2008 Rhode Island Kids Count Factbook

Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action.

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

Additional copies of the *2008 Rhode Island Kids Count Factbook* are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the *2008 Factbook*, please contact:

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2008 Rhode Island Kids Count Factbook

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Overview

Tuning Up

by Felice Holman

I'm at a concert
And the tuba moans.
  The tuba moans
And the bassoon groans.
  The bassoon groans
And the violin sings.
  The violin sings
And the cymbal rings.
  The cymbal rings
And the trumpet toots.
  The trumpet toots
And the flutist flutes.
  The flutist flutes
And the drummer drums.
  The drummer drums
And the cello hums....
Then ending all this dissonance
The baton raps and starts to dance.

Overview

The *2008 Rhode Island Kids Count Factbook* is the fourteenth annual profile of the well-being of children in Rhode Island. The annual Factbook is an important tool for planning and action by community leaders, policy makers, advocates and others working toward changes that will improve the quality of life for all children.

The *2008 Rhode Island Kids Count Factbook* provides a statistical portrait of the status of Rhode Island's children. Information is presented for the state of Rhode Island, each city and town and an aggregate of the six cities in which 15% or more of the children live in poverty. These six core cities are Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

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

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

The *2008 Rhode Island Kids Count Factbook* examines sixty-two indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in his or her family and community affects school performance; a child's economic security affects his or her health and education. The *2008 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs and individual service on behalf of children.

Early Investments Count

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

Educational Attainment for All Children

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

Family Economic Security

Children most at risk of not achieving their full potential are children in poverty. While Rhode Island's child poverty rate decreased from 21.0% in 2004 to 15.1% in 2006, there were still 35,456 Rhode Island children who lived in families with incomes below the federal poverty threshold of $16,705 for a family of three. Many families with incomes above the poverty level also have a difficult time meeting the high costs of housing, utilities, food, child care and health care. Child care subsidies, health insurance, affordable housing and tax policies that support working families are important tools to ensure the economic well-being of Rhode Island families and to improve child outcomes.

Family and Community

blessing the boats (at St. Mary's)
by Lucille Clifton

may the tide
that is entering even now
the lip of our understanding
carry you out
beyond the face of fear
may you kiss
the wind then turn from it
certain that it will
love your back may you
open
your eyes to water
water waving forever
and may you in your innocence
sail through this to that

Child Population

DEFINITION

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

SIGNIFICANCE

In 2006, the number of family households with children under age 18 in Rhode Island was 119,247, representing almost a third (29%) of all households.[1] According to the American Community Survey conducted by the Census Bureau, there were 1,067,610 Rhode Island residents in 2006. Children under age 18 made up 22% (237,447) of the Rhode Island population, which is slightly lower than the child population in 2000.[2,3] More than a quarter (26%) of Rhode Island children were under age 5, 26% were ages 5 to 9, 29% were ages 10 to 14, and 18% were ages 15 to 17.[4]

In 2006 in Rhode Island, 143,663 (61%) children under age 18 lived in a married-couple household, 70,712 (30%) children lived in a single-parent household, and 19,525 (8%) children lived with relatives, including married and single-parent grandparents or other relatives. A total of 2,470 (1%) children lived with a foster family or other non-relative heads of household, and 1,077 (<1%) children lived in group quarters or other non-household situations, such as residential treatment programs.[5]

In Rhode Island between 2000 and 2006, the number of children under age 18 living in single-parent households increased 6%. The number of children living with a grandparent or other relative increased 10%, and the number of children living in a two-parent household decreased 8%.[6,7]

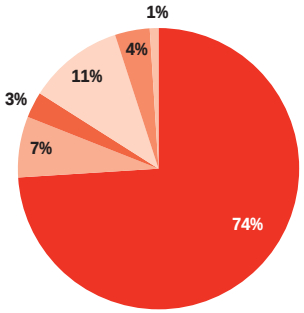
Rhode Island's children are diverse in race, ethnic background, language and country of origin. In 2006, there were 9,848 foreign-born children under age 18 living in Rhode Island, representing 4% of the child population.[8] In Rhode Island, 78% of children ages 5-17 speak only English, 14% of children speak Spanish, 6% speak other Indo-European languages and 2% speak Asian or other Pacific Island languages at home.[9]

Sexual identity is another important facet of diversity among youth. In 2007, 7.2% of Rhode Island high school students described themselves as lesbian, gay or bisexual.[10]

Rhode Island's Children Under Age 18, 2006

By Race/Ethnicity*

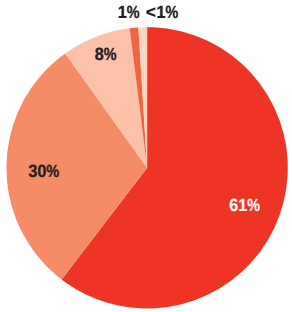
74%	White
7%	Black
3%	Asian
11%	Some Other Race
4%	Two or More Races
1%	Race Unknown



n= 237,447

By Family Structure

61%	Married Couple**
30%	Single Parent**
8%	Other Relatives
1%	Foster Family or Other Unrelated Household
<1%	Group Quarters or Other Non-Households



n= 237,447

**Hispanic children may be included in any race category of Rhode Island's 237,447 children. 42,141 (18%) of Rhode Island's children are Hispanic.*

Source: U.S. Bureau of the Census, American Community Survey, 2006. B01001A, B01001B, B01001D, B01001F, B01001G and B01001I.

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

Source: U.S. Bureau of the Census, American Community Survey, 2006. Tables B09002, B09005, and B09006.

◆ **According to the 2006 American Community Survey, 66% of children in Rhode Island lived in owner-occupied housing units and 34% lived in rental units.[11]**

◆ **Of children ages 3 to 17 enrolled in school in Rhode Island in 2006, 83% were enrolled in public schools and 17% were enrolled in private schools.[12]**

◆ **In 2006, 8% of Rhode Island children had at least one specified disability, including either a long-lasting physical condition or difficulty completing educational or daily life tasks.[13]**

Table 1.

Child Population, Rhode Island, 1990 and 2000

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

Source of Data for Table/Methodology

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

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

References

[1] U.S. Bureau of the Census, American Community Survey, 2006. Selected Social Characteristics: 2006.

[2,4] U.S. Bureau of the Census, American Community Survey, 2006. Table B01001.

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

[5,6] U.S. Bureau of the Census, American Community Survey, 2006. Tables B09002, B09005 & B09006.

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

[8] U.S. Bureau of the Census, American Community Survey, 2006. Table B05003.

[9] U.S. Bureau of the Census, American Community Survey, 2006, Table B16007.

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

[11,12,13] U.S. Bureau of the Census, American Community Survey 2006, Rhode Island Children Characteristics. Table S0901.

Children in Single-Parent Families

DEFINITION

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

SIGNIFICANCE

According to the American Community Survey conducted by the Census Bureau, there were 214,375 children living with one or more of their parents in Rhode Island in 2006. Of these, 33% (70,712) were living with an unmarried parent, an increase from 27% in 2000. In 2006, 67% of Rhode Island children living with one or more of their parents were living in married-couple households.[1,2]

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

In 2006 in Rhode Island, 82% of children living in poverty were living in single-parent families. Children in single-parent families in Rhode Island were almost nine times more likely to be living in poverty than those in married-couple families. In 2006, 35% of children in single-parent households lived in poverty, compared to 4% of children in married-couple households.[4]

The financial barriers facing many single-parent families explain some of the differences in well-being between the children in single-parent households and those in two-parent households. Children who grow up in single-parent families are at increased risk for low academic achievement, low levels of social and emotional well-being, and increased levels of depression and stress. As adults they have diminished earnings and are more likely to have non-marital births, discordant marriages and to get divorced. Regardless of family structure, the quality of parenting is one of the best predictors of a child's well-being.[5]

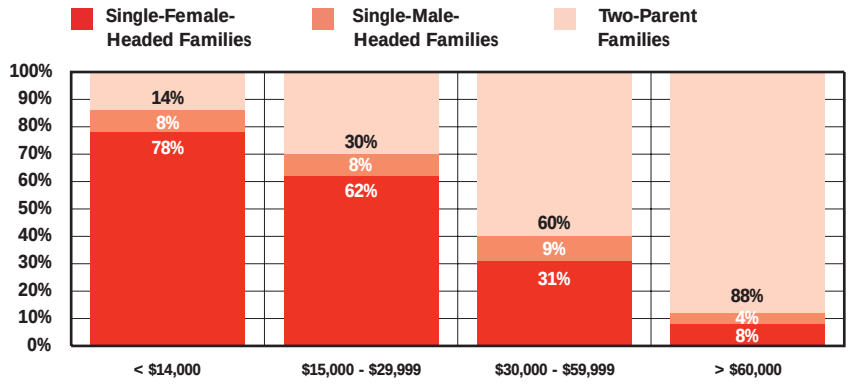
Single-Parent Families

	2000	2006
RI	27%	33%
US	25%	29%
National Rank*		*44th*
New England Rank**		*6th*

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

Source: U.S. Census Bureau, 2006 American Community Survey, Table B09002; U.S. Census Bureau, 2000 American Community Survey, Supplementary Survey Summary, Table PO13.

Family Income by Family Type, Rhode Island, 2006



Source: U.S. Bureau of the Census, American Community Survey, 2006. Table B19131.

◆ **In 2006, 78% of all families with incomes below $14,000 were headed by single females, 8% were headed by single males, and 14% were two-parent families.[6]**

◆ **The poverty rate of single-parent families differs substantially by race and ethnicity in Rhode Island. Racial and ethnic minority single-parent families are more likely to be poor than White single-parent families.[7]**

◆ **The number of adults a child lives with is associated with the amount of parental and economic resources available to promote that child's well-being.[8] In 2006, 7% of children in Rhode Island lived in a household where the unmarried head of household lived with a partner.[9]**

Barriers to Marriage for Low-income Couples

◆ **Researchers have found that most low-income men and women value marriage and aspire to be married. However, many low-income women face significant barriers in identifying partners with adequate social and economic resources.[10]**

◆ **Barriers to marriage in low-income communities include low educational attainment among men, untreated substance abuse and mental health issues and high rates of male incarceration.[11]**

Table 2.

Children's Living Arrangements, Rhode Island, 2000

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

Note to Table

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

Source of Data for Table/Methodology

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

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

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[4] U.S. Bureau of the Census, American Community Survey, 2006. Table B17006.

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[6] U.S. Bureau of the Census, American Community Survey, 2006. Table B19131.

[7] U.S. Bureau of the Census, American Community Survey, 2004 and 2005. Tables B17010A, B17010B, B17010H, B17010I.

[9] U.S. Bureau of the Census, American Community Survey, 2006. Table B09008.

[10,11] Roberts, P. (2007). *Out of order? Factors influencing the sequence of marriage and childbirth among disadvantaged Americans.* Washington, DC: Center for Law and Social Policy.

Grandparents Caring for Grandchildren

DEFINITION

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

SIGNIFICANCE

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

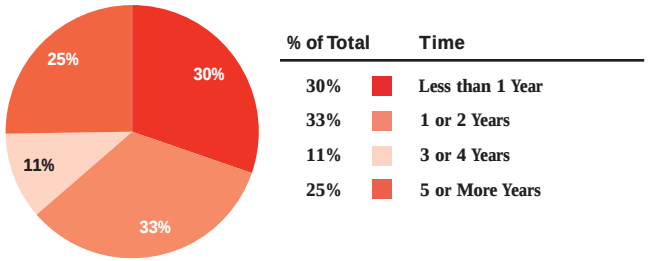
Grandparents living on fixed incomes may be at risk of poverty after they become financially responsible for their grandchildren.[2] Grandparent caregivers are more likely to live in poverty than other grandparents.[3]

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

Grandparent caregivers may not receive the support or services that they need and for which they are eligible. This may be because grandparents lack information and understanding about programs, such as cash assistance and Medicaid, or because grandparents feel that there is a stigma attached to receiving this assistance.[7,8] Nearly all grandparent caregivers are eligible for either foster care payments or child-only Temporary Assistance for Needy Families (TANF) payments regardless of their household's income level, but few receive this assistance. Nationally, fewer than 1 in 4 children in private relative care receive any public monetary support, compared to over two thirds of children in relative care who were involved with a child welfare agency.[9]

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

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



n = 6,116

Source: U.S. Census Bureau, American Community Survey, 2006. Table B10050. Totals may not sum to 100% due to rounding.

◆ **In 2006, more than one-third (36%) of Rhode Island grandparents who were financially responsible for their grandchildren had been responsible for the children for three or more years.[14]**

◆ **In 2006 in Rhode Island, there were 12,423 children living in households headed by grandparents, though grandparents may not have been financially responsible for their grandchildren. An additional 7,102 children lived in households headed by other relatives. Eight percent of all children living in Rhode Island lived with relative caregivers.[15]**

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

◆ **Rhode Island regulations state that the Department of Children, Youth and Families (DCYF) must give priority to relatives when placing a child in out-of-home care. On December 1, 2007 in Rhode Island, there were 700 children in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 23% of all children in out-of-home placements in Rhode Island.[17]**

Table 3.

Grandparents Caring for Grandchildren, Rhode Island, 2000

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

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

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

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[13] *Children in kinship care.* (2003). Washington, DC: The Urban Institute.

[14] U.S. Census Bureau, American Community Survey, 2006. Table B10050.

[15] U.S. Census Bureau, American Community Survey, 2006. Table B09006.

[17] Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 2007.

Infants Born at Highest Risk

DEFINITION

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

SIGNIFICANCE

Maternal marital status, age, and education level at birth influence the likelihood that a child will live in poverty and predict many developmental vulnerabilities. The poverty rate for children born to a teenaged, unmarried mother who did not graduate from high school is 78%. In contrast, the poverty rate for children born to married women over age 20 with a high school diploma is 9%.[1]

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

Brain development proceeds rapidly during the infant and toddler years. By age 3, a child's brain has grown to 90% of its adult size and the foundation of many cognitive structures and systems are in place.[6] Healthy brain development depends on attentive, nurturing caregiving in infancy.[7] Research shows that helping families with multiple risk factors meet their basic needs and develop nurturing skills during the prenatal, infancy and toddler periods promotes success in school.[8]

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

Infants Born with Identified Risk Factors, Rhode Island, 2007

	# OF BIRTHS	# BORN AT RISK*	# BORN AT HIGHEST RISK**
Central Falls	380	365	40 (11%)
Newport	308	265	17 (6%)
Pawtucket	1,166	1,078	86 (7%)
Providence	2,936	2,797	277 (9%)
West Warwick	409	356	10 (2%)
Woonsocket	653	602	47 (7%)
Core Cities	5,852	5,463	477 (8%)
Remainder of State	6,156	4,908	171 (3%)
Rhode Island	12,010	10,372	648 (5%)

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

Source: Rhode Island Department of Health, KIDSNET Database, 2007.

◆ **There are three important social and economic risk factors present at birth that, when combined, strongly predict childhood poverty and poor education outcomes – having a mother who is younger than 20, unmarried and without a high school degree.[12] Studies show that effective interventions targeting this population can improve child and family outcomes and yield a strong return on investment.[13]**

◆ **In 2007 in Rhode Island, 648 (5%) babies were born to unmarried teen mothers without high school diplomas.[14]**

Rhode Island Newborn Risk Assessment Program

◆ **The Rhode Island Department of Health screens all infants born in the state to identify risks for poor developmental outcomes, including: developmental disabilities, low birth weight, medical fragility, inadequate prenatal care, low Apgar scores at birth, low maternal education, young maternal age, advanced maternal age, single mother, first time mother, mother who has given birth more than five times, parental characteristics indicating vulnerability (e.g., chronic illness), and low income (indicated by use of Medicaid/RIte Care health insurance).[15]**

Table 4.

Infants Born at Highest Risk, Rhode Island, 2007

CITY/TOWN	NUMBER OF BIRTHS	BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DEGREE	BIRTHS TO SINGLE MOTHERS	BIRTHS TO MOTHERS YOUNGER THAN AGE 20	BIRTHS TO MOTHERS WITH ALL 3 RISK FACTORS	% BIRTHS WITH ALL 3 RISK FACTORS
Barrington	**116**	**1**	**13**	**4**	**1**	**<1%**
Bristol	**169**	**8**	**48**	**7**	**2**	**1%**
Burrillville	**127**	**9**	**39**	**3**	**2**	**2%**
Central Falls	**380**	**154**	**275**	**62**	**40**	**11%**
Charlestown	**57**	**4**	**15**	**3**	**2**	**4%**
Coventry	**319**	**20**	**80**	**16**	**6**	**2%**
Cranston	**834**	**88**	**306**	**57**	**32**	**4%**
Cumberland	**310**	**17**	**82**	**22**	**7**	**2%**
East Greenwich	**97**	**4**	**14**	**4**	**3**	**3%**
East Providence	**530**	**62**	**204**	**43**	**21**	**4%**
Exeter	**45**	**5**	**13**	**0**	**0**	**0%**
Foster	**42**	**3**	**9**	**1**	**0**	**0%**
Glocester	**65**	**2**	**16**	**2**	**1**	**2%**
Hopkinton	**91**	**7**	**28**	**2**	**0**	**0%**
Jamestown	**33**	**0**	**2**	**0**	**0**	**0%**
Johnston	**283**	**25**	**107**	**18**	**7**	**2%**
Lincoln	**181**	**10**	**46**	**9**	**3**	**2%**
Little Compton	**17**	**2**	**5**	**1**	**0**	**0%**
Middletown	**196**	**7**	**61**	**14**	**4**	**2%**
Narragansett	**100**	**3**	**31**	**4**	**3**	**3%**
New Shoreham	**7**	**0**	**1**	**0**	**0**	**0%**
Newport	**308**	**45**	**138**	**33**	**17**	**6%**
North Kingstown	**249**	**10**	**60**	**12**	**5**	**2%**
North Providence	**275**	**21**	**114**	**21**	**7**	**3%**
North Smithfield	**83**	**5**	**21**	**4**	**2**	**2%**
Pawtucket	**1,166**	**273**	**720**	**141**	**86**	**7%**
Portsmouth	**142**	**5**	**33**	**6**	**3**	**2%**
Providence	**2,936**	**951**	**1,994**	**449**	**277**	**9%**
Richmond	**81**	**7**	**28**	**7**	**3**	**4%**
Scituate	**73**	**1**	**18**	**3**	**1**	**1%**
Smithfield	**150**	**6**	**31**	**6**	**2**	**1%**
South Kingstown	**228**	**15**	**61**	**14**	**8**	**4%**
Tiverton	**72**	**5**	**27**	**2**	**1**	**1%**
Warren	**94**	**9**	**38**	**9**	**3**	**3%**
Warwick	**799**	**80**	**274**	**56**	**30**	**4%**
West Greenwich	**54**	**3**	**12**	**5**	**1**	**2%**
West Warwick	**409**	**59**	**194**	**35**	**10**	**2%**
Westerly	**237**	**31**	**87**	**15**	**11**	**5%**
Woonsocket	**653**	**172**	**404**	**77**	**47**	**7%**
Unknown	***2***	***0***	***0***	***0***	***0***	***NA***
Core Cities	***5,852***	***1,654***	***3,725***	***797***	***477***	***8%***
Remainder of State	***6,156***	***475***	***1,924***	***370***	***171***	***3%***
Rhode Island	***12,010***	***2,129***	***5,649***	***1,167***	***648***	***5%***

Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET Database, 2007. Unknown refers to infants born to Rhode Island mothers whose residence was not recorded.

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Mother's Education Level

DEFINITION

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

SIGNIFICANCE

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

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

One of the best ways parents can raise their families' incomes is through higher education.[7] Women with a bachelor's degree in Rhode Island earn more than twice as much as those with less than a high school diploma.[8]

In 2005, 15.4% of Rhode Island births were to mothers with less than a high school degree, the 15th lowest among the 38 comparable states and lower than the U.S. rate of 20.8%.[9] Educational attainment levels vary widely across cities and towns in Rhode Island.[10]

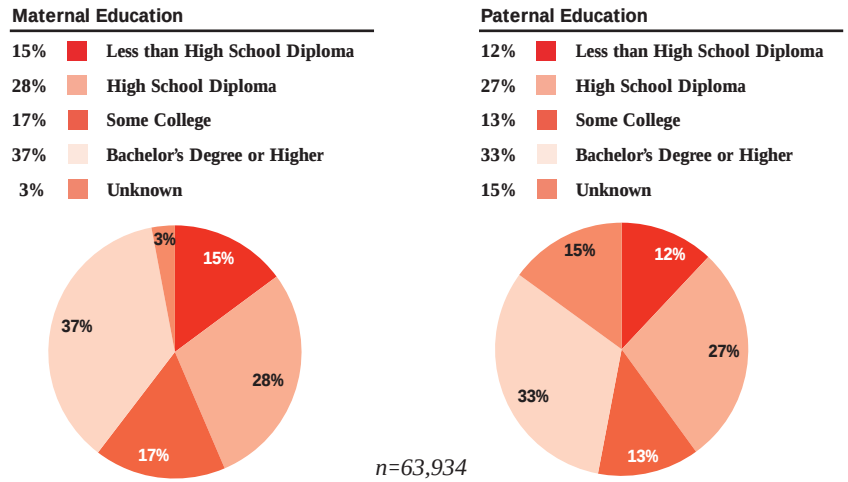
Of the 9,597 Rhode Island children born to mothers with less than a high school diploma between 2002 and 2006, 3,275 were to teen mothers (under age 20).[11] Nationally, teen mothers attain an average of 3 fewer years of education than older mothers.[12]

% of Births to Mothers with Less than High School Diploma

City/Town	% of Children
Central Falls	37%
Newport	16%
Pawtucket	21%
Providence	28%
West Warwick	14%
Woonsocket	24%
Remainder of State	6%
Rhode Island	15%

Source: Rhode Island Department of Health, Hospital Discharge Database, 2002-2006.

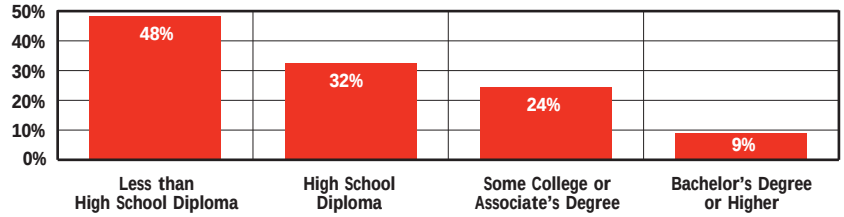
Births by Parental Education Levels, Rhode Island, 2002-2006



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional. Totals may not equal 100% due to rounding.

◆ **In Rhode Island between 2002 and 2006, 39% of infants were born to fathers with a high school diploma or less, and 43% were born to mothers with a high school diploma or less.[13]**

Poverty Status of Families Headed by Single Females by Educational Attainment, Rhode Island, 2006



Source: U.S. Bureau of the Census, American Community Survey, 2006. Table S1702.

◆ **The poverty status of families headed by single females is directly correlated with the householder's educational level. In Rhode Island in 2006, the poverty rates for families headed by single females ranged from 48% for women with less than a high school diploma to 9% for those with a bachelor's degree or higher.[14]**

Table 5.

Births by Education Level of Mother, Rhode Island, 2002-2006

CITY/TOWN	TOTAL # OF BIRTHS	BACHELOR'S DEGREE OR ABOVE		SOME COLLEGE		HIGH SCHOOL DIPLOMA		LESS THAN HIGH SCHOOL DIPLOMA	
		N	%	N	%	N	%	N	%
Barrington	**774**	**625**	**81%**	**73**	**9%**	**56**	**7%**	**7**	**1%**
Bristol	**1,010**	**511**	**51%**	**204**	**20%**	**220**	**22%**	**57**	**6%**
Burrilville	**807**	**303**	**38%**	**193**	**24%**	**225**	**28%**	**68**	**8%**
Central Falls	**2,012**	**197**	**10%**	**252**	**13%**	**753**	**37%**	**737**	**37%**
Charlestown	**419**	**209**	**50%**	**90**	**21%**	**86**	**21%**	**28**	**7%**
Coventry	**1,863**	**864**	**46%**	**369**	**20%**	**507**	**27%**	**107**	**6%**
Cranston	**4,427**	**2,080**	**47%**	**778**	**18%**	**1,130**	**26%**	**362**	**8%**
Cumberland	**1,862**	**1,081**	**58%**	**346**	**19%**	**340**	**18%**	**68**	**4%**
East Greenwich	**539**	**400**	**74%**	**58**	**11%**	**52**	**10%**	**17**	**3%**
East Providence	**2,589**	**930**	**36%**	**546**	**21%**	**773**	**30%**	**275**	**11%**
Exeter	**300**	**154**	**51%**	**45**	**15%**	**76**	**25%**	**18**	**6%**
Foster	**222**	**118**	**53%**	**40**	**18%**	**53**	**24%**	**11**	**5%**
Glocester	**423**	**217**	**51%**	**88**	**21%**	**89**	**21%**	**23**	**5%**
Hopkinton	**445**	**181**	**41%**	**97**	**22%**	**129**	**29%**	**31**	**7%**
Jamestown	**210**	**156**	**74%**	**23**	**11%**	**22**	**10%**	**4**	**2%**
Johnston	**1,387**	**597**	**43%**	**268**	**19%**	**399**	**29%**	**104**	**7%**
Lincoln	**932**	**510**	**55%**	**180**	**19%**	**176**	**19%**	**43**	**5%**
Little Compton	**165**	**108**	**65%**	**27**	**16%**	**28**	**17%**	**1**	**1%**
Middletown	**1,023**	**504**	**49%**	**213**	**21%**	**249**	**24%**	**39**	**4%**
Narragansett	**558**	**325**	**58%**	**99**	**18%**	**88**	**16%**	**25**	**4%**
New Shoreham	**59**	**31**	**53%**	**20**	**34%**	**7**	**12%**	**0**	**0%**
Newport	**1,530**	**653**	**43%**	**225**	**15%**	**351**	**23%**	**250**	**16%**
North Kingstown	**1,388**	**826**	**60%**	**202**	**15%**	**264**	**19%**	**64**	**5%**
North Providence	**1,703**	**703**	**41%**	**358**	**21%**	**475**	**28%**	**113**	**7%**
North Smithfield	**485**	**266**	**55%**	**88**	**18%**	**88**	**18%**	**25**	**5%**
Pawtucket	**5,616**	**1,274**	**23%**	**1,003**	**18%**	**1,980**	**35%**	**1,160**	**21%**
Portsmouth	**890**	**546**	**61%**	**143**	**16%**	**156**	**18%**	**29**	**3%**
Providence	**14,943**	**3,319**	**22%**	**1,907**	**13%**	**4,849**	**32%**	**4,239**	**28%**
Richmond	**501**	**281**	**56%**	**84**	**17%**	**102**	**20%**	**26**	**5%**
Scituate	**454**	**249**	**55%**	**88**	**19%**	**94**	**21%**	**17**	**4%**
Smithfield	**743**	**428**	**58%**	**144**	**19%**	**128**	**17%**	**25**	**3%**
South Kingstown	**1,247**	**783**	**63%**	**162**	**13%**	**215**	**17%**	**49**	**4%**
Tiverton	**686**	**338**	**49%**	**172**	**25%**	**139**	**20%**	**31**	**5%**
Warren	**570**	**231**	**41%**	**128**	**22%**	**148**	**26%**	**56**	**10%**
Warwick	**4,337**	**2,046**	**47%**	**808**	**19%**	**1,115**	**26%**	**288**	**7%**
West Greenwich	**273**	**162**	**59%**	**51**	**19%**	**47**	**17%**	**11**	**4%**
West Warwick	**2,002**	**621**	**31%**	**359**	**18%**	**710**	**35%**	**278**	**14%**
Westerly	**1,306**	**507**	**39%**	**265**	**20%**	**399**	**31%**	**120**	**9%**
Woonsocket	**3,233**	**475**	**15%**	**557**	**17%**	**1,266**	**39%**	**791**	**24%**
Unknown	***1***	***0***	***NA***	***0***	***NA***	***0***	***NA***	***0***	***NA***
Core Cities	***29,336***	***6,539***	***22%***	***4,303***	***15%***	***9,909***	***34%***	***7,455***	***25%***
Remainder of State	***34,597***	***17,270***	***50%***	***6,450***	***19%***	***8,075***	***23%***	***2,142***	***6%***
Rhode Island	***63,934***	***23,809***	***37%***	***10,753***	***17%***	***17,984***	***28%***	***9,597***	***15%***

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth.

Percentages may not sum to 100% for all cities, towns and the state because of unknown education levels. Between 2002 and 2006, maternal education levels were unknown for 1,791 births (3%).

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Racial and Ethnic Diversity

DEFINITION

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

SIGNIFICANCE

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

In 2000, 73% of children in Rhode Island were White, non-Hispanic, down from 84% in 1990. The number of minority children nearly doubled from 36,867 in 1990 to 67,747 in 2000. The number of White non-Hispanic children dropped by 8,748 during the same time period.[4,5]

In 2006 in Rhode Island, 74% of children under 18 were White, 7% were Black or African American, 3% were Asian, 11% of children identified as Some Other Race, and 4% as Two or More Races. Race was unknown for less than 1% of children in Rhode Island. In 2006, 18% of children living in Rhode Island were Hispanic.[6]

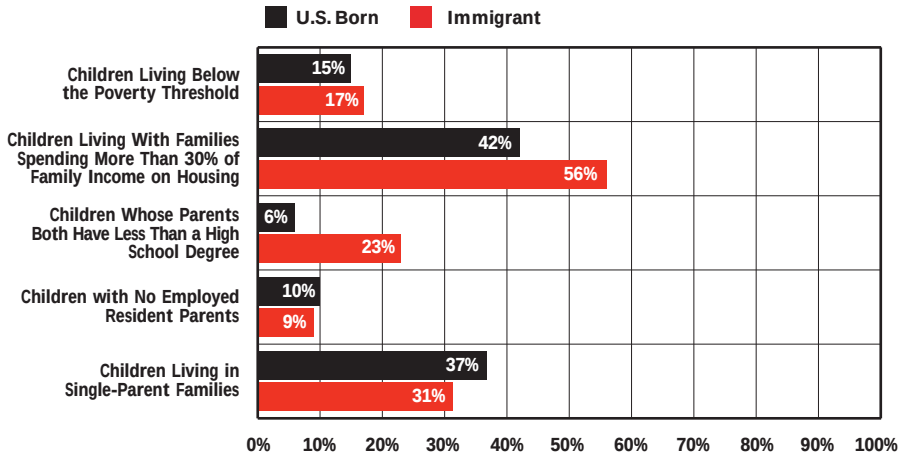
Minority children are highly concentrated in the six core cities in Rhode Island. Core cities are defined as cities with 15% or more of children living in poverty. More than half (58%) of children living in the core cities are minority children. More than three-quarters (78%) of all minority children in Rhode Island live in these six communities.[7]

In 2006, there were 9,848 foreign-born children under age 18 living in Rhode Island, 21% of whom were naturalized U.S. citizens.[8] Of Rhode Island's immigrant children, 9% were born in Asia, 17% were born in Africa, 14% were born in Europe, 25% were born in the Caribbean, 31% were born in Central or South America, and 5% were born in Canada, Bermuda or Mexico.[9]

In 2006, 22% of children between the ages of 5 and 17 living in Rhode Island spoke a language other than English at home. Of these children, 93% spoke English well or very well.[10]

Diversity presents both opportunities and challenges to schools, child care centers, health care providers, social service agencies and other community service providers. Programs will need to adapt their current practices to meet the needs of a changing population.[11]

Characteristics of Children Living in U.S.-born and Immigrant Families, Rhode Island, 2006



Source: Population Reference Bureau analysis of data from the 2006 American Community Survey.

◆ **Twenty-three percent of children in Rhode Island live in immigrant families (either they are foreign-born or they have at least one parent who is foreign-born).[12] Most immigrant families in Rhode Island are not new arrivals to the United States; 2% of parents in Rhode Island immigrant families arrived in this county less than 5 years ago.[13] Eighty-eight percent of children in immigrant families in Rhode Island were born in the United States.[14]**

◆ **Fifteen percent of children in Rhode Island with U.S.-born parents are poor, compared with 17% of children with immigrant parents. Almost three-quarters (72%) of Rhode Island's poor children live in families with U.S.-born parents.[15]**

◆ **In the U.S., higher rates of poverty among immigrant families are mainly due to lower labor force participation among immigrant women than native-born women and to the low wages received by many immigrants. Many immigrant parents earn low wages because of low levels of educational attainment and limited English proficiency.[16] Twenty-three percent of children in immigrant families live in linguistically isolated households.[17]**

Table 6.

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

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

Source of Data for Table/Methodology

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

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

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Racial and Ethnic Disparities

DEFINITION

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

SIGNIFICANCE

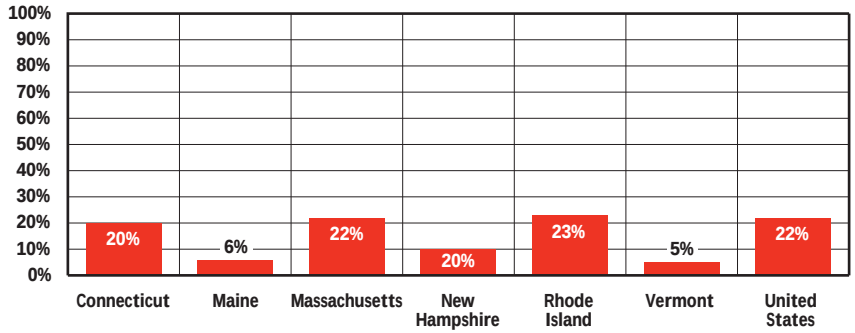
Rhode Island's children are diverse in race, ethnic background, language and country of origin. Between 2000 and 2006, the percentage of children under age 18 who were minorities increased from 27% to 32%, a 19% increase. The child population in Rhode Island is more racially and ethnically diverse than the adult population, comparable to the overall U.S. trend.[1,2,3]

The increasing diversity of children in Rhode Island is not evenly distributed, with minority children concentrated in the core urban communities that have the highest rates of child poverty in the state. In 2000, more than three-quarters (78%) of Rhode Island's minority children lived in one of the six core cities (those cities with 15% or more of children living in poverty). In 2000, approximately three-quarters of the children in Providence (76%) and Central Falls (72%) were of minority racial and ethnic backgrounds.[4] In several neighborhoods of Providence, minority children accounted for more than 90% of the total child population, and had some of the highest child poverty rates in the state.[5]

Research demonstrates a significant relationship between residence in low-income or poor neighborhoods and increased teen pregnancy and high school dropout rates.[6] Nationally in 2006, 18% of all children lived in poverty.[7] In Rhode Island in 2006, 15% of children were living in poverty, of whom 44% were White, 16% were Black, and 3% were Asian. Forty-two percent of poor children in Rhode Island were Hispanic; Hispanic children are also included in other racial groups.[8]

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

Percentage of Children Living in Immigrant Families, New England and United States, 2006



Source: Population Reference Bureau analysis of 2006 American Community Survey data.

Rhode Island Children in Immigrant Families

◆ **Children in immigrant families are defined as children under age 18 who are foreign-born or who have at least one foreign-born parent, regardless of citizenship status or year of arrival in the United States. In 2006, 23% (52,533) of Rhode Island children were living in immigrant families, comparable to the U.S. rate of 22% and the Massachusetts and Connecticut rates of 22% and 20%.[11,12]**

◆ **In 2006, 4% (9,848) of Rhode Island's 237,447 children under age 18 were foreign-born, 21% whom were naturalized citizens of the United States.[13,14]**

◆ **Half of all children in Rhode Island immigrant families live in families with incomes above 200% of the federal poverty level. Almost one-third (31%) of children in Rhode Island's immigrant families have at least one parent with a college or graduate level education, many of whom work in professional capacities as doctors, engineers, teachers or researchers.[15]**

◆ **Half of the children in immigrant families are poor (17%) or low-income (33%), almost half (48%) of their parents have low levels of education and almost one-quarter (23%) of their parents have limited English-language skills.[16] Understanding the needs of this more vulnerable group of immigrants can help policymakers and community leaders to ensure that all children in Rhode Island grow up with the opportunities they need to succeed.**

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	9%	36%	36%	14%	NA	15%
Births to Mothers with < 12 years Education	14%	33%	22%	16%	31%	15%
% of Children with All Resident Parents in the Workforce	71%	48%	65%	54%	47%	68%
Median Family Income	$70,468	$30,909	$43,517	$61,129	NA	$64,733
Homeownership	68%	28%	32%	51%	55%	63%

Sources: *Children in Poverty* data are from the U.S. Bureau of the Census, American Community Survey, 2006. Tables B17001, B17020A, B17020B, B17020C, B17020D & B17020I. *Maternal Education* data are from the Rhode Island Department of Health, Maternal and Child Health Database, 2002-2006. *Parental Labor Force Participation* data are from the U.S. Bureau of the Census, Census 2000, Tables P46, PCT70A, PCT70B, PCT70C, PCT70D & PCT70H. *Median Family Income* data are from the U.S. Bureau of the Census, American Community Survey, 2006, Table B19113, B19113A, B19113B, B19113D & B19113I. *Homeownership* data are from the U.S. Bureau of the Census, American Community Survey, 2006, Tables B25003, B25003A, B25003B, B25003C, B25003D & B25003I. Hispanics may also be included in any of the race categories. All Census data refer only to those individuals who selected one race. NA indicates that the data are statistically unreliable due to small population or sample sizes.

◆ **In 2006, there were 35,456 children under age 18 living in families with incomes below the federal poverty level in Rhode Island, which is a decrease from 2005 of 11,438 children. In 2006, 36% of both Black and Hispanic children in Rhode Island lived in poor families, compared with 9% of White children and 14% of Asian children..[17,18]**

◆ **In 2006 in Rhode Island, approximately one-third of Black and Hispanic households owned their homes, compared with approximately half of Asian and Native American households and two-thirds of White households.[19]**

◆ **In 2006, 76% of White children had all of their resident parents in the workforce, compared to 65% of Black children, 54% of Asian children and 48% of Hispanic children.[20]**

◆ **Education is essential for economic success. Adults with less than a high school diploma are at particular risk of living in poverty and other negative outcomes.[21] Hispanic, Black and Native American children are all more likely than White and Asian children to be born to mothers with less than a high school diploma.[22]**

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Women with Delayed Prenatal Care	9%	14%	18%	19%	19%	11%
Preterm Births	11%	13%	15%	14%	16%	13%
Infants Born Low Birthweight	8%	8%	11%	10%	13%	8%
Infant Mortality (per 1,000 births)	5.5	8.0	12.3	7.3	7.6	6.2
Asthma Hospitalizations (per 1,000 births)	3.2	6.1	9.1	2.2	0.4	4.0
Births to Teens Ages 15 – 19 (per 1,000 teens)	29.9	94.8	75.6	33.2	130.1	30.7

Sources: All data are from the Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database 2002-2006 unless otherwise specified. Information is based on self-reported race and ethnicity. *Asthma Hospitalizations* data are from the Rhode Island Department of Health, Hospital Discharge Database, 2002-2006. For *Asthma Hospitalizations* the denominators are the child population by race from the U.S. Bureau of the Census, Census 2000, SF1. For *Births to Teens* the denominators are the child population by race from the U.S. Bureau of the Census, Census 2000, SF3. NA indicates that the data are statistically unreliable due to small population or sample sizes. For all indicators other than *Asthma Hospitalizations*, Hispanics may also be included in any of the race categories.

◆ **Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of maternal and child outcomes. Minority women are far more likely to receive delayed or no prenatal care, to give birth to low birthweight babies and to give birth as teenagers. Minority children are more likely to die in infancy than White children and Black and Hispanic children are more likely to be hospitalized as a result of asthma than White or Asian children.[23]**

◆ **In 2005 in the United States, 7% of White non-Hispanic children under age 18 were not covered by health insurance, compared with 22% of Hispanic children, 12% of Black children and 12% of Asian children.[24]**

Racial and Ethnic Disparities

Safety Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Juveniles at the Training School (per 1,000)	1.7	6.8	15.6	2.2	3.0	2.9
Children of Incarcerated Parents (per 1,000)	8.7	21.9	81.7	2.3	19.9	14.1
Children in Out of Home Placement (per 1,000)	9.8	20.0	44.0	9.6	17.9	12.3

Sources: *Juveniles at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, January 1, 2008 (includes adjudicated youth). *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2007 (includes only the sentenced population). *Children in Out-of-Home Placement* data are from the Department of Children, Youth and Families, RICHIST Database, December 31, 2007. Population denominators used for *Children of Incarcerated Parents* are the populations under age 18 by race from the U.S. Census Bureau, Census 2000, SF1. Population denominators used for *Children in Out-of-Home Placement* are the populations under age 18 by race from the U.S. Census Bureau, Census 2000, SF3. The population denominators used for *Juveniles at the Training School* are the populations ages 14-19 by race from the U.S. Census Bureau, Census 2000, SF3.

◆ **Racial and ethnic minority groups continue to be disproportionately represented in juvenile justice systems in the U.S. Minority youth are treated more harshly than White, non-Hispanic youth for the same type and severity of offenses at every critical point in the justice system, from detention and formal processing in juvenile court, to sentencing and incarceration in juvenile and adult correctional facilities.[25] Non-Hispanic Black males are far more likely to be incarcerated at any age than youth of other races.[26]**

◆ **Children and youth of color are also overrepresented in the American child welfare system; they account for 55% of children in foster care despite making up only 33% of the total child population in the United States. The greatest disparities exist for Black children who account for 15% of the U.S. child population and 38% of children in foster care. Higher poverty rates among minority families contribute to this trend. Research also shows disparate treatment of minority children as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their child removed. Native American children are also overrepresented in the child welfare system.[27]**

Education Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
4th Grade Students Reading at or above Proficiency	72%	40%	48%	64%	43%	64%
8th Grade Students Reading at or above Proficiency	70%	38%	41%	62%	56%	61%
High School Graduation Rates	91%	82%	86%	89%	69%	89%
% of Adults Over 25 with a Bachelor's Degree or Higher	31%	13%	19%	44%	NA	30%

Sources: *4th Grade Reading Proficiency Rates, 8th Grade Reading Proficiency Rates & High School Graduation Rates* are from the Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year. *Adult Educational Attainment* data are from the U.S. Bureau of the Census, American Community Survey, 2006, Tables B15002, B15002A, B15002B, B15002C, B15002D & B15002I. All Census data refer only to those individuals who selected one race; Hispanics may also be included in any of the race categories. NA indicates that data are statistically unreliable due to small population or sample sizes.

◆ **In Rhode Island, Hispanic, Native American and Black children are less likely to be proficient in reading in both 4th and 8th grades than White children. Minority children are also less likely than White children to graduate from high school.[28] In 2006 in Rhode Island, Black and Hispanic adults were less likely to have a bachelor's degree than White or Asian adults.[29]**

◆ **Black, Hispanic, Native American and Asian students in Rhode Island are underrepresented in many disability areas, including autism and visual impairments. Asian students are also more likely than others to receive services for hearing impairments. Black, Hispanic and Native American students are disproportionately identified as having mental retardation.[30]**

◆ **According to the Rhode Island Department of Elementary and Secondary Education, during the 2005-2006 school year, children of color were far more likely than White children to attend schools making insufficient progress. Rhode Island's Hispanic and Black children attended schools making insufficient progress at rates about three times greater than White children.**

Rhode Island's Hispanic Children

◆ **In 2006, there were 42,141 Hispanic children under age 18 living in Rhode Island, up from 34,924 in 2000. Between 2000 and 2006 the Hispanic child population grew by 21% whereas the total child population in Rhode Island decreased by 4%.[31,32]**

◆ **Three-quarters (78%) of the Hispanic children in Rhode Island live in Central Falls, Pawtucket, and Providence.[33] While Providence has the largest population of Hispanics overall, the Hispanic population is most densely concentrated in Central Falls.[34]**

Economics

◆ **Thirty-six percent of Hispanic children were living in poverty in 2006 in Rhode Island, compared to the national rate of 28%.[35,36] In 2000, Rhode Island Hispanics had the lowest median family income of all Hispanics in the United States.[37]**

◆ **In 2006, the unemployment rate for Hispanics was higher than that of both White and Black Rhode Islanders.[38]**

Health

◆ **In Rhode Island, 14% of Hispanic women who give birth receive delayed prenatal care, compared with 11% of all races in 2006. Hispanic female teens between the ages of 15 and 19 in Rhode Island have a birth rate that is more than 3 times as high as the state rate overall (94.8 per 1,000 teens ages 15-19 compared to 30.7 per 1,000).[39,40]**

Education

◆ **Hispanics in Rhode Island have lower educational attainment levels than the population overall. In 2007, the high school graduation rate for Hispanic youth was 82%, lower than the overall Rhode Island high school graduation rate of 89%.[41] In 2006, 13% of Hispanics 25 years of age and older held a bachelor's degree or higher, compared to 30% of all Rhode Islanders.[42]**

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Economic Well-Being

Me x 2

By Jane Medina

I read times two.
I write times two.
I think, I dream,
I cry times two.

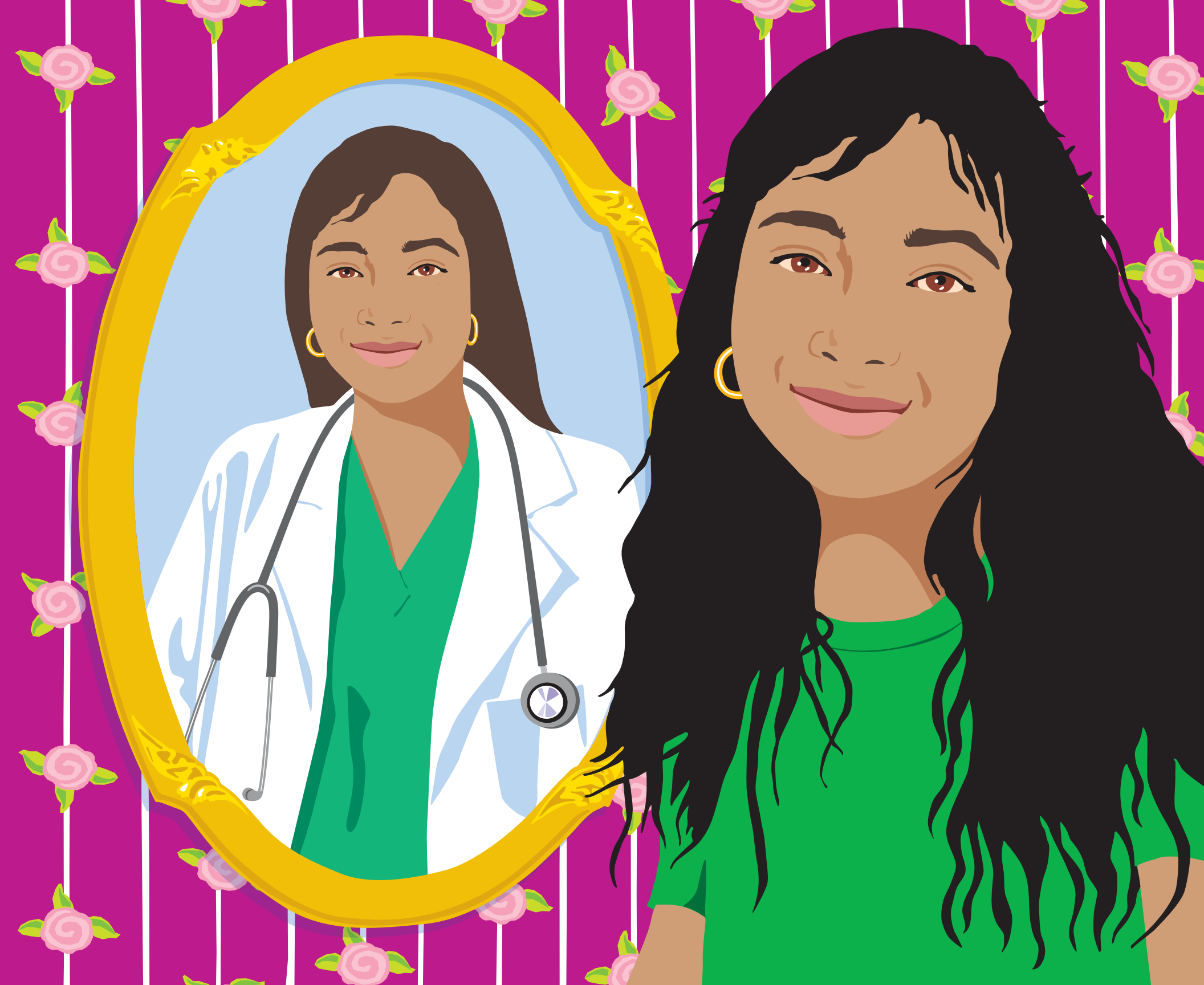
I laugh times two.
I'm right times two.
I sing, I ask
I try times two.

I do twice as much
As most people do,
'Cause most speak one,
But I speak two!

Leo por dos.
Escribo por dos
Pienso y sueno
Y lloro por dos.

Yo rio por dos
Grito por dos
Canto, pregunto
Intento por dos.

Hago mucho mas
Que hacen todos ellos,
Porque yo hablo dos:
Lo doble que aquellos.



Median Family Income

DEFINITION

Median family income is the dollar amount which divides the Rhode Island families' income distribution into two equal groups – half with incomes above the median and half with incomes below the median.

SIGNIFICANCE

Median household income provides one measure of the ability of Rhode Island's families to meet the costs of food, clothing, housing, health care, transportation, child care, and higher education. In 2006, the median household income for all Rhode Island households was $51,814. Rhode Island had the 17th highest median household income nationally and 4th highest in New England.[1]

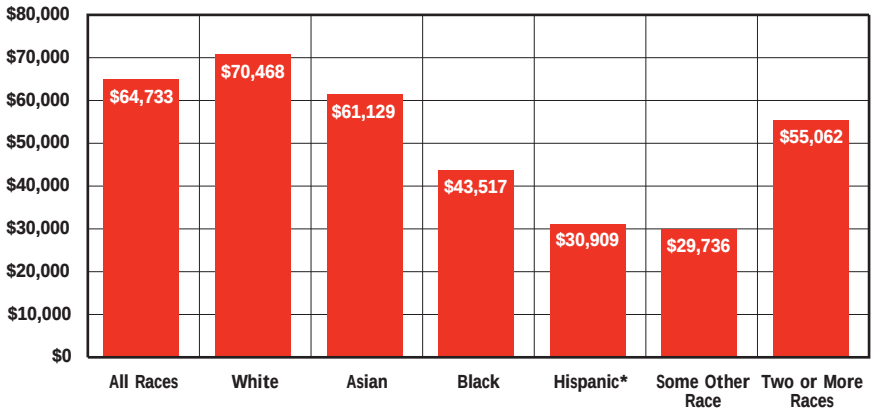
The median income for families with their own children under age 18 in Rhode Island in 2006 differed significantly by family type. The median family income for two-parent families ($81,545) was almost twice as much as for male-headed single-parent households ($45,384) and more than three times the median income of female-headed single-parent households ($26,023).[2]

Despite continued increases in worker productivity in the U.S since 2000, the real median income of U.S. families fell every year between 2000 and 2004.[3] Rhode Island was the only New England state to experience a decline in the real median wage between 2000 and 2006.[4]

The richest families in the nation experienced the greatest income growth over the past few decades, while low and middle income families saw much lower rates of growth. Between 1979 and 2005, the real after-tax income of the top 1% of the United States population grew by 228% or $745,000 compared to a 6% or $900 growth in the average after-tax income of the bottom fifth of the population.[5] In Rhode Island, the average income of the richest 20% of the population increased 89% during the last two decades of the twentieth century while the bottom 20% increased only 32%.[6]

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

Median Family Income by Race and Ethnicity, Rhode Island, 2006



Source: U.S. Bureau of the Census, American Community Survey, 2006. Tables B19113, B19113A, B19113B, B19113D, B19113F, B19113G & B19113I. * Hispanics may be in any race category.

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

◆ **Intergenerational income mobility is influenced by race and ethnicity. National research shows that White children are more likely to move up the economic ladder, surpassing parents' income levels, while Black children are more likely to fall into lower income brackets than their parents.[10] Social and home lending policies from the first half of the 20th century, including the post-WWII G.I. Bill, created the basis for much of the racial inequities in the U.S. today. Like other policies, the G.I. Bill was implemented in such a way that White G.I.s were offered home-ownership assistance but Black and Hispanic G.I.s were not.[11]**

◆ **According to the Poverty Institute's *2006 Rhode Island Standard of Need*, a single-parent family with two young children needs an annual income of $47,196 (without subsidies) to pay basic living expenses, including housing, food, clothing, health insurance, child care and transportation.[12]**

◆ **Income supports including RIte Care, child care subsidies, Food Stamps and the Earned Income Tax Credit are critical in helping low and moderate-income working families make ends meet.[13]**

Table 7.

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

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

**Adjusted to 1999 dollars*

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000.

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

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

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Cost of Rent

DEFINITION

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

SIGNIFICANCE

Inadequate, costly or crowded housing has a negative impact on children's health, safety, education and emotional well-being. Families with cost burdens are more likely than other families to endure food insecurity, lack health insurance, have trouble paying their housing or utility bills and have difficulty paying for transportation.[2]

Nationally in 2005, 40% percent of families (both owners and renters) reported a cost burden, crowding, and/or physically inadequate housing. Housing problems are especially prevalent among very-low-income renters. In 2005, 36% of very-low-income renters reported a severe housing problem, with cost burdens cited as the major problem.[3]

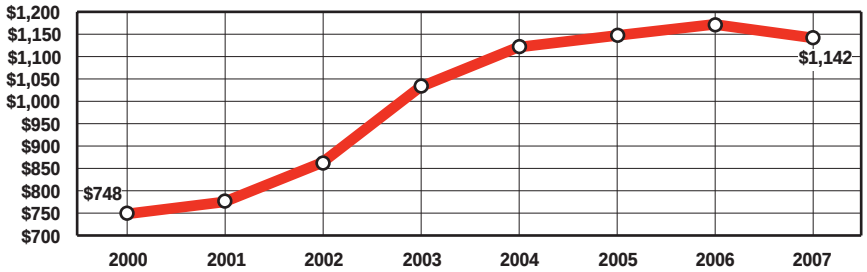
In 2006 in Rhode Island, 45% of renters spent 30% or more of their household income on housing, compared to 35% in 2000. The percentage of homeowners who had a mortgage that was a cost burden also increased between 2000 and 2006, from 25% to 43%.[4,5]

Nationally and in Rhode Island, the cost of housing has outpaced the income growth of many working families.[6,7] In 2007, the area median family income in Rhode Island was $68,300. Families with this household income can afford a median-priced, single family home in 1 of the 39 communities in the state – Central Falls.[8] The median cost of a single family home in Rhode Island was $282,500, an increase of 224% over 1999 home values.[9]

Section 8 vouchers can help low-income individuals and families to afford the high cost of housing. In Rhode Island in 2007 there were 7,864 Section 8 vouchers. The average wait time to receive a Section 8 voucher was four and a half years, and at least 6,800 families with children were waiting to receive a voucher in 2007.[10]

In 2006 voters approved a $50 million bond to build affordable housing in Rhode Island. In 2007, bond money funded 172 affordable apartment units and 73 affordable homeownership units. Between 2008 and 2010, additional bond money will be released for the development of additional affordable units.[11]

Average Rent, Two Bedroom Apartment, Rhode Island, 2000-2007



Source: Rhode Island Housing and Mortgage Finance Corporation Annual Rent Surveys. The 2003-2007 rents include cost of heat, cooking fuel, electricity and hot water. All prior years' rents include only cost of heat and hot water. Adjustments for utilities vary according to each year's HUD utility allowance.

◆ **Between 2000 and 2006 in Rhode Island, the average cost of rent in Rhode Island steadily increased from $748 to $1,172. In 2007, the average cost of rent decreased by $30 from the previous year to $1,142.[12]**

◆ **To be able to pay the average rent in Rhode Island without a cost burden in 2007, a worker would have to earn $19.77 an hour for 40 hours a week year-round. This is almost three times the state's minimum wage of $7.40 per hour.[13]**

◆ **High energy costs put affordable housing even further out of reach for low-income families. Rhode Island state law prohibits utilities shut-offs for protected customers (such as the elderly, seriously ill or low-income) during the moratorium period from November 1 through April 15. In 2007, 808 protected residential customers who used electric (196) or gas (612) to heat their homes entered the moratorium period with their utilities shut off due to nonpayment.[14]**

◆ **The sub-prime mortgage crisis nationally and in Rhode Island has increased the number of homes going into foreclosure, escalating housing instability for families and children. In 2007 a total of 2,171 properties in Rhode Island were noticed for foreclosure. Between the first quarter of 2007 and the fourth quarter of 2007, foreclosure initiations increased by 203% from 278 to 842. Of the 308 initiations in December 2007, 57% (176) were located in Providence.[15]**

Table 8. **Cost of Rental Housing for Low-Income Families, Rhode Island, 2007**

CITY/TOWN	2007 AVERAGE RENT 2-BEDROOM	2007 POVERTY LEVEL FAMILY OF THREE	% INCOME NEEDED FOR RENT, POVERTY LEVEL FAMILY OF THREE	2007 VERY LOW INCOME FAMILY	% INCOME NEEDED FOR RENT, VERY LOW INCOME FAMILY
Barrington	$1,272	$17,170	89%	$32,900	46%
Bristol	$1,156	$17,170	81%	$32,900	42%
Burrillville*	$1,029	$17,170	72%	$32,900	38%
Central Falls*	$1,029	$17,170	72%	$32,900	38%
Charlestown	$1,123	$17,170	78%	$32,900	41%
Coventry	$1,109	$17,170	78%	$32,900	40%
Cranston	$1,094	$17,170	76%	$32,900	40%
Cumberland	$1,044	$17,170	73%	$32,900	38%
East Greenwich	$1,118	$17,170	78%	$32,900	41%
East Providence	$1,019	$17,170	71%	$32,900	37%
Exeter*	$1,029	$17,170	72%	$32,900	38%
Foster*	$1,029	$17,170	72%	$32,900	38%
Glocester*	$1,029	$17,170	72%	$32,900	38%
Hopkinton	$1,179	$17,170	82%	$32,900	43%
Jamestown*	$1,029	$17,170	72%	$32,900	38%
Johnston	$998	$17,170	70%	$32,900	36%
Lincoln	$1,073	$17,170	75%	$32,900	39%
Little Compton*	$1,029	$17,170	72%	$32,900	38%
Middletown	$1,213	$17,170	85%	$34,850	42%
Narragansett	$1,269	$17,170	89%	$32,900	46%
New Shoreham*	$1,029	$17,170	72%	$32,900	38%
Newport	$1,405	$17,170	98%	$34,850	48%
North Kingstown	$1,181	$17,170	83%	$32,900	43%
North Providence	$1,090	$17,170	76%	$32,900	40%
North Smithfield*	$1,029	$17,170	72%	$32,900	38%
Pawtucket	$1,096	$17,170	77%	$32,900	40%
Portsmouth	$1,239	$17,170	87%	$34,850	43%
Providence	$1,002	$17,170	70%	$32,900	37%
Richmond*	$1,029	$17,170	72%	$32,900	38%
Scituate*	$1,029	$17,170	72%	$32,900	38%
Smithfield	$1,281	$17,170	90%	$32,900	47%
South Kingstown	$1,346	$17,170	94%	$32,900	49%
Tiverton	$1,136	$17,170	79%	$32,900	41%
Warren	$1,054	$17,170	74%	$32,900	38%
Warwick	$1,164	$17,170	81%	$32,900	42%
West Greenwich*	$1,029	$17,170	72%	$32,900	38%
West Warwick	$1,114	$17,170	78%	$32,900	41%
Westerly	$1,110	$17,170	78%	$32,900	40%
Woonsocket	$956	$17,170	67%	$32,900	35%
Core Cities	*$1,115*	*$17,170*	*78%*	*$33,225*	*40%*
Remainder of State	*$1,149*	*$17,170*	*80%*	*$33,018*	*42%*
Rhode Island	*$1,142*	*$17,170*	*80%*	*$33,050*	*41%*

Source of Data for Table/Methodology

Rhode Island Housing and Mortgage Finance Corporation, January-December 2007 Rent Survey and the U.S. Department of Housing and Urban Development. Average rents are based on a survey of rents in Rhode Island between January and December 2007. 2007 rents have been adjusted using the current U.S. Department of Housing and Urban Development (HUD) utility allowance of $208 for a two bedroom apartment (includes heat, cooking fuel, electricity and hot water). The average rent calculated for the state as a whole, for the remainder of state and for the core cities do not include communities for which data from the Rent Survey were not available.

* Rhode Island Housing 2007 Rent Survey data are not available for these communities. Average rent used for these communities is the HUD 2007 Fair Market Rent as reported in: Wardrip, K. E. & Pelletiere, D. (2007). *Putting the housing wage to the test: Renter households often work 40 hours or more per week but still do not earn enough to afford their state's Fair Market Rent.* Washington, DC: National Low Income Housing Coalition.

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

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

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(continued on page 150)

Secure Parental Employment

DEFINITION

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

SIGNIFICANCE

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

Rhode Island's seasonally adjusted unemployment rate fluctuated during 2007, starting in January at 4.7% and ending the year at 5.2% in December. The U.S. seasonally adjusted unemployment rate ranged between 4.4% and 5.0% during 2007.[2,3] Local unemployment rates in Rhode Island vary greatly by city and town.[4]

In Rhode Island in 2006, 63% of children under age 6 had all parents in the labor force, comparable to the national rate of 62%. In Rhode Island in 2006, 74% of children ages 6-17 had all parents in their family in the labor force, compared with 70% of children ages 6-17 in the U.S.[5]

Even when families include adults with secure parental employment, low wages cause many families to remain in poverty.[6] According to the Poverty Institute's *2006 Rhode Island Standard of Need*, a single parent with two children who works full-time year-round at a minimum wage job and who receives all public benefits for which the family is eligible (food stamp benefits, EITC, child care subsidies and health insurance), will still be $325 short of affording basic expenses each month.[7]

Low-income workers are less likely to have benefits, such as paid time off, to address the needs of sick children and flexible work schedules. In the United States, almost 4 in 10 low-income workers and more than half of working parents with below-poverty incomes lack paid leave.[8]

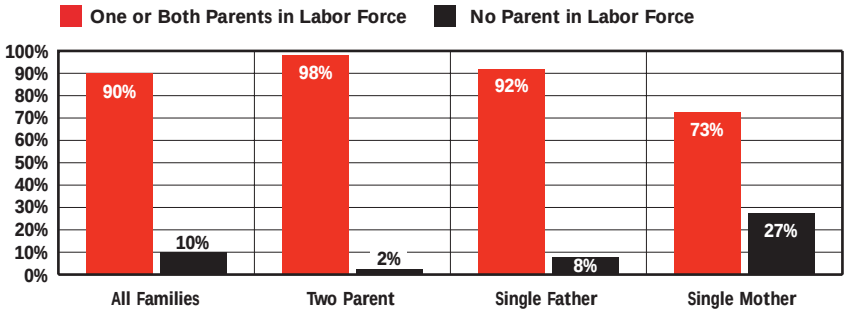
Children Living in Families Where At Least One Parent Has Full-Time, Year-Round Employment

	2000	2006
RI	66%	68%
US	68%	67%
National Rank*		*28th*
New England Rank**		*5th*

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

Source: The Annie E. Casey Foundation. (2006). KIDS COUNT Data Center. Analysis of U.S. Bureau of the Census, Supplementary Survey, 2000 & 2001 and American Community Survey, 2006.

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



Source: U.S. Bureau of the Census, American Community Survey, 2006. Table B23008.

◆ **The majority of children living in Rhode Island in 2006 had one or both parents in the labor force. Children living with a single mother were thirteen times more likely than children living in a two-parent family to have no parents in the labor force. Of children in two-parent families, 67% had both parents in the labor force.[9]**

◆ **In 2006, there were 21,517 children in families with no parent in the labor force in Rhode Island. Children in families with a single mother represented 81% of families with no employed parents.[10]**

◆ **In Rhode Island in 2006, there were 2,594 families with incomes below the federal poverty threshold with at least one adult with full-time, year-round employment.[11] Between 1994 and 2006 in Rhode Island, the percentage of children living in low-income families (below 200% of the federal poverty) with no employed parents fell from 35% to 26%.[12,13]**

◆ **The differences in weekly wages between men and women can leave families headed by single mothers with fewer resources. Nationally, single mothers' median weekly earnings in 2006 were $506 compared to $664 for single fathers.[14]**

Secure Employment and Child Care

◆ Research shows a link between adequate child care availability and sustained labor force participation by mothers.[15] A comprehensive system of work supports that includes subsidized child care enables more low-income parents to work regularly and benefit from sustained employment.[16]

◆ Low-income parents are less likely to use paid child care than higher-income parents. When they do pay for child care, they spend five times more of their income than higher-income parents. Child care is generally the second or third greatest expense for working families.[17] One national study found that child care costs for infants are higher than the cost of public college tuition in every state.[18]

◆ Child care availability is particularly problematic for parents working non-standard hours.[19] Weekend and evening care is rarely offered by child care centers in Rhode Island, although approximately 16% to 33% of home-based child care providers in Rhode Island accept children during these times.[20]

◆ In Rhode Island, eligibility expansions for child care subsidies and welfare reform more than tripled the probability that a single mother currently or formerly on welfare would work 20 or more hours a week, from 7% in 1996 to 22% in 2000.[21]

◆ In September 2007, 1,463 Rhode Island children under age 13 lost access to state-subsidized child care as a result of reductions in eligibility from 225% to 180% of the federal poverty level. A total of 280 youth ages 13-15 also lost access to child care subsidies for after school programs as a result of the roll back in age eligibility from age 15 to age 12. These changes were enacted during the 2007 legislative session.[22]

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[2] Rhode Island Department of Labor and Training. Labor Market Information Division. *Local area unemployment statistics: Rhode Island labor force statistics, seasonally adjusted 1978-present*. Retrieved January 10, 2008 from www.dlt.ri.gov/lmi

[3] Rhode Island Department of Labor and Training. Labor Market Information Division. *Local area unemployment statistics: United States labor force statistics, seasonally adjusted 1978-present*. Retrieved January 12, 2008 from www.dlt.ri.gov/lmi

[4] Rhode Island Department of Labor and Training, Labor Market Information Division, *Local area unemployment statistics: Rhode Island city/town 2007 labor force statistics, not seasonally adjusted*. Retrieved February 1, 2008 from www.dlt.ri.gov/lmi

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Rhode Island Earned Income Tax Credit (EITC)

◆ Earned Income Tax Credits (EITCs) provide tax reductions and wage supplements for low- and moderate-income working families. EITCs reduce child poverty, cut taxes and increase work incentives for families struggling to make ends meet. The federal EITC is the nation's most effective antipoverty program for working families, lifting 4 million people – roughly half of whom are children – out of poverty each year. State EITCs can supplement the federal EITC to further support working families.[23]

◆ Welfare reform focused on transitioning welfare recipients to work, yet when these individuals enter the workforce they earn low wages, typically from $8,000 to $12,000 per year. Income at this level is well below the poverty threshold for a family of three. Supplementing this income with funds from the federal and state EITCs closes the poverty gap for low-income and moderate-income working families.[24]

◆ Currently, Rhode Island offers a state EITC equal to 25% of the federal EITC, with 3.75% being refundable. Of the 22 states offering state EITCs, 18 offer credits that are fully refundable, meaning taxpayers receive back the entire tax credit even if it exceeds their income tax liability. Three states have EITC programs but do not offer a refundable credit. Rhode Island is the only state with a partially refundable credit.[25] Credits that are non-refundable assist fewer working-poor families with children than refundable credits.[26]

◆ In the other states offering refundable EITCs in 2007, taxpayers get back between 3.5% and 43% of the amount assigned to them through the federal EITC.[27] Increasing the EITC refundable amount in Rhode Island from the current 3.75% (a maximum refund of $157.50) to 5% of the federal EITC refund would allow low-income Rhode Islanders to receive a refund of up to $210.[28]

◆ In 2007, 67,892 Rhode Island working families and individuals received tax credits from the federal EITC for tax year 2006, up from 61,911 who received tax credits in 2004 for tax year 2003. This was an increase of 10%. The aggregate dollar amount Rhode Island families and individuals received through the federal EITC for tax year 2006 was over $123 million.[29,30]

Children Receiving Child Support

DEFINITION

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

SIGNIFICANCE

Child support provides a mechanism for non-resident parents (usually fathers) to contribute to the financial and medical support of their children. The goals of the child support system are to promote family self-sufficiency and child well-being, to provide support and services to custodial parents in locating the non-custodial parent and establishing paternity (when applicable), establishing support orders, collecting support payments and providing non-custodial parents with services, such as reviews of their support orders.[1]

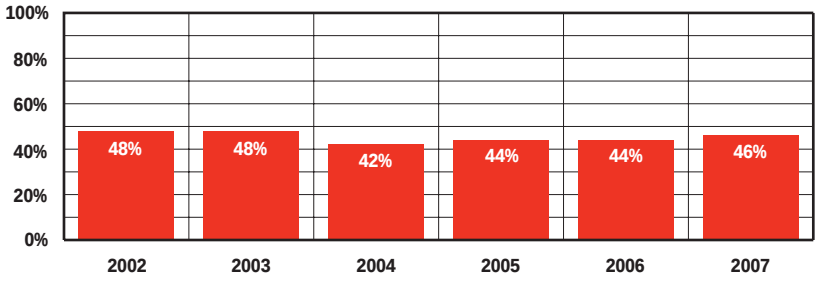
The receipt of child support payments can significantly improve the economic well-being of a child growing up in a family with a non-resident parent.[2] Custodial parents who receive steady child support payments are more likely to find work more quickly and to maintain employment longer than those who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

Yet for many families, even when a child support order is in place, payments can be unreliable. Low-income non-custodial parents often experience low wages and high rates of joblessness, making it difficult to fulfill their child support obligations.[5] Programs that provide education and job training increase non-custodial parents' ability to pay child support.[6,7]

Research shows that the receipt of regular child support payments can have a positive effect on children's academic achievement and increases the likelihood that the non-resident parent will develop a visiting relationship with the child.[8,9] Fathers who pay regular child support are more involved with their children, providing them with emotional and financial support.[10]

The Office of Child Support Services is a cost-effective program; for every $1.00 Rhode Island spends, it collects $4.70 in child support and cash to provide medical support to distribute to families or reimburse the state for FIP and RIte Care costs.[11] As of December 1, 2007, there were 85,355 Rhode Island children in the state's Office of Child Support Services system.[12] Half (53%) of these children lived in the six core cities.[13]

Non-custodial Parents with Court Orders Who Pay Child Support on-time and in Full, Rhode Island, 2002–2007



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2002-2007.

◆ **In 2007 in Rhode Island, 46% of non-custodial parents under court order paid child support on time and in full.[14]**

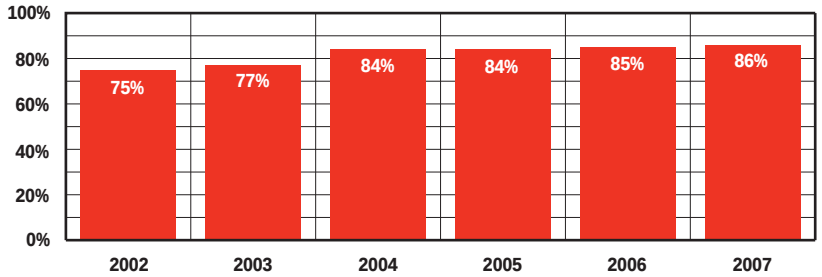
◆ **For calendar year 2007, the Rhode Island Office of Child Support Services collected more than $78.5 million in child support dollars, an increase of $3.8 million from the previous year. Eighty-two percent ($64.7 million) of the current collections were distributed directly to families.[15]**

◆ **As of December 31, 2007, the cumulative amount of past-due court-ordered child support since the inception of the program in Rhode Island totaled almost $299.8 million (including interest), of which $199.7 million was the principal.[16]**

◆ **To ensure the timely payment of monies to custodial parents, in March 2008 the Office of Child Support Services began to use a stored-value card. Custodial parents now have the option of having their child support payments directly deposited into a personal bank account or onto a stored-value card.[17]**

◆ **During federal Fiscal Year 2007, there were 14,928 court orders for medical insurance and 6,265 orders to pay for medical coverage. A total of $2.5 million in cash medical payments were retained by the state to offset the cost of RIte Care, while $728,762 was disbursed directly to families to offset the cost of private coverage or other medical expenses.[18]**

Rhode Island Children in the Office of Child Support Services System with Paternity Established, 2002-2007



Source: Rhode Island Department of Human Services, Office of Child Support Services, 2002-2007.

◆ **Between 2002 and 2007, the Rhode Island Office of Child Support Services increased the percentage of children in the system with paternity established from 75% of children in 2002 to 86% of children in 2007, an increase of 15%.[19]**

◆ **Despite increases in the percentage of children with paternity established, Rhode Island (59%) had the lowest rate in New England of court orders established (Maine – 88%; Vermont – 86%; New Hampshire – 83%; Massachusetts – 75%; Connecticut – 71%).[20]**

◆ **In FFY 2006, Rhode Island had the highest case/staff ratio in New England.[21] Since then, the Office of Child Support Services has faced additional staff reductions, further impacting the Office's ability to establish court orders.**

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[7,8,10] Turetsky, V. (2005). *The Child Support Enforcement Program: A sound investment in improving children's chances in life.* Washington, DC: Center for Law and Social Policy.

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Child Support and the Family Independence Program

◆ **As of December 1, 2007, Rhode Island's Office of Child Support Services system included 15,007 children enrolled in the Family Independence Program (FIP).[22]**

◆ **As of December 31, 2007, the average child support obligation for children enrolled in FIP was $257 per month, compared to an average child support obligation of $342 per month for children in non-FIP families.[23] Calculations for the payments are based upon the income of both parents and it is therefore expected that the average child support obligation for children enrolled in FIP would be lower.**

◆ **For calendar year 2007, the total amount of child support collections for children enrolled in FIP was $8.7 million dollars. Of this, $7.6 million collected on behalf of children enrolled in FIP was retained by the federal and state government, while $1 million went directly to the children.[24]**

◆ **In Rhode Island, the first $50 of child support paid on time each month on behalf of a child receiving FIP cash assistance goes to the custodial parent caring for the child.[25] In federal Fiscal Year 2007 in Rhode Island, an average of 1,686 families (11% of the children enrolled in FIP) received at least one "pass-through" payment each month.[26]**

◆ **Research suggests that child support "pass through programs" encourage paternity establishment and higher child support payments by low-income parents.[27] Welfare recipients who receive child support "pass throughs" are more likely to leave welfare for work, remain off welfare and have income above the federal poverty line.[28] In a recent federal policy change designed to increase the amount of money state governments pass through directly to children, the federal government will waive the federal share of child support collections up to $100 per month for one child and $200 for two or more children.[29]**

Children in Poverty

DEFINITION

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

SIGNIFICANCE

Poverty is related to every KIDS COUNT indicator. Children in poverty, especially those in poverty for extended periods of time, are more likely to have health and behavioral problems, experience difficulty in school, become teen parents, earn less as adults and be unemployed.[1,2] Children in low-income communities are more likely to attend schools that lack resources and rigor; are less likely to be enrolled in organized child care; and have fewer opportunities to participate in extracurricular activities after school and on the weekends, such as sports and recreation programs, clubs, and lessons such as music and computers.[3,4,5]

Minority children nationally and in Rhode Island are more likely to grow up poor than White and Asian children.[6,7] Single parenthood, low educational attainment, part-time or lack of employment and low wages of parents place children at risk of being poor.[8]

The 2007 federal poverty threshold for a family of three with two children was $16,705, and the poverty threshold for a family of four with two children was $21,027.[9] Historically, the poverty threshold has failed to adequately reflect how the cost of basic goods and services such as food and housing, taxes, work related expenses, medical expenses, and child care affect family economic well-being. The poverty threshold also fails to adequately account for increased expenses that occur as family size increases. According to the *2006 Rhode Island Standard of Need* developed by the Poverty Institute, a single parent with two children would need an income of $30,710 (185% of the poverty threshold) a year and the use of child care subsidies and RIte Care health insurance to make ends meet. Likewise, a family of four with two children would need an income of $37,000 (185% of the poverty threshold) a year and child care subsidies and RIte Care to meet their basic needs.[10]

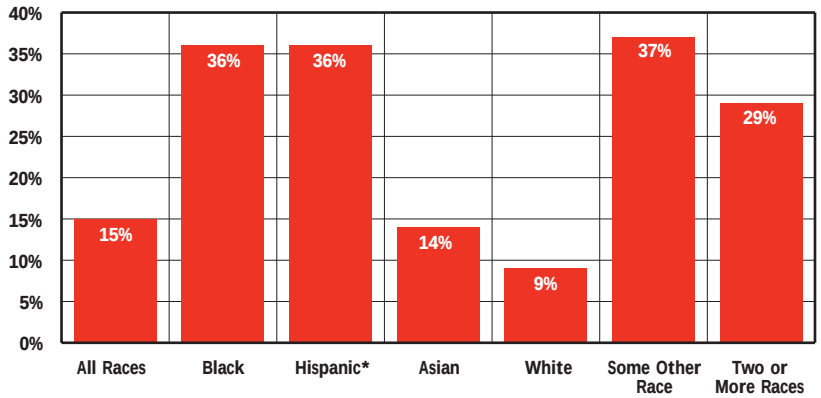
Children in Poverty

	2004	2005	2006
RI	21.0%	19.5%	15.1%
US	18.4%	18.5%	18.3%
National Rank*			*17th*
New England Rank**			*5th*

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

Source: U.S. Bureau of the Census, American Community Survey, 2004-2006. Table B17001.

Children in Poverty, in Each Race and Ethnic Category, Rhode Island, 2006



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

◆ **According to the 2006 American Community Survey, 15.1% (35,456) of Rhode Island's 234,711 children under age 18 lived below the federal poverty threshold. This is a significant decrease from 2004 when 21.0% (50,390) of Rhode Island children were living below the federal poverty threshold.[11]**

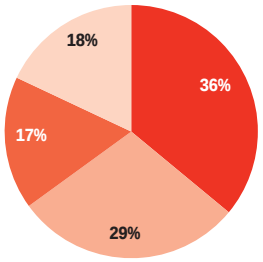
◆ **More than a third of all Black and Hispanic children (36%), and one in seven (14%) all Asian children in Rhode Island lived in poverty, compared to nearly one in ten White children (9%).[12]**

◆ **Of all children living in poverty in Rhode Island in 2006, almost half (44%) were White, one in six were Black (16%), 3% were Asian, 26% were "some other race" and 9% were "two or more races." Using the Census definitions, Hispanic children may be included in any race category. In 2006, 42% (14,827) of Rhode Island's poor children were Hispanic.[13]**

Rhode Island's Poor Children, 2006

By Age

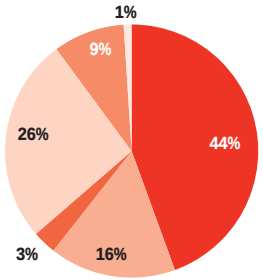
36%	Ages 5 and younger
29%	Ages 6 to 11
17%	Ages 12 to 14
18%	Ages 15 to 17



n = 35,456

By Race*

44%	White
16%	Black
3%	Asian
26%	Some Other Race
9%	Two or More Races
1%	Unknown

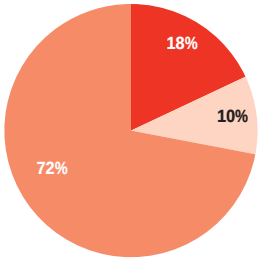


n = 35,456

**Hispanic children may be included in any race category. Of Rhode Island's 35,456 poor children, 14,827 (42%) were Hispanic in 2006.*

By Family Structure**

18%	Married Couple Family
10%	Unmarried Male Householder
72%	Unmarried Female Householder



n = 34,923

***Only includes related children living in households*

Source: U.S. Bureau of the Census, American Community Survey, 2006. Tables B17020A, B17020B, B17020C, B17020D, B17020F, B17020G, B17020I & B17006. Except where otherwise noted, population includes all children for whom poverty status was determined. Percentages may not sum to 100% due to rounding.

Children Living in Extreme Poverty

◆ **Families with incomes below 50% of the federal threshold level are considered to be living in extreme poverty. The extreme poverty level in 2007 was family income below $8,353 for a family of three with two children and $10,514 for a family of four with two children.[14]**

◆ **Of the 35,456 children living below the poverty threshold in Rhode Island, 43% lived in extreme poverty. In total, an estimated 6.5% (15,160) of all children in Rhode Island lived in extreme poverty in 2006. This is a decrease from the previous year when 10% of Rhode Island children lived in extreme poverty.[15]**

◆ **Children who live in deep, long-term poverty experience worse health outcomes than their peers, such as higher rates of child asthma and malnutrition, as a result of their family's income status.[16]**

Young Children Under Age 6 in Poverty in Rhode Island

◆ **Research shows that increased exposure to risk factors associated with poverty can obstruct young childrens' emotional and intellectual development. Risk factors associated with poverty include: inadequate nutrition, environmental toxins, maternal depression, trauma and abuse, lower quality child care and parental substance abuse.[17]**

◆ **In 2006, 17% (12,723) of Rhode Island children under age 6 were living below the poverty threshold, compared to 21% nationally.[18] In 2006, 47% of Rhode Island children under age 6 who were living in poverty lived in extreme poverty.[19]**

◆ **As of December 1, 2006 there were 4,437 children under age 3 and 3,358 children ages 3 to 5 in families receiving cash assistance from the Family Independence Program. Of all children under 18 in the Family Independence Program, 49% were age 6 or under.[20]**

◆ **According to data from the Rhode Island Department of Children, Youth and Families, young children under age 6 are the fastest growing population with indicated investigations of child abuse and neglect.**

Children in Poverty

Financial Asset Building

◆ Research shows that assets such as checking and savings accounts with positive balances, stocks and bonds, houses and retirement funds, and access to good market information about the cost of goods and services can be as important to working poor families as income in building economic security.[21,22]

◆ Assets can help families to manage financial crisis or the impact of life events, such as divorce, unemployment, retirement, illness or accidents, and death.[23] Families without sufficient wealth may accumulate debt or go without necessities during difficult financial times.[24]

◆ Low-income families sometimes experience asset poverty because of the lack of knowledge about and access to traditional banking institutions. These families often rely on alternative institutions, such as check cashing stores, payday lenders, rent-to-own stores and tax preparers for their financial needs. These alternative institutions often charge predatorily high fees and rates of interest and can impede savings.[25]

◆ Improving financial education (i.e., the understanding of money, banking, credit and how best to build assets) and encouraging banks to provide affordable services can help connect low-income families to traditional banking institutions that improve their savings.[26]

◆ Research shows that stable financial opportunities for families can be promoted through policies and low cost banking options that allow families to keep more of their earnings, save and invest.[27] Policies to encourage mainstream businesses to serve lower-income markets can help to reduce the costs to lower-income consumers pay for goods and services.[28]

◆ Rhode Island also enacted legislation legally authorizing payday lending, a predatory lending practice.[29] Given the recent foreclosure crisis, it is even more critical to protect the assets of all families from predatory mortgage lending and payday lending practices.

Building Blocks of Economic Security

Income Supports

◆ Income supports include the Family Independence Program (FIP) Earned Income Disregard, Food Stamps, the Earned Income Tax Credit, child care subsidies, health insurance subsidies and Energy Assistance programs. Nationally, income supports lifted 27 million Americans above the poverty line, cutting poverty nearly in half and ensuring that low-income working families have adequate resources to meet their basic needs.[30]

Access to Health Care

◆ Low-income families are much less likely to receive affordable health insurance through an employer, compared to their middle-income counterparts.[31] Access to health insurance improves the likelihood of having a regular and affordable source of health care.

Affordable Quality Child Care

◆ The quality and stability of child care is critical to a parent's ability to work and to the child's development.[32] Child care costs represent a significant part of the budget of working families. On average, families living below the poverty threshold spent 25% of their income each month on child care, compared to 7% for families with incomes at or above the threshold.[33]

Educational Attainment

◆ Low-income workers are nearly three times more likely to have dropped out of high school than higher-income earners.[34] Individuals with higher education levels generally have more job opportunities, higher wages and greater job security than those with lower levels of education.[35,36]

Affordable Housing

◆ In 2006, Rhode Island became one of twelve states to pass legislation providing significant protection beyond federal law against predatory mortgage lending.[37]

◆ Stable housing is a critical requirement for finding and keeping a job.[38] In 2007, the average rent for a two bedroom apartment in Rhode Island was $1,142.[39]

Table 9.

Children Living Below the Federal Poverty Threshold, Rhode Island, 2000

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

Source of Data for Table/Methodology

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

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[11,18] U.S. Bureau of the Census, American Community Survey, 2004-2006. Table B17001.

[12,13] U.S. Bureau of the Census, American Community Survey, 2006. Tables B17020A, B17020B, B17020D, B17020F, B17020G & B17020I.

(continued on page 151)

Children in the Family Independence Program

DEFINITION

Children enrolled in the Family Independence Program is the percentage of children under age 18 who were living in families receiving cash assistance through the Family Independence Program (FIP) on December 1, 2007. These data measure the number of children and families enrolled in FIP at one point in time. Children and families who participated in the program at other points in the year but were not enrolled on December 1, 2007 are not included.

SIGNIFICANCE

Rhode Island's Family Independence Program (FIP) helps families make successful transitions to work by providing the cash assistance and work supports, including food stamp benefits, health insurance and subsidized child care, that families need to maintain employment and provide for the healthy development of their children. Families qualify for cash assistance based on their income, resources they may have and the number of people in their families.[1]

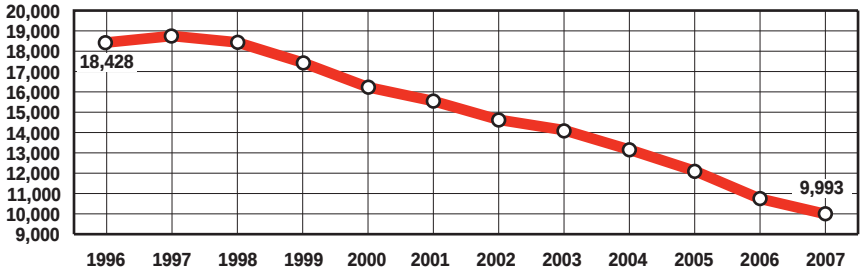
FIP promotes entry into sustainable jobs by providing work-preparation services, job skills training and placement, literacy and GED programs, vocational education, English-language programs and post-secondary education.[2]

FIP provides cash assistance to working families earning less than the poverty level. By disregarding some earnings in calculating the FIP payment, families' incomes and the state's ability to meet federal work participation requirements increase.[3] FIP also helps families achieve economic security by connecting families to the Office of Child Support Services (OCSS). OCCS assists families in establishing paternity, establishing court orders for child support and collecting money from non-custodial parents. In Rhode Island, the first $50 of child support paid on time each month on behalf of a child enrolled in FIP goes to the custodial parent.[4]

FIP provides a safety net for children whose parents are unable to work due to temporary or permanent disability. FIP also functions as an unemployment system for low-skilled parents who may not have had sufficient earnings to qualify for regular unemployment benefits when a job fails.

If a family has no earned income, the maximum FIP benefit for Rhode Island families of three is $554 per month. The FIP monthly payment has not increased in 17 years. In December 2007, the average hourly wage of a parent enrolled in FIP and working was $9.18 per hour.[5]

Caseload of the Family Independence Program*, 1996 - 2007



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996 – 2007. There can be multiple people in a case. **Prior to May 1, 1997 the Family Independence Program was called Aid to Families with Dependent Children (AFDC).*

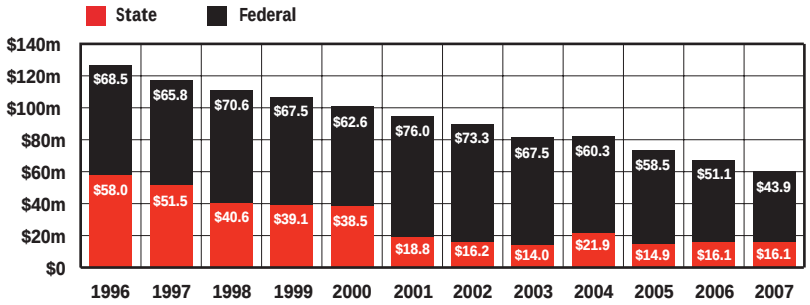
◆ **Between 1996 and 2007 there was a 46% decline in the FIP caseload, from 18,428 cases to 9,993 cases.[6,7]**

◆ **Research from a longitudinal study of the FIP program shows that cash assistance recipients who remained enrolled in the program faced numerous barriers to employment, including: physical and mental health problems, housing, seasonal, temporary or part-time jobs, jobs that paid too little, inability to find a job and transportation.[8]**

◆ **In Rhode Island in December 2007, there were 6,242 adults and 17,808 children under the age of 18 who were enrolled in FIP. Three-quarters (74%) of all FIP beneficiaries were children under the age of 18.[9] More than 2 in 5 (44%) children enrolled in FIP were under the age of six.[10] In Rhode Island, 77% of the families enrolled in FIP have one or two children.[11]**

◆ **In December 2007, there were 602 teen heads of household enrolled in FIP, representing 6% of the total caseload.[12] Teen parents receive parenting skills training and are supported in completing their high school education while enrolled in FIP.[13]**

Rhode Island Family Independence Program, State Fiscal Years 1996-2007*



Source: Rhode Island Department of Human Services, Family Independence Program 2007 Annual Report (FY 1996-2001); House Fiscal Advisory Staff. (2004-2006). *Budget as enacted: Fiscal Years 2005- 2007.* Providence, RI: Rhode Island House of Representatives, (FY 2002-2007).*FY 96 - FY 06 are spent dollars, FY 07 are final dollars.

◆ **Between state Fiscal Year 1996 and state Fiscal Year 2007, state general revenue spending for FIP decreased 72% from $58 million to $16.1 million.[14,15]**

◆ **The $16.1 million in state spending in Fiscal Year 2007 represents one-half of 1% of all state spending. On average, the state spends $6.00 per day per child enrolled in FIP cash assistance.[16]**

People with Disabilities in the Family Independence Program

◆ **People with disabilities often face multiple barriers to work and may require unique services in order to succeed. These can include education and training, and/or treatment for behavioral health issues. Once in the workforce, people with disabilities may require accommodations in scheduling or workplace conditions. If parents are caring for a disabled child, barriers to employment may also include finding appropriate child care settings or needing a flexible workplace in order to meet the child's medical and education needs or to respond when a crisis arises.[17]**

◆ **In 2007 in Rhode Island, 16% (1,596) of families enrolled in FIP were headed by a parent who was permanently disabled and receiving SSI. These parents are not included in the FIP benefit and are exempt from the work requirement under FIP. An additional 11% (1,124) of families were exempt from the work requirement because of a temporary or permanent disability or because the parent was caring for a disabled family member.[18]**

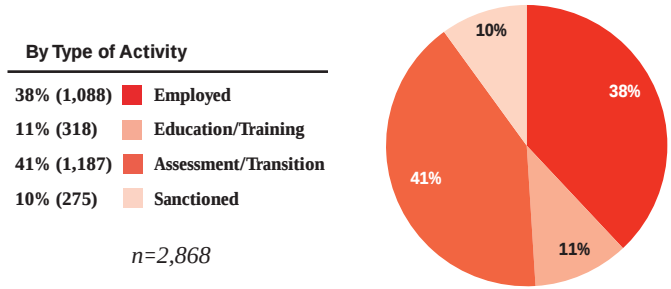
FIP by Case Type, 2007

Total FIP Caseload	9,993
Child-only cases	4,051
Cases with adults required to engage in a work activity	2,868
Cases with adults exempt from a work activity*	3,074

Source: Rhode Island Department of Human Services, InRhodes Database, 2007.

**Exemptions from work activities include: Disability or advanced age (995), caring for a disabled spouse or child (149), in third trimester of pregnancy (509), and youngest child under age one (1,421).*

Families Required to Engage in a FIP Work Activity, 2007



Source: Rhode Island Department of Human Services, InRhodes Database, December 2007.

◆ **As of December 2007, nearly 2 in 5 (38%) families who were required to engage in activities were employed. An additional 11% of families were engaged in approved education or training and 41% were in assessment or transition, meaning families were preparing an employment plan or had completed one activity and were transitioning into another.[19]**

◆ **One in 10 families required to engage in a work activity were sanctioned, meaning they lost benefits due to non-compliance. Families who were sanctioned as a result of a failure to comply with a work plan represent 3% of the total FIP caseload.[20]**

Children in the Family Independence Program

The Family Independence Program Supports Working Families

◆ More than 2 in 5 of all cases closed in Rhode Island in 2007 were closed due to employment.[21] In Fiscal Year 2006, 3,503 families left FIP for work and since 1998 a total of 33,853 families closed to FIP because of employment. This may include families who cycled on or off the program because of disruptions in employment.[22]

◆ For those families whose cases are unable to close to FIP because their wages remain below the poverty threshold, the FIP cash payment provides an important resource to the household budget. A parent of two children working a minimum wage job for an entire calendar year at the 30 hour per week requirement would still qualify for a FIP cash supplement of $1,900 per year. With EITC and Food Stamp benefits the families, income would be 125% of the federal poverty guideline.[23]

◆ FIP supports working families and is also a safety net for those families in which a parent is temporarily or permanently unable to work. If a family has no earned income, the maximum monthly FIP benefit for a family of three is $554 per month ($6,648 per year).[24] With an additional $4,716 per year in Food Stamps, this amount is 65% of the federal poverty guideline and well below the amount of income families need to pay basic living expenses.[25,26]

FIP as a Support for Working Families (One parent, two children)

	Family Working 30 Hrs	Non-Working Family
Gross annual earnings	$11,535	NA
FIP supplement	$1,900	$6,648
Food Stamps	$ 4,056	$4,716
State and Federal EITC	$ 4,706	NA
Child Tax Credit	$37	NA
Total Family Income	$22,036	$11,364

Source: Rhode Island Department of Human Services. (2007). *Family Independence Program: Ten years in review. 2007 Annual Report.* Cranston, RI: Rhode Island Department of Human Services.

◆ According to the *2006 Rhode Island Standard of Need,* a single-parent family with two children would need to earn at least $14.76 per hour and receive child care and health insurance subsidies to make ends meet, compared to nearly $27.50 per hour without these programs.[27]

Adult Education and Work

◆ Preliminary 2007 annual unemployment data indicate that Rhode Island had the highest unemployment rate (4.8%) in New England and had a higher unemployment rate than the U.S. (4.6%).[28] Those without a high school diploma are more likely to have even higher unemployment rates than their peers with higher education levels.[29]

◆ A growing number of jobs in today's labor market require a higher level of skill and/or credentials. The skill levels of average high school dropouts will qualify them for 10% of all new jobs between 2000 and 2010, while people possessing the skills of typical high school graduates will qualify for 22% of all new jobs.[30]

◆ Of Rhode Island adults ages 16 to age 64 who were not enrolled in school, more than 83,000 had not completed their high school education, 9,000 had limited English proficiency, and almost 19,000 had both not completed high school and had limited English proficiency. In total, 20% of the adult working age population does not have the education and/or language skills necessary to succeed in today's labor market.[31]

◆ In Rhode Island, more than 2 in 5 parents (44%) enrolled in FIP reported not finishing high school and 36% of a recently tested cohort of FIP parents tested at or below a 6th grade reading ability. Sixty-six percent of native Spanish-speaking parents enrolled in FIP tested below a 6th grade reading ability on a Spanish-language test.[32,33]

◆ Fostering greater integration of adult basic education and English language education with industry specific job training programs would strengthen the state's workforce.[34] Efforts to achieve this integration and move adults with limited educational and linguistic skills along career pathways that help families to be economically secure should include those adults in the Family Independence Program. Parents enrolled in FIP make up a critical segment of the workforce that needs access to adult education and training.

Current Rhode Island FIP Policies, 2007

Work Requirements

◆ FIP applicants must complete, sign and participate in an employment plan, as a condition of eligibility for FIP. Single-parent families are required to be engaged in a work activity for a minimum of 20 hours per week if their youngest child is under the age of six, and a minimum of 30 hours per week if the youngest child is six years of age or older. Participants are allowed to combine 10 hours of education and training with 20 hours of work to reach the 30 hour work requirement.[35]

Time Limits

◆ The lifetime limit a parent can receive FIP is 60 months. Family cash assistance issued in any other state will count toward the 60 month time limit in Rhode Island. Children in families that are income-eligible are entitled to cash assistance without time limit, except for children in sanctioned families.[36]

Child-Only Cases

◆ Child-only cases are those that receive assistance only for the children in the family because the child is living with a non-parent relative (382), the parent has reached their five-year time limit (1,462), the parent is disabled and receiving Supplemental Security Income (1,596) or the parent is a refugee or is not an eligible immigrant (611).[37]

Sanctions

◆ When a parent fails to comply with their employment plan for a cumulative 6 months, the entire family loses the FIP benefit. Prior to reaching the 6 month full family sanction, graduated sanctions are applied to the parent's share of the benefit.[38]

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2007. The denominator is the total number of children under age 18 from U.S. Bureau of the Census, Census 2000. Summary File 1, P12.

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

References

[1,2,3,4,13,35,36,38] Rhode Island Department of Human Services. (n.d.). *Department of Human Services Code of Rules: Family Independence Program*. Retrieved February 27, 2008 from www.ridhscode.org/0800.htm

[5,7,9,10,12,18,19,20,21,24,32,37] Rhode Island Department of Human Services, InRhodes Database, December 2007.

[6] Rhode Island Department of Human Services, InRhodes Database, December 1996.

(continued on page 151)

Table 10. **Children Enrolled in the Family Independence Program (FIP), Rhode Island, December 1, 2007**

CITY/TOWN	All Children Under 18	Number Receiving FIP Cash Assistance: Families	Number Receiving FIP Cash Assistance: Children	Children in FIP as % of All Children Under Age 18
Barrington	4,745	19	24	1%
Bristol	4,399	43	62	1%
Burrillville	4,043	52	81	2%
Central Falls	5,531	586	1,104	20%
Charlestown	1,712	23	47	3%
Coventry	8,389	137	211	3%
Cranston	17,098	486	795	5%
Cumberland	7,690	99	172	2%
East Greenwich	3,564	27	45	1%
East Providence	10,546	294	456	4%
Exeter	1,589	20	36	2%
Foster	1,105	14	22	2%
Glocester	2,664	22	27	1%
Hopkinton	2,011	22	44	2%
Jamestown	1,238	2	3	0%
Johnston	5,906	155	257	4%
Lincoln	5,157	80	140	3%
Little Compton	780	3	3	<1%
Middletown	4,328	58	92	2%
Narragansett	2,833	27	40	1%
New Shoreham	185	0	0	0%
Newport	5,199	228	453	9%
North Kingstown	6,848	124	203	3%
North Providence	5,936	148	205	3%
North Smithfield	2,379	20	27	1%
Pawtucket	18,151	1,161	1,984	11%
Portsmouth	4,329	19	27	1%
Providence	45,277	4,303	8,091	18%
Richmond	2,014	14	28	1%
Scituate	2,635	19	26	1%
Smithfield	4,019	23	40	1%
South Kingstown	6,284	57	120	2%
Tiverton	3,367	36	43	1%
Warren	2,454	56	74	3%
Warwick	18,780	328	485	3%
West Greenwich	1,444	8	11	1%
West Warwick	6,632	245	417	6%
Westerly	5,406	96	152	3%
Woonsocket	11,155	939	1,761	16%
Core Cities	*91,945*	*7,462*	*13,810*	*15%*
Remainder of State	*155,877*	*2,531*	*3,998*	*3%*
Rhode Island	*247,822*	*9,993*	*17,808*	*7%*

Children Receiving Food Stamp Benefits

DEFINITION

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

SIGNIFICANCE

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

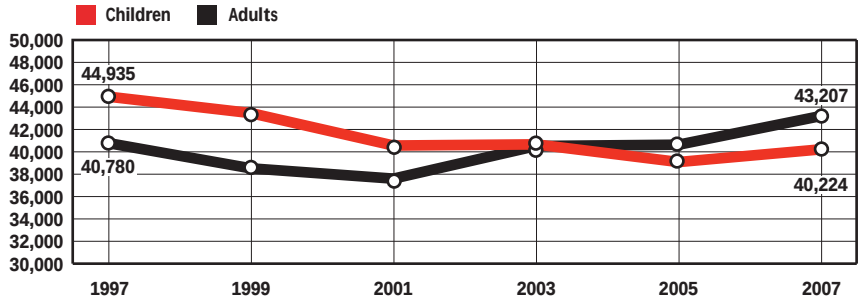
The Food Stamp Program is open to all applicants who meet the eligibility requirements. Participation in the Food Stamp Program is not time-limited and can be used as long as the person maintains their certification (with the exception of some able-bodied adults without dependent children).[4,5] To qualify for food stamp benefits, a household's gross monthly income must be less than 130% of the federal poverty level for that family size and meet requirements that limit the value of cash assets. In federal Fiscal Year 2008, a family of three with a gross annual income of less than $22,332 (monthly income less than $1,861) qualifies for the Food Stamp Program if they meet the assets guidelines.[6]

Food stamp benefits help many low-income working families in Rhode Island bridge the gap between what they earn and their basic living expenses. In 2006, a household with one full-time, year-round worker making the minimum wage had only 73% of the income needed to meet their basic expenses. If the same family received food stamp benefits their income would be enough to meet 85% of their basic needs.[7] In 2007, the average monthly food stamp benefit for a family of three in Rhode Island was $291.[8]

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

According to the U.S. Department of Agriculture (USDA), an estimated 56% of Rhode Islanders who were eligible for the Food Stamp Program in 2005 received the benefit. This means that in 2005, approximately 57,640 Rhode Island residents who were eligible for food stamp benefits did not participate.[10]

Food Stamp Participation, Children under Age 18 and Adults, Rhode Island, 1997-2007



Source: Rhode Island Department of Human Services, InRhodes Database, 1997 – 2007. Data represent children and adults who participated in the Food Stamp Program during the month of October.

◆ **Between 1997 and 2007, the number of children receiving food stamp benefits declined from 44,935 to 40,224. During the same period, the number of adults participating in the Food Stamp Program increased from 40,780 to 43,207.[11]**

Food Insecurity in Rhode Island

◆ **Food insecurity is defined by the USDA as not always having access to enough food for an active, healthy life. Nationally and in Rhode Island, 11.3% of households are food insecure. Of households with children in the U.S., 15.6% are food insecure. U.S. children living in single-female headed households are almost twice as likely to be food insecure (30.4%), and children in households with income below poverty are almost three times as likely to be food insecure (43.1%) as their peers.[12]**

◆ **Food insecure families often rely on public benefits like the Food Stamp Program and on community resources like food pantries and soup kitchens. Almost one-third (31%) of the approximately 60,000 people served by the Rhode Island Food Bank network in 2005 were children under the age of 18.[13]**

◆ **Recipients of emergency food often have to make hard choices between food and other basic needs. According to the Rhode Island Food Bank in 2005, 49% of Rhode Islanders who received emergency food chose between food and utilities, 46% chose between food and housing payments, and 34% chose between food and health expenditures.[14]**

Children Receiving Food Stamp Benefits

Food Stamp Participation Rates

◆ Rhode Island ranked 43rd in the U.S. in 2005 for the percentage of eligible residents participating in the Food Stamp Program.[15]

◆ Nationally, a lack of information and knowledge about the Food Stamp Program, mistaken perceptions (e.g., that people who are married or who work are ineligible), stigma, a complicated application process, and inconvenient hours of operation and locations of human service buildings, are identified as reasons for low participation rates in the program.[16]

◆ Efforts in Rhode Island to improve food stamp participation include $100,000 in state funds to conduct outreach and marketing to increase enrollment, the launch of an online application system (applicants still must complete an interview), and the creation of a 2-1-1 hotline that provides information and referrals for people in need.[17]

◆ In 2007 the Rhode Island Department of Human Services received a "most improved" award from the USDA for lowering the percentage of improper denials and termination of food stamp benefits.[18]

Table 11. **Children Under Age 18 Receiving Food Stamp Benefits, Rhode Island, October 1, 2007**

CITY/TOWN	ESTIMATED NUMBER INCOME-ELIGIBLE*	NUMBER PARTICIPATING	% OF INCOME-ELIGIBLE PARTICIPATING
Barrington	155	38	25%
Bristol	607	185	30%
Burrillville	356	264	74%
Central Falls	2,840	2,305	81%
Charlestown	173	95	55%
Coventry	654	570	87%
Cranston	2,057	1,863	91%
Cumberland	485	405	84%
East Greenwich	242	116	48%
East Providence	1,687	1,098	65%
Exeter	169	72	43%
Foster	66	39	59%
Glocester	225	87	39%
Hopkinton	228	137	60%
Jamestown	36	21	58%
Johnston	733	535	73%
Lincoln	404	323	80%
Little Compton	21	15	71%
Middletown	404	205	51%
Narragansett	310	120	39%
New Shoreham	19	0	0%
Newport	1,731	967	56%
North Kingstown	818	467	57%
North Providence	802	521	65%
North Smithfield	92	83	90%
Pawtucket	5,948	4,527	76%
Portsmouth	187	105	56%
Providence	22,395	17,105	76%
Richmond	118	64	54%
Scituate	157	75	48%
Smithfield	239	119	50%
South Kingstown	485	278	57%
Tiverton*	150	163	100%*
Warren	333	228	68%
Warwick	1,712	1,430	84%
West Greenwich	81	37	46%
West Warwick	1,610	1,101	68%
Westerly	843	410	49%
Woonsocket	4,125	3,343	81%
Core Cities	*38,649*	*29,348*	*76%*
Remainder of State	*15,048*	*10,168*	*68%*
Rhode Island	*53,697*	*39,516*	*74%*

Source of Data for Table/Methodology

Estimated number income-eligible is based on the total number of children ages birth to 18 living in families with incomes below 130% of poverty from the 2000 Census. Food Stamp Program data are from the Rhode Island Department of Human Services, InRhodes Database, October 1, 2007.

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

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

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

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

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(continued on page 152)

Children Participating in School Breakfast

DEFINITION

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

SIGNIFICANCE

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

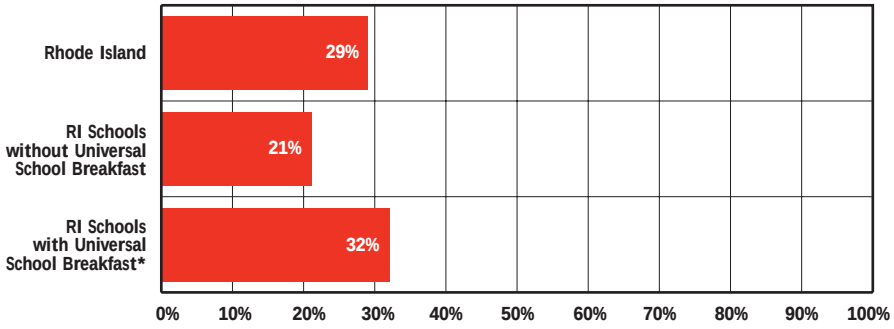
Food-insecure families often do not have sufficient food to provide nutritious breakfasts to their children every morning. Nationally, children in households experiencing food insecurity missed on average over two days more school than their peers in food-secure households.[3] Low-income families in Rhode Island experience food insecurity (56%) and hunger (19%) at higher rates than national averages (48% and 14% respectively).[4] Rhode Islanders who are Hispanic, have children under the age of 6, are single parents, or have not finished high school are some of the most likely to go without adequate and nutritious food.[5]

Children who skip breakfast are at a disadvantage in their ability to concentrate, learn and behave well in school. For many higher-income families, children do not eat breakfast before school because of long parental commuting times and rushed family schedules.[6] School Breakfast Programs offer nutritious meals, and participating children are more likely to meet their Recommended Daily Allowances of at least 4 key nutrients.[7]

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

Rhode Island ranks 35th in the country for participation in school breakfast when participation is analyzed as the ratio of low-income students in the breakfast program to low-income students in the lunch program. During the 2006-2007 school year, 40 low-income students participated in the breakfast program for every 100 low-income students that participated in the lunch program.[9]

Low-Income Children Participating in the School Breakfast Program, Rhode Island, October 2007



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

Source: Rhode Island Department of Elementary and Secondary Education, October 2007.

◆ **In 2007, the percentage of low-income students participating in the School Breakfast Program in schools offering universal school breakfast was 32% compared with 21% of students participating in the program in the remainder of the state.[10]**

◆ **Universal School Breakfast Programs, which provide free breakfast to all children regardless of income, dramatically increase school breakfast participation, especially among low-income students; they also reduce administrative costs. When schools offer breakfast in the classroom at the start of the school day, participation rates increase even more.[11]**

◆ **In October 2007, an average of 22,153 breakfasts were served daily in Rhode Island public schools. Of these, 79% (17,503) were to low-income children eligible for free or reduced-price meals.[12]**

◆ **If Rhode Island increased low-income student participation in the School Breakfast Program from 40% to 60% of School Lunch Program participation, the state would receive almost $2 million in additional federal funds to support the program.[13]**

Table 12. **Children Participating in School Breakfast, Rhode Island, October 2007**

SCHOOL DISTRICT	2007 FALL ENROLLMENT	DISTRICT WIDE AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL CHILDREN PARTICIPATING IN BREAKFAST	NUMBER OF LOW-INCOME STUDENTS	LOW-INCOME AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL LOW-INCOME CHILDREN PARTICIPATING IN SCHOOL BREAKFAST
Barrington	3,467	58	2%	121	12	10%
Bristol Warren	3,460	324	9%	959	172	18%
Burrillville	2,597	193	7%	688	137	20%
Central Falls	3,341	1,101	33%	2,686	857	32%
Chariho	3,737	108	3%	685	68	10%
Coventry	5,478	334	6%	1,020	165	16%
Cranston	10,523	1,141	11%	3,148	727	23%
Cumberland	5,032	301	6%	773	233	30%
East Greenwich	2,394	75	3%	141	41	29%
East Providence	5,785	453	8%	2,140	369	17%
Exeter-West Greenwich	1,999	56	3%	248	42	17%
Foster	272	10	4%	31	7	23%
Foster-Glocester	1,550	64	4%	174	29	17%
Glocester	664	81	12%	108	76	70%
Jamestown	495	5	1%	40	2	5%
Johnston	3,203	300	9%	1,212	220	18%
Lincoln	3,408	208	6%	607	183	30%
Little Compton	324	7	2%	21	5	24%
Middletown	2,357	171	7%	509	120	24%
Narragansett	1,473	41	3%	163	33	20%
New Shoreham	146	22	15%	14	4	29%
Newport	2,218	453	20%	1,768	419	24%
North Kingstown	4,528	288	6%	693	210	30%
North Providence	3,337	271	8%	1,020	224	22%
North Smithfield	1,881	95	5%	192	36	19%
Pawtucket	8,781	2,006	23%	6,506	1,610	25%
Portsmouth	2,958	107	4%	232	53	23%
Providence	24,245	9,682	40%	23,950	8,274	35%
Scituate	1,799	21	1%	149	16	11%
Smithfield	2,607	86	3%	283	39	14%
South Kingstown	3,666	193	5%	541	131	24%
Tiverton	2,046	137	7%	350	80	23%
Warwick	10,592	591	6%	2,888	449	16%
West Warwick	3,659	512	14%	1,487	411	28%
Westerly	3,314	403	12%	899	291	32%
Woonsocket	6,248	2,255	36%	4,324	1,758	41%
Core Cities	*48,492*	*16,009*	*33%*	*40,721*	*13,329*	*33%*
Remainder of State	*95,092*	*6,144*	*6%*	*20,049*	*4,174*	*21%*
Rhode Island	*143,584*	*22,153*	*15%*	*60,770*	*17,503*	*29%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Office of Finance and Office of Network & Information Systems, October 2007.

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

"2007 Fall Enrollment" is the public school enrollment as of October 1, 2007. "District-Wide Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per day during October 2007. "Number of Low-Income Students" is the number of students eligible for and enrolled in free or reduced-price meals during October 2007. "Low-Income Average Daily Participation in Breakfast" is the average number of students eligible for and enrolled in free or reduced-price meals who ate breakfast in school per school day during October 2007. Half-day kindergarten, private schools and residential child care facilities may offer the School Breakfast Program, but are not included in these calculations.

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

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(continued on page 152)

Health

Lineage

by Margaret Walker

My grandmothers were strong.
They followed plows and bent to toil.
They moved through fields sowing seed.
They touched earth and grain grew.
They were full of sturdiness and singing.
My grandmothers were strong.
My grandmothers are full of memories
Smelling of soap and onions and wet clay
With veins rolling roughly over quick hands
They have many clean words to say.
My grandmothers were strong.
Why am I not as they?

Children's Health Insurance

DEFINITION

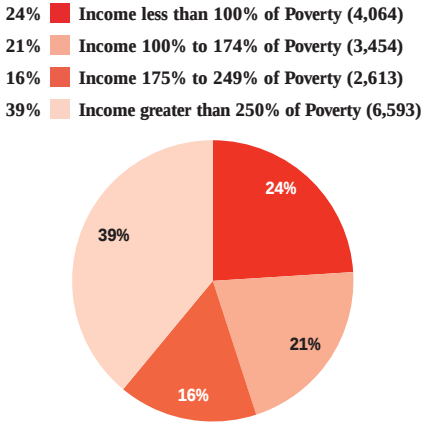
Children's health insurance is the percentage of children below age 19 who were covered by any kind of public or private health insurance, including Medicaid, during 2006.

SIGNIFICANCE

Children's health insurance status is the major determinant in whether children have access to care.[1] Children who lack insurance coverage are more likely to have no usual place of care, delayed care, unmet medical and dental needs, and fewer visits to the doctor and dentist.[2] Insured children are more likely than uninsured children to receive preventive care or medical treatment for common conditions like asthma and ear infections – illnesses that if left untreated can have life-long consequences and lead to more serious health problems.[3,4] Medicaid provides low-income children access to health care that is comparable to children with private health insurance.[5] Children are more likely to use health care when their parents are insured and have access to health care.[6]

RIte Care/RIte Share, Rhode Island's Medicaid managed care health insurance program, is available to children and families who qualify based on family income. RIte Care also serves as the health care delivery system for specific groups of children who qualify for Medical Assistance based on a disability or because they are in foster care or receiving an adoption subsidy. As of December 31, 2007, 70% (77,054) of the RIte Care members who qualified based on family income were children under age 19.[7] There were 39,186 low-income parents enrolled in RIte Care as of December 31, 2007, 3,017 fewer than in December 2006.[8,9] Of these parents, 6,242 (16%) received RIte Care because they were enrolled in the Family Independence Program (FIP).[10]

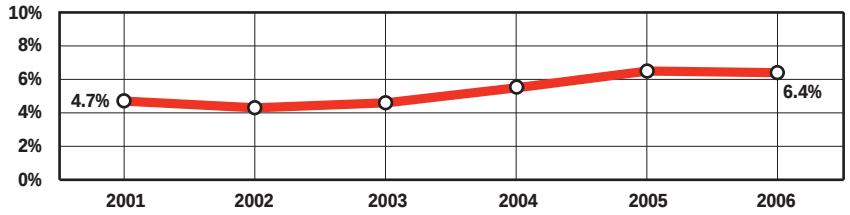
Children Under Age 19 without Health Insurance, by Poverty Level, Rhode Island, 2006



n = 16,724

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

Children without Health Insurance, Rhode Island, 2001-2006



Source: US Census Bureau, Current Population Survey, 2000-2007, three-year averages, compiled by Rhode Island KIDS COUNT. Data are for children under 18 years of age. Data are not comparable to previous Factbooks as the Census Bureau issued corrected data in 2007.

◆ **In 2006, 6.4% of Rhode Island's children under age 18 were uninsured, compared to 11.1% of children in the U.S.[11] Rhode Island ranks 10th in the nation for the percentage of uninsured children, down from 2nd in 2002 and 2003.[12]**

◆ **Of the estimated 16,724 uninsured children under age 19 in Rhode Island in 2006, approximately 10,131 were eligible for RIte Care based on their family incomes but were not enrolled.[13] There were an estimated 6,593 uninsured children who lived in families with incomes at or above 250% of the federal poverty level ($41,500 for a family of three in 2006), the limit for RIte Care eligibility.[14,15]**

◆ **Recent increases in the rate of uninsured children in Rhode Island can be partly attributed to the decline in employer-sponsored insurance. In 2006, 65.1% of children were covered by employer-sponsored health insurance, down from 73.3% in 2001 (an 11% decline).[16,17]**

◆ **In 2007, 79% of employers in Rhode Island offered health coverage to their full-time employees and 10% offered it to their part-time employees. Employers paid an average of 68% of costs for individual coverage and 74% for family coverage. The average monthly cost of coverage was $415 for individuals and $1,105 for a family plan, with costs slightly higher for small employers.[18] In 2005, health insurance premiums in Rhode Island were among the highest in the U.S.[19]**

◆ **Most Rhode Island employers require employees to wait to enroll in health insurance upon beginning employment; 35% have a waiting period of 30 days and 42% have a waiting period of 60 days or more.[20]**

Table 13.

Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2007

CITY/TOWN	RIte Care FIP	RIte Care Non-FIP	SSI	Katie Beckett Provision	Adoption Subsidy	Foster Care	Total
Barrington	**30**	**161**	**9**	**48**	**8**	**10**	**266**
Bristol	**99**	**518**	**18**	**16**	**23**	**33**	**707**
Burrillville	**117**	**613**	**39**	**29**	**53**	**55**	**906**
Central Falls	**1,361**	**2,893**	**298**	**3**	**20**	**24**	**4,599**
Charlestown	**58**	**252**	**12**	**10**	**12**	**7**	**351**
Coventry	**270**	**1,104**	**84**	**74**	**106**	**54**	**1,692**
Cranston	**1,055**	**3,618**	**257**	**169**	**114**	**100**	**5,313**
Cumberland	**228**	**819**	**67**	**88**	**56**	**25**	**1,283**
East Greenwich	**54**	**195**	**10**	**67**	**8**	**9**	**343**
East Providence	**607**	**2,125**	**157**	**69**	**61**	**54**	**3,073**
Exeter	**42**	**139**	**15**	**8**	**19**	**46**	**269**
Foster	**25**	**100**	**4**	**7**	**14**	**6**	**156**
Glocester	**47**	**218**	**24**	**19**	**42**	**40**	**390**
Hopkinton	**59**	**317**	**14**	**15**	**11**	**5**	**421**
Jamestown	**4**	**68**	**8**	**11**	**8**	**2**	**101**
Johnston	**322**	**1,129**	**72**	**42**	**25**	**31**	**1,621**
Lincoln	**195**	**612**	**46**	**49**	**39**	**31**	**972**
Little Compton	**5**	**62**	**1**	**5**	**1**	**5**	**79**
Middletown	**113**	**513**	**46**	**34**	**11**	**33**	**750**
Narragansett	**59**	**246**	**20**	**24**	**19**	**73**	**441**
New Shoreham	**0**	**16**	**2**	**0**	**0**	**0**	**18**
Newport	**537**	**1,234**	**107**	**14**	**20**	**38**	**1,950**
North Kingstown	**272**	**755**	**61**	**70**	**22**	**34**	**1,214**
North Providence	**278**	**1,135**	**92**	**38**	**46**	**72**	**1,661**
North Smithfield	**44**	**230**	**19**	**29**	**18**	**36**	**376**
Pawtucket	**2,600**	**6,066**	**582**	**47**	**76**	**199**	**9,570**
Portsmouth	**46**	**338**	**26**	**54**	**15**	**29**	**508**
Providence	**10,306**	**17,652**	**2,000**	**68**	**1,090**	**958**	**32,074**
Richmond	**38**	**180**	**5**	**15**	**14**	**24**	**276**
Scituate	**37**	**269**	**13**	**40**	**21**	**13**	**393**
Smithfield	**60**	**305**	**27**	**32**	**17**	**26**	**467**
South Kingstown	**166**	**609**	**56**	**60**	**42**	**19**	**952**
Tiverton	**61**	**414**	**28**	**24**	**13**	**9**	**549**
Warren	**120**	**396**	**17**	**19**	**22**	**12**	**586**
Warwick	**644**	**3,113**	**202**	**192**	**145**	**162**	**4,458**
West Greenwich	**16**	**103**	**8**	**12**	**15**	**12**	**166**
West Warwick	**565**	**1,545**	**116**	**26**	**45**	**46**	**2,343**
Westerly	**207**	**921**	**66**	**41**	**17**	**10**	**1,262**
Woonsocket	**2,041**	**3,265**	**453**	**48**	**101**	**121**	**6,029**
Out of State/Unknown	***8***	***10***	***38***	***0***	***0***	***0***	***56***
Core Cities	***17,410***	***32,655***	***3,556***	***206***	***1,352***	***1,386***	***56,565***
Remainder of State	***5,378***	***21,593***	***1,525***	***1,410***	***1,037***	***1,077***	***32,020***
Rhode Island	***22,796***	***54,258***	***5,119***	***1,616***	***2,389***	***2,463***	***88,641***

Source of Data for Table/Methodology

Rhode Island Department of Human Services, MMIS Database, December 31, 2007.

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

From September 2003 through March 2004, children with special health care needs were voluntarily transitioned from fee-for-service Medical Assistance to managed care RIte Care. Children who were transitioned into RIte Care included those who qualify for Medical Assistance because they receive SSI, adoption subsidy, or qualify for the Katie Beckett provision. Certain groups of children, including those with commercial health insurance were not included in the transition to RIte Care. The columns "SSI, Katie Beckett, and Adoption Subsidy" include children in fee-for-service Medicaid and (managed care) RIte Care as of December 31, 2007.

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

See methodology section for additional information on Census data.

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(continued on page 152)

Childhood Immunizations

DEFINITION

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

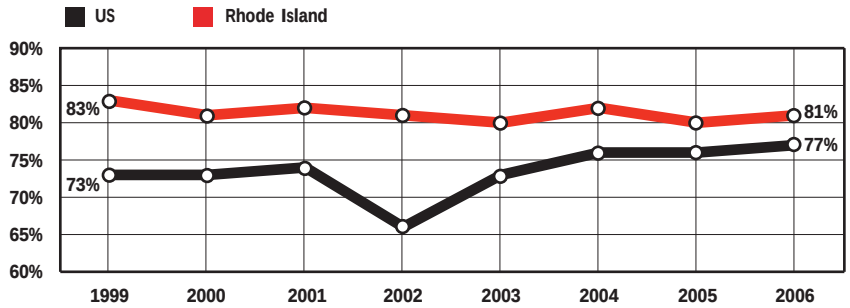
SIGNIFICANCE

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

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

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

Fully Immunized Children*, Ages 19 Months to 35 Months, United States and Rhode Island, 1999-2006



**Fully immunized children received the 4:3:1:3:3 series from 1999 to 2001 and the 4:3:1:3:3:1 series from 2002 to 2006.*

Source: Centers for Disease Control and Prevention, National Immunization Survey, 1999-2006.

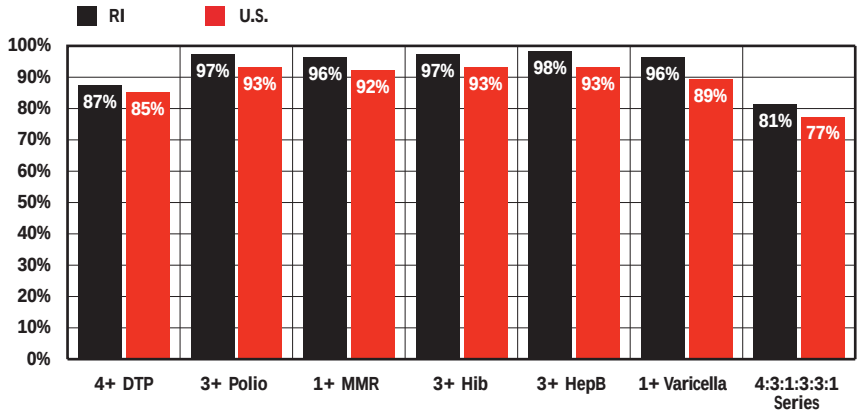
◆ **Rhode Island's rate of fully immunized children ages 19 months to 35 months (81%) was higher than the national average (77%) in 2006.[11]**

◆ **In the U.S. in 2006, the 4:3:1:3:3:1 vaccination rate among children ages 19 months to 35 months was 78% for White children, 74% for Black children, 77% for Hispanic children and 76% for Asian children.[12]**

◆ **Poverty remains a risk factor for under-immunizations. In the U.S. in 2006, children living at or above the federal poverty level had a 78% immunization rate while children living below the poverty level had a 74% immunization rate.[13,14]**

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

Vaccination Coverage Among Children, Ages 19 Months to 35 Months, United States and Rhode Island, 2006



Source: Centers for Disease Control and Prevention, National Immunization Survey, 2006.

◆ **In 2006, Rhode Island had the highest vaccination rates in the nation for 2 of the 6 vaccines in the 4:3:1:3:3:1 Series. Rhode Island ranks 7th in the nation for the completion of the full Series, up from 10th in 2005.[18,19]**

◆ **In 2006, 170 Rhode Island children were exempt from receiving one or more vaccines for medical, religious or personal reasons.[20]**

◆ **Since the end of 2005, a significant emphasis has been placed on infants receiving their first dose of the hepatitis B vaccine before hospital discharge. In 2006, the Rhode Island hepatitis B vaccination rate reached a 10-year peak of 91%. The Centers for Disease Control and Prevention recently named Rhode Island as the state with the most improved rate of infants receiving the hepatitis B immunization.[21]**

◆ **The Advisory Committee on Immunization Practices (ACIP) periodically reviews the national immunization schedule to update its recommendations, and include newly licensed vaccines and changes in vaccine formulation to ensure that immunization practices remain effective. In 2007, ACIP recommended the influenza vaccine for all children ages 6 months to 59 months. The ACIP also recommended that females ages 11 to 12 receive the human papillomavirus vaccine (HPV) in 3 doses.[22]**

School Immunization

◆ **Starting in the 2006-2007 school year, the Rhode Island Immunization Program replaced the Rhode Island School Immunization Survey with immunization data collected directly from student health records. The 2006-2007 Rhode Island School Children Immunization Assessment included an analysis of 2,602 randomly-selected student records in kindergarten and seventh grade across 125 randomly selected schools. Immunization completion rates averaged 97% for kindergarteners and 92% for children in 7th grade. The rates reflect children's immunization status as of the date they entered kindergarten or 7th grade.[23]**

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

◆ **During the 2006-2007 school year, 64 schools participated in VBYG. Of the 1,700 students enrolled in the program, 99% received one or more immunizations and 96% completed all immunizations for which they were enrolled. The shots administered included hepatitis B, MMR, Meningitis, Polio, Influenza, and others.[25]**

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(continued on page 152)

Access to Dental Care

DEFINITION

Access to dental care is the percentage of children under age 21 who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2007 and had received dental services at any point during the previous federal fiscal year (October 1, 2006 – September 30, 2007).

SIGNIFICANCE

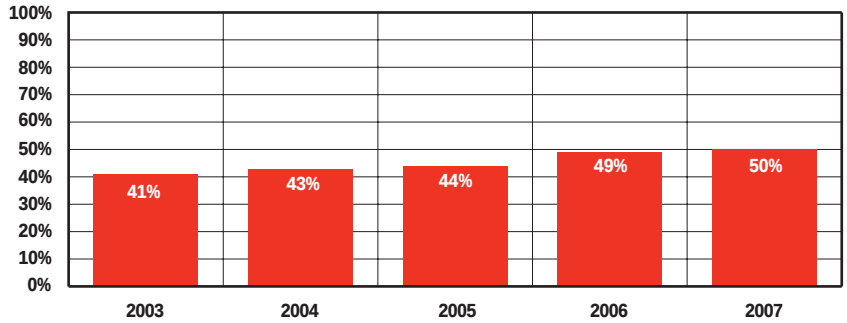
Dental caries (tooth decay) is the most common disease among children 5 to 17 years old.[1] Young children with dental disease are at increased risk for future dental caries in their permanent teeth.[2] Children with dental problems are more likely to have problems chewing and swallowing, speech problems,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

Insurance is a strong predictor of access to health and dental care. Nearly one in four (23%) uninsured children in the U.S. has unmet dental needs, compared with 7% of those with Medicaid and 4% of those with private health insurance.[4] National estimates indicate that there are 2.6 children without dental insurance for every child without medical insurance.[5] The percentage of Rhode Island children with dental insurance has been increasing, from 62% in 1990, 67% in 1996, 73% in 2001, and 76% in 2004.[6,7]

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

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

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, Federal Fiscal Years 2003-2007



Source: Rhode Island Department of Human Services, 2003-2007. *Medical Assistance includes RIte Care, RIte Share or Medicaid fee-for-service.

◆ **Half (50%) of the children who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2007 received a dental service during federal Fiscal Year 2007.[14] Nearly 8,000 more children enrolled in Medical Assistance received a dental service in 2007 than in 2003, a 22% increase.[15]**

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

◆ **As of December 31, 2007, there were 35,242 children receiving Medical Assistance born on or after May 1, 2000 who were receiving dental benefits through the RIte Smiles program. As of January 15, 2008, there were 207 dental providers participating in the RIte Smiles program, up from 90 when it began in September 2006. All children receiving Medical Assistance born before May 1, 2000 continue to receive dental benefits under the fee-for-service system.[17]**

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

Oral Health Services for Young Children

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

◆ Fewer than 1 in 5 (19%) children under the age of 5 enrolled in Medicaid in the U.S. received any dental service in 2004. There are too few dentists trained to treat very young children, and too few who treat children with special health care needs and those who have public insurance.[20]

◆ Nationally, the number of very young children with dental caries (cavities) in their primary teeth has increased. Between 1988 and 1994, 24% of children ages 2-5 had caries, compared with 28% between 1999 and 2004, an increase of 17%. More than half (51%) of children ages 6-11 had dental caries between 1999-2004, essentially the same as 1988-1994 (50%).[21]

Medicaid Reimbursement Rates

◆ In 2006, Medicaid reimbursement rates were raised for dental providers participating in the RIte Smiles program. As a result of RIte Smiles, the number of dentists accepting qualifying children with Medical Assistance has increased from 90 to 207. General dentists and specialists providing oral health services to Medicaid-enrolled children who do not qualify for the RIte Smiles have continued to be reimbursed at the Medicaid fee-for-service reimbursement rates, which were last increased in 1992.[22,23]

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

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

Consequences of Untreated Dental Disease

◆ An average of 542 children under age 21 were treated each year for a dental related condition in Lifespan Emergency Departments (Rhode Island Hospital, Hasbro Children's Hospital, The Miriam Hospital and Newport Hospital) between fiscal years 2005 and 2007. Three out of four (77%) of these children had private health or dental insurance, 15% had public insurance and 8% were uninsured.[26]

◆ An average of 56 children under the age of 19 were hospitalized with a diagnosis that included an oral health condition each year between 2002 and 2006 in Rhode Island. On average, 12 children per year were hospitalized with an oral health condition as the main reason.[27]

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

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Children's Mental Health

DEFINITION

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

SIGNIFICANCE

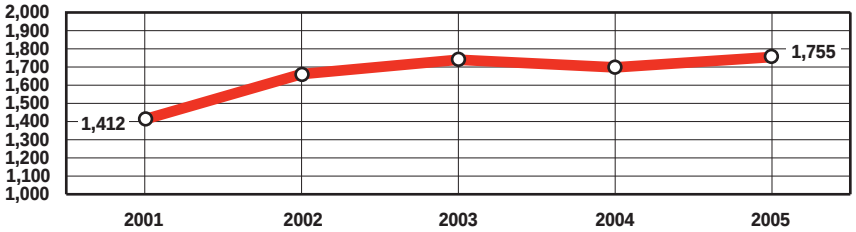
Children and adolescents can experience a wide range of behavioral health problems. Mental health in childhood and adolescence is defined by the U.S. Surgeon General as the achievement of expected developmental cognitive, social and emotional milestones and by secure attachments, satisfying social relationships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

Mental health problems affect children of all backgrounds. Children most at risk for mental disorders and problems with social-emotional development include those experiencing poverty, deprivation, abuse and neglect, unsatisfactory relationships, or exposure to traumatic events; children of parents with a mental health disorder; children exposed to alcohol, drugs and tobacco during prenatal development; and children born with low birthweight, difficult temperament or an inherited predisposition to a mental disorder.[3]

There is increasing recognition that mental health problems, whether arising from biological or psycho-social causes or both, affect the physical functioning of the brain and can be prevented and/or treated in many cases. The mental health status of children directly influences their behavior at home, child care or school, as well as their academic performance and their ability to participate in community life. Common parental mental health problems, such as substance abuse and maternal depression, can have significant negative effects on children's social and emotional development.[4,5]

In the U.S. and in Rhode Island, mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital and residential care and inadequate investment in prevention and a continuum of community services that would allow children to receive treatment at appropriate levels of care in their own communities.[6,7,8,9]

Hospitalizations with Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2001-2005*



Source: Rhode Island Hospital Discharge Data Set, Rhode Island Department of Health, 2001-2005. * These data represent hospitalizations, not numbers of children; a child or adolescent with more than one hospitalization may be counted more than once. Mental disorders include ICD-9-CM codes 290-319, including psychoses, anxiety, depressive, mood, and personality disorders, and alcohol and drug dependence.

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

◆ **Children and adolescents receive a range of behavioral health treatment services at hospitals in Rhode Island. These treatment options can range from inpatient treatment at a psychiatric hospital or at a general acute care hospital, to partial hospitalization services, to outpatient treatment services. For example, Hasbro Children's Hospital, a division of Rhode Island Hospital, provided 7,653 outpatient psychiatry visits to 1,718 children and youth under age 19 in 2007. These totals are up from 5,352 visits for 1,449 children in 2006 due to the addition of clinicians on staff.[11]**

◆ **When a bed at a psychiatric hospital is not available, children are "boarded" in the emergency department and/or medical floors at acute care hospitals. These children must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others. In 2007, 137 children under age 18 with a psychiatric diagnosis were "boarded" at Hasbro Children's Hospital due to the unavailability of an inpatient psychiatric bed in the state.[12]**

Psychiatric Hospitals

Children under Age 19 Treated at Rhode Island Psychiatric Hospitals, 2007

	Bradley Hospital General Psychiatric Services		Bradley Hospital Developmental Disabilities Program		Butler Hospital General Psychiatric Services		Butler Hospital Child Intensive Services Unit	
	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay
Inpatient	743	18 days	78	79 days	682	11 days	49	41 days
Residential	65	125 days	18	179 days	– –	– –	– –	– –
Partial Hospitalization	291	20 days	12	29 days	64	5.6 days	– –	– –
Outpatient	1,284	5 visits	246	4 visits	66	NA	– –	– –

Source: Lifespan and Butler Hospital, 2007. Programs can have overlapping enrollment.

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

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

◆ **Inpatient treatment at a psychiatric hospital is the most intensive type of behavioral health care. In 2007, there were 1,552 young people admitted for inpatient psychiatric treatment at either Bradley Hospital or Butler Hospital. Of young people treated in an inpatient setting, the primary diagnoses were depressive disorders (47%), adjustment disorders (10%), anxiety disorders (9%) and bipolar disorder (5%).[13,14]**

◆ **Bradley Hospital has a Developmental Disabilities Program that offers highly specialized clinical services to children and adolescents who show signs of serious emotional and behavioral problems in addition to a developmental disability. Bradley also operates four schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 215 students in 2007.[15]**

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Rhode Island's Community Mental Health Centers

◆ **The 7 Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state. During 2007, 7,729 children under age 18 were treated at community mental health centers and 4,138 children were receiving services as of December 31, 2007.[16]**

◆ **Of the children who received services through community mental health centers in 2007, 20% presented with a primary diagnosis of attention deficit disorder, 17% with depressive disorders, 13% with conduct disorder and 10% with anxiety disorder.[17]**

Children's Intensive Services (CIS)

◆ **The CIS program allows children and youth at highest risk for out-of-home placement due to behavioral health problems to remain at home in their community while receiving intensive, home-based psychotherapeutic and case management services.**

◆ **Of the 3,189 children who were served by the 10 CIS provider agencies in fiscal year 2007 (including 2,148 new admissions), 49% were over age 12, 37% were between the ages of 6 and 11 and 14% were under age 5. Nine percent of newly admitted children were referred to CIS after an inpatient psychiatric hospitalization, and 30% were involved with the Department of Children, Youth and Families at the time of admission.[18]**

Kids Link Emergency Services Hotline

◆ **In January 2007, the Rhode Island Department of Children, Youth and Families (DCYF) launched the Kids Link Emergency Services hotline, which helps parents and caregivers determine the best place to go for behavioral health treatment for children and youth experiencing mental health problems or crises.[19]**

◆ **In 2007, there were 1,600 phone calls to Kids Link, resulting in 551 evaluations by mental health professionals. Of the children and youth who were evaluated, 65% were ages 13 to 17 and 32% were ages 4 to 12. Two-thirds (66%) were not involved with DCYF at the time of evaluation, 27% were involved with DCYF and 7% had unknown involvement. More than half (60%) of the young persons evaluated were referred for mental health services located in community, 32% were referred for inpatient care at a psychiatric hospital and 8% were admitted to a community hospital until a placement at a psychiatric hospital could be obtained.[20]**

Children with Special Needs

DEFINITION

Children with special needs are those who have a chronic disease or disability that requires educational services, health care and/or related services of a type or amount beyond that required generally by children. Special needs can be physical, developmental, behavioral and/or emotional. This indicator measures the number of children enrolled in Early Intervention, special education, and Supplemental Security Income (SSI) and Medical Assistance (where the child is eligible due to special health care needs) in 2007.

SIGNIFICANCE

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

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

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

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

Children Enrolled in Early Intervention

◆ **States are required by the federal Individuals with Disabilities Education Act (IDEA) Part C to provide appropriate Early Intervention services to all children under age 3 who are developmentally delayed or have been diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay.[12]**

◆ **In Rhode Island in 2007, the ten certified Early Intervention providers served 3,338 children under age 3. Nearly two-thirds (63%) of children receiving Early Intervention services were male and just over one-third (37%) were female.[13]**

◆ **In 2007, 70% of children in Early Intervention programs had significant developmental delays (i.e. physical, cognitive, behavioral and/or emotional delays of unknown medical origin), 20% had a single established condition affecting development, such as cerebral palsy and 8% had multiple established conditions. Information was not available for 2% of children receiving Early Intervention services.[14]**

Children Enrolled in Special Education

◆ **Under IDEA Part B, local school systems are responsible for identifying and evaluating students ages 3 to 21 whom they have reason to believe are students with disabilities and therefore might require special education and related services.[15]**

◆ **In Rhode Island during the 2006-2007 school year, 19% (27,345) of children enrolled in public school received special education services. Forty-three percent (43%) of the students receiving special education services in Rhode Island had a learning disability.[16]**

◆ **Early Intervention programs are required to provide transition services for children who may be eligible for special education at age three. In 2007, 611 (71%) of the 860 children who reached age 3 while in Early Intervention were referred to Special Education.[17] During the 2006-2007 school year, there were 2,985 children ages 3 to 5 who were not yet in kindergarten receiving special education services.[18]**

Medical Assistance Coverage for Children with Special Health Care Needs

◆ Children and youth who meet certain disability criteria are eligible for Medicaid and/or cash assistance through the federal Supplemental Security Income (SSI) program.[19] As of December 31, 2007, there were 5,605 Rhode Island children and youth under age 21 receiving Medical Assistance benefits because of their enrollment in SSI.[20]

◆ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to certain children and youth who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution. As of December 31, 2007, there were 1,770 Rhode Island children and youth under age 21 enrolled in Medical Assistance because of eligibility through the Katie Beckett provision.[21]

◆ In 2005-2006, an estimated 17% of Rhode Island children under age 18 had special health care needs.[22] School-age children are more likely to have special health care needs than younger children; 10% of children under age 5, 20% of children ages 6 to 11 years and 21% of children ages 12 to 17 years have special health care needs in Rhode Island.[23] Children with special needs can have multiple disabilities; a recent Rhode Island study found that 34% of children with special needs had one disability, 34% had two disabilities and 33% had three or more disabilities.[24]

◆ Twenty percent of children in poor families (with incomes less than 100% of the federal poverty level) in Rhode Island have special health care needs, compared with 14% in this income category in the U.S. as a whole. Having children with special needs can limit employment for family members. In Rhode Island, there were an estimated 9,600 children with special health care needs that limited the employment of a family member.[25]

Children with Special Needs in the Child Welfare System

United States

◆ Nationally, almost half (47%) of children ages 6 to 11 who are in foster care and 40% of those ages 12 to 14 have a clinical level of behavioral and emotional problems. The rate of emotional and behavioral problems among children between the ages of 6 to 14 who live in foster care is approximately four times that of other children.[26]

◆ More than half of young children living in foster care experience developmental delays, which is 4 to 5 times the rate of developmental delay found among children in the general population. Over half of children in foster care experience serious physical problems.[27]

◆ Twenty-four percent of U.S. children under age 15 who live in foster care have chronic health problems, including 30% of those under age six. Nearly one-third (30%) of children in foster care under the age of 15 have a disability.[28]

Rhode Island

◆ Children who are adopted through the Department of Children, Youth and Families and have special needs may qualify for adoption subsidies, including Medical Assistance. As of December 31, 2007, 2,616 children were receiving Medical Assistance because of special needs adoptions. In addition, 2,681 children in foster care were enrolled in Medical Assistance due to their foster care status.[29]

◆ As of 2007, Rhode Island youth in the foster care system on their 18th birthday are provided with RIte Care health insurance coverage through the Post Foster Care Medical Assistance provision until their 21st birthday.[30]

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Women and Children Participating in WIC

DEFINITION

Women and children participating in WIC is the percentage of eligible women, infants and children served by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) during federal Fiscal Year 2007 (October 1, 2006 – September 30, 2007).

SIGNIFICANCE

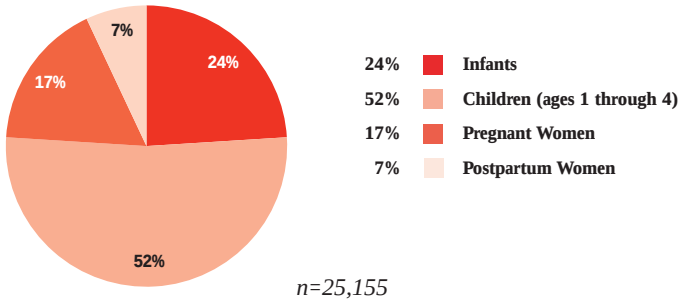
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a preventive program that provides participants with nutritious food, nutrition education, screening and referrals to health care and social services.[1,2] WIC is a federally-funded program that serves pregnant, postpartum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

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

WIC participation has been shown to reduce infant mortality (especially neonatal mortality), improve birth outcomes (including reducing the likelihood of low birthweight), protect against underweight and poor nutrition in infants, prevent overweight in young children, increase immunization rates, improve cognitive development, and increase the likelihood of having a source of regular medical care.[8,9] WIC promotes breastfeeding as the optimal method of infant feeding, and program eligibility for breastfeeding mothers is extended from 6 months to one year from giving birth.[10,11] In Rhode Island, 20% of WIC infants were breastfed in federal Fiscal Year 2007.[12]

In 2007, the U.S. Department of Agriculture revised the WIC food packages in order to increase the number of food choices available to participants, improve the nutritional quality of qualifying foods and include food options that reflect the cultural needs of the diverse population served by the WIC program.[13]

Women, Infants and Children Participating in WIC, Rhode Island, Monthly Average, Federal Fiscal Year 2007



Source: Rhode Island Department of Health, Division of Family Health, WIC Program, federal Fiscal Year 2007.

◆ **During federal Fiscal Year 2007, infants and children ages 1 through 4 comprised the majority of the population being served by WIC (76%). Women accounted for 24% (17% pregnant and 7% postpartum) of the population being served.[14]**

◆ **In August 2007, 68% of WIC participants identified as White, 17% identified as Black or African American, 4% identified as Asian, and 12% identified as other races or multiple races. Thirty-five percent of WIC participants identified as Hispanic or Latino and are included in any of the racial groups.[15]**

◆ **The statewide WIC participation rate increased from 67% in 2006 to 71% in 2007. Four of the six core cities – Central Falls (75%), Pawtucket (83%), Providence (76%) and Woonsocket (73%) – had WIC participation rates that exceeded the statewide participation rate in 2007.[16,17]**

◆ **WIC is not an entitlement program and is not funded at a level that is sufficient to serve all eligible women, infants, and children.[18] Rhode Island received $22.4 million dollars in federal funding during Fiscal Year 2007.[19]**

◆ **The WIC Farmer's Market Nutrition Program improves participants' intake of fresh fruits and vegetables by providing coupons for purchasing produce at local farmer's markets.[20] In Rhode Island, 48 farmers were authorized by WIC to provide fresh produce to 15,439 participants in Fiscal Year 2007, down from 16,882 in 2006.[21,22]**

Table 14. **Women, Infants and Children Participating in WIC, Rhode Island, August 2007**

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	79	35	44%
Bristol	334	199	60%
Burrillville	293	191	65%
Central Falls	2,148	1,601	75%
Charlestown	154	66	43%
Coventry	621	354	57%
Cranston	2,043	1,311	64%
Cumberland	457	285	62%
East Greenwich	104	43	41%
East Providence	1,331	929	70%
Exeter	104	42	40%
Foster	81	57	70%
Glocester	103	47	46%
Hopkinton	134	95	71%
Jamestown	40	15	38%
Johnston	576	390	68%
Lincoln	346	169	49%
Little Compton	33	18	55%
Middletown	304	289	95%
Narragansett	129	80	62%
New Shoreham	12	7	58%
Newport	884	573	65%
North Kingstown	509	250	49%
North Providence	594	403	68%
North Smithfield	119	74	62%
Pawtucket	4,279	3,560	83%
Portsmouth	147	102	69%
Providence	13,438	10,168	76%
Richmond	93	79	85%
Scituate	125	40	32%
Smithfield	134	81	60%
South Kingstown	341	243	71%
Tiverton	217	141	65%
Warren	244	153	63%
Warwick	1,655	886	54%
West Greenwich	52	37	71%
West Warwick	1,101	587	53%
Westerly	579	359	62%
Woonsocket	2,694	1,964	73%
Core Cities	*24,544*	*18,453*	*75%*
Remainder of State	*12,087*	*7,470*	*62%*
Rhode Island	*36,631*	*25,923*	*71%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, WIC Program, Fiscal Year 2007.

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

Note: Due to a change in methodology, WIC participation rates in this Factbook cannot be compared with Factbooks before 2007. This year, the "estimated number eligible" are based on calculations done by the Rhode Island Department of Health to determine the number of pregnant and postpartum women, infants and children under age 5 who live in families with an income less than 185% of poverty. In past years, the "estimated number eligible" was based on 2000 Census data (2005 and 2006 Factbooks) and 1990 Census data (all Factbooks prior to 2005).

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Breastfeeding

DEFINITION

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

SIGNIFICANCE

The American Academy of Pediatrics (AAP) identifies breastfeeding as the ideal method of feeding and nurturing infants and recognizes breastfeeding as a critical component in achieving optimal infant and child health, growth and development. The AAP recommends exclusive breastfeeding for 6 months after birth and recommends continuing to breastfeed for at least an additional 6 months or as long as mutually desired by mother and child.[1]

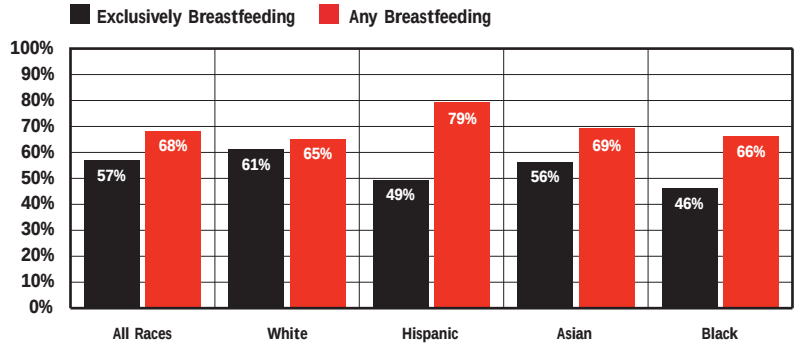
Breastfeeding provides optimal nutrition for the newborn, and decreases the incidence of diarrhea, lower respiratory infections and ear infections. Breastfeeding has been linked to decreases in sudden infant death syndrome, childhood obesity, diabetes, allergies, asthma, lymphoma and other illnesses;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

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

Breastfeeding can be effectively promoted by health professionals through culturally appropriate prenatal and postnatal education of mothers, physician support, hospital policies that promote early and exclusive breastfeeding and provide ongoing lactation consultation, timely postpartum follow-up care and home health visits, and links to lactation support networks and resources.[5]

Healthy People 2010, the nation's health agenda, has established target breastfeeding rates of 75% at birth, 50% at 6 months and 25% at one year.[6] *National Immunization Survey 2004* data show that national breastfeeding rates were 74% at birth, 42% at 6 months and 21% at one year.[7] *Healthy People 2010* recommends increasing breastfeeding rates among those at highest risk through increased education for health care providers and new parents, additional support of breastfeeding from employers and the community, and greater media portrayal of breastfeeding as the normal method of infant feeding.[8]

Breastfeeding Rates by Race and Ethnicity, Rhode Island, 2002-2006



Source: Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program, 2002-2006. Any Breastfeeding includes both infants exclusively breastfed and those fed breast milk in combination with formula.

◆ **In Rhode Island between 2002 and 2006, Black and Hispanic mothers were less likely to exclusively breastfeed than their Asian and White peers. However, Hispanic mothers were much more likely to report any breastfeeding than women in other racial and ethnic groups.[9]**

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

◆ **Between 2002-2006, more than half (57%) of all Rhode Island women who gave birth intended to exclusively breastfeed their children, one third (29%) intended to exclusively formula feed, and 11% intended to use a combination of breast and formula feeding.[11]**

◆ **Of new mothers in Rhode Island between 2004 and 2006 who were surveyed approximately 3 months after giving birth, 72% reported having ever breastfed. Fifty-one percent of these mothers reported continued breastfeeding at the time of the survey.[12]**

Table 15.

Breastfeeding Rates, Rhode Island, 2002-2006

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	742	19	610	85%	82%
Bristol	971	30	612	66%	63%
Burrillville	739	24	413	59%	56%
Central Falls	1,971	524	893	72%	45%
Charlestown	438	6	324	75%	74%
Coventry	1,819	43	1,061	61%	58%
Cranston	4,175	349	2,394	66%	57%
Cumberland	1,627	79	1,098	72%	67%
East Greenwich	656	24	490	78%	75%
East Providence	2,516	172	1,396	62%	55%
Exeter	288	3	206	73%	72%
Foster	238	13	176	79%	74%
Glocester	377	17	247	70%	66%
Hopkinton	502	22	345	73%	69%
Jamestown	207	7	171	86%	83%
Johnston	1,374	86	720	59%	52%
Lincoln	858	46	533	67%	62%
Little Compton	120	3	102	88%	85%
Middletown	1,008	38	769	80%	76%
Narragansett	506	18	367	76%	73%
New Shoreham	56	0	53	95%	95%
Newport	1,497	69	1,040	74%	69%
North Kingstown	1,427	54	977	72%	68%
North Providence	2,038	188	1,042	60%	51%
North Smithfield	428	14	272	67%	64%
Pawtucket	5,287	844	2,721	67%	51%
Portsmouth	795	24	617	81%	78%
Providence	14,572	3,149	7,201	71%	49%
Richmond	374	7	266	73%	71%
Scituate	490	19	339	73%	69%
Smithfield	680	19	442	68%	65%
South Kingstown	1,305	32	975	77%	75%
Tiverton	378	15	262	73%	69%
Warren	528	17	314	63%	59%
Warwick	4,157	148	2,482	63%	60%
West Greenwich	270	11	181	71%	67%
West Warwick	2,008	88	1,064	57%	53%
Westerly	1,147	43	802	74%	70%
Woonsocket	2,962	333	1,223	53%	41%
Unknown	*2*	*0*	*0*	*NA*	*NA*
Core Cities	*28,297*	*5,007*	*14,142*	*68%*	*50%*
Remainder of State	*33,234*	*1,590*	*21,058*	*68%*	*63%*
Rhode Island	*61,533*	*6,597*	*35,200*	*68%*	*57%*

Notes

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

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

Sources of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Newborn Developmental Risk Screening Program Database and Maternal and Child Health Database, 2002-2006. Breastfeeding is defined as breastfeeding as intended feeding method at hospital discharge. Births to Rhode Island women that occurred outside Rhode Island are not included.

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(continued on page 153)

Women with Delayed Prenatal Care

DEFINITION

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

SIGNIFICANCE

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

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

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

In Rhode Island between 2002 and 2006, 10.7% of women giving birth either received no prenatal care or did not begin care until the second or third trimester, up from 9.4% in 2001-2005.[5] Pregnant adolescents in Rhode Island are the most likely to delay prenatal care; 22.8% of teens ages 19 and under, compared with 9.5% of women ages 20 and over, delayed prenatal care between 2002 and 2006.[6]

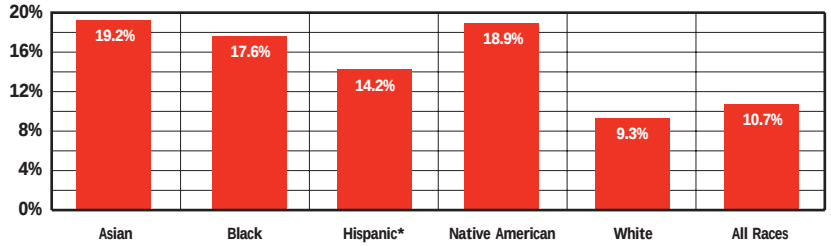
Late or No Prenatal Care

	1995	2005
RI	1.3%	2.2%
US	4.2%	3.5%
National Rank*		*3rd*
New England Rank**		*3rd*

**1st is best; 37th is worst*
***1st is best; 4th is worst*

Source: U.S. Centers for Disease Control and Prevention. (2007). Births: Final data for 2005. *National Vital Statistics Reports*, 56(6). This ranking is based on the 37 states with comparable prenatal care data.

Women with Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2002-2006



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1997-2006. Data for 2006 are provisional. *Hispanics may be included in any racial category.

◆ **Between 2002 and 2006 in Rhode Island, Asian and Native American women were more twice as likely as White women to delay prenatal care.[7] Black and Hispanic women were also more likely to delay prenatal care than White women.[8]**

◆ **Between 2002 and 2006, the rate of delayed prenatal care in the core cities (14.3%) was nearly twice the rate in the remainder of the state (7.6%). West Warwick was the only core city with a rate of delayed prenatal care (10.4%) better than the state rate (10.7%).[9]**

RIte Care's Impact on Prenatal Care

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

◆ **Between 2002 and 2006, uninsured women in Rhode Island were nearly two and a half times more likely to delay prenatal care (40.6%) than women enrolled in RIte Care (16.7%).[11] Between 1995 and 2005, the percentage of women enrolled in RIte Care or Medicaid who began prenatal care in the first trimester increased from 80.4% to 83.8%.[12]**

Table 16.

Delayed Prenatal Care, Rhode Island, 2002-2006

City/Town	# Births	# Delayed Care	% Delayed Care
Barrington	**774**	**32**	**4.1%**
Bristol	**1,010**	**83**	**8.2%**
Burrillville	**807**	**63**	**7.8%**
Central Falls	**2,012**	**317**	**15.8%**
Charlestown	**419**	**33**	**NA**
Coventry	**1,863**	**122**	**6.5%**
Cranston	**4,427**	**365**	**8.2%**
Cumberland	**1,862**	**113**	**6.1%**
East Greenwich	**539**	**29**	**5.4%**
East Providence	**2,589**	**211**	**8.1%**
Exeter	**300**	**21**	**NA**
Foster	**222**	**18**	**NA**
Glocester	**423**	**30**	**NA**
Hopkinton	**445**	**52**	**NA**
Jamestown	**210**	**19**	**NA**
Johnston	**1,387**	**96**	**6.9%**
Lincoln	**932**	**66**	**7.1%**
Little Compton	**165**	**11**	**NA**
Middletown	**1,023**	**89**	**8.7%**
Narragansett	**558**	**47**	**8.4%**
New Shoreham	**59**	**8**	**NA**
Newport	**1,530**	**200**	**13.1%**
North Kingstown	**1,388**	**103**	**7.4%**
North Providence	**1,703**	**138**	**8.1%**
North Smithfield	**485**	**30**	**NA**
Pawtucket	**5,616**	**758**	**13.5%**
Portsmouth	**890**	**73**	**8.2%**
Providence	**14,943**	**2,233**	**14.9%**
Richmond	**501**	**24**	**4.8%**
Scituate	**454**	**25**	**NA**
Smithfield	**743**	**36**	**4.8%**
South Kingstown	**1,247**	**92**	**7.4%**
Tiverton	**686**	**74**	**10.8%**
Warren	**570**	**49**	**8.6%**
Warwick	**4,337**	**321**	**7.4%**
West Greenwich	**273**	**12**	**NA**
West Warwick	**2,002**	**208**	**10.4%**
Westerly	**1,306**	**155**	**11.9%**
Woonsocket	**3,233**	**481**	**14.9%**
Unknown	***1***	***0***	***NA***
Core Cities	***29,336***	***4,197***	***14.3%***
Remainder of State	***34,597***	***2,640***	***7.6%***
Rhode Island	***63,934***	***6,837***	***10.7%***

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional.

During 2004, data on delayed prenatal care began to be collected via a review of medical records, rather than via self report by the mother. Due to this change in methodology, data in this indicator are not comparable to data included in any other Factbooks. Additionally, data from the 2006 and 2007 Factbooks are also not comparable to data included in Factbooks from any other years.

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

The denominator is the total number of live births to Rhode Island residents from 2002 to 2006.

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

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Preterm Births

DEFINITION

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

SIGNIFICANCE

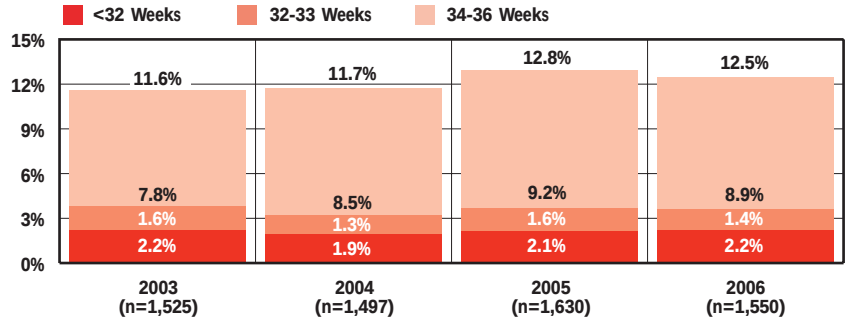
Preterm birth is a major determinant of infant mortality and morbidity and is the leading cause of death among newborns during the first month of life in the U.S.[1,2] Infants born before 37 weeks gestation are at higher risk than infants born full-term for neuro-developmental, respiratory, gastro-intestinal,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

While the specific causes of spontaneous preterm births are largely unknown, research indicates that there are a number of inter-related risk factors involved. The three leading risk factors are a history of preterm birth, current multifetal pregnancy and uterine and/or cervical abnormalities. Other risk factors include infections, diabetes, hypertension, late or no prenatal care and maternal use of tobacco, alcohol and other drugs.[8] The rate of preterm births for Rhode Island women who smoke is higher than for those who do not. Between 2002 and 2006, 14.3% of births to smokers were preterm, compared with 11.6% of births to women who did not smoke during pregnancy.[9]

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

Multiple birth infants are more likely to be born preterm than singletons. In Rhode Island between 2002 and 2006, 57.7% of multiple births were preterm, compared with 10.1% of singleton births.[15] The rise in the preterm birth rate in the U.S. has been influenced by an increase in the number of multiple births (which tend to be born earlier than singletons), yet preterm births also have been rising among singletons.[16,17]

Preterm Births by Gestational Age, Rhode Island, 2003-2006



Source: Rhode Island Department of Health, Division of Family Health, 2003-2006. Percentages by gestational age may not sum to total percentages of preterm births due to rounding.

◆ **In 2006, the preterm birth rate in Rhode Island was 12.5% and in the U.S. was 12.8%.[18,19] Most of the increase in preterm births in the U.S. over the past decade was due to increases in late preterm births (34-36 weeks gestation).[20] Very preterm births (<32 weeks gestation) comprise approximately 2% of all births in the U.S. and Rhode Island.[21,22] The percentage of infants born preterm in Rhode Island has increased from 11.6% in 2003 to 12.5% in 2006.[23]**

◆ **More than 1 in 7 (15.0%) births among Black infants in Rhode Island from 2002-2006 were preterm, compared with 14.4% of Asian, 16.5% of Native American, and 11.4% of White births. During this time period, 13.2% of births to Hispanic women were preterm (Hispanic women can be of any race).[24]**

◆ **Women under age 20 and over age 35 have the highest prematurity rates in Rhode Island. The rate of preterm births among women under age 20 from 2002-2006 was 13.5%. The preterm birth rate was 21.3% for 12-14 year olds, 15.4% for 15-17 year olds and 12.3% for 18-19 year olds. The preterm birth rate for women over 35 was 13.6% during this time period.[25]**

◆ **Among women with private health insurance coverage in Rhode Island from 2002-2006, 11.2% of all births were premature, compared with 12.8% of those with public insurance (RIte Care or Medicaid) and 22.7% of those with no health insurance.[26]**

Table 17.

Preterm Births, Rhode Island, 2002-2006

City/Town	# Births	# Preterm Births	% Preterm Births
Barrington	774	73	9.4%
Bristol	1,010	92	9.1%
Burr	807	81	10.0%
Central Falls	2,012	230	11.4%
Charlestown	419	38	NA
Coventry	1,863	222	11.9%
Cranston	4,427	517	11.7%
Cumberland	1,862	222	11.9%
East Greenwich	539	53	9.8%
East Providence	2,589	320	12.4%
Exeter	300	32	NA
Foster	222	29	NA
Glocester	423	53	NA
Hopkinton	445	60	NA
Jamestown	210	19	NA
Johnston	1,387	154	11.1%
Lincoln	932	112	12.0%
Lit. Compton	165	27	NA
Middletown	1,023	97	9.5%
Narragansett	558	59	10.6%
Newport	1,530	168	11.0%
New Shoreham	59	5	NA
North Kingstown	1,388	143	10.3%
North Providence	1,703	207	12.2%
North Smithfield	485	54	NA
Pawtucket	5,616	690	12.3%
Portsmouth	890	73	8.2%
Providence	14,943	2,093	14.0%
Richmond	501	55	11.0%
Scituate	454	49	NA
Smithfield	743	73	9.8%
South Kingstown	1,247	130	10.4%
Tiverton	686	73	10.6%
Warren	570	65	11.4%
Warwick	4,337	501	11.6%
West Greenwich	273	26	NA
West Warwick	2,002	215	10.7%
Westerly	1,306	122	9.3%
Woonsocket	3,233	432	13.4%
Unknown	*1*	*8*	*NA*
Core Cities	*29,336*	*3,828*	*13.0%*
Remainder of State	*34,597*	*3,836*	*11.1%*
Rhode Island	*63,934*	*7,672*	*12.0%*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional.

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

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

Preterm births are defined as live births that occurred before the 37th week of pregnancy.

The denominator is the total number of live births to Rhode Island residents from 2002-2006.

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Low Birthweight Infants

DEFINITION

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

SIGNIFICANCE

An infant's birthweight is a key indicator of newborn health. Infants born weighing less than 5 pounds 8 ounces are at greater risk for physical and developmental problems than infants at normal weights.[1] Increased risk of low birthweight is associated with maternal poverty, smoking and low levels of educational attainment.[2]

Low birthweight is often a result of a premature birth but can also occur after a full-term pregnancy. In 2005 in the U.S., 43% of all low birthweight infants had a premature birth (under 37 weeks gestation) while 3% had a full-term birth (37 to 41 weeks gestation) and 2.5% had a post-term birth (over 41 weeks gestation).[3]

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

Children born with low birthweight have greater risk of long-term illness, long-term disability and death than infants of normal birthweight.[6] Children born at very low birthweight (less than 1,500 grams or 3 pounds 4 ounces) are nearly 100 times more likely to die within the first year of life than infants born at normal birthweights.[7] Those who survive are at significantly higher risk of severe problems, including physical and visual difficulties, developmental delays, and cognitive impairment.[8] The number of births with moderately low birthweight (1,500 to 2,400 grams or 3 pounds 5 ounces to 5 pounds 8 ounces) has risen more then 20% since the mind 1980s.[9] Low birthweight babies are at greater risk for long-term cognitive problems, poor school performance, special education needs, and are substantially less likely to complete high school.[10]

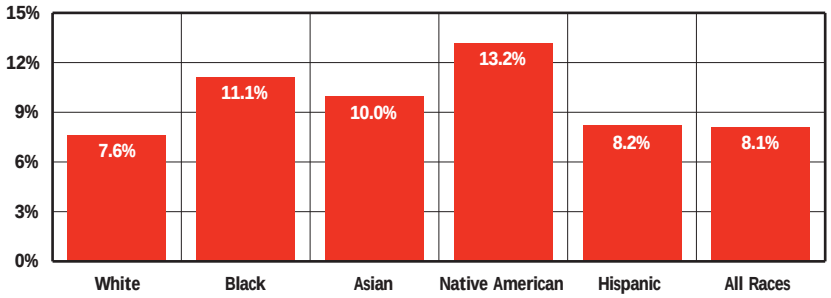
Low Birthweight Infants

	1990	2005
RI	6.2%	7.8%
US	7.0%	8.2%
National Rank*		*19th*
New England Rank**		*4th*

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

Source: Martin, J. A., Hamilton, B. E., Sutton, P. D., Ventura, S. J., Menacker, F., Kirmeyer, S. & Munson, M. L. (2007). Births: Final data for 2005. *National vital statistics reports*, 56(6).

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2002-2006



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional.

◆ **Over the past decade, the percentage of low birthweight infants has increased in Rhode Island and in the U.S., with particular disparities existing by race and ethnicity.[11,12] In Rhode Island between 2002-2006, 13.2% of Native American infants, 11.1% of Black infants, 10.0% of Asian infants, and 8.2% of Hispanic infants were born with low birthweight, compared to 7.6% of White infants.[13]**

◆ **Nationally and in Rhode Island, the rate of low birthweight infant births is higher for women under the age of 20. It is particularly high for girls who give birth under age 15.[14,15] Between 2002 and 2006 in Rhode Island, the percentage of low birthweight infants born to mothers under age 20 was 10.2% compared to 7.9% for mothers ages 20 and above.[16]**

◆ **Rhode Island has the 4th highest rate of twin births in the U.S.[17] Of the 5,177 babies born with low birthweights between 2002 and 2006 in Rhode Island, 1,423 (27%) were part of a twin, triplet or higher order birth.[18]**

◆ **In Rhode Island between 2002-2006, 2% (1,047) of infants born were very low birthweight (less than 1,500 grams).[19]**

Table 18.

Low Birthweight Infants, Rhode Island, 2002-2006

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	**774**	**37**	**4.8%**
Bristol	**1,010**	**54**	**5.3%**
Burrillville	**807**	**63**	**7.8%**
Central Falls	**2,012**	**122**	**6.1%**
Charlestown	**419**	**25**	**NA**
Coventry	**1,863**	**157**	**8.4%**
Cranston	**4,427**	**335**	**7.6%**
Cumberland	**1,862**	**152**	**8.2%**
East Greenwich	**539**	**48**	**8.9%**
East Providence	**2,589**	**245**	**9.5%**
Exeter	**300**	**21**	**NA**
Foster	**222**	**22**	**NA**
Glocester	**423**	**27**	**NA**
Hopkinton	**445**	**35**	**NA**
Jamestown	**210**	**10**	**NA**
Johnston	**1,387**	**104**	**7.5%**
Lincoln	**932**	**75**	**8.0%**
Little Compton	**165**	**16**	**NA**
Middletown	**1,023**	**70**	**6.8%**
Narragansett	**558**	**43**	**7.7%**
New Shoreham	**59**	**4**	**NA**
Newport	**1,530**	**112**	**7.3%**
North Kingstown	**1,388**	**91**	**6.6%**
North Providence	**1,703**	**140**	**8.2%**
North Smithfield	**485**	**37**	**NA**
Pawtucket	**5,616**	**488**	**8.7%**
Portsmouth	**890**	**57**	**6.4%**
Providence	**14,943**	**1,418**	**9.5%**
Richmond	**501**	**41**	**8.2%**
Scituate	**454**	**25**	**NA**
Smithfield	**743**	**41**	**5.5%**
South Kingstown	**1,247**	**70**	**5.6%**
Tiverton	**686**	**51**	**7.4%**
Warren	**570**	**43**	**7.5%**
Warwick	**4,337**	**335**	**7.7%**
West Greenwich	**273**	**17**	**NA**
West Warwick	**2,002**	**145**	**7.2%**
Westerly	**1,306**	**92**	**7.0%**
Woonsocket	**3,233**	**308**	**9.5%**
Unknown	***1***	***1***	***NA***
Core Cities	***29,336***	***2,593***	***8.8%***
Remainder of State	***34,597***	***2,583***	***7.5%***
Rhode Island	***63,934***	***5,177***	***8.1%***

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional.

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

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

The denominator is the total number of live births to Rhode Island residents from 2002-2006.

References

[1] *2007 KIDS COUNT data book: State profiles of child well-being.* (2007). Baltimore, MD: The Annie E. Casey Foundation.

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

[3,9,11,14,17] Martin, J. A., Hamilton, B. E., Sutton, P. D., Ventura, S. J., Menacker, F., Kirmeyer, S. & Munson, M. L. (2007). Births: Final data for 2005. *National vital statistics reports,* 5(6). Hyattsville, MD: Centers for Disease Control and Prevention.

[4,5,7,8] U.S. Department of Health and Human Services. (2006). *Child health USA 2006 data book.* Rockville, MD: U.S. Department of Health and Human Services, Maternal and Child Health Bureau.

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

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

[12,13,15,16,18] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional. (Note: Hispanic infants can be of any race).

Infant Mortality

DEFINITION

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

SIGNIFICANCE

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

The two chief causes of infant death are low birthweight (particularly births at less than 500 grams) and prematurity.[3] Other leading causes of infant death include congenital abnormalities and malformations, Sudden Infant Death Syndrome (SIDS), and unintentional injuries.[4]

The infant mortality rate in the U.S. has declined significantly in recent decades from 26.0 deaths per 1,000 births in 1960 to 6.9 deaths in 2003. Despite this decline, the U.S. ranks below many other industrialized nations.[5] The poor ranking of the U.S. is due in large part to disparities among various racial and ethnic groups, particularly African Americans. The rate of infant mortality among African Americans is more than twice the national average.[6]

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

The overall infant mortality rate in Rhode Island for 2002-2006 was 6.2 deaths per 1,000 births. The infant mortality rate was 65% higher in the core cities than the remainder of the state.[8]

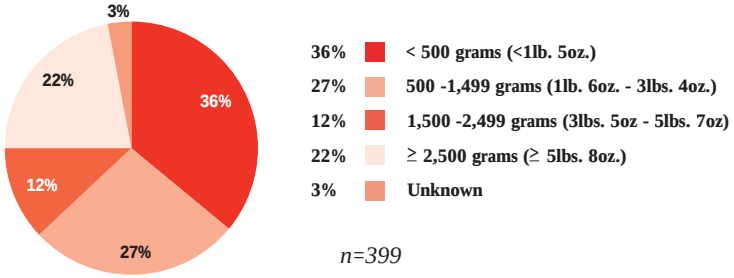
Infant Mortality Rate
(rate per 1,000 live births)

	2000	2004
RI	6.3	5.3
US	6.9	6.8
National Rank*		*8th*
New England Rank**		*3rd*

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

Source: *KIDS COUNT data book: State profiles in child well-being 2007.* (2007). Baltimore, MD: The Annie E. Casey Foundation.

Infant Mortality by Birthweight, Rhode Island, 2002-2006



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2005-2006 are provisional.

◆ **Between 2002-2006, 399 infants died before their first birthday. Of these, 75% of infants who died were low birthweight, 22% were born at a normal weight and 3% had an unknown birthweight.[9]**

◆ **Of the 399 infant deaths between 2002-2006 in Rhode Island, 299 (75%) occurred in the neonatal period (during the first 27 days of life).[10] Neonatal mortality is generally related to short gestation and low birthweight (less than 2,500 grams), a malformation at birth and/or conditions occurring in the perinatal period.[11]**

◆ **Twenty-five percent (100) of the 399 infant deaths in Rhode Island occurred in the post-neonatal period (between 28 days and one year after delivery).[12] Nationally, most of the progress in reducing the rate of infant mortality has resulted from better outcomes during the post-neonatal period.[13]**

◆ **In Rhode Island between 2002-2006, the Black infant mortality rate was 12.3 deaths per 1,000 births, the Asian infant mortality rate was 7.3, and the Native American infant mortality rate was 7.6. All minority groups had infant mortality rates greater than the rate for White infants (5.5 deaths per 1,000 births). The Hispanic infant mortality rate was 8.0 deaths per 1,000 births compared with 7.1 deaths per 1,000 births among non-Hispanics in Rhode Island.[14]**

◆ **Preterm births are a major determinant of infant mortality in the U.S. In Rhode Island between 2002-2006 there were 7,672 preterm births (12% of all births).[15]**

Table 19. **Infant Deaths, Rhode Island, 2002-2006**

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE/1000 BIRTHS
Barrington	774	2	2.6
Bristol	1,010	5	5.0
Burrillville	807	1	1.2
Central Falls	2,012	9	4.5
Charlestown	419	1	NA
Coventry	1,863	12	6.4
Cranston	4,427	25	5.6
Cumberland	1,862	4	2.1
East Greenwich	539	5	9.3
East Providence	2,589	14	5.4
Exeter	300	1	NA
Foster	222	2	NA
Glocester	423	4	NA
Hopkinton	445	1	NA
Jamestown	210	1	NA
Johnston	1,387	4	2.9
Lincoln	932	7	7.5
Little Compton	165	1	NA
Middletown	1,023	2	2.0
Narragansett	558	4	7.2
New Shoreham	59	0	NA
Newport	1,530	7	4.6
North Kingstown	1,388	11	7.9
North Providence	1,703	6	3.5
North Smithfield	485	5	NA
Pawtucket	5,616	37	6.6
Portsmouth	890	4	4.5
Providence	14,943	138	9.2
Richmond	501	2	4.0
Scituate	454	1	NA
Smithfield	743	3	4.0
South Kingstown	1,247	3	2.4
Tiverton	686	4	5.8
Warren	570	1	1.8
Warwick	4,337	21	4.8
West Greenwich	273	0	NA
West Warwick	2,002	15	7.5
Westerly	1,306	9	6.9
Woonsocket	3,233	27	8.4
Unknown	*1*	*0*	*NA*
Core Cities	*29,336*	*233*	*7.9*
Remainder of State	*34,597*	*166*	*4.8*
Rhode Island	*63,934*	*399*	*6.2*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2005-2006 are provisional.

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

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

The denominator is the total number of live births to Rhode Island residents between 2002-2006.

References

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

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[3,13] Shore, R. (2005). *KIDS COUNT indicator brief: Reducing infant mortality.* Baltimore, MD: The Annie E. Casey Foundation.

[4,5,11] Maternal and Child Health Bureau. (2006). *Child health USA 2006 data book.* Rockville, Maryland: U.S. Department of Health and Human Services.

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[8,9,10,12,14,15] Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2005-2006 are provisional.

Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the percentage of three-year-old children with a confirmed elevated blood lead level (≥10 mcg/dL) at any time prior to December 31, 2007.[1] These data are for children eligible to enter kindergarten in the fall of 2009 (i.e., children born between September 1, 2003 and August 31, 2004).

SIGNIFICANCE

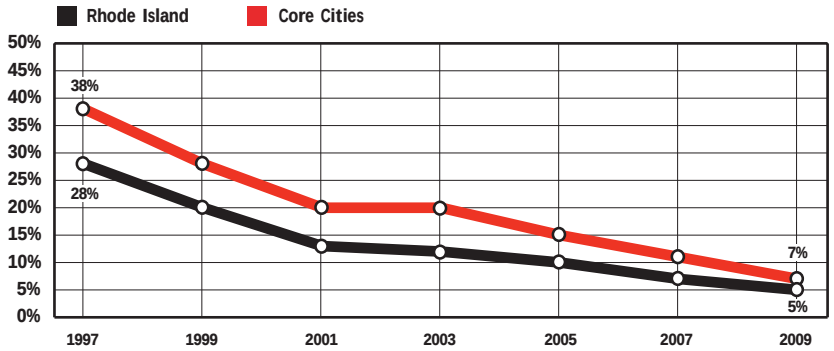
Lead poisoning is a preventable childhood disease.[2] Infants, toddlers and preschool-age children are most susceptible to the toxic effects of lead because they absorb lead more readily than adults.[3] Lead exposure can cause irreversible damage including loss of intelligence, impaired cognitive, motor,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

Access to healthy housing (defined as dry, clean, pest-free, ventilated, safe, free of contaminants and well-maintained) is an important element in preventing lead poisoning.[8] Children living in homes built before 1978, when lead paint was banned from interior use in the U.S., are particularly at risk for lead poisoning.[9,10] Low-income and minority children are more likely to be lead poisoned than their peers.[11] Children living in the core cities (where most children who are racial and ethnic minorities live) are at increased risk for lead exposure because the housing stock tends to be older.[12] Inadequate nutrition, which is more common in low-income children, further increases susceptibility to lead poisoning.[13]

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

In 2006, Rhode Island had the second highest percentage (among 34 comparable states) of children under the age of 6 with a confirmed elevated blood lead level. In 2006, the rate of lead poisoning for children under age 6 in Rhode Island was 2.4%, compared to 1.2% in the U.S.[16] In Rhode Island in 2007, 614 children under age 6 had confirmed elevated blood lead levels (1.9% of those tested).[17]

Children Entering Kindergarten with History of Elevated Blood Lead Level Screening, Rhode Island and Core Cities, 1997–2009



Source: Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1997-2009.

◆ **Elevated blood lead levels have been steadily declining in the core cities and in Rhode Island over the past decade. Of the 617 children who will be entering kindergarten in 2009 who had a blood lead screen of ≥10 mcg/dL, 34 did not receive a confirmatory second test. Their lead poisoning status is unknown.[18]**

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

◆ **When a child is "significantly lead poisoned," an inspection of the child's home is offered. The Rhode Island Department of Health sends certified lead inspectors to determine whether lead hazards are present and, if found, works with property owners to make the property lead-safe. In 2007, 104 environmental inspections were offered, of which 77 were performed. Of the 77 inspections performed, 22 were closed, mostly due to complete lead hazard abatement (12 cases) or parent-ownership of the property (7 cases). Another 55 cases are on-going, with most (49) in various stages of abatement. Of the 27 inspections that were offered but not performed, 12 were refused, 12 were for properties from which the lead poisoned child moved, 2 received no response and 1 is pending.[20]**

Table 20. **Lead Poisoning in Children Entering Kindergarten in the Fall of 2009, Rhode Island**

CITY/TOWN	NUMBER TESTED FOR LEAD POISONING	SCREENED WITH BLOOD LEAD LEVEL ≥10 mcg/dL		CONFIRMED WITH BLOOD LEAD LEVEL ≥10 mcg/dL	
		NUMBER	PERCENT	NUMBER	PERCENT
Barrington	222	2	0.9%	1	0.5%
Bristol	203	9	4.4%	6	3.0%
Burrillville	174	9	5.2%	6	3.4%
Central Falls	417	28	6.7%	27	6.5%
Charlestown	88	0	0.0%	0	0.0%
Coventry	366	5	1.4%	4	1.1%
Cranston	831	33	4.0%	24	2.9%
Cumberland	416	6	1.4%	5	1.2%
East Greenwich	164	2	1.2%	2	1.2%
East Providence	552	19	3.4%	7	1.3%
Exeter	61	2	3.3%	1	1.6%
Foster	67	2	3.0%	1	1.5%
Glocester	69	1	1.4%	1	1.4%
Hopkinton	96	7	7.3%	4	4.2%
Jamestown	55	1	1.8%	1	1.8%
Johnston	287	4	1.4%	4	1.4%
Lincoln	217	6	2.8%	5	2.3%
Little Compton	37	4	10.8%	2	5.4%
Middletown	234	2	0.9%	1	0.4%
Narragansett	102	1	1.0%	0	0.0%
New Shoreham	8	0	0.0%	0	0.0%
Newport	367	22	6.0%	9	2.5%
North Kingstown	334	4	1.2%	0	0.0%
North Providence	285	8	2.8%	8	2.8%
North Smithfield	100	5	5.0%	3	3.0%
Pawtucket	1,118	52	4.7%	40	3.6%
Portsmouth	234	6	2.6%	1	0.4%
Providence	3,133	268	8.6%	251	8.0%
Richmond	80	2	2.5%	1	1.3%
Scituate	122	3	2.5%	2	1.6%
Smithfield	146	1	0.7%	1	0.7%
South Kingstown	321	14	4.4%	8	2.5%
Tiverton	160	5	3.1%	0	0.0%
Warren	105	6	5.7%	4	3.8%
Warwick	814	17	2.1%	8	1.0%
West Greenwich	72	0	0.0%	0	0.0%
West Warwick	351	13	3.7%	8	2.3%
Westerly	288	8	2.8%	7	2.4%
Woonsocket	659	40	6.1%	25	3.8%
Unknown Residence	*22*	*0*	*NA*	*0*	*NA*
Core Cities	*6,045*	*423*	*7.0%*	*360*	*6.0%*
Remainder of State	*7,310*	*194*	*2.7%*	*118*	*1.6%*
Rhode Island	*13,377*	*617*	*4.6%*	*478*	*3.6%*

Source of Data for Table/Methodology

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

Data for children entering kindergarten in the fall of 2009 reflect the number of Rhode Island children eligible to enter school in the fall of 2009 (i.e. born between 9/1/03 and 8/31/04).

Children who screened positive for lead poisoning (blood lead level ≥10 mcg/dL) are counted if they screened positive with an unconfirmed capillary test at any time in their lives prior to the end of December 2007. Children confirmed positive for lead poisoning (blood lead level ≥10 mcg/dL) are counted if they screened positive with a venous test and/or had a confirmed capillary tests at any time in their lives prior to the end of December 2007. The Rhode Island Childhood Lead Poisoning Prevention Program recommends that children under age six with a capillary blood lead level of ≥10 mcg/dL receive a confirmatory venous test.

The denominator is the number of children entering school in the fall of 2009 who were tested for lead poisoning. Screening data are based on the highest lead test result through December 2007. Data include both venous and confirmed capillary tests.

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

See Methodology Section for more information.

References

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(continued on page 153)

Children with Asthma

DEFINITION

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

SIGNIFICANCE

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

Nationally, asthma is the number one chronic condition in children and the third-ranked cause of hospitalization for children under age 15.[6] Nearly 9.3 million children under age 18 (13%) have ever been diagnosed with asthma and more than 6.5 million children (9%) currently report having asthma.[7] Asthma is the leading cause of school absences resulting from chronic illness.[8] Black and Puerto Rican children have higher prevalence rates of asthma than White children.[9] While research is inconclusive, racial differences in asthma prevalence are believed to be correlated with poverty, indoor and outdoor air pollution, stress, lack of access to preventive medical care and genetic factors.[10]

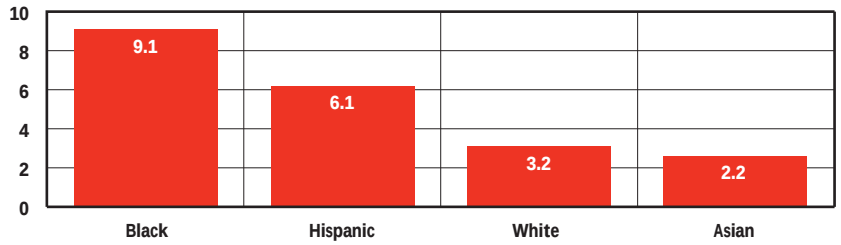
Proper asthma management requires patient education, ongoing partnerships with primary care providers, avoidance of asthma triggers, medication to prevent and minimize symptoms, management of asthmatic episodes and regular follow-up care.[11] A primary care provider acting as a child's medical home can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

Childhood Asthma Hospitalization Rates, Core Cities and Rhode Island, 2002-2006

City/Town	Number of Children Hospitalized	Rate per 1,000 Children
Central Falls	189	6.8
Newport	95	3.7
Pawtucket	450	5.0
Providence	1,478	6.5
West Warwick	170	5.1
Woonsocket	263	4.7
Rhode Island	4,942	4.0

Source: Rhode Island Department of Health, Hospital Discharge Database, 2002-2006.

Asthma Hospitalizations by Race/Ethnicity, per 1,000 Children Under Age 18, Rhode Island, 2002-2006



◆ **In Rhode Island between 2002 and 2006, the rate of asthma hospitalizations for Black children was almost three times the rate of hospitalizations for White children. Hispanic children were hospitalized at nearly twice the rate of White children.**

Source: Rhode Island Department of Health, Hospital Discharge Database, 2002-2006; U.S. Bureau of the Census, Census 2000.

Preventing Childhood Asthma

◆ **In Rhode Island, 1 in 10 (11%) children ages birth to 17 years reported having asthma between 2001-2005. Only 4 states report higher current asthma prevalence rates.[13]**

◆ **In the U.S. and in Rhode Island, health care use for asthma (including emergency room use and hospitalizations) is highest among the youngest children.[14] In Rhode Island between 2002-2006, children ages birth to 4 years accounted for 54% of hospitalizations for asthma, children ages 5-12 comprised 28% and adolescents ages 13-17 made up 19%.[15]**

◆ **A demonstration project in California aimed at improving asthma-related health outcomes among children ages 5 to 18 years reduced hospitalizations by four-fifths and decreased the number of acute care visits for asthma exacerbations, emergency department visits, missed school days, and frequent use of rescue medications by approximately two-thirds. The project implemented a multi-disciplinary clinic-based team approach, including community health workers, and continuous quality improvement.[16]**

Table 21. **Asthma Hospitalizations for Children Under Age 18, Rhode Island, 2002-2006**

CITY/TOWN	ESTIMATED NUMBER OF CHILDREN UNDER AGE 18*	NUMBER OF ASTHMA HOSPITALIZATIONS	RATE 1,000 CHILDREN
Barrington	23,725	41	1.7
Bristol	21,995	60	2.7
Burrillville	20,215	56	2.8
Central Falls	27,655	189	6.8
Charlestown	8,560	27	3.2
Coventry	41,945	121	2.9
Cranston	85,490	273	3.2
Cumberland	38,450	82	2.1
East Greenwich	17,820	43	2.4
East Providence	52,730	221	4.2
Exeter	7,945	16	2.0
Foster	5,525	9	1.6
Glocester	13,320	27	2.0
Hopkinton	10,055	25	2.5
Jamestown	6,190	12	1.9
Johnston	29,530	79	2.7
Lincoln	25,785	70	2.7
Little Compton	3,900	7	1.8
Middletown	21,640	63	2.9
Narragansett	14,165	19	1.3
New Shoreham	925	1	1.1
Newport	25,995	95	3.7
North Kingstown	34,240	88	2.6
North Providence	29,680	110	3.7
North Smithfield	11,895	30	2.5
Pawtucket	90,755	450	5.0
Portsmouth	21,645	70	3.2
Providence	226,385	1,478	6.5
Richmond	10,070	19	1.9
Scituate	13,175	31	2.4
Smithfield	20,095	57	2.8
South Kingstown	31,420	48	1.5
Tiverton	16,835	19	1.1
Warren	12,270	42	3.4
Warwick	93,900	331	3.5
West Greenwich	7,220	17	2.4
West Warwick	33,160	170	5.1
Westerly	27,030	87	3.2
Woonsocket	55,775	263	4.7
Unknown	*NA*	*96*	*NA*
Core Cities	*459,725*	*2,645*	*5.8*
Remainder of State	*779,385*	*2,201*	*2.8*
Rhode Island	*1,239,110*	*4,942*	*4.0*

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, 2002-2006. Data for 2005-2006 are provisional.

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

*The estimated number of children under age 18 is the number of children under age 18 according to the 2000 U.S. Census, multiplied by five.

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Childhood Obesity

DEFINITION

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

SIGNIFICANCE

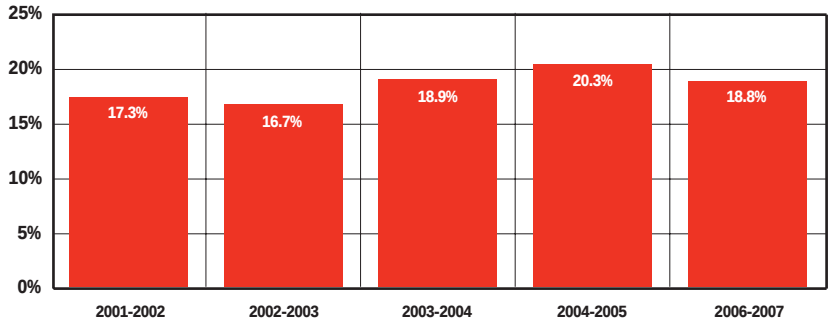
Obesity is associated with type II diabetes, hypertension, heart disease, and other acute and chronic health problems.[3,4] Overweight children are susceptible to depression, negative self-image and low self-esteem that can lead to social isolation and high-risk behaviors.[5,6] Adolescents who are overweight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

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

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

The *2003 National Survey of Children's Health* indicated that 31% of Rhode Island children ages 6-17 were either overweight (15%) or obese (16%).[19] During the 2006-2007 school year, 17% of seventh graders in Rhode Island were obese.[20] In 2007, 11% of Rhode Island high school students were obese.[21]

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



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

◆ **Nearly one in five (18.8%) Rhode Island children entering kindergarten during school year 2006-2007 was obese, with a BMI at or greater than the 95th percentile.[22] Obesity places children at risk for health problems throughout childhood and into adulthood.**

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

AGE (YEARS)	1963-1970	1971-1974	1976-1980	1988-1994	1999-2002
6-11	**4%**	**4%**	**7%**	**11%**	**16%**
12-19	**5%**	**6%**	**5%**	**11%**	**16%**

Source: National Center for Health Statistics. (2004). *Prevalence of overweight among children and adolescents: United State, 1999-2002.* Hyattsville, MD: U.S. Department of Health and Human Services. The National Health and Nutrition Examination Survey (NHANES) uses measured heights and weights to calculate a body mass index (BMI) for age.

◆ **The prevalence of childhood obesity in the U.S. has increased among all children ages 6-19, but is highest among non-Hispanic Blacks and Mexican-Americans.[23]**

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

Physical Activity

◆ Regular physical activity can lower the risk of becoming overweight and developing related diseases. About half of all children in the U.S. ages 6-17 go without sufficient daily exercise.[25] There has been a 25% decrease in children's time spent playing and a 50% decline in unstructured outdoor activities over the past thirty years in the U.S.[26]

◆ Rhode Island ranks worst nationally in the percentage of children and teens who exercise regularly. Three out of five (61%) children and youth ages 6 to 17 reported engaging in fewer than 5 days of vigorous physical activity in the past week, compared with 52% nationally.[27] In 2007, 42% of Rhode Island high school students (51% of males and 33% of females) reported being physically active for a total of at least 60 minutes per day, five days per week.[28]

◆ Nationally, the weekly recommended amount of physical education is 150 minutes in elementary school and 225 minutes in middle school and high school.[29] The weekly recommended amount of physical education is 150 minutes in elementary school and 225 minutes in middle school and high school.[29] Rhode Island state mandates are much lower than these amounts (health education and physical education totaling 100 minutes per week for children in grades 1-12).[30] Four of five (79%) high school students reported attending physical education classes on one or more days in an average week in 2007.[31]

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

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

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

Sedentary Behavior

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

Activities of Rhode Island Public School Students, 2006-2007

	ELEMENTARY	MIDDLE	HIGH
Played computer/video games at home for 3 hours or more*	18%	16%	16%
Watched TV at home for 3 hours or more*	28%	30%	28%
Used a computer at home for school work or educational activities for 1 or more hours*	16%	21%	30%
Attended after school/weekend intramural or interscholastic sports through school**	34%	37%	38%
Attended youth sports or recreation programs in the community**	55%	43%	23%

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

Source: Felner, R. (2007). Rhode Island SALT Survey Reports. Rockland, IL: National Center on Public Education and Prevention. Retrieved from Information Works at www.infoworks.ride.uri.edu. Elementary School includes students in grades 4-6. Middle School includes students in grades 5-8. High School includes students in grades 9-12.

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(continued on page 153)

Births to Teens

DEFINITION

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

SIGNIFICANCE

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

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

Poor academic achievement is a key predictor of teen pregnancy and childbearing. Many teens have already dropped out of school before they become pregnant.[6] Nationally, fewer than half of teen mothers (40%) graduate from high school and only 2-3% attain a college degree before age 30. Reduced educational attainment among teen parents puts them at increased risk of unemployment, low-wage jobs and poverty.[7]

Of all births to Rhode Island teens ages 15 to 19 between 2002 and 2006, 70% occurred in the core cities. In 2006 in Rhode Island, there were 1,135 babies born to mothers under age 20, accounting for 9.2% of all babies born in the state.[8]

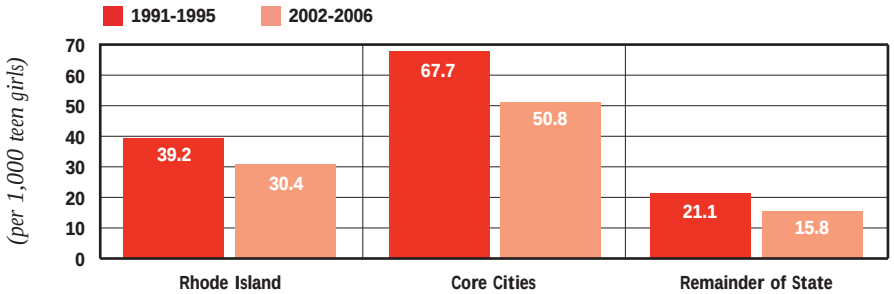
Teen Birth Rates
(per 100,000 girls ages 15-19)

	1991	2005
RI	44.7	31.4
US	61.8	40.5
National Rank*		*13th*
New England Rank**		*6th*

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

Source: U.S. Centers for Disease Control and Prevention. (2007). Births: Final data for 2005. *National Vital Statistics Reports*, 56(6). Atlanta, GA: U.S. Department of Health and Human Services.

Births to Teens Ages 15-19, Rhode Island, Core Cities and Remainder of State, 1991-1995 and 2002-2006



Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 1991-1995 and 2002-2006. Data for 2006 are provisional.

◆ **Since the early 1990s, the teen birth rate for Rhode Island girls ages 15 to 19 has declined by 22%, mirroring the national trend.[9] Between 1991 and 2005, the U.S. teen birth rate fell 34% from a peak high to a 65-year record low.[10] However, U.S. teen birth rates rose 3% in 2006.[11]**

◆ **The recent decline in both teen pregnancy and birth rates has been attributed to reduced sexual activity overall among teens and improved use of contraception among those teens who are sexually active.[12]**

Repeat Births to Teens, Rhode Island, 2002-2006

Age	Total Number of Births	Number of Repeat Births	Percent
12-14	89	1	1%
15-17	1,885	176	9%
18-19	3,784	886	23%
Total	*5,758*	*1,063*	*18%*

Source: Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional.

◆ **Nationally, repeat teen births have been declining – from about 25% of all teen births in 1990 to 20% in 2004. Once a teenager has a baby, she is at increased risk of having another as a teen. A repeat birth during the teen years compounds educational, economic and health problems for both the mothers and the children.[13]**

Table 22.

Birth to Teens, Ages 15-19, Rhode Island, 2002-2006

CITY/TOWN	NUMBER OF BIRTHS TO GIRLS AGES 15-17	BIRTH RATE PER 1,000 GIRLS AGES 15-17	NUMBER OF BIRTHS TO GIRLS AGES 18-19	BIRTH RATE PER 1,000 GIRLS AGES 18-19	NUMBER OF BIRTHS TO GIRLS AGES 15-19	BIRTH RATE PER 1,000 GIRLS AGES 15-19
Barrington	**2**	**0.9**	**3**	**4.1**	**5**	**1.7**
Bristol	**10**	**5.4**	**38**	**10.2**	**48**	**8.6**
Burrillville	**8**	**4.5**	**35**	**33.3**	**43**	**15.2**
Central Falls	**110**	**58.7**	**222**	**141.4**	**332**	**96.4**
Charlestown	**7**	**10.4**	**15**	**NA**	**22**	**22.1**
Coventry	**36**	**11.2**	**68**	**40.2**	**104**	**21.2**
Cranston	**92**	**13.4**	**178**	**44.2**	**270**	**24.7**
Cumberland	**19**	**6.1**	**39**	**26.7**	**58**	**12.6**
East Greenwich	**6**	**4.2**	**6**	**12.0**	**12**	**6.3**
East Providence	**43**	**9.4**	**126**	**54.7**	**169**	**24.6**
Exeter	**5**	**6.9**	**8**	**NA**	**13**	**12.7**
Foster	**2**	**NA**	**8**	**NA**	**10**	**14.9**
Glocester	**5**	**4.4**	**20**	**33.6**	**25**	**14.4**
Hopkinton	**7**	**8.0**	**15**	**NA**	**22**	**17.2**
Jamestown	**1**	**1.8**	**3**	**NA**	**4**	**5.5**
Johnston	**24**	**10.5**	**44**	**33.6**	**68**	**18.9**
Lincoln	**8**	**3.7**	**36**	**38.3**	**44**	**14.1**
Little Compton	**0**	**NA**	**6**	**NA**	**6**	**NA**
Middletown	**8**	**5.8**	**35**	**51.5**	**43**	**21.0**
Narragansett	**5**	**4.0**	**17**	**15.6**	**22**	**9.3**
New Shoreham	**0**	**NA**	**0**	**NA**	**0**	**NA**
Newport	**52**	**26.1**	**85**	**24.8**	**137**	**25.3**
North Kingstown	**15**	**5.6**	**42**	**34.7**	**57**	**14.7**
North Providence	**29**	**11.7**	**61**	**41.4**	**90**	**22.8**
North Smithfield	**3**	**3.0**	**14**	**NA**	**17**	**11.4**
Pawtucket	**220**	**32.3**	**430**	**94.7**	**650**	**57.2**
Portsmouth	**8**	**4.8**	**17**	**28.1**	**25**	**10.9**
Providence	**803**	**47.1**	**1,408**	**47.8**	**2,211**	**47.5**
Richmond	**5**	**6.1**	**9**	**NA**	**14**	**12.6**
Scituate	**3**	**2.5**	**10**	**19.4**	**13**	**7.5**
Smithfield	**3**	**1.7**	**18**	**6.6**	**21**	**4.7**
South Kingstown	**12**	**4.4**	**41**	**4.9**	**53**	**4.7**
Tiverton	**6**	**4.5**	**22**	**30.1**	**28**	**13.5**
Warren	**8**	**8.0**	**28**	**48.3**	**36**	**22.8**
Warwick	**75**	**9.5**	**182**	**45.9**	**257**	**21.6**
West Greenwich	**3**	**5.6**	**8**	**NA**	**11**	**13.2**
West Warwick	**44**	**17.9**	**108**	**64.9**	**152**	**36.9**
Westerly	**29**	**13.4**	**73**	**66.1**	**102**	**31.1**
Woonsocket	**169**	**39.9**	**306**	**108.5**	**475**	**67.3**
Core Cities	***1,398***	***40.6***	***2,559***	***58.8***	***3,957***	***50.8***
Remainder of State	***487***	***7.6***	***1225***	***27.8***	***1,712***	***15.8***
Rhode Island	***1,885***	***19.1***	***3,784***	***43.2***	***5,669***	***30.4***

Source of Data for Table/Methodology

Rhode Island Department of Health, Division of Family Health, Maternal and Child Health Database, 2002-2006. Data for 2006 are provisional. The denominators are the number of girls in each age group according to Census 2000, multiplied by five to compute rates over five years.

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

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

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

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Alcohol, Drug and Cigarette Use by Teens

DEFINITION

Alcohol, drug and cigarette use by teens is the percentage of middle school and high school students who report having used alcohol, cigarettes or illegal drugs (such as marijuana, uppers, or downers) at least once in the 30 days prior to taking the School Accountability for Learning and Teaching (SALT) Student Survey during the 2006-2007 school year.

SIGNIFICANCE

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

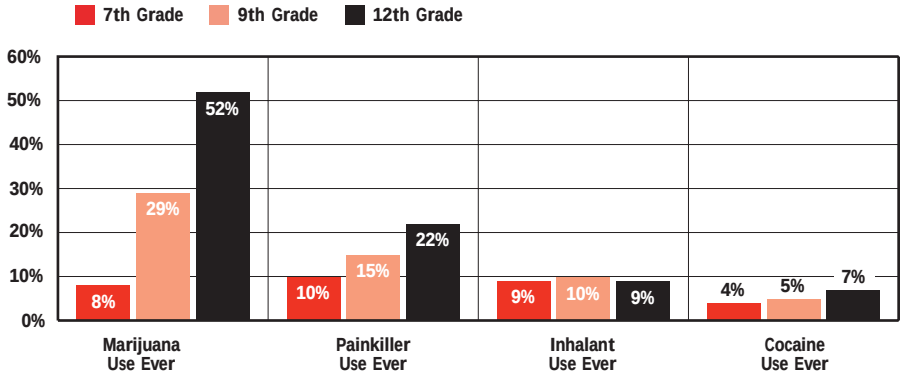
Research shows that the key risk periods for alcohol, cigarette and other drug abuse are during major transitions in children's lives. These include the transition to middle school, which presents new academic and social situations and the transition to high school, which presents additional social and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

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

Early intervention to prevent risk factors and build protective factors has a greater impact than interventions that occur later in a child's life. Family intervention can strengthen protective factors among young children by teaching parents better communication skills and appropriate discipline. School programs can begin to prevent substance abuse as early as pre-school by addressing risk factors such as aggressive behavior, poor social skills and academic difficulties.[6] Adolescents who participate in after-school activities are less likely to use substances than those who are not involved in any school-based, community-based, faith-based or other after-school activities.[7]

Approximately 6% of youth ages 12-17 in the U.S. meet standard diagnostic criteria indicating the need for treatment for alcohol use and 5% need treatment for illicit drug use. Fewer than 1 in 10 of these youth receive treatment (7% receive specialty alcohol treatment and 9% receive illicit drug use treatment).[8]

Illicit Drug Use among Rhode Island Students, by Grade, 2007



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

◆ **Use of marijuana almost doubles between 9th grade (29%) and 12th grade (52%).**

◆ **Among high school students in Rhode Island in 2007, 40% reported ever having used marijuana, while 23% reported having used it in the past month. Nearly one in five (18%) Rhode Island high school students reported using painkillers, such as OxyContin, Codeine, Percocet or Tylenol III without a doctor's prescription at least once in their lifetime.[9]**

◆ **One in ten (10%) high school students reported ever using inhalants (sniffing glue, breathing the contents of an aerosol spray can and/or inhaling paints or sprays), 6% reported ever using any form of cocaine and 7% report ever using ecstasy.[10]**

Tobacco Use

◆ **The percentage of Rhode Island high school students who have smoked cigarettes on 20 or more days in the past month has decreased significantly over the past decade, from 19% in 1997 to 6% in 2007. Nearly 6 in 10 (59%) high school smokers have tried to quit in the past year. After a low of 4% in 2001, the percentage of Rhode Island high school students who report using chewing tobacco in the past month has increased to 7% in 2007.[11]**

Table 23.

Student Reports of Alcohol, Drug and Cigarette Use by Student Grade Level, Rhode Island, 2006-2007

SCHOOL DISTRICT	ALCOHOL USE		DRUG USE		CIGARETTE USE	
	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Barrington	11%	37%	4%	22%	5%	21%
Bristol-Warren	18%	47%	6%	31%	8%	27%
Burrillville	28%	45%	15%	26%	14%	27%
Central Falls	20%	37%	7%	15%	6%	16%
Chariho	15%	51%	9%	37%	10%	28%
Coventry	14%	47%	7%	34%	7%	29%
Cranston	18%	38%	8%	22%	8%	20%
Cumberland	12%	43%	7%	29%	6%	25%
East Greenwich	14%	36%	5%	20%	7%	13%
East Providence	23%	42%	11%	31%	10%	25%
Exeter-West Greenwich	18%	43%	10%	29%	7%	18%
Foster-Glocester	22%	49%	12%	36%	13%	34%
Jamestown	13%	NA	4%	NA	6%	NA
Johnston	19%	43%	8%	23%	10%	19%
Lincoln	15%	47%	7%	29%	7%	25%
Little Compton	8%	NA	3%	NA	5%	NA
Middletown	9%	40%	4%	30%	5%	25%
Narragansett	11%	40%	7%	24%	6%	13%
New Shoreham	NA	62%	NA	47%	NA	19%
Newport	16%	44%	7%	38%	6%	24%
North Kingstown	12%	50%	5%	37%	4%	26%
North Providence	15%	46%	4%	32%	5%	27%
North Smithfield	15%	42%	8%	18%	10%	24%
Pawtucket	21%	35%	10%	20%	9%	15%
Portsmouth	10%	49%	5%	30%	4%	24%
Providence	22%	36%	11%	20%	9%	16%
Scituate	14%	42%	6%	28%	8%	22%
Smithfield	17%	46%	9%	33%	8%	28%
South Kingstown	10%	47%	6%	30%	4%	22%
Tiverton	15%	50%	7%	38%	7%	29%
Warwick	22%	40%	9%	25%	8%	23%
West Warwick	16%	39%	6%	24%	7%	20%
Westerly	17%	51%	6%	32%	7%	28%
Woonsocket	21%	39%	9%	26%	10%	22%
Core Cities	*21%*	*37%*	*10%*	*22%*	*9%*	*18%*
Remainder of State	*16%*	*44%*	*7%*	*29%*	*7%*	*24%*
Rhode Island	*17%*	*42%*	*8%*	*27%*	*8%*	*22%*

NA = Community has no middle school or no high school.

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

Sources of Data for Table/Methodology

Felner, R. (2007). *Rhode Island SALT Survey reports, student reports of health risk practices by grade level, 2006-2007 school year.* Retrieved from Information Works at www.infoworks.ride.uri.edu. Data are for students who reported substance use in the past 30 days. Core city, remainder of state and Rhode Island totals were calculated by Rhode Island KIDS COUNT using data provided by the Rhode Island Department of Elementary and Secondary Education.

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

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

References

[1,4,5,6] *Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders, second edition.* (2003). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse.

[2] National Adolescent Health Information Center. (2007). *2007 fact sheet on substance use: Adolescent and young adults.* San Francisco, CA: University of California, San Francisco.

[3,11] *Rhode Island Youth Risk Behavior Survey, trend analysis report.* (2007). Rhode Island Department of Health, Center for Health Data and Analysis.

(continued on page 153)

Safety

Tree Climbing

by Kathleen Fraser

This is my tree,
my place to be alone in,
my branches for climbing,
my green leaves for hiding in,
my sunshine for reading,
my clouds for dreaming,
my sky for singing,
my tree, my beautiful tree.

Child Deaths

DEFINITION

Child deaths is the number of deaths from all causes to children ages 1 to 14, per 100,000 children. The data are reported by place of residence, not place of death.

SIGNIFICANCE

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

Nationally, child injuries and deaths disproportionately affect poor children, younger children, males and minorities.[4] Low-income children are four times more likely to drown, five times more likely to die in a fire and twice as likely to die in a motor vehicle crash than their peers.[5] Black and Native American children under age 14 have the highest accidental injury death rates in the U.S. Native American children under age 14 are twice as likely and Black children are one and a half times as likely to die from accidental injury as White children.[6]

In Rhode Island, between 2002 and 2006 there were 133 deaths of children ages 1 to 14. Of the 133 children, 63 (47%) lived in the core cities, 69 (52%) lived in the remainder of the state and one child's residence (<1%) was unknown. Of these 133 deaths, 91 (68%) were due to disease, 28 (21%) were due to unintentional injuries, 10 (8%) were due to intentional injuries (7 homicides and 3 suicides) and 4 (3%) were due to other causes. Unintentional injuries are the leading cause of death for children ages 1 to 14 in Rhode Island, more than from any one single disease. Between 2002 and 2006, Rhode Island had a child death rate of 14.1 per 100,000 children ages 1 to 14.[7,8]

According to safety experts, 90% of the unintentional injuries are preventable. Using effective safety products (like child restraints in cars) and creating safe environments (like installing smoke alarms and checking the batteries monthly) can significantly reduce the risk of child injury and death.[9]

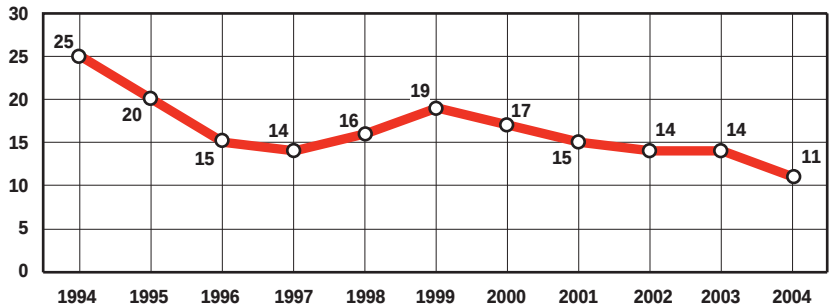
Child Death Rate
(per 100,000 Children Ages 1-14)

	2000	2004
RI	17	11
US	22	20
National Rank*		*1st*
New England Rank**		*1st*

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

Source: *Kids count data book: State profiles in child well-being 2007.* (2007). Baltimore, MD: The Annie E. Casey Foundation.

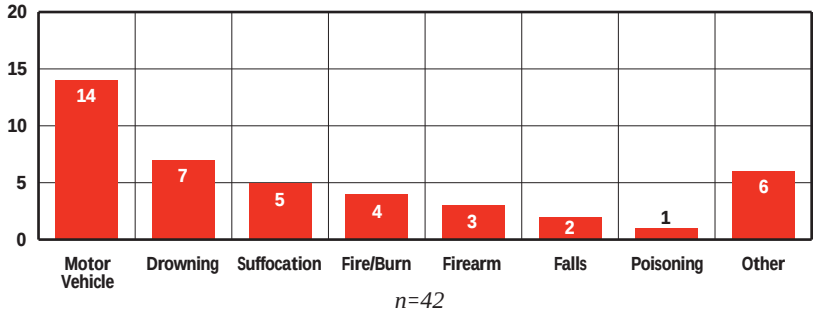
Child Death Rate Per 100,000 Children Ages 1-14 in Rhode Island, 1994-2004



Source: Kids Count State Level Data Online. (2006). *Child deaths: Rate per 100,000: 2003.* Baltimore, MD: The Annie E. Casey Foundation.

◆ **Between 1994 and 2004, Rhode Island's child death rate for children ages 1-14 declined from 25 per 100,000 children to 11 per 100,000 children. Rhode Island's child death rate is currently the best in the nation.[10,11,12]**

Child Deaths Due to Injury, By Cause, Rhode Island, 2002-2006



Source: Rhode Island Department of Health, Maternal and Child Health Database, 2002-2006.

◆ **Between 2002 and 2006, 42 children died as a result of injury. The leading cause of deaths due to injury were caused by motor vehicles (33%).[13]**

References

[1] *Childhood injury fact sheet.* (2004). Washington, DC: National SAFE KIDS Campaign.

[2,9] Shore, R. (2005). *KIDS COUNT indicator brief: Reducing the child death rate.* Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 154)

DEFINITION

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

SIGNIFICANCE

The main threats to adolescents' health and safety are risk behaviors, including substance abuse and violence. Teens' emotional health, including self-esteem and mental health, further impacts their safety.[1] Risk factors for teens include drug, alcohol, or tobacco use, poverty, association with delinquent peers, poor family functioning, and academic failure.[2] Important factors which protect against risk behaviors are engagement in school and the presence of strong positive relationships with parents, family or other caring adults.[3]

According to the *2007 Rhode Island Youth Risk Behavior Survey,* Rhode Island high school students are exposed to numerous risks and frequently engage in risk behaviors. Students reported the following risk behaviors at least once during the 12 months preceding the survey: 8% had been threatened or injured with a weapon on school property, 26% (34% of males and 19% of females) were in a physical fight and 14% of students were physically hurt by a boyfriend or girlfriend. Other risk behaviors reported by high school students included: 9% of students attempted suicide during the 12 months preceding the survey, 28% rode in a vehicle driven by someone who had been drinking, and 14% never or rarely wore a seatbelt when riding in a car.[4]

Between 2002 and 2006 there were 172 deaths of teens ages 15 to 19 in Rhode Island, a rate of 43.0 per 100,000 teens.[5,6] Of the teens ages 15 to 19 who died between 2002 and 2006, 37% (64) lived in the core cities and 63% (108) lived in other cities/towns in Rhode Island. Of teen deaths, 50 (29%) were due to disease, 38 (22%) were due to intentional injury, 80 (47%) were due to unintentional injuries and 4 (2%) were undetermined. Of the intentional injuries, 20 were homicides and 18 were suicides.[7]

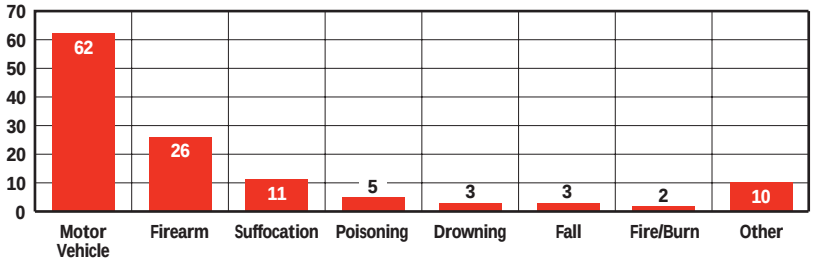
Teen Deaths
(deaths per 100,000 Youth 15-19)

	2000	2004
RI	52	54
US	67	66
National Rank*		*12th*
New England Rank**		*5th*

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

Source: *Kids Count data book: State profiles in child well-being 2007.* (2007). Baltimore, MD: The Annie E. Casey Foundation.

Injury Deaths by Cause, Teens Ages 15 to 19, 2002-2006



n=122

Source: Rhode Island Department of Health, Maternal and Child Health Database, 2002-2006.

◆ **Between 2002 and 2006 in Rhode Island, more than two-thirds (69%) of the 122 deaths caused by injury were unintentional or undetermined. The majority of the injury deaths (52%) were caused by motor vehicle accidents.[8]**

◆ **Among the 43 teenage boys ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2002 and 2006, 20 (47%) were driving and 16 (37%) were passengers in vehicles driven by other teenage boys ages 15-19. The other 7 (16%) were passengers in cars driven by adults or were pedestrians.[9]**

◆ **In Rhode Island between 2002 and 2006, 15 teenage girls died in motor vehicle accidents. Of these, 6 (40%) were driving, 8 (53%) were passengers and one was a pedestrian. Eleven (73%) of the teenage girls who died were in vehicles driven by themselves, another teenager or a young adult.[10]**

◆ **More than one-third (35%) of the teen drivers who died in motor vehicle crashes between 2002 and 2006 had been drinking and 38% of teen passengers who died had also been drinking.[11]**

References

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

[2] Centers for Disease Control & Prevention. (2006). *Understanding youth violence: Fact sheet.* Retrieved January 21, 2008 from http://www.cdc.gov/injury

[3] Centers for Disease Control & Prevention. (2007). *Youth violence: Fact sheet.* Retrieved January 21, 2008 from http://www.cdc.gov/ncipc/factsheets/yvfacts.htm

(continued on page 154)

Gun Violence

DEFINITION

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

SIGNIFICANCE

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

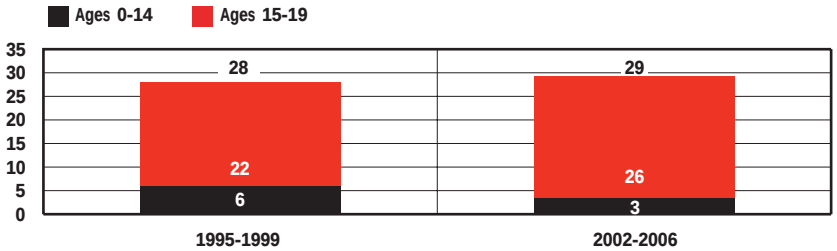
Teens are more likely to be killed by gun violence than older people in the U.S. Since the mid-1990s, gun homicide offender rates for children under age 17 have declined dramatically.[2] Between 1995 and 2005 in the U.S., the number of homicides committed by children under age 17 with a gun decreased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

The gun death rate is still a cause of concern for children and youth. Nationally in 2004, youth ages 15 to 24 had a death rate due to firearms of 15.7 per 100,000 residents.[4] The likelihood of being a victim of gun violence is linked to gender and race. In the U.S., males ages 15 to 24 are almost 9 times as likely as their female peers to die as a result of gun violence. Black (80.7), Hispanic (32.4) and Native American (25.7) males ages 15 to 24 have a disproportionately higher firearm-related death rate per 100,000 residents than their White (14.3) and Asian (8.8) peers.[5]

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

In Rhode Island, between 2002 and 2006, there were 65 gun-related hospitalizations of children ages 1 to 19. Seventy-four percent (48) of the 65 hospitalizations were victims of assault, 20% (13) were victims of unintentional injuries, 2% (1) were hospitalized for a self-inflicted firearm injury, and 5% (3) were undetermined. There were 29 deaths of children ages 1 to 19 attributed to gun violence.[7]

Gun Deaths of Children Under Age 20, Rhode Island, 1995-1999 and 2002-2006



◆ **Between 2002 and 2006 in Rhode Island, 90% of youth gun deaths were to teens ages 15 to 19, and 10% were to children under the age of 15.**

◆ **In Rhode Island between 2002 and 2006, there were 305 deaths of children under 20 years of age. Of these deaths, 10% were the result of a gun injury.**

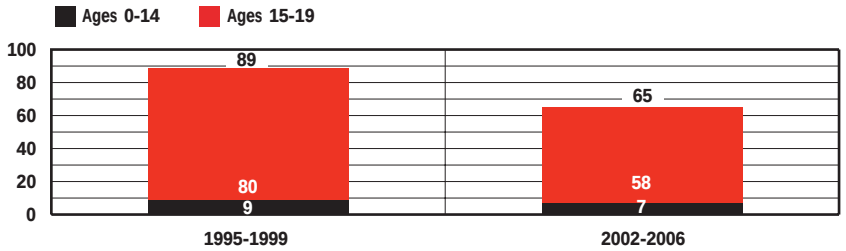
Source: Rhode Island Department of Health, Office of Health Statistics, federal Fiscal Years 1995-1999 and calendar years 2002-2006. Data for 2005 & 2006 are provisional.

Guns in the Home

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

◆ **In homes with guns, keeping a gun locked and unloaded and storing ammunition locked and in a separate location reduces the risk of gun injuries to children and teenagers.[9]**

Gun-Related Hospitalizations of Children Under Age 20, Rhode Island, 1995-1999 and 2002-2006



◆ **There were 65 gun-related hospitalizations between 2002 and 2006 of children under age 20. Since the late-1990s, gun-related hospitalizations of children ages 0-19 fell by 27%.**

◆ **Seventy-four percent (48) of the 65 youth hospitalized between 2002 and 2006 for gun-related injuries were residents of the core cities (62% from Providence, 8% from Pawtucket, 2% from Central Falls, 2% from Newport, and 2% from Woonsocket).**

Source: Rhode Island Department of Health, Office of Health Statistics, federal Fiscal Years 1995-1999 and calendar years 2002-2006. Gun deaths data for 2005 & 2006 are provisional.

Weapon Carrying among Rhode Island Public High School Students, 2007

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

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

◆ **In Rhode Island in 2007, 12% of high school students reported they carried a weapon in the 30 days preceding the survey, compared to 19% of high school students nationally in 2005.[10, 11] In 2007, 20% of Rhode Island middle students surveyed reported that they have carried a weapon.[12]**

Preventing Youth Gun Violence

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

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

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

References

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[2,3] Fox, J. A. & Zawitz, M. W. (2007). *Homicide trends in the United States.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

[4,5] National Center for Health Statistics. (2007). *Health, United States, 2007 with chartbook on trends in the health of Americans.* Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics.

[6] U.S. Centers for Disease Prevention and Control. (2007). *Youth violence: Fact sheet.* Retrieved January 21, 2008 from www.cdc.gov/ncipc/factsheets/yvfacts.htm.

[7] Rhode Island Department of Health, Office of Health Statistics, 2002-2006. Data for 2005 & 2006 are provisional.

[8,9,13] Guralnick, S. & Serwint, J. R. (2007). Firearms. *Pediatrics in Review*, 28(10), 396-397.

[10,12] *Rhode Island Youth Risk Behavior Survey, summary table, weighted data.* (2007). Rhode Island Department of Health, Center for Health Data and Analysis.

[11] U.S. Centers for Disease Control & Prevention. (2007). *Youth violence: Facts at a glance.* Retrieved January 21, 2008 from www.cdc.gov/injury

Homeless Children

DEFINITION

Homeless children is the number of Rhode Island children under age 13 who received emergency housing services at emergency homeless shelters and domestic violence shelters during the state Fiscal Year 2007 (July 1, 2006 to June 30, 2007).

SIGNIFICANCE

Lack of affordable housing, poverty and low wages were identified as major causes of family homelessness in the United States in 2007. Other causes of homelessness include unemployment, mental illness, substance abuse, domestic violence and prisoner re-entry.[1,2] Low-income families spend a large portion of their income on housing, consequently any interruption in income or unexpected expense can place these families at risk of homelessness.[3]

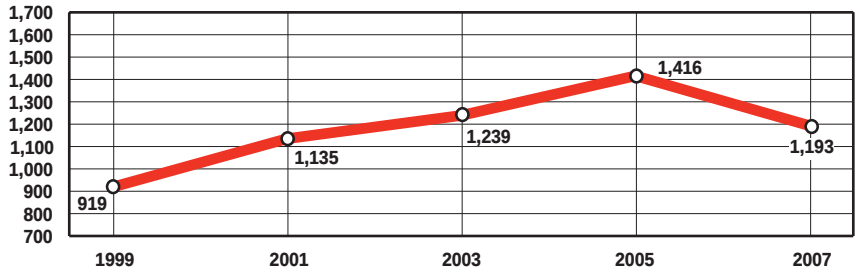
Compared to their peers, homeless children are more likely to become ill, develop mental health issues (such as anxiety and depression), have academic problems (including high rates of school mobility), be victims of violence and exhibit delinquent or aggressive behaviors.[4,5] Homeless children go hungry at twice the rate of other children and are more likely to experience illnesses such as stomach problems, ear infections and asthma. Infants, toddlers and preschoolers who are homeless are more likely to have one or more developmental delays compared with poor children living in stable housing.[6,7]

In a 2007 survey of 23 major U.S. cities, almost one-quarter (23%) of homeless people receiving shelter services were members of families with children. Ten cities reported increases in requests for emergency shelter by homeless families with children during the previous year. Half of the cities surveyed reported that they turned people away due to lack of capacity and limited resources.[8]

In Rhode Island between July 1, 2006 and June 30, 2007, 766 families sought emergency shelter. Of these families, nearly one-quarter (23%) were employed and were earning income. Of families seeking shelter, 90% were female-headed households. Of these households, 52% reported staying with family and friends prior to seeking shelter.[9]

The high rate of home foreclosures has also contributed to increases in the number of homeless families. Rhode Island has higher foreclosure rates than the national average and has the highest foreclosure rate in New England.[10] In December 2007 in Rhode Island there were 308 notices of foreclosure initiated, an increase from 36 foreclosures in January 2007. In total, 2,171 properties were noticed for foreclosure in Rhode Island in 2007.[11]

Children Under Age 13 Living in Shelters, Rhode Island 1999 – 2007



Source: Rhode Island Emergency Shelter Information Project 1999 – 2007.

◆ **In Rhode Island, 1,193 children under age 13 received emergency housing in a homeless shelter or a domestic violence shelter in 2007.[12]**

Neighborhood Opportunities Program

◆ **The Neighborhood Opportunities Program (NOP) was established in Rhode Island in 2001 to provide funding for the development of affordable housing. NOP also provides funding to cover the difference between the average cost of operating rental units and what very low-income renters (family income less than 50% of the median income) can afford to pay.[13]**

◆ **The Neighborhood Opportunities Program has helped many homeless families move into affordable housing and also has prevented other families from becoming homeless. As of August 2007, the NOP committed more than $13 million to the production of 306 housing units for families and leveraged an additional $188 million in public and private funding.[14] With an annual allocation of $7.5 million in state funding every year since 2003, NOP has created 1,031 new affordable homes.[15]**

References for Homeless Children

[1,6] *Homeless families with children* (Fact sheet #12). (2007). Washington, DC: National Coalition for the Homeless. Retrieved February 6, 2008 from http://www.nationalhomeless.org/publications/facts/families.html

[2,8] *Hunger and homelessness survey: A status report on hunger and homelessness in America's cities.* (2007). Washington, DC: The United States Conference of Mayors – Sodexho, Inc.

(continued on page 154)

DEFINITION

Homeless youth is the number of Rhode Island youth ages 13 to 17 who are homeless or at risk for homelessness, have run away from home or have been thrown out of their homes and are not allowed to return during state Fiscal Year 2007 (July 1, 2006 – June 30, 2007).

SIGNIFICANCE

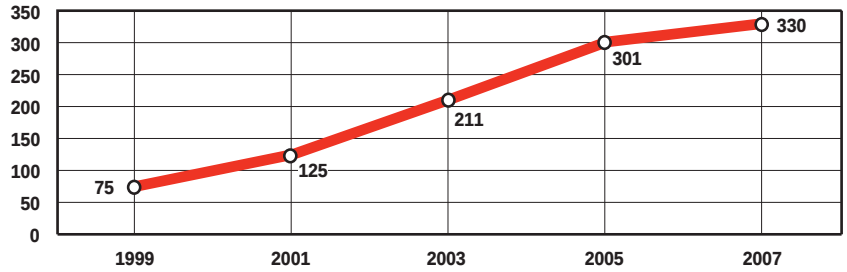
Homelessness among youth has a number of causes, including family problems (such as strained relationships and abuse), economic hardship, involvement in the juvenile justice system, family homelessness and residential instability resulting from foster care and institutional placements. Some runaway youth are considered to be throw-aways who were told or forced to leave a household, or who were abandoned by their parents or guardians.[1,2]

It is often difficult for homeless youth to obtain food, clothing and medical care, as well as find the means to continue their education and maintain personal hygiene. While living on the streets, homeless youth face a high risk of both physical and sexual assault. They are also highly susceptible to sexual exploitation in order to obtain their basic daily needs. Consequently, homeless youth face an increased risk of contracting HIV/AIDS.[3,4]

Homeless youth are typically disconnected from positive community assets such as education, employment, and health care.[5] Homeless youth often experience higher rates of anxiety, depression, and low self-esteem. Health issues can go untreated due to the lack of access to health and mental health care. In addition, homeless youth may not seek health care because they are likely to be asked for a permanent address, health insurance information or parental permission for treatment.[6]

Homeless youth experience higher rates of school suspensions and are more likely to repeat grades and drop out of school than their peers.[7] The McKinney-Vento Homeless Assistance Act of 2002 required school districts to identify homeless children and youth and remove policies and practices that act as barriers to school enrollment, attendance and success.[8] McKinney-Vento is due to be reauthorized by Congress in 2008. The inclusion of new resources for emergency shelter, supportive services and providing a framework for greater homeless prevention would strengthen local communities' abilities to provide for the needs of homeless children, youth and families.

Homeless Youth Ages 13-17 in Rhode Island's Emergency Shelter System, 1999-2007



Source: Rhode Island Emergency Shelter Information Project, Annual Reports 1999 – 2007.

◆ **Between July 1, 2006 and June 30, 2007, 330 youths ages 13-17 were documented as having entered the Rhode Island Emergency Shelter system accompanied by a parent or another adult. This number is an underestimate of homeless youth in the state because the Emergency Shelter system in Rhode Island does not accept unaccompanied children over the age of 12 and does not have an overnight shelter for runaway youth.[9]**

◆ **As of December 31, 2007, there were 85 individuals in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways.[10]**

◆ **In 2007, the National Runaway Switchboard received 606 calls from youth ages 12-21 in Rhode Island.[11]**

References for Homeless Youth

[1,3] *Homeless youth* (Fact sheet #13). (2007). Washington, DC: National Coalition for the Homeless.

[2,5,6] U.S Department of Health and Human Services. (2007). *Promising strategies to end youth homelessness: Report to congress.* Washington, DC: U.S. Department of Health and Human Services.

[4] The National Network for Youth and Volunteers for America. (n.d.). *Issue brief: Runaway and homeless youth act reauthorization.* Retrieved February 15, 2008 from http://www.nn4youth.org

[7] Toro, P. A., Dworsky, A. & Fowler, P. J. (2007). *Homeless youth in the United States: Recent research findings and intervention approaches.* Washington, DC: U.S. Department of Health and Human Services.

[8] *Education of homeless children and youth* (Fact sheet #10). (2007). Washington, DC: National Coalition for the Homeless.

[9] Rhode Island Emergency Shelter Information Project, July 1, 2006 – June 30, 2007.

[10] Rhode Island Department of Children, Youth and Families, December 31, 2007.

[11] National Runaway Switchboard, 2007.

Juveniles Referred to Family Court

DEFINITION

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

SIGNIFICANCE

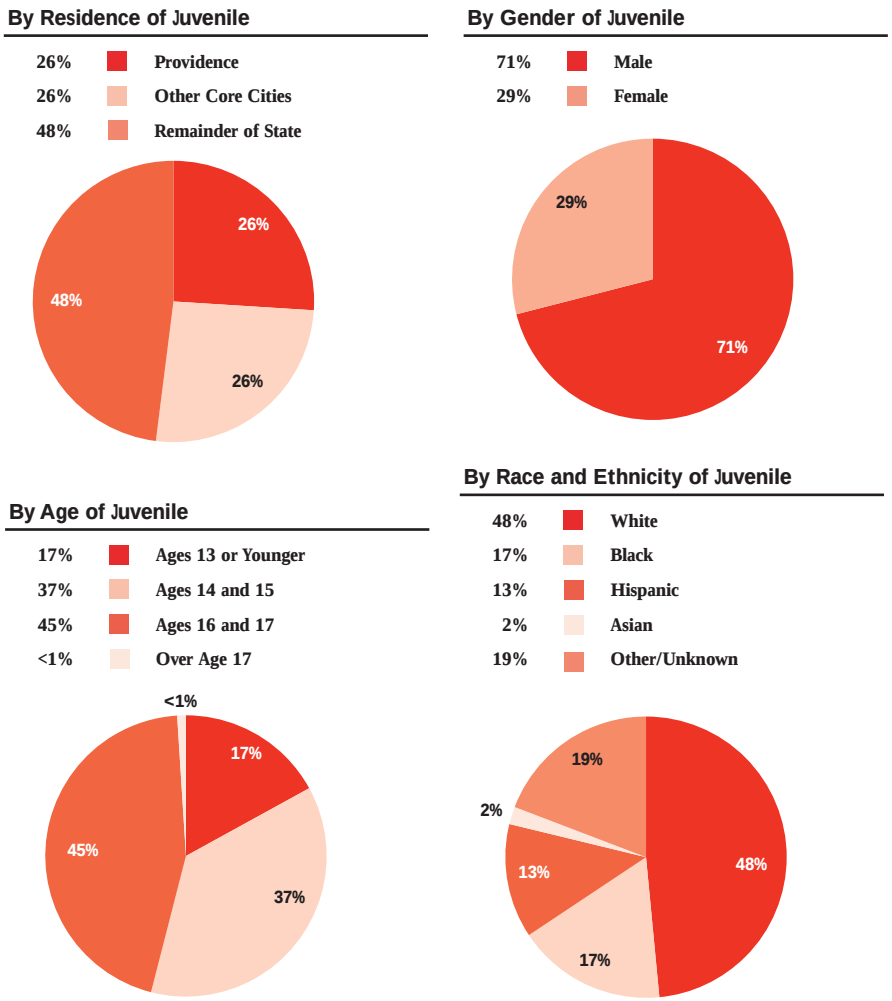
Risk factors for juvenile delinquency and involvement in the juvenile justice system include early antisocial behavior, poor cognitive development, poor parenting, child maltreatment, exposure to family violence, association with other high-risk youth, poor academic performance and family poverty.[1] During 2007 in Rhode Island, 5,275 youth (5% of youth between the ages of 10 and 17) were referred to Family Court for 8,301 wayward and delinquent offenses.[2,3] Of these, 395 (5%) involved violent offenses, 242 (61%) of which occurred in the core cities.[4,5]

The Rhode Island Family Court has jurisdiction over all juvenile offenders referred for wayward and delinquent offenses. All referrals to Family Court are from state and local law enforcement agencies, except for truancy cases, which are referred by local school departments.[6,7] In 2007, 22% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing. In 2007, 2,249 juveniles were referred to the Truancy Court and 346 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court.[8] Juveniles referred to the Drug Court undergo a six-to-twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.[9]

The Family Court also administers 30 Juvenile Hearing Boards that serve 32 communities. Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this process include community service, restitution and/or counseling. A total of 840 cases were heard before Juvenile Hearing Boards in 2006.[10]

Ten percent of juveniles referred to Family Court in 2007 had been referred at least twice before.[11] Prevention and early intervention programs are the most cost-effective approaches to reducing delinquency and recidivism. Successful programs are research-based, and involve highly-trained staff who work with youth and their families; offer a wide range of community-based sanctions for non-violent offenders; ensure intensive interventions for youth at risk for becoming chronic offenders; and provide high quality, coordinated mental health, substance abuse treatment, educational, and career development services.[12]

Juvenile Wayward/Delinquent Offenses Referred to Family Court, Rhode Island, 2007



n=8,301 offenses

Source: Rhode Island Family Court, Juvenile Offense Report, 2007. Percentages may not sum to 100% due to rounding.

Juvenile Wayward/Delinquent Offenses Referred to Family Court, by Type of Offense, Rhode Island, 2007

26%	Property Crimes	5%	Traffic Offenses
19%	Status Offenses*	5%	Violent Crimes
19%	Disorderly Conduct	3%	Weapons Offenses
10%	Simple Assault	5%	Other**
8%	Alcohol and Drug Offenses		

n=8,301

**Status offenses are age-related acts that would not be punishable if the offender were an adult, such as truancy and disobedient conduct.*
***Other includes offenses such as conspiracy, crank/obscene phone calls and computer crimes.*

Source: Rhode Island Family Court, Juvenile Offense Reports for 2007.

Age of Jurisdiction for the Rhode Island Family Court

◆ **The Rhode Island Family Court has jurisdiction over delinquent and wayward children and youth under age 18. Between July 1 and November 8, 2007 there was a temporary change in the age of jurisdiction of the Rhode Island Family Court. The maximum age at which youth could be brought before the Family Court was lowered from 18 to 17 and the maximum age for continued monitoring by the Family Court was lowered from 21 to 19.[13] This resulted in approximately 500 17-year-olds being charged as adults and referred to adult courts during this 4-month period.[14]**

◆ **On October 30, 2007, the General Assembly increased the age of Family Court jurisdiction back up to age 18. This reversal, which took effect on November 8, 2007, included a provision that would seal the records of youth affected by the change.[15] Because it was not retroactive, the estimated 500 17-year-olds who had been charged as adults during this period remained in the adult legal process.[16]**

◆ **A series of judicial decisions in late 2007 and early 2008 resulted in approximately 400 misdemeanor cases involving 17-year-olds (of the estimated 500 total 17-year-olds charged) being returned from the District Court to the jurisdiction of the Family Court. As of February 2008, the Attorney General's office reported having referred 93 cases involving 17-year-olds to the Superior Court (70 of which had resulted in charges and 23 of which were still being screened).[17]**

Juveniles Tried as Adults

◆ **When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Attorney General may request that the Family Court Judge waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver of jurisdiction is mandatory for juveniles age 17 or older who are charged with murder, first degree sexual assault or assault with intent to commit murder.[18,19]**

◆ **In 2007, the Attorney General's Office filed 19 motions to waive jurisdiction to try juveniles as adults (3 mandatory and 16 discretionary waivers). Five were waived voluntarily, four were waived after a hearing, and three were withdrawn. As of January 2008, seven motions from 2007 were pending before the Family Court.[20]**

◆ **A juvenile also may be "certified" allowing a court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period time in which to accomplish rehabilitation. There were two discretionary certifications in 2007.[21] While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the court deems appropriate.[22] The age of transfer from the Training School to the Adult Correctional Institutions changed from 21 years to 19 years in 2007.[23]**

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(continued on page 154)

Juveniles at the Training School

DEFINITION

Juveniles at the Training School is the number of juveniles up to age 21 who were in the care and custody of the Rhode Island Training School at any time during the 2007 calendar year. The total includes youth who spent time at the Training School and/or in other community placements while in the care and custody of the Training School.

SIGNIFICANCE

The juvenile justice system has three primary obligations: to identify and respond to the needs of the young people in its care; to protect youth from legal jeopardy; and to keep the public safe from youth who will harm others.[1] Early antisocial behavior, cognitive impairment, inadequate parenting skills, child maltreatment, exposure to family violence, association with other high risk youth, poor academic performance, family poverty and exposure to chronic violence in school or neighborhoods are associated with risk for involvement with the juvenile justice system.[2,3]

Delinquent behavior among youth in the U.S. has been declining over the last 15 years.[4] Only a fraction of incarcerated youth are violent and dangerous. Most are incarcerated for drug and property offenses that could be addressed through diversion programs.[5] In the U.S., Black youth are more likely than White juveniles to be arrested, formally charged, held in secure detention pending court, and incarcerated in both juvenile and adult correctional settings.[6]

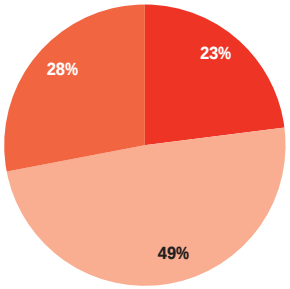
Research indicates that alternatives to incarcerating youth are more successful in preventing recidivism, more cost-effective, and can lessen the disproportionate confinement of minority youth. Successful efforts are comprehensive, community-based and family-focused, with intensive treatment and transition services for reintegration into the community.[7,8] For some youth, community-based alternatives such as community service, restitution or diversion to behavioral health treatment (for mental health problems and/or substance use) are more effective at reducing re-offending than incarceration.[9,10,11]

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School for Youth, the state's residential detention facility for adjudicated youth and youth awaiting trial. A total of 1,122 youth (80% male and 20% female) were in the care and custody of the Training School at some point during calendar year 2007. On January 1, 2008, there were 158 youth on the grounds at the Training School, 22 under capacity.[12]

Adjudicated Juveniles, Rhode Island Training School for Youth on January 1, 2008

By Age

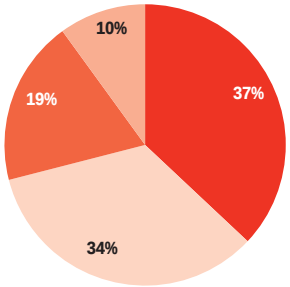
23%	Ages 14-15
49%	Ages 16-17
28%	Ages 18-20



n=262

By Length of Time in Custody

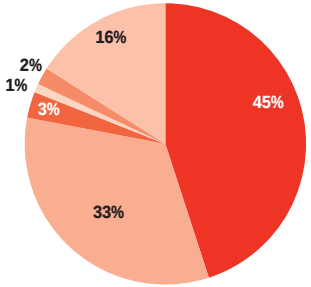
37%	Less than 6 months
34%	6 to 11 months
19%	12 to 23 months
10%	24 months or more



n=262

By Race*

45%	White
33%	Black
3%	Asian
1%	Native American
2%	Multiracial
16%	Unknown Race



n=262

** All categories are mutually exclusive. On January 1, 2008, 74 adjudicated youth (28%) at the Rhode Island Training School were identified as Hispanic. Hispanic youth may be of any race.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, January 1, 2008.

Alternatives to Juvenile Incarceration

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

◆ High-quality research-based alternatives to incarcerating youth are more successful in preventing recidivism and are significantly more cost-effective. Successful diversion efforts are comprehensive, community-based and family-focused, with intensive counseling and treatment.[13,14] Peer influences are often a significant factor in the development of antisocial behavior and placing delinquent youth together may reduce positive program impacts and may lead to negative outcomes.[15]

◆ Programs that offer transition services for reintegration into the community are important as well. For some wayward and delinquent youth, community-based alternatives that include components such as family involvement, community service, restorative justice, or diversion to drug court or substance abuse treatment can be more effective at reducing re-offending than incarceration.[16,17]

Highest Level Current Charges of Youth Incarcerated at the Training School, January 2008

CHARGE	# BOYS	% BOYS	# GIRLS	% GIRLS
Crimes against property	24	22%	1	8%
Felony assault	20	18%	2	15%
Violation of probation	20	18%	0	---
Illegal substance-related crime	13	12%	2	15%
Simple assault	7	6%	3	23%
Obstruction, resist, escape	6	5%	1	8%
Possession of a weapon	6	5%	3	23%
Sex crime	4	4%	0	---
Traffic: Driving w/out a license, DUI	2	2%	1	8%
Unknown charge	8	7%	0	---
*Total Youth**	*110*	*100%*	*13*	*100%*

Source: Rhode Island Department of Children, Youth and Families, week of January 14, 2008. *Data were gathered for the 110 boys adjudicated to the RITS and the 13 girls in residence at the RITS (9 adjudicated and 4 detained).

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ Nearly half (47%) of the adjudicated youth in the care and custody of the Training School on January 1, 2008 had at some point in their childhood been victims of documented child abuse or neglect.[18]

Behavioral Health Needs

◆ Nearly one-third (31%) of the adjudicated or detained females (4 of 13) and 14% of the adjudicated males (15 of 110) at the Training School during the week of January 10, 2008 were receiving psychotropic medications.[19]

◆ During 2007, 60 males participated in the six-month residential substance abuse treatment program at the Training School, designed specifically for youth offenders.[20] Half of youth at the Training School during the week of January 10, 2008 were receiving outpatient substance abuse treatment.[21]

Teen Pregnancy and Parenting

◆ Two of 13 adjudicated or detained females at the Training School during the week of January 10, 2008 were pregnant. Nine of the 110 adjudicated males at the Training School during this period reported already being a parent and 2 reported being an expectant parent.[22]

Educational Attainment

◆ A review of 123 randomly-selected records of adjudicated male students and adjudicated or detained female students at the Training School on January 15, 2008 found 27 students (22%) had no school records available. Of those with school records, 12 (13%) had failed all classes before entering the Training School. Approximately half of students at the Training School receive special education services.[23] Although the average age of youth tested at the Training School is 16.7, the average pre-test scores for both reading and math skills were at fifth grade levels.[24]

◆ During the 2006-2007 school year, 69 adjudicated youth graduated from high school while serving a sentence at the Training School. Forty-four of these students graduated with a General Educational Development (GED) diploma and 25 graduated with a high school diploma.[25]

Juveniles at the Training School

Prevention of Recidivism Among Delinquent Youth

◆ Of the 1,122 youth who were at the Training School at some point during 2007, 24% (268) had been admitted previously. One quarter (66) of the youth previously admitted had been at the Training School three or more times.[26]

◆ Research indicates that early identification and treatment of youth at risk for chronic delinquency, and immediate, intensive interventions involving the youth and his or her family in counseling, all-day academic programming and substance abuse treatment or counseling are effective in reducing chronic delinquency.[27]

◆ For serious, repeat and violent juvenile offenders, the quality of rehabilitative services is critical, since most youth will return to their communities. Successful models for the rehabilitation of serious and violent youth include intensive and individualized academic programs, supervision by well-trained staff, an intentional focus on transition planning and aftercare services, and the development of vocational skills.[28]

Probation for Rhode Island Youth

◆ The Juvenile Correctional Services Division of DCYF includes the Rhode Island Training School for Youth and Juvenile Probation and Parole. Juvenile Probation and Parole works to rehabilitate youth in the community to ensure public safety and full compliance with court orders and conditions of probation. Adolescents are placed on probation by the Family Court either as an alternative to incarceration at the Training School or as the final part of their sentence after being incarcerated at the Training School. Parole is not currently used for youth in Rhode Island.[29]

◆ On December 31, 2007, there were 1,313 youth on the DCYF probation caseload. One quarter (25%) of youth on probation were ages 11-15, 48% were ages 16-17 and 26% were ages 18-21.[30] Half (50%) of youth on probation were White, 27% were Black, 2% were Asian, 1% were more than one Race and 19% were of unknown race. More than one quarter (27%) of youth were identified as Hispanic (Hispanic youth may be of any race).[31]

Age of Jurisdiction for the Rhode Island Family Court

◆ The Rhode Island Family Court has jurisdiction over delinquent and wayward children and youth under age 18. Between July 1 and November 8, 2007 there was a temporary change in the law establishing the age of jurisdiction of the Rhode Island Family Court. The maximum age at which youth could be brought before the Family Court was lowered from 18 to 17 and the maximum age for continued monitoring by the Family Court was lowered from 21 to 19.[32] This resulted in approximately 500 17-year-olds being charged and referred to adult courts during this 4-month period.[33]

◆ On October 30, 2007, the General Assembly increased the age of Family Court jurisdiction back up to age 18. This reversal, which took effect on November 8, 2007, included a provision that would seal the records of youth affected by the change.[34] The reversal was not retroactive, leaving the estimated 500 17-year-olds who had been charged as adults during this period in the adult legal process.[35]

◆ A series of judicial decisions in late 2007 and early 2008 resulted in approximately 400 misdemeanor cases involving 17-year-olds (of the estimated 500 total 17-year-olds charged) being returned from the District Court to the jurisdiction of the Family Court. As of February 2008, the Attorney General's office reported having referred 93 cases of 17-year-olds to the Superior Court (70 of which had resulted in charges and 23 of which were still being screened).[36]

◆ Between July 1, 2007 and November 8, 2007, 59 youth who were 17 years old (53 males and 6 females) were charged as adults and awaited trial at the Adult Correctional Institutions (ACI), 45 of whom were subsequently released. An additional 6 males were sentenced to the ACI during this period, 4 of whom were incarcerated at the ACI and released before the repeal of the law and 2 of whom remained incarcerated at the ACI after the repeal of the law.[37]

◆ Research on adolescent brain development and effective juvenile justice programs support laws that treat 17-year-olds as juveniles. Scientific evidence shows that judgment and decision-making skills do not fully develop until the early 20s. Youth placed in adult correctional facilities are less likely to receive counseling, therapeutic, job training or educational services, which form the basis of rehabilitation in youth correctional environments. Youth are more likely to re-offend after serving adult sentences than after serving juvenile sentences.[38]

Table 24.

Youth at the Rhode Island Training School, 2007

CITY/TOWN	TOTAL POPULATION AGES 13-21	NUMBER OF YOUTH
Barrington	**2,009**	**8**
Bristol	**3,525**	**7**
Burrillville	**2,067**	**11**
Central Falls	**2,625**	**59**
Charlestown	**755**	**2**
Coventry	**3,688**	**17**
Cranston	**8,499**	**53**
Cumberland	**3,325**	**26**
East Greenwich	**1,397**	**0**
East Providence	**5,092**	**48**
Exeter	**730**	**4**
Foster	**512**	**2**
Glocester	**1,251**	**4**
Hopkinton	**912**	**2**
Jamestown	**536**	**0**
Johnston	**2,624**	**10**
Lincoln	**2,260**	**6**
Little Compton	**351**	**0**
Middletown	**1,647**	**8**
Narragansett	**2,798**	**2**
New Shoreham	**70**	**1**
Newport	**3,755**	**27**
North Kingstown	**2,773**	**14**
North Providence	**3,045**	**20**
North Smithfield	**1,073**	**5**
Pawtucket	**8,298**	**132**
Portsmouth	**1,723**	**5**
Providence	**33,871**	**385**
Richmond	**783**	**4**
Scituate	**1,155**	**0**
Smithfield	**3,890**	**6**
South Kingstown	**6,532**	**14**
Tiverton	**1,523**	**9**
Warren	**1,208**	**9**
Warwick	**8,863**	**49**
West Greenwich	**599**	**0**
West Warwick	**3,177**	**30**
Westerly	**2,414**	**12**
Woonsocket	**5,034**	**71**
Out of State	***NA***	***51***
Unknown	***NA***	***9***
Core Cities	***56,760***	***704***
Remainder of State	***79,629***	***358***
Rhode Island	***136,389***	***1,062***

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2007.

Training School data are for 1,062 youth who passed through the Training School during calendar year 2007.

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

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

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

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Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children reported by a parent serving a sentence at the Rhode Island Department of Corrections as of September 30, 2007 per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison.

SIGNIFICANCE

Approximately 1.5 million children in the U.S. have a parent incarcerated in state or federal prison, and almost one-quarter (22%) of minor children with a parent in prison are under age 5.[1] Having an incarcerated parent often negatively impacts the quality of a young child's attachment to their parent, which can lead to anxiety, withdrawal, and depression.[2]

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

Children of incarcerated parents remain a hidden population with little attention paid to their needs. The children's care arrangements are often handled informally by family members, so they rarely come to the attention of child welfare agencies or other support systems.[7] Relative caregivers often experience significant economic hardship. Relative caregivers may not receive the support or services that they need because they do not know that they are eligible, they wish to avoid the stigma attached to receiving assistance, they have been erroneously denied benefits or because they do not wish to expose their family to scrutiny by public agencies.[8]

Research shows that children who are involved with the child welfare system and have parents who are involved with the criminal justice system are some of the most complex cases child welfare agencies encounter. These children are generally exposed to more risk factors than other children, including parental substance abuse, mental illness, domestic violence and extreme poverty.[9,10]

In Rhode Island in 2007, more than two-thirds (68%) of incarcerated parents with a known in-state residence identified one of the core cities as their last city of residence. The rate of children of incarcerated parents in the core cities (23.3 per 1,000 children) is nearly 4 times the rate in the remainder of the state (6.0 per 1,000 children).[11]

Parents at the Rhode Island Adult Correctional Institutions, 2007

	INMATES SURVEYED	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	536	373	70%	816
Serving a Sentenced	2,545	1,678	66%	3,704
Total Inmates	3,081	2,051	67%	4,520

Source: Rhode Island Department of Corrections, September 2007. **Does not include inmates who were missing responses to the question on number of children.*

◆ **Of the 3,081 inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2007 and answered the question on number of children, 2,051 reported having 4,520 children. The median length of sentence of inmates who reported having children was three years for males and one year for females.[12]**

◆ **Of the 2,051 Rhode Island parents incarcerated in 2007, including those awaiting trial, 49% were White, 29% were Black, 31% were Hispanic, and 1% were American Indian, Asian or another race.[13]**

◆ **In Rhode Island, fathers are more likely to be in prison for violent crimes than mothers, who are more likely to be in prison for non-violent offenses. Of the 132 sentenced mothers, 49% were serving sentences for nonviolent offenses, 23% for a violent offenses, 22% for drug offenses, 5% for breaking and entering, and 1% for sex-related offenses. Of the 1,546 sentenced fathers, 38% were serving sentences for violent offenses, 21% for drug offenses, 18% for nonviolent offenses, 14% for sex-related offenses, and 9% for breaking and entering.[14]**

◆ **A successful transition to the community upon reentry should include education and training, stable housing, employment, medical assistance, and substance abuse treatment.[15,16]**

◆ **Maintaining positive and healthy familial bonds between children and their incarcerated parents is crucial to the children's emotional well-being. Preservation of this bond can also have positive effects on the rehabilitation of incarcerated parents.[17]**

Table 25. **Children of Incarcerated Parents, Rhode Island, September 30, 2007**

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2000 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	2	8	4,745	1.7
Bristol	11	31	4,399	7.0
Burrillville	7	12	4,043	3.0
Central Falls	58	131	5,531	23.7
Charlestown	9	16	1,712	9.3
Coventry	17	31	8,389	3.7
Cranston	70	150	17,098	8.8
Cumberland	10	18	7,690	2.3
East Greenwich	7	22	3,564	6.2
East Providence	49	112	10,546	10.6
Exeter	4	8	1,589	5.0
Foster	5	8	1,105	7.2
Glocester	6	10	2,664	3.8
Hopkinton	7	12	2,011	6.0
Jamestown	3	5	1,238	4.0
Johnston	25	58	5,906	9.8
Lincoln	4	9	5,157	1.7
Little Compton	0	0	780	0.0
Middletown	10	13	4,328	3.0
Narragansett	13	41	2,833	14.5
New Shoreham	1	3	185	16.2
Newport	40	88	5,199	16.9
North Kingstown	10	24	6,848	3.5
North Providence	32	69	5,936	11.6
North Smithfield	4	7	2,379	2.9
Pawtucket	125	265	18,151	14.6
Portsmouth	5	8	4,329	1.8
Providence	561	1,300	45,277	28.7
Richmond	4	6	2,014	3.0
Scituate	6	10	2,635	3.8
Smithfield	6	10	4,019	2.5
South Kingstown	16	31	6,284	4.9
Tiverton	3	4	3,367	1.2
Warren	6	9	2,454	3.7
Warwick	70	139	18,780	7.4
West Greenwich	2	4	1,444	2.8
West Warwick	52	101	6,632	15.2
Westerly	17	40	5,406	7.4
Woonsocket	110	259	11,155	23.2
Unknown Residence	*203*	*434*	*NA*	*NA*
*Out-of-State Residence***	*88*	*198*	*NA*	*NA*
Core Cities	*946*	*2,144*	*91,945*	*23.3*
Remainder of State	*441*	*928*	*155,877*	*6.0*
Rhode Island	*1,387*	*3,072*	*247,822*	*12.4*

Note to Table

Due to a change in methodology, *Children of Incarcerated Parents* in this Factbook cannot be compared to Factbooks prior to 2007. Previous Factbooks reported data as of December 31st. The data are now reported as of September 30th. *The Children of Incarcerated Parents* rate is based upon the sentenced population only. Prior to the 2006 Factbook, the rate was based on both the sentenced and awaiting trial populations.

Source of Data for Table/Methodology

Rhode Island Department of Corrections, September 30, 2007. Offenders who were on Home Confinement and the awaiting trial population are excluded from this analysis.

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

** "Out-of-State Residence" includes inmates who are under jurisdiction in Rhode Island, but report an out-of-state address. Inmates who were from another state's jurisdiction, but serving time in Rhode Island are excluded from this analysis.

The denominator is the total population of children under age 21 according to the U.S. Bureau of the Census, 2000 Census.

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

References

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(continued on page 154)

Children Witnessing Domestic Violence

DEFINITION

Children witnessing domestic violence is the percentage of reported domestic violence incidents resulting in an arrest, in which children under age 18 were present in the home. The data are based on police reports of domestic violence in 2006. Domestic violence is the use of physical force, or threat of force, against a current or former partner in an intimate relationship, resulting in fear and emotional and/or physical suffering.

SIGNIFICANCE

Millions of children are at risk of being exposed to domestic violence each year.[1] National surveys indicate that 80% to 90% of children in homes where there is domestic violence are aware of the abuse.[2] In Rhode Island in 2006, police reports indicate that children were present in 25% of domestic violence incidents resulting in arrests.[3]

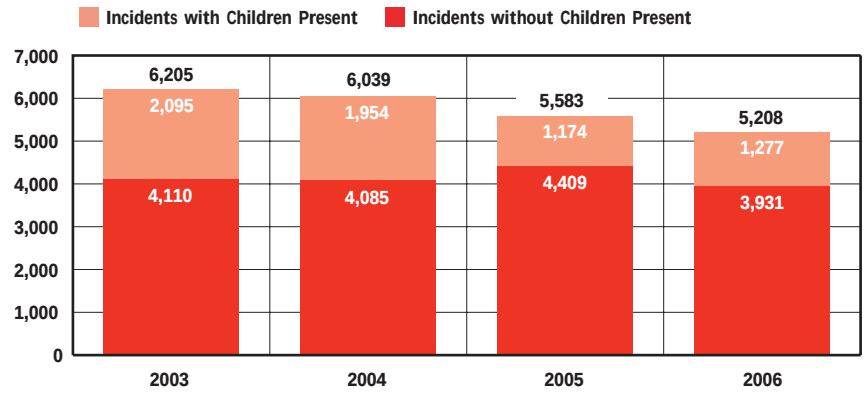
Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their parent's emotional and physical injuries or damage done to their homes.[4] Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect than those who are not. Child maltreatment and domestic violence occur in an estimated 30% to 60% of families where there is some form of family violence. It is more likely that children are abused in families in which the violence against the mother is more frequent.[5]

Exposure to violence in the home can affect brain development and impairs cognitive, academic and social functioning. Children who witness domestic violence are more likely to be aggressive and to have behavioral problems. They are more prone to depression, anxiety, fear, phobias, sleep disruption, low self-esteem and concentration and memory problems.[6,7,8]

Effective interventions for children who have witnessed domestic violence depend on collaborative working relationships among child protective services caseworkers and community organizations, including domestic violence agencies, police departments, physical and mental health care providers, early childhood programs and schools, and faith groups.[9]

Witnessing inter-parental violence increases the likelihood that individuals will perpetrate (particularly men) or be the victims of violence during dating and marriage.[10] Men and women who grow up in violent homes are at increased risk for depression, other trauma-related symptoms, and for using and abusing alcohol and other drugs.[11,12]

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2003-2006



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2003-2006. Includes domestic violence reports resulting in an arrest from local police and Rhode Island State Police. Data for 2006 are provisional.

◆ **Between 2003 and 2006 the total number of domestic violence incidents resulting in an arrest decreased from 6,205 to 5,208. The percentage of such incidents with children present also declined from 34% in 2003 to 25% in 2006.[13]**

◆ **Rhode Island police officers use special reporting forms to document children's exposure to violence. The attending officer may check any combination of three boxes: "Were children present during the incident?" "Did children witness the incident?" "Did children hear the incident?"[14]**

◆ **Rhode Island's statewide network of six shelters and advocacy programs provides services to victims of domestic violence, including shelter, advocacy, counseling and education. During 2007, 317 women and 361 children spent a total of 20,123 bed nights in a domestic violence shelter. Rhode Island's domestic violence agencies provided services including therapy, individual counseling, expressive arts therapy and child care to 704 children. The shelters also conduct school-based domestic violence prevention programs.[15]**

Children Witnessing Domestic Violence

Children and Domestic Violence in Rhode Island

◆ In 2006, police officers reported that children saw their parent being abused in 1,230 incidents resulting in arrest, and heard their parent being abused in 1,341 incidents resulting in arrest. These incidents were not mutually exclusive.[16]

◆ In 2006, children were present in 246 of the 2,017 (12%) incidents reported by police officers that did not result in an arrest.[17]

◆ The data under-represent the number of domestic violence incidents in which children were present, regardless of whether an arrest was made, because police reports are not fully completed in all cases.[18]

◆ The data under-represent domestic violence incidents in Rhode Island because many cases of domestic violence are never reported to police. In the U.S. between 1998 and 2002, it is estimated that 59% of family violence incidents were reported to police.[19]

Table 26.

Domestic Violence Incidents Resulting in Arrest with Children Present, Rhode Island, 2006

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	33	10	30%
Bristol	104	24	23%
Burrillville	37	13	35%
Central Falls	203	61	30%
Charlestown	40	3	8%
Coventry	181	66	36%
Cranston	338	83	25%
Cumberland	119	15	13%
East Greenwich	37	8	22%
East Providence	217	62	29%
Exeter*	NA	NA	NA
Foster	13	2	15%
Glocester	24	0	0%
Hopkinton	43	2	5%
Jamestown	12	2	17%
Johnston	82	7	9%
Lincoln	61	11	18%
Little Compton	7	1	14%
Middletown	87	33	38%
Narragansett	88	13	15%
New Shoreham	5	2	40%
Newport	169	23	14%
North Kingstown	127	30	24%
North Providence	164	31	19%
North Smithfield	37	6	16%
Pawtucket	454	90	20%
Portsmouth	77	19	25%
Providence	838	226	27%
Richmond	19	11	58%
Scituate	21	6	29%
Smithfield	75	23	31%
South Kingstown	73	32	44%
Tiverton	82	7	9%
Warren	80	26	33%
Warwick	341	99	29%
West Greenwich	13	0	0%
West Warwick	320	68	21%
Westerly	106	42	40%
Woonsocket	380	98	26%
Rhode Island State Police	*101*	*22*	*22%*
Core Cities	*2,364*	*566*	*24%*
Remainder of State	*2,743*	*689*	*25%*
Rhode Island	*5,208*	*1,277*	*25%*

Source of Data for Table/Methodology

The number of domestic violence incident reports in which an arrest was made and the number of incidents in which children were present are based on the Domestic Violence and Sexual Assault/Child Molestation Reporting Forms sent by Rhode Island law enforcement to the Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit between January 1, 2006 and December 31, 2006. Data for 2006 are provisional.

The data are only the incidents during which an arrest was made in which children were present, and do not represent the total number of children who experienced domestic violence in their homes. More than one child may have been present at an incident.

*Reports of domestic violence in Exeter are included in the Rhode Island State Police numbers.

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

References

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[3,14,16,17,18] Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit. Based on data from Domestic Violence and Sexual Assault/Child Molestation Reporting Forms received from Rhode Island law enforcement between January 1, 2006 and December 31, 2006.

[4] U.S. Department of Health and Human Services. (2007). *Child witness to domestic violence*. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

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(continued on page 154)

Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total number of indicated investigations of child abuse and neglect per 1,000 children. "Indicated investigation" means that a preponderance of evidence exists that child abuse and/or neglect occurred following an investigation of an abuse report. An indicated investigation can involve more than one child and multiple allegations (claims) of different forms of abuse. Child abuse includes physical, sexual and emotional abuse. Child neglect includes emotional, educational, physical and medical neglect, as well as a failure to provide basic needs.

SIGNIFICANCE

Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Children are at increased risk for maltreatment if their parents or caregivers are overwhelmed by multiple problems such as inadequate income, family stressors, isolation from extended family or friends, drug and/or alcohol abuse, depression, or domestic violence.[1] Child abuse and neglect are linked to increases in low academic achievement, juvenile delinquency, substance abuse, behavioral, emotional and mental health problems, teenage pregnancy, adult criminality and increased likelihood of becoming an adult victim of physical or sexual abuse.[2,3]

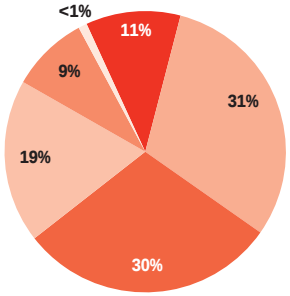
Responding to reports of child abuse and neglect, and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical and more cost-effective. In Rhode Island in situations where an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department of Children, Youth and Families (DCYF). In 2006 the CPS Case Monitoring Unit was developed to provide more intense service coordination and monitoring to families where maltreatment has occurred or is highly likely to occur. Initial reviews indicate that the majority of families involved with the Case Monitoring Unit have been successfully engaged in services and have not been the subjects of subsequent child protective investigations.[4]

In 2007 in Rhode Island, there were 2,396 indicated investigations of child abuse and neglect involving 3,271 children.[5] Of the 3,271 children who were victims of child abuse and neglect, 42% were under the age of 6. Children under age one are the fastest growing segment of the child welfare population.[6]

Child Abuse and Neglect, Rhode Island, 2007

By Age of Victim*

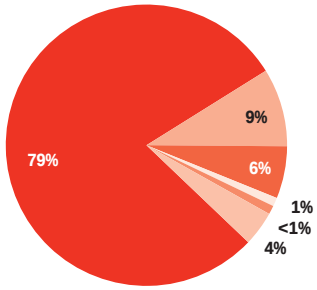
11% (353)	Under Age 1
31% (1,026)	Ages 1 to 5
30% (982)	Ages 6 to 11
19% (622)	Ages 12 to 15
9% (283)	Ages 16 and Older
<1% (5)	Unknown



*(n=3,271)**

By Type of Abuse**

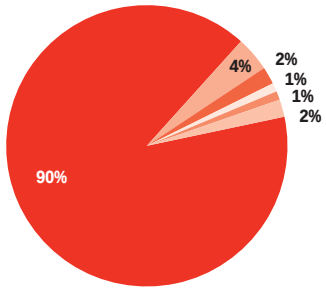
79%	Neglect
9%	Physical Abuse
6%	Sexual Abuse
1%	Medical Neglect
<1%	Emotional Abuse
4%	Other



*(n=3,983)***

By Relationship of Perpetrator to Victims***

90%	Parents
4%	Relatives/Household Members
2%	Child Care Providers
1%	Foster Parents
1%	Residential Facility Staff
2%	Other or Unknown



*(n=3,970)****

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007. Percentages may not sum to 100% due to rounding.

Notes on Pie Charts

** These data reflect an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.*

***This number is greater than the unduplicated count of child victims because children often experience more than one maltreatment event and/or more than one type of abuse. Within each type of abuse, the number of child victims is unduplicated.*

****Perpetrators can abuse more than one child and can abuse a child more than once. This number is a duplicated count of perpetrators based on their number of victims. Under Rhode Island law, Child Protective Services can only investigate alleged perpetrators who are legally defined as caretakers to the victim(s), except in situations of child sexual abuse by another child.*

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 1998-2007

YEAR	TOTAL # UNDUPLICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
1998	12,674	67% (8,463)	2,459
1999	13,519	58% (7,882)	2,628
2000	13,580	56% (7,635)	2,234
2001	13,804	54% (7,479)	2,261
2002	14,545	50% (7,254)	2,209
2003	13,651	50% (6,847)	2,126
2004	13,341	52% (6,890)	2,095
2005	13,144	55% (7,188)	2,260
2006	14,957	59% (8,841)	2,862
2007	13,542	54% (7,363)	2,396

◆ **Between 1998 and 2007 the percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 67% in 1998 to a low of 50% in 2002 and 2003 and back to 54% in 2007.**

◆ **In 2007, 33% of completed investigations based on child maltreatment reports were indicated. The percentage of investigations that were indicated remained fairly stable over the past decade.[7] An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.[8]**

◆ **Of the 13,542 maltreatment reports in 2007, 4,924 were classified as "information/referrals" (formerly "early warnings").[9] Information/referrals are reports made to the CPS Hotline that contain a concern about the well-being of a child but do not meet the criteria for an investigation. Criteria for investigation include that the victim is a minor, the alleged perpetrator is a legal caretaker or is living in the home, there is reasonable cause to believe that abuse or neglect circumstances exist, and there is a specific incident or pattern of incidents suggesting that harm can be identified. When essential criteria for investigation are not present, the report may lead to a referral to other services or to the information being passed on to a DCYF case-worker (depending on if the family is active with DCYF).[10]**

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007.

** One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded or unable to complete (as when essential party cannot be found).*

Rhode Island Child Deaths Due to Child Abuse and/or Neglect*

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
1998	3	2003	4
1999	3	2004	3
2000	3	2005	4
2001	5	2006	0
2002	1	2007	0
Total 1998-2002	*15*	*Total 2003-2007*	*11*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 1998-2007.

** Based on Rhode Island Department of Children, Youth and Families determination of death due to child abuse or neglect by parent or caretaker.*

◆ **Between 1998 and 2007, 26 children died as a result of injuries due to abuse by a parent or caretaker.[11]**

◆ **During 2006, there were 32 children hospitalized with the diagnosis of child abuse or neglect, compared with 34 in 2005, 22 in 2004 and 28 in 2003.[12]**

Child Abuse and Neglect in Rhode Island Communities

◆ **In 2007, the core cities had the highest rates of indicated investigations of child abuse and neglect out of all Rhode Island communities. All six core cities, North Providence, Warren and Westerly had rates equal to or higher than that for the state as a whole.**

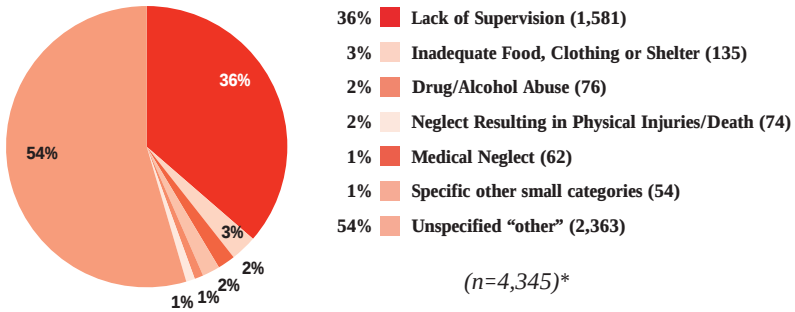
◆ **In 2007, 58% of indicated investigations of child abuse and neglect occurred in the core cities, which contain 39% of the state's population under age 21.**

◆ **The rates of indicated investigations of child maltreatment in the core cities ranged from a low of 7.8 per 1,000 children in Newport to a high of 19.1 per 1,000 children in Woonsocket.**

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007; U.S. Bureau of the Census, Census 2000.

Child Abuse and Neglect

Child Neglect, by Nature of Neglect, Rhode Island, 2007



*(n=4,345)**

◆ **The importance of adequate capacity, affordability and quality of child care, preschool, other early childhood programs, and quality after-school opportunities is highlighted by the fact that of the 4,345 indicated allegations (confirmed claims) of neglect in Rhode Island in 2007, 36% involved lack of supervision.**

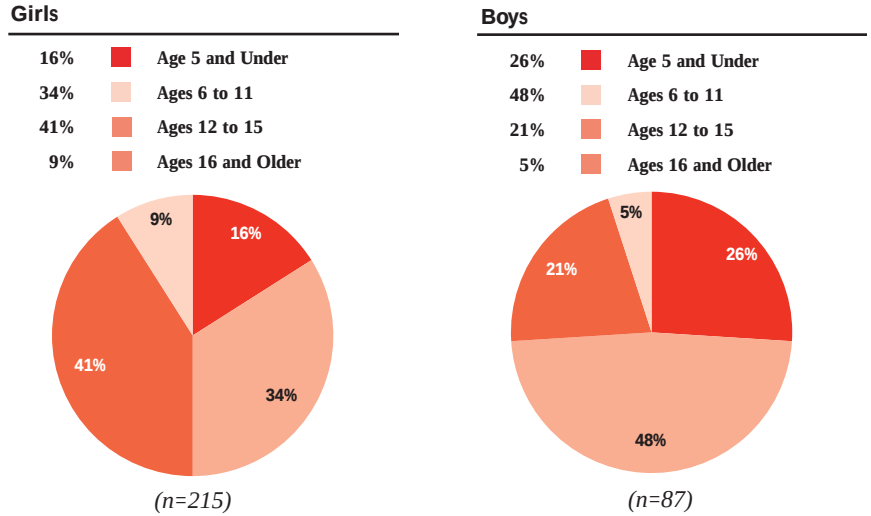
◆ **The single largest category of neglect (54%) is "unspecified other." These are instances of neglect that do not fit into the other specified categories.**

◆ **The "specific other small categories" include: abandonment (13), tying or confinement (17), failure to thrive (8), emotional neglect (8), excessive/inappropriate discipline (5), educational neglect (1), malnutrition/starvation (1), and poisoning/noxious substances (1).**

** The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007. Percentages may not sum to 100% due to rounding.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2007



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2007.

◆ **In Rhode Island in 2007, there were 302 indicated allegations (confirmed claims) of sexual abuse. Some children were victims of sexual abuse more than once.[13]**

◆ **In 71% (215) of the 302 indicated allegations of sexual abuse, the victim was a female. Fifty-seven percent of all victims, 50% of the female victims, and 75% of the male victims were under age 12.[14]**

Preventing Child Abuse and Neglect

◆ Many abusive parents lack essential parenting skills and are struggling with a combination of social and economic issues. Families benefit from access to community-based, comprehensive services that are able to respond flexibly to their needs.[15]

◆ Preventing the occurrence and recurrence of child abuse and neglect requires family support systems such as access to high quality early childhood education, parenting education, education and training to increase family economic security, and treatment services for substance abuse and mental health problems.[16]

◆ One study showed that high quality early care and education programs that involve parents in the classroom, provide vocational and educational training, and home visits can reduce maltreatment of children under age 17.[17]

◆ On December 31, 2007, there were more than 1,000 infants and toddlers (birth through age 3) in the care of DCYF, comprising 31% of the caseload.[18]

Table 27. **Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2007**

CITY/TOWN	TOTAL POPULATION OF CHILDREN UNDER AGE 21	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN
Barrington	5,211	5	1.0
Bristol	6,294	26	4.1
Burrillville	4,646	33	7.1
Central Falls	6,443	94	14.6
Charlestown	1,952	13	7.2
Coventry	9,438	65	6.9
Cranston	19,854	117	5.9
Cumberland	8,595	30	3.5
East Greenwich	3,861	4	1.0
East Providence	12,060	92	7.6
Exeter	1,790	6	3.4
Foster	1,234	4	3.2
Glocester	2,998	8	2.7
Hopkinton	2,255	14	6.2
Jamestown	1,354	2	1.5
Johnston	6,729	39	5.8
Lincoln	5,720	26	4.5
Little Compton	874	3	3.4
Middletown	4,757	19	4.0
Narragansett	3,897	15	3.8
New Shoreham	203	1	4.9
Newport	7,046	55	7.8
North Kingstown	7,561	56	7.4
North Providence	6,854	67	9.8
North Smithfield	2,674	10	3.7
Pawtucket	20,870	211	10.1
Portsmouth	4,726	15	3.2
Providence	62,125	633	10.2
Richmond	2,221	8	3.6
Scituate	2,944	6	2.0
Smithfield	6,112	14	2.3
South Kingstown	10,393	20	1.9
Tiverton	3,806	26	6.8
Warren	2,809	33	11.7
Warwick	21,330	141	6.6
West Greenwich	1,606	2	1.2
West Warwick	7,746	112	14.5
Westerly	6,094	63	10.3
Woonsocket	12,792	244	19.1
Out of State	*NA*	*42*	*NA*
Unknown	*NA*	*18*	*NA*
Core Cities	*117,022*	*1,349*	*11.5*
Remainder of State	*182,852*	*988*	*5.4*
Rhode Island	*299,874*	*2,337*	*7.8*

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), number of reports (indicated investigations) for the period January 1, 2007 to December 31, 2007.

City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the city/town table of indicated investigations reports fewer indicated investigations than does the chart with reports/investigations and indicated cases.

The denominator is the total population of children under age 21 according to the U.S. Bureau of the Census, 2000 Census.

References

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[5,6,7,8,9,11,13,14,18] Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2007.

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Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanent placement. Out-of-home placements include relative, non-relative and private agency foster homes, and placements with step parents, group homes, shelter care, residential treatment facilities, and medical facilities. Permanent placement includes reunification with the family, adoption or guardianship.

SIGNIFICANCE

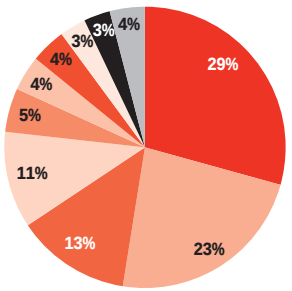
Children need stability, permanency and safety in order to develop and flourish. Removal from the home may be necessary for the child's safety and well-being; however, it is disruptive and compromises a child's developmental progress.[1] Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment which provides for their well-being. Yet Rhode Island children in out-of-home care frequently experience multiple placements, lose contact with family members, and often have overlooked educational, physical, and mental health needs.[2]

Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.[3,4] Long-term stays in out-of-home placements can negatively affect children, causing emotional, behavioral or educational problems that adversely affect their future well-being and self-sufficiency.[5]

Effective strategies to promote the optimal development of children in out-of-home placements include: assessment on system entry; a comprehensive care system to immediately address physical, mental, emotional, behavioral and educational needs; family involvement; training for caregivers; coordinated services and funding strategies; and a managed care model to address the complex needs of children in the child welfare system.[6,7]

National research indicates that youth in the child welfare system have high aspirations, including completing a college education, but many experience serious educational difficulties. Adequate remedial and special education services are needed to ensure each youth maximizes his or her potential and is prepared for future education and the employment market.[8]

Children in Out-of Home Placement, December 31, 2007



n= 3,042

29%	(885)	Foster Care Home
23%	(700)	Relative Foster Care Home
13%	(392)	Residential Facility
11%	(348)	Group Home
5%	(156)	Rhode Island Training School for Youth
4%	(132)	Independent Living/Supervised Apartment
4%	(124)	Relatives Caring for Children*
3%	(106)	Shelter Care
3%	(82)	Psychiatric or Medical Hospital/Substance Abuse Facility
4%	(117)	Other**

** Relative caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives do not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, the relative caring for the child initiated contact with DCYF to receive assistance from the agency.*

***The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (85), pre-adoptive homes (20), minors with mother in shelter/group home/residential facility (10), and step parents (2).*

◆ **As of December 31, 2007, there were 3,042 children under age 21 in the care of DCYF who were in out-of-home placements, an 8% decrease from 2006 (3,311). More than half (52%) of children in out-of-home placements on December 31, 2007 were in foster care, 44% of whom were in relative foster care homes.**

◆ **The total caseload of DCYF on December 31, 2007 was 8,843 including: 3,138 children living in their homes under DCYF supervision; 2,663 children living in adoption placements, all except one receiving subsidized adoption supports; 34 children in out-of-state placements/placements with another agency; 9 children receiving respite care services; and 21 youth in Job Corps, prison or other placements.**

◆ **Older youth in placement often transition to adulthood while still in care. On December 31, 2007, 132 Rhode Island youth were in an independent living arrangement or supervised apartment setting under the care of DCYF, down from 203 in 2006. Of youth in funded independent living programs in 2007, 43% were 19-21 years old.**

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2006 & December 31, 2007.

Night-to-Night Placements

◆ **Night-to-night placements refer to the temporary nightly placement of children in the care of DCYF who are awaiting longer-term placements. In 2007 (excluding September and October), there were 163 children placed in night-to-night placements for a total of 179 bed nights.[9]**

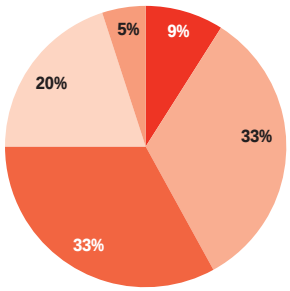
Children in Foster Care Homes, Rhode Island, January 2, 2008

By Age

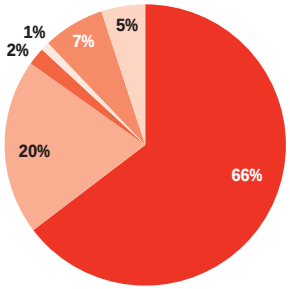
9%	(148)	Under Age 1
33%	(524)	Ages 1 to 5
33%	(525)	Ages 6 to 13
20%	(313)	Ages 14 to 17
5%	(77)	Ages 18 and over

By Race and Ethnicity

66%	(1,045)	White
20%	(314)	Black
2%	(24)	Asian
1%	(17)	Native American
7%	(115)	Multiracial
5%	(72)	Unknown/Other



n = 1,587



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 2, 2008. Percentages may not sum to 100% due to rounding. There were 361 (23%) Hispanic children and youth in foster care in Rhode Island on January 2, 2008. Hispanic children can be of any race.

◆ **On January 2, 2008, there were 1,587 children in foster care homes. Of these, 702 (44%) were in relative foster homes, 538 (34%) were in non-relative foster homes, and 347 (22%) were at private agencies.[10] Children of color are overrepresented in foster care. There is an ongoing shortage of foster parents in Rhode Island and nationally, especially parents of color.[11]**

Safety, Permanency and Well-Being

◆ **The Adoption and Safe Families Act of 1997 (ASFA) recognizes that the broad goals of child protection systems are preventing the recurrence of abuse or neglect, ensuring the safety of children in out-of-home placements, and maximizing the stability of placements.[12]**

◆ **Of the 1,758 Rhode Island children who were victims of abuse or neglect during federal Fiscal Year (FFY) 2007 (whether or not they were removed from the home), 13% experienced one or more recurrences of abuse or neglect within 6 months, up from 11% in FFY 2003. The national standard is 6% or fewer.[13]**

◆ **In FFY 2007, 16% of the 2,039 children who had been in out-of-home care for less than 1 year had experienced 3 or more placements, down from 29% in FFY 2003. Three or more placements were experienced by 36% of children who had been in care between 12 and 23 months, down from 42% in FFY 2003; 64% of children who had been in care for 24 or more months experienced three or more placements (compared with 73% in FFY 2003).[14]**

◆ **Research shows disparate treatment of children of color as they enter the foster care system and while they are in the system. Black and Hispanic families are more likely than non-Hispanic White families under similar circumstances to be reported for child abuse and neglect and to have their children removed and placed in foster care. Once in foster care, children of color are more likely than non-Hispanic White children to remain in placement for longer periods of time and to receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments.[15]**

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(continued on page 154)

Adoption and Permanency

DEFINITION

Adoption and permanency is the percentage of children in out-of-home care who transition to a permanent placement through adoption, reunification or guardianship. Data are for all children who were in out-of-home placement during federal Fiscal Year 2007 (October 1, 2006 – September 30, 2007).

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements can negatively effect children's emotional well-being, identity formation and sense of belonging, impacting behavior, academic achievement, health and long term self-sufficiency.[1,2,3] One of the goals of the federal Adoption and Safe Families Act of 1997 (ASFA) was to ensure that children exit out-of-home placement to permanent placement, (i.e. reunification, adoption or guardianship) as quickly as possible without jeopardizing the child's safety.[4] Effectiveness in achieving permanency must include the interrelated measures of how quickly permanency is achieved, the proportion of children for whom it is achieved, and the lasting success of the permanent placements.[5] Long-term personal, social, medical, academic and economic outcomes for children who leave the child welfare system should also be included in permanency planning.[6,7]

Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve. This includes older children, males, children with disabilities and minority children.[8,9,10] Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, stable and lifelong connections with caring adults.[11,12,13]

In order to provide coordination and support to achieve timely and meaningful permanency outcomes for all children and youth in out-of-home care, the Rhode Island Department of Children, Youth and Families (DCYF) created Permanency Support Teams (PST) in each region. PSTs are comprised of state and local community partners and consult with the Family Service Unit to improve the timeliness of establishing permanency goals. Permanency goals include: children reunified safely with their families, children adopted by relative or non-relative families, or children in permanent living arrangements with legal guardians. In other cases, children are connected to permanent resources through connections with caring adults in their lives, adoption networks, or visiting resource programs.[14]

Exits from Foster Care*, Rhode Island, FFY 2007

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	15%	22%	1%
Guardianship	3%	2%	2%
Reunification	68%	56%	72%
Aged Out	9%	NA**	15%
Other	6%	20%	11%
Total Number	*1,576*	*509*	*757*

Source: *Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2007 (Draft).* (2008). New Haven, CT: Prepared by The Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children Youth & Families. Totals may not sum to 100% due to rounding. *Foster Care refers to all out-of-home placements, consistent with language used in federal reports. **Children with a disability who age out are included in the other category.

◆ **In federal Fiscal Year (FFY) 2007, 1,576 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 86% exited to a permanent placement (adoption, guardianship or reunification). Children who entered care after age 12 or who had disabilities were less likely to exit to adoption or guardianship in FFY 2007.[15]**

Children Re-Entering Foster Care after Prior Episode, FFY 2003-2007

◆ **Success in reducing the duration of foster care placements must be measured in conjunction with rates of re-entry into the system (i.e., the failure rate of the permanent placement).**

◆ **In FFY 2007, 18.2% of children in Rhode Island who entered out-of-home placement were re-entering care within 12 months of a prior episode, down from 20.3% in FFY 2003. Despite this decrease, Rhode Island children re-enter care at more than twice the rate of the national standard (8.6%).[16]**

◆ **The majority of child maltreatment cases involve neglect. The greatest contributors to neglect are poverty, parental substance abuse and/or mental illness. Achieving timely and successful reunification requires access to substance abuse and mental health treatment, in-home services, parenting skills training, assistance in meeting basic needs (e.g., food, housing, income), child care and specific strategies to decrease isolation and strengthen community supports.[17,18]**

Adoptions of Children in DCYF Care, 2007

◆ In calendar year 2007, 256 children in the care of DCYF were adopted in Rhode Island. Of these children, 55% were White, 23% were Black, 2% were Asian, 18% were of another race or were multiracial, and 1% were of unknown race. Twenty-six percent of children adopted in 2007 were Hispanic (belonging to any race category).[19]

◆ Of the children adopted, 61% were under age 6, 29% were between ages 6 and 13 and 10% were between ages 14 and 18.[20]

◆ During 2007, 188 children in the care of DCYF were awaiting adoption. Of these children, 61% were White, 23% were Black, 2% were Asian, 11% were of another race or were multiracial, and 4% were of unknown race. Thirty-one percent of children awaiting adoption in 2007 were Hispanic (belonging to any race category).[21]

Length of Time to Adoption or Reunification, Rhode Island, FFY 2003 and 2007

	ADOPTION		REUNIFICATION	
	2003	2007	2003	2007
Less than 12 Months	10%	3%	68%	73%
Between 12-24 Months	41%	28%	20%	19%
More than 24 Months	50%	69%	11%	8%

Source: Safety, permanency and well-being in Rhode Island: Child welfare outcomes annual report for FY 2007 (Draft). (2008). New Haven, CT: Prepared by The Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children Youth & Families.

◆ The percentage of children in the Rhode Island child welfare system who were adopted in 24 months or less decreased from 51% in FFY 2003 to 31% in FFY 2007. The national standard is 32% of adoptions occurring within 24 months of the child's removal.[22]

◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months increased from 68% in FFY 2003 to 73% of children in FFY 2007. The national standard is 76% of reunifications occurring within 12 months of the child's removal.[23]

Rhode Island Youth Aging Out of Foster Care

◆ Children who do not exit care promptly may eventually "age out," never having gained a permanent placement. In FFY 2007, 145 Rhode Island youth exited out-of-home placement to emancipation. Of these youth, 77% (111) were older than age 12 at entry into care.[24]

◆ Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, homelessness, food insecurity, unemployment, and poor health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.[25]

◆ As of July 1, 2007, youth in Rhode Island age out of the foster care system at 18 years old, a change from age 21 in previous years. Youth with serious emotional disturbances, autism or a functional developmental disability will continue to have their cases managed by DCYF and remain legally entitled to services through age 21.[26]

◆ Youth who age out on their 18th birthday are entitled to health insurance coverage until their 21st birthday and may be eligible for education assistance. Some youth between the ages of 18 and 21 will be enrolled in a voluntary aftercare service network that will provide limited case management support and a stipend for housing and other living expenses.[27]

◆ As of July 1, 2007, 312 motions to terminate Family Court involvement were filed involving young adults ages 18 and older. Of these, 266 motions were granted, with 97 becoming effective upon the youth's enrollment in after care services. As of February 2008, there were 51 young adults enrolled in after care services and 142 referrals had been made to the program (including those who turned age 18 after July 1st).[28]

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(continued on page 155)

Education

The Kids in School with Me

by Langston Hughes

When I studied my A-B-C's
And learned arithmetic,
I also learned in public school
What makes America tick:

The kid in front
And the kid behind
And the kid across the aisle,
The Italian kid
And the Polish kid
And the girl with the Irish smile,
The colored kid
And the Spanish kid
And the Russian kid my size
The Jewish kid
And the Grecian kid

And the girl with the Chinese eyes –
We were a regular Noah's ark,
Every race beneath the sun,
But our motto for graduation was:
One for All and All for One!
The kid in front
And the kid behind
And the kid across from me –
Just American kids together –
The kids in school with me.

Children Enrolled in Early Intervention

DEFINITION

Children enrolled in Early Intervention is the percentage of children under age 3 who had an active Individual Family Service Plan through a Rhode Island Early Intervention provider during calendar year 2007.

SIGNIFICANCE

During the first few years of life, children develop the linguistic, cognitive, emotional, social and behavioral capabilities that are the foundation for subsequent development.[1] The Individuals with Disabilities Education Act (IDEA) Part C requires states to identify and provide appropriate early intervention services to children under age 3 who are developmentally delayed or have a diagnosed physical or mental condition that is associated with a developmental delay. States may choose to serve children who are at risk of experiencing a substantial delay if early intervention services are not provided, but few states choose to provide services to these children.[2]

Rhode Island's eligibility criteria for Early Intervention include children with a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) and children exhibiting or who have been professionally determined to have a developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Children are also considered eligible for Rhode Island Early Intervention through a "multiple established conditions" category which includes children with a history of biological issues that could negatively impact the developing nervous system and/or early life experiences that indicate a high probability for atypical or delayed development.[3]

Young children with disabilities and/or developmental delays who receive Early Intervention services are better prepared for school and later life.[4] Poverty is linked to disability and developmental delays; low-income children have higher participation rates in Early Intervention.[5]

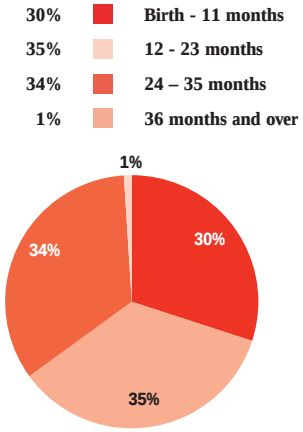
% of Children Receiving Early Intervention Services, 2006

	Under Age 1	Under Age 3
RI	2.0%	4.4%
US	1.0%	2.4%
National Rank*	*5th*	*5th*
New England Rank**	*2nd*	*2nd*

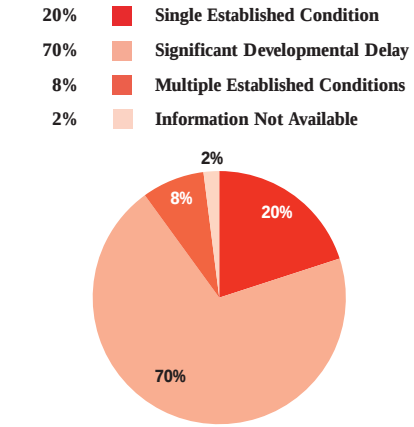
**1st is best; 50th is worst*
***1st is best; 6th is worst*

Source: U.S. Department of Education, Office of Special Education Programs. (2007). *Percent of infants and toddlers receiving Early Intervention services under IDEA, Part C by age and state, 2006.* (Data are point-in-time).

Early Intervention, Enrollment by Age, 2007



Early Intervention, Enrollment by Eligibility, 2007



n = 3,338

Source: Rhode Island Department of Human Services, Center for Child and Family Health, 2007.

◆ **In 2007 in Rhode Island, 3,338 children received Early Intervention (EI) services, 9% of the 37,775 children under age 3. Children in the core cities participated in EI at a higher rate (10%) than children in the remainder of the state (8%).[6]**

◆ **In 2007 in Rhode Island, 30% of the children enrolled in EI were under age 1, 35% were age 1, 34% were age 2, and 1% were age 3. Sixty-three percent of the EI population was male and 37% was female.[7]**

◆ **In 2007 in Rhode Island, 860 children were discharged from EI upon reaching age 3. Of these children, 71% were eligible for preschool special education, 12% were not eligible for preschool special education, and 9% did not have eligibility determined when exiting.**

◆ **Federal legislation requires states to refer children who have been involved in a substantiated case of child abuse or neglect and children who have been affected by illegal substance abuse to EI for an eligibility assessment.[8] Between April 2006 and April 2007, out of 555 DCYF involved children, 379 (68%) children were referred to EI programs and 176 (32%) children were referred to other early childhood support programs.[9]**

Table 28. **Infants and Toddlers Enrolled in Early Intervention, by Eligibility, Rhode Island, 2007**

CITY/TOWN	# OF CHILDREN UNDER AGE 3*	ENROLLED IN EARLY INTERVENTION: SINGLE ESTABLISHED CONDITION	DEVELOP-MENTAL DELAY	MULTIPLE ESTABLISHED CONDITIONS	ELIGIBILITY INFORMATION NOT AVAILABLE	# OF CHILDREN ENROLLED IN EARLY INTERVENTION	% OF CHILDREN UNDER AGE 3 ENROLLED
Barrington	570	11	31	5	1	48	8%
Bristol	655	14	45	3	3	65	10%
Burrillville	509	6	33	2	1	42	8%
Central Falls	990	25	64	6	2	97	10%
Charlestown	289	5	18	2	1	26	9%
Coventry	1,243	34	89	5	3	131	11%
Cranston	2,455	44	167	18	10	239	10%
Cumberland	1,136	17	68	0	4	89	8%
East Greenwich	384	4	35	5	1	45	12%
East Providence	1,552	35	72	11	1	119	8%
Exeter	187	1	9	0	0	10	5%
Foster	113	3	5	0	0	8	7%
Glocester	335	3	9	0	0	12	4%
Hopkinton	282	3	24	5	0	32	11%
Jamestown	132	4	6	0	0	10	8%
Johnston	893	13	40	4	0	57	6%
Lincoln	662	15	44	3	2	64	10%
Little Compton	107	1	4	0	0	5	5%
Middletown	700	7	30	4	2	43	6%
Narragansett	403	4	13	2	2	21	5%
New Shoreham	35	0	0	0	0	0	0%
Newport	941	12	43	4	3	62	7%
North Kingstown	1,034	20	84	7	1	112	11%
North Providence	885	20	32	4	0	56	6%
North Smithfield	337	2	27	0	3	32	9%
Pawtucket	2,957	49	175	24	9	257	9%
Portsmouth	583	7	34	2	2	45	8%
Providence	7,642	151	459	104	17	731	10%
Richmond	321	0	7	0	0	7	2%
Scituate	371	7	21	2	0	30	8%
Smithfield	499	2	16	0	2	20	4%
South Kingstown	868	15	57	2	2	76	9%
Tiverton	461	9	30	2	1	42	9%
Warren	355	6	20	3	0	29	8%
Warwick	2,714	46	169	18	2	235	9%
West Greenwich	192	2	5	0	0	7	4%
West Warwick	1,136	14	85	8	1	108	10%
Westerly	827	11	64	3	0	78	9%
Woonsocket	2,020	37	186	9	5	237	12%
Unknown	*NA*	*3*	*7*	*1*	*0*	*11*	*NA*
Core Cities	*15,686*	*288*	*1,012*	*155*	*37*	*1,492*	*10%*
Remainder of State	*22,089*	*371*	*1,308*	*112*	*44*	*1,835*	*8%*
Rhode Island	*37,775*	*662*	*2,327*	*268*	*81*	*3,338*	*9%*

**Population under age 3 is based on Census 2000 and may not refelect increases or decreases in population.*

Source of Data for Table/Methodology

Rhode Island Department of Human Services, Center for Child and Family Health, children enrolled in Early Intervention in calendar year 2007.

The denominator is the number of children under age 3, according to Census 2000, Summary File 1.

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

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[9] Rhode Island Department of Children, Youth and Families, 2007.

Children Enrolled in Early Head Start

DEFINITION

Children enrolled in Early Head Start is the percentage of eligible children under age 3 enrolled in a Rhode Island Early Head Start program as of October 2007.

SIGNIFICANCE

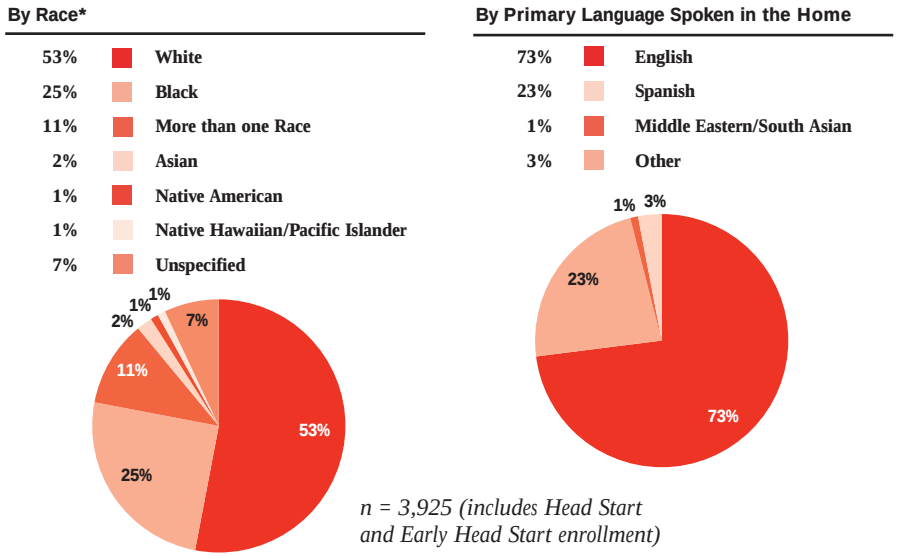
Established in 1994, Early Head Start is a comprehensive early childhood program serving low-income children prenatal to age 3, pregnant women and their families. Early Head Start programs serve children in families with incomes at or below the federal poverty guidelines, which for a family of four in Rhode Island is $21,200.[1,2] Funded almost entirely by the federal government, Early Head Start is designed to provide high quality early care and education and comprehensive services to infants and toddlers, to promote healthy prenatal outcomes for pregnant women, and to foster the development of healthy family relationships.[3]

Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy and individualized pregnancy plans are developed to support prenatal health, the promotion of healthy behaviors and preparation for the baby's arrival.[4] After the baby is born, families participate by enrolling in either a center-based program or a home-based program. Home-based programs use weekly home visits to support child development. Center-based programs provide enrollment for children in a center-based early care and education program and twice yearly home visits.[5] In Rhode Island in 2007, there were 381 federally-funded Early Head Start slots. Of these slots, 45% were center-based and 55% were home-based.[6]

The National Evaluation of Early Head Start showed that the program produced significant cognitive and language development gains in participating children and more positive interaction with their parents. Early Head Start parents provided more emotional support and greater opportunities for language and learning to their children than a comparable group of parents not participating in Early Head Start. Early Head Start mothers also have fewer subsequent births within two years of enrollment and Early Head Start parents are more likely to participate in education and job-training activities.[7]

In October 2007 in Rhode Island, 6 pregnant women and 380 infants and toddlers were receiving Early Head Start services, approximately 5% of the estimated eligible population.[8,9]

Head Start and Early Head Start Participant Information, Rhode Island, 2005



Source: *Head Start by the numbers: Rhode Island*. (2006). Washington, DC: Center for Law and Social Policy.
*Of the 3,925 participants, 33% identified as Hispanic. Hispanics may be of any race.

State Initiatives to Expand Access to Early Head Start

◆ **States across the country are finding creative ways to expand Early Head Start services. The most common strategy states use is to blend child care subsidy funding with Early Head Start funding to help extend the Early Head Start day or year for eligible working families.[10] In 2007 in Rhode Island, 153 children (89% of the children enrolled in center-based Early Head Start) also were receiving child care assistance.[11]**

◆ **Some states provide grants or supplemental funding to expand the capacity of Early Head Start programs to increase the number of children and pregnant women served.[12]**

◆ **A few states provide resources and assistance to child care providers to help them deliver services meeting Early Head Start standards. Early Head Start standards for center-based programs are higher quality than typical child care.[13] Some states support partnerships between Early Head Start and local child care programs to improve the quality of care.[14]**

Children Enrolled in Early Head Start

Table 29. **Percent of Eligible Children Under Age 3 Enrolled in Early Head Start, Rhode Island, 2007**

CITY/TOWN	ESTIMATED ELIGIBLE CHILDREN UNDER AGE 3*	NUMBER OF CHILDREN ENROLLED IN EARLY HEAD START	% OF ELIGIBLE CHILDREN UNDER AGE 3 ENROLLED
Barrington	13	0	0%
Bristol	57	0	0%
Burrillville	50	6	12%
Central Falls	400	59	15%
Charlestown	11	0	0%
Coventry	72	22	31%
Cranston	211	23	11%
Cumberland	51	0	0%
East Greenwich	28	0	0%
East Providence	204	25	12%
Exeter	26	0	0%
Foster	0	0	N/A
Glocester	15	2	13%
Hopkinton	17	0	0%
Jamestown	0	0	N/A
Johnston	81	13	16%
Lincoln	33	0	0%
Little Compton	5	0	0%
Middletown	40	13	33%
Narragansett	22	0	0%
New Shoreham	2	0	0%
Newport	371	60	16%
North Kingstown	114	0	0%
North Providence	99	9	9%
North Smithfield	26	0	0%
Pawtucket	842	0	0%
Portsmouth	33	2	6%
Providence	3,092	36	1%
Richmond	10	0	0%
Scituate	17	2	12%
Smithfield	6	2	33%
South Kingstown	41	0	0%
Tiverton	25	3	12%
Warren	23	5	22%
Warwick	188	66	35%
West Greenwich	8	0	0%
West Warwick	299	32	11%
Westerly	77	0	0%
Woonsocket	733	0	0%
Core Cities	*5,737*	*187*	*3%*
Remainder of State	*1,605*	*193*	*12%*
Rhode Island	*7,342*	*380*	*5%*

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled October 1, 2007.

*The denominator is the estimated number of eligible children based on the number of children under age 3 in each community multiplied by the poverty rate for children under 5, according to Census 2000, Summary File 3 tables P87 and P8. This is an estimate of the eligible population and does not take into account any increases or decreases in the number of children eligible for Early Head Start since 2000. Also, children younger than age 3 are more likely to be poor than children ages 3 to 5. Thus, using the poverty rate for children under age 5 probably underestimates the numbers of children younger than age 3 who are below poverty and therefore eligible for Early Head Start.

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

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Infant and Preschool Child Care

DEFINITION

Infant and preschool child care is the number of regulated child care slots per 100 children under age 6 estimated to be in need of care. Regulated child care slots include licensed child care center slots and certified family child care home slots.

SIGNIFICANCE

Child care enables parents to work and, when high quality, supports the development of important school readiness skills. Research indicates that high quality child care and early learning programs for infants, toddlers and preschoolers has long-lasting positive effects on how children learn, develop, cope with stress, and handle their emotions.[1]

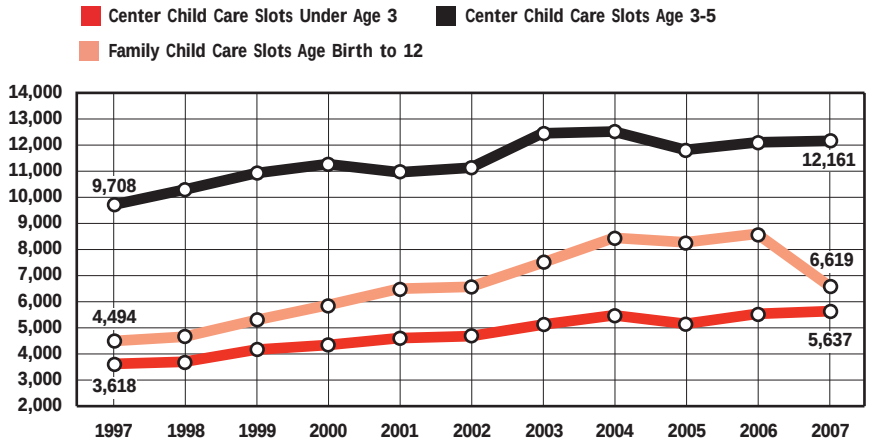
Early and extensive enrollment in child care is common in the United States and is a basic need for many working families in Rhode Island. In Rhode Island in 2006, 63% (45,300) of children under age 6 had all parents in the workforce, comparable to the U.S. rate of 62%.[2] National data indicate that, on average, preschoolers with an employed mother spend 28 hours per week in non-parental care, compared to 18 hours per week for children with mothers not in the workforce.[3]

The availability of stable child care is critical for Rhode Island's economy. When parents have difficulty finding and keeping child care, they miss work more frequently and are more likely to leave their jobs.[4] Access to affordable, quality child care plays a pivotal role in supporting maternal employment and economic self-sufficiency. On average, women with children earn lower hourly wages than women without children. In contrast, having children has a positive or no impact on men's wages. Research shows that greater use of child care during the early childhood years is associated with higher hourly wages for mothers in the long-term and more hours of maternal employment, indicating that child care support can improve women's career trajectories.[5]

In 1997 Rhode Island passed legislation known as Starting Right to improve low-income families' access to affordable quality child care. With the passage of Starting Right, Rhode Island experienced significant growth in the availability of regulated child care. As a result of the Starting Right reforms, Rhode Island families receiving child care subsidies are significantly more likely to choose licensed and certified care rather than non-certified care.[6]

Researchers have found that unregulated child care is often low quality.[7] When the availability of child care is sufficient to meet demand and child care subsidies are accessible and tied to market rates, families have more options and can make enrollment decisions based on the quality of the care.

Infant and Preschool Child Care Capacity, Rhode Island, 1997 - 2007



Source: Options for Working Parents, 1997-2006. Rhode Island Department of Children, Youth and Families, 2007.

◆ **In 2007 in Rhode Island, there were 24,417 slots for children under age 6 in licensed child care centers and certified family child care homes, down from 26,243 in 2006.[8]**

◆ **Since 1997, there has been a 37% increase in the availability of licensed and certified child care for children younger than age 6.[9]**

◆ **The number of licensed child care center slots for infants and toddlers (children under age 3) has increased steadily since 1997, rising 56% over the decade.[10]**

◆ **The number of licensed child care center slots for preschoolers (children ages 3-5) has grown more slowly and less consistently over the past decade. Since 1997, there has been a 25% increase in the number of licensed slots for preschoolers.[11]**

◆ **The number of certified family child care slots grew rapidly from 1997 to 2006, increasing 91%. In 2007, there were marked reductions in the number of certified family child care slots, dropping by nearly 2,000 slots in one year from 8,601 to 6,619. Half of these slots were lost in Providence and the remainder were spread across the rest of the state.[12]**

Table 30.

Child Care for Children Under Age 6, Rhode Island, 2007

CITY/TOWN	# CHILD CARE CENTER SLOTS < AGE 3	# CHILD CARE CENTER SLOTS AGES 3-5	# CERTIFIED FAMILY CHILD CARE HOME SLOTS*	TOTAL REGULATED CHILD CARE SLOTS FOR CHILDREN < AGE 6	POTENTIAL CHILDREN < AGE 6 IN NEED OF REGULATED CHILD CARE	SLOTS PER 100 CHILDREN < AGE 6 IN NEED OF REGULATED CHILD CARE
Barrington	90	170	42	302	386	78
Bristol	33	88	17	138	447	31
Burrillville	28	114	41	183	408	45
Central Falls	93	244	218	555	520	107
Charlestown	13	35	26	74	170	44
Coventry	115	257	118	490	962	51
Cranston	442	918	476	1,836	1,799	102
Cumberland	102	251	119	472	912	52
East Greenwich	248	385	29	662	277	239
East Providence	157	542	85	784	1,168	67
Exeter	28	65	0	93	189	49
Foster	29	48	6	83	107	78
Glocester	67	45	20	132	264	50
Hopkinton	0	0	37	37	283	13
Jamestown	31	33	8	72	83	87
Johnston	194	401	114	709	702	101
Lincoln	119	297	46	462	565	82
Little Compton	0	0	6	6	53	11
Middletown	159	386	24	569	463	123
Narragansett	24	40	0	64	228	28
New Shoreham	12	22	0	34	27	126
Newport	104	188	14	306	615	50
North Kingstown	194	359	57	610	805	76
North Providence	92	243	118	453	662	68
North Smithfield	0	79	42	121	285	42
Pawtucket	323	741	449	1,513	2,103	72
Portsmouth	90	132	18	240	411	58
Providence	915	1,999	3,903	6,817	4,002	170
Richmond	0	36	20	56	255	22
Scituate	12	44	25	81	288	28
Smithfield	240	457	12	709	400	177
South Kingstown	240	367	81	688	590	117
Tiverton	25	136	33	194	358	54
Warren	42	70	23	135	325	42
Warwick	754	1,502	200	2,456	2,119	116
West Greenwich	134	161	5	300	173	173
West Warwick	136	399	56	591	737	80
Westerly	134	289	0	423	644	66
Woonsocket	218	618	131	967	1,100	88
Core Cities	*1,789*	*4,189*	*4,771*	*10,749*	*9,077*	*118*
Remainder of State	*3,848*	*7,972*	*1,848*	*13,668*	*16,808*	*81*
Rhode Island	*5,637*	*12,161*	*6,619*	*24,417*	*25,885*	*94*

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, number of licensed child care center slots for children under age 6 and number of certified family child care home slots, December 2007.

The denominator is the Census 2000 number of children under age 6 with both parents in the workforce, multiplied by 56.5% (the percentage of employed mothers using non-relative care, according to the Census Bureau's Survey of Income and Program Participation, Spring 1999).

*Family child care slots are for children birth to 12 years old.

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

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Accredited Early Care and Education

DEFINITION

Accredited early care and education is the percentage of nationally-accredited private preschools, licensed child care centers and certified family child care homes. Child care centers and preschools are accredited by the National Association for the Education of Young Children (NAEYC). Family child care homes are accredited by the National Association for Family Child Care (NAFCC).

SIGNIFICANCE

Research on early care and education reveals strong associations between the quality of the program and children's developing skills and well-being.[1] Children who receive high-quality early care and education score higher on tests of language and cognitive skills and demonstrate stronger social and emotional development than children who receive poor quality care. The impact of program quality is stronger for children from low-income families.[2] Programs vary markedly in quality, ranging from rich, growth-promoting experiences to mediocre, custodial care.[3]

High-quality child care and early education is characterized by smaller numbers of children in a classroom or group, fewer children per adult, educated and experienced caregivers, nurturing and dependable relationships between staff and children and safe, stimulating environments.[4] Researchers have consistently found that both the formal education levels of providers and specialized training in child development are associated with richer language and literacy environments, more positive staff-child interactions, more sensitive caregiving and improved child development and learning.[5,6] The relationship between provider education and the quality of care delivered has been found to be true in child care centers, family child care homes and informal care provided by family, friends and neighbors.[7]

National accreditation is a marker for high quality early care and education and is a popular strategy for program improvement in both centers and family child care homes.[8,9] Achieving accreditation means programs have been found to meet standards that exceed minimum state licensing requirements. Child care centers and preschools that successfully achieve national accreditation tend to have directors with higher levels of education and take advantage of accreditation support projects, including workshops, grants, consulting assistance and mentoring from other directors.[10]

Regulation of Early Care and Education Centers

◆ **In Rhode Island, full-day early care and education centers are licensed by the Rhode Island Department of Children, Youth and Families (DCYF). Part-day programs and child care centers operating a private kindergarten are approved by the Rhode Island Department of Elementary and Secondary Education (RIDE). Programs may have both a license from DCYF and an approval from RIDE.**

◆ **In December 2007, there were 329 licensed or approved early learning programs in Rhode Island. Of these, 133 had both a license from DCYF and an approval from RIDE, while 134 had only a license from DCYF and 62 had only an approval from RIDE.[11]**

◆ **In Rhode Island in 2007, 14% of early learning programs were accredited by the National Association for the Education of Young Children (NAEYC) and 1% of family child care homes were accredited by the National Association for Family Child Care (NAFCC).[12]**

Strategies to Improve the Quality of Child Care

◆ **The quality of child care and early learning is strongly related to the wages, education and retention of teachers. Expanding provider access to higher education and connecting education to improved compensation improves child care workforce quality and reduces turnover.[13]**

◆ **A growing number of states have developed quality rating and improvement systems (QRIS) that systematically measure program quality, support and reward incremental quality improvements, and align investments to promote quality.[14] Rhode Island is currently piloting BrightStars, a new statewide QRIS for child care and early learning programs.**

◆ **Improving child care licensing systems and making inspection and verified complaint data public is an effective strategy to improve quality.[15]**

Table 31. **Early Childhood Programs with NAEYC or NAFCC Accreditation, Rhode Island, 2008**

	CHILD CARE CENTERS AND PRESCHOOLS			FAMILY CHILD CARE HOMES		
CITY/TOWN	NUMBER	NAEYC ACCREDITED	% NAEYC ACCREDITED	NUMBER	NAFCC ACCREDITED	% NAFCC ACCREDITED
Barrington	10	0	0%	6	0	0%
Bristol	5	1	20%	3	0	0%
Burrillville	3	1	33%	6	0	0%
Central Falls	4	0	0%	35	0	0%
Charlestown	5	1	20%	4	0	0%
Coventry	8	1	13%	18	0	0%
Cranston	32	2	6%	74	1	1%
Cumberland	10	0	0%	18	0	0%
East Greenwich	11	1	9%	4	0	0%
East Providence	16	1	6%	12	0	0%
Exeter	2	0	0%	0	0	N/A
Foster	2	0	0%	1	0	0%
Glocester	3	1	33%	3	0	0%
Hopkinton	2	2	100%	5	0	0%
Jamestown	1	1	100%	1	0	0%
Johnston	13	2	15%	16	0	0%
Lincoln	6	0	0%	8	0	0%
Little Compton	1	0	0%	1	0	0%
Middletown	11	1	9%	4	0	0%
Narragansett	2	0	0%	0	0	N/A
New Shoreham	1	0	0%	0	0	N/A
Newport	5	0	0%	2	0	0%
North Kingstown	13	1	8%	9	0	0%
North Providence	9	2	22%	18	0	0%
North Smithfield	1	1	100%	5	1	20%
Pawtucket	14	1	7%	70	0	0%
Portsmouth	6	0	0%	3	0	0%
Providence	46	11	24%	600	4	1%
Richmond	1	0	0%	2	0	0%
Scituate	1	0	0%	4	0	0%
Smithfield	8	0	0%	2	0	0%
South Kingstown	12	3	25%	12	0	0%
Tiverton	3	0	0%	5	0	0%
Warren	3	0	0%	3	1	33%
Warwick	28	4	14%	31	0	0%
West Greenwich	4	1	25%	1	0	0%
West Warwick	7	1	14%	10	0	0%
Westerly	7	0	0%	0	0	N/A
Woonsocket	13	5	38%	20	0	0%
Core Cities	*89*	*18*	*20%*	*737*	*4*	*1%*
Remainder of State	*240*	*27*	*11%*	*279*	*3*	*1%*
Rhode Island	*329*	*45*	*14%*	*1,016*	*7*	*1%*

Source of Data for Table/Methodology

Number of accredited programs is from the National Association for the Education of Young Children, January 2008 and National Association for Family Child Care, January 2008. Total number of child care centers, family child care homes, and preschools are from the Rhode Island Department of Children, Youth and Families, December 2007 and the Rhode Island Department of Elementary and Secondary Education, December 2007.

Programs that are not currently licensed or certified by the Rhode Island Department of Children, Youth and Families or approved as a preschool by the Rhode Island Department of Elementary and Secondary Education are not included in the table. Some public school classrooms have NAEYC accreditation, but they are not included in this table.

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

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(continued on page 155)

Children Enrolled in Head Start

DEFINITION

Children enrolled in Head Start is the percentage of eligible 3 and 4 year old children enrolled in the Head Start preschool program in October 2007.

SIGNIFICANCE

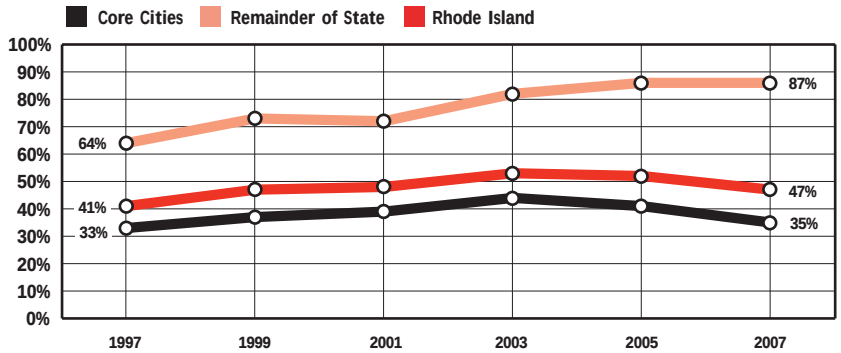
Head Start is a federally-funded comprehensive early childhood program for very low-income preschool children and their families. It is designed to address a wide variety of needs so that low-income children can begin school on equal footing with their more economically advantaged peers.[1] Head Start performance standards require that programs deliver high-quality early childhood education programming; involve parents; provide at least one nutritional meal per day; identify children's individual nutritional needs; ensure that each child has an ongoing source of health care; perform or obtain health, developmental and behavioral screenings; and arrange for mental health professionals to identify needs and help locate treatment.[2]

Family income is strongly correlated with children's cognitive and social skills at school entry. On average at kindergarten entry, children in the highest socio-economic group have cognitive test scores that are 60% higher than the scores of children in the lowest socio-economic group on average. Children in families with incomes below the federal poverty threshold are typically 18 months behind their peers at age 4.[3]

Head Start centers are typically of higher quality than most other early care and education programs available to low-income parents.[4] Researchers have found that there are both short-term and long-term benefits for children who participate in Head Start, including improved literacy skills, reduced behavior problems, less grade retention, reduced special education enrollment and increased high school graduation rates.[5,6]

Nationally, Head Start serves about half of all eligible children. Annual federal funding has not kept pace with inflation since 2002, resulting in fewer children served across the country.[7,8] In December 2007, Head Start was reauthorized by the federal government with increased authorized funding levels and new rules designed to expand access, improve quality and strengthen collaboration among state early childhood programs. Despite the reauthorization, the federal Fiscal Year 2008 budget cut funding for Head Start.[9] Rhode Island supplements federal funding with state funds so Head Start programs can serve an additional 400 children per year.[10]

Head Start Participation Rate for Eligible Rhode Island 3 and 4 Year Olds, 1997 – 2007



Source: Rhode Island Head Start program reports to Rhode Island KIDS COUNT, 1997 – 2007.

◆ **In 2007, Head Start served 2,286 children ages 3 and 4, 47% of the estimated 4,848 eligible children in Rhode Island. In the core cities, 35% of eligible children were enrolled in Head Start, compared with 87% in the remainder of the state.[11] In 2007, Rhode Island Head Start programs also served 432 children who were age 5.[12]**

◆ **Under Starting RIght, Rhode Island's 1998 child care law, Comprehensive Child Care Services Programs were created to provide developmentally appropriate education and support services to children and families eligible for, but not receiving, Head Start services.[13] As of October 2007, there were 25 licensed child care centers, 3 certified family child care homes, and 1 certified group family child care home in the Comprehensive Child Care Services network. There were 203 Head Start-eligible children being served. An additional 783 children were enrolled in the participating programs and benefited from enhanced services.[14]**

◆ **The 2007 federal reauthorization of Head Start requires all teachers to have at least an associate's degree by 2011 and 50% of teachers across the U.S. to have at least a bachelor's degree by 2013.[15] Seventy-one percent of Head Start teachers in Rhode Island had at least an associates degree (compared with 69% nationally), and 32% had a bachelor's degree or better (compared with 36% nationally).[16]**

Table 32. **Children Ages 3 & 4 Enrolled in Head Start & Comprehensive Child Care Services, Rhode Island, October 2007**

CITY/TOWN	ESTIMATED ELIGIBLE CHILDREN AGES 3 & 4*	# OF CHILDREN AGES 3 & 4 ENROLLED IN HEAD START	% OF ELIGIBLE CHILDREN AGES 3 & 4 IN HEAD START	# OF CHILDREN ENROLLED IN THE COMPREHENSIVE CHILD CARE SERVICES PROGRAM
Barrington	10	0	0%	0
Bristol	54	16	30%	0
Burrillville	35	27	77%	0
Central Falls	260	0	0%	4
Charlestown	7	12	100%*	0
Coventry	45	41	91%	0
Cranston	143	220	100%*	10
Cumberland	32	0	0%	0
East Greenwich	29	2	7%	1
East Providence	134	143	100%*	1
Exeter	35	3	9%	0
Foster	0	0	NA	0
Glocester	18	2	11%	0
Hopkinton	19	10	53%	0
Jamestown	0	0	NA	0
Johnston	55	51	93%	0
Lincoln	24	0	0%	0
Little Compton	3	0	0%	0
Middletown	30	43	100%*	0
Narragansett	18	7	39%	0
New Shoreham	1	0	0%	0
Newport	223	134	60%	0
North Kingstown	85	36	42%	2
North Providence	60	54	90%	0
North Smithfield	13	5	38%	0
Pawtucket	643	226	35%	28
Portsmouth	24	10	42%	0
Providence	1,919	592	31%	137
Richmond	7	5	71%	0
Scituate	6	0	0%	0
Smithfield	5	4	80%	0
South Kingstown	33	27	82%	0
Tiverton	12	19	100%*	0
Warren	17	23	100%*	0
Warwick	137	181	100%*	10
West Greenwich	11	1	9%	0
West Warwick	207	100	48%	2
Westerly	51	65	100%*	0
Woonsocket	443	227	51%	8
Core Cities	*3,695*	*1,279*	*35%*	*179*
Remainder of State	*1,153*	*1,007*	*87%*	*24*
Rhode Island	*4,848*	*2,286*	*47%*	*203*

Note to Table

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

Source of Data for Table/Methodology

Rhode Island Head Start Programs, children enrolled during October 2007. Comprehensive Child Care Services Program enrollment, Rhode Island Department of Human Services, children enrolled during October 2007.

The denominator is the estimated number of eligible children based on the number of three and four-year-old children in each community multiplied by the poverty rate for children under 5 in that community, according to Census 2000, Summary File 3. This is an estimate of the eligible population and does not take into account any increases or decreases in the number of eligible children enrolled in Head Start since 2000. There is no available poverty rate by community for 3 and 4 year olds. Since children younger than 3 are more likely to be poor than children ages 3 to 5, using the poverty rate for children under 5 may over-estimate the number of children ages 3 and 4 in poverty (and eligible for Head Start) and underestimate the number of children younger than 3 in poverty (and eligible for Early Head Start).

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

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(continued on page 155)

Full-Day Kindergarten

DEFINITION

Full-day kindergarten is the percentage of public school children enrolled in a full-day kindergarten program as of October 2007. Full-day kindergarten is defined as a kindergarten program that operates for at least six hours per day. The numbers do not include children enrolled in private kindergarten programs or in half-day kindergarten programs that offer after-school child care.

SIGNIFICANCE

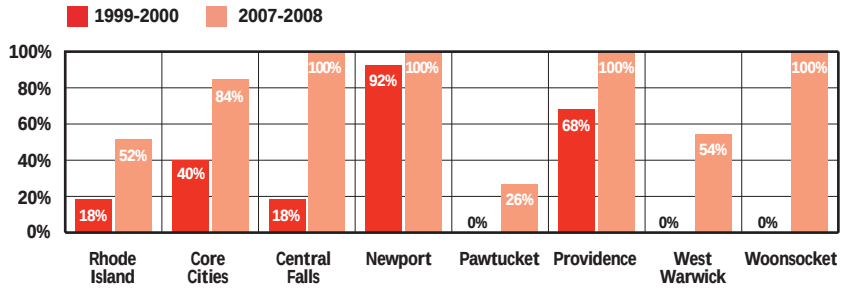
Children benefit academically from participating in full-day kindergarten. Those in full-day kindergarten are more likely to be ready for first grade than children in half-day kindergarten programs.[1] On average, the learning gains that students make in full-day kindergarten programs translate to a month of additional schooling over the course of a school year.[2] Full-day kindergarten programs can be especially beneficial to poor and minority children and can contribute significantly to closing academic achievement gaps.[3]

With an estimated 69% of kindergarteners in the U.S. having attended center-based early education programs, kindergarten no longer serves as the entry-point to formal, full-day school for most young children.[4] Many parents favor full-day kindergarten as it provides continuity for children who are already accustomed to full-day preschool experiences and it reduces the number of transitions and disruptions their child must make each day.[5] Teachers in full-day kindergarten programs have more time to provide meaningful learning opportunities that encourage cognitive, physical and social-emotional development.[6,7]

Nationally, enrollment in full-day kindergarten has been increasing steadily over the past 25 years. In 1979, 25% of kindergartners were in full-day programs.[8] In 2005, 69% of the nation's public school kindergarteners and 75% of private school kindergarteners were enrolled in a full-day program.[9]

Across the U.S., 9 states require all school districts to offer full-day kindergarten and 2 states require all children to attend full-day kindergarten before entering first grade.[10]

Children in Full-Day Public Kindergarten Programs, Core Cities and Rhode Island, 1999-2000 and 2007-2008



Source: Rhode Island Department of Elementary and Secondary Education, 1999-2000 and 2007-2008 school years.

◆ **In Rhode Island in 2007-2008, 52% of the children who attended public kindergarten were in a full day program.[11] This compares to a national rate of 69% in 2005, the latest year for which national data are available.[12]**

◆ **As of the 2007-2008 school year, 13 school districts offered universal access to full-day kindergarten programs and another 8 school districts operated at least one full-day kindergarten classroom. Both the West Warwick School District and the East Providence School District expanded the availability of full-day kindergarten in 2007-2008. All of Rhode Island's independent charter schools offering kindergarten run full-day programs.[13]**

Academic Progress in Full-Day Kindergarten

◆ **According to the National Center for Eduction Statistics, 68% of full-day kindergarten classes spend more than one hour per day on reading instruction compared to 37% of half-day classes.[14]**

◆ **Full-day kindergarten classes are also more likely than half-day classes to spend time every day on math (90% and 73%, respectively), social studies (30% and 18%, respectively), and science (24% and 10%, respectively).[15]**

◆ **Nationally, children in full-day kindergarten classes make greater academic gains in both reading and mathematics compared to those in half-day classes, even after adjusting for differences associated with race/ethnicity, poverty status, fall achievement level, sex and class size.[16]**

Table 33. **Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2007-2008**

SCHOOL DISTRICT	1999-2000 SCHOOL YEAR TOTAL CHILDREN IN K PROGRAMS	CHILDREN IN FULL-DAY K	% OF CHILDREN IN FULL-DAY K	2007-2008 SCHOOL YEAR TOTAL CHILDREN IN K PROGRAMS	CHILDREN IN FULL-DAY K	% CHILDREN IN FULL-DAY K
Barrington*	214	0	0%	196	49	25%
Bristol-Warren*	255	0	0%	248	248	100%
Burrillville*	164	0	0%	195	195	100%
Central Falls*	250	44	18%	245	245	100%
Chariho	292	0	0%	224	41	18%
Coventry	381	0	0%	327	2	<1%
Cranston	737	0	0%	702	11	2%
Cumberland	373	0	0%	338	16	5%
East Greenwich*	165	0	0%	108	16	15%
East Providence*	443	0	0%	388	148	38%
Exeter-W. Greenwich	129	0	0%	108	0	0%
Foster	55	0	0%	29	0	0%
Foster-Glocester	NA	NA	NA	NA	NA	NA
Glocester	124	0	0%	93	0	0%
Jamestown*	59	0	0%	59	59	100%
Johnston*	241	0	0%	218	55	25%
Lincoln	232	0	0%	182	4	2%
Little Compton	38	0	0%	37	0	0%
Middletown*	258	211	82%	179	179	100%
Narragansett*	125	0	0%	73	73	100%
New Shoreham*	8	8	100%	13	13	100%
Newport*	225	206	92%	169	169	100%
North Kingstown*	313	0	0%	286	50	17%
North Providence	211	0	0%	197	0	0%
North Smithfield*	122	55	45%	125	125	100%
Pawtucket*	788	0	0%	646	165	26%
Portsmouth	214	0	0%	180	2	1%
Providence*	2,117	1,431	68%	1,888	1,888	100%
Scituate	107	0	0%	109	0	0%
Smithfield	177	0	0%	158	0	0%
South Kingstown*	278	0	0%	212	212	100%
Tiverton	144	0	0%	138	0	0%
Warwick*	766	29	4%	580	38	7%
West Warwick*	260	0	0%	248	134	54%
Westerly*	282	10	4%	205	205	100%
Woonsocket*	522	0	0%	508	508	100%
Charter Schools	*NA*	*NA*	*NA*	*228*	*228*	*100%*
State-Operated Schools	*NA*	*NA*	*NA*	*1*	*0*	*NA*
Core Cities	*4,162*	*1,681*	*40%*	*3,704*	*3,109*	*84%*
Remainder of State	*6,907*	*313*	*5%*	*5,907*	*1,741*	*29%*
Rhode Island	*11,069*	*1,994*	*18%*	*9,840*	*5,078*	*52%*

*** District operated at least one full-day kindergarten classroom during the 2007-2008 school year.**

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education. Data are as of October for the 1999-2000 and 2007-2008 school years.

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

Charter schools reported for this indicator are CVS Highlander Charter School, The Compass Charter School, International Charter School, Kingston Hill Academy, The Learning Community, and Paul Cuffee Charter School. The state-operated school is the Rhode Island School for the Deaf.

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Children Receiving Child Care Subsidies

DEFINITION

Children receiving child care subsidies is the number of children receiving child care that is either fully or partially paid for with a child care subsidy from the Rhode Island Department of Human Services. Child care subsidies can be used for care by a child care center, family child care home, a relative or an in-home caregiver.

SIGNIFICANCE

Families rely on child care to enable them to work and to provide the early education experiences needed to prepare their children for school. Yet the high cost of child care in the United States ($3,000 - $13,000 per child per year) puts quality care out of reach for many families, particularly low-income families. Rhode Island is the 5th least affordable state in the U.S. for a 4-year-old in a child care center. In Rhode Island, the average cost of full-time child care for a preschooler consumes 45% of the median single-parent family income and 10% of the median two-parent family income.[1]

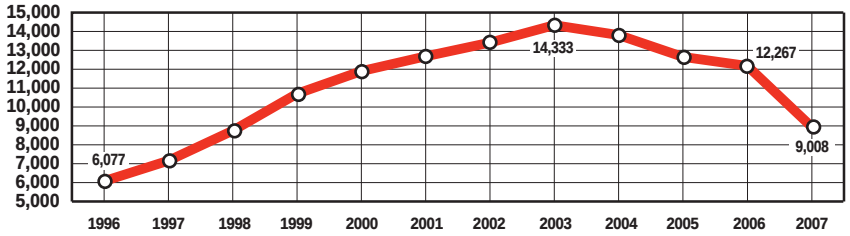
National studies have shown that child care subsidies increase the likelihood that low-income parents, particularly current or former welfare recipients, will be able to work and remain employed.[2,3,4] Parents of children who receive child care subsidies are more likely to remain employed longer, increasing the likelihood of advancement, promotion, real wage growth and economic security.[5]

In 1996, Rhode Island's Family Independence Act established an entitlement to child care assistance for families with incomes up to 185% of federal poverty level (FPL) as a key component of welfare reform. In 1998, the Starting Right bill expanded eligibility to families with incomes up to 225% of FPL and required that rates paid to child care providers be adjusted biennially to the 75th percentile of the child care market rate in order to provide low-income families with access to high-quality child care. Starting Right also expanded eligibility to families with children ages 13-15 and established the Comprehensive Child Care Services Networks.[6]

In 2007, eligibility for child care subsidies was reduced from 225% FPL to 180% ($31,680 for a family of 3). Rates paid to providers have been frozen since 2004 at the 2002 market rate level.[7]

Using the federal affordability guideline that families should spend no more than 10% of their gross income on child care, a Rhode Island family would need to make at least $87,000 per year to afford the average cost of child care for a 3-year-old at a licensed center ($8,736).[8,9]

Children Enrolled in the Child Care Subsidy Program, Rhode Island, 1996-2007



Source: Rhode Island Department of Human Services, December 1996 – December 2007.

◆ **In December 2007, there were 9,008 children receiving child care subsidies in Rhode Island, down from 12,267 in December 2006. The number of children enrolled in the child care subsidy program increased steadily from 6,077 in December of 1996 to 14,333 in 2003. Since 2003, there has been a 37% decrease in the number of children receiving child care subsidies. In September 2007, 1,463 children were removed from the child care subsidy program due to a decrease in income eligibility from 225% of poverty to 180%. An additional 280 children lost subsidies because of a roll back in age eligibility from age 15 to age 12.[10]**

◆ **In 2007, 65% of Rhode Island families receiving child care subsidies chose licensed child care centers, 33% chose certified family child care homes and 2% chose a non-certified relative, friend or neighbor for their child care arrangements.[11]**

◆ **In December 2007, 75% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 17% were used by families enrolled in the Family Independence Program who were engaged in employment activities. Another 8% of child care subsidies were being used for children in the care of the Department of Children, Youth and Families.[12]**

Average Annual Cost for Full-Time Child Care, Rhode Island, 2006

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	$10,557
Child Care Center (preschool care)	$8,736
Family Child Care Home (preschool care)	$8,140
School-Age Center-Based Program (child age 6-12)	$6,902

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2006). *Statewide survey of childcare rates in Rhode Island*. Kingston, RI: University of Rhode Island.

Table 34.

Child Care Subsidies, Rhode Island, December 2007

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE: ENROLLED IN FIP	NOT ENROLLED IN FIP	TOTAL CHILD CARE SUBSIDIES	SUBSIDY USE BY PROGRAM LOCATION: UNDER AGE 3	AGES 3-5	AGES 6-12	TOTAL CHILD CARE SUBSIDIES
Barrington	5	6	11	5	5	8	18
Bristol	8	36	44	2	8	16	26
Burrillville	3	36	39	24	41	47	112
Central Falls	84	332	416	108	107	189	404
Charlestown	5	15	20	4	3	8	15
Coventry	17	107	124	26	58	34	118
Cranston	93	433	526	151	220	217	588
Cumberland	13	72	85	26	30	34	90
East Greenwich	1	20	21	25	25	7	57
East Providence	42	249	291	96	112	142	350
Exeter	4	1	5	1	1	2	4
Foster	4	6	10	3	1	4	8
Glocester	3	10	13	13	6	9	28
Hopkinton	0	12	12	2	1	11	14
Jamestown	1	8	9	2	3	3	8
Johnston	20	79	99	40	57	39	136
Lincoln	8	53	61	25	45	48	118
Little Compton	0	0	0	0	0	0	0
Middletown	12	73	85	51	50	31	132
Narragansett	1	18	19	4	6	6	16
New Shoreham	0	2	2	0	0	0	0
Newport	37	208	245	57	75	94	226
North Kingstown	17	83	100	29	36	44	109
North Providence	8	92	100	36	45	54	135
North Smithfield	3	16	19	4	6	9	19
Pawtucket	188	821	1,009	210	367	349	926
Portsmouth	1	26	27	7	11	9	27
Providence	722	3,012	3,734	1,002	1,138	1,615	3,755
Richmond	2	7	9	0	3	1	4
Scituate	4	3	7	2	2	2	6
Smithfield	4	26	30	31	40	18	89
South Kingstown	7	48	55	31	34	28	93
Tiverton	1	20	21	3	5	10	18
Warren	8	45	53	2	0	7	9
Warwick	58	268	326	131	201	170	502
West Greenwich	0	11	11	20	19	2	41
West Warwick	30	160	190	40	49	75	164
Westerly	15	57	72	22	32	28	82
Woonsocket	124	410	534	99	181	247	527
DCYF	*NA*	*NA*	*730*	*NA*	*NA*	*NA*	*NA*
Out-Of-State	*NA*	*NA*	*NA*	*10*	*17*	*7*	*34*
Core Cities	*1,185*	*4,943*	*6,128*	*1,516*	*1,917*	*2,569*	*6,002*
Remainder of State	*368*	*1,938*	*2,306*	*828*	*1,123*	*1,055*	*2,972*
Rhode Island	*1,553*	*6,881*	*9,164*	*2,344*	*3,040*	*3,624*	*9,008*

Source of Data for Table/Methodology

The Rhode Island Department of Human Services, InRhodes Database, December 2007.

Subsidy data by age of child are reported by the residence of the child. Total subsidy use numbers by child residence and total subsidy use numbers by program location do not match as the InRhodes Database is a live system and reports run on different days can have slight variation.

FIP is the Family Independence Program, Rhode Island's cash-assistance program. DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies.

Parents who are working and are enrolled in FIP can claim a "child care disregard." When cash benefits levels are calculated based on monthly income, the child care disregard allows families to not count or "disregard" and designate for child care expenses up to $200 of their monthly income for children under 2 years of age and up to $175 for children two years and older. The child care disregard is a form of subsidy not included in this table. In December 2007, 51 families used child care disregards.

The average annual cost for full-time child care was determined by multiplying the average weekly tuition rate by 52 weeks (for infants and preschoolers). For school-age children, the annual cost was determined by multiplying the average weekly tuition for before and after school care by 39 weeks and adding 3 weeks of average school vacation tuition and 10 weeks of average summer vacation tuition.

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(continued on page 155)

School-Age Child Care

DEFINITION

School-age child care is the number of licensed after school child care programs and slots for children ages 6 and older. These numbers do not include certified family child care home slots, informal child care arrangements, summer day camps, or community programs for youth ages 6 to 12 that do not require licensing by the state.

SIGNIFICANCE

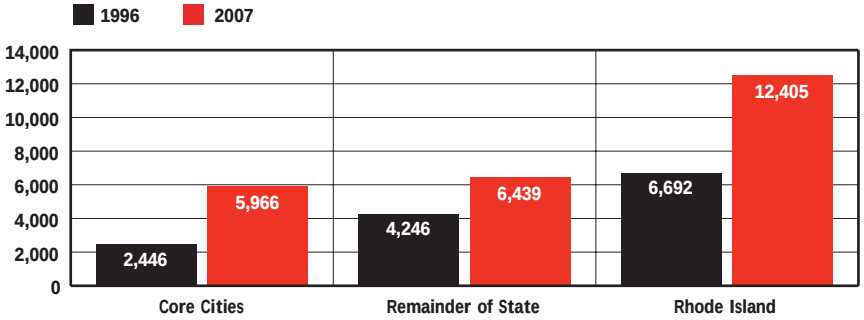
In Rhode Island in 2006, 74% (112,712) of children ages 6 to 17 had all resident parents in the workforce, higher than the U.S. average of 70%.[1] On average, 64% of the time that parents are at work is covered by the school day. The gap between parents' work schedules and students' school schedules can amount to 15-25 hours per week during the school year.[2] Families often patch together different arrangements to cover the hours before school, after school, and the days during school vacations and summer break.[3] Concerns about their children's safety and the reliability of care arrangements is a significant source of stress for working parents of school-age children.[4]

When school is out and parents are at work, children and young adolescents need a safe, structured program with adequate adult supervision. They need access to a wide variety of enriching and challenging activities such as homework and reading help, sports, music, theater and art. They also need the opportunity to build meaningful relationships with caring adults and their peers.[5]

Children who are left alone, without adult supervision, when school is out are at greater risk of accidents and injuries, social and behavior problems, poor school performance, substance use, and delinquent behavior.[6,7] National research indicates that approximately 7% of children ages 6 to 9 and 26% of children ages 10 to 12 are regularly left home alone or in the care of a slightly older sibling.[8]

Children who participate in high-quality, well-designed after-school programs and extracurricular activities have better peer relations, emotional adjustment, social skills, schoolwork habits, grades, and conduct in school than children who do not.[9] Students who are low-income, have low school attendance, limited English proficiency and low test scores gain the most from participating in high-quality after-school programs.[10]

Licensed School-Age Child Care Slots, Rhode Island, 1996 and 2007



Source: Options for Working Parents, 1997. Rhode Island Department of Children, Youth and Families, 2007. Data do not include slots in family child care settings.

◆ **The number of licensed school-age child care slots in Rhode Island has almost doubled since 1996. Licensed school-age child care slots in the core cities have more than doubled.[11]**

◆ **In December 2007 in Rhode Island, 3,624 children ages 6 to 12 received a child care subsidy for before and/or after school care. Of these children, 2,358 (65%) were enrolled in a licensed center-based program, 1,198 (33%) were enrolled in certified family child care, and 68 (2%) were in the care of a license-exempt provider.[12]**

◆ **In 2007 in Rhode Island, 5 of the 233 licensed school-age child care programs were accredited by the National Afterschool Association.[13]**

Major Challenges Facing the School-Age Care Field

◆ **Recruiting and retaining qualified staff was cited as the number one challenge by respondents to a national survey of school-age care professionals. The part-time nature of after-school programs and prevailing low wages make finding skilled staff difficult.[14]**

◆ **Securing adequate funding while keeping care affordable for families also pose major challenges for school-age care providers.[15] In 2007, the rate the state pays child care providers for providing before-school and after-school care for children from low-income families was restructured which reduced payments to providers. Additionally in 2007, children ages 13 to 15 lost eligibility for child care subsidies.[16]**

Table 35. **Licensed School-Age Child Care for Children Ages 6 to 12, Rhode Island, 2007**

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	PROGRAMS	SLOTS
Barrington	2,064	7	265
Bristol	1,784	5	176
Burrillville	1,672	3	213
Central Falls	2,190	6	448
Charlestown	717	1	26
Coventry	3,431	8	273
Cranston	7,115	18	585
Cumberland	3,135	5	290
East Greenwich	1,581	2	92
East Providence	4,292	13	632
Exeter	684	4	109
Foster	489	2	39
Glocester	1,105	1	10
Hopkinton	802	2	92
Jamestown	576	1	51
Johnston	2,490	7	180
Lincoln	2,206	7	335
Little Compton	322	1	26
Middletown	1,787	6	206
Narragansett	1,144	2	89
New Shoreham	69	0	0
Newport	2,056	8	566
North Kingstown	2,823	9	375
North Providence	2,444	4	165
North Smithfield	988	1	100
Pawtucket	7,477	11	965
Portsmouth	1,839	3	134
Providence	18,592	32	2,831
Richmond	830	1	52
Scituate	1,102	2	72
Smithfield	1,653	6	204
South Kingstown	2,630	5	204
Tiverton	1,452	3	103
Warren	1,032	2	92
Warwick	7,630	18	958
West Greenwich	592	2	28
West Warwick	2,618	8	578
Westerly	2,160	7	263
Woonsocket	4,373	10	578
Core Cities	*37,306*	*75*	*5,966*
Remainder of State	*64,640*	*158*	*6,439*
Rhode Island	*101,946*	*233*	*12,405*

Source of Data for Table/Methodology

Number of children ages 6 to 12 years old is from the U.S. Census Bureau, Census 2000 Summary File 1, P.14.

Department of Children, Youth and Families, number of licensed school-age child care programs and slots for children ages 6 to 12 as of December 2007. These numbers do not include certified family child care home slots, informal child care arrangements, and community programs for youth ages 6 to 12 that do not require licensing by the state. Licensed school-age child care programs also provide services to 5 year old children who are enrolled in Kindergarten.

References

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English Language Learners

DEFINITION

English Language Learners is the percentage of all public school children (pre-kindergarten through grade 12) who are receiving English as a second language services or bilingual education services in Rhode Island public schools.

SIGNIFICANCE

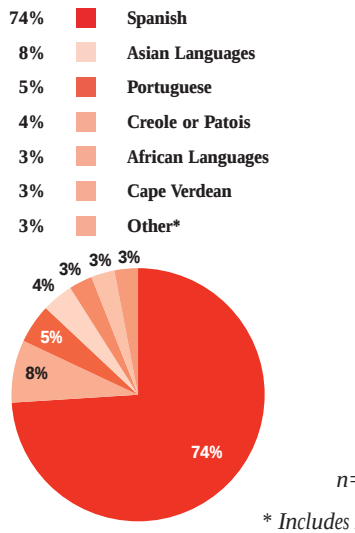
Children who are immigrants or who have immigrant parents and who do not speak English well are at risk for difficulties at school. Many of them face multiple risk factors including poverty, lack of access to health care, and low parental education levels, discrimination and racism. Children who speak languages other than English at home and who also have difficulty speaking English face greater challenges progressing in school and will encounter more barriers to success in the workforce as adults than their English-speaking peers.[1,2]

In Rhode Island in 2006, 22% of children between the ages of 5 and 17 spoke a language other than English at home, 86% of whom spoke English "very well."[3] During the 2006-2007 school year, there were 7,920 English Language Learners (ELLs) in Rhode Island public schools.[4]

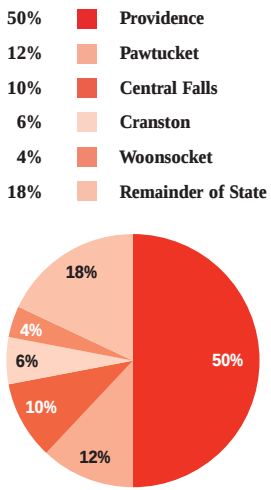
Nationally, children who live in households in which adults have difficulty speaking English are 50% more likely to live in poverty.[5] Children of immigrants are also more likely to be concentrated in under-resourced schools in high poverty communities.[6] Seventy-eight percent (78%) of all ELL students in Rhode Island live in the core cities. In the 2006-2007 school year in Rhode Island, 85% (6,721) of all ELL students lived in low-income families.[7] Given the proven link between educational attainment and family economic success, a high-quality education is the most important vehicle for upward mobility for children in immigrant families.[8]

Schools play a critical role in helping children to transition to the culture of the United States and in providing an education that supports academic success for children with a primary language other than English.[9,10] According to the U.S. Supreme Court decision in *Plyler v. Doe*, all children, regardless of immigration status, are eligible for free public elementary and secondary education.[11] Rhode Island schools are legally mandated to provide programs to English Language Learners that are comparable in structure and content to instruction provided to English-proficient students.[12]

English Language Learners, by Language, Rhode Island, 2007



English Language Learners, by Community, Rhode Island, 2007



n=7,920

** Includes Arabic, French, German, Italian, and other languages.*

Source: Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

◆ **In the 2006-2007 school year, ELL students in Rhode Island public schools spoke 77 different languages; the majority (74%) spoke Spanish. Twenty-seven percent of ELL students were enrolled in a bilingual program and 73% were enrolled in an English as a Second Language program. Providence public schools and the International Charter School were the only schools to offer bilingual programs in Rhode Island.[13]**

◆ **In Rhode Island, 18% of all ELL students are in high school.[14] Youth who are ELL students face unique challenges to learn English, study the required material needed to graduate, and finance a college education. As a result, dropout rates are significantly higher for immigrant youth who are ELLs than for their English-speaking peers.[15,16]**

◆ **Examples of promising practices to improve the achievement of older ELL students include: programs that provide intensive language development, academic and cultural orientation, and five-year high school plans for immigrant students arriving too late to complete requirements in four years or who need additional English-language training.[17]**

Table 36.

English Language Learners, Rhode Island, 2006-2007 School Year

SCHOOL DISTRICT	TOTAL NUMBER OF STUDENTS	NUMBER OF ENGLISH LANGUAGE LEARNERS (ELL)					% OF TOTAL DISTRICT
		PRE K AND K	ELEMENTARY (GRADES 1-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)	TOTAL ELLS	
Barrington	**3,410**	**6**	**10**	**2**	**3**	**21**	**1%**
Bristol-Warren	**3,459**	**15**	**68**	**24**	**9**	**116**	**3%**
Burrillville	**2,554**	**1**	**4**	**0**	**0**	**5**	**0%**
Central Falls	**3,481**	**82**	**334**	**197**	**214**	**827**	**24%**
Chariho	**3,650**	**1**	**10**	**3**	**2**	**16**	**0%**
Coventry	**5,442**	**1**	**4**	**1**	**2**	**8**	**0%**
Cranston	**10,539**	**47**	**239**	**134**	**83**	**503**	**5%**
Cumberland	**4,983**	**8**	**50**	**20**	**0**	**78**	**2%**
East Greenwich	**2,338**	**1**	**3**	**1**	**3**	**8**	**0%**
East Providence	**5,654**	**66**	**119**	**20**	**20**	**225**	**4%**
Exeter-W. Greenwich	**1,992**	**0**	**8**	**2**	**2**	**12**	**1%**
Foster	**279**	**0**	**0**	**0**	**0**	**0**	**0%**
Foster-Glocester	**1,566**	**0**	**0**	**0**	**0**	**0**	**0%**
Glocester	**646**	**0**	**0**	**0**	**0**	**0**	**0%**
Jamestown	**480**	**0**	**3**	**0**	**0**	**3**	**1%**
Johnston	**3,116**	**0**	**34**	**20**	**9**	**63**	**2%**
Lincoln	**3,258**	**3**	**15**	**4**	**0**	**22**	**1%**
Little Compton	**300**	**0**	**0**	**0**	**0**	**0**	**0%**
Middletown	**2,420**	**7**	**31**	**10**	**3**	**51**	**2%**
Narragansett	**1,508**	**0**	**4**	**1**	**0**	**5**	**0%**
New Shoreham	**140**	**0**	**3**	**1**	**1**	**5**	**4%**
Newport	**2,258**	**6**	**28**	**13**	**13**	**60**	**3%**
North Kingstown	**4,429**	**11**	**28**	**10**	**7**	**56**	**1%**
North Providence	**3,206**	**4**	**18**	**13**	**19**	**54**	**2%**
North Smithfield	**1,855**	**4**	**8**	**0**	**1**	**13**	**1%**
Pawtucket	**8,667**	**107**	**451**	**210**	**212**	**980**	**11%**
Portsmouth	**2,978**	**0**	**0**	**0**	**0**	**0**	**0%**
Providence	**25,012**	**505**	**2,058**	**673**	**711**	**3,947**	**16%**
Scituate	**1,753**	**0**	**0**	**0**	**0**	**0**	**0%**
Smithfield	**2,509**	**1**	**13**	**0**	**0**	**14**	**1%**
South Kingstown	**3,775**	**2**	**11**	**6**	**4**	**23**	**1%**
Tiverton	**2,020**	**0**	**0**	**0**	**0**	**0**	**0%**
Warwick	**10,836**	**6**	**40**	**17**	**10**	**73**	**1%**
West Warwick	**3,617**	**17**	**36**	**13**	**17**	**83**	**2%**
Westerly	**3,430**	**11**	**25**	**18**	**11**	**65**	**2%**
Woonsocket	**6,286**	**31**	**172**	**58**	**39**	**300**	**5%**
Charter Schools	***1,748***	***56***	***176***	***12***	***4***	***248***	***14%***
State-Operated Schools	***1,815***	***0***	***0***	***0***	***36***	***36***	***2%***
Core Cities	***49,320***	***748***	***3,079***	***1,164***	***1,206***	***6,197***	***13%***
Remainder of State	***94,524***	***195***	***748***	***307***	***189***	***1,439***	***2%***
Rhode Island	***147,407***	***999***	***4,003***	***1,483***	***1,435***	***7,920***	***5%***

Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year. Total number of English Language Learners is the number of students in each district who were actively enrolled in English as a Second Language (ESL) or Bilingual Education programs in the 2006-2007 school year. Students who are not yet fully English proficient but have exited ESL or Bilingual Education programs to regular education are not included in these numbers.

Due to a change in methodology, the percentage of English Language Learners by district cannot be compared with percentages given in Factbooks before the 2004 Factbook. The "% of Total District" is based on the total number of English Language Learners divided by the "average daily membership."

The State-Operated School with ELL students are Davies Career and Technical School and the Rhode Island Department of Children, Youth and Families. The charter schools with ELL students include: Blackstone Academy Charter School, Paul Cuffee Charter School, CVS Highlander Charter School, International Charter, and The Learning Community Charter School.

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

References

[1] Fitzsimmons, S. & Short, D. J. (2007). *Double the work: Challenges and solutions to acquiring language and academic literacy for adolescent English Language Learners – A report to Carnegie Corporation of New York.* Washington, DC: Alliance for Excellent Education.

[2] Shields, M. K. & Behrman, R. E. (2004). Children of immigrant families: Analysis and recommendations. *The Future of Children: Children of Immigrant Families,* 14(2), 4-15.

[3] U.S. Bureau of the Census, American Community Survey, 2006. Table B16004.

[4,7,13,14] Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

(continued on page 155)

Children Enrolled in Special Education

DEFINITION

Children enrolled in special education is the percentage of students in kindergarten through 12th grade who received special education services in Rhode Island public schools or who were placed in private special education programs by their district of residence. Unless otherwise specified, references to students enrolled in special education in this indicator do not include pre-school children receiving special education services or parentally-placed special education students.

SIGNIFICANCE

Special education and related services are important resources for improving long-term outcomes for children with special needs, including increasing student achievement, graduation rates, participation in postsecondary education and economic success in adulthood.[1]

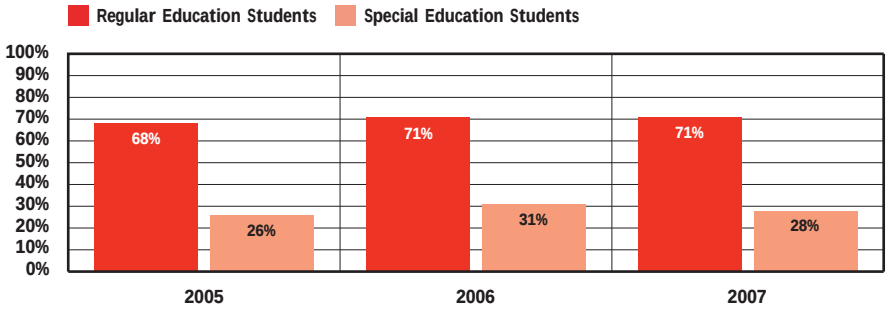
The federal Individuals with Disabilities Education Act (IDEA) Part B mandates that local school districts identify and provide multidisciplinary evaluations for students ages 3 to 21 whom they have reason to believe have disabilities.[2,3] Once found eligible for special education, a student must be provided with an Individualized Education Program (IEP) laying out goals, outlining specific steps for achieving the goals and providing services for the student based on their individual needs. Services described in the IEP must be provided in the least restrictive environment (i.e., to the extent appropriate, the child should receive special education services integrated into a regular education setting with non-disabled children).[4]

In the 2004-2005 school year (the most recent year for which national data were tabulated), Rhode Island had the highest percentage (20%) of public school students identified as disabled and receiving special education services under IDEA in the nation. The national rate was 14%.[5]

In Rhode Island in the 2006-2007 school year, there were 27,345 students enrolled in special education. Forty-three percent (43%) of Rhode Island children enrolled in special education had a learning disability, 19% had a speech impairment, 17% had a health impairment, 11% had an emotional disturbance, 4% had mental retardation, 4% had autism and 3% had other disabilities.[6]

Of the 27,345 students receiving special education services in Rhode Island in the 2006-2007 school year, 71% were White, 17% were Hispanic, 9% were Black, 1% were Asian and 1% were Native American.[7]

4th Grade Reading Proficiency, Regular Education Students & Special Education Students, Rhode Island, 2005 – 2007



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program*, (NECAP) Grade 4, October 2005, October 2006 and October 2007.

◆ **In Rhode Island, students with disabilities achieve at lower levels than non-disabled students on the state assessments. In 2007, 28% of special education students were proficient in reading, compared with 71% of regular education students.[8]**

◆ **The federal No Child Left Behind Act (NCLB) requires states, districts and schools to demonstrate that students with disabilities make "adequate yearly progress" towards proficiency in reading and math. Together with IDEA, NCLB promotes accountabilty for the achievement of students with disabilities.[9]**

◆ **In Rhode Island in the 2006-2007 school year, 38% of the special education students were ages 5-10; 34% were ages 11-14; 27% were ages 15-18; and 1% were ages 19-21.[10]**

◆ **There were an additional 2,985 pre-school students in Rhode Island receiving special education services during the 2006-2007 school year. Of these children, 48% were receiving speech and language services, 36% had developmental delays, 6% had autism and 10% had other disabilities.[11]**

◆ **Of Rhode Island students receiving special education services, 63% were in a regular class 80% of the day or more, 13% were in a regular class 40%-79% of the day and 18% were in a regular class less than 40% of the day.[12]**

Children Enrolled in Special Education

Table 37.

Kindergarten through 12th Grade Students in Special Education by Primary Disability, Rhode Island, 2006-2007

SCHOOL DISTRICT OF RESIDENCE	TOTAL # OF STUDENTS	EMOTIONAL DISTURBANCE	MENTAL RETARDATION	AUTISM	HEALTH IMPAIRMENT	LEARNING DISABILITY	SPEECH DISORDER	DEVELOP-MENTAL DELAY	OTHER	STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,409	47	13	33	135	142	120	NA	16	507	15%
Bristol-Warren	3,459	34	34	28	28	199	97	NA	11	432	12%
Burrillville	2,559	46	18	25	106	156	131	0	15	497	19%
Central Falls	3,481	92	53	11	75	464	104	NA	12	814	23%
Chariho	3,572	20	20	30	39	142	130	NA	11	394	11%
Coventry	5,441	48	30	29	85	609	107	0	22	930	17%
Cranston	10,406	169	43	84	355	905	259	10	53	1,878	18%
Cumberland	5,019	89	23	53	266	265	236	NA	26	966	19%
East Greenwich	2,337	21	NA	33	110	85	83	0	NA	347	15%
East Providence	5,654	174	46	43	395	501	261	NA	37	1,458	26%
Exeter-W. Greenwich	2,008	45	13	11	86	115	83	0	NA	359	18%
Foster	287	0	0	0	NA	NA	27	0	0	37	13%
Foster-Glocester	1,566	11	11	NA	32	63	32	0	NA	161	10%
Glocester	657	NA	NA	NA	12	20	44	NA	NA	96	15%
Jamestown	698	NA	NA	14	33	43	15	0	NA	111	16%
Johnston	3,207	77	17	40	188	301	121	NA	18	768	24%
Lincoln	3,258	51	19	32	128	195	74	NA	13	513	16%
Little Compton	459	0	NA	NA	NA	36	20	0	NA	67	15%
Middletown	2,418	44	11	20	78	241	84	NA	12	493	20%
Narragansett	1,513	16	NA	13	27	80	80	NA	NA	229	15%
New Shoreham	140	NA	NA	NA	NA	NA	NA	0	0	24	17%
Newport	2,249	51	12	29	22	291	73	0	17	495	22%
North Kingstown	4,222	69	22	25	99	295	142	NA	27	682	16%
North Providence	3,206	54	26	22	176	146	136	NA	18	581	18%
North Smithfield	1,860	21	NA	11	49	126	75	0	NA	295	16%
Pawtucket	8,667	141	105	65	149	605	293	NA	27	1,391	16%
Portsmouth	2,810	52	11	37	104	192	129	NA	NA	534	19%
Providence	25,015	700	346	96	263	2,520	753	NA	60	4,743	19%
Scituate	1,767	NA	NA	12	39	71	108	NA	NA	242	14%
Smithfield	2,508	10	10	16	64	122	52	NA	NA	285	11%
South Kingstown	3,794	80	13	43	148	242	156	0	26	708	19%
Tiverton	2,036	25	NA	20	46	232	91	NA	18	437	21%
Warwick	10,841	182	55	83	595	935	367	29	47	2,293	21%
West Warwick	3,613	126	40	14	69	349	141	0	22	761	21%
Westerly	3,466	98	12	38	100	186	125	NA	12	579	17%
Woonsocket	6,239	184	118	52	358	523	232	NA	38	1,509	24%
Charter Schools	*1,748*	*11*	*NA*	*NA*	*17*	*123*	*71*	*0*	*NA*	*231*	*13%*
State-Operated Schools	*1,847*	*120*	*NA*	*NA*	*106*	*174*	*NA*	*0*	*68*	*483*	*26%*
UCAP	*139*	*NA*	*0*	*0*	*NA*	*NA*	*NA*	*0*	*0*	*15*	*11%*
Core Cities	*49,264*	*1,294*	*674*	*267*	*936*	*4,752*	*1,596*	*18*	*176*	*9,713*	*20%*
Remainder of State	*94,577*	*1,498*	*478*	*811*	*3,538*	*6,656*	*3,392*	*85*	*445*	*16,903*	*18%*
Rhode Island	*147,575*	*2,924*	*1,155*	*1,091*	*4,603*	*11,711*	*5,068*	*103*	*690*	*27,345*	*19%*

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year. Office of Special Populations, June 30, 2007. The denominator (number of students) is the "resident average daily membership" for the 2006-2007 school year provided by the Rhode Island Department of Elementary and Secondary Education.

Due to changes in methodology, *Children Enrolled in Special Education* in this Factbook cannot be compared with Factbooks previous to 2008. Previous Factbooks included parentally-placed private school students and pre-school students receiving special education services – these students are no longer included. Children attending schools in other districts (e.g., when no appropriate placement exists in the home district) are listed under the district in which the students reside. An additional 2,985 students ages 3-5 receiving special education services are not included in the table.

NA indicates that fewer than 10 students are in that category; actual numbers are not shown to protect student confidentiality. Note that these students are still counted in the total students with disabilities column and in the core cities, remainder of state and state totals.

The category "other" includes: visually impaired/blind, hearing impaired/deaf, multi-handicapped, orthopedically impaired, and traumatic brain injury.

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

Independent charter schools reported for this indicator are BEACON Charter School, Blackstone Academy Charter School, The Compass School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. State-operated schools are William M. Davies Career-Technical High School, DCYF Schools, the Rhode Island Department of Corrections, Metropolitan Career & Technical Center and Rhode Island School for the Deaf.

References

[1] *Improving secondary education and transition services for youth with disabilities: A forum – December 5, 2003.* (n.d.). Retrieved from the American Youth Policy Forum on February 11, 2008 from www.aypf.org

(continued on page 155)

Student Mobility

DEFINITION

Student mobility is the number of students who either enrolled in or withdrew from Rhode Island public schools during the school year divided by the total school enrollment numbers.

SIGNIFICANCE

Families move for a variety of reasons that may include changes in household structure, parental employment status, cost of housing, health, dissatisfaction with neighborhood conditions or to improve the overall quality of family life.[1]

Nationally, 14% of school-age children moved between 2005 and 2006.[2] Mobility can adversely affect children's academic performance. Changing schools disrupts learning and can result in children missing parts of the core curriculum.[3] Delays in the transfer of student records often present challenges for administrators in correctly placing students in classes. This problem can be particularly damaging for students with special needs or behavior problems who may not receive needed services in a timely manner.[4]

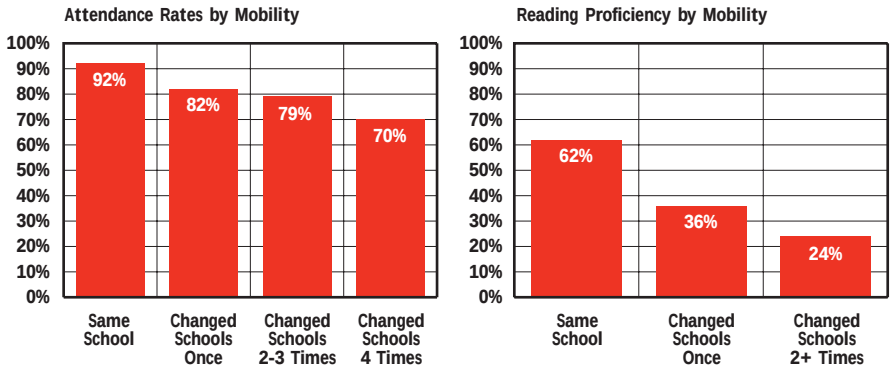
High mobility rates in a school can also negatively impact non-mobile students because teachers often slow curriculum progress and spend extra time helping new students "catch up."[5] The higher the mobility in a school, the more often teachers have to interrupt, change or completely abandon current lessons. Teachers in these schools often spend time helping new students adjust to school rules and addressing their social concerns.[6]

Strong evidence exists that student mobility at all ages decreases student test scores and grade point averages and reduces the chance that a student will graduate.[7,8] Mobility also has a strong relationship to child well-being, particularly for at-risk families. Frequent moves are correlated with negative outcomes such as depression and drug and alcohol use.[9] Children who move three or more times are 60% more likely to repeat a grade and 80% more likely to be expelled or suspended than their less mobile peers.[10]

Nationally, children under age five, minority children, children living in low-income households, and children in renter households have higher rates of mobility than other children.[11,12]

The overall school mobility rate for Rhode Island was 18% for the 2006-2007 school year. There was significant variation across school districts, from a high of 40% in Central Falls to a low of 1% in Little Compton. The core cities have a significantly higher mobility rate (29%) than districts in the remainder of the state (11%).[13]

Mobility and Education Outcomes in Rhode Island



Source: Rhode Island Department of Elementary and Secondary Education, Data Warehouse, 2005-2006 school year.

◆ **In Rhode Island, students who move are absent more often than students who do not move. Rhode Island students who did not change schools had a 92% attendance rate, compared with 82% for those who moved once, 79% for those who moved 2 or 3 times and 70% for those who moved 4 times.[14]**

◆ **Children who move also perform worse on standardized tests than children who have not experienced mobility. In 2005-2006 in Rhode Island, 62% of 4th grade children who did not experience mobility met the reading proficiency standard on the New England Common Assessment Program exam, compared with 36% of students who moved once and 24% of students who moved twice or more.[15]**

Mobility among Rhode Island Children

◆ **In 2006 in Rhode Island, 14% of children ages 5 to 19 changed residency at least once during the previous year, with the majority (9%) moving within the same county, 1% moving within Rhode Island from another county, 4% moving from a different state, and 1% moving from abroad.[16]**

◆ **Individuals living below the federal poverty threshold were more likely to change residency in Rhode Island in 2006. For the population ages 1 year and older, 19% of the population living below the poverty threshold moved within the same county or within the state, compared to 9% of the population living above the poverty threshold.[17]**

Table 38.

Student Mobility Rate by District, Rhode Island, 2006-2007 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	ENROLLED WHOLE YEAR	CHILDREN ENROLLED & EXITED DURING YEAR	STABILITY RATE	MOBILITY RATE
Barrington	3,657	3,428	235	94%	6%
Bristol-Warren	3,701	3,346	380	90%	10%
Burrilville	2,742	2,466	296	90%	11%
Central Falls	4,796	3,007	1,905	63%	40%
Chariho	3,990	3,602	412	90%	10%
Coventry	5,969	5,398	609	90%	10%
Cranston	12,293	10,328	2,059	84%	17%
Cumberland	5,555	4,953	630	89%	11%
East Greenwich	2,476	2,345	136	95%	5%
East Providence	6,075	5,548	548	91%	9%
Exter-West Greenwich	2,144	1,983	175	92%	8%
Foster	309	300	11	97%	4%
Foster-Glocester	1,629	1,514	121	93%	7%
Glocester	726	653	74	90%	10%
Jamestown	518	489	30	94%	6%
Johnston	3,793	2,978	850	79%	22%
Lincoln	3,470	3,341	129	96%	4%
Little Compton	315	311	4	99%	1%
Middletown	2,976	2,228	773	75%	26%
Narragansett	1,584	1,487	104	94%	7%
New Shoreham	161	131	31	81%	19%
Newport	2,918	2,051	911	70%	31%
North Kingstown	4,842	4,383	483	91%	10%
North Providence	3,503	3,160	366	90%	10%
North Smithfield	1,979	1,834	171	93%	9%
Pawtucket	11,470	7,993	3,680	70%	32%
Portsmouth	3,265	2,933	366	90%	11%
Providence	29,893	22,177	8,416	74%	28%
Scituate	1,864	1,769	102	95%	5%
Smithfield	2,697	2,558	155	95%	6%
South Kingstown	4,042	3,683	385	91%	10%
Tiverton	2,217	2,035	192	92%	9%
Warwick	11,915	10,668	1,362	90%	11%
West Warwick	4,132	3,401	773	82%	19%
Westerly	3,638	3,274	392	90%	11%
Woonsocket	7,149	5,727	1,575	80%	22%
Charter Schools	*1,794*	*1,691*	*103*	*94%*	*6%*
UCAP	*162*	*120*	*43*	*74%*	*27%*
State-Operated Schools	*2,528*	*1,538*	*1,317*	*61%*	*52%*
Core Cities	*60,358*	*44,356*	*17,260*	*73%*	*29%*
Remainder of State	*104,045*	*93,126*	*11,581*	*90%*	*11%*
Rhode Island	*168,887*	*140,831*	*30,304*	*83%*	*18%*

Calculating Mobility and Stability Rates

- **Mobility rates are calculated by adding all children who entered any school within the school district to all those who withdrew from a school in the district and dividing the total by the total enrollment for that school district.**

- **Stability rates measure the number of children who attended the same school the entire school year in a school district. The stability rate is calculated by dividing the number of children enrolled the whole year at the same school in the school district by total enrollment for that school district.**

- **Total enrollment for each district is cumulative over the course of the school year.**

Source: Rhode Island Department of Elementary and Secondary Education, 2007.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2006-2007 School Year.

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

References

[1] U.S. Bureau of the Census, Current Population Survey, 2006 Annual Social and Economic Supplement. *Table 31: Reason for move by sex, age, race and Hispanic origin, education, marital status, labor force status, tenure, poverty status, and household income in 2005 (all categories): 2005 to 2006.*

[2] U.S. Bureau of the Census, Current Population Survey, 2006 Annual Social and Economic Supplement. *Table 1: General mobility by region, sex, and age: 2005-2006.*

[3,5,7] American Youth Policy Forum. (2002). *Forum Brief: Addressing the causes and consequences of high student mobility: The role of school systems and communities.* Retrieved December 18, 2007 from www.aypf.org/forumbriefs/2002/fb030102.htm

[4,6] Sanderson, D. R. (2003). Engaging highly transient students. *Education*, 123(3), 600-605.

[8,9] Scanlon, E. & Devine, K. (2001). Residential mobility and youth well-being: Research, policy and practice Issues. *Journal of Sociology and Social Welfare*, XXVIII(1), 119-138.

[10] Rhodes, V. L. (2005). Kids on the move: The effects of student mobility on NCLB school accountability ratings. *Urban Education Journal*, 3(3).

[11] Schacter, J. (2001). *Geographical mobility - population characteristics: March 1999 to March 2000.* Current Population Reports. Washington, DC: U.S. Bureau of the Census.

[12] *Trends in the well-being of America's children and youth.* (2002). Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

[13] Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

[14,15] Rhode Island Department of Elementary and Secondary Education, 2005-2006 school year.

[16] U.S. Bureau of the Census, American Community Survey, 2006. Table B07001.

[17] U.S. Bureau of the Census, American Community Survey, 2006. Table B07012.

Fourth-Grade Reading Skills

DEFINITION

Fourth-grade reading skills is the percentage of fourth-grade students who scored at or above the proficiency level for reading on the *New England Common Assessment Program* (NECAP) test. The NECAP test measures reading, writing and math skills. Overall scores from the reading test are reported here.

SIGNIFICANCE

Reading proficiency is fundamental to the development of academic competencies and basic life skills. Students with poor reading skills will experience difficulty completing academic coursework, graduating from high school and can experience difficulty finding and maintaining employment later in life.[1]

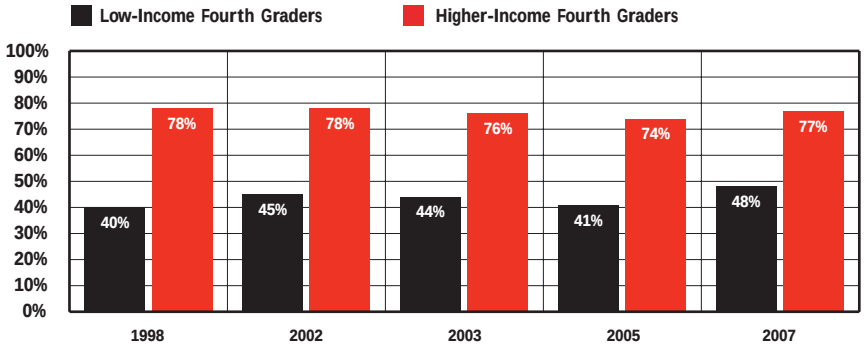
Literacy begins long before children encounter formal school instruction in writing and reading. Enhanced vocabulary, comprehension and cognitive development can be seen in children under three years of age by starting to read to children from infancy.[2] Literacy-rich home environments (including reading, singing or telling stories to children) contribute to advanced literacy development and reading achievement.[3,4] Participation in high-quality pre-schools can also boost language and literacy skills by helping children learn, think and talk about new areas of knowledge; by integrating reading, letters, sounds and storytelling into everyday activities; and offering opportunities to play in ways that build awareness of the sounds and structure of language.[5]

When students continue to have difficulty reading beyond third grade, they often face tremendous difficulty catching up. Older students can learn to read when schools identify reading difficulties early and intervene quickly in order to teach foundational skills that students have missed by providing many opportunities to practice reading with meaningful, age-appropriate books.[6]

In October 2007, 64% of Rhode Island fourth graders scored at or above proficiency for reading on the NECAP up from 60% in 2005. The NECAP was jointly created by New Hampshire, Vermont and Rhode Island, the only testing collaborative in the nation. While Rhode Island students have shown improved proficiency levels over the past 3 years, they have consistently performed less well than students in New Hampshire and Vermont in reading and mathematics.[7]

Students receiving special education services are much less likely to be proficient in reading than students in regular education. In Rhode Island, 28% of fourth graders with disabilities achieved proficiency compared with 71% of their non-disabled peers.[8]

Rhode Island Public School 4th Grade Reading Proficiency, Percentage at or Above Basic Understanding by Income Status



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2007 Reading Assessment. Income status is determined by eligibility for the National School Lunch Program.

◆ **The National Assessment of Educational Progress (NAEP) Reading Assessment is a nationally representative assessment of students' achievement. The NAEP has three reading achievement levels: Basic, Proficient and Advanced. Fourth graders performing at the Basic level should have a general understanding of the meaning of what they read, make obvious associations between text and their own experiences, and expand ideas in the text by making simple inferences.[9]**

◆ **In Rhode Island between 1998 and 2007, the percentage of higher-income fourth graders achieving at or above the Basic level on the NAEP was consistently higher than that of low-income fourth graders.[10] In 2007, 48% of low-income fourth graders scored at or above the Basic level compared to 77% of higher-income fourth graders.[11]**

◆ **The level and content of students' knowledge, as well as their ability to think, learn and communicate, influence their capacity to thrive in the labor market as adults. Students with high test scores are more likely to succeed in school, be employed and earn more as adults than students with lower test scores.[12]**

Table 39. **Fourth-Grade Reading Proficiency, Rhode Island, 2005 & 2007**

	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2007	
SCHOOL DISTRICT	% ADULTS COMPLETING HIGH SCHOOL	% CHILDREN IN POVERTY	% ENGLISH LANGUAGE LEARNERS	# OF 4TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL	# OF 4TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	**92%**	**2%**	**1%**	**248**	**89%**	**245**	**91%**
Bristol-Warren	**75%**	**7%**	**3%**	**268**	**69%**	**252**	**79%**
Burrillville	**80%**	**8%**	**0%**	**164**	**63%**	**165**	**72%**
Central Falls	**49%**	**37%**	**24%**	**253**	**40%**	**263**	**45%**
Chariho	**88%**	**4%**	**0%**	**269**	**73%**	**263**	**80%**
Coventry	**83%**	**6%**	**0%**	**405**	**68%**	**411**	**73%**
Cranston	**79%**	**14%**	**5%**	**801**	**71%**	**785**	**72%**
Cumberland	**81%**	**6%**	**2%**	**410**	**74%**	**368**	**70%**
East Greenwich	**93%**	**3%**	**0%**	**201**	**86%**	**200**	**82%**
East Providence	**71%**	**13%**	**4%**	**415**	**59%**	**446**	**58%**
Exeter-W. Greenwich	**89%**	**4%**	**1%**	**162**	**74%**	**140**	**71%**
Foster	**88%**	**8%**	**0%**	**66**	**68%**	**58**	**69%**
Glocester	**87%**	**9%**	**0%**	**124**	**77%**	**132**	**76%**
Jamestown	**93%**	**3%**	**1%**	**42**	**83%**	**44**	**82%**
Johnston	**78%**	**12%**	**2%**	**276**	**58%**	**269**	**65%**
Lincoln	**82%**	**7%**	**1%**	**267**	**72%**	**262**	**78%**
Little Compton	**91%**	**7%**	**0%**	**37**	**73%**	**33**	**79%**
Middletown	**91%**	**6%**	**2%**	**195**	**68%**	**165**	**73%**
Narragansett	**91%**	**6%**	**0%**	**122**	**81%**	**78**	**71%**
New Shoreham	**95%**	**8%**	**4%**	**14**	**100%**	**10**	**90%**
Newport	**87%**	**15%**	**3%**	**178**	**46%**	**168**	**50%**
North Kingstown	**92%**	**6%**	**1%**	**337**	**79%**	**322**	**78%**
North Providence	**77%**	**13%**	**2%**	**250**	**64%**	**223**	**69%**
North Smithfield	**82%**	**5%**	**1%**	**128**	**77%**	**138**	**83%**
Pawtucket	**66%**	**24%**	**11%**	**703**	**48%**	**647**	**55%**
Portsmouth	**91%**	**3%**	**0%**	**236**	**75%**	**197**	**80%**
Providence	**66%**	**37%**	**16%**	**1887**	**31%**	**1,833**	**36%**
Scituate	**87%**	**7%**	**0%**	**141**	**72%**	**157**	**75%**
Smithfield	**85%**	**6%**	**1%**	**219**	**79%**	**195**	**81%**
South Kingstown	**91%**	**4%**	**1%**	**249**	**76%**	**262**	**75%**
Tiverton	**80%**	**5%**	**0%**	**154**	**77%**	**155**	**74%**
Warwick	**85%**	**7%**	**1%**	**853**	**71%**	**820**	**75%**
West Warwick	**76%**	**12%**	**2%**	**295**	**55%**	**252**	**58%**
Westerly	**82%**	**6%**	**2%**	**255**	**69%**	**245**	**78%**
Woonsocket	**64%**	**27%**	**5%**	**489**	**46%**	**513**	**50%**
Charter Schools	***NA***	***NA***	***14%***	***159***	***43%***	***212***	***58%***
Core Cities	***67%***	***30%***	***13%***	***3805***	***39%***	***3,676***	***44%***
Remainder of State	***83%***	***8%***	***2%***	***7467***	***72%***	***7,040***	***74%***
Rhode Island	***78%***	***16%***	***5%***	***11272***	***60%***	***10,928***	***64%***

Source of Data for Table/Methodology

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education, *Fourth Grade Reading Skills* cannot be compared with Factbooks previous to 2007.

Data are from the Rhode Island Department of Elementary and Secondary Education, New England Common Assessment Program (NECAP), October 2005 & 2007. The NECAP is a new assessment tool used by the Rhode Island Department of Elementary and Secondary Education.

The % of children in poverty is from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2005. The % of adults completing high school or higher is from Census 2000. The % of English Language Learners is from the Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

Only students who actually took the test are counted in district and school proficiency rates. All enrolled students are eligible unless their IEP specifically exempts them or unless they are beginning English Language Learners.

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

Independent charter schools reported for this indicator are the Compass School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, and Paul Cuffee Charter School. Charter schools are not included in the core city and remainder of state calculations.

References

[1] *Reading proficiency.* (n.d.). Retrieved from the Child Trends Data Bank on February 13, 2008 from www.childtrendsdatabank.org

[2] Raikes, H., et al. (2006). Mother-child bookreading in low-income families: Correlates and outcomes during the first three years of life. *Child Development*, 77(4), 924-953.

(continued on page 156)

Eighth-Grade Reading Skills

DEFINITION

Eighth-grade reading skills is the percentage of eighth-grade students who scored at or above the proficiency level for reading on the *New England Common Assessment Program (NECAP)* test in October 2007. The NECAP test measures reading, writing and math skills. Overall scores from the reading test are reported here.

SIGNIFICANCE

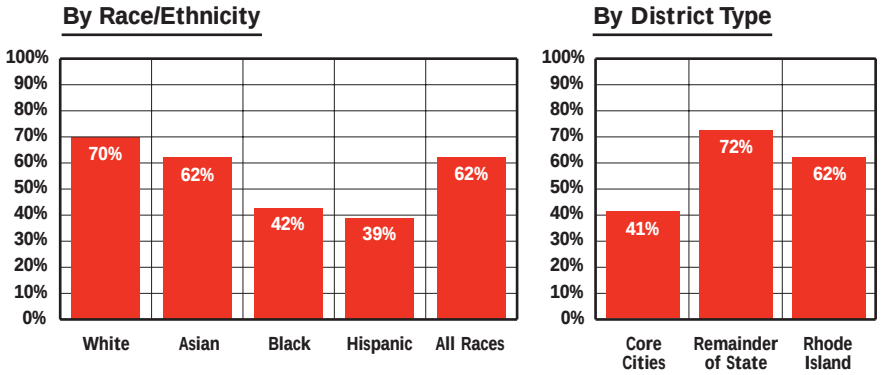
To succeed in post-secondary education or employment, students must possess literacy skills that enable them to construct meaning from a variety of texts and convey that meaning to others.[1] Achieving competence in reading is a developmental, multidimensional and interactive process.[2] Challenges in reading increase for older students because literacy as well as content demands intensify dramatically.[3]

Low reading ability in eighth grade has long-term implications for students. Reading disabilities persist over time and even some successful early readers develop substantial difficulties with reading at older ages. In the U.S., the majority of incoming ninth graders in high-poverty urban schools read two to three years below grade level.[4] Adolescents who are poor readers have difficulty succeeding in other core subjects and are more likely to drop out than their peers.[5] Problems faced by struggling readers are exacerbated when they are English Language Learners, recent immigrants or have learning disabilities.[6]

The 2007 National Assessment of Educational Progress (NAEP) is one measure that can be used to compare reading proficiency across states. In 2007, 69% of Rhode Island eighth graders performed at or above the Basic level on the NAEP, compared with 72% nationally.[7] At-risk adolescent students rarely receive the intensive reading instruction they need. Fewer than one in five high schools in the U.S. have reading specialists designated to help struggling readers.[8]

Older struggling readers need intensive interventions to improve their literacy. Studies show that schools with successful adolescent literacy programs have strong leadership, incorporate interdisciplinary teaching teams, target professional development, and use student assessments effectively. These schools implement comprehensive teaching strategies that include: teaching reading comprehension and subject-specific reading skills (e.g., for science or math); using diverse texts; motivating students to become independent readers; using text-based team-learning; using technology; and providing writing instruction and practice.[9]

Rhode Island Public School 8th-Grade Reading Proficiency, October 2007



◆ **In October 2007, 62% of Rhode Island eighth graders scored at or above proficiency in reading. Students in the core cities scored below the state average at 41% compared with 72% in the remainder of the state. Proficiency levels increased between 2006 and 2007 for students in the core cities, students in the remainder of the state and overall in Rhode Island.**

◆ **Forty-two percent of low-income students (determined by eligibility for the free or reduced-price lunch program) were proficient in reading compared to 73% of higher-income students.**

◆ **Black and Hispanic students scored significantly lower than their White and Asian counterparts. There were overall increases in proficiency levels between 2006 and 2007 for students in every racial and ethnic group in Rhode Island.**

◆ **In Rhode Island in 2007, 23% of eighth-grade students receiving special education services were proficient in reading compared with 70% of students in regular education programs. In 2006, 19% of eighth-grade students in special education were proficient in reading.**

Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program* (NECAP), October 2006 and October 2007.

Table 40.

Eighth-Grade Reading Proficiency, Rhode Island, 2005 & 2007

SCHOOL DISTRICT	COMMUNITY CONTEXT: % ADULTS COMPLETING HIGH SCHOOL	COMMUNITY CONTEXT: % CHILDREN IN POVERTY	COMMUNITY CONTEXT: % ENGLISH LANGUAGE LEARNERS	OCTOBER 2005: # OF 8TH GRADE TEST TAKERS	OCTOBER 2005: % AT OR ABOVE THE PROFICIENCY LEVEL	OCTOBER 2007: # OF 8TH GRADE TEST TAKERS	OCTOBER 2007: % AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	**92%**	**2%**	**1%**	**275**	**92%**	**298**	**95%**
Bristol Warren	**75%**	**7%**	**3%**	**291**	**63%**	**278**	**77%**
Burrillville	**80%**	**8%**	**0%**	**230**	**67%**	**212**	**63%**
Central Falls	**49%**	**37%**	**24%**	**279**	**27%**	**263**	**35%**
Chariho	**88%**	**4%**	**0%**	**302**	**58%**	**293**	**78%**
Coventry	**83%**	**6%**	**0%**	**479**	**66%**	**479**	**77%**
Cranston	**79%**	**14%**	**5%**	**926**	**57%**	**899**	**65%**
Cumberland	**81%**	**6%**	**2%**	**409**	**72%**	**431**	**63%**
East Greenwich	**93%**	**3%**	**0%**	**214**	**87%**	**216**	**90%**
East Providence	**71%**	**13%**	**4%**	**499**	**57%**	**468**	**65%**
Exeter-W. Greenw	**89%**	**4%**	**1%**	**161**	**72%**	**167**	**75%**
Foster-Glocester	**87%**	**7%**	**0%**	**217**	**57%**	**221**	**78%**
Jamestown	**93%**	**3%**	**1%**	**74**	**86%**	**57**	**75%**
Johnston	**78%**	**12%**	**2%**	**288**	**58%**	**273**	**63%**
Lincoln	**82%**	**7%**	**1%**	**261**	**74%**	**285**	**71%**
Little Compton	**91%**	**7%**	**0%**	**41**	**83%**	**38**	**87%**
Middletown	**90%**	**6%**	**2%**	**185**	**64%**	**168**	**76%**
Narragansett	**91%**	**6%**	**0%**	**123**	**81%**	**136**	**70%**
New Shoreham	**95%**	**8%**	**4%**	**9**	**89%**	**7**	**NA**
Newport	**87%**	**15%**	**3%**	**177**	**50%**	**179**	**46%**
North Kingstown	**92%**	**6%**	**1%**	**349**	**73%**	**351**	**76%**
North Providence	**77%**	**13%**	**2%**	**307**	**70%**	**270**	**66%**
North Smithfield	**82%**	**5%**	**1%**	**161**	**72%**	**147**	**55%**
Pawtucket	**66%**	**24%**	**11%**	**795**	**44%**	**740**	**47%**
Portsmouth	**91%**	**3%**	**0%**	**223**	**81%**	**260**	**73%**
Providence	**66%**	**37%**	**16%**	**1,935**	**25%**	**1,836**	**37%**
Scituate	**87%**	**7%**	**0%**	**156**	**89%**	**143**	**87%**
Smithfield	**85%**	**6%**	**1%**	**227**	**78%**	**226**	**85%**
South Kingstown	**91%**	**4%**	**1%**	**348**	**76%**	**317**	**83%**
Tiverton	**80%**	**5%**	**0%**	**203**	**67%**	**157**	**51%**
Warwick	**85%**	**7%**	**1%**	**955**	**59%**	**875**	**65%**
West Warwick	**76%**	**12%**	**2%**	**319**	**56%**	**298**	**62%**
Westerly	**82%**	**6%**	**2%**	**266**	**59%**	**279**	**76%**
Woonsocket	**64%**	**27%**	**5%**	**494**	**28%**	**438**	**30%**
Charter Schools	***NA***	***NA***	***14%***	***22***	***55%***	***87***	***49%***
Urban Collaborative	***NA***	***NA***	***NA***	***67***	***6%***	***59***	***36%***
Core Cities	***67%***	***30%***	***13%***	***3,999***	***33%***	***3,754***	***41%***
Remainder of State	***83%***	***8%***	***2%***	***8,179***	***67%***	***7,951***	***72%***
Rhode Island	***78%***	***16%***	***5%***	***12,270***	***56%***	***11,851***	***62%***

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)* October 2005 & 2007. The NECAP is the assessment tool used by the Rhode Island Department of Elementary and Secondary Education beginning in 2005 and was jointly developed with Vermont and New Hampshire.

% children in poverty data are from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2005. % of adults completing high school or higher data are from Census 2000. % English Language Learners is from the Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year. % of eighth-grade students who scored at or above the proficiency level are the students who received proficient or proficient with distinction scores on the reading section of the *New England Common Assessment Program.*

Only students who actually took the test are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Language Learners.

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

Core city and remainder of state calculations do not include charter schools or UCAP. Independent charter schools reported for this indicator are CVS Highlander School, Paul Cuffee Charter School, and Compass Charter School.

See Methodology section for more information.

References

[1] McCombs, J. S., Kirby, S. N., Barney, H., Darilek, H., Magee, S. J. (2005). *Achieving state and national literacy goals, a long uphill road.* New York: RAND Corporation.

[2] National Institute for Literacy. (n.d.). *Adolescent literacy—Research informing practice: A series of workshops.* Retrieved January 31, 2007 from http://www.nifl.gov/partnershipforreading/publications/adolescent.html

(continued on page 156)

Math Skills

DEFINITION

Math skills is the percentage of fourth- and eighth-grade students who scored at or above the proficiency level for math on the *New England Common Assessment Program* (NECAP) test in October 2007. The NECAP test measures reading, writing and math skills. Overall scores from the mathematics test are reported here.

SIGNIFICANCE

The ability to understand and use mathematics is critical in life. Students must rely on math skills not only for advancing their education, but also in the course of daily activities.[1] Schools in Rhode Island teach mathematics every year through eighth grade and require students to take four years of mathematics to graduate from high school.[2]

State, national and international assessments show that U.S. students fare well when asked to perform straightforward computational procedures, but tend to have a limited understanding of the basic mathematical concepts needed to solve simple problems. Performance in mathematics, while generally low, has been improving over the past decade.[3]

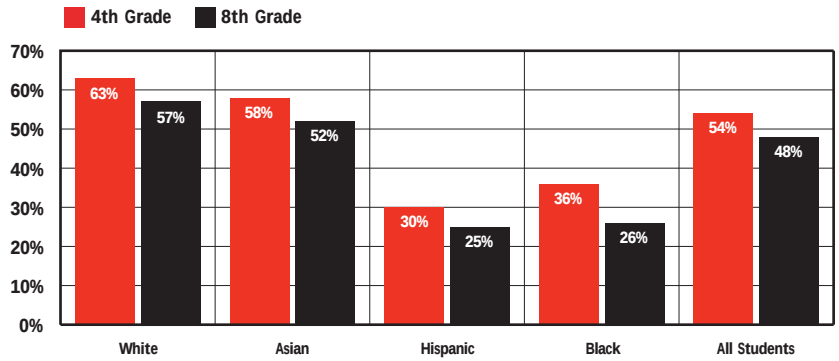
Family risk factors, such as poverty, language barriers and low maternal education negatively impact student achievement in mathematics.[4] Students with insufficient math skills will have fewer opportunities to pursue post-secondary education and secure high-level employment than their peers.[5]

Frequent engagement in classroom activities, such as doing math problems from a textbook, talking to others about how to solve math problems and using a calculator are associated with higher scores on assessments particularly for older students.[6] Students' achievement in math is highest when they are taught by teachers with strong backgrounds and training in math.[7]

Nationally and in Rhode Island, gaps in math performance exist between low-income children and higher-income children.[8] In Rhode Island in 2007, 36% of low-income fourth-grade students were proficient in math compared to 68% of higher-income fourth-grade students. Twenty-nine percent of low-income eighth-grade students were proficient in math compared to 60% of higher-income eighth-grade students.[8,9]

Achieving math proficiency for all students requires that changes be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation and professional development.[10]

4th and 8th Grade Math Proficiency Levels
Rhode Island Public Schools, October 2007



Source: Rhode Island Department of Elementary and Secondary Education, New England Common Assessment Program, October 2007.

◆ **In October 2007, 54% of Rhode Island fourth graders and 48% of eighth graders scored at or above proficiency in math. Black and Hispanic students scored significantly lower than their White and Asian counterparts. Both fourth-grade and eighth-grade students in the core cities scored about 20 percentage points below the state average while students in the remainder of the state scored approximately 10 percentage points above the state average.[11]**

◆ **In Rhode Island in 2007, 26% of fourth-grade students with disabilities were proficient in math compared to 60% without disabilities, and 14% of eighth-grade students with disabilities were proficient in math compared to 56% of students without disabilities.[12]**

National Assessment of Educational Progress

◆ **Eighty percent of Rhode Island fourth-graders performed at or above the Basic level in math on the 2007 National Assessment of Educational Progress (NAEP), compared with 81% nationally. Sixty-six percent of Rhode Island eighth-graders performed at or above the Basic level in math, compared with 70% nationally.[13]**

◆ **Students performing at the Basic level have shown partial mastery of prerequisite knowledge and skills that are fundamental for proficient grade-level work.[14]**

Table 41. **Fourth and Eighth Grade Math Proficiency, Rhode Island, October 2007**

SCHOOL DISTRICT	FOURTH GRADE # OF TEST TAKERS	FOURTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE THE PROFICIENCY LEVEL	EIGHTH GRADE # OF TEST TAKERS	EIGHTH GRADE % OF STUDENTS WHO SCORED AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	247	83%	299	89%
Bristol-Warren	252	72%	277	60%
Burrillville	165	55%	212	55%
Central Falls	270	33%	267	23%
Chariho	263	68%	293	59%
Coventry	411	70%	479	61%
Cranston	789	58%	901	45%
Cumberland	369	53%	431	57%
East Greenwich	200	72%	216	75%
East Providence	450	52%	469	49%
Exeter-West Greenwich	140	59%	167	69%
Foster	58	66%	NA	NA
Foster-Glocester	NA	NA	221	58%
Glocester	132	61%	NA	NA
Jamestown	45	69%	57	75%
Johnston	269	52%	273	51%
Lincoln	261	71%	285	60%
Little Compton	33	70%	38	71%
Middletown	172	68%	174	72%
Narragansett	78	63%	136	65%
New Shoreham	10	90%	7	NA
Newport	171	39%	178	42%
North Kingstown	322	71%	351	63%
North Providence	222	50%	272	30%
North Smithfield	139	73%	147	43%
Pawtucket	650	46%	754	36%
Portsmouth	197	64%	260	73%
Providence	1,875	26%	1,851	24%
Scituate	157	69%	143	66%
Smithfield	195	81%	226	71%
South Kingstown	262	71%	318	78%
Tiverton	154	75%	157	53%
Warwick	822	65%	877	47%
West Warwick	254	50%	297	49%
Westerly	245	68%	279	60%
Woonsocket	518	44%	442	17%
Charter Schools	*214*	*44%*	*87*	*36%*
UCAP	*NA*	*NA*	*59*	*10%*
Core Cities	*3,738*	*35%*	*3,789*	*28%*
Remainder of State	*7,059*	*65%*	*7,965*	*58%*
Rhode Island	*11,011*	*54%*	*11,900*	*48%*

Source of Data for Table/Methodology

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education, Math Skills in the Factbook cannot be compared with Factbooks prior to 2007.

All data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2007.

Only students who actually took the test are counted in the district's or school's proficiency rate. All enrolled students are eligible unless their IEP specifically exempts them or unless they are beginning English-Language Learners.

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

Charter schools include CVS Highlander School, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, and Compass Charter School. Charter schools are not included in the core city and remainder of state calculations.

NA indicates that the school district does not serve students at that grade level or that the number of students was too small to report.

References

[1,6] National Center for Education Statistics. (2001). *The nation's report card: Mathematics 2000.* Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics.

[2] *The Rhode Island High School Diploma System.* (2005). Providence, RI: Rhode Island Department of Elementary and Secondary Education.

[3,10] National Research Council. (2005). *Adding it up: Helping children learn mathematics.* Mathematics Learning Study Committee, Center for Education, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

[4] National Center for Education Statistics. (2004). *The condition of education 2004* (NCES 2004-007). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics.

(continued on page 156)

High Performing Schools

DEFINITION

High performing schools is the percentage of schools in Rhode Island that were classified as high performing by the Rhode Island Department of Elementary and Secondary Education. Rhode Island's accountability system is designed to promote an increase in student test scores so all students reach proficiency by 2014, as required by the federal No Child Left behind Act of 2001.

SIGNIFICANCE

The 2001 federal No Child Left Behind Act (NCLB) is aimed at closing achievement gaps and improving public schools. Through improved standards and accountability and increased testing and reporting requirements, NCLB is intended to focus on improving educational outcomes for all students with special attention paid to key demographic groups. The law is also intended to improve teacher quality and expand options for students.[1]

The concept of standards-based education relies on four cornerstones: making learning goals explicit, ensuring teachers are using curricula aligned with the standards, providing the necessary resources, and developing tests and implementing accountability systems closely aligned with the learning goals.[2] Accountability systems are insufficient without deliberate interventions to improve teacher quality and to provide extra resources to students at risk of failure.[3]

Testing student performance in reading and mathematical skills can indicate how well schools are preparing students to succeed in higher education and the labor market. Students with higher test scores are more likely to graduate from high school, attend college, earn more and be unemployed less often as adults than students with lower test scores.[4]

High poverty schools can achieve high standards for student performance by regularly communicating high expectations for students and staff, nurturing positive relationships among adults and students, having a strong focus on academic instruction, using student assessments to individualize instruction, making decisions collaboratively, employing enthusiastic and diligent teachers, and effectively recruiting, hiring and assigning teachers to maximize success.[5]

Schools Making Insufficient Progress, Rhode Island, 2007

	Elementary & Middle Schools	High Schools
Core Cities	35%	57%
Remainder of State	1%	29%
Rhode Island	11%	40%

Source: Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

Elementary and Middle School Performance Classifications, Rhode Island, 2007

◆ **In Rhode Island in 2007, 171 (68%) elementary and middle schools were classified as "high performing," 52 (21%) were classified as "moderately performing," and 27 (11%) were classified as "making insufficient progress."[6]**

◆ **Elementary and middle school classifications are based on 37 targets that include school-wide English language arts (ELA) and mathematics targets, ELA and mathematics targets for student groups, school-wide and student group test participation targets, and attendance rate targets.[7]**

◆ **Schools were classified as "high performing" if the school as a whole met the ELA and mathematics targets for the year 2011, no student groups fell below current year targets, and participation and attendance targets were met. Schools were classified as "moderately performing" if current year assessment targets for school-wide performance were met, targets for all student groups were met, and participation and attendance targets were met. Schools that missed up to 3 targets (other than school-wide ELA and mathematics targets) were classifies as "high performing" or "moderately performing" for one year only. All other schools were classified as "making insufficient progress."[8]**

High School Performance Classifications, Rhode Island, 2007

◆ **In Rhode Island in 2007, 29 (50%) high schools were classified as "made adequate yearly progress (AYP)," 6 (10%) were classified as "with caution," and 23 (40%) were classified as "making insufficient progress."[9]**

◆ **High school classifications are based on 37 targets that include school-wide ELA and mathematics targets, ELA and mathematics targets for student groups, school-wide and student group test participation targets, and graduation rate targets.[10]**

◆ **Schools that did not miss any current targets were classified as "made AYP." Schools that missed up to three targets (other than school-wide ELA and mathematics targets) were classified as "with caution" for one year only. Schools that missed a school-wide ELA or math target, more than 3 targets, or schools that missed any target for multiple years were classified as "making insufficient progress."[11]**

Table 42.

School Performance, Rhode Island District Profiles, 2007

SCHOOL DISTRICT	# OF ELEMENTARY & MIDDLE SCHOOLS	% MAKING INSUFFICIENT PROGRESS	% MODERATELY PERFORMING	% HIGH PERFORMING	# OF HIGH SCHOOLS	% MAKING INSUFFICIENT PROGRESS	% CAUTION	% MADE AYP
Barrington	5	0%	0%	100%	1	0%	0%	100%
Bristol-Warren	7	0%	0%	100%	1	100%	0%	0%
Burrillville	3	0%	0%	100%	1	100%	0%	0%
Central Falls	5	60%	40%	0%	1	100%	0%	0%
Chariho	6	0%	0%	100%	2	0%	50%	50%
Coventry	7	0%	0%	100%	1	0%	0%	100%
Cranston	20	0%	5%	95%	3	33%	0%	67%
Cumberland	7	14%	0%	86%	1	0%	100%	0%
East Greenwich	5	0%	0%	100%	1	0%	0%	100%
East Providence	10	0%	30%	70%	1	0%	0%	100%
Exeter-West Greenwich	3	0%	0%	100%	1	0%	0%	100%
Foster	1	0%	0%	100%	NA	NA	NA	NA
Foster-Glocester	1	0%	0%	100%	1	0%	0%	100%
Glocester	2	0%	0%	100%	NA	NA	NA	NA
Jamestown	2	0%	0%	100%	NA	NA	NA	NA
Johnston	7	0%	14%	86%	1	0%	0%	100%
Lincoln	5	0%	0%	100%	1	100%	0%	0%
Little Compton	1	0%	0%	100%	NA	NA	NA	NA
Middletown	4	0%	50%	50%	1	0%	0%	100%
Narragansett	2	0%	0%	100%	1	0%	100%	0%
New Shoreham	1	0%	0%	100%	1	0%	0%	100%
Newport	6	33%	50%	17%	1	0%	0%	100%
North Kingstown	8	0%	0%	100%	1	0%	0%	100%
North Providence	8	0%	25%	75%	1	100%	0%	0%
North Smithfield	3	0%	0%	100%	1	0%	0%	100%
Pawtucket	13	38%	38%	23%	2	50%	50%	0%
Portsmouth	4	0%	0%	100%	1	0%	0%	100%
Providence	33	36%	58%	6%	15	53%	0%	47%
Scituate	4	0%	0%	100%	1	0%	0%	100%
Smithfield	5	0%	0%	100%	1	100%	0%	0%
South Kingston	6	0%	0%	100%	1	100%	0%	0%
Tiverton	4	0%	25%	75%	1	0%	0%	100%
Warwick	23	0%	4%	96%	3	67%	0%	33%
West Warwick	5	20%	40%	40%	1	100%	0%	0%
Westerly	6	0%	0%	100%	1	0%	100%	0%
Woonsocket	10	20%	70%	10%	1	100%	0%	0%
Charter Schools	*6*	*0%*	*33%*	*67%*	*2*	*0%*	*0%*	*100%*
State-Operated Schools	*1*	*0%*	*100%*	*0%*	*4*	*50%*	*25%*	*25%*
UCAP	*1*	*100%*	*0%*	*0%*	*NA*	*NA*	*NA*	*NA*
Core Cities	*72*	*35%*	*53%*	*13%*	*21*	*57%*	*5%*	*38%*
Remainder of State	*170*	*1%*	*6%*	*93%*	*31*	*29%*	*13%*	*58%*
Rhode Island	*250*	*11%*	*21%*	*68%*	*58*	*40%*	*10%*	*50%*

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

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

2007 independent charter schools are BEACON Charter School, Blackstone Academy Charter School, The Compass School, CVS Highlander Charter School, the International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. 2007 state-operated schools are the William M. Davies Jr. Career-Technical High School, DCYF schools, Metropolitan Regional Career & Technical Center, and the Rhode Island School for the Deaf.

See Methodology Section for more information.

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School Attendance

DEFINITION

School attendance is the average daily attendance of public school students in each school district in Rhode Island for elementary school (grades 1-5), middle school (grades 6-8), and high school (grades 9-12). Public school students in pre-school, kindergarten, and un-graded classrooms are not included.

SIGNIFICANCE

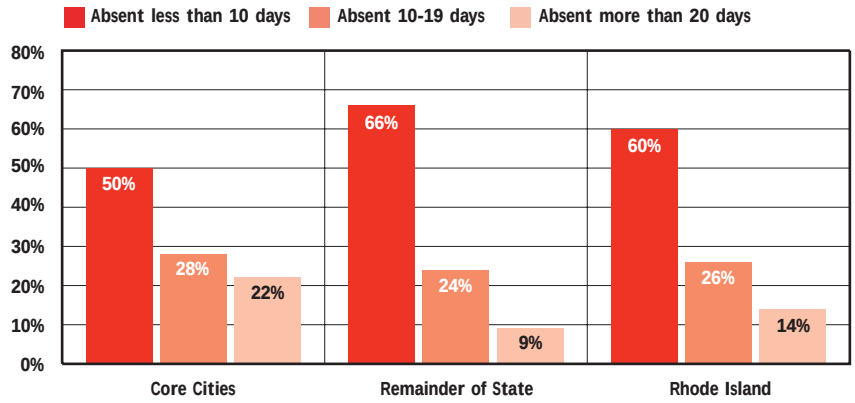
An important aspect of students' access to education is the amount of time actually spent in the classroom. When students are absent from school they forgo opportunities to learn. Student absenteeism places individual children at risk for school failure.[1] Gradual alienation and disengagement from school are symptoms of poor attendance, which may lead to students dropping out permanently.[2] Truancy (unexcused absences from school) also is a risk factor for delinquent behavior, substance abuse and teenage pregnancy, criminal activity and incarceration in adult life.[3]

Truancy increases with each grade level, starting with the 8th grade.[4] Attendance problems worsen as the school year progresses and usually begin early in high school.[5] Students' reasons for not attending school include repeated suspensions, poor achievement, concerns for safety, non-positive relationships with peers and teachers, conflicts between school and work, and negative perceptions of school.[6]

Truancy is rarely a reflection of the child alone and is often an early indication that the family needs help.[7] Teens who live in more affluent families and whose parents are more engaged in their education tend to have higher education aspirations and expectations, are more engaged in school, do better academically and are more likely to continue their schooling than their peers in less-advantaged families.[8]

A positive school climate, high teacher expectations, and caring adults can address many of the reasons students give for being truant.[9] Truancy prevention efforts must work to increase students' sense of connection with their schools and to strengthen their relationships with their teachers, because students are less likely to miss school when they are engaged and have a sense of belonging. Successful efforts also help students overcome personal and family barriers to school attendance.[10]

School Attendance in Rhode Island by Number of School Days Missed, 2006-2007



Source: Rhode Island Department of Elementary and Secondary Education. 2006-2007. *Charter and state-operated schools are only included in the state as a whole.*

◆ **During the 2006-2007 school year, 22% of students in the core cities in Rhode Island were absent 20 or more days, compared with 9% of students in the remainder of the state, and 14% in Rhode Island as a whole.[11]**

◆ **Improving the core cities' high school attendance rate from the current rate of 86% to 92% (the rate in the remainder of the state) would mean that on average 920 more students would be attending high school in the core cities each day of the school year.[12]**

Programs to Increase School Attendance

◆ **Research shows that youth who participate in mentoring programs are more likely to report improved mental health, graduate from high school and attend college. Mentoring works best when it is a long-term relationship supplemented with academic supports.[13,14]**

◆ **Effective truancy reduction programs include clear, consistently enforced school policies; school reorganization to support student engagement; effective communication between the school and the parents; family support programs; and collaboration between the school and community partners.[15]**

Table 43.

School Attendance Rates, Rhode Island, 2006-2007

SCHOOL DISTRICT	ELEMENTARY SCHOOL			MIDDLE SCHOOL			HIGH SCHOOL		
	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE	AVERAGE DAILY ATTENDANCE	TOTAL # OF STUDENTS	ATTENDANCE RATE
Barrington	**1,423**	**1,477**	**96%**	**836**	**867**	**97%**	**1,074**	**1,130**	**95%**
Bristol-Warren	**1,410**	**1,482**	**95%**	**747**	**787**	**95%**	**1,058**	**1,173**	**90%**
Burrillville	**1,010**	**1,057**	**96%**	**571**	**594**	**96%**	**816**	**865**	**94%**
Central Falls	**1,436**	**1,538**	**93%**	**815**	**877**	**93%**	**843**	**1,024**	**82%**
Chariho	**1,234**	**1,291**	**96%**	**1,114**	**1,165**	**96%**	**1,176**	**1,256**	**94%**
Coventry	**2,231**	**2,329**	**96%**	**1,331**	**1,390**	**96%**	**1,731**	**1,817**	**95%**
Cranston	**4,366**	**4,573**	**95%**	**2,501**	**2,642**	**95%**	**3,257**	**3,640**	**89%**
Cumberland	**2,143**	**2,226**	**96%**	**1,259**	**1,314**	**96%**	**1,408**	**1,552**	**91%**
East Greenwich	**1,161**	**1,203**	**97%**	**408**	**422**	**97%**	**729**	**762**	**96%**
East Providence	**2,260**	**2,367**	**95%**	**1,296**	**1,379**	**94%**	**1,811**	**2,014**	**90%**
Exeter-W. Greenwich	**936**	**973**	**96%**	**343**	**354**	**97%**	**661**	**702**	**94%**
Foster	**291**	**304**	**96%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Foster-Glocester	**NA**	**NA**	**NA**	**611**	**641**	**95%**	**846**	**925**	**91%**
Glocester	**682**	**696**	**98%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
Jamestown	**224**	**235**	**95%**	**212**	**220**	**96%**	**5**	**5**	**99%**
Johnston	**1,320**	**1,386**	**95%**	**801**	**854**	**94%**	**817**	**918**	**89%**
Lincoln	**1,401**	**1,456**	**96%**	**819**	**859**	**95%**	**989**	**1,068**	**93%**
Little Compton	**205**	**216**	**95%**	**92**	**97**	**95%**	**NA**	**NA**	**NA**
Middletown	**902**	**941**	**96%**	**734**	**767**	**96%**	**642**	**683**	**94%**
Narragansett	**467**	**489**	**96%**	**492**	**512**	**96%**	**456**	**484**	**94%**
New Shoreham	**68**	**73**	**93%**	**25**	**27**	**94%**	**37**	**41**	**91%**
Newport	**978**	**1,035**	**94%**	**511**	**551**	**93%**	**561**	**652**	**86%**
North Kingstown	**1,747**	**1,816**	**96%**	**1,079**	**1,122**	**96%**	**1,472**	**1,573**	**94%**
North Providence	**1,219**	**1,283**	**95%**	**760**	**806**	**94%**	**1,091**	**1,176**	**93%**
North Smithfield	**921**	**956**	**96%**	**295**	**309**	**95%**	**532**	**561**	**95%**
Pawtucket	**4,458**	**4,712**	**95%**	**1,558**	**1,684**	**93%**	**2,177**	**2,465**	**88%**
Portsmouth	**911**	**978**	**93%**	**911**	**957**	**95%**	**1,040**	**1,101**	**94%**
Providence	**11,060**	**11,915**	**93%**	**4,747**	**5,281**	**90%**	**6,459**	**7,619**	**85%**
Scituate	**756**	**787**	**96%**	**434**	**452**	**96%**	**539**	**566**	**95%**
Smithfield	**1,030**	**1,068**	**96%**	**598**	**620**	**96%**	**825**	**879**	**94%**
South Kingstown	**1,424**	**1,484**	**96%**	**919**	**959**	**96%**	**1,204**	**1,287**	**94%**
Tiverton	**673**	**705**	**95%**	**606**	**639**	**95%**	**707**	**749**	**94%**
Warwick	**5,347**	**5,589**	**96%**	**1,716**	**1,814**	**95%**	**3,367**	**3,682**	**91%**
West Warwick	**1,569**	**1,652**	**95%**	**809**	**871**	**93%**	**1,036**	**1,157**	**89%**
Westerly	**1,384**	**1,454**	**95%**	**816**	**854**	**96%**	**1,062**	**1,134**	**94%**
Woonsocket	**2,705**	**2,909**	**93%**	**1,325**	**1,452**	**91%**	**1,645**	**1,890**	**87%**
Charter Schools	***1,152***	***1,208***	***95%***	***251***	***261***	***96%***	***244***	***280***	***87%***
State-Operated Schools	***NA***	***NA***	***NA***	***8***	***9***	***89%***	***1,553***	***1,677***	***93%***
UCAP	***NA***	***NA***	***NA***	***121***	***139***	***87%***	***NA***	***NA***	***NA***
Core Cities	***22,206***	***23,762***	***93%***	***9,765***	***10,716***	***91%***	***12,720***	***14,807***	***86%***
Remainder of State	***39,147***	***40,894***	***96%***	***22,330***	***23,425***	***95%***	***29,352***	***31,743***	***92%***
Rhode Island	***62,505***	***65,864***	***95%***	***32,474***	***34,550***	***94%***	***43,869***	***48,507***	***90%***

Source of Data for Table/Methodology

Attendance rates are calculated by dividing "the average daily attendance" by the "average daily membership," as of September 2006. Both measures are provided by the Rhode Island Department of Elementary and Secondary Education for the 2006-2007 school year.

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

Charter schools include BEACON Charter School, Blackstone Academy Charter School, The Compass School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, and Paul Cuffee Charter School. State-operated schools include The Rhode Island Training School operated by DCYF, Metropolitan Regional Career & Technical Center, and William M. Davies Jr. Career & Technical High School.

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(continued on page 156)

Suspensions

DEFINITION

Suspensions is the rate of infractions and disciplinary actions per 100 students in pre-kindergarten through twelfth grade in Rhode Island public schools. It does not reflect the total number of students disciplined because each student can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions, out-of-school suspensions, and alternate program placements.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate for students and teachers, support learning, and address the causes of student misbehavior. Studies have shown that punitive disciplinary practices are largely ineffective and even counterproductive.[1] Out-of-school suspension is the most widely used disciplinary technique, both nationally and in Rhode Island. Suspension may be used for relatively minor offenses, such as attendance infractions and disrespect, as well as for more serious offenses, such as fighting, drug-related offenses, and weapon possession.[2,3]

Research has called into question the effectiveness and long-term impact of excluding students from school. Studies show that suspension usually does not deter students from misbehaving and may actually reinforce negative behavior patterns.[4] Suspended students are also more likely to have poor academic performance and to drop out of school than their peers.[5,6] The psychological and behavioral consequences of exclusion from school include the student's further disengagement and isolation from peers and teachers.[7,8]

During the 2006-2007 school year in Rhode Island, 47,065 disciplinary actions were attributed to 17,466 students.[9] The total number of disciplinary actions is more than twice the number of students disciplined because some students were disciplined multiple times.

Low-income and minority students are overrepresented in school suspensions and receive disproportionately severe disciplinary action in response to relatively minor offenses.[10] In Rhode Island in the 2006-2007 school year, 34% of Rhode Island students were enrolled in core city districts, but they received 52% (24,679) of the 47,065 disciplinary actions.[11]

Students with disabilities are also more likely than other students in Rhode Island to be suspended. While 19% of Rhode Island students were receiving special education services, they accounted for 36% (16,750) of the disciplinary actions and 31% (5,425) of the total students disciplined during the 2006-2007 school year.[12]

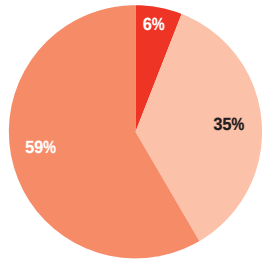
Disciplinary Actions, Rhode Island Schools, 2006-2007

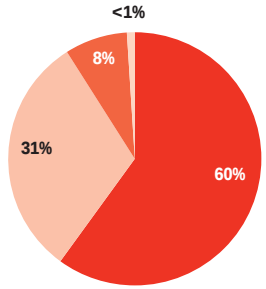
By Grade Level

6%	Elementary School (Pre-Kindergarten-5)
35%	Middle School (6-8)
59%	High School (9-12)

By Category

60%	Out-of-School Suspensions
31%	In-School Suspensions
8%	Alternate Program Placements
<1%	Unknown





n=47,065

Disciplinary Actions, Rhode Island Public Schools, 2006-2007

By Type of Infraction	#	%	By Type of Infraction	#	%
Attendance Offenses	16,808	36%	Harassment/Intimidation/Threat	1,982	4%
Insubordination/Disrespect	7,747	16%	Alcohol/Drug/Tobacco Offenses	938	2%
Disorderly Conduct	7,048	15%	Arson/Larceny/Vandalism	817	2%
Fighting	3,229	7%	Weapon Possession	292	1%
Obscene/Abusive Language	2,478	5%	Other Offenses*	3,646	8%
Assault	2,080	4%	*Total*	*47,065*	*100%*

**Examples of other offenses include forgery, trespassing and communication/electronic devices, etc.*

Source: Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year. Percentages may not sum to 100% due to rounding.

◆ **Students who are suspended are more likely to have a history of poor behavior, academic achievement below their grade level, grade repetition, mobility between schools, and attendance at schools with high rates of suspension.[13]**

◆ **In Rhode Island in 2006-2007, 12% of the student population was suspended at least once. More than one-third (36%) of disciplinary actions were for attendance-related offenses.[14]**

Table 44. **Disciplinary Actions, Rhode Island School Districts, 2006-2007**

SCHOOL DISTRICT	TOTAL # OF STUDENTS ENROLLED	TYPE OF DISCIPLINARY ACTION: SUSPENDED OUT-OF-SCHOOL	SUSPENDED IN-SCHOOL	ALTERNATE PROGRAM PLACEMENTS*	TOTAL DISCIPLINARY ACTIONS	ACTIONS PER 100 STUDENTS
Barrington	3,410	99	41	0	140	4
Bristol Warren	3,459	451	1,273	0	1,724	50
Burrillville	2,554	290	529	0	819	32
Central Falls	3,481	660	82	24	766	22
Chariho	3,650	501	0	3	504	14
Coventry	5,442	965	15	237	1,217	22
Cranston	10,539	2,051	0	0	2,051	19
Cumberland	4,983	792	1,145	0	1,937	39
East Greenwich	2,338	80	53	0	133	6
East Providence	5,654	810	17	0	827	15
Exeter-West Greenwich	1,992	167	0	0	167	8
Foster	279	0	0	0	0	0
Foster-Glocester	1,566	532	192	0	724	46
Glocester	646	1	0	0	1	<1
Jamestown	480	3	1	0	4	1
Johnston	3,116	473	772	0	1,245	40
Lincoln	3,258	795	11	2	808	25
Little Compton	300	0	0	0	0	0
Middletown	2,420	463	40	0	503	21
Narragansett	1,508	40	127	0	167	11
New Shoreham	140	2	1	0	3	2
Newport	2,258	1,022	979	0	2,001	89
North Kingstown	4,429	337	66	0	403	9
North Providence	3,206	393	31	1,327	1,751	55
North Smithfield	1,855	204	0	0	204	11
Pawtucket	8,667	1,685	1,247	0	2,932	34
Portsmouth	2,978	16	37	0	53	2
Providence	25,012	8,594	3,296	0	11,890	48
Scituate	1,753	47	5	209	261	15
Smithfield	2,509	180	1	0	181	7
South Kingstown	3,775	274	375	0	649	17
Tiverton	2,020	481	416	782	1,679	83
Warwick	10,836	2,009	1,379	0	3,388	31
West Warwick	3,617	1,192	1,240	5	2,437	67
Westerly	3,430	250	0	0	250	7
Woonsocket	6,286	2,148	1,096	1,409	4,653	74
Charter Schools	*1,397*	*111*	*61*	*0*	*172*	*12*
*State-Operated Schools***	*1,815*	*244*	*109*	*1*	*364*	*20*
UCAP	*139*	*57*	*0*	*0*	*57*	*41*
Core Cities	*49,321*	*15,301*	*7,940*	*1,438*	*24,679*	*50*
Remainder of State	*94,524*	*12,706*	*6,527*	*2,560*	*21,793*	*23*
Rhode Island	*147,196*	*28,419*	*14,637*	*3,999*	*47,065*	*32*

Notes to Table

*Alternate program placements (APPs) used for disciplinary reasons can consist of short-term or long-term academic placements in the student's home school or in an alternate setting. APPs provide students with explicit academic supports, unlike traditional in-school suspensions. The definition and use of APPs differs by district. Due to changes in how some districts categorize APPs, some of the data included in the in-school suspension and alternate program placement columns of this table may not be comparable to previous years.

**There were ten disciplinary actions of unknown type in the state-operated schools category.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

The disciplinary actions rate per 100 students is the total disciplinary actions for the school district at all grade levels (pre-kindergarten through12th grade), multiplied by 100, and divided by the "average daily membership" by district of instruction for the 2006-2007 school year. The rate signifies the number of disciplinary actions assigned per 100 students in the district.

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

Charter schools are BEACON Charter School, Blackstone Academy Charter School, CVS Highlander Charter School, International Charter School, Kingston Hill Academy, and Paul Cuffee Charter School. State-operated schools are the Metropolitan Career & Technical Center, DCYF schools, Rhode Island School for the Deaf, and William M. Davies Jr. Career-Technical High School.

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(continued on page 156)

High School Graduation Rate

DEFINITION

High school graduation rate is the number of 2007 graduates divided by the estimated size of the twelfth grade class had no students dropped out.

SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. The path to high school graduation begins early; research indicates that children who attend high-quality preschool programs are more likely to graduate from high school.[1]

Several factors contribute to a student's decision to leave school: repeating one or more grades, failing one or more subjects in 9th grade, ongoing patterns of absenteeism or tardiness, suspensions, poor grades, poor achievement on tests, high mobility, and disengagement from school are linked to a student's likelihood of dropping out.[2,3,4,5,6]

Student achievement and graduation rates can be improved for all students when schools have strong leadership, highly-qualified teachers, immediate intervention for struggling students, school environments that foster meaningful connections with adults, appropriate academic and social supports, improved communication with parents, a rigorous, engaging and relevant curriculum, high expectations for achievement and adequate funding.[7,8,9]

Adults without a high school diploma in Rhode Island are three and a half times as likely to be unemployed as those who receive a bachelor's degree.[10] In Rhode Island in 2006, the median income of adults without a high school diploma or General Education Development (GED) certificate was $21,854 compared to $29,360 for people with a high school degree or equivalent, and $45,569 for those with a bachelor's degree.[11]

High School Graduation Rates, 2003-2004

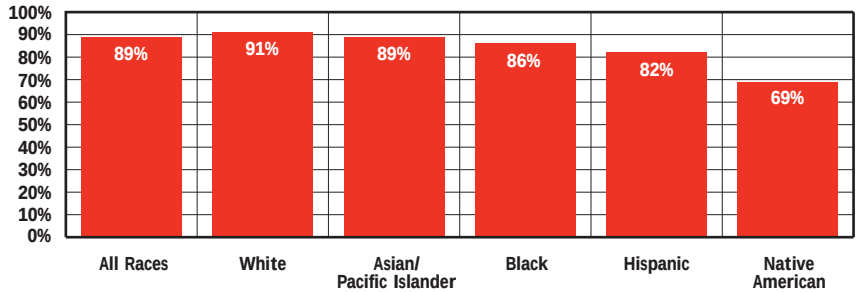
	2003-2004
RI	71%
US	70%
National Rank*	*31st*
New England Rank**	*6th*

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

Source: Graduation Profile, 2003-2004. (June 2007). *Education Week: Diplomas Count.* 26(40).

Diplomas Count uses the Cumulative Promotion Index (CPI) method to calculate graduation rates. The CPI estimates the probability that a student in the ninth grade will complete high school on time (i.e. in four years) with a regular diploma. The CPI is currently the best measure available for cross-state comparisons of graduation rates.

High School Graduation Rates in Rhode Island by Race & Ethnicity, 2007



Source: Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

◆ **Minority students are substantially more likely than White students to drop out of school. Lower graduation rates in minority communities are mainly driven by higher poverty rates and lower rates of educational attainment among adults in the community.[12,13]**

◆ **Poverty is strongly linked to the likelihood of dropping out. Nationally, low-income students are six times more likely to drop out than high-income students.[14] The core cities have an overall graduation rate of 81% compared with 93% in the remainder of the state.[15]**

◆ **The 2007 Rhode Island graduation rate was 87% for males and 91% for females.[16] Nationally, female students drop out less often than males, but female dropouts are significantly more likely to be unemployed and to earn less on average than male dropouts from the same racial and ethnic group.[17]**

◆ **Despite steady national increases in graduation rates of students with disabilities, they are still more likely to drop out of school than their non-disabled peers.[18] In Rhode Island, the high school graduation rate in 2007 for students with disabilities was 78%, compared to 89% statewide.[19]**

◆ **National research has shown that English Language Learners are at greater risk for dropping out than students in other minority groups.[20] Graduation rates for Rhode Island's English Language Learners enrolled in public schools will be available for the first time in 2008.**

Table 45.

High School Graduation Rate, Rhode Island, 2007

SCHOOL DISTRICT	COMMUNITY CONTEXT						2007 GRADUATION RATE
	% CHILDREN IN POVERTY	% ADULTS COMPLETING HIGH SCHOOL OR HIGHER	NUMBER OF STUDENTS ENROLLED	% ENGLISH LANGUAGE LEARNERS	% MINORITY ENROLLMENT	% OF STUDENTS TAKING THE SAT	
Barrington	**2%**	**92%**	**3,492**	**1%**	**5%**	**92%**	**96%**
Bristol-Warren	**7%**	**75%**	**3,479**	**3%**	**5%**	**58%**	**84%**
Burrillville	**8%**	**80%**	**2,571**	**0%**	**4%**	**57%**	**87%**
Central Falls	**37%**	**49%**	**3,491**	**24%**	**84%**	**30%**	**76%**
Chariho	**4%**	**88%**	**3,773**	**0%**	**4%**	**56%**	**93%**
Coventry	**6%**	**83%**	**5,635**	**0%**	**3%**	**61%**	**95%**
Cranston	**14%**	**79%**	**10,960**	**5%**	**23%**	**53%**	**93%**
Cumberland	**6%**	**81%**	**5,176**	**2%**	**8%**	**71%**	**93%**
East Greenwich	**3%**	**93%**	**2,407**	**0%**	**7%**	**88%**	**98%**
East Providence	**13%**	**71%**	**5,895**	**4%**	**21%**	**55%**	**94%**
Exeter-W. Greenwich	**4%**	**89%**	**2,047**	**1%**	**4%**	**61%**	**96%**
Foster	**8%**	**88%**	**300**	**0%**	**5%**	**NA**	**NA**
Foster-Glocester	**7%**	**87%**	**1,622**	**0%**	**3%**	**56%**	**96%**
Glocester	**9%**	**87%**	**676**	**0%**	**4%**	**NA**	**NA**
Jamestown	**3%**	**93%**	**501**	**1%**	**7%**	**NA**	**NA**
Johnston	**12%**	**78%**	**3,253**	**2%**	**15%**	**45%**	**82%**
Lincoln	**7%**	**82%**	**3,464**	**1%**	**7%**	**69%**	**96%**
Little Compton	**7%**	**91%**	**315**	**0%**	**3%**	**NA**	**NA**
Middletown	**6%**	**90%**	**2,415**	**2%**	**15%**	**65%**	**91%**
Narragansett	**6%**	**91%**	**1,532**	**0%**	**7%**	**74%**	**96%**
New Shoreham	**8%**	**95%**	**147**	**4%**	**11%**	**0%**	**100%**
Newport	**15%**	**87%**	**2,282**	**3%**	**47%**	**67%**	**82%**
North Kingstown	**6%**	**92%**	**4,536**	**1%**	**4%**	**75%**	**98%**
North Providence	**13%**	**77%**	**3,381**	**2%**	**19%**	**50%**	**97%**
North Smithfield	**5%**	**82%**	**1,886**	**1%**	**4%**	**78%**	**96%**
Pawtucket	**24%**	**66%**	**9,073**	**11%**	**55%**	**51%**	**78%**
Portsmouth	**3%**	**91%**	**3,034**	**0%**	**5%**	**77%**	**93%**
Providence	**37%**	**66%**	**25,190**	**16%**	**88%**	**58%**	**82%**
Scituate	**7%**	**87%**	**1,811**	**0%**	**2%**	**71%**	**89%**
Smithfield	**6%**	**85%**	**2,620**	**1%**	**4%**	**72%**	**96%**
South Kingstown	**4%**	**91%**	**3,848**	**1%**	**12%**	**82%**	**96%**
Tiverton	**5%**	**80%**	**2,123**	**0%**	**2%**	**66%**	**90%**
Warwick	**7%**	**85%**	**11,236**	**1%**	**8%**	**53%**	**89%**
West Warwick	**12%**	**76%**	**3,799**	**2%**	**16%**	**52%**	**81%**
Westerly	**6%**	**82%**	**3,436**	**2%**	**11%**	**64%**	**94%**
Woonsocket	**27%**	**64%**	**6,462**	**5%**	**40%**	**43%**	**82%**
Charter Schools	***NA***	***NA***	***296***	***14%***	***45%***	***64%***	***89%***
State-Operated	***NA***	***NA***	***1,840***	***2%***	***57%***	***13%***	***94%***
Core Cities	***30%***	***67%***	***50,297***	***13%***	***68%***	***53%***	***81%***
Remainder of State	***8%***	***83%***	***95,779***	***2%***	***10%***	***64%***	***93%***
Rhode Island	***16%***	***78%***	***148,212***	***5%***	***30%***	***59%***	***89%***

Source of Data for Table/Methodology

% of children in poverty is from the U.S. Bureau of the Census, Small Area Income and Population Estimates, Children Ages 5-17, 2005. % of adults completing high school or higher is from Census 2000. All other data are from the Rhode Island Department of Elementary and Secondary Education, 2006-2007 school year.

The 2007 graduation rate is calculated by dividing the number of June 2007 graduates by the sum of the number of June 2007 graduates plus the number of grade 9 dropouts in 2003-04 plus the number of grade 10 dropouts in 2004-05 plus the number of grade 11 dropouts in 2005-06 plus the number of grade 12 dropouts in 2006-07.

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

NA: High school students in the community attend a regional school.

Independent charter schools reported for this indicator are BEACON Charter School and Blackstone Academy Charter. State-operated schools reported for this indicator are Davies Career & Technical High School, DCYF schools, The Metropolitan Regional Career & Technical Center, and Rhode Island School for the Deaf.

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(continued on page 156)

Teens Not in School and Not Working

DEFINITION

Teens not in school and not working is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces, and not employed. This indicator includes recent high school graduates who are unemployed and teens who have dropped out of high school and are jobless.

SIGNIFICANCE

Dropping out of school and not becoming part of the workforce places teens at a significant disadvantage as they transition from adolescence to adulthood. These adolescents have a difficult time connecting to the job market as young adults and have less stable employment histories than their peers who stayed in school or secured jobs.[1]

Quality parent-child relationships lessen the likelihood of problem behaviors, improve academic outcomes, and improve the mental, social and emotional well-being of adolescents and teens.[2] Mentoring can also have a beneficial impact on an adolescent's development. Mentored youth are likely to have better attitudes towards and fewer absences from school, less drug and alcohol use, and improved relationships with their parents.[3]

Youth living in low-income families are 6 times more likely to drop out of high school than their more affluent peers.[4] Unemployed and undereducated youth are at risk for earning low wages, being imprisoned, living in under-resourced neighborhoods, and needing public assistance as adults.[5,6]

Improving educational and employment opportunities is especially important for disadvantaged and minority youth in urban settings.[7] In 2006 in the U.S., 11% of both Hispanic and Black youth were not in school and not working compared to 6% of White youth.[8]

In 2006, 4,677 (7%) of Rhode Island teens ages 16 to 19 were not in school or working. In 2006, females represented 49% of the youth not in school and not working, while males accounted for 51% of the population.[9]

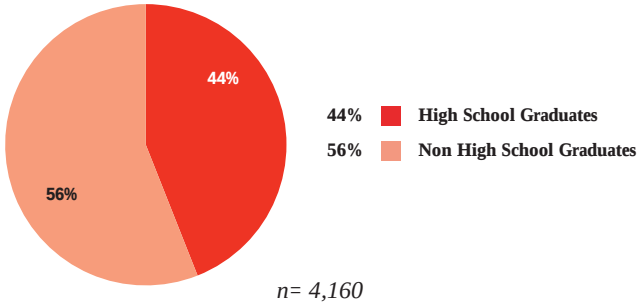
Teens Not in School and Not Working 2002 and 2006

	2002	2006
RI	6%	7%
US	9%	8%
National Rank*		*18th*
New England Rank**		*6th*

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

Source: Annie E. Casey Foundation KIDS COUNT Data Center. (2007). Comparisons by topic: Teens not attending school and not working: Percent: 2006. Available from www.kidscount.org U.S. Bureau of the Census, American Community Survey, 2002, Supplementary Survey Summary Table PCT036.

Rhode Island Teens Ages 16-19 Not in School and Not Working by Education Level, 2004-2006 Average



n= 4,160

Source: U.S. Bureau of the Census, American Community Survey, 2004-2006, Table B14005. May include some youth who are in the Armed Forces.

◆ **Between 2004 and 2006, there were an average of 4,160 youth ages 16-19 not in school and not working in Rhode Island each year. Forty-four percent of these youth were high school graduates and 56% percent of these youth had not graduated from high school.[10]**

◆ **Education has an impact on the likelihood of finding and maintaining employment. People with less than a high school diploma in the United States are one and a half times as likely to be unemployed as those who attain a high school degree or equivalent, and are three and a half times as likely to be unemployed as those who earn a bachelor's degree.[11]**

Connecting Youth to College and Jobs

◆ **Between 2000 and 2015, about 85% of newly created jobs will require education or training beyond high school.[12] Low-income youth are less likely to graduate from high school and go on to college than their peers. Similarly, Black young adults (18%) and Hispanic young adults (9%) are less likely to earn a bachelor's degree than their White peers (34%).[13]**

◆ **Programs and alternative schools that enable students to work towards both their high school degree and earn college credits at the same time can effectively improve high school graduation rates and prepare students for high-skill careers.[14]**

Table 46. **Teens Not in School and Not Working, Ages 16-19, Rhode Island, 2000**

CITY/TOWN	TOTAL NUMBER OF TEENS AGES 16-19	JOBLESS HIGH SCHOOL GRADUATES	JOBLESS HIGH SCHOOL DROPOUTS	TOTAL NUMBER OF JOBLESS TEENS NOT IN SCHOOL	% OF TEENS WHO ARE JOBLESS & NOT IN SCHOOL
Barrington	816	7	11	18	2.2%
Bristol	1,701	0	23	23	1.4%
Burrillville	980	3	14	17	1.7%
Central Falls	1,082	66	112	178	16.5%
Charlestown	320	0	0	0	0.0%
Coventry	1,632	9	50	59	3.6%
Cranston	4,233	304	329	633	15.0%
Cumberland	1,449	67	28	95	6.6%
East Greenwich	636	0	0	0	0.0%
East Providence	2,068	75	55	130	6.3%
Exeter	251	5	0	5	2.0%
Foster	232	0	0	0	0.0%
Glocester	551	5	10	15	2.7%
Hopkinton	402	4	16	20	5.0%
Jamestown	267	0	5	5	1.9%
Johnston	1,080	33	17	50	4.6%
Lincoln	974	0	26	26	2.7%
Little Compton	175	0	16	16	9.1%
Middletown	713	37	18	55	7.7%
Narragansett	739	9	12	21	2.8%
New Shoreham	26	0	0	0	0.0%
Newport	1,740	31	100	131	7.5%
North Kingstown	1,159	13	0	13	1.1%
North Providence	1,262	22	38	60	4.8%
North Smithfield	494	0	0	0	0.0%
Pawtucket	3,684	203	292	495	13.4%
Portsmouth	736	0	12	12	1.6%
Providence	15,673	420	1,138	1,558	9.9%
Richmond	326	16	0	16	4.9%
Scituate	604	44	17	61	10.1%
Smithfield	1,904	11	11	22	1.2%
South Kingstown	3,532	8	11	19	0.5%
Tiverton	769	23	22	45	5.9%
Warren	507	33	33	66	13.0%
Warwick	3,843	60	130	190	4.9%
West Greenwich	300	0	0	0	0.0%
West Warwick	1,341	47	73	120	8.9%
Westerly	1,029	24	23	47	4.6%
Woonsocket	2,179	75	181	256	11.7%
Core Cities	*25,699*	*842*	*1,896*	*2,738*	*10.7%*
Remainder of State	*35,710*	*812*	*927*	*1,739*	*4.9%*
Rhode Island	*61,409*	*1,654*	*2,823*	*4,477*	*7.3%*

Sources of Data for Table/Methodology

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

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

The denominator is the number of teens ages 16 to 19 according to the 2000 U.S. Census.

References

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Methodology

References

Committees

Acknowledgements

Methodology

The *2008 Rhode Island Kids Count Factbook* examines 62 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. The information on each indicator is organized as follows:

◆ ***Definition:*** A description of the indicator and what it measures.

◆ ***Significance:*** The relationship of the indicator to child and family well-being.

◆ ***Sidebars:*** Current state and national data and information related to the indicator.

◆ ***National Rank and New England Rank:*** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends since 1996. The New England Rank highlights Rhode Island's rank among the 6 New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

◆ ***City/Town Tables:*** Data presented for each of Rhode Island's cities and towns, the state as a whole and the core cities.

◆ ***Core Cities Data:*** Six core cities are identified as Rhode Island communities in which more than 15% of the children live below the poverty threshold according to the 2000 Census. They include: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

◆ ***Most Recent Available Data:*** The 2008 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 2002 and 2006. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in your state with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight.

Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

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

Census Data

There are four sources of U.S. Bureau of the Census 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 a 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 2006 using data from the American Community Survey conducted by the U.S. Bureau of the Census.

Methodology for Children with Lead Poisoning

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

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

Rhode Island law requires that all children under age six must be screened annually for lead. In October 2007, the Rhode Island Childhood Lead Poisoning Prevention Program made its screening guidelines consistent with the American Academy of Pediatrics, which recommends a blood lead screening test for every child at one and two years of age. The Guidelines indicate that if either of the blood lead tests done at one and two years of age is ≥ 10 mcg/dL, annual screening should continue until the age of six. If both of the blood lead tests are < 10 mcg/dL, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six.

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, Times2 Academy and the New England Laborers'/Cranston Public Schools Construction Career Academy are all district-affiliated charter schools, and consequently their data are reported within district categories instead of the charter school category.

The Urban Collaborative Accelerated Program (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 High Performing Schools

Rhode Island's public school accountability plan specifies a timeline for bringing all students to proficiency by the year 2014. Students are tested in *English Language Arts* and *Mathematics* in grades 3 through 8 plus a high school grade. Schools and districts are classified based on student scores on these tests and test participation rates. The state has set five equal intermediate goals from the baseline year (2002) to the year 2014 when all schools are expected to meet the goal of 100% proficiency. The first incremental step up in target scores went into effect in 2005. The next is scheduled for 2008.

Schools are measured by the performance of all students on the *English Language Arts* and *Mathematics* tests in the aggregate and by specific disaggregated groups: race/ethnicity (Asian, Black, Hispanic, Native American, White), economic disadvantage (school-lunch status), special needs (IEP), and Limited English Proficiency. There must be at least 45 students within each disaggregated group across a 3 year span in order to use the data for school classification. Other factors which influence school classif-ication include test participation rate (target: 95%) and meeting target atten-dance (for elementary and middle schools) or graduation (for high schools) rates.

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in the 62 indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

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 2007 federal poverty threshold for a family of three with two children is $16,705 and $21,027 for a family of four with two children.

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

Family Income Levels Based on the Federal Poverty Guidelines

2008 Federal Poverty Guidelines	Annual Income Family of Three	Annual Income Family of Four
50%	$8,800	$10,600
100%	$17,600	$21,200
130%	$22,880	$27,560
185%	$32,560	$39,220
200%	$35,200	$42,400
225%	$39,600	$47,700
250%	$44,000	$53,000

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