Issues Facing Rhode Island's Neediest Families

A Report Prepared by Rhode Island KIDS COUNT

for the Rhode Island Community Action Network

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Rhode Island KIDS COUNT

Rhode Island KIDS COUNT is a statewide children's policy organization dedicated to improving the health, education, economic well-being and safety of Rhode Island's children. Rhode Island KIDS COUNT collects and disseminates data on the well-being of Rhode Island's children, and advocates for and facilitates the development of responsive policies and programs.

A key publication of Rhode Island KIDS COUNT is the annual *Rhode Island KIDS COUNT Factbook* that tracks progress in reaching outcomes for children in the areas of Family and Community, Economic Well-being, Health, Safety, and Education. In addition, Rhode Island KIDS COUNT publishes and *Issue Brief* series on key programs and policies affecting children and families. In all of its work, Rhode Island KIDS COUNT works closely with key policy and data staff of state departments, with child advocates, and with community leaders to develop solutions to the problems facing children, families, and communities in Rhode Island.

This report was commissioned by the Rhode Island Community Action Network to highlight the range of unmet needs and barriers to self-sufficiency that Rhode Island families with the lowest income face. For more information on this report, please contact the Rhode Island Community Action Network at 401.467.9610.

INTRODUCTION

The purpose of this document is to focus attention on the Rhode Island families with the lowest income. This report discusses five critical areas that influence whether or not Rhode Island's neediest families are able to transition out of poverty and achieve economic security: Housing, Hunger, Employment, Child Care, and Health Care. Many families depend on the safety net of community based agencies to meet their basic needs.

The History of Community Action Agencies

Community Action Agencies (CAAs) were established by the Economic Opportunity Act (EOA) of 1964 as a central component of President Lyndon B. Johnson's War on Poverty. CAAs are charged with "developing employment opportunities, improving human performance, motivation, and productivity, or bettering the conditions under which people live, learn, and work." CAAs are designed to allow and facilitate the maximum amount of community participation, particularly by encouraging clients to take an active role in the governance of the organizations that serve them.

Nationally, there are approximately 1,100 organizations that receive Community Services Block Grant (CSBG) funding, and most of these are CAAs. Ninety –six percent (96%) of the counties in the United States are served by a CAA, including 9.3 million people annually. Community Action Agencies work with families and individuals towards eight specific goals, as mandated by the CSBG authorizing legislation:

- Securing and maintaining employment
- Providing emergency services
- Securing adequate education
- Improving nutrition
- Better income management
- Creating linkages among anti-poverty programs
- Securing adequate housing
- Achieving self-sufficiency

Rhode Island's Community Action Agencies

Rhode Island's network of nine CAAs or more familiarly, Community Action Programs, reach across the state to serve economically-disadvantaged and working-poor families. Each agency is a separate 501 (c) 3 non-profit organization and is governed by its own board of directors. However, CAAs act in a unified manner to strengthen families, improve their communities, open doors to self-sufficiency, and better the conditions under which people live, learn, and work.

Rhode Island CAAs collectively employ more than one thousand employees and serve thousands of economically-disadvantaged and economically-challenged families per year. CAAs are heavily dependent on federal funding, but do attempt to diversify their funding resource base. Key to the operation of CAAs is the core funding received through the Community Services Block Grant (CSBG). These funds are used as "investment funds" or "leverage funds."

CSBG has greatly influenced the governing structure of CAA agencies. They are mandated by federal statute to have in place a tripartite board which must include: representatives from local elected officials; low-income individuals in the communities served by the agencies; and local business, labor, or industry. This direct connection to the communities allows CAAs to tailor services and foster responsive programming.

CAAs employ comprehensive program service strategies to address the multi-faceted nature of poverty. Case managers draw from more than ninety separate CAA programs,

and are trained to assist with appropriate referrals. The CAA client demographic includes prenatal to infants, pre-teens through adults, and middle aged through seniors. CAAs target the whole family, however they also serve individuals, and their mission is to move the family or individual away from poverty toward self-sufficiency.

Each agency implements a mix of program services tailored to meet the needs of its client demographic. Services are based upon a needs assessment within each of the nine catchment areas, and through extensive Board feedback. Agencies in areas with a recent influx of immigrants have initiated successful ESL and GED programming, while many more urban agencies offer homeless shelters to address this important problem. Several CAAs have built up extensive psychological counseling programs, while others with large senior populations have adopted multiple initiatives designed to support seniors in their own homes. Still other CAAs have responded to the need to address pregnant and parenting teens, while others are leaders in their communities in responding to the need for affordable housing.

The CAA network does feature core programs which are offered across the state. Food distribution is a staple of CAA programming, and thousands of tons of food are distributed to poor people each year. Low Income Heating Emergency Assistance (LIHEAP) and Weatherization programs are administered by the CAAs, and they are also involved in addressing the gap in energy education, the "how to" of making home energy use more efficient and less costly. Over half of the Head Start and Early Head Start programs in the state are administered by CAAs, and many of Rhode Island's Health Centers are also managed through the CAA network. Moreover, CAAs engage in Welfare to Work initiatives by assisting Temporary Assistance to Needy Families (TANF) recipients with moving toward self-sufficiency.

RHODE ISLAND'S NEEDIEST FAMILIES

According to the 2000 Census, 120,548 individuals in Rhode Island, or 11.9% of all people in the state, lived in households with incomes below the federal poverty threshold, as defined by the U.S. Office of Management and Budget. This is nearly 28,000 more individuals than in 1989, a two percentage point increase.

Of Rhode Islanders who lived below the poverty line, 41,162 are under age 18, 64,233 are between the ages of 18 and 64 and 15,153 are 65 years and over. The increase since 1989 was not uniform across age groups, as the number of children in poverty increased over the decade while the number of adults over age 65 in poverty declined.

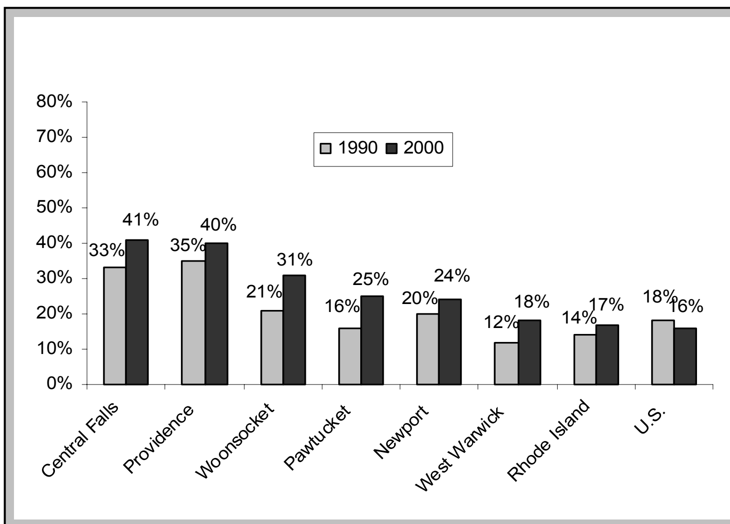
According to the Census, in 1999 there were 23,608 (8.9%) Rhode Island families with incomes below the federal poverty threshold. The overwhelming majority, 19,142, of these families have children under the age of 18 and 9,600 have children under the age of 5. The poverty threshold in 2002, for a family of three with two children was $14,492.

Three quarters of all poor families in Rhode Island, are highly concentrated in six cities: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket. These cities have been identified by Rhode Island KIDS COUNT as Rhode Island's six core cities, defined as cities in which more than 15% of the children live below the poverty line.

Child poverty

Children are most at risk of not achieving their full potential when they live in poverty. Single parenthood, low educational attainment, part-time or no employment, and low wages of parents all place children at risk of being poor. Children in poverty, especially those in poverty for extended periods of time, are more likely to have health and behavioral problems, difficulty in school, to become teen parents, and to earn less money as adults. Family economic conditions in early and middle childhood appear to be more important for shaping ability and achievement than do economic conditions during adolescence. In fact, research shows that young children who live in poverty are more likely to have impaired development because of their increased exposure to risk factors associated with poverty including: inadequate nutrition, environmental toxins, maternal depression, trauma and abuse, lower quality child care and parental substance abuse.[1] Efforts that improve the quality of a child's environment, especially in the early years of life, can produce lifelong impacts on learning social skills, and mental health.

Child Poverty Rates 1990 and 2000 Core Cities, Rhode Island and US



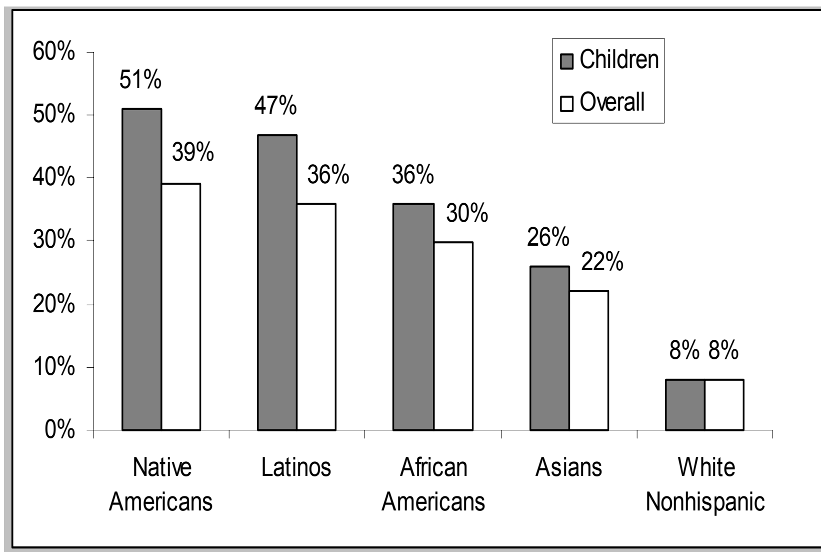
The child poverty rate in Rhode Island increased between 1990 and 2000 while the national rate declined. In 2000, 16.5% of all children in Rhode Island were living in poverty (40,117 children) compared with 13.5% in 1990. This represents an increase of more than 10,000

poor children over the decade. While Rhode Island's child poverty rate is nearly the same as the national average, Rhode Island has the highest child poverty rate among New England states. The highest rates of childhood poverty in Rhode Island are among families with young children, single parent families, minority families and families living in the core cities and core urban neighborhoods. Recent Census data found that with 40% of its children living below the poverty line, Providence is the third poorest city in the nation in terms of childhood poverty (among cities its size).

People of Color

In Rhode Island and across the nation, people of color are far more likely to be poor than are white, non-Hispanic individuals. People of color are between three and four times as likely as whites to be poor in Rhode Island. Native Americans have the highest poverty rate at 39% followed by Latinos at 36%, African Americans at 30% and Asians at 22% compared to 8% for White, non- Hispanic Rhode Islanders. Racial and ethnic disparities in poverty levels are even more dramatic for children in Rhode Island, with 51% of Native American children, 47% of Latino children, 36% of African American children and 26% of Asian children living in poverty compared to 8% of White, non-Hispanic children.[2] In fact, Rhode Island has the highest rate of Latino children living in poverty in the nation, nearly double the national average of 28%.

Rhode Island Poverty Rates by Race and Ethnicity, 2000



Immigrants

Between 1990 and 2000, in Rhode Island, the total immigrant population grew by 25%, increasing from 95,088 to 119,277. Two out of three (65%) immigrants live in the core cities and of these, two-thirds live in Providence and Central Falls. Immigrants in Rhode Island are nearly twice as likely to be poor as are native born people; 21% of all immigrants are poor compared to 11% of native born people. In 2001, Rhode Island was home to nearly 8,500 immigrant children; an additional 31,400 Rhode Island households with children are headed by immigrants.[3] Immigrants are far more likely to receive lower wages than their native born counter parts. They are also more likely to be in fair or poor health, to lack health insurance, to have problems affording food but receive no food stamps, and to live in crowded housing but receive no housing assistance.[4] Furthermore, according to Census 2000, there were 20,749 households in Rhode Island that were linguistically isolated, i.e. households in which no member 14 years or older speaks English "very well". In addition there were 36,412 adults who responded that they did not speak English or did not speak English "very well".[5]

Extreme Poverty

Although all families living below the poverty line are unable to make ends meet, families living in extreme poverty, defined as 50% below the federal poverty threshold, are most unable to meet their basic needs. In 1999, in Rhode Island, 54,366 individuals lived in extreme poverty households. The extreme poverty level in 2003 is family income below $9,122 for a family of four with two children.

Children who live in deep, long-term poverty experience the worst outcomes as a result of their family's income status. In 2000, 19,773 of Rhode Island children lived in extreme poverty. This is 8% of all children and half of all poor children in the state. Young adults ages 18 to 24 are the most likely to be extremely poor in the state (12%), as many pursue higher education and may have incomes supplemented by loans or other non wage income, followed by young children (10%).[6]

For more detailed information on poverty by city and towns in Rhode Island, please see Table I.

Rhode Island Community Action Agencies (CAA)

A key issue relating to assisting families living in poverty is helping them to access government social assistance programs including: Section 8 housing vouchers, Food Stamps, Welfare to Work programs, child care subsidies, and Medicaid and State Child Health Insurance Programs. CAAs in Rhode Island are helping Rhode Islanders to navigate the system and access appropriate services.

Through Family Self-Sufficiency programs, adult education and job training efforts, and the delivery of human services, such as emergency food, shelter, and clothing assistance, substance abuse treatment, and nutrition and housing assessment and education, CAAs in Rhode Island are working to ensure that families coping with poverty receive the family supports and in kind government contributions they need to thrive.

Table I

Child Poverty, Rhode Island, 2000

City/Town	Families with Children Below Poverty		Children Under 6 Below Poverty		Children Under 18 Below Poverty	
	N	%	N	%	N	%
Barrington	56	2.3%	23	1.9%	116	2.5%
Bristol	216	8.7%	157	11.4%	396	9.2%
Burrillville	106	5.0%	80	7.9%	236	6.0%
Central Falls	988	34.6%	740	42.7%	2,189	40.8%
Charlestown	42	4.2%	18	3.7%	78	4.7%
Coventry	232	5.1%	149	6.4%	455	5.6%
Cranston	794	8.4%	437	8.6%	1,417	8.6%
Cumberland	162	3.8%	89	3.6%	237	3.1%
East Greenwich	65	3.6%	57	6.1%	147	4.1%
East Providence	613	10.2%	452	14.5%	1,109	10.7%
Exeter	49	5.6%	69	16.3%	112	7.5%
Foster	18	3.1%	-	0.0%	32	2.9%
Glocester	76	5.2%	37	5.7%	171	6.4%
Hopkinton	64	5.5%	55	8.9%	107	5.5%
Jamestown	9	1.3%	-	0.0%	17	1.4%
Johnston	287	8.2%	183	9.5%	527	9.0%
Lincoln	178	6.3%	76	5.6%	316	6.2%
Little Compton	8	1.9%	8	3.5%	8	1.0%
Middletown	161	6.7%	70	5.0%	264	6.2%
Narragansett	133	7.8%	50	6.5%	230	8.4%
New Shoreham	14	13.0%	3	4.8%	19	10.2%
Newport	654	22.4%	628	34.3%	1,223	23.8%
North Kingstown	362	9.4%	239	11.1%	657	9.6%
North Providence	327	9.0%	212	12.0%	559	9.8%
North Smithfield	38	2.9%	45	6.3%	67	2.8%
Pawtucket	2,229	22.7%	1,711	29.2%	4,353	24.5%
Portsmouth	65	2.8%	63	5.0%	118	2.8%
Providence	7,651	34.3%	6,137	42.5%	17,714	40.1%
Richmond	38	3.4%	17	2.4%	82	4.2%
Scituate	52	3.7%	30	4.2%	113	4.3%
Smithfield	85	3.7%	11	1.0%	153	3.9%
South Kingstown	166	5.0%	82	4.6%	297	4.9%
Tiverton	62	3.2%	48	5.4%	90	2.7%
Warren	104	7.3%	60	7.6%	198	8.1%
Warwick	642	6.1%	386	6.8%	1,175	6.4%
West Greenwich	7	0.9%	18	3.7%	40	2.7%
West Warwick	604	16.1%	606	26.8%	1,170	17.9%
Westerly	204	7.0%	141	8.0%	512	9.6%
Woonsocket	1,581	26.8%	1,361	35.0%	3,413	31.3%
Core Cities	13,707	28.8%	11,183	37.3%	30,062	33.4%
Remainder of State	5,435	6.3%	3,365	8.0%	10,055	6.6%
Rhode Island	19,142	14.2%	14,548	20.2%	40,117	16.5%

Source: 2003 Rhode Island KIDS COUNT Factbook.

AFFORDABLE HOUSING

Inadequate, costly or crowded housing has a negative impact on children's health, safety, education and emotional well-being. Housing that costs more than one-third of a family's income is considered to be unaffordable. Families that pay higher percentages of their income for housing are likely to go without other basic necessities, including food.

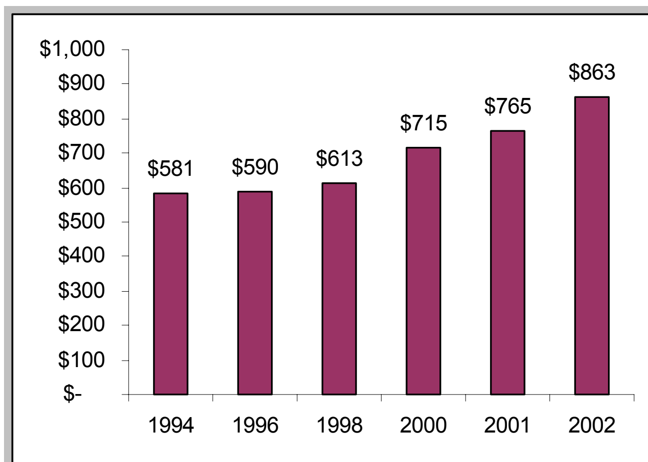
A growth in income inequality in Rhode Island over the last decade has contributed to a housing crisis for low and moderate income families. Increased income inequality in the state has led to a greater emphasis on high-end housing construction in the suburbs and luxury condominiums in urban areas. The minimal construction of middle and low-income housing units statewide increased competition for low-income housing and has resulted in rising rents for often substandard housing.

Many low-income homeowners face increasingly high housing cost burdens. Between 1989 and 1999, the percentage of Rhode Island households with cost burdens (those paying more than 30% of their household income on housing) increased from 55% to 58% of renters and 41% to 58% of homeowners.[7] Disproportionately large shares of minority and single-parent households spend more than 50% of their income on housing and less than one-third of families enrolled in the Family Independence Program receive housing subsidies.

Cost of Rent

Housing prices remain out of reach for many families. For Rhode Island families in extreme poverty the average rent for a two bedroom apartment exceeds their total monthly income. The cost of renting a two-bedroom apartment in Rhode Island increased from $581 a month in 1994 to $863 a month in 2002. The average rent for a two-bedroom apartment varies from community to community across the state, ranging from a high of $1,132 per month in Newport to a low of $682 in Central Falls.

Cost of Rent, 2 Bdrm Apt. RI, 1994 - 2002



To be considered affordable, the average rent in Rhode Island of $863 per month would require an annual income of $34,520, or an hourly wage of $16.60 working full-time. This is nearly three times the current minimum wage of $6.15 per hour and far above what many working families earn.[8]

Homelessness

Homeless children are at increased risk of injury, infection, hunger, malnutrition and lack of health care, and are more likely to miss school than other children. Psychological effects include developmental delays, anxiety, depression, and behavioral problems.[9]

The cost of housing in Rhode Island has brought homelessness to an all time high. Between July 1, 2001 to June 30, 2002, 5,440 people used a shelter in the state for a total of 186,187 bed nights. There has never been a time when more people used homeless shelters in Rhode Island. Likewise, people are using shelters or longer periods of time, with the average stay for each client at 34.2 nights. Most of these individuals were in emergency shelters.

Children, especially under the age of five, African Americans, Native Americans and Hispanics have the highest rates of homelessness of any group in the state. Rhode Island's homeless population is mostly extremely poor individuals and families, with two of three adult clients (60.2%) in the shelter system reporting less than $5,000 of annual income, and another 26.4% reporting between $5,000 and $9,999 of annual income.[10]

Utilities

Although incomes are lower, generally heating and cooling costs do not vary by income level. Therefore, the very poor families, on average, pay a much higher percentage of their income on utilities than higher income families. Young children in very low income families are at especially high risk for serious health consequences when energy is interrupted.

According to the Division of Public Utilities and Carriers, 16,500 households have lost utilities for non-payment, with only 10,500 having services restored as of September 2003.[11] These estimated 6,000 households without gas and/or electricity services represent the highest number of shutoffs since 1998.

In 2002, Rhode Island received approximately $11.5 million from the federal Low Income Home Energy Assistance Program (LIHEAP). This program provides energy assistance to households with incomes up to 60% of the state median household income. By assisting low-income households in paying their natural gas, electricity and oil bills during the hottest or coldest months of the year, LIHEAP prevents millions of Americans from having to choose between heating and cooling their homes, paying their rent, or purchasing food, medicine or other vital necessities. In addition to LIHEAP, both gas and electric utilities in Rhode Island offer some payment assistance, however the amount of assistance is not enough to meet the growing need for assistance with utilities.

Income Disparities and Rent, RI 1999

Six Highest Income Communities
1999 Median Household Income

Community	Income
Barrington	$74,591
East Greenwich	$70,062
West Greenwich	$65,725
Exeter	$64,452
Jamestown	$63,073
Scituate	$60,788

Six Lowest Income Communities
1999 Median Household Income

Community	Income
Central Falls	$22,628
Providence	$26,867
Woonsocket	$30,819
Pawtucket	$31,775
East Providence	$39,108
West Warwick	$39,505

Source: U.S. Census Bureau, Census 2000.

Income inequality rose dramatically in Rhode Island and across the country in the 1990s. Increased income inequality in the state has led to a greater emphasis on high-end construction in the suburbs and luxury condominiums in urban areas. Lack of construction of middle and low income units has increased competition for low-income housing, resulting in rising rents for often substandard housing.

Source: 2003 Rhode Island KIDS COUNT Factbook

Rhode Island Community Action Agencies (CAA)

CAAs in Rhode Island have a variety of initiatives that help families to maintain permanent housing, access emergency rental and mortgage assistance, access emergency shelter relief, and manage high utility costs. CAAs not only provide Low Income Heating Assistance, but also provide weatherization services and life skills training and development to help families achieve self-sufficiency.

In an effort to address the decreasing stock of affordable housing in Rhode Island, many CAAs own and are developing affordable rental units across the state. Tenants in these programs are charged rent below the fair market value to ease the burden of housing costs for low-income people. By rehabilitating deteriorated properties and constructing new homes, CAAs are also helping to revitalize neighborhoods.

RECOMMENDATIONS

Increase the production of affordable housing units: The state allocation of $10 million in bonds ($5 million each of the past two years) in funding for the production of affordable rental units through the continuation of the Neighborhood Opportunities Program is a beginning step toward addressing the affordable housing crisis in Rhode Island.

Increase housing opportunities for low-income and moderate-income families by enforcing minimum housing codes statewide, preserving the existing Section 8 housing, eliminating regulatory barriers to affordable housing development, and increasing state investments in housing for low- and moderate-income families.

Support efforts to implement a one-time forgiveness of past debts to utility companies and to cap energy costs for low income households to a percentage of their monthly income. The currently suggested percentages of income to be spent are 6% for electric-heat customers and 7% for gas-heat customers. A family with the state median-income pays an average of 3.5% of their income on heat.

Increase the involvement of the private sector in addressing the critical housing needs of working families. The discrepancy of where jobs are and where affordable housing is located, as well as long commute hours, hurts workers and employers alike.

HUNGER

Having enough food for a nutritious, healthy life is the most basic of human needs. According to the Census Bureau in 2001 there were 12.7 million children and 20.9 million adults in the United States who were living in households suffering from hunger or food insecurity. Food insecurity does not refer to hunger, per se, but the inability of individuals to afford an adequate, healthy diet that meets basic nutritional standards.

In Rhode Island, one in three households with children did not have enough food to meet their basic needs at all times during the year in 2000. Rhode Islanders who are Hispanic, have children under the age of 6, are single parents or who have not finished high school are the most likely to report that they did not have enough food to meet their basic needs. Rhode Island households with incomes below the poverty level and where the parent is unemployed are especially at risk.[12]

Hunger and food insecurity are serious risk factors for children. Research shows that children who live in households lacking access to sufficient food are more likely to be in poorer health than children from food-secure households. Children in food insecure and hungry households are also more likely to experience psychological and emotional distress, including hyperactivity, aggression, fatigue, and depression. Childhood hunger can have long-term negative effects on the community due to low educational attainment and job retention, and future medical services. Several federally-funded programs can help provide the nutritious meals to Rhode Island's neediest families and children.

Food Stamps

The Food Stamp program provides monthly benefits to low-income households that can be used for the purchase of food at retail stores. The Food Stamp program provides important nutrition benefits to low-income families who are at high risk for under-nutrition and poor health. To qualify for Food Stamps, a household's gross 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.

Based on Census 2000 estimates of the number of children ages birth to 18 living in families with incomes below 130% of the federal poverty line, there are an estimated 53,697 children eligible to participate in the Food Stamp Program in Rhode Island. As of October 1, 2002 there were 75,956 individuals participating in the Food Stamp program in Rhode Island. Half of all Food Stamp recipients in Rhode Island are children under age 18. Nationally, households with children receive 87% of all Food Stamp benefits.[13]

Food Stamp participation in Rhode Island and nationwide has significantly declined since 1994. As the number of families using the Food Stamp program has decreased, food pantries and emergency food banks have seen their service numbers rise. It is estimated that only between 59% and 72% of eligible Rhode Islanders actually participated in the program in 2000. Participation rates do vary across the state with 80% of income-eligible children in the core cities receiving Food Stamps, compared to 59% of eligible children in the remainder of the state.

For more detailed information on Food Stamp participation by city and town, please see Table II.

Emergency Food

The Emergency Food Assistance Program (TEFAP) provides USDA commodities to states, which distribute the food through local emergency food providers including food banks, soup kitchens, and food pantries. TEFAP is crucial because it fills gaps for those in

immediate need who are not receiving sufficient benefits from federal nutrition programs, or for those who are not receiving any other federal food aid.

Other Food Programs

The School Breakfast Program and the Women Infants and Children (WIC) Program are two other federal nutrition programs that provide nutritious food to thousands of pregnant women and children in Rhode Island each year. These programs often provide more than half of the nutrition that participants receive each day.

Rhode Island state law now requires all public schools to provide students with access to the School Breakfast Program. In October of 2002, an average of 17,391 breakfasts were served daily across the state. Of these, 88% were provided to low-income children eligible for free or reduced price meals. Rhode Island ranks 33rd in the country for participation in school breakfast by low-income students, with only 37 of every 100 eligible low income students participating.[14]

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a preventative program that provides nutritious food, nutrition education, and improved access to health care. The WIC program serves pregnant, postpartum, and breastfeeding women, infants and children under 5 years of age that have household incomes below 185% of the poverty level. During fiscal year 2002, 22,198 people, or 67% of the number of eligible participants, received WIC services. Overall, WIC participation improves birth outcomes, increases the nutrient intake of preschoolers, increases breastfeeding rates and immunization coverage, improves cognitive development and increases the likelihood of having a regular medical care provider.

Rhode Island Community Action Agencies (CAA)

Rhode Island CAAs not only help to administer food assistance programs, but also run food banks that incorporate innovative approaches to self-sufficiency, including nutrition workshops, with increased availability to emergency food.

CAAs continued presence in the state allows for extensive outreach and education of children and families, helping to increase self-sufficiency while simultaneously increasing access to vital government and emergency services. As noted above, there is still a great deal of outreach needed in some areas to educate eligible families and increase participation rates.

RECOMMENDATIONS

Make Food Stamps more accessible. Efforts are underway nationally and in Rhode Island to minimize barriers to enrollment in this critical nutrition support program for low-income people. Improved outreach for the Food Stamp program through the Rhode Island Department of Human Services and the Feinstein Center for a Hunger Free America will help to increase public awareness about eligibility rules for the program. Efforts to improve the application process for all programs offered by DHS can also improve food stamp access.

Increase access to school meal programs. Currently in Rhode Island, only 29% of all low-income children participate in School Breakfast Program. Providing free school breakfast to all students can significantly improve the number of low-income children who access the program by removing the stigma that arises when the program is only offered to low-income students.

Table II

CHILDREN UNDER 18 RECEIVING FOOD STAMPS, Rhode Island, October 1, 2002

City/Town	ESTIMATED INCOME ELIGIBLE	NUMBER PARTICIPATING	% OF INCOME ELIGIBLE PARTICIPATING
Barrington	155	40	26%
Bristol	607	227	37%
Burrillville	356	225	63%
Central Falls	2,840	2,240	79%
Charlestown	173	88	51%
Coventry	654	414	63%
Cranston	2,057	1,447	70%
Cumberland	485	256	53%
East Greenwich	242	118	49%
East Providence	1,687	1,075	64%
Exeter	169	92	54%
Foster	66	39	59%
Glocester	225	75	33%
Hopkinton	228	78	34%
Jamestown	36	17	47%
Johnston	733	496	68%
Lincoln	404	197	49%
Little Compton	21	16	76%
Middletown	404	153	38%
Narragansett	310	121	39%
New Shoreham	19	0	0%
Newport	1,731	1,275	74%
North Kingstown	818	429	53%
North Providence	802	515	64%
North Smithfield	92	46	50%
Pawtucket	5,948	4,508	76%
Portsmouth	187	81	43%
Providence	22,395	18,960	85%
Richmond	118	81	69%
Scituate	157	60	38%
Smithfield	239	109	46%
South Kingstown	485	311	64%
Tiverton	150	151	100%
Warren	333	220	66%
Warwick	1,712	1,211	71%
West Greenwich	81	35	43%
West Warwick	1,610	847	53%
Westerly	843	442	52%
Woonsocket	4,125	3,022	73%
Core Cities	38,649	30,852	80%
Remainder of State	15,048	8,865	59%
Rhode Island	53,697	39,717	74%

Source: 2003 Rhode Island KIDS COUNT Factbook.

EMPLOYMENT

In 2002, the Rhode Island unemployment rate was 5.1%, up from 4.7% in 2001. As of June 2003, of the 574,314 people in the labor force, 32,972 (5.7%) were not employed. According to the U.S. Department of Labor, Bureau of Labor Statistics, a person is considered unemployed if they were laid off from a job; or have had no paid employment at any time in the reference week; they were available for work at the time; and they made specific efforts to secure employment during the 4-week period ending with the reference week. In 2002 more than 88,000 Rhode Islanders filed for unemployment insurance.

Secure parental employment, defined as the percentage of children living with at least one parent who has full-time, year-round 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 and stable, regular child care. Secure parental employment is also likely to improve family functioning by reducing the stress brought on by unemployment and/or underemployment of parents.[15]

Employment alone does not guarantee that a family can move out of poverty and into self-sufficiency. The shift toward low-wage work in the service and retail industries over the last two decades, coupled with wage erosion, have led to an increase in the likelihood of having a parent with full-time year round employment falling below the poverty line. In 2000, 35% of poor children had a working parent up from 22% in 1990. [16]

Family Independence Program

As of December 1, 2002, there were 14,628 families enrolled in the Family Independence Program (FIP) in Rhode Island. Two out of three of these families live in Providence, Pawtucket or Woonsocket.[17]

FIP seeks to help families make successful transitions to work by providing the work supports, including health insurance and subsidized child care, that families need to find and keep a job. Rhode Island has experienced a more gradual caseload reduction than other states because of policies that were designed to help families make an effective transition from welfare to work - including a slower start-up while families developed employment plans required by law and policies that enable families to develop job skills through education and training. As a result of the work requirements of FIP, families need child care subsidies to remain employed. In fact, FIP participants account for 24% of the use of child care subsidies.[18]

Adult Literacy

Individuals with higher educational attainment generally have greater job opportunities, higher wages and better job security than those with lower levels of education. Nearly half (47%) of all Rhode Island adults lack the ability to read medical prescriptions, write checks, or read a story to a child. The demand for adult education and English as a Second Language classes far exceeds the demand. Within the six New England states, Rhode Island provides the least amount of state and local dollars for adult education.

Adult literacy and education is essential for helping families transition from welfare to work because many recipients face considerable barriers to gaining meaningful employment based upon their limited skills. Almost half (46%) of Rhode Island's FIP recipients have less than a high school degree.

Tax Credits

The federal Earned Income Tax Credit (EITC) is a refundable credit on the federal income tax, available since 1975 to low-income and moderate-income working families with children. The EITC removes more children from poverty than any other federal program. The state of Rhode Island is one of sixteen states that have established a state EITC program that helps to bring low-wage workers out of poverty. In 2001 in Rhode Island, 57,667 low-income working individuals and families received the federal EITC.

Tax legislation passed in 2001expanded the federal Child Tax Credit (CTC) from $500 to $1,000 per child under 17 years of age and made it partially refundable for families with moderate amounts of earned income and little to no income tax liability.[19] This legislation was slated to be phased in by 2010, but the Jobs and Growth Tax Relief Reconciliation Act (JGTRRA) of 2003 accelerated the phase-in for middle- and upper-middle income families, thereby increasing the CTC from $600 to $1000 for 2003 and 2004. The JGTRRA omitted provisions that would have accelerated the expansion of the child tax credit for low-income families. This omitted expansion would have benefited 6.5 million low-income working families with nearly 12 million children.[20]

Rhode Island Community Action Agencies (CAA)

Rhode Island CAAs take an active role in helping low-income families become economically more stable. By providing employment and skills training, adult education and literacy classes, job training, and administering welfare to work programs, CAAs are helping Rhode Islanders to secure and retain employment.

CAAs also help reduce barriers to employment by providing critical support services to working families, families who are preparing for or seeking jobs. These services include but are not limited to: child care, transitional and permanent housing, substance abuse and family violence counseling.

RECOMMENDATIONS

Pass legislation that would prevent the CTC from reverting back to levels of less than $1,000 for all years leading up to 2010.

Accelerate the expansion of the CTC that benefits low-income families and expedite the refundable portion of the CTC, thereby strengthening work supports for low and moderate income families.

Increase access to the Earned Income Tax Credit and the Child Tax Credit by simplifying the tax rules.

Expand programs that provide free tax services to low income working families.

Provide outreach to families on the new refundable Earned Income Tax Credit. When a state EITC is refundable, the family receives a refund check if the size of the EITC exceeds its tax bill.

Support the Providence Living Wage ordinance and increases in minimum wage. The Rhode Island legislature voted to increase the minimum wage to $6.75 per hour in 2003, but one parent working full-time, year round at minimum wage will still only make $13,520 in one year, and will still be living in poverty.

CHILD CARE

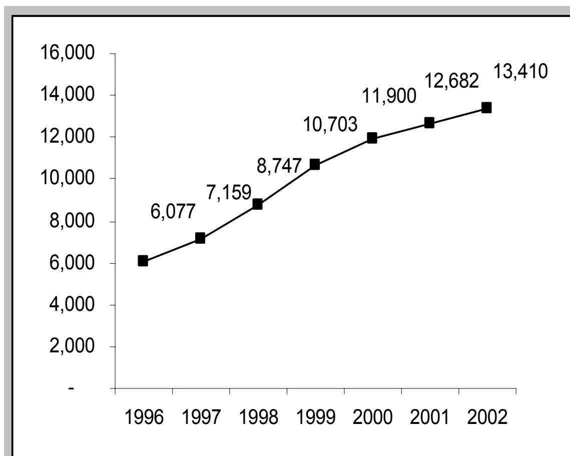
A child's earliest years dramatically shape lifelong learning capacity, social skills and behavior. In the first few weeks, months and years of life, children begin to make sense of the world as they develop vision, language and thinking skills. Brain research tells us that by age three, a child's brain has grown to 90% of what it will eventually become. Because of this rapid brain growth, early childhood is developmental "prime time." Rhode Island has made significant investments in the early years through child care for working families and access to health care for pregnant women and children.

Welfare reform in the late 1990's mandated work requirements for recipients, sending more parents into the labor force. In addition, in 1999, 69% of all mothers with children under the age of six were in the labor force. Both of these increases in parental employment have created an increase in demand for child care slots and subsidies. Child care capacity in Rhode Island has increased dramatically over the last 7 years. In 2002 in Rhode Island there were 22,386 slots in licensed child care centers or certified family child care homes for children under age six, as compared with 15,483 slots in 1995.[21]

Subsidies

Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care puts quality care out of reach for many families, particularly low-income and moderate-income families.

Child Care Subsidies, Rhode Island, 1996 - 2002



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. Parents of children in quality child care programs are more likely to be productive workers because they are less hampered by child care problems that result in frequent employee turnover and absenteeism.

The passage of the Starting Right legislation in 1998 substantially increased state funding for child care. Working families with incomes up to 225% of the federal poverty line are entitled to a child care subsidy for their children through age 16. The number of low-income and poor children receiving child care assistance more than doubled, from 6,000 in 1997 to more than 12,000 in 2002.

Many working families experience a "cliff effect" when their income exceeds 225% of the poverty line and makes them ineligible to receive child care subsidies. This adds a serious financial burden to parents. Without a child care subsidy, moderate-income working parents are less likely to use a high-quality, regulated child care program for their children. For middle-class families ineligible for subsidies, the cost of child care can equal or surpass the cost of one year at the University of Rhode Island.

Even as more child care subsidies become available, there is a structural shortage of high quality, regulated child care slots necessary to meet demand. The supply of licensed and certified child care is especially limited in low-income communities and rural areas, for

infants and children under age 3, for children with disabilities and special health care needs, for middle school-age children, and for parents with unconventional or shifting work hours.[22]

Head Start

Research shows that children from low-income families benefit socially and academically when they have access to high-quality early care and education programs. Research consistently finds that children with high quality child care arrangements have fewer behavioral problems, are better prepared to start school, and have more advanced language and reading skills. Research on the impact of child care has illuminated the relationships between child care quality, teacher training, and child outcomes. In particular, child care providers with more education and training have a positive impact on child performance, cognitive skills, and adjustment.

Head Start, the federally funded preschool program, is an essential part of the early educational services provided to children living in low income households in Rhode Island and across the country. Children are eligible for Head Start if their family's income is below 100% of the federal poverty line; the family receives SSI or is enrolled in the Family Independence Program; or the family is using supportive services that are federal TANF benefits, such as transportation vouchers, subsidized child care, or job training.

The Head Start program is designed to provide low-income children with socialization and school-readiness skills they need to enter public schools on an equal footing with more economically advantaged children. Head Start programs not only provide children with quality education but also provide health and nutrition services to children and support services to families. Long-term benefits associated with participation Head Start programs include reduced rates of grade retention and need for special education services and increased rates of high school graduation.

An estimated 4,991 children ages 3-4 are eligible for Head Start services in Rhode Island, however only 53%, or 2,634, children are enrolled. The percentage of eligible children enrolled varies across the state ranging from 100% in Charlestown, Cranston, Little Compton, Middletown, Smithfield, Tiverton, Warren, Warwick, and Westerly, to 0% in West Greenwich and New Shoreham, and 4% in Exeter.

Because only half of Rhode Island's eligible low income children are enrolled in Head Start due to space limitations, resources were appropriated under Starting Right (Rhode Island's 1998 child care law) to create a Head Start-like program called Comprehensive Child Care Networks. Comprehensive Child Care Networks provide high quality early care and education based on Head Start performance standards for 260 children who require the program's developmentally appropriate education program; transition assistance among

Rhode Island Community Action Agencies (CAA)

Head Start services through the CAAs provide nutritionally balanced meals; certified staff; medical, dental and parental healthcare as needed; and five day a week availability. Through children's centers, CAAs also provide critical child care services to families to facilitate employment, education and training, and other self-sufficiency efforts.

In collaboration with other community agencies and schools CAAs are working to expand infant/toddler and pre-school programs to bring comprehensive health, early intervention services, educational, social and mental health services to families to empower families and prepare children to enter kindergarten ready to learn.

programs and schools; health and mental health services; support for children with disabilities; nutrition services; family education and empowerment; and services that expand community linkages and partnerships.[23]

For more information on Head Start enrollment by city and town please see Table III.

Early Head Start

Early Head Start is a federally funded program designed to provide high-quality child and family development services to low-income families with infants and toddlers. Early Head Start has demonstrated positive impacts on children including improved cognition, language development, and social-emotional functioning. In Rhode Island, as of October 2002, there were only 367 families and 409 children receiving Early Head Start services.

RECOMMENDATIONS

Implement Early Learning Standards for child care in Rhode Island.

Increase the quality of child care centers.

Improve staff training and support increased education levels for staff in Head Start.

Ensure that Head Start programs are flexible and respond to the needs of working parents.

Increase the number of eligible children enrolled in Head Start and Early Head Start.

Increase public awareness about the eligibility requirements for Starting Right.

Assist families in accessing the child care subsidy system.

Table III

Percent of Eligible Children Ages 3 and 4 Enrolled in Head Start, Rhode Island, 2001 **Rhode Island, 2002**

City/Town	Estimated Eligible Children Aged 3&4	Number of Children Enrolled in Head Start	% of Eligible 3&4 Year Olds Enrolled
Barrington	10	3	30%
Bristol	50	20	40%
Burrillville	36	25	69%
Central Falls	280	91	33%
Charlestown	6	10	100%
Coventry	51	40	78%
Cranston	147	228	100%
Cumberland	34	5	15%
East Greenwich	28	7	25%
East Providence	139	86	62%
Exeter	25	1	4%
Foster	0	2	NA
Glocester	15	6	40%
Hopkinton	15	4	27%
Jamestown	0	1	NA
Johnston	55	45	82%
Lincoln	24	5	21%
Little Compton	3	0	100%
Middletown	30	36	100%
Narragansett	17	9	53%
New Shoreham	1	0	0%
Newport	218	127	58%
North Kingstown	87	28	32%
North Providence	63	45	71%
North Smithfield	16	1	6%
Pawtucket	598	198	33%
Portsmouth	24	11	100%
Providence	2,075	914	44%
Richmond	7	3	43%
Scituate	9	4	44%
Smithfield	5	12	100%
South Kingstown	31	26	84%
Tiverton	15	28	100%
Warren	15	18	100%
Warwick	133	158	100%
West Greenwich	7	0	0%
West Warwick	209	143	68%
Westerly	56	57	100%
Woonsocket	455	237	52%
Core Cities	3,835	1,710	45%
Remainder of State	1,156	924	80%
Rhode Island	4,991	2,634	53%

Source: 2003 Rhode Island KIDS COUNT Factbook.

HEALTH

Health Insurance

Nationwide, uninsured people have limited access to preventative and primary medical care. Rhode Island has the highest rate of insured people in the country. In 2001, only 8.3% of Rhode Islanders were uninsured. This is considerably less than the national rate of 14.7%.[24] Being poor and lacking employment increases the risk of being uninsured. In Rhode Island, individuals between the ages of 18 and 24 and people of color are among the most likely to lack health insurance coverage.[25]

Uninsured children

Access to regular medical care and preventive services is critical to the physical, academic and social well-being of children beginning in the prenatal stage and continuing into adulthood. National studies have shown a direct correlation between health insurance and positive health outcomes. In recent years, Rhode Island has made enormous progress in expanding access to health insurance and improving the health of its children. The number of children eligible for health insurance but not enrolled has been reduced from 17,000 in 1998 to 5,000 in 2002. As a result, Rhode Island is ranked number one in the country for the lowest percentage of uninsured children. Rhode Island also ranks number one in the nation regarding women receiving timely prenatal care. Women who receive adequate prenatal care are more likely to obtain preventive health care for their children.

Lead

Rhode Island continues to make progress on its lead poisoning problem. As a result of annual screenings for all children under age 6 and increased efforts to enforce the lead laws and make houses lead safe, the percentage of children entering kindergarten with elevated lead levels dropped from 35% in 1996 to 12% in 2003. Despite this progress statewide and in the core cities, the poorest neighborhoods across the state continue to have disproportionately high lead poisoning rates. The recent passage of a new lead bill aimed at reducing the childhood lead poisoning rate will add enforcement mechanisms that require landlords to clean up lead hazards on their property. Children with lead exposure are more likely to have lowered IQ and behavioral problems, resulting in academic failure, the need for special education services, and increased risk for juvenile delinquency.

Disparities

Despite these significant improvements in the health of Rhode Island children, many disparities exist. Poor health outcomes are more prevalent among minority children and children living in the core cities. In 2001, 6% of White children tested had elevated blood lead levels, compared to 12% of Hispanic children, 13% of Asian children and 20% of Black children. In addition, children living in Rhode Island's six core cities were more than three times more likely to test positive for lead in 2001 than children in the remainder of the state. Nearly 70% of births to teens from 1996 to 2000 occurred in the core cities. Black and Asian women were twice as likely as White women to have delayed prenatal care during that same period. Children living in the core cities accounted for half of all asthma hospitalizations in Rhode Island from 1998 to 2000 and Black children were three times as likely as White children to be hospitalized for asthma.

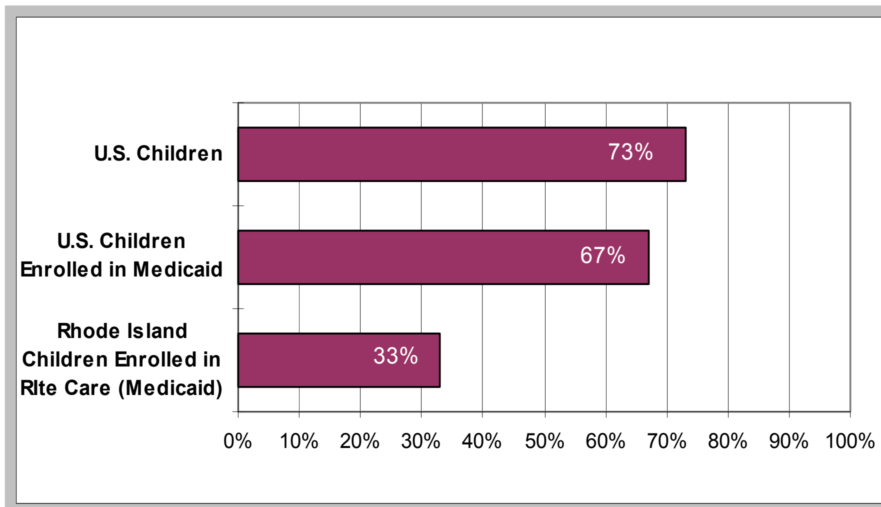
Access to Dental Care

Dental caries (tooth decay) is the most common disease among children 5-17 years old. Preschool children with untreated dental caries are more likely to develop poor eating habits, to have difficulty socializing with peers, and to have speech problems. Children with poor dental health are at increased risk for future dental caries in their permanent

teeth. Chronic dental problems in school age children and adolescents can lead to poor self-image, difficulty concentrating, absenteeism, and reduced school performance.

Access to dental care services continues to be a problem. In 1999 in Rhode Island, fewer than half (45%) of employers offered dental insurance benefits. National estimates indicate that for every child without medical insurance there are 2.6 children without dental insurance. Children without dental insurance are three times as likely as privately insured children to be unable to access dental care when needed. Children in families with incomes below the poverty level and minority children have the greatest extent of untreated dental problems, with children eligible for Medicaid services experiencing twice the ratio of untreated dental disease as more affluent children.

Children with a Dental Visit in the Previous Year, United States and Rhode Island



In the United States, approximately 73% of all children and 67% of children enrolled in Medicaid or other public insurance have seen a dentist in the past year. RIte Care recipients are entitled to comprehensive dental prevention and treatment services under the federal Medicaid program, yet only one in three children enrolled in RIte Care had a dental visit in the past year. Access to dental providers who accept RIte Care is limited and hospital-based dental clinics do not have the capacity to meet the demand for dental services. Increased dental services capacity for children requires a comprehensive approach that involves dental providers, increased funding for dental services, and preventive education.[26]

Mental Health

Although an estimated 20% of U.S. children ages 9 to 17 have a diagnosable mental health or addictive disorder, according to the Rhode Island Department of Health, only 11% of Rhode Island children accessed services at one of Rhode Island's eight community mental health centers, psychiatric hospitals, or school-based health centers during 2002.

Access to children's behavioral health services is a serious problem for families across the state, regardless of whether they have public or private health insurance. Access to appropriate behavioral health services is especially critical to children in the care of the Department of Children Youth and Families (DCYF), children with special needs, and children in families with multiple risk factors associated with poverty, substance abuse, mental illness, and/or domestic violence.

Children with special health care needs require a range of preventive and therapeutic services if they are to meet their full potential. In an effort to save costs within Medicaid, children with special needs who receive Medical Assistance through SSI, Medicaid fee-for-service, or Katie Beckett (a Medicaid provision) will now be required to enroll in RIte Care.

While this transfer has the potential to increase quality of care, it will be critical to monitor implementation to ensure that families continue to have access to appropriate preventive and specialty care that meets their family's needs.

Rhode Island Community Action Agencies (CAA)

Rhode Island CAAs manage many health centers in the state. Some CAAs have full scale family health centers that provide a wide array of primary care services, including family planning; pediatrics; adult medicine; obstetrics; and gynecology. The health centers operated by the CAAs provide comprehensive, affordable health care to low-income people.

Rhode Island CAAs also provide mental health services in both clinical and case management programs. Services range from addiction services, stress management, marriage/relationship and parenting counseling, to residential placements and psychiatric consultation.

RECOMMENDATIONS

Support efforts to keep RIte Care at current eligibility levels and maintain benefits for immigrant children. Continue successful efforts to increase access to health insurance with the goal of reducing uninsured children and adults.

Increase reimbursement rates to dental providers caring for children receiving RIte Care and Medicaid. A higher rate of reimbursement for dental prevention and treatment services is essential to the sustainability of hospital-based dental clinics.

Improve access to oral health services for the neediest families by strengthening the infrastructure of community health centers that provide dental services across the state.

Improve access to outpatient mental health services for families with limited health insurance coverage.

Work to improve the vaccination rates for minority and low income children.

Support the enforcement of current legislation aimed at increasing accountability of land lords of lead paint covered homes.

Endnotes

[1] *Early Childhood Poverty: A statistical profile* (March 2002). New York, NY: National Center for Children in Poverty at www.nccp.org.

[2] *2003 Rhode Island Kids Count Factbook,* pg 12-15.

[3] *2003 Rhode Island Kids Count Factbook,* pg 17.

[4] *2003 Rhode Island Kids Count Factbook,* pg 17.

[5] *2003 Rhode Island Kids Count Factbook,* pg 10.

[6] *2003 Rhode Island Kids Count Factbook,* pg 28-29.

[7] *2003 Rhode Island Kids Count Factbook,* pg 22.

[8] *2003 Rhode Island Kids Count Factbook,* pg 22.

[9] Safe and Affordable Housing for Rhode Island's Children (June 2001). Rhode Island KIDS COUNT Issue Brief; and Not Safe at Home: How America's Housing Crisis Threatens the Health of Its Children (1998). Boston, MA: Doc 4 Kids Project, Boston Medical Center.

[10] Rhode Island Emergency Shelter Information Project: Annual Report July 1, 2000- June 30, 2001 (2002). Rhode Island Emergency Food and Shelter Board.

[11] "New England Gas to raise rates 5 percent" in the Providence Journal, October 31, 2003.

[12] *2003 Rhode Island Kids Count Factbook,* pg 36.

[13] *2003 Rhode Island Kids Count Factbook,* pg 34.

[14] *2003 Rhode Island Kids Count Factbook,* pg 36.

[15] *2003 Rhode Island Kids Count Factbook,* pg 51.

[16] 2003 Rhode Island Kids Count Factbook, pg 24.

[17] America's children: Key National Indicators of Well-Being (2002). Washington, D.C.: Federal Interagency Forum on Child and Family Services.

[18] *2003 Rhode Island Kids Count Factbook,* pg 32.

[19] *Tax Reform for Families: An Earned Income Child Credit* (July 2003). Policy Brief: Welfare Reform and Beyond #26. Washington, D.C.: The Brookings Institute.

[20] *How the New Tax Law Alters the Child Tax Credit and How Low-Income Families are Affected* (May 2003). Washington, D.C.: Center on Budget and Policy Priorities.

[21] *2003 Rhode Island Kids Count Factbook,* pg 94.

[22] *2003 Rhode Island Kids Count Factbook,* pg 100.

[23] *2003 Rhode Island Kids Count Factbook,* pg 96-97.

[24] *"Health Insurance Coverage in the United States: 2002."* U.S. Census Bureau Current Population Reports. Three year averages (2000 – 2002).

[25] *Disparities in Health Insurance Coverage among Adults in Rhode Island, Issue No. 02-01* (March 2002). Health Policy Brief, Rhode Island Department of Health.

[26] *2003 Rhode Island Kids Count Factbook,* pg 94.

Rhode Island Community Action Agencies

Community Action Agency	Communities Served	Examples of Service Offered
Blackstone Valley Community Action	Central Falls, Cumberland, Lincoln, Pawtucket	Adult education, mortgage counseling, home repair workshops, home owner assistance, career development, food assistance, parent education, and energy assistance programs.
Comprehensive Community Action	Coventry, Cranston, Foster, Scituate	Temporary Emergency Food Assistance, emergency shelter and clothing, rent and mortgage assistance, Head Start, child care, Early Head Start, mental health services, parent education and support groups, substance abuse counseling, family health services, Family Self-Sufficiency program, and employment/skill training.
Family Resources Community Action	Woonsocket	Family Life Education Groups, Housing Assistance, Early Intervention, Substance Abuse and Mental Health Counseling and Support Services, HIV/Aids Support Services, Comprehensive Emergency Services, Employment and Training, and Transitional and Permanent Housing and Temporary Shelter for Youth and Families.
*New Visions for Newport County**	Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton	Head Start, Early Head Start, child care, health services – including dental and medical practices and Women Infants and Children (WIC) services, social services, and youth and prevention services.
Providence Community Action	Providence	Low Income Heating Assistance, weatherization services, emergency housing assistance, alternative middle school, substance abuse treatment, welfare to work programs, elderly transportation, and summer youth employment and training.
Self Help, Inc.*	Barrington, Bristol, East Providence, Warren	Weatherization services, Low Income Heating Assistance Program, Head Start, early Head Start, housing and homeless programs, employment and training, senior programs, and Federal Emergency Management Assistance program.
South County Community Action	Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Westerly, West Greenwich	Child care and early childhood programs, energy assistance, youth development programs, Head Start, substance abuse, mental health services, and elder care services.
Tri-Town Community Action	Burrillville, Glocester, Johnston, North Providence, Smithfield, North Smithfield	Head Start, child care, job training, health care, emergency food and shelter, substance abuse treatment, HIV/AIDS services, fuel assistance, teen programs, utilities assistance, and family networks.
West Bay Community Action	East Greenwich, West Warwick, Warwick	Elder and family services, food and clothing assistance, child care, housing assistance – including home ownership education and the development of affordable housing units, early childhood education, and child nutrition.

*A merger is underway between New Visions for Newport County and Self-help, Inc. to form the East Bay Community Action Program. The merger is expected to be completed in early 2004.

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