2007 Rhode Island Kids Count Factbook

Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action. Rhode Island KIDS COUNT appreciates the generous support of The Rhode Island Foundation, United Way of Rhode Island, The Annie E. Casey Foundation, Prince Charitable Trusts, CVS/pharmacy, Hasbro Children's Fund, Jessie B. Cox Charitable Trust, Neighborhood Health Plan of Rhode Island, UnitedHealthcare, Blue Cross & Blue Shield of Rhode Island, Center on Budget and Policy Priorities, Ocean State Charities Trust, Citizens Bank Foundation, Amica Companies Foundation, and Advanced Financial Services.

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 *2007 Rhode Island Kids Count Factbook* are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the *2007 Factbook*, please contact:

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**New Indicator*

Overview

Who Has Seen the Wind?

Who has seen the wind?
    Neither I nor you:
But when the leaves hang trembling,
    The wind is passing through.

Who has seen the wind?
    Neither you nor I:
But when the trees bow down their heads,
    The wind is passing by.

- Christina Rossetti

Overview

The *2007 Rhode Island Kids Count Factbook* is the thirteenth 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 *2007 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 more than 15% 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 *2007 Rhode Island Kids Count Factbook* examines sixty-two 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 *2007 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs and individual service on behalf of children. Two new indicators are included in this edition of the Factbook.

Family Economic Security

Children most at risk of not achieving their full potential are children in poverty. Child poverty is related to every indicator in the *2007 Rhode Island KIDS COUNT Factbook.* According to the 2005 American Community Survey, the child poverty rate in Rhode Island was 19.5%. Nearly half of Rhode Island's 46,894 poor children live in extreme poverty — with a family income less than $10,222 (half of the federal poverty threshold of $20,444 for a family of four with two children). Even those with incomes above the official poverty threshold have a difficult time meeting the high costs of housing, utilities, child care and health care. Child care subsidies, health insurance, affordable housing and tax policies that support working families are critical tools to ensure the economic well-being of Rhode Island families.

Educational Attainment

Improving student achievement and high school graduation rates in Rhode Island requires that all sectors work together to improve school readiness and enhance learning opportunities. The path to academic success begins long before children enter kindergarten. Children who participate in high-quality preschool programs are more likely to read at grade level by fourth grade and are more likely to complete high school. Student achievement can be improved when families, communities and schools support children's physical, academic, and emotional growth. A high school diploma and further education are essential to competing in today's economy.

Results for All Children

Significant racial and ethnic disparities in child outcomes continue to exist in Rhode Island. Black, Hispanic and Native American children are three times more likely than Asian and White, non-Hispanic children to be poor and more likely to live in Rhode Island's poorest urban neighborhoods. Strategic efforts that engage diverse leadership can ensure that all Rhode Island children have the resources they need to thrive, including economic security, effective schools, quality child care, quality health care and affordable housing.

Family and Community

From The Bed Book

Most Beds are Beds
For sleeping or resting,
But the best Beds are much
More interesting!

Not just a white little
Tucked-in-tight little
Nighty-night little
Turn-out-the-light little
Bed-

Instead
A Bed for Fishing
A Bed for Cats,
A Bed for a Troupe of
Acrobats.

The right sort of Bed
(If you see what I mean)
Is a Bed that might
Be a Submarine

Nosing through water
Clear and green,
Silver and glittery
As a sardine.

Or a Jet-Propelled Bed
For Visiting Mars
With mosquito nets
For the shooting stars. . . .

- Sylvia Plath

Child Population

DEFINITION

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

SIGNIFICANCE

In 2005, the number of family households with children under age 18 in Rhode Island was 119,016, representing almost a third (29%) of all households.[1] According to the American Community Survey conducted by the U.S. Census Bureau, there were 1,032,662 Rhode Island residents in 2005. In 2005, children under age 18 made up 24% (244,331) of the Rhode Island population, which was similar to the child population in 2000.[2,3] In 2005, 26% of Rhode Island children were under age 5, 26% were ages 5 to 9, 30% were ages 10 to 14, and 18% were ages 15 to 17.[4] The U.S. Census Bureau projects that children under age 18 as a percentage of Rhode Island's total population will decrease from 24% in 2000 to 22% in 2030.[5]

In 2005 in Rhode Island, 154,886 (63%) children under age 18 lived in a married couple household, 70,062 (29%) children lived in a single parent household, and 15,209 (6%) children lived with relatives, including grandparents. During 2005 in Rhode Island, 3,230 (1%) children lived with a family in which the child was not related to the head of the household, such as children in foster care, and an additional 897 (<1%) children lived in non-family households.[6]

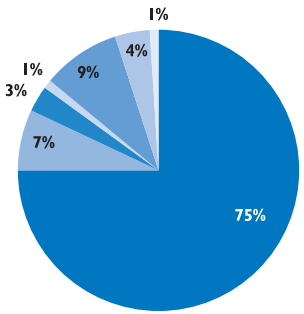
In Rhode Island between 2000 and 2005, the number of children under age 18 living in single parent households increased 5%. The number of children living with a grandparent or other relative decreased 15%, and the number of children living in a married-couple household decreased 1%.[7,8]

Rhode Island's children are diverse in race, ethnic background, language and country of origin. In 2005, there were 9,188 foreign-born children under age 18 living in Rhode Island, representing 4% of the child population.[9] In Rhode Island, 79% of children ages 5-17 speak only English at home, 13% of children sometimes or always speak Spanish, 5% speak other Indo-European languages and 2% speak Asian or other Pacific Island languages at home.[10]

Rhode Island's Children Under Age 18, 2005

By Race*

75%	White
7%	Black
3%	Asian
1%	Native American
9%	Some Other Race
4%	Two or More Races
1%	Race Unknown



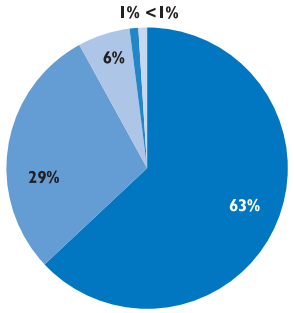
n= 244,331

Source: U.S. Bureau of the Census, American Community Survey, 2005. Tables S0901 Children's Characteristics, B01001A, B01001B, B01001D, B01001F, & B01001G.

**Hispanic children may be included in any race category of Rhode Island's 244,331 children. 41,296 (17%) of Rhode Island's children are Hispanic.[11]*

By Family Structure

63%	Married Couple**
29%	Single Parent**
6%	Other Relatives
1%	Unrelated Individuals
<1%	Non-family Household



n = 244,331

Source: U.S. Bureau of the Census, American Community Survey, 2005. Table B09003.

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

◆ **According to the 2005 American Community Survey, 65% of children in Rhode Island lived in owner-occupied housing units and 35% lived in renter-occupied units.[12]**

◆ **Of children ages 3 to 17 enrolled in school in Rhode Island in 2005, 83% were enrolled in public schools and 17% were enrolled in private schools.[13]**

◆ **In 2005, 9% of Rhode Island children had at least one specified disability, including either a long-lasting physical condition or difficulty completing tasks.[14]**

Table 1.

Child Population, Rhode Island, 1990 and 2000

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

Source of Data for Table/Methodology

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

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

References

[1] U.S. Bureau of the Census, American Community Survey, 2005. General Demographic Characteristics: 2005.

[2,4] U.S. Bureau of the Census, American Community Survey, 2005. Table B01001.

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

[5] U.S. Bureau of the Census, Population Division, Interim State Population Projections, 2005. Table 5.

[6,7] U.S. Bureau of the Census, American Community Survey, 2005. Table B09003.

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

[9] U.S. Bureau of the Census, American Community Survey, 2005. Table B05003.

[10] U.S. Bureau of the Census, American Community Survey, 2005, Custom Table B16007.

[11] U.S. Bureau of the Census, American Community Survey, 2005. Tables B01001& B01001I.

[12,13,14] U.S. Bureau of the Census, American Community Survey 2005, Rhode Island Children Characteristics. Table S0901.

Children in Single-Parent Families

DEFINITION

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

SIGNIFICANCE

According to the American Community Survey, conducted by the Census Bureau, there were 244,331 children living in Rhode Island in 2005. Of these, 70,062 (29%) were living with a parent who was not married.[1] Between 2000 and 2005 the percentage of children living in single-parent households increased by 5% in Rhode Island.[2,3] Sixty-three percent of children lived with their parents in a married-couple household and the remainder of children lived with relatives (6%), unrelated adults (1%), such as foster parents, and less than 1% lived in non-family households.[4]

Children living in single-parent families are at increased risk of living in poverty compared to children living in two-parent families. Single-parent families have only one potential wage earner, in contrast to two potential wage earners in a two-parent family.[5]

In Rhode Island in 2005, 82% of all poor children lived in single-parent families. Children in single-parent households are almost ten times more likely to be living in poverty than those in two-parent families. In 2005 in Rhode Island, 48% of children in single-parent households lived in poverty compared to 5% of children in two-parent families.[6]

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 are at increased risk for low academic achievement, low levels of social and emotional well-being, and increased levels of depression and stress. As adults they have diminished earnings and are more likely to have non-marital births, discordant marriages and to get divorced. Regardless of family structure, the quality of parenting is one of the best predictors of a child's well-being.[7]

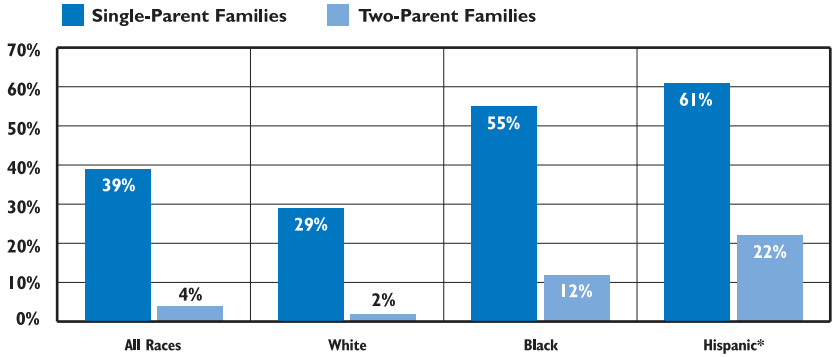
Single-Parent Families

	2000	2005
RI	27%	29%
US	25%	25%
National Rank*		*46th*
New England Rank**		*6th*

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

Source: U.S. Census Bureau, 2005 American Community Survey, Table C09003, U.S. Census Bureau, 2000 American Community Survey, Supplementary Survey Summary, Table PO13.

Families with Children and Income Below the Poverty Threshold, by Race and Ethnicity, Rhode Island, 2005



Source: U.S. Bureau of the Census, American Community Survey, 2005, Tables B17010, B17010A, B17010B, B17010I.
Note: Data on Native American and Asian families are not available because the sample size was too small.
*Hispanic people can be of any race.

◆ **The poverty rate of two-parent families differs substantially by race and ethnicity in Rhode Island. In 2005, Black two-parent families were six times as likely to live in poverty and Hispanic two-parent families were more than ten times as likely to live in poverty as White two-parent families.[8]**

◆ **In Rhode Island in 2005, single-parent Black and Hispanic families were about twice as likely as White single-parent families to live below the federal poverty threshold.[9]**

Barriers to Marriage for Low-Income Couples

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

◆ **Barriers to marriage in low-income communities include low educational attainment among men, untreated substance abuse and mental health issues, high rates of incarceration of men, and higher rates of physical and sexual abuse among women.**

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

Table 2.

Children's Living Arrangements, Rhode Island, 2000

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

Note to Table

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

Source of Data for Table/Methodology

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

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

References

[1,3,4] U.S. Bureau of the Census, American Community Survey, 2005. Table B09003.

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

[5,10] 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.

[6] U.S. Bureau of the Census, American Community Survey, 2005. Table B17006.

[7] 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.

[8,9] U.S. Bureau of the Census, American Community Survey, 2005. Tables B17010A, B17010B, B17010H, B17010I.

[11] U.S. Bureau of the Census, American Community Survey, 2005. Table B09008.

Grandparents Caring for Grandchildren

DEFINITION

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

SIGNIFICANCE

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

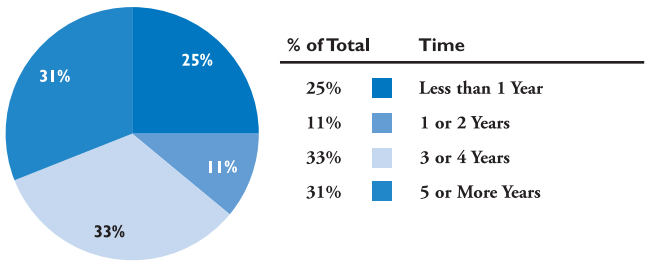
Grandparents living on a fixed income may be at risk of poverty after they become financially responsible for their grandchildren.[2] In fact, grandparent caregivers are more likely to live in poverty than other grandparents.[3]

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

Grandparent caregivers may not receive the support or services that they need and for which they are eligible. This may be because grandparents lack information and understanding about programs, such as cash assistance and Medicaid, or because grandparents feel that there is a stigma attached to receiving this assistance.[7,8] Nearly all grandparent caregivers are eligible for either foster care payments or child-only Temporary Assistance for Needy Families (TANF) payments regardless of their household's income level, but few receive this assistance. In 2002 in the U.S., only 1 out of 5 children in private relative care received any public monetary support, compared to over two-thirds of children in relative care who were involved with a child welfare agency.[9]

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

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2005



n = 3,804

Source: U.S. Census Bureau, American Community Survey, 2005. Table C10050.

◆ **In 2005, almost two-thirds (64%) of Rhode Island grandparents who were financially responsible for their grandchildren had been responsible for the children for three or more years.**[14]

◆ **In 2005 in Rhode Island, there were 9,977 children living in households headed by grandparents, though grandparents may not have been financially responsible for their grandchildren. An additional 5,232 children lived in households headed by other relatives. Six percent of all children living in Rhode Island lived with relative caregivers.**[15]

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

◆ **Rhode Island regulations state that the Department of Children, Youth and Families (DCYF) must give priority to relatives when placing a child in out-of-home care. As of December 2006 in Rhode Island, there were 935 children in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 28% of all children in out-of-home placements in Rhode Island.**[17]

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 less 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 they predict many developmental vulnerabilities. The poverty rate for children born to a teenaged, unmarried mother who did not graduate from high school is 78%. In contrast, the poverty rate for children born to married women over age 20 with a high school diploma is just 9%.[1]

Most children facing these three economic and social risk factors at birth continue to face great challenges throughout childhood. Less than half of teen mothers complete high school and only about 2% earn a college degree by age 30.[2] Young mothers without a high school diploma are likely to remain unmarried and a majority will be persistently low-income. Children born to mothers under age 20 are less likely to be ready for school at kindergarten entry, more likely to perform poorly in school, and less likely to complete high school themselves.[3,4,5]

Brain development proceeds rapidly during the infant and toddler years. By age 3, 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 helping families with multiple risk factors meet their basic needs and develop nurturing skills during the prenatal, infancy and toddler periods promotes success in school.[8]

A national analysis of early childhood interventions indicates that the most effective interventions have common design characteristics including: individualized services, highly trained staff, high quality programming, adequate intensity and duration, early initiation of services, trusting and continuous relationships between the service provider and the family, and a comprehensive, family-centered approach.[9] Cost-benefit studies show that providing effective, intensive interventions to at-risk young children and their families can yield up to a $17.00 return on every $1.00 invested.[10] Economists and scientists note that improving the social and cognitive environments of disadvantaged young children is the most cost-effective strategy for strengthening the future workforce.[11]

Infants Born with Identified Risk Factors, Rhode Island, 2006

	# OF BIRTHS	# BORN AT RISK*	# BORN AT HIGHEST RISK**
Central Falls	405	390	33
Newport	313	219	14
Pawtucket	1,029	855	60
Providence	2,860	2,536	229
West Warwick	415	302	16
Woonsocket	637	540	53
Core Cities	5,659	4,842	405
Remainder of State	6,282	3,811	137
Rhode Island	11,945	8,653	542

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

Source: Rhode Island Department of Health, KIDSNET Database, 2006.

◆ **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 younger than 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]**

Rhode Island Newborn Risk Assessment Program

◆ **The Rhode Island Department of Health screens all infants born in the state to identify numerous risks for poor developmental outcomes, such as: developmental disabilities, birth weights less than 3.3 lbs., Neonatal Intensive Care hospitalization greater than 48 hours, mother who is Hepatitis B surface antigen positive, mother with education less than 11th grade, mother younger than 19, mother older than 37, single mother, mother who has given birth more than 5 times and mother who has never given birth before. Additional risk factors assessed include: inadequate prenatal care, low Apgar scores, low birth weight for gestational age, parental characteristic indicating vulnerability (e.g. chronic illness), and the use of Medicaid/RIte Care health insurance.[14]**

Table 4.

Infants Born at Highest Risk, Rhode Island, 2006

CITY/TOWN	NUMBER 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	% BIRTHS WITH ALL 3 RISK FACTORS
Barrington	129	2	9	1	0	0%
Bristol	168	11	37	6	4	2%
Burrillville	137	11	52	7	4	3%
Central Falls	405	153	283	58	33	8%
Charlestown	78	5	18	4	1	1%
Coventry	326	27	101	17	10	3%
Cranston	880	77	312	42	28	3%
Cumberland	333	13	73	7	3	1%
East Greenwich	115	2	20	1	1	1%
East Providence	501	63	214	36	18	4%
Exeter	54	4	14	3	1	2%
Foster	52	3	10	0	0	0%
Glocester	80	3	18	5	1	1%
Hopkinton	78	3	25	5	0	0%
Jamestown	35	0	4	0	0	0%
Johnston	236	14	70	5	1	<1%
Lincoln	179	9	53	7	3	2%
Little Compton	22	0	1	1	0	0%
Middletown	191	6	54	5	2	1%
Narragansett	94	9	28	5	4	4%
New Shoreham	8	0	2	0	0	0%
Newport	313	38	129	23	14	4%
North Kingstown	240	10	65	8	5	2%
North Providence	346	20	126	15	7	2%
North Smithfield	74	4	11	2	1	1%
Pawtucket	1,029	214	578	103	60	6%
Portsmouth	150	4	21	4	1	1%
Providence	2,860	890	1,821	349	229	8%
Richmond	91	5	14	1	0	0%
Scituate	81	4	17	3	1	1%
Smithfield	140	6	23	2	2	1%
South Kingstown	227	5	52	9	1	<1%
Tiverton	75	5	20	4	3	4%
Warren	102	14	45	8	4	4%
Warwick	779	59	241	41	27	3%
West Greenwich	40	1	7	2	1	3%
West Warwick	415	64	191	23	16	4%
Westerly	241	16	87	13	3	1%
Woonsocket	637	160	393	79	53	8%
Unknown	*4*	*0*	*1*	*0*	*0*	*0%*
Core Cities	*5,659*	*1,519*	*3,395*	*635*	*405*	*7%*
Remainder of State	*6,282*	*415*	*1,844*	*269*	*137*	*2%*
Rhode Island	*11,945*	*1,934*	*5,240*	*904*	*542*	*5%*

Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET database, 2006. Unknown refers to infants born to mothers whose residence was not recorded.

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Mother's Education Level

DEFINITION

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

SIGNIFICANCE

The level of parental educational attainment can affect many aspects of child well-being. Research shows strong links between parental education levels and a child's health and health related behaviors, the level of education the child will ultimately achieve, and their access to material, human and social resources.[1] Increases in a mother's education level have been associated with improvements in children's academic performance.[2]

Higher education levels typically lead to higher earnings.[3] Even if a child's parents work full-time, children are more likely to be low-income if their parents do not have a college education.[4] Children of immigrants and children of color are least likely to have parents with high education levels and most likely to be low-income.[5,6]

One of the best ways parents can raise their families' incomes is through higher education.[7] Women with a bachelor's degree earned more than two times as much as those with less than a high school diploma.[8] Compared to other New England states, Rhode Island had the highest percentage of residents (16.5%) over age 18 without a high school diploma.[9] Educational attainment levels vary widely across cities and towns in Rhode Island.[10]

Of the 9,387 Rhode Island children born to mothers with less than a high school diploma between 2001 and 2005, 90 were to teen mothers ages 12-14, 1,528 were born to mothers ages 15-17 and 1,699 were born to mothers ages 18-19.[11] Nationally, women who have a child before age 20 attain an average 3 years less education than women who have children after age 20.[12]

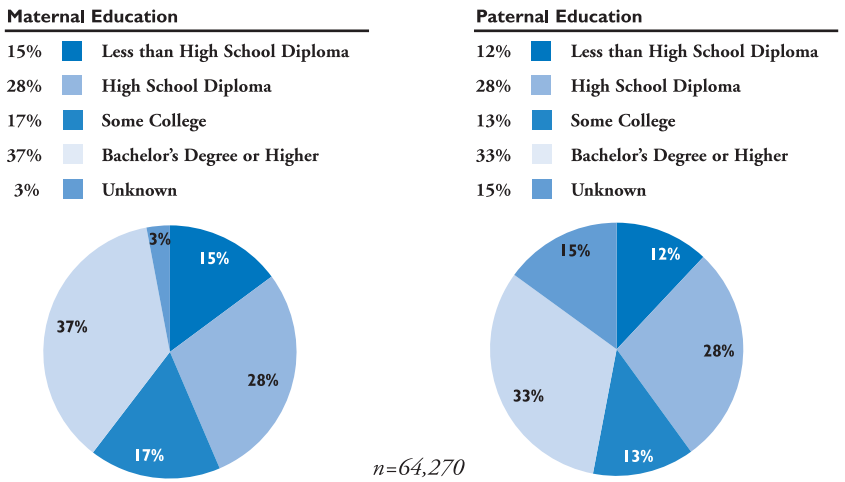
Percent of Total Births to Mothers with Less than 12 Years of Education

	1994	2004
RI	18%	16%
US	23%	22%
National Rank*		*16th*
New England Rank**		*5th*

**1st is best; 50th is worst*
***1st is best; 5th is worst*

Source: *The right start online: 2006.* Baltimore, MD: The Annie E. Casey Foundation.

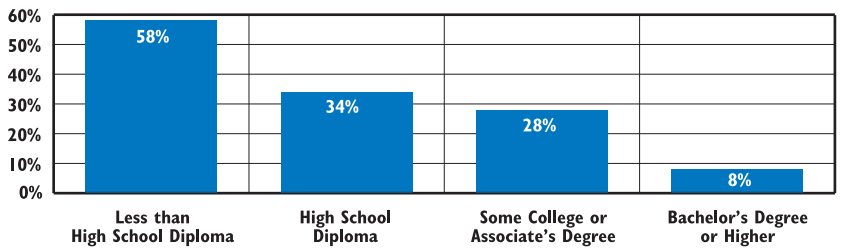
Births by Parental Education Levels, Rhode Island, 2001-2005



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004 and 2005 are provisional. Totals may not equal 100% due to rounding.

◆ **In Rhode Island between 2001 and 2005, 40% of infants were born to fathers with a high school diploma or less, and 43% were born to mothers with a high school diploma or less.[13]**

Poverty Status of Households Headed by Single Females by Educational Attainment, Rhode Island, 2005



Source: U.S. Bureau of the Census, American Community Survey, 2005. Table S1702.

◆ **The poverty status of a household headed by a single female is directly related to the woman's educational level. In Rhode Island in 2005, the poverty rate for households headed by a single female ranged from 58% for those with less than a high school diploma to 8% for those with a bachelor's degree or higher.[14]**

Table 5. **Births by Education Level of Mother, Rhode Island, 2001-2005**

CITY/TOWN	ALL BIRTHS	BACHELOR'S DEGREE OR ABOVE		SOME COLLEGE		HIGH SCHOOL DIPLOMA		LESS THAN HIGH SCHOOL DIPLOMA	
		N	%	N	%	N	%	N	%
Barrington	804	644	80%	84	10%	60	7%	5	1%
Bristol	1,033	510	49%	200	19%	250	24%	58	6%
Burrilville	823	323	39%	186	23%	227	28%	64	8%
Central Falls	1,989	192	10%	260	13%	740	37%	729	37%
Charlestown	440	211	48%	99	23%	92	21%	31	7%
Coventry	1,904	903	47%	375	20%	517	27%	95	5%
Cranston	4,410	2,062	47%	786	18%	1,140	26%	356	8%
Cumberland	1,881	1,089	58%	340	18%	349	19%	71	4%
East Greenwich	551	404	73%	65	12%	56	10%	19	3%
East Providence	2,547	939	37%	552	22%	747	29%	259	10%
Exeter	304	158	52%	45	15%	79	26%	17	6%
Foster	216	112	52%	42	19%	49	23%	13	6%
Glocester	418	205	49%	100	24%	86	21%	24	6%
Hopkinton	474	194	41%	109	23%	135	28%	31	7%
Jamestown	218	166	76%	22	10%	19	9%	6	3%
Johnston	1,440	620	43%	278	19%	414	29%	112	8%
Lincoln	968	517	53%	184	19%	195	20%	49	5%
Little Compton	169	110	65%	27	16%	30	18%	1	1%
Middletown	1,039	494	48%	221	21%	264	25%	46	4%
Narragansett	577	353	61%	93	16%	91	16%	19	3%
New Shoreham	59	31	53%	20	34%	8	14%	0	0%
Newport	1,558	614	39%	242	16%	367	24%	294	19%
North Kingstown	1,450	900	62%	199	14%	263	18%	63	4%
North Providence	1,655	693	42%	345	21%	459	28%	124	7%
North Smithfield	496	273	55%	87	18%	89	18%	28	6%
Pawtucket	5,569	1,237	22%	1,004	18%	1,997	36%	1,156	21%
Portsmouth	898	539	60%	159	18%	161	18%	26	3%
Providence	14,862	3,328	22%	1,900	13%	4,952	33%	3,984	27%
Richmond	503	278	55%	85	17%	106	21%	27	5%
Scituate	473	250	53%	95	20%	104	22%	19	4%
Smithfield	752	425	57%	147	20%	146	19%	22	3%
South Kingston	1,271	807	63%	166	13%	201	16%	63	5%
Tiverton	689	345	50%	177	26%	133	19%	31	4%
Warren	577	241	42%	141	24%	134	23%	55	10%
Warwick	4,414	2,050	46%	844	19%	1,179	27%	282	6%
West Greenwich	298	180	60%	55	18%	48	16%	12	4%
West Warwick	2,003	618	31%	363	18%	713	36%	283	14%
Westerly	1,349	511	38%	270	20%	414	31%	138	10%
Woonsocket	3,184	460	14%	523	16%	1,232	39%	775	24%
Unknown	*5*	*2*	*40%*	*1*	*20%*	*0*	*0%*	*0*	*0%*
Core Cities	*29,165*	*6,449*	*22%*	*4,292*	*15%*	*10,001*	*34%*	*7,221*	*25%*
Remainder of State	*35,105*	*17,539*	*50%*	*6,599*	*19%*	*8,245*	*23%*	*2,166*	*6%*
Rhode Island	*64,270*	*23,988*	*37%*	*10,891*	*17%*	*18,246*	*28%*	*9,387*	*15%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth. Totals may not equal 100% because of unknown education levels.

Between 2001 and 2005, the education level of the mother was unknown for 1,758 births (3%).

Totals do not equal 100% because of unknown education levels.

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[10,11,13] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional.

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[14] U.S. Bureau of the Census, American Community Survey, 2005. Table S1702.

Racial and Ethnic Diversity

DEFINITION

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

SIGNIFICANCE

Racial and ethnic diversity increased in the United States over the last several decades and is projected to rise in the future.[1] Minority children (all those except White, non-Hispanic children) accounted for 98% of the growth in the U.S. child population during the 1990s.[2] In 2000, 61% of all U.S. children were White non-Hispanic. By 2020, slightly more than half (53%) of all children in the United States are projected to be White, non-Hispanic.[3]

In 2000, 73% of children in Rhode Island were White, non-Hispanic, down from 84% in 1990. The number of minority children nearly doubled from 36,867 in 1990 to 67,747 in 2000. The number of White, non-Hispanic children dropped by 8,748 during the same period.[4]

In 2005 in Rhode Island, 75.2% of children under age 18 were White, 7.0% were Black or African American, 3.2% were Asian, 9.4% of children identified as Some Other Race, and 4.4% as Two or More Races. Race was unknown for just under 1% of children in Rhode Island. In 2005, 17% of children living in Rhode Island were Hispanic.[5]

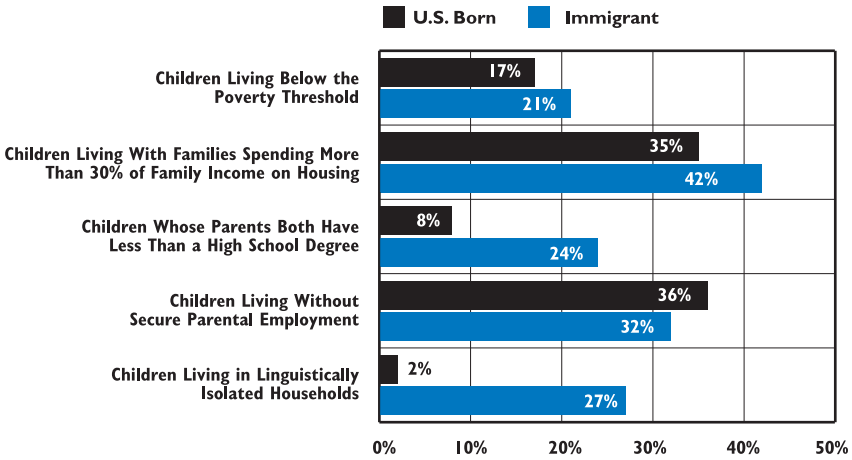
According to the 2000 U.S. Census, minority children are highly concentrated in the six core cities in Rhode Island. Core cities are defined as cities with more than 15% of children living in poverty according to the 2000 Census. More than half (58%) of children living in the core cities are minority children. More than three-quarters (78%) of all minority children in Rhode Island live in these six communities.[6]

In 2005, there were 9,188 foreign-born children under age 18 living in Rhode Island, 24% of whom were naturalized U.S. citizens.[7] Of Rhode Island's immigrant children, 6% were from Asia, 11% were from Africa, 11% were from Europe, 29% were from the Caribbean, and 42% were from Mexico, Central or South America.[8]

In 2005, 21% of children between the ages of 5 and 17 living in Rhode Island spoke a language other than English at home. Of these children, 79% spoke English very well and 11% spoke English well.[9]

Diversity presents opportunities and challenges to schools, child care centers, health care providers, social service agencies and other community service providers. Programs will need to adapt their current practices to meet the needs of a changing population.[10]

Characteristics of Children Living in Families with U.S.-Born and Immigrant Parents, Rhode Island, 2002-2004



Source: *Profiles by state: Rhode Island children in immigrant families.* (2006). Baltimore, MD: The Annie E. Casey Foundation.

◆ **Twenty-five percent of children in Rhode Island live with at least one foreign-born parent.[11] Compared to children of U.S.-born parents, children with immigrant parents are more likely to live in two-parent households, but are also more likely to be poor.[12] Seventeen percent of children in Rhode Island with U.S.-born parents are poor, compared with 21% of children with immigrant parents.[13]**

◆ **In the U.S., higher rates of poverty among immigrant families are mainly due to lower labor force participation among immigrant women than native-born women and to the low wages received by many immigrants. Many immigrant parents earn low wages because of low levels of educational attainment and limited English proficiency.[14]**

◆ **In Rhode Island, 24% of children with immigrant parents lived in families where both parents have less than a high school degree, compared to 8% of children with U.S.-born parents. Twenty-seven percent of children in immigrant families in Rhode Island lived in linguistically isolated households, compared with only 2% of children with U.S.-born parents.[15]**

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 security, health, safety and education.

SIGNIFICANCE

Rhode Island's children are diverse in race, ethnic background, language, and country of origin. Between 2000 and 2005, the percentage of minority children under age 18 increased from 27% to 31%, a 15% increase.[1,2] Although there have been substantial improvements in child well-being over the last century across racial and ethnic lines, large disparities still exist between White, non-Hispanic children and children from other racial and ethnic groups.

Rhode Island's growing diversity of children is not evenly distributed, with minority children concentrated in core urban communities that have increasingly high rates of child poverty. In 2000, more than three-quarters (78%) of Rhode Island's minority children lived in one of the six core cities where child poverty rates were more than 15%. Approximately three-quarters of the children in Providence (76%) and in Central Falls (72%) were of minority racial and ethnic backgrounds.[3] In several neighborhoods of Providence, minority children accounted for more than 90% of all children, with some of the highest child poverty rates in the state.[4]

Research demonstrates a significant relationship between residence in low-income or poor neighborhoods and increased teen pregnancy and high school dropout rates.[5] When compared with White, non-Hispanic children in poverty, Hispanic and Black children living in families with income below the poverty line are more likely to live in very poor neighborhoods in which 40% or more of the residents live in poor families.[6] Rhode Island has the country's largest percentage of Hispanic children living in poverty (79%) and fourth-largest percentage of Black children (71%) living in neighborhoods in which more than 18% of persons are in poverty.[7,8]

The racial and ethnic segregation of U.S. neighborhoods has generally diminished over the past three decades. Yet, residential segregation for the child population has shown a less substantial decrease and has been countered by increased school segregation.[9] The Providence-Warwick-Fall River, MA metropolitan area was the second most segregated large metropolitan area in the nation for Hispanics in 2000, and was also the metropolitan area with the largest increase in segregation between 1980 and 2000.[10]

Rhode Island's Hispanic Children

◆ **In 2005, there were 41,296 Hispanic children under age 18 living in Rhode Island, up from 35,002 in 2000. Between 2000 and 2005 the Hispanic child population grew by 18% whereas the total child population in Rhode Island decreased by 1%.[11,12]**

◆ **Three-quarters (78%) of the Hispanic children in Rhode Island live in Central Falls, Pawtucket, and Providence.[13] While Providence has the largest population of Hispanics overall, they are most densely concentrated in Central Falls.[14]**

Economics

◆ **The percentage of Hispanic children living in poverty in 2005 in Rhode Island was 47%, compared to the national rate of 29%.[15,16] In 2000, Rhode Island Hispanics had the lowest median family income of all Hispanics in the United States.[17]**

◆ **In 2004, the unemployment rate for Hispanics was one and a half times higher than that of White Rhode Islanders, but lower than the unemployment rates for Black and Asian Rhode Islanders.[18] Hispanic families are particularly economically vulnerable given that 53% of Hispanic households with children in Rhode Island are headed by a single adult and have only one potential wage earner.[19]**

Health

◆ **In Rhode Island, 12% percent of Hispanic women who give birth receive delayed prenatal care, compared to 9% of all races.[20] Hispanic female teens between the ages of 15 and 19 in Rhode Island have a birth rate that is more than 3 times as high as the state rate overall (94.5 per 1,000 teens compared to 31.0 per 1,000).[21]**

Education

◆ **Hispanics in Rhode Island have lower educational attainment levels than the population overall. In 2006, the high school graduation rate for Hispanic youth was 74%, lower than the high school graduation rate of 85% for all youth in the state.[22] In 2005, 15% of Hispanics 25 years of age and over held a bachelor's degree or higher, compared to 29% of all Rhode Islanders.[23]**

Economic Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	12%	47%	53%	15%	43%	19%
Births to Mothers with Education < 12 years	14%	32%	22%	15%	31%	15%
% of Children with All Parents in the Workforce	71%	48%	65%	54%	47%	68%
Median Household Income for Households with Children Under 18	$63,790	$25,000	$36,348	$48,000	NA	$60,025
Homeownership	67%	29%	33%	55%	41%	63%

Sources: *Children in Poverty* data are from the U.S. Bureau of the Census, American Community Survey, 2005, Tables B17001, B17001A, B17001B, B17001C, B17001D & B17001I. *Maternal Education* data are from the Rhode Island Department of Health, Maternal and Child Health Database, 2001-2005. *Parental Labor Force Participation* data are from the U.S. Bureau of the Census, Census 2000, Tables P46, PCT70A, PCT70B, PCT70C, PCT70D & PCT70H. *Median Household Income* data are from the U.S. Bureau of the Census, Current Population Survey, 2005. *Homeownership* data are from the U.S. Bureau of the Census, American Community Survey, 2005, Tables B25003, B25003A, B25003B, B25003C, B25003D & B25003I. Hispanics may also be included in any of the race categories. All Census data refer only to those individuals who selected one race. NA indicates that the data are statistically unreliable due to small population or sample sizes.

◆ **In 2005, there were 46,894 children under 18 years old living in families below the poverty level in Rhode Island, more than half (55%) of whom were children of color. About half of Black (53%) and Hispanic (47%) children in Rhode Island live in poor families, compared with 12% of White children in the state.[24]**

◆ **In 2005 in Rhode Island, about one-third of Black (33%) and Hispanic (29%) households owned their homes, compared with two-thirds (67%) of White households.[25]**

◆ **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.[26] Hispanic, Black and Native American children are all more likely than White and Asian children to be born to mothers with less than a high school diploma.[27]**

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Women with Delayed Prenatal Care	8%	12%	16%	17%	17%	9%
Preterm Births	11%	13%	15%	14%	NA	12%
Infants Born Low Birthweight	7%	8%	11%	10%	NA	8%
Infant Mortality	5.6	8.2	12.4	7.1	14.4	6.4
Asthma Hospitalizations	3.2	5.3	7.2	2.6	0.5	3.9
Births to Teens Ages 15 – 19 (per 1,000 teens)	30.0	94.5	77.0	39.6	NA	31.0

Sources: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database 2001-2005. Information based on self-reported race and ethnicity. *Asthma Hospitalizations* data are provided by the Rhode Island Department of Health, Hospital Discharge Database, 2001-2005. For *Births to Teens* and *Asthma Hospitalizations* the total population data are from the U.S. Bureau of the Census population estimates for 2001-2005. NA indicates that the data are statistically unreliable due to small population sizes.

◆ **Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of maternal and child outcomes. For example, minority women are far more likely to receive delayed or no prenatal care, to give birth to preterm and low birthweight babies, and to give birth as teenagers. Minority children are more likely to die in infancy and to experience hospitalizations as a result of asthma.[28]**

◆ **In 2005 in the United States, 7% of White non-Hispanic children under age 18 were not covered by health insurance, as compared with 22% of Hispanic children, 12% of Black children, and 12% of Asian children.[29]**

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)	1.2	5.2	10.0	1.9	3.7	2.4
Children of Incarcerated Parents (per 1,000)	6.7	15.7	51.7	3.5	6.1	11.5
Children in Out of Home Placement (per 1,000)	11.2	17.1	44.1	7.6	14.8	13.6

Sources: *Juveniles in the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, January 1, 2007 (includes only adjudicated residents). *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2006 (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, 2006. Population denominators used for *Children of Incarcerated Parents* and *Children in Out-of-Home Placement* are the populations under age 18 by race from the U.S. Bureau of the Census, American Community Survey, 2005. The population denominators used for *Juveniles at the Training School* are the populations ages 13-21 by race from 2004 U.S. Census Bureau Population Estimates.

◆ **Racial and ethnic minority groups continue to be disproportionately represented in juvenile justice systems. Research shows that minority youth are treated more harshly than White, non-Hispanic youth for the same type and severity of offenses at every critical point in the justice system, from detention and formal processing in juvenile court, to sentencing and incarceration in juvenile and adult correctional facilities.[30] Nationally, Black youth are overrepresented in the juvenile justice system more than any other minority group, but the proportion of Hispanic youth in the juvenile justice population is growing faster than that of any other racial or ethnic group.[31]**

◆ **Children and youth of color are also overrepresented in the child welfare system; they account for 55% of children in foster care despite making up only 33% of the total child population in the United States. Black children are affected the most, as they account for 15% of the U.S. child population and 38% of children in foster care. Higher poverty rates among families of color contribute to this trend. Research also shows disparate treatment of children of color as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their child removed. Native American children are also overrepresented in the child welfare system.[32]**

Education Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
% of Students Attending Schools Making Insufficient Progress	17%	62%	49%	41%	32%	29%
% of Students Attending Moderately Performing Schools	16%	26%	31%	23%	22%	20%
% of Students Attending High Performing Schools	67%	12%	19%	36%	47%	51%
4th Grade Children Reading at or above Proficiency	70%	32%	36%	60%	56%	60%
High School Graduation Rate	88%	74%	78%	80%	76%	85%
% of Adults Over 25 with a Bachelor's Degree or Higher	31%	15%	22%	44%	NA	29%

Sources: *School Classifications, Fourth-Grade Reading Scores* & *High School Graduation Rates* are from the Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year. *Adult Educational Attainment* is from the U.S. Bureau of the Census, American Community Survey, 2005, Tables B15002, B15002A, B15002B, B15002C, B15002D & B15002I. All Census data refer only to those individuals who selected one race, and Hispanics may also be included in any of the race categories. NA indicates that the population sample size was too small for the Census Bureau to report.

◆ **In Rhode Island, children of color are far more likely than White children to attend schools making insufficient progress. Rhode Island's Hispanic and Black children attend schools making insufficient progress at rates about three times greater than White children.[33]**

◆ **Black, Hispanic, Native American and Asian students in Rhode Island are underrepresented in many disability areas, especially autism and visual impairments. Asian students are also more likely than others to receive services for hearing impairments. Black, Hispanic and Native American students are disproportionately identified as mentally retarded.[34]**

Immigrant Children

◆ **In 2005, Rhode Island was home to 9,188 children under age 18 who were born outside the United States, 4% of all children in the state. Of foreign-born children in Rhode Island in 2005, 24% were naturalized U.S. citizens.[35]**

◆ **In 2005 in Rhode Island, 25% of all children in the state lived in immigrant families where at least one parent was foreign-born. Rhode Island had the 9th highest percentage of children in immigrant families of all states. In 2005, approximately 61,000 children in Rhode Island lived in families with at least one immigrant parent.[36] Children of immigrants are the fastest growing segment of the United States population under age 18.[37]**

◆ **Immigrant families are generally poorer than native families. While immigrant families are more likely than U.S. native families to include two parents and just as likely to include full-time workers, immigrants tend to earn lower wages than U.S. natives, leading to lower overall household incomes.[38] Immigrants are 50% more likely than U.S. natives to earn less than the minimum wage.[39]**

◆ **Nationally in 2002-2004, half (50%) of all children with at least one foreign-born parent lived in families with incomes below 200% of the federal poverty threshold, compared with 37% of children with U.S.-born parents. In Rhode Island, 43% of children in immigrant families lived in families with incomes below 200% of the federal poverty threshold compared with 30% of children with U.S.-born parents.[40]**

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Economic Well-Being

To be of use

The people I love the best
jump into work head first
without dallying in the shallows
and swim off with sure strokes almost out of sight.
They seem to become natives of that element,
the black sleek heads of seals
bouncing like half-submerged balls.

I love people who harness themselves, an ox to a heavy cart,
who pull like water buffalo, with massive patience,
who strain in the mud and the muck to move things forward,
who do what has to be done, again and again.

I want to be with people who submerge
in the task, who go into the fields to harvest
and work in a row and pass the bags along,
who stand in the line and haul in their places,
who are not parlor generals and field deserters
but move in a common rhythm
when the food must come in or the fire be put out.

The work of the world is common as mud.
Botched, it smears the hands, crumbles to dust.
But the thing worth doing well done
has a shape that satisfies, clean and evident.
Greek amphoras for wine and oil,
Hopi vases that held corn, are put in museums
but you know they were made to be used.
The pitcher cries for water to carry
and a person for work that is real.

- Marge Piercy

Median Household Income

DEFINITION

Median household income is the dollar amount which divides all Rhode Island households' income distributions into two equal groups – half with income above the median and half with income below the median.

SIGNIFICANCE

Median household 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 2005, the median household income for all Rhode Island households was $51,458. Rhode Island had the 12th highest median household income nationally and fourth highest in New England.[1]

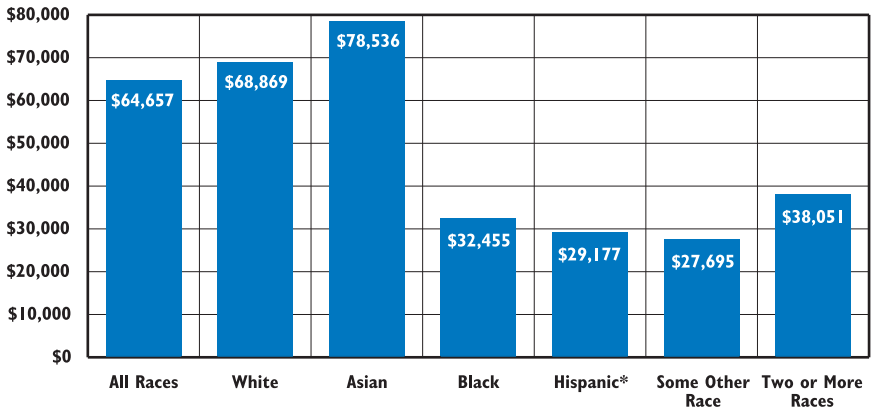
The median income for families with their own children under age 18 in Rhode Island in 2005 differed significantly by family type. The median family income for two-parent families ($79,159) was more than twice as much as a male-headed single-parent household ($31,016) and about four times the median income of a female-headed single-parent household ($19,964).[2]

Despite continued increases in worker productivity in the U.S. since 2000, the real median income of U.S. families fell every year between 2000 and 2004.[3] Rhode Island was the only New England state between 2000 and 2004 in which there was no increase in the real median wage.[4]

The richest families in the nation experienced the greatest income growth over the past few decades, while low and middle income families saw much lower rates of growth. Between 1979 and 2003, the after-tax income of the top 1% of the United States population grew by 129% compared to a 4% growth in the average after-tax income of the bottom fifth of the population.[5] In Rhode Island, the average income of the richest 20% of the population increased 89% during the last two decades of the twentieth century while the bottom 20% increased only 32%.[6]

This rising income inequality is being driven in part by the expansion and concentration of investment income among the highest income families, who have also seen the greatest wage growth over these years. Lower and middle class families have seen modest wage growth. This income stagnation among low and middle income families is the result of increased unemployment, diminished employment opportunities, increased globalization, an employment shift towards lower paying service-sector jobs and away from manufacturing, weakening labor market institutions, and a decrease in the real value of the minimum wage.[7,8]

Median Family Income by Race and Ethnicity, Rhode Island, 2005



Source: U.S. Bureau of the Census, American Community Survey, 2005. Tables B19113, B19113A, B19113B, B19113D, B19113F, B19113G & B19113I. *Hispanics may be in any race category.

◆ **The median income for White and Asian families in Rhode Island is more than twice as high as that of Hispanic and Black or African American families.[9]**

◆ **According to the Poverty Institute's *2006 Rhode Island Standard of Need,* a single-parent family with two young children needs an annual income of $47,196 (without subsidies) to pay basic living expenses, including housing, food, clothing, health insurance, child care and transportation.[10] In 2005, the median family income for single-father families was $31,016 and the median family income for single-mother families was $19,964.[11]**

◆ **Income supports including RIte Care, child care subsidies, Food Stamps and the Earned Income Tax Credit are critical in helping low-income and moderate-income working families make ends meet.[12]**

Median Household Income

Table 7.

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

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

**Adjusted to 1999 dollars*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

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

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

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Cost of Rent

DEFINITION

Cost of rent is the percentage of income needed by a very low-income family to cover the average cost of rent.[1] A very-low-income family is defined as family income less than 50% of the median. 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, education and emotional well-being. Families with cost burdens are more likely than other families to endure food insecurity, lack health insurance, have trouble paying their housing or utility bills and have difficulty paying for transportation, such as a car.[2] Acute financial strain can hinder effective parenting, heighten conflict and contribute to the break-up of families.[3]

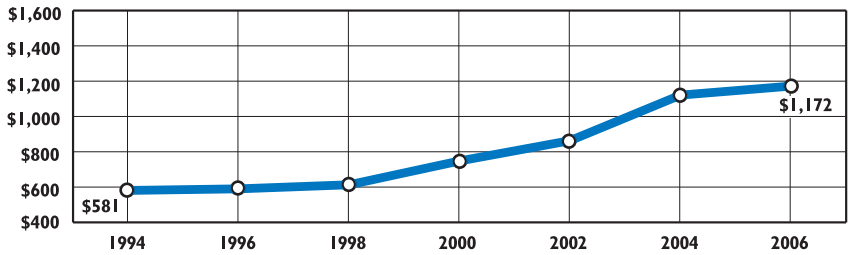
Nationally in 2003, 37% percent of families reported a cost burden, crowding, and/or physically inadequate housing. Housing problems are especially prevalent among very-low-income renters. In 2003, 29% of very-low-income renters reported a severe housing problem, with cost burdens cited as the major problem.[4]

Nationally and in Rhode Island, the cost of housing has outpaced the income growth of many working families.[5,6] In Rhode Island in 2006, a household earning $32,272 per year (50% of the Area Median Income) can afford monthly rent of no more than $807.[7] The high cost of housing was the leading cause of family homelessness in Rhode Island in 2006.[8]

In 2005 in Rhode Island, 45% of renters spent 30% or more of their household income on housing, compared to 37% in 2000. The percentage of homeowners who were cost burdened by their mortgage also increased between 2000 and 2005, from 28% to 38%.[9] Families with household incomes of $50,000 cannot afford a median-priced, single family home in any community in the state.[10]

Section 8 vouchers help low-income individuals and families to afford the high cost of housing. In Rhode Island in 2006 there were 7,930 Section 8 vouchers. The average wait time to receive a Section 8 voucher was four and a half years, and at least 6,890 families with children were waiting to receive a voucher in 2006.[11]

Average Rent, Two Bedroom Apartment, Rhode Island, 1994-2006



Source: Rhode Island Housing and Mortgage Finance Corporation Annual Rent Surveys. 2003-2006 rent includes cost of heat, cooking fuel, electricity and hot water. All prior years' rents include only cost of heat and hot water. Adjustments for utilities vary according to each year's HUD utility allowance.

◆ **To be able to pay the average rent in Rhode Island without a cost burden in 2006, a worker would have to earn $20.28 an hour for 40 hours a week year-round. This is almost 3 times the state's minimum wage of $7.10 per hour.[12]**

◆ **The Housing Act of 2004 requires a State Strategic Plan to meet Rhode Island's housing needs and reinforces the requirement for cities and towns to achieve a 10% threshold of subsidized low and moderate income housing (LMI) units.[13] In 2005, there were 35,150 LMI units in the state (8% of all housing units). Of these, 54% were designated for the elderly, 36% were for families and 10% were for those with special needs.[14]**

◆ **In 2005, 29 communities had approved affordable housing plans to achieve the 10% threshold. Five communities have met or exceeded the 10% threshold (Central Falls, East Providence, Newport, Providence and Woonsocket) and 5 communities were exempt.[15]**

◆ **High energy costs put affordable housing even further out of reach for low-income families. Rhode Island state law prohibits utilities shut-offs for protected customers (such as the elderly, seriously ill or low-income) during the moratorium period from November 1 through April 15. In 2006, 2,494 residential customers who used electric (442) or gas (2,052) to heat their homes entered the moratorium period with their utilities shut off due to nonpayment.[16]**

Table 8.

Cost of Rental Housing for Low-Income Families, Rhode Island, 2006

CITY/TOWN	2006 AVERAGE RENT 2-BEDROOM	2006 POVERTY LEVEL FAMILY OF THREE	% INCOME NEEDED FOR RENT, POVERTY LEVEL FAMILY OF THREE	2006 VERY LOW INCOME FAMILY	% INCOME NEEDED FOR RENT, VERY LOW INCOME FAMILY
Barrington	$1,297	$16,600	94%	$32,900	47%
Bristol	$1,231	$16,600	89%	$32,900	45%
Burrillville*	$1,014	$16,600	73%	$32,900	37%
Central Falls	$875	$16,600	63%	$32,900	32%
Charlestown	$1,435	$16,600	104%	$32,900	52%
Coventry	$1,062	$16,600	77%	$32,900	39%
Cranston	$1,184	$16,600	86%	$32,900	43%
Cumberland	$1,056	$16,600	76%	$32,900	39%
East Greenwich	$1,249	$16,600	90%	$32,900	46%
East Providence	$1,098	$16,600	79%	$32,900	40%
Exeter	$917	$16,600	66%	$32,900	33%
Foster*	$1,014	$16,600	73%	$32,900	37%
Glocester*	$1,014	$16,600	73%	$32,900	37%
Hopkinton	$1,067	$16,600	77%	$32,900	39%
Jamestown	$1,639	$16,600	118%	$32,900	60%
Johnston	$1,016	$16,600	73%	$32,900	37%
Lincoln	$1,025	$16,600	74%	$32,900	37%
Little Compton*	$1,014	$16,600	73%	$32,900	37%
Middletown	$1,379	$16,600	100%	$33,050	50%
Narragansett	$1,325	$16,600	96%	$32,900	48%
New Shoreham*	$799	$16,600	58%	$32,900	29%
Newport	$1,414	$16,600	102%	$33,050	51%
North Kingstown	$1,264	$16,600	91%	$32,900	46%
North Providence	$1,089	$16,600	79%	$32,900	40%
North Smithfield	$1,222	$16,600	88%	$32,900	45%
Pawtucket	$1,003	$16,600	73%	$32,900	37%
Portsmouth	$1,128	$16,600	82%	$33,050	41%
Providence	$1,115	$16,600	81%	$32,900	41%
Richmond*	$1,014	$16,600	73%	$32,900	37%
Scituate*	$1,014	$16,600	73%	$32,900	37%
Smithfield	$1,111	$16,600	80%	$32,900	41%
South Kingstown	$1,308	$16,600	95%	$32,900	48%
Tiverton	$1,125	$16,600	81%	$32,900	41%
Warren	$1,161	$16,600	84%	$32,900	42%
Warwick	$1,252	$16,600	91%	$32,900	46%
West Greenwich*	$1,014	$16,600	73%	$32,900	37%
West Warwick	$1,143	$16,600	83%	$32,900	42%
Westerly	$1,104	$16,600	80%	$32,900	40%
Woonsocket	$1,040	$16,600	75%	$32,900	38%
Core Cities	*$1,098*	*$16,600*	*79%*	*$32,925*	*40%*
Remainder of State	*$1,141*	*$16,600*	*82%*	*$32,909*	*42%*
Rhode Island	*$1,172*	*$16,600*	*85%*	*$32,912*	*43%*

Source of Data for Table/Methodology

Rhode Island Housing and Mortgage Finance Corporation, January-December 2006 Rent Survey and the Department of Housing and Urban Development. Average rents are based on a survey of rents in Rhode Island between January and December 2006. 2006 rents have been adjusted using current U.S. Department of Housing and Urban Development (HUD) utility allowances to include heat, cooking fuel, electricity and hot water. The average statewide rent does not include communities for which data from the Rent Survey was not available.

* Rhode Island Housing 2006 Rent Survey data are not available for these communities. Average rent used for these communities is the HUD 2006 Fair Market Rent as reported in: *Out of Reach 2006.* (2006). Washington, DC: National Low-Income Housing Coalition.

A very low-income family is defined by HUD as a 3 person family with income 50% of the median family income and is calculated separately for Hopkinton, Middletown, New Shoreham, Newport, Portsmouth and Westerly.

Core cities and remainder of state rent averages are calculated using un-weighted community data, consistent with the Rhode Island Housing and Mortgage Finance Corporation methodology for the Rhode Island average rent.

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(continued on page 150)

Secure Parental Employment

DEFINITION

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

SIGNIFICANCE

Secure parental employment can have positive impacts on child well-being that go beyond reducing poverty and increasing median household income. Children with parents who have steady employment are more likely to have access to health care. Secure parental employment is also likely to improve family functioning by reducing the stress brought on by unemployment and underemployment of parents.[1]

Rhode Island's seasonally adjusted unemployment rate fluctuated during 2006, starting the year at the national average of 4.7% and ending the year at 5.2%, higher than the national rate of 4.5%.[2,3] Local unemployment rates vary greatly by city and town.[4]

Since 2000, the number of children with all parents in the labor force has remained relatively constant in the United States and for young children in Rhode Island.[5,6,7,8] In the U.S. in 2005, 66% of children under age 17 had all parents in their family in the labor force.[9] In Rhode Island in 2005, 67% of children under age 6 and 74% of children 6 to 17 had all parents in the labor force.[10,11]

Even when families include adults with secure parental employment, low wages cause many families to remain in poverty.[12] Nationally in 2002, the median wage of the highest wage earner working full-time, year-round in a low-income family (defined as families with incomes below 200% of the federal poverty line) was $8.99 an hour, or $18,700 a year.[13]

In addition to low wages, workplace conditions matter. Low-income workers are less likely to have benefits, such as paid time off to address the needs of sick children and flexible schedules to enable strong parental involvement in their children's lives. In the United States, almost 4 in 10 low-income workers and more than half of working parents with below-poverty incomes lack paid leave.[14]

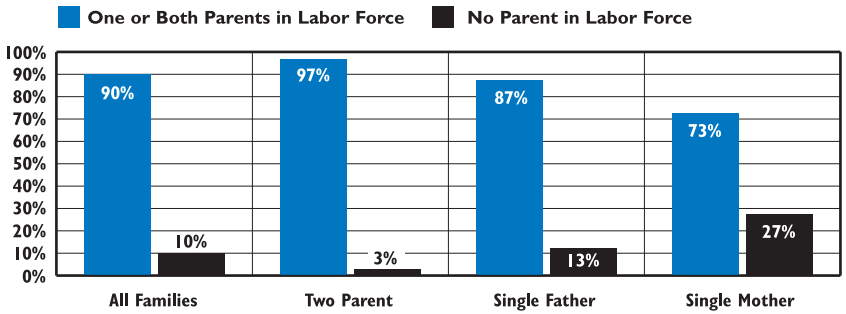
Children Living in Families Where At Least One Parent Has Full-Time, Year-Round Employment

	2000	2005
RI	66%	64%
US	68%	66%
National Rank*		*36th*
New England Rank**		*6th*

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

Source: The Annie E. Casey Foundation. (2006). *KIDS COUNT State-Level Data Online.* Analysis of U.S. Bureau of the Census, Supplementary Survey, 2000 & 2001 and American Community Survey, 2002-2005.

Employment Status of Parents by Family Type, Rhode Island, 2005



Source: U.S. Bureau of the Census, American Community Survey, 2005. Table B23008.

◆ **The majority of children living in Rhode Island in 2005 had one or both parents in the labor force. Children living with a single-mother were nine times more likely than children living in a two-parent family to live with a parent who was not in the labor force. Of children in two-parent families, 70% had both parents in the labor force.[15]**

◆ **In Rhode Island in 2005, in families with children under age 6, 63% of both parents in a two-parent family, 89% of single fathers and 73% of single mothers were in the labor force. In families with children between ages 6 and 17, 73% of parents in two-parent families, 85% of single fathers and 72% of single mothers were in the labor force.[16]**

◆ **In Rhode Island in 2005, there were 2,423 families with incomes below the federal poverty threshold with at least one adult with full-time, year-round employment.[17]**

◆ **Between 1994 and 2004, the percentage of low-income children in Rhode Island with no employed parents decreased from 35% to 24%.[18] In 2005, children in families with a single mother represented 75% of families with no employed parents.[19]**

◆ **The differences in weekly wages between men and women can leave families headed by single mothers with fewer resources. Nationally, single mothers' median weekly earnings in 2005 were $494 compared to $623 for single fathers.[20]**

Secure Employment and Child Care

◆ Research shows a strong link between child care availability and sustained labor force participation by mothers.[21] A comprehensive system of work supports that includes subsidized child care enables more low-income parents to work regularly and benefit from sustained employment.[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 five times more of their income than higher-income parents. Child care is generally the second or third greatest expense for low-income, working families.[23] One national study found that child care costs for infants are higher than the cost of public college tuition in every state.[24]

◆ Child care availability is particularly problematic for parents working non-standard hours.[25] Weekend and evening care is rarely offered by child care centers in Rhode Island, although approximately 16% to 33% of home-based child care providers in Rhode Island accept children during these times.[26]

◆ In Rhode Island, eligibility expansions for child care subsidies and welfare reform more than tripled the probability that a single mother currently or formerly on welfare would work 20 or more hours a weeks, from 7% in 1996 to 22% in 2000.[27]

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(continued on page 150)

Rhode Island Earned Income Tax Credit (EITC)

◆ Welfare reform focuses on transitioning welfare recipients to work, yet when these individuals enter the workforce they earn low-wages, typically from $8,000 to $12,000 per year. Income at this level is well-below the poverty threshold for a family of three. Supplementing this income with funds from the federal and state EITCs closes the poverty gap for low-income and moderate-income working families.[28]

◆ Currently, Rhode Island offers a state EITC equal to 25% of the federal EITC, with 3.75% being refundable. Of the 19 states offering state EITCs, 14 offer credits that are fully refundable, meaning taxpayers receive back the entire tax credit even if it exceeds their income tax liability. Four states have EITC programs but do not offer a refundable credit. Rhode Island is the only state with a partially refundable credit.[29] Credits that are not fully refundable generally assist fewer working-poor families with children than fully refundable credits.[30]

◆ In all of the other states offering refundable EITCs, taxpayers get back between 5% and 43% of the amount assigned to them through the federal EITC.[31] Increasing the EITC refundable amount in Rhode Island from the current 3.75% (a maximum refund of $157.50) to 5% of the federal EITC refund would allow low-income Rhode Islanders to receive a refund of up to $210.[32]

◆ In 2006, 66,415 Rhode Island working families and individuals received tax credits from EITC for tax year 2005, up from 61,911 who received tax credits in 2004 for tax year 2003. This was an increase of 7.3%. The aggregate dollar amount Rhode Island families and individuals received through the EITC for tax year 2005 was over $116 million.[33,34]

Children Receiving Child Support

DEFINITION

Children receiving child support is the percentage of children whose parent, as indicated in the Rhode Island Child Support Enforcement System, is in substantial compliance with the child support order. 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 require establishment of paternity.

SIGNIFICANCE

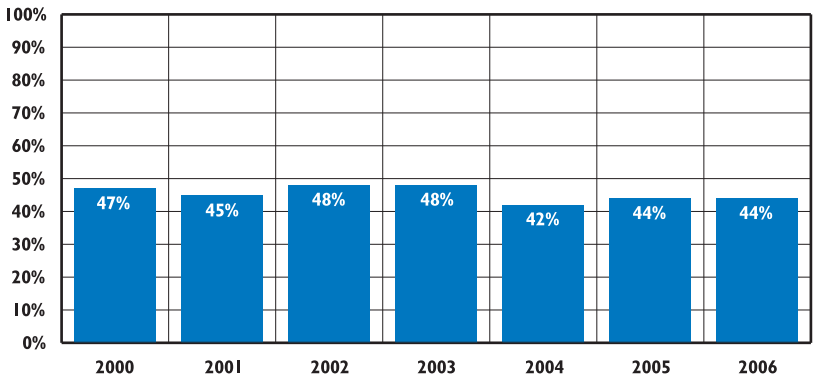
Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial support of their children. The goals of the child support system are to collect money from non-custodial parents so that their children can have adequate financial security as they grow up, to provide support and services to custodial parents in locating the non-custodial parent and establishing paternity (when applicable), and to refer non-custodial parents to job training.[1]

The receipt of child support payments can significantly improve the economic status of a child growing up in a family with a non-custodial parent.[2] Custodial parents who receive steady child support payments are more likely to find work more quickly and to maintain that employment longer than those who do not.[3] For poor families that receive child support, it is the second largest source of income (after mothers' earnings).[4] Nationally, the Child Support Enforcement system collected $23 billion in child support payments for 17 million children during 2005.[5]

Yet for many families, even when a child support order is in place, payments can be unreliable. Low-income non-custodial parents often experience low wages and high rates of joblessness, making it difficult to fulfill their child support obligations.[6] Non-custodial parents often encounter the same barriers to employment that many low-income parents face, including lack of education and limited work experience.[7] Programs that provide education and job training increase non-custodial parents' ability to pay child support.[8,9]

Research shows that the receipt of regular child support payments can have a positive effect on children's academic achievement and increases the likelihood that the non-resident parent will develop a visiting relationship with the child.[10,11] Fathers who pay regular child support are more involved with their children, providing them with emotional and financial support.[12] A growing body of research indicates that enforcement of child support obligations may reduce non-marital birth rates and divorce rates.[13]

Non-custodial Parents with Court Orders who Pay Child Support On-time and In Full, Rhode Island, 2000 – 2006



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2000-2006.

◆ **In 2006 in Rhode Island, 44% of non-custodial parents under court order paid child support on time and in full.[14]**

◆ **As of December 1, 2006, there were 86,236 Rhode Island children in the state's Child Support Enforcement System. Of these, 13,139 (15%) had not yet had paternity established and therefore were not yet eligible for a child support order.[15]**

◆ **For calendar year 2006, the Office of Child Support Services collected more than $74.6 million in child support dollars. Eighty-one percent ($60.6 million) was distributed directly to families.[16]**

◆ **As of December 31, 2006, the cumulative amount of past due court-ordered child support since the inception of the program in Rhode Island, totaled almost $286 million (including interest). Of this total, $191 million represents the principal.[17]**

◆ **For federal Fiscal Year 2006, there were 17,295 court orders for medical insurance and 4,891 cash medical orders. A total of $1.9 million in cash medical payments were retained by the state to offset the cost of RIte Care, while $474,468 was disbursed directly to families to offset the cost of private coverage or other medical expenses.[18]**

Child Support and the Family Independence Program

◆ As of December 1, 2006, Rhode Island's Child Support Enforcement System included all 15,739 children enrolled in the Family Independence Program. Thirty-six percent of these children's parents made child support payments on time and in full.[19]

◆ As of December 31, 2006, the average child support obligation for children enrolled in FIP was $252 per month, compared to an average child support obligation of $331 per month for children in non-FIP families.[20] Calculations for the payments are based upon the income of both parents, it is therefore expected that the child support obligation for children enrolled in FIP would be lower.

◆ For calendar year 2006 in Rhode Island, the total amount of child support collections for children enrolled in FIP was $9.8 million dollars.[21] Nationally, most of the funds collected on behalf of children enrolled in TANF are retained by the federal and state government and do not go directly to the child.[22]

◆ In the U.S. in 2005, states withheld $2 billion in child support to repay TANF cash assistance costs and sent more than half of it to the federal treasury. More than half of the child support money retained by the government is collected on behalf of former TANF families. More children would have the benefit of increased financial resources if states passed more of the child support payments directly to the children in current or former TANF families.[23]

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Deficit Reduction Act of 2005 Allows New State Flexibility in Child Support Pass Through

◆ The child support provisions in the federal Deficit Reduction Act (DRA) of 2005, which will be implemented starting in 2008, enable states to take advantage of a series of options and federal cost-sharing incentives to "pass through" more child support directly to children in current and former TANF families.[24]

◆ Research suggests that these child support "pass through programs" encourage paternity establishment and higher child support payments by low-income parents.[25] Welfare recipients who receive child support are more likely to leave welfare for work, remain off welfare and have income above the federal poverty line.[26]

◆ In Rhode Island, only the first $50 of child support paid on time each month on behalf of a child receiving FIP cash assistance goes to the custodial parent caring for the child.[27] In FFY 2006, 1,994 families received a pass-through payment.[28]

◆ Under the new DRA provisions, states will continue to have the same flexibility they have under current law to retain or pass through child support to current TANF families: states may keep all of the support, pass it all through or pass through a portion. However, the DRA changes the federal cost-sharing arrangement to the state's advantage. If the state decides to pass through and disregard support payments, the federal government will waive the federal share of up to $100 per month for one child and $200 for two or more children.[29]

◆ Other provisions within the DRA provide states with opportunities to ensure that child support payments from non-custodial parents go directly to current and former TANF families rather than to the state or federal government.[30]

Children in Poverty

DEFINITION

Children in poverty is the percentage of "related" children and "unrelated" children living in the household under age 18 that live below the poverty threshold, as defined by the U.S. Office of Management and Budget. 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 in poverty for extended periods of time, are more likely to have health and behavioral problems, experience difficulty in school, become teen parents, earn less as adults and be unemployed more frequently.[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 organized child care; and have fewer opportunities to participate in extracurricular activities after school and on the weekends, such as sports and recreation programs, clubs, and lessons such as music and computers.[3,4,5]

Children of color and children of immigrants are more likely to grow up poor.[6] Single parenthood, low educational attainment, part-time or no employment and low wages of parents place children at risk of being poor.[7]

The 2006 federal poverty threshold for a family of three with two children is $16,242 while the poverty threshold for a family of four with two children is $20,444.[8] Historically, the poverty threshold fails to provide a complete scope of how the cost of basic goods such as food and housing, taxes, work-related expenses, medical expenses, and child care affect people's economic well-being. The poverty threshold also fails to account for increased expenses that occur as family size increases. According to the *2006 Rhode Island Standard of Need* developed by the Poverty Institute, a family of three would need an income of $30,710 (185% of the poverty threshold) a year and the use of child care subsidies and RIte Care to make ends meet. Likewise, a family of four with two children would need an income of $37,000 (185% of the poverty threshold) a year and the use of child care subsidies and RIte Care to meet their basic needs.[9]

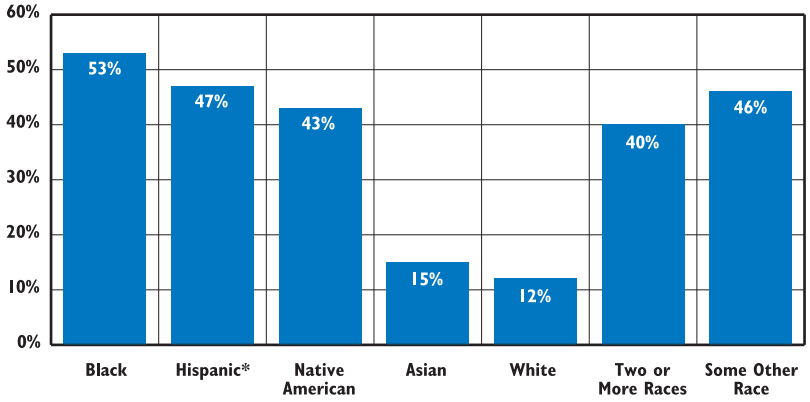
Children in Poverty

	2000	2005
RI	15.7%	19.5%
US	17.3%	18.5%
National Rank*		*35th*
New England Rank**		*6th*

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

Source: U.S. Bureau of the Census, American Community Survey. U.S. and Rhode Island Selected Economic Characteristics, 2004 Multi-year Profiles and Table R1704, 2005.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2005



Source: U.S. Bureau of the Census, American Community Survey, 2005. Tables B17020A, B17020B, B17020C, B17020D, B17020F, B17020G and B17020I.*Hispanics can be of any race.

◆ **In 2005, there were 46,894 Rhode Island children living in households with income below the federal poverty level. More than half of all Black children (53%), nearly half of all Hispanic children (47%), and more than one in seven (15%) of all Asian children in Rhode Island lived in poverty, compared to more than one in ten White children (12%).[10]**

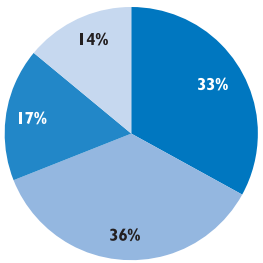
◆ **Of all children living in poverty in Rhode Island in 2005, almost half (45%) were White, nearly one-fifth were Black (19%), 2% were Asian, 2% were Native American, 22% were "some other race" and 9% were "two or more races." Using the Census definitions, Hispanic children may be included in any race category. In 2005, 41% of Rhode Island's poor children were Hispanic.[11]**

◆ **The percentage of children in poverty in Rhode Island increased from 15.7% in 2000 to 19.5% in 2005. Rhode Island ranks 35th in the country (1st is best and 50th is worst) for the percentage of children under age 18 living in poverty.[12]**

Rhode Island's Poor Children, 2005

By Age

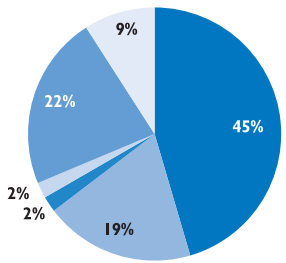
33%	Ages 5 and younger
36%	Ages 6 to 11
17%	Ages 12 to 14
14%	Ages 15 to 17



n = 46,894

By Race*

45%	White
19%	Black
2%	Asian
2%	Native American
22%	Some Other Race
9%	Two or More Races

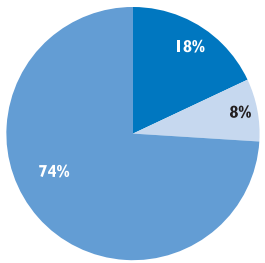


n = 46,894

**Hispanic children may be included in any race category. Of Rhode Island's 46,894 poor children, 19,045 (41%) are Hispanic.*

By Family Structure**

18%	Married Couple Family
8%	Male Householder Only
74%	Female Householder Only



n = 46,175

***Only includes related children living in households*

Source: U.S. Bureau of the Census, American Community Survey, 2005. Tables B17020A, B17020B, B17020C, B17020D, B17020F, B17020G, B17020I & B17006. Except where otherwise noted, population includes related and unrelated children living in households for whom poverty status was determined. Percentages may not total 100% due to rounding.

Children Living in Extreme Poverty

◆ Families with income below 50% of the federal threshold level are considered to be living in extreme poverty. The extreme poverty level in 2006 was family income below $8,121 for a family of three with two children and $10,222 for a family of four with two children.[13]

◆ Of the 46,894 children living below the poverty threshold in Rhode Island, 49% lived in extreme poverty. In total, an estimated 23,000 (10%) of all children in Rhode Island lived in extreme poverty.[14]

◆ Children who live in deep, long term poverty experience the worst health outcomes, such as child asthma and malnutrition, as a result of their family's income status.[15]

Young Children Under Age 6 in Poverty in Rhode Island

◆ Research shows that increased exposure to risk factors associated with poverty obstruct 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.[16]

◆ In 2005, 20% (15,662) of Rhode Island children under age 6 were living below the poverty threshold, compared to 27% nationally.[17] Census data indicate that nearly half of Rhode Island's children under age 6 living in poverty between 2002-2004 lived in extreme poverty.[18]

◆ As of December 1, 2006 there were 4,492 children under age 3 and 3,624 children ages 3 to 5 in families receiving cash assistance from the Family Independence Program. Of all children under 18 in the Family Independence Program, 42% are age 6 or under.[19]

Children in Poverty

Financial Asset Building

◆ Research shows that assets such as checking and savings accounts with positive balances, stocks and bonds, houses and retirement funds, and access to good market information about the cost of goods and services can be as important to working poor families as income in building economic security.[20,21]

◆ Assets can help families to manage financial crisis or risks from life events, such as divorce, unemployment, retirement, illness or accidents, and death.[22] Families without sufficient wealth can accumulate debt or go without necessities during difficult financial times.[23]

◆ Low-income families may experience asset poverty because of the lack of knowledge about and access to traditional banking institutions. These families often rely on alternative institutions, such as check cashing stores, payday lenders, rent-to-own stores and tax preparers. These alternative institutions often charge high fees and rates of interest and can impede savings.[24]

◆ 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 help connect low-income families to traditional banking institutions that improve their savings.[25]

◆ Research shows that stable financial opportunities for families can be promoted through policies that allow families to keep more of their earnings, save and invest. It is also important to protect accumulating assets from predatory mortgage lending and payday lending practices.[26] Policies to encourage mainstream businesses to serve lower-income markets can help to reduce costs to lower-income consumers who often pay higher costs for goods and services than their higher income counterparts.[27]

◆ In 2006 Rhode Island became the twelfth state to pass legislation providing protection beyond federal law against predatory mortgage lending. Rhode Island also enacted legislation legally authorizing payday lending.[28]

Building Blocks of Economic Security

Income Supports

◆ Income supports include the FIP Earned Income Disregard, Food Stamps, the Earned Income Tax Credit, child care subsidies, health care subsidies and Energy Assistance programs. Nationally, income supports lifted 27 million Americans above the poverty line, cutting poverty nearly in half and ensuring that low-income working families have adequate resources to meet their basic needs.[29]

Access to Health Care

◆ Low-income families are much less likely to receive affordable health insurance through an employer, compared to their middle-income counterparts.[30] Access to health insurance improves the likelihood of having a regular and affordable source of health care.

Affordable Quality Child Care

◆ The quality and stability of the child care setting is critical to a parent's ability to work and to the child's development.[31] Child care costs represent a significant part of the budget of low-income families. On average, families living below the poverty threshold spent 25% of their income each month on child care, compared to 7% for families above the threshold.[32]

Affordable Housing

◆ Stable housing is a critical requirement for job retention and performance.[33] In 2006, the average rent for a two bedroom apartment in Rhode Island was $1,172.[34]

Educational Attainment

◆ Low-income workers are nearly three times more likely not to have finished high school.[35] Individuals with higher education generally have more job opportunities, higher wages and greater job security than those with lower levels of education.[36,37]

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

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

Source of Data for Table/Methodology

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

References

[1] U.S. Federal Interagency Forum on Child and Family Statistics. (2005). *America's children: Key national indicators of well-being.* Washington, DC: Government Printing Office.

[2,3,15] Moore, K. & Redd, Z. (2002). *Children in poverty: Trends, consequences, and policy options.* Washington: DC: Child Trends.

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[8,13] U.S. Census Bureau, Poverty Thresholds for 2006 by Size of Family and Number of Related Children Under 18 Years. Retrieved February 2007 from www.census.gov.

[9] The Poverty Institute. (2007). *The 2006 Rhode Island standard of need.* Providence, RI: Rhode Island College School of Social Work.

[10,11] U.S. Bureau of the Census, American Community Survey, 2005. Tables B17020A, B17020B, B17020C, B17020D, B17020F, B17020G & B17020I.

[12] U.S. Bureau of the Census, American Community Survey, 2005. Tables R1704 and Selected Economic Characteristics, Rhode Island Multi-year, 2004.

(continued on page 150)

Children in the Family Independence Program

DEFINITION

Children enrolled in the Family Independence Program is the percentage of children under age 18 who were living in families receiving cash assistance through the Family Independence Program (FIP) on December 1, 2006. These data measure the number of children and families enrolled in FIP at one point in time. They do not count children and families who participated in the program at other points in the year but were not enrolled on December 1, 2006.

SIGNIFICANCE

Rhode Island's Family Independence Program (FIP) helps families make successful transitions to work by providing the cash assistance and work supports, including health insurance and subsidized child care, that families need to maintain employment and provide for the healthy development of their children. Families qualify for cash assistance based on their income, resources and the number of people in their family.

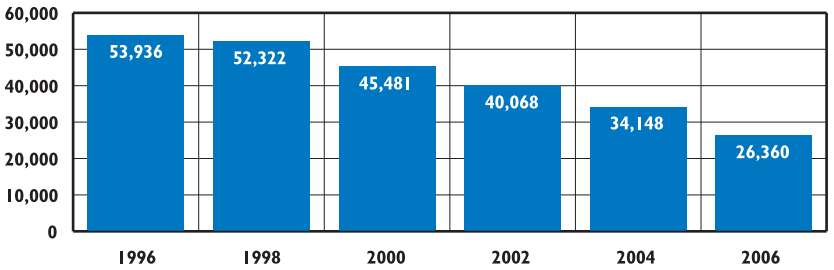
Single-parent families are required to be engaged in a work activity for a minimum of 20 hours per week if their youngest child is under age six, and a minimum of 30 hours per week if the youngest child is age six or older. For parents required to comply with a service plan from the Department of Children, Youth and Families, up to 10 hours may count toward their required FIP hours.[1]

In addition to helping low-income working families meet their basic needs, FIP also provides an economic safety net for children living in families with adults who are unable to work. In 2006, 30% of the caseload were exempt from work because of illness or advanced age, caring for a disabled spouse or a child, domestic violence, in their third trimester of pregnancy or caring for a child under the age of one. Another 40% of the caseload were exempt from work because no adult received cash assistance (child-only cases).[2]

If a family has no earned income, the maximum monthly FIP benefit for a Rhode Island family of three is $554 per month.[3] With an additional $408 per month in Food Stamps, this amount is 70% of the federal poverty guideline and well below the amount of income families need to pay basic living expenses.[4,5]

According to the *2006 Rhode Island Standard of Need*, a single-parent family with two children who is working full-time at a minimum wage job, receiving a supplemental FIP payment, food stamps and the Earned Income Tax Credit falls $300 short of what it takes to meet basic needs each month.[6]

Adults and Children Enrolled in AFDC/Family Independence Program, 1996-2006



Source: Rhode Island Department of Human Services, InRhodes Database, 1996 – 2006.

Note: Prior to May 1, 1997 the Family Independence Program was called Aid to Families with Dependent Children (AFDC).

◆ **Between 1996 and 2006 there has been a 51% decline in cash assistance recipients.[7,8] In Rhode Island, in December 2006, there were 7,098 adults and 19,262 children under the age of 18 who were enrolled in the Family Independence Program.[9] Nearly three-quarters (73%) of all FIP beneficiaries are children under the age of 18.[10] More than two out of five (42%) children enrolled in FIP are under the age of six.[11]**

◆ **In December 2006 in Rhode Island, more cases closed than opened, continuing the steady decline of the statewide caseload. In total 492 new cases were opened and a total of 585 cases were closed. Nearly 2 in 5 cases that close do so because of employment.[12]**

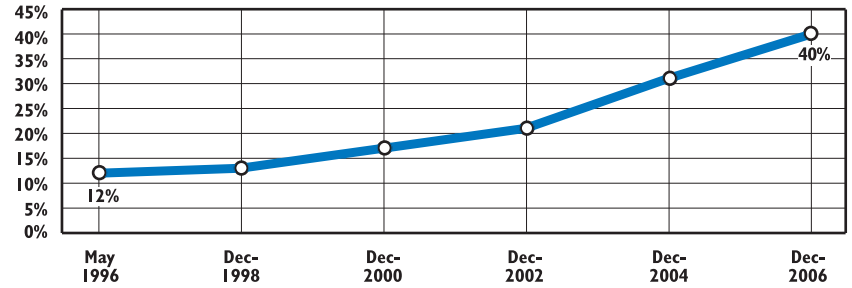
The Family Independence Program by Case Type, 2006

Total FIP Caseload	**10,743**
Child-only cases	**4,245**
Cases with adults required to engage in a work activity	**3,258**
Cases with adults exempt from a work activity*	**3,240**

Source: Rhode Island Department of Human Services, InRhodes Database, December 2006.

**Exemptions from work activities include: Illness or advanced age (887), caring for a disabled/ill spouse or child (176), in third trimester of pregnancy (467), youngest child under age one (1,647), and domestic violence (63).*

Child-Only Cases as a Percentage of Total AFDC/Family Independence Program Cases, Rhode Island, 1996-2006.



Source: Witte, A. D. & Queralt, M. (August 2001). *Study of the cash assistance program: May 1996 – April 2000.* Wellesley, MA: Wellesley College and Rhode Island Department of Human Services, InRhodes Database, 1998 to 2006.

Note: Prior to May 1, 1997, The Family Independence Program was called Aid to Families with Dependent Children (AFDC).

◆ As of December 2006 there were 4,245 child-only cases in the Family Independence Program.[13] Child-only cases are those that receive cash assistance only for the children in the family because the child is living with a grandparent or other non-parent relative, the parent has reached their five-year time limit, the parent is disabled and receiving Supplemental Security Income or the parent is not an eligible immigrant or refugee. The average benefit for a child-only case is $384 per month, compared to $459 for a family of three.[14]

◆ Child-only cases have increased from 12% of all FIP cases in May 1996 to 40% of all FIP cases in December 2006.[15,16] As of December 2006, 36% of the child-only cases involved adults who were disabled and receiving SSI benefits, and 38% involved adults who have reached their time limit.[17]

◆ New federal regulations require that child-only cases be included in the work participation rate, with some exceptions. This means that states must engage able-bodied parents not included in the benefit in employment plans.[18]

Full Family Sanctions

◆ Beginning in September 2004, Rhode Island replaced a system of graduated penalties applied to only the parent's portion of the benefit with a full family sanction policy following a period of the parents' exclusion from the benefit. As of September 2006, families who are in sanction for a total of six months (whether or not they are consecutive) for failing to comply with the employment plan have their entire cash benefit terminated.

◆ Since the inception of the full family sanction policy in Rhode Island, 1,289 cases have been closed. Between April 2005 and December 2006, the period for which demographic data are available, 878 cases involving 1,065 adults and 1,650 children were removed from FIP. Children represent 61% of the total individuals affected by full family sanction.

Full Family Sanctions, by Adults and Children, 2004-2006

	Total Cases Closed	Total Adults	Total Children	Children as Percentage of Total Individuals
September 2004 – March 2005	446	NA*	NA*	NA*
April 2005 – August 2006	701	840	1,318	61%
September 2006 – December 2006	177	225	1,318	60%
*Total**	*1,324*	*1,065*	*1,650*	*61%*

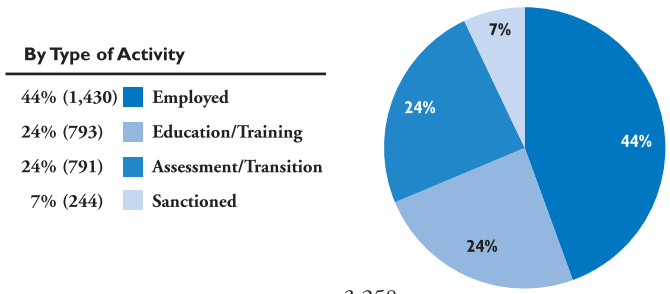
◆ To have cash benefits reinstated, the adult must reapply for benefits, sign an employment plan and be in compliance with that plan for two weeks. More than 1 in 5 (22%) full family sanction cases have been reinstated as of 2006. If the parent has received FIP for 60 months, then the children as well as the parent are barred from returning to FIP after a full family sanction.

Source: Rhode Island Department of Human Services, InRhodes 2006.

*Between September 2004 and March 2005, demographic data were not collected by the Rhode Island Department of Human Services.

Children in the Family Independence Program

Activities of Families Enrolled in the Family Independence Program, 2006



n= 3,258

Source: Rhode Island Department of Human Services, InRhodes Database, December 2006.

◆ As of December 2006, 93% of families required to engage in an approved activity were in compliance. Almost half (44%) of these families were employed. An additional 24% of families were engaged in approved education or training and 24% were in assessment or transition, meaning families were preparing an employment plan or had completed one activity and were transitioning to another.[19]

◆ Fewer than 1 in 10 (7%) families required to engage in a work activity were sanctioned. Families who were sanctioned as a result of a failure to comply with a work plan represented 2% of the total FIP caseload.[20]

◆ Approximately three-quarters (76%) of employed FIP recipients worked 30 hours or fewer per week.[21] Results from a longitudinal study of the FIP program show that cash assistance recipients who remained enrolled in the program faced numerous barriers to employment, including: physical and mental health problems, housing, seasonal, temporary or part-time jobs, jobs that paid too little, inability to find a job and transportation.[22]

◆ In Rhode Island, almost half (45%) of FIP heads of household, excluding child-only cases, had less than a high school education.[23] A growing number of jobs in today's labor market require a certain level of skill and/or credentials. Research shows that the skill levels of an average high school dropout will qualify for 10% of all new jobs between 2000 and 2010, while people possessing the skills of a typical high school graduate will qualify for 22% of all new jobs.[24]

Federal Reauthorization of Temporary Assistance to Need Families (TANF)

TANF was reauthorized as part of the federal Budget Deficit Reduction Act of 2005 (DRA). The U.S. Office of Health and Human Services issued interim final regulations that more clearly defined activities and requirements. States that fail to comply with these new regulations will face financial penalties.[25]

Required Work Hours

◆ DRA does not change the number of required hours of work for families (generally 30 hours for single-parent and 35 hours for two-parent households), but clearly defines 9 categories of work that may count for the first 20 hours of work and 3 activities that may count after the 20-hour requirement is met. The interim rules more clearly delineate what constitutes each activity to establish comparability among states.[26]

Work Participation

◆ The DRA retained a 50% work participation rate for all families and a 90% requirement for two-parent families, but now includes a broadened definition of work-eligible individuals. The DRA changed the caseload reduction credit that allows states to reduce their required work participation rate based on the reduction of the caseload. The base year for measuring caseload reduction was changed from FFY 1995 to FFY 2005.[27]

◆ The DRA requires families receiving assistance under a separate state program that is funded with state money and counted toward the state's share of the cost be included in the state's calculation for work participation.[28]

◆ Work-eligible individuals also now include child-only households (excluding non-parent caregivers, those parents excluded because of immigration status and SSI recipients on a case-by-case basis).[29] This means that these parents will be included in the work participation rate.

Verification of Employment

◆ Documentation requirements for work and work related activities were made more stringent. Many countable activities, such as education and training, now require daily documentation and supervision.[30]

Children in the Family Independence Program

State Policy Changes to FIP

- The sanction process for FIP was amended so that when a parent fails to comply with the employment plan requirement for 6 months (formerly 18 months), the entire family loses the FIP benefit.[31]

- Family cash assistance received by a parent in any other state counts toward the 60 month time limit in Rhode Island. Applicants for FIP are asked if they have received cash assistance from other states and the Department of Human Services verifies declarations of receipt with other states.[32]

- FIP applicants complete and sign an employment plan prior to receiving a cash payment. Assessments and educational testing must now be completed prior to the establishment of an employment plan.[33]

- FIP was amended to allow participants to combine 10 hours of education and training with 20 hours of work to reach the 30 hour work requirement through the receipt of FIP assistance. Previously, education and training was only allowed in the first 24 months.[34]

Table 10.

Children Enrolled in the Family Independence Program (FIP), Rhode Island, December 1, 2006

CITY/TOWN	All Children Under 18	Number Receiving FIP Cash Assistance		Children in FIP as % of All Children Under 18
		Families	Children	
Barrington	4,745	17	26	1%
Bristol	4,399	55	94	2%
Burrillville	4,043	55	85	2%
Central Falls	5,531	643	1,268	23%
Charlestown	1,712	32	53	3%
Coventry	8,389	141	208	2%
Cranston	17,098	499	771	5%
Cumberland	7,690	92	147	2%
East Greenwich	3,564	20	29	1%
East Providence	10,546	347	557	5%
Exeter	1,589	20	31	2%
Foster	1,105	16	24	2%
Glocester	2,664	27	39	1%
Hopkinton	2,011	34	59	3%
Jamestown	1,238	11	14	1%
Johnston	5,906	146	217	4%
Lincoln	5,157	79	126	2%
Little Compton	780	2	2	<1%
Middletown	4,328	60	92	2%
Narragansett	2,833	40	58	2%
New Shoreham	185	0	0	0%
Newport	5,199	245	476	9%
North Kingstown	6,848	125	213	3%
North Providence	5,936	152	232	4%
North Smithfield	2,379	28	43	2%
Pawtucket	18,151	1,229	2,170	12%
Portsmouth	4,329	26	34	1%
Providence	45,277	4,640	8,821	19%
Richmond	2,014	16	29	1%
Scituate	2,635	17	25	1%
Smithfield	4,019	26	30	1%
South Kingstown	6,284	81	165	3%
Tiverton	3,367	51	75	2%
Warren	2,454	55	91	4%
Warwick	18,780	349	535	3%
West Greenwich	1,444	5	7	<1%
West Warwick	6,632	248	374	6%
Westerly	5,406	134	215	4%
Woonsocket	11,155	980	1,827	16%
Core Cities	*91,945*	*7,985*	*14,936*	*16%*
Remainder of State	*155,877*	*2,758*	*4,326*	*3%*
Rhode Island	*247,822*	*10,743*	*19,262*	*8%*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2006. The denominator is the total number of children under age 18 from U.S. Bureau of the Census, Census 2000. Summary File 1, P12.

The total cases on the table may not match the total cases listed elsewhere in the indicator. The InRhodes Database is a live system and reports run on different days may show slight variation.

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

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(continued on page 151)

Children Receiving Food Stamp Benefits

DEFINITION

Children receiving food stamp benefits is the percentage of income-eligible children under age 18 who participate in the Food Stamp Program.

SIGNIFICANCE

The Food Stamp Program provides low-income families with the ability to obtain better nutrition through monthly benefits that can be used to purchase food at retail stores.[1] Research shows that hunger and lack of regular access to sufficient food are linked to serious health, psychological, emotional and academic problems in children and can impede their healthy growth and development.[2,3]

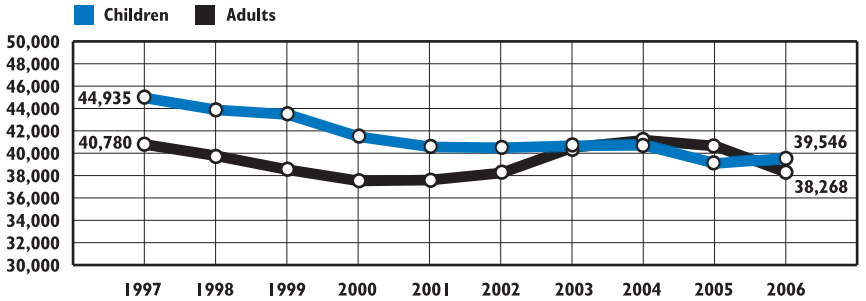
The Food Stamp Program is open to all applicants who meet the eligibility requirements. For children and families, participation in the Food Stamp Program is not time-limited and can be used as long as the person maintains their certification.[4,5] To qualify for food stamp benefits, a household's gross monthly income must be less than 130% of the federal poverty level for that family size and meet requirements that limit the value of cash assets. In federal Fiscal Year 2007, a family of three with a gross annual income of less than $21,588 (monthly income less than $1,799) qualifies for the Food Stamp Program if they meet the assets guidelines.[6]

Food stamp benefits help many low-income working families in Rhode Island bridge the gap between what they earn and their basic living expenses. In 2006, a household with one full-time, year round worker making the minimum wage of $7.10 an hour had only 73% of the income needed to meet their basic expenses. If the same family received food stamp benefits (totaling $271 per month), their income will be enough to meet 85% of their basic needs.[7] In 2006, the average monthly food stamp benefit for a family of three in Rhode Island was $272.[8]

In addition to increasing access to food, food stamp benefits provide a degree of protection for the local economy. As unemployment increases, people have fewer resources overall, which results in less money to be spent on food and lower quality food purchases. The Food Stamp Program can slow this negative cycle by compensating to some degree for people's loss of income.[9]

According to the U.S. Department of Agriculture, an estimated 52% of Rhode Islanders who were eligible for the Food Stamp Program in 2004 received the benefit. This means that in 2004, approximately 67,200 Rhode Island residents who were eligible for food stamp benefits did not participate. Rhode Island ranked 46th in the U.S. in 2004 for the percentage of eligible residents participating in the Food Stamp Program.[10]

Food Stamp Participation, Children under Age 18 and Adults, Rhode Island, 1997-2006



Source: Rhode Island Department of Human Services, INRHODES Database, 1997 – 2006. Data represent children and adults who participated in the Food Stamp Program during the month of October.

◆ **Between 1997 and 2006, the number of children receiving food stamp benefits declined from 44,935 to 39,546, and the number of adults participating in the Food Stamp program fell from 40,780 to 38,268.**[11]

Food Insecurity in Rhode Island

◆ **"Food insecurity" is defined by the U.S. Department of Agriculture (USDA) as "not always having access to enough food for an active, healthy life."**[12] **Twelve percent of Rhode Island households are food insecure, compared with 11% of U.S. households.**[13] **Of households with children in the United States, 16% are food insecure.**[14]

◆ **Food insecure families often rely on public benefits like the Food Stamp Program and on community resources like food pantries and soup kitchens. Almost one-third (31%) of the approximately 60,000 people served by the Rhode Island Food Bank network in 2005 were children under the age of 18.**[15]

◆ **Recipients of emergency food often have to make hard choices between food and other basic needs. In Rhode Island in 2005, 49% chose between food and utilities, 46% chose between food and housing payments, and 34% chose between food and health expenditures.**[16]

Table 11. **Children Under Age 18 Receiving Food Stamps, Rhode Island, October 1, 2006**

CITY/TOWN	ESTIMATED NUMBER INCOME-ELIGIBLE	NUMBER PARTICIPATING	% OF INCOME-ELIGIBLE PARTICIPATING
Barrington	155	30	19%
Bristol	607	171	28%
Burrillville	356	239	67%
Central Falls	2,840	2,263	80%
Charlestown	173	108	62%
Coventry	654	444	68%
Cranston	2,057	1,714	83%
Cumberland	485	333	69%
East Greenwich	242	97	40%
East Providence	1,687	1,026	61%
Exeter	169	50	30%
Foster	66	32	48%
Glocester	225	75	33%
Hopkinton	228	96	42%
Jamestown	36	22	61%
Johnston	733	451	62%
Lincoln	404	279	69%
Little Compton	21	8	38%
Middletown	404	189	47%
Narragansett	310	121	39%
New Shoreham	19	0	0%
Newport	1,731	902	52%
North Kingstown	818	388	47%
North Providence	802	430	54%
North Smithfield	92	80	87%
Pawtucket	5,948	4,160	70%
Portsmouth	187	85	45%
Providence	22,395	16,305	73%
Richmond	118	64	54%
Scituate	157	59	38%
Smithfield	239	78	33%
South Kingstown	485	277	57%
Tiverton*	150	151	100%*
Warren	333	197	59%
Warwick	1,712	1,301	76%
West Greenwich	81	27	33%
West Warwick	1,610	947	59%
Westerly	843	450	53%
Woonsocket	4,125	3,203	78%
Core Cities	*38,649*	*27,780*	*72%*
Remainder of State	*15,048*	*9,072*	*60%*
Rhode Island	*53,697*	*36,852*	*69%*

Note

* The percentage of income-eligible children participating in the Food Stamp Program is greater than 100% because the rate is calculated using 2000 Census data that may not account for recent population changes.

Eligibility Requirements may vary for elderly and disabled households.

Source of Data for Table/Methodology

Food Stamp Program data are from the Rhode Island Department of Human Services, INRHODES Database, October 1, 2006.

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

Due to a change in methodology, Food Stamp Program participation rates in this Factbook can not be compared with Factbooks before 2003. This year's estimates for the percentage of income-eligible children participating in the Food Stamp Program in Rhode Island cities and towns are based on the total number of children ages birth to 18 living in families with incomes below 130% of the federal poverty level from the 2000 Census. Past estimates were based on the percent of children eligible for the free school breakfast program.

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

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Children Participating in School Breakfast

DEFINITION

Children participating in school breakfast is the percentage of low-income public school children who participate in the School Breakfast Program. Children are counted as low-income if they are eligible for and enrolled in the free or reduced-price lunch program.

SIGNIFICANCE

Children who suffer from undernutrition have poorer overall health status, miss more days of school and are less ready to learn when they do attend than well-nourished children.[1] Students who eat breakfast have significantly higher math and reading scores, fewer absences, improved attentiveness and lower incidences of social and behavioral problems.[2]

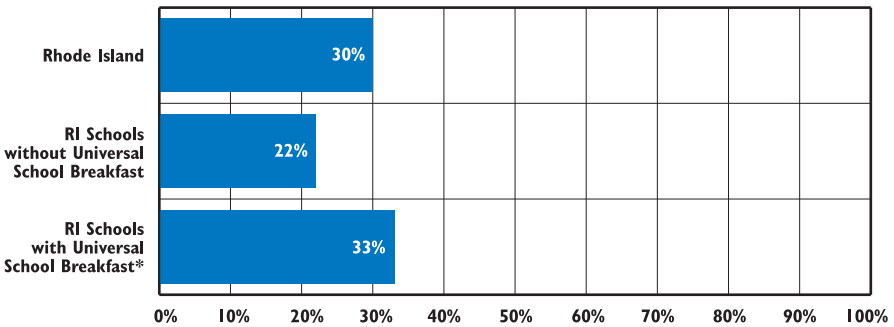
Nationally in 2005, 16% of households with children were food-insecure. The families of these children do not have sufficient food to provide nutritious breakfasts to their children every morning.[3] In Rhode Island, about 12% of households overall are food-insecure.[4] Rhode Islanders who are Hispanic, have children under the age of 6, are single parents, or have not finished high school are the most likely to go without adequate and nutritious food.[5]

Children who skip breakfast are at a disadvantage in their ability to concentrate, learn and behave well in school. For many higher-income families, children do not eat breakfast before school because of long parental commuting times and rushed family schedules.[6] School Breakfast Programs offer nutritious meals, providing children who participate with at least one-fourth of their Recommended Daily Allowance for key nutrients.[7]

Rhode Island state law requires all public schools to provide students with access to school breakfast, although higher-income parents may be required to pay for some share of the costs. Rhode Island receives over $5 million in federal funds for the School Breakfast Program, which flows directly into the state's economy.[8]

Rhode Island ranks 22nd in the country for participation in school breakfast when participation is analyzed as the ratio of low-income students in the breakfast program to low-income students in the lunch program. During the 2005-2006 school year, 44 low-income students participated in the breakfast program for every 100 low-income students that participated in the lunch program. If Rhode Island succeeded in increasing low-income student participation in the School Breakfast Program from 44 to 60, the state would receive more than $1.7 million in additional federal funds to support the program.[9]

Low-Income Children Participating in School Breakfast, Rhode Island, October 2006



** Includes all schools in Central Falls, Cranston, Pawtucket, Providence and Woonsocket which offer universal breakfast throughout the district, as well as selected schools in East Providence that piloted the program in October 2006.*

Source: Rhode Island Department of Elementary and Secondary Education, October 2006.

◆ **In 2006, the percentage of low-income students participating in the school breakfast program in schools offering universal school breakfast was 33% compared with 22% of students participating in the program in the remainder of the state.[10]**

◆ **In October 2006, an average of 21,154 breakfasts were served daily in Rhode Island public schools. Of these, 79% (16,687) were to low-income children eligible for free or reduced-price meals.[11]**

◆ **Universal school breakfast programs, which provide free breakfast to all children, regardless of income, dramatically increase school breakfast participation especially among low-income students. When schools offer breakfast in the classroom at the start of the school day, participation rates can double or even triple.[12]**

Table 12.

Children Participating in School Breakfast, Rhode Island, Fall 2006

SCHOOL DISTRICT	2006 FALL ENROLLMENT	DISTRICT WIDE AVERAGE DAILY PARTICIPATION IN BREAKFAST	PERCENT OF ALL CHILDREN PARTICIPATING IN BREAKFAST	NUMBER OF LOW-INCOME STUDENTS	LOW-INCOME AVERAGE DAILY PARTICIPATION IN BREAKFAST	PERCENT OF ALL LOW-INCOME CHILDREN PARTICIPATING IN SCHOOL BREAKFAST
Barrington	3,460	50	1%	112	8	7%
Bristol Warren	3,415	266	8%	918	127	14%
Burrillville	2,538	162	6%	581	106	18%
Central Falls	3,410	986	29%	3,194	820	26%
Chariho	3,763	100	3%	584	62	11%
Coventry	5,625	188	3%	841	131	16%
Cranston	10,896	1,272	12%	2,938	795	27%
Cumberland	5,104	344	7%	798	234	29%
East Greenwich	2,395	55	2%	157	49	31%
East Providence	5,779	567	10%	2,019	445	22%
Exeter-West Greenwich	2,029	47	2%	260	31	12%
Foster	300	19	6%	38	12	31%
Foster-Glocester	1,601	80	5%	157	29	18%
Glocester	673	57	8%	84	51	61%
Jamestown	492	6	1%	29	5	17%
Johnston	3,157	179	6%	879	145	16%
Lincoln	3,463	168	5%	504	154	31%
Little Compton	315	11	4%	17	5	29%
Middletown	2,394	155	6%	507	118	23%
Narragansett	1,532	29	2%	180	21	12%
New Shoreham	147	29	19%	16	6	35%
Newport	2,237	477	21%	1,341	463	35%
North Kingstown	4,499	225	5%	591	168	28%
North Providence	3,335	311	9%	868	251	29%
North Smithfield	1,870	83	4%	182	28	16%
Pawtucket	8,915	1,945	22%	6,704	1,576	24%
Portsmouth	3,033	105	3%	232	46	20%
Providence	24,922	9,271	37%	20,998	7,947	38%
Scituate	1,811	14	1%	134	12	9%
Smithfield	2,610	82	3%	202	39	19%
South Kingstown	3,770	138	4%	641	126	20%
Tiverton	2,104	158	8%	356	81	23%
Warwick	11,098	662	6%	2,418	462	19%
West Warwick	3,746	438	12%	1,411	330	23%
Westerly	3,414	420	12%	880	291	33%
Woonsocket	6,325	2,058	33%	4,185	1,517	36%
Core Cities	*49,555*	*15,174*	*31%*	*37,833*	*12,652*	*33%*
Remainder of State	*96,622*	*5,980*	*6%*	*18,123*	*4,034*	*22%*
Rhode Island	*146,177*	*21,154*	*14%*	*55,956*	*16,687*	*30%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Office of School Food Services and Office of Finance, October 2006.

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

"2006 Fall Enrollment" is the public school enrollment as of October 1, 2006. "District-Wide Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per day during October 2006. "Number of Low-Income Students" is the number of students eligible for and enrolled in free or reduced-price meals during October 2006. "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 day during October 2006. Half-day kindergarten, private schools and residential child care facilities may offer the School Breakfast Program, but are not included in these calculations.

To receive a reduced-price meal, students' household income must be at or below 185% of the federal poverty guideline. For free meals, household income must fall below 130% of the federal poverty guideline. Children in Food Stamp and Family Independence Program households are automatically eligible for free meals.

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Health

A Welcome Song for Laini Nzinga
(Born November 24, 1975)

Hello Little Sister.
Coming through the rim of the world.
We are here! to meet you and to mold and
to maintain you.
With excited eyes we see you.
With welcoming ears we hear the
clean sound of new language.
The language of Laini Nzinga.
We love and we receive you as our own.

- Gwendolyn Brooks

Children's Health Insurance

DEFINITION

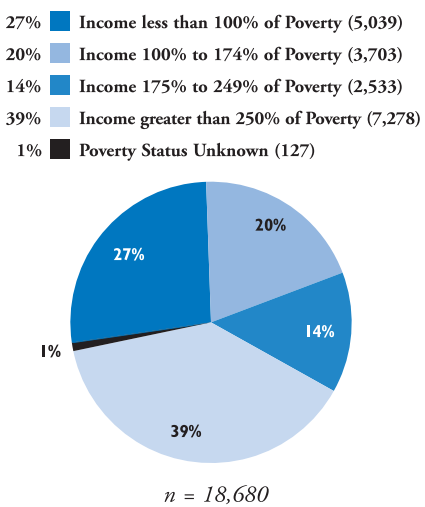
Children's health insurance is the percentage of children below age 19 who were covered by any kind of public or private health insurance, including Medicaid, during 2006.

SIGNIFICANCE

Children's health insurance status is the major determinant in whether children have access to care.[1] Children who lack insurance coverage are more likely to have poorer health outcomes, have fewer well-child visits, and are more likely to delay seeking medical care.[2] Insured children are more likely than uninsured children to receive preventive care or medical treatment for common conditions like asthma and ear infections – illnesses that if left untreated can have life-long consequences and lead to more serious health problems.[3,4] Medicaid provides low-income children access to health care that is comparable to children with private health insurance.[5] Children are more likely to use health care when their parents are insured and have access to health care.[6]

RIte Care/RIte Share, Rhode Island's Medicaid managed care health insurance program, is available to children and families who qualify based on family income. RIte Care also serves as the health care delivery system for specific groups of children who qualify for Medical Assistance based on a disability or because they are in foster care or receiving an adoption subsidy. As of December 31, 2006, 68% (79,033) of the RIte Care members who qualified based on family income were children under age 19.[7] There were 42,203 low-income parents enrolled in RIte Care as of December 31, 2006.[8] Of these parents, 7,098 (17%) received RIte Care because they were enrolled in the Family Independence Program (FIP).[9]

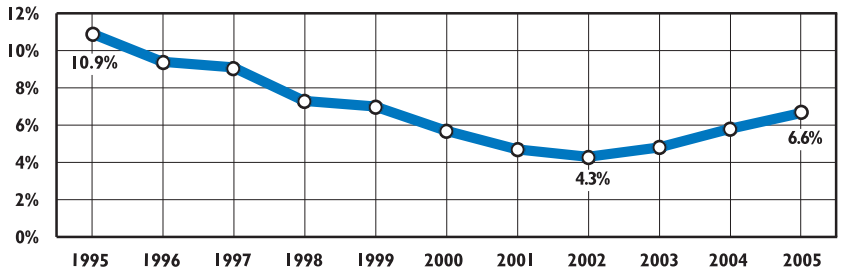
Children Under Age 19 without Health Insurance, by Poverty Level, Rhode Island, 2005



n = 18,680

Source: U.S. Bureau of Census, Current Population Survey, 2004-2006, three-year average. Compiled by the Urban Studies Institute at the University of Louisville. 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, 1995 - 2005



Source: U.S. Census Bureau, Current Population Survey, 1994-2006, three-year averages, compiled by Rhode Island KIDS COUNT. Data are for children under 18 years of age.

◆ **As of 2005, 6.6% of Rhode Island's children under age 18 were uninsured, compared to 11.1% of children nationally.[10] Rhode Island ranks 10th in the nation for the percentage of uninsured children, down from second place in 2004.[11]**

◆ **Of the estimated 18,680 uninsured children under age 19 in Rhode Island in 2005, 11,275 were income-eligible for RIte Care but were not enrolled.[12] There were an estimated 7,278 uninsured children who lived in families with incomes at or above 250% of the federal poverty level ($40,225 for a family of three in 2005), the limit for RIte Care eligibility.[13,14]**

◆ **In Rhode Island, the recent increase in the rate of uninsured children is largely due to the decline in employer-sponsored insurance. In 2005, 2 out of 3 children (66%) were covered by employer-sponsored health insurance. This is a 10% decrease in the past four years, down from 73% in 2001.[15,16] Increased administrative barriers also impact the rate of uninsured children.**

◆ **In the U.S, 70% of uninsured children live in families in which at least one parent works full-time. Many of these parents work in low-wage jobs that do not offer health insurance or family coverage is available at a price that the family cannot afford.[17]**

◆ **In Rhode Island in 2005, 74% of employers offered health coverage to their employees and 26% paid the full premium for family coverage. Health insurance premiums in Rhode Island are among the highest in the U.S., with an average monthly cost of $398 for individual coverage (compared with $335 nationally) and $1,033 for family coverage (compared with $907 nationally).[18]**

Table 13.

Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 2006

CITY/TOWN	RIte Care FIP	RIte Care Non-FIP	SSI	Katie Becket Provision	Adoption Subsidy	Foster Care	Total
Barrington	37	180	11	45	8	8	289
Bristol	134	499	26	17	25	28	729
Burrillville	119	598	34	29	50	54	884
Central Falls	1,544	3005	307	4	16	25	4,901
Charlestown	68	266	6	12	13	6	371
Coventry	263	1103	81	72	102	53	1,674
Cranston	951	3,710	241	159	99	89	5,249
Cumberland	200	781	64	85	56	21	1,207
East Greenwich	38	217	11	60	8	8	342
East Providence	701	2083	147	70	64	60	3,125
Exeter	35	163	11	9	18	32	268
Foster	32	110	3	7	16	9	177
Glocester	49	234	26	16	43	28	396
Hopkinton	70	312	15	12	10	10	429
Jamestown	15	62	7	8	11		103
Johnston	287	1201	68	36	21	25	1,638
Lincoln	189	602	47	47	34	24	943
Little Compton	2	73	2	5	1	2	85
Middletown	112	470	44	36	9	31	702
Narragansett	71	263	17	27	18	68	464
New Shoreham	1	17	2	0	0	1	21
Newport	582	1180	112	20	18	45	1,957
North Kingstown	239	747	62	61	19	37	1,165
North Providence	288	1167	101	31	34	78	1,699
North Smithfield	42	247	18	26	15	39	387
Pawtucket	2,744	6161	586	49	68	217	9,825
Portsmouth	58	341	17	47	12	34	509
Providence	10,696	18306	2,037	70	1,137	1,145	33,391
Richmond	40	171	13	17	12	23	276
Scituate	34	283	13	34	28	13	405
Smithfield	43	321	20	32	19	17	452
South Kingstown	200	601	50	60	43	18	972
Tiverton	91	442	25	26	14	11	609
Warren	125	426	20	21	24	13	629
Warwick	730	3090	216	184	147	124	4,491
West Greenwich	9	119	8	12	14	10	172
West Warwick	506	1615	123	26	52	44	2,366
Westerly	270	897	69	44	15	10	1,305
Woonsocket	2,123	3219	469	45	88	120	6,064
Out of State/Unknown	*7*	*6*	*46*	*1*	*0*	*0*	*60*
Core Cities	*18,195*	*33,486*	*3,634*	*214*	*1,379*	*1,596*	*58,504*
Remainder of State	*5,543*	*21,796*	*1,495*	*1,347*	*1,002*	*984*	*32,167*
Rhode Island	*23,745*	*55,288*	*5,175*	*1,562*	*2,381*	*2,580*	*90,731*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, MMIS Database, December 31, 2006.

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. Children who were transitioned into RIte Care included those who qualify for Medical Assistance because they receive SSI, adoption subsidy, or qualify for the Katie Beckett provision. Certain groups of children, including those with commercial health insurance were not included in the transition to RIte Care. The columns "SSI, Katie Beckett, and Adoption Subsidy" include children in fee-for-service Medicaid and (managed care) RIte Care as of December 31, 2006.

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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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).

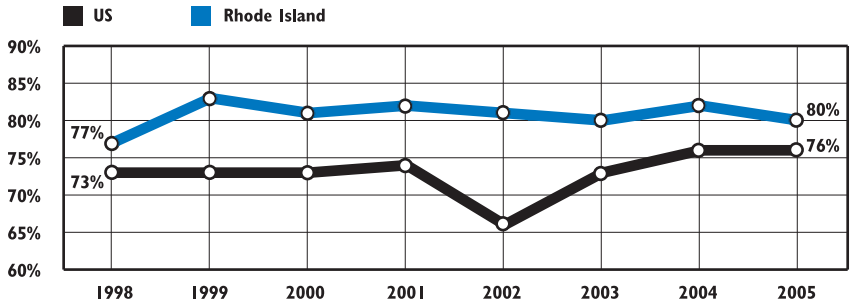
SIGNIFICANCE

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

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

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

Fully Immunized Children*, Ages 19 Months – 35 Months, United States and Rhode Island, 1998-2005



**Fully immunized children received the 4:3:1:3:3 series from 1998 to 2001 and the 4:3:1:3:3:1 series from 2002 to 2005.*

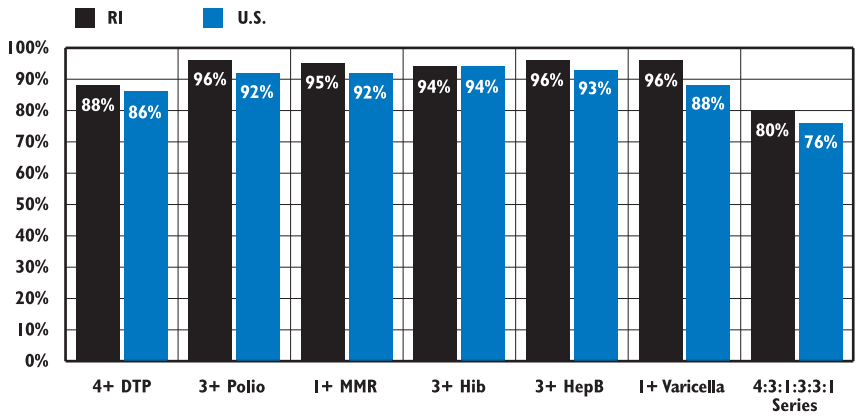
Source: Centers for Disease Control and Prevention, National Immunization Survey, 1998-2005.

◆ **In U.S. in 2005, the overall vaccination rate among children ages 19 months to 35 months was virtually equal among all races for the first time. Seventy-six percent (76%) of White, Black, and Hispanic children and 77% of Asian children were fully immunized.[11]**

◆ **Poverty remains a risk factor for under-immunizations. In the U.S. in 2005, children living at or above the federal poverty level had a 77% immunization rate while children living below the poverty level had a 74% vaccination rate.[12]**

◆ **Concerns about vaccine safety contribute to the number of children who are under-immunized in the U.S.[13] As required by the National Childhood Vaccine Injury Act, families should be provided with informational materials about vaccines and given the opportunity to clarify issues or concerns.[14,15]**

Vaccination Coverage Among Children Ages 19 Months – 35 Months, United States and Rhode Island, 2005



Source: Centers for Disease Control and Prevention, National Immunization Survey, 2005.

◆ **In 2005, 80% of Rhode Island children ages 19-35 months were fully immunized with the 4:3:1:3:3:1 Series, compared to 76% nationally.[16]**

◆ **In 2005, Rhode Island was ranked among the top 5 states for 3 of the 6 vaccines in the 4:3:1:3:3:1 Series. Rhode Island ranks 10th in the nation for the completion of the Series, down from 6th in 2004.[17,18]**

◆ **In 2004, 188 Rhode Island children were exempt from receiving 1 or more vaccines for medical or religious reasons, with 64 (34%) exempt from receiving all vaccines.[19]**

◆ **The Advisory Committee on Immunization Practices (ACIP) periodically reviews the national Immunization Schedule to update its recommendations, and include newly licensed vaccines and changes in vaccine formulation to ensure that immunization practices remain effective. In 2006, ACIP recommended the administration of two new vaccines: the rotavirus vaccine for infants ages 12-32 weeks and the human papilloma virus (HPV) vaccine for girls ages 11-12 years. ACIP also recommended increasing the dose of varicella vaccinations for children from 1 to 2 (including a second dose catch-up varicella vaccination for children and adolescents who previously received only 1 dose).[20]**

School Immunization

◆ **The Rhode Island Immunization Program conducts an annual statewide survey to assess immunization levels of children entering kindergarten, 7th grade, and attending licensed child care centers and Head Start programs. The 2005-2006 Rhode Island School Immunization Survey included 39,045 children over the age of 19 months across 655 sites. Immunization rates for each of the vaccines included in the survey were at least 96% for children in child care, Head Start and kindergarten.[21]**

◆ **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 on 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 at no cost to students.[22]**

◆ **During the 2005-2006 school year, 60 schools participated in VBYG. Of the 2,118 students enrolled in the program, 95% received immunizations and 90% completed all immunizations for which they were enrolled.[23]**

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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, 2006 and had received dental services at any point during the previous federal Fiscal Year (October 1, 2005-September 30, 2006).

SIGNIFICANCE

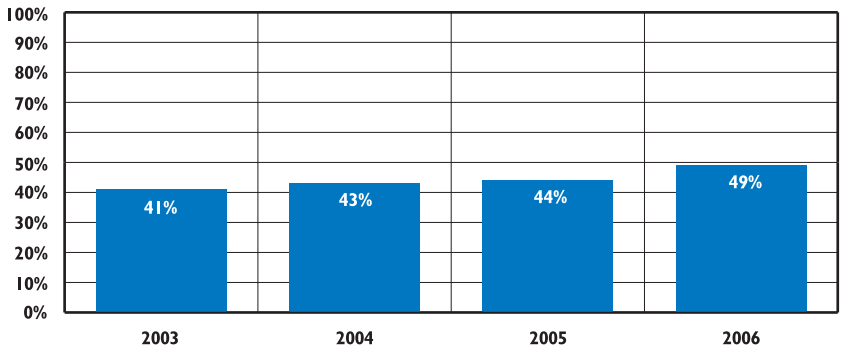
Dental caries (tooth decay) is the most common disease among children 5 to 17 years old.[1] Children with poor dental health are at increased risk for future dental caries in their permanent teeth.[2] Children with dental problems are more likely to have problems chewing and swallowing, speech problems, poor self-image, and reduced school performance, including lack of concentration and absenteeism.[3]

Insurance is a strong predictor of access to health and dental care. Nearly one in five (21%) uninsured children in the U.S. has unmet dental needs, compared with 8% of those with Medicaid and 4% of those with private health insurance.[4] National estimates indicate that there are 2.6 children without dental insurance for every child without medical insurance.[5] The percentage of Rhode Island children with dental insurance has been increasing, from 62% in 1990, 67% in 1996, 73% in 2001, and 76% in 2004.[6,7]

Children living in poverty are more likely to have tooth decay that is severe and to have cavities that are left untreated than higher-income children. Children eligible for Medicaid services are twice as likely to have dental disease as children who live in families with higher incomes.[8] For children in low-income families, the efficacy and continuity of public dental insurance is a critical factor in access to dental prevention and treatment. In the U.S., the continuous enrollment of children in public health insurance programs results in greater access to dental and medical care when compared with children who have no insurance or are covered for only part of the year.[9] Children who were uninsured part of the year were nearly six times as likely to have an unmet dental need as children who were insured for a year or more.[10]

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

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, Federal Fiscal Years 2003-2006



Source: Rhode Island Department of Human Services, 2003-2006. *Medical Assistance includes RIte Care, RIte Share or Medicaid fee-for-service.

◆ **Nearly half (49%) of children who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2006 received a dental service during federal Fiscal Year 2006.[14] This represents a 20% increase since 2003.[15]**

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

◆ **As of November 2006, approximately 31,000 children enrolled in RIte Care, RIte Share, or Medicaid fee-for-service who were born on or after May 1, 2000 are receiving dental benefits through the RIte Smiles program. The RIte Smiles dental benefits manager is responsible for maintaining a network of participating dentists, paying claims and providing member services such as interpretation and transportation. All children receiving Medical Assistance born before May 1, 2000 will continue to receive dental benefits under the fee-for-service system.[17]**

◆ **Dental insurance is not available to many working families in Rhode Island. Fewer than half (48%) of Rhode Island employers offer dental insurance to their full-time employees, and 14% offer it to their part-time employees (compared to 79% and 18% who offer health insurance, respectively).[18]**

Oral Health Services for Young Children

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

◆ Nationally, the number of very young children with dental caries (cavities) in their primary teeth has increased. Between 1988 and 1994, 24% of children ages 2-5 had caries, compared with 28% between 1999 and 2002, an increase of 17%. Nearly half (49%) of children ages 6-11 had dental caries between 1999-2002, which was virtually unchanged from prior years.[20]

Medicaid Reimbursement Rates

◆ In 2006, Medicaid reimbursement rates were raised for 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 more than tripled. General dentists and specialists providing oral health services to Medicaid-enrolled children who do not qualify for the RIte Smiles will continue to be reimbursed at the Medicaid fee-for-service reimbursement rates.[21] Rhode Island's fee-for-service Medicaid dental reimbursement rates were last increased in 1992.[22]

◆ When comparing Rhode Island's Medicaid fee-for-service reimbursement rates and average fees charged by dentists in the state, fewer than 1% of dentists in Rhode Island would consider the Medicaid rate to be equal to or greater than their current charge.[23]

◆ Low reimbursement rates that fail to cover the cost of services and administrative difficulties are two reasons cited by dentists 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 to dental care services.[24]

Consequences of Untreated Dental Disease

◆ An average of 52 children under the age of 18 were hospitalized with a diagnosis that included an oral health condition each year between 2001 and 2005 in Rhode Island. On average, 13 children per year were hospitalized with an oral health condition as the main reason.[25]

◆ A recent national study found that of people who had visited a non-dental health care provider (such as a physician or emergency room) for dental treatment, school-age children suffered the most limitations due dental pain. Dental problems related to untreated dental disease result in over 1 million missed days of school for children in the U.S. every year.[26]

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(continued on page 151)

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

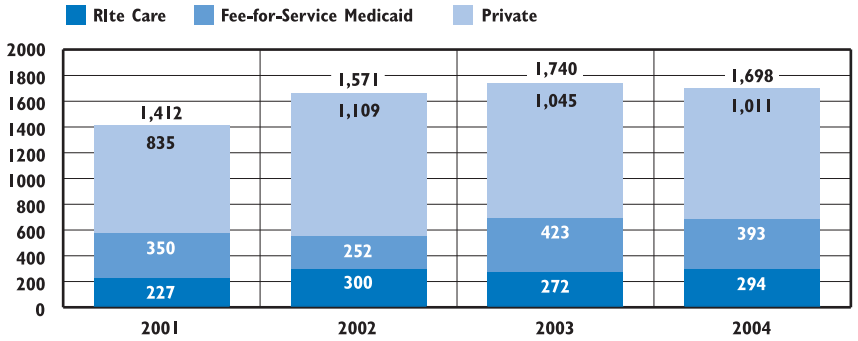
Children and adolescents can experience a wide range of behavioral health problems. Mental health in childhood and adolescence is defined by the U.S. Surgeon General as the achievement of expected developmental cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills.[1] One in five U.S. children ages 9 to 17 has a diagnosable mental or addictive disorder. One in ten suffers significant functional impairments at home, at school and with peers as a result of his or her disorder.[2] It is estimated that at least one-third of children who need mental health treatment do not get it.[3]

Mental health problems affect children of all backgrounds. Children most at risk for mental disorders and problems with social-emotional development include those experiencing poverty, deprivation, abuse and neglect, unsatisfactory relationships, or exposure to traumatic events; children of parents with mental health or substance abuse disorders; children exposed to alcohol, drugs and tobacco during prenatal development; and children born with low birthweight, difficult temperament or an inherited predisposition to a mental disorder.[4]

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

In the U.S. and in Rhode Island, mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital care and inadequate investment in prevention and a continuum of community services that would allow children to receive treatment at appropriate levels of care.[7,8,9]

Hospitalizations with Primary Diagnosis of Mental Disorder, Children Under Age 18, By Insurance Type, Rhode Island, 2001-2004*



Source: Rhode Island Hospital Discharge Data Set, RI Department of Health, 2001-2004; and Griffin, J. (2006). *Health indicator data book: A comparison of access and quality measures for Rhode Islands <65 years old by health insurance coverage – trends 1995-2004.* Cranston, RI: Rhode Island Medicaid Research and Evaluation Project, Rhode Island Department of Human Services.

* These data represent number of hospitalizations, not number of children; a child or adolescent 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. There were 35 hospitalizations of uninsured children with a primary diagnosis of mental disorder between 2001-2004.

◆ **The chart above includes all hospitalizations to children who were given a primary diagnosis of a mental disorder, and includes hospitalizations at Bradley, Butler, Kent, Landmark, Newport, Memorial, Miriam, Rhode Island (including Hasbro Children's Hospital), Roger Williams, Saint Joseph, South County, and Westerly Hospitals.**[10]

◆ **Children and adolescents receive a range of behavioral health treatment services at hospitals in Rhode Island. These treatment options can range from inpatient treatment at a psychiatric hospital or at a general acute care hospital, to partial hospitalization services, to outpatient treatment services. For example, Hasbro Children's Hospital, a division of Rhode Island Hospital, provided 5,352 outpatient psychiatry visits to 1,449 children under age 19 in 2006.**[11]

◆ **When a bed at a psychiatric hospital is not available, children are "boarded" in the emergency department and/or medical floors at acute care hospitals. These children must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others. In calendar year 2006, 175 children under age 18 with a psychiatric diagnosis were "boarded" at Hasbro Children's Hospital due to the unavailability of an inpatient psychiatric bed in the state.**[12]

Psychiatric Hospitals

Children Under Age 19 Served at Rhode Island Psychiatric Hospitals, 2006

	Bradley Hospital General Psychiatric Services		Bradley Hospital Developmental Disabilities Program		Butler Hospital General Psychiatric Services		Butler Hospital Child Intensive Services Unit	
	# Served	Average Length of Stay	# Served	Average Length of Stay	# Served	Average Length of Stay	# Served	Average Length of Stay
Inpatient	700	19 days	55	126 days	559	17.5 days	52	47 days
Residential	65	129 days	16	345 days	--	--	--	--
Partial Hospitalization	227	23 days	17	31 days	74	4.6 days	--	--
Outpatient	1,225	5 visits	272	6 visits	94	NA	--	--

Source: Lifespan and Butler Hospital, 2007. Programs can have overlapping enrollment. -- = Service not offered. NA=Data not available for this service.

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

◆ **Inpatient treatment at a psychiatric hospital is the most intensive type of behavioral health care. In 2006, there were 1,366 young people admitted for inpatient psychiatric treatment at either Bradley Hospital or Butler Hospital. Of young people treated in an inpatient setting, the primary diagnoses were depressive disorders (42%), bipolar disorder (26%), adjustment disorders (10%), and anxiety disorders (8%).[13,14]**

◆ **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 a developmental disability. Bradley also operates four schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 216 students in 2006.[15]**

References

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Rhode Island's Community Mental Health Centers

◆ **The eight Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state. During 2006, 7,214 children under age 18 were treated at community mental health centers and 3,369 children were receiving services as of December 31, 2006.[16]**

◆ **Of the children who received services through community mental health centers in 2006, 21% presented with a primary diagnosis of attention deficit disorder, 20% with depressive disorders, 14% with conduct disorder and 10% with anxiety disorder.[17]**

Children's Intensive Services

◆ **The Children's Intensive Service (CIS) program of the Rhode Island Department of Children, Youth and Families (DCYF) allows children and youth at highest risk for out-of-home placement due to behavioral health problems to remain at home in their community while receiving intensive, home-based psychotherapeutic and case management services.**

◆ **Of the 2,800 children who were served by CIS in FY 2006 (including 1,800 new admissions), 48% were over age 12, 37% were between the ages of 6 and 11, and 14% were under age 5. Eight percent of newly admitted children were referred to CIS after an inpatient psychiatric hospitalization, and 30% were involved with DCYF at the time of admission.[18]**

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Children with Special Needs

DEFINITION

Children with special needs are those who have a chronic disease or disability that requires educational services, health care and/or related services of a type or amount beyond that required by children generally. Special needs can be physical, developmental, behavioral and/or emotional. This indicator measures the number of children enrolled in Early Intervention, special education, Supplemental Security Income (SSI) and Medical Assistance (where the child is eligible due to special health care needs) in 2006.

SIGNIFICANCE

As many as 20% of children nationwide have a chronic physical, developmental, behavioral or emotional condition that requires health care and related services.[1] Some chronic and disabling conditions among children include mental retardation, attention deficit disorder, asthma, autism, hearing impairment, communication disorders, seizure disorders and congenital diseases.[2,3]

Children with special needs are a heterogeneous group, varying by the type and severity of the chronic disease or disability. Children's needs vary based on the age of the child, as well as by the many differences in the population at large - such as family income, race, ethnicity, primary language and parents' educational level.[4] Children with chronic or disabling conditions are likely to have limitations or impairments in physical, social, emotional or behavioral functioning in comparison with their peers of the same age.[5] In Rhode Island, youth with special needs are much less likely than their non-disabled peers to finish high school, go on to postsecondary education, find employment, earn an adequate wage and live independently.[6]

There are some issues of common concern to families of children with chronic or disabling conditions. Whether disabilities are mild or severe, they have the potential to create special needs related to physical health, mental health, education, family support, child care, recreation and career preparation. For many parents, having a child with special needs has a significant impact on their finances, their jobs and their family life.[7,8]

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

Children Enrolled in Early Intervention

◆ **States are required to provide appropriate Early Intervention services to all children from birth to age 3 who are developmentally delayed or have been diagnosed with a physical or mental condition that has a high probability of resulting in developmental delay.[12]**

◆ **In Rhode Island in 2006, the eight certified Early Intervention providers served 3,240 children ages birth to three. Nearly two-thirds (64%) of children receiving Early Intervention services were male and one-third (36%) was female.[13]**

◆ **In 2006, 65% of children in Early Intervention programs had significant developmental delays, i.e. physical, cognitive, behavioral, and/or emotional delays of unknown medical origin, 21% had a single established condition affecting development, such as cerebral palsy and 12% had multiple established conditions.[14]**

Children Enrolled in Special Education

◆ **Local school systems are responsible for identifying and evaluating students ages 3 to 21 whom they have reason to believe are students with disabilities and therefore might require special education and related services.**

◆ **In Rhode Island during the 2005-2006 school year, 21% (31,362) of children received special education services. Forty percent (40%) of the children receiving special education services in Rhode Island had a learning disability.[15]**

◆ **Early Intervention programs are required to provide transition services for children who may be eligible for special education at age 3. In 2006, 607 of the 869 (70%) children who reached age 3 while in Early Intervention were referred to special education.[16] During the 2005-2006 school year, there were 2,846 children ages 3 to 5 who were not yet in kindergarten receiving special education services in Rhode Island public schools.[17]**

Medical Assistance Coverage for Children with Special Health Care Needs

◆ Children who meet certain disability criteria are eligible for Medicaid and/or cash assistance through the federal Supplemental Security Income (SSI) program.[18] As of December 31, 2006, there were 5,666 Rhode Island children under age 21 receiving Medical Assistance benefits because of their enrollment in SSI.[19]

◆ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to certain children who have serious disabling conditions, in order to enable them to be cared for at home instead of an institution. As of December 31, 2006, there were 1,710 Rhode Island children under age 21 enrolled in Medical Assistance because of eligibility through the Katie Beckett provision.[20]

◆ Fourteen percent of Rhode Island children under age 18 are estimated to have special health care needs.[21] The prevalence increases with age: 8% of children under age 5, 16% of children ages 6 to 12 years, and 18% of children 13 to 17 have special health care needs.[22] Almost one-quarter (23%) of all households in Rhode Island have a child with at least one special health care need.[23]

◆ A higher percentage of children in low-income families in Rhode Island have special health care needs compared to those in the U.S., with 16% of Rhode Island children in families with incomes less than 100% of the federal poverty threshold reporting special health care needs, compared with 14% nationally.[24] There are 9,000 children in Rhode Island (4% of all children) with special health care needs that limit the employment of a family member.[25,26]

Children in the Child Welfare System

United States

◆ Almost half (47%) of children ages 6-11 who are in foster care and 40% of those ages 12-14 have a clinical level of behavior and emotional problems. The rate of emotional and behavioral problems among children between the ages of 6 -14 who live in foster care is approximately four times that of other children.[27]

◆ More than half of young children living in foster care experience developmental delays, which is 4 to 5 times the rates of developmental delay found among children in the general population. Over half experience serious physical problems.[28]

◆ Twenty-four percent of U.S. children under age 15 who live in foster care have chronic health problems, including 30% of those under age 6. Nearly one-third (30%) under the age of 15 have a disability.[29]

Rhode Island

◆ Children who are adopted through the Department of Children, Youth and Families and have special needs may qualify for adoption subsidies, including Medical Assistance. As of December 31, 2006, 2,607 children were receiving Medical Assistance because of special needs adoptions. In addition, 2,752 children in foster care were enrolled in Medical Assistance due to their foster care status.[30]

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(continued on page 151)

Women and Children Participating in WIC

DEFINITION

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

SIGNIFICANCE

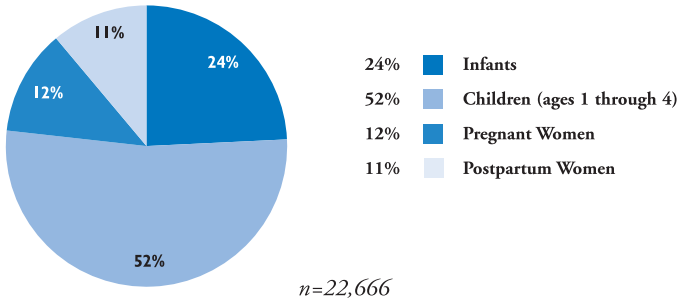
The Special Supplemental Nutrition Program for Women, Infants and Children is a preventive program that provides participants with nutritious food, nutrition education, screening and referrals to health care and social services.[1,2] WIC is a federally-funded program that serves pregnant, postpartum and breastfeeding women, infants, and children under five years of age with household incomes below 185% of the poverty level. In addition, any individual who participates in the Food Stamp Program, RIte Care, Medicaid, the Family Independence Program, or is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is deemed automatically income-eligible. Participants must also have a specified nutritional risk, such as anemia, high-risk pregnancy, abnormal growth, or be in need of supplemental foods for their diet.[3,4]

Young children who experience food insecurity, hunger and poor nutrition can be negatively impacted during times of critical growth and development.[5] All children who are food insecure, suffer from hunger or have poor nutrition are at greater risk of negative health, psychological, behavioral and educational outcomes and increased hospitalization.[6] Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.[7]

WIC participation has been shown to reduce infant mortality (especially neonatal mortality), improve birth outcomes (including reduce the likelihood of low birthweight), protect against underweight and poor nutrition in infants, prevent overweight in young children, increase immunization rates, improve cognitive development, and increase the likelihood of having a source of regular medical care.[8,9] WIC promotes breastfeeding as the optimal method of infant feeding and program eligibility for breastfeeding mothers is extended for up to one year.[10] In Rhode Island, the percentage of WIC infants who were breastfed in Fiscal Year 2006 was 19%.[11]

In 2006, the U.S. Department of Agriculture issued regulations to improve the nutritional value of WIC food packages. The new food packages increase the number of food choices, improve the nutritional quality of qualifying foods and include food options that reflect the cultural needs of the diverse population served by the WIC program.[12]

Women, Infants and Children Participating in WIC, Rhode Island, Monthly Average, Fiscal Year 2006



n=22,666

Source: Rhode Island Department of Health, Division of Family Health, WIC Program, August 2006. Percents may not sum to 100% due to rounding.

◆ **During Fiscal Year 2006, infants and children ages 1 through 4 comprised the majority of the population being served by WIC (76%). Pregnant and postpartum women accounted for 23% of the population being served.**[13]

◆ **As of September 2006, 42% percent of WIC participants were White non-Hispanic, 38% were Hispanic, 14% were Black, 2% were Asian, and 4% of participants were of other races.**[14]

◆ **Five of the six core cities – Central Falls (76%), Newport (69%), Pawtucket (78%), Providence (72%) and Woonsocket (72%) – have WIC participation rates that exceed the statewide average participation rate of 67%.**[15]

◆ **WIC is not an entitlement program and is not funded at a level that is sufficient to serve all eligible women, infants, and children.**[16] **Rhode Island received $20.9 million dollars in federal funding during Fiscal Year 2006.**[17]

◆ **The WIC Farmers' Market Nutrition Program improves participants' intake of fresh fruits and vegetables by providing coupons for purchasing produce at local farmer's markets.**[18] **In Rhode Island, 59 farmers' markets authorized by WIC provided fresh produce to 16,882 participants in Fiscal Year 2006, down from 20,958 in 2005.**[19,20]

Table 14.

Women, Infants and Children Participating in WIC, Rhode Island, August 2006

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	97	44	45%
Bristol	293	190	65%
Burrillville	340	229	67%
Central Falls	2,093	1,594	76%
Charlestown	144	74	51%
Coventry	555	352	63%
Cranston	2,028	1,171	58%
Cumberland	474	251	53%
East Greenwich	101	47	47%
East Providence	1,330	910	68%
Exeter	96	37	39%
Foster	63	46	73%
Glocester	126	38	30%
Hopkinton	171	106	62%
Jamestown	35	15	43%
Johnston	528	323	61%
Lincoln	318	205	64%
Little Compton	35	17	49%
Middletown	266	244	92%
Narragansett	137	75	55%
New Shoreham	5	3	60%
Newport	840	583	69%
North Kingstown	466	234	50%
North Providence	639	385	60%
North Smithfield	103	48	47%
Pawtucket	4,205	3,292	78%
Portsmouth	173	116	67%
Providence	13,485	9,730	72%
Richmond	89	52	58%
Scituate	120	57	48%
Smithfield	149	67	45%
South Kingstown	377	214	57%
Tiverton	225	146	65%
Warren	254	151	59%
Warwick	1,713	923	54%
West Greenwich	42	28	67%
West Warwick	1,054	556	53%
Westerly	558	357	64%
Woonsocket	2,611	1,870	72%
Unknown Residence	*619*	*31*	*NA*
Core Cities	*24,288*	*17,625*	*73%*
Remainder of State	*12,050*	*7,155*	*59%*
Rhode Island	*36,957*	*24,811*	*67%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, WIC Program, Fiscal Year 2006.

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 before 2007. This year, the "estimated number eligible" are 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 5 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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Breastfeeding

DEFINITION

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

SIGNIFICANCE

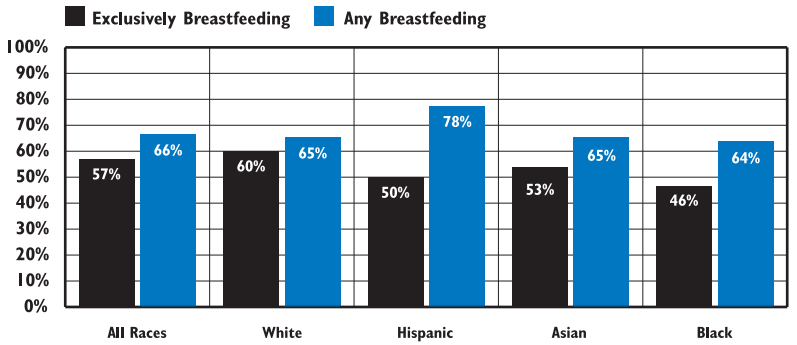
The American Academy of Pediatrics (AAP) identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as a critical component in achieving optimal infant and child health, growth and development. The AAP recommends exclusive breastfeeding for 6 months after birth and, in conjunction with appropriate solid foods, for at least 12 months after birth, and thereafter as long as mutually desired.[1]

Breastfeeding provides optimal nutrition for the newborn, and decreases the incidence of diarrhea, lower respiratory infections and ear infections. Breastfeeding has been linked to decreases in sudden infant death syndrome, diabetes, allergies, asthma, lymphoma and other illnesses; improved cognitive development and school performance in children; a reduced incidence of child abuse; and improved maternal health, including reduced rates of breast and ovarian cancer.[2,3,4] Breastfeeding provides significant social and economic benefits including reduced cost to the family, reduced health care costs and reduced employee absenteeism.[5]

Breastfeeding can be effectively promoted by health professionals through culturally appropriate prenatal and postnatal education of the mother, physician support, hospital policies that promote early and exclusive breastfeeding and provide ongoing lactation consultation, timely postpartum follow-up care and home health visits, and links to lactation support networks and resources.[6]

Healthy People 2010, the nation's health agenda, has established target breastfeeding rates of 75% at birth, 50% at 6 months and 25% at one year. The 1998 Healthy People 2010 baseline data shows that United States breastfeeding rates were 64% at birth, 29% at 6 months and 16% at one year. *Healthy People 2010* recommends several strategies for increasing breastfeeding rates among those at highest risk, including increased education for health care providers and new parents, additional support of breastfeeding from employers and the community, and greater media portrayal of breastfeeding as the normal method of infant feeding.[7]

Breastfeeding Rates by Race and Ethnicity, Rhode Island, 2001-2005



Source: Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program, 2001-2005. *Any Breastfeeding* refers to those infants exclusively breastfed and those fed breast milk in combination with formula.

◆ **Race is a strong predictor of breastfeeding even after controlling for socio-economic background.[8] In Rhode Island between 2001 and 2005, the exclusive breastfeeding rate for Black women was lower than the rates for all other races.[9]**

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

◆ **Between 2001-2005, over half (57%) of all women who gave birth in Rhode Island chose to exclusively breastfeed their children, rather than to exclusively formula feed (30%).[11]**

◆ **Of new mothers in Rhode Island between 2002 and 2004 who were surveyed approximately 3 months after giving birth, 70% reported having ever breastfed. Only 37% of these mothers reported continued breastfeeding at the time of the survey. Older mothers and those with education past high school were significantly more likely to have ever breastfed or to have continued breastfeeding three months after giving birth.[12]**

Table 15.

Breastfeeding Rates, Rhode Island, 2001-2005

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	774	16	637	84%	82%
Bristol	986	32	587	63%	60%
Burrillville	758	26	416	58%	55%
Central Falls	1,932	464	905	71%	47%
Charlestown	457	6	325	72%	71%
Coventry	1,851	41	1,099	62%	59%
Cranston	4,053	287	2,276	63%	56%
Cumberland	1,647	65	1,115	72%	68%
East Greenwich	702	25	526	78%	75%
East Providence	2,471	140	1,385	62%	56%
Exeter	289	3	202	71%	70%
Foster	233	9	171	77%	73%
Glocester	343	13	218	67%	64%
Hopkinton	568	22	383	71%	67%
Jamestown	214	7	180	87%	84%
Johnston	1,409	64	741	57%	53%
Lincoln	868	45	544	68%	63%
Little Compton	117	5	96	86%	82%
Middletown	1,017	31	778	80%	76%
Narragansett	507	15	367	75%	72%
New Shoreham	56	0	52	93%	93%
Newport	1,527	65	1,042	72%	68%
North Kingstown	1,516	49	1,067	74%	70%
North Providence	2,155	185	1,085	59%	50%
North Smithfield	437	11	281	67%	64%
Pawtucket	5,237	750	2,713	66%	52%
Portsmouth	796	25	609	80%	77%
Providence	14,420	2,851	7,155	69%	50%
Richmond	318	5	216	69%	68%
Scituate	535	17	373	73%	70%
Smithfield	684	15	448	68%	65%
South Kingstown	1,362	30	1,018	77%	75%
Tiverton	368	12	249	71%	68%
Warren	536	16	313	61%	58%
Warwick	4,179	131	2,493	63%	60%
West Greenwich	296	10	201	71%	68%
West Warwick	2,006	66	1,069	57%	53%
Westerly	1,146	37	770	70%	67%
Woonsocket	2,883	271	1,208	51%	42%
Unknown	*321*	*11*	*45*	*NA*	*NA*
Core Cities	*28,005*	*4,467*	*14,092*	*66%*	*50%*
Remainder of State	*33,648*	*1,395*	*21,221*	*67%*	*63%*
Rhode Island	*61,974*	*5,873*	*35,358*	*67%*	*57%*

Notes

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

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

Sources of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program Database and Maternal and Child Health Database, 2001-2005. *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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Women with Delayed Prenatal Care

DEFINITION

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

SIGNIFICANCE

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

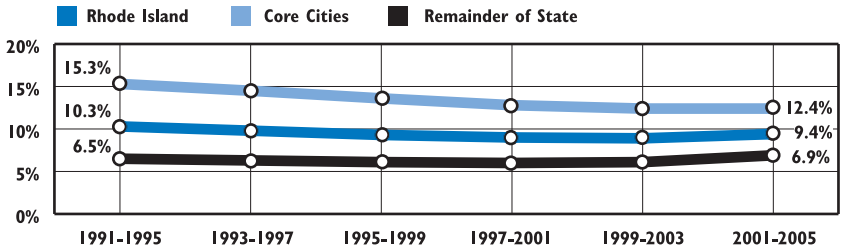
Prenatal care offers the opportunity to screen for and treat conditions that increase the risk for poor birth outcomes. Effective prenatal care also screens for and intervenes with a range of conditions including maternal depression, smoking, substance use, domestic violence, nutritional deficiencies, and unmet needs for food and shelter.[2] A pediatric visit during the prenatal period provides an opportunity for health care professionals to educate parents on issues such as breastfeeding, infant nutrition, car safety seats and infant development.[3]

Timely initiation of prenatal care is especially important for women who face multiple risks for poor birth outcomes, including poverty and low maternal education. Several studies indicate that low-income women who receive enhanced prenatal care services experience improved birth outcomes. Enhanced prenatal care services may include outreach, case management, risk assessment, smoking cessation, nutritional and psychosocial counseling, health education, transportation and home visits.[4]

In Rhode Island between 2001 and 2005, 9.4% of women giving birth either received no prenatal care or did not begin care until the second or third trimester.[5]

According to the Centers for Disease Control and Prevention, Rhode Island ranked first (tied with Vermont) among 41 states with comparable data for timely initiation of prenatal care in 2004. In 2004, 90.0% of pregnant women in Rhode Island began prenatal care during the first trimester while 83.9% of pregnant women across the other states did so. Only 1.5% of pregnant women in Rhode Island received late (beginning in the third trimester) or no prenatal care in 2004 while 3.6% of pregnant women across the other states did so.[6]

Women with Delayed Prenatal Care, Rhode Island, Core Cities and the Remainder of the State, 1991-2005



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-2005. Data for 2004-2005 are provisional.

◆ **Between 1991 and 2005 the rate of delayed prenatal care decreased in Rhode Island and the core cities and increased in the remainder of the state.[7] Prenatal care utilization improved modestly between 1990 and 2003 in the U.S. and showed no improvement in 2004.[8]**

◆ **Women in the core cities are almost twice as likely to receive delayed prenatal care as women in the remainder of the state. Between 2000 and 2005, 12.4% of women in the core cities and 6.9% of women in the remainder of the state received delayed prenatal care. West Warwick is the only core city with a rate of delayed prenatal care (8.3%) that is better than the state rate (9.4%).[9]**

RIte Care's Impact on Prenatal Care

◆ **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 available to women in the program.[10]**

◆ **Between 2001-2005, Rhode Island women without any health insurance were more than twice as likely to receive delayed prenatal care (37.4%) as women enrolled in RIte Care (14.8%).[11] Between 1993 and 2004, the percentage of women enrolled in RIte Care who began prenatal care in the first trimester increased from 76.6% to 84.2% while the percentage of women with private health care insurance who began prenatal care in the first trimester stayed fairly stable at approximately 94% to 96% of women.[12]**

Table 16.

Delayed Prenatal Care, Rhode Island, 2001-2005

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	804	29	3.6%
Bristol	1,033	78	7.6%
Burrillville	823	61	7.4%
Central Falls	1,989	277	13.9%
Charlestown	440	42	NA
Coventry	1,904	100	5.3%
Cranston	4,410	292	6.6%
Cumberland	1,881	114	6.1%
East Greenwich	551	25	4.5%
East Providence	2,547	183	7.2%
Exeter	304	22	NA
Foster	216	15	NA
Glocester	418	24	NA
Hopkinton	474	52	NA
Jamestown	218	16	NA
Johnston	1,440	86	6.0%
Lincoln	968	59	6.1%
Little Compton	169	14	NA
Middletown	1,039	90	8.7%
Narragansett	577	41	7.1%
New Shoreham	59	9	NA
Newport	1,558	222	14.2%
North Kingstown	1,450	85	5.9%
North Providence	1,655	110	6.6%
North Smithfield	496	24	NA
Pawtucket	5,569	698	12.5%
Portsmouth	898	71	7.9%
Providence	14,862	1,781	12.0%
Richmond	503	28	5.6%
Scituate	473	21	NA
Smithfield	752	36	4.8%
South Kingstown	1,271	83	6.5%
Tiverton	689	70	10.2%
Warren	577	43	7.5%
Warwick	4,414	289	6.5%
West Greenwich	298	14	NA
West Warwick	2,003	167	8.3%
Westerly	1,349	179	13.3%
Woonsocket	3,184	486	15.3%
Unknown	*5*	*1*	*NA*
Core Cities	*29,165*	*3,631*	*12.4%*
Remainder of State	*35,100*	*2,405*	*6.9%*
Rhode Island	*64,270*	*6,037*	*9.4%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional.

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

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

The denominator is the total number of live births to Rhode Island residents from 2001-2005.

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Preterm Births

DEFINITION

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

SIGNIFICANCE

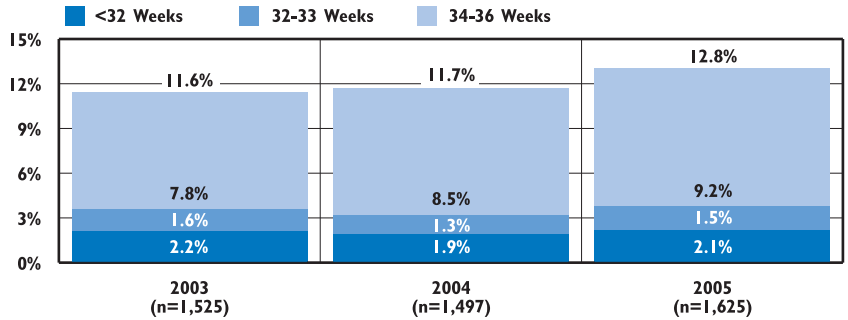
Preterm birth is a major determinant of infant mortality and morbidity and is the leading cause of death among newborns during the first month of life in the U.S.[1,2] Infants born before 37 weeks gestation are at higher risk than infants born full-term for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing and vision problems.[3,4] Infants born preterm have longer hospital stays than full-term infants. Newborns with no complications stay an average of 1.5 days in the hospital, compared with an average of 13 days for a preterm infant.[5] Children who were born preterm also experience learning difficulties, lower cognitive test scores and more behavioral problems later in life.[6] Very preterm births (<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 birth for Rhode Island women who smoke is higher than for those who do not. Between 2003 and 2005, 13% of singleton births to smokers were preterm, compared with 10% of singleton births to women who did not smoke.[9]

The rate of preterm births is increasing in the U.S. and in Rhode Island.[10,11] While preterm birth occurs in all racial and ethnic groups, nationally the rate is highest for non-Hispanic blacks (18%).[12,13] Low-income women also are at greater risk for pre-term births than higher-income women.[14]

Multiple birth infants are more likely to be born preterm than singletons. In Rhode Island between 2001 and 2005, 57% of multiple births were preterm, compared with 10% of single births.[15] The rise in the preterm birth rate in the U.S. has been influenced by an increase in the rate of multiple births as well as an overall increase in preterm births.[16,17]

Preterm Births by Gestational Age, Rhode Island, 2003-2005



Source: Rhode Island Department of Health, Division of Family Health, 2003-2005.

◆ **In 2005, the preterm birth rate in Rhode Island was 12.8% and in the U.S. was 13%. Most of the increase in preterm births in the U.S. over the past decade was due to increases in late preterm births (34-36 weeks gestation). Very preterm births (<32 weeks gestation) comprise 2% of all births in the U.S. and Rhode Island. The percentage of infants born preterm in Rhode Island has increased from 11.6% in 2003 to 12.8% in 2005.[18,19]**

◆ **In Rhode Island between 2001 and 2005, 10% of singleton births and 12% of all births were premature.[20]**

◆ **More than 1 in 10 (11%) births among White infants in Rhode Island from 2001-2005 were preterm, compared with 15% of Black, 15% of Asian, and 14% of Native American births. During this time period, 13% of births to Hispanic women were preterm.[21]**

◆ **Women under age 20 and over age 35 have the highest rates of prematurity in Rhode Island. The rate of preterm births among women under age 20 from 2001-2005 was 13%. The preterm birth rate was 19% for 12-14 year olds, 15% for 15-17 year olds, and 12% for 18-19 years olds. Fourteen percent of births to women 35 years of age or older were preterm in Rhode Island during this time period.[22]**

◆ **Among women with private health insurance coverage in Rhode Island from 2001-2005, 11% of all births were premature, compared with 13% of those with public insurance and 21% of those with no insurance.[23]**

Table 17.

Preterm Births, Rhode Island, 2001-2005

City/Town	# Births	# Preterm Births	% Preterm Births
Barrington	804	72	9%
Bristol	1,033	93	9%
Burrilville	823	86	10%
Central Falls	1,989	225	11%
Charlestown	440	43	NA
Coventry	1,904	226	12%
Cranston	4,410	522	12%
Cumberland	1,881	214	11%
East Greenwich	551	55	10%
East Providence	2,547	300	12%
Exeter	304	32	NA
Foster	216	29	NA
Glocester	418	51	NA
Hopkinton	474	68	NA
Jamestown	218	13	NA
Johnston	1,440	161	11%
Lincoln	968	115	12%
Little Compton	169	29	NA
Middletown	1,039	98	9%
Narragansett	577	49	8%
Newport	1,558	150	10%
New Shoreham	59	5	NA
North Kingstown	1,450	139	10%
North Providence	1,655	183	11%
North Smithfield	496	49	NA
Pawtucket	5,569	695	12%
Portsmouth	898	73	8%
Providence	14,862	2,072	14%
Richmond	503	48	10%
Scituate	473	46	NA
Smithfield	752	74	10%
South Kingstown	1,271	131	10%
Tiverton	689	68	10%
Warren	577	56	10%
Warwick	4,414	526	12%
West Greenwich	298	27	NA
West Warwick	2,003	227	11%
Westerly	1,349	123	9%
Woonsocket	3,184	399	13%
Core Cities	*29,165*	*3,768*	*13%*
Remainder of State	*35,100*	*3,804*	*11%*
Rhode Island	*64,265*	*7,572*	*12%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005.

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, 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 from 2001-2005.

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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

A baby's birthweight is a key indicator of newborn health and is directly related to infant survival and healthy development. Infants born weighing less than 5 pounds 8 ounces are at greater risk for physical and developmental problems than infants of normal weight.[1] Increased risk of low birthweight is associated with maternal poverty, smoking and low levels of educational attainment. Low birthweight is also strongly associated with twin, triplet and higher order births.[2]

Low birthweight is often a result of a premature birth but also can occur after a full-term pregnancy. In 2004 in the U.S., 66% of all low birthweight infants had a premature birth (under 37 weeks gestation) while 33% had a full-term or post-term birth (37 or more weeks gestation).[3]

Since 1984 the percentage of babies born at low birthweight has been steadily rising across the U.S. and is currently at the highest level recorded in the past three decades.[4] A significant climb in the rate of multiple births has strongly influenced the increase in the percentage of low birthweight babies. Data also show that low birthweight is also increasing among single infant deliveries.[5]

Children born with low birthweight have greater risk of long-term illness, disability and death than infants of normal birthweight.[6] Children born at *very* low birthweight (less than 3 pounds 4 ounces) are nearly 100 times more likely to die within the first year of life than infants of normal birthweight.[7] Those who survive have significantly higher risk of severe medical and developmental problems.[8] Children with moderate low birthweight (3 pounds 5 ounces to 5 pounds 8 ounces) are more than 5 times as likely to die within the first year than normal weight infants.[9] Overall, low birthweight babies are at greater risk for long-term cognitive problems, poor school performance, special education needs, and are substantially less likely to complete high school.[10]

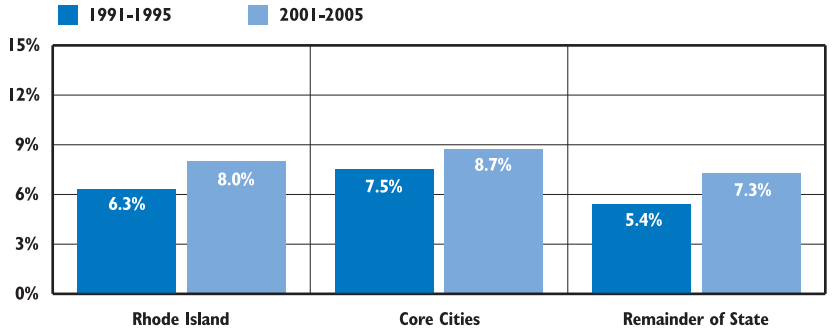
Low Birthweight and Infants

	1990	2004
RI	6.2%	8.0%
US	7.0%	8.1%
National Rank*		*22nd*
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. (2006). *Births: Final data for 2004.* National vital statistics reports, 55(1). Hyattsville, MD: Centers for Disease Control and Prevention.

Low Birthweight Infants, Rhode Island, Core Cities, and Remainder of State, 1991-1995 and 2001-2005



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional.

◆ **In Rhode Island, the rate of low birthweight infants increased from 7.5% to 8.7% in the core cities and from 5.4% to 7.3% in the remainder of the state.[11] Over the past decade, the percentage of low birthweight infants has increased in Rhode Island and in the U.S.[12,13]**

◆ **Nationally and in Rhode Island, the rate of low birthweight infant births is higher for women under the age of 20. It is particularly high for girls who give birth under age 15.[14] Between 2001 and 2005 in Rhode Island, the percentage of low birthweight infants born to mothers under the age of 20 was 9.8% compared to 7.8% for mothers age 20 and above.[15]**

◆ **Older women (over age 40) are also more likely to deliver low birthweight newborns. However, researchers point out that much of the increased rate of low birthweight among older mothers is associated with their higher multiple birth rates.[16] Rhode Island has the 4th highest rate of twin and triplet births in the U.S.[17] Of the 5,118 babies born at low birthweight between 2001 and 2005 in Rhode Island, 1,417 (28%) were part of a twin, triplet or higher order birth.[18]**

◆ **Women from racial and ethnic minority groups are more likely to deliver babies with low birthweight. In Rhode Island between 2001 and 2005, 12.3% of Native American infants, 11.4% of Black infants, 10.0% of Asian infants, and 8.2% of Hispanic infants were born with low birthweight. Only 7.4% of White infants were low birthweight.[19]**

Table 18. **Low Birthweight Infants, Rhode Island, 2001-2005**

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	804	37	4.6%
Bristol	1,033	56	5.4%
Burrillville	823	63	7.7%
Central Falls	1,989	138	6.9%
Charlestown	440	28	NA
Coventry	1,904	153	8.0%
Cranston	4,410	320	7.3%
Cumberland	1,881	160	8.5%
East Greenwich	551	42	7.6%
East Providence	2,547	220	8.6%
Exeter	304	14	NA
Foster	216	23	NA
Glocester	418	22	NA
Hopkinton	474	40	NA
Jamestown	218	9	NA
Johnston	1,440	114	7.9%
Lincoln	968	64	6.6%
Little Compton	169	20	NA
Middletown	1,039	65	6.3%
Narragansett	577	38	6.6%
New Shoreham	59	3	NA
Newport	1,558	97	6.2%
North Kingstown	1,450	93	6.4%
North Providence	1,655	125	7.6%
North Smithfield	496	37	NA
Pawtucket	5,569	489	8.8%
Portsmouth	898	63	7.0%
Providence	14,862	1,396	9.4%
Richmond	503	37	7.4%
Scituate	473	28	NA
Smithfield	752	45	6.0%
South Kingstown	1,271	72	5.7%
Tiverton	689	47	6.8%
Warren	577	44	7.6%
Warwick	4,414	369	8.4%
West Greenwich	298	14	NA
West Warwick	2,003	150	7.5%
Westerly	1,349	101	7.5%
Woonsocket	3,184	281	8.8%
Unknown	*5*	*1*	*NA*
Core Cities	*29,165*	*2,551*	*8.7%*
Remainder of State	*35,100*	*2,566*	*7.3%*
Rhode Island	*64,270*	*5,118*	*8.0%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional.

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

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

The denominator is the total number of live births to Rhode Island residents from 2001-2005.

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[11,15,18,19] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional. Note: Hispanic infants can be of any race.

Infant Mortality

DEFINITION

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

SIGNIFICANCE

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

The two chief causes of infant death are low birthweight (particularly births at less than 1 pound 10 ounces) and prematurity.[3] Other leading causes of infant death include congenital abnormalities, Sudden Infant Death Syndrome (SIDS), pregnancy complications, and respiratory distress syndrome.[4]

The infant mortality rate was declining across the U.S. for several decades but has stalled in recent years. At 6.9 infant deaths per 1,000 births in 2003, the U.S. infant mortality rate is higher than most other industrialized nations.[5] The poor ranking of the U.S. is due in large part to disparities among various racial and ethnic groups, particularly African Americans. The rate of infant mortality among African Americans is more than twice the national average.[6]

Risk factors for infant mortality include poor preconception health status of the mother, delayed or no prenatal care, smoking during pregnancy, pregnancies involving more than one fetus, and maternal age over 40. Factors related to the poverty status of the mother are also associated with infant mortality, including being younger than age 20 at the time of birth, having a low education level, and being unmarried.[7]

The overall infant mortality rate for Rhode Island for 2001-2005 was 6.4 deaths per 1,000 births. The infant mortality rate was 59% higher in the core cities than the remainder of the state.[8]

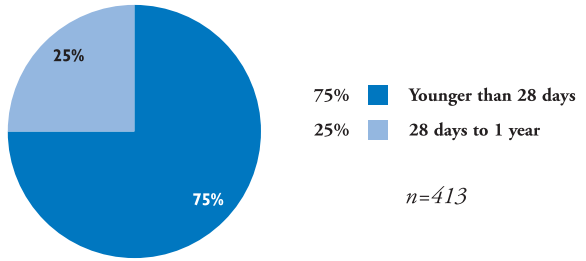
Infant Mortality Rate
(rate per 1,000 live births)

	1992	2003
RI	7.4	6.7
US	8.5	6.9
National Rank*		*24th*
New England Rank**		*6th*

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

Source: *KIDS COUNT data book: State profiles in child well-being 2006.* (2006). Baltimore, MD: The Annie E. Casey Foundation and *KIDS COUNT data book: State profiles in child well-being 1995.* (1995). Baltimore, MD: The Annie E. Casey Foundation.

Infant Mortality by Age, Rhode Island, 2001-2005



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional.

◆ **Most infant deaths occur during the first 27 days of life. From 2001-2005, 413 infants died before their first birthday in Rhode Island. Of these, 311 (75%) occurred in the neonatal period (during the first 27 days of life) and 102 (25%) occurred in the post-neonatal period (between 28 days and one year after delivery).[9] Most of the progress nationally in reducing the rate of infant mortality has resulted from better outcomes during the post-neonatal period.[10]**

◆ **In Rhode Island in 2001-1005, the Black infant mortality rate was 12.4 and the Native American infant mortality rate was 14.4 per 1,000 births. Both rates were more than double the rate for White infants (5.6 per 1,000 births). The infant mortality rate for Asians was 7.1 per 1,000 births, also greater than the rate for White infants. The Hispanic infant mortality rate was 8.2 per 1,000 births compared with 7.2 deaths per 1,000 births among non-Hispanics.[11]**

◆ **Between 2000-2002 in Rhode Island, there were 33 infant deaths attributed to non-natural causes. Of these, 48% (16) were associated with co-sleeping (sleeping with parents, siblings or others) and 5 (15%) were associated with sleeping on structures that were not designed for infant use.[12] Consistent and continual education of parents and other caregivers about safe infant sleeping arrangements and positions is an important strategy to reduce infant mortality.[13]**

◆ **Preterm births are a major determinant of infant mortality in the U.S.[14] In Rhode Island between 2001 and 2005 there were 7,572 preterm births (12% of all births).[15]**

Table 19. **Number of Infant Deaths, Rhode Island, 2001-2005**

CITY/TOWN	# BIRTHS	# INFANT DEATHS	RATE/1000 BIRTHS
Barrington	804	3	3.7
Bristol	1,033	6	5.8
Burrillville	823	0	0.0
Central Falls	1,989	11	5.5
Charlestown	440	1	NA
Coventry	1,904	10	5.3
Cranston	4,410	27	6.1
Cumberland	1,881	8	4.3
East Greenwich	551	3	5.4
East Providence	2,547	12	4.7
Exeter	304	1	NA
Foster	216	3	NA
Glocester	418	5	NA
Hopkinton	474	3	NA
Jamestown	218	1	NA
Johnston	1,440	6	4.2
Lincoln	968	7	7.2
Little Compton	169	1	NA
Middletown	1,039	2	1.9
Narragansett	577	4	6.9
New Shoreham	59	0	NA
Newport	1,558	8	5.1
North Kingstown	1,450	10	6.9
North Providence	1,655	3	1.8
North Smithfield	496	5	NA
Pawtucket	5,569	42	7.5
Portsmouth	898	5	5.6
Providence	14,862	133	8.9
Richmond	503	2	4.0
Scituate	473	2	NA
Smithfield	752	3	4.0
South Kingstown	1,271	3	2.4
Tiverton	689	4	5.8
Warren	577	2	3.5
Warwick	4,414	23	5.2
West Greenwich	298	1	NA
West Warwick	2,003	13	6.5
Westerly	1,349	12	8.9
Woonsocket	3,184	28	8.8
Unknown	*5*	*0*	*NA*
Core Cities	*29,165*	*235*	*8.1*
Remainder of State	*35,100*	*178*	*5.1*
Rhode Island	*64,270*	*413*	*6.4*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 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 Rhode Island residents from 2001-2005.

References

[1] Federal Interagency Forum on Child and Family Statistics. (2005). *America's children: Key national indicators of well-being 2005.* Washington, DC: Government Printing Office.

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[8,9,11] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional.

(continued on page 151)

Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the percentage of three-year-old children confirmed positive for elevated blood lead levels (≥10 mcg/dL) at any time prior to December 31, 2006.[1] These data are for children eligible to enter kindergarten in the Fall of 2008 (i.e., born between September 1, 2002 and August 31, 2003).

SIGNIFICANCE

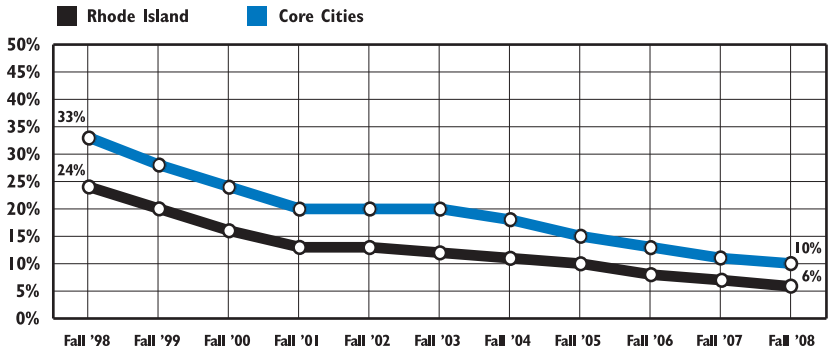
Lead poisoning is a preventable disease facing children in the U.S.[2] Infants, toddlers and preschool age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults.[3] Lead exposure can cause irreversible damage including loss of intelligence, impaired cognitive performance and behavioral problems, such as aggression and short attention span. Though rare, acute poisoning can result in severe illness and death.[4,5,6] The societal costs of childhood lead poisoning include the loss of future earnings due to decreased cognition and medical, special education and criminal justice costs.[7,8]

Children living in homes built before 1978, when lead paint was banned from interior use in the U.S., are most at risk for lead poisoning.[9] Low-income and minority children are particularly likely to be lead poisoned.[10] Children in older homes undergoing renovation also are at risk.[11] Children living in the six core cities (where most children who are racial and ethnic minorities live) are at increased risk for lead exposure because the housing stock tends to be older.[12] Inadequate nutrition, which is more common in low-income children, further increases susceptibility to lead poisoning.[13,14]

The 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.[15,16] Prevention efforts should target the systematic reduction of lead paint in housing as the most important source of lead exposure, through removal and replacement of building materials, professional cleaning and paint stabilization.[17]

In 2005, the most recent time period for which comparable national data are available, Rhode Island had the third highest percentage of children under the age of 6 with a confirmed elevated blood lead level.[18] In 2005, the national rate of lead poisoning for children under age 6 was 1.6%, compared to 3.0% for Rhode Island.[19] In Rhode Island in 2006, 789 children under age 6 had confirmed elevated blood lead levels (2.4% of those tested).[20]

Children Entering Kindergarten with History of Elevated Blood Lead Level Screening, Rhode Island and Core Cities, 1998-2008



Source: Rhode Island Department of Health, Division of Family Health and Division of Environmental Health, Childhood Lead Poisoning Prevention Program, 1998-2006.

◆ **Elevated blood lead levels have been steadily declining in the core cities and in Rhode Island over the past decade.**

◆ **In Rhode Island, a child is considered to be "significantly lead poisoned" if s/he has a single venous blood test result of greater than or equal to 20 mcg/dL or two venous tests greater than or equal to 15 mcg/dL that are at least 90 days but no more than 365 days apart.[21]**

◆ **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 found, the Department of Health works with property owners to make the property lead-safe. In Rhode Island in 2006, 101 environmental inspections were offered. Of these, 85 were performed and 4 are pending. Another 7 offers of inspection received no response and 5 were for properties from which the lead poisoned child moved. Thirty-five cases were closed because of complete lead hazard abatement (20 cases), parent-ownership of the property (12 cases), or findings of no lead hazards (3 cases). An additional 48 cases were on-going in various stages of abatement.[22]**

◆ **Of the 844 children entering kindergarten in 2008 who initially screened positive for lead, 59 (more than half of whom lived in one of the core cities at the time of the initial test) did not receive a confirmatory second test. Their lead poisoning status is unknown.[23]**

Table 20.

Lead Poisoning in Children Entering Kindergarten in the Fall of 2008, Rhode Island

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	SCREENED POSITIVE FOR LEAD ≥10 mcg/dL		CONFIRMED POSITIVE FOR LEAD ≥10 mcg/dL	
		NUMBER	PERCENT	NUMBER	PERCENT
Barrington	221	6	2.7%	2	0.9%
Bristol	221	11	5.0%	4	1.8%
Burrillville	170	12	7.1%	6	3.5%
Central Falls	403	40	9.9%	33	8.2%
Charlestown	76	4	5.3%	1	1.3%
Coventry	367	5	1.4%	2	0.5%
Cranston	796	29	3.6%	23	2.9%
Cumberland	394	7	1.8%	3	0.8%
East Greenwich	175	7	4.0%	6	3.4%
East Providence	538	36	6.7%	11	2.0%
Exeter	71	3	4.2%	0	0.0%
Foster	44	4	9.1%	3	6.8%
Glocester	83	0	0.0%	0	0.0%
Hopkinton	90	2	2.2%	2	2.2%
Jamestown	51	2	3.9%	0	0.0%
Johnston	280	10	3.6%	9	3.2%
Lincoln	211	5	2.4%	3	1.4%
Little Compton	40	0	0.0%	0	0.0%
Middletown	246	9	3.7%	3	1.2%
Narragansett	105	2	1.9%	0	0.0%
New Shoreham	16	0	0.0%	0	0.0%
Newport	309	24	7.8%	10	3.2%
North Kingstown	327	6	1.8%	0	0.0%
North Providence	280	8	2.9%	6	2.1%
North Smithfield	99	2	2.0%	1	1.0%
Pawtucket	1,112	91	8.2%	64	5.8%
Portsmouth	206	5	2.4%	1	0.5%
Providence	3,114	355	11.4%	325	10.4%
Richmond	80	3	3.8%	1	1.3%
Scituate	106	4	3.8%	2	1.9%
Smithfield	160	2	1.3%	2	1.3%
South Kingstown	351	20	5.7%	8	2.3%
Tiverton	156	7	4.5%	0	0.0%
Warren	109	9	8.3%	3	2.8%
Warwick	805	24	3.0%	14	1.7%
West Greenwich	72	1	1.4%	1	1.4%
West Warwick	378	14	3.7%	8	2.1%
Westerly	253	13	5.1%	8	3.2%
Woonsocket	687	61	8.9%	40	5.8%
Unknown Residence	*34*	*1*	*2.9%*	*0*	*0.0%*
Core Cities	*6,003*	*585*	*9.7%*	*480*	*8.0%*
Remainder of State	*7,199*	*258*	*3.6%*	*125*	*1.7%*
Rhode Island	*13,236*	*844*	*6.4%*	*605*	*4.6%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health and Division of Environmental Health, Childhood Lead Poisoning Prevention Program.

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

Data for children entering kindergarten in the Fall of 2008 reflect the number of Rhode Island children eligible to enter school in the Fall of 2008 (i.e. born between 9/1/02 and 8/31/03). Children counted in the numerator are those who screened positive for lead poisoning (blood lead level lead ≥ 10 mcg/dL) at any time in their lives prior to the end of December 2006. The denominator is the number of children entering school in the Fall of 2008 who were screened for lead poisoning. Screening data are based on the highest lead test result through December 2006. Data include both venous and capillary tests.

The number of confirmed positive for lead ≥ 10 mcg/dL are based on venous tests and confirmed capillary tests only. These numbers 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. The percent confirmed positive are the number of confirmed positive divided by the number tested for lead poisoning.

Starting July 1, 2004 if a child under age six had 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.

References

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(continued on page 151-152)

Children with Asthma

DEFINITION

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

SIGNIFICANCE

Asthma is a chronic inflammatory lung disease that causes potentially life-threatening recurrent, reversible episodes of coughing, wheezing, shortness of breath, and chest tightness.[1,2] Attacks can be triggered by respiratory infections, cigarette smoke, exercise, weather conditions, stress and allergies to pollen, mold, dust, cockroaches, and animal dander.[3,4] Childhood asthma in the U.S. increased over the past 2 decades and current prevalence remains stable 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.[5]

Asthma is the number one chronic condition in children and the third-ranked cause of hospitalization for children under age 15.[6] In the U.S., nearly 8.9 million children under age 18 (12%) have ever been diagnosed with asthma and more than 6 million children (9%) currently report having asthma.[7] Asthma is the leading cause of school absences resulting from chronic illness.[8] Black and Puerto Rican children have higher rates of asthma prevalence than White children.[9] While research is inconclusive, racial differences in asthma prevalence are likely correlated with poverty, air pollution, stress, lack of access to preventive medical care and genetic factors.[10,11]

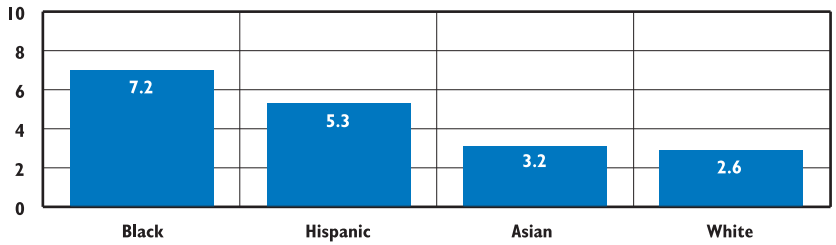
Proper asthma management requires patient education, ongoing partnerships with a primary care providers, avoidance of asthma triggers, medication to prevent and minimize symptoms, management of asthmatic episodes and regular follow-up care.[12] A primary care provider acting as a child's medical home can provide the connections to support services to help manage asthma.[13]

Childhood Asthma Hospitalization Rates, Core Cities and Rhode Island, 2001-2005

City/Town	Number of Children Hospitalized	Rate per 1,000 Children
Central Falls	167	6.0
Newport	91	3.5
Pawtucket	410	4.5
Providence	1,434	6.3
West Warwick	162	4.9
Woonsocket	259	4.6
Rhode Island	4,782	3.9

Source: Rhode Island Department of Health, Hospital Discharge Database, 2001-2005.

Asthma Hospitalizations by Race/Ethnicity, per 1,000 Children Under Age 18, Rhode Island, 2001-2005



Source: Rhode Island Department of Health, Hospital Discharge Database, 2001-2005 and U.S. Census Bureau, Population Estimates 2001-2005, Table SC-EST2005-ALLDATA6. All categories are mutually exclusive.

◆ **In Rhode Island between 2001 and 2005, the rate of asthma hospitalizations for Black children was almost 3 times the rate of hospitalizations for White children. Hispanic children were hospitalized at over twice the rate of White children.**

Preventing Childhood Asthma in Rhode Island

◆ **In Rhode Island, 1 in 10 (11%) children ages birth to 17 years reported having asthma between 2001-2005. Only 4 states report higher current asthma prevalence rates.[14]**

◆ **In the U.S. and in Rhode Island, health care use for asthma (including emergency room use and hospitalizations) is highest among the youngest children.[15] In Rhode Island during 2001-2005, children ages birth to 4 years accounted for 55% of hospitalizations for asthma. Children ages 5-12 comprised 27% of the total and adolescents ages 13-17 were 18%.[16]**

◆ **According to a national study, home-based interventions for children with asthma have resulted in a 19% reduction in unscheduled clinic visits, a 13% decrease in inhaler use and 19 more symptom-free days per year. These interventions include covers for mattresses, box springs and pillows, air purifiers with high efficiency particulate air (HEPA) filters, vacuum cleaners with HEPA filters and professional pest control.[17]**

Table 21. **Asthma Hospitalizations for Children Under Age 18, Rhode Island, 2001-2005**

CITY/TOWN	ESTIMATED NUMBER OF CHILDREN UNDER 18*	NUMBER OF ASTHMA HOSPITALIZATIONS	RATE/1000 CHILDREN
Barrington	23,725	40	1.7
Bristol	21,995	63	2.9
Burrillville	20,215	63	3.1
Central Falls	27,655	167	6.0
Charlestown	8,560	32	3.7
Coventry	41,945	123	2.9
Cranston	85,490	271	3.2
Cumberland	38,450	75	2.0
East Greenwich	17,820	39	2.2
East Providence	52,730	199	3.8
Exeter	7,945	11	1.4
Foster	5,525	12	2.2
Glocester	13,320	26	2.0
Hopkinton	10,055	28	2.8
Jamestown	6,190	11	1.8
Johnston	29,530	75	2.5
Lincoln	25,785	64	2.5
Little Compton	3,900	9	2.3
Middletown	21,640	72	3.3
Narragansett	14,165	18	1.3
New Shoreham	925	1	1.1
Newport	25,995	91	3.5
North Kingstown	34,240	75	2.2
North Providence	29,680	107	3.6
North Smithfield	11,895	24	2.0
Pawtucket	90,755	410	4.5
Portsmouth	21,645	66	3.0
Providence	226,385	1434	6.3
Richmond	10,070	19	1.9
Scituate	13,175	27	2.0
Smithfield	20,095	53	2.6
South Kingstown	31,420	59	1.9
Tiverton	16,835	19	1.1
Warren	12,270	48	3.9
Warwick	93,900	328	3.5
West Greenwich	7,220	16	2.2
West Warwick	33,160	162	4.9
Westerly	27,030	88	3.3
Woonsocket	55,775	259	4.6
Unknown	*NA*	*98*	*NA*
Core Cities	*459,725*	*2,523*	*5.5*
Remainder of State	*779,385*	*2,259*	*2.9*
Rhode Island	*1,239,110*	*4,782*	*3.9*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, 2001-2005. Data for 2004-2005 are provisional.

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

*The denominator used to compute the 2001-2005 rate is the number of children under age 18 according to the 2000 U.S. Census, multiplied by five.

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Childhood Obesity

DEFINITION

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

SIGNIFICANCE

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

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

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

The *2003 National Survey of Children's Health* indicated that 31% of Rhode Island children ages 6-17 were either overweight (15%) or obese (16%).[19] *The Rhode Island Youth Risk Behavior Survey* of public high school students found a statistically significant increase in obesity from 9% in 2001 to 13% in 2005.[20]

Prevalence of Obesity Among U.S. Children and Adolescents, Ages 6–19, 1963-65 through 1999-2002

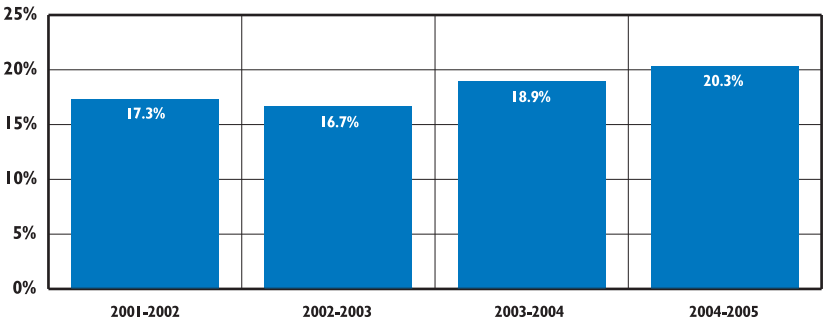
AGE (YEARS)	1963-1965	1971-1974	1976-1980	1988-1994	1999-2002
6-11	4%	4%	7%	11%	16%
12-19	5%	6%	5%	11%	16%

Source: National Center for Health Statistics. (2005). *Prevalence of overweight among children and adolescents: United States. 1999-2002.* Hyattsville, MD: U.S. Department of Health and Human Services. The National Health and Nutrition Examination Survey (NHANES) uses measured heights and weights to calculate a body mass index (BMI) for age.

◆ **The prevalence of childhood obesity in the U.S. has increased among all children ages 6-19, but is highest among non-Hispanic Blacks and Mexican-Americans.[21]**

◆ **In the U.S., non-Hispanic White adolescents who live in families with lower incomes have a greater prevalence of overweight than those who live in higher income families. Income is not correlated with obesity for non-Hispanic Black or Mexican-American youth.[22]**

Obesity Among Children Entering Kindergarten, Rhode Island, 2001-2005



Source: Immunization Program, Division of Family Health, Rhode Island Department of Health, School years 2001-2002 through 2004-2005. Data are based on a sample of recorded heights and weights at kindergarten entry.

◆ **One in five (20%) Rhode Island children entering kindergarten during school year 2004-2005 was obese, with a Body Mass Index (BMI) greater than the 95th percentile.[23] Obesity places children at risk for health problems throughout childhood and into adulthood.**

Physical Activity

◆ Regular physical activity can lower the risk of becoming overweight and developing related diseases. About half of all children in the U.S. ages 6-17 go without sufficient daily exercise.[24] There has been a 25% decrease in children's time spent playing and a 50% decline in unstructured outdoor activities over the past thirty years in the U.S.[25]

◆ Rhode Island ranks worst nationally in the percentage of children and teens who exercise regularly. Three out of five (61%) children and youth ages 6-17 reported engaging in fewer than 5 days of vigorous physical activity in the past week, compared with 52% nationally.[26]

◆ National health organizations recommend that schools require physical education for all students from kindergarten through 12th grade on a daily basis. The weekly recommended amount of physical education is 150 minutes in elementary school and 225 minutes in middle school and high school.[27] Rhode Island state mandates are much lower than these amounts (health education and physical education totaling 100 minutes per week).[28]

Physical Activity Among Public High School Students, By Gender, Rhode Island, 2005

	ALL	MALE	FEMALE
Had insufficient vigorous physical activity in the past 7 days*	36%	29%	44%
Had insufficient moderate physical activity in the past 7 days*	76%	71%	80%
Attended physical education classes on one or more days in an average week when they were in school	87%	86%	88%
Actually exercised or played sports more than 20 minutes during an average physical education class**	87%	88%	87%
Played on one or more sports teams during the past 12 months	54%	60%	47%

'Vigorous physical activity' is defined as participating in "activities that make you sweat and breathe hard for at least 20 minutes on 3 or more days of the past 7 days." 'Moderate physical activity' is defined as participating in "activities that do not make you sweat and breathe hard for at least 30 minutes on 5 or more days of the past 7 days."
***Question asked only of students enrolled in physical education classes.*

Source: *2005 Rhode Island Youth Risk Behavior Survey,* Rhode Island Department of Health, Center for Health Data and Analysis.

Sedentary Behavior

◆ Screen time (including television, video games, computer and internet time) may affect obesity in several ways. Young people may forgo physical activity in favor of sedentary activity. Advertising found in the media may increase the child's desire for and consumption of snack foods and/or sweetened beverages. Screen time may be accompanied by snacking, leading to higher caloric intake.[29]

Activities of Rhode Island Public School Students, 2006

	ELEMENTARY	MIDDLE	HIGH
Played computer/video games at home for 3 hours or more*	18%	17%	15%
Watched TV at home for 3 hours or more*	30%	32%	28%
Used a computer at home for school work or educational activities for 1 or more hours*	16%	21%	29%
Attended after school/weekend intramural or interscholastic sports through school**	34%	36%	38%
Attended youth sports or recreation programs in the community**	55%	41%	23%

**Refers to the average school day **Refers to the past year*

Source: Felner, R. (2006). *Rhode Island SALT Survey Reports, Student Reports of Computer Use, TV Viewing, and Extracurricular Activities by Grade Level.* Rockland, IL: National Center on Public Education and Prevention. Retrieved from Information Works at www.infoworks.ride.uri.edu. *Elementary School includes students in grades 4-6. Middle School includes students in grades 5-8. High School includes students in grades 9-12.*

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(continued on page 152)

Births to Teens

DEFINITION

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

SIGNIFICANCE

Teen pregnancy and parenting threaten the development of teen parents as well as their children. Teen mothers are less likely to have the financial resources, social supports and parenting skills needed for healthy child development.[1] Babies born to teen mothers, particularly very young teen mothers, are more likely to be born prematurely, have low birth weight, and die during the neonatal period than babies born to adult women. 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.[2,3]

While teen pregnancy occurs in families of all income levels, teen pregnancy and childbearing are strongly associated with poverty. As much as 83% of adolescents who give birth are from poor or low-income families. There is a strong intergenerational pattern of early childbearing. At least one-third of parenting adolescents (both teen mothers and fathers) are themselves children born to adolescent mothers.[4]

Poor academic achievement is a key predictor of teen pregnancy and childbearing. Many teens have already dropped out of school before they become pregnant.[5] Nationally, less than half of teen mothers graduate from high school and only 2-3% attain a college degree before age 30. Reduced educational attainment among teen parents puts them at increased risk of unemployment, low-wage jobs and poverty.[6]

Of all births to Rhode Island teens ages 15 to 19 from 2001-2005, 70% occurred in the core cities. In 2005 in Rhode Island, there were 1,117 babies born to teen mothers accounting for 9% of all babies born in the state.[7]

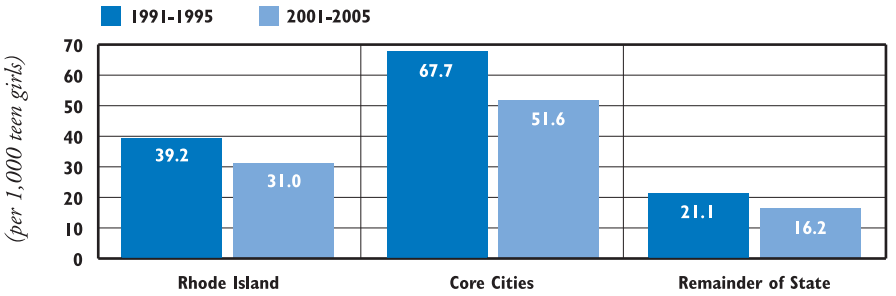
Teen Birth Rates
(per 100,000 teens ages 15-19)

	1991	2004
RI	44.7	32.9
US	61.8	41.1
National Rank*		*15th*
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, R., & Kirmeyer, S. (2006). Births: Final data for 2004. *National Vital Statistics Reports,* 55(1). Hyattsville, MD: Centers for Disease Control and Prevention.

Births to Teens Ages 15-19, Rhode Island, Core Cities and Remainder of State, 1991-1995 and 2001-2005



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-1995 and 2001-2005. Data for 2004-2005 are provisional.

◆ **Over the past decade, teen birth rates for Rhode Island girls ages 15 to 19 declined by 21%.[8]**

◆ **The United States has seen a 33% decline in the teen birth rate (girls ages 15-19) and a 36% decline in the teen pregnancy rate since the early 1990s. Despite this, the United States continues to have the highest teen pregnancy and birth rates in the industrialized world.[9] The decline in both teen pregnancy and birth rates over the past 15 years has been attributed to reduced sexual activity among teens overall and improved use of contraception among sexually active teens.[10]**

Repeat Births to Teens, Rhode Island, 2001-2005

Age	Total Number of Births	Number of Repeat Births	Percent
12-14	102	1	1%
15-17	1,922	174	9%
18-19	3,857	919	24%
Total	*5,881*	*1,094*	*19%*

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004-2005 are provisional.

◆ **Once a teenager has a baby, she is at increased risk of having another. Nationally, about 25% of teen mothers have a second birth before age 20. A repeat birth during the teen years further impedes a mother's ability to finish school and become economically self-sufficient.[11]**

Table 22.

Birth to Teens, Ages 15-19, Rhode Island, 2001-2005

CITY/TOWN	NUMBER OF BIRTHS TO GIRLS AGES 15-17	BIRTH RATE PER 1,000 GIRLS AGES 15-17	NUMBER OF BIRTHS TO GIRLS AGES 18-19	BIRTH RATE PER 1,000 GIRLS AGES 18-19	NUMBER OF BIRTHS TO GIRLS AGES 15-19	BIRTH RATE PER 1,000 GIRLS AGES 15-19
Barrington	1	0.5	5	6.8	6	2.1
Bristol	11	5.9	40	10.8	51	9.1
Burrillville	10	5.6	38	36.2	48	16.9
Central Falls	109	58.1	216	137.6	325	94.3
Charlestown	7	10.4	11	N/A	18	18.1
Coventry	33	10.3	67	39.6	100	20.4
Cranston	92	13.4	182	45.2	274	25.1
Cumberland	22	7.0	39	26.7	61	13.3
East Greenwich	7	4.9	7	14.0	14	7.3
East Providence	41	9.0	142	61.6	183	26.6
Exeter	4	5.5	10	N/A	14	13.7
Foster	2	N/A	11	N/A	13	19.4
Glocester	5	4.4	16	26.9	21	12.1
Hopkinton	10	11.5	15	N/A	25	19.5
Jamestown	3	5.3	3	N/A	6	8.2
Johnston	25	10.9	46	35.1	71	19.7
Lincoln	13	5.9	36	38.3	49	15.7
Little Compton	0	N/A	5	N/A	5	N/A
Middletown	6	4.4	39	57.4	45	22.0
Narragansett	3	2.4	17	15.6	20	8.5
New Shoreham	0	N/A	0	N/A	0	0.0
Newport	60	30.2	92	26.8	152	28.0
North Kingstown	13	4.9	42	34.7	55	14.2
North Providence	28	11.3	64	43.4	92	23.3
North Smithfield	2	2.0	14	N/A	16	10.8
Pawtucket	214	31.4	437	96.3	651	57.3
Portsmouth	8	4.8	15	24.8	23	10.1
Providence	820	48.1	1,434	48.7	2,254	48.4
Richmond	6	7.4	12	N/A	18	16.2
Scituate	4	3.3	13	25.2	17	9.8
Smithfield	6	3.4	19	7.0	25	5.6
South Kingstown	15	5.5	35	4.2	50	4.5
Tiverton	7	5.2	24	32.9	31	14.9
Warren	8	8.0	25	43.1	33	20.9
Warwick	74	9.4	182	45.9	256	21.6
West Greenwich	2	3.7	7	N/A	9	10.8
West Warwick	45	18.3	108	64.9	153	37.1
Westerly	31	14.3	79	71.5	110	33.6
Woonsocket	175	41.3	310	109.9	485	68.7
Core Cities	*1,423*	*41.3*	*2,597*	*59.7*	*4,020*	*51.6*
Remainder of State	*499*	*7.8*	*1,260*	*28.6*	*1,759*	*16.2*
Rhode Island	*1,922*	*19.5*	*3,857*	*44.0*	*5,779*	*31.0*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2001-2005. Data for 2004–2005 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.

Previous Factbooks reported only on births to girls ages 15 to 17. In recent years, the definition of teen childbearing has been expanded nationally 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

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[7,8] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-2005. Data for 2004-2005 are provisional.

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Alcohol, Drug and Cigarette Use by Teens

DEFINITION

Alcohol, drug and cigarette use by teens is the percentage of middle school students and high school students who report having used alcohol, cigarettes or illegal drugs (such as marijuana, uppers, or downers) at least once in the 30 days prior to taking the School Accountability for Learning and Teaching (SALT) Student Survey during the 2005-2006 school year.

SIGNIFICANCE

The use of substances threatens the health and safety of children, families and communities.[1] For nearly a decade, the number of adolescents using tobacco and illegal drugs has been decreasing slowly both in Rhode Island and in the U.S.[2,3] The age when young people use alcohol, tobacco and illicit drugs for the first time is a predictor of later problems with alcohol and drugs, especially if use begins before the age of 15.[4]

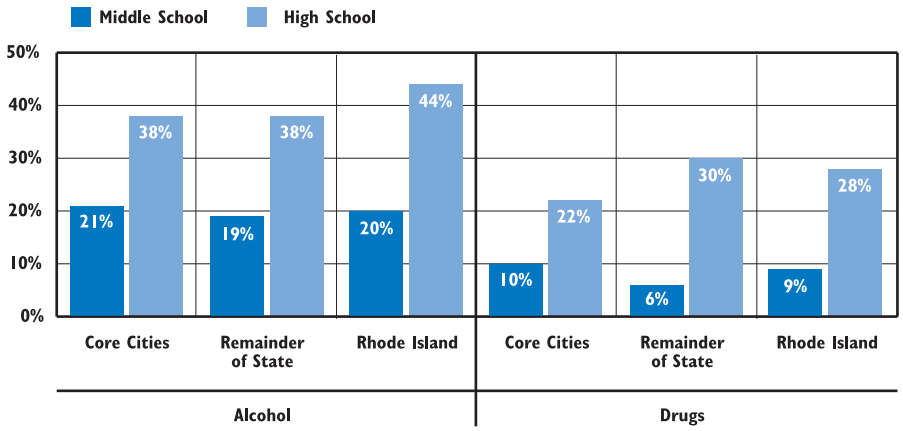
Research shows that the key risk periods for alcohol, cigarette, and other drug abuse are during major transitions in children's lives. These include the transition to middle school, which presents new academic and social situations, and the transition to high school, which presents additional social and emotional challenges as well as greater availability of drugs, peers who abuse substances, and social activities involving drugs and alcohol.[5]

The risk for becoming a substance user involves the relationship between risk factors and protective factors, which vary in their effects by age, gender and race/ethnicity of the potential user. Risk factors include early aggressive behavior, lack of parental supervision, peer substance abuse, academic failure and poverty. Protective factors include a strong parent-child bond, parental involvement and consistent discipline, academic competence and a strong neighborhood attachment.[6]

Early intervention to prevent risk factors and build protective factors has a greater impact than interventions that occur later in a child's life. Family intervention can strengthen protective factors among young children by teaching parents better communication skills and appropriate discipline. School programs can begin to prevent substance abuse as early as pre-school by addressing risk factors such as aggressive behavior, poor social skills, and academic difficulties.[7]

Approximately 6% of youth ages 12-17 in the U.S. meet standard diagnostic criteria indicating the need for treatment for alcohol use and 5% needing treatment for illicit drug treatment. Fewer than one in 10 of these youth receive treatment (7% receive specialty alcohol treatment and 9% receive illicit drug use treatment).[8]

Reported Use of Alcohol and Drugs, Rhode Island, 2005-2006 School Year



Source: Felner, R. PhD. (2006). *Rhode Island SALT Survey Reports, Student Reports of Health Risk Practices by Grade Level.* Rockland, IL: National Center on Public Education and Policy. Data are for students who reported substance use in the past 30 days. Retrieved from Information Works at www.infoworks.ride.uri.edu

◆ **Approximately one in ten (9%) middle school students and more than one in four (28%) high school students in Rhode Island reported using illegal drugs such as marijuana, uppers or downers.[9]**

◆ **One in five (20%) middle school students and 44% of high school students in Rhode Island reported using alcohol in the previous month.[10] Nearly half (46%) of high school students in communities other than the core cities reported alcohol use, compared with 38% in the core cities.[11]**

Cigarette Use

◆ **Cigarette smoking was reported by 9% of middle school students and 23% of high school students in Rhode Island.[12] At the high school level, 18% of students in the core cities reported cigarette use, compared with 25% in the remainder of the state.[13]**

Table 23. **Student Reports of Alcohol, Drug and Cigarette Use by Student Grade Level, Rhode Island, 2005-2006 School Year**

SCHOOL DISTRICT	ALCOHOL USE		DRUG USE		CIGARETTE USE	
	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Barrington	17%	38%	11%	21%	10%	19%
Bristol-Warren	19%	42%	9%	28%	8%	25%
Burrillville	26%	46%	11%	26%	12%	22%
Central Falls	18%	38%	8%	14%	8%	15%
Chariho	15%	49%	11%	36%	11%	29%
Coventry	17%	48%	7%	38%	6%	31%
Cranston	19%	42%	7%	25%	8%	20%
Cumberland	17%	54%	6%	39%	8%	31%
East Greenwich	20%	43%	12%	22%	11%	19%
East Providence	28%	49%	10%	33%	10%	23%
Exeter-West Greenwich	22%	44%	8%	27%	8%	16%
Foster-Glocester	24%	54%	12%	40%	12%	34%
Jamestown	12%	NA	7%	NA	6%	NA
Johnston	20%	40%	7%	20%	10%	15%
Lincoln	20%	47%	14%	32%	13%	26%
Little Compton	26%	NA	19%	NA	18%	NA
Middletown	14%	52%	7%	35%	8%	29%
Narragansett	13%	39%	7%	25%	8%	17%
New Shoreham	NA	55%	NA	33%	NA	11%
Newport	14%	45%	8%	35%	5%	28%
North Kingstown	16%	50%	7%	34%	8%	27%
North Providence	17%	51%	6%	32%	8%	24%
North Smithfield	21%	41%	9%	25%	10%	23%
Pawtucket	23%	35%	12%	22%	11%	18%
Portsmouth	15%	42%	3%	27%	5%	19%
Providence	22%	38%	11%	21%	9%	16%
Scituate	18%	40%	9%	25%	8%	21%
Smithfield	17%	44%	9%	31%	9%	28%
South Kingstown	11%	44%	9%	31%	7%	20%
Tiverton	24%	49%	11%	33%	11%	24%
Warwick	20%	47%	9%	32%	10%	28%
West Warwick	17%	37%	7%	25%	8%	19%
Westerly	17%	50%	6%	29%	7%	23%
Woonsocket	19%	42%	11%	27%	9%	21%
Core Cities	*21%*	*38%*	*10%*	*22%*	*9%*	*18%*
Remainder of State	*19%*	*46%*	*6%*	*30%*	*9%*	*25%*
Rhode Island	*20%*	*44%*	*9%*	*28%*	*9%*	*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

Felner, R. (2006). *Rhode Island SALT Survey reports, student reports of health risk practices by grade level, 2005-2006 school year.* Retrieved from Information Works at www.infoworks.ride.uri.edu. Data are for students who reported substance use in the past 30 days.

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. Results are available at www.infoworks.ride.uri/edu.

Response rates for each of these questions, for all districts and at all grade levels, ranged from 77% to 100%. Statistically, a response rate of 60% or greater is considered acceptable.

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[3] *Rhode Island Youth Risk Behavior Survey, trend analysis report.* (2005). Rhode Island Department of Health, Office of Health Statistics.

[5,6,7] *Preventing drug use among children and adolescents, second edition.* (2003). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse.

[8] The National Survey on Drug Use and Health (NSDUH) Report. (2006). *Substance use treatment need among adolescents: 2003-2004.* Retrieved December 21, 2006 from http://oas.samhsa.gov/2k6/youthTXneed/youthTXneed.pdf

[9,10,12] Felner, R. (2006). *Rhode Island SALT Survey reports, student reports of health risk practices by grade level, school year 2005-2006.* Retrieved from Information Works at www.infoworks.ride.uri.edu

[11,13] Analysis of SALT Survey data by the University of Rhode Island, National Center for Policy in Education, 2007.

Additional Children's Health Issues

Developmental Assets in Young People

◆ Children and adolescents in Rhode Island can reach their full potential through a combination of thriving (e.g., succeeding in school), being resilient (i.e., rebounding in the face of adversity) and avoiding the initiation of behaviors that might compromise their physical and/or mental health.[1]

◆ Adolescent risk behaviors such as substance use, violence toward themselves or others, eating disorders, gambling, and problems in school such as school failure and dropping out, can be lessened or prevented by protective factors, sometimes referred to as "developmental assets."[2]

◆ The average young person in the U.S. reports having 19 of 40 developmental assets. More than half of young people have 20 or fewer assets. Research indicates that only 8% of youth have equal to or more than 31 assets, which is considered the benchmark goal for positive youth development.[3]

◆ National research has shown that the more developmental assets young people have in multiple settings, the less likely they are to use or abuse alcohol and other drugs.[4,5] Students who report an increase in the number of developmental assets between middle and high school show a significant decrease in substance use. Those who report a decrease in developmental assets show an increase in substance use.[6]

◆ Youth of all races and ethnicities benefit similarly from assets, regardless of their socioeconomic status, although the importance of particular categories varies by race and ethnicity.[7] Studies of developmental assets among African American students have shown those with more assets had higher grades, better attitudes about themselves, and held school in higher importance than those with fewer assets.[8] Assets promote positive development regardless of risk context; they are important to high-risk and to low-risk youth.[9]

◆ The development of opportunities in schools and communities that build assets can result in improvements to the overall health of young people in Rhode Island.

Protective Factors Among Rhode Island High School Students, 2005-2006

◆ *The School Accountability for Learning and Teaching Student Survey* (SALT) assesses protective factors among Rhode Island's high school students, which vary by gender, ethnicity, grade level and economic status.[10]

Caring School Climate	
Feel they can talk to a teacher or other staff member at school about academic issues most of the time or always	47%
Feel they can talk to a teacher or other staff member at school about personal or family problems most of the time or always	17%
After School Supervision	
Take care of themselves after school for more than 3 hours 3 or more days per week without an adult present	34%
Academic Expectations	
Think they will graduate from high school	84%
Think they will go to college	77%
Constructive Use of Time	
Participate in at least one extracurricular activity or program not including paid work in past year	58%
Homework	
Spend at least one hour per week night doing homework	39%
Parent often help students with their homework	10%
Parent often make sure that students do their homework assignments	32%
Reading for Pleasure	
Spend more than one hour per day reading	11%
Have read 1-2 books in the past 3 months that weren't required by school	72%

Source: Felner, R. (2006). *Rhode Island SALT Survey Reports, School Year 2005-2006.* Rockland, IL: National Center on Public Education and Policy. Retrieved from Information Works at www.infoworks.ride.uri.edu

Access to Health Care in Schools

◆ Across the U.S., school-based health centers (SBHCs) are primary health care sites located in schools. SBHCs offer comprehensive health services including physical examinations, medication management, immunizations, care for chronic conditions, mental health services, substance abuse services, reproductive health care and dental care. SBHCs increase children's access to important preventive and treatment services.[11]

◆ There are 8 SBHCs in Rhode Island, all of which are managed by community health centers. Blackstone Valley Community Health Care manages 3 SBHCs in Central Falls and Pawtucket. Providence Community Health Center manages one SBHC in Providence, and Thundermist Health Center manages 4 SBHCs in Woonsocket and West Warwick.[12]

◆ Students in Rhode Island need parental permission to receive services at SBHCs. Students are enrolled by their parents who can choose the Community Health Center that operates the SBHC to be the students' primary care provider. Rhode Island state law does allow any student in need of emergency medical care; diagnosis and treatment for sexually transmitted diseases, including HIV; examination for physical or sexual abuse; and substance abuse counseling to receive services at the SBHC confidentially and without parental consent.[13]

◆ During the 2004-2005 school year, the most common services provided at the SBHCs were routine medical checkups and other primary preventive services. SBHCs also provided counseling, laboratory services, and administered medications.[14]

Use of SBHCs in Rhode Island, 2004-2005 School Year

	School Enrollment	SBHC Users	SBHC Visits
Blackstone Valley Community Health Center	1,640	1,213	4,006
Providence Community Health Center*	820	139	737
Thundermist Health Center**	2,746	1,340	5,230
Total	*5,206*	*2,692*	*9,973*

*The main site for SBHC services for the Providence Health Center changed from Mount Pleasant High School (which offered services from September 15, 2004 - April 5, 2005) to the Metropolitan Career and Technical Academy (the MET School, which provided services from April 5, 2005 - June 15, 2005).

**Services at the SBHC in West Warwick started January 2, 2005.

Source: Rhode Island School Based Health Centers: Academic Year 2004-2005, Rhode Island Department of Health.

Health Risk Behaviors Among Rhode Island Public High School Students, 2005

Driving	Females	Males	Total
Never or rarely wear a seatbelt when riding in a car	9%	16%	13%
Drove a vehicle when they had been drinking alcohol during the past 30 days	7%	15%	11%
Rode in a vehicle during the past 30 days driven by someone who had been drinking alcohol	26%	31%	29%

Sexual Behavior	Females	Males	Total
Ever had sexual intercourse	45%	48%	47%
Had sexual intercourse for first time before age 13	2%	9%	6%
Did not use a condom during last sexual intercourse*	41%	27%	34%
Used drugs or alcohol before last sexual intercourse*	16%	28%	22%

Depression and Suicide	Females	Males	Total
Felt so sad or hopeless that they stopped doing some usual activities during the past 12 months	34%	17%	26%
Seriously considered attempting suicide during the past 12 months	17%	11%	14%
Attempted suicide during the past 12 months	11%	6%	8%

Weapon Carrying	Females	Males	Total
Carried a gun, knife, or club at least once in the past 30 days	4%	20%	12%
Carried a gun at least once in past 30 days	1%	8%	4%

Source: *2005 Rhode Island Youth Risk Behavior Survey,* Rhode Island Department of Health, Office of Health Statistics.

* Question only asked for students who had sexual intercourse during the 3 months prior to the survey.

References

[1] Benson, P. (2001). *Building developmental assets: A new strategy for preventing high risk behavior.* Mounds View, MN: Central Center for the Application of Prevention Technologies.

[2,5,6,9] Benson, P.L., Roehlkepartain, E.C., & Sesma, A. (2004). Tapping the power of community: Building assets to strengthen substance abuse prevention. *Search Institute Insights & Evidence,* 2(1), 1-14. Minneapolis, MN: Search Institute.

(continued on page 152)

Safety

poem for rodney

people always ask what
am i going to be
when i grow
up and i always
just think
i'd like to grow
up

– Nikki Giovanni

Child Deaths

DEFINITION

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

Nationally, child injuries and deaths disproportionately affect poor children, younger children, males and minorities.[4] Children living in poverty are at the greatest risk for injury and death. According to research, low-income children are four times more likely to drown, five times more likely to die in a fire and twice as likely to die in a motor vehicle crash.[5] The accidental injury death rates for Black and Native American children under age 14 are one and a half times higher than the rates for White children.[6]

Many of the injuries that do not result in death are extremely costly both financially and in terms of loss in quality of life.[7]

In Rhode Island, between 2001 and 2005 there were 133 deaths of children ages 1 to 14. Of these deaths, 88 (66%) were due to disease, 30 (23%) were due to unintentional injuries, 11 (8%) were due to intentional injuries (8 homicides and 3 suicides) and 4 (3%) were due to other causes.[8] Unintentional injuries are the leading cause of death for children ages 1 to 14 in Rhode Island, more than from any one single disease.[9] Between 2001 and 2005, Rhode Island had a child death rate of 14.0 per 100,000 children ages 1 to 14.[10,11]

According to safety experts, 90% of unintentional injuries are preventable. Using effective safety products (like child restraints in cars) and creating safe environments (like installing smoke alarms and checking the batteries monthly) can significantly reduce child injury and death.[12]

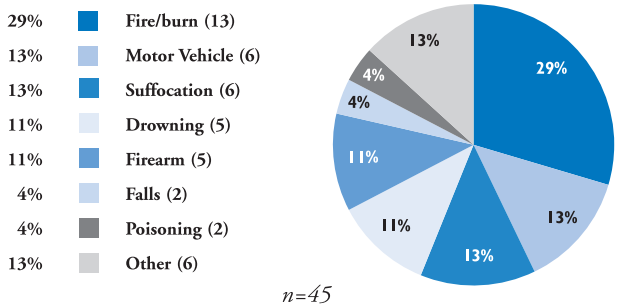
Child Death Rate
(per 100,000 Children Ages 1-14)

	2000	2003
RI	17	14
US	22	21
National Rank*		*3rd*
New England Rank**		*3rd*

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

Source: *KIDS COUNT data book: State profiles of child well-being 2006.* (2006). Baltimore, MD: The Annie E. Casey Foundation.

Child Deaths Due to Injury, By Cause, Rhode Island, 2001-2005

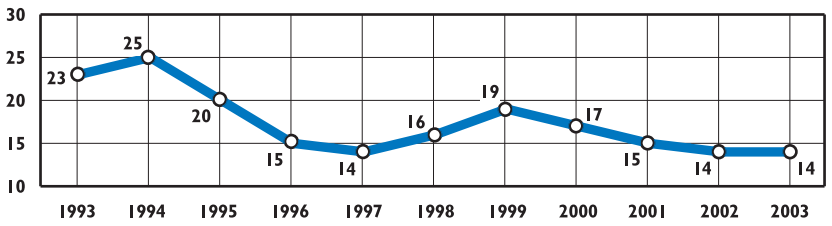


n=45

◆ **Between 2001 and 2005, 45 children died as a result of injury. Of these, 76% (34) of deaths were caused by unintentional or undetermined injuries. Twenty-four percent of child deaths by injury were attributed to homicide (8) or suicide (3).**

Source: Rhode Island Department of Health, Maternal and Child Health Database, 2001-2005.

Child Death Rate Per 100,000 Children Ages 1-14 in Rhode Island, 1993-2003



◆ **Between 1993 and 2003, Rhode Island's child death rate for children ages 1-14 declined from 23 per 100,000 children to 14 per 100,000 children. Rhode Island's child death rate has consistently been lower than the national rate since 1993 and remains among the best in the nation.[13]**

References

[1,7] *Childhood injury fact sheet.* (2004). Washington, DC: National Safe Kids Campaign.

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

[3] *KIDS COUNT data book 2005: State profiles of child well-being.* (2005). Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 152)

Teen Deaths

DEFINITION

Teen deaths are 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. Risk factors for teens include poverty, diminished economic opportunity, neighborhood violence and academic failure. Important factors which protect against risk behaviors are engagement in school and the presence of strong positive relationships with parents, family or other caring adults.[1,2]

According to the *2005 Rhode Island Youth Risk Behavior Survey,* Rhode Island high school students are exposed to numerous risks and frequently engage in risk behaviors. Students reported the following risk behaviors at least once during the 12 months preceding the survey: 6% did not go to school because they felt unsafe, 5% of students were injured in a physical fight requiring treatment by a health professional and 10% of students were physically hurt by a boyfriend or girlfriend. Other risk behaviors reported by youth included: 8% of students attempted suicide during the 12 months preceding the survey, 29% rode in a vehicle driven by someone who had been drinking, and 13% never or rarely wore a seatbelt when riding in a car.[3]

Between 2001 and 2005 there were 180 deaths of teens ages 15 to 19 in Rhode Island, a rate of 41.6 per 100,000 teens.[4,5] Of these, 52 (29%) were due to disease, 43 (24%) were due to intentional injury, 79 (44%) were due to unintentional injuries and 6 (3%) were undetermined. Of the intentional injuries, 23 were homicides and 20 were suicides. Sixty-five (36%) teen deaths involved motor vehicles.[6]

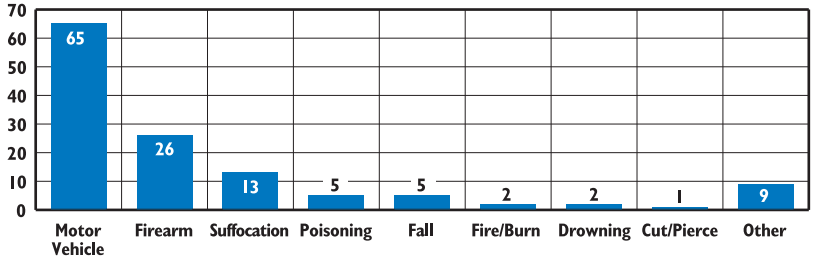
Teen Deaths
(deaths per 100,000 Children Ages 15-19)

	2000	2003
RI	52	65
US	67	66
National Rank*		*20th*
New England Rank**		*6th*

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

Source: *KIDS COUNT Data Book: State Profiles in Child Well-Being 2006.* (2006). Baltimore, MD: The Annie E. Casey Foundation.

Injury Deaths by Cause, Teens Ages 15 to 19, 2001-2005



n=128

Source: Rhode Island Department of Health, Maternal and Child Health Database, 2001-2005.

◆ **Between 2001 and 2005 in Rhode Island, two thirds (66%) of the 128 teen deaths caused by injury were unintentional or undetermined. The majority of unintentional injury deaths (82%) were from motor vehicle accidents.[7]**

◆ **Among the 45 boys killed in Rhode Island motor vehicle crashes between 2001-2005, 22 (49%) were driving and 16 (36%) were passengers in vehicles driven by boys ages 15-19.[8]**

◆ **Ten of the girls who died in motor vehicle accidents in Rhode Island between 2001 and 2005 were passengers. Of these girls, 2 were in cars driven by teenage boys, 2 were in cars driven by teenage girls, 3 were in cars driven by 20-year-old males, and 3 were in cars driven by other people.[9]**

◆ **One third of the teen drivers who died in motor vehicle crashes had been drinking.[10]**

References

[1] Center for Disease Control & Prevention. (n.d.). *Youth violence: Fact sheet.* Retrieved January 16, 2006 from http://www.cdc.gov/ncipc

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

[3] Department of Health and Human Services, Center for Disease Control and Prevention. (2004). *Youth Risk Behavior Survey—United States, 2003* [data tables]. Data provided to Rhode Island KIDS COUNT by the Rhode Island Department of Health, 2006.

[4,6,7] Rhode Island Department of Health, Hospital Discharge Database, 2001-2005.

[5] U.S. Bureau of the Census, Population Estimates, 2001-2005.

[8,9,10] U.S. Department of Transportation, National Center for Statistics and Analysis, Fatality Analysis Reporting System (FARS), 2001-2005. Analysis by the Rhode Island Department of Health, 2007.

Gun Violence

DEFINITION

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

SIGNIFICANCE

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

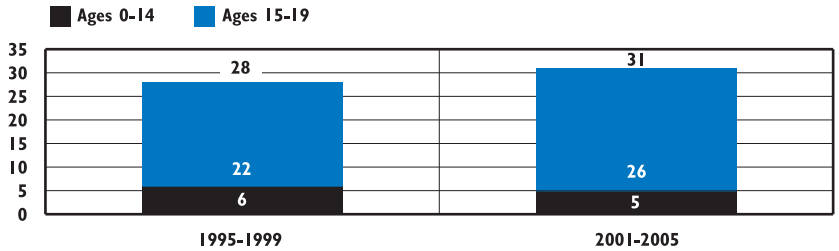
Teen homicides are more likely to be committed with a gun compared to homicides of other aged persons. Since the 1990s, homicide victimization rates and offender rates for children under age 17 have declined dramatically.[2] Between 1994 and 2004 the number of homicides committed by children under age 17 with a gun decreased by 71%, from 3,789 homicides in 1994 to 1,100 homicides in 2004. Up until age 17, the percentage of homicide victims killed with a gun increases with age. The percentage decreases thereafter.[3]

The gun death rate is still a cause of concern for children. Nationally, in 2003, youth ages 15 to 24 had a death rate due to firearms of 16.6 per 100,000 residents.[4] The likelihood of being a victim of gun violence is linked to gender and race. In the U.S., males ages 15 to 24 are more than eight time as likely as females ages 15 to 24 to die as a result of a firearm. Black (87.6), Hispanic (32.8) and Native American (27.6) males ages 15 to 24 had a disproportionately higher firearm-related death rate per 100,000 than their White (19.2) or Asian (10.5) male counterparts.[5]

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

In Rhode Island, between 2001 and 2005, there were 65 gun-related hospitalizations of children ages 1 to 19. Seventy-five percent (49) of the 65 hospitalizations were victims of assault, 18% (12) were victims of unintentional injuries, 3% (2) were hospitalized for a self-inflicted firearm injury, and 3% (2) were undetermined. There were 31 deaths of children ages 1 to 19 attributed to guns.[7]

Gun Deaths of Children Under Age 20, Rhode Island, 1995-1999 and 2001-2005



◆ **Between 2001 and 2005 in Rhode Island, 84% of youth gun deaths were to teens ages 15 to 19, and 16% were to children under the age of 15.**

Source: Rhode Island Department of Health, Office of Health Statistics, 1995-2005. Data for 2004 and 2005 are provisional.

Guns in the Home

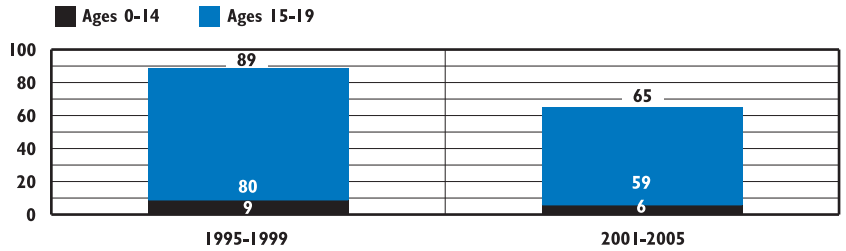
◆ **Research shows a strong correlation between firearm availability and firearm-related deaths and injuries among children and teens.[8] The availability of guns in the home significantly increases the risk of suicide and unintentional injury for children under 20 years of age. The majority of the guns used in accidental shootings of children and youth originate in the residence of the victim, a relative or a friend.[9]**

◆ **Research finds that in homes with guns, keeping a gun locked and unloaded and storing ammunition locked and in a separate location reduces gun injuries to children and teenagers.[10]**

◆ **More than 1 in 3 (35%) of American households with children under 18 years of age have at least one firearm and 43% of those homes had at least one unlocked firearm.[11]**

◆ **Rhode Island is 1 of the 5 states with the lowest levels of gun availability. Children living in states with the highest level of gun availability are 3 times more likely to die from homicide, 7 times more likely to die from firearm suicide and 16 times more likely to die from unintentional firearm injury as those living in states with the lowest level of gun availability.[12]**

Gun-Related Hospitalizations of Children Under Age 20, Rhode Island, 1995-1999* and 2001-2005



◆ **There were 65 gun-related hospitalizations between 2001 and 2005 for children under age 20. Between 1995 and 2005, gun-related hospitalizations of children ages 1-19 declined by 27% from 89 to 65.**

◆ **Seventy-seven percent (50) of the 65 youth hospitalized between 2001 and 2005 for gun-related injuries were residents of the core cities (63% from Providence, 6% from Central Falls, 6% from Pawtucket and 2% from Newport).**

Source: Rhode Island Department of Health, Office of Health Statistics, 1995-1999 and 2001-2005.

** 1995-1999 data are for federal Fiscal Years 1995-1999 (i.e. October 1, 1994 - September 30, 1999).*

Preventing Youth Gun Violence

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

◆ **Reduce the exposure of children to guns in the home by educating parents to the risks that guns pose to their children and increasing awareness of safety measures. The best way to prevent firearm injuries among children is to remove guns from the home or store guns properly and separate from their ammunition.[13]**

◆ **Reduce children's exposure to guns in the media by increasing parental monitoring of programming and limiting the time children spend watching television, playing video games and accessing the computer.[14]**

◆ **Engage communities in antiviolence initiatives, community revitalization and public awareness campaigns to change youth attitudes toward guns. Important in the community approach is a partnership with law enforcement to communicate social norms against youth gun carrying and gun violence.[15]**

◆ **Some injury prevention experts believe that changing the design of guns and requiring product safety features could reduce unintentional injuries among children and youth.[11] One study found that incorporating three key safety devices on firearms (personalization devices, loaded chamber indicators and magazine safeties) could have prevented 44% of deaths.[16]**

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Homeless Children

DEFINITION

Homeless children is the number of Rhode Island children under 13 years of age who received emergency housing services at emergency homeless shelters and domestic violence shelters during state Fiscal Year 2005 (July 1, 2004 to June 30, 2005).

SIGNIFICANCE

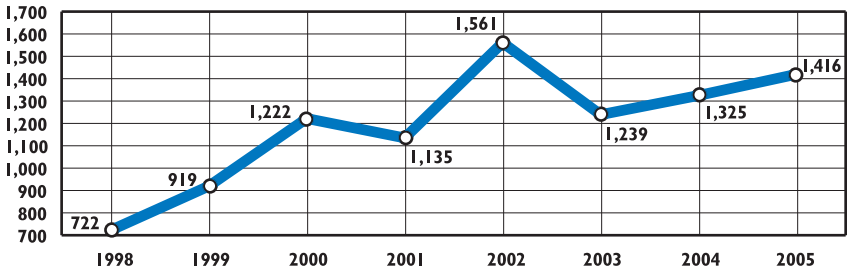
Lack of affordable housing and low wages were identified as major causes of homelessness in Rhode Island in 2006. Other factors of homelessness include poverty, unemployment, mental illness, substance abuse, domestic violence, and prisoner re-entry.[1,2] Because low-income families spend a large percentage of their income on housing, any interruption in income or unexpected expense can place these families at risk of homelessness.[3]

Compared to their peers, homeless children are more likely to get sick; develop mental health problems, such as anxiety and depression; have academic problems, including high rates of school mobility; and be victims of violence or exhibit delinquent or aggressive behaviors.[4,5] 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] Infants, toddlers and preschoolers who are homeless develop more slowly and are likely to have one or more developmental delays than poor children living in stable housing.[7]

According to a 2006 survey of major U.S. cities, the average increase in requests for emergency shelter by homeless families with children was 5%.[8] An average of 29% of shelter requests by homeless families in the U.S. are estimated to have gone unmet, largely because of inadequate resources.[9] Fifty-five percent of cities surveyed stated that homeless families risked being broken up in order to be accommodated in emergency shelters.[10]

Between July 1, 2005 and June 30, 2006, an estimated 882 families sought emergency shelter in Rhode Island. An estimated 88% percent of these families had incomes below $10,000 in the past 12 months. More than half (52%) of the Rhode Island families who stayed in emergency shelters in 2006 came to the shelter after staying with friends or family. One quarter reported "own apartment/home" as last place stayed.[11]

Children Under Age 13 Living in Shelters, Rhode Island, 1998 – 2005



Source: Rhode Island Emergency Shelter Information Project 1998 – 2005. Providence RI: Emergency Food and Shelter Board.

Data on the number of children under age 13 receiving shelter from Rhode Island's emergency shelter system are not available for 2006.

Homeless Children and Education

◆ **Homelessness can negatively impact a child's education. Barriers that can prevent homeless children from enrolling in school include: lack of immunization records, delays in the transfer of school records, lack of transportation, and residency and guardianship requirements. For those homeless children who are enrolled in school, regular attendance is often a problem. Nationally, 87% of homeless children are enrolled in school, but only 77% attend regularly.[12]**

◆ **Homeless families move frequently for reasons that include: escape from abusive partners, the search for stable employment or affordable housing, and time limits on shelter stays. Each time a child changes schools, his or her education is disrupted and an estimated 3-6 months of education is lost. This mobility puts homeless children at a high risk of falling behind in school, making it difficult for them to acquire the skills they will need to have higher earning potential and economic security as adults.[13]**

◆ **The McKinney-Vento Homeless Assistance Act of 2002 requires school districts to identify homeless children and remove policies and practices that act as barriers to school enrollment, attendance and success for homeless children. Homeless children are allowed to remain enrolled in their school of origin, and the district must provide transportation to and from school and assistance in obtaining immunization records.[14]**

DEFINITION

Homeless youth is the number of Rhode Island youth ages 13 to 17 who are homeless or at risk for homelessness, have run away from home or have been thrown out of their homes and are not allowed to return during state Fiscal Year 2005 (July 1, 2004 – June 30, 2005).

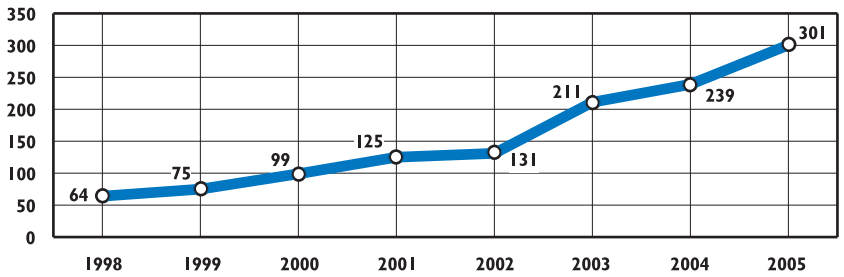
SIGNIFICANCE

Homelessness among youth has a number of causes, including family problems (such as strained relationships and physical abuse), economic hardship, family homelessness and residential instability resulting from foster care and institutional placements.[1]

It is often difficult for homeless youth to obtain food, clothing and medical care, as well as find the means to continue their education and maintain personal hygiene. While living on the streets, homeless youth face a high risk of both physical and sexual assault, and they are highly susceptible to sexual exploitation as a means of obtaining their basic needs. Consequently, homeless youth face an increased risk of contracting HIV/AIDS.[2,3]

It is estimated that there are between 500,000 and 1.3 million homeless youth in the U.S. each year. According to the U.S. Conference of Mayors, unaccompanied youth rose as a percentage of the urban homeless population from 3% in 1998 to 5%

Homeless/Runaway/Throwaway Youth Ages 13-17 in Rhode Island's Emergency Shelter System, 1998-2005



Source: Rhode Island Emergency Shelter Information Project, Annual Reports 1998 – 2005.

Data on the number of youth ages 13-17 receiving shelter from Rhode Island's emergency shelter system are not available for 2006.

◆ **Between July 1, 2004 and June 30, 2005, 301 youth were documented as having entered the Rhode Island Emergency Shelter system accompanied by a parent or another adult. This number is an underestimate of homeless youth in the state because the Emergency Shelter system in Rhode Island does not accept unaccompanied children over the age of 12 and does not have an overnight shelter for runaway youth.[5]**

◆ **Between January and July 2006, 24 Rhode Island youth ages 13 to 17 accessed shelter services offered by Crossroads Rhode Island, and 567 calls were made to the Crossroads SAFELINE for runaway youth.[6] In 2006, the National Runaway Switchboard received 142 calls from Rhode Island.[7]**

◆ **As of December 31, 2006, there were 97 youth in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways.[8]**

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Juveniles Referred to Family Court

DEFINITION

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

SIGNIFICANCE

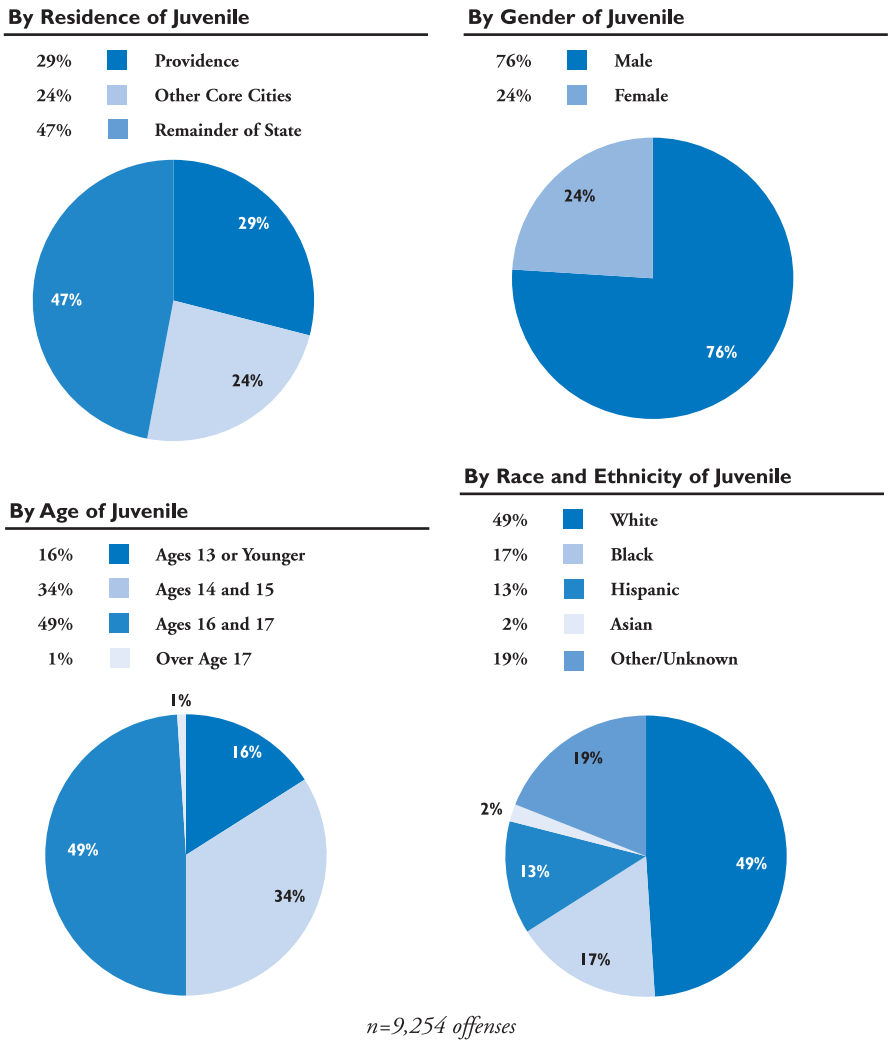
Risk factors for juvenile delinquency and involvement in the juvenile justice system include early antisocial behavior, poor cognitive development, poor parenting, child maltreatment, exposure to family violence, association with other high-risk youth, poor academic performance and family poverty.[1] During 2006 in Rhode Island, 5,579 youth (5% of youth between ages 10 and 17) were referred to Family Court for 9,254 wayward and delinquent offenses.[2,3] Of these, 467 (5%) involved violent offenses, 316 (68%) of which occurred in the core cities.[4,5]

The Rhode Island Family Court has jurisdiction over all juvenile offenders 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.[6,7] In 2006, 28% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.[8] In 2006, 2,275 juveniles were referred to the Truancy Court and 382 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court.[9] 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.[10]

The Family Court also administers 30 Juvenile Hearing Boards that serve 32 communities. Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this process include community service, restitution and/or counseling. A total of 818 cases were heard before Juvenile Hearing Boards in 2005.[11]

Eleven percent of juveniles referred to Family Court in 2006 had been referred at least twice before, up from 7% in 2005.[12,13] Prevention and early intervention programs are the most cost-effective approaches to reducing delinquency and recidivism. Successful programs are research-based, and involve highly-trained staff who work with youth and their families; offer a wide range of community-based sanctions for non-violent offenders; ensure intensive interventions for youth at risk for becoming chronic offenders; and provide high quality, coordinated mental health, substance abuse treatment, educational, and career development services.[14]

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



n=9,254 offenses

Source: Rhode Island Family Court, Juvenile Offense Report, 2006.

Juvenile Wayward/Delinquent Offenses Referred to Family Court, by Type of Offense, Rhode Island, 2006

27%	Property Crimes	7%	Traffic Offenses
17%	Status Offenses*	5%	Violent Crimes
17%	Disorderly Conduct	3%	Weapons Offenses
10%	Simple Assault	5%	Other**
9%	Alcohol and Drug Offenses		

n=9,254

**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.*

Source: Rhode Island Family Court, Juvenile Offense Reports for 2006.

Mental Health and Substance Abuse Treatment Needs of Youth in the Juvenile Justice System

◆ **The rates of mental health disorders among youth in the juvenile justice system are much higher than youth in the general population. Two-thirds of youths in juvenile justice custody in the U.S. meet the criteria for one or more mental disorders and at least one in five has mental health problems that are serious enough to interfere with their functioning.[15,16]**

◆ **Four out of every five young people in the U.S. juvenile justice system have been affected by substance use in some way, either by committing their crime while under the influence of alcohol or drugs, testing positive for drugs upon arrest, being arrested for alcohol and/or drug offenses, reporting that they have substance abuse problems, or some combination of the above. Only 3.6% of juvenile offenders receive any treatment after arrest.[17]**

◆ **During 2006, 78 young men at the Rhode Island Training School were in the residential substance abuse treatment program. Approximately 11% of youth received monthly psychotropic medications during 2006.[18,19]**

Juveniles Tried as Adults

◆ **When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Attorney General may request that the Family Court Judge waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver of jurisdiction is mandatory for juveniles age 17 or older who are charged with murder, first degree sexual assault or assault with intent to commit murder.[20,21]**

◆ **In 2006, the Attorney General's Office filed 21 motions to waive jurisdiction to try juveniles as adults, up from 14 in 2005.[22,23] Of these motions, 7 were mandatory waivers, 4 were waived voluntarily, five were withdrawn, five were waived after a hearing, one was dismissed, and one was denied by the judge. As of December 2006, there were three motions pending before the Family Court.[24]**

◆ **A juvenile may also be "certified" allowing a court to sentence the juvenile beyond age 21 if there is otherwise an insufficient period time in which to accomplish rehabilitation. There were two discretionary certifications in 2006.[25] 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 21, if the court deems appropriate.[26]**

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(continued on page 152)

Juveniles at the Training School

DEFINITION

Juveniles at the Training School is the number of juveniles up to age 21 who were in the care and custody of the Rhode Island Training School at any time during the 2006 calendar year. The total includes youth who spent time at the Training School and/or in other community placements while in the care and custody of the Training School.

SIGNIFICANCE

The juvenile justice system has three primary obligations: to identify and respond to the needs of the young people in its care; to protect youth from legal jeopardy; and to keep the public safe from youth who will harm others.[1] Early antisocial behavior, poor cognitive development, inadequate parenting skills, child maltreatment, exposure to family violence, association with other high risk youth, poor academic performance, and family poverty are associated with risk for involvement with the juvenile justice system.[2]

Nationwide, only a fraction of incarcerated youth are violent and dangerous. Most are incarcerated for drug and property offenses that could be addressed through diversion programs. For all crimes, Black juveniles are arrested one and a half times more often than White juveniles and are incarcerated five times more often.[3,4]

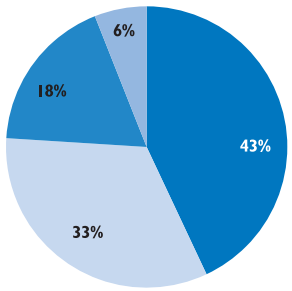
Research indicates that alternatives to incarcerating youth are more successful in preventing recidivism, more cost-effective, and can lessen the disproportionate confinement of youth of color. Successful efforts are comprehensive, community-based and family-focused, with intensive treatment and transition services for reintegration into the community.[5,6,7] For some youth, community-based alternatives such as community service, restitution or diversion to behavioral health treatment are more effective at reducing re-offending than incarceration.[8,9]

The Department of Children, Youth and Families operates the Rhode Island Training School for Youth, the state's residential detention facility for adjudicated youth and youth awaiting trial. A total of 1,056 youth (84% male and 16% female) were in the care and custody of the Training School at some point during calendar year 2006. Twenty-two percent were ages 11-15, 49% were ages 16-17 and 30% were ages 18-21. Of youth at the Training School at some point during 2006, 25% had been incarcerated previously.[10] On January 1, 2007, there were 207 youth on the grounds at the Training School, 27 over capacity. Of these, 25 were awaiting trial. One hundred fifty (150) adjudicated youth were living in temporary home or community placements and 9 youth were classified as runaways.[11]

Adjudicated Juveniles at the Rhode Island Training School for Youth on January 1, 2007

By Length of Time in Custody

43%	Less than 6 months
33%	6 to 12 months
18%	12 to 23 months
6%	24 months or more

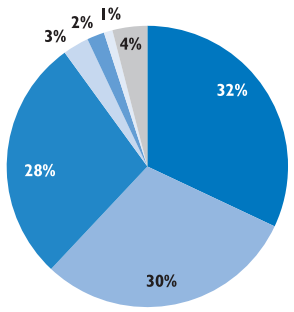


n=320

By Race/Ethnicity

32%	White
30%	Black
28%	Hispanic
3%	Asian
2%	Multiracial
1%	Native American
4%	Unknown Race or Ethnicity

* *All categories are mutually exclusive.*



Risk Factors for Youth at the Rhode Island Training School

◆ **Forty-eight percent (152) of the adjudicated youth within the care and custody of the Training School on January 1, 2007 had at some point in their childhood been victims of documented child abuse or neglect.**[12]

◆ **During 2006, approximately 11% of youth at the Training School were receiving psychotropic medications every month.**[13] **On December 31, 2006, 78 males were in the residential substance abuse treatment program at the Training School.**[14]

◆ **On December 1, 2006, 53% of adjudicated high school students were receiving special education services, more than twice the 2005-2006 state rate of 21%.**[15,16]

Education and the Training School

- Based on a random review of 74 records of adjudicated students who had been at the Training School for at least one month on December 1, 2006, 30% had passed all classes, 15% had failed all classes and 28% had mixed grades (passing some classes, failing others) before entering the Training School. Twenty-seven percent (27%) had no records available.[17]

- Two out of five (42%) youth entered the Training School with no high school credits, due to either failing grades or no grades. Most students with passing grades (82%) came from specialized programs. Nearly nine in 10 (86%) of the students from public schools were failing at least one course prior to being detained or adjudicated.[18]

- Although the most frequent reported grade level for youth at the RITS is ninth grade, the average pre-test scores for both reading and math skills were at fifth grade levels.[19]

- Most of the Training School students receiving special education services were receiving such services due to behavior disorders (76%) and learning disabilities (17%).[20]

Table 24.

Youth at the Rhode Island Training School, 2006

CITY/TOWN	TOTAL POPULATION AGES 13-21	NUMBER OF YOUTH
Barrington	2,009	9
Bristol	3,525	7
Burrillville	2,067	3
Central Falls	2,625	42
Charlestown	755	5
Coventry	3,688	24
Cranston	8,499	50
Cumberland	3,325	14
East Greenwich	1,397	3
East Providence	5,092	31
Exeter	730	3
Foster	512	0
Glocester	1,251	5
Hopkinton	912	3
Jamestown	536	1
Johnston	2,624	16
Lincoln	2,260	14
Little Compton	351	0
Middletown	1,647	13
Narragansett	2,798	3
New Shoreham	70	0
Newport	3,755	25
North Kingstown	2,773	10
North Providence	3,045	26
North Smithfield	1,073	3
Pawtucket	8,298	94
Portsmouth	1,723	4
Providence	33,871	386
Richmond	783	3
Scituate	1,155	0
Smithfield	3,890	7
South Kingstown	6,532	17
Tiverton	1,523	3
Warren	1,208	5
Warwick	8,863	43
West Greenwich	599	0
West Warwick	3,177	27
Westerly	2,414	17
Woonsocket	5,034	73
Out of State	*NA*	*57*
Unknown	*NA*	*10*
Core Cities	*56,760*	*647*
Remainder of State	*79,629*	*409*
Rhode Island	*136,389*	*1,056*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST).

Data are for 1,056 youth who passed through the Training School during calendar year 2006.

While there is no statutory lower age limit for sentencing, 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 the Training School.

Total Population Ages 13-21 data are from the U.S. Census Bureau, 2000.

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[16] Rhode Island Department of Elementary and Secondary Education, Office of Special Education, 2007.

Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children reported by a parent serving a sentence at the Rhode Island Department of Corrections as of September 30, 2006 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 1.5 million children in the U.S. have a parent incarcerated in state or federal prison, and 22% of minor children with a parent in prison were under age 5.[1] Having an incarcerated parent often negatively impacts the quality of a young child's attachment to their parent, which can lead to anxiety, withdrawal, hyper-vigilance, and depression. Young children with incarcerated parents are also more likely to exhibit externalizing behaviors such as aggression and hostility toward caregivers.[2]

As a result of parental incarceration, most children experience disruption in their homes, a series of temporary caregivers or placements in foster care, financial hardship and lack of contact with their parents.[3] Children of incarcerated parents are at greater risk for poor academic achievement, impaired emotional, behavioral and psychological development, depression, criminal behavior and incarceration.[4,5,6]

Nationally and in Rhode Island, women prisoners are the fastest growing group in the prison population.[7,8] In Rhode Island over the last 30 years the female inmate population increased 1140%, compared to 440% for males.[9] Despite this drastic increase, women comprise only 5% of the total inmate population. The increase in female incarceration is partly due to stricter sentencing guidelines and mandatory sentences, particularly for drug-related offenses.[10,11] In Rhode Island, fathers are more likely than mothers to be in prison for violent crimes, whereas mothers are more likely to be in prison for non-violent offenses.[12]

Children of incarcerated parents remain a hidden population with little attention paid to their special needs. The children's care arrangements are often handled informally by family members, so they rarely come to the attention of child welfare agencies or other support systems. Nationally, 10% of mothers and 2% of fathers in state prisons reported that their children were living in a foster home. Ninety percent of incarcerated fathers reported that their children were living with the other parent, and 53% of incarcerated mothers reported that their children were living with a grandparent.[13]

Parents at the Rhode Island Department of Corrections, 2006

	INMATES SURVEYED	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	867	458	53%	1,024
Serving a Sentenced	2,805	1,506	54%	3,319
Total Inmates	3,672	1,964	53%	4,343

◆ **Of the 3,672 total inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2006, 1,964 inmates reported having 4,343 children.[14]**

◆ **Of the 1,964 parents incarcerated in 2006 in Rhode Island, including those awaiting trial in Rhode Island, 49% were White, 29% were Black, and 20% were Hispanic.[15]**

◆ **Of the 103 sentenced women with children, 52% were serving a sentence for a nonviolent offense, 22% for a drug offense, 21% had committed violent offenses, 3% were serving sentences for breaking and entering, and 1% for sex offenses. Of the 1,403 sentenced men with children, 42% were serving sentences for violent offenses, 21% for nonviolent offenses, 18% for drug offenses, 12% for sex offenses, and 7% for breaking and entering.[16]**

◆ **In Rhode Island in 2006, two-thirds of incarcerated parents with a known in-state residence identified one of the core cities as their last city of residence. The rate of children of incarcerated parents in the core cities (21.2 per 1,000 children) is nearly 4 times the rate in the remainder of the state (5.5 per 1,000 children).[17]**

Prisoner Reentry in Rhode Island

◆ **Ex-offenders face barriers to earning a living, including limited work histories, a lack of skills and credentials, and discrimination by potential employers.[18] A Rhode Island study found a cyclical relationship between incarceration, housing instability and the risk factors that lead to prison or recidivism.[19]**

◆ **Upon release from prison, a successful transition to the community requires that ex-offenders enhance their education, find stable employment, secure suitable housing and access health care. Supportive services to restore the parent-child relationship are also important.[20,21]**

Table 25. **Children of Incarcerated Parents, Rhode Island, September 30, 2006**

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	3	6	4,745	1.3
Bristol	13	36	4,399	8.2
Burrillville	5	10	4,043	2.5
Central Falls	47	206	5,531	37.2
Charlestown	3	3	1,712	1.8
Coventry	19	43	8,389	5.1
Cranston	75	157	17,098	9.2
Cumberland	13	18	7,690	2.3
East Greenwich	7	18	3,564	5.1
East Providence	43	84	10,546	8.0
Exeter	5	9	1,589	5.7
Foster	2	3	1,105	2.7
Glocester	3	5	2,664	1.9
Hopkinton	3	9	2,011	4.5
Jamestown	3	8	1,238	6.5
Johnston	24	49	5,906	8.3
Lincoln	1	2	5,157	0.4
Little Compton	0	0	780	0.0
Middletown	9	17	4,328	3.9
Narragansett	13	24	2,833	8.5
New Shoreham	1	3	185	16.2
Newport	37	78	5,199	15.0
North Kingstown	9	20	6,848	2.9
North Providence	24	47	5,936	7.9
North Smithfield	1	2	2,379	0.8
Pawtucket	101	204	18,151	11.2
Portsmouth	4	9	4,329	2.1
Providence	525	1,147	45,277	25.3
Richmond	4	17	2,014	8.4
Scituate	4	9	2,635	3.4
Smithfield	5	10	4,019	2.5
South Kingstown	14	26	6,284	4.1
Tiverton	6	8	3,367	2.4
Warren	4	6	2,454	2.4
Warwick	73	146	18,780	7.8
West Greenwich	2	2	1,444	1.4
West Warwick	51	106	6,632	16.0
Westerly	20	45	5,406	8.3
Woonsocket	93	212	11,155	19.0
Unknown Residence	*150*	*328*	*NA*	*NA*
*Out of State Residence***	*87*	*187*	*NA*	*NA*
Core Cities	*854*	*1,953*	*91,945*	*21.2*
Remainder of State	*415*	*851*	*155,877*	*5.5*
Rhode Island	*1,269*	*2,804*	*247,822*	*11.3*

Note to Table

Due to a change in methodology, *Children of Incarcerated Parents* in this Factbook cannot be compared with previous Factbooks. Previous Factbooks reported data as of December 31st, while the current Factbook utilizes data from 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, 2006. Offenders who were on Home Confinement and the awaiting trial population are excluded from this analysis.

*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 excluded from this analysis.

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

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(continued on page 152-153)

Children Witnessing Domestic Violence

DEFINITION

Children witnessing domestic violence is the percentage of reported domestic violence incidents in which children under age 18 were present in the home. The data are based on police reports of domestic violence in 2005. 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

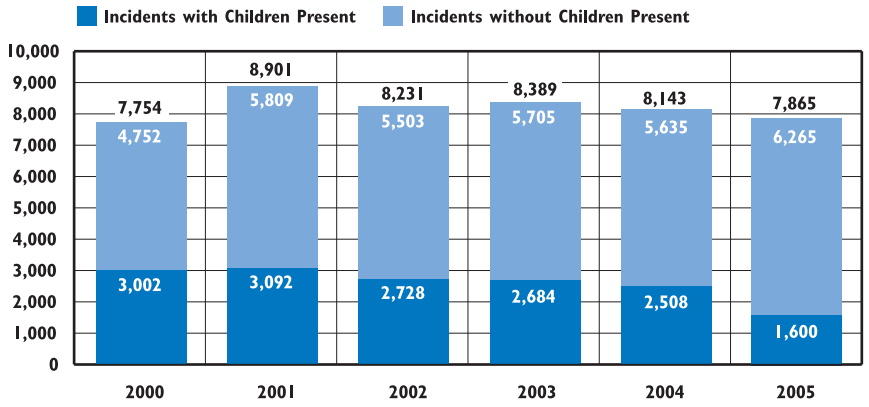
Millions of children are exposed to domestic violence each year.[1] National surveys indicate that 80% to 90% of children in homes where there is domestic violence are aware of the abuse.[2] In Rhode Island in 2005, police reports indicate that children were present in 20% of domestic violence incidents reported.[3]

Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their parent's emotional and physical injuries or damage done to their homes.[4] Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect than those who are not. Child maltreatment and domestic violence occur in an estimated 30% to 60% of families where there is some form of family violence. It is more likely that children are abused in families in which the violence against the mother is more frequent.[5]

Exposure to violence in the home can affect brain development and impairs cognitive, academic and social functioning. Children who witness domestic violence are more likely to be aggressive and to have behavioral problems. They are more prone to depression, anxiety, fear, phobias, sleep disruption, low self-esteem and concentration and memory problems.[6,7,8] Although many children experience these negative effects as a result of exposure to domestic violence, some children emerge from the experience relatively unscathed. A child's age and temperament, the severity and frequency of the violence, school competence and relationships with caring adults greatly affect the child's response.[9,10]

The effects of exposure to domestic violence can last into adulthood. Witnessing inter-parental violence increases the likelihood that individuals (particularly men) will both perpetrate and be the recipients of violence during dating and marriage.[11] Men and women who grow up in violent homes are at increased risk for depression, other trauma-related symptoms, and for using and abusing alcohol and other drugs.[12,13]

Domestic Violence Incidents, Rhode Island, 2000-2005



Source: Rhode Island Supreme Court Domestic Violence Training Unit, 2000-2005. Includes domestic violence reports from local police and Rhode Island State Police. Data for 2004 and 2005 are incomplete.

◆ **The number of domestic violence incidents reported to Rhode Island police since 2000 peaked at 8,901 in 2001 and has since declined to 7,865 incidents reported in 2005.**

◆ **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 2006, 286 women and 325 children spent a total of 22,417 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 620 children. The shelters also conduct school-based domestic violence prevention programs.[14]**

◆ **Effective interventions for children who have witnessed domestic violence depend on collaborative relationships and integrative practice approaches among child protective services caseworkers and community organizations, including domestic violence agencies, police departments, physical and mental health care providers, early childhood programs and schools, and faith groups.[15]**

Children Witnessing Domestic Violence

Children and Domestic Violence in Rhode Island

◆ 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? Did children hear the incident?[16]

◆ In 2005, police officers reported that in 1,766 domestic violence incidents, children saw their parent being abused and in 1,941 incidents, children heard their parent being abused.[17]

◆ The data under-represent the number of domestic violence incidents in which a child was present because police reports are not fully completed in all cases.[18] Additionally, many cases of domestic violence are never reported to police. In the U.S. between 1998 and 2002, 59% of family violence incidents were reported to police.[19]

◆ The data also underestimate the total number of children who experienced domestic violence in their homes, because more than one child may be present at an incident.

Table 26.

Domestic Violence Incidents with Children Present, Rhode Island, 2005

CITY/TOWN	TOTAL NUMBER OF DOMESTIC VIOLENCE INCIDENT REPORTS	TOTAL NUMBER OF INCIDENTS IN WHICH A CHILD WAS PRESENT	% OF INCIDENTS WITH CHILDREN PRESENT
Barrington	55	16	29%
Bristol	200	28	14%
Burrillville	76	26	34%
Central Falls	207	57	28%
Charlestown	45	6	13%
Coventry	245	69	28%
Cranston	440	56	13%
Cumberland	104	18	17%
East Greenwich	42	13	31%
East Providence	260	45	17%
Exeter	NA	NA	NA
Foster	14	3	21%
Glocester	81	19	23%
Hopkinton	42	6	14%
Jamestown	5	3	60%
Johnston	388	47	12%
Lincoln	202	59	29%
Little Compton	6	1	17%
Middletown	158	41	26%
Narragansett	101	27	27%
New Shoreham	15	3	20%
Newport	218	24	11%
North Kingstown	197	38	19%
North Providence	273	49	18%
North Smithfield	76	25	33%
Pawtucket	846	144	17%
Portsmouth	197	15	8%
Providence	1,288	289	22%
Richmond	24	11	46%
Scituate	26	10	38%
Smithfield	143	36	25%
South Kingstown	136	37	27%
Tiverton	156	22	14%
Warren	160	36	23%
Warwick	447	143	32%
West Greenwich	19	1	5%
West Warwick	344	65	19%
Westerly	130	46	35%
Woonsocket	404	52	13%
Rhode Island State Police	*95*	*14*	*15%*
Core Cities	*3,307*	*631*	*19%*
Remainder of State	*4,463*	*955*	*21%*
Rhode Island	*7,865*	*1,600*	*20%*

Source of Data for Table/Methodology

The number of domestic violence incident reports 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, 2005 and December 31, 2005. Data for 2004 and 2005 are still being collected and are not yet complete.

Reports of domestic violence in Exeter are included in the Rhode Island State Police numbers.

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

References

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[19] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (June 2005). *Family violence statistics including statistics on strangers and acquaintances.* Retrieved January 9, 2007, from www.ojp.usdoj.gov/bjs/pub/pdf/fvs.pdf

Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total number of indicated investigations of child abuse and neglect per 1,000 children. "Indicated investigation" means that a preponderance of evidence exists that child abuse and/or neglect occurred following an investigation of an abuse report. An indicated investigation can involve more than one child and multiple allegations (claims) of different forms of abuse. Child abuse includes physical, sexual and emotional abuse. Child neglect includes emotional, educational, physical and medical neglect, as well as a failure to provide 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, lack of a job, emotional stress, isolation from extended family or friends, drug and/or alcohol abuse, mental illness, or domestic violence.[1,2] Child abuse and neglect are linked to increases in low academic achievement, juvenile delinquency, substance abuse, suicide, behavioral, emotional and mental health problems, teenage pregnancy, adult criminality and increased likelihood of becoming an adult victim of physical or sexual abuse.[3,4,5]

Many abusive parents lack essential parenting skills and are struggling with a combination of social and economic issues. Preventing child abuse and neglect requires family support systems such as access to high quality child care, parenting education, and counseling and treatment for substance abuse and mental health problems.[6] Families benefit from access to community-based, comprehensive services that are able to respond flexibly to their needs.[7]

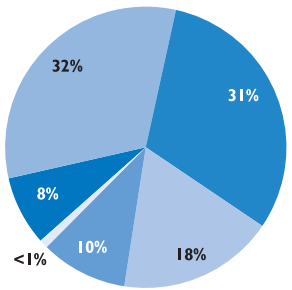
Responding to reports of child abuse and neglect and ensuring child safety in crisis situations are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and frequently more cost-effective. The absence of appropriate lower-cost placements, community-based family supports and early interventions leads to a disproportionate share of the budget of the Department of Children, Youth and Families (DCYF) being spent on high-end costs such as psychiatric hospitalization, juvenile corrections, and residential treatment.[8,9,10]

In 2006 in Rhode Island, there were 2,862 indicated investigations of child abuse and neglect involving 3,959 children.[11]

Child Abuse and Neglect, Rhode Island, 2006

By Age of Victim*

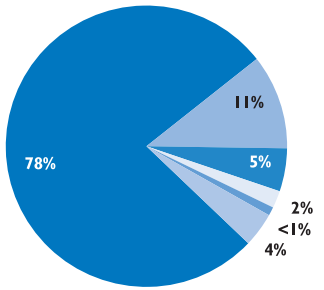
8% (317)	Under Age 1
32% (1,285)	Ages 1 to 5
31% (1,232)	Ages 6 to 11
18% (720)	Ages 12 to 15
10% (401)	Ages 16 and Older
<1% (4)	Unknown



*(n=3,959)**

By Type of Abuse**

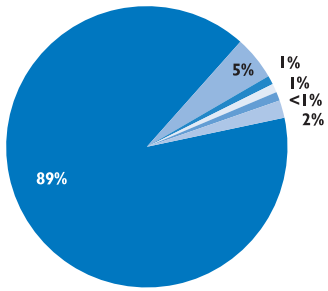
78%	Neglect
11%	Physical Abuse
5%	Sexual Abuse
2%	Medical Neglect
<1%	Emotional Abuse
4%	Other



*(n=4,963)***

By Relationship of Perpetrator to Victims***

89%	Parents
5%	Relatives/Household Members
1%	Child Care Providers
1%	Foster Parents
<1%	Residential Facility Staff
2%	Other or Unknown



*(n=4,977)****

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2006.

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, 1997-2006

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
1997	12,437	68% (8,485)	2,577
1998	12,674	67% (8,463)	2,459
1999	13,519	58% (7,882)	2,628
2000	13,580	56% (7,635)	2,234
2001	13,804	54% (7,479)	2,261
2002	14,545	50% (7,254)	2,209
2003	13,651	50% (6,847)	2,126
2004	13,341	52% (6,890)	2,095
2005	13,144	55% (7,188)	2,260
2006	14,957	59% (8,841)	2,862

◆ Between 1997 and 2006 the percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 68% in 1997 to a low of 50% in 2002 and back up to 59% in 2006. The percentage of investigations that were indicated remained fairly stable over this time.[12]

◆ In 2006, 32% of completed investigations based on child maltreatment reports were indicated. An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.[13]

◆ During 2006, among the 14,957 maltreatment reports, 4,360 were classified as "information/referrals" (formerly "early warnings").[14] Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is a legal caretaker or is living in the home, there is reasonable cause to believe that abuse or neglect circumstances exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. When essential criteria for investigation are not present, the report may lead to a referral to other services or to the information being passed on to a DCYF case worker (depending on whether the family is active with DCYF).[15]

** 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).*

Rhode Island Child Deaths Due to Child Abuse and/or Neglect*

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
1997	2	2002	1
1998	3	2003	4
1999	3	2004	3
2000	3	2005	4
2001	5	2006	0
Total 1997-2001	*16*	*Total 2002-2006*	*12*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 1997-2006.

** Based on Rhode Island Department of Children, Youth and Families determination of death due to child abuse or neglect by parent or caretaker.*

◆ Between 1997 and 2006, 28 children died as a result of injuries due to abuse by a parent or caretaker.[16]

◆ During 2005, there were 34 children hospitalized with the diagnosis of child abuse or neglect, up from 22 in 2004 and 28 in 2003. The average over five years (2001-2005) was 30 hospitalizations annually.[17]

Child Abuse and Neglect in Rhode Island Communities

◆ In 2006, the core cities had the highest rates of indicated investigations of child abuse and neglect out of all Rhode Island communities. All 6 core cities as well as Charlestown, North Providence and Warren had rates higher than for the state as a whole.

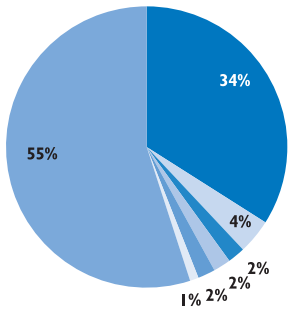
◆ In 2006, 61% of indicated investigations of child abuse and neglect occurred in the six core cities, which contain 39% of the state's population under age 21.

◆ The rates of indicated investigations of child maltreatment in the core cities ranged from a low of 11.8 per 1,000 children in Providence to a high of 23.4 per 1,000 children in Central Falls.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2006; U.S. Bureau of the Census, Census 2000.

Child Abuse and Neglect

Child Neglect, by Nature of Neglect, Rhode Island, 2006



34% Lack of Supervision (1,931)
4% Inadequate Food, Clothing or Shelter (219)
2% Drug/Alcohol Abuse (108)
2% Neglect Resulting in Physical Injuries/Death (100)
2% Medical Neglect (93)
1% Specific other small categories (83)
55% Unspecified "other" (3,078)

*(n=5,612)**

◆ 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 5,612 indicated allegations (confirmed claims) of neglect in Rhode Island in 2006, 34% 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: abandonment (18), tying and confinement (21), failure to thrive (16), educational neglect (14), emotional neglect (8), and excessive/inappropriate discipline (6).

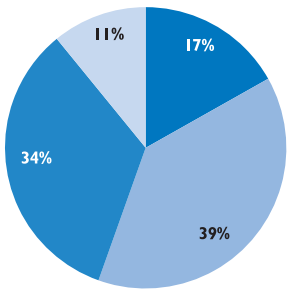
** The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2006.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2006

Girls

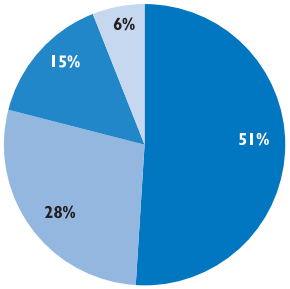
17% Age 5 and Under
39% Ages 6 to 11
34% Ages 12 to 15
11% Ages 16 and Older



(n=272)

Boys

51% Age 5 and Under
28% Ages 6 to 11
15% Ages 12 to 15
6% Ages 16 and Older



(n=72)

◆ In Rhode Island in 2006, there were 344 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once.

◆ In 79% (272) of the 344 indicated allegations of sexual abuse the victim was a female. Sixty percent of all victims, 56% of the female victims, and 79% of the male victims were under age 12.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2006. Percentages may not sum to 100% due to rounding.

Preventing Child Abuse and Neglect

◆ Research shows that coaching at-risk parents in parenting skills, treating parents with alcohol and drug use problems and providing mental health services to depressed parents can prevent child abuse and neglect.[18]

◆ Studies show that high quality early care and education programs that involve parents in the classroom, provide vocational and educational training and home visits can reduce maltreatment of children under age 17.[19]

Table 27. **Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2006**

CITY/TOWN	TOTAL POPULATION OF CHILDREN UNDER AGE 21	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN
Barrington	5,211	10	1.9
Bristol	6,294	27	4.3
Burrillville	4,646	30	6.5
Central Falls	6,443	151	23.4
Charlestown	1,952	20	10.2
Coventry	9,438	84	8.9
Cranston	19,854	141	7.1
Cumberland	8,595	38	4.4
East Greenwich	3,861	11	2.8
East Providence	12,060	91	7.5
Exeter	1,790	12	6.7
Foster	1,234	5	4.1
Glocester	2,998	10	3.3
Hopkinton	2,255	16	7.1
Jamestown	1,354	7	5.2
Johnston	6,729	36	5.3
Lincoln	5,720	52	9.1
Little Compton	874	2	2.3
Middletown	4,757	22	4.6
Narragansett	3,897	15	3.8
New Shoreham	203	0	0.0
Newport	7,046	98	13.9
North Kingstown	7,561	51	6.7
North Providence	6,854	66	9.6
North Smithfield	2,674	9	3.4
Pawtucket	20,870	292	14.0
Portsmouth	4,726	14	3.0
Providence	62,125	733	11.8
Richmond	2,221	6	2.7
Scituate	2,944	12	4.1
Smithfield	6,112	13	2.1
South Kingstown	10,393	37	3.6
Tiverton	3,806	16	4.2
Warren	2,809	29	10.3
Warwick	21,330	156	7.3
West Greenwich	1,606	6	3.7
West Warwick	7,746	149	19.2
Westerly	6,094	51	8.4
Woonsocket	12,792	274	21.4
Out of State/Unknown	*NA*	*70*	*NA*
Core Cities	*117,022*	*1,697*	*14.5*
Remainder of State	*182,852*	*1,095*	*6.0*
Rhode Island	*299,874*	*2,792*	*9.3*

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), number of reports (indicated investigations) for the period January 1, 2006 to December 31, 2006.

An indicated investigation is an investigated report of child abuse and 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 of indicated investigations reports fewer indicated investigations than does the chart with reports/investigations and indicated cases.

The denominator is the total population of children under age 21 according to the U.S. Bureau of the Census, 2000 Census.

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Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanent placement. Out-of-home placements include relative, non-relative and private agency foster homes, and placements with step parents, group homes, shelter care, residential treatment facilities, and medical facilities. Permanent placement includes reunification with the family, adoption or guardianship.

SIGNIFICANCE

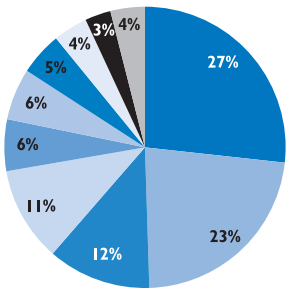
Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for the child's safety and well-being; however, it is disruptive and compromises a child's developmental progress.[1] Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment which provides for their well-being. Yet 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.[2]

Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than nearly any other group of children.[3,4] Long-term stays in out-of-home placement can negatively affect children, causing emotional, behavioral or educational problems that adversely affect their future well-being and self-sufficiency.[5]

Effective strategies to promote the optimal development of children in out-of-home placements include: assessment on system entry; a comprehensive care system to address physical, mental, emotional, behavioral and educational needs; family involvement; training for caregivers; coordinated services and funding strategies; and a managed care model to address the complex needs of children in the child welfare system.[6,7]

National research indicates that youth in state custody have high aspirations, including completing a college education, but many experience serious educational difficulties. Adequate remedial and special education services are needed to ensure each youth maximizes his or her potential and is prepared for future education and the employment market.[8]

Children in Out-of Home Placement, December 31, 2006



n= 3,311

27%	(881)	Foster Care Home
23%	(768)	Relative Foster Care Home
12%	(383)	Residential Facility
11%	(355)	Group Home
6%	(203)	Independent Living/Supervised Apartment
6%	(202)	Rhode Island Training School for Youth
5%	(167)	Relatives Caring for Children*
4%	(116)	Shelter Care
3%	(102)	Psychiatric or Medical Hospital/Substance Abuse Facility
4%	(134)	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 (97), pre-adoptive homes (19), minors with mother in shelter/group home/residential facility (11), step parents (4), trial home visits (3).*

◆ **As of December 31, 2006, there were 3,311 children under age 21 in the care of DCYF who were in out-of-home placements, a 16% increase from 2005 (2,865). About half of children in out-of-home placements on December 31, 2006 were in foster care, of whom 47% were in relative foster care homes. Over one-tenth of children in out-of-home placements lived in group homes, 80% of whom were youth ages 12 and over.**

◆ **The total caseload of DCYF on December 31, 2006 was 9,414 including: 3,418 children living in their homes under DCYF supervision; 2,637 children living in adoption placements, most receiving subsidized adoption supports; 24 children in out-of-state placements/placements with another agency; 8 children receiving respite care services; and 16 children in the Job Corps or other placements.**

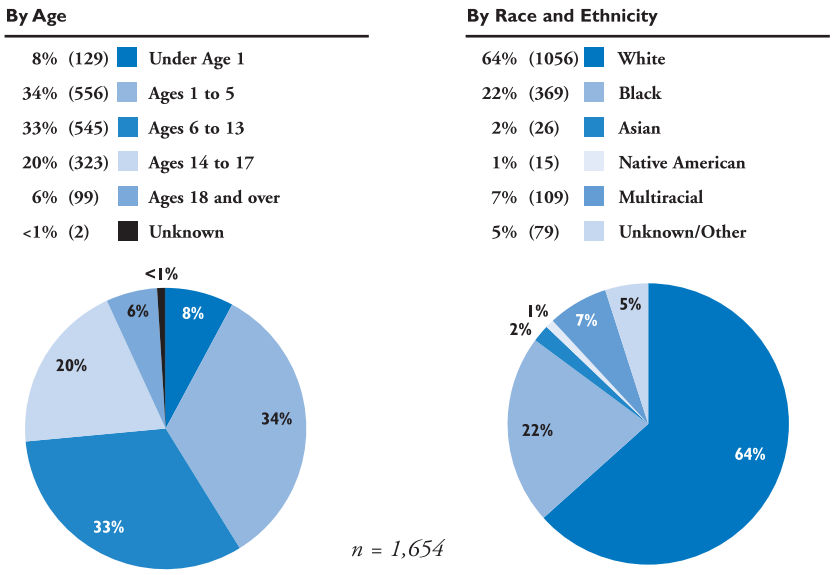
◆ **Older youth in placement often transition to adulthood while still in care. On December 31, 2006, 203 Rhode Island youth were in an independent living arrangement or supervised apartment setting under the care of DCYF. Of youth in funded independent living programs in 2006, 43% were 19-21 years old.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2005 & December 31, 2006.

Night-to-Night Placements

◆ Night-to-night placements refer to the temporary nightly placement of children in the care of DCYF who are awaiting longer-term placements. Night-to-night placements were the subject of a prolonged litigation between DCYF and the Office of the Child Advocate. In 2006, there were 234 children placed in night-to-night placements for a total of 276 bed nights. There were almost five times as many children placed night-to-night in 2006 as in 2005.[9]

Children in Foster Care Homes, Rhode Island, January 2, 2007



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2, 2007. *There were 362 Hispanic children and youth in foster care in Rhode Island on January 2, 2007. Hispanic children can be of any race.*

◆ As of January 2, 2007, there were 1,654 children in foster care homes. Of these, 771 (47%) were in relative foster homes, 543 (33%) were in non-relative foster homes, 340 (21%) were placed by private agencies.[10] Children of color are overrepresented in foster care. There is an ongoing shortage of foster parents in Rhode Island and nationally, especially parents of color.[11]

Safety, Permanency and Well-Being

◆ The Adoption and Safe Families Act of 1997 (ASFA) recognizes that the broad goals of child protection systems are preventing the recurrence of abuse or neglect, ensuring the safety of children in out-of-home placements, and maximizing the stability of placements.[12]

◆ Of the 1,644 Rhode Island children who were victims of abuse or neglect during federal Fiscal Year (FFY) 2006 (whether or not they were removed from the home), 13% experienced one or more recurrences of abuse or neglect within 6 months, up from 8% in FFY 2004. The national standard is 6% or fewer.[13]

◆ In FFY 2006, 14% of the 2,153 children who had been in out-of-home care for less than 1 year had experienced 3 or more placements, up from 13% in FFY 2005. Three or more placements were experienced by 33% of children who had been in care between 12 and 23 months, up from 31% in FFY 2005; 67% of children who had been in care for 24 or more months experienced three or more placements (compared with 68% in FFY 2005).[14]

◆ Research shows disparate treatment of children of color as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their children removed and placed in foster care. Once in foster care, children of color are more likely than non-Hispanic White children to remain in placement for longer periods of time and to receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments.[15]

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(continued on page 153)

Adoption and Permanency

DEFINITION

Adoption and permanency is the percentage of children in out-of-home care who transition to a permanent placement through adoption, reunification or guardianship. Data are for all children who were in out-of-home placement during federal Fiscal Year 2006 (October 1, 2005-September 30, 2006).

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements has negative effects on children's emotional well-being, identity formation, and sense of belonging, impacting behavior, academic achievement and long term self-sufficiency.[1,2,3] Youth who age out of care having never gained a permanent placement face significant barriers to success as adults. Youth who age out suffer disproportionately from poverty, have higher rates of special education needs, academic failure, unemployment, incarceration, homelessness and premature parenting.[4,5]

One of the goals of the federal Adoption and Safe Families Act of 1997 (ASFA) is to ensure that children exit out-of-home placement to permanent placement, i.e. reunification, adoption or guardianship, as quickly as possible without jeopardizing the child's safety.[6] Effectiveness in achieving permanency must include the interrelated measures of how quickly permanency is achieved, the proportion of children for whom it is achieved, and the lasting success of the permanent placements.[7] Long-term personal, social, medical, academic and economic outcomes for children who leave the child welfare system should also be included in permanency planning.[8,9]

National experience indicates that particular attention must be paid to populations of children for whom permanency may be more difficult to achieve. This includes older children, males, children with disabilities and minority children.[10,11,12] 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.[13,14,15]

In 2004, the U.S. Department of Health and Human Services conducted a Child and Family Services Review for Rhode Island and determined that the Rhode Island Department of Children, Youth and Families needed to improve on 37 of a possible 45 items. Rhode Island's Program Improvement Plan outlined the 14 most critical items that specifically addressed fundamental practice changes that would lead to improvements on the national outcome measures.[16]

Exits from Foster Care, Rhode Island, FFY 2006

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	18%	23%	1%
Guardianship	2%	1%	2%
Reunification	67%	55%	75%
Aged Out	7%	NA*	12%
Other	6%	21%	10%
Total Number	*1,385*	*420*	*645*

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2006 (Draft).* (2007). 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. *Children with a disability who age out are included in the other category.

◆ **In federal Fiscal Year (FFY) 2006, 1,385 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 87% exited to a permanent placement (adoption, guardianship or reunification). Children who entered care after age 12 or who had disabilities were less likely to exit to adoption or guardianship in FFY 2006.[17]**

Children Aging Out of Foster Care*

◆ **Children who do not exit care promptly may eventually "age out," never having gained a permanent placement. In FFY 2006, 100 Rhode Island children exited out-of-home placement to emancipation. Of these, 76 were older than age 12 at entry into care.[18]**

◆ **Youth who age out of foster care experience high rates of poverty, homelessness, unemployment, incarceration and poor health. Research indicates that specialized mental health services and transition systems that extend beyond the age of discharge are crucial for the success of these youth.[19]**

◆ **Youth who receive more training and services, have real work experience and have positive support systems prior to exiting foster care experience better outcomes after exiting foster care.[20]**

** Foster Care refers to all out-of-home placements, consistent with language used in federal reports.*

Length of Time to Adoption or Reunification, Rhode Island, FFY 2002 and 2006

	ADOPTION		REUNIFICATION	
	2002	2006	2002	2006
Less than 24 months	45%	49%	84%	91%
More than 24 months	53%	51%	14%	9%

◆ **The percentage of children in the Rhode Island child welfare system who are adopted in less than 24 months increased from 45% in FFY 2002 to 49% in FFY 2006.**

◆ **The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 24 months increased from 84% in FFY 2002 to 91% of children in FFY 2006.**

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2006 (Draft).* (2007). 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 from FFY 2002 do not sum to 100% because of missing data.

Children Re-Entering Foster Care after Prior Episode, FFY 2002-2006

◆ **Success in reducing the duration in temporary placement must be measured in conjunction with rates of re-entry into the system (i.e., the failure rate of the permanent placement). In FFY 2006, 14% of children in Rhode Island who entered out-of-home placement were re-entering care within 12 months of a prior episode, down from 19% in FFY 2002. The rate of children re-entering care more than 12 months after a prior episode stayed relatively constant at 13% in FFY 2006.[21]**

◆ **The majority of child maltreatment cases involve neglect. The greatest contributors to neglect are poverty, parental substance abuse and/or mental illness. Achieving timely and successful reunification requires access to substance abuse and mental health treatment.[22]**

◆ **Parents striving for reunification with their children may also require in-home services, parenting skills training, assistance in meeting basic needs (e.g., food, housing, income), child care and specific strategies to decrease isolation and strengthen community supports.[23]**

Adoptions of Children in DCYF Care, 2006

◆ **In calendar year 2006, 260 children in the care of DCYF were adopted in Rhode Island. Of these children, 63% were White, 18% were Black, 18% were of another race or were multiracial, and 1% were of unknown race. Twenty-one percent of children adopted in 2006 were Hispanic (belonging to any race category).**

◆ **Of the children adopted, 54% were under age 6, 30% were between ages 6 and 11 and 16% were between ages 12 and 18.**

◆ **During 2006, 216 children in the care of DCYF were awaiting adoption. Of these children, 66% were White, 21% were Black, 9% were of another race or were multiracial, and 4% were of unknown race. Twenty-six percent of children awaiting adoption in 2006 were Hispanic (belonging to any race category).**

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2006.

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Education

Moving Right Along

Moving right along
finding my own way
as long as I sing my song
I'll reach the top one day
the road is long and wide
and there ain't no place to hide
from what you believe in yourself
to be true
so I must do what I got to do
and sing the song that suits my blues
so I've got to fly where I can glide
right through the magic of my life
and all of the walls that surround me
all of the falls that I take
I know that love is around me
and I will never break

– Abiodun Oyewole

Children Enrolled in Early Intervention

DEFINITION

Children enrolled in Early Intervention is the percentage of children under age 3 who had an active Individual Family Service Plan through a Rhode Island Early Intervention provider during calendar year 2006.

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 from birth through age 2 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 include children with a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) and children exhibiting or professionally determined to have a developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Children also are considered 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]

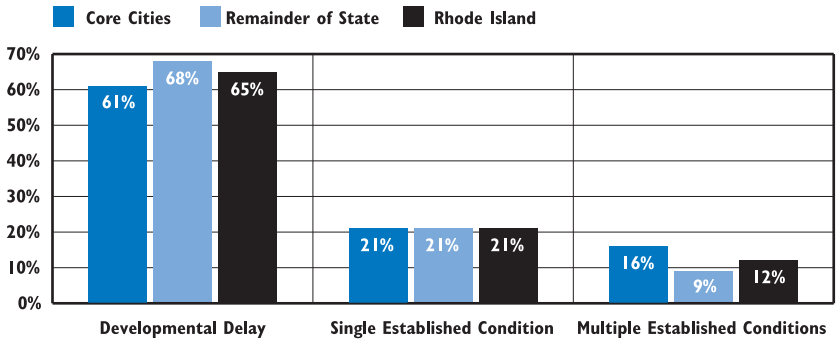
% of Children Receiving Early Intervention Services, 2005

	Under Age 1	Under Age 3
RI	1.9%	4.1%
US	1.0%	2.4%
National Rank*	*6th*	*6th*
New England Rank**	*2nd*	*2nd*

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

Source: U.S. Department of Education, Office of Special Education Programs. (2006). *Infants and toddlers ages birth through 2 receiving Early Intervention services under IDEA, Part C by age and state, 2005 and Infants under 1 year of age (including infants at risk) receiving Early Intervention services under IDEA, Part C by age and state, 2005.* Retrieved March 5, 2007 from www.rrfcnetwork.org/content/view/248/358/ (Data are point-in-time).

Early Intervention, Enrollment By Eligibility Type, Core Cities, Remainder of State and Rhode Island, 2006



Source: Rhode Island Department of Human Services, Center for Child and Family Health, 2006. *Specific eligibility information was not available for 2% of children participating in Early Intervention.*

◆ **In 2006 in Rhode Island, 3,240 children received Early Intervention services. This is 9% of the 37,775 Rhode Island children under age 3. Children in the core cities participated in Early Intervention at a slightly higher rate (9%) than children in the remainder of the state (8%).[5]**

◆ **Researchers have found that poverty is linked to disability and to developmental delays. Nationally, children living at or below the federal poverty threshold have higher participation rates in Early Intervention. Studies show that children in low-income households are more likely to participate under an "at-risk" category while children in higher-income households are more likely to participate under the developmental delay category.[6] In Rhode Island in 2006, children in the core cities were almost twice as likely to participate in Early Intervention under the category of multiple established conditions (16%) than children in the remainder of the state (9%).[8]**

◆ **Recent changes to the federal legislation require states to refer children who have been involved in a substantiated case of child abuse or neglect and children who have been affected by illegal substance abuse to Early Intervention for an eligibility assessment. In 2006, the Rhode Island Department of Children, Youth and Families referred 219 out of 893 (25%) children under age 3 with a substantiated case of child abuse or neglect to Early Intervention for an assessment.[9]**

Table 28. **Infants and Toddlers Enrolled in Early Intervention, by Eligibility, Rhode Island, 2006**

CITY/TOWN	# OF CHILDREN UNDER AGE 3*	SINGLE ESTABLISHED CONDITION	DEVELOPMENTAL DELAY	MULTIPLE ESTABLISHED CONDITIONS	ELIGIBILITY INFORMATION NOT AVAILABLE	# OF CHILDREN ENROLLED IN EARLY INTERVENTION	% OF CHILDREN UNDER AGE 3 ENROLLED
Barrington	570	6	30	10	1	47	8%
Bristol	655	16	27	11	0	54	8%
Burrillville	509	9	41	3	0	53	10%
Central Falls	990	20	54	12	5	91	9%
Charlestown	289	3	32	4	0	39	13%
Coventry	1,243	31	86	10	0	127	10%
Cranston	2,455	44	140	20	2	206	8%
Cumberland	1,136	22	74	8	1	105	9%
East Greenwich	384	4	28	2	2	36	9%
East Providence	1,552	28	54	25	3	110	7%
Exeter	187	3	12	2	0	17	9%
Foster	113	2	13	0	0	15	13%
Glocester	335	4	13	0	0	17	5%
Hopkinton	282	3	29	6	1	39	14%
Jamestown	132	2	9	0	0	11	8%
Johnston	893	15	34	13	1	63	7%
Lincoln	662	15	42	3	1	61	9%
Little Compton	107	1	2	0	0	3	3%
Middletown	700	5	22	1	1	29	4%
Narragansett	403	2	18	3	0	23	6%
New Shoreham	35	1	0	0	0	1	3%
Newport	941	18	41	2	0	61	6%
North Kingstown	1,034	15	85	7	3	110	11%
North Providence	885	22	36	11	1	70	8%
North Smithfield	337	3	20	0	0	23	7%
Pawtucket	2,957	54	144	62	5	265	9%
Portsmouth	583	13	32	1	1	47	8%
Providence	7,642	159	363	132	16	670	9%
Richmond	321	2	2	1	0	5	2%
Scituate	371	6	22	4	0	32	9%
Smithfield	499	7	20	1	0	28	6%
South Kingstown	868	17	71	3	1	92	11%
Tiverton	461	14	21	4	0	39	8%
Warren	355	6	11	7	1	25	7%
Warwick	2,714	54	169	12	1	236	9%
West Greenwich	192	3	4	0	0	7	4%
West Warwick	1,136	20	77	5	0	102	9%
Westerly	827	12	58	2	2	74	9%
Woonsocket	2,020	22	169	12	2	205	10%
Unknown	*NA*	*0*	*2*	*0*	*0*	*2*	*NA*
Core Cities	*15,686*	*293*	*848*	*225*	*28*	*1,394*	*9%*
Remainder of State	*22,089*	*390*	*1,257*	*174*	*23*	*1,844*	*8%*
Rhode Island	*37,775*	*683*	*2,107*	*399*	*51*	*3,240*	*9%*

**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, Children enrolled in Early Intervention in calendar year 2006.

The denominator is the number of children under age 3, according to Census 2000, Summary File 1.

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

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Children Enrolled in Early Head Start

DEFINITION

Children enrolled in Early Head Start is the percentage of eligible children under age 3 enrolled in a Rhode Island Early Head Start program as of October 2006.

SIGNIFICANCE

Early Head Start was established in 1994 to promote healthy prenatal outcomes for pregnant women, support the early care and education of infants and toddlers younger than age three and foster healthy familial relationships while building community resources.[1]

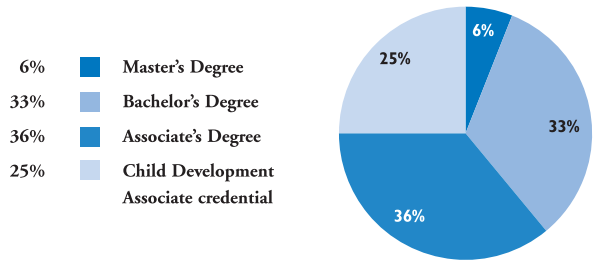
Children are eligible for Early Head Start if their families' incomes are below 100% of the federal poverty guidelines, the family receives Supplemental Security Income, is enrolled in the Family Independence Program, or is using supportive services that are federal Temporary Assistance for Needy Families benefits (i.e. transportation vouchers, subsidized child care, or job training). Children in foster care and pregnant women who intend to enroll children after birth are also eligible to participate.[2,3]

There are three types of Early Head Start Programs: home-based, center-based and a combination of the two. Home-based programs use weekly home visits to support child development and offer group activities two times per month. Center-based programs provide enrollment for children in an early care and education program and twice yearly home visits. Combination programs combine regular home visits with center-based programming. Center-based Early Head Start programs must meet performance standards that are more stringent than infant/toddler child care regulations found in most states. For example, Early Head Start programs must have at least one teacher per 4 infants or toddlers and no more than 8 children in a group. Each infant is assigned a primary caregiver who works to build and maintain a strong relationship with the child and family from infancy through age three.[4]

Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy and individualized pregnancy plans are developed to support prenatal health, the promotion of healthy behaviors and preparation for the baby's arrival.[5]

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. 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.[6]

Level of Staff Education in Rhode Island Early Head Start Programs



n = 69 classroom teachers and home visitors

Source: Early Head Start program reports to Rhode Island KIDS COUNT, October 2006.

◆ **National research examining the quality of center-based Early Head Start indicates that Early Head Start classrooms score significantly higher on a key measure of program quality than standard infant/toddler child care programs. Sixty percent of Early Head Start programs score in the "good to excellent" range on the Infant/Toddler Environment Rating Scale while only 8% of infant/toddler child care classrooms score that high.**[7]

◆ **Staff education and specialized training in child development are consistently associated with high-quality interactions, enriched language and literacy environments and improved child outcomes.**[8,9] **In Rhode Island in 2006, 75% of Early Head Start program staff had an associate's degree or better and the remainder have a Child Development Associate credential.**[10] **Rhode Island child care regulations require only a high school degree for center-based teachers.**[11] **A high school degree is not currently required for family child care providers.**[12]

Early Head Start Programs in Rhode Island

◆ **In October 2006 in Rhode Island, 17 pregnant women and 391 infants and toddlers were receiving Early Head Start services.**[13]

◆ **In 2006, there were 381 federally-funded Early Head Start slots in Rhode Island. Of these slots, 45% were center-based and 55% were home-based.**[14]

Table 29.

Percent of Eligible Children Under Age 3 Enrolled in Early Head Start, Rhode Island, 2006

CITY/TOWN	ESTIMATED ELIGIBLE CHILDREN UNDER AGE 3*	NUMBER OF CHILDREN ENROLLED IN EARLY HEAD START	% OF ELIGIBLE CHILDREN UNDER AGE 3 ENROLLED
Barrington	13	0	0%
Bristol	57	2	4%
Burrillville	50	6	12%
Central Falls	400	59	15%
Charlestown	11	0	0%
Coventry	72	24	33%
Cranston	211	21	10%
Cumberland	51	0	0%
East Greenwich	28	3	11%
East Providence	204	25	12%
Exeter	26	0	0%
Foster	0	0	N/A
Glocester	15	2	13%
Hopkinton	17	0	0%
Jamestown	0	1	100%*
Johnston	81	11	14%
Lincoln	33	0	0%
Little Compton	5	0	0%
Middletown	40	10	25%
Narragansett	22	0	0%
New Shoreham	2	0	0%
Newport	371	60	16%
North Kingstown	114	0	0%
North Providence	99	6	6%
North Smithfield	26	2	8%
Pawtucket	842	2	0%
Portsmouth	33	2	6%
Providence	3,092	43	1%
Richmond	10	0	0%
Scituate	17	2	12%
Smithfield	6	0	0%
South Kingstown	41	0	0%
Tiverton	25	2	8%
Warren	23	3	13%
Warwick	188	64	34%
West Greenwich	8	0	0%
West Warwick	299	41	14%
Westerly	77	0	0%
Woonsocket	733	0	0%
Core Cities	*5,737*	*205*	*4%*
Remainder of State	*1,605*	*186*	*12%*
Rhode Island	*7,342*	*391*	*5%*

Note to Table

*Estimated number of eligible children is based on Census 2000 and may not reflect increases or decreases in eligible population.

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled by October, 2006.

The denominator is the estimated number of eligible children based on the number of children under age 3 in each community multiplied by the poverty rate for children under 5, according to Census 2000, Summary File 3 tables P87 and P8. This is an estimate of the eligible population and does not take into account any increases or decreases in the number of children eligible for Early Head Start since 2000. Also, children younger than age 3 are more likely to be poor than children ages 3 to 5. Thus, using the poverty rate for children under age 5 probably underestimates the numbers of children younger than age 3 who are below poverty (and eligible for Early Head Start).

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

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Infant and Preschool Child Care

DEFINITION

Infant and preschool child care is the number of regulated child care slots per 100 children under age 6. Regulated child care slots include licensed child care center slots and certified family child care home slots.

SIGNIFICANCE

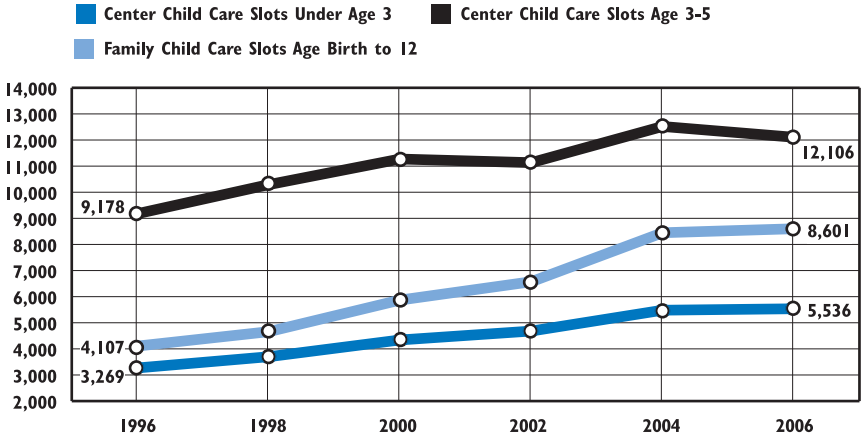
Child care enables parents to work and, when high-quality, supports the development of important school readiness skills. Research indicates that high quality child care for infants, toddlers and preschoolers has long-lasting positive effects on how children learn, develop, cope with stress and handle their emotions.[1]

Early and extensive enrollment in child care is common in the United States and is a basic need for many working families in Rhode Island. In Rhode Island in 2005, 67% (50,391) of children under age 6 had all parents in the workforce, higher than the U.S. average of 60%.[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 effect 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 and more hours of employment for mothers, 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. Since the passage of Starting RIght, Rhode Island has experienced significant growth in the availability of regulated child care. As a result of the Starting RIght reforms, Rhode Island families receiving child care subsidies are significantly more likely to choose licensed and certified care rather than non-certified care.[6] Informal, non-certified care is consistently rated by researchers as providing the lowest quality child care.[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, 1996 - 2006



◆ **In 2006 in Rhode Island, there were 26,243 slots for children under age 6 in licensed child care centers and certified family child care homes, as compared with 16,554 slots in 1996. Since 1996, there has been a 59% increase in the availability of licensed and certified child care for children younger than age 6.[8]**

◆ **The largest increase in center-based child care slots has been for children under age 3. Since 1996, there has been a 69% increase in the number of licensed slots for children under age 3 and a 32% increase in the number of licensed slots for children ages 3 through 5.[9]**

Child Care for Infants & Toddlers

◆ **Over the past 25 years, the percentage of mothers with very young children who are employed has almost doubled. Recent estimates indicate that nearly half of children under age 3 spend some time in non-parental care while their parents work or attend school.[10]**

◆ **Finding affordable and accessible child care for infants and toddlers is difficult for most American families. The availability of nurturing, enriching, high-quality infant care is in particular short supply.[11]**

Table 30.

Child Care for Children Under Age 6, Rhode Island, 2006

CITY/TOWN	# CHILD CARE CENTER SLOTS < AGE 3	# CHILD CARE CENTER SLOTS AGES 3-5	# 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	90	170	46	306	386	79
Bristol	33	88	46	167	447	37
Burrillville	28	114	54	196	408	48
Central Falls	93	244	271	608	520	117
Charlestown	23	35	18	76	170	45
Coventry	115	227	111	453	962	47
Cranston	457	903	722	2,082	1,799	116
Cumberland	95	161	178	434	912	48
East Greenwich	248	385	28	661	277	239
East Providence	209	641	138	988	1,168	85
Exeter	36	85	8	129	189	68
Foster	29	33	12	74	107	69
Glocester	42	45	30	117	264	44
Hopkinton	34	45	58	137	283	48
Jamestown	31	33	8	72	83	87
Johnston	183	401	124	708	702	101
Lincoln	121	139	61	321	565	57
Little Compton	0	0	6	6	53	11
Middletown	165	434	31	630	463	136
Narragansett	41	90	0	131	228	57
New Shoreham	12	22	0	34	27	126
Newport	104	188	20	312	615	51
North Kingstown	139	319	59	517	805	64
North Providence	75	197	161	433	662	65
North Smithfield	0	79	50	129	285	45
Pawtucket	312	830	593	1,735	2,103	83
Portsmouth	90	143	32	265	411	64
Providence	909	2,057	4,896	7,862	4,002	196
Richmond	0	0	31	31	255	12
Scituate	12	47	14	73	288	25
Smithfield	240	433	37	710	400	178
South Kingstown	203	409	107	719	590	122
Tiverton	25	117	43	185	358	52
Warren	43	130	33	206	325	63
Warwick	747	1,362	245	2,354	2,119	111
West Greenwich	119	183	6	308	173	178
West Warwick	172	380	77	629	737	85
Westerly	78	350	0	428	644	66
Woonsocket	183	587	247	1,017	1,100	92
Core Cities	*1,773*	*4,286*	*6,104*	*12,163*	*9,077*	*134*
Remainder of State	*3,763*	*7,820*	*2,497*	*14,080*	*16,808*	*84*
Rhode Island	*5,536*	*12,106*	*8,601*	*26,243*	*25,885*	*101*

Source of Data for Table/Methodology

The denominator is the Census 2000 number of children under age 6 with both parents in the workforce, multiplied by 56.5% (the percentage of employed mothers using non-relative care, according to the Census Bureau's Survey of Income and Program Participation, Spring 1999). The number of regulated child care slots is the number of licensed child care center slots for children under age 6 and the number of certified family child care home slots, as of December 2006 (data provided by Options for Working Parents).

*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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Accredited Early Care and Education

DEFINITION

Accredited early care and education is the percentage of nationally-accredited private preschools, licensed child care centers and certified family child care homes as of January 2007. Child care centers and preschools are accredited by the National Association for the Education of Young Children (NAEYC). Family child care homes are accredited by the National Association for Family Child Care (NAFCC).

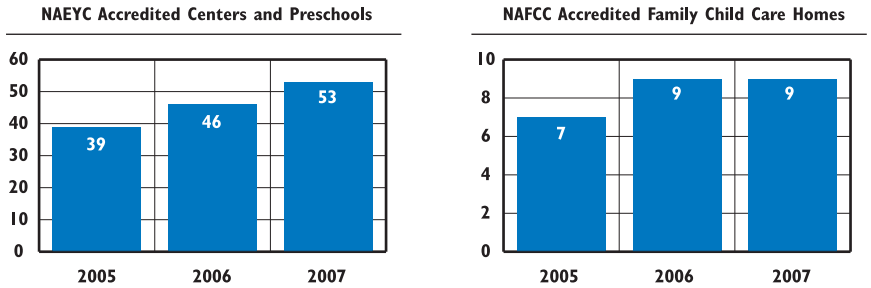
SIGNIFICANCE

Research on early care and education reveals strong associations between the quality of the program 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] Unfortunately, programs vary markedly in quality. Quality can range from rich, growth-promoting experiences to mediocre, custodial care to settings that are unstable, not stimulating, and sometimes unsafe.[3]

High-quality child care and early education is characterized by smaller numbers of children in a classroom or group, fewer children per adult, educated and experienced caregivers, nurturing and dependable relationships between staff and children and safe and stimulating environments.[4] Researchers have consistently found that both the formal education level of providers and specialized training in child development are associated with richer language and literacy environments, more positive staff-child interactions, more sensitive caregiving and improved child development and learning.[5,6] The relationship between provider education and the quality of care delivered has been found to be true in child care centers, family child care homes and informal care provided by family, friends and neighbors.[7]

National accreditation is a marker for high quality early care and education and is a popular strategy for program improvement in both centers and family child care homes.[8,9] Achieving accreditation means programs have been found to meet standards that exceed minimum state licensing requirements. Child care centers and preschools that successfully achieve national accreditation tend to have directors with higher levels of education and take advantage of accreditation support projects, including workshops, grants, consulting assistance and mentoring from other directors.[10]

NAEYC Accredited Child Care Centers and Preschools and NAFCC Accredited Family Child Care Homes, Rhode Island, 2005-2007



Source: National Association for the Education of Young Children, January 2005, 2006, and 2007 and National Association for Family Child Care, January 2005, 2006, and 2007. Only centers and family child care homes licensed or certified by the Rhode Island Department of Children Youth and Families and preschools approved by the Rhode Island Department of Education are included.

◆ **The number of NAEYC accredited child care centers and preschools in Rhode Island grew between 2005 and 2007 from 39 to 53 programs.[11] Between 2005 and 2007, the number of NAFCC accredited family child care homes grew from 7 to 9 homes.[12]**

◆ **In Rhode Island in 2007, 16% of child care centers and preschools are NAEYC accredited and 1% of family child care homes are NAFCC accredited.[13]**

Strategies to Improve the Quality of Child Care

◆ **The quality of child care is strongly related to the wages, education and retention of teachers. Linking education to compensation can improve child care workforce quality and retention.[14]**

◆ **A growing number of states have developed quality rating systems that systematically measure program quality, support and reward incremental quality improvements, and align investments to promote quality. [15]**

◆ **Improving child care licensing capacity and making inspection and verified complaint data public is an effective strategy to improve quality.[16]**

Table 31. **Early Childhood Programs with NAEYC or NAFCC Accreditation, Rhode Island, 2007**

	CHILD CARE CENTERS AND PRESCHOOLS			FAMILY CHILD CARE HOMES		
CITY/TOWN	NUMBER	NAEYC ACCREDITED	% NAEYC ACCREDITED	NUMBER	NAFCC ACCREDITED	% NAFCC ACCREDITED
Barrington	10	1	10%	7	0	0%
Bristol	5	1	20%	7	0	0%
Burrillville	3	1	33%	8	0	0%
Central Falls	4	0	0%	44	0	0%
Charlestown	4	1	25%	3	0	0%
Coventry	8	1	13%	16	0	0%
Cranston	31	2	6%	95	1	1%
Cumberland	9	0	0%	27	1	4%
East Greenwich	11	2	18%	4	0	0%
East Providence	17	3	18%	18	0	0%
Exeter	3	0	0%	1	0	0%
Foster	2	0	0%	2	0	0%
Glocester	3	1	33%	4	0	0%
Hopkinton	3	2	67%	6	0	0%
Jamestown	1	1	100%	1	0	0%
Johnston	14	1	7%	18	0	0%
Lincoln	6	1	17%	10	0	0%
Little Compton	1	0	0%	1	0	0%
Middletown	12	2	17%	5	0	0%
Narragansett	3	0	0%	0	0	N/A
New Shoreham	1	0	0%	0	0	N/A
Newport	6	0	0%	3	0	0%
North Kingstown	14	2	14%	8	0	0%
North Providence	8	3	38%	22	0	0%
North Smithfield	1	1	100%	6	1	17%
Pawtucket	16	2	13%	85	1	1%
Portsmouth	8	0	0%	5	0	0%
Providence	47	9	19%	708	4	1%
Richmond	1	0	0%	3	0	0%
Scituate	1	0	0%	4	0	0%
Smithfield	8	0	0%	4	0	0%
South Kingstown	13	3	23%	12	0	0%
Tiverton	2	1	50%	6	0	0%
Warren	4	0	0%	2	1	50%
Warwick	28	5	18%	40	0	0%
West Greenwich	4	1	25%	1	0	0%
West Warwick	8	1	13%	13	0	0%
Westerly	9	0	0%	0	0	N/A
Woonsocket	11	5	45%	31	0	0%
Core Cities	*92*	*17*	*18%*	*884*	*5*	*1%*
Remainder of State	*248*	*36*	*15%*	*346*	*4*	*1%*
Rhode Island	*340*	*53*	*16%*	*1,230*	*9*	*1%*

Source of Data for Table/Methodology

Number of accredited programs is from the National Association for the Education of Young Children, January 2007 and National Association for Family Child Care, January 2007. Total number of licensed child care centers and certified family child care homes is from the Rhode Island Department of Children, Youth and Families, January 2007. Total number of RIDE approved preschools is from the Rhode Island Department of Elementary and Secondary Education, January 2007.

Programs that are not currently licensed or certified by the Rhode Island Department of Children, Youth and Families or approved as a preschool by the Rhode Island Department of Elementary and Secondary Education are not included in the table. Some public school classrooms have NAEYC accreditation, but they are not included in this table.

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

References

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(continued on page 153)

Children Enrolled in Head Start

DEFINITION

Children enrolled in Head Start is the percentage of eligible 3 and 4 year old children enrolled in the Head Start preschool program as of October 2006.

SIGNIFICANCE

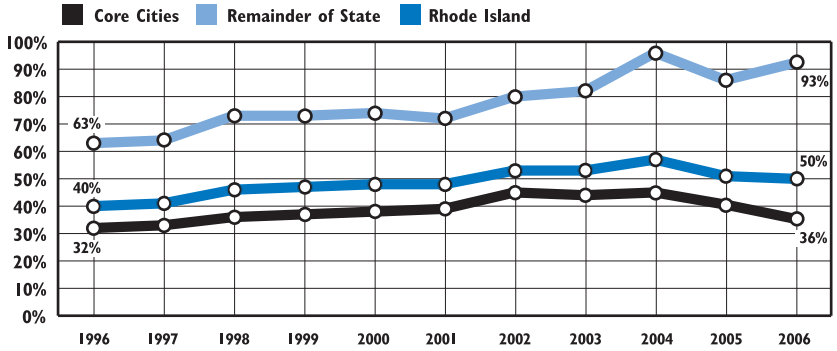
Head Start is a comprehensive early childhood program for very low-income preschool children and their families. It is designed to address a wide variety of needs so that children can begin school on an equal footing with their more economically advantaged peers.[1] Head Start performance standards require that programs deliver a high-quality early childhood education program; involve parents in program policy and planning; provide at least one nutritional meal per day; identify children's individual nutritional needs; ensure that each child has an ongoing source of health care; perform or obtain health, developmental and behavioral screenings; and make arrangements for mental health professionals to identify mental health needs and help locate treatment.[2]

Family income is strongly correlated with children's cognitive and social skills at school entry. At kindergarten entry, children in the highest socio-economic group have cognitive test scores that are 60% higher than the scores of children in the lowest socio-economic group. Children in families with incomes below the federal poverty threshold are typically 18 months behind their peers at age 4.[3]

Head Start centers are 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 receive both short-term and long-term benefits including improved literacy skills, reduced behavior problems, reduced rates of grade retention, less need for special education and increased high school graduation rates.[5,6]

Research also has shown that Head Start programs that have more financial resources per student document greater gains on reading scores and have fewer children who repeat grades. Increased funding could be used to raise the overall quality of Head Start.[7]

Head Start Participation Rate for Eligible Rhode Island 3 and 4 Year Olds, 1996 – 2006



Source: Rhode Island Head Start program reports to Rhode Island KIDS COUNT, 1996 – 2006.

◆ **In 2006, Head Start served 50% of the estimated 4,848 eligible children ages 3 and 4 in Rhode Island. In the core cities, 36% of eligible children were enrolled in Head Start whereas 93% of the eligible children in the remainder of the state were served by Head Start.[8]**

◆ **In 2006, there were 119 fewer 3 and 4 year-old children enrolled in Head Start than in 2005 and 372 fewer than in 2004. The 2006 participation rate of 50% marks two consecutive years in which the participation rate of children ages 3 and 4 eligible for Head Start fell.[9]**

◆ **In 2006, Rhode Island Head Start programs also served 326 children who were age 5.[10]**

◆ **Under Starting RIght, Rhode Island's 1998 child care law, Comprehensive Child Care Services Programs were created to provide developmentally appropriate education and support services to children and families eligible for, but not receiving, Head Start services.[11] As of October 2006, there were 24 licensed child care centers, 3 certified family child care homes, and 1 certified group family child care home in the Comprehensive Child Care Services network. There were 234 Head Start–eligible children being served. An additional 798 children were enrolled in the participating programs and benefited from some enhanced services.[12]**

Table 32.

Children Ages 3 & 4 Enrolled in Head Start and Comprehensive Child Care Services, Rhode Island, 2006

CITY/TOWN	ESTIMATED ELIGIBLE CHILDREN AGES 3 & 4*	# OF CHILDREN AGES 3 & 4 ENROLLED IN HEAD START	% OF ELIGIBLE CHILDREN AGES 3 & 4 IN HEAD START	# OF CHILDREN ENROLLED IN THE COMPREHENSIVE CHILD CARE SERVICES PROGRAM
Barrington	10	4	40%	0
Bristol	54	25	46%	0
Burrillville	35	30	86%	0
Central Falls	260	96	37%	3
Charlestown	7	6	86%	0
Coventry	45	43	96%	1
Cranston	143	220	100%*	6
Cumberland	32	0	0%	1
East Greenwich	29	1	3%	1
East Providence	134	143	100%*	1
Exeter	35	4	11%	0
Foster	0	0	NA	0
Glocester	18	4	22%	0
Hopkinton	19	9	47%	0
Jamestown	0	2	100%*	1
Johnston	55	43	78%	1
Lincoln	24	0	0%	0
Little Compton	3	0	0%	0
Middletown	30	38	100%*	0
Narragansett	18	9	50%	0
New Shoreham	1	0	0%	0
Newport	223	136	61%	0
North Kingstown	85	34	40%	3
North Providence	60	60	100%	2
North Smithfield	13	3	23%	0
Pawtucket	643	133	21%	26
Portsmouth	24	11	46%	0
Providence	1,919	684	36%	164
Richmond	7	2	29%	0
Scituate	6	1	17%	0
Smithfield	5	7	100%*	0
South Kingstown	33	27	82%	0
Tiverton	12	22	100%*	0
Warren	17	31	100%*	0
Warwick	137	227	100%*	10
West Greenwich	11	0	0%	0
West Warwick	207	61	29%	8
Westerly	51	64	100%*	0
Woonsocket	443	228	51%	6
Core Cities	*3,695*	*1,338*	*36%*	*207*
Remainder of State	*1,153*	*1,070*	*93%*	*27*
Rhode Island	*4,848*	*2,408*	*50%*	*234*

Note to Table

*Estimated number of eligible children is based on Census 2000 and may not reflect increases or decreases in eligible population.

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled as of October 2006 (Woonsocket Head Start enrollment data is as of January 2007). Comprehensive Child Care Services Program enrollment, Rhode Island Department of Human Services, children enrolled as of October 2006.

The denominator is the estimated number of eligible children based on the number of three and four-year-old children in each community multiplied by the poverty rate for children under 5, according to Census 2000, Summary File 3. This is an estimate of the eligible population and does not take into account any increases or decreases in the number of eligible children since 2000. There is no available poverty rate by community for 3 and 4 year olds. Since children younger than 3 are more likely to be poor than children ages 3 to 5, using the poverty rate for children under 5 may over-estimate the number of children ages 3 and 4 in poverty (and eligible for Head Start) and underestimate the number of children younger than 3 in poverty (and eligible for Early Head Start).

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

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(continued on page 153)

Full-Day Kindergarten

DEFINITION

Full-day kindergarten is the percentage of public school children enrolled in a full-day kindergarten program as of October 2006. Full-day kindergarten is defined as a kindergarten program that operates for at least six hours per day. The numbers do not include children enrolled in private kindergarten programs or in half-day kindergarten programs that offer after-school child care.

SIGNIFICANCE

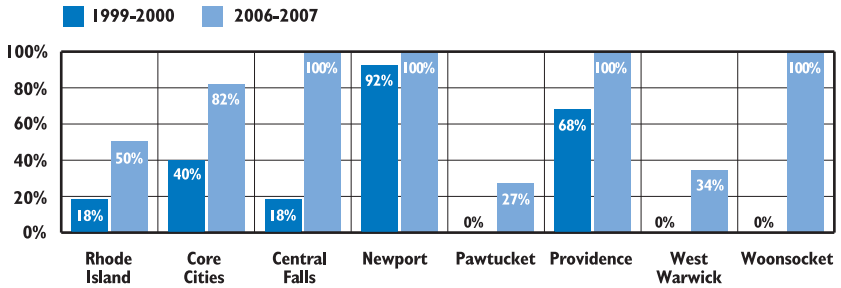
Children benefit academically from participating in full-day kindergarten. Those in full-day kindergarten are more likely to be ready for first grade than children in half-day kindergarten programs.[1] A recent study showed that, on average, the learning gains that students make in full-day kindergarten programs translate to a month of additional schooling over the course of a school year.[2] Full-day kindergarten programs can be especially beneficial to poor and minority children and can contribute significantly to closing academic achievement gaps.[3]

With an estimated 69% of kindergarteners in the U.S. having attended center-based early education programs, kindergarten no longer serves as the entry point to formal, full-day school for most young children.[4] Many parents favor full-day kindergarten as it provides continuity for children who are already accustomed to full-day preschool experiences and it reduces the number of transitions and disruptions their child must make each day.[5] Teachers in full-day kindergarten programs have more time to provide meaningful learning opportunities that encourage cognitive, physical and social-emotional development.[6,7]

Nationally, enrollment in full-day kindergarten has been increasing steadily over the past 25 years. In 2004, 68% of the nation's public and private school kindergarteners were enrolled in a full-day program. In 1979, only 25% of kindergartners were in full-day programs.[8,9] Nine states require all school districts to offer full-day kindergarten.[10]

Ninety-eight percent of American children attend at least a half-day of kindergarten before entering first grade. Fourteen states (including Rhode Island) require children to attend at least half-day kindergarten and two states require children to attend full-day kindergarten before entering first grade.[11]

Children in Full-Day Public Kindergarten Programs, Core Cities and Rhode Island, 1999-2000 and 2006-2007



Source: Rhode Island Department of Elementary and Secondary Education, 1999-2000 and 2006-2007 school years.

◆ In Rhode Island in 2006-2007, 50% of the children who attended kindergarten were in a full-day program.[12] As of the 2006-2007 school year, 13 school districts offered universal access to full-day kindergarten programs and another 7 school districts operated at least 1 full-day kindergarten classroom. South Kingstown School District began offering universal full-day kindergarten for the first time in 2006-2007. All of Rhode Island's independent charter and state-run schools that offer kindergarten run full-day programs.[13]

Academic Progress in Full-Day Kindergarten

◆ Sixty-eight percent of full-day kindergarten classes spend more than 1 hour per day on reading instruction compared to 37% of half-day classes.

◆ Full-day kindergarten classes are more likely than half-day classes to spend time every day on math (90% and 73%, respectively), social studies (30% and 18%, respectively), and science (24% and 10%, respectively).

◆ Children in full-day kindergarten classes make greater academic gains in both reading and mathematics compared to those in half-day classes, even after adjusting for differences associated with race/ethnicity, poverty status, fall achievement level, sex and class size.

Source: Walston, J. & West, J. (2004). *Full-day and half-day kindergarten in the United States: Findings from the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99.* Washington, DC: U.S. Department of Education.

Table 33. **Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2006-2007**

SCHOOL DISTRICT	1999-2000 SCHOOL YEAR			2006-2007 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	% CHILDREN IN FULL-DAY K
Barrington	214	0	0%	197	50	25%
Bristol-Warren	255	0	0%	255	255	100%
Burrillville	164	0	0%	194	194	100%
Central Falls	250	44	18%	251	251	100%
Chariho	292	0	0%	230	0	0%
Coventry	381	0	0%	327	0	0%
Cranston	737	0	0%	734	5	1%
Cumberland	373	0	0%	333	16	5%
East Greenwich	165	0	0%	118	1	1%
East Providence	443	0	0%	376	94	25%
Exeter-W. Greenwich	129	0	0%	98	0	0%
Foster	55	0	0%	48	0	0%
Foster-Glocester	0	0	0%	0	0	NA
Glocester	124	0	0%	98	0	0%
Jamestown	59	0	0%	33	33	100%
Johnston	241	0	0%	213	50	23%
Lincoln	232	0	0%	229	6	3%
Little Compton	38	0	0%	26	0	0%
Middletown	258	211	82%	173	173	100%
Narragansett	125	0	0%	95	95	100%
New Shoreham	8	8	100%	12	12	100%
Newport	225	206	92%	179	179	100%
North Kingstown	313	0	0%	246	40	16%
North Providence	211	0	0%	167	0	0%
North Smithfield	122	55	45%	123	123	100%
Pawtucket	788	0	0%	696	186	27%
Portsmouth	214	0	0%	163	0	0%
Providence	2,117	1,431	68%	2,001	2,001	100%
Scituate	107	0	0%	112	0	0%
Smithfield	177	0	0%	153	0	0%
South Kingstown	278	0	0%	245	245	100%
Tiverton	144	0	0%	147	2	1%
Warwick	766	29	4%	701	36	5%
West Warwick	260	0	0%	280	94	34%
Westerly	282	10	4%	259	259	100%
Woonsocket	522	0	0%	498	497	100%
State-Operated Schools	*NA*	*NA*	*NA*	*6*	*6*	*100%*
Charter Schools	*NA*	*NA*	*NA*	*215*	*215*	*100%*
Core Cities	*4,162*	*1,681*	*40%*	*3,905*	*3,208*	*82%*
Remainder of State	*6,907*	*313*	*5%*	*6,105*	*1,689*	*28%*
Rhode Island	*11,069*	*1,994*	*18%*	*10,231*	*5,118*	*50%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education. Data are as of October for the 1999-2000 and 2006-2007 school years.

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

Charter schools reported for this indicator are CVS Highlander Charter School, The Compass Charter School, International Charter School, Kingston Hill Academy, The Learning Community, and Paul Cuffee Charter School. The state-run school is the Rhode Island School for the Deaf.

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Children Receiving Child Care Subsidies

DEFINITION

Children receiving child care subsidies is the number of children receiving child care that is either fully or partially paid for with a child care subsidy from the Rhode Island Department of Human Services. Child care subsidies can be used for care by a child care center, family child care home, a relative or an in-home caregiver.

SIGNIFICANCE

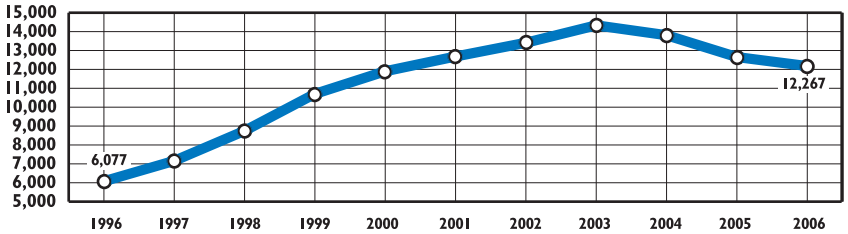
Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care in the United States ($3,000 - $13,000 per child per year) puts quality care out of reach for many families, particularly low-income families. In the Northeast region of the U.S., the average cost for full-time child care for a family with an infant and a preschooler exceeds the average housing cost for the family. A recent study ranked Rhode Island as the 5th least affordable state in the U.S. for a 4-year-old in a child care center. In Rhode Island, the average cost of full-time child care for a preschooler consumes 45% of the median single-parent family income and 10% of the median two-parent family income.[1]

National studies have shown that child care subsidies increase the likelihood that low-income parents, particularly current or former welfare recipients, will be able to work and to remain employed.[2,3,4] Mothers of children who receive child care subsidies are more likely to remain employed longer, increasing the likelihood of advancement, promotion, real wage growth and economic security.[5]

Since 2000, the number of children in low-income families has increased and thus an increasing number of families need help paying for child care.[6] The high cost of child care disproportionately affects the lowest-income families. Nationally, families with earnings below the federal poverty threshold who pay for child care spend 25% of their income while higher-income families spend 7% to13% of their income on child care.[7]

In Rhode Island, working families with incomes up to 225% of the federal poverty guidelines ($46,463 for a family of four in 2007) are entitled to a child care subsidy for their children through age 15. Co-payments are required for families with income over 100% of the federal poverty guidelines. Reimbursement rates for child care providers who accept subsidies are set at the 75th percentile of the child care market rate in order to provide low-income families with access to a wide range of the child care options that exist, including high quality care.[8,9,10]

Child Care Subsidies, Rhode Island, 1996-2006



Source: Rhode Island Department of Human Services, December 1996-December 2006.

◆ **The number of children receiving child care subsidies increased steadily from 6,077 in December of 1996 to 14,333 in 2003. At 12,267 in 2006, there has been a 14% decrease since 2003 in the number of children receiving child care subsidies.[11]**

◆ **In 2006, 66% of Rhode Island families receiving child care subsidies chose licensed child care centers, 32% chose certified family child care homes and 2% chose a non-certified relative, friend or neighbor for their child care arrangements. Choices varied by children's age. Family child care is a more common arrangement for children over 11 years of age. Center-based care is more common for children ages six weeks to 11 years of age.[12]**

◆ **In December 2006, 72% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 21% by families receiving cash assistance through the Family Independence Program (FIP) and engaged in education, training or employment. Another 7% of child care subsidies were being used for children in the care of the Department of Children, Youth and Families.[13]**

Average Annual Cost for Full-Time Child Care, Rhode Island, 2006

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	$10,557
Child Care Center (preschool care)	$8,736
Family Child Care Home (preschool care)	$8,140
School-Age Center-Based Program (child age 6-12)	$6,902

Source: Rhode Island KIDS COUNT calculations based on average weekly rates from Bodah, M. M. (2006). *Statewide survey of childcare rates in Rhode Island.* North Kingstown, RI: University of Rhode Island, Charles T. Schmidt, Jr. Labor Research Center.

Table 34.

Child Care Subsidies, Rhode Island, 2006

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE: ENROLLED IN FIP	NOT ENROLLED IN FIP	TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION: UNDER AGE 3	AGES 3-5	AGES 6-11	AGES 12-15*	TOTAL CHILD CARE SUBSIDIES
Barrington	6	11	17	6	8	29	2	45
Bristol	17	42	59	6	11	7	1	25
Burrillville	8	36	44	30	41	55	1	127
Central Falls	151	374	525	131	161	187	18	497
Charlestown	5	22	27	4	7	10	1	22
Coventry	35	149	184	38	65	60	4	167
Cranston	136	531	667	202	252	270	40	764
Cumberland	15	95	110	34	37	43	1	115
East Greenwich	9	21	30	29	30	18	0	77
East Providence	128	316	444	119	176	204	13	512
Exeter	6	10	16	5	7	15	0	27
Foster	0	6	6	2	3	8	0	13
Glocester	14	13	27	10	19	3	0	32
Hopkinton	11	21	32	3	11	12	0	26
Jamestown	7	2	9	1	3	0	0	4
Johnston	22	119	141	47	71	56	3	177
Lincoln	7	92	99	41	68	72	3	184
Little Compton	0	6	6	0	0	0	0	0
Middletown	15	85	100	57	72	66	1	196
Narragansett	6	36	42	8	20	14	2	44
New Shoreham	0	0	0	0	0	0	0	0
Newport	88	195	283	80	93	65	2	240
North Kingstown	49	128	177	29	45	75	1	150
North Providence	19	171	190	40	53	97	4	194
North Smithfield	2	14	16	4	2	10	0	16
Pawtucket	293	1,020	1,313	285	409	480	58	1,232
Portsmouth	10	26	36	8	19	6	0	33
Providence	1,144	3,832	4,976	1,243	1,562	1,898	368	5,071
Richmond	6	10	16	0	5	4	0	9
Scituate	8	25	33	2	5	4	0	11
Smithfield	8	37	45	40	59	24	1	124
South Kingstown	21	78	99	39	43	37	1	120
Tiverton	5	37	42	3	18	18	0	39
Warren	13	43	56	2	3	26	1	32
Warwick	73	474	547	234	292	276	21	823
West Greenwich	2	9	11	15	19	4	0	38
West Warwick	43	253	296	51	103	149	41	344
Westerly	32	57	89	34	30	35	0	99
Woonsocket	205	403	608	129	166	253	34	582
DCYF	*NA*	*NA*	*809*	*NA*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*22*	*28*	*6*	*0*	*56*
Core Cities	*1,924*	*6,077*	*8,001*	*1,919*	*2,494*	*3,032*	*521*	*7,966*
Remainder of State	*695*	*2,722*	*3,417*	*1,114*	*1,522*	*1,564*	*101*	*4,245*
Rhode Island	*2,619*	*8,799*	*12,227*	*3,033*	*4,016*	*4,596*	*622*	*12,267*

Notes to Table

*Of these, 91 subsidies were used by youth over age 14.

FIP is the Family Independence Program

Source of Data for Table/Methodology

The Rhode Island Department of Human Services, InRhodes Database, December 2006. Subsidy data by age of child are reported by residence of the child. DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies. The subsidy use by child residence and the subsidy use by program location do not match as the INRHODES Database is a live system and reports run on different days can have slight variation.

Parents who are working and are enrolled in the Family Independence Program (FIP) can claim a "child care disregard." When DHS calculates cash benefits levels based on monthly income, the child care disregard allows families not to count or "disregard" and designate for child care expenses up to $200 of their monthly income for children under 2 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 2006, 50 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 3 weeks of average school vacation tuition and 10 weeks of average summer vacation tuition.

References

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(continued on page 153)

School-Age Child Care

DEFINITION

School-age child care is the number of licensed after school child care programs and slots for children ages 6 and older. These numbers do not include certified family child care home slots, informal child care arrangements, summer day camps, or community programs for school-age children and youth that do not require licensing by the state.

SIGNIFICANCE

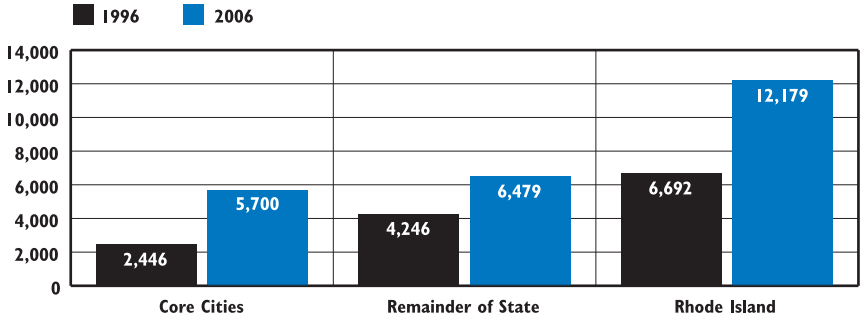
In Rhode Island in 2005, 74% (117,549) of children ages 6 to 17 had all parents in the workforce, higher than the U.S. average of 68%.[1] Children spend only 20% of their waking hours in school throughout the year therefore working parents must make complex arrangements for care during the hours when they are working but their children are not in school. The gap between parents' work schedules and students' school schedules can amount to 20-25 hours per week during the school year.[2] Families often patch together different arrangements to cover the hours before school, after school, and the days during school vacations and summer break.[3]

When school is out, children and young adolescents need a safe place that does not simply duplicate the school day. They need access to a wide variety of enriching and challenging activities, such as homework and reading help, sports, music, theater, and art. They also need the opportunity to build meaningful relationships with caring adults and their peers.[4,5] Programs for older youth can be particularly successful if youth are given opportunities to contribute to the community.[6]

Children who are left alone, without adult supervision, when school is out are at greater risk of accidents and injuries, social and behavior problems, poor school performance, substance use, and delinquent behavior.[7,8] National research indicates that approximately 7% of children ages 6 to 9 and 26% of children ages 10 to 12 are regularly left home alone or in the care of a slightly older sibling.[9] Low-income children and children in urban or high-crime neighborhoods are most at risk when they spend time caring for themselves and are most likely to benefit from high quality after-school programming.[10] Students who are low-income, have low school attendance, limited English proficiency and low test scores gain the most from participating in after school programs.[11]

Children in high quality, well-designed after-school programs and extracurricular activities have better peer relations, emotional adjustment, social skills, schoolwork habits, grades, and conduct in school than children who do not.[12] Yet, many programs are of poor quality due to a lack of resources, insufficient training, staff turnover, and inadequate facilities.[13]

Licensed School-Age Child Care Slots, Rhode Island, 1996 and 2006



Source: Options for Working Parents, 1996 and 2006. Data do not include slots in family child care programs.

◆ **The number of licensed school-age child care slots in Rhode Island has almost doubled over the past decade. Licensed school-age child care slots in the core cities have more than doubled.**[14]

◆ **In 2006 in Rhode Island, 5,218 children received a child care subsidy for before and/or after school care.**[15]

◆ **Child care licensing regulations specify a baseline of adequate quality to promote the safety and well-being of children. Federal law requires that providers receiving federal child care subsidy funds meet certain health and safety requirements. Most states' licensing requirements focus on the physical environment, child-staff ratios and maximum group size, staff qualifications and background, health and hygiene practices, and program activities.**[16]

Family Child Care Providers Serving School-Age Children

◆ **Family child care providers, licensed professionals who care for children in a private family residence, play a significant role in the school-age child care system. Nationally, family child care providers serve 32% of federally-subsidized school-age children.**[17]

◆ **In January 2006, in Rhode Island, certified family child care providers served 32% of the children ages 6 to 15 receiving a state child care subsidy.**[18]

Table 35. **Licensed School-Age Child Care for Children Age 6 and Older, Rhode Island, 2006**

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	PROGRAMS	SLOTS
Barrington	2,064	7	265
Bristol	1,784	5	176
Burrillville	1,672	3	213
Central Falls	2,190	6	448
Charlestown	717	1	26
Coventry	3,431	10	343
Cranston	7,115	19	572
Cumberland	3,135	5	305
East Greenwich	1,581	2	92
East Providence	4,292	15	779
Exeter	684	3	96
Foster	489	2	53
Glocester	1,105	2	85
Hopkinton	802	1	40
Jamestown	576	0	0
Johnston	2,490	8	205
Lincoln	2,206	5	295
Little Compton	322	1	26
Middletown	1,787	6	206
Narragansett	1,144	1	60
New Shoreham	69	0	0
Newport	2,056	9	452
North Kingstown	2,823	10	436
North Providence	2,444	3	160
North Smithfield	988	1	100
Pawtucket	7,477	12	996
Portsmouth	1,839	2	92
Providence	18,592	35	2,930
Richmond	830	0	0
Scituate	1,102	1	25
Smithfield	1,653	5	141
South Kingstown	2,630	4	165
Tiverton	1,452	2	28
Warren	1,032	2	92
Warwick	7,630	19	1,097
West Greenwich	592	2	36
West Warwick	2,618	7	378
Westerly	2,160	7	270
Woonsocket	4,373	9	496
Core Cities	*37,306*	*78*	*5,700*
Remainder of State	*64,640*	*154*	*6,479*
Rhode Island	*101,946*	*232*	*12,179*

Source of Data for Table/Methodology

The number of children ages 6 to 12 years old are from the U.S. Census Bureau, Census 2000 Summary File 1, P.14.

Program and slot data are from Options for Working Parents. Numbers of licensed school-age child care programs and slots for children ages 6 and older are as of December 2006. These numbers do not include certified family child care home slots, informal child care arrangements, and community programs for youth ages 6 and older that do not require licensing by the state. Licensed school-age child care programs also provide services to 5 year old children who are enrolled in Kindergarten.

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English Language Learners

DEFINITION

English Language Learners is the percentage of all public school children (pre-kindergarten through grade 12) who are receiving English as a second language services or bilingual education services in Rhode Island public elementary and secondary schools. The term students with "Limited English Proficiency" (LEPs) has been replaced by the term "English Language Learners" (ELLs) in the education community.

SIGNIFICANCE

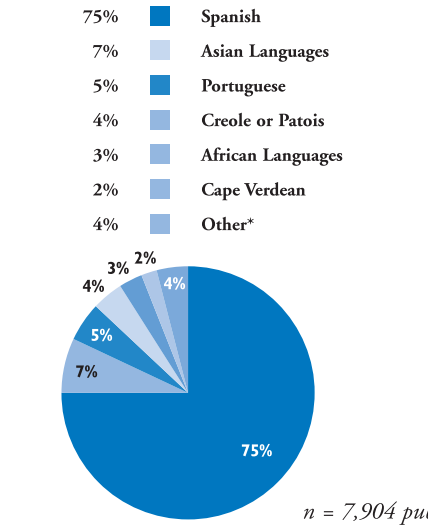
Children of recent immigrants are at very high risk for difficulties at school. They face multiple risk factors including poverty, lack of access to health care, and low parental education levels and discrimination. Children who speak languages other than English at home and who also have difficulty speaking English face greater challenges progressing in school and will encounter more barriers to success in the workforce as adults than their English-speaking peers.[1,2]

Nationally, children who live in households in which adults have difficulty speaking English are 50% more likely to live in poverty.[3] Children of immigrants are also more likely to be concentrated in under-resourced schools in high poverty communities.[4] Eighty (80%) percent of all English Language Learners in Rhode Island live in the core cities, with the majority residing in Providence, Central Falls and Pawtucket. In the 2005-2006 school year in Rhode Island, 6,662 (84%) of all ELLs lived in low-income families.[5]

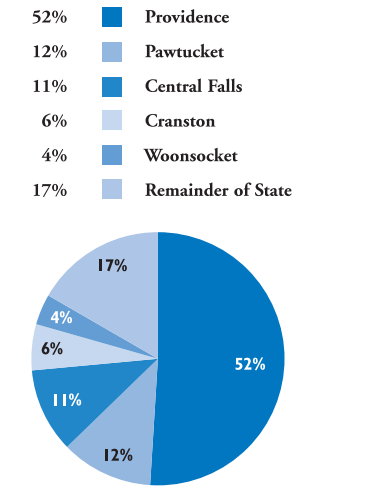
In Rhode Island in 2005, 4% of children under age 18 were foreign born.[6] The largest numbers of foreign born children under age 18 originate from Latin America (42%), the Caribbean (29%), Europe (11%) and Africa (11%).[7] Immigrant students may enter school with limited formal education and deficits in basic language and literacy skills.[8]

Schools play a critical role in helping children to transition to the culture of the United States and in providing an education that supports academic success for children with a primary language other than English.[9] Rhode Island schools are legally mandated to provide programs to English Language Learners that are comparable in structure and content to instruction provided to English-proficient students. Programs must focus on full English-language literacy. All programs must also have a process for evaluating the adequate yearly progress of all English Language Learners, and for monitoring those who have left the English as a Second Language system.[10]

English Language Learners, by Language, Rhode Island, 2006



English Language Learners, by Community, Rhode Island, 2006



n = 7,904 public school students

** Includes Arabic, French, German, Italian, and other languages.*

Source: Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year.

◆ **In the 2005-2006 school year in Rhode Island, the 7,904 English Language Learners in public schools spoke 78 different languages. The majority (75%) spoke Spanish. Twenty-nine (29%) percent were enrolled in a bilingual program and 71% were enrolled in an English as a Second Language (ESL) program.[11]**

◆ **In Rhode Island, 19% of all English Language Learners are in high school.[12] Youth who are English Language Learners face unique challenges to learn English, study the required material needed to graduate, and finance a college education. As a result, dropout rates are significantly higher for immigrant youth who are English Language Learners than for their English-speaking peers.[13,14]**

◆ **Examples of promising practices to improve the achievement of older youth who are English Language Learners include: programs that provide intensive language development, academic and cultural orientation, and five-year high school plans for immigrant students arriving too late to complete requirements in four years or who need additional English-language competencies.[15]**

Table 36.

English Language Learners, Rhode Island, 2005-2006

SCHOOL DISTRICT	TOTAL NUMBER OF STUDENTS	NUMBER OF ENGLISH LANGUAGE LEARNERS (ELL)					% OF TOTAL DISTRICT
		PRE K AND K	ELEMENTARY GRADES 1-5	MIDDLE GRADES 6-8	HIGH GRADES 9-12	TOTAL ELL	
Barrington	3,312	0	8	2	1	11	0%
Bristol-Warren	3,503	9	71	21	8	109	3%
Burrillville	2,514	1	1	0	2	4	0%
Central Falls	3,529	71	338	226	236	871	25%
Chariho	3,703	1	4	3	4	12	0%
Coventry	5,626	2	7	2	1	12	0%
Cranston	10,615	36	195	143	80	454	4%
Cumberland	5,015	8	65	13	5	91	2%
East Greenwich	2,369	1	5	2	2	10	0%
East Providence	5,828	69	85	17	21	192	3%
Exeter-W. Greenwich	2,054	1	4	3	4	12	1%
Foster	285	0	0	0	0	0	0%
Foster-Glocester	1,647	0	0	0	0	0	0%
Glocester	669	0	0	0	0	0	0%
Jamestown	509	3	2	0	0	5	1%
Johnston	3,148	0	33	12	13	58	2%
Lincoln	3,262	2	17	2	4	25	1%
Little Compton	307	0	0	0	0	0	0%
Middletown	2,474	4	29	9	11	53	2%
Narragansett	1,555	0	6	2	0	8	1%
New Shoreham	132	1	3	0	1	5	4%
Newport	2,418	10	30	19	9	68	3%
North Kingstown	4,510	5	25	9	6	45	1%
North Providence	3,323	1	24	11	19	55	2%
North Smithfield	1,869	1	9	0	3	13	1%
Pawtucket	8,898	80	418	197	226	921	10%
Portsmouth	2,918	0	0	0	0	0	0%
Providence	25,375	523	2,192	655	757	4,127	16%
Scituate	1,738	0	0	0	0	0	0%
Smithfield	2,549	4	11	0	0	15	1%
South Kingstown	3,781	3	9	8	3	23	1%
Tiverton	2,014	0	0	0	0	0	0%
Warwick	11,177	8	30	14	5	57	1%
West Warwick	3,623	12	28	8	18	66	2%
Westerly	3,486	8	32	14	15	69	2%
Woonsocket	6,363	42	172	38	32	284	4%
Charter Schools	*1,588*	*45*	*144*	*1*	*3*	*193*	*12%*
State-Operated Schools	*1,547*	*0*	*0*	*0*	*36*	*36*	*2%*
Core Cities	*50,205*	*738*	*3,178*	*1,143*	*1,278*	*6,337*	*13%*
Remainder of State	*95,894*	*168*	*675*	*287*	*208*	*1,338*	*1%*
Rhode Island	*149,967*	*951*	*3,997*	*1,431*	*1,525*	*7,904*	*5%*

Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year. Total number of English Language Learners 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 2005-2006 school year. Students who are not yet fully English proficient but have exited the ESL or Bilingual Education Program to regular education are not included in these numbers.

Because of a change in methodology, the percentage of English Language Learners by district cannot be compared with percentages given in Factbooks before the 2004 Factbook. The "% of Total District" was based on the total number of English Language Learners divided by the "average daily membership."

The charter schools are BEACON Charter School, Blackstone Academy Charter School, The Compass School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. The state-operated schools are The Metropolitan Career & Technical Center, Rhode Island School for the Deaf, and Wm. M. Davies Career-Technical School.

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

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(continued on page 153)

Children Enrolled in Special Education

DEFINITION

Children enrolled in special education is the percentage of children ages 3 to 21 who are enrolled in special education in Rhode Island elementary and secondary schools.

SIGNIFICANCE

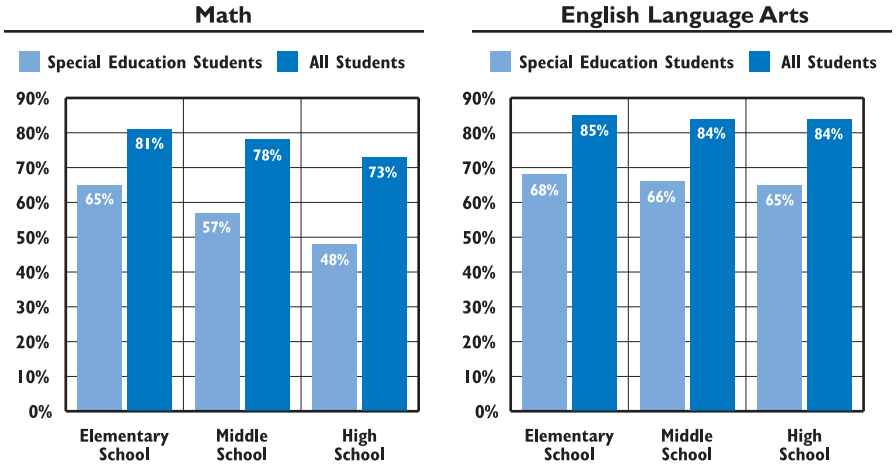
Special education and related services are important resources for improving long-term outcomes for children with special needs, such as improving student achievement and graduation rates, increasing participation in postsecondary education and increasing wages.[1,2]

The federal Individuals with Disabilities Education Act (IDEA) mandates that local school districts identify and provide multidisciplinary evaluations for students ages 3 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 Plan (IEP) laying out goals, outlining specific steps for achieving the goals and providing services for the student based on their individual needs. Services described in the IEP must be provided in the least restrictive environment, i.e. to the extent appropriate, the child should receive special education services integrated into a regular education setting with non-disabled children.[3]

In Rhode Island, between the 1990-1991 and 2005-2006 school years, the percentage of students enrolled in special education increased by 49%. In the 2004-2005 (the most recent year national data were tabulated) school year, Rhode Island had the highest percentage (20%) of public school students identified as disabled and receiving special education services under IDEA in the nation.[4]

In Rhode Island in the 2005-2006 school year, there were 31,362 students enrolled in special education. Of the 61% of students with IEPs who were integrated at least part-time into regular classrooms, 59% were receiving part-time resource services. Twenty-four percent of special education students were in self-contained classrooms and 14% were in other programs. Forty percent (40%) of the children enrolled in special education had a learning disability, 21% had a speech impairment, 15% had a health impairment, 10% had emotional disturbances, 4% were developmentally delayed, 4% were mentally retarded, 3% had autism, and 3% had other disabilities. In 2006, of the 31,362 students in special education, 73% were White, 17% were Hispanic, 8% were Black, 1% were Aisan and <1% were Native American.[5]

Rhode Island Special Education Students Proficient in Math and English Language Arts, 2005-2006



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program,* 2005-2006 school year.

◆ **In Rhode Island, students with disabilities continue to achieve at lower levels than non-disabled students on the state assessments at all grade levels.[6] The federal No Child Left Behind Act requires states, districts and schools to demonstrate adequate yearly progress towards proficiency in reading and math by all students, including students with disabilities. This provision is intended to increase expectations and accountability so that more students with disabilities achieve grade-level standards.[7]**

◆ **In the 2005-2006 school year, Rhode Island met its test participation targets on the New England Common Assessment Program for students with disabilities at all grade levels.[8]**

◆ **In Rhode Island in the 2005-2006 school year, there were 31,362 students enrolled in special education. Nine percent (9%) of the students enrolled in special education were ages 3-5; 17% were ages 6-8; 22% were ages 9-11; 23% were ages 12-14; 22% were ages 15-17: and 7% were ages 18-21.[9]**

Children Enrolled in Special Education

Table 37.

Children and Youth in Special Education, by Primary Disability, Ages 3-21, Rhode Island, 2005-2006

SCHOOL DISTRICT	TOTAL # OF STUDENTS	EMOTIONAL DISTURBANCE	MENTALLY RETARDED	AUTISM	HEALTH IMPAIRED	LEARNING DISABLED	SPEECH DISORDER	DEVELOP-MENTALLY DELAYED	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,309	49	13	30	136	163	162	15	20	588	18%
Bristol-Warren	3,505	51	43	32	34	216	124	13	17	530	15%
Burrillville	2,517	59	21	26	105	170	159	24	14	578	23%
Central Falls	3,537	94	62	14	93	481	151	47	15	957	27%
Chariho	3,632	27	21	28	42	170	187	31	18	524	14%
Coventry	5,612	49	34	25	77	674	126	51	29	1,065	19%
Cranston	10,497	141	42	66	307	1,083	386	102	48	2,175	21%
Cumberland	5,052	109	24	53	291	299	287	44	32	1,139	23%
East Greenwich	2,358	29	6	30	100	88	120	9	12	394	17%
East Providence	5,830	185	55	41	373	498	336	27	50	1,565	27%
Exeter-W. Greenwich	2,074	37	11	13	101	116	100	7	9	394	19%
Foster	293	-	-	0	4	9	29	-	0	42	14%
Foster-Glocester	1,635	15	15	9	21	64	35		2	161	10%
Glocester	684	4	4	7	9	24	70	8	7	133	19%
Jamestown	748	6	3	18	39	45	26	5	1	143	19%
Johnston	3,241	82	19	37	185	302	176	34	32	867	27%
Lincoln	3,262	57	19	33	136	214	130	23	15	627	19%
Little Compton	451	2	1	1	7	37	24		3	75	17%
Middletown	2,470	43	9	25	75	248	137	3	12	552	22%
Narragansett	1,559	18	2	10	27	90	109	32	6	294	19%
New Shoreham	132	2	1	2	9	4	10	1	0	29	22%
Newport	2,402	65	15	31	25	336	73	66	18	629	26%
North Kingstown	4,288	66	21	25	102	323	181	21	29	768	18%
North Providence	3,326	76	25	19	189	160	142	28	16	655	20%
North Smithfield	1,877	25	8	12	53	149	95	13	8	363	19%
Pawtucket	8,906	202	115	70	157	669	323	110	35	1,681	19%
Portsmouth	2,767	51	11	31	104	181	224	1	10	613	22%
Providence	25,483	735	352	77	214	2,716	945	142	53	5,234	21%
Scituate	1,755	8	4	14	37	75	145	8	1	292	17%
Smithfield	2,548	16	15	14	72	111	83	16	11	338	13%
South Kingstown	3,799	72	17	43	164	272	237	35	29	869	23%
Tiverton	2,035	27	3	19	50	248	130	3	20	500	25%
Warwick	11,191	170	63	76	596	980	431	184	62	2,562	23%
West Warwick	3,618	142	46	18	57	330	190	31	26	840	23%
Westerly	3,518	88	11	35	101	201	164	23	19	642	18%
Woonsocket	6,314	208	137	52	368	555	351	74	48	1,793	28%
Charter Schools	*1,588*	*14*	*1*	*3*	*17*	*118*	*77*	*1*	*1*	*232*	*15%*
State-Operated Schools	*1,547*	*12*	*0*	*3*	*63*	*131*	*7*	*0*	*79*	*295*	*19%*
UCAP	*132*	*0*	*0*	*0*	*8*	*0*	*0*	*0*	*0*	*8*	*6%*
DCYF	*601*	*144*	*2*	*0*	*13*	*57*	*0*	*0*	*0*	*216*	*36%*
Core Cities	*50,261*	*1,446*	*727*	*262*	*914*	*5,087*	*2,033*	*470*	*195*	*11,134*	*22%*
Remainder of State	*95,966*	*1,564*	*521*	*774*	*3,546*	*7,214*	*4,565*	*761*	*532*	*19,477*	*20%*
Rhode Island	*150,095*	*3,180*	*1,251*	*1,042*	*4,561*	*12,607*	*6,682*	*1,232*	*807*	*31,362*	*21%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year. Office of Special Populations, June 30, 2006.

The denominator (number of students) is the "resident average daily membership" provided by the RI Department of Elementary and Secondary Education.

The category "other" includes: visually impaired/blind, hearing impaired/deaf, multi-handicapped, orthopedically impaired and traumatic brain injury. Prior to 2002-2003, the category "emotional disturbance" was called "behaviorally disordered."

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, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. State-operated schools are Wm. M. Davies Career-Technical High School, Metropolitan Career & Technical Center, and Rhode Island School for the Deaf.

"DCYF" is children in the care of the Department of Children, Youth and Families who are receiving educational services at the Rhode Island Training School or in residential facilities. This category does not include children in foster care.

Children attending schools in other districts (e.g., when no appropriate placement exists in the home district) are listed under the district in which the students reside.

References

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(continued on page 153)

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

Families move for a variety of reasons that may include changes in household structure, parental employment status, inability to pay rent, health, dissatisfaction with neighborhood conditions or to improve the overall quality of family life.[1]

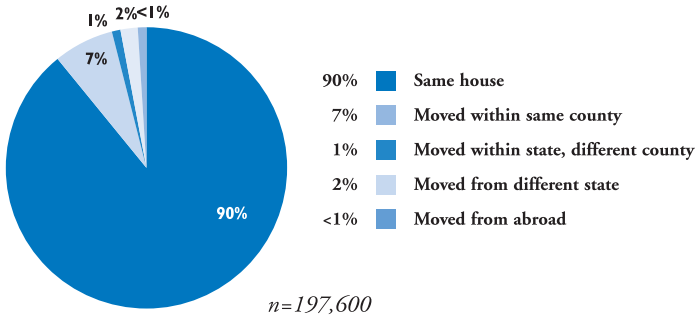
Nationally, 14% of school-age children in the U.S. moved between 2004 and 2005.[2] Mobility can adversely affect a child's academic performance. Changing schools disrupts learning and can accentuate academic difficulties if the classroom a child enters is at a different point in the curriculum than the classroom the child left.[3] Students with special needs may not receive services due to delays in transferring records. The higher the mobility in a school, the more often teachers have to interrupt, alter or abandon current lessons. Teachers in these schools must also spend more time helping new students adjust to new rules and addressing their social concerns. Additionally, students who move are often assessed subjectively without testing results or portfolios.[4]

Strong evidence exists that student mobility at all ages can decrease student test scores and grade point averages and reduces the chance that a student will graduate.[5,6,7] Mobility also has a strong relationship to child well-being, particularly for at-risk families. Frequent moves are correlated with negative outcomes such as depression and drug and alcohol use.[8] Children who move three or more times are 60% more likely to repeat a grade and 80% more likely to be expelled or suspended than their less mobile peers.[9]

Nationally, children under age five, children of color, children living in low-income households, and children in renter households have high rates of mobility.[10,11] Children who are English Language Learners (ELLs) are more than twice as likely to change schools frequently than non-ELL students.[12]

The overall school mobility rate for Rhode Island was 17% for the 2005-2006 school year. There was significant variation across school districts, from a high of 31% in Central Falls to a low of 2% in Little Compton. The core cities have a significantly higher mobility rate (28%) than schools in the remainder of the state (11%).[13]

Residence in the Previous Year for Children Ages 5 to 19, Rhode Island, 2005



Source: U.S. Bureau of the Census, American Community Survey, 2005. Table B07001.

◆ **In 2005 in Rhode Island, 10% of children ages 5 to 19 changed residency at least once during the previous year, with the majority moving within the same county.[14]**

◆ **Individuals living below the federal poverty threshold were more likely to change residency in Rhode Island in 2005. For the population ages 1 year and older, 16% of the population living below the poverty threshold moved within the same county or within the state, compared to only 8% of the population living above the poverty threshold.[15]**

Mobility and Education Outcomes in Rhode Island

◆ **In Rhode Island, students who move are absent more often than students who do not move. Thirty-one percent of students who did not move missed 16 or more days of school, compared to 42% of students who moved at least once during the same period.[16]**

◆ **Children who move also perform worse on standardized tests than children who have not experienced mobility. The more frequent the number of moves the worse the performance. Sixty-six percent of children who have not moved met the standard on the *New Standards Reading Test* for 4th Grade, as opposed to 59% of students who moved once, 56% of students who moved twice, and 48% of students who moved three or more times.[17]**

Table 38.

School Mobility Rate by District, Rhode Island, School Year 2005-2006

CITY/TOWN	TOTAL ENROLLMENT	ENROLLED WHOLE YEAR	CHILDREN ENROLLED & EXITED DURING YEAR	STABILITY RATE	MOBILITY RATE
Barrington	3,614	3,352	270	93%	7%
Bristol-Warren	3,731	3,365	382	90%	10%
Burrillville	2,691	2,421	292	90%	11%
Central Falls	4,284	3,069	1,310	72%	31%
Chariho	4,040	3,667	400	91%	10%
Coventry	6,335	5,538	827	87%	13%
Cranston	11,729	10,362	1,455	88%	12%
Cumberland	5,776	5,011	798	87%	14%
East Greenwich	2,615	2,387	235	91%	9%
East Providence	6,377	5,654	771	89%	12%
Exeter-West Greenwich	2,222	2,052	183	92%	8%
Foster	316	294	23	93%	7%
Foster-Glocester	1,753	1,612	147	92%	8%
Glocester	781	699	86	90%	11%
Jamestown	543	510	37	94%	7%
Johnston	3,532	2,994	567	85%	16%
Lincoln	3,455	3,310	146	96%	4%
Little Compton	326	319	7	98%	2%
Middletown	3,003	2,285	746	76%	25%
Narragansett	1,636	1,514	129	93%	8%
New Shoreham	150	124	26	83%	17%
Newport	3,119	2,223	946	71%	30%
North Kingstown	4,847	4,452	428	92%	9%
North Providence	3,688	3,223	502	87%	14%
North Smithfield	1,997	1,845	176	92%	9%
Pawtucket	11,360	8,192	3,343	72%	29%
Portsmouth	3,224	2,943	304	91%	9%
Providence	30,515	22,372	8,837	73%	29%
Scituate	1,853	1,760	98	95%	5%
Smithfield	2,748	2,577	177	94%	6%
South Kingstown	4,126	3,794	352	92%	9%
Tiverton	2,184	2,039	145	93%	7%
Warwick	12,339	10,913	1,568	88%	13%
West Warwick	4,205	3,451	810	82%	19%
Westerly	3,727	3,328	429	89%	12%
Woonsocket	7,243	5,737	1,647	79%	23%
Core Cities	*60,726*	*45,044*	*16,893*	*74%*	*28%*
Remainder of State	*105,358*	*94,344*	*11,706*	*90%*	*11%*
Rhode Island	*166,084*	*139,388*	*28,599*	*84%*	*17%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2005-2006 School Year.

Mobility rates are calculated by adding all children who entered any school within the school district to all those who withdrew from a school in the district and dividing the total by the total enrollment for that school district. Stability rates measure the number of children who attended the same school the entire school year in a school district. The stability rate is calculated by dividing the number of children enrolled the whole year at the same school in the school district by total enrollment for that school district. Total enrollment for each district is cumulative over the course of the school year.

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

References

[1] U.S. Bureau of the Census, Geographic mobility: 2004-2005, Reason for move by selected characteristics (all categories). Table 31.

[2] U.S. Bureau of the Census, General mobility by region, sex, and age: 2004-2005. Table 1.

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[9] Rhodes, V. L. (2005). Kids on the move: The effects of student mobility on NCLB school accountability ratings. *Urban Education Journal,* 3(3).

[10] *Geographical mobility - population characteristics: March 1999 to March 2000.* (2001). Washington, DC: U.S. Bureau of the Census.

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[12] *Elementary school children: Many change school frequently, harming their education.* (1994). Washington, DC: U.S. General Accounting Office.

[13] Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year.

[14] U.S. Bureau of the Census, American Community Survey, 2005. Table B07001.

[15] U.S. Bureau of the Census, American Community Survey, 2005. Table B07012.

[16,17] *Development and use of neighborhood health analysis: Residential mobility in context.* (2002). Providence, RI: The Providence Plan.

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. The NECAP test measures reading, writing and math skills. Overall scores from the reading sub-test are reported here.

SIGNIFICANCE

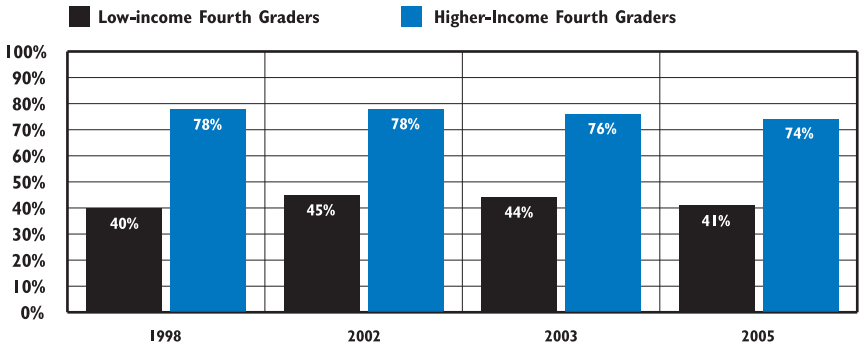
Reading proficiency is fundamental to the development of academic competencies and basic life skills. Students with poor reading skills will experience difficulty completing academic coursework, graduating from high school and, later in life, can experience difficulty finding and maintaining employment.[1]

Literacy begins long before children encounter formal school instruction in writing and reading. Enhanced vocabulary, comprehension, and cognitive development can be seen in children under three years of age by beginning reading to children from infancy.[2] Literacy-rich home environments (including reading, singing, or telling stories to children, and encouraging children to read out loud) contribute to advanced literacy development and reading achievement.[3,4] Participation in high-quality pre-schools can also boost language and literacy skills by helping children learn, think, and talk about new areas of knowledge; by integrating reading, letters, sounds, and storytelling into everyday activities; and offering opportunities to play in ways that build awareness of the sounds and structure of language.[5]

When students continue to have difficulty reading beyond third grade, they often face tremendous difficulty catching up. Older students can learn to read when they attend schools that identify reading difficulties early and intervene quickly to teach the foundation skills students have missed, providing many opportunities to practice reading with meaningful, age-appropriate books.[6]

In October 2005, 60% of Rhode Island fourth graders scored at or above proficiency for reading. In October 2006, 63% of Rhode Island fourth graders scored at or above proficiency in reading.[7]

Rhode Island Public School 4th Grade Reading Proficiency, Percentage At or Above Basic Understanding by Income Status



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2005 Reading Assessment. Income status is determined by eligibility for the National School Lunch Program.

◆ **The National Assessment of Educational Progress (NAEP) Reading Assessment is a nationally representative assessment of students' achievement. The NAEP has three reading achievement levels: Basic, Proficient and Advanced. Fourth graders performing at the Basic level should have a general understanding of the meaning of what they read, make obvious associations between text and their own experiences, and expand ideas in the text by making simple inferences.[8]**

◆ **In Rhode Island between 1998 and 2005, the percentage of higher-income fourth graders achieving at or above basic understanding on the NAEP was consistently higher than that of low-income fourth graders. In 2005, 41% of low-income fourth graders scored at or above basic understanding compared to 74% of higher-income fourth graders.[9]**

◆ **The level and content of students' knowledge, as well as their ability to think, learn, and communicate, influence their capacity to thrive in the labor market as adults. Students with high test scores are more likely to be employed and to earn more as adults than students with lower test scores.[10]**

Table 39.

Fourth-Grade Reading Proficiency, Rhode Island, 2005 & 2006

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2006	
	% ADULTS COMPLETING HIGH SCHOOL	% CHILDREN IN POVERTY	% 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%	3%	0%	248	89%	256	91%
Bristol-Warren	75%	11%	3%	268	69%	237	73%
Burrillville	80%	5%	0%	164	63%	157	73%
Central Falls	49%	37%	25%	253	40%	265	46%
Chariho	88%	5%	0%	269	73%	264	80%
Coventry	83%	7%	0%	405	68%	405	76%
Cranston	79%	9%	4%	801	71%	775	71%
Cumberland	81%	3%	2%	410	74%	399	70%
East Greenwich	93%	4%	0%	201	86%	199	78%
East Providence	71%	10%	3%	415	59%	422	63%
Exeter-W. Greenwich	89%	4%	1%	162	74%	147	65%
Foster	88%	8%	0%	66	68%	55	69%
Glocester	87%	10%	0%	124	77%	113	65%
Jamestown	93%	3%	1%	42	83%	43	81%
Johnston	78%	10%	2%	276	58%	230	68%
Lincoln	82%	7%	1%	267	72%	271	76%
Little Compton	91%	1%	0%	37	73%	38	76%
Middletown	91%	9%	2%	195	68%	183	63%
Narragansett	91%	10%	1%	122	81%	120	84%
New Shoreham	95%	13%	4%	14	100%	18	78%
Newport	87%	24%	3%	178	46%	170	54%
North Kingstown	92%	10%	1%	337	79%	320	81%
North Providence	77%	10%	2%	250	64%	243	71%
North Smithfield	82%	2%	1%	128	77%	158	77%
Pawtucket	66%	22%	10%	703	48%	671	48%
Portsmouth	91%	3%	0%	236	75%	211	77%
Providence	66%	38%	16%	1,887	31%	1,801	39%
Scituate	87%	5%	0%	141	72%	130	77%
Smithfield	85%	5%	1%	219	79%	158	78%
South Kingstown	91%	5%	1%	249	76%	258	74%
Tiverton	80%	3%	0%	154	77%	128	64%
Warwick	85%	8%	1%	853	71%	830	72%
West Warwick	76%	18%	2%	295	55%	275	59%
Westerly	82%	11%	2%	255	69%	268	74%
Woonsocket	64%	28%	4%	489	46%	504	50%
Charter Schools	*NA*	*NA*	*NA*	*159*	*43%*	*176*	*55%*
Core Cities	*67%*	*31%*	*13%*	*3,805*	*39%*	*3,686*	*45%*
Remainder of State	*83%*	*7%*	*1%*	*7,467*	*72%*	*7,036*	*73%*
Rhode Island	*78%*	*16%*	*5%*	*11,272*	*60%*	*10,898*	*63%*

Source of Data for Table/Methodology

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education, Fourth Grade Reading Skills cannot be compared with Factbooks previous to 2007.

Data are from the Rhode Island Department of Elementary and Secondary Education, New England Common Assessment Program (NECAP), October 2005 & 2006. The NECAP is a new assessment tool used by the Rhode Island Department of Elementary and Secondary Education.

% children in poverty is from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2004. % of adults completing high school or higher is from Census 2000. % English Language Learners is from the Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year.

Only students who actually took the test are counted in district and school proficiency rates. All enrolled students are eligible unless their IEP specifically exempts them or unless they are beginning English Language Learners.

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

Independent charter schools reported for this indicator are the Compass School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy and Paul Cuffee Charter School. Charter schools are not included in the core city and remainder of state calculations.

See Methodology on page 149 for more information.

References

[1] Child Trends Data Bank. Division A: Educational achievement in *Clark Youth Development Outcomes Compendium.* (2001). Washington, DC: Child Trends.

[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 154)

Eighth-Grade Reading Skills

DEFINITION

Eighth-grade reading skills is the percentage of eighth-grade students who scored at or above the proficiency level for reading on the *New England Common Assessment Program* (NECAP) test in October 2006. The NECAP test measures reading, writing and math skills. Overall scores from the reading sub-test are reported here.

SIGNIFICANCE

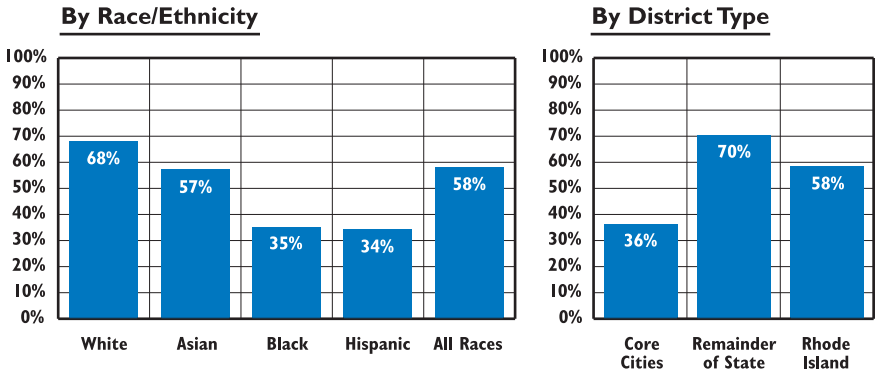
To succeed in post-secondary education or employment, students must possess literacy skills that enable them to construct meaning from a variety of texts and convey that meaning to others.[1] Achieving competence in reading is a developmental, multidimensional and interactive process.[2] Challenges in reading increase for older students because literacy as well as content demands intensify dramatically.[3]

Low reading ability in eighth grade has long-term implications for students. Reading disabilities persist over time and even some successful early readers develop substantial difficulties with reading at older ages. In the U.S., the majority of incoming ninth graders in high-poverty urban schools read two to three years below grade level.[4] Adolescents who are poor readers have difficulty succeeding in core subjects and are more likely to drop out than their peers.[5] Problems faced by struggling readers are exacerbated when they are English Language Learners or have learning disabilities.[6]

Nationally and in Rhode Island, 71% of eighth graders scored below proficiency on the reading section of the 2005 National Assessment of Educational Progress.[7] At-risk adolescent students rarely receive the intensive reading instruction they need. Fewer than one in five high schools in the U.S. have reading specialists designated to help struggling readers.[8]

Older struggling readers need intensive interventions to improve their literacy. Studies show that schools with successful adolescent literacy programs have strong leadership, interdisciplinary teaching teams, targeted professional development and student assessments. These schools implement comprehensive teaching strategies that include: teaching reading comprehension and subject-specific reading skills (e.g. for science or math); using diverse texts; motivating students to become independent readers; using text-based team-learning and technology; and providing writing instruction and practice.[9]

Rhode Island Public School 8th Grade Reading Proficiency, October 2006



◆ **In October 2006, 58% of Rhode Island eighth graders scored at or above proficiency in reading. Students in the core cities scored below the state average at 36% compared with 70% in the remainder of the state.**

◆ **Forty percent of low-income students were proficient in reading compared to 67% of higher-income students. Black and Hispanic students scored significantly lower than their White and Asian counterparts.**

◆ **In Rhode Island in 2006, only 19% of eighth-grade students with disabilities were proficient in reading compared to 67% of students without disabilities.**

Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2006.

Table 40.

Eighth-Grade Reading Proficiency, Rhode Island, 2005 & 2006

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2006	
	% ADULTS COMPLETING HIGH SCHOOL	% CHILDREN IN POVERTY	% ENGLISH LANGUAGE LEARNERS	# OF 8TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL	# OF 8TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	92%	3%	0%	275	92%	298	91%
Bristol-Warren	75%	11%	3%	291	63%	244	66%
Burrillville	80%	5%	0%	230	67%	223	59%
Central Falls	49%	37%	25%	279	27%	274	27%
Chariho	88%	5%	0%	302	58%	310	66%
Coventry	83%	7%	0%	479	66%	420	77%
Cranston	79%	9%	4%	926	57%	867	65%
Cumberland	81%	3%	2%	409	72%	423	65%
East Greenwich	93%	4%	0%	214	87%	201	85%
East Providence	71%	10%	3%	499	57%	471	52%
Exeter-W. Greenwich	89%	4%	1%	161	72%	177	71%
Foster-Glocester	87%	5%	0%	217	57%	214	75%
Jamestown	93%	3%	1%	74	86%	60	85%
Johnston	78%	10%	2%	288	58%	281	62%
Lincoln	82%	7%	1%	261	74%	277	75%
Little Compton	91%	1%	0%	41	83%	28	93%
Middletown	90%	9%	2%	185	64%	198	63%
Narragansett	91%	10%	1%	123	81%	125	88%
New Shoreham	95%	13%	4%	9	89%	11	91%
Newport	87%	24%	3%	177	50%	205	46%
North Kingstown	92%	10%	1%	349	73%	404	81%
North Providence	77%	10%	2%	307	70%	277	64%
North Smithfield	82%	2%	1%	161	72%	152	71%
Pawtucket	66%	22%	10%	795	44%	760	40%
Portsmouth	91%	3%	0%	223	81%	218	78%
Providence	66%	38%	16%	1,935	25%	1,886	34%
Scituate	87%	5%	0%	156	89%	159	77%
Smithfield	85%	5%	1%	227	78%	198	79%
South Kingstown	91%	5%	1%	348	76%	314	81%
Tiverton	80%	3%	0%	203	67%	155	60%
Warwick	85%	8%	1%	955	59%	875	64%
West Warwick	76%	18%	2%	319	56%	275	59%
Westerly	82%	11%	2%	266	59%	277	73%
Woonsocket	64%	28%	4%	494	28%	496	31%
Charter Schools	*NA*	*NA*	*12%*	*22*	*55%*	*63*	*35%*
UCAP	*NA*	*NA*	*0%*	*67*	*6%*	*79*	*22%*
Core Cities	*67%*	*31%*	*13%*	*3,999*	*33%*	*3,896*	*36%*
Remainder of State	*83%*	*7%*	*1%*	*8,179*	*67%*	*7,857*	*70%*
Rhode Island	*78%*	*16%*	*5%*	*12,270*	*56%*	*11,895*	*58%*

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 2006. The NECAP is a new assessment tool used by the Rhode Island Department of Elementary and Secondary Education.

% children in poverty data are from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2004. % of adults completing high school or higher data are from Census 2000. % English Language Learners is from the Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year. Percent of eighth-grade students who scored at or above the proficiency level are the students that received proficient or proficient with distinction scores on the reading section of the *New England Common Assessment Program.*

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.

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

Independent charter schools reported for this indicator are CVS Highlander School, Paul Cuffee Charter School, and Compass Charter School.

References

[1] McCombs, J. S., Kirby, S. N., Barney, H., Darilek, H. & Magee, S. J. (2005). *Achieving state and national literacy goals, a long uphill road.* New York: RAND Corporation.

[2] National Institute for Literacy. (n.d.). *Adolescent literacy—Research informing practice: A series of workshops.* Retrieved January 31, 2007 from http://www.nifl.gov/partnershipforreading/publications/adolescent.html

[3] Snow, C. E. & Biancarosa, G. (2003). *Adolescent literacy and the achievement gap: What do we know and where do we go from here?* New York: Carnegie Corporation.

(continued on page 154)

Math Skills

DEFINITION

Math Skills is the percentage of fourth- and eighth-grade students who scored at or above the proficiency level for math on the *New England Common Assessment Program* (NECAP) test in October 2006. The NECAP test measures reading, writing and math skills. Overall scores from the mathematics sub-test are reported here.

SIGNIFICANCE

The ability to understand and use mathematics is critical in life. Students must rely on math skills not only for advancing their education, but also in the course of daily activities.[1] 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.[2]

State, national and international assessments show that U.S. students may fare well when asked to perform straightforward computational procedures, but tend to have a limited understanding of basic mathematical skills to solve simple problems. Performance in mathematics, while generally low, has been improving over the past decade.[3]

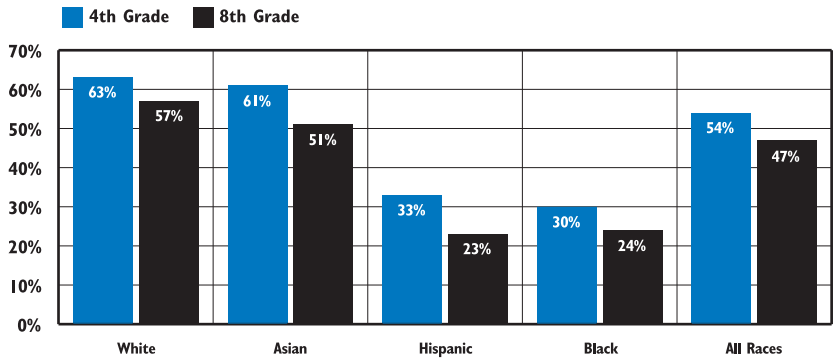
Family risk factors, such as poverty, language barriers and low maternal education negatively impact achievement in mathematics.[4] Students with a poor understanding of mathematics will have fewer opportunities to pursue higher levels of education and secure high-level employment.[5]

Frequent engagement in classroom activities, such as doing math problems from a textbook, talking to others about how to solve math problems and using a calculator are associated with higher scores on assessments.[6] Students' achievement in math is highest when they are taught by teachers with strong backgrounds and training in math.[7]

Nationally, one in four elementary and middle school students are proficient in math, with gaps in performance existing between low-income children and higher-income children.[8] In Rhode Island in 2006, 37% of low-income fourth-grade students were proficient in math compared to 66% of higher-income fourth-grade students. Twenty-eight percent of low-income eighth-grade students were proficient in math compared to 57% of higher-income eighth-grade students.[9]

Math proficiency for all students requires that changes be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation and professional development.[10]

4th and 8th Grade Math Proficiency in Rhode Island Public Schools, October 2006



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program*, October 2006.

◆ **In October 2006, 54% of Rhode Island fourth graders and 47% of eighth graders scored at or above proficiency in math. Both fourth-grade and eighth-grade students in the core cities scored about 20 percentage points below the state average while students in the remainder of the state scored approximately 10 percentage points higher than the state average.**[11]

◆ **Black and Hispanic students scored significantly lower than their White and Asian counterparts.**[12]

◆ **In Rhode Island in 2006, only 30% of fourth-grade students with disabilities were proficient in math compared to 60% without disabilities, and only 12% of eighth-grade students with disabilities were proficient in math compared to 55% of students without disabilities.**[13]

Table 41.

Fourth and Eighth Grade Math Proficiency, October 2006

SCHOOL DISTRICT	FOURTH GRADE # OF TEST TAKERS	FOURTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE THE PROFICIENCY LEVEL	EIGHTH GRADE # OF TEST TAKERS	EIGHTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	258	84%	298	82%
Bristol-Warren	237	68%	244	52%
Burrillville	157	61%	223	42%
Central Falls	280	31%	285	13%
Chariho	265	70%	311	58%
Coventry	405	68%	420	65%
Cranston	778	54%	870	46%
Cumberland	399	57%	424	48%
East Greenwich	199	69%	201	81%
East Providence	422	58%	471	44%
Exeter-West Greenwich	147	62%	177	66%
Foster	55	69%	NA	NA
Foster-Glocester	NA	NA	214	64%
Glocester	113	65%	NA	NA
Jamestown	43	72%	60	73%
Johnston	230	60%	283	38%
Lincoln	271	68%	275	67%
Little Compton	38	76%	28	86%
Middletown	194	61%	199	68%
Narragansett	121	70%	124	68%
New Shoreham	18	89%	11	91%
Newport	174	44%	205	51%
North Kingstown	320	73%	404	71%
North Providence	241	46%	278	43%
North Smithfield	158	72%	152	61%
Pawtucket	687	40%	773	32%
Portsmouth	212	73%	218	76%
Providence	1,835	32%	1,926	25%
Scituate	130	68%	158	73%
Smithfield	158	74%	198	55%
South Kingstown	258	75%	316	72%
Tiverton	128	74%	155	58%
Warwick	831	60%	873	50%
West Warwick	278	42%	273	51%
Westerly	269	65%	277	61%
Woonsocket	507	38%	507	19%
Charter Schools	*176*	*43%*	*64*	*20%*
UCAP	*NA*	*NA*	*79*	*10%*
Core Cities	*3,761*	*36%*	*3,969*	*28%*
Remainder of State	*7,055*	*64%*	*7,862*	*58%*
Rhode Island	*10,992*	*54%*	*11,974*	*47%*

Source of Data for Table/Methodology

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education, Math Skills in this Factbook cannot be compared with Factbooks previous to 2007.

All data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2006.

Only students who actually took the test are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their IEP specifically exempts them or unless they are beginning English-language learners.

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

Independent charter schools are CVS Highlander School, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, and Compass Charter School. Charter schools are not included in the core city and remainder of state calculations.

NA indicates that the school district does not include students at that grade level.

References

[1,6] Braswell, J. S. et al. (2001). *The nation's report card: Mathematics 2000* (NCES Publication 2001-517). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics.

[2] *The Rhode Island High School Diploma System.* (2005). Providence, RI: Rhode Island Department of Elementary and Secondary Education.

[3,10] National Research Council. (2001). *Adding it up: Helping children learn mathematics.* J. Kilpatrick, J. Swafford, and B. Findell. (Eds.). Mathematics Learning Study Committee, Center for Education, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

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(continued on page 154)

High Performing Schools

DEFINITION

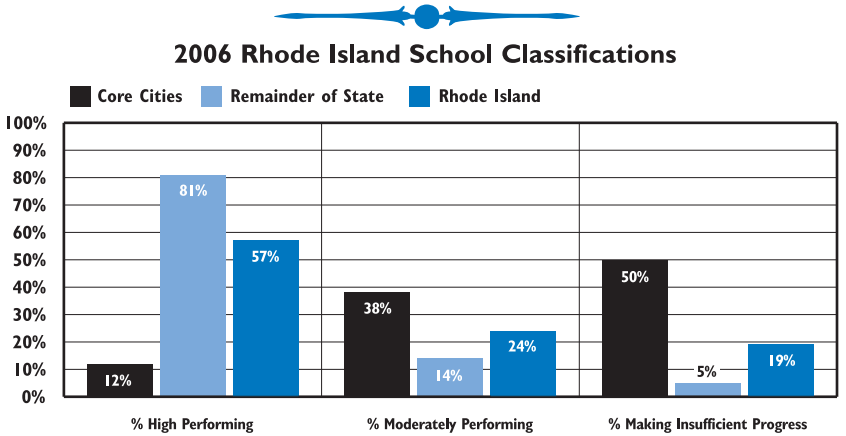
High performing schools is the percentage of schools in Rhode Island that are classified as high performing by the Rhode Island Department of Elementary and Secondary Education through the Rhode Island School and District Performance and Accountability System. Rhode Island's accountability system is designed to promote an increase in student test scores so all students reach a proficient level by 2014. School classifications are determined based on 37 targets in the following categories: school-level performance on the state English language arts and math assessment tests, the school-wide test participation rate, the performance of 8 student groups on the test, the student groups' test participation rates, as well as the attendance rate for elementary and middle schools and the graduation rate for high schools.[1]

SIGNIFICANCE

Combining strong school accountability systems that regularly measure student performance and school performance with the use of incentives and/or consequences can lead to improved instruction and student learning.[2,3,4,5] The standards-based education movement has four cornerstones: making learning goals explicit, ensuring teachers are prepared to teach to the standards, providing the necessary resources, and developing tests and implementing accountability systems closely aligned with the learning goals to measure progress and encourage school improvement.[6] Accountability systems are insufficient without deliberate interventions to improve teacher quality and to provide extra resources to students at risk of failure.[7]

Reading and mathematical skills, as well as the ability to reason and communicate effectively, are factors that affect a student's ability to succeed in higher education and in the labor market. On average, students with higher test scores will earn more and be unemployed less often as adults than students with lower test scores.[8]

Schools serving students living in poverty can achieve high standards for student performance. High poverty schools that are successful at raising student achievement regularly communicate high expectations for students and staff, nurture positive relationships among adults and students, have a strong focus on academics, use student assessments to individualize instruction, make decisions collaboratively, employ enthusiastic and diligent teachers, and effectively select, cultivate, and use personnel.[9]



Source: Rhode Island Department of Education, 2005-2006 school year. State-operated schools and independent charter schools are only included in the calculations for the state as a whole.

◆ **In Rhode Island in 2006, 182 schools (57%) were classified as high performing.[10] High performing schools met the English language arts (ELA) and mathematics targets for the year 2011, and no student groups fell below current year targets. At least 95% of students school-wide and in evaluated student groups completed or attempted the ELA and mathematics assessment tests, and attendance and graduation rate targets were met.[11]**

◆ **In Rhode Island in 2006, 76 schools (24%) were classified as moderately performing.[12] Moderately performing schools met their current year assessment targets for school-wide performance as well as for all student groups. At least 95% of students school-wide and in student groups must completed or attempted the ELA and mathematics assessment tests, and attendance and graduation rate targets were met.[13]**

◆ **In Rhode Island in 2006, 61 schools (19%) were classified as making insufficient progress.[14] Schools that missed more than 3 targets or any target for multiple years were classified as making insufficient progress.[15]**

◆ **High performing and moderately performing schools that missed a maximum of 3 targets following a year of making all targets were given a "high performing with caution" or "moderately performing with caution" designation.[16] High and moderately performing schools were classified as "commended" if they improved their math and ELA scores under a specific formula or if they had particularly high test scores.[17]**

Table 42.

School Performance, Rhode Island District Profiles, 2006

DISTRICT	TOTAL # OF SCHOOLS	SCHOOLS MAKING INSUFFICIENT PROGRESS	% SCHOOLS MAKING INSUFFICIENT PROGRESS	MODERATELY PERFORMING SCHOOLS	% MODERATELY PERFORMING SCHOOLS	HIGH PERFORMING SCHOOLS	% HIGH PERFORMING SCHOOLS
Barrington	6	0	0%	0	0%	6	100%
Bristol-Warren	8	0	0%	1	13%	7	88%
Burrillville	5	0	0%	2	40%	3	60%
Central Falls	7	4	57%	2	29%	1	14%
Chariho	8	0	0%	2	25%	6	75%
Coventry	9	0	0%	0	0%	9	100%
Cranston	24	2	8%	9	38%	13	54%
Cumberland	8	0	0%	1	13%	7	88%
East Greenwich	6	0	0%	0	0%	6	100%
East Providence	11	0	0%	5	45%	6	55%
Exeter-West Greenwich	5	0	0%	0	0%	5	100%
Foster	1	0	0%	0	0%	1	100%
Foster-Glocester	2	1	50%	0	0%	1	50%
Glocester	2	0	0%	0	0%	2	100%
Jamestown	2	0	0%	0	0%	2	100%
Johnston	9	0	0%	3	33%	6	67%
Lincoln	8	1	13%	0	0%	7	88%
Little Compton	1	0	0%	0	0%	1	100%
Middletown	5	1	20%	0	0%	4	80%
Narragansett	3	0	0%	0	0%	3	100%
New Shoreham	2	0	0%	0	0%	2	100%
Newport	8	2	25%	4	50%	2	25%
North Kingstown	9	0	0%	1	11%	8	89%
North Providence	9	1	11%	3	33%	5	56%
North Smithfield	4	0	0%	0	0%	4	100%
Pawtucket	15	5	33%	7	47%	3	20%
Portsmouth	5	0	0%	0	0%	5	100%
Providence	50	32	64%	14	28%	4	8%
Scituate	5	0	0%	0	0%	5	100%
Smithfield	6	1	17%	0	0%	5	83%
South Kingston	7	1	14%	0	0%	6	86%
Tiverton	5	0	0%	1	20%	4	80%
Warwick	26	2	8%	2	8%	22	85%
West Warwick	6	1	17%	3	50%	2	33%
Westerly	7	0	0%	0	0%	7	100%
Woonsocket	12	5	42%	7	58%	0	0%
Charter Schools	*8*	*0*	*0%*	*7*	*88%*	*1*	*13%*
State-Operated Schools	*3*	*0*	*0%*	*2*	*67%*	*1*	*33%*
RITS	*1*	*1*	*100%*	*0*	*0%*	*0*	*0%*
UCAP	*1*	*1*	*100%*	*0*	*0%*	*0*	*0%*
Core Cities	*98*	*49*	*50%*	*37*	*38%*	*12*	*12%*
Remainder of State	*208*	*10*	*5%*	*30*	*14%*	*168*	*81%*
Rhode Island	*319*	*61*	*19%*	*76*	*24%*	*182*	*57%*

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education. Schools with both middle and high school grades received separate classifications for each school level.

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

2006 independent 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.

2006 state-operated schools are the William M. Davies Jr. Career-Technical High School, Metropolitan Regional Career & Technical Center, and the Rhode Island School for the Deaf. In 2006, all 3 state-operated schools received school classifications along with the Rhode Island Training School.

See Methodology on page 149 for more information.

References

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School Attendance

DEFINITION

School attendance is the average daily attendance of public school students in each school district in Rhode Island for elementary school (grades 1-5), middle school (grades 6-8), and high school (grades 9-12). Public school students in pre-school, kindergarten, and un-graded classrooms are not included.

SIGNIFICANCE

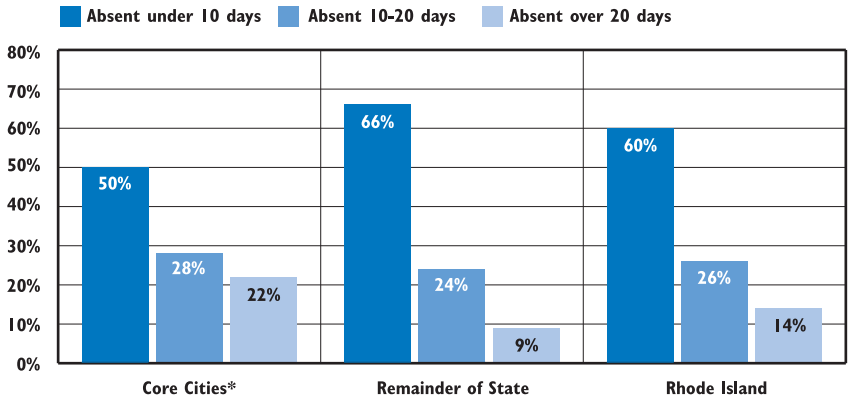
An important aspect of students' access to education is the amount of time actually spent in the classroom. When students are absent from school they forgo opportunities to learn. Student absenteeism places individual children at risk for school failure.[1] Gradual alienation and disengagement from school is related to poor attendance, which may lead to students dropping out permanently.[2] Truancy (unexcused absences from school) among teens is also a risk factor for delinquent behavior. Youth who are truant are at risk of substance abuse, gang or criminal activity and incarceration.[3]

Truancy increases with each grade level, starting with the 8th grade.[4] Attendance problems usually begin early in high school and worsen as the school year progresses.[5] Students' reasons for not attending school include repeated suspensions, poor achievement, concerns for safety, non-positive relationships with peers and administrators, conflicts between school and work, and negative perceptions of school.[6]

Truancy is rarely a reflection of the child alone and is often an early indication that the family needs help.[7] Teens who live in more affluent families and whose parents are more engaged in their education have higher education aspirations and expectations, are more engaged in school, do better academically and are more likely to continue their schooling than their peers in less-advantaged families.[8]

A positive school climate, high teacher expectations, and caring adults can address many of the reasons students give for being truant.[9] Truancy prevention efforts must work to increase students' sense of connection with their schools and to strengthen their relationships with their teachers. Students are less likely to miss school when they are engaged and have a sense of belonging. Successful efforts also help students overcome personal and family barriers to school attendance.[10]

School Attendance in Rhode Island by Number of School Days Missed, 2005-2006



Source: Rhode Island Department of Elementary and Secondary Education. 2005-2006. *Charter and state-operated schools are only included in the state as a whole.*

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

◆ **During the 2005-2006 school year, 22% of students in the core cities in Rhode Island were absent 20 or more days, compared with 9% of students in the remainder of the state, and 14% in Rhode Island as a whole.**[11]

◆ **Improving the core cities' high school attendance rate from the current rate of 85% to 92% (the rate in the remainder of the state) would mean that 1,194 more students on average would be attending high school in the core cities each day of the school year.**[12]

Programs to Increase School Attendance

◆ **Research shows that youth who participate in mentoring programs have fewer unexcused absences and better attitudes toward school than their peers. Mentoring works best when it is a long-term relationship supplemented with academic supports.**[13]

◆ **Effective truancy reduction programs include clear, consistently enforced school policies; school reorganization to support student engagement; effective communication between the school and the parents; family counseling programs; and collaboration between the school and community partners.**[14]

Table 43.

School Attendance Rates, Rhode Island, 2005-2006

SCHOOL DISTRICT	ELEMENTARY SCHOOL			MIDDLE SCHOOL			HIGH SCHOOL		
	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE
Barrington	1,163	1,207	96%	834	868	96%	1,052	1,101	96%
Bristol-Warren	1,170	1,225	96%	783	830	94%	1,064	1,183	90%
Burrillville	794	830	96%	612	636	96%	806	854	94%
Central Falls	1,282	1,370	94%	793	854	93%	846	1,028	82%
Chariho	1,313	1,372	96%	863	903	96%	1,199	1,267	95%
Coventry	2,002	2,083	96%	1,359	1,422	96%	1,780	1,891	94%
Cranston	3,781	3,948	96%	2,542	2,685	95%	3,250	3,620	90%
Cumberland	1,945	2,012	97%	1,231	1,283	96%	1,389	1,524	91%
East Greenwich	875	904	97%	625	647	97%	699	743	94%
East Providence	1,994	2,091	95%	1,364	1,445	94%	1,828	2,056	89%
Exeter-W. Greenwich	710	736	96%	497	513	97%	695	732	95%
Foster	254	265	96%	NA	NA	NA	NA	NA	NA
Foster-Glocester	NA	NA	NA	628	660	95%	903	987	91%
Glocester	594	616	96%	NA	NA	NA	NA	NA	NA
Jamestown	234	244	96%	187	194	96%	6	6	96%
Johnston	1,212	1,271	95%	789	847	93%	791	892	89%
Lincoln	1,225	1,270	96%	781	817	96%	972	1,053	92%
Little Compton	175	186	95%	99	105	94%	NA	NA	NA
Middletown	937	976	96%	552	576	96%	666	709	94%
Narragansett	514	535	96%	370	384	96%	486	517	94%
New Shoreham	59	63	93%	22	24	93%	34	37	92%
Newport	827	873	95%	530	578	92%	623	729	85%
North Kingstown	1,578	1,644	96%	1,069	1,120	95%	1,449	1,555	93%
North Providence	1,110	1,163	95%	824	873	94%	1,095	1,185	92%
North Smithfield	695	722	96%	453	473	96%	501	528	95%
Pawtucket	3,417	3,597	95%	2,257	2,407	94%	2,189	2,492	88%
Portsmouth	1,030	1,069	96%	677	706	96%	998	1,053	95%
Providence	8,835	9,519	93%	5,520	6,160	90%	6,386	7,656	83%
Scituate	656	681	96%	437	456	96%	514	539	95%
Smithfield	891	923	97%	624	648	96%	826	890	93%
South Kingstown	1,255	1,308	96%	970	1,011	96%	1,220	1,308	93%
Tiverton	683	715	96%	481	511	94%	682	727	94%
Warwick	4,002	4,176	96%	2,634	2,774	95%	3,463	3,791	91%
West Warwick	1,334	1,399	95%	869	931	93%	997	1,116	89%
Westerly	1,214	1,274	95%	808	848	95%	1,051	1,133	93%
Woonsocket	2,310	2,460	94%	1,378	1,505	92%	1,666	1,906	87%
Charter Schools	*873*	*918*	*95%*	*178*	*189*	*94%*	*226*	*256*	*88%*
State Operated	*32*	*34*	*94%*	*16*	*17*	*95%*	*1,361*	*1,475*	*92%*
UCAP	*NA*	*NA*	*NA*	*101*	*116*	*87%*	*14*	*16*	*87%*
DCYF	*NA*	*NA*	*NA*	*30*	*33*	*91%*	*517*	*568*	*91%*
Core Cities	*18,005*	*19,218*	*94%*	*11,347*	*12,436*	*91%*	*12,707*	*14,926*	*85%*
Remainder of State	*34,063*	*35,507*	*96%*	*23,116*	*24,259*	*95%*	*29,417*	*31,881*	*92%*
Rhode Island	*52,973*	*55,677*	*95%*	*34,788*	*37,050*	*94%*	*44,241*	*49,123*	*90%*

Source of Data for Table/Methodology

Attendance rates are calculated by dividing "the average daily attendance" by the "average daily membership," as of September 2005. Both measures are provided by the Rhode Island Department of Elementary and Secondary Education for the 2005-2006 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, International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. State-operated schools are Metropolitan Regional Career & Technical Center, Rhode Island School for the Deaf, and Wm. M. Davies Jr. Career - Technical High School.

References

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(continued on page 154)

Suspensions

DEFINITION

Suspensions is the rate of disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. It does not reflect the total number of students disciplined because each student 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 are largely ineffective and even counterproductive.[1] Out-of-school suspension is the most widely used disciplinary technique, both nationally and in Rhode Island. Suspension may be used for relatively minor offenses, such as attendance infractions and disrespect, as well as for more serious offenses, such as fighting and drug-related offenses.[2,3]

Research has called into question the effectiveness and long-term impact of excluding students from school. Studies show that suspension may actually reinforce negative behavior patterns.[4] Suspended students are also more likely to have poor academic performance and to drop out of school.[5,6] The psychological and behavioral consequences of exclusion from school include the student's further disempowerment and isolation from peers and teachers.[7,8]

During the 2005-2006 school year in Rhode Island, 44,509 disciplinary actions were attributed to 17,696 students.[9] The total number of disciplinary actions is greater than the number of students disciplined because some students were disciplined multiple times.

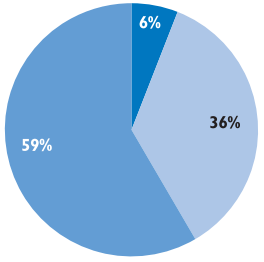
Low-income and minority students are overrepresented in school suspensions and receive disproportionately severe disciplinary action in response to relatively minor offenses.[10] In Rhode Island in the 2005-2006 school year, 34% of Rhode Island students were enrolled in core city districts, but they received 55% (24,321) of the 44,509 disciplinary actions. A total of 14,521 students were disciplined in Rhode Island in the 2005-2006 school year.[11]

Students with disabilities are also more likely than other students in Rhode Island to be suspended. While 21% of Rhode Island students were in special education, they accounted for 36% (15,861) of disciplinary actions in the 2005-2006 school year and made up 38% (5,461) of all students disciplined in the state.[12]

Disciplinary Actions, Rhode Island Schools, 2005-2006

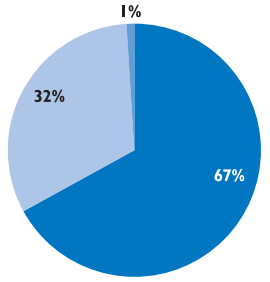
By Grade Level

6% Elementary School (Pre-Kindergarten-5)
36% Middle School (6-8)
59% High School (9-12)



By Category

67% Out-of-School Suspensions
32% In-School Suspensions
1% Alternative Program Placement



n=44,509

Disciplinary Actions, Rhode Island Public Schools, 2005-2006

By Type of Infraction	#	%	By Type of Infraction	#	%
Attendance Offenses	14,607	33%	Harassment/Intimidation/Threat	1,701	4%
Insubordination/Disrespect	7,904	18%	Alcohol/Drug/Tobacco Offenses	942	2%
Disorderly Conduct	7,171	16%	Arson/ Larceny/Vandalism	791	2%
Fighting	3,309	7%	Weapon Possession	317	1%
Obscene/Abusive Language	2,283	5%	Other Offenses*	3,467	8%
Assault	2,017	5%	*Total*	*44,509*	*100%*

**Examples of other offenses include forgery, trespassing and communication/electronic devices, etc.*

Source: Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year. Totals may not sum to 100% due to rounding.

◆ **Students who are suspended are more likely to have a history of poor behavior, academic achievement below grade level, grade repetition, mobility between schools, and attendance at schools with high rates of suspension.[13]**

◆ **In Rhode Island in 2005-2006, 12% of the student population was suspended at least once. One-third (33%) of suspensions were for attendance related offences.[14]**

Table 44.

Disciplinary Actions, Rhode Island School Districts, 2005-2006

SCHOOL DISTRICT	TOTAL # OF STUDENTS ENROLLED	TYPE OF DISCIPLINARY ACTION: SUSPENDED OUT-OF-SCHOOL	SUSPENDED IN-SCHOOL	ALTERNATE PROGRAM PLACEMENT	TOTAL DISCIPLINARY ACTIONS	ACTIONS PER 100 STUDENTS
Barrington	3,312	106	38	0	144	4
Bristol Warren	3,503	485	1,264	0	1,749	50
Burrillville	2,514	267	682	130	1,079	43
Central Falls	3,529	1,123	411	0	1,534	43
Chariho	3,703	383	2	12	397	11
Coventry	5,626	1,197	24	6	1,227	22
Cranston	10,615	2,198	0	0	2,198	21
Cumberland	5,015	556	713	0	1,269	25
East Greenwich	2,369	81	19	0	100	4
East Providence	5,828	755	2	0	757	13
Exeter-West Greenwich	2,054	262	0	3	265	13
Foster-Glocester	1,647	260	0	0	260	16
Glocester	669	3	7	0	10	1
Jamestown	509	19	0	0	19	4
Johnston	3,148	618	1	0	619	20
Lincoln	3,262	465	8	1	474	15
Little Compton	307	0	3	0	3	1
Middletown	2,474	424	67	1	492	20
Narragansett	1,555	91	167	1	259	17
Newport	2,418	856	947	0	1,803	75
New Shoreham	132	0	1	0	1	1
North Kingstown	4,510	418	61	1	480	11
North Providence	3,323	722	848	1	1,571	47
North Smithfield	1,869	182	0	0	182	10
Pawtucket	8,898	1,354	643	0	1,997	22
Portsmouth	2,918	66	5	0	71	2
Providence	25,375	8,957	2,661	0	11,618	46
Scituate	1,738	39	0	0	39	2
Smithfield	2,549	324	3	0	327	13
South Kingstown	3,781	629	72	3	704	19
Tiverton	2,014	377	381	0	758	38
Warwick	11,177	2,358	1,355	0	3,713	33
West Warwick	3,623	1,071	1,154	0	2,225	61
Westerly	3,486	338	0	0	338	10
Woonsocket	6,363	2,492	2,407	245	5,144	81
Charter Schools	*1,304*	*170*	*53*	*1*	*224*	*14*
*State-Operated Schools**	*1,588*	*311*	*0*	*0*	*312*	*20*
DCYF	*601*	*0*	*69*	*0*	*69*	*11*
UCAP	*132*	*78*	*0*	*0*	*78*	*59*
Core Cities	*50,206*	*15,853*	*8,223*	*245*	*24,321*	*48*
Remainder of State	*95,607*	*13,623*	*5,723*	*159*	*19,505*	*20*
Rhode Island	*149,681*	*30,035*	*14,068*	*405*	*44,509*	*30*

Notes to Table

*There was one disciplinary action of unknown type in the state-operated schools category.

The type of infraction resulting in disciplinary action varies according to school district policy. The type of disciplinary action used for each type of infraction also varies according to school district policy.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year.

Total disciplinary actions is the number of incidents resulting in suspension—either in-school or out-of-school—or placement of the student in an alternate program.

The disciplinary actions rate per 100 students is the total disciplinary actions for the school district at all grade levels (kindergarten through12th grade), multiplied by 100, and divided by the "average daily membership" as of June 2006. The rate does not signify the number of students out of every 100 disciplined, but the number of disciplinary actions assigned per 100 students.

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

Charter schools are BEACON Charter School, Blackstone Academy Charter School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, and Paul Cuffee Charter School. State-operated schools include the Metropolitan Career & Technical Center, Rhode Island School for the Deaf, and Wm. M. Davies Jr. Career-Technical High School.

"DCYF" is children in the care of the Department of Children, Youth and Families who are receiving educational services at the Rhode Island Training School or in residential facilities. This category does not include children in foster care.

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(continued on page 154)

High School Graduation Rate

DEFINITION

High school graduation rate is the number of 2006 graduates divided by the estimated size of the twelfth grade class had no students dropped out.

SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. The path to high school graduation begins early; research indicates that children who attend quality preschool programs are more likely to graduate from high school.[1]

Several factors contribute to a student's decision to leave school: repeating one or more grades, failing one or more subjects in 9th grade, ongoing patterns of absenteeism or tardiness, suspensions, poor grades, poor achievement on tests, high mobility, and disengagement from school are linked to a student's likelihood of dropping out.[2,3,4,5,6]

Student achievement and graduation rates can be improved for all students when schools have strong leadership, highly qualified teachers, immediate intervention for struggling students, school environments that foster meaningful connections, appropriate academic and social supports, improved communication with parents, a rigorous, engaging and relevant curriculum, high expectations for achievement and adequate funding.[7,8,9]

Young adults who drop out of school are almost four times as likely to be unemployed as those who receive a bachelor's degree.[10] In Rhode Island in 2005, adults without a high school diploma or General Education Development certificate earned a median income of $20,219 compared to $30,198 for people with a high school degree or equivalent.[11]

High School Graduation Rates, 2002-2003

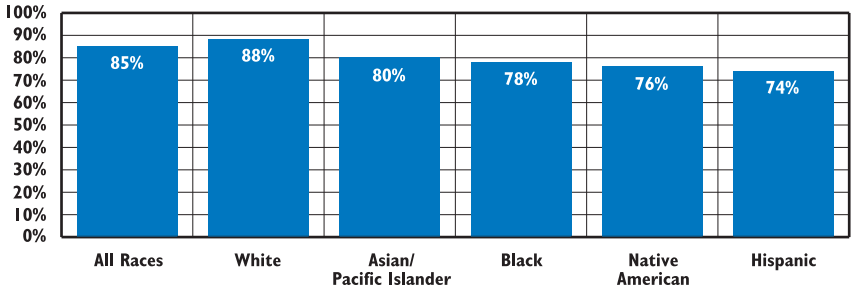
	2002-2003
RI	72%
US	70%
National Rank*	*26th*
New England Rank**	*5th*

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

Source: Editorial Projects in Education Research Center (2006). State and district patterns, high school graduation rates, 2002-2003. *Education Week: Diplomas Count, 25:17,14.*

Diplomas Count uses the Cumulative Promotion Index (CPI) method to calculate graduation rates. The CPI estimates the probability that a student in the ninth grade will complete high school on time (i.e. in four years) with a regular diploma. The CPI is currently the best measure available for cross-state comparisons of graduation rates.

High School Graduation Rates in Rhode Island by Race, 2006



Source: Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year.

Youth at Greatest Risk for Dropping Out

◆ **Minority students are substantially more likely than white students to drop out of school. Lower graduation rates in minority communities are mainly driven by higher poverty rates and lower rates of educational attainment among adults.[12,13]**

◆ **Poverty is strongly linked to the likelihood of dropping out. Nationally, low-income students are six times more likely to drop out than high-income students.[14] The core cities have an overall graduation rate of 74% compared with 90% in the remainder of the state.[15]**

◆ **The 2006 Rhode Island graduation rate was 83% for males and 88% for females.[16] Nationally, female students drop out less often than males, but female dropouts are significantly more likely to live in poverty than male dropouts from the same racial and ethnic group.[17]**

◆ **Despite steady national increases in the graduation rate for students with disabilities, they are more likely to drop out of school than their non-disabled peers.[18] In Rhode Island, the high school graduation rate in 2006 for students with disabilities was 73%, compared to 85% statewide.[19]**

◆ **Research has shown that English Language Learners are at greater risk for dropping out than students in other minority groups.[20] Graduation rates for Rhode Island's English Language Learners enrolled in public schools will be available for the first time in 2007.**

Table 45.

High School Graduation Rate, Rhode Island, 2006

SCHOOL DISTRICT	COMMUNITY CONTEXT						2006 GRADUATION RATE
	% CHILDREN IN POVERTY	% ADULTS COMPLETING HIGH SCHOOL	NUMBER OF STUDENTS ENROLLED	% ENGLISH LANGUAGE LEARNERS	% MINORITY ENROLLMENT	% OF STUDENTS TAKING THE SAT	
Barrington	3%	92%	3,426	0%	5%	97%	98%
Bristol-Warren	11%	75%	3,543	3%	5%	56%	83%
Burrillville	5%	80%	2,555	0%	4%	46%	75%
Central Falls	37%	49%	3,607	25%	82%	33%	74%
Chariho	5%	88%	3,841	0%	4%	49%	91%
Coventry	7%	83%	5,854	0%	3%	52%	91%
Cranston	9%	79%	10,932	4%	22%	50%	89%
Cumberland	3%	81%	5,197	2%	8%	67%	87%
East Greenwich	4%	93%	2,429	0%	7%	88%	92%
East Providence	10%	71%	5,842	3%	20%	58%	91%
Exeter-W. Greenwich	4%	89%	2,148	1%	4%	54%	98%
Foster-Glocester	5%	87%	1,646	0%	3%	53%	97%
Johnston	10%	78%	3,340	2%	13%	51%	83%
Lincoln	7%	82%	3,405	1%	7%	71%	95%
Middletown	9%	90%	2,504	2%	14%	60%	91%
Narragansett	10%	91%	1,583	1%	7%	79%	91%
New Shoreham	13%	95%	140	4%	13%	88%	100%
Newport	24%	87%	2,449	3%	44%	66%	73%
North Kingstown	10%	92%	4,653	1%	4%	78%	93%
North Providence	10%	77%	3,447	2%	18%	48%	91%
North Smithfield	2%	82%	1,885	1%	3%	61%	88%
Pawtucket	22%	66%	9,241	10%	53%	47%	76%
Portsmouth	3%	91%	3,051	0%	5%	77%	95%
Providence	38%	66%	25,615	16%	87%	57%	71%
Scituate	5%	87%	1,798	0%	2%	69%	91%
Smithfield	5%	85%	2,662	1%	3%	67%	94%
South Kingstown	5%	91%	3,912	1%	12%	75%	93%
Tiverton	3%	80%	2,127	0%	2%	74%	93%
Warwick	8%	85%	11,578	1%	8%	53%	86%
West Warwick	18%	76%	3,797	2%	15%	50%	82%
Westerly	11%	82%	3,529	2%	10%	67%	88%
Woonsocket	28%	64%	6,505	4%	39%	37%	75%
Charter Schools	*NA*	*NA*	*1,588*	*20%*	*46%*	*NA*	*84%*
State-Operated	*NA*	*NA*	*1,547*	*5%*	*55%*	*NA*	*83%*
Core Cities	*31%*	*67%*	*51,206*	*13%*	*67%*	*51%*	*74%*
Remainder of State	*7%*	*83%*	*95,608*	*1%*	*9%*	*60%*	*90%*
Rhode Island	*16%*	*78%*	*149,681*	*5%*	*30%*	*58%*	*85%*

Source of Data for Table/Methodology

% of children in poverty is from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2004. % of adults completing high school or higher is from Census 2000. All other data are from the Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year.

The 2006 graduation rate is calculated by dividing the number of June 2006 graduates by the sum of the number of June 2006 graduates plus the number of grade 9 dropouts in 2002-03 plus the number of grade 10 dropouts in 2003-04 plus the number of grade 11 dropouts in 2004-05 plus the number of grade 12 dropouts in 2005-06.

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

Independent charter schools are BEACON Charter School and Blackstone Academy Charter. State-operated schools are Davies Career & Technical High School, DCYF Schools, The Metropolitan Regional Career & Technical Center, and Rhode Island School for the Deaf. The charter schools and state-operated schools used to calculate the community context may differ from those used to calculate the graduation rate.

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(continued on page 154)

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. This indicator includes recent high school graduates who are unemployed and teens who have dropped out of high school and are jobless.

SIGNIFICANCE

Dropping out of school and not becoming part of the workforce places teens at a significant disadvantage as they transition from adolescence to adulthood. These adolescents have a difficult time getting connected to the job market as young adults and have less stable employment histories than their peers who stayed in school or secured jobs.[1] Caring parent-child interactions, positive peer influences, and support from siblings, teachers and mentors can greatly influence a teen's choices and attitudes.[2] Mentoring can have a particularly beneficial impact on an adolescent's development. Mentored youth are likely to have fewer absences from school, better attitudes towards school, less drug and alcohol use, and improved relationships with their parents.[3]

Youth living in economically disadvantaged families are six times more likely to drop out of high school than their more affluent peers.[4] Unemployed and undereducated youth are at risk for earning low wages, being imprisoned, living in under-resourced neighborhoods, and are at an increased risk of needing public assistance as adults.[5,6]

In 2005, 3,494 (8%) of Rhode Island teens ages 16 to 19 were neither in school nor working. In 2005, females represented 41% of the youth not in school and not working, while males accounted for 59% of the population.[7]

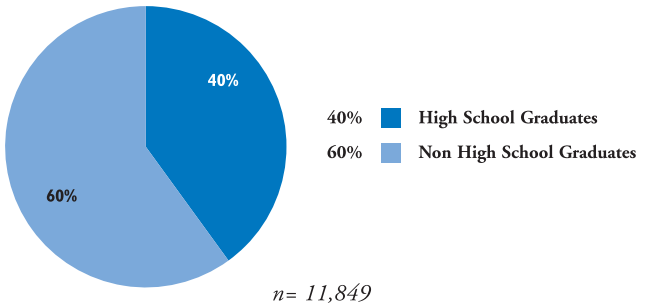
Teens Not in School and Not Working 2001 and 2005

	2001	2005
RI	8%	8%
US	9%	8%
National Rank*		*19th*
New England Rank**		*6th*

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

Source: KIDS COUNT State Level Data Online. (2006). *Teens not attending school and not working: Percent: 2005* [Data file]. Available from The Annie E. Casey Foundation at http://www.aecf.org/kidscount U.S. Bureau of the Census, American Community Survey, 2001, Supplementary Survey Summary Table PCT036.

Rhode Island Teens Ages 16-19
Not in School and Not Working by Education, 2003-2005



n= 11,849

Source: U.S. Bureau of the Census, American Community Survey, 2003, Supplementary Survey Table PCT036; American Community Survey, 2003-2005, Table B14005. May include some youth who are in the Armed Forces.

◆ **On average between 2003 and 2005, there were 3,950 youth ages 16-19 not in school and not working in Rhode Island. Forty percent of these youth were high school graduates and 60% percent of these youth had not graduated high school.[8]**

◆ **Education has an impact on the likelihood of finding and maintaining employment. People who drop out of high school in the United States are almost twice as likely to be unemployed as those who attain a high school degree or equivalent, and are almost four times as likely to be unemployed as those who receive a Bachelor's degree.[9]**

America's Disconnected Youth

◆ **Improving educational and employment opportunities is especially important for urban disadvantaged and minority youth in urban settings.[10] Black, non-Hispanic and Hispanic youth are more likely than White, non-Hispanic youth to be not in school and not working. In 2005, 12% of Hispanic youth and 12% of Black youth were not in school and not working compared to 6% of White youth.[11]**

◆ **Research shows that youth who are employed while in school, particularly Black, Hispanic and economically disadvantaged youths, are less likely to dropout of high school than youth who do not work during their high school years.[12]**

Teens Not in School and Not Working

Table 46. **Teens Not in School and Not Working, Ages 16-19, Rhode Island, 2000**

CITY/TOWN	TOTAL NUMBER OF TEENS AGES 16-19	JOBLESS HIGH SCHOOL GRADUATES	JOBLESS NON-HIGH SCHOOL GRADUATES	TOTAL NUMBER OF JOBLESS TEENS	% OF TEENS WHO ARE JOBLESS
Barrington	816	7	11	18	2.2%
Bristol	1,701	0	23	23	1.4%
Burrillville	980	3	14	17	1.7%
Central Falls	1,082	66	112	178	16.5%
Charlestown	320	0	0	0	0.0%
Coventry	1,632	9	50	59	3.6%
Cranston	4,233	304	329	633	15.0%
Cumberland	1,449	67	28	95	6.6%
East Greenwich	636	0	0	0	0.0%
East Providence	2,068	75	55	130	6.3%
Exeter	251	5	0	5	2.0%
Foster	232	0	0	0	0.0%
Glocester	551	5	10	15	2.7%
Hopkinton	402	4	16	20	5.0%
Jamestown	267	0	5	5	1.9%
Johnston	1,080	33	17	50	4.6%
Lincoln	974	0	26	26	2.7%
Little Compton	175	0	16	16	9.1%
Middletown	713	37	18	55	7.7%
Narragansett	739	9	12	21	2.8%
New Shoreham	26	0	0	0	0.0%
Newport	1,740	31	100	131	7.5%
North Kingstown	1,159	13	0	13	1.1%
North Providence	1,262	22	38	60	4.8%
North Smithfield	494	0	0	0	0.0%
Pawtucket	3,684	203	292	495	13.4%
Portsmouth	736	0	12	12	1.6%
Providence	15,673	420	1,138	1,558	9.9%
Richmond	326	16	0	16	4.9%
Scituate	604	44	17	61	10.1%
Smithfield	1,904	11	11	22	1.2%
South Kingstown	3,532	8	11	19	0.5%
Tiverton	769	23	22	45	5.9%
Warren	507	33	33	66	13.0%
Warwick	3,843	60	130	190	4.9%
West Greenwich	300	0	0	0	0.0%
West Warwick	1,341	47	73	120	8.9%
Westerly	1,029	24	23	47	4.6%
Woonsocket	2,179	75	181	256	11.7%
Core Cities	*25,699*	*842*	*1,896*	*2,738*	*10.7%*
Remainder of State	*35,710*	*812*	*927*	*1,739*	*4.9%*
Rhode Island	*61,409*	*1,654*	*2,823*	*4,477*	*7.3%*

Sources of Data for Table/Methodology

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

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

The denominator is the number of teens ages 16 to 19 according to the 2000 U.S. Census.

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Methodology

The *2007 Rhode Island Kids Count Factbook* examines 62 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.
- ***Sidebars:*** Current state and national data and information related to the indicator.
- ***National Rank and New England Rank:*** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends since 1996. The New England Rank highlights Rhode Island's rank among the 6 New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- ***City/Town Tables:*** Data presented for each of Rhode Island's cities and towns, the state as a whole and the core cities.
- ***Core Cities Data:*** Six core cities are identified as Rhode Island communities in which more than 15% of the children live below the poverty threshold according to the 2000 Census. They include: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.
- ***Most Recent Available Data:*** The 2007 Factbook uses the most current, reliable data available for each indicator.
- ***New Indicators:*** Two new indicators have been added to the 60 indicators included in the *2007 Rhode Island KIDS COUNT Factbook*: "Preterm Births" and "Eighth-Grade Reading Skills."

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 2001 and 2005. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in your state with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight.

Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the "numerator") are identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the methodology used to estimate the total number of children eligible for the indicator of interest (i.e., 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 noted in the indicator table when this occurs. In the indicator for child deaths and teen deaths, the indicator events are rare; in these instances, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

General information on state population is taken from four sources: Census 2000, the Current Population Survey, Population Estimates and the American Community Survey. In all city/town tables that require population statistics, data is from Census 2000 as is stated in Source sections. Throughout the text portions of each indicator, all three sources are used and the relevant citations provide clarification on which source data come from. In instances where Census 2000 data is used in a denominator, caution should be taken when comparing new rates with those for past years as the population numbers have changed. Finally, because of improved accuracy of the Current Population Survey, three-year averages have replaced the five-year averages used in older Factbooks. Whenever possible, Census data are updated to 2005 using the American Community Survey conducted by the U.S. Bureau of the Census.

State Run and Charter Schools

The state run 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, Times2 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 is listed separately when data are available. RITS is the Rhode Island Training School for Youth, Rhode Island's state owned and operated juvenile correctional facility.

New England Common Assessment Program (NECAP)

In October of the 2005-2006 school year, Rhode Island began using a new statewide assessment system for elementary and middle school students. The tests were developed and administered in collaboration with New Hampshire and Vermont through the New England Common Assessment Program (NECAP), the first multi-state testing collaboration in the nation. The NECAP tests students in reading, writing and mathematics, and all test questions are directly related to specific state educational standards. Test results are available for the state, district and school levels on the Rhode Island Department of Elementary and Secondary Education website. Results from the NECAP are not comparable with statewide assessment tests from previous years.

Methodology for High Performing Schools

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 a high school 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. The first incremental step up in target scores went into effect in 2005. The next is scheduled for 2008.

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 all tested grades in the school 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 62 indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

Family Income Levels Based on the Federal Poverty Measures

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether or not household members are children, adults or 65 years and over. The 2006 federal poverty threshold for a family of three with two children is $16,242 and $20,444 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.

Family Income Levels Based on the Federal Poverty Guidelines

2007 Federal Poverty Guidelines	Annual Income Family of Three	Annual Income Family of Four
50%	$8,585	$10,325
100%	$17,170	$20,650
130%	$22,321	$26,845
185%	$31,765	$38,203
200%	$34,340	$41,300
225%	$38,633	$46,463
250%	$42,925	$51,625

Source: U.S. Department of Health and Human Services. (2007). 2007 Federal Poverty Guidelines. *Federal Register 72*(15), 3147-3148.

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