

**Methodology**

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# Methodology



The *2009 Rhode Island Kids Count Factbook* examines 63 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. The information on each indicator is organized as follows:

- ◆ **Definition:** A description of the indicator and what it measures.
- ◆ **Significance:** The relationship of the indicator to child and family well-being.
- ◆ **National Rank and New England Rank:** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends since 1996. The New England Rank highlights Rhode Island's rank among the six New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- ◆ **Sidebars:** Current state and national data and information related to the indicator.
- ◆ **City/Town Tables:** Data presented for each of Rhode Island's cities and towns, the state as a whole and the core cities.
- ◆ **Core Cities Data:** Six core cities are identified as Rhode Island communities in which more than 15% of the children live below the poverty threshold according to the 2000

Census. They include: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

◆ **Most Recent Available Data:** The 2009 Factbook uses the most current, reliable data available for each indicator.

## Numbers

The most direct measure of the scope of a problem is the count of the number of events of concern during a specified time period - e.g., the number of child deaths between 2003 and 2007. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in your state with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight.

## Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total

population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards or to look at trends over time.

## Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the numerator) are identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the methodology used to estimate the total number of children eligible for the indicator of interest (the denominator) is also noted within the Source of Data/Methodology section. Rates and percentages are not calculated for cities and towns with small denominators (less than 500 for delayed prenatal care, low birthweight infants, and infant mortality rates and less than 100 for births to teens). Rates and percentages for small denominators are statistically unreliable. "NA" is used in the indicator table when this occurs. In the indicator for child deaths and teen deaths, and other indicators in which the indicator events are rare, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

## Census Data

There are four sources of U.S. Census Bureau data used in the Factbook: Census 2000, the Current Population Survey, Population Estimates and the American Community Survey. In all city/town tables that require population statistics, data is from Census 2000 as is stated in Source sections. Throughout the text portions of each indicator, all three sources are used and the relevant citations provide clarification on which source data come from. In instances where Census 2000 data is used in the denominator, caution should be taken when comparing new rates with those for past years, as actual population numbers may have changed. Whenever possible, Census data are updated to 2007 using data from the American Community Survey conducted by the U.S. Census Bureau.

## Methodology for Children with Lead Poisoning

The number of children confirmed positive for lead levels  $\geq 10$  mcg/dL are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used. The number of children confirmed positive may be underestimated because the policies recommending a venous follow-up for a capillary screening test  $\geq 10$  mcg/dL were not in place until July 1, 2004. Starting July 1, 2004 if a child under age six has a capillary blood lead

level of  $\geq 10$  mcg/dL the Rhode Island Childhood Lead Poisoning Prevention Program contacts the physician to encourage a confirmatory venous test on the child.

Rhode Island law requires that all children under age six must be screened annually for lead. In October 2007, the Rhode Island Childhood Lead Poisoning Prevention Program made its screening guidelines consistent with the American Academy of Pediatrics, which recommends a blood lead screening test for every child at one and two years of age. The Guidelines indicate that if either of the blood lead tests done at one and two years of age is  $\geq 10$  mcg/dL, annual screening should continue until the age of six. If both of the blood lead tests are  $< 10$  mcg/dL, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six, which means that not all children receive an annual blood test after age two.

### **State-Operated and Charter Schools**

The state-operated schools and charter schools included in each table are listed in the Source/Methodology Section next to the table. Charter schools include only independently-run charter schools and not those affiliated with a district. Textron/Chamber of Commerce Academy, Times<sup>2</sup> Academy and the New

England Laborers'/Cranston Public Schools Construction Career Academy are all district-affiliated charter schools, and consequently their data are reported within district categories instead of the charter school category.

The Urban Collaborative Accelerated Program (UCAP) is listed separately when data are available.

Charter schools, state-operated schools and UCAP are not included in core city and remainder of state calculations.

### **New England Common Assessment Program (NECAP)**

In October 2005, Rhode Island began using a new statewide assessment system for elementary and middle school students, and Rhode Island implemented a new high school assessment beginning in October 2007. The tests were developed and administered in collaboration with New Hampshire and Vermont through the New England Common Assessment Program (NECAP), the first multi-state testing collaboration in the nation. The NECAP tests students in reading, writing and mathematics, and all test questions are directly related to specific state educational standards. Test results are available for the state, district and school levels on the Rhode Island Department of Elementary and Secondary Education website. Results

from the NECAP are not comparable with statewide assessment tests from years prior to 2005 for elementary and middle schools and 2007 for high schools.

### **Methodology for Children Attending Schools Making Insufficient Progress**

Rhode Island's public school accountability plan specifies a timeline for bringing all students to proficiency by the year 2014. Students are tested in *English Language Arts* and *Mathematics* in grades 3 through 8 plus 11th grade. Schools and districts are classified based on student scores on these tests and test participation rates. The state has set five equal intermediate goals from the baseline year (2002) to the year 2014 when all schools are expected to meet the goal of 100% proficiency.

Schools are measured by the performance of all students on the *English Language Arts* and *Mathematics* tests in the aggregate and by specific disaggregated groups: race/ethnicity (Asian, Black, Hispanic, Native American, White), economic disadvantage (school-lunch status), special needs (IEP), and Limited English Proficiency. There must be at least 45 students within each disaggregated group across a 3 year span in order to use the data for school classification. Other factors which

influence school classification include test participation rate (target: 95%) and meeting target attendance (for elementary and middle schools) or graduation (for high schools) rates.

### **Limitations of the Data**

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in the 63 indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

# Methodology & References

## Family Income Levels Based on the Federal Poverty Measures

The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau. The thresholds are used mainly for statistical purposes — for instance, estimating the number of children in Rhode Island living in poor families. The poverty threshold is adjusted upward based on family size and whether or not household members are children, adults or 65 years and over. The 2008 federal poverty threshold for a family of three with two children is \$17,346 and \$21,834 for a family of four with two children.

The poverty guidelines are the other version of the federal poverty measure.

They are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes such as determining financial eligibility for certain federal programs. Often, government assistance programs, including many of those administered by Rhode Island use the federal poverty guidelines to determine income eligibility. The figures are adjusted upward for larger family sizes.

The phrases "Federal Poverty Level" and "Federal Poverty Line" (often abbreviated FPL) are used interchangeably and can refer to either the poverty thresholds or the poverty guidelines.

## Family Income Levels Based on the Federal Poverty Guidelines

2009 Federal Poverty Guidelines	Annual Income Family of Three	Annual Income Family of Four
50%	\$9,155	\$11,025
100%	\$18,310	\$22,050
130%	\$23,803	\$28,665
185%	\$33,874	\$40,793
200%	\$36,620	\$44,100
225%	\$41,198	\$49,613
250%	\$45,775	\$55,125

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## Rhode Island KIDS COUNT Factbook Advisory Committee

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### **Denise Achin**

Rhode Island Technical Assistance Project

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Adoption RI

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Rhode Island Department of Children  
Youth and Families

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Rhode Island Department of Human  
Services

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Young Voices

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Prevent Child Abuse Rhode Island

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Rhode Island Department of Health

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Youth and Families

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The Office of Child Support Services

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Rhode Island Senate

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Rhode Island Department of Children,  
Youth and Families

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Ready to Learn Providence

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Annenberg Institute for School Reform

### **Kenneth Gu**

Rhode Island Department of Elementary  
and Secondary Education

### **Lisa Guillette**

Rhode Island Foster Parents Association

### **Eric Hirsch**

Rhode Island Emergency Food and Shelter  
Board

### **Linda Katz**

The Poverty Institute  
Rhode Island College School of Social Work

### **Elliot Krieger**

Rhode Island Department of Elementary  
and Secondary Education

### **Elizabeth Lange, MD**

American Academy of Pediatrics,  
Rhode Island Chapter

### **Peter Lee**

John Hope Settlement House

### **Sara Little**

Rhode Island Department of Children,  
Youth and Families

### **Joanne McGunagle**

Comprehensive Community Action  
Program

### **Katie Murray**

Ready to Learn Providence

### **Patricia Nolan, MD**

The Rhode Island Public Health Institute at  
Brown Medical School

### **Ana Novais, MA**

Rhode Island Department of Health

### **Ronald Pagliarini**

Rhode Island Family Court

### **Michele Palermo**

Rhode Island Department of Elementary  
and Secondary Education

### **Donald Perry**

Rhode Island Department of Health

### **Jill Pfitzenmayer**

The Rhode Island Foundation

### **Candace Powell**

Salve Regina University  
School of Nursing

### **Larry Pucciarelli**

Rhode Island Department of Human  
Services

### **Amy Rainone**

Rhode Island Housing

### **Brother Michael Reis**

Tides Family Services

### **Jeffrey Renzi**

Rhode Island Department of Corrections

### **Randy Rosati**

Rhode Island Department of Human  
Services

### **Sharon Santilli**

Rhode Island Child Support Enforcement

### **Samara Viner-Brown**

Rhode Island Department of Health

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Rhode Island College School of Social Work

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CHisPA

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**Sharon K. Carter**  
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**Michael Cerullo**  
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Brown University

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Education Justice Council

**Lynda Dickinson**  
CHILD, Inc.

**Susan Dickstein, Ph.D.**  
Bradley/Hasbro Children's Research Center

**Marianela Dougal**  
Progreso Latino

**Elizabeth V. Earls**  
Rhode Island Council of Community  
Mental Health Organizations

**Dr. John E. Farley, Jr.**

**Karen Feldman**  
Young Voices

**Barbara Fields-Karlin**  
LISC, Rhode Island

**Maryann Finamore-Allmark**  
West Bay Child Care

**Patricia Flanagan, MD**  
Hasbro Children's Hospital

**David Gagnon**  
National Perinatal Information Center

**James Gannaway**  
Casey Family Services

**Joseph Garlick**  
Woonsocket Neighborhood Development  
Corporation

**Leslie Gell**  
Ready to Learn Providence

**Kathleen S. Gorman**  
URI, Feinstein Center for a Hunger Free  
America

**Nancy Smith Greer**  
Rhode Island Office, U.S. Department of  
Housing and Urban Development

**Teny Gross**  
Institute for the Study and Practice of  
Nonviolence

**Lisa Guillette**  
Rhode Island Foster Parents Association

**Rabbi Leslie Y. Gutterman**  
Temple Beth El

**Jane Hayward**  
Rhode Island Health Center Association

**Owen Heleen**  
The Rhode Island Foundation

**Margaret Holland McDuff**  
Family Service of Rhode Island

**Carole Jenny, MD**  
Hasbro Children's Hospital

**Jennie Johnson**  
City Year Rhode Island

**Susan Kaplan**

**Linda Katz**  
The Poverty Institute  
Rhode Island College School of Social Work

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NAACP, Providence Chapter

**Beth Newberry**

Junior League of Rhode Island

**Joseph Newsome**

South Providence Development Corporation

**Linda H. Newton**

Blue Cross & Blue Shield of Rhode Island

**Anne M. Nolan**

Crossroads Rhode Island

**Roger Nolan**

Aquidneck Management Associates, Ltd.

**Patricia Nolin**

Rhode Island College, Office of Development

**Jane Nugent**

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**Keith Oliveira**

RI Urban Project

**Susan Orban**

Washington County Coalition for Children

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Youth in Action

**Steven Ostiguy**

Church Community Housing Corporation

**Jill Pfitzenmayer, Ph.D.**

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**Candace Powell**

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School of Nursing

**Vidal Perez**

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Sophia Academy

**Brother Michael Reis**

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**Mark Reynolds**

Neighborhood Health Plan of Rhode Island

**James Ryczek**

Rhode Island Coalition for the Homeless

**Hillary Salmons**

Providence After School Alliance

**Monica Schaberg, MD**

**Andrew Schiff**  
Rhode Island Community Food Bank

**Ronald Seifer, Ph.D.**

Bradley/Hasbro Children's Research Center

**Noreen Shawcross**

Chief Officer of Housing & Community  
Development

**Henry Shelton**

The George Wiley Center

**John C. Simmons**

Rhode Island Public Expenditure Council

**Betsy Smith**

Junior League of Rhode Island

**Matthew Stark**

Providence Mayor's Office

**Allan W. Stein**

United Way of Rhode Island

**Shirley Spater-Freedman, DMD**

Samuels Sinclair Dental Center,  
Rhode Island Hospital

**Susan Stevenson**

Gateway Healthcare

**The Honorable O. Rogeree Thompson**

Rhode Island Superior Court

**Andrea Underwood**

Rhode Island Child Care Facilities Fund,  
LISC

**Dawn Wardyga**

Family Voices  
Rhode Island Parent Information Network

**Vivian Weisman**

Rhode Island Mental Health Association

**Kelly Wishart**

United Way of Rhode Island

**Pheamo Witcher**

Genesis Center

# Acknowledgements

The *2009 Rhode Island Kids Count Factbook* was made possible by the efforts of many dedicated individuals. Rhode Island KIDS COUNT gratefully acknowledges their assistance. Special thanks to:

Don Crary and Laura Beavers of The Annie E. Casey Foundation for their support and technical assistance.

The State Agency Directors of the Rhode Island Children's Cabinet for their ongoing support of Rhode Island KIDS COUNT and for the work of their data and policy staff as we produce the Factbook each year.

Members of the Rhode Island Kids Count Factbook Advisory Committee and the State Agency Data Liaisons for their assistance in shaping the format and content of the Factbook.

Samara Viner-Brown, Chief, Center for Health Data and Analysis, for coordination and analyses of data from the RI Department of Health; Randy Rosati, Chief Human Services Policy & Systems Specialist, for coordination and analysis of data from the RI Department of Human Services; Kenneth Gu, Senior Data Systems Administrator, for coordination and analysis of data from the RI Department of Elementary and Secondary Education; and, David Allenson, Systems Administrator, for coordination and analysis of data from the RI Department of Children, Youth and Families.

Gayle Goldin, Consultant, who wrote several of the child welfare indicators in the Safety section of this year's Factbook.

Greenwood Associates for the design and layout of the Factbook, Gail Greenwood and Chil Mott for the illustrations, and Signature Printing Co. for the printing of the Factbook.

Members of the Rhode Island KIDS COUNT Board of Directors for their support.

## **For their technical assistance with the following sections of the Factbook:**

**Child Population, Children in Single Parent Families, Racial and Ethnic Diversity, Racial and Ethnic Disparities:** Linda Katz, Lenore Olsen, Rhode Island College School of Social Work; Samara Viner-Brown, Ana Novais, Donald Perry, RI Department of Health; Patricia Martinez, RI Department of Children, Youth and Families; Kenneth Gu, Rhode Island Department of Elementary & Secondary Education; Pablo Rodriguez, Women and Infants Hospital; Dennis Langley, Urban League; Mark Mather, Jean D'Amico, Population Reference Bureau.

**Infants Born at Highest Risk:** Ellen Amore, Blythe Berger, Kristine Campagna, A. J. Lizarda, RI Department of Health; Patricia Flanagan, MD, Hasbro Children's Hospital; Susan Dickstein, PhD, Ronald Seifer, PhD, Bradley/Hasbro Children's Research Center.

**Grandparent Caregivers:** Patricia Martinez, Maureen Robbins, David Allenson, Kevin Savage, Diane Savage, RI Department of Children, Youth and Families; Darlene Allen, Adoption Rhode Island; Lisa Guillette, Rhode Island Foster Parent Association; James Gannaway, Casey Family Services; Anita James, Washington County CASSP; Jennifer Miller, Cornerstone Consulting; Jaia Peterson, Generations United; Frederick and Shirley Price.

**Median Family Income:** Jean Burritt Robertson, RI Economic Development Corp.; Beth Ashman Collins, RI Economic Policy Council; Linda Katz, The Poverty Institute; Kerri Rivers, Population Reference Bureau.

**Cost of Rent:** Susan Bodington, Amy Rainone, Annette Bourne, Rhode Island Housing; Eric Hirsch, Providence College and RI Food and Shelter Board; Kristin Hess, Todd Houston, National Grid; Nancy Smith Greer, RI HUD Office.

**Secure Parental Employment:** William O'Hare, Laura Beavers, The Annie E. Casey Foundation; Joyce Dorsey, Nick Ucci, RI Department of Labor and Training; Matthew Jerzyk, Jobs with Justice.

**Mother's Education Level:** Nancy Fritz, Genesis Center; Denise DiMarzio, Louise Moulton, Providence Public Library; Brenda Dann-Messier, Dorcas Place Parent Literacy Center; Beth Ashman Collins, RI Economic Policy Council; Janet Isserlis, Brown University; Jeanette Cabral, Donalda Carlson, RI Department of Human Services; Bob Mason, RI Department of Elementary and Secondary Education; Susan Grislis, Project Learn; Judy Titzel, World Education, Inc; Samara Viner-Brown, RI Department of Health; Laura Beavers, The Annie E. Casey Foundation; Jean D'Amico, Population Reference Bureau; Richard Werthimer, Child Trends.

**Children Receiving Child Support:** Sharon Santilli, Karla Caballeros, Office of Child Support Services; Linda Katz, Rachel Flum, The Poverty Institute.

**Children in Poverty:** Linda Katz, The Poverty Institute; William O'Hare, Laura Beavers, The Annie E. Casey Foundation; Randy Rosati, RI Department of Human Services.

**Children in Families Receiving Cash Assistance:** Donalda Carlson, Randy Rosati, RI Department of Human Services; Linda Katz, The Poverty Institute; Johan Uvin,

Elizabeth Jardine, Rhode Island Department of Elementary and Secondary Education, Office of Adult Education.

**Children Receiving Food Stamp/SNAP Benefits:** Kathleen Gorman, Maria Cimini, University of Rhode Island Feinstein Center for a Hunger Free America; Donalda Carlson, Randy Rosati, RI Department of Human Services; Linda Katz, The Poverty Institute.

**Children Receiving School Breakfast:** Kathleen Gorman, University of Rhode Island Feinstein Center for a Hunger Free America; Leslie Capece, RI Department of Elementary and Secondary Education; Henry Shelton, George Wiley Center.

**Children's Health Insurance:** Diana Beaton, Sharon Kernan, John A.Y. Andrews, Amy Lapierre, Lissa DiMauro, Randy Rosati, Deborah Florio, Alison Croke, Diane Bynum, RI Department of Human Services; William O'Hare, Laura Beavers, The Annie E. Casey Foundation; Linda Katz, The Poverty Institute; Jean D'Amico, Population Reference Bureau.

**Childhood Immunizations:** William Hollinshead, MD, Samara Viner-Brown, Hanna Kim, Mimi Lazerele, Paula Lopes, Ana Novais, Don Perry, Rosemary Reilly-Chammat, Susan Shepardson, Kathy Marceau, RI Department of Health.

**Access to Dental Care:** John A.Y. Andrews, Martha Dellapenna, Lissa DiMauro, Deborah Florio, Diane Bynum, RI Department of Human Services; Samara Viner-Brown, Janice Fontes, Kathy Taylor, Karen Williams, RI Department of Health; Linda Katz, The Poverty Institute; Christine Benoit, DMD; Sandra Saunders, University of Rhode Island; Val Celentano, Rhode Island Dental

# Acknowledgements

Association; Shirley Spater-Freedman, Mamie Wakefield, Samuels Dental Center/RI Hospital; Jane Griffin, MCH Evaluation.

**Children's Mental Health:** Brenda Almeida, Janet Anderson, Chris Counihan, Frank Pace, RI Department of Children, Youth and Families; Elizabeth Earls, RI Council of Community Mental Health Organizations; Ann Beardsley, Larry Brown, Julie Collins, Susan Eagleson, Cathy Lacoste-Hamel, Lesley Keates, Sandi Silva, John Peterson, Mark Montella, Rachel Schwartz, Richard Smith, Barbara Stearns, Dan Wall, Eric Wood, Lifespan; Kevin Myers, Bradley School; Mark Gloria, Jim Hallman, Susan Palmateer, Mary Brinson, Butler Hospital; Samara Viner-Brown, Rosemary Reilly-Chammat, Tricia Washburn, RI Department of Health; John Andrews, Lissa DiMauro, Deb Florio, Sharon Kernan, Deborah Garneau, Anne Roach, Chris Robin, RI Department of Human Services; Jocelyn Therien, Ron Tremper, Gene Nadeau, Noelle Wood, RI Department of Mental Health, Retardation, and Hospitals; Lauren D'Ambra, RI Family Court; Dick Dougherty, Dougherty Management Associates; Jane Knitzer, Ed.D, National Center for Children in Poverty; Peg Malone, Beacon Health Strategies; Ken Pariseau, Neighborhood Health Plan of Rhode Island; Jane Griffin, MCH Evaluation.

**Children With Special Needs:**

Peter Simon, MD, Deborah Garneau, Cynthia Holmes, RI Department of Health; Kenneth Gu, Jennifer Wood, Neda Ashtari, Charlene Gilman, Elliot Krieger, RI Department of Elementary and Secondary Education; Dawn Wardyga, Family Voices; John A.Y. Andrews, Deb Florio, Sharon Kernan, Nora Liebowitz, Christine Robin, Brenda Duhamel, RI Department of Human

Services; Patricia Flanagan, MD, Hasbro Children's Hospital.

**Women and Children Receiving WIC:**

Becky Bessette, Charles White, John Smith, Samara Viner-Brown, Bethany Algiers, Bethany DiNapoli, Ann Barone, RI Department of Health.

**Breastfeeding:** Becky Bessette, Charles White, Rachel Cain, Samara Viner-Brown, Erin Dugan, Ariel Lizarda, RI Department of Health.

**Women with Delayed Prenatal Care, Low Birthweight Infants, Infant Mortality:** William Hollinshead, MD, Samara Viner-Brown, Rachel Cain, Ana Novais, Colleen Fontana, RI Department of Health; Suzanne Grossman, Betsy Akin, RI March of Dimes; Jane Griffin, MCH Evaluation, Inc.; Laura Beavers, The Annie E. Casey Foundation; Jean D'Amico, Population Reference Bureau; Robyn Hoffman, RI Department of Human Services; Pam High, Hasbro Children's Hospital.

**Preterm Births:** William Hollinshead, Samara Viner Brown, RI Department of Health; Betsy Akin, Linda DiPalma, RI Chapter, March of Dimes Foundation; Joann Petrini, Vani Bettegowda, National March of Dimes Foundation; Maureen Phipps, James Padbury, Betty Vohr, Women & Infants Hospital; Amy Lapierre, RI Department of Human Services; Janet Muri, National Perinatal Information Center; Stephen Davis, Neighborhood Health Plan of Rhode Island.

**Children with Lead Poisoning:** Magaly Angeloni, Peter Simon, MD, Robert Vanderslice, William Hollinshead, MD, Anne Primeau-Faubert, Daniela Quilliam, Khanh Truong, Emmanuel Estrada; RI Department of Health; Jeff Brown, MD, June Tourangeau,

St. Joseph Hospital Lead Center; Roberta Hazen Aaronson, Childhood Lead Action Project; Simon Kue, RI Housing Commission; David Homa, Tim Dignam, Centers for Disease Control and Prevention.

**Children with Asthma:** Myra Edens, Hasbro Children's Hospital; Samara Viner-Brown, William Hollinshead, MD, Rachel Cain, Janet Dubois, Kathy Taylor, RI Department of Health; David Gagnon, National Perinatal Information Center; Chris Camillo, Draw A Breath Clinic; Robert Klein, MD, Rhode Island Hospital.; Ron Marcaccio, RI Department of Environmental Management.

**Housing and Health:** Rebecca Morley, Sherry Dixon, National Center for Healthy Housing; Laura Beavers, Annie E. Casey Foundation; Jean D'Amico, Population Reference Bureau; Magaly Angeloni, Daniela Quilliam, Peter Simon, MD, Nancy Sutton, Samara Viner-Brown, Kathy Taylor, Rhode Island Department of Health; James Celenza, Rhode Island Committee on Occupational Safety & Health; Brenda Clement, Statewide Housing Action Coalition; Amy Rainone, Rhode Island Housing; Nellie Gorbea, HousingWorks RI; Noreen Shawcross, Rhode Island Office of Housing and Community Development; Doris De Los Santos, Simon Kue, Rhode Island Housing Resources Commission. June Tourangeau, St. Joseph Hospital Lead Center; Julie A. Capobianco, RI Office of Energy Resources.

**Births to Teens:** Samara Viner-Brown, Rachel Cain, Ana Novais, RI Department of Health; Patricia Flanagan, MD, Hasbro Children's Hospital; William O'Hare, The Annie E. Casey Foundation.

**Alcohol, Drug, and Cigarette Use by Teens:** Elliot Krieger, RI Department of Elementary and Secondary Education;

Elizabeth Gilheeny, Rhode Island Justice Commission; Don Perry, Jan Shedd, Samara Viner-Brown, Jana Hesser, RI Department of Health; Brenda Amodei, Bette McHugh, Sharon Tourigny, RI Department of Mental Health, Retardation and Hospitals; Robert Felner, Linda Hurditch, Anne Seitsinger, Stephen Brand, URI Center on School Improvement and Educational Policy.

**Childhood Obesity:** Don Perry, Rachel Cain, Samara Viner-Brown, William Hollinshead MD, Rosemary Reilly-Chammat, Hanna Kim, RI Department of Health; Kathleen Gorman, URI Feinstein Center for a Hunger Free America; Anne Seitsinger, National Center on Public Education and Social Policy.

**Child Deaths and Teen Deaths:** Samara Viner-Brown, Nancy Libby-Fisher, Liz Arouth, Rachel Cain, Janet Dubois, Edward Donnelly, Janice Fontes, RI Department of Health; David Pugatch, MD, Hasbro Children's Hospital; William O'Hare, The Annie E. Casey Foundation.

**Gun Violence:** Samara Viner-Brown, Rachel Cain, Janet Dubois, Janice Fontes, Kathy Taylor, RI Department of Health.

**Homeless Children and Homeless Youth:** Eric Hirsch, Providence College and RI Emergency Food and Shelter Board; Jametta Alston, Office of the Child Advocate; Annette Bourne, Rhode Island Housing; Brother Michael Reis, Tides Family Services; Lauren D'Ambra, RI Family Court; Gordon Vance, National Runaway Switchboard; Celeste Jeffrey, Urban League of Rhode Island; Jim Ryczek, Rhode Island Coalition for the Homeless.

**Juveniles Referred to Family Court:** Lauren D'Ambra, Marguerite DiPalma,

# Acknowledgements

Richard Scarpellino, Ron Pagliarini, Ron Pirolli, Joseph Baxter, RI Family Court; David Allenson, Mike Burk, RI Department of Children, Youth and Families; Elizabeth Gilheeny, Rhode Island Justice Commission; Warren Hurlbut, Arlene J. Chorney, Sara Little, RI Training School; Patrick Lynch, Michael Healey, Susan Brazil, Susan Urso, Attorney General's Office; Brother Michael Reis, Tides Family Services; Robert Felner, National Center for Public Education and Social Policy; Patricia Flanagan MD, Hasbro Children's Hospital; Alyssa Benedict, CORE Associates.

**Juveniles at the Training School:** Arlene J. Chorney, Sara Little, Joseph Penn, RI Training School; Patricia Martinez, Jorge Garcia, Leon Saunders, David Allenson, Sue Bowler, Carol Whitman, RI Department of Children, Youth and Families; Brother Michael Reis, Robert Aichen, Tides Family Services; Mark Motte, Rhode Island College; Warren Hurlbut, Patrick Lynch, Michael Healey, Susan Brazil, Susan Urso, RI Office of the Attorney General; Laureen D'Ambra, RI Family Court; Elizabeth Gilheeny, RI Justice Commission; A. T. Wall, Greg McCarthy, Erin Boyar, RI Department of Corrections.

**Children of Incarcerated Parents:** Erin Boyar, Martin Davis, Greg McCarthy, RI Department of Corrections.

**Children Witnessing Domestic Violence:** Sage Bauer, Deborah DeBare, Katheryn Tavares, RI Coalition Against Domestic Violence; Janice Dubois, Elaine Dorazio, RI Supreme Court Domestic Violence Training and Monitoring Unit; Eric Hirsch, Providence College and the RI Emergency Food and Shelter Board.

**Child Abuse and Neglect:** Leon Saunders, David Allenson, Colleen Caron, Jorge Garcia, Mike Burk, Kevin Savage, Stephanie Terry, RI Department of Children, Youth and Families; Jametta Alston, Office of the Child Advocate; Deborah DeBare, RI Coalition Against Domestic Violence; Margaret Holland McDuff, Family Service; Peg Langhammer, Sexual Assault & Trauma Resource Center of RI; Samara Viner-Brown, Rachel Cain, Janet Dubois, Janice Fontes, Kathy Taylor, RI Department of Health; Kate Begin, Prevent Child Abuse Rhode Island; Gayle Goldin, Consultant.

**Children in Out-of-Home Placement:** Jorge Garcia, Mike Burk, Leon Saunders, David Allenson, Diane Savage, Kevin Savage, Stephanie Terry, RI Department of Children, Youth and Families; Joseph Baxter, Laureen D'Ambra, David Tassoni, RI Family Court; Jametta Alston, Michele Paliotta, Office of the Child Advocate; Cathy Lewis, Casey Family Services; Darlene Allen, Adoption RI; Kate Begin, Prevent Child Abuse RI; Charlene Zienowicz, Urban League; Patricia Beede, Sherlock Center on Disabilities, Rhode Island College; Lisa Guillette, RI Foster Parents Association; Gayle Goldin, Consultant.

**Permanency for Children in DCYF Care:** Gayle Goldin, Consultant; Jorge Garcia, Mike Burk, David Allenson, Maureen Robbins, Diane Savage, RI Department of Children, Youth and Families; Darlene Allen, Adoption RI; James Gannaway, Cathy Lewis, Casey Family Services; Lisa Guillette, Kat Keenan, Julie Dibari, RI Foster Parents Association.

**Early Intervention:** Deb Florio, Brenda Duhamel, Christine Robin, RI Department of Human Services; Dawn Wardyga, Family

Voices/RIPIN; Lee Baker, RI Department of Children, Youth and Families.

**Infant and Pre-School Child Care, School-Age Child Care, Children Receiving Child Care Subsidies:** Donalda Carlson, Sue Libutti, Larry Pucciarelli, Randy Rosati, RI Department of Human Services; Brenda Almeida, Pam Hall, RI Department of Children, Youth and Families; Nancy Benoit; Reeve Sullivan-Murphy; Leslie Gell, Katie Murray, Ready to Learn Providence; Maryann Finamore-Allmark, Kim Maine, RI Public Policy Coalition for Child Care; Tammy Camillo, RIAEYC/BrightStars; Blythe Berger, RI Department of Health; Hillary Salmons, Elizabeth Devaney, Providence After School Alliance; Sarah Cahill, RI After School Plus Alliance; Michele Palermo, RI Department of Education; Erica Saccoccio, RI School Age Child Care Association; Peggy Ball, National Child Care Information Center; Cynthia Roberts, CHILDSPAN.

**Accredited Early Care and Education:** Blythe Berger, RI Department of Health; Michele Palermo, RI Department of Elementary and Secondary Education; Brenda Almeida, RI Department of Children, Youth and Families; Jennifer DeFrance, Tammy Camillo, RIAEYC/BrightStars; Kim Maine, Sunshine Child Development Center.

**Children Enrolled in Head Start and Early Head Start:** Larry Pucciarelli, RI Department of Human Services; Toni Enright, Cranston Child Development Center; Lynda Dickinson, CHILD, Inc.; Jeanne Rheaume, CDI Head Start; LoriAnn Hiener, South County Community Action; Linda Laliberte, Mary Nugent, Barbara Schermack, East Bay Community Action Program; Rhonda Farrell, Tri-Town Community Action Agency; Karen Bouchard, Dee Henry, Woonsocket Head

Start and Day Care; Aimee Mitchell, Malia Goodwin, Children's Friend and Service; Susan Dickstein, PhD., Bradley/Hasbro Children's Research Center; Karen Pucciarelli, RI Department of Elementary and Secondary Education.

**Full Day Kindergarten:** Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education.

**English Language Learners:** Kenneth Gu, Susan Rotblat-Walker, Elliot Krieger, RI Department of Elementary and Secondary Education; Cynthia Garcia-Coll, Ph.D., Brown University.

**Children Enrolled in Special Education:** Kenneth Gu, Jennifer Wood, Charlene Gilman, Karen Cooper, Elizabeth Landry, Elliot Krieger, RI Department of Elementary and Secondary Education; Thomas Snyder, National Center for Education Statistics; William Hollinshead, MD, Samara Viner-Brown, Rachel Cain, Peter Simon, MD, RI Department of Health; John A.Y. Andrews, RI Department of Human Services; Dawn Wardyga, Family Voices; Jane Griffin, MCH Evaluation, Inc; Steve Nardilli, RI Charter Schools Association.

**Student Mobility:** Katie Murray, The Providence Plan; Jim Vandermillen; Julia Steiny; Terese Curtin, Connecting for Children and Families, Inc.; Christine Arouth, Newport School Department; Samara Viner-Brown, RI Department of Health; Susanna Greschner, RI Public Expenditure Council; Scott Gausland, Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education.

**Fourth- and Eighth-Grade Reading Skills:** Cynthia Corbridge, Kenneth Gu, Jackie Bourassa, Betsey Hyman, Charlene Gilman,

# Acknowledgements

Elliott Krieger, RI Department of Elementary and Secondary Education; Julia Steiny; Steve Nardelli, RI League of Charter Schools.

**Math Skills:** Kenneth Gu, Elliot Krieger, Diane Schaefer, RI Department of Elementary and Secondary Education; Marika Ripke, KIDS COUNT Hawaii, Center on the Family; Darcy Sawatzki, Hager Sharp; Julia Steiny; Linda Tilly, VOICES for Alabama's Children.

**Schools Making Insufficient Progress:** David Abbott, Elliott Krieger, Kenneth Gu, Charlene Gilman, RI Department of Elementary and Secondary Education; Steve Nardilli, RI Charter Schools Association.

**School Attendance:** Kenneth Gu, Elliot Krieger, RI Department of Elementary and Secondary Education; Patrick McGuigan, The Providence Plan; Michael Jolin, East Greenwich School District; Judge Joan Byer, Linda Wilhelms, Truancy Diversion Project of Jefferson County, Kentucky; Steve Nardilli, RI Charter Schools Association; Sergeant Richard Rodriguez, New Haven Department of Police Services.

**Suspensions:** Kenneth Gu, Elliot Krieger, Jennifer Almeida, Sheila Galamaga, Elizabeth Landry, Benjamin Doherty, RI Department of Elementary and Secondary Education.

**High School Graduation Rate:** Cynthia Garcia-Coll, Brown University; Jane Nugent, United Way of Rhode Island; Kenneth Gu, Elliot Krieger, Elizabeth Landry, Bob Mason, RI Department of Elementary and Secondary Education.

**Teens Not in School and Not Working:** Linda Soderberg, RI Department of Labor and Training; Jack Combs, Brown University.

## Poetry Credits

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Rampersad, A. & Roessel, D. (2006). *Poetry for Young People: Langston Hughes*. "Youth" by Langston Hughes. New York, NY: Sterling Publishing Co., Inc.

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*Rhode Island KIDS COUNT*  
*One Union Station*  
*Providence, RI 02903*

*Phone: 401-351-9400*

*Fax: 401-351-1758*

*E-Mail: [rikids@rikidscount.org](mailto:rikids@rikidscount.org)*

*Web Site: [www.rikidscount.org](http://www.rikidscount.org)*