotions.[1]

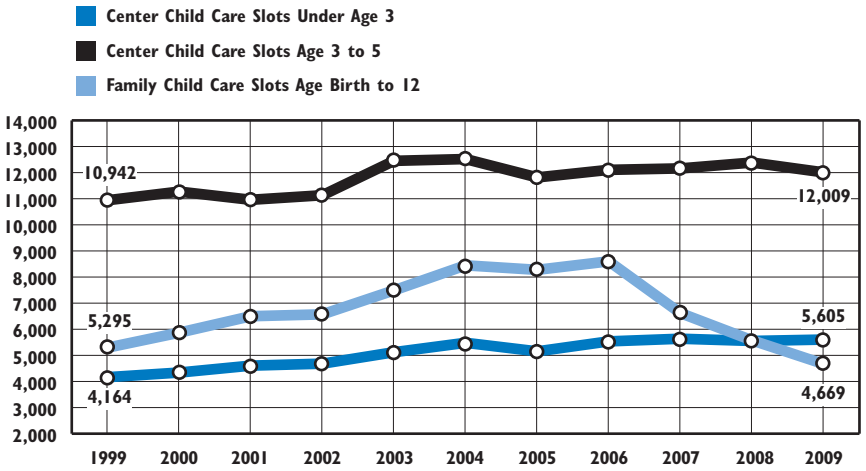
Early and extensive enrollment in child care is common in the United States and is a basic need for many working families in Rhode Island. Between 2006 and 2008, an estimated 68% of Rhode Island children under age six had all parents in the workforce, higher than the U.S. estimated rate of 63%.[2] National 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 of 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, 1999 - 2009



Source: Options for Working Parents, slots in licensed child care centers and certified family child care homes 1999-2006. Rhode Island Department of Children, Youth and Families, slots in licensed child care centers and certified family child care homes, 2007-2009.

◆ **In 2009 in Rhode Island, there were 22,283 slots for children under age six in licensed child care centers and certified family child care homes, down from a peak high of 26,243 in 2006, but up from 20,383 in 1999.[8]**

◆ **Since 1999, the number of licensed child care center slots for infants and toddlers (children under age three) in Rhode Island has increased fairly steadily, growing 35%, from 4,164 to 5,605 in 2009.[9]**

◆ **The number of licensed child care center slots for preschoolers (children ages three to five) has grown more slowly than slots for infants and toddlers since 1999. Between 1999 and 2009, there has been a 10% increase in the number of licensed slots for preschoolers.[10]**

◆ **The number of licensed family child care slots grew 62% between 1999 and 2006. Since 2006, the number of family child care slots has decreased; the 2009 level is 12% below the capacity in 1999.[11]**

Table 34.

Child Care for Children Under Age 6, Rhode Island, 2009

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	116	235	14	365	386	95
Bristol	33	117	25	175	447	39
Burrillville	28	114	6	148	408	36
Central Falls	93	219	147	459	520	88
Charlestown	13	36	20	69	170	41
Coventry	82	233	93	408	962	42
Cranston	458	1,041	345	1,844	1,799	103
Cumberland	107	286	89	482	912	53
East Greenwich	306	482	24	812	277	293
East Providence	137	474	52	663	1,168	57
Exeter	28	60	8	96	189	51
Foster	17	25	0	42	107	39
Glocester	60	58	6	124	264	47
Hopkinton	0	0	16	16	283	6
Jamestown	31	33	8	72	83	87
Johnston	224	323	90	637	702	91
Lincoln	136	275	43	454	565	80
Little Compton	0	0	6	6	53	11
Middletown	131	322	24	477	463	103
Narragansett	0	0	0	0	228	0
New Shoreham	12	22	0	34	27	126
Newport	48	158	18	224	615	36
North Kingstown	187	402	34	623	805	77
North Providence	130	227	77	434	662	66
North Smithfield	0	0	46	46	285	16
Pawtucket	302	733	301	1,336	2,103	64
Portsmouth	90	112	6	208	411	51
Providence	900	1,876	2,814	5,590	4,002	140
Richmond	0	36	8	44	255	17
Scituate	12	44	30	86	288	30
Smithfield	237	479	8	724	400	181
South Kingstown	217	464	50	731	590	124
Tiverton	25	136	14	175	358	49
Warren	55	119	20	194	325	60
Warwick	794	1,402	116	2,312	2,119	109
West Greenwich	107	159	0	266	173	154
West Warwick	136	340	39	515	737	70
Westerly	152	284	0	436	644	68
Woonsocket	201	683	72	956	1,100	87
Core Cities	*1,680*	*4,009*	*3,391*	*9,080*	*9,077*	*100*
Remainder of State	*3,925*	*8,000*	*1,278*	*13,203*	*16,808*	*79*
Rhode Island	*5,605*	*12,009*	*4,669*	*22,283*	*25,885*	*86*

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 six and number of certified family child care home slots, December 2009. Only full-day and morning slots are counted for center-based care.

The denominator is the number of children under age six with both parents in the workforce, according to Census 2000 multiplied by 56.5% (the percentage of employed mothers using non-relative care, according to the Census Bureau's Survey of Income and Program Participation, Spring 1999).

*Family child care slots are for children birth to 12 years old.

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

References

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Quality Early Care and Education

DEFINITION

Quality early care and education is the percentage of private preschools, licensed child care centers and family child care homes in Rhode Island that are nationally accredited. 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). Data are also presented on the number of licensed early care and education programs participating in BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

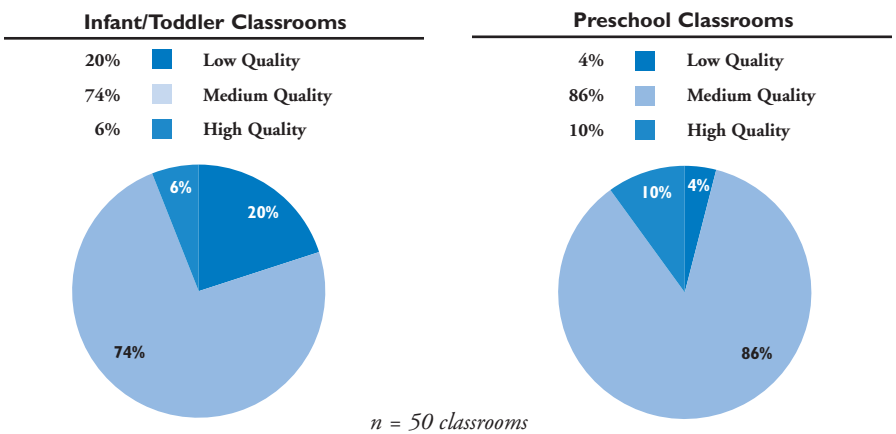
SIGNIFICANCE

Research on early care and education reveals strong associations between program quality and children's developing skills and well-being.[1] Children who receive high-quality early care and education score higher on tests of language and cognitive skills and demonstrate stronger social and emotional development than children who receive poor-quality care. The impact of program quality is stronger for children from low-income families.[2] 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] 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 care-giving 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 across all settings.[7]

National accreditation is a marker for high-quality early care and education.[8,9] Quality Rating and Improvement Systems (QRIS) are becoming an increasingly common strategy used by states to measure and improve program quality. QRIS often incorporate national accreditation as a measure of quality and award quality ratings to programs based on a defined set of quality standards.[10] Many states provide financial incentives to programs, including setting subsidy payments at higher rates for higher quality care or paying bonuses tied to quality levels, to encourage and support achievement of quality standards.[11,12]

Observed Quality of Child Care and Early Learning Centers, Rhode Island, 2009



n = 50 classrooms

Source: Maxwell, K. L. & Kraus, S. (2010). *Rhode Island's 2009 child care center and preschool quality study.* Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute.

◆ **In 2009, researchers collected data from a random sample of child care centers and preschools in Rhode Island to inform the development of BrightStars, Rhode Island's Quality Rating and Improvement System (QRIS).[13]**

◆ **Using valid and reliable classroom observation tools, researchers found that most early childhood center-based classrooms (74% of infant/toddler classrooms and 86% of preschool classrooms) were providing a "medium" level of quality characterized by a fundamentally safe environment with access to good quality materials, but activities and interactions could be more enriching and purposeful to support child development and learning. There were some classrooms for both age groups that provided high-quality care. Low-quality care was more common for infants and toddlers than for preschoolers.[14]**

◆ **BrightStars, Rhode Island's new statewide QRIS for child care and early learning programs, was launched in 2009 with voluntary quality ratings for child care centers, preschools, and family child care homes.[15]**

◆ **BrightStars helps programs learn about best practices and create high-quality learning environments for children. Programs participating in BrightStars receive a rating and develop a quality improvement plan across six quality domains: 1) child's daily experience, 2) teaching and learning, 3) staff-child ratio and group size, 4) family communication and engagement, 5) staff qualifications, and 6) program management.[16]**

Table 35.

Measuring Quality in Early Childhood Programs, Rhode Island, 2010

CITY/TOWN	CHILD CARE CENTERS AND PRESCHOOLS				FAMILY CHILD CARE HOMES			
	NUMBER	PARTICIPATING IN BRIGHTSTARS	NAEYC ACCREDITED	% NAEYC ACCREDITED	NUMBER	PARTICIPATING IN BRIGHTSTARS	NAFCC ACCREDITED	% NAFCC ACCREDITED
Barrington	11	0	0	0%	2	0	0	0%
Bristol	6	0	1	17%	5	0	0	0%
Burrillville	3	0	0	0%	1	0	0	0%
Central Falls	4	0	0	0%	25	0	0	0%
Charlestown	4	0	1	25%	3	0	0	0%
Coventry	8	1	1	13%	15	2	0	0%
Cranston	34	0	3	9%	51	0	1	2%
Cumberland	9	0	1	11%	12	0	0	0%
East Greenwich	12	0	0	0%	3	1	0	0%
East Providence	14	0	1	7%	7	0	0	0%
Exeter	2	0	0	0%	1	0	0	0%
Foster	1	0	0	0%	0	0	0	NA
Glocester	3	0	0	0%	1	0	0	0%
Hopkinton	2	0	0	0%	2	0	0	0%
Jamestown	1	0	0	0%	1	0	0	0%
Johnston	14	0	1	7%	12	0	0	0%
Lincoln	5	1	0	0%	7	0	0	0%
Little Compton	1	0	0	0%	1	0	0	0%
Middletown	10	0	0	0%	3	0	0	0%
Narragansett	1	0	0	0%	0	0	0	NA
New Shoreham	1	0	0	0%	0	0	0	NA
Newport	4	0	0	0%	2	0	0	0%
North Kingstown	13	0	0	0%	5	0	0	0%
North Providence	9	0	1	11%	12	0	0	0%
North Smithfield	1	0	0	0%	6	2	0	0%
Pawtucket	17	1	0	0%	47	1	0	0%
Portsmouth	6	0	0	0%	1	0	0	0%
Providence	50	7	8	16%	428	0	0	0%
Richmond	2	0	0	0%	1	0	0	0%
Scituate	1	0	0	0%	4	0	0	0%
Smithfield	8	0	0	0%	1	0	0	0%
South Kingstown	12	0	2	17%	7	0	0	0%
Tiverton	3	0	0	0%	2	0	0	0%
Warren	4	0	0	0%	3	0	0	0%
Warwick	31	2	3	10%	17	0	0	0%
West Greenwich	4	0	0	0%	0	0	0	NA
West Warwick	7	0	1	14%	6	0	0	0%
Westerly	7	0	0	0%	0	0	0	NA
Woonsocket	13	2	6	46%	11	1	0	0%
Core Cities	*95*	*10*	*15*	*16%*	*519*	*2*	*0*	*0%*
Remainder of State	*243*	*4*	*15*	*6%*	*186*	*5*	*1*	*1%*
Rhode Island	*338*	*14*	*30*	*9%*	*705*	*7*	*1*	*<1%*

Source of Data for Table/Methodology

Number of accredited programs is from the National Association for the Education of Young Children, January 2010 and National Association for Family Child Care, January 2010. Number of programs participating in BrightStars is from the Rhode Island Association for the Education of Young Children, January 2010. 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 2009 and the Rhode Island Department of Elementary and Secondary Education, December 2009.

Programs that are not currently licensed or certified by the Rhode Island Department of Children, Youth and Families or approved as a preschool by the Rhode Island Department of Elementary and Secondary Education are not included in the table. Some public school classrooms have NAEYC accreditation, but they are not included in this table.

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

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(continued on page 170)

Children Enrolled in Head Start

DEFINITION

Children enrolled in Head Start is the percentage of eligible children enrolled in the Head Start preschool program.

SIGNIFICANCE

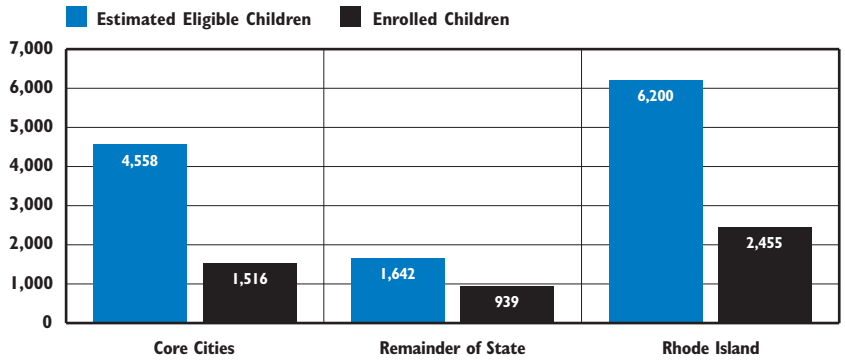
Head Start is a federally-funded comprehensive early childhood program for low-income preschool children and their families. It is designed to address a wide variety of needs during the two years before kindergarten so that low-income children can begin school on a more equal footing with their more economically advantaged peers.[1] Head Start programs deliver early education, medical and dental screenings and referrals, nutritional services, mental health services, parental involvement activities, and social service referrals for the whole family.[2]

Family income is strongly correlated with children's cognitive and social skills at school entry. Before kindergarten entry, children in the highest socio-economic group have average cognitive test scores that are 60% higher than the average scores of children in the lowest socio-economic group. Children in families with incomes below the federal poverty threshold are typically 18 months behind their peers at age four.[3]

Head Start centers are typically of higher quality than most other early care and education programs available to low-income parents.[4] Researchers have found that children who participate in Head Start show improvements in language and literacy skills.[5,6] Researchers have found lasting impacts in reduced grade retention and special education placement and increased high school graduation rates.[7]

Since 2002 annual federal Head Start funding has not kept pace with inflation resulting in fewer children served across the country.[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]

Access to Head Start, Rhode Island, 2009



Source: Rhode Island Head Start program data compiled by Rhode Island KIDS COUNT, 2009.

◆ **In October 2009, Rhode Island Head Start programs served 2,455 children, 40% of the estimated 6,200 eligible children. In the core cities, 33% of eligible children were enrolled in Head Start compared with 57% in the remainder of the state.[11]**

◆ **In 2008 and 2009, state funding for Head Start was cut.[12,13] For the 2009-2010 school year there were 129 state-funded Head Start slots.[14]**

◆ **Beginning in 2010, federal stimulus funding to expand Head Start services in Rhode Island will create 18 new Head Start slots in Providence.[15]**

Head Start and Public Pre-K

◆ **Across the U.S., a growing number of states are establishing publicly-funded, voluntary Pre-K for children ages three and four. Some states target enrollment to low-income and at-risk children while other states strive to provide universal access.[16] Federally-funded Head Start programs can partner with state-managed Pre-K to serve more children and/or to expand resources for improved quality and access.**

◆ **Rhode Island began a publicly funded Pre-K program in September 2009 with seven classrooms serving 126 children. One of the classrooms is operated by a Head Start program. Funding for the Pre-K program is a combination of state funds and federal Title I funds invested by local school districts.[17]**

Table 36.

Children Enrolled in Head Start, Rhode Island, 2009

CITY/TOWN	# OF CHILDREN AGES 3 & 4	ESTIMATED ELIGIBLE CHILDREN < 100% OF FPL*	ESTIMATED ELIGIBLE CHILDREN 100-129% OF FPL*	# OF CHILDREN ENROLLED IN HEAD START	ESTIMATED % OF ELIGIBLE CHILDREN ENROLLED IN HEAD START
Barrington	416	10	0	2	21%
Bristol	547	54	9	35	56%
Burrillville	370	35	14	21	43%
Central Falls	607	260	82	98	29%
Charlestown	184	7	17	8	32%
Coventry	789	45	25	39	56%
Cranston	1,689	143	43	206	100%
Cumberland	776	32	32	3	5%
East Greenwich	381	29	5	1	3%
East Providence	1,030	134	46	107	59%
Exeter	220	35	25	5	8%
Foster	76	0	0	0	NA
Glocester	313	18	2	2	10%
Hopkinton	263	19	31	10	20%
Jamestown	71	0	0	0	NA
Johnston	638	55	20	57	76%
Lincoln	483	24	7	8	25%
Little Compton	66	3	0	4	100%
Middletown	508	30	32	45	73%
Narragansett	290	18	4	7	31%
New Shoreham	27	1	0	2	100%
Newport	599	223	41	118	45%
North Kingstown	750	85	15	37	37%
North Providence	540	60	35	51	54%
North Smithfield	180	13	1	0	0%
Pawtucket	2,112	643	136	184	24%
Portsmouth	443	24	0	9	38%
Providence	4,590	1,919	451	797	34%
Richmond	226	7	4	5	48%
Scituate	164	6	0	3	49%
Smithfield	365	5	3	5	66%
South Kingstown	660	33	0	23	69%
Tiverton	261	12	2	15	100%
Warren	243	17	15	25	79%
Warwick	1,989	137	52	144	76%
West Greenwich	241	11	5	3	19%
West Warwick	791	207	59	113	42%
Westerly	538	51	45	57	60%
Woonsocket	1,233	443	94	206	38%
Core Cities	*9,932*	*3,695*	*863*	*1,516*	*33%*
Remainder of State	*15,737*	*1,153*	*489*	*939*	*57%*
Rhode Island	*25,669*	*4,848*	*1,352*	*2,455*	*40%*

Source of Data for Table/Methodology

Rhode Island Head Start Programs, all children enrolled (ages three to five) as of October 2009. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of children eligible for Head Start is divided into two categories (below 100% of the Federal Poverty Line and between 100 and 129% of the Federal Poverty Line) as described in the income eligibility guidelines passed as part of the *Improving Head Start for School Readiness Act of 2007.* The estimated number of Head Start eligible children is calculated by multiplying the number of three- and four-year-old children in each community from Census 2000, Summary File 3 by the percentage of children under age five living in families with incomes below 100% of the poverty level and between 100 and 129% of the poverty level in that community, according to Census 2000, Summary File 3.

*This is an estimate of the income-eligible population and does not take into account other children who are eligible for Head Start services (e.g., children in homeless families) or changes in child population and poverty rates since 2000. Also, federal Head Start regulations allow 10% of enrolled children to be over the income threshold.

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

References

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(continued on page 170)

Full-Day Kindergarten

DEFINITION

Full-day kindergarten is the percentage of public school children enrolled in full-day kindergarten programs on October 1. Full-day kindergarten is defined as kindergarten programs that operate for at least six hours per day. Children enrolled in private kindergarten programs or in half-day kindergarten programs that offer after-school child care are not included.

SIGNIFICANCE

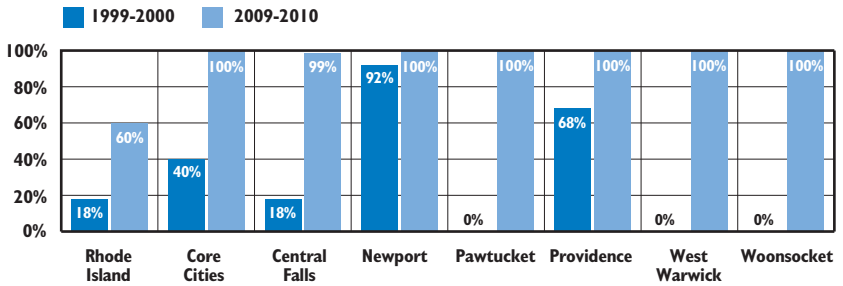
Children benefit academically from participating in full-day kindergarten. Those in full-day kindergarten are more likely to be ready for first grade than children in half-day kindergarten programs, regardless of family income, parental education and school characteristics. On average, the learning gains that students make in full-day kindergarten programs translate to a month of additional schooling over the course of a school year. Full-day kindergarten programs can be especially beneficial to poor and minority children and can contribute significantly to closing academic achievement gaps.[1,2,3]

With an estimated 80% of 4-year-olds in the U.S. enrolled in some type of preschool program, kindergarten no longer serves as the entry-point to formal, full-day school for most young children.[4] Many parents favor full-day kindergarten as it provides continuity for children who are already accustomed to full-day preschool experiences and it reduces the number of transitions and disruptions their child must make each day.[5] Also, teachers in full-day kindergarten programs have more time to provide meaningful learning opportunities that encourage cognitive, physical and social-emotional development.[6,7]

Nationally, enrollment in full-day kindergarten has been increasing steadily over the past 25 years. In 1979, 25% of kindergartners were in full-day programs.[8] In 2008, 72% of the nation's public school kindergarteners and 72% 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 2009-2010 School Years



Source: Rhode Island Department of Elementary and Secondary Education, October 1, 1999 and October 1, 2009.

◆ **In Rhode Island in the 2009-2010 school year, 60% of the children who attended public kindergarten were in a full-day program.[11]**

◆ **During the 2009-2010 school year, 16 school districts offered universal access to full-day kindergarten programs and another six school districts operated at least one full-day kindergarten classroom. All of the independent charter schools in Rhode Island that offer 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, achievement level at kindergarten entry, gender and class size.[15]**

Table 37. **Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2009-2010**

SCHOOL DISTRICT	1999-2000 SCHOOL YEAR			2009-2010 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%	233	233	100%
Burrillville*	164	0	0%	171	171	100%
Central Falls*	250	44	18%	221	219	99%
Chariho	292	0	0%	217	0	0%
Coventry	381	0	0%	342	6	2%
Cranston	737	0	0%	712	5	1%
Cumberland	373	0	0%	306	9	3%
East Greenwich*	165	0	0%	131	21	16%
East Providence*	443	0	0%	408	271	66%
Exeter-West Greenwich	129	0	0%	107	0	0%
Foster	55	0	0%	48	0	0%
Glocester	124	0	0%	74	0	0%
Jamestown*	59	0	0%	52	52	100%
Johnston*	241	0	0%	228	23	10%
Lincoln	232	0	0%	202	1	<1%
Little Compton*	38	0	0%	31	31	100%
Middletown*	258	211	82%	190	190	100%
Narragansett*	125	0	0%	103	103	100%
New Shoreham*	8	8	100%	10	10	100%
Newport*	225	206	92%	187	187	100%
North Kingstown*	313	0	0%	254	54	21%
North Providence*	211	0	0%	235	81	34%
North Smithfield*	122	55	45%	126	126	100%
Pawtucket*	788	0	0%	775	774	100%
Portsmouth	214	0	0%	153	0	0%
Providence*	2,117	1,431	68%	1,952	1,952	100%
Scituate	107	0	0%	94	0	0%
Smithfield	177	0	0%	133	0	0%
South Kingstown*	278	0	0%	241	238	99%
Tiverton	144	0	0%	122	1	1%
Warwick*	766	29	4%	650	57	9%
West Warwick*	260	0	0%	260	259	100%
Westerly*	282	10	4%	227	227	100%
Woonsocket*	522	0	0%	533	533	100%
Charter Schools	*NA*	*NA*	*NA*	*336*	*336*	*100%*
State-Operated Schools	*NA*	*NA*	*NA*	*5*	*5*	*100%*
Core Cities	*4,162*	*1,681*	*40%*	*3,928*	*3,924*	*100%*
Remainder of State	*6,907*	*313*	*5%*	*5,985*	*1,910*	*32%*
Rhode Island	*11,069*	*1,994*	*18%*	*10,254*	*6,175*	*60%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, October 1, 1999 and October 1, 2009.

*District operated at least one full-day kindergarten classroom during the 2009-2010 school year.

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

Charter schools included in this indicator are Democracy Prep, Blackstone Valley Charter School, 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.

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[9] U.S. Census Bureau, Current Population Survey, October 2008. *Table 3: Nursery and primary school enrollment of people 3 to 6 years old, by control of school, attendance status, age, race, Hispanic origin, mother's labor force status and education, and family income: October 2008.*

(continued on page 170)

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 - $15,900 per child per year) puts quality care out of reach for many low-income families.[1]

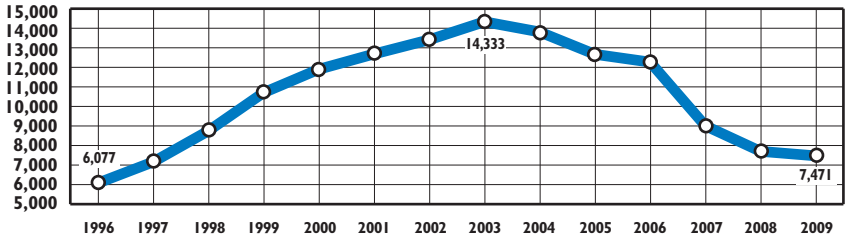
In Rhode Island, the average cost of full-time child care for an infant in a child care center consumes 44% of the median single-parent family income and 11% of the median two-parent family income. The average cost of child care for two children in Rhode Island, exceeds the state's median monthly rent and approaches 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 $91,000 per year to afford the average cost of child care for a three-year-old at a licensed center ($9,119).[3,4]

Use of child care subsidies increases the likelihood that low-income parents are able to work and remain employed. Child care subsidies reduce the likelihood that former cash assistance recipients return to the program and increase the range of types of child care that low-income families can afford. Families who use child care subsidies have higher rates of maternal employment, more stable employment, and higher wages than disadvantaged families who do not use child care subsidies.[5,6]

In 1996, Rhode Island established an entitlement to child care assistance for families with incomes up to 185% of the federal poverty level (FPL) as a key component of welfare reform. In 1998, eligibility was expanded to families with incomes up to 225% of the FPL, children ages 13-15 were added and rates paid to child care providers were to be adjusted biennially in order to provide low-income families with access to high-quality child care.[7]

In 2007, eligibility for child care subsidies was reduced to 180% of the FPL ($32,958 for a family of three in 2009) and eligibility for children ages 13-15 was eliminated.[8,9] In 2008, rates paid to providers serving children with subsidies were increased slightly to the average of the 2002 and 2004 market rate levels.[10]

Child Care Subsidies, Rhode Island, 1996-2009



Source: Rhode Island Department of Human Services, December 1996 – December 2009.

◆ **In December 2009, there were 7,471 children receiving child care subsidies in Rhode Island, down from 7,700 in December 2008. The number of child care subsidies increased steadily from 6,077 in 1996 to 14,333 in 2003. Since 2003, there has been a 48% 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 2009 in Rhode Island, 70% of children receiving child care subsidies were enrolled in a licensed child care center, 29% 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 2009, 80% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 11% were being used by families enrolled in the Rhode Island Works Program who were engaged in employment activities. Another 8% of child care subsidies were being used for children in the care of the Rhode Island Department of Children, Youth and Families.[14]**

Average Annual Cost for Full-Time Child Care, Rhode Island, 2009

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	$11,374
Child Care Center (preschool care)	$9,119
Family Child Care Home (preschool care)	$8,303
School-Age Center-Based Program (child age 6 - 12)	$7,067

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2009). *Statewide survey of childcare rates in Rhode Island.* Kingston, RI: University of Rhode Island.

Children Receiving Child Care Subsidies

Table 38.

Child Care Subsidies, Rhode Island, December 2009

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE: ENROLLED IN RI WORKS	SUBSIDY USE BY CHILD RESIDENCE: NOT ENROLLED IN RI WORKS	SUBSIDY USE BY CHILD RESIDENCE: TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION: UNDER AGE 3	SUBSIDY USE BY PROGRAM LOCATION: AGES 3-5	SUBSIDY USE BY PROGRAM LOCATION: AGES 6-12	SUBSIDY USE BY PROGRAM LOCATION: TOTAL CHILD CARE SUBSIDIES
Barrington	0	14	14	8	7	10	25
Bristol	11	26	37	5	16	5	26
Burrillville	4	40	44	14	30	27	71
Central Falls	45	249	294	78	90	126	294
Charlestown	0	15	15	1	5	1	7
Coventry	7	112	119	19	44	42	105
Cranston	40	424	464	154	193	229	576
Cumberland	7	92	99	24	23	37	84
East Greenwich	2	25	27	30	24	21	75
East Providence	28	198	226	46	103	89	238
Exeter	2	9	11	6	9	5	20
Foster	0	6	6	2	1	1	4
Glocester	0	9	9	5	13	3	21
Hopkinton	0	10	10	2	2	4	8
Jamestown	0	4	4	4	4	0	8
Johnston	7	91	98	55	63	51	169
Lincoln	7	61	68	29	34	60	123
Little Compton	0	2	2	0	0	0	0
Middletown	12	53	65	65	57	22	144
Narragansett	4	26	30	0	2	10	12
New Shoreham	0	0	0	0	0	0	0
Newport	43	173	216	42	73	68	183
North Kingstown	16	85	101	42	63	33	138
North Providence	13	96	109	28	32	32	92
North Smithfield	5	7	12	19	11	5	35
Pawtucket	77	629	706	175	259	253	687
Portsmouth	6	26	32	5	11	7	23
Providence	363	2,501	2,864	730	987	1,256	2,973
Richmond	0	11	11	0	0	0	0
Scituate	1	2	3	0	0	0	0
Smithfield	2	26	28	18	31	10	59
South Kingstown	4	54	58	23	37	18	78
Tiverton	2	19	21	3	8	7	18
Warren	3	29	32	3	3	5	11
Warwick	16	229	245	101	159	139	399
West Greenwich	0	9	9	6	11	1	18
West Warwick	17	180	197	54	63	80	197
Westerly	6	48	54	28	22	12	62
Woonsocket	98	396	494	111	161	195	467
DCYF	*NA*	*NA*	*623*	*NA*	*NA*	*NA*	*NA*
*Out-of-State**	*NA*	*NA*	*NA*	*7*	*10*	*4*	*21*
Core Cities	*643*	*4,128*	*4,771*	*1,190*	*1,633*	*1,978*	*4,801*
Remainder of State	*205*	*1,858*	*2,063*	*745*	*1,018*	*886*	*2,649*
Rhode Island	*848*	*5,986*	*7,457*	*1,942*	*2,661*	*2,868*	*7,471*

Source of Data for Table/Methodology

The Rhode Island Department of Human Services, InRhodes Database, December 2009.

Subsidy data by age of child are reported by the location of the program. Total subsidy use numbers by child residence and total subsidy use numbers by program location do not match because children may be enrolled in more than one program and the InRhodes database is a live system and reports run on different days can have slight variation.

* *Out-of-State* is Rhode Island resident children who attend child care located outside of Rhode Island.

RI Works is Rhode Island's cash-assistance program (formerly known as the Family Independence Program). DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies.

Parents who are working and are enrolled in RI Works can claim a "child care disregard." When cash benefits levels are calculated based on monthly income, the child care disregard allows families to not count or "disregard" and designate for child care expenses up to $200 of their monthly income for children under two years of age and up to $175 for children two years and older. The child care disregard is a form of subsidy not included in this table. In December 2009, 19 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: 2009 update.* (2009). Arlington, VA: National Association of Child Care Resource and Referral Agencies.

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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

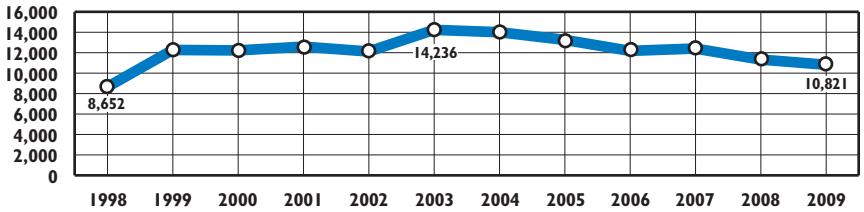
Between 2006 and 2008, an estimated 74% of Rhode Island children ages six to 17 had all resident parents in the workforce, higher than the U.S. average of 71%.[1] Children are typically in school for only about 64% of the time that full-time employed parents are at work. The gap between parents' work 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 is a significant source of stress for working parents of school-age children.[4]

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 engage children in 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.[5]

In Rhode Island, 21% of elementary school students and 37% of middle school students reported that they are unsupervised after school on three or more days a week.[6] Children and youth who are regularly left alone without adult supervision when school is out are more likely to become involved with gangs, engage in criminal behavior, and use illegal substances.[7]

Many school-age child care programs provide enrichment activities, homework help, and opportunities for children to develop positive relationships with peers. 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.[8] 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.[9]

Licensed School-Age Child Care Center Slots, Rhode Island, 1998-2009



Source: Options for Working Parents, 1998-2006. Rhode Island Department of Children, Youth and Families, 2007-2009. Data do not include slots in family child care settings.

◆ **In 2009 in Rhode Island, there were 10,821 licensed school-age child care slots in 204 center-based programs in Rhode Island.[10] Five of these programs were accredited by the National AfterSchool Association.[11]**

◆ **After reaching a peak of 14,236 in 2003, the number of licensed center-based slots for school-age children has been steadily decreasing. Licensed school-age child care capacity is now 24% below the high point.[12]**

School-Age Children Receiving Child Care Subsidies

◆ **In December 2009, 2,868 Rhode Island children ages six to 12 received a child care subsidy for before and/or after-school care. Of these children, 1,918 (67%) were enrolled in a licensed center-based program, 918 (32%) were enrolled in licensed family child care, and 32 (1%) were in the care of a license-exempt family, friend or neighbor.[13]**

◆ **Between 2006 and 2009, the number of child care subsidies for school-age children has dropped 45% from 5,218 to 2,868.[14] 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 decreased.[15]**

Federal Financing

After-School Care

◆ The Child Care and Development Block Grant (CCDBG) is a major 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. In 2008 in the U.S., approximately 34% of children receiving child care subsidies were school-age, compared with 40% in Rhode Island.[16]

◆ Rhode Island's Fiscal Year 2010 enacted budget included $45.4 million for child care subsidies, of which $38.9 million came from federal sources, primarily the Child Care and Development Block Grant (CCDGB) and TANF, and $6.5 million from state general revenue.[17]

Expanded Learning Opportunities

◆ The 21st Century Community Learning Centers program provides funding for after-school programs serving primarily students attending Title I schools (schools with high concentrations of disadvantaged students). In Federal Fiscal Year 2010, Rhode Island will receive $5.7 million to serve approximately 5,700 children at 51 after-school centers.[18]

Table 39. **Licensed School-Age Child Care for Children Ages Six to 12, Rhode Island, 2009**

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	NUMBER OF PROGRAMS	NUMBER OF SLOTS
Barrington	2,064	5	180
Bristol	1,784	4	162
Burrillville	1,672	3	213
Central Falls	2,190	4	319
Charlestown	717	1	26
Coventry	3,431	7	273
Cranston	7,115	19	666
Cumberland	3,135	4	270
East Greenwich	1,581	4	141
East Providence	4,292	10	503
Exeter	684	3	74
Foster	489	1	18
Glocester	1,105	1	10
Hopkinton	802	1	52
Jamestown	576	1	51
Johnston	2,490	5	65
Lincoln	2,206	6	301
Little Compton	322	1	26
Middletown	1,787	6	206
Narragansett	1,144	1	60
New Shoreham	69	0	0
Newport	2,056	4	260
North Kingstown	2,823	9	319
North Providence	2,444	8	545
North Smithfield	988	1	100
Pawtucket	7,477	9	836
Portsmouth	1,839	3	134
Providence	18,592	33	2,699
Richmond	830	1	52
Scituate	1,102	1	29
Smithfield	1,653	5	129
South Kingstown	2,630	3	139
Tiverton	1,452	2	95
Warren	1,032	2	92
Warwick	7,630	15	784
West Greenwich	592	2	28
West Warwick	2,618	6	323
Westerly	2,160	3	90
Woonsocket	4,373	10	551
Core Cities	*37,306*	*66*	*4,988*
Remainder of State	*64,640*	*138*	*5,833*
Rhode Island	*101,946*	*204*	*10,821*

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 2009. 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

[1] U.S. Census Bureau, American Community Survey, 2006-2008. *Selected Economic Characteristics, Rhode Island and United States, 2006-2008.*

[2,4] *After-school worries: Tough on parents, bad for business.* (2006). New York, NY: Catalyst.

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[5] Hall, G., Yohalem, N., Tolman, J. & Wilson, A. (2003). *How afterschool programs can most effectively promote positive youth development as a support to academic achievement.* Wellesley, MA: National Institute on Out-of-School Time, Wellesley Centers for Women, Wellesley College.

[6] Felner, R. D. (2008). *2007-2008 Student reports of after school supervision, Rhode Island SALT Survey.* Rock Island, IL: National Center for Public Education and Prevention.

[7,8] *Making the case: A 2009 fact sheet on children and youth in out-of-school time.* (2009). Wellesley, MA: National Institute on Out-of-School Time, Wellesley Centers for Women, Wellesley College.

[9] Miller, B. M. (2003). *Critical hours: Afterschool programs and educational success.* Brookline, MA: Nellie Mae Education Foundation.

[10] Rhode Island Department of Children, Youth and Families, school-age child care slots, 2009.

[11] National Afterschool Association, accredited programs, 2009.

(continued on page 170)

English Language Learners

DEFINITION

English Language Learners is the percentage of all public school children (pre-kindergarten through grade 12) who are receiving English as a second language services or bilingual education services in Rhode Island public schools.

SIGNIFICANCE

English Language Learner (ELL) students are among the fastest growing populations in public schools, especially in elementary schools.[1,2] Many ELL students face challenges to succeeding in school, including poverty, lack of access to health care, low parental education levels and discrimination or racism.[3,4]

ELL students are challenged to simultaneously learn English and succeed academically.[5] ELL students in the same age group have many differing levels of reading, math, and writing proficiency, both in English and in their native languages.[6] 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 with ELL students.[7,8,9]

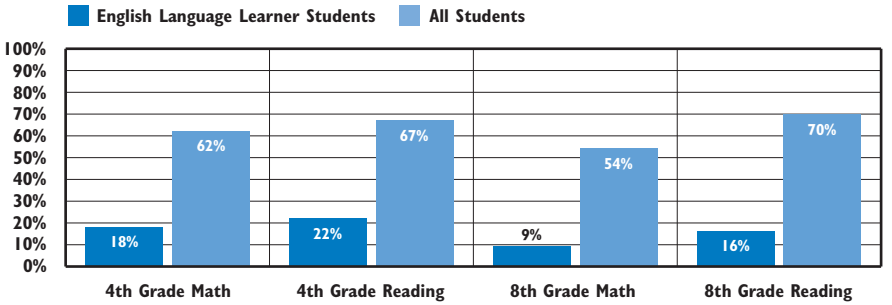
ELL students and children in immigrant families are more likely to be concentrated in schools that are under-resourced, large, serve high proportions of minority students and located in high poverty communities.[10,11,12] In the 2008-2009 school year in Rhode Island, 85% (6,062) of all ELL students lived in low-income families, and 75% (5,375) lived in the core cities.[13]

Studies show that ELL students believe that school prepares them to get ahead and that studying hard is important to succeed. Most hope to go to college.[14] Schools play a critical role in helping ELL students transition to the culture of the U.S. and supporting their academic success.[15,16]

In the 2008-2009 school year in Rhode Island, ELL students in Rhode Island public schools spoke 80 different languages; the majority (74%) spoke Spanish, 7% spoke Asian languages, 7% spoke Creole or Patois, 4% spoke Portuguese, and 1% spoke African languages.[17]

Twenty-eight percent of ELL students were enrolled in a bilingual program and 72% were enrolled in an English as a second language (ESL) program. Public schools in Central Falls, Cranston, East Greenwich, Providence and the International Charter School offered bilingual programs during the 2008-2009 school year.[18]

English Language Learners' Mathematics and Reading Proficiency, 2009



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2009.

◆ **Nationally and in Rhode Island, ELL students score significantly lower on standardized tests than their peers.[19,20] In 2009 in Rhode Island, 22% of fourth-grade ELL students scored at or above proficiency in reading, compared to 67% of fourth graders statewide.[21]**

◆ **Nationally and in Rhode Island, the achievement gap between ELL students and all students widens between elementary and middle school.[22,23] In 2009 in Rhode Island, 16% of eighth-grade ELL students scored at or above proficiency in reading, compared to 70% of eighth graders statewide.[24]**

English Language Learners Mathematics and Reading Proficiency Trends

◆ **Between 2008 and 2009, the percentage of ELL students proficient in reading increased, while the percentage who were proficient in math fell. The achievement gap in math between ELL students and other students grew by three percentage points in 2009.[25,26]**

◆ **Best practices to increase the academic achievement of ELL students include tailoring instructional practices to students' needs, understanding and using demographic and assessment data, employing highly skilled teachers and leaders, collaboration and shared accountability among educators and school administrators, and implementing programs with a dual focus on English proficiency and course content.[27]**

Table 40.

English Language Learner Students, Rhode Island 2008-2009

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	3,346	4	19	7	7	37	1%
Bristol-Warren	3,441	8	58	24	12	102	3%
Burrillville	2,518	0	3	0	0	3	0%
Central Falls	3,100	78	263	160	141	642	21%
Chariho	3,517	4	7	6	4	21	1%
Coventry	5,239	1	3	1	3	8	0%
Cranston	10,336	48	260	100	63	471	5%
Cumberland	4,830	6	64	20	9	99	2%
East Greenwich	2,315	3	9	3	8	23	1%
East Providence	5,666	27	119	27	26	199	4%
Exeter-W. Greenwich	1,866	0	9	2	0	11	1%
Foster	238	0	0	0	0	0	0%
Foster-Glocester	1,431	0	0	0	0	0	0%
Glocester	584	0	0	0	0	0	0%
Jamestown	464	0	1	2	0	3	1%
Johnston	3,068	15	30	23	12	80	3%
Lincoln	3,181	12	14	4	6	36	1%
Little Compton	297	0	0	0	0	0	0%
Middletown	2,355	3	37	8	15	63	3%
Narragansett	1,441	0	1	1	0	2	0%
New Shoreham	132	2	2	0	0	4	3%
Newport	2,066	5	25	15	9	54	3%
North Kingstown	4,330	6	23	13	4	46	1%
North Providence	3,113	4	22	19	30	75	2%
North Smithfield	1,851	2	10	3	0	15	1%
Pawtucket	8,539	154	406	174	214	948	11%
Portsmouth	2,787	1	2	0	0	3	0%
Providence	23,140	481	1,920	407	609	3,417	15%
Scituate	1,648	0	0	0	0	0	0%
Smithfield	2,471	0	6	4	2	12	0%
South Kingstown	3,591	2	13	6	1	22	1%
Tiverton	1,881	1	1	0	1	3	0%
Warwick	10,374	14	41	15	5	75	1%
West Warwick	3,475	2	26	7	13	48	1%
Westerly	3,183	11	32	12	16	71	2%
Woonsocket	5,958	27	160	48	31	266	4%
Charter Schools	*2,021*	*58*	*209*	*3*	*2*	*272*	*13%*
State-Operated Schools	*1,780*	*0*	*0*	*0*	*21*	*21*	*1%*
Core Cities	*46,279*	*747*	*2,800*	*811*	*1,017*	*5,375*	*12%*
Remainder of State	*91,495*	*174*	*786*	*300*	*224*	*1,484*	*2%*
Rhode Island	*141,575*	*979*	*3,795*	*1,114*	*1,264*	*7,152*	*5%*

Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2008-2009 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 2008-2009 school year. Students who are not yet fully English proficient but have exited ESL or Bilingual Education programs to regular education are not included in these numbers.

Due to a change in methodology, the percentage of English Language Learner students by district cannot be compared with percentages before the 2004 Factbook. The "% of Total District" is based on the total number of English language learners divided by the "average daily membership."

The charter schools are: Blackstone Academy Charter School, CVS Highlander Charter School, International Charter, Paul Cuffee Charter School and The Learning Community Charter School. The state-operated school is William M. Davies Jr. Career-Technical School.

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

References

[1] Office of English Language Acquisition, Language Enhancement, and Academic Achievement for Limited Proficiency Students. (2008). *The biennial report to congress on the implementation of the Title III state formula grant program, school years 2004-06.* Washington, DC: U.S. Department of Education.

[2,11] Cosentino De Cohen, C. & Chu Clewell, B. (2007). *Putting English Language Learners on the educational map.* Washington, DC: The Urban Institute.

[3] Short, D. J. & Fitzsimmons, S. (2007). *Double the work: Challenges and solutions to acquiring language and academic literacy for adolescent English language learners – A report to Carnegie Corporation of New York.* Washington, DC: Alliance for Excellent Education.

[4] Shields, M. K. & Behrman, R. E. (2004). Children of immigrant families: Analysis and recommendations. *The Future of Children: Children of Immigrant Families, 14*(2), 4-15.

(continued on page 170)

Children Enrolled in Special Education

DEFINITION

Children enrolled in special education is the percentage of K-12 students who received special education services in Rhode Island public schools or who were placed in private special education programs by their district of residence. Unless otherwise specified, references to students enrolled in special education in this indicator do not include preschool or parentally-placed special education students.

SIGNIFICANCE

Effective and appropriate special education and related services are important resources for improving long-term outcomes for children and youth with special needs. Students with disabilities are more likely than students without disabilities to have lower student achievement, graduation rates, participation in post-secondary education and economic success in adulthood.[1,2] Students with disabilities are more likely than their peers to report social and academic difficulties in school.[3]

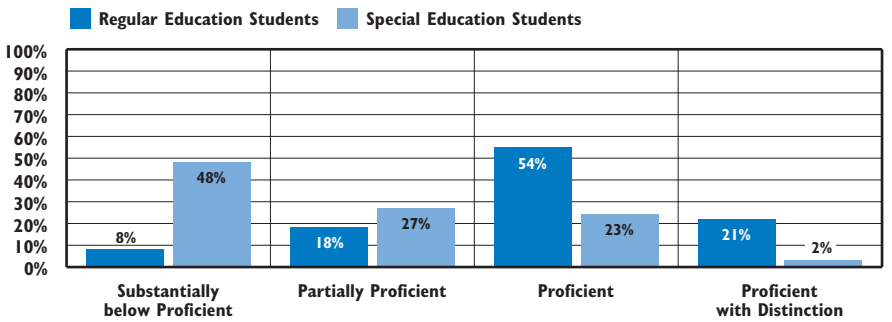
The federal *Individuals with Disabilities Education Act (IDEA) Part B* mandates that local school districts identify and evaluate students ages three to 21 whom they have reason to believe have disabilities. Once found eligible for special education, a student must be provided with an Individualized Education Program (IEP) laying out goals and outlining steps for achieving the goals. Services described in the IEP must be provided to students in the least restrictive environment (to the extent appropriate, integrated into a regular-education setting).[4,5,6]

In the 2007-2008 school year, Rhode Island had the highest percentage of public school students with IEPs in the U.S. at 20%, compared with 12% overall in the U.S.[7]

In Rhode Island in the 2008-2009 school year, there were 24,302 (17%) students enrolled in special education. Forty-one percent of Rhode Island children enrolled in special education had a learning disability, 17% had a health impairment, 16% had a speech impairment, 10% had an emotional disturbance, 6% had an autism spectrum disorder, 4% had mental retardation and 5% had other disabilities.[8]

Thirty-seven percent of Rhode Island special education students in 2008-2009 were ages five to 10; 33% were ages 11 to 14; 28% were ages 15 to 18; and 2% were ages 19 to 21. There were an additional 2,635 preschool students in Rhode Island receiving special education services during the 2008-2009 school year. Of these preschool children, 46% were receiving speech and language services, 40% had a developmental delay, 7% had an autism spectrum disorder, and 7% had other disabilities.[9]

4th Grade Reading Proficiency Rates, by Special Education Status, Rhode Island, 2009



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2009. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island, students with disabilities achieve at lower levels than non-disabled students on the state assessments. In 2009, 48% of special education students in Rhode Island were substantially below proficient, compared with 8% of regular education students.[10]**

◆ **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.[11]**

◆ **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.[12] The Rhode Island four-year graduation rate among students receiving special education services for the class of 2009 was 59%, compared to the overall state graduation rate of 75%.[13]**

◆ **Of Rhode Island students ages six to 21 receiving special education services during the 2008-2009 school year, 71% 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. The remaining students were in a residential or correction facility or were home-bound or hospitalized.[14]**

Children Enrolled in Special Education

Table 41.

Kindergarten Through 12th Grade Students in Special Education by Primary Disability, Rhode Island, 2008-2009

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	3,346	40	27	96	124	10	93	17	407	12%
Bristol Warren	3,442	30	23	25	169	29	96	15	387	11%
Burrillville	2,532	35	45	71	120	21	90	19	401	16%
Central Falls	3,118	12	51	73	403	50	90	35	714	23%
Chariho	3,458	42	20	51	104	24	65	29	335	10%
Coventry	5,225	36	52	88	469	30	104	46	825	16%
Cranston	10,244	112	119	310	827	43	137	77	1,625	16%
Cumberland	4,851	60	75	197	274	26	189	46	867	18%
East Greenwich	2,314	40	18	99	78	NA	64	22	327	14%
East Providence	5,668	51	166	384	497	41	283	51	1,473	26%
Exeter-West Greenwich	1,885	20	42	61	78	11	78	11	301	16%
Foster	246	NA	NA	NA	NA	NA	14	NA	26	11%
Foster-Glocester	1,431	NA	10	29	51	10	20	NA	135	9%
Glocester	590	NA	NA	10	14	NA	37	NA	74	13%
Jamestown	684	16	NA	36	41	NA	20	NA	126	18%
Johnston	3,131	47	56	196	316	15	106	36	772	25%
Lincoln	3,182	42	59	94	192	19	73	20	499	16%
Little Compton	421	NA	NA	NA	35	NA	NA	NA	57	14%
Middletown	2,356	30	35	79	205	14	44	18	425	18%
Narragansett	1,443	16	18	31	73	NA	64	13	217	15%
New Shoreham	132	NA	NA	NA	NA	NA	NA	NA	19	14%
Newport	2,052	23	41	14	246	12	46	17	399	19%
North Kingstown	4,125	31	59	112	226	22	128	34	612	15%
North Providence	3,113	33	51	130	137	21	94	35	501	16%
North Smithfield	1,863	25	20	56	119	11	57	12	300	16%
Pawtucket	8,536	65	131	146	554	81	217	61	1,255	15%
Portsmouth	2,657	33	41	99	191	NA	64	NA	446	17%
Providence	23,246	123	669	276	2,025	271	689	191	4,244	18%
Scituate	1,664	14	NA	29	70	NA	78	NA	200	12%
Smithfield	2,471	21	14	41	110	12	27	18	243	10%
South Kingstown	3,609	53	62	125	193	12	87	34	566	16%
Tiverton	1,897	23	26	36	205	10	33	22	355	19%
Warwick	10,383	115	131	501	770	41	287	126	1,971	19%
West Warwick	3,475	23	93	76	318	25	91	51	677	19%
Westerly	3,210	48	74	101	212	16	69	23	543	17%
Woonsocket	5,912	79	150	298	376	98	183	84	1,268	21%
Charter Schools	*2,020*	*11*	*23*	*46*	*117*	*NA*	*55*	*11*	*265*	*13%*
State-Operated Schools	*1,698*	*NA*	*100*	*132*	*132*	*NA*	*NA*	*71*	*445*	*26%*
Core Cities	*46,340*	*325*	*1,135*	*883*	*3,922*	*537*	*1,316*	*439*	*8,557*	*18%*
Remainder of State	*91,518*	*1,030*	*1,254*	*3,106*	*5,909*	*465*	*2,511*	*760*	*15,035*	*16%*
Rhode Island	*141,576*	*1,375*	*2,512*	*4,167*	*10,080*	*1,004*	*3,883*	*1,281*	*24,302*	*17%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education (RIDE), Office for Diverse Learners, June 30, 2009. The denominator (number of students) is the "resident average daily membership" for the 2008-2009 school year provided by RIDE.

Due to changes in methodology, *Children Enrolled in Special Education* in this Factbook cannot be compared with Factbooks previous to 2008. Parentally-placed private school students and preschool students receiving special education services are no longer included in the table. Children attending schools in other districts are listed in the district in which the students reside. An additional 2,635 preschool students receiving special education services 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 district totals and in the core cities, remainder of state and Rhode Island 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

[1,3,12] *Students with disabilities in U.S. high schools* (fact sheet). (2009). Washington, DC: Alliance for Excellent Education.

(continued on page 171)

Student Mobility

DEFINITION

Student mobility is the number of students who either enrolled in or withdrew from Rhode Island public schools during the school year divided by the total school enrollment numbers.

SIGNIFICANCE

Student mobility is associated with lower academic performance, social and psychological difficulties, lower levels of school engagement and behavioral problems.[1] Changing schools disrupts learning, can result in children missing critical conceptual knowledge and skills and can cause social upheaval for children. Student mobility also can lead to less active parent involvement in their children's schools.[2,3]

Students who change schools frequently are more likely to have lower math and reading skills, are more likely to repeat a grade, are more likely to be suspended than their less-mobile peers, and are less likely to graduate from high school than their non-mobile peers.[4,5]

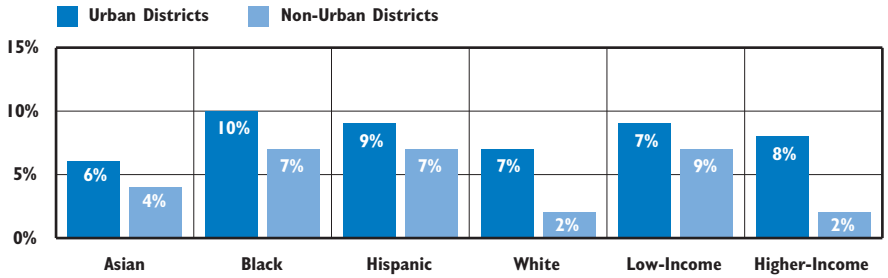
Low-income and minority children are more likely to be mobile than higher-income and White students. School mobility has a greater impact on the academic achievement of low-income students than it does on higher-income students. Students receiving special education services also are likely to be negatively impacted by changing schools.[6]

High mobility rates in schools can have a negative impact on all students because teachers must slow curriculum progress, repeat lessons and adjust to changing classroom dynamics and student needs. Within-year moves are particularly disruptive for students, teachers and schools.[7,8]

Families may move their child to a different school because they are dissatisfied with the school, concerned about their child's safety or because they are moving due to changes in family circumstances.[9] Changes in family circumstances can be either positive or negative factors including divorce or marriage, job loss or job changes, death in the family, as well as a desire to improve quality of life. Mobile students in low-income and minority families are more likely to change schools due to family reasons than mobile students in higher-income and White families.[10]

Between 2006 and 2008 in Rhode Island, 11% of children ages five to 17 changed residency at least once during the previous year, three-quarters (75%) of whom moved within the same county, 7% moved within the state to a different county, and 19% moved from another state or abroad.[11] During this period, 26% of Rhode Islanders over age one living below the poverty line moved, compared with 10% of higher-income residents.[12]

Rhode Island School Year In-Mobility Rates*, Grades 9-12, Urban and Non-Urban Districts, 2007-2008 School Year**



*School year in-mobility rate is the percentage of students enrolled at the end of the 2007-2008 school year who changed schools at least once after October 1, 2007 and who were still enrolled at the end of the school year. **The five urban districts used in this analysis include Central Falls, Newport, Pawtucket, Providence and Woonsocket.

◆ **High school students in urban districts in Rhode Island are more likely than those in non-urban districts to be mobile, regardless of race, ethnicity or income. These differences are particularly large for White and higher-income students. Twenty-two percent of students in grades one through five who lived in Rhode Island's urban districts changed schools at least once during the school year between October 2006 and October 2008, compared with 10% of students in the rest of the state.**

◆ **Rhode Island students who change schools mid-year are absent more often, suspended more often and perform worse in both reading and math than students who do not change schools.**

Source: The Providence Plan analysis of data from the Rhode Island Department of Elementary and Secondary Education.

Impact of Foreclosures on Student Mobility

◆ **The high cost of housing has caused greater levels of residential and school mobility among low-income families. The U.S. foreclosure crisis has increased residential mobility among families across the income spectrum and among homeowners as well as renters.[13]**

◆ **The insecurity, stress, and financial problems associated with foreclosures can impact child well-being and academic success. Communities with the highest foreclosure rates may experience unprecedented levels of student mobility, affecting non-mobile students as well as well as mobile students.[14]**

Table 42.

Student Mobility and Stability Rates by District, Rhode Island, 2008-2009 School Year

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2008-2009	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER OCT. 1	# EXITED AFTER OCT. 1	STABILITY RATE	MOBILITY RATE
Barrington	3,506	3,398	53	56	97%	3%
Bristol Warren	3,649	3,350	138	175	92%	9%
Burrilville	2,740	2,466	115	182	90%	11%
Central Falls	3,727	2,803	428	564	75%	27%
Chariho	3,836	3,503	160	194	91%	9%
Coventry	5,740	5,271	183	312	92%	9%
Cranston	11,433	10,195	632	702	89%	12%
Cumberland	5,249	4,871	166	224	93%	7%
East Greenwich	2,474	2,345	75	60	95%	5%
East Providence	6,220	5,518	291	451	89%	12%
Exeter-West Greenwich	2,009	1,879	76	64	94%	7%
Foster	261	247	13	1	95%	5%
Foster-Glocester	1,518	1,393	24	105	92%	8%
Glocester	658	617	23	20	94%	7%
Jamestown	505	468	20	19	93%	8%
Johnston	3,447	2,983	199	301	87%	15%
Lincoln	3,392	3,247	143	4	96%	4%
Little Compton	313	307	2	4	98%	2%
Middletown	2,604	2,211	187	229	85%	16%
Narragansett	1,530	1,420	68	54	93%	8%
New Shoreham	145	119	12	14	82%	18%
Newport	2,326	1,896	202	258	82%	20%
North Kingstown	4,649	4,309	159	206	93%	8%
North Providence	3,265	3,105	141	21	95%	5%
North Smithfield	1,958	1,821	78	82	93%	8%
Pawtucket	10,016	7,764	971	1,463	78%	24%
Portsmouth	3,060	2,761	149	184	90%	11%
Providence	28,237	21,000	3,095	4,768	74%	28%
Scituate	1,742	1,671	27	44	96%	4%
Smithfield	2,638	2,491	85	73	94%	6%
South Kingstown	3,959	3,546	144	292	90%	11%
Tiverton	2,078	1,828	127	135	88%	13%
Warwick	11,475	10,244	532	774	89%	11%
West Warwick	4,265	3,315	342	675	78%	24%
Westerly	3,398	3,067	162	193	90%	10%
Woonsocket	6,804	5,420	616	917	80%	23%
Charter Schools	*2,079*	*1,930*	*29*	*120*	*93%*	*7%*
State-Operated Schools	*2,110*	*1,450*	*402*	*423*	*69%*	*39%*
UCAP	*160*	*123*	*19*	*22*	*77%*	*26%*
Core Cities	*55,375*	*42,198*	*5,654*	*8,645*	*76%*	*26%*
Remainder of State	*99,451*	*90,651*	*4,184*	*5,175*	*91%*	*9%*
Rhode Island	*159,175*	*136,352*	*10,288*	*14,385*	*86%*	*16%*

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.[15]
- 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.[16]
- Total enrollment for each district is cumulative over the course of the school year.[17]
- The overall Rhode Island student mobility rate was 16% in the 2008-2009 school year. The core cities had a significantly higher mobility rate (26%) than districts in the remainder of the state (9%).[18]
- The average length of time between enrollments for mobile students in Rhode Island during the 2007-2008 school year was ten days.[19]

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year.

Charter Schools include: Highlander Charter School, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, Blackstone Academy, The Compass School, Beacon Charter School, and The Learning Community. State-operated schools include: The MET School, DCYF, Davies Career and Tech and the Rhode Island School for the Deaf.

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

References

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[2,4,6,7,10] Burkam, D. T., Lee, V. E. & Dwyer, J. (2009, June). *School mobility in the early elementary grades: Frequency and impact from nationally-representative data.* Paper presented at the National Research Council Workshop on the Impact of Mobility and Change on the Lives of Young Children, Schools and Neighborhoods, Washington, DC.

[3,8,13,14] Turner, M. A. & Berube, A. (2009). *Vibrant neighborhoods, successful schools: What the federal government can do to foster both.* Washington, DC: Urban Institute.

[11] U.S. Census Bureau, American Community Survey, 2006-2008. Table B07001.

[12] U.S. Census Bureau, American Community Survey, 2006-2008. Table B07012.

[15,16,17,18] Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year.

[19] The Providence Plan analysis of 2007-2008 school year data from the Rhode Island Department of Elementary and Secondary Education.

Fourth-Grade Reading Skills

DEFINITION

Fourth-grade reading skills is the percentage of fourth-grade students who scored at or above the proficiency level for reading on the *New England Common Assessment Program* (NECAP) test.

SIGNIFICANCE

Reading proficiency is fundamental to the development of academic competencies and basic life skills. Students with poor reading skills often experience difficulty completing academic coursework, graduating from high school and finding and maintaining employment later in life.[1]

Literacy begins long before children encounter formal school instruction in writing and reading. Enhanced vocabulary, comprehension and cognitive development can be seen in children under three years of age who are read to daily.[2] Literacy-rich home environments (including reading and telling stories to children) contribute to literacy development and reading achievement.[3,4] Participation in high-quality preschools also can boost language and literacy skills by providing early literacy experiences including storybook reading, discussions about books, dramatic play, listening comprehension and writing activities.[5]

When students continue to have difficulty reading beyond third grade, they often face difficulty catching up.[6]

Research has demonstrated that reading comprehension is strongly linked to vocabulary knowledge. Beginning readers with large vocabularies can understand the main ideas in reading material, and because they understand, can learn new vocabulary from the context. Beginning readers with smaller vocabulary knowledge often struggle to understand reading material, cannot learn the meaning of new vocabulary from the context, and fall further behind.[7]

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.[8]

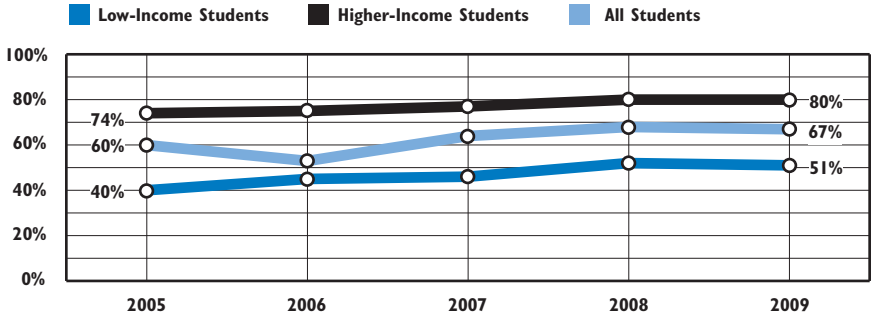
4th Grade NAEP Reading Proficiency

	1998	2009
RI	31%	36%
US	28%	32%
National Rank*		*22nd*
New England Rank**		*6th*

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

Source: National Center for Education Statistics. (2010). *National Assessment of Educational Progress state profiles: Grade 8, reading 2009.* Retrieved on March 25, 2010 from www.nces.ed.gov

Fourth-Grade NECAP Reading Proficiency Rates, by Income Status, Rhode Island, 2005-2009



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2005 - October 2009. Low-income status is determined by eligibility for the free or reduced-price lunch program.

◆ **In October 2009, 67% of Rhode Island fourth graders scored at or above proficiency for reading on the *New England Common Assessment Program* (NECAP), up from 60% in 2005.[9]**

◆ **In Rhode Island between 2005 and 2009, 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 2009, 51% of low-income fourth graders scored at or above the proficient level, compared with 80% of higher-income fourth graders.[10]**

◆ **In Rhode Island in 2009, 25% of fourth graders with disabilities achieved reading proficiency on the NECAP, compared with 74% of non-disabled fourth graders.[11]**

◆ **National data indicate a significant gap between the reading skills of English Language Learners and their native English-speaking peers.[12] On the October 2009 NECAP, 22% of Rhode Island's fourth grade English Language Learners were proficient in reading.[13]**

◆ **Seventy-five percent of White fourth graders in Rhode Island were proficient in reading on the October 2009 NECAP, compared with 73% of Asian students, 49% of Black students, 47% of Hispanic students, and 43% of Native American students.[14]**

Table 43.

Fourth-Grade Reading Proficiency, Rhode Island, 2005 & 2009

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2009	
	% ADULTS COMPLETING HIGH SCHOOL	% LOW-INCOME STUDENTS	% ENGLISH LANGUAGE LEARNERS	# OF 4TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL	# OF 4TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	92%	4%	1%	248	89%	285	92%
Bristol Warren	75%	31%	3%	268	69%	238	74%
Burrillville	80%	29%	0%	164	63%	187	61%
Central Falls	49%	76%	21%	253	40%	214	52%
Chariho	88%	20%	1%	269	73%	244	85%
Coventry	83%	22%	0%	405	68%	399	80%
Cranston	79%	32%	5%	801	71%	743	75%
Cumberland	81%	20%	2%	410	74%	309	71%
East Greenwich	93%	7%	1%	201	86%	182	85%
East Providence	71%	41%	4%	415	59%	411	64%
Exeter-West Greenwich	89%	13%	1%	162	74%	131	77%
Foster	88%	6%	0%	66	68%	45	78%
Glocester	87%	18%	0%	124	77%	102	82%
Jamestown	93%	5%	1%	42	83%	53	77%
Johnston	78%	37%	3%	276	58%	195	71%
Lincoln	82%	22%	1%	267	72%	216	76%
Little Compton	91%	3%	0%	37	73%	34	79%
Middletown	91%	26%	3%	195	68%	165	67%
Narragansett	91%	14%	0%	122	81%	110	77%
New Shoreham	95%	12%	3%	14	100%	6	NA
Newport	87%	57%	3%	178	46%	168	53%
North Kingstown	92%	18%	1%	337	79%	288	79%
North Providence	77%	27%	2%	250	64%	213	69%
North Smithfield	82%	13%	1%	128	77%	112	88%
Pawtucket	66%	75%	11%	703	48%	614	56%
Portsmouth	91%	11%	0%	236	75%	189	80%
Providence	66%	85%	15%	1,887	31%	1,634	44%
Scituate	87%	12%	0%	141	72%	127	86%
Smithfield	85%	14%	0%	219	79%	171	83%
South Kingstown	91%	16%	1%	249	76%	241	81%
Tiverton	80%	21%	0%	154	77%	151	75%
Warwick	85%	29%	1%	853	71%	718	76%
West Warwick	76%	45%	1%	295	55%	273	60%
Westerly	82%	31%	2%	255	69%	215	75%
Woonsocket	64%	68%	4%	489	46%	384	54%
Charter Schools	*NA*	*61%*	*13%*	*159*	*43%*	*233*	*58%*
Core Cities	*67%*	*76%*	*12%*	*3,805*	*39%*	*3,287*	*50%*
Remainder of State	*83%*	*23%*	*2%*	*7,467*	*72%*	*6,480*	*76%*
Rhode Island	*78%*	*42%*	*5%*	*11,272*	*60%*	*10,000*	*67%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2005 and October 2009.

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.

% at or above the proficiency level are the fourth grade students who received proficient or proficient with distinction scores on the reading section of the NECAP. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. All enrolled students are eligible unless their 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 English Language Learners and the % of low-income students is from the Rhode Island Department of Elementary and Secondary Education. Low-income status is determined by eligibility for the free or reduced-price lunch program on October 1, 2009.

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.

References

[1] *Reading proficiency.* (n.d.). Retrieved from the Child Trends Data Bank on February 8, 2010 from www.childtrendsdatabank.org

[2] Raikes, H., et al. (2006). Mother-child bookreading in low-income families: Correlates and outcomes during the first three years of life. *Child Development, 77*(4), 924-953.

(continued on page 171)

Eighth-Grade Reading Skills

DEFINITION

Eighth-grade reading skills is the percentage of eighth-grade students who scored at or above the proficiency level for reading on the *New England Common Assessment Program* (NECAP) test.

SIGNIFICANCE

Strong reading skills are essential for a student's academic success in high school and college. Reading skills are also a powerful indicator of a student's ability to contribute to and succeed in the workforce and their community.[1] Literacy demands intensify dramatically upon entry into high school as students are expected to comprehend, synthesize and analyze increasingly complex texts across academic disciplines. Advanced literacy skills diverge from elementary literacy skills as early as 4th grade, along with the instructional needs associated with building these skills.[2,3]

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] When literacy-specific instruction is used as remedial support for struggling adolescent students, the programs typically serve only a small proportion of students who need assistance.[8] Additionally, these supplementary programs are generally insufficient for dealing with the pervasive low levels of adolescent literacy in many schools and communities.[9]

Integrating literacy strategies with traditional content-area instruction, and providing intervention support for struggling readers are key to improving adolescent literacy among all students.[10] Schools with successful adolescent literacy programs have strong leadership, incorporate interdisciplinary teaching teams, target professional development, implement comprehensive literacy instruction strategies, and use student assessments effectively.[11,12]

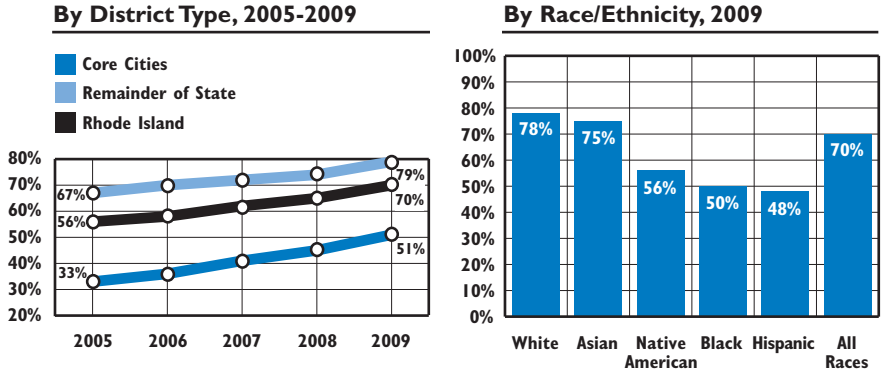
8th Grade NAEP Reading Proficiency

	1998	2009
RI	32%	28%
US	30%	30%
National Rank*		*37th*
New England Rank**		*6th*

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

Source: National Center for Education Statistics. (2010). *National Assessment of Educational Progress state profiles: Grade 8, reading 2009.* Retrieved on March 25, 2010 from www.nces.ed.gov

Rhode Island Public School 8th Grade NECAP Reading Proficiency



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2005 - October 2009.

◆ **In October 2009, 70% of Rhode Island eighth-graders scored at or above proficiency in reading, an increase from 56% in 2005. Proficiency levels increased between 2005 and 2009 for students across the state. The greatest gains were made in the core cities, where 8th grade reading proficiency rates increased from 33% to 51% between 2005 and 2009.[13]**

◆ **Sixteen percent of eighth-grade English Language Learners in Rhode Island scored at or above proficiency in reading in 2009.[14]**

◆ **Black, Hispanic and Native American students scored significantly lower than their White and Asian counterparts in Rhode Island.[15]**

◆ **Fifty-three percent of low-income eighth-grade students (determined by eligibility for the free or reduced-price lunch program) were proficient in reading in 2009, compared with 82% of higher-income eighth graders.[16]**

◆ **In Rhode Island in 2009, 29% of eighth-grade students receiving special education services were proficient in reading, compared with 79% of eighth graders in regular education programs.[17]**

Table 44.

Eighth-Grade Reading Proficiency, Rhode Island, 2005 & 2009

	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2009	
SCHOOL DISTRICT	% ADULTS COMPLETING HIGH SCHOOL	% LOW-INCOME CHILDREN	% ENGLISH LANGUAGE LEARNERS	# OF 8TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL	# OF 8TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	92%	4%	1%	275	92%	269	92%
Bristol Warren	75%	31%	3%	291	63%	272	78%
Burrillville	80%	29%	0%	230	67%	179	61%
Central Falls	49%	76%	21%	279	27%	233	43%
Chariho	88%	20%	1%	302	58%	283	84%
Coventry	83%	22%	0%	479	66%	414	80%
Cranston	79%	32%	5%	926	57%	856	78%
Cumberland	81%	20%	2%	409	72%	372	82%
East Greenwich	93%	7%	1%	214	87%	206	94%
East Providence	71%	41%	4%	499	57%	416	65%
Exeter-West Greenwich	89%	13%	1%	161	72%	164	80%
Foster-Glocester	87%	14%	0%	217	57%	190	82%
Jamestown	93%	5%	1%	74	86%	51	90%
Johnston	78%	37%	3%	288	58%	285	71%
Lincoln	82%	22%	1%	261	74%	304	83%
Little Compton	91%	3%	0%	41	83%	33	94%
Middletown	90%	26%	3%	185	64%	187	74%
Narragansett	91%	14%	0%	123	81%	125	88%
New Shoreham	95%	12%	3%	9	NA	12	100%
Newport	87%	57%	3%	177	50%	146	76%
North Kingstown	92%	18%	1%	349	73%	337	84%
North Providence	77%	27%	2%	307	70%	280	65%
North Smithfield	82%	13%	1%	161	72%	140	87%
Pawtucket	66%	75%	11%	795	44%	706	55%
Portsmouth	91%	11%	0%	223	81%	238	84%
Providence	66%	85%	15%	1,935	25%	1,615	45%
Scituate	87%	12%	0%	156	89%	147	91%
Smithfield	85%	14%	0%	227	78%	235	85%
South Kingstown	91%	16%	1%	348	76%	274	89%
Tiverton	80%	21%	0%	203	67%	150	75%
Warwick	85%	29%	1%	955	59%	859	76%
West Warwick	76%	45%	1%	319	56%	255	71%
Westerly	82%	31%	2%	266	59%	240	73%
Woonsocket	64%	68%	4%	494	28%	423	51%
Charter Schools	*NA*	*61%*	*13%*	*22*	*55%*	*94*	*62%*
Urban Collaborative	*NA*	*86%*	*NA*	*67*	*6%*	*60*	*48%*
Core Cities	*67%*	*76%*	*12%*	*3,999*	*33%*	*3,378*	*51%*
Remainder of State	*83%*	*23%*	*2%*	*8,179*	*67%*	*7,534*	*79%*
Rhode Island	*78%*	*42%*	*5%*	*12,270*	*56%*	*11,066*	*70%*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education (RIDE), *New England Common Assessment Program (NECAP),* October 2005 and October 2009..

% at or above the proficiency level are the eighth grade students who received proficient or proficient with distinction scores on the reading section of the NECAP. Only students who actually took the test are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Language Learners.

% of adults completing high school or higher data are from Census 2000. % low-income children are the percentage of students eligible for the free and reduced-price lunch program in October 2009, from the Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year. % English Language Learners data are from the Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year.

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

NECAP data for independent charter schools include: Highlander Charter School, Paul Cuffee Charter School and Compass Charter School. UCAP is the Urban Collaborative Accelerated Program. Core city and remainder of state calculations do not include charter schools or UCAP.

See the Methodology section for more information.

References

[1,6,8] Ayers, J. & Miller, M. (2009). *Informing Adolescent Literacy Policy and Practice: Lessons learned from the Striving Readers Program.* Washington, DC: Alliance for Excellent Education.

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(continued on page 171)

Math Skills

DEFINITION

Math skills is the percentage of fourth- and eighth-grade students who scored at or above the proficiency level for math on the *New England Common Assessment Program* (NECAP) test.

SIGNIFICANCE

The ability to understand and use mathematics is critical 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 up higher education and career opportunities for students.[2] Schools in Rhode Island teach mathematics every year through eighth grade and require students to take four years of mathematics to graduate from high school.[3,4]

State, national and international assessments show that U.S. students fare well when asked to perform straightforward computational procedures, but tend to have a limited understanding of the basic mathematical concepts needed to solve simple problems. Performance in mathematics, while generally low, has been improving over the past decade.[5]

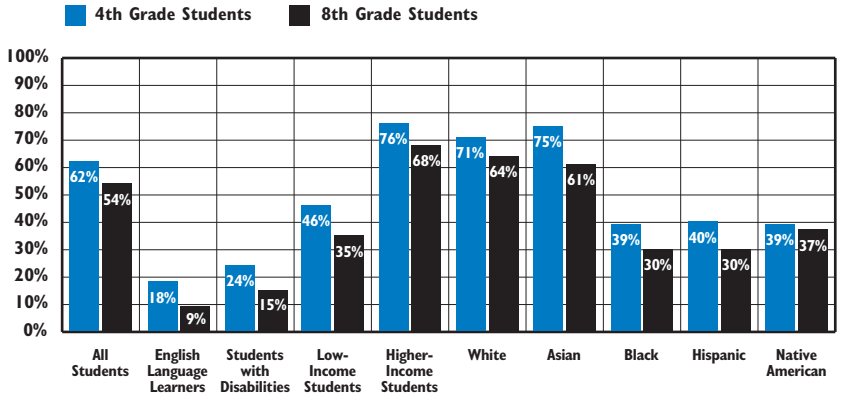
Family risk factors, such as poverty, language barriers and low maternal education levels are associated with low student achievement in mathematics.[6] Disparities in math achievement related to race and family income persist in the United States.[7] Students with insufficient math skills will have fewer opportunities to pursue post-secondary education and secure high-level employment than their peers.[8]

Frequent engagement in classroom activities, such as doing math problems from a textbook, talking with others about how to solve math problems and using a calculator are associated with higher scores on assessments, particularly for older students.[9] Students' achievement in math is highest when they are taught by teachers with strong backgrounds and training in teaching math.[10]

Achieving math proficiency for all students requires that improvements be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation and professional development.[11,12]

The *National Assessment of Educational Progress* (NAEP) measures proficiency in math nationally and across states. In 2009, 81% of Rhode Island fourth-graders performed at or above the Basic level in math on NAEP, compared with 82% nationally. Sixty-eight percent of Rhode Island eighth-graders performed at or above the Basic level in math on the NAEP, compared with 73% nationally. Rhode Island was one of only four states in which the performance of both fourth- and eighth-graders improved between the 2007 and 2009 NAEP math tests.[13,14]

4th Grade and 8th Grade Math Proficiency Levels by Student Subgroup, Rhode Island Public Schools, October 2009



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2009.

◆ **In October 2009, 62% of Rhode Island fourth graders scored at or above proficiency in math, compared to 54% of eighth graders.[15,16] Nationally and in Rhode Island, there are math achievement gaps between subgroups of elementary and middle school students.**

◆ **Fourth-and eighth-grade students who are English Language Learners (ELL) and students with disabilities were the least proficient in math in Rhode Island. In 2009 in Rhode Island, only 18% of fourth-grade and 9% of eighth-grade ELL students scored at or above proficiency. Twenty-four percent of fourth-grade and 15% percent of eighth-grade students with disabilities were proficient in math in 2009.[17]**

◆ **Nationally and in Rhode Island, the achievement gap between girls and boys in math has been virtually eliminated at the elementary and middle school levels. In Rhode Island in 2009, 62% of male and female fourth-grade students scored at or above proficiency in math, and 55% percent of male and 54% of female eighth-grade students scored at or above proficiency in math.[18,19]**

Table 45.

Fourth and Eighth Grade Math Proficiency, Rhode Island, 2005 and 2009

SCHOOL DISTRICT	FOURTH GRADE # OF TEST TAKERS, 2005	FOURTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	FOURTH GRADE # OF TEST TAKERS, 2009	FOURTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2009	EIGHTH GRADE # OF TEST TAKERS, 2005	EIGHTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	EIGHTH GRADE # OF TEST TAKERS, 2009	EIGHTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2009
Barrington	248	85%	285	88%	275	87%	269	88%
Bristol Warren	269	62%	238	76%	291	57%	272	65%
Burrillville	163	55%	187	58%	230	52%	179	46%
Central Falls	266	28%	222	41%	292	16%	241	28%
Chariho	269	66%	244	87%	304	55%	282	72%
Coventry	405	63%	399	76%	478	62%	414	65%
Cranston	806	55%	747	64%	928	41%	863	59%
Cumberland	410	58%	309	64%	410	56%	374	70%
East Greenwich	201	83%	183	85%	214	84%	206	84%
East Providence	416	59%	411	59%	499	46%	418	53%
Exeter-West Greenwich	162	68%	131	77%	160	64%	164	71%
Foster	65	66%	45	67%	NA	NA	NA	NA
Foster-Glocester	NA	NA	NA	NA	217	61%	190	64%
Glocester	124	62%	102	75%	NA	NA	NA	NA
Jamestown	43	65%	53	75%	74	77%	51	75%
Johnston	276	45%	195	66%	289	41%	285	44%
Lincoln	266	72%	216	70%	261	62%	304	68%
Little Compton	37	59%	34	74%	41	76%	33	73%
Middletown	199	68%	166	63%	185	70%	193	72%
Narragansett	122	66%	109	75%	122	75%	125	70%
New Shoreham	14	57%	6	NA	9	67%	12	58%
Newport	179	34%	169	52%	178	39%	145	44%
North Kingstown	334	71%	288	73%	349	61%	336	69%
North Providence	252	39%	213	62%	311	38%	279	34%
North Smithfield	129	80%	112	79%	161	66%	140	67%
Pawtucket	705	42%	624	51%	804	37%	720	41%
Portsmouth	236	67%	189	82%	223	72%	239	76%
Providence	1,925	25%	1,660	35%	1,957	20%	1,646	28%
Scituate	141	62%	126	79%	156	79%	147	75%
Smithfield	220	72%	171	79%	227	64%	234	74%
South Kingstown	249	71%	243	80%	348	72%	274	81%
Tiverton	154	75%	151	78%	203	62%	150	67%
Warwick	854	63%	719	70%	951	52%	858	55%
West Warwick	294	42%	274	56%	318	51%	256	62%
Westerly	255	56%	215	73%	266	47%	241	57%
Woonsocket	493	41%	388	53%	495	29%	424	30%
Charter Schools	*160*	*36%*	*232*	*57%*	*23*	*39%*	*94*	*49%*
UCAP	*NA*	*NA*	*NA*	*NA*	*66*	*5%*	*60*	*32%*
Core Cities	*3,862*	*32%*	*3,337*	*43%*	*4,044*	*27%*	*3,432*	*34%*
Remainder of State	*7,319*	*63%*	*6,495*	*72%*	*8,182*	*57%*	*7,548*	*64%*
Rhode Island	*11,341*	*52%*	*10,064*	*62%*	*12,315*	*47%*	*11,134*	*54%*

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP),* October 2005 and October 2009.

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.

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education, data on math skills in this Factbook cannot be compared with Factbooks prior to 2007.

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 and UCAP 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

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(continued on page 171)

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

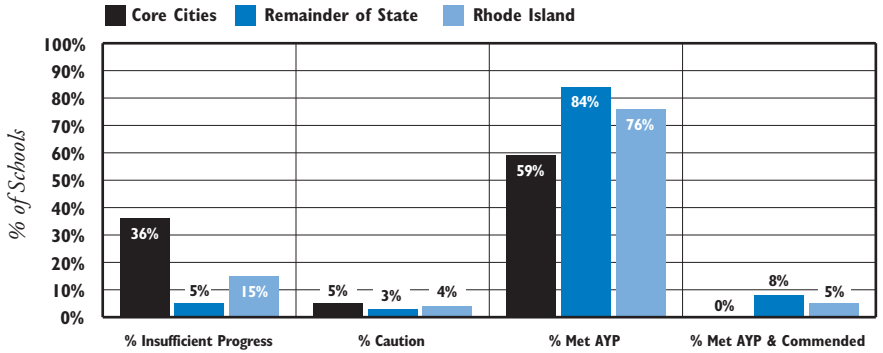
The 2001 federal *No Child Left Behind Act (NCLB)* is aimed at closing achievement gaps and improving public schools. Through improved standards and accountability and increased testing and reporting requirements, NCLB is intended to focus on improving educational outcomes for all students with special attention paid to key demographic groups. The law is also intended to improve educator quality and expand options for students.[1]

The concept of standards-based education relies on four cornerstones: making learning goals explicit, ensuring teachers are using curricula aligned with the standards, providing the necessary resources, and developing tests and implementing accountability systems closely aligned with the learning goals.[2] Accountability systems are insufficient without deliberate interventions to improve educator quality and to provide extra resources to students at risk of failure.[3]

Testing student performance in reading and mathematical skills can indicate how well schools are preparing students to succeed in higher education and the labor market. Students with higher test scores are more likely to graduate from high school, attend college, earn more and have more stable employment than students with lower test scores.[4]

High poverty schools can improve 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]

2009 Rhode Island School Performance Classifications



Source: Rhode Island Department of Education, 2008-2009 school year.

◆ **In Rhode Island in 2009, 225 schools (76%) were classified as "Met Adequate Yearly Progress (AYP)," 16 additional schools (5%) were classified as "Met AYP and Commended," 12 schools (4%) were classified as "Caution," and 44 schools (15%) were classified as making "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 *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 or Mathematics for two years, make significant progress for two years or significantly closed achievement gaps between student groups are designated as Regents Commended Schools ("Met AYP and Commended"). Schools that miss up to three targets for the first time (other than school-wide English and mathematics targets) may be classified as "Caution" for one year only. Schools that miss a school-wide English 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 46.

School Classifications, Rhode Island, 2009

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# MET AYP & COMMENDED	% MET AYP & COMMENDED	# MET AYP	% MET AYP	# CAUTION	% CAUTION	# MAKING INSUFFICIENT PROGRESS	% MAKING INSUFFICIENT PROGRESS
Barrington	6	6	100%	0	0%	0	0%	0	0%
Bristol Warren	6	0	0%	6	100%	0	0%	0	0%
Burrillville	4	0	0%	4	100%	0	0%	0	0%
Central Falls	6	0	0%	3	50%	0	0%	3	50%
Chariho	7	1	14%	6	86%	0	0%	0	0%
Coventry	8	0	0%	6	75%	1	13%	1	13%
Cranston	23	1	4%	20	87%	0	0%	2	9%
Cumberland	8	0	0%	6	75%	0	0%	2	25%
East Greenwich	6	3	50%	3	50%	0	0%	0	0%
East Providence	11	1	9%	7	64%	1	9%	2	18%
Exeter-West Greenwich	4	0	0%	3	75%	1	25%	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	6	0	0%	6	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%	7	100%	0	0%	0	0%
North Kingstown	9	0	0%	8	89%	0	0%	1	11%
North Providence	9	0	0%	9	100%	0	0%	0	0%
North Smithfield	4	0	0%	3	75%	1	25%	0	0%
Pawtucket	16	0	0%	12	75%	1	6%	3	19%
Portsmouth	5	0	0%	5	100%	0	0%	0	0%
Providence	47	0	0%	22	47%	3	6%	22	47%
Scituate	5	0	0%	5	100%	0	0%	0	0%
Smithfield	6	2	33%	4	67%	0	0%	0	0%
South Kingston	7	0	0%	6	86%	0	0%	1	14%
Tiverton	5	0	0%	5	100%	0	0%	0	0%
Warwick	23	0	0%	22	96%	1	4%	0	0%
West Warwick	6	0	0%	4	67%	1	17%	1	17%
Westerly	7	1	14%	6	86%	0	0%	0	0%
Woonsocket	10	0	0%	6	60%	0	0%	4	40%
Charter Schools	*8*	*1*	*13%*	*6*	*75%*	*1*	*13%*	*0*	*0%*
State-Operated Schools	*4*	*0*	*0%*	*2*	*50%*	*0*	*0%*	*2*	*50%*
UCAP	*1*	*0*	*0%*	*1*	*100%*	*0*	*0%*	*0*	*0%*
Core Cities	*92*	*0*	*0%*	*54*	*59%*	*5*	*5%*	*33*	*36%*
Remainder of State	*192*	*15*	*8%*	*162*	*84%*	*6*	*3%*	*9*	*5%*
Rhode Island	*297*	*16*	*5%*	*225*	*76%*	*12*	*4%*	*44*	*15%*

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year.

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

Charter schools are Beacon Charter School, Blackstone Academy Charter School, The Compass School, 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.

See the Methodology Section for more information.

References

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Chronic Early Absence

DEFINITION

Chronic early absence is the percentage of children in kindergarten through third grade (K-3) who have missed at least 10% of the school year (i.e., 18 days or more), including excused and unexcused absences.

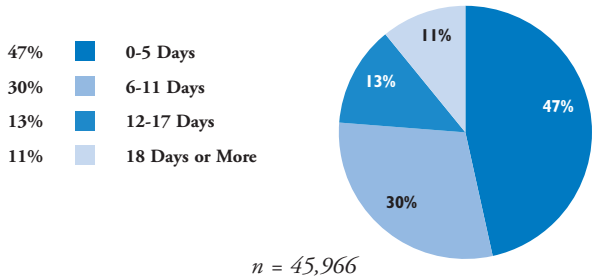
SIGNIFICANCE

When students are absent from school they miss opportunities to learn and develop positive relationships within the school community. During the early elementary school years, children develop important skills and approaches to learning that are critical for ongoing school success. Through their experiences in K-3 classrooms, children build academic, social-emotional and study skills.[1,2] Children who are chronically absent in kindergarten show lower levels of achievement in math, reading and general knowledge in first grade. Among poor children, chronic absence in kindergarten can predict low educational achievement at the end of fifth grade. Nationally, chronically absent Hispanic kindergartners have lower reading achievement than their chronically absent peers of other ethnicities.[3,4]

Nationally, chronic early absence affects one out of 10 children during their first two years of school.[5] Younger children from poor families are much more likely to have high rates of chronic absenteeism than higher-income children. In the U.S., one in five (21%) poor kindergartners was chronically absent, compared to less than one in ten (8%) of their higher-income peers.[6] Children who are homeless or formerly homeless also experience poor educational outcomes related to school absenteeism and mobility.[7] Lack of access to preventive health care and chronic health issues, such as asthma, can result in increased absenteeism.[8]

Chronic early absence is most often a result of a combination of school, family and community factors.[9] Risk factors such as poverty, teenage parenting, single parenting, low maternal education levels, unemployment, poor maternal health, receipt of welfare, and household food insecurity can all affect school attendance. Rates of chronic absence rise significantly when three or more of these risk factors are present.[10,11] Chronic absenteeism can also result from poor quality education, ambivalence about or alienation from school, and chaotic school environments, including high rates of teacher turnover, disruptive classrooms and/or bullying.[12] Community factors that may disrupt school routines and lead to chronic absence include unreliable or insufficient public transportation systems, violence or the fear of violence on the way to and from school, multiple foster care placements, and lack of access to safe and affordable housing.[13]

School Attendance in Rhode Island by Number of School Days Missed, Kindergarten Through Third Grade, 2008-2009 School Year



n = 45,966

Source: Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year.

◆ **During the 2008-2009 school year, 11% of Rhode Island children in grades K-3 were chronically absent (i.e. absent 18 days or more). In Rhode Island's core cities, 16% of children in grades K-3 were chronically absent.[14]**

◆ **Almost one in four (23%) Rhode Island children in grades K-3 missed 12 or more days of school during the 2008-2009 school year.[15]**

◆ **Schools may inadvertently overlook the prevalence of chronic early absence because high rates for school attendance can easily mask significant numbers of chronically absent students.[16] In Rhode Island during the 2008-2009 school year, elementary schools in the core cities had an average daily attendance rate of 93%, but 16% of students in grades K-3 were chronically absent.[17]**

◆ **While most elementary schools monitor average daily attendance or unexcused absences, few actively monitor the combination of excused and unexcused absence for individual students.[18] Schools can promote attendance by helping parents understand that coming to school, especially in the early grades, is critical to children's academic success.[19]**

◆ **Chronic absenteeism rates can be reduced through school-family-community partnerships that use an ongoing and intentional approach for monitoring attendance and contacting parents as soon as troubling patterns of attendance appear.[20] Schools and communities can address the problem of chronic absence through existing initiatives on parent involvement, school readiness, after-school programming, school-based health services, and drop-out prevention.[21]**

Table 47.

Chronic Early Absence Rates, Grades K-3, Rhode Island, 2008-2009 School Year

SCHOOL DISTRICT	STUDENTS ENROLLED	ELEMENTARY (K-5) ATTENDENCE RATE	TOTAL # OF K-3 STUDENTS CHRONICALLY ABSENT	% CHRONIC ABSENCES IN GRADES K-3
Barrington	993	96%	40	4%
Bristol Warren	1,047	95%	83	8%
Burrillville	850	95%	72	8%
Central Falls	1,178	93%	205	17%
Chariho	1,017	96%	73	7%
Coventry	1,582	96%	31	2%
Cranston	3,285	95%	292	9%
Cumberland	1,454	96%	73	5%
East Greenwich	643	96%	27	4%
East Providence	1,823	95%	177	10%
Exeter-West Greenwich	527	96%	34	6%
Foster	168	95%	43	26%
Glocester	416	96%	10	2%
Jamestown	186	96%	12	6%
Johnston	961	95%	96	10%
Lincoln	866	96%	48	6%
Little Compton	126	95%	0	0%
Middletown	839	96%	39	5%
Narragansett	387	92%	28	7%
New Shoreham	47	93%	0	0%
Newport	754	94%	121	16%
North Kingstown	1,173	96%	72	6%
North Providence	896	95%	79	9%
North Smithfield	518	96%	38	7%
Pawtucket	3,233	95%	433	13%
Portsmouth	774	96%	38	5%
Providence	8,816	93%	1,865	21%
Scituate	468	96%	48	10%
Smithfield	686	97%	33	5%
South Kingstown	1,053	96%	68	6%
Tiverton	624	96%	38	6%
Warwick	3,129	96%	231	7%
West Warwick	1,343	95%	104	8%
Westerly	913	96%	30	3%
Woonsocket*	2,204	93%	NA	NA
Charter Schools	*976*	*96%*	*34*	*3%*
Rhode Island School for the Deaf	*11*	*93%*	*0*	*0%*
*Core Cities**	*17,528*	*93%*	*2,728*	*16%*
Remainder of State	*27,451*	*96%*	*1,853*	*7%*
Rhode Island	*45,966*	*95%*	*4,615*	*10%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year. Note that these numbers may not include some children in grades K-3 who miss 18 days of school or more (chronic early absence) but who are officially disenrolled in one district and have not yet enrolled in another district. This sometimes happens when children are homeless, live in unstable living situations, are transitioning from an out-of-home placement (juvenile justice, foster care, residential or hospital placement), or miss school due to extended travel out of state or out of the country.

* Data for Woonsocket were not available. Therefore, only five of the six core cities are included in this calculation: Central Falls, Newport, Pawtucket, Providence, and West Warwick.

Charter schools include The Compass School, CVS Highlander Charter School, Kingston Hill Academy, International Charter School, The Learning Community, and Paul Cuffee Charter School.

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(continued on page 171)

School Attendance

DEFINITION

School attendance is the average daily attendance of public school students in each school district in Rhode Island for middle school (grades 6-8), and high school (grades 9-12).

SIGNIFICANCE

An important aspect of students' access to education is the amount of time actually spent in the classroom.[1] Truant students are at risk of disengagement from school, academic failure and dropping out.[2] Regardless of whether absences are unexcused or excused, students who miss school are more likely to fall behind academically and engage in risky behaviors.[3,4]

Nationally, 3% of eighth-graders and 5% of tenth-graders in the U.S. reported that they skipped three or more days of school in a four week period.[5] Students' reasons for not attending school include repeated suspensions, disruptive learning environments, poor achievement, concerns for safety, difficulty with peer and adult relationships, conflicts between school and work, family responsibilities and negative perceptions of school.[6,7]

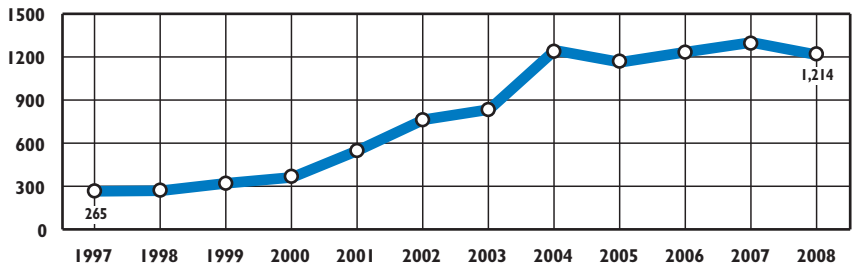
Absenteeism is rarely a reflection of the student alone and is often an indication that the family needs help. Family and economic factors connected to student absenteeism include: poverty, substance abuse, domestic violence, foster care placements, student employment, student disability, single-parent households, parents with multiple jobs, lack of affordable and reliable transportation and child care.[8,9,10]

School factors contributing to student absenteeism include school climate, school size, attitudes of school staff and discipline polices.[11,12,13] Policies and practices to increase student attendance include: providing free breakfast and lunch in schools with low attendance rates and high concentrations of low-income students, investing in out-of-school time programs, improving the reliability of transportation to and from school, streamlining school enrollment for students in foster care, and providing psychological services.[14,15]

During the 2008-2009 school year, almost half (47%) of middle and high school students in Rhode Island were absent for five or fewer days. Nearly a quarter (24%) of middle school students and 33% of high school students were absent for 12 days or more.[16]

Attendance rates in the core cities are lower than in the remainder of the state. Improving the core cities' high school attendance rate from the current rate of 87% to 93% (the rate in the remainder of the state) would mean that on average 890 more students would be attending high school in the core cities each day of the school year.[17]

Students Charged with Truancy in Rhode Island Family Court and Truancy Court, 1997-2008



Source: Rhode Island Family Court, Intake Charges, 1997-2008.

◆ **The U.S. Department of Education and the Rhode Island Department of Elementary and Secondary Education define truancy as 10 or more unexcused absences in a school year.[18,19] Truant students in Rhode Island may be referred by school administrators to the Rhode Island Truancy Court. The goal of the Truancy Court is to work with families, schools and communities to address the individual causes of truancy through monitoring, counseling, tutoring and other support services for students.[20]**

◆ **The number of Rhode Island students charged with truancy more than quadrupled between 1997 and 2008, from 265 students to 1,214 students.[21]**

Effective Truancy-Reduction Strategies

◆ **School connectedness plays an important role in student attendance.[22] An open, supportive, safe and engaging school environment and caring adults can address many of the causes of truancy.[23,24]**

◆ **Effective truancy-reduction strategies include: creating community and school partnerships to get students to school, using challenging and creative school curricula, developing discipline policies that keep students in school, providing art, music, physical education and other high-interest classes, and implementing credit recovery programs.[25,26,27]**

◆ **Discipline policies that ensure the uniform use of suspensions and expulsions when appropriate and enable the use of alternative interventions to address the root causes of truancy and reward positive behavior are also important for reducing truancy rates.[28]**

Table 48. **Student Absence and School Attendance Rates, Rhode Island, 2008-2009 School Year**

SCHOOL DISTRICT	MIDDLE SCHOOL TOTAL # OF STUDENTS	MIDDLE SCHOOL % OF STUDENTS ABSENT 12-17 DAYS	MIDDLE SCHOOL % OF STUDENTS ABSENT 18+ DAYS	MIDDLE SCHOOL ATTENDANCE RATE	HIGH SCHOOL TOTAL # OF STUDENTS	HIGH SCHOOL % OF STUDENTS ABSENT 12-17 DAYS	HIGH SCHOOL % OF STUDENTS ABSENT 18+ DAYS	HIGH SCHOOL ATTENDANCE RATE
Barrington	808	10%	5%	97%	1,163	9%	5%	96%
Bristol Warren	795	16%	12%	95%	1,151	17%	23%	92%
Burrillville	529	16%	9%	96%	840	19%	13%	94%
Central Falls	791	17%	17%	94%	838	17%	39%	86%
Chariho	1,110	15%	6%	96%	1,221	14%	15%	93%
Coventry	1,259	9%	3%	95%	1,810	0%	<1%	96%
Cranston	1,726	14%	11%	94%	3,548	14%	24%	92%
Cumberland	1,240	13%	6%	96%	1,588	14%	22%	92%
East Greenwich	404	11%	5%	96%	770	3%	3%	95%
East Providence	1,294	14%	19%	94%	1,967	5%	5%	89%
Exeter-West Greenwich	330	7%	3%	97%	642	13%	11%	95%
Foster-Glocester	568	1%	0%	96%	863	3%	2%	93%
Jamestown*	201	7%	8%	96%	NA	NA	NA	NA
Johnston	830	18%	21%	93%	903	17%	25%	92%
Lincoln	883	11%	8%	96%	1,039	14%	18%	93%
Little Compton*	107	0%	0%	95%	NA	NA	NA	NA
Middletown	746	11%	5%	96%	651	13%	10%	95%
Narragansett	478	13%	3%	92%	476	11%	9%	86%
New Shoreham	39	0%	0%	93%	28	3%	0%	91%
Newport	497	17%	26%	92%	588	20%	35%	88%
North Kingstown	1,026	<1%	<1%	96%	1,629	8%	4%	93%
North Providence	792	16%	9%	95%	1,061	19%	19%	92%
North Smithfield	460	10%	6%	96%	577	13%	11%	95%
Pawtucket	1,409	16%	18%	93%	2,366	16%	33%	89%
Portsmouth	673	10%	9%	96%	1,043	9%	10%	95%
Providence	4,494	16%	27%	91%	7,362	15%	43%	85%
Scituate	420	9%	6%	96%	529	11%	13%	95%
Smithfield	613	13%	6%	98%	853	16%	19%	95%
South Kingstown	869	12%	6%	95%	1,173	12%	13%	93%
Tiverton	611	18%	9%	95%	643	22%	10%	94%
Warwick	1,789	16%	11%	95%	3,481	15%	23%	92%
West Warwick	793	14%	19%	93%	1,105	12%	26%	90%
Westerly	795	4%	<1%	96%	1,058	14%	12%	93%
Woonsocket	1,357	0%	0%	91%	1,769	0%	0%	88%
Charter Schools	*296*	*5%*	*5%*	*95%*	*338*	*0%*	*0%*	*90%*
State-Operated Schools	*32*	*0%*	*0%*	*94%*	*1,615*	*10%*	*13%*	*92%*
UCAP	*140*	*14%*	*34%*	*91%*	*NA*	*NA*	*NA*	*NA*
Core Cities	*9,341*	*14%*	*21%*	*92%*	*14,028*	*14%*	*34%*	*87%*
Remainder of State	*21,395*	*12%*	*8%*	*95%*	*30,707*	*12%*	*14%*	*93%*
Rhode Island	*31,204*	*12%*	*12%*	*94%*	*46,688*	*12%*	*21%*	*91%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year.

Attendance rates are calculated by dividing "the average daily attendance" by the "average daily membership."

Note that these numbers may not include some children who miss more than 18 days of school but who are officially un-enrolled in one district and have not yet enrolled in another district. This sometimes happens when children are homeless, live in unstable living situations, transitioning from an out-of-home placement (juvenile justice, foster care, residential or hospital placement), or miss school due to extended travel out of state or out of the country.

*Little Compton students attend high school in Portsmouth and Jamestown students attend high school in North Kingstown.

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

Charter schools include BEACON Charter School, Blackstone Academy Charter School, The Compass School, CVS Highlander 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. UCAP is the Urban Collaborative Accelerated Program.

References

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Suspensions

DEFINITION

Suspensions is the number of disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. Students can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions, out-of-school suspensions, and alternate program placements.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate for students and teachers, support learning, and address the causes of student misbehavior. Studies have shown that punitive disciplinary practices, including "zero tolerance" policies, are largely ineffective and even counterproductive.[1] Out-of-school suspension is the most widely used disciplinary technique, both nationally and in Rhode Island. Suspensions are used for minor offenses such as attendance infractions, and for more serious offenses such as weapon possession.[2,3,4]

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 than their peers.[5]

Suspension usually does not deter students from misbehaving and may actually reinforce negative behavior patterns. Suspended students are more likely than their peers to experience academic failure, juvenile justice system involvement, disengagement from school, isolation from teachers and other students, and to drop out of school.[6,7]

During the 2008-2009 school year in Rhode Island, 42,714 disciplinary actions were attributed to 15,829 students.[8] The total number of disciplinary actions is almost three times the number of students disciplined because some students were disciplined multiple times.

Low-income and minority students are overrepresented in school suspensions and receive disproportionately severe disciplinary actions compared with their higher-income and White peers. In Rhode Island during the 2008-2009 school year, minority students received 46% (19,606) of all disciplinary actions but made up only 31% of the student population. One-third (32%) of Rhode Island students were enrolled in core city districts, but they received 49% of the disciplinary actions.[9]

Students with disabilities also are more likely than other students to be suspended. While 17% of Rhode Island students were in special education in 2008-2009, they accounted for 31% (13,272) of the disciplinary actions and 28% (4,450) of all students disciplined.[10]

Disciplinary Actions, Rhode Island Public Schools, 2008-2009

By Type of Infraction	#	%	By Type of Infraction	#	%
Attendance Offenses	14,405	34%	Assault of Student or Teacher	1,749	4%
Insubordination/Disrespect	6,881	16%	Communications/Electronic Devices	1,115	3%
Disorderly Conduct	6,786	16%	Alcohol/Drug/Tobacco Offenses	858	2%
Fighting	2,630	6%	Arson/Larceny/Vandalism	723	2%
Obscene/Abusive Language	2,494	6%	Weapon Possession	326	1%
Harassment/Intimidation/Threat	1,915	4%	Other Offenses*	2,832	7%
			Total	*42,714*	

**Examples of other offenses include forgery, trespassing, etc.*

Source: Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year. Percentages may not sum to 100% due to rounding.

◆ **In Rhode Island during the 2008-2009 school year, 11% of the student population was suspended at least once. Approximately one-third (34%) of suspensions were for attendance-related offenses.[11]**

◆ **Of all disciplinary actions during the 2008-2009 school year, 6% involved elementary school students (preschool through 5th grade), 33% involved middle school students (6th-8th grades), and 60% involved high school students (9th-12th grades).[12]**

◆ **Out-of-school suspensions accounted for 59% of disciplinary actions in Rhode Island during the 2008-2009 school year, followed by in-school suspensions at 34% and alternate program placements at 7%.[13]**

Mental Health and School Discipline

◆ **Students with mental health issues are more likely to be suspended than their peers. Elementary school students with mental health problems are suspended and expelled more than three times as often as their peers.[14]**

◆ **Approximately three-quarters of students in need of mental health services do not receive them. Students who are suspended or expelled are not routinely referred to mental health services.[15,16,17]**

Table 49.

Disciplinary Actions, Rhode Island School Districts, 2008-2009

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	3,346	82	18	0	100	3
Bristol Warren	3,441	880	1,243	8	2,131	62
Burrillville	2,518	165	702	0	867	34
Central Falls	3,100	83	7	0	90	3
Chariho	3,517	319	0	10	329	9
Coventry	5,239	709	527	314	1,550	30
Cranston	10,336	2,154	0	13	2,167	21
Cumberland	4,830	340	21	0	361	7
East Greenwich	2,315	55	25	0	80	3
East Providence	5,666	791	0	0	791	14
Exeter-West Greenwich	1,866	252	0	0	252	14
Foster	238	0	0	0	0	0
Foster-Glocester	1,431	242	616	1	859	60
Glocester	584	0	0	0	0	0
Jamestown	464	5	7	0	12	3
Johnston	3,068	489	2	0	491	16
Lincoln	3,181	263	73	5	341	11
Little Compton	2,652	1	0	0	1	<1
Middletown	2,355	297	36	0	333	14
Narragansett	1,441	38	0	137	175	12
New Shoreham	132	19	2	0	21	16
Newport	2,066	509	214	0	723	35
North Kingstown	4,330	350	123	1	474	11
North Providence	3,113	1,038	629	0	1,667	54
North Smithfield	1,851	94	74	0	168	9
Pawtucket	8,539	2,387	791	0	3,178	37
Portsmouth	2,787	120	59	0	179	6
Providence	23,140	7,930	3,462	0	11,392	49
Scituate	1,648	69	0	341	410	25
Smithfield	2,471	220	253	0	473	19
South Kingstown	3,591	279	608	0	887	25
Tiverton	1,881	279	713	325	1,317	70
Warwick	10,374	1,853	1,274	0	3,127	30
West Warwick	3,475	446	703	10	1,179	34
Westerly	3,183	212	747	0	959	30
Woonsocket	5,958	1,437	1,393	1,971	4,801	81
Charter Schools	*2,021*	*87*	*55*	*17*	*159*	*8*
State-Operated Schools	*1,641*	*620*	*2*	*1*	*623*	*38*
UCAP	*140*	*26*	*15*	*6*	*47*	*34*
Core Cities	*46,279*	*12,812*	*6,570*	*1,981*	*21,363*	*46*
Remainder of State	*93,851*	*11,615*	*7,752*	*1,155*	*20,522*	*22*
Rhode Island	*143,932*	*25,160*	*14,394*	*3,160*	*42,714*	*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.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2008-2009 school year.

The disciplinary actions rate per 100 students is the total number of disciplinary actions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

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

Charter schools include: Beacon Charter School, Blackstone Academy Charter School, Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School and Paul Cuffee Charter School. State-operated schools include: DCYF Schools, the Metropolitan Career & Technical Center, Rhode Island School for the Deaf, and Wm. M. Davies Jr. Career-Technical High School. UCAP is the Urban Collaborative Accelerated Program.

The following independent charter and state-operated schools did not report any disciplinary actions in 2008-2009: Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Rhode Island School for the Deaf.

References for Suspensions

[1] *Fair and effective discipline for all students: Best practice strategies for educators* (Fact sheet). (2002). Bethesda, MD: National Association of School Psychologists.

[2,6] Skiba, R. J. (2000). *Zero tolerance, zero evidence: An analysis of school disciplinary practice.* (Policy Research Report #SRS2). Bloomington, IN: Indiana Education Policy Center.

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High School Graduation Rate

DEFINITION

High school graduation rate is the percentage of students who graduate from high school within four years of entering, calculated by dividing the number of students who graduate in four years or fewer by the total number of first-time entering ninth graders (adjusted for transfers in and transfers out during the four years).

SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. In Rhode Island, adults without a high school diploma are almost four times more likely to be unemployed than those who have a bachelor's degree.[1] In Rhode Island between 2006 and 2008, the median income of adults without a high school diploma or GED was $23,357, compared to $30,697 for adults with a high school degree.[2] In Rhode Island in 2008, 15% of children lived in households headed by a high school dropout, compared to 16% nationally.[3]

Research indicates that children who attend high-quality preschool programs and who read on grade level in elementary school are more likely to graduate from high school than their peers.[4] Risk factors for dropping out include: repeating one or more grades, ongoing attendance problems, suspensions and behavior problems, disengagement from school, and failing math or English.[5]

Student achievement and graduation rates can be improved with the use of early warning systems that use data to identify at-risk students as early as 4th grade. Course-failure patterns, poor behavior and attendance problems can also be used to identify high school students who are "off-track" to graduation beginning as early as the first quarter of 9th grade. Early warning systems that lead to the provision of personalized and timely academic and social supports can help students remain "on-track" for graduation.[6]

Other strategies to reduce the dropout rate include improving school climate, creating 8th to 9th grade transition programs, supporting personalized learning and meaningful student connections with adults in the school, increasing community engagement, using expanded learning time, and implementing rigorous, engaging and relevant curricula.[7]

2006 High School Graduation Rates

	2006
RI	73%
US	69%
National Rank*	*24th*
New England Rank**	*6th*

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

Source: Editorial Projects in Education Research Center. (2009). *Diplomas Count 2009 – Rhode Island state highlights 2008.* Retrieved June 11, 2009 from www.edweek.org/go/dc09

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2009

	Cohort Size	Four-Year Graduation Rate	Dropout Rate	% Completed GED	% of Students Still in School
All Students	12,686	75%	14%	5%	6%
Females	6,257	80%	12%	4%	4%
Males	6,429	71%	16%	6%	7%
English Language Learners	738	63%	25%	2%	10%
Students with Disabilities	2,604	59%	23%	6%	13%
Students without Disabilities	10,082	80%	12%	5%	4%
Low-Income Students	5,497	63%	21%	7%	9%
Higher-Income Students	7,189	85%	8%	4%	3%
White	8,890	80%	11%	5%	4%
Asian	375	73%	17%	3%	6%
Black	1,146	67%	18%	6%	9%
Hispanic	2,193	64%	23%	5%	8%
Native American	82	71%	12%	4%	13%

Source: Rhode Island Department of Elementary and Secondary Education, Class of 2009 four-year cohort rates. Percentages may not sum to 100% due to rounding.

◆ **The Rhode Island four-year graduation rate for the class of 2009 was 75%, the dropout rate was 14%, 5% of students completed their GEDs within four years of entering high school and 6% were still in school in the fall of 2009.[8]**

◆ **Poverty is strongly linked to the likelihood of dropping out. Students in the core cities in Rhode Island are more than twice as likely to drop out of high school as students in the remainder of the state.[9] Minority students also are more likely than White students to drop out of school. However, lower graduation rates in minority communities mainly are driven by higher poverty rates and lower rates of educational attainment among adults in the community.[10]**

◆ **The Rhode Island four-year graduation rate for the class of 2009 was 71% for males and 80% for females.[11] While female students have lower dropout rates than males, national data show that female dropouts are significantly more likely to be unemployed and earn less on average than male dropouts from the same racial and ethnic group.[12]**

◆ **Graduation and dropout rates for youth who are pregnant or parenting and youth in the foster care system in Rhode Island are not available at this time.**

Table 50.

High School Graduation Rates, Rhode Island, Class of 2009

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES # OF STUDENTS IN COHORT	4-YEAR GRADUATION RATE	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL
Barrington	288	96%	2%	1%	<1%
Bristol Warren	301	85%	7%	2%	6%
Burrillville	208	85%	8%	4%	2%
Central Falls	263	47%	33%	7%	13%
Chariho	326	85%	6%	3%	6%
Coventry	471	79%	15%	3%	3%
Cranston	957	80%	12%	4%	5%
Cumberland	381	83%	10%	3%	3%
East Greenwich	189	94%	2%	3%	2%
East Providence	535	74%	13%	6%	7%
Exeter-West Greenwich	174	87%	6%	3%	3%
Foster-Glocester	246	88%	6%	4%	2%
Johnston	213	70%	14%	10%	6%
Lincoln	303	85%	14%	1%	0%
Middletown	173	82%	9%	4%	6%
Narragansett	123	86%	7%	5%	2%
New Shoreham	12	100%	0%	0%	0%
Newport	142	75%	11%	4%	10%
North Kingstown	402	92%	3%	1%	3%
North Providence	323	81%	15%	4%	<1%
North Smithfield	156	84%	6%	5%	5%
Pawtucket	719	55%	21%	15%	9%
Portsmouth	259	83%	6%	8%	3%
Providence	2,046	66%	22%	3%	8%
Scituate	133	85%	11%	4%	0%
Smithfield	235	90%	5%	3%	2%
South Kingstown	321	87%	7%	3%	3%
Tiverton	188	83%	13%	3%	1%
Warwick	963	75%	15%	5%	6%
West Warwick	293	69%	20%	3%	8%
Westerly	270	89%	6%	1%	3%
Woonsocket	552	62%	24%	5%	10%
Davies Career and Technical	*169*	*59%*	*17%*	*8%*	*16%*
DCYF	*78*	*5%*	*6%*	*81%*	*8%*
MET School	*189*	*76%*	*12%*	*4%*	*8%*
Beacon Charter	*35*	*57%*	*11%*	*6%*	*26%*
Blackstone Academy Charter	*40*	*70%*	*13%*	*10%*	*8%*
Core Cities	*4,015*	*63%*	*22%*	*6%*	*9%*
Remainder of State	*8,152*	*83%*	*10%*	*4%*	*4%*
Rhode Island	*12,686*	*75%*	*14%*	*5%*	*6%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Class of 2009.

The four-year class of 2009 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 2005-2006 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.

References

[1] U.S. Census Bureau, American Community Survey, 2006-2008. Table S2301.

[2] U.S. Census Bureau, American Community Survey, 2006-2008. Table B20004.

[3] The Annie E. Casey Foundation, KIDS COUNT Data Center. (2009). *Children in households where the household head is a high school dropout (percent) – 2008.* Retrieved on January 15, 2010 from www.kidscount.org/datacenter

[4] Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing the high school dropout rate.* Baltimore, MD: The Annie E. Casey Foundation.

[5,6,7] Kennelly, L. & Monrad, M. (2007). *Approaches to dropout prevention: Heeding early warning signs with appropriate interventions.* Retrieved September 29, 2009 from the National High School Center at www.betterhighschools.org

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College Preparation and Access

DEFINITION

College preparation and access is the percentage of Rhode Island high school seniors who graduate and immediately go on to college (i.e., enroll in a two-year or four-year college anywhere in the country in the fall of the year they graduate from high school).

SIGNIFICANCE

Post-secondary education and/or training are increasingly critical in today's job market. Three-quarters of the job growth in the U.S. requires a post-secondary degree or certificate of some kind.[1] While some students will choose to participate in service learning opportunities, technical training or obtain work experience before attending college, the rate of college entry immediately after high school can be an important measure of college access across states and communities. Just over half (55%) of Rhode Island seniors who graduated from high school in 2006 went directly on to a two or four-year college the next fall, compared with 62% nationally. Rhode Island ranks 43rd in the U.S. and 6th in New England (where 1st is best).[2]

Many students who do enroll in college do not complete their degree. Nationally, three out of four young adults in the top income quartile earn a bachelor's degree, compared with one in ten young adults in the bottom income quartile. Black and Hispanic youth are less likely than White youth to enroll in and complete college. These differences by race and ethnicity often are the result of differences in family education and income levels and access to rigorous K-12 educational opportunities.[3,4] All students, but especially low-income and traditionally underserved students, need academic, financial and social supports to increase their college enrollment and college completion rates.[5,6]

Higher-income students are almost three times more likely to be academically prepared to succeed in college than their low-income peers.[7] High schools that offer rigorous coursework, support student academic achievement, have high expectations for students, create college-going cultures, and increase access to college and financial aid counseling can improve the college enrollment and completion rates of their students. Another effective strategy for increasing college-going rates is to offer programs that provide high school students with the opportunity to enroll in college classes while still in high school.[8,9,10,11]

College access barriers include insufficient academic preparation, difficulty navigating the college application and financial aid process and the high cost of college relative to available financial aid.[12,13]

Factors that Influence Students' Access to College

Attending High Schools with "College-Going Cultures"

◆ **Guidance and information about the college application and enrollment process is critical throughout students' high school experiences. Low-income and first-generation college students are significantly more likely to attend college when they attend high schools with strong college-going cultures, in which teachers encourage students to go to college, work to make sure that students are prepared and are involved in helping students with the college application process.[14]**

Taking the SATs in Junior and/or Senior Year

◆ **While some colleges do not require the SATs for admission, students limit their choice of colleges when they do not take the SAT exams. In 2008, 74% of Rhode Island high school seniors reported planning to attend college, yet only 51% had taken the SATs.[15,16]**

Accessing Rigorous Academic Coursework

◆ **Students who participate in upper-level honors and Advanced Placement (AP) courses are more likely to attend selective colleges and are better prepared to succeed in college than students who do not.[17] During the 2007-2008 school year, 15% of Rhode Island public school seniors took at least one AP exam, compared with the national rate of 25%.[18]**

Completing the Application for Federal Financial Aid (FAFSA)

◆ **Applying for financial aid is a critical part of the college application process for low-income students. According to a 2008 study of students in Chicago public schools, students who completed the free application for federal student aid (FAFSA) were 50% more likely to enroll in a four-year college than their peers.[19]**

Exploring Multiple Options for College

◆ **Applying to multiple colleges increases the likelihood that students will be accepted at two-year or four-year colleges that fit their needs, interests and skills and increases the likelihood that students will succeed in college. High-achieving urban and low-income students frequently do not apply to college at all or enroll in less selective colleges and universities even when they have the qualifications to be admitted at more selective schools.[20,21]**

Table 51.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL 12TH GRADE ENROLLMENT OCT. 2009	% OF 11TH GRADERS PROFICIENT IN READING, 2009	% OF 11TH GRADERS PROFICIENT IN MATH, 2009	% OF 12TH GRADERS WHO PLAN TO ATTEND COLLEGE	2009 HIGH SCHOOL GRADUATION RATE	# OF 12TH GRADERS WHO FILLED OUT THE FAFSA	% OF 12TH GRADERS TAKING THE SATs
Barrington	277	95%	66%	85%	96%	116	84%
Bristol Warren	243	85%	33%	72%	85%	217	47%
Burrillville	215	73%	23%	80%	85%	113	40%
Central Falls	188	55%	7%	77%	47%	110	41%
Chariho	266	87%	41%	74%	85%	131	57%
Coventry	440	75%	27%	78%	79%	251	47%
Cranston	875	75%	23%	71%	80%	529	39%
Cumberland	342	82%	34%	70%	83%	231	51%
East Greenwich	191	71%	71%	81%	94%	120	75%
East Providence	470	61%	13%	67%	74%	290	37%
Exeter-West Greenwich	153	70%	28%	79%	87%	113	58%
Foster-Glocester	199	86%	39%	71%	88%	125	62%
Johnston	199	63%	18%	85%	70%	191	39%
Lincoln	248	83%	52%	70%	85%	166	69%
Middletown	135	73%	45%	60%	82%	89	67%
Narragansett	111	93%	54%	81%	86%	118	65%
New Shoreham	3	NA	NA	71%	100%	5	100%
Newport	132	82%	32%	62%	75%	69	57%
North Kingstown	405	84%	43%	69%	92%	218	61%
North Providence	264	77%	22%	77%	81%	198	45%
North Smithfield	135	72%	39%	77%	84%	69	69%
Pawtucket	493	62%	13%	73%	55%	423	41%
Portsmouth	239	87%	58%	69%	83%	152	62%
Providence	1,531	60%	11%	77%	66%	1,107	58%
Scituate	144	88%	42%	75%	85%	111	43%
Smithfield	207	88%	36%	68%	90%	137	64%
South Kingstown	303	85%	51%	83%	87%	187	71%
Tiverton	172	82%	31%	66%	83%	118	58%
Warwick	826	69%	20%	70%	75%	526	45%
West Warwick	215	65%	24%	72%	69%	129	45%
Westerly	238	81%	37%	78%	89%	175	76%
Woonsocket	367	61%	12%	70%	62%	179	35%
Davies Career and Technical	*163*	*85%*	*27%*	*NA*	*59%*	*NA*	*19%*
DCYF	*12*	*NA*	*NA*	*NA*	*5%*	*NA*	*NA*
MET School	*187*	*55%*	*4%*	*NA*	*76%*	*NA*	*2%*
Beacon Charter	*57*	*98%*	*16%*	*NA*	*57%*	*NA*	*18%*
Blackstone Academy Charter	*43*	*78%*	*3%*	*NA*	*70%*	*NA*	*74%*
Core Cities	*2,926*	*62%*	*13%*	*NA*	*63%*	*2,017*	*50%*
Remainder of State	*7,300*	*78%*	*34%*	*NA*	*83%*	*4,696*	*54%*
Rhode Island	*10,688*	*73%*	*27%*	*74%*	*75%*	*6,713*	*51%*

Source of Data for Table/Methodology

12th grade enrollment data (October 1, 2009), 11th Grade *New England Common Assessment Program* (NECAP) data, % of 12th graders taking the SATs and high school graduation rates data are all from the Rhode Island Department of Elementary and Secondary Education.

% of 12th graders who plan to attend college data are from Felner, R. (2008). *2007-2008 student reports of academic expectations* (high school *SALT Survey*). Rock Island, IL: National Center on Public Education and Prevention.

# of 12 graders who filled out the FAFSA data are from the Rhode Island Higher Education Assistance Authority (RIHEAA), and are based on a count of FAFSAs completed by public and private school students who were born in 1990 and who started college during the 2008-2009 school year.

11th grade NECAP reading and math proficiency rates are the percentage of NECAP test-takers who scored at the "proficient" or "proficient with distinction" levels (levels three and four) on the October 2009 *New England Common Assessment Program* (NECAP) test.

The high school graduation rate is the number of students who graduate in four years or fewer divided by the total number of students who started 9th grade in 2005-2006, adjusted for transfers in and transfers out.

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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Teens Not in School and Not Working

DEFINITION

Teens not in school and not working is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces, and not employed. Teens who are recent high school graduates and who are unemployed and teens who have dropped out of high school and are jobless are included.

SIGNIFICANCE

School and work help teens acquire the skills and knowledge they need to become productive adults.[1] Teens who drop out of school and do not become a part of the workforce are at risk of experiencing negative outcomes as they transition from adolescence to adulthood. Teens in low-income families, teens who drop out of school, teen parents, teens in foster care and teens involved in the juvenile justice system are most at risk of being disconnected from both school and work.[2]

Disconnected youth are more likely to live in poverty, suffer from mental health problems and substance abuse, have low educational attainment, become teen parents, engage in violent activity, live in under-resourced neighborhoods, experience difficulties maintaining employment and earn low wages.[3,4,5]

Meaningful family support, mentoring, out-of-school programming, job training, smaller schools, safer schools, high-quality alternative education programs and school-to-career programs lessen the likelihood of teens becoming disconnected from school and work.[6,7,8] Research shows that youth who are consistently connected to work and school have similar annual earnings regardless of whether they are Hispanic, White or Black.[9]

Between 2006 and 2008, an estimated 4,323 (7%) youth ages 16 to 19 were not in school and not working in Rhode Island. Of the youth who were not in school and not working, 48% were females and 52% were males. Forty-five percent (45%) of these youth were high school graduates and 55% percent had not graduated from high school.[10]

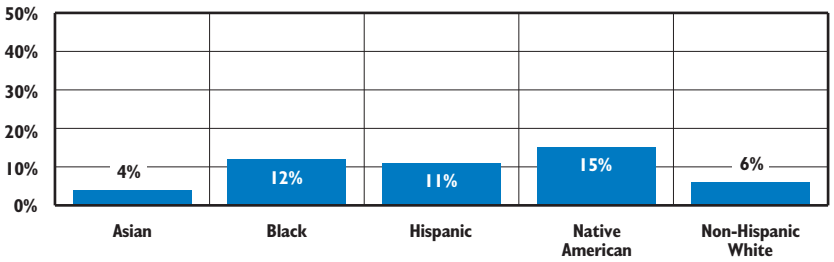
Teens Not in School and Not Working 2002 and 2007

	2000	2007
RI	7%	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. (2009). *KIDS COUNT data book: State profiles of child well-being,* 2009. Baltimore, MD: The Annie E. Casey Foundation.

Percentage of U.S. Youth Ages 16 to 19, Not in School and Not Working, by Race and Ethnicity, 2008



Source: Annie E. Casey Foundation KIDS COUNT Data Center (2010). *Rankings/Maps/Trends by Topic: Teens not attending school and not working by race (Percent) – 2008.* Retrieved January 6, 2010 from www.kidscount.org/datacenter

◆ **Nationally, minority youth are more likely to be disconnected from school and work.[11] In 2008 in the U.S., 15% of Native American youth, 12% Black youth and 11% of Hispanic youth were not in school and not working, compared to 4% of Asian and 6% of non-Hispanic White youth.[12]**

◆ **Education has an impact on the likelihood of finding and maintaining employment, regardless of race or ethnicity. In 2008, people with less than a high school diploma in Rhode Island were nearly twice as likely to be unemployed as those who attained a high school degree or equivalent and were almost five times as likely to be unemployed as those who received a bachelor's degree.[13]**

Connecting Youth to School and Work

◆ **Successful strategies to connect youth to work and school must be broad and include reform and redesign of community systems, community engagement in schools, early identification of youth at risk of dropping out of school, targeted workforce development programs, and multiple pathways to high school graduation and employment.[14,15,16]**

◆ **High school completion is a key determinant of youth connectedness to school and work. 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.[17]**

Table 52.

Teens Not in School and Not Working, Ages 16-19, Rhode Island, 2000

CITY/TOWN	TOTAL NUMBER OF TEENS AGES 16-19	JOBLESS HIGH SCHOOL GRADUATES	JOBLESS HIGH SCHOOL DROPOUTS	TOTAL NUMBER OF JOBLESS TEENS NOT IN SCHOOL	% OF TEENS WHO ARE JOBLESS & NOT IN SCHOOL
Barrington	816	7	11	18	2.2%
Bristol	1,701	0	23	23	1.4%
Burrillville	980	3	14	17	1.7%
Central Falls	1,082	66	112	178	16.5%
Charlestown	320	0	0	0	0.0%
Coventry	1,632	9	50	59	3.6%
Cranston	4,233	304	329	633	15.0%
Cumberland	1,449	67	28	95	6.6%
East Greenwich	636	0	0	0	0.0%
East Providence	2,068	75	55	130	6.3%
Exeter	251	5	0	5	2.0%
Foster	232	0	0	0	0.0%
Glocester	551	5	10	15	2.7%
Hopkinton	402	4	16	20	5.0%
Jamestown	267	0	5	5	1.9%
Johnston	1,080	33	17	50	4.6%
Lincoln	974	0	26	26	2.7%
Little Compton	175	0	16	16	9.1%
Middletown	713	37	18	55	7.7%
Narragansett	739	9	12	21	2.8%
New Shoreham	26	0	0	0	0.0%
Newport	1,740	31	100	131	7.5%
North Kingstown	1,159	13	0	13	1.1%
North Providence	1,262	22	38	60	4.8%
North Smithfield	494	0	0	0	0.0%
Pawtucket	3,684	203	292	495	13.4%
Portsmouth	736	0	12	12	1.6%
Providence	15,673	420	1,138	1,558	9.9%
Richmond	326	16	0	16	4.9%
Scituate	604	44	17	61	10.1%
Smithfield	1,904	11	11	22	1.2%
South Kingstown	3,532	8	11	19	0.5%
Tiverton	769	23	22	45	5.9%
Warren	507	33	33	66	13.0%
Warwick	3,843	60	130	190	4.9%
West Greenwich	300	0	0	0	0.0%
West Warwick	1,341	47	73	120	8.9%
Westerly	1,029	24	23	47	4.6%
Woonsocket	2,179	75	181	256	11.7%
Core Cities	*25,699*	*842*	*1,896*	*2,738*	*10.7%*
Remainder of State	*35,710*	*812*	*927*	*1,739*	*4.9%*
Rhode Island	*61,409*	*1,654*	*2,823*	*4,477*	*7.3%*

Sources of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

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

The denominator is the number of teens ages 16 to 19 according to the 2000 U.S. Census.

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Methodology

The *2010 Rhode Island Kids Count Factbook* examines 67 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. The information on each indicator is organized as follows:

- ***Definition:*** A description of the indicator and what it measures.
- ***Significance:*** The relationship of the indicator to child and family well-being.
- ***National Rank and New England Rank:*** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends since 2000. The New England Rank highlights Rhode Island's rank among the six New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- ***Sidebars:*** Current state and national data and information related to the indicator.
- ***City/Town Tables:*** Data presented for each of Rhode Island's cities and towns, the state as a whole and the core cities.
- ***Core Cities Data:*** The core cities are the six Rhode Island communities in which more than 15% of the children live below the poverty threshold according to the 2000 Census. They include: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.
- ***Most Recent Available Data:*** The 2010 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 2004 and 2008. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in Rhode Island with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight.

Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the numerator) are identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the source of data for the total number of children eligible for the indicator of interest (the denominator) is also noted within the Source of Data/Methodology section. Rates and percentages are not calculated for cities and towns with small denominators (less than 500 for delayed prenatal care, low birthweight infants, and infant mortality rates and less than 100 for births to teens). Rates and percentages for small denominators are statistically unreliable. "NA" is used in the indicator table when this occurs. In the indicator for child deaths and teen deaths, and other indicators in which the indicator events are rare, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

There are four sources of U.S. Census Bureau data used in the Factbook: Census 2000, the Current Population Survey, Population Estimates and the American Community Survey. In all city/town tables that require population statistics, data is from Census 2000 as is stated in Source sections. Throughout the text portions of each indicator, all four sources are used and the relevant citations provide clarification on which source data come from. In instances where Census 2000 data is used in the denominator, caution should be taken when comparing new rates with those for past years, as actual population numbers may have changed. Whenever possible, Census data are updated using the most recent data from the American Community Survey conducted by the U.S. Census Bureau.

Methodology for Children with Lead Poisoning

The number of children confirmed positive for lead levels ≥ 10 mcg/dL are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used. The number of children confirmed positive may be underestimated because the policies recommending a venous follow-up for a capillary screening test ≥ 10 mcg/dL were not in place until July 1, 2004. Starting July 1, 2004 if a child under age six has a capillary blood lead level of ≥ 10 mcg/dL the Rhode Island Childhood Lead Poisoning Prevention Program contacts the physician to encourage a confirmatory venous test on the child.

Rhode Island law requires that all

children under age six must be screened annually for lead. In October 2007, the Rhode Island Childhood Lead Poisoning Prevention Program made its screening guidelines consistent with the American Academy of Pediatrics, which recommends a blood lead screening test for every child at one and two years of age. The Guidelines indicate that if either of the blood lead tests done at one and two years of age is ≥ 10 mcg/dL, annual screening should continue until the age of six. If both of the blood lead tests are < 10 mcg/dL, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six, which means that not all children receive an annual blood test after age two.

Methodology for Youth Violence

All law enforcement agencies in Rhode Island are required to maintain a record of the nature of detentions and characteristics of juveniles they arrest. They submit this information to the Rhode Island Public Safety Grant Administration Office on a monthly basis, and the information is aggregated into a summary report submitted annually to the federal Office of Juvenile Justice and Delinquency Prevention. More information can be found at www.rijustice.ri.gov

Assault offenses in this indicator include: simple assault, robbery, assault, felony assault, assault with a dangerous weapon, domestic assault, assault on a police officer, threats, assault on a school teacher, strong-arm robbery, kidnapping, attempted murder, extortion, fighting, intimidating witness, stalking, attempted robbery, cyber-stalking, carjacking, harassment, and murder.

Weapons offenses in this indicator include: possession of an unspecified weapon, possession of a knife, possession of a firearm, possession of a weapon at school, possession of a bb gun, discharging a firearm, possession of ammunition, possession of a dangerous weapon, carrying a concealed weapon, and discharging a bb gun.

State-Operated and Charter Schools

The state-operated schools and charter schools included in each table are listed in the Source/Methodology Section next to the table. Charter schools include only independently-run charter schools and not those affiliated with a district. Textron/Chamber of Commerce Academy, Times[2] Academy and the New England Laborers'/Cranston Public Schools Construction Career Academy are all district-affiliated charter schools, and consequently their data are reported within district categories instead of the charter school category.

The Urban Collaborative Accelerated Program (UCAP) is listed separately when data are available.

Charter schools, state-operated schools and UCAP are not included in core city and remainder of state calculations.

New England Common Assessment Program (NECAP)

In October 2005, Rhode Island began using a new statewide assessment system for elementary and middle school students, and Rhode Island implemented a new high school assessment beginning in October 2007. The tests were developed and administered in collaboration with New Hampshire, Vermont and Maine through the New England Common Assessment Program (NECAP), the first multi-state testing collaboration in the nation. The NECAP tests students in reading, writing and mathematics, and all test questions are directly related to specific state educational standards. Test results are available for the state, district and school levels on the Rhode Island Department of Elementary and Secondary Education website. Results from the NECAP are not comparable with statewide assessment tests from years prior to 2005 for elementary and middle schools and 2007 for high schools.

Methodology for Children Attending Schools Making Insufficient Progress

Rhode Island's public school accountability plan specifies a timeline for bringing all students to proficiency by the year 2014. Students are tested in *English Language Arts* and *Mathematics* in grades 3 through 8 plus 11th grade. Schools and districts are classified based on student scores on these tests and test participation rates. The state has set five equal intermediate goals from the baseline year (2002) to the year 2014 when all schools are expected to meet the goal of 100% proficiency.

Schools are measured by the performance of all students on the *English Language Arts* and *Mathematics* tests in the aggregate and by specific disaggregated groups: race/ethnicity (Asian, Black, Hispanic, Native American, White), economic disadvantage (school-lunch status), special needs (IEP), and Limited English Proficiency. There must be at least 45 students within each disaggregated group across a three-year span in order to use the data for school classification. Other factors which influence school classification include test participation rate (target: 95%) and meeting target attendance (for elementary and middle schools) or graduation (for high schools) rates.

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in the 67 indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

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 2009 federal poverty threshold for a family of three with two children is $17,285 and $21,756 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

The 2009 Federal Poverty Guidelines remain in effect until at least April 30, 2010. The 2009 guidelines are used throughout the 2010 Rhode Island Kids Count Factbook *because the new Federal Poverty Guidelines were not available at the time of publication.*

(continued from page 15)

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