



2012 Rhode Island Kids Count Factbook

Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action. Rhode Island KIDS COUNT appreciates the generous support of The Rhode Island Foundation, United Way of Rhode Island, The Annie E. Casey Foundation, Prince Charitable Trusts, Hasbro Children's Fund, Birth to Five Policy Alliance, Robert Wood Johnson Foundation, Jessie B. Cox Charitable Trust, America's Promise Alliance, First Focus, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, UnitedHealthcare, Citizens Bank Foundation and Amica Companies Foundation.

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

Additional copies of the *2012 Rhode Island Kids Count Factbook* are available for \$20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the *2012 Factbook*, please contact:

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2012 Rhode Island Kids Count Factbook

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Overview

in daddy's arms

by Folami Abiade

in daddy's arms i am tall
& close to the sun & warm
in daddy's arms

in daddy's arms
i can see over the fence out back
i can touch the bottom leaves of the big magnolia tree
in Cousin Sukie's yard
in daddy's arms

in my daddy's arms the moon is close
closer at night time when I can almost touch it
when it grins back at me from the wide twinkling
skies

in daddy's arms i am tall
taller than Benny & my friends Ade & George
taller than Uncle Billy
& best of all
i am eye-ball-even-steven with my big brother Jamal

in my daddy's arms
i am strong & dark like him & laughing
happier than the circus clowns
with red painted grins
when daddy spins me round & round
& the whole world is crazy upside down
i am big and strong & proud like him
in daddy's arms
my daddy

The *2012 Rhode Island Kids Count Factbook* is the eighteenth 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 *2012 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 four cities in which the highest percentages of children are living in poverty. These four core cities are Central Falls, Pawtucket, Providence 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 *2012 Rhode Island Kids Count Factbook* examines sixty-seven indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. All areas of child well-being are interrelated and critical throughout a child's development. A child's safety in his or her family and community affects school performance; a child's economic security affects his or her health and education. The *2012 Rhode Island Kids Count Factbook* reflects these interrelationships and builds a framework to guide policy, programs and individual service on behalf of children.

Census 2010

In 2010, the U.S. Census Bureau conducted its most recent decennial Census. The *2012 Rhode Island Kids Count Factbook* presents data from the 2010 Census, the most up-to-date information on the number and characteristics of children in Rhode Island and all 39 of Rhode Island's cities and towns. Between 2000 and 2010, the number of children in Rhode Island decreased by 10%. Rhode Island was one of only three states to lose at least 10% of its child population.

Child Poverty Now Concentrated in Four Core Cities

Children most at risk of not achieving their full potential are children in poverty. Between 2006 and 2010, two-thirds (66%) of Rhode Island's children living in poverty lived in just four cities. These cities, Central Falls, Pawtucket, Providence and Woonsocket are the new four core cities highlighted throughout this Factbook. Children in poverty live in every community in Rhode Island, but these four communities deserve special attention because they are where child poverty is most concentrated.

Starting Early and Educational Attainment

Improving student achievement and high school graduation rates in Rhode Island will require that all sectors work together to improve school readiness and enhance learning opportunities inside and outside school walls. The path to academic success begins long before children enter kindergarten. Children who participate in high-quality early learning programs are more likely to read at grade level by fourth grade and to complete high school. When families, communities and schools all work together to support children's physical, academic and emotional growth, student achievement can be improved. Helping today's youth obtain high school diplomas and postsecondary education will allow them to compete in today's economy and support their health and the well-being of future generations.

Family and Community

A New Friend

by Marjorie Allen Anderson

They've taken in the furniture;
I watched them carefully.
I wondered, "Will there be a child
Just right to play with me?"

So I peeked through the garden fence
(I couldn't wait to see).
I found the little boy next door
Was peeking back at me.



Child Population

DEFINITION

Child population is the total number of children under age 18 and the percentage change between 2000 and 2010 in the total number of children under age 18.

SIGNIFICANCE

According to the U.S. Census Bureau, there were 1,052,567 Rhode Island residents in 2010, with children under age 18 making up 21% of the population.¹ Between 2000 and 2010, Rhode Island's child population decreased by 10% from 247,822 to 223,956.^{2,3} Rhode Island was one of only three states to lose at least 10% of its child population during this period.⁴ There were 124,603 households with children under age 18 in Rhode Island in 2010, representing almost one-third (30%) of all households.⁵ Twenty-six percent of Rhode Island children were under age five, 27% were ages five to nine, 28% were ages 10 to 14 and 19% were ages 15 to 17.⁶

In Rhode Island in 2010, 133,057 (59%) children under age 18 lived in married-couple households with their parents, 68,138 (30%) children lived in single-parent households and 18,366 (8%) children lived with relatives, including grandparents and other relatives. A total of 3,468 (2%) children lived with foster families or other non-

relative heads of household. There were 812 (<1%) children and youth under age 18 who lived in group quarters and 115 (<1%) youth who were householders or spouses.⁷

Rhode Island's children are diverse in race, ethnic background, language and country of origin. Mirroring national trends, Rhode Island's Hispanic child population grew between 2000 and 2010.^{8,9,10} Hispanics now make up 23% of all children under age 18 in the United States and 21% of children under age 18 in Rhode Island.^{11,12}

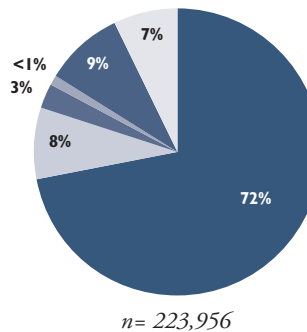
Between 2008 and 2010, there were 8,570 foreign-born children under age 18 living in Rhode Island, representing 4% of the child population.¹³ Of all Rhode Island children ages five to 17, 78% speak only English at home, 16% speak Spanish, 4% speak other Indo-European languages, 2% speak an Asian or other Pacific Island language and <1% speak some other language at home.¹⁴

Sexual orientation is another important facet of diversity among youth. In the *2011 Youth Risk Behavior Survey*, 8% of high school students in Rhode Island described themselves as lesbian, gay or bisexual. This does not include students who responded "not sure" when asked about their sexual orientation.¹⁵

Rhode Island Children Under Age 18, 2010

By Race/Ethnicity*

72%	White
8%	Black
3%	Asian
<1%	American Indian and Alaska Native
9%	Some Other Race
7%	Two or More Races

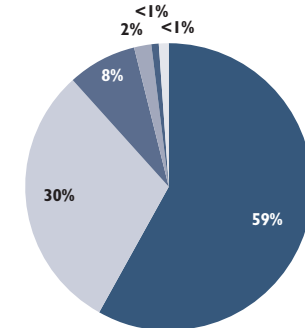


*Hispanic children may be included in any race category. Of Rhode Island's 223,956 children, 45,940 (21%) were Hispanic.

Source: U.S. Census Bureau, 2010 Census Summary File 1. Tables P12A, P12B, P12C, P12D, P12E, P12F and P12G.

By Family Structure

59%	Married-Couple**
30%	Single-Parent**
8%	Other Relatives
2%	Foster Family or Other Unrelated Household
<1%	Group Quarters
<1%	Child is Head of Household



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

Source: U.S. Census Bureau, Census 2010 Summary File 1. Table P31.

◆ Between 2000 and 2010, Rhode Island's child population decreased by 10% from 247,822 to 223,956.^{16,17}

◆ Rhode Island was one of only three states to lose at least 10% of its child population between 2000 and 2010.¹⁸

◆ According to the U.S. Census Bureau, children under age 18 made up 21% of Rhode Island's population in 2010.¹⁹

Table 1.

Child Population, Rhode Island, 2000 and 2010

CITY/TOWN	2000 TOTAL POPULATION UNDER AGE 18	2010 TOTAL POPULATION UNDER AGE 18	CHANGE IN POPULATION UNDER AGE 18	% CHANGE IN POPULATION UNDER AGE 18
Barrington	4,745	4,597	-148	-3.1%
Bristol	4,399	3,623	-776	-17.6%
Burrillville	4,043	3,576	-467	-11.6%
Central Falls	5,531	5,644	113	2.0%
Charlestown	1,712	1,506	-206	-12.0%
Coventry	8,389	7,770	-619	-7.4%
Cranston	17,098	16,414	-684	-4.0%
Cumberland	7,690	7,535	-155	-2.0%
East Greenwich	3,564	3,436	-128	-3.6%
East Providence	10,546	9,177	-1,369	-13.0%
Exeter	1,589	1,334	-255	-16.0%
Foster	1,105	986	-119	-10.8%
Glocester	2,664	2,098	-566	-21.2%
Hopkinton	2,011	1,845	-166	-8.3%
Jamestown	1,238	1,043	-195	-15.8%
Johnston	5,906	5,480	-426	-7.2%
Lincoln	5,157	4,751	-406	-7.9%
Little Compton	780	654	-126	-16.2%
Middletown	4,328	3,652	-676	-15.6%
Narragansett	2,833	2,269	-564	-19.9%
New Shoreham	185	163	-22	-11.9%
Newport	5,199	4,083	-1,116	-21.5%
North Kingstown	6,848	6,322	-526	-7.7%
North Providence	5,936	5,514	-422	-7.1%
North Smithfield	2,379	2,456	77	3.2%
Pawtucket	18,151	16,575	-1,576	-8.7%
Portsmouth	4,329	3,996	-333	-7.7%
Providence	45,277	41,634	-3,643	-8.0%
Richmond	2,014	1,849	-165	-8.2%
Scituate	2,635	2,272	-363	-13.8%
Smithfield	4,019	3,625	-394	-9.8%
South Kingstown	6,284	5,416	-868	-13.8%
Tiverton	3,367	2,998	-369	-11.0%
Warren	2,454	1,940	-514	-20.9%
Warwick	18,780	15,825	-2,955	-15.7%
West Greenwich	1,444	1,477	33	2.3%
West Warwick	6,632	5,746	-886	-13.4%
Westerly	5,406	4,787	-619	-11.5%
Woonsocket	11,155	9,888	-1,267	-11.4%
Four Core Cities	80,114	73,741	-6,373	-8.0%
Remainder of State	167,708	150,215	-17,493	-10.4%
Rhode Island	247,822	223,956	-23,866	-9.6%

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2000, Summary File 1 and Census 2010, Summary File 1.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

^{1,3,17,19} U.S. Census Bureau, Census 2010 Summary File 1. Table QT-P1

^{2,16} U.S. Census Bureau, Census 2000 Summary File 1. Table DP-1

^{4,8,12,18} O'Hare, W. (2011). *The changing child population of the United States: Analysis of data from the 2010 Census*. Baltimore, MD: The Annie E. Casey Foundation.

⁵ U.S. Census Bureau, Census 2010 Summary File 1. Table DP-1.

⁶ U.S. Census Bureau, Census 2010 Summary File 1. Table P12.

⁷ U.S. Census Bureau, Census 2010 Summary File 1. Table P31.

⁹ U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File. Table QT-PL

^{10,11} U.S. Census Bureau, Census 2010 Redistricting Data (Public Law 94-171) Summary File. Table QT-PL

¹³ U.S. Census Bureau, American Community Survey, 2008-2010. Table B05003.

¹⁴ U.S. Census Bureau, American Community Survey, 2008-2010, Table B16007.

¹⁵ Rhode Island Department of Health, *2011 Youth Risk Behavior Survey*.

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 2010 Census, there were 201,195 children living with one or more of their parents in Rhode Island. Of these, 34% (68,138) were living with an unmarried parent, an increase from 30% of children in 2000.^{1,2}

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

Between 2008 and 2010, 77% of children living in poverty in Rhode Island were living in single-parent families. Children in single-parent families in Rhode Island were six times more likely to be living in poverty than those in married-couple families. Between 2008 and 2010 in Rhode Island, 37% of children in single-parent households lived in poverty, compared to 6% of children in married-couple households.⁴

Financial barriers facing many single-parent families and exposure to stress explain some of the differences in well-being between the children in single-parent households and those in two-parent households. Children who grow up in single-parent families (whether due to divorce or the parents never having been married) are at increased risk for low academic achievement and low levels of social and emotional well-being. Compared to children in married families, children in single-parent families are more likely to lack health insurance coverage and general access to healthcare. As adults, they earn less income and are more likely to be idle (not employed and not in school), be depressed, have non-marital births (among daughters), have discordant marriages and get divorced. Regardless of whether children grow up with one or two parents, parenting quality is a good predictor of children's well-being.^{5,6}

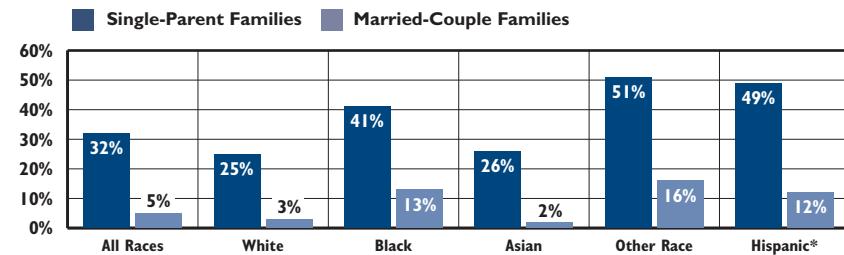
Single-Parent Families		
	2000	2010
RI	32%	37%
US	31%	34%
National Rank*	38th	
New England Rank**	6th	

*1st is best; 50th is worst

**1st is best; 6th is worst

The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Families With Children Under Age 18 and Income Below the Poverty Threshold by Race & Ethnicity, Rhode Island, 2008-2010



Source: U.S. Census Bureau, American Community Survey, 2008-2010. Tables B17010, B17010A, B17010B, C17010D, C17010F, B17010I. *Hispanics may be in any race category.

◆ **Hispanic single-parent families in Rhode Island are nearly twice as likely as White single-parent families to live in poverty. Hispanic, Other race and Black married-couple families are more likely than White and Asian married-couple families in Rhode Island to live in poverty.**⁷

Economic Well-Being and Family Structure

◆ **Economic status during early childhood can have a profound effect on children's health and development. Stable family structure is strongly correlated with economic well-being. Married-parent families have the highest economic status, followed by cohabiting-parent families and then by single-parent families. Entering marriages or cohabiting relationships (especially with the child's biological father) is associated with increased economic status. Divorces and exits from cohabiting relationships are associated with declines in economic well-being.**⁸

◆ **Approximately one-third (35%) of unmarried parenting couples still live together five years after the child's birth and less than half of them are married.**⁹

◆ **Twenty-eight percent of unmarried women who gave birth in the U.S. between June 2007 and June 2008 lived with a cohabiting partner. This was the first time the U.S. Census Bureau reported on births to women in cohabiting relationships.**¹⁰

Children in Single-Parent Families

Table 2.

Children's Living Arrangements, Rhode Island, 2010

CITY/TOWN	CHILDREN LIVING IN HOUSEHOLDS	CHILDREN WHO ARE A HOUSEHOLDER OR SPOUSE		CHILDREN LIVING WITH NON-RELATIVES		CHILDREN LIVING WITH OTHER RELATIVES		CHILDREN LIVING IN MARRIED-COUPLE FAMILIES		CHILDREN LIVING WITH GRANDPARENTS		CHILDREN LIVING IN SINGLE-PARENT FAMILIES	
		N	%	N	%	N	%	N	%	N	%	N	%
Barrington	4,597	2	<1%	31	1%	15	0%	3,871	84%	85	2%	593	13%
Bristol	3,621	1	<1%	37	1%	51	1%	2,564	71%	225	6%	743	21%
Burrillville	3,548	0	0%	110	3%	26	1%	2,353	66%	232	7%	827	23%
Central Falls	5,634	3	<1%	90	2%	209	4%	2,159	38%	429	8%	2,744	49%
Charlestown	1,506	0	0%	15	1%	20	1%	1,059	70%	106	7%	306	20%
Coventry	7,762	2	<1%	148	2%	72	1%	5,343	69%	549	7%	1,648	21%
Cranston	16,262	5	<1%	226	1%	324	2%	10,462	64%	1,027	6%	4,218	26%
Cumberland	7,535	0	0%	97	1%	53	1%	5,651	75%	334	4%	1,400	19%
East Greenwich	3,436	0	0%	21	1%	13	0%	2,889	84%	71	2%	442	13%
East Providence	9,100	2	<1%	127	1%	154	2%	5,329	59%	675	7%	2,813	31%
Exeter	1,300	0	0%	23	2%	16	1%	996	77%	82	6%	183	14%
Foster	986	0	0%	24	2%	10	1%	741	75%	69	7%	142	14%
Glocester	2,098	0	0%	39	2%	26	1%	1,581	75%	137	7%	315	15%
Hopkinton	1,845	0	0%	46	2%	24	1%	1,327	72%	113	6%	335	18%
Jamestown	1,043	0	0%	3	0%	5	0%	799	77%	49	5%	187	18%
Johnston	5,473	2	<1%	90	2%	114	2%	3,591	66%	380	7%	1,296	24%
Lincoln	4,743	3	<1%	61	1%	52	1%	3,270	69%	211	4%	1,146	24%
Little Compton	654	0	0%	5	1%	1	0%	528	81%	42	6%	78	12%
Middletown	3,634	3	<1%	45	1%	38	1%	2,606	72%	166	5%	776	21%
Narragansett	2,240	2	<1%	35	2%	25	1%	1,533	68%	105	5%	540	24%
New Shoreham	163	0	0%	1	1%	1	1%	111	68%	4	2%	46	28%
Newport	4,060	2	<1%	66	2%	56	1%	2,034	50%	204	5%	1,698	42%
North Kingstown	6,322	1	<1%	57	1%	49	1%	4,639	73%	247	4%	1,329	21%
North Providence	5,481	0	0%	81	1%	131	2%	3,266	60%	378	7%	1,625	30%
North Smithfield	2,456	0	0%	40	2%	13	1%	1,831	75%	96	4%	476	19%
Pawtucket	16,550	17	<1%	239	1%	460	3%	7,488	45%	1,228	7%	7,118	43%
Portsmouth	3,940	2	<1%	47	1%	24	1%	2,977	76%	172	4%	718	18%
Providence	41,497	41	<1%	632	2%	1,663	4%	16,931	41%	3,094	7%	19,136	46%
Richmond	1,836	0	0%	32	2%	16	1%	1,437	78%	104	6%	247	13%
Scituate	2,272	0	0%	24	1%	22	1%	1,731	76%	139	6%	356	16%
Smithfield	3,615	2	<1%	46	1%	29	1%	2,802	78%	164	5%	572	16%
South Kingstown	5,364	0	0%	81	2%	31	1%	3,951	74%	248	5%	1,053	20%
Tiverton	2,998	1	<1%	41	1%	20	1%	2,109	70%	162	5%	665	22%
Warren	1,935	4	<1%	42	2%	19	1%	1,124	58%	136	7%	610	32%
Warwick	15,795	3	<1%	308	2%	223	1%	10,476	66%	1,109	7%	3,676	23%
West Greenwich	1,468	2	<1%	22	1%	13	1%	1,131	77%	79	5%	221	15%
West Warwick	5,746	1	<1%	151	3%	121	2%	3,118	54%	365	6%	1,990	35%
Westerly	4,787	4	<1%	82	2%	83	2%	3,012	63%	269	6%	1,337	28%
Woonsocket	9,842	10	<1%	203	2%	176	2%	4,237	43%	683	7%	4,533	46%
Four Core Cities	73,523	71	<1%	1,164	2%	2,508	3%	30,815	42%	5,434	7%	33,531	46%
Remainder of State	149,621	44	<1%	2,304	2%	1,890	1%	102,242	68%	8,534	6%	34,607	23%
Rhode Island	223,144	115	<1%	3,468	2%	4,398	2%	133,057	60%	13,968	6%	68,138	31%

Note to Table

The denominator is the number of children under age 18 living in family households according to Census 2010. 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 also may include others not related to the householder.

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

¹ U.S. Census Bureau, 2010 Summary File 1.

² U.S. Census Bureau, 2000 Summary File 1.

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

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⁶ Blackwell, D. L. (2010). *Family structure and children's health in the United States: Findings from the National Health Interview Survey, 2001-2007*. National Center for Health Statistics. Vital Health Stat 10(246).

⁷ U.S. Census Bureau, American Community Survey, 2008-2010. Tables B17010, B17010A, B17010B, C17010D, C17010E, B17010I.

⁸ Meadows, S. O., McLanahan, S. S. & Knab, J. T. (2009). *Economic trajectories in non-traditional families with children* (WP09-10-FF). Santa Monica, CA: RAND Labor and Population.

(continued on page 162)

Grandparents Caring for Grandchildren

DEFINITION

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

SIGNIFICANCE

One in ten children in the United States lives with a grandparent. The number of children living with grandparents increased slowly over the last decade, rising sharply at the start of the recession. While it is more common among Black and Hispanic families for grandparents to serve as primary caregivers, the largest increase since the recession began has been among White families.¹

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, incarcerated, ill, struggling with substance abuse or coping with other problems.^{2,3}

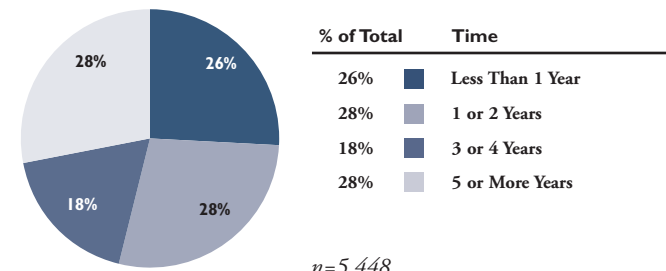
Grandparents living on a fixed income may be at greater risk of poverty after they become financially responsible for their grandchildren.⁴ Eighteen percent of grandparent caregivers live below the poverty line, compared to 8% of the population age 50 and over.⁵

Many grandparent and other relative caregivers have informal custody arrangements and are not involved with child welfare agencies, which means that they receive less monitoring and support. Relative caregivers are more likely to have lower incomes and have more children in the home.⁶

Grandparents and other relative caregivers and the children they are raising often are isolated. They lack information about the support services, resources, programs, benefits, laws and policies available to them.⁷ Nearly all children in kinship care are eligible for cash assistance through Temporary Assistance for Needy Families (TANF) regardless of their household's income level, yet children in informal custody arrangements are much less likely to receive these payments.⁸

Grandparent caregivers are at risk for poor physical and mental health. They may have difficulty enrolling children in school and/or when seeking health insurance or medical care for the children. Many caregivers do not pursue the required legal process required for permanent status such as adoption or guardianship in order to avoid strain on family relationships.^{9,10} Grandparents make up the largest percentage of relative caregivers, but other relative caregivers (including aunts, uncles, cousins and siblings) may face similar obstacles.¹¹

Rhode Island Grandparents Financially Responsible for Their Grandchildren, by Length of Time Responsible, 2008-2010



Source: U.S. Census Bureau, American Community Survey, 2008-2010. Table B10050.

◆ Between 2008 and 2010, there were a total of 11,778 children living in households headed by grandparents.¹² During this time period, there were 5,448 grandparents who were financially responsible for their grandchildren, nearly half (46%) of whom had been financially responsible for three or more years.¹³

◆ In 2010, 6% (13,968) of all children in Rhode Island lived with a grandparent caregiver and 2% (4,398) lived with other relatives.¹⁴

◆ Children in informal kinship care (i.e., placed with relatives without the involvement of a child welfare agency) are twice as likely to live in poverty as children living with their parents. Nationally, nearly one-third (31%) of children in private kinship care live in poverty and 17% have no health insurance.¹⁵

◆ 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 31, 2011 in Rhode Island, there were 534 children in DCYF care who were in out-of-home placements with a grandparent or other relative. These children made up 24% of all children in out-of-home placements in Rhode Island.¹⁶

◆ The federal *Fostering Connections to Success and Increasing Adoptions Act*, which became law in 2008, helps children and youth in foster care establish permanent families through subsidized guardianship and adoption. Rhode Island was the first state to be granted approval for the new kinship-guardianship assistance program to enable children in the care of grandparents and other relatives to exit foster care into permanency.^{17,18}

Grandparents Caring for Grandchildren

Table 3.

Children's Living Arrangements, Rhode Island, 2010

CITY/TOWN	CHILDREN LIVING IN HOUSEHOLDS	CHILDREN WHO ARE A HOUSEHOLDER OR SPOUSE		CHILDREN LIVING WITH NON-RELATIVES		CHILDREN LIVING WITH OTHER RELATIVES		CHILDREN LIVING IN MARRIED COUPLE FAMILIES		CHILDREN LIVING IN SINGLE PARENT FAMILIES		CHILDREN LIVING WITH GRANDPARENTS	
		N	%	N	%	N	%	N	%	N	%	N	%
Barrington	4,597	2	<1%	31	1%	15	0%	3,871	84%	593	13%	85	2%
Bristol	3,621	1	<1%	37	1%	51	1%	2,564	71%	743	21%	225	6%
Burrillville	3,548	0	0%	110	3%	26	1%	2,353	66%	827	23%	232	7%
Central Falls	5,634	3	<1%	90	2%	209	4%	2,159	38%	2,744	49%	429	8%
Charlestown	1,506	0	0%	15	1%	20	1%	1,059	70%	306	20%	106	7%
Coventry	7,762	2	<1%	148	2%	72	1%	5,343	69%	1,648	21%	549	7%
Cranston	16,262	5	<1%	226	1%	324	2%	10,462	64%	4,218	26%	1,027	6%
Cumberland	7,535	0	0%	97	1%	53	1%	5,651	75%	1,400	19%	334	4%
East Greenwich	3,436	0	0%	21	1%	13	0%	2,889	84%	442	13%	71	2%
East Providence	9,100	2	<1%	127	1%	154	2%	5,329	59%	2,813	31%	675	7%
Exeter	1,300	0	0%	23	2%	16	1%	996	77%	183	14%	82	6%
Foster	986	0	0%	24	2%	10	1%	741	75%	142	14%	69	7%
Glocester	2,098	0	0%	39	2%	26	1%	1,581	75%	315	15%	137	7%
Hopkinton	1,845	0	0%	46	2%	24	1%	1,327	72%	335	18%	113	6%
Jamestown	1,043	0	0%	3	0%	5	0%	799	77%	187	18%	49	5%
Johnston	5,473	2	<1%	90	2%	114	2%	3,591	66%	1,296	24%	380	7%
Lincoln	4,743	3	<1%	61	1%	52	1%	3,270	69%	1,146	24%	211	4%
Little Compton	654	0	0%	5	1%	1	0%	528	81%	78	12%	42	6%
Middletown	3,634	3	<1%	45	1%	38	1%	2,606	72%	776	21%	166	5%
Narragansett	2,240	2	<1%	35	2%	25	1%	1,533	68%	540	24%	105	5%
New Shoreham	163	0	0%	1	1%	1	1%	111	68%	46	28%	4	2%
Newport	4,060	2	<1%	66	2%	56	1%	2,034	50%	1,698	42%	204	5%
North Kingstown	6,322	1	<1%	57	1%	49	1%	4,639	73%	1,329	21%	247	4%
North Providence	5,481	0	0%	81	1%	131	2%	3,266	60%	1,625	30%	378	7%
North Smithfield	2,456	0	0%	40	2%	13	1%	1,831	75%	476	19%	96	4%
Pawtucket	16,550	17	<1%	239	1%	460	3%	7,488	45%	7,118	43%	1,228	7%
Portsmouth	3,940	2	<1%	47	1%	24	1%	2,977	76%	718	18%	172	4%
Providence	41,497	41	<1%	632	2%	1,663	4%	16,931	41%	19,136	46%	3,094	7%
Richmond	1,836	0	0%	32	2%	16	1%	1,437	78%	247	13%	104	6%
Scituate	2,272	0	0%	24	1%	22	1%	1,731	76%	356	16%	139	6%
Smithfield	3,615	2	<1%	46	1%	29	1%	2,802	78%	572	16%	164	5%
South Kingstown	5,364	0	0%	81	2%	31	1%	3,951	74%	1,053	20%	248	5%
Tiverton	2,998	1	<1%	41	1%	20	1%	2,109	70%	665	22%	162	5%
Warren	1,935	4	<1%	42	2%	19	1%	1,124	58%	610	32%	136	7%
Warwick	15,795	3	<1%	308	2%	223	1%	10,476	66%	3,676	23%	1,109	7%
West Greenwich	1,468	2	<1%	22	1%	13	1%	1,131	77%	221	15%	79	5%
West Warwick	5,746	1	<1%	151	3%	121	2%	3,118	54%	1,990	35%	365	6%
Westerly	4,787	4	<1%	82	2%	83	2%	3,012	63%	1,337	28%	269	6%
Woonsocket	9,842	10	<1%	203	2%	176	2%	4,237	43%	4,533	46%	683	7%
Four Core Cities	73,523	71	<1%	1,164	2%	2,508	3%	30,815	42%	33,531	46%	5,434	7%
Remainder of State	149,621	44	<1%	2,304	2%	1,890	1%	102,242	68%	34,607	23%	8,534	6%
Rhode Island	223,144	115	<1%	3,468	2%	4,398	2%	133,057	60%	68,138	31%	13,968	6%

Note to Table

The denominator is the number of children under age 18 living in family households according to Census 2010. 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 also may include others not related to the householder.

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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- ^{3,6} Hinterlong, J. & Ryan, S. (2008). Creating grander families: Older adults adopting younger kin and nonkin. *The Gerontologist*, 48(4), 527-536.
- ⁷ American Association of Retired Persons. (n.d.). *About Grandfacts*. Retrieved January 26, 2012, from www.aarp.org
- ^{8,15} Main, R., Macomber, J. E. & Geen, R. (2006). *Trends in service receipt: Children in kinship care gaining ground*. New Federalism: National Survey of America's Families, Series B, No. B-68. Washington, DC: The Urban Institute.
- ⁹ Hughes, M. E., Waite, L. J., LaPierre, T. A. & Luo, Y. (2007). All in the family: The impact of caring for grandchildren on grandparents' health. *Journal of Gerontology: SOCIAL SCIENCES*, 62B(2), S108-S119.
- ^{11,12} U.S. Census Bureau, American Community Survey, 2008-2010. Table B09006.

(continued on page 162)

Infants Born at Highest Risk

DEFINITION

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

SIGNIFICANCE

Maternal marriage status, age and education level at birth influence the likelihood that a child will live in poverty and predict many developmental vulnerabilities. When a child is born to a teenage, unmarried mother who has not graduated from high school, he or she is nine times more likely to grow up in poverty than a child born to a married woman over age 20 with a high school diploma.¹

Most children facing these three economic and social risk factors at birth continue to face great challenges throughout childhood. Teen mothers often have difficulty completing high school, are likely to remain unmarried and a majority will remain persistently low-income.^{2,3} Children born to mothers under age 20 are more likely to suffer abuse and neglect and are less likely to be ready for school at kindergarten entry, to perform well in school and to complete high school themselves.^{4,5}

Brain development proceeds rapidly during the infant and toddler years. By

age three, a child's brain has grown to 90% of its adult size and the foundation of many cognitive structures and systems are in place.⁶ Healthy brain development depends on attentive, nurturing caregiving in infancy and early childhood. Research shows that there is a negative impact on brain development when young children do not have consistent, supportive relationships with caregivers and are exposed to "toxic stress" associated with extreme poverty, family chaos, chronic neglect and/or abuse, severe maternal depression, parental substance abuse or repeated exposure to violence at home or in their communities. Persistently elevated levels of stress hormones in young children can lead to permanent changes in brain structure and lifelong impairments in learning, behavior and health.^{7,8}

Providing early and intensive support to families with multiple risk factors can help parents develop critical nurturing skills during the prenatal, infancy and toddler periods and improve child development outcomes.⁹ Effective, evidence-based early childhood interventions can generate large economic returns for society by reducing negative outcomes for young children facing significant adversity early in life.¹⁰

Infants Born With Identified Risk Factors, Rhode Island, 2011

	# OF BIRTHS	# BORN AT RISK*	# BORN AT HIGHEST RISK**
Central Falls	297	263 (89%)	28 (9%)
Pawtucket	990	747 (75%)	41 (4%)
Providence	2,587	2,029 (78%)	171 (7%)
Woonsocket	590	461 (78%)	46 (8%)
Four Core Cities	4,464	3,500 (78%)	286 (6%)
Remainder of State	6,173	3,200 (52%)	131 (2%)
Rhode Island	10,637	6,700 (63%)	417 (4%)

* Births that are identified as "risk positive" by the Rhode Island Department of Health's Newborn Risk Assessment Program. These numbers cannot be compared to data in Factbooks prior to 2011. See note on page 15.

** Births to mothers who were under age 20, single and without a high school diploma.

Source: Rhode Island Department of Health, KIDSNET Database, 2011.

◆ There are three important social and economic risk factors present at birth that, when combined, strongly predict childhood poverty and poor education outcomes – having a mother who is under age 20, unmarried and without a high school diploma.¹¹ Studies show that effective interventions targeting this population can improve child and family outcomes and yield a strong return on investment.¹² In 2011 in Rhode Island, 417 (4%) babies were born to unmarried teen mothers without high school diplomas.¹³

Maternal, Infant and Early Childhood Home Visiting

◆ Based on evidence that home visiting programs serving vulnerable pregnant and parenting families can improve birth outcomes, reduce child maltreatment, improve parenting skills and enhance children's health and readiness for school, the federal government established a new program in 2010 to help states implement voluntary home visiting services for expecting and new parents. States were required to select one or more of the nine evidence-based home visiting models to implement locally.¹⁴

◆ Rhode Island has received federal funding to implement the Nurse-Family Partnership, Healthy Families America and Parents as Teachers programs as evidence-based home visiting programs designed to improve maternal and child health, reduce child abuse and neglect, improve children's school readiness and improve family economic self-sufficiency.^{15,16}

Infants Born at Highest Risk

Table 4.

CITY/TOWN	TOTAL # OF BIRTHS	BIRTHS TO MOTHERS WITHOUT A HIGH SCHOOL DIPLOMA	BIRTHS TO SINGLE MOTHERS	BIRTHS TO MOTHERS YOUNGER THAN AGE 20	BIRTHS TO MOTHERS WITH ALL 3 RISK FACTORS	% OF BIRTHS WITH ALL 3 RISK FACTORS
Barrington	88	1	5	1	1	1%
Bristol	146	9	38	3	0	0%
Burrillville	110	11	40	7	3	3%
Central Falls	297	124	207	49	28	9%
Charlestown	67	3	16	2	1	1%
Coventry	273	15	99	15	6	2%
Cranston	786	74	289	42	18	2%
Cumberland	303	21	71	9	8	3%
East Greenwich	115	1	17	2	0	0%
East Providence	491	35	189	22	11	2%
Exeter	42	3	14	4	2	5%
Foster	28	1	13	2	1	4%
Glocester	68	5	20	1	0	0%
Hopkinton	68	7	21	4	2	3%
Jamestown	29	1	5	1	1	3%
Johnston	248	19	106	11	5	2%
Lincoln	162	13	49	7	3	2%
Little Compton	14	1	5	0	0	0%
Middletown	182	11	63	10	4	2%
Narragansett	73	2	24	1	0	0%
New Shoreham	10	0	4	0	0	0%
Newport	256	29	115	20	9	4%
North Kingstown	180	13	43	8	4	2%
North Providence	298	20	107	9	4	1%
North Smithfield	81	5	23	6	5	6%
Pawtucket	990	175	585	88	41	4%
Portsmouth	99	3	29	2	1	1%
Providence	2,587	662	1,611	314	171	7%
Richmond	61	1	13	1	0	0%
Scituate	67	5	22	2	0	0%
Smithfield	118	6	30	2	1	1%
South Kingstown	188	15	62	11	5	3%
Tiverton	71	6	29	1	1	1%
Warren	92	10	45	5	1	1%
Warwick	756	46	256	35	13	2%
West Greenwich	53	2	15	2	0	0%
West Warwick	359	45	181	38	15	4%
Westerly	191	25	81	13	6	3%
Woonsocket	590	141	379	78	46	8%
Four Core Cities	4,464	1,102	2,782	529	286	6%
Remainder of State	6,173	464	2,139	299	131	2%
Rhode Island	10,637	1,566	4,921	828	417	4%

Source of Data for Table/Methodology

The Rhode Island Department of Health, KIDSNET Database, 2011. This table shows the number and percentage of all births with three risk factors that place a child at very high risk for poor developmental outcomes.

Note for chart on page 14: "Risk positive" births are infants born with *any one of the following risk factors*: developmental disabilities and certain other established conditions, birth weights less than 1,500 grams (3.3 lbs), neonatal intensive care hospitalization greater than 48 hours, or mother is Hepatitis B surface antigen positive; **Or** infants born with *any two of the following risk factors*: caregiver's education less than 11th grade, mother's age less than 19, mother's age greater than 37, single caregiver, mother's number of live births greater than 5, no previous live birth to mother, parental characteristic indicating vulnerability (e.g., chronic illness), inadequate prenatal care, low birth weight for gestational age, low Apgar scores at birth, or low-income family (indicated by use of Medicaid/RIte Care health insurance).

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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- ^{2,4} *Linking teen pregnancy prevention to other critical social issues*. (2010). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ⁵ *Teen pregnancy and education*. (2010). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
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- ^{7,10} Shonkoff, J. P., Garner, A. S. & the Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care and Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.

(continued on page 162)

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 an impact on his child's development, this indicator uses maternal education level because a significant number of birth records lack information on paternal education level.

SIGNIFICANCE

Parental educational attainment can have an impact on many aspects of child well-being, including children's health and health-related behaviors, the level of education children will ultimately achieve, and their access to material and social support and resources. Children of less educated parents are less likely to succeed in school and more likely to live in poverty and be in poor health.^{1,2}

There is a strong correlation between maternal educational attainment and infant mortality. Nationally, and in Rhode Island, infant mortality rates increase as mother's education levels decrease.^{3,4} In Rhode Island, the mortality rate of infants born to mothers with less than a high school diploma was 7.3 per 1,000 live births, compared to 4.4 per 1,000 live births for infants born to mothers with a bachelor's degree or higher.⁵

Children of more highly educated parents participate in early learning programs and home literacy activities more frequently, enter school with higher levels of academic skills, and earn higher average reading and math test scores. Increasing maternal education can improve children's school readiness, language and academic skills.^{6,7} Increases in education levels also have been linked to improved health, better employment opportunities and higher earnings.⁸

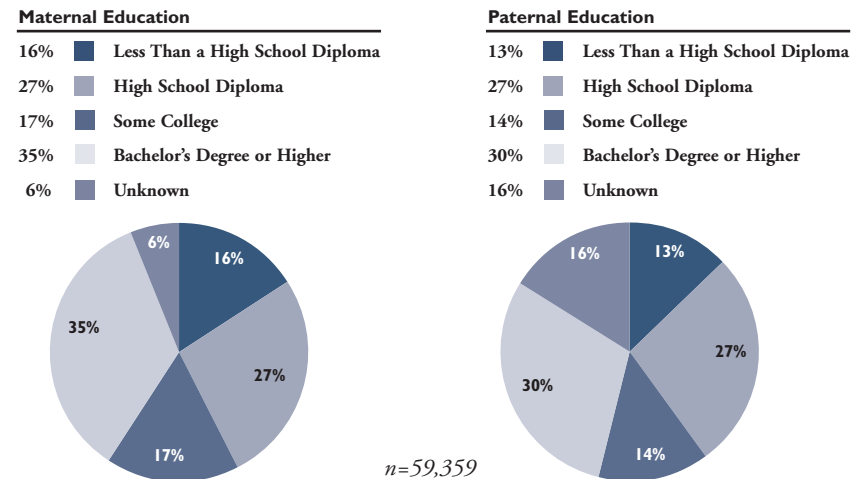
One of the best ways parents can raise their families' incomes is through higher education.⁹ Women with bachelor's degrees in Rhode Island earn more than twice as much as those with less than a high school diploma.¹⁰ Between 2006 and 2010, 16% of Rhode Island births were to mothers with less than a high school diploma and 35% were to mothers with a bachelor's degree or higher.¹¹ Educational attainment levels vary widely across Rhode Island.¹²

Births to Mothers With Less Than a High School Diploma

City/Town	% of Children
Central Falls	37%
Pawtucket	21%
Providence	30%
Woonsocket	24%
Four Core Cities	28%
Remainder of State	7%
Rhode Island	16%

Source: Rhode Island Department of Health, Hospital Discharge Database, 2006-2010.

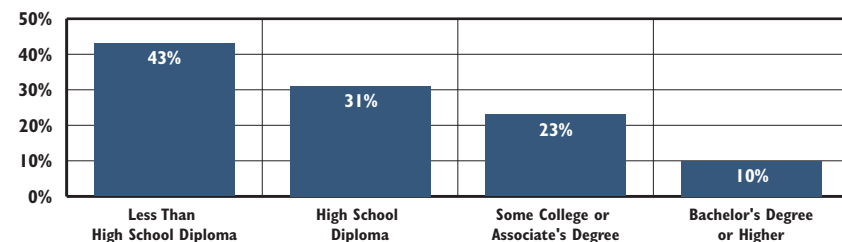
Births by Parental Education Levels, Rhode Island, 2006-2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2006-2010. Data for 2010 are provisional.

◆ In Rhode Island between 2006 and 2010, 43% of all infants were born to mothers with a high school diploma or less, and 40% were born to fathers with a high school diploma or less.¹³

Poverty Rates for Families Headed by Single Females by Educational Attainment, Rhode Island, 2008-2010



Source: U.S. Census Bureau, American Community Survey, 2008-2010. Table S1702.

◆ The poverty rate among families headed by single females is directly correlated with the householder's educational level. In Rhode Island between 2008 and 2010, the poverty rates for families headed by single females ranged from 43% for women with less than a high school diploma to 10% for those with a bachelor's degree or higher.¹⁴

Mother's Education Level

Table 5.

Births by Education Level of Mother, Rhode Island, 2006-2010

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	569	442	78%	55	10%	49	9%	7	1%
Bristol	865	434	50%	166	19%	174	20%	48	6%
Burrillville	715	255	36%	164	23%	212	30%	45	6%
Central Falls	1,899	136	7%	207	11%	695	37%	703	37%
Charlestown	313	165	53%	60	19%	66	21%	12	4%
Coventry	1,549	666	43%	343	22%	360	23%	118	8%
Cranston	4,130	1,729	42%	762	18%	1,054	26%	385	9%
Cumberland	1,675	921	55%	290	17%	309	18%	76	5%
East Greenwich	506	371	73%	53	10%	50	10%	11	2%
East Providence	2,631	957	36%	492	19%	755	29%	276	10%
Exeter	264	128	48%	47	18%	55	21%	22	8%
Foster	198	92	46%	35	18%	48	24%	11	6%
Gloicester	375	192	51%	67	18%	82	22%	17	5%
Hopkinton	433	187	43%	77	18%	126	29%	28	6%
Jamestown	141	108	77%	14	10%	14	10%	1	1%
Johnston	1,333	516	39%	280	21%	382	29%	105	8%
Lincoln	920	462	50%	179	19%	175	19%	54	6%
Little Compton	119	75	63%	18	15%	19	16%	3	3%
Middletown	923	416	45%	189	20%	236	26%	43	5%
Narragansett	445	255	57%	79	18%	67	15%	22	5%
New Shoreham	50	23	46%	8	16%	14	28%	3	6%
Newport	1,461	674	46%	187	13%	320	22%	182	12%
North Kingstown	1,138	629	55%	182	16%	213	19%	51	4%
North Providence	1,563	623	40%	315	20%	427	27%	109	7%
North Smithfield	432	236	55%	79	18%	84	19%	21	5%
Pawtucket	5,391	1,160	22%	925	17%	1,793	33%	1,139	21%
Portsmouth	692	412	60%	123	18%	119	17%	13	2%
Providence	14,263	2,927	21%	1,821	13%	4,334	30%	4,262	30%
Richmond	418	225	54%	69	17%	77	18%	30	7%
Scituate	324	175	54%	65	20%	62	19%	8	2%
Smithfield	671	405	60%	107	16%	113	17%	17	3%
South Kingstown	1,061	654	62%	150	14%	163	15%	52	5%
Tiverton	601	272	45%	140	23%	134	22%	36	6%
Warren	497	205	41%	92	19%	136	27%	52	10%
Warwick	4,006	1,770	44%	805	20%	914	23%	321	8%
West Greenwich	248	122	49%	60	24%	46	19%	10	4%
West Warwick	1,986	579	29%	345	17%	678	34%	289	15%
Westerly	1,248	458	37%	279	22%	385	31%	104	8%
Woonsocket	3,303	470	14%	561	17%	1,239	38%	795	24%
Unknown	3	1	NA	1	NA	1	NA	0	NA
Four Core Cities	24,856	4,693	19%	3,514	14%	8,061	32%	6,899	28%
Remainder of State	34,500	15,833	46%	6,376	18%	8,118	24%	2,582	7%
Rhode Island	59,359	20,527	35%	9,891	17%	16,180	27%	9,481	16%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2006-2010. Data for 2010 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth.

Percentages may not sum to 100% for all cities, towns and the state because the number and percentage of births with unknown parental education levels are not included in this table. Between 2006 and 2010, maternal education levels were unknown for 3,280 births (6%).

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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Racial and Ethnic Diversity

DEFINITION

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

SIGNIFICANCE

Racial and ethnic diversity has increased in the United States over the last several decades and is projected to rise in the future.¹ Since 2000, all of the growth in the child population in the U.S. has been among groups other than non-Hispanic Whites.² In Rhode Island, the non-Hispanic White child population declined by 21% between 2000 and 2010, while the Hispanic child population grew by 31%.³ In 2010, 54% of all U.S. children were White non-Hispanic.⁴ The U.S. is becoming more racially and ethnically diverse. By 2030, more than half of all children in the U.S. will be children of color.⁵

In 2010, 64% of children in Rhode Island were White non-Hispanic, down from 73% in 2000. The number of minority children grew by about 13,000 between 2000 and 2010. The number of White non-Hispanic children dropped by over 37,000 during the same period.⁶

In 2010 in Rhode Island, 72% of children under age 18 were White, 8%

were Black or African American, 3% were Asian, less than 1% were Native American, 9% of children were identified as Some other race and 7% as Two or more races. In 2010, 21% of children living in Rhode Island were Hispanic.⁷

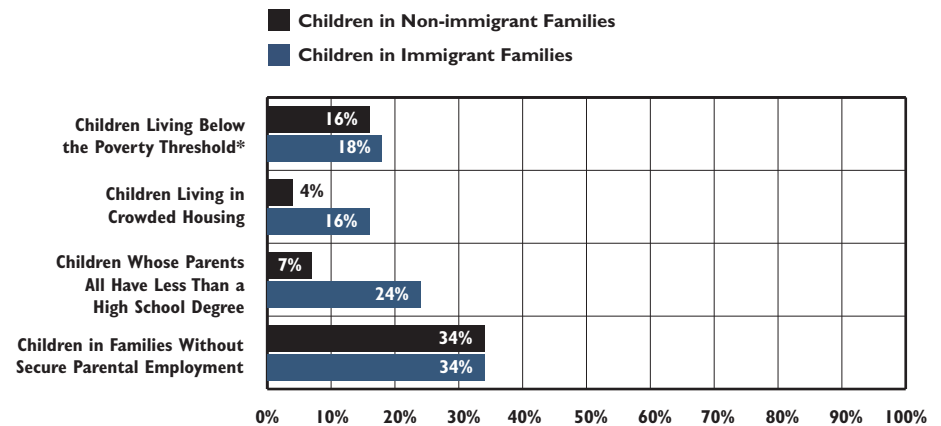
More than two-thirds (67%) of all minority children in Rhode Island live in Rhode Island's four core cities, Central Falls, Pawtucket, Providence and Woonsocket. Almost three-quarters (74%) of children living in the four core cities are minority children.⁸

Between 2008 and 2010, there were 8,570 foreign-born children living in Rhode Island, 26% of whom were naturalized U.S. citizens.⁹ Of Rhode Island's immigrant children, 32% were born in Central or South America, 24% were born in the Caribbean, 19% were born in Africa, 16% were born in Asia, 6% were born in Europe and 3% were born in North America (Canada, Bermuda or Mexico).¹⁰

Between 2008 and 2010, 22% of children between the ages of five and 17 living in Rhode Island spoke a language other than English at home, 93% of whom spoke English well or very well.¹¹

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

Characteristics of Children Living in Immigrant and Non-immigrant Families, Rhode Island, 2010



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org. *Data for children living below the poverty threshold is for 2009, the most recent data available.

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

◆ Sixteen percent of Rhode Island children in non-immigrant families are poor, compared with 18% of children in immigrant families.¹⁶ More than two-thirds (71%) of Rhode Island's poor children live in families with U.S.-born parents.¹⁷

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

Table 6.

Child Population, by Race and Ethnicity, Rhode Island, 2010

CITY/TOWN	UNDER AGE 18 BY RACE AND ETHNICITY								2010 POPULATION UNDER AGE 18
	HISPANIC OR LATINO	WHITE	BLACK	AMERICAN INDIAN AND ALASKA NATIVE	ASIAN	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	SOME OTHER RACE	TWO OR MORE RACES	
Barrington	154	4,096	22	8	163	0	13	141	4,597
Bristol	130	3,298	43	4	40	0	3	105	3,623
Burrillville	115	3,310	32	2	12	0	4	101	3,576
Central Falls	3,950	747	492	17	20	2	179	237	5,644
Charlestown	46	1,331	8	50	16	0	1	54	1,506
Coventry	312	7,065	64	19	77	0	14	219	7,770
Cranston	2,966	10,819	693	48	1075	15	73	725	16,414
Cumberland	542	6,348	154	7	204	3	31	246	7,535
East Greenwich	106	3,014	26	5	174	0	6	105	3,436
East Providence	799	6,619	619	42	142	1	281	674	9,177
Exeter	66	1,216	7	7	10	0	3	25	1,334
Foster	24	913	14	1	16	0	0	18	986
Glocester	63	1,942	13	2	24	0	7	47	2,098
Hopkinton	48	1,690	7	15	16	0	3	66	1,845
Jamestown	36	947	4	1	8	0	2	45	1,043
Johnston	640	4,364	148	1	135	0	22	170	5,480
Lincoln	353	3,885	114	7	164	0	25	203	4,751
Little Compton	18	606	8	1	6	3	2	10	654
Middletown	295	2,779	159	10	124	3	20	262	3,652
Narragansett	91	1,998	30	32	16	0	9	93	2,269
New Shoreham	10	149	1	0	0	0	0	3	163
Newport	703	2,405	337	37	39	1	33	528	4,083
North Kingstown	289	5,598	75	31	85	2	6	236	6,322
North Providence	796	3,833	397	15	158	0	74	241	5,514
North Smithfield	114	2,241	15	2	33	0	4	47	2,456
Pawtucket	4,785	6,513	2,727	83	256	7	1,004	1,200	16,575
Portsmouth	157	3,537	53	11	58	1	13	166	3,996
Providence	23,166	6,737	6,682	375	2,095	15	494	2,070	41,634
Richmond	44	1,729	12	7	15	0	0	42	1,849
Scituate	54	2,145	8	4	29	0	3	29	2,272
Smithfield	117	3,337	46	6	41	0	9	69	3,625
South Kingstown	192	4,687	80	81	115	1	18	242	5,416
Tiverton	84	2,741	31	3	34	2	9	94	2,998
Warren	75	1,736	38	10	11	0	4	66	1,940
Warwick	1,048	13,365	275	38	457	2	39	601	15,825
West Greenwich	60	1,353	15	5	16	0	1	27	1,477
West Warwick	590	4,554	142	11	128	3	20	298	5,746
Westerly	252	4,068	68	52	127	2	10	208	4,787
Woonsocket	2,650	5,147	676	37	592	2	35	749	9,888
Four Core Cities	34,551	19,144	10,577	512	2,963	26	1,712	4,256	73,741
Remainder of State	11,389	123,718	3,758	575	3,768	39	762	6,206	150,215
Rhode Island	45,940	142,862	14,335	1,087	6,731	65	2,474	10,462	223,956

Source of Data for Table/Methodology

U.S. Census Bureau, Census 2010 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.

Core cities are Central Falls, Pawtucket, Providence 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 have diverse racial and ethnic backgrounds. In 2010 in Rhode Island, 72% of children under age 18 were White, 8% were Black or African-American, 3% were Asian, less than 1% were Native American, 9% of children were identified as Some other race and 7% as Two or more races. In 2010, 21% of children living in Rhode Island were Hispanic.¹

Children who live in poverty, especially those who experience poverty in early childhood and for extended periods of time, are more likely to have health, behavioral, educational and social problems.^{2,3} Between 2008 and 2010, 17% of all Rhode Island children lived in poverty, 64% of whom were minorities.⁴

Black and Hispanic children are more likely than White children to live in neighborhoods that lack the resources needed for them to grow up healthy and successful, regardless of family income levels.⁵ In 2010, two-thirds (67%) of Rhode Island's minority children lived in one of the four core cities (those cities with the highest percentage of

children living in poverty). In 2010, more than three-quarters of the children in Providence (84%) and Central Falls (87%) were of minority racial and ethnic backgrounds.⁶ Children living in areas of concentrated poverty, who are more likely to be Black or Hispanic, face challenges above and beyond the burdens of individual poverty. Among the 100 largest metropolitan areas in the U.S., the Providence-New Bedford-Fall River metropolitan area has the 56th highest rate of concentrated poverty.⁷

Residential segregation between Whites and Blacks has decreased in the U.S. since the 1960s, but high levels of residential segregation still exist, particularly in urban areas. Hispanic and Asian residential segregation from Whites has been increasing in recent years.⁸ The Providence-New Bedford-Fall River metropolitan area was the ninth most segregated metropolitan area in the nation for Hispanics in 2010.⁹

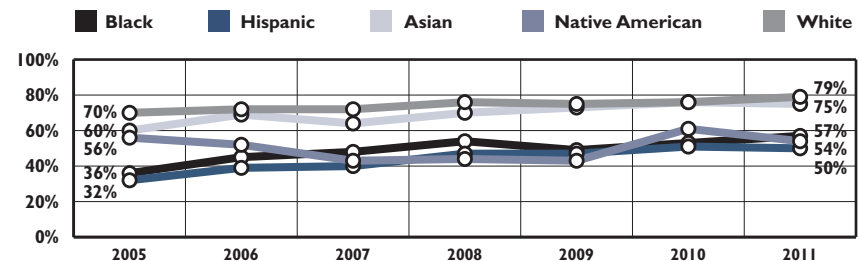
Even in good economic climates, minority families are more likely to be unemployed, have higher poverty rates and receive lower wages than White families. Minority families also face greater negative impacts during economic recessions and their recovery from economic downturns is slower than that of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

Residential Segregation and Its Impact on Education

◆ Due to significant residential segregation in the U.S., Black and Hispanic students are now more segregated from White students than at any point in the past four decades.¹² As a result, White students generally attend schools that are disproportionately White and low-poverty, while Black and Hispanic students attend schools that are disproportionately minority and high-poverty.¹³

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

Racial and Ethnic Disparities in Fourth Grade Reading Proficiency Rates, Rhode Island, 2005-2011



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, 2005-2011.

◆ In Rhode Island between 2005 and 2011, White fourth graders were more likely to achieve proficiency on the *NECAP* reading exam than minority fourth graders.¹⁶

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

◆ Factors that impact educational achievement gaps include school issues, family participation and inclusion in schools and non-school concerns (e.g., poor child health or access to out-of-school and early learning opportunities).^{21,22,23}

Racial and Ethnic Disparities

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

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Children in Poverty	12%	36%	34%	12%	27%	17%
Births to Mothers With <12 Years Education	13%	35%	21%	13%	33%	16%
Unemployment Rate	10%	22%	18%	NA	NA	11%
Median Family Income	\$76,074	\$35,061	\$37,548	\$61,793	\$32,279	\$69,978
Homeownership	66%	30%	34%	50%	31%	62%

Sources: *Children in Poverty* data are from the U.S. Census Bureau, American Community Survey, 2008-2010. Tables B17001, B17020A, B17020B, B17020C, B17020D & B17020I. *Maternal Education* data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010. *Unemployment Rate* data are from the Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011. *Median Family Income* data are from the U.S. Census Bureau, American Community Survey, 2008-2010, Tables B19113, B19113A, B19113B, B19113C, B19113D & B19113I. *Homeownership* data are from the U.S. Census Bureau, American Community Survey, 2008-2010, Tables B25003, B25003A, B25003B, B25003C, B25003D & B25003I. Hispanics also may be included in any of the race categories. All Census data refer only to those individuals who selected one race. NA indicates that data were not available.

◆ Between 2008 and 2010 in Rhode Island, 17% of all children, 36% of Hispanic children, 34% of Black children, 27% of Native American children, 12% of Asian children and 12% of White children in Rhode Island lived in families with incomes below the federal poverty level.²⁴

◆ Between 2008 and 2010 in Rhode Island, White households were the most likely to own their homes while Native American and Hispanic households were the most likely to live in rental units.²⁵

◆ In 2011 in Rhode Island, the unemployment rate among Whites was 10%, compared to 18% for Blacks and 22% for Hispanics. Nationally, the unemployment rate for Whites in 2011 was 8%, compared to 16% for Blacks and 12% for Hispanics.²⁶

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

Health Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Women With Delayed Prenatal Care	13.7%	21.4%	23.9%	24.1%	22.8%	15.6%
Preterm Births	10.9%	13.0%	15.1%	12.5%	16.3%	11.6%
Low Birthweight Infants	7.3%	7.9%	11.0%	9.3%	13.3%	8.0%
Infant Mortality (per 1,000 births)	5.8	6.7	13.5	9.6	8.2	6.5
Asthma Hospitalizations (per 1,000 children)	1.7	2.8	5.9	1.5	NA	2.2
Births to Teens Ages 15 – 19 (per 1,000 teens)	23.3	61.7	50.3	21.7	85.7	27.0

Sources: All data are from the Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010 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, 2006-2010 and refer only to hospitalizations due to primary diagnoses of asthma. For *Asthma Hospitalizations* the denominators are the child population under age 18 by race from the U.S. Census Bureau, Census 2010, SF1. For *Births to Teens* the denominators are the female populations ages 15-19 by race from the U.S. Census Bureau, Census 2010, SF1. For all indicators other than *Asthma Hospitalizations*, Hispanics also may be included in any of the race categories. NA indicates that the rate was not calculated because the number was too small to calculate a reliable rate.

◆ Although progress has been made on many health indicators across racial and ethnic populations, disparities still exist for a number of maternal and infant health outcomes in Rhode Island. Minority women are more likely than White women to receive delayed or no prenatal care and to have preterm births. Minority children are more likely to die in infancy than White children. Native Americans are the most likely to give birth as teenagers, followed by Hispanic and Black teens.²⁹

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

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

Racial and Ethnic Disparities

Safety Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
Juveniles at the Training School* (per 1,000 males ages 14-19)	1.1	7.7	15.0	3.1	6.6	3.2
Children of Incarcerated Parents (per 1,000 children)	9.2	14.0	63.9	2.8	21.2	13.0
Children in Out-of-Home Placement (per 1,000 children)	8.8	12.8	23.4	5.6	8.2	10.2

Sources: *Juveniles at the Training School* data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Training School, January 1, 2012 (*includes only male adjudicated youth). *Children of Incarcerated Parents* data are from the Rhode Island Department of Corrections, September 30, 2011 and reflect the race of the incarcerated parent (includes only the sentenced population). *Children in Out-of-Home Placement* data are from the Rhode Island Department of Children, Youth and Families, RICHIST Database, December 31, 2011. Population denominators used for *Children of Incarcerated Parents* are the populations under age 18 by race from the U.S. Census Bureau, Census 2010, 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 2010, SF1, P12A, P12B, P12C, P12D, P12H. The population denominators used for *Juveniles at the Training School* are the male populations ages 14-19 by race from the U.S. Census Bureau, Census 2010, SF1.

◆ Racial and ethnic minority youth continue to be disproportionately represented in the U.S. juvenile justice system. Minority youth (especially non-Hispanic Black youth) are treated more harshly than White youth for the same type and severity of offenses, including detention, processing and incarceration in juvenile and adult correctional facilities.³³ Rhode Island's juvenile justice system has some of the widest residential placement disparities between White and minority youth in the nation.³⁴

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

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

Education Outcomes, by Race and Ethnicity, Rhode Island

	WHITE	HISPANIC	BLACK	ASIAN	NATIVE AMERICAN	ALL RACES
4th Grade Students Reading at or Above Proficiency	79%	50%	57%	75%	54%	71%
4th Grade Students at or Above Proficiency in Mathematics	75%	44%	43%	69%	54%	65%
Students Attending Schools Making Insufficient Progress	14%	35%	34%	24%	21%	21%
Four-Year High School Graduation Rates	82%	67%	67%	75%	66%	77%
% of Adults Over Age 25 With a Bachelor's Degree or Higher	32%	12%	18%	43%	8%	30%

Sources: All data are from the Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year or the October 2011 *New England Common Assessment Program (NECAP)* unless otherwise noted. *Adult Educational Attainment* data are from the U.S. Census Bureau, American Community Survey, 2008-2010, Tables C15002, C15002A, C15002B, C15002C, C15002D & C15002I. All Census data refer only to those individuals who selected one race and Hispanics also may be included in any of the race categories.

◆ In Rhode Island, Hispanic, Native American and Black children are less likely to be proficient in reading and mathematics in fourth grade than White and Asian children.³⁸ Native American, Hispanic and Black adults living in Rhode Island are less likely to have a bachelor's degree than White or Asian adults.³⁹

◆ Nationally, Black, Hispanic and Native American students are more likely than White students to be disciplined in school. Schools' disproportionate use of disciplinary techniques that remove children from the classroom, such as out-of-school suspension or expulsion, may contribute to racial and ethnic gaps in school achievement and drop-out rates. Rhode Island has one of the highest rates in the U.S. for disciplinary out-of-school suspensions among Black and Hispanic students with disabilities.⁴⁰ In Rhode Island during the 2010-2011 school year, minority students received 52% of all disciplinary actions, although they made up only 36% of the student population.⁴¹

◆ According to the Rhode Island Department of Elementary and Secondary Education, during the 2010-2011 school year, Rhode Island's Hispanic and Black children were more than twice as likely as White children to attend schools making insufficient progress.⁴²

Rhode Island's Hispanic Children and Youth

◆ In 2010, there were 45,940 Hispanic children under age 18 living in Rhode Island, up from 35,326 in 2000. Hispanic children made up 21% of Rhode Island's child population in 2010, compared with 14% in 2000.⁴³

◆ In 2010, three-quarters (75%) of the Hispanic children in Rhode Island lived in the four core cities of Central Falls, Pawtucket, Providence and Woonsocket.⁴⁴ While Providence has the largest Hispanic population overall, Central Falls has the densest concentration of Hispanic people.⁴⁵

Economics

◆ Thirty-seven percent of Rhode Island's Hispanic children were living in poverty in 2010, compared to the national rate of 32%.⁴⁶ The median family income for Hispanics in Rhode Island is \$35,061, compared to \$69,978 overall in Rhode Island.⁴⁷

Health

◆ In Rhode Island between 2006 and 2010, 21.4% percent of Hispanic babies were born to women who received delayed or no prenatal care, compared with 15.6% of all babies in the state.⁴⁸

◆ Hispanic female teens between the ages of 15 and 19 in Rhode Island have a birth rate that is more than two times higher than the overall teen birth rate in Rhode Island (61.7 per 1,000 Hispanic teens ages 15 to 19 compared to 27.0 per 1,000 teens ages 15 to 19 for teens of all races).^{49,50}

Education

◆ The high school graduation rate among Hispanic youth in the class of 2011 was 67%, lower than the overall Rhode Island high school graduation rate of 77%.⁵¹

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

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(continued on page 162)

Economic Well-Being

City Song

by Bill Martin Jr. and Michael Sampson

I love the city with its cross patch of people,
I love the cathedral and its sky high steeple.

I love the carriages with horses prancing,
I love the toy stores with children dancing.

I love playing in the park,
I love skating until dark.

I love the colorful flags of many nations,
I love the painter and his beautiful creations.

I love the friendly policeman protecting us from crime.
I love the old clock tower that keeps our world in time.

I love the joggers and their fancy running shoes.
I love the baseball games and the fans that like to boo.

I love the sudden rains,
I love the noisy trains.

I love the corner hot dog stand,
I love the street musician beating on his silver can.

I love the museums that share the world's treasures,
I love the concerts in the park that give us all such pleasure.

Sky scrapers,
Dream makers.

The city is my home.



Median Family Income

DEFINITION

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

SIGNIFICANCE

Median family income is a measure of the ability of families to meet the costs of food, clothing, housing, health care, transportation, child care and higher education. In 2010, the median family income for Rhode Island families with their own children was \$64,963.¹ Rhode Island had the 11th highest median family income nationally and the 4th highest in New England.²

Between 2008 and 2010, Rhode Island's median income for families with their own children differed significantly by family type. The median family income for two-parent families (\$91,065) was more than twice that of male-headed single-parent families (\$36,984) and more than three and a half times that of female-headed single-parent families (\$25,607).³

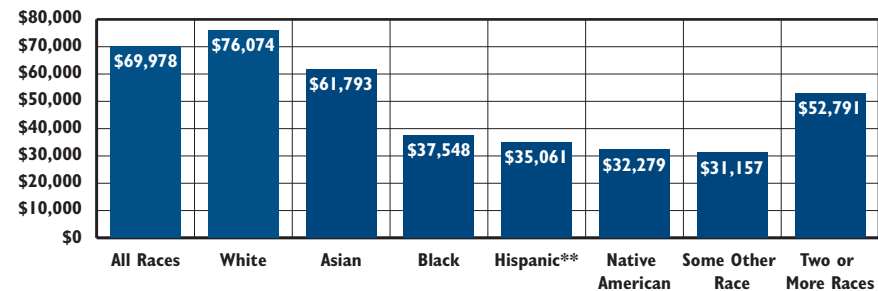
Despite significant increases in worker productivity in the U.S. during the 2000s, the real incomes of most

families remained stagnant or decreased.⁴ It was the first business cycle during which the median family income did not rise.⁵ Median incomes for working-age households (headed by someone under age 65) decreased by 7.8% between 2000 and 2009.⁶

Over the past 30 years, the income gap between the wealthiest families and low- and middle-income families has tripled, resulting in a greater concentration of wealth at the top than any time since 1928.⁷ Several factors have contributed to this rising income inequality, including a minimum wage far below historic levels despite recent increases, the stagnation of wages and compensation, the decline of unionization, high school graduates starting at lower wages and high school degrees bringing less value over time.⁸

The income gap between Rhode Island's richest and poorest families is growing. In Rhode Island, the average income of the wealthiest 20% of families increased by 44% or \$43,438 during the past twenty years, while the average income of the poorest 20% of families remained essentially unchanged. The wealthiest 20% of families in Rhode Island have average incomes that are 7.5 times larger than the average incomes of the poorest 20% of families.⁹ Connecticut is the only state where income inequality is growing faster than in Rhode Island.¹⁰

Median Family Income by Race and Ethnicity, Rhode Island, 2008-2010*



Source: U.S. Census Bureau, American Community Survey, 2008-2010. Tables B19113, B19113A, B19113B, B19113C, B19113D, B19113E, B19113G & B19113I. *Median Family Income by race and ethnicity includes all families because data for families with “own children” are not available by race and ethnicity. **Hispanics may be in any race category.

- ◆ The median income for White families in Rhode Island is higher than that of Asian families, and much higher than that of Black, Native American and Hispanic families.¹¹
- ◆ Intergenerational income mobility is influenced by race and ethnicity. National research shows that White children are more likely to move up the economic ladder, while middle-income Black children are more likely to fall into lower income brackets than their parents. In addition, 54% of Black children born into poor families stay in the lowest income levels compared to 31% of White children born into poor families.¹²
- ◆ According to the *2010 Rhode Island Standard of Need*, it costs a single-parent family with two young children \$48,576 a year to pay basic living expenses, including housing, food, clothing, health care, child care and transportation. This family would need an annual income of \$58,200 to meet this budget without government subsidies.¹³
- ◆ Income support programs (including RIte Care health insurance, child care subsidies, SNAP/food stamp benefits and the Earned Income Tax Credit) are critical for helping low- and moderate-income working families in Rhode Island make ends meet.¹⁴

Median Family Income

Table 7. Median Family Income, Rhode Island, 1999 and 2006-2010

CITY/TOWN	1999 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18 (ADJUSTED TO 2010 DOLLARS*)	2006-2010 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18	
		ESTIMATES WITH HIGH MARGINS OF ERROR**	ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR
Barrington	\$116,191		\$122,910
Bristol	\$69,782		\$91,557
Burrillville	\$72,081		\$81,806
Central Falls	\$28,798		\$33,660
Charlestown	\$72,074		\$84,327
Coventry	\$80,286		\$85,753
Cranston	\$74,461		\$71,726
Cumberland	\$89,362		\$96,130
East Greenwich	\$142,049		\$134,933
East Providence	\$63,955		\$65,313
Exeter	\$95,836		\$113,148
Foster	\$82,942	\$74,875	
Glocester	\$79,740		\$87,146
Hopkinton	\$77,294	\$71,352	
Jamestown	\$104,126	\$81,111	
Johnston	\$74,117		\$71,540
Lincoln	\$84,362		\$94,589
Little Compton	\$74,167	\$101,000	
Middletown	\$72,364		\$84,191
Narragansett	\$89,308		\$90,530
New Shoreham	\$71,766		\$60,625
Newport	\$56,431		\$77,639
North Kingstown	\$87,391		\$97,298
North Providence	\$66,072		\$65,384
North Smithfield	\$92,993		\$102,000
Pawtucket	\$43,917		\$37,892
Portsmouth	\$88,163		\$103,607
Providence	\$32,119		\$33,960
Richmond	\$83,056	\$81,250	
Scituate	\$90,466		\$83,487
Smithfield	\$87,738		\$96,127
South Kingstown	\$89,328		\$104,257
Tiverton	\$83,511		\$81,037
Warren	\$70,062		\$75,206
Warwick	\$74,637		\$77,246
West Greenwich	\$91,794		\$89,155
West Warwick	\$54,736	\$65,290	
Westerly	\$68,010		\$79,792
Woonsocket	\$45,099		\$35,850
Four Core Cities	NA		NA
Remainder of State	NA		NA
Rhode Island	\$66,156		\$67,239

Source of Data for Table/Methodology

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 householder by birth, marriage or adoption.

*The 1999 median family income data are adjusted to 2010 constant dollars by multiplying 1999 dollar values by 1.30854107 as recommended by the U.S. Census Bureau.

The 2006-2010 data come from a Population Reference Bureau analysis of 2006-2010 American Community Survey data. The American Community Survey is a sample survey, and therefore the median family income is an estimate. The reliability of estimates vary by community. In general, estimates for small communities are not as reliable as estimates for larger communities.

**The Margin of Error around the estimate is greater than or equal to 25 percent of the estimate.

The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90 percent chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. See the Methodology Section for Margins of Errors for all communities.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

NA: Median family income cannot be calculated for combinations of cities and towns (i.e., Four Core Cities and Remainder of State).

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Cost of Housing

DEFINITION

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

SIGNIFICANCE

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

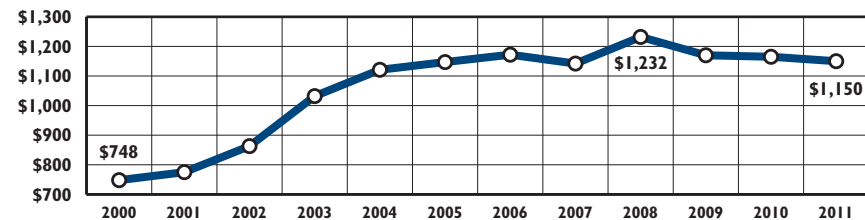
The growth in families' housing expenses has far outpaced income growth, both nationally and in Rhode Island.^{4,5} In 2009, 25% of Rhode Island's 162,539 working households spent more than half their income on housing costs, making Rhode Island the most housing cost-burdened state in New England.⁶ In 2011, the area median income for families in Rhode Island was \$75,709.⁷ Families with this income can afford a median-priced,

single family home in 20 of the 39 communities in the state.⁸ In 2010, the median cost of a single-family home in Rhode Island was \$210,000, 54% higher than in 2000 but 10% lower than in 2008.^{9,10} From 2000 to 2011, the amount of income required to afford a two-bedroom home in Rhode Island increased by 68%, a larger increase than any other state except for Hawaii.¹¹

In 2011, a worker would have to earn \$22.12 an hour and work 40 hours a week year-round to be able to afford the average rent in Rhode Island without a cost burden. This hourly wage is nearly three times the state's minimum wage of \$7.40 per hour.¹² In 2011, Rhode Island required the 13th highest hourly wage to afford a two-bedroom home of any state.¹³

Federally-funded Section 8 rental vouchers can help low-income individuals and families afford the high cost of housing; however, there are not enough vouchers to meet the need.¹⁴ In 2006, Rhode Island voters approved a \$50 million bond to create affordable apartments and houses throughout the state. As of July 2011, all of the bond funds were committed, creating over 1,255 affordable homes in 30 communities.¹⁵ Rhode Island is one of only nine states that does not have a dedicated funding source for affordable housing.¹⁶

Average Rent, Two-Bedroom Apartment, Rhode Island, 2000-2011



Source: Rhode Island Housing, Annual Rent Surveys, 2000-2011. The 2003-2011 rents include adjustments for the cost of heat, cooking fuel, electricity and hot water. All prior years' rents include adjustments for the cost of heat and hot water only. Adjustments for utilities for each year vary according to HUD annual utility allowances.

◆ Between 2000 and 2011, the average cost of rent in Rhode Island increased by 54%, from \$748 to \$1,150.¹⁷ The percentage of renters in Rhode Island who spent 30% or more of their household income on rent increased from 40% in 2002 to 52% in 2010. The percentage of homeowners who had a cost burden due to their mortgages also increased between 2002 and 2010, from 30% to 44%.^{18,19}

◆ High energy costs put affordable housing even further out of reach for low-income families. Research shows that children in households experiencing energy shutoffs also are at risk of hunger and problems with health and development.²⁰ Rhode Island state law prohibits utility shut-offs for protected customers (such as the unemployed and low-income families with children under age two) during the moratorium period from November 1 through April 15.²¹ In 2011, 211 protected residential customers who used electric and 965 who used gas to heat their homes entered the moratorium period with their utilities shut off due to nonpayment, a decrease of 42% and an increase of 36%, respectively, from 2010.²²

Foreclosures in Rhode Island

◆ Rhode Island continues to have a high foreclosure rate. During 2009 and 2010 (the most recent data available), over one-third (38%) of Rhode Island foreclosures were multi-family rental units.²³ When a multi-family unit is foreclosed, an average of two to three families lose their homes.²⁴ With the foreclosure crisis affecting millions of households across the country, researchers are beginning to examine the impact of foreclosures on children's emotional health, peer networks, school mobility, school absenteeism and educational achievement.²⁵

Table 8.

Cost of Housing for Very Low-Income Families, Rhode Island, 2011

CITY/TOWN	FAMILY INCOME		HOMEOWNERSHIP COSTS		RENTAL COSTS		
	2011 POVERTY LEVEL FAMILY OF THREE	2011 VERY LOW- INCOME FAMILY	TYPICAL MONTHLY HOUSING PAYMENT	% INCOME NEEDED FOR HOUSING PAYMENT, VERY LOW-INCOME FAMILY	AVERAGE RENT 2-BEDROOM	% INCOME NEEDED FOR RENT POVERTY LEVEL FAMILY OF THREE	% INCOME NEEDED FOR RENT VERY LOW- INCOME FAMILY
Barrington	\$18,530	\$33,550	\$2,711	97%	\$1,177	76%	42%
Bristol	\$18,530	\$33,550	\$2,004	72%	\$1,173	76%	42%
Burrillville	\$18,530	\$33,550	\$1,467	52%	\$1,162	75%	42%
Central Falls	\$18,530	\$33,550	\$721	26%	\$849	55%	30%
Charlestown*	\$18,530	\$33,550	\$2,387	85%	\$977	63%	35%
Coventry	\$18,530	\$33,550	\$1,384	50%	\$1,079	70%	39%
Cranston	\$18,530	\$33,550	\$1,483	53%	\$1,094	71%	39%
Cumberland	\$18,530	\$33,550	\$1,831	65%	\$1,115	72%	40%
East Greenwich	\$18,530	\$33,550	\$3,294	118%	\$1,228	80%	44%
East Providence	\$18,530	\$33,550	\$1,519	54%	\$1,170	76%	42%
Exeter*	\$18,530	\$33,550	\$2,289	82%	\$977	63%	35%
Foster*	\$18,530	\$33,550	\$1,870	67%	\$977	63%	35%
Glocester*	\$18,530	\$33,550	\$1,562	56%	\$977	63%	35%
Hopkinton*	\$18,530	\$37,050	\$1,715	56%	\$1,025	66%	33%
Jamestown	\$18,530	\$33,550	\$3,109	111%	\$1,324	86%	47%
Johnston	\$18,530	\$33,550	\$1,478	53%	\$1,150	74%	41%
Lincoln	\$18,530	\$33,550	\$1,940	69%	\$1,085	70%	39%
Little Compton*	\$18,530	\$33,550	\$2,710	97%	\$977	63%	35%
Middletown	\$18,530	\$39,600	\$2,250	68%	\$1,289	83%	39%
Narragansett	\$18,530	\$33,550	\$2,427	87%	\$1,387	90%	50%
New Shoreham*	\$18,530	\$37,050	\$8,190	265%	\$1,025	66%	33%
Newport	\$18,530	\$39,600	\$2,627	80%	\$1,313	85%	40%
North Kingstown	\$18,530	\$33,550	\$2,324	83%	\$1,175	76%	42%
North Providence	\$18,530	\$33,550	\$1,370	49%	\$1,027	67%	37%
North Smithfield	\$18,530	\$33,550	\$1,897	68%	\$1,187	77%	42%
Pawtucket	\$18,530	\$33,550	\$1,161	42%	\$990	64%	35%
Portsmouth	\$18,530	\$39,600	\$2,049	62%	\$1,233	80%	37%
Providence	\$18,530	\$33,550	\$1,054	38%	\$1,048	68%	37%
Richmond*	\$18,530	\$33,550	\$1,804	65%	\$977	63%	35%
Scituate*	\$18,530	\$33,550	\$2,151	77%	\$977	63%	35%
Smithfield	\$18,530	\$33,550	\$1,812	65%	\$1,195	77%	43%
South Kingstown	\$18,530	\$33,550	\$2,153	77%	\$1,237	80%	44%
Tiverton	\$18,530	\$33,550	\$1,742	62%	\$1,158	75%	41%
Warren*	\$18,530	\$33,550	\$1,805	65%	\$977	63%	35%
Warwick	\$18,530	\$33,550	\$1,324	47%	\$1,208	78%	43%
West Greenwich*	\$18,530	\$33,550	\$1,980	71%	\$977	63%	35%
West Warwick	\$18,530	\$33,550	\$1,403	50%	\$995	64%	36%
Westerly	\$18,530	\$37,050	\$1,955	63%	\$1,191	77%	39%
Woonsocket	\$18,530	\$33,550	\$1,204	43%	\$968	63%	35%
Four Core Cities	\$18,530	\$33,550	\$1,035	37%	\$964	62%	34%
Remainder of State	\$18,530	\$34,369	\$2,172	76%	\$1,181	77%	41%
Rhode Island	\$18,530	\$34,285	\$1,619	57%	\$1,150	74%	40%

Source of Data for Table/Methodology

2011 poverty level for a family of three as reported in:
Federal Register, 76(13), January 20, 2011. Pages
3637-3638.

A very low-income family as defined by the U.S.
Department of Housing and Urban Development
(HUD) is a three-person family with income 50% of
the median family income and is calculated separately
for each of the three metropolitan areas comprising
Rhode Island. Reported by Rhode Island Housing
(May 31, 2011). *FY 2011 income limits documentation
system: FY 2011 income limits summary*. Retrieved
February 2, 2012, from [www.rhodeislandhousing.org/
filelibrary/HUD_2011_incomes.pdf](http://www.rhodeislandhousing.org/filelibrary/HUD_2011_incomes.pdf)

Data on typical monthly housing payments are from
HousingWorks RI 2011 fact book. (2011). Providence,
RI: HousingWorks RI. They are based on the
median selling price of a single-family home using
year-end 2010 data and calculated based on a 30-
year mortgage at a 4.69% interest rate with a 3.5%
down payment. The typical monthly housing
payment for the state comes from HousingWorks RI,
but core city and remainder of state are calculated
using unweighted community data.

Rhode Island Housing, *Rhode Island Rent Survey*, 2011.
Average rents are based on a survey of rents in Rhode
Island between January and December, 2011. 2011
rents are adjusted using HUD's utility allowance of
\$235 for a two-bedroom apartment (includes heat,
cooking fuel, electricity and hot water).

*Rhode Island Housing *2011 Rent Survey* data are not
available. Average rent used for these communities is
the HUD 2011 Fair Market Rent for the metropolitan
area as reported by Rhode Island Housing.

The average rent calculated for the state as a whole, for
the remainder of state and for the four core cities do
not include communities for which data from the
Rent Survey were not available. Rent averages for the
four core cities and the remainder of state are
calculated using un-weighted community data,
consistent with the Rhode Island Housing
methodology for the Rhode Island average rent.

Core cities are Central Falls, Pawtucket, Providence and
Woonsocket.

References

(continued on page 162)

Homeless Children

DEFINITION

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

SIGNIFICANCE

More than 1.6 million children in America (one in 45) are homeless.¹ Families can become homeless due to lack of affordable housing, unemployment, low-paying jobs, extreme poverty and decreasing government supports. Other causes of family homelessness include domestic violence, mental illness, substance abuse and the fraying of social support networks.^{2,3,4}

Compared to their peers, homeless children are more likely to become ill, develop mental health issues (such as anxiety, depression and withdrawal), experience significant educational disruption and exhibit delinquent or aggressive behaviors. Homeless children go hungry at twice the rate of other children and are more likely to experience illnesses such as stomach problems, ear infections and asthma.⁵

Families that have experienced homelessness have higher rates of family separation than other low-income families, with children separated from

their parents due to shelter rules, state intervention and/or parents' desires to protect their children from homelessness. Homeless children are 12 times more likely to be placed in foster care than other children. Homelessness also can be a barrier to reunification. Studies suggest that more than 30% of children in foster care could return home if their parents had adequate housing.⁶

In Rhode Island, 1,092 children in homeless families made up a quarter (25%) of the people who used emergency homeless shelters, domestic violence shelters and transitional housing in 2011. More than one-half (54%) of these children were under age six. More than one-half (58%) lived in families that listed one of the four core cities as their last permanent residence.⁷

In 2011, 602 families with children stayed at an emergency homeless shelter, domestic violence shelter or transitional housing facility. Several forces have contributed to the high number of families experiencing homelessness in Rhode Island, including inability to afford housing costs and unemployment.⁸ In 2011, Rhode Island had the third highest unemployment rate in the country (11.3%) and Rhode Island continues to have a high foreclosure rate.^{9,10} In 2011, the average rent for a two-bedroom apartment in Rhode Island was \$1,150 or 90% of the monthly earnings of a full-time worker earning the minimum wage.^{11,12}



Neighborhood Opportunities Program

◆ Established in 2001, the Neighborhood Opportunities Program (NOP) was the first state-funded program for affordable housing in Rhode Island. When it began, the program subsidized both the development and operation of affordable housing. Since 2008, NOP funds have been used only to subsidize rents for families with very low incomes. Families generally pay 30% of their income and the subsidy makes up the difference between this amount and the total rent.¹³

◆ The Neighborhood Opportunities Program has helped thousands of homeless individuals and families move into affordable housing and prevented others from becoming homeless. Since the program began, NOP has contributed \$45.5 million toward the development and operation of 1,207 homes in 27 cities and towns across Rhode Island.¹⁴



Supporting Homeless Children in Schools

◆ Family residential instability and homelessness contribute to poor educational outcomes for children. Homeless children are more likely to change schools, be absent from school and have lower reading and math scores than children who have housing.¹⁵

◆ The federal *McKinney-Vento Homeless Assistance Act* requires that states identify homeless children, allow them to enroll in school even if they lack required documents, allow them to stay in their “home school,” provide transportation when needed and offer services to help them succeed in school.¹⁶

◆ The *McKinney-Vento Act* defines a child as homeless if he or she does not have a “fixed, regular and adequate nighttime residence.”¹⁷ During the 2010-2011 school year, Rhode Island public school personnel identified 977 children as homeless. Of these children, 48% (468) lived in shelters, 45% (440) lived with other families (“doubled up”), 7% (64) lived in hotels or motels, and 1% (5) were unsheltered.¹⁸

◆ Schools can support homeless families by identifying children and youth experiencing homelessness, ensuring that families and staff are aware of students' rights under the *McKinney-Vento Act*, developing relationships with community agencies serving homeless families, and helping homeless children get clothing, school supplies, tutoring and referrals to other services they may need to succeed in school.¹⁹

Table 9.

Homeless Children Identified by Public Schools, Rhode Island, 2010-2011 School Year

SCHOOL DISTRICT	TOTAL ENROLLMENT	# OF CHILDREN IDENTIFIED AS HOMELESS BY PUBLIC SCHOOL PERSONNEL
Barrington	3,478	0
Bristol Warren	3,470	9
Burrillville	2,463	35
Central Falls	2,851	45
Chariho	3,527	18
Coventry	5,320	20
Cranston	10,756	16
Cumberland	4,895	2
East Greenwich	2,394	4
East Providence	5,702	22
Exeter-West Greenwich	1,820	0
Foster	274	0
Foster-Glocester	1,310	5
Glocester	584	0
Jamestown	494	0
Johnston	3,065	12
Lincoln	3,277	6
Little Compton	309	0
Middletown*	2,401	141
Narragansett	1,475	5
New Shoreham	124	0
Newport*	2,059	27
North Kingstown*	4,423	170
North Providence	3,283	6
North Smithfield	1,796	0
Pawtucket	8,907	40
Portsmouth	2,772	12
Providence	23,539	125
Scituate	1,637	0
Smithfield	2,424	2
South Kingstown	3,536	9
Tiverton	1,947	6
Warwick*	10,316	82
West Warwick	3,544	9
Westerly	3,132	103
Woonsocket*	6,127	38
Charter Schools	2,752	2
State-Operated Schools	1,603	6
UCAP	142	0
Four Core Cities	41,424	248
Remainder of State	98,007	721
Rhode Island	143,928	977

Table 10.

Sheltered Homeless Children, Rhode Island, 2011

CITY/TOWN	2010 POPULATION UNDER AGE 18	ESTIMATED # OF HOMELESS CHILDREN BY LAST PERMANENT RESIDENCE**
Barrington	4,597	0
Bristol	3,623	12
Burrillville	3,576	2
Central Falls	5,644	60
Charlestown	1,506	2
Coventry	7,770	14
Cranston	16,414	55
Cumberland	7,535	9
East Greenwich	3,436	2
East Providence	9,177	33
Exeter	1,334	0
Foster	986	3
Glocester	2,098	0
Hopkinton	1,845	7
Jamestown	1,043	5
Johnston	5,480	11
Lincoln	4,751	0
Little Compton	654	0
Middletown	3,652	16
Narragansett	2,269	1
New Shoreham	163	0
Newport	4,083	37
North Kingstown	6,322	3
North Providence	5,514	9
North Smithfield	2,456	0
Pawtucket	16,575	69
Portsmouth	3,996	19
Providence	41,634	406
Richmond	1,849	0
Scituate	2,272	5
Smithfield	3,625	0
South Kingstown	5,416	2
Tiverton	2,998	0
Warren	1,940	16
Warwick	15,825	25
West Greenwich	1,477	1
West Warwick	5,746	3
Westerly	4,787	11
Woonsocket	9,888	100
Out of State	NA	154
Four Core Cities	73,741	635
Remainder of State	150,215	303
Rhode Island	223,956	1,092

Homeless Children

Source of Data for Table/Methodology

Table 9.

Rhode Island Department of Elementary and Secondary Education, Public School Enrollment in grades preschool to 12 on October 1, 2010.

Number of children identified as homeless by public school personnel includes children in preschool through grade 12 who are identified by public school personnel as meeting the McKinney-Vento definition of homelessness, which includes any child who does not have a "fixed, regular, and adequate nighttime residence."

Charter schools reporting include Blackstone Valley Prep and Trinity Academy for the Performing Arts. State-operated schools reporting include the Metropolitan Regional Career & Technical Center and the Rhode Island School for the Deaf.

NA indicates that the number of students was too small to report.

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

Table 10.

U.S. Census Bureau, Census 2010.

Rhode Island Emergency Shelter Information Project, 2011.

**The total number of children in shelters includes all children who stayed at homeless shelters and domestic violence shelters in Rhode Island. Because only homeless shelters that participate in the state's Homeless Management Information System (HMIS) provided data on the child's last permanent residence, the count of children by community was calculated by applying the percentage of children from each community reported by these agencies to the total number of homeless children reported by all agencies.

Estimated total number of children by last permanent residence includes children under age 18 who stayed at emergency homeless shelters, domestic violence shelters and transitional housing facilities in Rhode Island with their families in 2011. Data are not comparable with Factbooks prior to 2011 because the data are for the calendar year and not the fiscal year and include only children physically located at the facilities, not children who resided elsewhere but received supportive services, as in past years.

Additional information on Methodology is on page 158.

References are on page 163.

Secure Parental Employment

DEFINITION

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

SIGNIFICANCE

Secure parental employment increases family income and reduces poverty. Children with parents who have steady employment are more likely to have access to health care. Secure parental employment also is likely to improve family functioning by reducing the stress brought on by unemployment and underemployment of parents.¹ Among poor families, children with working parents are more engaged academically and are less likely to repeat a grade or be suspended or expelled from school than children with non-working parents.²

The U.S. seasonally-adjusted unemployment rate decreased during 2011, starting at 9.1% in January and ending at 8.5% in December. At the beginning of the 2007 recession, the U.S. seasonally-adjusted unemployment rate was 5.0%.^{3,4} Rhode Island's December 2011 unemployment rate was 11.0%, third highest in the nation.⁵

In 2011, 12% of children in Rhode Island had at least one unemployed parent.⁶ Children with unemployed parents are at increased risk for homelessness, child abuse or neglect

and failure to complete high school or college.⁷

Between 2008 and 2010, 71% of children under age six and 74% of children ages six to 17 in Rhode Island had all parents in the labor force.⁸ In comparison, nationally, 64% of children under age six and 72% of children ages six to 17 had all parents in their family in the labor force.⁹

Even when families have adults with secure parental employment, low wages cause many families to remain in poverty. Nationally, nearly one in three (31%) working families with children is low income (10.2 million working families with a total of 23 million children).¹⁰ Welfare reform aimed to transition welfare recipients to work, yet when these individuals enter the workforce, they tend to earn low wages and have limited benefits. In addition, despite gaining experience and seniority, many low-income workers never move out of low-wage jobs.¹¹

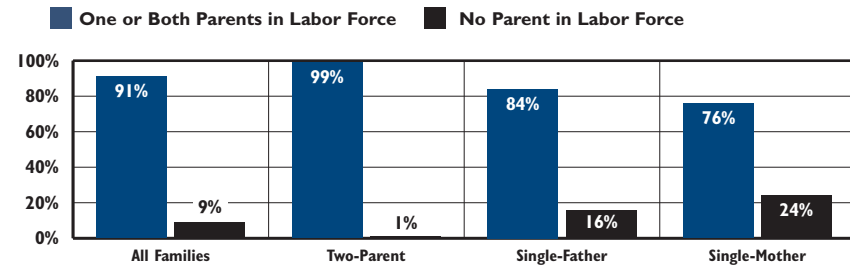
Children Living in Families Where No Parent Has Full-Time, Year-Round Employment, 2010	
	2010
RI	34%
US	33%
National Rank*	30th
New England Rank**	5th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Employment Status of Parents by Family Type, Rhode Island, 2008-2010



Source: U.S. Census Bureau, American Community Survey, 2008-2010. Table B23008.

◆ The majority of children living in Rhode Island between 2008 and 2010 had one or both parents in the labor force. Children living with a single parent were nearly 18 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, 70% had both parents in the labor force.¹²

◆ Between 2008 and 2010, there were 19,252 Rhode Island children in families with no parent in the labor force. Children in families with a single parent represented 91% (17,486) of families with no employed parents.¹³

◆ Between 2008 and 2010, 13% (2,880) of Rhode Island families with incomes below the federal poverty threshold had at least one adult with full-time, year-round employment.¹⁴ Between 1999 and 2009, the percentage of Rhode Island children living in low-income families (below 200% of the federal poverty threshold) with no employed parents fell from 32% to 22%.^{15,16}

◆ According to the *2010 Rhode Island Standard of Need*, a single parent with two children who works full-time year-round at a minimum wage job and who receives all public benefits for which the family is eligible (SNAP/food stamp benefits, the Earned Income Tax Credit (EITC), child care subsidies and health insurance) will still be \$170 short of affording basic expenses each month.¹⁷

Secure Parental Employment

Barriers to Secure Employment for Low-Income Families

- ◆ There are many barriers to employment for those leaving welfare for work. Research shows that welfare leavers who return to welfare after working are much more likely to be in poor health, to have low levels of education and to have young children than those who remain employed.¹⁸
- ◆ Poor health or a disability may make it difficult for parents to secure or sustain employment. One national study found that 13% of low-income working mothers had some type of disability and that 6% had a severe disability. The same study found that 16% of low-income working mothers had a child with a disability and that 9% had a child with a severe disability. The rates for higher-income mothers were significantly lower.¹⁹
- ◆ Low-income workers are less likely to have benefits, such as paid time off and flexible work schedules, that would allow them to address the needs of sick children. In the U.S., more than half of working parents with below-poverty incomes lack paid leave.²⁰ Even when they work full-time, year-round, women earn less than male workers and are less likely to have paid time off.²¹
- ◆ Limited education also can be a barrier to sustained employment. In Rhode Island, 34% of low-income working families include a parent without a high school diploma or GED. Rhode Island ranks 44th (1st is best) in the U.S. on this measure.²²
- ◆ Having access to work supports, such as health insurance, SNAP/food stamp benefits and child care subsidies can facilitate steady employment over time. People who leave welfare and use these kinds of transitional support services are much less likely to return to welfare.²³

References

¹ Federal Interagency Forum on Child and Family Statistics. (2011). *America's children: Key national indicators of well-being, 2011*. Washington, DC: U.S. Government Printing Office.

² Wertheimer, R., Moore, K. A. & Burkhauser, M. (2008). *The well-being of children in working poor and other families: 1997 and 2004*. (Child Trends Research Brief Publication #2008-33). Washington, DC: Child Trends.

(continued on page 163)

Secure Employment and Child Care

- ◆ Research shows a link between adequate child care availability and sustained maternal labor force participation.²⁴ Low-income working mothers who do not have regular child care arrangements for their preschool children have lower job retention than mothers with regular care arrangements.²⁵
- ◆ In Rhode Island, a single mother earning the state median income for a single-mother family (\$25,281) would have to spend 45.1% of her income to pay for child care for an infant in center-based care.²⁶
- ◆ In Rhode Island, child care assistance is available to all income-eligible working families. During the 2007 legislative session, eligibility for child care was rolled back from 225% to 180% of the federal poverty level (\$34,362 for a family of three in 2012).^{27,28}

Rhode Island Earned Income Tax Credit (EITC)

- ◆ Earned Income Tax Credits (EITCs) provide tax reductions and wage supplements for low- and moderate-income working families. EITCs reduce child poverty, decrease taxes and increase work incentives for families struggling to make ends meet. The federal EITC is the nation's most effective antipoverty program for working families. It lifted 5.4 million people, including 3.0 million children, out of poverty in 2010.^{29,30}
- ◆ In 2009, the *American Recovery and Reinvestment Act (ARRA)* expanded the federal EITC, providing an additional estimated \$3.4 billion in benefits to families.³¹ These expansions were set to expire in December of 2010, but have been extended through 2012 with the federal *Tax Relief, Unemployment Insurance Reauthorization and Job Creation Act of 2010*.^{32,33}
- ◆ State EITCs can supplement the federal EITC to further support working families. Currently, Rhode Island offers a partially-refundable state EITC equal to 25% of the federal EITC, with 15% of this being refundable (i.e., 3.75% of the federal EITC). Of the 24 states offering EITCs, Rhode Island is the only state with a partially refundable credit.³⁴

Children Receiving Child Support

DEFINITION

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

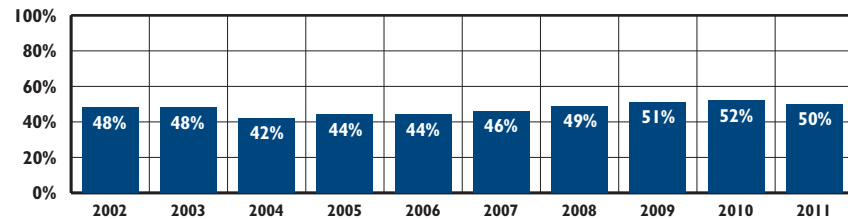
SIGNIFICANCE

Child support is a major part of the safety net for children and families. In 2010, nearly one in four U.S. children (17.5 million) received child support services.¹ Child support provides a mechanism for non-custodial parents (usually fathers) to contribute to the financial and medical support of their children. Child support programs can promote family self-sufficiency and child well-being by helping custodial parents locate the non-custodial parent, establishing paternity, establishing support orders, collecting support payments and providing non-custodial parents with services, such as reviews of their support orders when the non-custodial parent's economic situation changes.²

The receipt of child support payments can significantly improve the economic well-being of a child growing up in a family with a non-resident parent. For poor families that receive child support, these payments represent more than a third (38%) of their income.³ Custodial parents who receive steady child support payments are less likely to receive cash assistance and more likely to find work faster and stay employed longer than those who do not.⁴

For many families, even when a child support order is in place, payments can be unreliable.⁵ Low-income, non-custodial parents are often poor themselves and have limited ability to provide financial support to their children.⁶ Fatherhood programs that target low-income, non-custodial parents and provide a combination of job skills training and employment assistance, parenting skills, relationship building with the co-parent and links to the child support system have been shown to increase child support payments.⁷ Non-custodial fathers who pay regular child support are more involved with their children, providing them with emotional and financial support. Research also shows that the receipt of regular child support payments can have a positive effect on children's academic achievement.⁸

Non-Custodial Parents With Court Orders Who Pay Child Support on Time and in Full, Rhode Island, 2002–2011



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2002–2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005–2011.

◆ As of December 1, 2011, there were 84,163 children in Rhode Island's Office of Child Support Services system, including private, interstate and IV-D cases (i.e., families receiving RI Works, RIte Care or child care assistance). Half (50%) of the children with a known Rhode Island residence lived in the four core cities. Half (50%) of non-custodial parents under court order in Rhode Island were making child support payments on time and in full.⁹

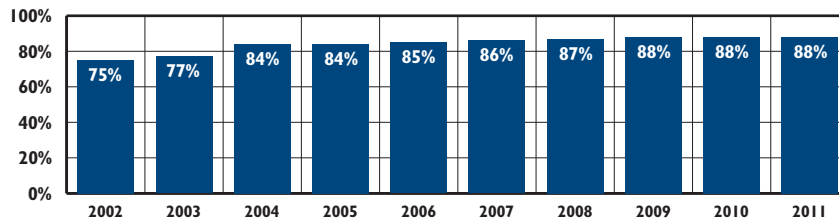
◆ In 2011, the Rhode Island Office of Child Support Services collected \$84.9 million in child support, an increase of \$825,000 over the previous year. Collections go towards both child support and medical support. Eighty-five percent (\$72.2 million) of the funds collected were distributed directly to families and the remainder was retained by the state and federal governments as reimbursement for RI Works (cash assistance), RIte Care health coverage and other expenses.¹⁰

◆ The Office of Child Support Services is a cost-effective program. In Federal Fiscal Year (FFY) 2010, the Rhode Island Office of Child Support Services collected \$3.31 for every \$1.00 Rhode Island spent on administering the program.¹¹

◆ During FFY 2011, there were 10,851 court orders for non-custodial parents to provide medical insurance and 11,304 orders for non-custodial parents to contribute funds toward medical coverage. More than \$4.5 million in payments (known as "cash medical") was retained by the state to offset the cost of RIte Care, while approximately \$1.4 million was disbursed directly to families to offset the cost of private health insurance coverage or other medical expenses.¹²

Children Receiving Child Support

Rhode Island Children in the Office of Child Support Services System With Paternity Established, 2002-2011



Sources: Rhode Island Department of Administration, Office of Child Support Enforcement, 2002-2004. Rhode Island Department of Human Services, Office of Child Support Services, 2005-2011. Includes all children in the child support system -- private, interstate, and IV-D cases (i.e., cases that received assistance with child support because they were receiving RI Works, RIte Care or child care assistance benefits).

- ◆ The percentage of children in the Rhode Island child support system with paternity established increased from 75% of children in 2002 to 88% of children in 2011.¹³
- ◆ In FFY 2010, Rhode Island had the lowest rate of court orders established for child support in New England (Vermont – 90%; Maine – 88%; New Hampshire – 85%; Massachusetts – 82%; Connecticut – 73%; Rhode Island – 65%). The national average for cases with child support orders established is 80%.¹⁴
- ◆ In FFY 2010, Rhode Island had the highest case/staff ratio in New England, more than five times that of the lowest state, Vermont. In recent years, the Office of Child Support Services lost more than one-third of its staff, which affects the office's ability to establish court orders for child support.^{15,16}

References

¹ Rhode Island KIDS COUNT analysis of data from the federal Office of Child Support Services, Administration for Children and Families and U.S. Census 2010.

² U.S. Office of Child Support Enforcement, Administration for Children & Families. (2009). *Fact sheet: Office of Child Support Enforcement (OCSE)*. Retrieved January 12, 2012, from www.acf.hhs.gov/opa/fact_sheets/cse_factsheet.html

³⁵ U.S. Census Bureau, Statistical Abstract of the United States: 2012. Table 568.

^{4,6,8} Turetsky, V. (2005). *The Child Support Enforcement program: A sound investment in improving children's chances in life*. Retrieved January 17, 2012, from www.clasp.org

⁷ Knox, V., Cowan, P. A., Cowan, C. P. & Bildner, E. (2011). Policies that strengthen fatherhood and family relationships: What do we know and what do we need to know? In T. M. Smeeding, I. Garfinkle & R. B. Mincy (Eds.), *The Annals of the American Academy of Political and Social Science. Young disadvantaged men: Fathers, families, poverty and policy*. (Vol. 635, 216-239).

(continued on page 164)

Child Support and Rhode Island Works

- ◆ As of December 1, 2011, Rhode Island's Office of Child Support Services system included 9,198 children enrolled in Rhode Island Works (RI Works).¹⁷
- ◆ In 2011, the average child support obligation for children enrolled in RI Works was \$253 per month, compared to an average child support obligation of \$366 per month for children in non-RI Works families.¹⁸ Calculations for child support payments are based on both parents' incomes, so it is expected that the average child support obligation for children enrolled in RI Works would be lower.
- ◆ In 2011, Rhode Island's Office of Child Support Services collected \$4.5 million in child support for children enrolled in RI Works. The federal and state governments retained \$4.1 million, and the remaining \$392,329 was passed through to families.¹⁹
- ◆ In Rhode Island, only the first \$50 of child support paid on time each month on behalf of a child receiving RI Works cash assistance (called a "pass-through" payment) goes to the custodial parent caring for the child.²⁰ The remainder of the payment is retained by the federal and state governments as reimbursement for assistance received through RI Works. In FFY 2011 in Rhode Island, an average of 674 families received at least one "pass-through" payment each month.²¹
- ◆ In October 2008, a federal policy change went into effect that provides states the option to increase the amount of money passed through to children. States that pass through up to \$100 per month for one child (and up to \$200 per month for two or more children) and disregard this income in calculating eligibility for cash assistance do not have to reimburse the federal government for its share of the child support collected.²² Since this federal policy change went into effect, a number of states have increased the amount they pass through to children. Rhode Island has not implemented this option.²³
- ◆ More generous child support "pass-through" policies for families receiving cash assistance would provide a greater incentive for custodial parents to seek child support and for noncustodial parents to make regular payments because more of the child support payment would go to the child. Increased "pass-throughs" could therefore increase total child support collections, increase family income, potentially reduce the amount of other benefits and ultimately decrease costs to federal and state governments.^{24,25}

Children in Poverty

DEFINITION

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

SIGNIFICANCE

Poverty is related to every KIDS COUNT indicator. Children in poverty, especially those who experience poverty in early childhood and for extended periods, are more likely to have health and behavioral problems, difficulty in school, become teen parents and earn less or be unemployed as adults.^{1,2,3} Children in poverty are less likely to be enrolled in a preschool, more likely to attend schools that lack resources and rigor, and have fewer opportunities to participate in extracurricular activities.^{4,5,6}

Nationally and in Rhode Island, minority children are more likely to grow up poor than White children. Children under age six, who have single parents, whose parents have low educational levels, or whose parents work part-time or are unemployed are at increased risk of living in poverty.^{7,8}

In 2011, the federal poverty threshold was \$18,123 for a family of three with two children and \$22,811 for a family of four with two children.⁹ The official

poverty measure does not reflect the effects of key government policies and programs that support families living in poverty, does not take into account variations in the cost of transportation, child care, housing and medical care, and does not consider geographic variations in the cost of living. To address these limitations, in 2011, the U.S. Census Bureau began releasing a Supplemental Poverty Measure. This measure does not replace the official measure, but will provide policy makers with a new way to evaluate the effects of anti-poverty policies.¹⁰

According to the *2010 Rhode Island Standard of Need*, a single-parent family with two children would need \$48,576 a year to meet its basic needs, far short of the federal poverty level for a family of three. Work supports, such as subsidized child care, health care (RIte Care), food assistance and tax credits, can help families with incomes below the federal poverty threshold meet their basic needs.¹¹

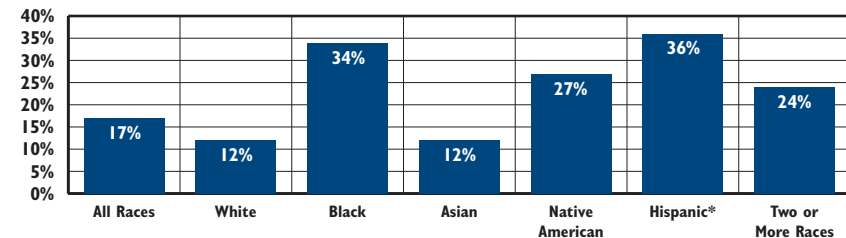
Children in Poverty				
	2007	2008	2009	2010
RI	17.5%	15.5%	16.9%	19.0%
US	18.0%	18.2%	20.0%	21.6%
National Rank*	22nd			
New England Rank**	6th			

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: U.S. Census Bureau, American Community Survey, 2007-2010. Table R1704.

Children in Poverty, by Race and Ethnicity, Rhode Island, 2008-2010

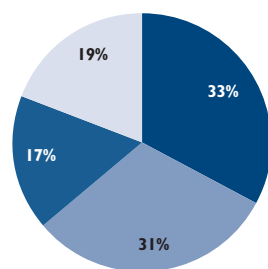


Source: U.S. Census Bureau, American Community Survey, 2008-2010. Tables B17001, B17020A, B17020B, B17020C, B17020D, B17020G and B17020I. *Hispanic children may be included in any race category.

- ◆ Between 2008 and 2010, 17.4% (38,733) of Rhode Island's 223,170 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.¹²
- ◆ In Rhode Island as well as in the United States as a whole, Hispanic, Black and Native American children are more likely than White and Asian children to live in families with incomes below the federal poverty threshold. Between 2008 and 2010, 36% of Hispanic, 34% of Black and 27% of Native American children in Rhode Island lived in poverty, compared to 12% of Asian children and 12% of White children.¹³
- ◆ While Native American and Black children in Rhode Island are more likely to experience poverty than White children, children from these groups represent less than one-fifth (17%) of all children living in poverty in Rhode Island. Between 2008 and 2010, of all children living in poverty in Rhode Island, half (50%) were White, 16% were Black, 2% were Asian, 1% were Native American, 24% were Some other race and 7% were Two or more races.¹⁴
- ◆ Between 2008 and 2010, 41% of Rhode Island's poor children were Hispanic. Hispanic children may be included in any race category. The Census Bureau asks about race separately from ethnicity, and the majority of families who identify as Some other race also identify as Hispanic.¹⁵

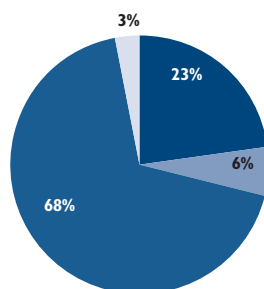
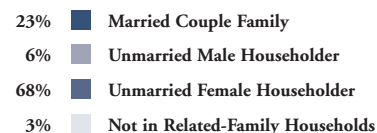
Rhode Island's Poor Children, 2008-2010

By Age



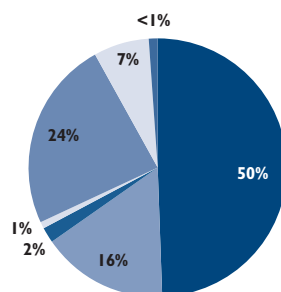
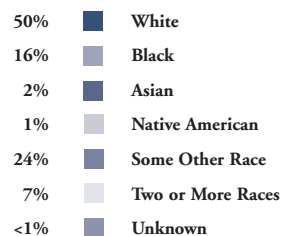
n = 38,733

By Family Structure



n = 38,733

By Race*



n = 38,733

**Hispanic children may be included in any race category. Between 2008 and 2010, 15,688 (41%) of Rhode Island's 38,733 poor children were Hispanic.*

Source: U.S. Census Bureau, American Community Survey, 2008-2010. Tables B17001, B17006, B17020A, B17020B, B17020C, B17020D, B17020E, B17020G & B17020I. Population includes children for whom poverty status was determined. Percentages may not sum to 100% due to rounding.

Child Poverty Concentrated in Four Core Cities, Rhode Island, 2006-2010

City/Town	Number in Poverty	Percentage in Poverty	Number in Extreme Poverty	Percentage in Extreme Poverty
Central Falls	1,975	35.8%	741	13.4%
Pawtucket	4,505	27.3%	1,703	10.3%
Providence	14,921	35.6%	7,054	16.8%
Woonsocket	3,581	34.9%	1,714	16.7%
Rhode Island	37,925	16.7%	16,711	7.4%

Source: Population Reference Bureau analysis of 2006-2010 American Community Survey data.

◆ Between 2006 and 2010, two-thirds (66%) of Rhode Island's children living in poverty lived in just four cities. These cities, termed core cities, include Central Falls, Pawtucket, Providence and Woonsocket, all communities where more than one in four (25%) children live below the poverty threshold. The four core cities also have substantial numbers of children living in extreme poverty, defined as families with incomes below 50% of the federal poverty threshold, \$9,062 for a family of three with two children and \$11,406 for a family of four with two children in 2011.^{16,17}

Young Children Under Age Six in Poverty, Four Core Cities and Rhode Island, 2006-2010

City/Town	Number	Percentage
Central Falls	897	38.1%
Pawtucket	1,769	30.9%
Providence	5,022	35.4%
Woonsocket	1,408	35.7%
Rhode Island	12,915	18.5%

Source: Population Reference Bureau analysis of 2006-2010 American Community Survey data.

◆ Between 2006 and 2010, 18.5% (12,915) of Rhode Island children under age six lived below the poverty threshold.¹⁸ Children under age six are at higher risk of living in poverty than any other age group.¹⁹ Increased exposure to risk factors associated with poverty, including inadequate nutrition, exposure to environmental toxins, crowded and unstable housing, maternal depression, trauma and abuse, lower quality child care and parental substance abuse interferes with young children's emotional and intellectual development.^{20,21}

Children in Poverty



Financial Asset Building

- ◆ For working poor families, having assets such as checking and savings accounts provides families the ability to conduct basic financial transactions, manage financial emergencies related to unemployment and illness and invest in education and training.^{22,23}
- ◆ Many low-income families lack knowledge about or access to traditional banks and instead rely on cash transactions or alternative financial services, such as check-cashing stores, payday lenders, rent-to-own stores and refund anticipation loans. These families pay high fees for financial transactions and high interest rates on loans, are more vulnerable to loss or theft and often struggle to build credit histories and achieve economic security.^{24,25}
- ◆ In Rhode Island, in 2009, 6.2% of households did not have a checking or savings account. Among the poorest households, those with incomes less than \$15,000, almost one in three households (31.2%) had no bank account, a rate that is higher than the U.S. as a whole (27.1%) and higher than any other state in New England.²⁶
- ◆ Improving financial literacy (i.e., the understanding of money, banking, credit and how best to build assets) and encouraging banks to provide affordable services can support low-income families in using traditional banking institutions and increase their savings.²⁷
- ◆ State and federal policies that protect families from predatory mortgage lending and payday lending and expand access to cost-effective and safe financial services would allow families to keep more of their earnings, save and invest more and could ultimately promote a more stable workforce and stronger communities.^{28,29,30}
- ◆ Many public assistance programs have eligibility provisions that limit the amount of assets and/or the value of vehicles a family can own. Such policies discourage families from saving and building the assets they need to improve their economic security.³¹
- ◆ Rhode Island currently has a \$1,000 asset limit to qualify for and retain RI Works cash assistance and is one of only nine states with such a restrictive an asset limit. Under Rhode Island law, the value of one vehicle for each adult household member (not to exceed two vehicles per household) does not count toward the family's asset limit.^{32,33}



Building Blocks of Economic Security

Income Supports

- ◆ Census data show that in 2010, income support programs kept many families in the U.S. from falling into poverty. Income supports can be cash payments, such as unemployment benefits, RI Works and Social Security; tax credits including the Earned Income Tax Credit and the Child Tax Credit; and “near-cash” benefits, such as food, child care and housing assistance that are not provided in cash but which are used to pay regular monthly bills.³⁴

Access to Health Care

- ◆ Families with incomes below the poverty level are much less likely to receive health insurance through an employer than higher-income workers. Some low-income workers are ineligible because they work part-time or are recent hires, while others cannot afford to pay their share of the insurance premium.³⁵ Children with health insurance (public or private) are more likely to have a regular and accessible source of health care.³⁶

Affordable Quality Child Care

- ◆ In Rhode Island, in 2010, the average cost of center-based child care for one infant was \$11,400 per year or almost two-thirds of a family's income that is living at the poverty level. Child care subsidies can help poor families afford the cost of high-quality child care. High-quality, affordable child care helps parents maintain employment and supports children's development.^{37,38}

Educational Attainment

- ◆ Seventy-six percent of Rhode Island children whose parents lack a high school diploma and 65% of children whose parents have only a high school diploma live in low-income families.³⁹ The share of jobs that require a college degree has increased in recent decades and is expected to increase further. By 2018, 61% of all jobs in Rhode Island will require postsecondary training beyond high school.⁴⁰

Affordable Housing

- ◆ In 2011, the average rent for a two-bedroom apartment in Rhode Island was \$1,150.⁴¹ In Rhode Island, a family of three with an income at the federal poverty level would need to spend 74% of its income on rent to pay this amount, well above the recommended percentage of 30%.⁴² Housing vouchers can help families afford the high cost of housing, but there are not enough vouchers to meet the need.⁴³

Table 11. Children Living Below the Federal Poverty Threshold, Rhode Island, 2000 and 2006-2010

CITY/TOWN	CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2000		CHILDREN UNDER AGE 18 LIVING BELOW POVERTY 2006-2010			
	N	%	ESTIMATES WITH HIGH MARGINS OF ERROR*		ESTIMATES WITH LOWER, ACCEPTABLE MARGINS OF ERROR	
			N	%	N	%
Barrington	127	2.7%	111	2.4%		
Bristol	436	10.0%	178	4.7%		
Burrillville	236	6.0%	458	13.8%		
Central Falls	2,210	40.9%			1,975	35.8%
Charlestown	78	4.7%	13	0.9%		
Coventry	481	5.9%			773	9.4%
Cranston	1,496	9.1%			1,421	8.5%
Cumberland	237	3.1%			340	4.5%
East Greenwich	147	4.1%	152	4.5%		
East Providence	1,126	10.8%			1,388	15.2%
Exeter	112	7.5%	46	3.2%		
Foster	32	2.9%	33	3.1%		
Glocester	178	6.7%	79	3.7%		
Hopkinton	115	5.9%	37	2.1%		
Jamestown	17	1.4%	205	16.5%		
Johnston	527	9.0%	612	10.3%		
Lincoln	329	6.5%	291	6.6%		
Little Compton	8	1.0%	NA	NA		
Middletown	264	6.2%			445	12.2%
Narragansett	235	8.6%	99	4.3%		
New Shoreham	19	10.2%	17	11.9%		
Newport	1,267	24.4%	556	14.4%		
North Kingstown	663	9.7%			378	5.8%
North Providence	579	10.1%			868	14.2%
North Smithfield	72	3.0%	129	5.6%		
Pawtucket	4,542	25.3%			4,505	27.3%
Portsmouth	118	2.8%	215	5.6%		
Providence	18,045	40.5%			14,921	35.6%
Richmond	82	4.2%	148	8.3%		
Scituate	113	4.3%	75	2.9%		
Smithfield	153	3.9%	92	2.6%		
South Kingstown	324	5.3%			405	7.0%
Tiverton	92	2.8%	288	9.3%		
Warren	205	8.4%	155	7.4%		
Warwick	1,243	6.7%			1,317	8.1%
West Greenwich	40	2.7%	140	9.3%		
West Warwick	1,186	18.1%			977	16.5%
Westerly	534	10.0%	502	10.6%		
Woonsocket	3,494	31.8%			3,581	34.9%
Four Core Cities	28,291	35.9%			24,982	33.7%
Remainder of State	12,871	7.8%			12,943	8.5%
Rhode Island	41,162	16.9%			37,925	16.7%

Source of Data for Table/Methodology

Data are from the U.S. Census Bureau, Census 2000, Summary File 3, P87 and PCT.50 and from the U.S. Census Bureau, American Community Survey, 2006-2010, Table B17001. The data include the poverty rate for all children for whom poverty was determined, including "related" children and "unrelated children" living in the household.

The 2006-2010 data come from a Population Reference Bureau analysis of 2006-2010 American Community Survey data. The American Community Survey is a sample survey, and therefore the number and percentage of children living in poverty provided are estimates, not actual counts. The reliability of these estimates vary by community. In general, estimates for small communities and communities with relatively low poverty rates are not as reliable as estimates for larger communities and communities with higher poverty rates.

*The Margin of Error around the percentage is greater than or equal to five percentage points.

The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90 percent chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. (See the Methodology Section for Margins of Errors for all communities.)

NA: The U.S. Census Bureau either did not collect any data on this city/town or too few sample observations were available to compute an estimate.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

^{1,36} Federal Interagency Forum on Child and Family Statistics. (2011). *America's children: Key national indicators of well-being, 2011*. Washington, DC: U.S. Government Printing Office.

^{2,4,20} Moore, K. A., Redd, Z., Burkhauser, M., Mbwana, K. & Collins, A. (2009). *Children in poverty: Trends, consequences, and policy options*. Washington, DC: Child Trends.

³ Ratcliffe, C. & McKernan, S. (2010). *Childhood poverty persistence: Facts and consequences*. Washington, DC: The Urban Institute.

(continued on page 164)

Children in Families Receiving Cash Assistance

DEFINITION

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

SIGNIFICANCE

The Rhode Island Works Program (RI Works) replaced the Family Independence Program (FIP), effective July 1, 2008. The goal of RI Works is to help families successfully transition to work by providing cash assistance and work supports, including employment services, SNAP benefits, health insurance and subsidized child care. Children and families qualify for cash assistance based on their income, resources and the number of people in their families.¹

RI Works cash assistance recipients must participate in an employment plan focused on supporting rapid entrance or re-entrance into the workforce, unless they meet specific criteria for an exemption. This employment plan must take into account the parent's skills, education, and family responsibilities as well as the local employment

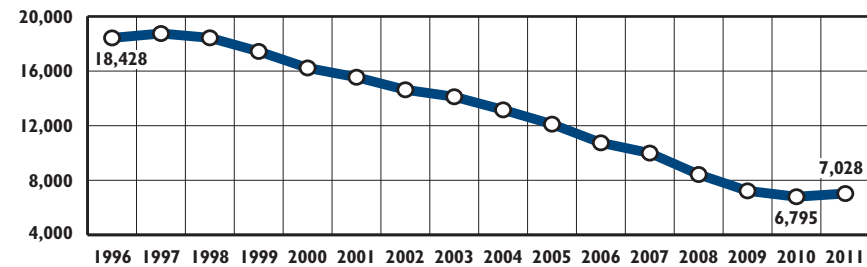
opportunities and should outline a process for helping the parent meet his or her employment goal.²

RI Works provides a safety net for some children whose parents are unable to work due to a disability and can function as an unemployment system for parents who do not have sufficient earnings or work experience to qualify for unemployment benefits. RI Works also provides time-limited supplementary cash assistance to very low-income working families.³ In December 2011, the average hourly wage of working parents enrolled in RI Works was \$9.67 per hour.⁴

RI Works connects families to the Office of Child Support Services, which assists families in establishing paternity (when applicable), identifying and locating non-custodial parents, and obtaining child support payments from non-custodial parents.⁵ In Rhode Island, the first \$50 of child support paid on time each month on behalf of a child enrolled in RI Works goes to the custodial parent caring for the child. The balance is shared by the state and federal governments as reimbursement for assistance received through RI Works.^{6,7}

The maximum monthly RI Works benefit for a family of three is \$554 per month.⁸ Families receiving the maximum monthly cash benefit have incomes that are less than one-half the federal poverty level and are living in extreme poverty.⁹

Cash Assistance Caseload, Rhode Island, 1996 – 2011*



Source: Rhode Island Department of Human Services, InRhodes Database, December 1, 1996 – 2011. Cases can be child-only or whole families and multiple people can be included in one case. *The Rhode Island Department of Human Services changed the method for calculating the caseload data included in the Factbook in 2011. This change is reflected in the 2010 and 2011 caseloads only. Comparisons to earlier years should be made with caution.

◆ Between 1996 and 2011, the Rhode Island cash assistance caseload decreased by 62%, from 18,428 cases to 7,028 cases. Between 2010 and 2011 the caseload experienced its first increase since 1997, increasing by 3% or 233 cases.¹⁰

◆ From 2008 to 2010, the caseload declined due to policies implemented when the program changed from FIP to RI Works. These policies included new time limits (a 48-month lifetime limit for benefits and a new periodic time limit that limits assistance to no more than 24 months of assistance in any 60-month period), closing child-only cases when parents reach their time limit and limiting eligibility for legal permanent residents to those who have had that status for five years.¹¹

◆ After more than a decade of steady decline, the caseload increased slightly between 2010 and 2011, likely due to a continued sluggish economy, parents losing unemployment benefits and a 2010 court decision which found that Rhode Island cannot limit the time a family can obtain a hardship extension.¹²

◆ In December 2011, there were 5,427 adults and 11,508 children under age 18 enrolled in RI Works. More than two-thirds (68%) of RI Works beneficiaries were children, and half (50%) of the children enrolled in RI Works were under the age of six.¹³

◆ The high rate of unemployment coupled with shorter time limits for cash assistance leaves many families with children experiencing deep poverty, hardship and homelessness. In 2010, 18,339 children lived in extreme poverty, yet only 11,508 received cash assistance in 2011.^{14,15}

Children in Families Receiving Cash Assistance

RI Works Policies

Work Requirements

◆ Single-parent families must participate in a work activity for a minimum of 20 hours per week if they have a child under age six and a minimum of 30 hours per week if their youngest child is age six or older. Single parents can combine 10 hours of job skills training, education that is directly related to employment, or a GED program with 20 hours of work to reach the 30-hour work requirement.¹⁶

Time Limits

◆ The lifetime limit for RI Works is 48 months. Families also are limited to no more than 24 months of cash assistance in a 60-month period. All cash assistance issued in Rhode Island or any other state since May 1997 counts toward the lifetime limit, while assistance received since July 1, 2008 counts toward the 24-month periodic time limit.¹⁷

Hardship Extensions

◆ Families can apply for hardship extensions that allow them to continue receiving cash assistance after reaching the time limit if the parent has a documented significant disability, is caring for a significantly disabled family member, is unable to pursue employment due to domestic violence, is homeless or is unable to work because of “a critical other condition or circumstance.”¹⁸ There is no limit on the total time a family can receive a hardship extension.¹⁹

Child-Only Cases

◆ Child-only cases are those that receive assistance for only the children in the family because the child’s parent is ineligible. Child-only cases include children living with a non-parent or a parent who is disabled and receiving Supplemental Security Income.²⁰

Sanctions

◆ If a parent misses a required appointment, refuses or quits a job or in some other way fails to comply with an employment plan and is not able to establish “good cause” (e.g., lack of child care, illness, a family crisis or other allowed circumstance), the family’s cash benefit is reduced. If benefits are reduced for a total of three months (consecutive or not) due to non-compliance, the family’s case is closed and the entire family loses the RI Works benefit. Benefits can be restored in the month after the parent comes into compliance.²¹

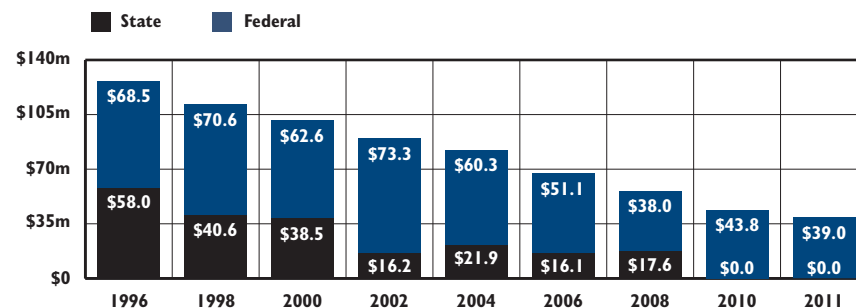
RI Works by Case Type, 2011

	Number	Percentage
Child-only cases	2,253	32%
Cases with adults required to engage in a work activity	3,962	56%
Cases with adults exempt from a work activity*	813	12%
Total RI Works Caseload	7,028	

Source: Rhode Island Department of Human Services, InRhodes Database, 2011.

*RI Works regulations require that all parents and caretaker relatives included in the cash assistance grant participate in a work activity unless they receive a temporary exemption. Exemptions from work activities include: being a recipient of SSI/SSDI or determined to be eligible for SSI/SSDI (3), caring for a disabled spouse or child (48), in third trimester of pregnancy (292), youngest child under age one (401) or being a victim of domestic violence (69).

Rhode Island Cash Assistance Expenditures, State Fiscal Years 1996-2011

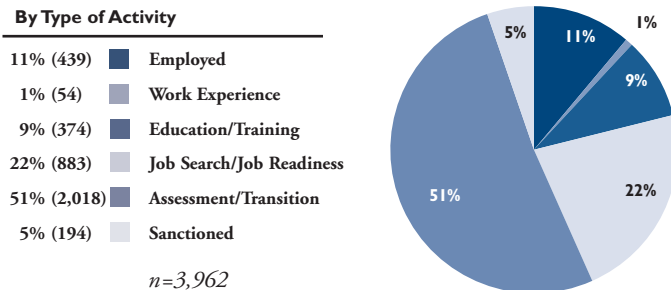


Source: Rhode Island Department of Human Services, *Family Independence Program 2007 Annual Report*. (FY 1996-2001); House Fiscal Advisory Staff. (2004-2011). *Budget as enacted: Fiscal Years 2005-2012*. (FY 2002-2011). Fiscal years 2002-2010 are funds spent and FY 2011 is final budget.

◆ In State Fiscal Year 2011, for the second year in a row, no state general revenue was allocated for cash assistance. State general revenue spending for cash assistance has been decreasing steadily over the past 15 years. The cash assistance program is now entirely supported by federal Temporary Assistance for Needy Families (TANF) block grant funds. The total expenditures for cash assistance in Rhode Island (federal and state) decreased by 69% between 1996 and 2011, from \$126.5 million to \$39.0 million.^{22,23}

Children in Families Receiving Cash Assistance

Activities of Families Enrolled in the RI Works Program, December 2011



Source: Rhode Island Department of Human Services, InRhodes Database, December 2011. Percentages may not sum to 100% due to rounding.

◆ As of December 2011, 11% of families that were required to engage in work-related activities were employed, down from 38% in December 2007, when the recession began. An additional 1% were in unpaid work experience.^{24,25} During this same period, from December 2007 through December 2011, the unemployment rate in Rhode Island has grown from 6.0% to 11.0%, though it has moderated somewhat from its January 2010 high of 11.9%.²⁶

◆ Parents with very limited literacy or English-language skills can participate in a six-month basic education and work skills program. Parents also can receive up to one year of vocational education.²⁷ As of December 2011, 9% of families were participating in education or training programs.²⁸

◆ Almost one-quarter (22%) of families were participating in job search/job readiness activities, including job search and job skills development programs delivered in partnership with the Rhode Island Department of Labor and Training, primarily through their netWORKri one-stop career center locations, and vocational rehabilitation services delivered by the Office of Rehabilitation Services. About half of families (51%) were in assessment or transition, which includes preparing an employment plan, receiving educational or vocational assessments, or waiting to begin an education program or job.^{29,30}

◆ One in 20 families (5%) required to engage in a work-related activity were sanctioned, meaning they lost benefits due to non-compliance with their employment plan.³¹

Support for Young Parents

◆ A child is nine times more likely to grow up in poverty if that child's mother gave birth as a teen, the parents were unmarried when the child was born and the mother did not receive a high school diploma or GED.³²

◆ RI Works provides additional support to young parents. Parents who are under age 20 and do not have a high school diploma or GED receive mandatory parenting skills training and are supported in completing their high school education while enrolled in RI Works. In addition, pregnant or parenting teens under the age of 18 are required to live with their parent, legal guardian or adult relative or in an adult-supervised setting if it is not possible to live at home.³³

◆ In December 2011, there were 433 families with a head of household under the age of 20 enrolled in RI Works, representing 6% of the total caseload and 9% of the caseload when child-only families are excluded. Twenty-three of these families were headed by a teen mother under the age of 18.³⁴

Support for Individuals with Disabilities and Their Families

◆ Nationally, more than one-quarter (27%) of cash assistance recipients have physical, mental or emotional problems that keep them from working or limit the type or amount of work they can do, compared to 6% of all low-income single mothers.³⁵

◆ Under RI Works, parents with disabilities may be exempt from work requirements only if they are receiving SSI or SSDI or determined to be eligible for SSI or SSDI. Other parents with disabilities are referred to the Office of Rehabilitation Services for further assessment, vocational rehabilitation services and help applying for SSI.³⁶

◆ As of December 1, 2011, 1,168 families had hardship extensions, 165 for a physical or mental disability, 28 to care for a disabled family member, 27 who were unable to work due to a domestic violence situation, 13 for homelessness and 935 for another reason (e.g., because they were unable to find work due to the recession).³⁷

◆ Families that include children with disabilities face special challenges, including difficulty finding appropriate childcare. Parents may need to miss work to provide for their children's special needs and missing work puts them at risk of being sanctioned.³⁸

Children in Families Receiving Cash Assistance

Table 12. Children in Families Receiving Cash Assistance (RI Works), Rhode Island, December 1, 2011

CITY/TOWN	# OF CHILDREN UNDER AGE 18	NUMBER RECEIVING CASH ASSISTANCE		% OF CHILDREN RECEIVING CASH ASSISTANCE
		FAMILIES	CHILDREN	
Barrington	4,597	7	8	<1%
Bristol	3,623	31	37	1%
Burrillville	3,576	26	44	1%
Central Falls	5,644	319	540	10%
Charlestown	1,506	16	24	2%
Coventry	7,770	95	134	2%
Cranston	16,414	375	574	3%
Cumberland	7,535	69	95	1%
East Greenwich	3,436	18	18	1%
East Providence	9,177	153	195	2%
Exeter	1,334	8	9	1%
Foster	986	11	19	2%
Glocester	2,098	15	15	1%
Hopkinton	1,845	16	21	1%
Jamestown	1,043	6	10	1%
Johnston	5,480	120	170	3%
Lincoln	4,751	51	68	1%
Little Compton	654	6	10	2%
Middletown	3,652	52	71	2%
Narragansett	2,269	26	44	2%
New Shoreham	163	1	1	1%
Newport	4,083	205	353	9%
North Kingstown	6,322	76	119	2%
North Providence	5,514	136	202	4%
North Smithfield	2,456	23	38	2%
Pawtucket	16,575	665	961	6%
Portsmouth	3,996	22	29	1%
Providence	41,634	3,066	5,216	13%
Richmond	1,849	16	16	1%
Scituate	2,272	10	13	1%
Smithfield	3,625	24	31	1%
South Kingstown	5,416	46	66	1%
Tiverton	2,998	51	92	3%
Warren	1,940	28	44	2%
Warwick	15,825	284	390	2%
West Greenwich	1,477	13	19	1%
West Warwick	5,746	192	276	5%
Westerly	4,787	79	137	3%
Woonsocket	9,888	671	1,222	12%
Other/Unknown	NA	NA	177	NA
Four Core Cities	73,741	4,721	7,939	11%
Remainder of State	150,215	2,307	3,392	2%
Rhode Island	223,956	7,028	11,508	5%

Education and Training Supporting Employment

- ◆ An estimated 150,000 Rhode Island working-age adults (ages 16 or older) are not enrolled in school and have no high school diploma or have limited English-language skills. Many face both of these obstacles to success in the labor market.³⁹
- ◆ Projections suggest that adults who drop out of high school will qualify for only 10% of jobs in 2018, while 63% of jobs in the U.S. and 61% of the jobs in Rhode Island will require postsecondary education, up from 28% in 1973.⁴⁰ Between 2008 and 2010, the unemployment rate for Rhode Islanders without high school diplomas (13.8%) was almost one and a half times higher than it was for those with high school degrees (9.5%) and almost three and a half times higher than it was for those with a Bachelor's degree or higher (4.0%).⁴¹
- ◆ Parents enrolled in RI Works face significant barriers to success in the labor market. Almost one-half of the parents (43%) enrolled in RI Works report not finishing high school.⁴² Among a recently tested group of parents receiving cash assistance, almost one-third (30%) tested at or below the 6th grade reading level. Almost two-thirds (66%) of native Spanish speakers enrolled in RI Works tested at or below the 6th grade reading level on a Spanish-language version of the test.⁴³
- ◆ Research suggests that cash assistance recipients who receive more than a year of postsecondary education or training increase their chances of obtaining and retaining employment. Helping cash assistance recipients develop career pathways, rather than taking any available job, also can help them become self-sufficient.⁴⁴

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2011. The Rhode Island Department of Human Services changed the method for calculating the caseload and persons receiving cash assistance in 2011. Comparisons to data presented in previous Factbooks should be made with caution.

The denominator is the total number of children under age 18 from U.S. Census Bureau, Census 2010, Summary File 1.

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

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

^{1,2,3,5,16,17,18,20,21,27,30,33,36} Rhode Island Department of Human Services. (2012). *Rhode Island Department of Human Services Code of Rules: RI Works Program (Policy #1400)*. Retrieved February 16, 2012, from www.policy.dhs.ri.gov

^{4,8,10,13,15,24,25,28,29,31,34,37,42} Rhode Island Department of Human Services, InRhodes Database, December 1996-2011.

⁶ State of Rhode Island, Office of Child Support Services. (n.d.). *Application process: Starting the child support process*. Retrieved February 17, 2012, from www.csc.ri.gov

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Children Receiving SNAP Benefits

DEFINITION

Children receiving SNAP benefits is the number of children under age 18 who participated in the Supplemental Nutrition Assistance Program (SNAP) in 2011 and the percentage change between 2005 and 2011 in the number of children under age 18 participating.

SIGNIFICANCE

Hunger and lack of regular access to sufficient food are linked to serious physical, psychological, emotional and academic problems in children and can interfere with their growth and development.^{1,2,3} The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, helps low-income individuals and families obtain better nutrition through monthly benefits they can use to purchase food at retail stores and some farmers' markets.⁴ Young children under the age of three who are eligible but do not receive SNAP benefits are 50% more likely to go hungry than those who receive these benefits.⁵

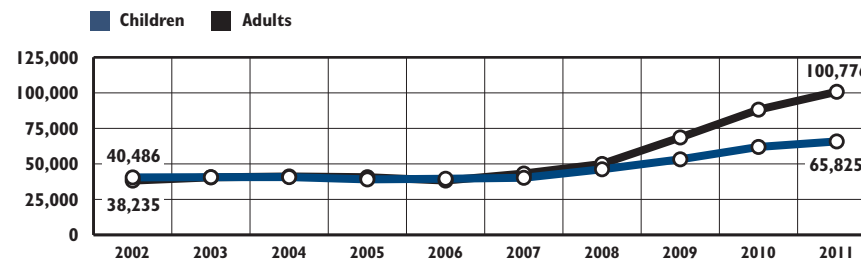
In the past, SNAP had been available to Rhode Island households with gross incomes below 130% of the federal poverty level, net incomes below 100% of the federal poverty level, and no more than \$2,000 in resources.⁶ In April 2009, Rhode Island implemented expanded categorical eligibility, an option

encouraged by the U.S. Department of Agriculture (USDA), which allowed Rhode Island to increase the gross income limit and remove the resource limit for most applicants.^{7,8} The gross income limit for Rhode Island is now 185% of the federal poverty level (\$35,317 per year for a family of three in 2012). Households must still meet the net income limit of 100% of the federal poverty level after allowable deductions, which include deductions for housing costs and child care.^{9,10}

Purchasing food using SNAP benefits helps many low-income families bridge the gap between what they earn and their basic living expenses. In 2010, a Rhode Island family with one full-time, year-round worker making the minimum wage had only 76% of the income needed to meet basic expenses. If the same family received SNAP benefits, they would be able to meet 93% of their basic needs.¹¹ In 2011, the average monthly SNAP benefit for a family of three in Rhode Island was \$383.¹²

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

Participation in the Supplemental Nutrition Assistance Program, Children and Adults, Rhode Island, 2002-2011



Source: Rhode Island Department of Human Services, InRhodes Database, 2002–2011. Data represent children under age 18 and adults who participated in SNAP during the month of October.

- ◆ In October 2011, in Rhode Island, there were 100,776 adults and 65,825 children enrolled in SNAP. More than one-third (38%) of the children enrolled in SNAP were under the age of six.¹⁴
- ◆ Since 2005, the number of Rhode Island children receiving SNAP benefits at any time during the month of October has increased by almost 27,000 from 39,087 in 2005 to 65,825 in 2011. The number of participating adults has increased by more than 60,000 from 40,637 in 2005 to 100,776 in 2011.¹⁵

Food Insecurity in Rhode Island

- ◆ The USDA defines food insecurity as not always having access to enough food for an active, healthy life. Between 2008 and 2010, 14.7% of Rhode Island households and 14.6% of U.S. households were food insecure. In 2010, one in every five (20.2%) U.S. households with children was food insecure, while more than two in every five (44.3%) of U.S. households with children with incomes below the poverty level experienced food insecurity.¹⁶
- ◆ Between September 2010 and August 2011, United Way 2-1-1 Rhode Island and THE POINT, two 24-hour hotlines that provide information and referrals to people in need, received 43,510 calls for food assistance. Over the past four years, the number of Rhode Islanders who received emergency food assistance from food pantries and soup kitchens each month grew by 58%. These programs now feed 60,000 people each month, and four out of 10 of the households served (41%) include children.¹⁷

Children Receiving SNAP Benefits

SNAP Participation in Rhode Island

◆ Between October 1, 2005 and October 1, 2011, the number of Rhode Island children receiving SNAP benefits increased by 81% from 35,168 to 63,783. SNAP participation rates among children increased by 54% in the four core cities and 146% in the remainder of the state.¹⁸

◆ Since 2005, Rhode Island has implemented a number of strategies to improve access to SNAP benefits including implementing “expanded categorical eligibility” so more families qualify, developing a web-based screening tool and an online SNAP application, conducting telephone interviews so applicants do not need to apply in person and requiring less frequent recertification.^{19,20}

◆ Improving coordination with other work support programs, streamlining eligibility interviews so families can schedule their interview on the same day they file their application, reducing documentation requirements, simplifying renewal processes and improving communications (i.e., phone systems and notices) are additional strategies that could be implemented to further increase access to SNAP benefits for children and families in Rhode Island.²¹

Table 13. Children Under Age 18 Receiving SNAP Benefits, Rhode Island, October 1, 2005, 2010 and 2011

CITY/TOWN	NUMBER PARTICIPATING IN 2005	NUMBER PARTICIPATING IN 2010	NUMBER PARTICIPATING IN 2011	% CHANGE IN NUMBER PARTICIPATING FROM 2005 TO 2011
Barrington	28	113	119	325%
Bristol	160	456	476	198%
Burrillville	186	458	512	175%
Central Falls	2,038	3,270	3,372	65%
Charlestown	99	206	217	119%
Coventry	381	1,006	1,121	194%
Cranston	1,547	3,418	3,828	147%
Cumberland	253	788	802	217%
East Greenwich	81	185	195	141%
East Providence	914	1,971	2,123	132%
Exeter	44	106	126	186%
Foster	34	79	103	203%
Glocester	61	159	166	172%
Hopkinton	84	235	268	219%
Jamestown	21	35	46	119%
Johnston	398	1,008	1,081	172%
Lincoln	195	585	624	220%
Little Compton	9	42	51	467%
Middletown	149	436	449	201%
Narragansett	87	278	304	249%
New Shoreham	3	7	8	167%
Newport	884	1,386	1,402	59%
North Kingstown	385	798	809	110%
North Providence	420	1,169	1,253	198%
North Smithfield	51	187	199	290%
Pawtucket	3,795	6,396	7,153	88%
Portsmouth	91	277	299	229%
Providence	16,767	22,933	23,803	42%
Richmond	51	138	161	216%
Scituate	39	162	170	336%
Smithfield	52	229	248	377%
South Kingstown	270	498	556	106%
Tiverton	108	373	398	269%
Warren	258	430	496	92%
Warwick	1,136	2,367	2,507	121%
West Greenwich	22	74	86	291%
West Warwick	851	1,699	1,723	102%
Westerly	383	848	1,008	163%
Woonsocket	2,833	4,847	4,964	75%
Unknown	NA	NA	557	NA
Four Core Cities	25,433	37,446	39,292	54%
Remainder of State	9,735	22,206	23,934	146%
Rhode Island	35,168	59,652	63,783	81%

Note to Table

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

Source of Data for Table/Methodology

Supplemental Nutrition Assistance Program (SNAP) data are from the Rhode Island Department of Human Services, InRhodes Database, October 1, 2005, 2010 and 2011.

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

Due to changes in Rhode Island's SNAP eligibility criteria (e.g., implementation of expanded categorical eligibility) many children in families with gross incomes up to 185% of the federal poverty level are now eligible for SNAP. For this reason, Census data on the number of children in families with incomes below 130% of the federal poverty level no longer provides an accurate estimate of the number of income-eligible children, and this year's Factbook does not present participation rates. Instead, the number of children participating in 2005 is presented as a baseline and data for 2010 and 2011 are presented for comparison. Due to this change in methodology, Children Receiving SNAP Benefits cannot be compared with Factbooks prior to 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

- ¹ *Reading, writing and hungry: The consequences of food insecurity on children, and on our nation's economic success: Issue brief #8.* (2008). Washington, DC: Partnership for America's Economic Success.
- ² Cook, J. T., March, E. L. & Ettinger de Cuba, S. (2009). *Even very low levels of food insecurity found to harm children's health: Children's HealthWatch policy action brief.* Boston, MA: Children's Health Watch.
- ³ National Anti-Hunger Organizations. (2009). *NAHO roadmap to end childhood hunger in America by 2015.* Retrieved January 22, 2010, from www.hungersolutions.org
- ⁴ United States Department of Agriculture, Food and Nutrition Service. (2012). *Supplemental Nutrition Assistance Program (SNAP).* Retrieved February 3, 2012, from www.fns.usda.gov/snap

(continued on page 165)

Women and Children Participating in WIC

DEFINITION

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

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. WIC is a federally-funded program that serves pregnant, postpartum and breastfeeding women, infants, and children under five years of age with household incomes at or below 185% of the federal poverty level. In addition, any individual who participates in SNAP (formerly the Food Stamp Program), RIte Care, Medicaid, or the Rhode Island Works Program or who is a member of a family in which a pregnant woman or infant receives Medicaid benefits, is automatically income-eligible for WIC. Participants must have a specified nutritional risk, such as anemia, high-risk pregnancy, or abnormal growth, or be in need of supplemental foods for their diet.^{1,2}

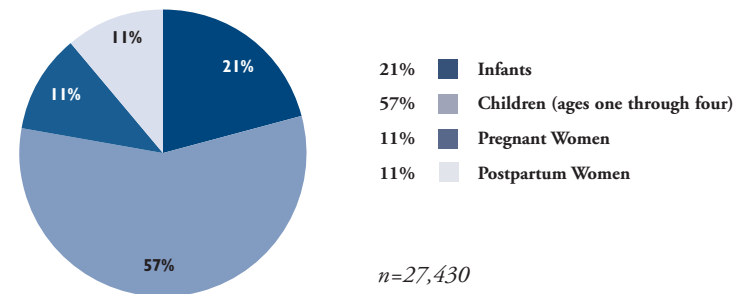
Compared to children who receive WIC benefits, young children who are

eligible for WIC but not participating are more likely to be in poor health, be at risk for developmental delays, be underweight, be short for their age and/or experience food insecurity (i.e., live in families that do not always have enough food for an active healthy life).³ Food insecurity in early childhood can lead to impaired cognitive and socio-emotional development, limiting school achievement.⁴ Pregnant women also have special nutritional needs that influence pregnancy outcomes and the health of their children.⁵

WIC participation has been shown to reduce infant mortality, improve birth outcomes (including reducing the likelihood of low birthweight and prematurity), protect against underweight and poor nutrition in infants, increase immunization rates, improve cognitive development and increase the likelihood of having a source of regular medical care. WIC promotes breastfeeding as the optimal method of infant feeding.⁶ In Rhode Island, 20% of infants participating in WIC were breastfed in Federal Fiscal Year (FFY) 2011.⁷

In 2009, Congress revised appropriations to enhance the WIC food package by improving the health and nutritional value of the foods in the program and increasing participants' access to a wider variety of fruits, vegetables and other foods.⁸

Women, Infants and Children Enrolled in WIC, Rhode Island, September 30, 2011



Source: Rhode Island Department of Health, WIC Program, September 30, 2011.

◆ **Infants and children ages one through four comprised more than three-quarters (78%) of the population being served by WIC in September 2011 in Rhode Island. Women accounted for 22% (11% pregnant and 11% postpartum) of the population being served.⁹**

◆ **In September 2011, 69% of WIC participants in Rhode Island were White, 17% were Black or African-American, 4% were Asian, and 11% identified as other races or more than one race. Thirty-nine percent of WIC participants identified as Hispanic or Latino. Hispanics are included in the racial groups above.¹⁰**

◆ **The four core cities - Central Falls (84%), Pawtucket (76%), Providence (76%) and Woonsocket (74%) - had WIC participation rates exceeding the statewide enrollment rate of 68% in 2011.¹¹**

◆ **WIC is not an entitlement program. Congress determines funding annually and WIC is not funded at a level that is sufficient to serve all eligible women, infants and children.^{12,13} Rhode Island received \$23.8 million in federal funding for WIC during FFY 2011.¹⁴**

◆ **The WIC Farmers' Market Nutrition Program (FMNP) improves participants' intake of fresh fruits and vegetables by enabling participants to purchase produce at authorized local farmers' markets using WIC benefits.¹⁵ In Rhode Island, 68 farmers' markets provided fresh produce to 17,285 WIC participants during the Farmers' Market Nutrition Program in FFY 2011.¹⁶**

Women and Children Participating in WIC

Table 14.

Women, Infants and Children Enrolled in WIC, Rhode Island, September 2011

CITY/TOWN	ESTIMATED NUMBER ELIGIBLE	NUMBER PARTICIPATING	% OF ELIGIBLE PARTICIPATING
Barrington	117	48	41%
Bristol	424	242	57%
Burrillville	349	240	69%
Central Falls	1,857	1,558	84%
Charlestown	155	57	37%
Coventry	724	408	56%
Cranston	2,538	1,560	61%
Cumberland	618	306	50%
East Greenwich	177	70	40%
East Providence	1,508	1,036	69%
Exeter	106	65	61%
Foster	95	52	55%
Glocester	166	67	40%
Hopkinton	198	81	41%
Jamestown	36	15	42%
Johnston	769	547	71%
Lincoln	449	211	47%
Little Compton	50	29	58%
Middletown	421	291	69%
Narragansett	209	103	49%
New Shoreham	21	5	24%
Newport	930	574	62%
North Kingstown	530	257	48%
North Providence	926	567	61%
North Smithfield	204	112	55%
Pawtucket	4,384	3,327	76%
Portsmouth	241	149	62%
Providence	13,381	10,202	76%
Richmond	116	49	42%
Scituate	149	80	54%
Smithfield	208	87	42%
South Kingstown	455	255	56%
Tiverton	302	150	50%
Warren	311	231	74%
Warwick	1,932	1,058	55%
West Greenwich	103	60	58%
West Warwick	1,270	845	67%
Westerly	715	317	44%
Woonsocket	2,870	2,119	74%
Unknown	314	0	NA
Four Core Cities	22,492	17,206	76%
Remainder of State	17,523	10,224	58%
Rhode Island	40,329	27,430	68%

Source of Data for Table/Methodology

Rhode Island Department of Health, WIC Program, September 30, 2011.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Note: Due to a change in methodology, WIC participation rates in this Factbook cannot be compared with last year's Factbook, which reported data for a single day in July rather than September 30. Previous Factbooks, which use the September 30 date, are relevant for comparison. Additionally, since 2007, the "estimated number eligible" is based on calculations done by the Rhode Island Department of Health to determine the number of pregnant and postpartum women, infants and children under age five who live in families with an income less than 185% of the federal poverty level. In previous years, the "estimated number eligible" was based on 2000 Census data (2005 and 2006 Factbooks) and 1990 Census data (all Factbooks prior to 2005).

References

^{1,12} U.S. Department of Agriculture Food and Nutrition Service. (2011). *WIC: The special supplemental nutrition program for women, infants and children (Nutrition Program Facts)*. Retrieved January 18, 2012, from www.fns.usda.gov/wic/wic-fact-sheet.pdf

^{2,13} Food Research & Action Center. (n.d.). *Child nutrition fact sheet: Women, infants and children (WIC)*. Retrieved January 18, 2012, from www.frac.org/newsite/wp-content/uploads/2009/09/cnwic.pdf

³ Jeng, K., March, E., Cook, J. & Ettinger de Cuba, S. (2009). *Feeding our future: Growing up healthy with WIC*. Boston, MA: Children's HealthWatch.

⁴ Lee, G. (2008). *Reading, writing and hungry: The consequences of food insecurity on children, and on our nation's economic success*. Washington, DC: Partnership for America's Economic Success.

⁵ U.S. Department of Health and Human Services Office on Women's Health. (2010). *Pregnancy: Staying healthy and safe*. Retrieved January 18, 2012, from www.womenshealth.gov/pregnancy/you-are-pregnant/staying-healthy-safe.cfm

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Children Participating in School Breakfast

DEFINITION

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

SIGNIFICANCE

The School Breakfast Program has played a major role in protecting children during the recession. The program has grown by 18.6% since the recession began in 2007, serving an additional 1.5 million low-income children a healthy breakfast each day.¹ The U.S. School Breakfast Program offers nutritious meals which together with school lunches make up a large proportion of the daily dietary intake of participating children.² The School Breakfast Program helps schools support academic success and improved attendance, behavior and health, including reduced obesity rates.³

Food-insecure families often do not have sufficient food to provide nutritious breakfasts every morning, and children in these families are at risk of falling behind their peers physically, cognitively, academically, emotionally and socially.^{4,5} Children who are undernourished are more likely to have poorer cognitive functioning when they

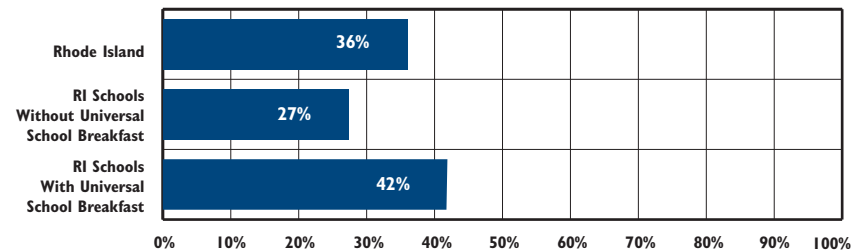
miss breakfast. They are more likely to have behavior, emotional, and academic problems, more likely to repeat a grade, and more likely to be referred to special education services.^{6,7} Nationally, kindergartners in households experiencing food insecurity are more likely to be chronically absent than their peers in food-secure households.⁸

All public schools in Rhode Island are required to provide both breakfast and lunch to students. The National School Lunch and School Breakfast Programs reimburse school districts for meals offered free or at a reduced-price. These meals provide nearly half of the weekly diet of children from low-income families.⁹

If Rhode Island increased low-income student participation in the School Breakfast Program from 43% to 60% of School Lunch Program participation, the state would receive \$2.1 million in additional federal funds to support the School Breakfast Program.¹⁰

During the 2010-2011 school year in Rhode Island, 43 low-income students participated in the School Breakfast Program for every 100 low-income students who participated in the School Lunch Program. Rhode Island ranks 33rd in the U.S. for participation in the School Breakfast Program, up from 40th last year.¹¹

Low-Income Children Participating in the School Breakfast Program, Rhode Island, October 2011



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

Source: Rhode Island Department of Elementary and Secondary Education, Office of School Food Services, Office of Finance and Office of Network & Information Systems, October 2011.

- ◆ During the 2010-2011 school year, five school districts and selected schools in three other districts offered universal school breakfast. The percentage of low-income students participating in School Breakfast Programs in schools offering universal school breakfast in Rhode Island was 43%, compared with 25% of low-income students participating in non-universal programs in the remainder of the state.¹²
- ◆ During the 2011-2012 school year, 16 of the 23 school districts in Rhode Island with severe need schools (schools in which 40% or more of students qualify for free or reduced-price schools meals) did not offer universal school breakfast.¹³
- ◆ Universal School Breakfast Programs, which provide free breakfast to all children regardless of income, increase school breakfast participation by removing the stigma often associated with school breakfast and can reduce administrative costs. When schools offer breakfast in the classroom at the start of the school day, participation rates increase even more. Classroom breakfast programs are the most successful strategy to increase school breakfast participation among students.^{14,15}
- ◆ Each time a low-income student did not participate in the School Breakfast Program during the 2010-2011 school year, the student's state lost at least \$1.48 in federal nutrition funding if the student would have received a free breakfast and \$1.18 if the student would have received a reduced-price breakfast.¹⁶

Children Participating in School Breakfast

Table 15.

Children Participating in School Breakfast, Rhode Island, October 2011

SCHOOL DISTRICT	OCTOBER 2011 ENROLLMENT	ESTIMATED AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL CHILDREN PARTICIPATING IN BREAKFAST	# OF LOW-INCOME STUDENTS	ESTIMATED LOW-INCOME AVERAGE DAILY PARTICIPATION IN BREAKFAST	% OF ALL LOW-INCOME CHILDREN PARTICIPATING IN SCHOOL BREAKFAST
Barrington	3,429	14	<1%	196	8	4%
Bristol Warren	3,512	171	5%	1,178	148	13%
Burrillville	2,464	241	10%	819	180	22%
Central Falls	2,700	1,291	48%	2,333	1,141	49%
Chariho	3,492	173	5%	673	108	16%
Coventry	5,110	468	9%	1,477	338	23%
Cranston	10,683	1,611	15%	3,670	910	25%
Cumberland	4,686	407	9%	1,041	318	31%
East Greenwich	2,393	21	1%	145	11	8%
East Providence	5,597	566	10%	2,499	438	18%
Exeter-West Greenwich	1,771	86	5%	229	41	18%
Foster	284	41	14%	53	19	35%
Foster-Glocester	1,234	76	6%	189	75	39%
Glocester	579	95	16%	96	70	73%
Jamestown	493	1	<1%	34	1	3%
Johnston	3,103	288	9%	1,106	214	19%
Lincoln	3,295	315	10%	887	265	30%
Little Compton	294	17	6%	45	15	33%
Middletown	2,400	160	7%	649	128	20%
Narragansett	1,452	61	4%	101	18	18%
New Shoreham	114	12	10%	10	5	46%
Newport	2,107	371	18%	1,190	335	28%
North Kingstown	4,364	344	8%	872	273	31%
North Providence	3,274	353	11%	1,273	237	19%
North Smithfield	1,729	110	6%	267	48	18%
Pawtucket	8,769	2,069	24%	6,531	1,776	27%
Portsmouth	2,715	121	4%	368	84	23%
Providence	23,518	12,322	52%	19,162	9,817	51%
Scituate	1,548	33	2%	255	29	11%
Smithfield	2,407	91	4%	318	50	16%
South Kingstown	3,478	155	4%	609	121	20%
Tiverton	1,889	142	8%	456	100	22%
Warwick	9,977	536	5%	3,131	402	13%
West Warwick	3,470	499	14%	1,042	265	25%
Westerly	3,071	471	15%	1,730	567	33%
Woonsocket	5,999	2,077	35%	4,188	1,686	40%
Charter Schools	3,564	1,439	40%	2,335	1,160	50%
State-Operated Schools	1,749	791	45%	1,193	571	48%
UCAP	141	0	0%	119	0	0%
Four Core Cities	40,986	17,758	43%	32,214	14,421	45%
Remainder of State	96,414	7,048	7%	26,608	6,431	24%
Rhode Island	142,854	27,036	19%	62,469	22,583	36%

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, October 2011.

Charter schools include Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, RI Nurses Institute Middle College Charter School, Segue Institute for Learning, and Trinity Academy for the Performing Arts. State-operated schools include The Rhode Island Training School operated by DCYF, Metropolitan Regional Career and Technical Center, Rhode Island School for the Deaf and William M. Davies Jr. Career & Technical High School. UCAP is the Urban Collaborative Accelerated Program.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

In this year's Factbook, the October 2011 enrollment and number of low-income students come from RIDE's official October 1 enrollment census and not from RIDE's Office of School Food Services, Office of Finance and Office of Network & Information Systems. Data are not comparable to previous Factbooks.

"Estimated Average Daily Participation in Breakfast" is the average number of students who ate breakfast in school per school day during October 2011. "Number of Low-Income Students" is the number of students eligible for and enrolled in a Free or Reduced-Price Meal Program on October 1, 2011. "Estimated 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 2011.

To participate in the Reduced-Price Breakfast Program, students' household income must fall between 130% and 185% of the federal poverty guideline. For the Free Breakfast Program, household income must fall below 130% of the federal poverty guideline. Children in foster care, households receiving Food Stamp/SNAP Benefits and households participating in the Rhode Island Works Program are automatically eligible for free meals.

References

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Health

Golden Slumbers Kiss Your Eyes

by Thomas Dekker

Golden slumbers kiss your eyes,
Smiles awake you when you rise;
Sleep, pretty wantons, do not cry,
And I will sing a lullaby,
Rock them, rock them, lullaby.
Care is heavy, therefore sleep you,
You are care, and care must keep you;
Sleep, pretty wantons, do not cry,
And I will sing a lullaby,
Rock them, rock them, lullaby.



Children's Health Insurance

DEFINITION

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

SIGNIFICANCE

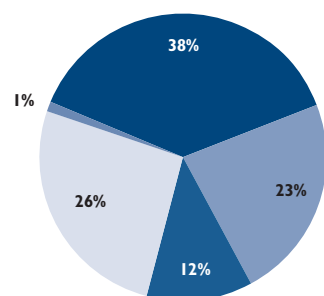
Children who have health insurance coverage are healthier and have fewer preventable hospitalizations. They are more likely to receive preventive care, be screened for the achievement of developmental milestones, miss fewer days of school and get treatment for illnesses and chronic conditions.^{1,2} Uninsured children are less likely to have a usual place for health care than children with coverage, and they have fewer visits to doctors and dentists.³ Insurance coverage for parents increases the likelihood that children receive preventive care, reduces unmet health needs and improves health care access for both children and parents.^{4,5}

Medicaid and the Children's Health Insurance Program (CHIP) provide low-income children with affordable, comprehensive health benefits.⁶ RItE Care/RItE Share, Rhode Island's Medicaid/CHIP managed care health insurance program, is available to children and families who qualify based on family income. RItE Care also serves as the health care delivery system for 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. On December 31, 2011, 72% (83,088) of RItE Care members who qualified based on family income were children under age 19.⁷ There were 42,742 low-income parents with RItE Care coverage on December 31, 2011.⁸ RItE Care enrollment rose from 114,176 in December 2010 to 116,148 in December 2011, but remains below the peak of 120,049 in December 2004.^{9,10,11}

Children Under Age 19 Without Health Insurance, by Poverty Level, Rhode Island, 2008-2010*

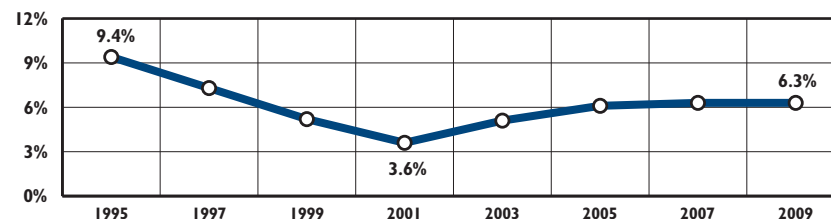
38%	Income Less Than 100% of Poverty (6,512)
23%	Income 100% to 174% of Poverty (3,867)
12%	Income 175% to 249% of Poverty (2,080)
26%	Income at or Above 250% of Poverty (4,413)
1%	Poverty Status Unknown (181)



n = 17,053

Source: Population Reference Bureau analysis of U.S. Census Bureau, Current Population Survey data, 2008-2010 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, 1994-2010



Source: U.S. Census Bureau, Current Population Survey, 1994-2010, three-year averages (labeled by the mid-point year), compiled by Rhode Island KIDS COUNT. Data are for children under 18 years of age.

◆ Between 2008 and 2010, 6.3% of Rhode Island's children under age 18 were uninsured, compared with 9.7% of children in the U.S. Rhode Island ranks 13th best in the U.S., with 93.7% of children with health insurance. Two-thirds (65%) of children in Rhode Island are covered by private health insurance, most of which is obtained through their parents' employers.¹²

◆ Approximately 73% (12,459) of the estimated 17,053 uninsured children in Rhode Island were eligible for RItE Care health coverage based on their family incomes, but were not enrolled. Between 2008 and 2010, an estimated 4,413 uninsured children lived in Rhode Island families with incomes above 250% of the federal poverty level (\$47,725 for a family of three in 2012), the limit for RItE Care eligibility.^{13,14}

◆ Employer-sponsored health insurance (ESI) has eroded in Rhode Island over the past decade. Between 2008 and 2010, 60.8% of children were covered by ESI, down from 73.1% for the three-year period from 1999 and 2001, a decrease of 17%.¹⁵

◆ The RItE Share premium assistance program helps low-income families to afford the cost of employer-sponsored coverage. As of December 31, 2011, 8,193 children and 3,378 parents (11,571 total) were enrolled in RItE Share.¹⁶

◆ The federal *Patient Protection and Affordable Care Act (ACA)* will improve health coverage options for children, young adults and parents with coverage through public programs and those with commercial coverage. From initial provisions that took effect upon enactment in 2010 to full implementation of the law in 2014, states will have the opportunity to implement reforms that will address coverage options, affordability, payment models and the health care delivery system.^{17,18,19}

Children's Health Insurance

Table 16. Children Under Age 19 Receiving Medical Assistance, Rhode Island, December 31, 2011

CITY/TOWN	Rite Care RI Works	Rite Care Not RI Works	SSI	Katie Beckett Provision	Adoption Subsidy	Foster Care	Total
Barrington	23	240	12	39	13	14	341
Bristol	67	697	22	15	41	20	862
Burrillville	75	759	59	22	56	53	1,024
Central Falls	792	3,240	292	3	31	21	4,379
Charlestown	39	345	12	9	17	2	424
Coventry	193	1,452	69	53	94	67	1,928
Cranston	792	4,731	256	99	160	128	6,166
Cumberland	148	1,122	86	59	55	28	1,498
East Greenwich	26	267	16	40	22	7	378
East Providence	313	2,620	147	43	87	67	3,277
Exeter	21	191	11	4	13	19	259
Foster	23	160	5	4	15	7	214
Glocester	24	292	15	13	38	39	421
Hopkinton	29	394	19	7	20	10	479
Jamestown	16	66	8	7	3	6	106
Johnston	228	1,508	77	24	38	39	1,914
Lincoln	103	900	68	37	55	25	1,188
Little Compton	13	77	1	3	1	0	95
Middletown	113	661	52	29	21	40	916
Narragansett	57	373	22	22	18	51	543
New Shoreham	1	23	0	3	0	0	27
Newport	477	1,315	123	6	24	64	2,009
North Kingstown	173	1,002	67	41	30	30	1,343
North Providence	291	1,539	134	23	47	62	2,096
North Smithfield	50	310	46	15	31	27	479
Pawtucket	1,489	7,342	555	29	103	123	9,641
Portsmouth	46	443	21	35	17	49	611
Providence	6,782	21,741	2,005	46	697	485	31,756
Richmond	28	259	8	8	13	24	340
Scituate	23	312	13	25	30	10	413
Smithfield	45	404	21	21	15	32	538
South Kingstown	100	745	61	40	42	30	1,018
Tiverton	108	547	34	12	19	13	733
Warren	73	518	40	15	28	19	693
Warwick	555	3,459	197	124	189	133	4,657
West Greenwich	32	127	6	8	15	13	201
West Warwick	388	1,865	132	19	65	46	2,515
Westerly	194	1,260	77	25	27	18	1,601
Woonsocket	1,569	4,249	540	26	104	90	6,578
Other	10	4	16	0	0	0	30
Four Core Cities	10,632	36,572	3,392	104	935	719	52,354
Remainder of State	4,887	30,983	1,937	949	1,359	1,192	41,307
Rhode Island	15,529	67,559	5,345	1,053	2,294	1,911	93,691

Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, MMIS Database, December 31, 2011.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

From September 2003-March 2004, children with special health care needs were voluntarily transitioned from fee-for-service Medical Assistance to managed care Rite Care. From October 2008-December 2008, all children with special health care needs who had remained in fee-for-service Medical Assistance were required to transition to Rite Care managed care. Since October 2008, all new children with special health care needs are required to enroll in Rite Care managed care. Children with special health care needs who have been transitioned into Rite Care included those who qualify for Medical Assistance because they receive SSI, adoption subsidies or qualify for the Katie Beckett provision. Certain groups of children, including those with commercial health insurance, have been exempted from both transitions to Rite Care and thus will remain in fee-for-service. The columns "SSI, Katie Beckett Provision and Adoption Subsidy" include children in fee-for-service Medicaid and Rite Care managed care as of December 31, 2011.

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

*Beginning with the 2009 Factbook, Current Population Survey (CPS) data are labeled to reflect actual years of coverage. CPS data are collected in March and released in August in the year following the one to which the data refer (i.e., data referring to coverage in 2009 are collected in March 2010 and released in August 2010). In previous Factbooks, Current Population Survey (CPS) data were labeled by the years in which the data were released.

References

- Bernstein, J., Chollet, D. & Peterson, S. (2010). *How does insurance coverage improve health outcomes?* Princeton, NJ: Mathematica Policy Research, Inc.
- America's uninsured crisis: Consequences for health and health care.* (2009). Washington, DC: National Academies Press, Institute of Medicine.

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Childhood Immunizations

DEFINITION

Childhood immunizations is the percentage of children ages 19 months to 35 months who have received the entire 4:3:1:0:3:1:4 Series of vaccinations as recommended by the Advisory Committee on Immunization Practices (ACIP). In 2009 and 2010, the modified Series includes 4 doses of diphtheria, tetanus and pertussis (DTaP); 3 doses of polio; 1 dose of measles, mumps, rubella (MMR); 0 doses of Haemophilus influenzae type b (Hib); 3 doses of hepatitis B vaccines; 1 dose of varicella (chickenpox); and 4 doses of pneumococcal conjugate vaccine (PCV).

SIGNIFICANCE

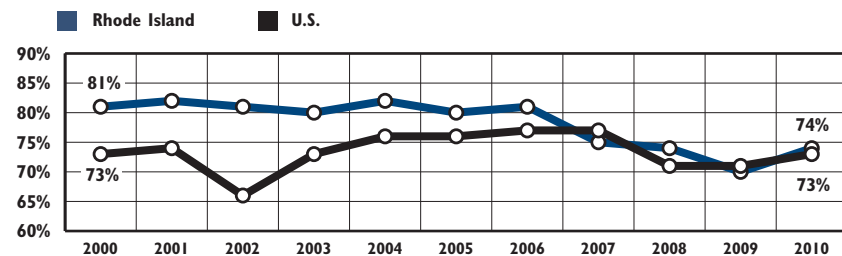
Adequate immunization protects children against a number of infectious diseases that were once common and resulted in death or disability.¹ Vaccines interact with the immune system to produce antibodies that protect the body if it is later exposed to disease.² Individuals benefit from immunization because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

Vaccines prevent illness, death and reduce health spending and other societal costs.⁵ 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 under age 19, including those who are uninsured, underinsured or Medicaid-eligible.⁶ Current policy challenges include the rising number and cost of vaccines, increasing complexity of vaccine administration, and insufficient payment for public and private providers to purchase and administer childhood vaccines.^{7,8}

Rhode Island purchases vaccines for all children and distributes them to health care providers. In order to ensure that vaccines reach all children, the Rhode Island Department of Health works in partnership with Rhode Island health care providers to maintain and share KIDSNET immunization data for children from birth to age 18.⁹

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

Fully Immunized Children*, Ages 19 Months to 35 Months, Rhode Island and United States, 2000-2010



*Fully immunized children received the 4:3:1:3:3 series from 2000 to 2001; the 4:3:1:3:3:1 series from 2002 to 2007; and the 4:3:1:0:3:1:4 series in 2008, 2009 and 2010.

Source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2000-2010.

◆ In 2010, Rhode Island's rate (74%) of children ages 19 months to 35 months that were fully immunized was comparable to the U.S. rate of 73%.¹¹

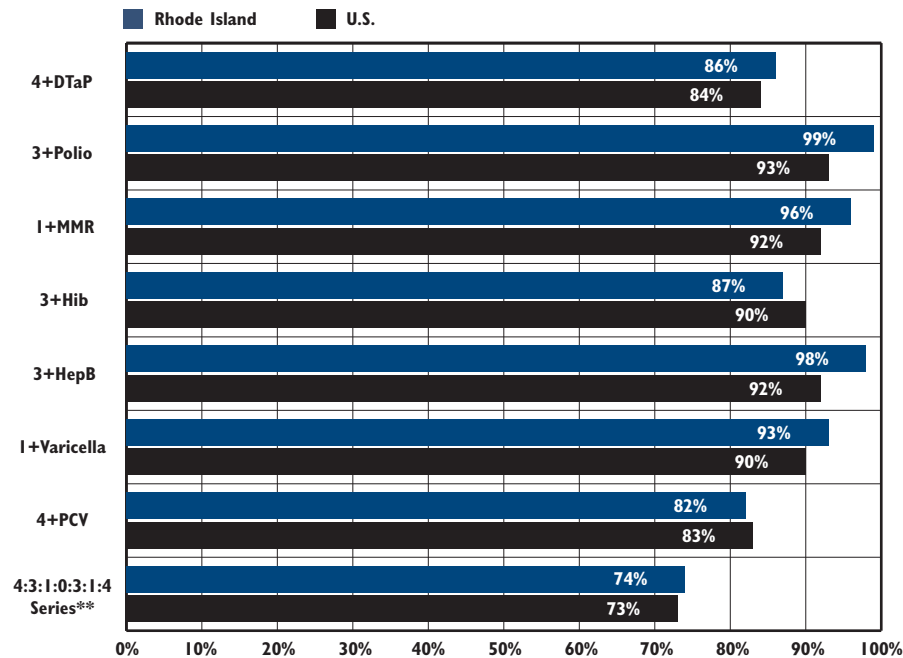
◆ In 2009, the definition of "fully immunized" was modified to include children who had received the 4:3:1:0:3:1:4 series. Due to changes in measurement of the Hib vaccine and vaccine shortages between December 2008 and September 2009, Hib is excluded from the series. Four doses of pneumococcal conjugate vaccine (PCV) were added to the series.¹²

◆ In 2010, the U.S. rate for fully immunized children ages 19 months to 35 months ranged from 70% for children living below the federal poverty level to 74% for children living at or above the federal poverty level. The 2010 U.S. rate was 75% for Native American children, 74% for Hispanic children, 73% for White children, 70% for Asian children and 69% for Black children.¹³

◆ Concerns about vaccine safety have resulted in some parents refusing to have their children immunized and some requesting alternative vaccination schedules, both of which have contributed to the number of children who are under-immunized in the U.S.^{14,15} As required by the federal *National Childhood Vaccine Injury Act*, families must be provided with informational materials about each vaccine and given the opportunity to clarify issues or concerns with their healthcare provider.^{16,17} During the 2010-2011 school year, 302 Rhode Island children were exempt from receiving one or more vaccines for medical, religious or personal reasons.¹⁸

Childhood Immunizations

Vaccination Coverage Among Children, Ages 19 Months to 35 Months, Rhode Island and United States, 2010



*Hib vaccine shortage lasted December 2007 until September 2009, affecting 2010 rates.

**The modified 4:3:1:0:3:1:4 Series excluded Hib and added 4 doses of PCV.

Source: Centers for Disease Control and Prevention, *National Immunization Survey*, 2010.

◆ In 2010, Rhode Island ranked first in the U.S. for the 3+ Polio vaccine and second highest for the 3+ HepB and Rotavirus vaccines. Rhode Island ranks 23rd in the U.S. for completion of the modified Series (which excluded Hib and added 4 doses of PCV).¹⁹

Immunizations for Elementary and Middle School Students

◆ The 2010-2011 *Rhode Island School Immunization Assessment* analyzed 2,852 randomly selected health records from students at kindergarten entry (5-7 years of age) and middle school entry (11-13 years of age) across 129 randomly selected public and private schools. Entering kindergarteners had between 90% and 92% and entering middle school students had between 72% and 97% of the five immunizations needed for school entry.²⁰

Adolescent Immunization

◆ The recommended immunization schedule for adolescents has changed over the past decade, with three vaccines being added: human papillomavirus (HPV) for girls, and tetanus-diphtheria-acellular pertussis (Tdap) and meningococcal conjugate (MenACWY) for both genders.²¹

◆ According to the 2010 *National Immunization Survey-Teen*, Rhode Island adolescents ranked first in the U.S. for five immunizations (1+ Varicella, 2+ Varicella (chickenpox), 1+Td or Tdap after age 10, 1+HPV and 3+HPV), second for 1+MenACWY, fourth for 2+MMR, eighth for 1+Tdap after age 10 and 21st for 3+HepB. In 2010, 99.7% of Rhode Island adolescents had received 1+Varicella vaccine, 97% had received the 2+MMR and 97% had received the 1+Td or Tdap after 10 vaccines.²²

◆ To ensure that all high school seniors are fully vaccinated before beginning college or work, the Rhode Island Immunization Program runs the *Vaccinate Before You Graduate* (VBYG) program 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.²³

◆ During the 2010-2011 school year, 88 schools participated in VBYG. Of the 11,106 students enrolled in the program, 84% received at least one immunization and 82% completed all immunizations for which they were enrolled. The vaccines administered included influenza, HPV, Hepatitis A and B, MMR, DTaP, meningococcal (MCV4), varicella (chicken pox), polio and Tetanus/Diphtheria (TD).²⁴

References

¹⁴ Centers for Disease Control and Prevention. (2009). *How vaccines prevent disease*. Retrieved January 11, 2012, from www.cdc.gov

² Centers for Disease Control and Prevention. (2011). *Epidemiology and prevention of vaccine-preventable diseases, 12th ed.* Atkinson, W., Wolfe, C. & Hamborsky, J. (Eds.). Washington, DC: Public Health Foundation.

^{3,7} American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine and Council on Community Pediatrics. (2010). Policy statement-Increasing immunization coverage. *Pediatrics*, 125(6), 1295-1304.

^{5,11,12,13} National, state, and local area vaccination coverage among children aged 19-35 months – United States, 2010. (2011). *Morbidity and Mortality Weekly Report*, (60)34, 1157-1163.

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Access to Dental Care

DEFINITION

Access to dental care is the percentage of children under age 21 who were enrolled in RItE Care, RItE Share or Medicaid fee-for-service on June 30 who had received dental services at any point during the previous State Fiscal Year.

SIGNIFICANCE

Dental caries (tooth decay) is a common chronic disease among children. Poor oral health has immediate and significant negative impacts on children's overall health, school attendance and academic achievement.^{1,2,3}

Insurance is a strong predictor of access to health and dental care. More than one in four (26%) uninsured children in the U.S. has unmet dental needs, compared with 6% of those with Medicaid and 4% of those with private health insurance.⁴ In 2008, 89% of children in Rhode Island had dental insurance that pays for routine dental care, up from 73% in 2001 and 62% in 1990.^{5,6}

Children living in poverty are more likely to have severe and untreated tooth decay than higher-income children. Medicaid-eligible children are twice as likely to have dental disease as higher-income children, although children with Medicaid coverage have better access to dental care than those without insurance. For children in low-income families, the efficacy and

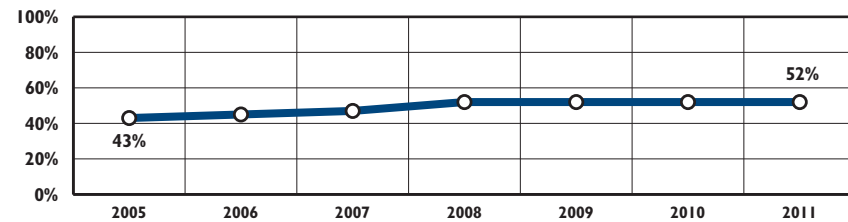
continuity of public dental insurance is a critical factor in access to dental care. In the U.S. and in Rhode Island, children who have continuous enrollment in public health insurance programs have greater access to dental and medical care than children who have no insurance or are covered for only part of the year.^{7,8,9}

Minority children have the highest rates of tooth decay and untreated dental problems. In Rhode Island and the U.S., non-Hispanic White children are more likely to have had a recent dental visit than non-Hispanic Black or Hispanic children.^{10,11,12}

During the 2010-2011 school year, 50% of third graders in Rhode Island had previous cavities and/or fillings and 26% had untreated tooth decay that needed treatment. Minority children and low-income children were twice as likely as their peers to have untreated tooth decay and five to six times more likely to have rampant decay (more than six untreated decay or filled teeth).¹³

Children with special health care needs may have problems finding and accessing providers who are trained and equipped to address their special dental, medical, behavioral and mobility needs. A dental home can provide comprehensive, continuously accessible, coordinated and family-centered oral health care for all children, especially those with special needs.^{14,15}

Children Enrolled in Medical Assistance* Programs Who Received Any Dental Service, Rhode Island, State Fiscal Years 2005-2011



Source: Rhode Island Executive Office of Health and Human Services, State Fiscal Years 2005-2011. *Medical Assistance includes RItE Care, RItE Share and Medicaid fee-for-service.

◆ Half (52%) of the children who were enrolled in RItE Care, RItE Share or Medicaid fee-for-service on June 30, 2011 received a dental service during State Fiscal Year 2011, up from 43% in State Fiscal Year 2005.¹⁶

Dental Provider Participation in Medicaid and RItE Smiles

◆ Nationally, children and adults with public insurance coverage face access problems because many private dentists do not accept Medicaid for payment. Dental providers cite low reimbursement rates, administrative requirements and patient-related issues (e.g., missed appointments) as the main reasons that they do not see more patients with Medicaid coverage.^{17,18,19}

◆ When RItE Smiles (Rhode Island's managed care oral health program) started in 2006, reimbursement rates were raised for participating dental providers. The number of dentists accepting qualifying children with Medical Assistance coverage in Rhode Island increased from 27 participating providers before RItE Smiles to 90 (at the launch of RItE Smiles) in September 2006, to 370 in September 2011.²¹

◆ General dentists and dental specialists providing care to children who do not qualify for enrollment in the RItE Smiles program continue to be reimbursed at the Medicaid fee-for-service reimbursement rate.²⁰ Rhode Island's fee-for-service Medicaid reimbursement rates for dental services for children have not been increased since 1992, and continue to be the lowest in New England and to lag behind much of the nation.^{22,23}

RIte Smiles

◆ RIte Smiles, Rhode Island's managed care oral health program for children born on or after May 1, 2000, has been credited with improving access to dental care (both preventive and treatment services) for young children.^{24,25,26,27} As of December 31, 2011, there were 56,706 children enrolled in RIte Smiles. All children receiving Medical Assistance who were born before May 1, 2000 continue to receive dental benefits under the fee-for-service system.²⁸ The federal Medicaid program mandates that states provide comprehensive dental services (including diagnostic, preventive, treatment, emergency and medically necessary orthodontic services) to children up to age 21.^{29,30}

◆ There have been gains in access to dental care among children under age 10 with Medicaid coverage in Rhode Island over the past decade, with the largest increases coming since 2006, when RIte Smiles began. Thirteen percent of children ages two years and younger with Medicaid coverage received any dental care in 2010, marking a six-fold improvement since 2002 and the first time that over 10% of this age cohort received dental care. The percentage of children ages three to five years who received dental care increased by 31% between 2002 and 2010, from 35% to 46%. School-age children also had increases in access, with 27% more children ages six to eight and 24% more children ages nine to ten with Medicaid coverage receiving dental care in 2010, compared with 2002. Approximately 70% of children ages nine and ten with Medicaid coverage received at least one dental service in 2009 and 2010.³¹

Oral Health Care for Pregnant Women

◆ Poor oral health during pregnancy has been shown to be a potential risk factor contributing to pregnancy complications (such as gestational diabetes and preeclampsia) and poor birth outcomes, including preterm birth and low birthweight infants.

◆ Although oral health care can be safely delivered during pregnancy, only about half (53%) of Rhode Island women report having a dental visit during their pregnancy. Women with low incomes are less likely to see a dentist; 41% of women with RIte Care coverage and 42% of women participating in WIC (Special Supplemental Nutrition Program for Women, Infants and Children) reported a dental visit during their pregnancy. Prenatal care providers (such as OB/GYNs, nurses, midwives and others) can play an important role in identifying risk factors for dental disease, as well as promoting and making referrals to dental care during pregnancy.³²

Preventive Oral Health Care for Young Children

◆ Despite having insurance coverage, half of young children in Rhode Island do not have a preventive dental visit until after age five.³³ Nearly half of children in the U.S. do not receive dental care in accordance with recommendations of two visits per year beginning at age one. The youngest children are the least likely to receive dental care.^{34,35}

◆ There are too few dentists trained to treat very young children, and too few who treat children with special health care needs or those who have public insurance.³⁶ Primary care providers can conduct oral health risk assessment, refer for dental care and provide preventive services, all of which improve oral health outcomes and lead to a dental home.^{37,38,39,40}

◆ Rhode Island is one of 40 state Medicaid programs that reimburse primary care medical providers for preventive oral health services, including risk assessment, caregiver education and fluoride varnish application.^{41,42}

Consequences of Untreated Dental Disease

◆ Between 2006 and 2010, an average of 846 children under age 21 were treated for a primary dental-related condition in Rhode Island emergency departments annually. Forty-one percent of these children had public insurance (Medicaid/RIte Care) and 24% had private/commercial health or dental insurance. One-quarter (25%) were self-pay patients, which could mean that their health or dental insurance did not cover the cost of the emergency department visit or that they were uninsured.⁴³

◆ Each year between 2006 and 2010 in Rhode Island, an average of 54 children under age 19 were hospitalized with a diagnosis that included an oral health condition. During this time period, an average of 14 children per year under age 19 were hospitalized with an oral health condition as the primary reason for the hospitalization.⁴⁴

References

^{1,11,19} *Advancing oral health in America*. (2011). Washington, DC: Institute of Medicine, National Academies Press.

² U.S. Department of Health and Human Services. (2000). *Oral health in America: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

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Children's Mental Health

DEFINITION

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

SIGNIFICANCE

Mental health in childhood and adolescence is defined as the achievement of expected developmental, cognitive, social and emotional milestones and by secure attachments, satisfying social relationships and effective coping skills.¹ Mental health problems result in impaired academic achievement and social development, greater demands on the child welfare and juvenile justice systems, high treatment costs, increased family stress and diminished family incomes throughout childhood and into adulthood.^{2,3,4}

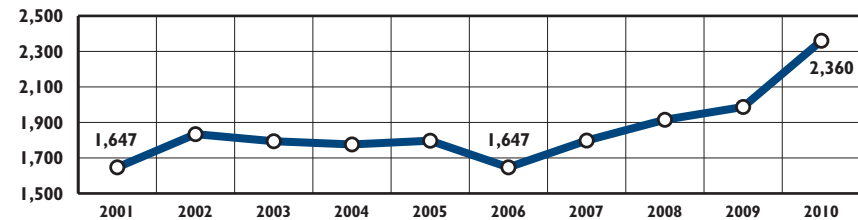
Mental health systems tend to be fragmented and crisis-driven with disproportionate spending on high-end hospital and residential care and inadequate investment in prevention and community-based services that would allow children to receive treatment at appropriate levels of care in their own communities.^{5,6,7} In recent years, Rhode Island has worked to build more

preventive and home- and community-based treatment capacity.^{8,9,10,11}

One in five children ages six to 17 in Rhode Island has a diagnosable mental or addictive disorder; one in ten has significant functional impairment.¹² Behavioral health problems affect children of all backgrounds. Children most at risk for mental disorders are those with prenatal exposure to alcohol, tobacco and other drugs; children born with low birth weight, difficult temperament or an inherited predisposition to a mental disorder; those suffering abuse and neglect; children exposed to traumatic events; children of parents with a mental health disorder; and children living in poverty.^{13,14} Young people in the juvenile justice and child welfare systems experience mental health problems at higher rates than their peers.¹⁵

Mental health problems, whether arising from biological or psycho-social causes or both, affect the physical functioning of the brain and can be prevented or treated in many cases. The mental health status of children influences their behavior at home, child care or school, as well as their academic performance and their ability to participate in community life.¹⁶ Despite showing symptoms or "action signs," the vast majority of children and youth who need mental health treatment do not receive it through school, community or clinical settings.^{17,18}

Hospitalizations with Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2001-2010*



Source: RI Hospital Discharge Database (HDD), RI Department of Health. *Data are for hospitalizations, not number of children. Children may be hospitalized more than once. Mental disorders include ICD-9-CM codes 290-319, including alcohol/drug dependence, psychoses, anxiety and depressive, mood and personality disorders. Trend line is based on a new method of analyzing the HDD and is not comparable to previous Factbooks.

◆ In 2010, there were 2,360 hospitalizations of children with a primary diagnosis of mental disorder at the following hospitals: Bradley, Butler, Hasbro Children's Hospital, Kent, Newport, Memorial, Saint Joseph, South County and Westerly Hospitals. There was a 43% increase in the number of hospitalizations of children with a primary diagnosis of mental health disorder at hospitals in Rhode Island between 2001 and 2010. This increase may be due to more children and youth being hospitalized for behavioral health problems, but it also has been partly attributed to the systemic problem of "pediatric boarders" and "stuck kids."^{19,20}

◆ When a child or adolescent needs behavioral health treatment at an inpatient psychiatric hospital or in another placement in the community, but there is no appropriate placement available, they may wait for one day or more in emergency departments and/or be admitted to ("boarded at") medical floors at acute care hospitals. "Boarders" must wait for appropriate treatment and may require constant monitoring by staff so that they do not injure themselves or others.^{21,22} In Federal Fiscal Year 2011, 388 children and youth under age 18 with a psychiatric diagnosis were "boarded" for an average of two days at Hasbro Children's Hospital or Rhode Island Hospital. This number is down from 403 in calendar year 2010 but remains higher than 122 in calendar year 2009.

◆ When a child or adolescent is ready to leave the psychiatric hospital and needs a "step-down placement" of lesser clinical intensity but there is none available or there is no other safe placement at a treatment program or at home, they are referred to as "stuck." Bradley Hospital reported 76 "stuck kids" in Federal Fiscal Year 2011.²³

Psychiatric Hospitals

Children Under Age 19 Treated at Rhode Island Psychiatric Hospitals, October 1, 2010 – September 30, 2011 (FFY 2011)

	Bradley Hospital General Psychiatric Services		Bradley Hospital Developmental Disabilities Program		Butler Hospital General Psychiatric Services		Butler Hospital Child and Adolescent Intensive Services Unit	
	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay	# Treated	Average Length of Stay
Inpatient	878	12 days	65	41 days	528	7 days	125	20 days
Residential	25	140 days	11	84 days	--	--	--	--
Partial Hospitalization	370	12 days	9	19 days	121	5 visits	--	--
Home-Based	--	--	52	199 days	--	--	--	--
Outpatient^	1,492	4 visits	113	3 visits	90	NA	--	--

Source: Lifespan, 2012 and Butler Hospital, 2012. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2011). The average length of stay is based on discharges. ^Outpatient visits for Bradley in FFY 2011 were estimated by Lifespan based on FFY2010 data.

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

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

◆ Inpatient treatment at a psychiatric hospital is the most intensive type of behavioral health care. The most common diagnoses for young people treated at Butler or Bradley Hospitals in Federal Fiscal Year 2011 in an inpatient setting were bipolar disorders (45%), depressive disorders (37%), anxiety disorders (5%) and adjustment disorders (5%).^{24,25}

◆ Bradley Hospital has a Developmental Disabilities Program that offers highly specialized clinical services to children and adolescents who show signs of serious emotional and behavioral problems in addition to developmental disabilities. Bradley also operates five schools for children with behavioral health problems and developmental disabilities, which together had an average daily enrollment of 378 students in Federal Fiscal Year 2011.²⁶

References

^{1,13,16} *Mental health: A report of the Surgeon General.* (1999). Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

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Rhode Island's Community Mental Health Centers

◆ The seven Community Mental Health Centers (CMHCs) in Rhode Island are the primary source of public mental health treatment services available in the state for children and adults. During 2011, 7,529 children under age 18 were treated at Community Mental Health Centers, and 4,724 children were receiving treatment as of December 31, 2011.²⁷

◆ Among the children who received services through Rhode Island CMHCs in 2011, 25% presented with a primary diagnosis of depressive-related disorders, 21% with attention deficit disorders, 13% with anxiety disorders and 12% with conduct disorders.²⁸

Child and Adolescent Intensive Treatment Services (CAITS)

◆ The CAITS program, which is administered by the Rhode Island Executive Office of Health and Human Services as an in-plan benefit under RItE Care, aims to reduce inpatient psychiatric hospitalizations and residential treatment among Medicaid-eligible children and youth with moderate to severe emotional and/or behavioral disorders. CAITS provides up to 16 weeks of intensive, home- and community-based treatment via individual and/or family therapy, family training and support worker services per year.²⁹

◆ In State Fiscal Year 2011 (July 1, 2010-June 30, 2011), 1,885 children and youth received services from eleven CAITS provider agencies. Nearly half (45%) of the youth served by CAITS were over age 12, while 40% were ages six to 11 and 14% were age five or younger.³⁰

Kid's Link Emergency Services Hotline

◆ The Rhode Island Department of Children, Youth and Families (DCYF) launched the Kid's Link Emergency Services hotline in 2007 to help parents and caregivers determine the best place to go for behavioral health treatment for children and youth experiencing mental health problems or crises.³¹ In 2011, there were 1,037 phone calls to Kid's Link (38% of which were requests for evaluations), a 17% increase from 2010, when 883 calls were received.³² The Kid's Link hotline is scheduled to be eliminated as of March 31, 2012.^{33,34}

Children with Special Needs

DEFINITION

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

SIGNIFICANCE

It is estimated that 15% of children in the U.S. and 17% of children in Rhode Island have at least one special health care need.¹ Children with special health care needs (CSHCN) can have impairments of varying degrees in physical, social, emotional and/or behavioral functioning. Nationally, 57% of CSHCN report report two or more and 29% report three or more special health needs. Health conditions most commonly reported are allergies, asthma, Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder, developmental delay, anxiety, behavioral problems and depression, among others.^{2,3}

Children with mild or severe disabling conditions have special needs related to physical health, mental health, education, family support, housing, child

care and recreation.⁴ Health-related needs are best met via a comprehensive, coordinated, continuous, accessible and family-centered medical home.⁵

In 2009, 20% of Rhode Island public high school students reported that they had a disability. Students with disabilities reported higher rates of smoking, drinking and marijuana use than did adolescents without disabilities and they were more likely to have had sexual intercourse. They reported physical fights, being bullied, experiencing dating violence, having forced sexual intercourse, carrying a weapon, being threatened or injured at school and not going to school because they felt unsafe at higher rates than students without disabilities. They also reported feeling sad and hopeless and had higher rates of suicidal thoughts and suicide attempts than other students.⁶

Children with disabilities may require medical services, equipment, assistive technology or home modifications that may result in serious financial burdens on families.^{7,8,9} Having children with special needs significantly impacts parents' finances, employment and family lives.^{10,11} Adequate and affordable health insurance coverage (private coverage, public coverage or both) for primary and specialty care, mental health and oral health care is important for CSHCN. Many families experience financial hardships due to lack of insurance or underinsurance.^{12,13,14}



Children Enrolled in Early Intervention

- ◆ States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to identify and provide appropriate Early Intervention services to all infants and toddlers under age three who have developmental delays or have a diagnosed physical or mental condition that is associated with a developmental delay.¹⁵
- ◆ In Rhode Island in 2011, ten certified Early Intervention provider agencies served 3,883 children. Nearly two-thirds (64%) of children receiving Early Intervention services were male and just over one-third (36%) were female. Enrollment is nearly evenly distributed among children by age, with 28% ages birth to eleven months, 38% between ages one and two, and 34% between ages two and three.¹⁶



Children Enrolled in Special Education

- ◆ Under *IDEA Part B*, local school systems are responsible for identifying, evaluating and serving students ages three to 21 who have disabilities that might require special education and related services.¹⁷
- ◆ In Rhode Island during the 2010-2011 school year, 18% (25,652) of children enrolled in public schools received special education services. Thirty-five percent of students receiving special education services in Rhode Island had a learning disability.¹⁸
- ◆ Early Intervention (EI) programs are required to provide transition services for children who are enrolled in EI and who may be eligible for special education at age three. In 2011, 67% of the 1,035 children who reached age three while in EI were determined to be eligible for preschool special education, 20% were found not eligible for special education and 10% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, moved out of state, withdrew from the program or were unreachable for follow-up.¹⁹
- ◆ During the 2010-2011 school year, there were 2,838 pre-school age children (ages 3-5 not yet enrolled in kindergarten) who were receiving special education services through Rhode Island public school districts.²⁰

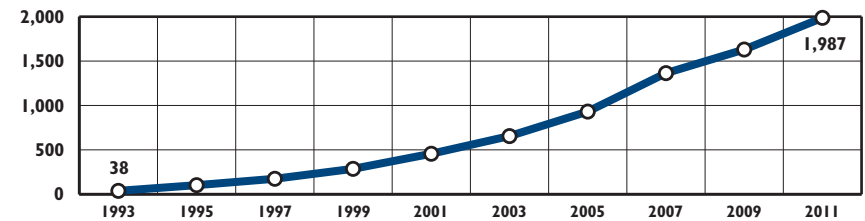
Medical Assistance for Children With Special Health Care Needs

- ◆ As of December 31, 2011, there were 6,338 Rhode Island children and youth under age 21 receiving Medical Assistance benefits through their enrollment in the federal Supplemental Security Income (SSI) program.^{21,22}
 - ◆ In Rhode Island, the Katie Beckett eligibility provision provides Medical Assistance coverage to children under age 19 who have serious disabling conditions, in order to enable them to be cared for at home instead of in an institution.²³ As of December 31, 2011, there were 1,053 Rhode Island children enrolled through the Katie Beckett provision, a decline of 41% from the peak enrollment of 1,770 in 2007.^{24,25}
 - ◆ Children with special needs enrolled in Medical Assistance in Rhode Island have shown significant gains in access to needed health services and reductions in emergency care and hospitalization use since 1997. Increases have been reported by parents regarding access to specialists, behavioral health and nutrition counseling, oral health services, therapeutic child care and parent support services.^{26,27}
- ## Children With Special Needs in the Child Welfare System
- ◆ Children and youth who are in the child welfare system are more likely to have special needs, including behavioral and emotional problems, developmental delays and serious health problems than other children. Children often enter the child welfare system in poor health and face difficulties accessing services while in care.^{28,29}
 - ◆ As of December 31, 2011, 2,181 children in Rhode Island were enrolled in Medical Assistance through the child welfare system.³⁰ Rhode Island youth in substitute care on their 18th birthday are provided with RIte Care health insurance coverage until their 21st birthday through Rhode Island's Post Foster Care Medical Assistance provision.³¹
 - ◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medical Assistance coverage. As of December 31, 2011, 2,391 children were enrolled in Medical Assistance because of special needs adoptions.³²

Children With Autism Spectrum Disorders (ASDs)

- ◆ Autism Spectrum Disorders (ASDs) are a group of neurodevelopmental disorders that affect a person's ability to communicate, process and respond to sensory information, and form social relationships throughout their lives. Children diagnosed with ASDs have a variety of symptoms and experience challenges and abilities that range widely in severity. Many children with ASDs face challenges in social interaction, speech/language and communication and demonstrate repetitive behaviors and routines.^{33,34}

Children Ages Three to 21 With Autism Spectrum Disorders (ASDs), Rhode Island, December 1993 - December 2011



Source: Rhode Island Department of Elementary and Secondary Education, Office of Student, Community and Academic Supports, December 1993-December 2011.

- ◆ The national ASD prevalence (including mild to severe disorders) is estimated to be one out of every 110 children (one out of 70 boys and one out of 315 girls).³⁵ In December 2011, there were 1,987 Rhode Island children ages three to 21 with an ASD who received special education services.³⁶ The significant increase in the number of children with ASDs has been attributed to improved awareness and better screening and evaluation tools, a broadening of the educational definition of autism to include other ASDs, as well as an increase in the risk of developing ASDs.^{37,38}
- ◆ Research indicates that early and appropriate identification and sustained interventions can result in improvements in the levels of independent functioning of children and youth with ASDs and long-term life outcomes. ASD interventions are costly and require skilled professionals to deliver them, often resulting in gaps in access.^{39,40,41}

References (continued on page 167)

Breastfeeding

DEFINITION

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

SIGNIFICANCE

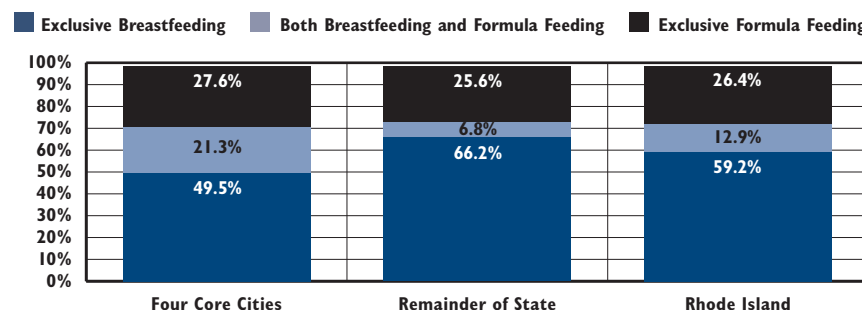
Breastfeeding is widely recognized as the ideal method of feeding and nurturing infants and a critical component in achieving optimal infant and child health, growth and development.^{1,2} The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for six months after birth, continuous breastfeeding for at least 12 months after birth and thereafter as long as mutually desired.³

Breastfeeding decreases infant mortality and morbidity. Benefits for infants include optimal nutrition, reduced risk for Sudden Infant Death Syndrome (SIDS) as well as reduced risk for chronic conditions such as childhood obesity, type 1 and 2 diabetes and childhood leukemia. Additionally, breastfeeding benefits mothers by creating a strong bond with infants and decreasing risk for postpartum depression, type 2 diabetes and breast and ovarian cancer. Breastfeeding provides significant social and economic benefits, including reduced cost to the family, reduced health care costs and reduced employee absenteeism.^{4,5}

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

Healthy People 2020, the nation's health agenda, set target breastfeeding rates of 81.9% of infants born each year ever having been breastfed, 60.6% at six months of age, and 34.1% at one year of age.¹⁰ In 2008, Rhode Island reported 70.4% of infants ever having been breastfed, 38.0% breastfeeding at six months and 19.3% breastfeeding at one year of age. National averages in 2008 were 74.6% ever breastfed, 44.3% at six months and 23.8% at 12 months.¹¹

Breastfeeding and Formula Feeding Rates in Rhode Island, 2006-2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program, 2006-2010. Breastfeeding and formula feeding are defined as intended feeding method at hospital discharge. Totals may not sum to 100% because data on feeding methods were not available for all births.

- ◆ Between 2006 and 2010, more than half (59.2%) of new mothers in Rhode Island indicated that they intended to exclusively breastfeed when discharged from the hospital. More than one-quarter (26.4%) intended to exclusively formula feed and 12.9% intended to use a combination of both breast and formula feeding.¹²
- ◆ Between 2006 and 2010, 77.0% of new mothers in Rhode Island who were surveyed approximately three months after giving birth reported having ever breastfed. Just over half (51.6%) reported continued breastfeeding at the time of the survey.¹³
- ◆ There are racial and ethnic disparities in breastfeeding initiation and duration in the United States. However, Rhode Island is one of only two states in which non-Hispanic Black mothers initiate breastfeeding at higher rates than non-Hispanic White mothers.^{14,15}
- ◆ Rhode Island is among the 49 states with state legislation that provides mothers with the explicit right to breastfeed in public places. Despite protective laws, mothers who breastfeed in public can still face negative reactions from others. Rhode Island does not have legislation that mandates support for breastfeeding mothers who return to work, as do 16 other states.¹⁶
- ◆ In 2011, Rhode Island became the first state to eliminate the automatic distribution of free infant formula that is not medically necessary to postpartum women at hospital discharge.¹⁷

Table 17.

Breastfeeding Rates, Rhode Island, 2006-2010

CITY/TOWN	NUMBER OF BIRTHS SCREENED	NUMBER BREAST AND FORMULA FEEDING	NUMBER EXCLUSIVELY BREASTFEEDING	PERCENT WITH ANY BREASTFEEDING	PERCENT EXCLUSIVELY BREASTFEEDING
Barrington	552	21	461	87.3%	83.5%
Bristol	825	39	576	74.5%	69.8%
Burrillville	646	41	408	69.5%	63.2%
Central Falls	1,881	531	831	72.4%	44.2%
Charlestown	303	8	235	80.2%	77.6%
Coventry	1,539	73	976	68.2%	63.4%
Cranston	4,101	453	2,469	71.3%	60.2%
Cumberland	1,504	118	1,003	74.5%	66.7%
East Greenwich	499	18	384	80.6%	77.0%
East Providence	2,574	243	1,568	70.4%	60.9%
Exeter	261	15	187	77.4%	71.6%
Foster	188	16	138	81.9%	73.4%
Glocester	357	13	257	75.6%	72.0%
Hopkinton	419	17	306	77.1%	73.0%
Jamestown	135	5	109	84.4%	80.7%
Johnston	1,317	111	749	65.3%	56.9%
Lincoln	892	50	612	74.2%	68.6%
Little Compton	91	4	71	82.4%	78.0%
Middletown	900	42	698	82.2%	77.6%
Narragansett	439	25	321	78.8%	73.1%
New Shoreham	50	5	43	96.0%	86.0%
Newport	1,433	96	1,011	77.3%	70.6%
North Kingstown	1,122	59	789	75.6%	70.3%
North Providence	1,531	133	941	70.2%	61.5%
North Smithfield	387	22	276	77.0%	71.3%
Pawtucket	5,163	927	2,701	70.3%	52.3%
Portsmouth	643	18	514	82.7%	79.9%
Providence	14,125	3,244	7,130	73.4%	50.5%
Richmond	414	22	310	80.2%	74.9%
Scituate	330	23	230	76.7%	69.7%
Smithfield	654	34	447	73.5%	68.3%
South Kingstown	1,054	51	808	81.5%	76.7%
Tiverton	383	19	270	75.5%	70.5%
Warren	468	21	302	69.0%	64.5%
Warwick	3,978	244	2,491	68.8%	62.6%
West Greenwich	246	13	168	73.6%	68.3%
West Warwick	1,977	136	1,103	62.7%	55.8%
Westerly	1,179	60	874	79.2%	74.1%
Woonsocket	3,093	465	1,338	58.3%	43.3%
Unknown	1	1	0	NA	NA
Four Core Cities	24,262	5,167	12,000	70.8%	49.5%
Remainder of State	33,391	2,268	22,105	73.0%	66.2%
Rhode Island	57,654	7,436	34,105	72.1%	59.2%

Notes

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

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

Sources of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Newborn Developmental Risk Screening Program Database and Maternal and Child Health Database, 2006-2010. *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.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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(continued on page 168)

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 low birthweight or who die within the first year of life.¹

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

Timely initiation of prenatal care is especially important for women who

face multiple risks for poor birth outcomes, as is ensuring access to preconceptional health care services before pregnancy. Effective monitoring and treatment of chronic disease, education on preventive health practices, implementing and enhancing Medicaid policies to improve health insurance coverage and ensuring access to culturally and linguistically competent health providers can improve prenatal care for women of child-bearing age.⁶

In Rhode Island between 2006 and 2010, 15.6% of women who gave birth either received no prenatal care or did not begin care until the second or third trimester.⁷ Pregnant adolescents in Rhode Island are the most likely to delay prenatal care. Between 2006 and 2010, over one-quarter (28.8%) of teens ages 19 and under received delayed prenatal care, compared with 14.3% of women ages 20 and over.⁸

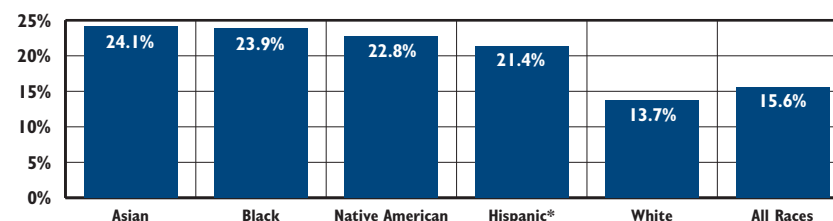
Late or No Prenatal Care		
	1995	2008
RI	1.3%	2%
US	4.2%	4%
National Rank*		3rd
New England Rank**		3rd

*1st is best; 32nd is worst

**1st is best; 4th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org. This ranking is based on the 23 states with comparable prenatal care data. Late or no prenatal care indicates care beginning in the third trimester or not at all prior to birth.

Women With Delayed Prenatal Care by Race/Ethnicity, Rhode Island, 2006-2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Database, 2006-2010. Data for 2010 are provisional. *Hispanic may be included in any racial category.

◆ Between 2006 and 2010 in Rhode Island, Asian women (24.1%), Black women (23.9%), Native American women (22.8%) and Hispanic* women (21.4%) were more likely to receive delayed prenatal care than White women (13.7%).⁹

◆ Between 2006 and 2010 in Rhode Island, the rate of delayed prenatal care among pregnant women in the four core cities (21.0%) was higher than the rate among pregnant women in the remainder of the state (11.7%).¹⁰

Insurance Coverage Improves Access to Prenatal Care

◆ In the U.S., women with commercial insurance have the highest rates of timely prenatal care. Low-income women with Medicaid coverage are more likely to have prenatal care in the first trimester of pregnancy than women who are uninsured, especially if they had Medicaid coverage before they became pregnant.^{11,12}

◆ Between 2006 and 2010, pregnant women with health coverage through RIte Care coverage (Rhode Island's Medicaid managed care health program), were much less likely (22.5%) to receive delayed prenatal care than women who were uninsured (41.1%). Pregnant women with private insurance coverage were the least likely to receive delayed prenatal care (9.1%) during this time period.¹³

◆ RIte Care has had a positive impact on the accessibility, timeliness and quality of health care services for its members. RIte Care health plans rank above the 75th percentile in member access to timely prenatal care when compared to other Medicaid health plans in the nation.¹⁴

Women with Delayed Prenatal Care

Table 18.

Delayed Prenatal Care, Rhode Island, 2006-2010

CITY/TOWN	# BIRTHS	# DELAYED CARE	% DELAYED CARE
Barrington	569	61	10.7%
Bristol	865	108	12.5%
Burrillville	715	70	9.8%
Central Falls	1,899	402	21.2%
Charlestown	313	13	NA
Coventry	1,549	197	12.7%
Cranston	4,130	626	15.2%
Cumberland	1,675	164	9.8%
East Greenwich	506	47	9.3%
East Providence	2,631	316	12.0%
Exeter	264	22	NA
Foster	198	28	NA
Glocester	375	35	NA
Hopkinton	433	39	NA
Jamestown	141	12	NA
Johnston	1,333	175	13.1%
Lincoln	920	108	11.7%
Little Compton	119	9	NA
Middletown	923	86	9.3%
Narragansett	445	31	NA
New Shoreham	50	132	NA
Newport	1,461	0	0.0%
North Kingstown	1,138	124	10.9%
North Providence	1,563	205	13.1%
North Smithfield	432	37	NA
Pawtucket	5,391	986	18.3%
Portsmouth	692	62	9.0%
Providence	14,263	3,269	22.9%
Richmond	418	34	NA
Scituate	324	47	NA
Smithfield	671	54	8.0%
South Kingstown	1,061	95	9.0%
Tiverton	601	74	12.3%
Warren	497	82	NA
Warwick	4,006	499	12.5%
West Greenwich	248	30	NA
West Warwick	1,986	327	16.5%
Westerly	1,248	100	8.0%
Woonsocket	3,303	575	17.4%
Unknown	3	1	NA
Four Core Cities	24,856	5,232	21.0%
Remainder of State	34,500	4,049	11.7%
Rhode Island	59,359	9,282	15.6%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010. Data for 2010 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 only comparable to the 2009, 2010 and 2011 Factbooks.

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

The denominator is the total number of live births to Rhode Island residents from 2006-2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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

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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 in the U.S. Infants born before 37 weeks gestation are at higher risk than full-term infants for neurodevelopmental, respiratory, gastrointestinal, immune system, central nervous system, hearing and vision problems. Children who were born preterm may experience physical disabilities, learning difficulties and behavioral problems later in life.^{1,2,3}

Even "late preterm" infants (34-36 weeks gestation) experience immediate and long-term complications. Infants born very preterm (<32 weeks gestation) are at highest risk for death and life-long disability, high hospitalization costs during their first year and increased health care-related costs later in life. On average, U.S. newborns with no complications stay 1.5 days in the hospital, compared with 13 days for preterm infants.^{4,5,6,7,8} Preventive interventions can improve outcomes for very preterm infants and their caregivers.⁹

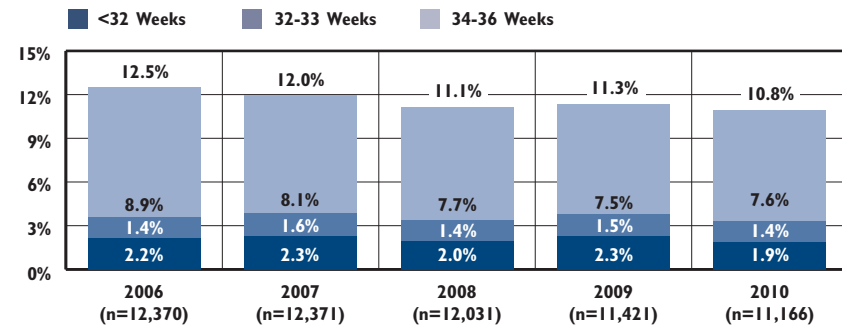
While the specific causes of spontaneous preterm births are largely

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.¹⁰

After rising for more than two decades, the U.S. preterm birth rate has declined over the past four years. In 2010, the U.S. preterm birth rate was 12.0%, a decrease of 6% from its peak in 2006. Preterm birth rates have declined between 2006 and 2010 among Hispanic, non-Hispanic White and non-Hispanic Black infants in the U.S. While non-Hispanic Black women continue to have the highest preterm birth rate, it has declined to one of its lowest levels ever.¹¹ Preterm birth is a major contributor to infant mortality in the U.S., particularly among non-Hispanic Black and Puerto Rican infants.¹²

Multiple births are more likely to be born preterm than singletons. The incidence of multiple births, particularly twins, has risen significantly over the past several decades and has contributed to an increase in preterm and low birthweight rates in the U.S.^{13,14} In Rhode Island between 2006 and 2010, 59.4% of multiple births were preterm, compared with 9.7% of singleton births.¹⁵

Preterm Births by Gestational Age, Rhode Island, 2006-2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2006-2010. Percentages by gestational age may not sum to total percentage of preterm births due to rounding.

- ◆ In 2010, the single-year preterm birth rate in Rhode Island was 10.8%, down from 12.5% in 2006. In the five year period between 2006 and 2010, two-thirds (69.0%) of all preterm births in Rhode Island were late preterm births (34-36 weeks gestation) and 18.4% of all preterm births were very preterm (<32 weeks gestation).¹⁶
- ◆ Between 2006 and 2010, 15.1% of births of Black infants in Rhode Island were preterm, compared with 16.3% of Native American, 12.5% of Asian and 10.9% of White infants. During this time period, 13.0% of births to Hispanic women in Rhode Island were preterm (Hispanic women can be of any race).¹⁷
- ◆ The rate of preterm births among teen girls under age 20 between 2006 and 2010 in Rhode Island was 13.0%, higher than the state rate (11.6%). The preterm birth rate was 15.1% for 15-17 year olds and 11.8% for 18-19 year olds.¹⁸
- ◆ Between 2006 and 2010 in Rhode Island, 14.5% of births to smokers were preterm, compared with 11.0% of births to women who did not smoke during pregnancy.¹⁹
- ◆ Among women with private health insurance coverage in Rhode Island between 2006 and 2010, 10.5% of births were preterm, compared with 12.6% of those with public insurance coverage (RIte Care or Medicaid) and 23.7% of women with no health insurance.²⁰

Table 19.

Preterm Births, Rhode Island, 2006-2010

CITY/TOWN	# BIRTHS	# PRETERM BIRTHS	% PRETERM BIRTHS
Barrington	569	53	9.3%
Bristol	865	85	9.8%
Burrillville	715	84	11.7%
Central Falls	1,899	230	12.1%
Charlestown	313	29	NA
Coventry	1,549	195	12.6%
Cranston	4,130	464	11.2%
Cumberland	1,675	167	10.0%
East Greenwich	506	47	9.3%
East Providence	2,631	297	11.3%
Exeter	264	28	NA
Foster	198	14	NA
Glocester	375	41	NA
Hopkinton	433	35	NA
Jamestown	141	12	NA
Johnston	1,333	144	10.8%
Lincoln	920	88	9.6%
Little Compton	119	12	NA
Middletown	923	85	9.2%
Narragansett	445	61	NA
New Shoreham	50	5	NA
Newport	1,461	178	12.2%
North Kingstown	1,138	93	8.2%
North Providence	1,563	177	11.3%
North Smithfield	432	47	NA
Pawtucket	5,391	640	11.9%
Portsmouth	692	48	6.9%
Providence	14,263	1,947	13.7%
Richmond	418	38	NA
Scituate	324	40	NA
Smithfield	671	67	10.0%
South Kingstown	1,061	98	9.2%
Tiverton	601	54	9.0%
Warren	497	63	NA
Warwick	4,006	423	10.6%
West Greenwich	248	25	NA
West Warwick	1,986	203	10.2%
Westerly	1,248	132	10.6%
Woonsocket	3,303	423	12.8%
Unknown	3	2	NA
Four Core Cities	24,856	3,240	13.0%
Remainder of State	34,500	3,632	10.5%
Rhode Island	59,359	6,874	11.6%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010.

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 2006-2010.

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

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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

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¹² MacDorman, M. F. & Mathews, T. J. (2011). Understanding racial and ethnic disparities in U.S. infant mortality rates. *NCHS Data Brief* (74). Hyattsville, MD: National Center for Health Statistics.

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Low Birthweight Infants

DEFINITION

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

SIGNIFICANCE

An infant's birthweight is a key indicator of newborn health. Infants born weighing less than 5 pounds, 8 ounces are at greater risk for physical and developmental problems than infants of normal weights.¹ Social and demographic factors that influence infant birthweight include maternal smoking, poverty, periodontal health, level of educational attainment and prenatal nutrition.^{2,3}

Low birthweight often is a result of a premature birth but also can occur after a full-term pregnancy. In 2009 in the U.S., 44.3% of all preterm infants (under 37 weeks gestation) were born at low birthweight, while 3.2% of full-term infants (37 to 41 weeks gestation) were born at low birthweight.⁴

Cigarette smoking during pregnancy is the single most important known cause of low birthweight, with smokers nearly twice as likely to deliver a low birthweight baby as non-smokers.⁵ In Rhode Island, 9.7% of babies born between 2006 and 2010 had mothers who smoked during their pregnancy.⁶

Children born at low birthweight face greater risks of physical and developmental health problems and death than infants of normal birthweight. Children born at very low birthweight (less than 1,500 grams or 3 pounds, 4 ounces) are nearly 100 times more likely to die within the first year of life than infants of normal birthweight. Those who survive are at significantly higher risk of severe problems, including physical and visual difficulties, developmental delays and cognitive impairments.⁷ Low birthweight babies are at greater risk for long-term cognitive problems and poor school performance, and are less likely to complete high school than their peers.⁸

In the U.S. in 2009, 8.2% of infants were born at low birthweight, which was a 17% increase from 7.0% in 1990.⁹ Rhode Island's low birthweight rate increased from 6.2% in 1990 to 7.9% in 2008, a 27% increase.¹⁰ The *Healthy People 2020* national target is 7.8%.¹¹

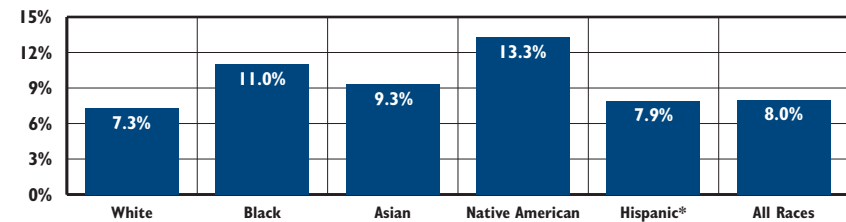
Low Birthweight Infants		
	1990	2008
RI	6.2%	7.9%
US	7.0%	8.2%
National Rank*	20 th	
New England Rank**	5 th	

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Low Birthweight Infants by Race/Ethnicity, Rhode Island, 2006-2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010. Data for 2010 are provisional. *Hispanic infants can be of any race.

◆ Factors that persist throughout a mother's life, such as increased stress, insufficient health care, high levels of residential mobility or lack of social supports, have been shown to increase the likelihood of delivering a low birthweight baby, particularly among Black women and other racial and ethnic minorities.^{12,13}

◆ Nationally, the percentage of low birthweight infants (8.2%) was unchanged in 2009 from the previous year's rate.¹⁴ Racial and ethnic disparities still remain. In Rhode Island between 2006 and 2010, 13.3% of Native American infants, 11.0% of Black infants, 9.3% of Asian infants and 7.9% of Hispanic infants were born at low birthweight, compared to 7.3% of White infants.¹⁵

◆ In both Rhode Island and the U.S., the rate of low birthweight infant births is higher for women under the age of 20 than for older women, and is particularly high for mothers who give birth when they are under age 15.^{16,17} Between 2006 and 2010 in Rhode Island, the percentage of low birthweight infants born to mothers under the age of 20 was 9.5%, compared to 7.8% for mothers age 20 and older.¹⁸

◆ Rhode Island mothers who deliver a low birthweight infant are more likely to report health issues during their pregnancy than those with a normal weight baby, including high blood pressure, hypertension, preeclampsia, or toxemia; delayed or no prenatal care; a depression diagnosis; and intimate partner violence.¹⁹

◆ Between 2006 and 2010 in Rhode Island, 1.6% of all live births were born at very low birthweight (less than 1,500 grams).²⁰

Low Birthweight Infants

Table 20. Low Birthweight Infants, Rhode Island, 2006-2010

CITY/TOWN	# BIRTHS	# LOW BIRTHWEIGHT	% LOW BIRTHWEIGHT
Barrington	569	26	4.6%
Bristol	865	55	6.4%
Burrillville	715	56	7.8%
Central Falls	1,899	138	7.3%
Charlestown	313	18	NA
Coventry	1,549	134	8.7%
Cranston	4,130	316	7.7%
Cumberland	1,675	102	6.1%
East Greenwich	506	30	5.9%
East Providence	2,631	215	8.2%
Exeter	264	28	NA
Foster	198	17	NA
Glocester	375	27	NA
Hopkinton	433	25	NA
Jamestown	141	9	NA
Johnston	1,333	89	6.7%
Lincoln	920	61	6.6%
Little Compton	119	8	NA
Middletown	923	59	6.4%
Narragansett	445	37	NA
New Shoreham	50	4	NA
Newport	1,461	121	8.3%
North Kingstown	1,138	60	5.3%
North Providence	1,563	131	8.4%
North Smithfield	432	27	NA
Pawtucket	5,391	447	8.3%
Portsmouth	692	33	4.8%
Providence	14,263	1,320	9.3%
Richmond	418	25	NA
Scituate	324	17	NA
Smithfield	671	47	7.0%
South Kingstown	1,061	75	7.1%
Tiverton	601	40	6.7%
Warren	497	36	NA
Warwick	4,006	309	7.7%
West Greenwich	248	14	NA
West Warwick	1,986	142	7.2%
Westerly	1,248	85	6.8%
Woonsocket	3,303	339	10.3%
Unknown	3	0	NA
Four Core Cities	24,856	2,244	9.0%
Remainder of State	34,500	2,478	7.2%
Rhode Island	59,359	4,722	8.0%

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010. Data for 2010 are provisional.

The denominator is the total number of live births to Rhode Island residents between 2006 and 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

NA: Percentages were not calculated for cities and towns with fewer than 500 births over the five year period, as percentages based on small denominators are statistically unreliable.

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

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Infant Mortality

DEFINITION

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

SIGNIFICANCE

Infant mortality rates are associated with maternal health, quality of and access to medical care, socio-economic conditions and public health practices.¹ Communities with high poverty and disadvantaged social conditions tend to have higher infant mortality rates than more advantaged neighborhoods.²

The three chief causes of infant death are congenital malformations, disorders relating to preterm birth and low birthweight and Sudden Infant Death Syndrome (SIDS). Other leading causes are maternal complications and unintentional injuries.³ Approximately 20% of infant deaths in the U.S. and 15% in Rhode Island can be attributed to birth defects, which are more than twice as common among infants born preterm than among full-term births.⁴ While low birthweight and prematurity are the second and third leading causes of infant death in the U.S., they are the leading causes of mortality for African American infants.⁵

The U.S. infant mortality rate fell from 26.0 deaths per 1,000 live births in 1960 to 6.9 deaths per 1,000 live births in

2000, due to improvements in antibiotics, neonatology and access to health care for low-income families. The U.S. has made slower progress at reducing infant mortality than most industrialized countries, with wide disparities for different racial and ethnic groups.^{6,7} The infant mortality rate among African Americans was nearly twice the national average in 2007.⁸ Rhode Island had the highest rate of infant mortality for Hispanic mothers among 41 states with comparable data in 2007.⁹

Risk factors for infant mortality include low birthweight, preterm birth, delayed or no prenatal care, maternal age (over 40 or under 20), low maternal education level and smoking during pregnancy.¹⁰

The overall infant mortality rate in Rhode Island between 2006 and 2010 was 6.5 deaths per 1,000 live births. The infant mortality rate was 8.2 per 1,000 live births in the four core cities, compared with 5.2 per 1,000 births in the remainder of the state.¹¹

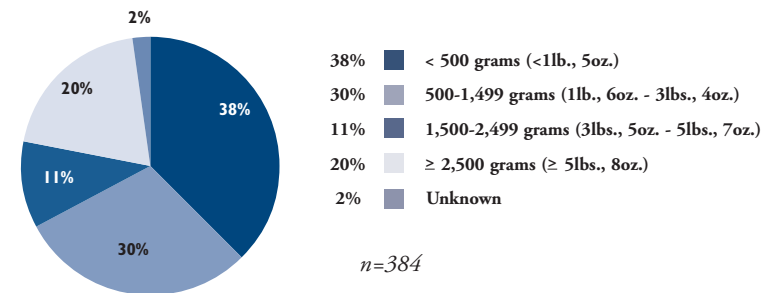
Infant Mortality Rate (rate per 1,000 live births)		
	2000	2008
RI	6.3	5.9
US	6.9	6.6
National Rank*		17 th
New England Rank**		5 th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Infant Mortality by Birthweight, Rhode Island, 2006-2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010. Data for births in 2010 are provisional. Total may not sum to 100% due to rounding.

◆ Between 2006 and 2010, 384 infants died in Rhode Island before their first birthday. Seventy-nine percent of infants who died during this time period were low birthweight, 20% were born at normal weights and 2% had unknown birthweights.¹²

◆ Of the 384 infant deaths between 2006 and 2010 in Rhode Island, 294 (77%) occurred in the neonatal period (during the first 27 days of life).¹³ Generally, infant deaths in the neonatal period are related to short gestation and low birthweight (less than 2,500 grams), malformations at birth and/or conditions occurring in the perinatal period.¹⁴

◆ Between 2006 and 2010, 23% (90) of the 384 infant deaths in Rhode Island occurred in the post-neonatal period (between 28 days and one year after delivery).¹⁵ Nationally, most of the progress in reducing the rate of infant mortality has resulted from improving outcomes during the post-neonatal period.¹⁶

◆ In Rhode Island between 2006 and 2010, all minority groups had infant mortality rates greater than the rate for White infants (5.8 per 1,000 live births). The Black infant mortality rate was 13.5 deaths per 1,000 live births, the Asian infant mortality rate was 9.6 per 1,000 live births and the Native American rate was 8.2 per 1,000 live births. The Hispanic infant mortality rate was 6.7 per 1,000 live births compared with 7.4 deaths per 1,000 live births among non-Hispanics in Rhode Island.^{*17}

◆ Preterm birth is the leading cause of infant death in Rhode Island.¹⁸ Between 2006 and 2010, there were 6,874 preterm births (11.6% of all births).¹⁹

Table 21. Infant Mortality, Rhode Island, 2006-2010

CITY/TOWN	# OF BIRTHS	# OF INFANT DEATHS	RATE PER 1,000 BIRTHS
Barrington	569	0	0.0
Bristol	865	2	2.3
Burrillville	715	4	5.6
Central Falls	1,899	18	9.5
Charlestown	313	0	NA
Coventry	1,549	14	9.0
Cranston	4,130	27	6.5
Cumberland	1,675	8	4.8
East Greenwich	506	3	5.9
East Providence	2,631	14	5.3
Exeter	264	3	NA
Foster	198	1	NA
Glocester	375	2	NA
Hopkinton	433	0	NA
Jamestown	141	0	NA
Johnston	1,333	4	3.0
Lincoln	920	5	5.4
Little Compton	119	0	NA
Middletown	923	3	3.3
Narragansett	445	3	NA
New Shoreham	50	1	NA
Newport	1,461	7	4.8
North Kingstown	1,138	9	7.9
North Providence	1,563	12	7.7
North Smithfield	432	3	NA
Pawtucket	5,391	38	7.0
Portsmouth	692	2	2.9
Providence	14,263	132	9.3
Richmond	418	3	NA
Scituate	324	2	NA
Smithfield	671	1	1.5
South Kingstown	1,061	5	4.7
Tiverton	601	1	1.7
Warren	497	2	NA
Warwick	4,006	20	5.0
West Greenwich	248	2	NA
West Warwick	1,986	9	4.5
Westerly	1,248	8	6.4
Woonsocket	3,303	16	4.8
Unknown	3	NA	NA
Four Core Cities	24,856	204	8.2
Remainder of State	34,500	180	5.2
Rhode Island	59,359	384	6.5

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010. Data for births in 2010 are provisional.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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

The denominator is the total number of live births to residents between 2006 and 2010.

*The birth worksheet was changed in 2008 to allow for multiple race and Hispanic options for the first time, resulting in a decline in the number of women reported as White and an increase in women coded as "other."

References

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- ¹⁴ Maternal and Child Health Bureau. (2010). *Child health USA 2010 data book*. Rockville, MD: U.S. Department of Health and Human Services.

Children with Lead Poisoning

DEFINITION

Children with lead poisoning is the percentage of three-year-old children with a confirmed elevated blood lead level (EBLL, ≥ 10 mcg/dL) at any time prior to December 31, 2011.¹ These data are for children eligible to enter kindergarten in the fall of 2013 (i.e., children born between September 1, 2007 and August 31, 2008).

SIGNIFICANCE

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

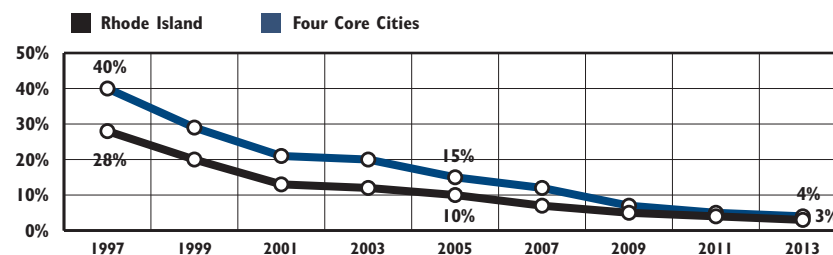
Access to healthy housing (defined as dry, clean, pest-free, ventilated, safe, free of contaminants and well-maintained) is important in preventing lead

poisoning.⁸ Children living in homes built before 1978, when lead paint was banned from interior use in the U.S., are at high risk for lead poisoning.⁹ Although the percentage of children with elevated blood lead levels are declining among all groups nationally, low-income and minority children remain the most likely to be lead poisoned.^{10,11} Children living in Rhode Island's four core cities (where most poor children and minority children live) are at increased risk for lead exposure because the housing stock tends to be older.¹²

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.^{13,14} Prevention efforts should target the systematic reduction of lead paint in housing as the key source of lead exposure, through the removal and replacement of building materials that contain lead, professional cleaning and paint stabilization.¹⁵ Every dollar invested in lead paint hazard control is estimated to have a return on investment of \$17 to \$221 in reduced health, education and other lifetime costs of childhood lead poisoning.¹⁶

In Rhode Island in 2011, 343 of the 27,006 children under age six who were screened had confirmed elevated blood lead levels (1.3% of those tested).¹⁷

Children Entering Kindergarten With History of Elevated Blood Lead Level Screening, Rhode Island and Four Core Cities, 1997–2013



Source: Rhode Island Department of Health, Healthy Housing and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1997 and 2013.

- ◆ **Elevated blood lead levels have been steadily declining in the four core cities and in Rhode Island over the past decade and a half. 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 of 15-19 mcg/dL that are at least 90 days but no more than 365 days apart.**¹⁸
- ◆ **When a child is “significantly lead poisoned,” an inspection of the child’s home is offered. The Rhode Island Department of Health sends certified lead inspectors to determine whether lead hazards are present and, if hazards are found, it works with property owners to make the property lead-safe. In 2011, 53 environmental inspections were offered, of which 45 were performed. Of the eight inspections that were offered but not performed, five were refused and three were for properties from which the lead poisoned child had moved.**¹⁹
- ◆ **Research has indicated that blood lead levels lower than 10 mcg/dL can have harmful effects. The Centers for Disease Control and Prevention (CDC) is reviewing recommendations from its Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) to lower the level of concern (the blood level at which a child is considered to have an elevated blood lead level) from 10 mcg/dL to 5 mcg/dL.**²⁰

Children with Lead Poisoning

Table 22. Lead Poisoning in Children Entering Kindergarten in the Fall of 2013, 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	138	1	0.7%	1	0.7%
Bristol	197	8	4.1%	3	1.5%
Burrillville	140	2	1.4%	2	1.4%
Central Falls	360	12	3.3%	9	2.5%
Charlestown	74	1	1.4%	1	1.4%
Coventry	322	5	1.6%	3	0.9%
Cranston	763	17	2.2%	12	1.6%
Cumberland	317	2	0.6%	2	0.6%
East Greenwich	128	1	0.8%	0	0.0%
East Providence	541	19	3.5%	9	1.7%
Exeter	48	0	0.0%	0	0.0%
Foster	45	2	4.4%	2	4.4%
Glocester	57	1	1.8%	1	1.8%
Hopkinton	100	4	4.0%	1	1.0%
Jamestown	26	1	3.8%	0	0.0%
Johnston	251	3	1.2%	2	0.8%
Lincoln	204	2	1.0%	2	1.0%
Little Compton	28	0	0.0%	0	0.0%
Middletown	154	4	2.6%	2	1.3%
Narragansett	72	4	5.6%	2	2.8%
New Shoreham	6	1	16.7%	0	0.0%
Newport	280	10	3.6%	5	1.8%
North Kingstown	260	7	2.7%	3	1.2%
North Providence	258	4	1.6%	3	1.2%
North Smithfield	80	0	0.0%	0	0.0%
Pawtucket	1,006	40	4.0%	26	2.6%
Portsmouth	137	0	0.0%	0	0.0%
Providence	2,946	145	4.9%	132	4.5%
Richmond	59	1	1.7%	1	1.7%
Scituate	74	3	4.1%	1	1.4%
Smithfield	147	0	0.0%	0	0.0%
South Kingstown	236	3	1.3%	2	0.8%
Tiverton	112	3	2.7%	1	0.9%
Warren	99	5	5.1%	2	2.0%
Warwick	731	14	1.9%	10	1.4%
West Greenwich	39	1	2.6%	1	2.6%
West Warwick	364	8	2.2%	5	1.4%
Westerly	250	5	2.0%	4	1.6%
Woonsocket	635	10	1.6%	9	1.4%
Unknown Residence	5	0	NA	0	NA
Four Core Cities	4,947	207	4.2%	176	3.6%
Remainder of State	6,737	142	2.1%	83	1.2%
Rhode Island	11,689	349	3.0%	259	2.2%

Source of Data for Table/Methodology

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

Data for children entering kindergarten in the fall of 2013 reflect the number of Rhode Island children eligible to enter school in the fall of 2013 (i.e., born between 9/1/07 and 8/31/08).

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 2010. Children confirmed positive for lead poisoning (blood lead level ≥10 mcg/dL) are counted if they screened positive with a venous test and/or had a confirmed capillary test at any time in their lives prior to the end of December 2011. The Rhode Island Healthy Housing and 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 kindergarten in the fall of 2013 who were tested for lead poisoning. Screening data are based on the highest lead test result through December 2011. Data include both venous and confirmed capillary tests.

Of the 349 children entering kindergarten in 2013 who had an initial blood lead screen of ≥10 mcg/dL, 10 (2.9%) did not receive a confirmatory second test. Their lead poisoning status is unknown.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

See Methodology Section for more information.

References

^{1,14,18} *Childhood lead poisoning in Rhode Island: The numbers, 2011 Edition.* (2011). Providence, RI: Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program. Data are based on venous tests and confirmed capillary tests only. The highest result (venous or capillary) is used.

² Centers for Disease Control and Prevention. (2009). *Prevention tips.* Retrieved February 8, 2012, from www.cdc.gov/nceh/lead/tips.htm

(continued on page 168)

Children with Asthma

DEFINITION

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

SIGNIFICANCE

Asthma is a chronic respiratory disease that causes reversible episodes of coughing, wheezing, shortness of breath and chest tightness, which can be life threatening.^{1,2} Attacks can be triggered by respiratory infections, cigarette smoke, exercise, exposure to cold air or sudden temperature changes, stress and allergies to pollen, mold, dust, cockroaches and animal dander.³ Childhood asthma in the U.S. increased significantly between 2001 and 2009, from 8.7% to 9.6%.⁴ Ambulatory care use for asthma continues to grow. Emergency department visits and hospitalization rates for asthma have stabilized at high levels.⁵

Nationally, asthma is one of the most common chronic conditions in children, the third-ranked cause of hospitalization for children under age 15 and one of the leading causes of school absences.^{6,7} In 2009, about one in ten children (10%) had asthma, with boys more likely to be diagnosed than girls. From 2001 to 2009, asthma rates

rose the most among Black children, by nearly 50%.⁸ Black children and children living in poverty have the highest rates of asthma.⁹ Racial and ethnic differences in asthma prevalence are believed to be correlated with poverty, exposure to indoor and outdoor air pollution, stress, lack of access to preventive medical care and genetic factors.^{10,11}

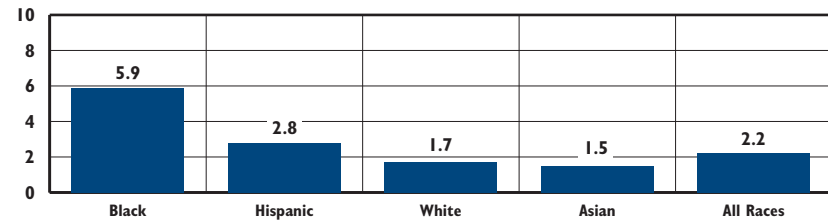
Proper asthma management requires continued assessment and monitoring, patient education, environmental control and medication.¹² Health care providers can work with the patient and the family to create an asthma action plan, which provides instruction on how to use medications properly and avoid common asthma triggers.¹³

Child Hospitalizations With Primary Diagnosis of Asthma, Four Core Cities and Rhode Island, 2006-2010

City/Town	Number of Children Hospitalized	Rate per 1,000 Children
Central Falls	84	3.0
Pawtucket	244	2.9
Providence	833	4.0
Woonsocket	103	2.1
Rhode Island	2,499	2.2

Source: Rhode Island Department of Health, Hospital Discharge Database, 2006-2010.

Asthma Hospitalizations With Primary Diagnosis of Asthma, by Race/Ethnicity, per 1,000 Children Under Age 18, Rhode Island, 2006-2010



Source: Rhode Island Department of Health, Hospital Discharge Database, 2006-2010; U.S. Census Bureau, Census 2010.

◆ In Rhode Island between 2006 and 2010, the hospitalization rate for primary diagnosis of asthma for Black children (5.9 per 1,000 children) was more than three times the rate for non-Hispanic White children (1.7 per 1,000 children).

Health Care Costs for Childhood Asthma in Rhode Island

◆ One in ten (11%) children in Rhode Island have asthma (13% of boys and 9% of girls under age 18).¹⁴

◆ In Rhode Island and the U.S., health care use for asthma (including hospitalizations and emergency room use) is highest among young children under age five.^{15,16,17}

◆ In Rhode Island in 2008, the asthma hospitalization rate was 49.9 per 10,000 children under age five.¹⁸ The *Healthy People 2020* target rate is 18.1 per 10,000 children under age five.¹⁹ In Rhode Island, children under age five have the highest number of asthma hospitalizations. The average hospitalization stay for a child with asthma in Rhode Island is two days, with an average charge of \$7,840. Hospital charges for children under age five are nearly six times more than those for adolescents 12 to 17 years of age.²⁰

◆ Between 2005 and 2008, the asthma emergency department visit rate for children under age five in Rhode Island increased from 127.7 to 145.4 per 10,000 children under age five.²¹ The *Healthy People 2020* target rate is 95.5 emergency department visits per 10,000 children under age five.²²

Table 23.

Asthma Hospitalizations for Children Under Age 18, Rhode Island, 2006-2010

CITY/TOWN	ESTIMATED # OF CHILDREN UNDER AGE 18*	# OF CHILD HOSPITALIZATIONS WITH ANY ASTHMA DIAGNOSIS	RATE OF CHILD ASTHMA HOSPITALIZATIONS WITH ANY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN	# OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS	RATE OF CHILD HOSPITALIZATIONS WITH PRIMARY ASTHMA DIAGNOSIS, PER 1,000 CHILDREN
Barrington	4,597	81	3.5	33	1.4
Bristol	3,623	61	3.4	42	2.3
Burrillville	3,576	56	3.1	29	1.6
Central Falls	5,644	186	6.6	84	3.0
Charlestown	1,506	16	2.1	8	1.1
Coventry	7,770	115	3.0	53	1.4
Cranston	16,414	376	4.6	184	2.2
Cumberland	7,535	113	3.0	38	1.0
East Greenwich	3,436	57	3.3	19	1.1
East Providence	9,177	296	6.5	147	3.2
Exeter	1,334	20	3.0	3	0.4
Foster	986	10	2.0	6	1.2
Glocester	2,098	32	3.1	7	0.7
Hopkinton	1,845	28	3.0	9	1.0
Jamestown	1,043	16	3.1	6	1.2
Johnston	5,480	102	3.7	46	1.7
Lincoln	4,751	80	3.4	39	1.6
Little Compton	654	8	2.4	1	0.3
Middletown	3,652	68	3.7	27	1.5
Narragansett	2,269	27	2.4	5	0.4
New Shoreham	163	2	2.5	0	0.0
Newport	4,083	116	5.7	35	1.7
North Kingstown	6,322	118	3.7	40	1.3
North Providence	5,514	126	4.6	69	2.5
North Smithfield	2,456	37	3.0	15	1.2
Pawtucket	16,575	529	6.4	244	2.9
Portsmouth	3,996	75	3.8	25	1.3
Providence	41,634	1,730	8.3	833	4.0
Richmond	1,849	18	1.9	8	0.9
Scituate	2,272	43	3.8	21	1.8
Smithfield	3,625	38	2.1	19	1.0
South Kingstown	5,416	49	1.8	19	0.7
Tiverton	2,998	34	2.3	11	0.7
Warren	1,940	33	3.4	16	1.6
Warwick	15,825	297	3.8	139	1.8
West Greenwich	1,477	17	2.3	4	0.5
West Warwick	5,746	134	4.7	55	1.9
Westerly	4,787	87	3.6	26	1.1
Woonsocket	9,888	278	5.6	103	2.1
Unknown	NA	61	NA	31	NA
Four Core Cities	73,741	2,723	7.4	1,264	3.4
Remainder of State	150,215	2,786	3.7	1,204	1.6
Rhode Island	223,956	5,570	5.0	2,499	2.2

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2006-2010.

The Centers for Disease Control and Prevention requests that states report asthma hospitalization data only where asthma is the primary diagnosis. Due to this change, data in this indicator are not comparable to data included in Factbooks prior to 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

*The denominator used to compute the 2006-2010 rate is the number of children under age 18 according to the 2010 U.S. Census, multiplied by five.

References

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Housing and Health

DEFINITION

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

SIGNIFICANCE

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

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

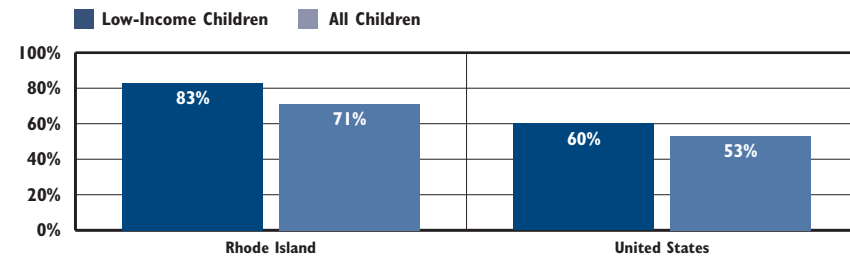
Adopting a comprehensive “healthy homes” approach that addresses multiple housing deficiencies simultaneously can help prevent housing-related injuries and illnesses, reduce health costs and improve children's quality of life. Because the causes of many health conditions related to the home environment are

interconnected, it can be cost-effective to address multiple hazards simultaneously.^{6,7} For example, repairing cracks in a home's foundation can help keep both water and pests from entering the house and would address multiple asthma triggers – mold, cockroaches and rodents. Similarly, most lead programs that repair painted surfaces containing lead also fix the leaks that caused the paint to peel in the first place. Fixing the leaks helps the lead repair last longer and prevents mold problems.

The quality of children's homes and surrounding neighborhoods can have long-term effects on children. Lack of affordable housing puts safe, healthy, well-maintained homes out of reach for many families, forcing families to raise their children in overcrowded and unsafe environments that can interfere with their growth, development and academic performance. Overcrowded housing is associated with feelings of helplessness, delayed cognitive development and behavioral problems among children.⁸

Poor and minority children who live in older housing are disproportionately affected by lead exposure.⁹ Low-income children also are more likely to be hurt in falls due to unsafe environments, including aging and deteriorating housing, compared to higher-income children.¹⁰

Children Living in Older Housing*, 2008-2010, Rhode Island and the United States



Source: Population Reference Bureau analysis of 2008-2010 American Community Survey (ACS) Public Use Microsample (PUMS) data. *Older housing is defined here as housing built before 1980. The ACS reports data on the year a housing structure was built by decade, so this is the best available approximation for housing built before 1978 (when lead paint was banned from interior use in the United States).

◆ In both Rhode Island and the nation as a whole, children in low-income families are more likely to live in older housing than children in general. Between 2008 and 2010, 83% of low-income children in Rhode Island lived in older housing, compared to 60% of low-income children in the U.S. Of all 50 states, Rhode Island continues to have the highest percentage of low-income children living in older housing.¹¹

◆ Rhode Island children were more likely to live in older housing (71%) than children in the nation as a whole (53%). Rhode Island continues to have the second highest percentage of children living in older housing in the nation after New York.^{12,13}

◆ Rhode Island's older housing stock poses additional health risks for children because until 1978 lead paint was commonly used in the interior and exterior of homes. Exposure to lead paint is associated with numerous health risks.^{14,15}

◆ Because affordable housing is in short supply, many low-income families must choose between poorly-maintained housing that puts the health and safety of their families at risk and housing that is safer but unaffordable. When low-income families are forced to spend more than they can afford on housing, they may not have enough money left in their budget to pay for food or other necessities.^{16,17}



Key Principles of Healthy Housing

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

- ◆ **Dry:** Damp houses provide a welcoming environment for mites, cockroaches, rodents and molds, all of which are associated with asthma.
- ◆ **Clean:** Clean homes are less likely to harbor household pests and reduce children's exposure to contaminants.
- ◆ **Pest-free:** Mice and cockroaches can trigger asthma in some children. The pesticides used to rid homes of household pests can also exacerbate health problems.
- ◆ **Safe:** A majority of injuries to children occur in the home. Falls are the most frequent cause of residential injuries to children, followed by injuries from objects in the home, burns and poisonings.
- ◆ **Contaminant-free:** Many chemicals found in the home pose risks to children's health, including lead, radon, asbestos, pesticides, carbon monoxide, volatile organic compounds and second-hand tobacco smoke.
- ◆ **Ventilated:** Having a well-ventilated home improves respiratory health.
- ◆ **Maintained:** Homes that are poorly maintained may have excessive moisture, pest problems or deteriorating lead paint, all of which pose health risks to children.

Source: National Center for Healthy Housing. (n.d.). Seven principles of healthy homes. Retrieved January 20, 2012, from www.nchh.org/What-We-Do/Healthy-Homes-Principles.aspx

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Health Problems Associated With Housing

Lead Poisoning

◆ Children living in homes built before 1978, when lead paint was banned from interior use in the United States, are at risk for lead poisoning. Lead exposure during early childhood can negatively affect a child's health and development and cause learning disabilities, loss of IQ and reduced attention span.^{18,19}

◆ One in 50 (2%) Rhode Island children due to start kindergarten in the fall of 2013 has had a confirmed blood lead screen of >10 mcg/dL, indicating exposure to an environmental lead hazard.²⁰ Children living in cities (who are disproportionately poor and/or minority) are at increased risk for lead exposure because the housing stock tends to be older and less well maintained.²¹ The prevalence of childhood lead poisoning in Rhode Island has steadily decreased over the past decade.²²

Asthma

◆ The presence of dust mites, cockroaches, mold, pet dander and rodents all can trigger or exacerbate respiratory problems, including asthma. Asthma is one of the most common chronic conditions in children, the third leading cause of hospitalization for children under age 15 and a leading cause of school absences in the U.S.^{23,24,25}

◆ Between 2006 and 2010, there were 2,499 hospitalizations of children in Rhode Island for which the primary diagnosis was asthma. Asthma hospitalization rates in Rhode Island were highest for Black and Hispanic children.²⁶ Minority children are more likely to live in the four core cities of Central Falls, Pawtucket, Providence and Woonsocket, where the housing stock tends to be older and children may be exposed to more asthma triggers.²⁷

Unintentional Injuries

◆ Falls are the leading cause of unintentional injuries among children under age 14 in the U.S.²⁸ Residential hazards associated with falls among children include a lack of safety devices, such as safety gates and window guards; structural problems, such as uneven floors; and insufficient lighting in stairways and other areas.²⁹

◆ In 2010, housing-related falls resulted in 4,344 emergency room visits by Rhode Island children. More than half (53%) of these visits were for children under age six.³⁰

Childhood Obesity

DEFINITION

Childhood obesity is the percentage of children entering kindergarten with a body mass index (BMI) at or above the 95th percentile for gender and age. BMI is calculated based on weight and height. 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.¹

SIGNIFICANCE

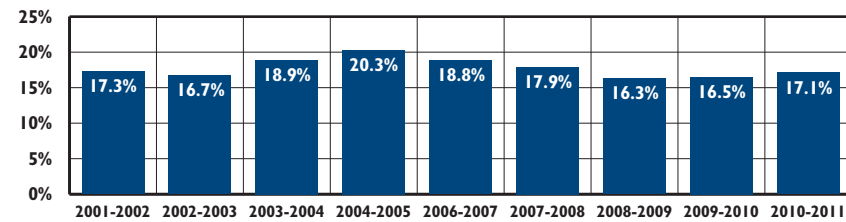
Children and adolescents who are overweight or obese are at an increased risk for type 2 diabetes, high blood pressure, asthma, sleep apnea, joint pain and other chronic health problems. Aside from obesity's physical consequences, obese children and youth have lower self-esteem and self-confidence than their peers, are susceptible to mental health and psychological conditions such as depression, and may experience social marginalization and discrimination.² Nationally, the prevalence of childhood obesity has more than tripled in the past 30 years; increasing from 5% of children in 1980 to 17% in 2008.³ Current childhood obesity rates are so high that they may reduce life expectancy and diminish overall quality of life among today's generation of children.⁴

Weight gain occurs when more

calories are consumed than expended. Genes, metabolism, behavior, and environmental and cultural factors also play a role in childhood overweight and obesity.^{5,6} Low consumption of fruits and vegetables, high consumption of sugar-sweetened beverages and energy dense foods, low levels of physical activity and high levels of sedentary "screen time" are associated with obesity.⁷ Policy strategies to reduce obesity include improving nutritional content of school meals, eliminating the availability of sugar-sweetened beverages at school, eliminating food deserts (low-income areas without access to healthy foods) and improving access to safe and walkable neighborhoods.^{8,9}

In Rhode Island in 2007, 14.4% of children ages 10-17 were obese, and another 15.8% were overweight. Nationwide in 2007, 16.4% of children ages 10-17 were obese and another 15.3% were overweight, with significant racial and ethnic disparities.¹⁰ Nationwide, 41.1% of Black children and 41.0% of Hispanic children ages 10-17 were overweight or obese in 2007, as were 26.8% of White, non-Hispanic children.¹¹ In Rhode Island, Hispanic children and children from Central Falls, Pawtucket, Providence, Newport, West Warwick and Woonsocket are more likely to be overweight or obese than non-Hispanic white children and children living outside those cities.¹²

Obesity Among Children Entering Kindergarten, Rhode Island, 2001-2011*



Source: Immunization Program, Center for Child and Family Health, Rhode Island Department of Health, School Years 2001-2002 through 2010-2011. *There are no data available for the 2005-2006 school year. Data are based on a sample of recorded heights and weights at kindergarten entry.

◆ Nearly one in six (17.1%) Rhode Island children entering kindergarten during the 2010-2011 school year was obese, down from a high of 20.3% in the 2004-2005 school year.¹³

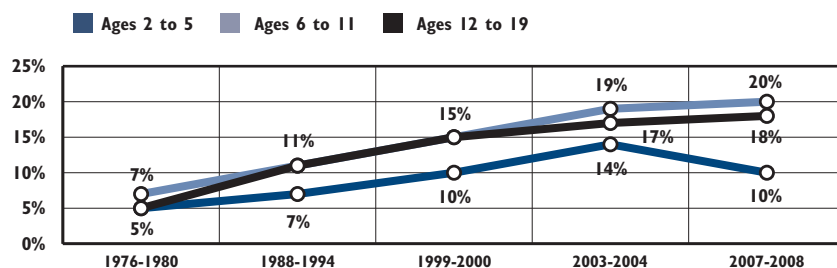
◆ Excessive weight gain during pregnancy and gestational diabetes can put children at risk for obesity early in life. Breastfeeding has been found to have significant long-term potential for maintaining a lower BMI.¹⁴ Nationwide, one in seven (14.6%) low-income, preschool-aged children were obese in 2008.¹⁵

Sedentary Behavior

◆ Technological advances in television, computers and video games have increased children's overall "screen time," contributing to sedentary lifestyles and increasing risk for obesity. Nationally, children and youth ages 8 to 18 spend over seven hours daily watching television or movies, using the internet, and/or playing video games.¹⁶ Young children are significantly less likely to be obese if their parents limit "screen time," regularly eat dinner with them and ensure an adequate amount of sleep.¹⁷

◆ In Rhode Island, 28% of high school students reported watching three or more hours of television on an average school day during the 2010-2011 school year. Twenty-eight percent also reported using computers for non-school work three or more hours per average school day.¹⁸

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



Source: Centers for Disease Control and Prevention. (2010). *Prevalence of obesity among children and adolescents: United States, trends 1963-1965 through 2007-2008*. Retrieved January 5, 2012, from www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.html

◆ Nationally, there are disparities within the increasing prevalence of obesity among children. Between 2003 and 2007, obesity prevalence increased by 10% for U.S. children overall and 18% for female children. The obesity prevalence increased by 23%-33% for children in low-income, high-unemployment and low-education level households during this same time period.¹⁹

◆ During the 2010-2011 school year, 17.1% of seventh graders in Rhode Island were obese. This is down from 18.9% in the 2009-2010 school year, and the second straight decline since a peak of 19.0% in 2008-2009.²⁰ Schools can implement health education curriculum for pre-kindergarten through grade 12, helping students to make healthy nutrition choices and meet physical activity recommendations.²¹

◆ In 2011, 10.8% of Rhode Island high school students were obese (13.2% of males and 8.4% of females) and 14.9% were overweight.²² Social stigmatization caused by overweight and obesity can cause low self-esteem and hinder academic and social functioning. Teenagers who are obese have an 80% chance of being obese as an adult.²³

Eating Habits of Public High School Students, Rhode Island, 2009 & 2011

	2009	2011
Ate fruit one or more times during the past 7 days	87%	88%
Ate fruits and vegetables 5 or more times per day during the past 7 days	23%	23%
Drank a container of soda one or more times per day during the past 7 days	21%	20%
Drank a container of a sugar-sweetened beverage at least one time during the past 7 days	NA	79%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2009 & 2011 Rhode Island Youth Risk Behavior Surveys.

◆ The number of Rhode Island public high school students that reported eating the recommended amount of fruits and vegetables showed no change between 2009 and 2011. In 2011, Rhode Island public high school students reported high rates of consumption of sugar-sweetened beverages, with little differences among males and females or among racial or ethnic groups or grade levels.^{24,25}

◆ Recent changes in school nutrition policy have made Rhode Island school meals among the healthiest in the country. Rhode Island is one of 19 states that implement nutritional standards for school meals and snacks that go beyond existing USDA requirements.^{26,27} The Rhode Island Nutrition Requirements (RINR), which went into effect in July 2009, encourage consumption of more fruits, vegetables, whole grains and legumes in school meal programs such as school breakfast and school lunch.²⁸

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Births to Teens

DEFINITION

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

SIGNIFICANCE

Teen pregnancy and parenting threaten the development of teen parents as well as their children. Teen mothers, particularly younger teen mothers, have difficulty finishing high school and continuing on to college. A recent study found that 38% of mothers who give birth before age 18 had a high school diploma or GED by age 22, compared with 89% of young women who had not given birth as a teen.¹ Less than 2% of teen mothers who give birth before age 18 finish college by age 30.

Two-thirds of families headed by teen mothers live in poverty. About one-quarter of teen mothers have a second child within 24 months of the first baby, creating even greater challenges for the mothers to finish school, find and keep a job and escape poverty.² Children of teen parents are more likely to experience child maltreatment and enter foster care. They score lower on measures of school readiness and on standardized tests, are more likely to repeat a grade, and are less likely to complete high school compared with children of older mothers. Sons of teen

mothers are twice as likely to spend time in prison and daughters of teen mothers are three times more likely to become teen mothers themselves.^{3,4}

Despite improvement in recent years, the U.S. teen birth rate is nine times higher than many other developed countries and racial and ethnic disparities exist.⁵ Teenage childbearing is associated with poverty and other family disadvantages including living in a single-parent household.⁶ Teen girls in foster care are more than twice as likely as their peers to get pregnant by age 19.⁷

The decline in teen birth rates is due to fewer teens having sexual intercourse and more sexually active teens using contraception. Nationally, 65% of female teens and 53% of male teens reported receiving formal sex education that covered both refusal skills and information on birth control.⁸

In 2010 in Rhode Island, 896 babies were born to mothers under age 20, accounting for 8.0% of all babies born.⁹

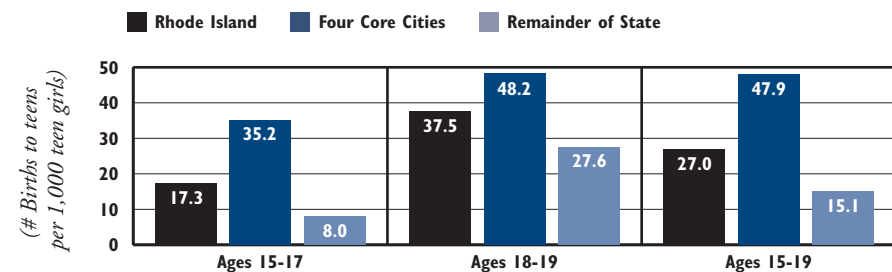
Teen Birth Rates (rate per 1,000 girls ages 15-19)		
	1991	2009
RI	44.7	26.8
US	61.8	39.1
National Rank*		9 th
New England Rank**		6 th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: Martin, J. A., et al. (2011). Births: Final data for 2009. *NVSIR*, 60(1). Hyattsville, MD: Centers for Disease Control and Prevention.

Births to Teens, by Age Group, Rhode Island, Four Core Cities and Remainder of State, 2006-2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2006-2010, five-year average. Data for 2010 are provisional. Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

- ◆ The teen birth rate for 15-17 year old girls in Rhode Island's four core cities is more than twice the state rate and more than four times the teen birth rate for younger teens in the remainder of the state.¹⁰
- ◆ Between 2006 and 2010 in Rhode Island, there were 5,384 births to teens ages 15-19. Of these, 64% were babies born to teens in the core cities, the four communities with the highest child poverty rates in the state. An additional 57 babies were born to teen girls ages 14 or younger, with more than half (31 babies) born to very young teens in Providence.¹¹
- ◆ In 2010, the teen birth rate for U.S. teens fell to the lowest level ever recorded (34.3 births per 1,000 females ages 15-19). Teen birth rates for all racial and Hispanic origin groups fell to historic lows.¹²

Repeat Births to Teens, Rhode Island, 2006-2010

Age	Total Number of Births	Number of Repeat Births	Percent Repeat Births
15-17	1,788	153	8.6%
18-19	3,596	796	22.1%
Total	5,384	949	17.6%

Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2006-2010. Data for 2010 are provisional.

Table 24.

Births to Teens, Ages 15-19, Rhode Island, 2006-2010

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	10	15.0	12	4.0
Bristol	9	5.8	33	8.2	42	7.5
Burrillville	9	5.5	24	31.6	33	13.7
Central Falls	115	52.3	197	135.9	312	85.5
Charlestown	3	4.1	14	NA	17	14.8
Coventry	29	7.5	68	35.8	97	16.9
Cranston	89	11.5	170	34.3	259	20.4
Cumberland	16	4.4	53	31.8	69	13.0
East Greenwich	2	1.1	11	19.1	13	5.4
East Providence	58	13.9	136	54.4	194	29.1
Exeter	7	8.0	5	9.4	12	8.5
Foster	0	0.0	4	NA	4	5.2
Glocester	4	3.6	16	26.4	20	11.7
Hopkinton	3	3.7	21	NA	24	19.8
Jamestown	0	0.0	2	NA	2	2.8
Johnston	21	8.3	55	36.5	76	18.8
Lincoln	11	4.7	29	25.6	40	11.5
Little Compton	0	NA	4	NA	4	NA
Middletown	13	8.2	32	50.8	45	20.3
Narragansett	5	4.0	10	7.6	15	5.8
New Shoreham	0	NA	1	NA	1	NA
Newport	41	23.9	90	26.3	131	25.5
North Kingstown	8	2.4	43	38.6	51	11.5
North Providence	30	10.5	65	41.3	95	21.5
North Smithfield	6	4.6	6	10.8	12	6.5
Pawtucket	214	30.0	405	89.5	619	53.1
Portsmouth	4	2.0	12	11.2	16	5.3
Providence	773	42.3	1,280	39.6	2,053	40.6
Richmond	10	12.6	18	NA	28	26.0
Scituate	3	2.4	5	10.5	8	4.6
Smithfield	3	1.6	14	4.3	17	3.3
South Kingstown	13	4.6	40	3.5	53	3.8
Tiverton	3	2.2	21	27.6	24	11.2
Warren	7	8.3	25	48.5	32	23.6
Warwick	68	9.3	169	44.1	237	21.3
West Greenwich	2	2.6	9	NA	11	9.9
West Warwick	45	20.3	116	70.3	161	41.7
Westerly	19	8.8	53	58.9	72	23.5
Woonsocket	143	37.6	330	132.0	473	75.1
Four Core Cities	1,245	35.2	2,212	48.2	3,457	47.9
Remainder of State	543	8.0	1,384	27.6	1,927	15.1
Rhode Island	1,788	17.3	3,596	37.5	5,384	27.0

Source of Data for Table/Methodology

Rhode Island Department of Health, Center for Health Data and Analysis, 2006-2010. Data for 2010 are provisional. The denominators are the number of girls in each age group according to Census 2010 Summary File 1, multiplied by five to compute rates over five years. The 2012 Factbook includes newly updated population data from Census 2010 used to calculate teen birth rates. Previous Factbooks included population data from Census 2000. Changes in rates are affected by the updated population data.

Factbooks published before 2007 reported only births to girls ages 15 to 17. 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, Pawtucket, Providence and Woonsocket.

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

References

- ¹ Perper, K., Peterson, K. & Manlove, J. (2010). *Diploma attainment among teen mothers*. Washington, DC: Child Trends.
- ² *Teen pregnancy, poverty and income disparity*. (2010). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ³ *Teen pregnancy and overall child well-being*. (2010). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ^{4,7} *Linking teen pregnancy prevention to other critical social issues*. (2010). Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- ^{5,8} Pazol, K., et al. (2011). Vital signs: Teen pregnancy – United States, 1991-2009. *Morbidity and Mortality Weekly Report*, 60(13), 414-420.
- ⁶ Holcombe, E., Peterson, K. & Manlove, J. (2009). *Ten reasons to still keep the focus on teen childbearing*. Washington, DC: Child Trends.
- ^{9,10,11} Rhode Island Department of Health, Center for Health Data and Analysis, 2006-2010. Data for 2010 are provisional.
- ¹² Hamilton, B. E., Martin, J. A. & Ventura, S. J. (2011). Births: Preliminary data for 2010. *National Vital Statistics Reports*, 60(2). Hyattsville, MD: Centers for Disease Control and Prevention.

Alcohol, Drug and Cigarette Use by Teens

DEFINITION

Alcohol, drug and cigarette use by teens is the percentage of middle school and high school students who report having used alcohol, illegal drugs or cigarettes at least once in the 30 days prior to taking the *SurveyWorks!* student survey.

SIGNIFICANCE

The use and/or abuse of substances such as alcohol, tobacco and other drugs by children and youth poses health and safety risks to them, their families, their schools and their communities.^{1,2} Rhode Island ranks among the states with the highest percentages of adolescents and adults reporting use of illicit drugs and alcohol.³

The key risk periods for alcohol, tobacco and other drug abuse occur during major transitions in the lives of children and adolescents, including the transition to middle school and high school, both of which present additional academic, social and emotional challenges. Exposure to drugs, peers who abuse substances and social activities involving drugs and alcohol increases as children grow older.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, ethnicity and environment. Risk factors include early aggressive behavior, lack of

parental supervision, peer substance abuse, poor academic achievement and poverty. Protective factors include a strong parent-child bond, parental involvement and support, consistent discipline, academic competence and a strong neighborhood attachment.⁵ In the U.S., Hispanic, Black and Asian youth have lower rates of substance use than White youth.^{6,7,8}

Early family and school interventions can build and strengthen protective factors and be tailored to reduce risk factors, which will help to prevent substance use among young people.⁹

If implemented nationwide, effective school-based substance abuse prevention programs are estimated to save \$18 for every \$1 invested.¹⁰ Adolescents who participate in school-based, community-based, faith-based or other after-school activities are less likely to use substances than uninvolved teens.¹¹

Only 8% of youth ages 12-17 in the U.S. who meet standard diagnostic criteria indicating the need for treatment for an illicit drug use problem and 6% who need treatment for an alcohol use problem actually receive specialty treatment. Rhode Island had the highest percentage of persons age 12 and older who needed but did not receive treatment for an illicit drug use problem in 2008-2009 (the most recent year for which data are available).^{12,13}

Self-Reported Substance Use and Related Behaviors, Rhode Island High School Students, 2011

	9th Grade	12th Grade	All High School Students
Ever had a drink of alcohol in their life	48%	74%	62%
Had at least one drink of alcohol in the past month	23%	45%	34%
Had five or more drinks of alcohol in a row, within a couple of hours, in the past month (binge drinking)	10%	24%	18%
Rode one or more times during the past month in a vehicle driven by someone who had been drinking alcohol	21%	24%	22%
Ever used marijuana in their life	28%	52%	40%
Used marijuana one or more times in past month	20%	34%	26%

Source: 2011 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.

◆ Nearly one in five (18%) Rhode Island 12th grade students reported using painkillers (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription at least once in their lifetime. Nearly one in ten (9%) Rhode Island high school students reported having taken over-the-counter drugs to get high one or more times during their life.¹⁴

◆ Nearly one in four (23%) Rhode Island middle school students (5th, 6th, 7th and 8th grades) in 2011 reported ever having had a drink of alcohol in their lives, 10% reported ever using marijuana and 8% reported ever using inhalants (breathing the contents of spray cans and/or inhaling paints or sprays).¹⁵

Tobacco Use Among Rhode Island Youth

◆ In 2011, 2% of middle school students and 8% of high school students reported smoking every day during the past 30 days. Nearly half (49%) of high school students who reported current cigarette use also reported trying to quit smoking in the past year.¹⁶

◆ In 2011, 4% of male middle school students and 10% of male high school students in Rhode Island reported using chewing tobacco in the previous month.¹⁷

Alcohol, Drug and Cigarette Use by Teens

Table 25.

**Student Reports of Alcohol, Marijuana and Cigarette Use
by Student Grade Level, Rhode Island, 2010-2011**

SCHOOL DISTRICT	ALCOHOL USE (CURRENT)		MARIJUANA USE (EVER)		CIGARETTE USE (CURRENT)	
	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Barrington	5%	29%	2%	36%	3%	14%
Bristol-Warren	8%	33%	1%	44%	2%	19%
Burrillville	12%	45%	3%	50%	7%	24%
Central Falls	15%	29%	1%	28%	4%	3%
Chariho	12%	30%	4%	37%	7%	18%
Coventry	7%	37%	2%	44%	3%	21%
Cranston	8%	38%	2%	41%	3%	15%
Cumberland	7%	42%	2%	44%	3%	20%
East Greenwich	7%	39%	1%	40%	2%	12%
East Providence	10%	42%	1%	49%	5%	16%
Exeter-West Greenwich	10%	29%	2%	32%	6%	13%
Foster-Glocester	8%	30%	2%	33%	5%	18%
Jamestown	3%	NA	NA	NA	NA	NA
Johnston	12%	34%	2%	37%	6%	16%
Lincoln	10%	36%	3%	40%	4%	13%
Little Compton	6%	NA	NA	NA	NA	NA
Middletown	8%	27%	3%	35%	4%	10%
Narragansett	11%	30%	3%	34%	6%	12%
New Shoreham	NA	30%	NA	35%	NA	NA
Newport	12%	41%	2%	53%	6%	9%
North Kingstown	4%	32%	1%	36%	2%	10%
North Providence	11%	32%	1%	39%	5%	14%
North Smithfield	6%	39%	1%	41%	3%	16%
Pawtucket	13%	34%	1%	36%	4%	9%
Portsmouth	4%	33%	0%	35%	2%	14%
Providence	15%	32%	2%	31%	4%	6%
Scituate	9%	39%	3%	42%	7%	15%
Smithfield	5%	31%	2%	33%	4%	9%
South Kingstown	5%	29%	2%	36%	3%	11%
Tiverton	12%	34%	1%	43%	6%	23%
Warwick	10%	31%	2%	37%	6%	18%
West Warwick	7%	30%	2%	39%	4%	13%
Westerly	7%	34%	1%	39%	3%	16%
Woonsocket	--	32%	--	42%	--	14%
Four Core Cities	NA	NA	NA	NA	NA	NA
Remainder of State	NA	NA	NA	NA	NA	NA
Rhode Island	10%	21%	6%	39%	4%	14%

Sources of Data for Table/Methodology

Data are from the *SurveyWorks!* student survey tool that was administered during the 2010-2011 school year.

Due to adoption of a new survey tool by the Rhode Island Department of Elementary and Secondary Education, *Alcohol, Drug and Cigarette Use by Teens* in this Factbook cannot be compared with Factbooks prior to 2011.

Data reported as “current” use are for students who answered yes that they ever “have drunk beer, wine or other alcohol (other than for religious ceremonies)” and that they “have drunk alcohol between one and 30 days in the past month” and for those who answered yes that they “have ever smoked a cigarette, even one or two puffs” and that they “have smoked a cigarette in the past 30 days.”

Data reported as “ever” use are for students who answered yes that they “have tried marijuana (pot, grass, hash).” Data on the use of other illicit drugs other than marijuana use were not available for the *SurveyWorks!* student survey in 2010-2011.

NA = Community has no middle school or no high school

-- Woonsocket Middle School students did not participate in the *SurveyWorks!* student survey in 2010-2011.

State charter schools participating in *SurveyWorks!* serving middle school students are Highlander Charter School, Paul Cuffee Charter School, Segue Institute for Learning and The Compass School. State charter schools participating in *SurveyWorks!* serving high school students are Beacon Charter High School for the Arts, Blackstone Academy and Paul Cuffee Charter School. These schools are included in the Rhode Island totals.

See Methodology section for additional information about *SurveyWorks!*

References

^{1,4,5,9} *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.

(continued on page 169)

Safety

Halfway Down

by A.A. Milne

Halfway down the stairs
is a stair
where I sit.
There isn't any
other stair
quite like
it.

I'm not at the bottom,
I'm not at the top;
so this is the stair
where
I always
stop.

Halfway up the stairs
isn't up
and it isn't down.
It isn't in the nursery,
it isn't in town.
And all sorts of funny thoughts
run round my head.
It isn't really
anywhere!
It's somewhere else
instead!



The Water Sprites
and the Intelligent Clown
by Dorothy Hope Johnson

Child Deaths

DEFINITION

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

SIGNIFICANCE

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

Nationally, child injuries and deaths disproportionately affect poor children, children under age five, males and minorities. Among children under age 15, Native American children and Black children have the highest child death rates in the nation.^{4,5}

In Rhode Island between 2006 and 2010, there were 111 deaths of children ages one to 14 (a rate of 12.7 per 100,000 children).^{6,7} Fifty (45%) of these children lived in the four core cities, sixty-one (55%) lived in the remainder

of the state. Of the 111 deaths, 69 (62%) were due to disease, 22 (20%) were due to unintentional injuries, ten (9%) were due to intentional injuries (seven homicides and three suicides) and ten (9%) were due to unknown causes. Unintentional injury mortality has declined over the past two decades, but unintentional injuries remain the leading cause of death for children ages one to 14 in Rhode Island and in the U.S., more than from any single disease.^{8,9}

Nationally, the leading causes of child injury deaths are motor vehicle crashes and drowning. Child injury deaths can be reduced by educating parents about the importance of using safety products (such as seat belts, child safety seats and pool fencing), passing stricter laws enforcing such use, and through parent interventions that include safety counseling and materials.^{10,11}

In Rhode Island between 2006 and 2010, ten children under age 15 were hospitalized for firearms injuries, and there was one gun-related child death.¹²

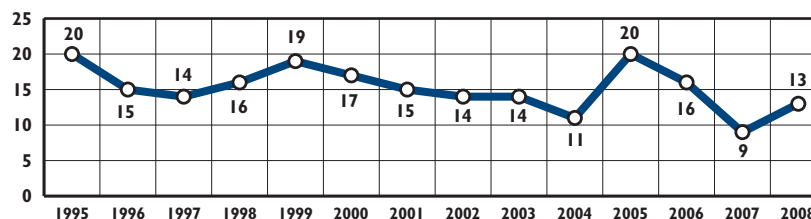
Child Death Rate (per 100,000 Children Ages 1-14)		
	2000	2008
RI	17	13
US	22	18
National Rank*		4 th
New England Rank**		3 rd

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

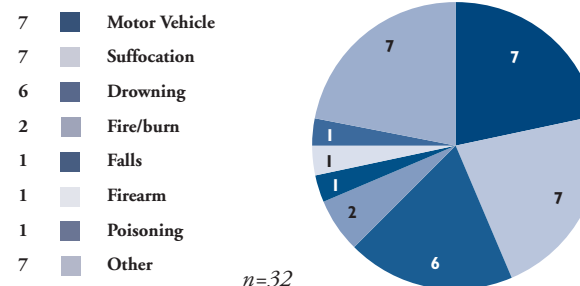
Child Death Rate per 100,000 Children Ages One to 14, Rhode Island, 1995-2008



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org.

◆ In 2008, Rhode Island's child death rate for children ages one to 14 was 13 per 100,000 children. This was an increase from 9 deaths per 100,000 children in 2007, which resulted in Rhode Island's national rank changing from first to fourth in the nation.¹³

Child Deaths Due to Injury, by Cause, Rhode Island, 2006-2010



Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2006-2010.

◆ Between 2006 and 2010, 32 Rhode Island children ages one to 14 died as a result of injury. Motor vehicle injuries and suffocation were the leading causes of child deaths due to injury, closely followed by drowning.¹⁴ Nationally, nearly half (45%) of the children under age 15 who died in motor vehicle collisions were not wearing a seat belt or other restraint.¹⁵

References

¹ Kendrick, D., Barlow, J., Hampshire, A., Stewart-Brown, S. & Polnay, L. (2008). Parenting interventions and the prevention of unintentional injuries in childhood: Systematic review and meta-analysis. *Child: Care, health and development*, 34(5), 682-695.

^{2,3,10,15} Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing the child death rate*. Baltimore, MD: The Annie E. Casey Foundation.

(continued on page 169)

DEFINITION

Teen deaths is the number of deaths from all causes among 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 alcohol, drug abuse and violence. Teens' emotional health, including self-esteem and mental health, further impacts their safety. Nationally, the most prevalent causes of teen deaths are motor vehicle collisions, homicides and suicides, all of which are preventable.^{1,2}

Factors that protect against teen deaths include parent involvement, access to mental health services designed for adolescents, state policies regulating teens' driving, prevention of teen drinking and reduced access to guns. School and community programs can reduce risk behaviors and support positive and healthy youth development.³

Between 2006 and 2010, there were 141 deaths of teens ages 15 to 19 in Rhode Island, a rate of 35.3 per 100,000 teens.^{4,5} Of the teens ages 15 to 19 who died between 2006 and 2010, 43 (30%) lived in the four core cities and 98 (70%) lived in the remainder of the state.⁶

Of the teen deaths between 2006

and 2010, 31 (22%) were due to disease, 37 (26%) were due to intentional injuries, 64 (45%) were due to unintentional injuries and nine (6%) were of unknown causes. Of the intentional injuries, 21 were homicides and 16 were suicides (one female and 15 males).⁷

According to the *2011 Rhode Island Youth Risk Behavior Survey*, 10% of male high school students and 15% of female high school students reported seriously considering suicide in the previous year. Nine percent of male high school students and 8% of female high school students in Rhode Island reported having attempted suicide in the previous year.⁸ Mental health problems, such as depression and bipolar disorder, and substance abuse are associated with an increased risk of suicide among youth.⁹

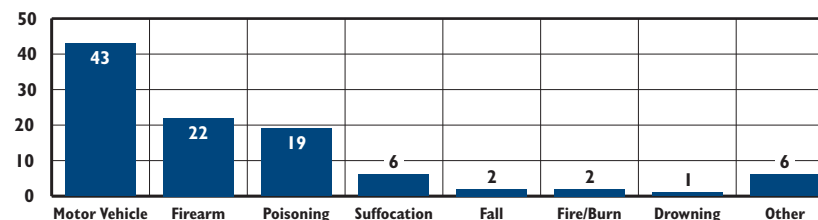
Teen Deaths (Deaths per 100,000 Youth Ages 15-19)		
	2000	2008
RI	52	39
US	67	58
National Rank*		4 th
New England Rank**		2 nd

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Injury Deaths by Cause, Teens Ages 15 to 19, 2006-2010



n=101

Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2006-2010. Data from 2009 and 2010 are provisional. This chart reports deaths of teens residing in Rhode Island. Data reported below reflect teen motor vehicle deaths that occurred in Rhode Island, regardless of residence.

◆ Between 2006 and 2010 in Rhode Island, nearly two-thirds (63%) of the 101 teen deaths caused by injury were unintentional. Almost half (43%) of all injury deaths involved motor vehicles.¹⁰

◆ Among the 26 males ages 15 to 19 killed in Rhode Island motor vehicle crashes between 2006 and 2010, 14 (54%) were driving, eight (31%) were passengers in vehicles driven by other teenage boys ages 15 to 19, two were passengers in vehicles driven by adults, one was a pedestrian and one was hit by a car while skateboarding. Between 2006 and 2010, 15 teen girls in Rhode Island died in motor vehicle accidents. Of these, four (27%) were driving, four (27%) were passengers in vehicles driven by other teens, four (27%) were passengers in vehicles driven by adults, two were pedestrians and one was a passenger in a vehicle driven by a male whose age was not reported.¹¹

◆ Six (33%) of the teen drivers who died in motor vehicle crashes between 2006 and 2010 had been drinking and eight (42%) of the teen passengers who died also had been drinking.¹²

◆ According to the *2011 Rhode Island Youth Risk Behavior Survey*, 22% of Rhode Island high school students reported that during the month before the survey they rode in a vehicle driven by someone who had been drinking, and 10% reported that they never or rarely wore a seatbelt while riding in a car driven by someone else.¹³

References

(continued on page 169)

Youth Violence

DEFINITION

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

SIGNIFICANCE

Youth violence refers to a variety of harmful behaviors that youth can experience as victims, witnesses or offenders and that can cause emotional harm, injury, disability or death. Violence and the threat of violence can impact the well-being of youth, families, schools and communities, and can generate high social and economic costs.^{1,2} Effective youth violence prevention aims to reduce factors that place youth at risk for violent behavior, and promote factors that protect youth at risk for perpetrating violence.³ A comprehensive approach to youth violence prevention should focus on individuals, relationships and communities as well as larger societal issues. Increasing access to effective early education, home visiting programs and mentoring opportunities as well as reducing concentrated poverty in urban areas can be effective prevention strategies.⁴

Most violent youth only engage in violent behavior during a brief period in their teens. Situational factors such as peer influences and alcohol use can lead to violent acts.⁵ Youth at risk for committing violent acts often live in high-poverty neighborhoods with limited economic opportunities. They are more likely to have histories of substance use, mental health issues, association with delinquent peers/gangs, academic failure, family conflict, poor parenting and child maltreatment.^{6,7,8}

Nationally in 2009, almost one-third (32%) of students in grades nine through 12 reported being in a physical fight during the previous year, more than one in six (18%) reported carrying a weapon during the previous month and one in five (20%) reported being bullied on school property during the previous year.⁹

Juveniles made up 16% of all serious violent crime arrests in the U.S. in 2008. In 2008, the Rhode Island juvenile arrest rate for serious violent crimes was 186 per 100,000 youth ages 10 to 17, lower than the U.S. rate of 306 per 100,000 youth ages 10 to 17.¹⁰ In 2010 in Rhode Island, there were 741 juvenile arrests for assault offenses and 144 juvenile arrests for weapons offenses.¹¹ In 2011, violent crimes made up 4% (255) of the 6,658 juvenile offenses referred to Rhode Island Family Court.¹²

Self-Reported Violent Behavior and Victimization, Rhode Island Public High School Students, 2011

	FEMALES	MALES	TOTAL
Been bullied on school property during the past 12 months	21%	18%	19%
Carried a weapon, such as a gun, knife, or club on one or more of the past 30 days	5%	17%	11%
Did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school	6%	6%	6%
Were in a physical fight at least once in the past 12 months	17%	30%	24%
Were hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	8%	9%	8%
Were ever physically forced to have sexual intercourse when they did not want to	8%	5%	7%

Source: 2011 Rhode Island Youth Risk Behavior Survey, Rhode Island Department of Health, Center for Health Data and Analysis.

◆ Violence in schools affects individual victims and disrupts the functioning of entire schools and communities.¹³ In Rhode Island in 2011, 6% of high school students reported not going to school due to safety concerns and 19% had been bullied at school in the past year.¹⁴

◆ Lesbian, gay, bisexual and transgender youth, youth with disabilities and youth with low grades (Ds and Fs) in Rhode Island are more likely than their peers to report being threatened or injured at school and to miss school because they felt unsafe.^{15,16,17}

◆ Cyberbullying is the willful and repeated cruelty inflicted by sending or posting harmful material online or through a cell phone. Cyberbullied youth may experience feelings of depression, suicidal thoughts, school failure and avoidance and school violence.^{18,19} In 2011 in Rhode Island, 9% of middle school students and 13% of high school students reported being cyberbullied.²⁰

Gun Violence Among Youth

◆ Guns are the leading cause of fatal teen violence and are used in more than four out of five (82%) teen homicides in the U.S.²¹ In Rhode Island between 2006 and 2010, there were 62 gun-related hospitalizations of youth ages 15 to 19 and 22 deaths of youth ages 15 to 19 attributed to firearms.²²

Table 26.

Youth Violence, Rhode Island

Youth Violence

CITY/TOWN	COMMUNITY CONTEXT, 2010		VIOLENCE IN HIGH SCHOOLS, 2011		JUVENILE ARRESTS FOR VIOLENCE, 2010		
	VIOLENT CRIME OFFENSES (ALL AGES)	TOTAL POPULATION AGES 11-17	% OF STUDENTS BROUGHT WEAPONS TO SCHOOL IN PAST YEAR	% OF STUDENTS IN A PHYSICAL FIGHT AT SCHOOL IN PAST YEAR	# FOR ASSAULT OFFENSES	# FOR WEAPONS OFFENSES	TOTAL # FOR ASSAULT AND WEAPONS OFFENSES
Barrington	5	2,186	3%	9%	6	7	13
Bristol	22	1,545	8%	12%	2	0	2
Burrillville	9	1,526	6%	14%	1	0	1
Central Falls	101	2,089	3%	10%	22	5	27
Charlestown	11	659	9%	12%	2	0	2
Coventry	26	3,509	7%	13%	25	0	25
Cranston	115	6,984	7%	14%	21	4	25
Cumberland	27	3,271	7%	13%	11	2	13
East Greenwich	6	1,671	4%	8%	4	2	6
East Providence	64	3,730	8%	13%	31	1	32
Exeter	NA	673	6%	9%	NA	NA	NA
Foster	0	467	5%	10%	1	0	1
Glocester	7	1,000	5%	10%	2	1	3
Hopkinton	5	826	9%	12%	8	0	8
Jamestown	5	528	8%	9%	0	0	0
Johnston	39	2,376	6%	11%	25	1	26
Lincoln	33	2,189	6%	9%	9	1	10
Little Compton	0	284	4%	11%	0	0	0
Middletown	7	1,504	4%	9%	14	1	15
Narragansett	15	1,052	9%	18%	5	0	5
New Shoreham	1	64	22%	26%	1	0	1
Newport	138	1,484	8%	11%	19	1	20
North Kingstown	21	2,917	8%	9%	17	0	17
North Providence	63	2,303	7%	10%	25	1	26
North Smithfield	13	1,132	4%	11%	5	0	5
Pawtucket	289	6,268	6%	10%	81	12	93
Portsmouth	12	1,881	4%	11%	7	1	8
Providence	1,214	16,024	7%	11%	230	67	297
Richmond	2	759	9%	12%	12	0	12
Scituate	5	1,143	7%	12%	0	0	0
Smithfield	8	1,729	3%	9%	14	2	16
South Kingstown	17	2,498	7%	10%	23	1	24
Tiverton	13	1,318	7%	12%	8	2	10
Warren	20	777	8%	12%	0	1	1
Warwick	85	6,781	8%	14%	42	2	44
West Greenwich	2	678	6%	9%	0	0	0
West Warwick	66	2,139	4%	8%	11	0	11
Westerly	12	2,003	7%	12%	12	7	19
Woonsocket	177	3,649	3%	11%	28	22	50
State Police/Other	NA	NA	NA	NA	17	0	17
Four Core Cities	1,781	28,030	NA	NA	361	106	467
Remainder of State	874	65,586	NA	NA	363	38	401
Rhode Island	2,655	93,616	6%	11%	741	144	885

Sources of Data for Table/Methodology

Total violent crime offense data are from U.S. Department of Justice, Federal Bureau of Investigation. (2011). *Crime in the United States 2010: Rhode Island offenses known to law enforcement*. Retrieved February 11, 2012, from www.fbi.gov

Total population ages 11 – 17 data are from U.S. Census Bureau, Census 2010.

High school students bringing weapons to school and experiencing violence at school data are from *SurveyWorks!* student survey, Rhode Island Department of Elementary and Secondary Education, 2010-2011. *SurveyWorks!* data for communities that belong to regional districts reflect the district's overall survey results. Students from Little Compton attend high school in Portsmouth and students from Jamestown attend high school in North Kingstown. Charter schools serving high school students are Beacon Charter High School for the Arts, Blackstone Academy, NE Laborers/CPS Construction Career Academy, Paul Cuffee Charter School and Times2 Academy. State-Operated schools are the Metropolitan Regional Career and Technical Center and William M. Davies Jr. Career & Technical Center. UCAP is the Urban Collaborative Accelerated Program. These schools are included in the Rhode Island totals. *SurveyWorks!* data are not available for the four core cities or remainder of state. Grades included in high school vary by district. For the Rhode Island percentage, high school includes grades 9-12. See Methodology for more information on *SurveyWorks!*

Juvenile arrests for assault and weapons offenses data are from Mongeau, T. & Gilheeny, E. (2011). *2010 juvenile detention data*. Providence, RI: Rhode Island Department of Public Safety, Grant Administration Office. A complete list of assault and weapons offenses can be found in the Methodology Section of this Factbook.

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

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

- ^{1,45} *World report on violence and health*. (2002). Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B. & Lozano, R., eds. Geneva: World Health Organization.

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Disconnected Youth

DEFINITION

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

SIGNIFICANCE

As they transition to adulthood, youth are at greater risk when they have weak connections to families, negative social networks or lack communities that can provide emotional and material support and guidance. All youth, regardless of their background or financial status, need the guidance, time and financial help of a stable and secure family. Young people need access to caring adults who can provide information and supports that will help them make good choices for their futures. Youth are more likely to make a successful transition to adulthood when they have the life experiences, adult supports and education that build skills, academic credentials, knowledge and confidence.^{1,2,3}

Disconnected youth often depend on effective public systems to get the supports and resources they need to overcome obstacles and challenges. These youth depend on the child welfare system to help them make strong family connections, the juvenile justice system for fair treatment and

rehabilitative supports, public schools to teach them the skills and knowledge to be independent adults, and the public health and human services systems for the resources to be physically and mentally healthy and meet their family responsibilities.^{4,5} When these systems do not work well, youth are often at greater risk for long-term disconnection than when they entered the systems.⁶

Interventions for disconnected youth require strategies that are tailored to the individual strengths and life circumstances of the young person. These interventions can include comprehensive wraparound services to strengthen connections to family, mental health and substance abuse treatment, independent living transition supports, career training, mentorship opportunities, out-of-school-time programs, parenting supports and high-quality alternative educational opportunities.^{7,8,9} Disconnected youth may face additional challenges because they are homeless, have substance abuse issues and/or identify as lesbian, gay, bisexual, transgender or queer (LGBTQ).¹⁰

Some disconnected youth reconnect to support systems through employment, school, marriage or the military. However, youth from low-income families and minority youth (who comprise a large share of disconnected youth) are less likely to reconnect than other disconnected youth.¹¹



Disconnected Youth in Rhode Island

Youth in Foster Care

◆ Youth who age out of foster care without permanent family connections experience high rates of economic hardship, low educational attainment, food insecurity, homelessness, incarceration, welfare use, unemployment and unplanned pregnancy.¹² On December 31, 2011, there were 993 youth ages 13 to 17 and 217 youth ages 18 to 21 who were in the care or custody of the Rhode Island Department of Children, Youth and Families (DCYF).¹³ In Rhode Island in Federal Fiscal Year 2011, 129 youth aged out of foster care to emancipation never having gained permanent placement through reunification, adoption or guardianship.¹⁴

Youth at the Rhode Island Training School

◆ Many youth who are incarcerated as juveniles struggle with school re-enrollment, homelessness, mental health problems, substance abuse and poverty when they return to their communities, and they often lack the necessary supports to avoid re-offending.¹⁵ During 2011, 669 youth ages 12 to 21 were in the care or custody of the Rhode Island Training School.¹⁶

Teen Parents

◆ Teen pregnancy and parenting threatens the healthy development of teen parents as well as their children. Reduced educational attainment among teen parents puts them at risk of dropping out of school, low wages and poverty.¹⁷ During 2011, there were 828 births to teen mothers under age 20 in Rhode Island.¹⁸

High School Dropouts

◆ Youth who drop out of school are at risk of unemployment, poverty, incarceration and poor health.¹⁹ During the 2010-2011 school year, 2,517 students in 7th through 12th grade dropped out of or stopped attending Rhode Island public schools.²⁰ Between 2008 and 2010, there were an estimated 4,407 Rhode Island youth ages 16 to 19 who were not in school and not working, 57% of whom were high school dropouts.²¹

References

^{1,9} Shore, R. & Shore, B. (2009). *KIDS COUNT indicator brief: Reducing the number of disconnected youth*. Baltimore, MD: Annie E. Casey Foundation.

^{2,10} Fernandes, A. L. (2007). *Runaway and homeless youth: Demographics, programs and emerging issues. CRS Report for Congress*. Washington, DC: Congressional Research Service.

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DEFINITION

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

SIGNIFICANCE

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

Other youth become homeless when they run away from or are discharged from the foster care or juvenile justice systems. In U.S. shelters, more than one in five homeless youth comes directly from foster care and more than one in four were in foster care in the previous year. Homeless youth with foster care histories often become homeless at an earlier age and remain homeless longer than their peers.^{3,4} While there are estimated to be over 1.6 million U.S. youth experiencing homelessness annually, less than 5% of federal spending on homeless programs supports homeless children and youth.^{5,6}

Youth who identify as lesbian, gay,

bisexual, transgender or queer (LGBTQ) are overrepresented in the homeless youth population, some of whom report being forced out of their homes by parents who disapprove of their sexual orientation or gender identity. LGBTQ homeless youth also experience greater levels of physical and sexual exploitation while living on the streets than their heterosexual peers.⁷

It is often difficult for homeless youth to obtain the food, clothing and medical care they need. While living on the streets, many turn to prostitution, theft or selling drugs to provide for their basic needs. Consequently, homeless youth face an increased risk of arrests and are more likely to contract sexually transmitted infections.^{8,9}

Homeless youth are often disconnected from community resources such as education, employment and health care.¹⁰ They can have difficulty enrolling in school and are more likely than their peers to be suspended, expelled, repeat grades and drop out. Homeless youth experience higher rates of mortality and depression, post-traumatic stress disorder (PTSD), substance abuse and other mental health problems than youth with stable housing.^{11,12,13,14} Health issues can go untreated due to the lack of access to physical and mental health care. In addition, homeless youth may not seek needed health care because they are likely to be asked for a permanent address, health insurance information or parental permission for treatment.¹⁵



Homeless Youth in Rhode Island

- ◆ There is one emergency shelter in Rhode Island tailored to the needs of unaccompanied and runaway homeless youth.¹⁶ During Federal Fiscal Year (FFY) 2011, 68 unaccompanied youth ages 12 to 18 received Basic Center services, up from 58 in FFY 2010. Basic Center Services include up to 21 days of emergency shelter, food, clothing, counseling and health care referrals. Seven youth ages 17 and 18 received Transitional Living services (long-term residential and supportive services) in Rhode Island programs funded through the federal Runaway and Homeless Youth Program in FFY 2011, up from two in FFY 2010.^{17,18,19}
- ◆ One hundred and thirty-two single youth ages 18 to 20 and 318 young adults ages 21 to 24 received emergency shelter services through the adult emergency shelter system in Rhode Island in 2011, compared to 120 18-20 year-olds and 344 21-24 year-olds in 2010.^{20,21}
- ◆ In 2011, the National Runaway Switchboard handled 120 crisis-related calls regarding youth ages 21 and under who were homeless, runaways or at risk of homelessness in Rhode Island. Nationally, 54% of callers to the Switchboard were youth and the remainder were friends, family, probation officers and other adults.²²
- ◆ On December 31, 2011, there were 74 youth in the care of the Rhode Island Department of Children, Youth and Families who were classified as unauthorized absences/runaways (AWOL), 30 of whom were female and 44 of whom were male. These youth were AWOL from either foster care or juvenile justice placements.²³
- ◆ There were an additional 136 youth ages 13 to 17 who received emergency shelter services with their families in Rhode Island in 2011.²⁴ These youth are vulnerable to being separated from their families due to shelter or child welfare policies.²⁵

References

- ^{1,4,8,12,25} National Coalition for the Homeless. (2008). *Homeless youth. (NCH fact sheet #13)*. Retrieved January 31, 2012, from www.nationalhomeless.org
- ² National Resource Center on Domestic Violence (2009). *Runaway and homeless youth and relationship violence toolkit*. Retrieved January 31, 2012, from www.nrdv.org/rhydvttoolkit/each-field/homeless-youth/define.html

- ^{3,10,15} 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, Administration for Children and Families.

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Juveniles Referred to Family Court

DEFINITION

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

SIGNIFICANCE

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

The Rhode Island Family Court has jurisdiction over juvenile offenders under age 18 referred for wayward and delinquent offenses. When a police or school department refers a youth to Family Court, a petition is submitted, accompanied by an incident report, detailing the alleged violation of law.² During 2011 in Rhode Island, 3,962 youth (4% of Rhode Island youth between the ages of 10 and 17) were referred to Family Court for 6,658 wayward and delinquent offenses, down from 4,288 youth and 7,493 offenses in 2010, and continuing a downward trend over the last four years. Of the juvenile offenses in 2011, 255 (4%) involved violent offenses (52% of which occurred in the four core cities). An additional 751 probation violations also came before the Family Court in 2011.^{3,4,5}

Youth in urban communities with high poverty concentrations are more likely to be referred for wayward or delinquent offenses. In 2011 in Rhode Island, 26% of juvenile offenses referred to Family Court were committed by youth from Providence, 17% were committed by youth from the other three core cities and 57% were committed by youth from the remainder of the state.⁶

Nineteen percent of juveniles referred to Rhode Island Family Court in 2011 had been referred once before and 22% had been referred at least twice before.⁷ The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting public safety are key elements of juvenile justice systems.

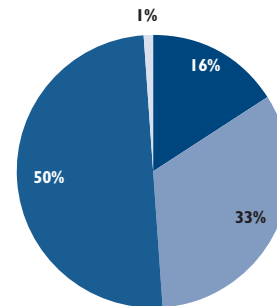
Research shows that an over-reliance on incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher recidivism rates than the use of community-based alternatives to incarceration.^{8,9}

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

Juvenile Wayward/Delinquent Offenses Referred to Rhode Island Family Court, 2011

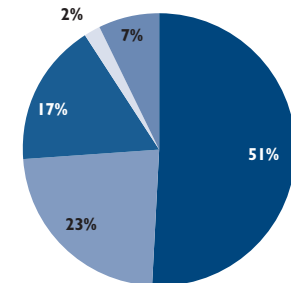
By Age of Juvenile

16%	■ Ages 13 or Younger
33%	■ Ages 14 and 15
50%	■ Ages 16 and 17
1%	■ Age Unknown



By Race and Ethnicity of Juvenile

51%	■ White
23%	■ Black
17%	■ Hispanic
2%	■ Asian
7%	■ Other/Unknown



n = 6,658 offenses

By Type of Offense

24%	Property Crimes	4%	Motor Vehicle Offenses
21%	Disorderly Conduct	4%	Violent Crimes
20%	Status Offenses*	3%	Weapons Offenses
10%	Simple Assault	6%	Other**
8%	Alcohol and Drug Offenses		

n = 6,658

*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, computer crimes and possession of a manipulative device for automobiles, etc. Probation violations, contempt of court and other violations of court orders are not included in the offenses above.

◆ In 2011, 73% of juveniles referred to the Rhode Island Family Court were male and 27% were female.

Source: Rhode Island Family Court, 2011 Juvenile Offense Report. Percentages may not sum to 100% due to rounding.

Juveniles Referred to Family Court

Alternatives to Incarceration for Juvenile Offenders in Rhode Island

- ◆ Juvenile courts have a wide range of options for handling juvenile offenders, including restitution, community service, revocation of driving privileges, counseling, substance abuse treatment and probation.¹¹ In 2011 in Rhode Island, 23% of all cases referred to Family Court were diverted instead of proceeding to a formal court hearing.¹²
- ◆ The Rhode Island Family Court administers several alternatives to traditional court hearings, including the Truancy Court and the Juvenile Drug Court. In 2011, 631 juveniles were referred to the Truancy Court by schools. In 2011, 333 juveniles who committed drug offenses or had highlighted drug issues were diverted to the Juvenile Drug Court pre-adjudication.¹³ Juveniles referred to the Drug Court undergo a six- to twelve-month program that includes intensive court supervision, drug treatment, and educational and employment services.¹⁴
- ◆ In 2011, there were 28 Juvenile Hearing Boards in Rhode Island. Eleven communities in Rhode Island did not have Juvenile Hearing Boards (Bristol, Central Falls, Exeter, Jamestown, Little Compton, New Shoreham, North Providence, North Smithfield, Richmond, South Kingstown and Tiverton). Comprised of volunteer community members, these Boards permit the diversion of juveniles accused of status offenses or misdemeanors. Sanction options in this process include but are not limited to community service, restitution and counseling. A total of 564 cases were heard before Rhode Island Juvenile Hearing Boards in 2010, the most recent year for which data are available.^{15,16}

Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts

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

Juveniles Tried as Adults

- ◆ Youth tried and punished in the adult court system are more likely to re-offend and to commit future violent crimes than youth who commit similar crimes but who are in juvenile systems. Counseling, therapeutic services, job training and educational services form the basis of rehabilitation in youth correctional environments. Youth placed in adult correctional facilities are less likely to receive appropriate services.^{18,19}
- ◆ Behavioral research shows that most youth offenders will stop breaking the law as part of the normal maturation process and that adolescents are less able than adults to weigh risks and consequences and to resist peer pressure. Research also shows that judgment and decision-making skills do not fully develop until the mid-twenties.^{20,21}
- ◆ When a juvenile has committed a heinous and/or premeditated felony offense or has a history of felony offenses, the Rhode Island Attorney General may request that the Family Court Judge voluntarily waive jurisdiction so that the juvenile may be tried as an adult in Superior Court. Waiver of jurisdiction is mandatory for juveniles who are 17 years old and who are charged with murder, first degree sexual assault or assault with intent to commit murder.²²
- ◆ In 2011, the Attorney General's Office filed 20 (18 discretionary and two mandatory) motions to waive jurisdiction to try juveniles as adults. Nine were withdrawn, seven were voluntarily waived, two were denied, one was certified and one waiver motion was pending before the Family Court at the end of 2011.²³
- ◆ A juvenile in Rhode Island also may be "certified," allowing the family court to sentence the juvenile beyond age 19 if there is otherwise an insufficient period of time in which to accomplish rehabilitation. There were three discretionary certifications in 2011 (two were withdrawn and one resulted in a certification).²⁴ While the child is a minor, the sentence is served at the Training School. The youth can be transferred to an adult facility upon reaching age 19, if the court deems it appropriate.²⁵

References

¹ Smith, C. A. (2008). Juvenile delinquency: An introduction. *The Prevention Researcher: Preventing Juvenile Delinquency*, 15(1), 3-6.

² Rhode Island Family Court. (n.d.). *About the Family Court*. Retrieved February 24, 2012, from www.courts.ri.gov/Courts/FamilyCourt/PDFs/AbouttheFamilyCourt.pdf

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Juveniles at the Training School

DEFINITION

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

SIGNIFICANCE

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

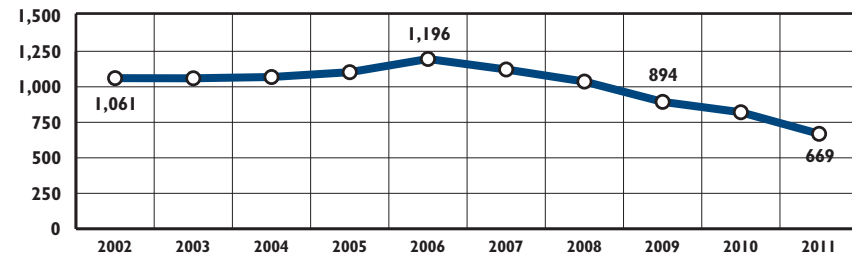
Juvenile justice systems have a range of options for monitoring and rehabilitating juvenile offenders in addition to incarceration, including

electronic monitoring, day and evening reporting centers, skills training programs, community-based therapy for youth and families and substance abuse treatment.⁴ Alternatives to incarcerating youth have been shown to be more successful in preventing recidivism and more cost-effective than incarceration. Programs that are community-based, intensive, sustained and involve the families of the youth in individualized treatment programs are the most successful.^{5,6,7}

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School, the state's residential detention facility for adjudicated youth and youth in detention awaiting trial. A total of 669 youth (84% male and 16% female) were in the care or custody of the Training School at some point during 2011, down from 821 in 2010. On December 31, 2011, there were 193 youth in the care or custody of the Training School, 104 of whom were physically at the Training School.⁸

In 2008, the Rhode Island General Assembly instituted a cap on the number of detained and adjudicated youth at the Training School. On any given day, the limit is 148 boys and 12 girls.⁹

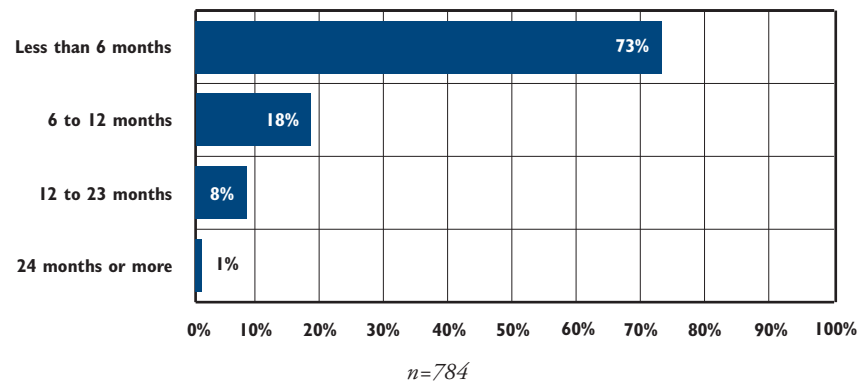
Juveniles in the Care and Custody of the Rhode Island Training School, 2002-2011



◆ Between 2002 and 2011, the annual total number of youth in the care and custody of the Training School declined from 1,061 to 669. Much of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day. The population has further declined by 25% between 2009 and 2011.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2002-2011.

Discharges From the Rhode Island Training School, by Length of Time in Custody, 2011



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2011. Total discharges (784) are higher than the total number of youth who passed through the Training School (669) due to some youth being discharged from the Training School more than once in 2011.

Juveniles at the Training School

Disproportionate Minority Contact in Juvenile Justice Systems

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

Disproportionate Minority Contact in Rhode Island

	% OF TOTAL CHILD POPULATION 2010	% OF JUVENILES DETAINED BY POLICE 2010	% OF JUVENILE OFFENSES REFERRED TO FAMILY COURT, 2011	% OF JUVENILES WHO PASSED THROUGH THE TRAINING SCHOOL, 2011	% OF JUVENILES ADJUDICATED TO THE TRAINING SCHOOL*, JAN. 1, 2012	% OF JUVENILES ON PROBATION JAN. 1, 2012
White	72%	53%	51%	36%	25%	42%
Black	8%	25%	23%	24%	32%	19%
Asian	3%	2%	2%	3%	3%	2%
Native American	<1%	<1%	NA	1%	1%	1%
Multi-Racial	7%	NA	NA	5%	3%	4%
Other/ Unknown	9%	<1%	7%	31%	36%	31%
Hispanic	21%*	19%	17%	32%*	36%*	31%**

◆ Youth of color are disproportionately more likely than White youth to have contact with juvenile justice systems in Rhode Island. Black youth made up 32% of youth adjudicated to the Training School despite making up 8% of the child population. Hispanic youth made up 36% of youth adjudicated to the Training School in 2011, while they were 21% of the state's child population.

**Juveniles Adjudicated to the Training School includes youth who received Temporary Community Placement (TCP) adjudications.*

***Hispanics in these columns also are included in other racial categories.*

NA means data was not available for this racial category.

Sources: *Child Population* data by race are from the U.S. Census Bureau, 2010 Census. *Police Detentions* are from the Juvenile Detention Data Summaries submitted by Rhode Island Police Departments to the Rhode Island Justice Commission, 2010. *Family Court Referrals* are from the Rhode Island Family Court, 2011. *Passed Through the Training School* are from the Rhode Island Department of Children, Youth and Families (DCYF), 2011. *Adjudicated to the Training School* are point-in-time data from DCYF for January 1, 2012. *Probation* are point-in-time data from DCYF for January 1, 2012.

Risk Factors for Rhode Island Youth at the Training School

History of Child Abuse and Neglect

◆ Sixty-eight (35%) of the 193 youth in the care or custody of the Training School on December 31, 2011 had at some point in their childhood been victims of documented child abuse or neglect.¹²

◆ Nationally, youth in child welfare systems are 2.5 times more likely to enter the juvenile justice system if they are placed in group homes instead of foster care homes.¹³

Behavioral Health Needs

◆ In 2011, 163 adjudicated youth (138 males and 25 females) were prescribed psychiatric medications for psychiatric diagnoses other than conduct disorders and substance abuse disorders. During 2011, 39 males participated in the residential substance abuse program at the Training School, designed specifically for youth offenders.¹⁴

Educational Attainment

◆ In 2011, students' math skills were on average at the 4th grade level and their reading levels were on average at the 6th grade level at entry to the Training School.¹⁵

◆ Of the 581 youth in 7th through 12th grade who received educational services at the Training School during 2011, 165 (28%) received special education services. One hundred and four (63%) of these youth had emotional disorders, 37 (22%) had learning disabilities, 23 (14%) had other health impairments and one youth had a diagnosis of mental retardation.¹⁶

◆ During 2011, 55 youth graduated from high school while serving a sentence at the Training School (43 received a GED and 12 graduated with a high school diploma). An additional 81 youth received post-secondary education services at the Training School in 2011.¹⁷

Teen Pregnancy and Parenting

◆ Nationally, 20% of youth in custody report having a child or expecting a child. The percentage of youth in custody who report they already have children (15% of boys and 9% of girls) is much higher than the general population (2% of boys and 6% of girls).¹⁸

Juveniles at the Training School

Girls in the Juvenile Justice System

◆ Girls in the juvenile justice system enter with different personal and offense histories and needs than their male peers. Girls are less likely than boys to commit violent offenses and are more likely than boys to report knowing the victim. The majority of offenses committed by girls are property crimes and status offenses (age-related acts that would not be punishable if the offender were an adult, such as truancy). Girls are twice as likely to be charged with a status offense as boys. Nationally, there has been an increase in the arrest of girls for altercations within the family due to changes in arrest policies related to violence in the home.¹⁹

Alternatives to Juvenile Detention and Incarceration

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

◆ The rehabilitation of youth and the prevention of recidivism (repeat offending) with the goal of protecting public safety are key elements of juvenile justice systems. National research shows that an over-reliance on the incarceration of juveniles is not cost-effective and leads to worse public safety outcomes and higher rates of recidivism than the use of community-based alternatives to incarceration.^{20,21}

◆ Key components of successful community-based programs to prevent juvenile recidivism include intensive family therapy and an acknowledgement of the critical roles that families, homes and communities play in resolving delinquency. Successful programs also work with youth's strengths and provide a wide range of services and resources tailored to the needs of youth and their families, including academic and job skills assistance, substance use and mental health treatment and supports.^{22,23}

◆ Peer influences can be a significant factor in the development of antisocial behavior. Placing delinquent youth together (such as in a Training School) may reduce positive program impacts and may lead to negative outcomes.^{24,25}

Probation for Rhode Island Youth

◆ The Juvenile Correctional Services Division of DCYF includes the Training School and Juvenile Probation and Parole. Juvenile Probation and Parole works to rehabilitate youth in the community to ensure public safety and full compliance with court orders and conditions of probation. Adolescents are placed on probation by the Family Court either as an alternative to incarceration at the Training School or as the final part of their sentence after being incarcerated at the Training School. Parole is not currently used for youth in Rhode Island.²⁶

◆ On January 1, 2012, there were 796 youth on the DCYF probation caseload. Twenty-two percent (178) of youth on probation were ages 11 to 15, 55% (439) were ages 16 to 17 and 22% (179) were ages 18 to 21.²⁷

◆ Almost half (42%) of youth on probation on January 1, 2012 were White, 19% were Black, 2% were Asian, 1% were Native American, 4% were multiracial and 31% were of unknown race. Nearly one-third (31%) of youth were identified as Hispanic. Hispanic youth may be of any race.²⁸

Prevention of Recidivism Among Delinquent Youth

◆ Of the 669 youth who were in the care or custody of the Training School at some point during 2011, 21% (138) were admitted at least twice in 2011, and 3% (23) were admitted to the Training School three or more times.²⁹

◆ Evidence-based interventions that involve the youth and his or her family in treatment have been shown in trials to reduce recidivism among delinquent youth and cost far less than incarceration.³⁰

◆ Effective reentry programs that include pre-release planning, access to services and active case management for at least a year after release can enable youth to successfully reintegrate into their communities. Reentry services are most effective when they recognize youths' diverse needs, are located where youth live, provide individualized services, concentrate on ensuring school enrollment and success, focus on permanent family/guardianship connections, include access to mental health and substance abuse treatment, include employment supports and provide housing assistance when needed.³¹



Youth in Detention in Rhode Island

◆ In 2011, there were 784 admissions to detention at the Training School, down from 976 in 2010. Of these, 22% resulted in stays of two days or less, 33% resulted in stays of three days to two weeks, and 46% resulted in stays of more than two weeks.³²

◆ Nineteen of the 39 unadjudicated youth in detention on December 31, 2011 had been there for more than two months. Many youth who stay in detention for long periods of time are waiting for waivers to the adult system.³³

Table 27.

Youth in the Care or Custody of the Rhode Island Island Training School, 2011

CITY/TOWN	TOTAL POPULATION AGES 13-21	# OF DETAINED YOUTH	# OF ADJUDICATED YOUTH	TOTAL # OF YOUTH*
Barrington	2,071	1	2	3
Bristol	4,261	0	0	0
Burrillville	1,823	3	3	6
Central Falls	2,866	11	19	30
Charlestown	778	2	2	4
Coventry	4,098	3	6	9
Cranston	9,447	8	21	29
Cumberland	3,655	2	3	5
East Greenwich	1,600	2	1	3
East Providence	4,767	20	10	30
Exeter	935	1	0	1
Foster	574	0	1	1
Glocester	1,208	3	0	3
Hopkinton	930	--	4	2
Jamestown	543	0	0	0
Johnston	2,940	0	4	4
Lincoln	2,510	--	6	5
Little Compton	303	0	0	0
Middletown	1,639	1	2	3
Narragansett	3,241	0	3	3
New Shoreham	57	0	0	0
Newport	3,529	12	8	20
North Kingstown	3,135	8	10	18
North Providence	3,123	10	6	16
North Smithfield	1,275	0	0	0
Pawtucket	8,404	21	45	66
Portsmouth	2,212	0	3	3
Providence	35,925	84	175	259
Richmond	863	1	0	1
Scituate	1,286	0	1	1
Smithfield	4,426	4	2	6
South Kingstown	8,031	3	5	8
Tiverton	1,573	4	4	8
Warren	1,002	3	0	3
Warwick	8,478	10	14	24
West Greenwich	766	--	1	1
West Warwick	2,945	20	3	23
Westerly	2,294	3	10	13
Woonsocket	4,647	7	23	30
Out of State	NA	10	18	28
Four Core Cities	51,842	123	262	385
Remainder of State	92,318	121	135	256
Rhode Island	144,160	244	397	641

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2011; and the U.S. Census Bureau, Census 2010.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Data are for adjudicated and detained youth who were in the care or custody of the Rhode Island Training School during calendar year 2011 (including youth from out of state, those with unknown addresses and those in temporary community placements). Youth with out-of-state and unknown addresses are not included in the Rhode Island, core cities or remainder of state totals.

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

-- The number of detained youth could not be calculated for these communities. A youth's reported residence may change between the time of detention and adjudication.

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

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

References

¹ Grisso, T. (2004). *Double jeopardy: Adolescent offenders with mental disorders*. Chicago, IL: University of Chicago Press.

(continued on page 171)

Children of Incarcerated Parents

DEFINITION

Children of incarcerated parents is the number of children with parents serving sentences at the Rhode Island Department of Corrections per 1,000 children under age 18. The data are reported by the place of the parent's last residence before entering prison.

SIGNIFICANCE

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

Parental incarceration can affect a child's emotional and behavioral development. Children of incarcerated parents are more likely to suffer from depression or anxiety, have an eating or sleeping disorder and be expelled or suspended from school. They also are more likely to engage in delinquent behavior and to be arrested and incarcerated as juveniles.³

Nationally, most children of incarcerated parents live with their other parent (84%), grandparents (15%) and/or other relatives (6%).⁴ Relative caregivers often experience significant

economic hardship. They may be unaware that they are eligible for services, may be worried about stigma, may have previously been denied benefits or may have privacy concerns.⁵

Children of incarcerated parents are more likely to be involved with the child welfare system.⁶ In 2009, more than 14,000 children entered foster care due to, at least in part, the incarceration of a parent.⁷ These children often represent complex cases for child welfare agencies because they have been exposed to parental substance abuse, mental illness, domestic violence and extreme poverty.⁸

Programs targeted at the unique needs of incarcerated pregnant women and mothers can improve outcomes for them and their families.⁹ Keeping siblings together, family counseling, access to health and mental health care, mentoring, peer supports and prison transition supports can alleviate the worst effects of parents' imprisonment on their children and improve the family reunification process.¹⁰

Of the 1,699 Rhode Island parents incarcerated on September 30, 2011, including those awaiting trial, 48% were White, 30% were Black, 21% were Hispanic and 2% were Native American, Asian or another race. Fifty-eight percent of incarcerated parents with a known in-state residence identified one of the four core cities as their last place of residence.¹¹

**Parents at the Rhode Island Adult Correctional Institutions,
September 30, 2011**

	INMATES SURVEYED*	# REPORTING CHILDREN	% REPORTING CHILDREN	# OF CHILDREN REPORTED
Awaiting Trial	659	331	50%	722
Serving a Sentence	2,500	1,368	55%	2,931
Total	3,159	1,699	54%	3,653

Source: Rhode Island Department of Corrections, September 30, 2011. *Does not include inmates who were missing responses to the question on number of children, inmates on home confinement or those from another state's jurisdiction.

- ◆ Of the 3,159 inmates awaiting trial or serving a sentence who were surveyed as of September 30, 2011 and answered the question on number of children, 1,699 inmates reported having 3,653 children. Thirty percent of incarcerated mothers had one to five year sentences and 29% of incarcerated fathers were sentenced to more than ten years.¹²
- ◆ Of the 99 sentenced mothers on September 30, 2011, 48% were serving a sentence for a nonviolent offense, 30% for a violent offense, 12% for drug-related offenses and 8% for breaking and entering. Of the 1,269 sentenced fathers, 19% were serving sentences for nonviolent offenses, 43% for violent offenses, 13% for drug-related offenses, 9% for breaking and entering and 15% for sex-related offenses.¹³
- ◆ Fifty-six percent of incarcerated parents awaiting trial or serving a sentence on September 30, 2011 had less than a high school degree and 6% had less than a ninth-grade education. Thirty-four percent of parents awaiting trial or serving a sentence had a high school diploma or a GED and 10% had at least some college education.¹⁴
- ◆ A supportive family, education, job training, stable housing, employment assistance, medical assistance and substance abuse treatment are critical to the parents' successful transition to the community after incarceration and also support the well-being of their children.¹⁵
- ◆ High-quality prison-based parenting programs can benefit incarcerated parents and their children. Parents participating in these programs have demonstrated improved relationships with their children and increased knowledge of child development and behavior management techniques. Children have shown signs of improved relationships with their incarcerated mother, diminished feelings of sadness and anger, fewer behavioral problems at school and better grades.¹⁶

Children of Incarcerated Parents

Table 28.

Children of Incarcerated Parents, Rhode Island, September 30, 2011

CITY/TOWN	# OF INCARCERATED PARENTS	# OF CHILDREN REPORTED*	2010 TOTAL POPULATION UNDER AGE 18	RATE PER 1,000 CHILDREN
Barrington	0	0	4,597	0.0
Bristol	5	9	3,623	2.5
Burrillville	7	12	3,576	3.4
Central Falls	45	102	5,644	18.1
Charlestown	3	4	1,506	2.7
Coventry	23	45	7,770	5.8
Cranston	65	132	16,414	8.0
Cumberland	9	19	7,535	2.5
East Greenwich	5	12	3,436	3.5
East Providence	45	91	9,177	9.9
Exeter	8	14	1,334	10.5
Foster	0	0	986	0.0
Glocester	3	6	2,098	2.9
Hopkinton	3	8	1,845	4.3
Jamestown	3	6	1,043	5.8
Johnston	22	55	5,480	10.0
Lincoln	8	15	4,751	3.2
Little Compton	1	7	654	10.7
Middletown	5	12	3,652	3.3
Narragansett	9	20	2,269	8.8
New Shoreham	0	0	163	0.0
Newport	30	66	4,083	16.2
North Kingstown	7	16	6,322	2.5
North Providence	23	47	5,514	8.5
North Smithfield	4	8	2,456	3.3
Pawtucket	109	225	16,575	13.6
Portsmouth	2	4	3,996	1.0
Providence	423	956	41,634	23.0
Richmond	4	8	1,849	4.3
Scituate	5	11	2,272	4.8
Smithfield	7	13	3,625	3.6
South Kingstown	8	19	5,416	3.5
Tiverton	6	14	2,998	4.7
Warren	8	17	1,940	8.8
Warwick	72	124	15,825	7.8
West Greenwich	3	6	1,477	4.1
West Warwick	54	112	5,746	19.5
Westerly	21	32	4,787	6.7
Woonsocket	95	193	9,888	19.5
Unknown Residence	148	314	NA	NA
Out-of-State Residence**	70	177	NA	NA
Four Core Cities	672	1,476	83,570	17.7
Remainder of State	478	964	140,386	6.9
Rhode Island	1,150	2,440	223,956	10.9

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, 2011. Offenders who were on Home Confinement and the awaiting trial population are excluded from this table.

U.S. Census Bureau, Census 2010.

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

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

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

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- ² Nesmith, A. & Ruhland, E. (2008). Children of incarcerated parents: Challenges and resiliency in their own words. *Children and Youth Services Review*, 30, 1119-1130.
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- ⁵ Nolan, C. M. (2003). *Children of arrested parents: Strategies to improve their safety and well-being*. Sacramento, CA: California Research Bureau.

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Children Witnessing Domestic Violence

DEFINITION

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

SIGNIFICANCE

Millions of U.S. children are exposed to domestic violence each year. National studies indicate that rates of partner violence are higher among couples with children than those without children.^{1,2} In Rhode Island in 2010, police reports indicate that children were present at 28% of domestic violence incidents resulting in arrests.³

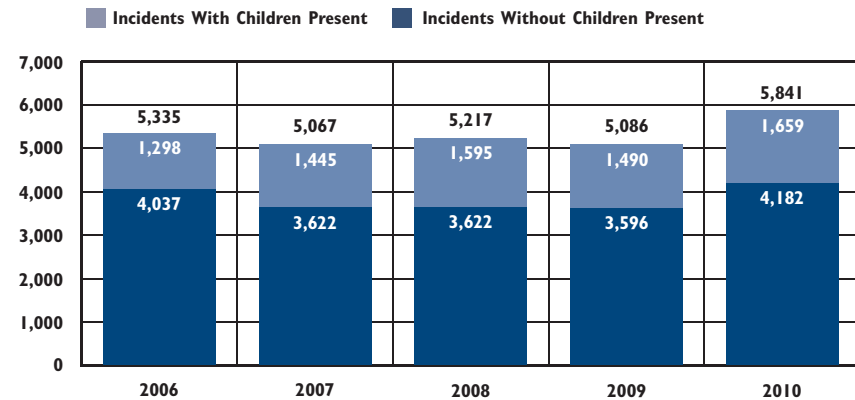
Children are exposed to domestic violence in several ways. They may see, hear and/or be threatened during violent events. Children can be traumatized by the aftermath of violence by seeing their parent's injuries or damage done to their homes, being forced to relocate or experiencing a parent's removal from the home. Children who are exposed to domestic violence are much more likely to be victims of child abuse and neglect than those who are not.^{4,5}

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

Research suggests that childhood exposure to inter-parental violence increases the likelihood that witnesses will repeat their experiences as adult perpetrators (particularly men) or victims of violence in dating and marriage.⁸ While some children may show resilience, exposure to violence may impair a child's capacity for partnering and parenting later in life.⁹

Incidents of domestic violence are historically under-reported. Nationally, it is estimated that 41% of family violence incidents are not reported to police.¹⁰ Similarly, Rhode Island data may under-represent the number of domestic violence incidents witnessed by children because not all incidents are reported and children may be unwilling to admit that they witnessed the incident.¹¹

Domestic Violence Incidents Resulting in Arrest, Rhode Island, 2006-2010



Source: Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit, 2006-2010. Includes domestic violence reports resulting from an arrest by local police and Rhode Island State Police.

◆ In Rhode Island in 2010, there were 5,841 domestic violence incidents that resulted in arrests, up 15% from 5,086 incidents in 2009. Children were reported present in 28% (1,659) of incidents in 2010.¹² Rhode Island police officers document children's exposure to violence on reporting forms by noting the number and ages of minor children living in the home, how many were present during the incident, how many saw the incident and how many heard it.¹³

◆ Rhode Island police reported that children saw the domestic violence incident in 1,264 arrests and children heard the incident in 1,375 arrests during 2010. These incidents were not mutually exclusive and more than one child may have witnessed the incident.¹⁴

◆ Rhode Island's statewide network of six shelters and advocacy programs provides services to victims of domestic violence, including shelter, transitional housing, advocacy, individual and group counseling, and education. During 2011, the network served 7,309 females and 2,005 males, 730 of whom were children. In 2011, 287 children and 261 adults spent a total of 18,069 nights in a domestic violence shelter in Rhode Island.^{15,16}

Children Witnessing Domestic Violence

Table 29. Children Present During Domestic Violence Incidents Resulting in Arrests, Rhode Island, 2010

CITY/TOWN	TOTAL # OF REPORTS	TOTAL # OF INCIDENTS WITH CHILDREN PRESENT	% WITH CHILDREN PRESENT
Barrington	35	17	49%
Bristol	82	15	18%
Burrillville	56	14	25%
Central Falls	172	58	34%
Charlestown	27	7	26%
Coventry	194	72	37%
Cranston	370	90	24%
Cumberland	103	36	35%
East Greenwich	45	14	31%
East Providence	208	76	37%
Exeter*	NA	NA	NA
Foster	19	4	21%
Glocester	35	8	23%
Hopkinton	27	8	30%
Jamestown	7	1	14%
Johnston	155	42	27%
Lincoln	53	14	26%
Little Compton	13	4	31%
Middletown	110	22	20%
Narragansett	82	15	18%
New Shoreham	2	0	0%
Newport	212	61	29%
North Kingstown	122	38	31%
North Providence	234	49	21%
North Smithfield	46	10	22%
Pawtucket	648	200	31%
Portsmouth	72	14	19%
Providence	952	312	33%
Richmond	23	10	43%
Scituate	30	5	17%
Smithfield	66	16	24%
South Kingstown	93	26	28%
Tiverton	100	35	35%
Warren	82	17	21%
Warwick	398	88	22%
West Greenwich	15	7	47%
West Warwick	342	87	25%
Westerly	129	37	29%
Woonsocket	413	121	29%
Rhode Island State Police	69	9	13%
Four Core Cities	2,185	691	32%
Remainder of State	3,656	968	26%
Rhode Island	5,841	1,659	28%

Support for Children Witnessing Domestic Violence

◆ Rhode Island is not among 22 other states with legislation to address the issue of children who witness domestic violence. These states have statutes that specifically define the “circumstances that constitute witnessing” as well as the “legal consequences” incurred by a person convicted for domestic violence that was witnessed by a child.^{17,18}

◆ These 22 states provide that convictions of domestic violence witnessed by a child will have legal consequences that vary by state and may include harsher sentences, increased fines, payment for counseling for the child victim and/or supervised visitation requirements (when visitation is part of a child custody agreement).^{19,20}

◆ Rhode Island children often witness domestic violence before or during custody and visitation exchanges.²¹ Rhode Island is not among the 24 states with legislation that requires family court to provide for the safety of a child and non-offending parent during visitation with an abusive parent.²²

◆ Effective interventions for children who have witnessed domestic violence depend on legal protections as well as coordination among schools, early education programs, pediatric health care, mental health programs, child welfare, courts and law enforcement. These service systems can identify and address emergent problems related to healthy child development.²³

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, 2010 and December 31, 2010.

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, Pawtucket, Providence and Woonsocket.

References

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(continued on page 171)

Child Abuse and Neglect

DEFINITION

Child abuse and neglect is the total unduplicated number of victims of child abuse and neglect per 1,000 children. Child abuse includes physical, sexual and emotional abuse. Child neglect includes emotional, educational, physical and medical neglect, as well as a failure to provide for basic needs.

SIGNIFICANCE

Preventing child abuse and neglect is critical to helping children grow into strong, healthy, productive adults and good parents. Children are at increased risk for maltreatment if their parents or caregivers are overwhelmed by multiple problems such as inadequate income, family stressors, isolation from extended family or friends, drug and/or alcohol abuse or depression.¹ The immediate effects of child abuse and neglect include isolation, fear, inability to trust, injury and even death. Child maltreatment also can lead to juvenile delinquency, substance abuse, mental health problems and teen pregnancy. Child abuse and neglect are both connected to impaired cognition and low academic achievement in adolescence.^{2,3}

Responding to reports of child abuse and neglect and ensuring child safety are important functions of child protection systems. Maintaining the capacity to focus on prevention is equally critical

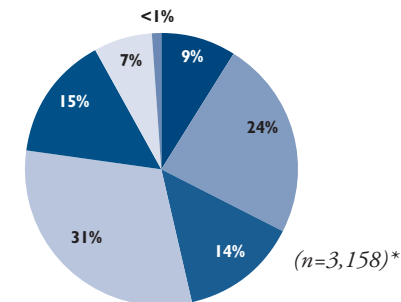
and more cost-effective. In Rhode Island, if an investigation does not reveal maltreatment but family stressors and risk factors are identified, Child Protective Services (CPS) refers families to community-based support services to reduce the risk of future involvement with the Department of Children, Youth and Families (DCYF). When maltreatment has occurred, a determination may be made that it is safe for the children to remain at home when families are willing to work with community providers. In both of these cases, DCYF makes referrals to regional Family Community Care Partner (FCCP) agencies. They work with the family to identify appropriate services and resources, including natural supports (persons and resources that families can access independent from formal services).⁴

In 2011 in Rhode Island, there were 2,225 indicated investigations of child abuse and neglect involving 3,158 children. The child abuse and neglect rate per 1,000 children under age 18 was almost two times higher in the four core cities (21 victims per 1,000 children) compared to the remainder of the state (11 victims per 1,000 children). Almost half of the victims of child abuse and neglect in 2011 were young children under age six and one-third (33%) were age three and younger.⁵

Child Abuse and Neglect, Rhode Island, 2011

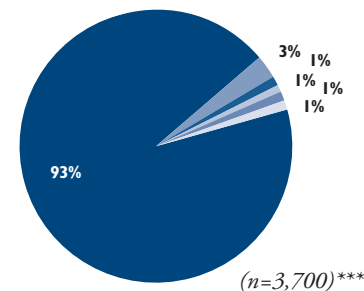
By Age of Victim*

9% (292)	Under Age 1
24% (744)	Ages 1 to 3
14% (438)	Ages 4 to 5
31% (967)	Ages 6 to 11
15% (489)	Ages 12 to 15
7% (226)	Ages 16 and Older
<1% (2)	Unknown



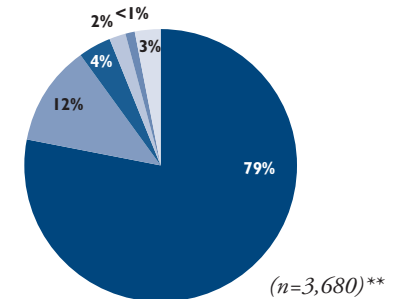
By Relationship of Perpetrator to Victims***

93%	Parents
3%	Relatives/Household Members
1%	Child Care Providers
1%	Foster Parents
1%	Residential Facility Staff
1%	Other or Unknown



By Type of Neglect/Abuse**

79%	Neglect
12%	Physical Abuse
4%	Sexual Abuse
2%	Medical Neglect
<1%	Emotional Abuse
3%	Other



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.

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), Percentages may not sum to 100% due to rounding.

DCYF Child Protective Services (CPS) Hotline Calls for Reports of Abuse and/or Neglect, Investigations,* and Indicated Investigations, Rhode Island, 2002-2011

YEAR	TOTAL # UNDULICATED CHILD MALTREATMENT REPORTS	% AND # OF REPORTS WITH COMPLETED INVESTIGATIONS	# OF INDICATED INVESTIGATIONS
2002	14,545	50% (7,254)	2,209
2003	13,651	50% (6,847)	2,126
2004	13,341	52% (6,890)	2,095
2005	13,144	55% (7,188)	2,260
2006	14,957	59% (8,841)	2,862
2007	13,542	54% (7,363)	2,396
2008	12,204	51% (6,214)	1,913
2009	12,189	52% (6,362)	2,075
2010	13,069	53% (6,956)	2,392
2011	13,382	49% (6,520)	2,225

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2002-2011.

*One investigation can be generated by multiple hotline calls. Investigations can result in a finding of indicated, unfounded or unable to complete (as when essential party cannot be found).

◆ The percentage of unduplicated child maltreatment reports for which there were completed investigations declined from 59% in 2006 to 49% in 2011. Between 2009 and 2011, the number of unduplicated child maltreatment reports to the CPS Hotline increased by 10% from 12,189 to 13,382.⁶ In 2011, there were 2,225 indicated investigations based on child maltreatment investigations, 34% of all completed investigations. The percentage of completed investigations that were indicated has remained fairly stable over the past decade.⁷ An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect occurred.⁸

◆ Of the 13,382 maltreatment reports in 2011, 5,611 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 whether the family is active with DCYF).¹⁰

Rhode Island Child Deaths Due to Child Abuse and/or Neglect**

YEAR	NUMBER OF DEATHS	YEAR	NUMBER OF DEATHS
2002	1	2007	0
2003	4	2008	0
2004	3	2009	2
2005	4	2010	0
2006	1	2011	3
Total 2002-2006	13	Total 2007-2011	5

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2002-2011.

**Based on Rhode Island Department of Children, Youth and Families determination of death due to child abuse or neglect by a parent or caretaker. Data are presented by year in which investigation was completed, not necessarily the year of a child's death.

◆ Investigations completed between 2002 and 2011 found that 18 children died as a result of injuries due to abuse by a parent or caretaker. During 2010, there were 31 children under age 18 in Rhode Island hospitalized with the diagnosis of child abuse or neglect, a 19% percent increase from 26 in 2009. There were 34 child hospitalizations due to abuse in 2008, 37 in 2007 and 33 in 2006.¹²

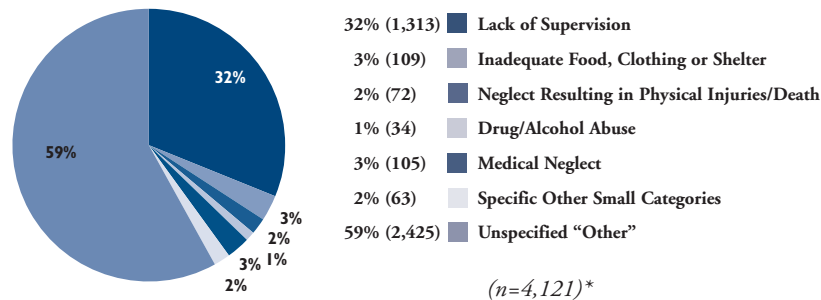
Child Abuse and Neglect in Rhode Island Communities

◆ Many parents at risk of child abuse and neglect lack essential parenting skills and are struggling with a combination of social and economic issues. These families benefit from programs that are responsive and relevant to their needs and engage parents as active partners in planning.¹³ In addition, providing access to child care, early childhood learning programs and offering evidence-based home visiting programs (such as the Nurse-Family Partnership) to families with multiple risk factors can prevent the occurrence and recurrence of child abuse and neglect.^{14,15,16}

◆ In 2011, Rhode Island had 14 child victims of abuse and neglect per 1,000 children. With a rate of 32.1 victims per 1,000 children, Newport had the highest rate of child victims of abuse and neglect in the state. Other cities and towns with rates higher than 20 victims per 1,000 children were West Warwick (29.8), Woonsocket (27.4), Central Falls (23.4) and Pawtucket (21.7).¹⁷

Child Abuse and Neglect

Indicated Allegations of Child Neglect, by Nature of Neglect, Rhode Island, 2011



◆ 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 4,121 indicated allegations (confirmed claims) of neglect to children under age 18 in Rhode Island in 2011, 32% involved lack of supervision.

◆ The single largest category of neglect (59%) is "unspecified other neglect." These are instances of neglect that do not fit into the other specified categories.

◆ The "specific other small categories" include: educational neglect (21), emotional neglect (17), abandonment (12), tying or confinement (8), failure to thrive (4) and excessive/inappropriate discipline (1).

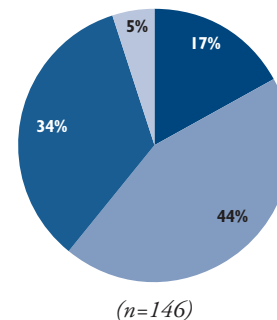
**The total refers to indicated allegations of neglect. Some children were victims of neglect more than once. Multiple allegations may be involved in each indicated investigation. Numbers do not include indicated allegations of institutional neglect.*

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2011. Percentages may not sum to 100% due to rounding.

Child Sexual Abuse, by Gender and Age of Victim, Rhode Island, 2011

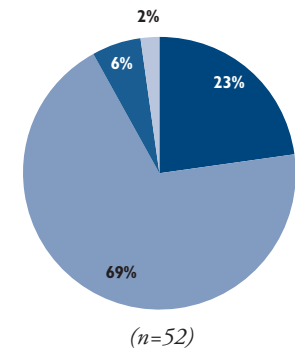
Girls

17% (25)	Age 5 and Under
44% (64)	Ages 6 to 11
34% (50)	Ages 12 to 15
5% (7)	Ages 16 and Older



Boys

23% (12)	Age 5 and Under
69% (36)	Ages 6 to 11
6% (3)	Ages 12 to 15
2% (1)	Ages 16 and Older



◆ In Rhode Island in 2011, there were 198 indicated allegations (confirmed claims) of child sexual abuse. Some children were victims of sexual abuse more than once. In 74% (146) of the 198 indicated allegations of sexual abuse, the victim was a female. Sixty-one percent of the female victims were known to be under age 12 while 92% of the male victims were under age 12.

Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2011. Percentages may not sum to 100% due to rounding.

Table 30.

Indicated Investigations of Child Abuse and Neglect, Rhode Island, 2011

CITY/TOWN	# OF CHILDREN UNDER AGE 18	# OF INDICATED INVESTIGATIONS OF CHILD ABUSE/NEGLECT	INDICATED INVESTIGATIONS PER 1,000 CHILDREN	# OF VICTIMS OF CHILD ABUSE/NEGLECT	VICTIMS PER 1,000 CHILDREN
Barrington	4,597	5	1.1	4	0.9
Bristol	3,623	13	3.6	22	6.1
Burrillville	3,576	29	8.1	38	10.6
Central Falls	5,644	66	11.7	132	23.4
Charlestown	1,506	7	4.6	10	6.6
Coventry	7,770	78	10.0	133	17.1
Cranston	16,414	118	7.2	183	11.1
Cumberland	7,535	44	5.8	43	5.7
East Greenwich	3,436	11	3.2	16	4.7
East Providence	9,177	89	9.7	98	10.7
Exeter	1,334	8	6.0	14	10.5
Foster	986	7	7.1	9	9.1
Glocester	2,098	8	3.8	5	2.4
Hopkinton	1,845	22	11.9	28	15.2
Jamestown	1,043	6	5.8	6	5.8
Johnston	5,480	47	8.6	67	12.2
Lincoln	4,751	35	7.4	44	9.3
Little Compton	654	1	1.5	2	3.1
Middletown	3,652	36	9.9	41	11.2
Narragansett	2,269	20	8.8	19	8.4
New Shoreham	163	1	6.1	0	0.0
Newport	4,083	88	21.6	131	32.1
North Kingstown	6,322	44	7.0	61	9.6
North Providence	5,514	61	11.1	75	13.6
North Smithfield	2,456	12	4.9	9	3.7
Pawtucket	16,575	211	12.7	359	21.7
Portsmouth	3,996	21	5.3	19	4.8
Providence	41,634	559	13.4	764	18.4
Richmond	1,849	2	1.1	2	1.1
Scituate	2,272	6	2.6	5	2.2
Smithfield	3,625	16	4.4	22	6.1
South Kingstown	5,416	30	5.5	36	6.6
Tiverton	2,998	21	7.0	36	12.0
Warren	1,940	27	13.9	36	18.6
Warwick	15,825	116	7.3	155	9.8
West Greenwich	1,477	4	2.7	5	3.4
West Warwick	5,746	115	20.0	171	29.8
Westerly	4,787	47	9.8	54	11.3
Woonsocket	9,888	195	19.7	271	27.4
Four Core Cities	73,741	1,031	14.0	1,526	20.7
Remainder of State	150,215	1,195	8.0	1,599	10.6
Rhode Island	223,956	2,226	9.9	3,125	14.0

Note to Table

Data cannot be compared to Factbooks prior to 2009. The denominator is the number of children under age 18 according to the U.S. Census, 2010 and the numerator is an unduplicated count of child victims. Previous Factbooks used children under age 21 as the denominator and the indicated investigations as the numerator to calculate the rate of indicated investigations per 1,000 children. In 2008, Rhode Island lowered the eligibility age for entry into DCYF services to under age 18, although some children remain eligible for services after their 18th birthday.

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), calendar year 2011.

Victims of child abuse/neglect are unduplicated counts of victims with substantiated allegations of child abuse and/or neglect. More than one victim can be involved in an investigation.

An indicated investigation is an investigated report of child abuse and/or neglect for which a preponderance of evidence exists that child abuse and/or neglect occurred. An indicated investigation can involve more than one child and multiple allegations. City/town reports of indicated investigations omit certain investigations, particularly those where there are data entry errors affecting location. For this reason, the city/town table includes fewer indicated investigations than the chart with reports/investigations and indicated cases.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

- ^{1,13,14} *Strengthening families and communities: 2011 resource guide.* (2011). Children's Bureau, U.S. Department of Health and Human Services. Retrieved February 28, 2011, from www.childwelfare.gov/pubs/guide2011/guide.pdf
- ² *Long-term consequences of child abuse and neglect.* (2008). Washington, DC: Child Welfare Information Gateway, Children's Bureau, U.S. Department of Health and Human Services.
- ³ Mills, R., et al. (2011). Child abuse and neglect and cognitive function at 14 years of age: Findings from a birth cohort. *Pediatrics*, 127(1),4-10.

(continued on page 172)

Children in Out-of-Home Placement

DEFINITION

Children in out-of-home placement is the number of children who have been removed from their families and are in the care of the Rhode Island Department of Children, Youth and Families (DCYF) while awaiting permanent placement. Out-of-home placements include foster care homes, group homes, shelter care, residential facilities, shelter care and medical facilities. Permanent placements include reunification with the family, adoption or guardianship.

SIGNIFICANCE

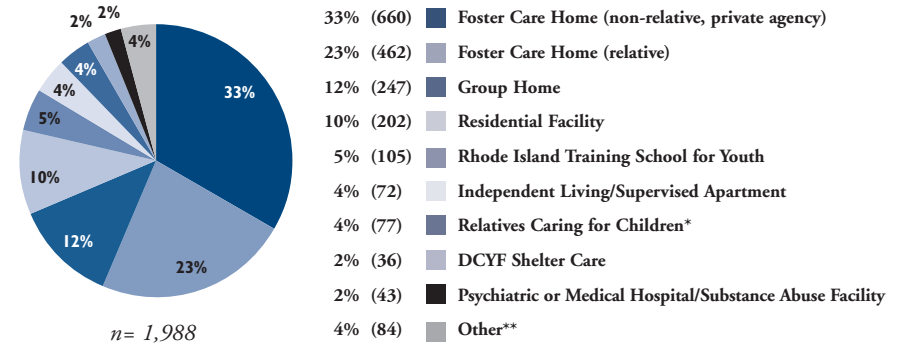
Children need stability, permanency and safety for healthy development. Removal from the home may be necessary for the child's safety and well-being; however, it is disruptive and can compromise a child's developmental progress. Children who have been abused or neglected are particularly in need of a safe, stable and permanent environment that provides for their well-being.¹ Permanency planning efforts should begin as soon as the child enters the child welfare system so that children can attain a permanent placement as soon as possible.² The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* (Fostering Connections Act) promotes permanency through supports for relative guardianship and incentives for adoption.³

Rhode Island children in out-of-home

care can experience multiple placements, lose contact with family members and may have overlooked educational, physical and mental health needs.⁴ Children in out-of-home care suffer more frequent and more serious medical, developmental and mental health problems than their peers.^{5,6} Long-term stays in care can cause emotional, behavioral or educational problems that can negatively impact children's long-term well-being and success.⁷ Children in foster care are more likely than their peers to change schools, be suspended, qualify for special education, repeat a grade and drop out of school.⁸ Appropriate supports and services can ensure that all youth in care maximize their potential and are prepared for higher education and work.⁹

Research shows that children of color are overrepresented at all decision points in the child welfare system, including reporting, investigation, substantiation, placement and exit from care. Minority children in child welfare systems experience significantly worse outcomes, have more placement changes, receive fewer supports, stay in the child welfare system longer, are less likely to be adopted or reunited with their families, have fewer contacts with caseworkers, less access to mental health and substance abuse services and are placed in detention or correctional facilities at higher rates than White children.¹⁰

Children in Out-of-Home Placement, Rhode Island, December 31, 2011



*Relatives caring for children are classified as an out-of-home placement by DCYF, despite the fact that these relatives did not receive monetary payments from DCYF to care for the children and the children were never removed and never needed to be removed from the relatives' homes. In these cases, the relative caring for the child initiated contact with DCYF to receive assistance from the agency.

**The placement category "Other" includes: runaway youth in DCYF care or those with unauthorized absences (73), pre-adoptive homes (3), minors with mother in shelter/group home/residential facility (4) and step-parents (4).

◆ As of December 31, 2011, there were 1,988 children under age 21 in the care of DCYF who were in out-of-home placements, a 40% decrease from 3,311 in 2006.

◆ The total caseload of DCYF on December 31, 2011 was 6,828, including 2,141 children living in their homes under DCYF supervision and 2,638 children living in adoption placements. This is a 28% decrease in the DCYF caseload since 2006, down from 9,414.

◆ The total DCYF caseload also includes 48 children in out-of-state placements/other agency custody; six children receiving respite care services; four youth in a prison other than the Rhode Island Training School; and one child in other placement.

◆ On December 31, 2011, there were 72 Rhode Island youth in an independent living arrangement or supervised apartment setting, a decline of 65% from 203 youth in 2006. Fifty-eight percent (42) of the 72 youth in an independent living arrangement were ages 18 and older.

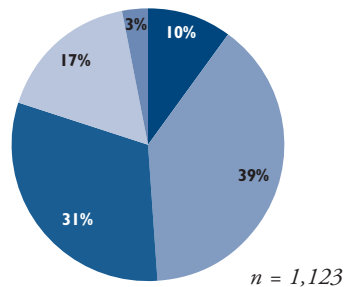
Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2006 and 2011.

Children in Out-of-Home Placement

Children and Youth in Out-of-Home Placement by Type of Setting and Age, Rhode Island, January 2012

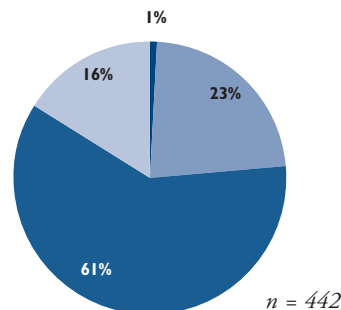
In Foster Care Homes

10% (113)	Under Age 1
39% (440)	Ages 1 to 5
31% (343)	Ages 6 to 13
17% (189)	Ages 14 to 17
3% (38)	Ages 18 and Over



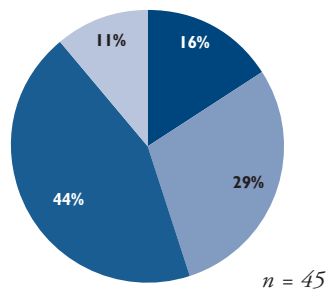
In Group Homes and Residential Facilities*

0% (0)	Under Age 1
1% (3)	Ages 1 to 5
23% (100)	Ages 6 to 13
61% (270)	Ages 14 to 17
16% (69)	Ages 18 and Over



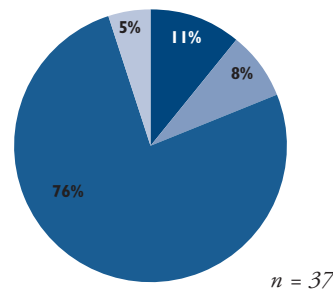
In Medical Facilities**

16% (7)	Under Age 1
0% (0)	Ages 1 to 5
29% (13)	Ages 6 to 13
44% (20)	Ages 14 to 17
11% (5)	Ages 18 and Over



In Shelter Care

0% (0)	Under Age 1
11% (4)	Ages 1 to 5
8% (3)	Ages 6 to 13
76% (28)	Ages 14 to 17
5% (2)	Ages 18 and Over



*Residential facilities do not include psychiatric hospitals, medical hospitals or the Rhode Island Training School.

**Medical facilities data includes medical hospitals (11), psychiatric hospitals (27) and substance abuse treatment facilities (7).

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January 5, 2012. Percentages may not sum to 100% due to rounding. Data do not match chart on previous page due to different report dates.

Safety, Permanency and Well-Being

Fostering Connections

◆ The federal *Fostering Connections Act* promotes kinship care and family connections by requiring states to notify relatives when a child is placed in foster care and providing funding for states offering kinship guardianship assistance payments.¹¹ Rhode Island's guardianship assistance program defines kin quite broadly and includes any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors and clergy.¹²

Placement Stability

◆ In Federal Fiscal Year (FFY) 2011, 12.8% of the 1,488 children who had been in out-of-home care for less than one year had experienced three or more placements, down from 14.1% in FFY 2010. The national standard is 13.3%. Three or more placements were experienced by 37.5% of the 773 children who were in care between 12 and 24 months, up from 35.4% in FFY 2010. Almost two-thirds (65.6%) of the 895 children who had been in care for 24 months or more experienced three or more placements.¹³

Recurrence of Abuse While in Foster Care

◆ Of the 1,708 Rhode Island children who were victims of abuse or neglect during FFY 2011 (whether or not they were removed from the home), 8.6% experienced one or more recurrences of abuse or neglect within six months, down from a peak of 13.3% in FFY 2007. The national standard is 6.1% or fewer.¹⁴

Shelter Care

◆ The number of children in shelter care fell from 63 on January 5, 2011 to 37 on January 5, 2012, a decrease of 41%. Of these 37 children, four were under age six; three were ages six to 13; and 30 were age 14 and older.¹⁵

References

¹ Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31-47.

² U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Program instruction: Adoption and Safe Families Act of 1997*. Retrieved January 31, 2012, from www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/1998/pi9802.htm

(continued on page 172)

Permanency for Children in DCYF Care

DEFINITION

Permanency for children in DCYF care is the percentage of children in out-of-home care who transition to a permanent placement through reunification, adoption or guardianship. Data are for all children who were in out-of-home placement with the Rhode Island Department of Children, Youth and Families (DCYF) during the Federal Fiscal Year.

SIGNIFICANCE

The uncertainty of multiple, prolonged or unstable out-of-home placements can negatively affect children's emotional well-being and sense of belonging, which have an impact on behavior, academic achievement and the formation of secure relationships.^{1,2} Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, males, minority children, sibling groups and children with mental, emotional or behavioral health needs.^{3,4,5} 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.^{6,7,8}

One of the goals of the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* (Fostering Connections Act) is to

promote permanency through relative or kinship guardianship and adoption. The *Fostering Connections Act* requires states to notify relatives when a child is placed in foster care, provides funding for states offering kinship guardianship assistance payments, provides incentive payments for adoptions of older children and children with special needs, and requires that states inform families considering adopting a child in foster care about the availability of the adoption tax credit.^{9,10}

Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, hunger, homelessness, unemployment and poor physical and mental health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.¹¹

Part of permanency planning for all children and youth in care includes providing services that prepare them for adulthood. Child welfare agencies can develop systems that ensure children and youth achieve outcomes in the areas of independent-living, employment skills, financial literacy, self-determination and self-advocacy.¹² The *Fostering Connections Act* encourages states to extend foster care beyond age 18 by providing federal reimbursement for foster care, adoption and guardianship assistance payments for youth up to the age of 21.^{13,14}

Exits from Foster Care*, Rhode Island, FFY 2011

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Adoption	15%	17%	1%
Guardianship	10%	5%	3%
Reunification	60%	54%	68%
Aged Out	10%	NA**	17%
Other	6%	23%	12%
Total Number	1,311	389	569

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2011*. (2012). New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth & Families. Percentages may not sum to 100% due to rounding.

*Foster Care refers to all out-of-home placements, consistent with language used in federal reports.

**Children with a disability who age out are included in the "other" category.

◆ In Federal Fiscal Year (FFY) 2011, 1,311 children in out-of-home placement in Rhode Island exited care. Of the children who exited care, 85% exited to a permanent placement (adoption, guardianship or reunification). Children with disabilities were somewhat more likely than other children to exit to adoption and less likely to exit to reunification with their biological family.¹⁵

◆ In FFY 2011, 17% of children in Rhode Island who entered out-of-home placement re-entered care within 12 months of a prior episode, almost twice the national standard (8.6%).¹⁶

Reunification

◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months from the time of removal from the home decreased from 71% in FFY 2010 to 69% of children in FFY 2011. The national standard is 76% of reunifications occurring within 12 months of the child's removal.¹⁷

◆ In FFY 2011, the vast majority (88%) of child maltreatment cases in Rhode Island involved neglect.¹⁸ Poverty, parental substance abuse and/or mental health problems are leading contributors to neglect. Achieving timely and successful reunification requires access to substance abuse and mental health treatment as well as interventions designed to improve the economic status of families.¹⁹

Permanency for Children in DCYF Care

Subsidized Guardianship, FFY 2011

◆ The federal *Fostering Connections Act* provides funding for states offering kinship guardianship assistance payments. Rhode Island's guardianship assistance program defines kin broadly as any adult who has a close and caring relationship with the child, including godparents, caretakers, close family friends, neighbors and clergy.²⁰ In FFY 2011, 10% of children in foster care exited care to guardianship, up from 3% in FFY 2007.²¹

Adoptions of Children in DCYF Care, 2011

◆ During calendar year 2011, 203 children in the care of DCYF were adopted in Rhode Island. Of these children, 67% were White, 15% were Black, 14% were of another race or were multiracial and 4% were of unknown race. Thirty-three percent of children adopted in 2011 were Hispanic (belonging to any race category).²²

◆ Of the children adopted, 60% were under age six, 31% were ages six to 13 and 9% were ages 14 to 17.²³

Rhode Island Children Waiting to be Adopted, September 30, 2011

◆ On September 30, 2011, there were 297 Rhode Island children in the care of DCYF who were waiting to be adopted. One percent of waiting children were under age one, 29% were ages one to five, 25% were ages six to 10, 31% were ages 11 to 15, 9% were ages 16 and older and 5% were of unknown age.²⁴

◆ Of all waiting children, 42% were White, non-Hispanic, 31% were Hispanic (of any race), 15% were Black, non-Hispanic, 7% were Two or more races, 3% were Asian, 1% were Native American and 1% were of unknown race/ethnicity.²⁵

◆ Of the 297 children waiting to be adopted, 177 (60%) were children of parents whose parental rights had been legally terminated.²⁶

◆ In FFY 2011, 39% of children in the Rhode Island child welfare system were adopted within 24 months from the time of removal from their home, down from 43% in FFY 2009 and 41% in FFY 2010. Rhode Island exceeds the national standard of 32% of adoptions occurring within 24 months of the child's removal.²⁷

Rhode Island Youth Aging Out of Foster Care, FFYs 2002-2011

YEAR	# WHO AGED OUT	YEAR	# WHO AGED OUT
FFY 2002	62	FFY 2007	141
FFY 2003	85	FFY 2008	158
FFY 2004	82	FFY 2009	151
FFY 2005	103	FFY 2010	108
FFY 2006	100	FFY 2011	129
Total FFY 2002-2006	432	Total FFY 2007-2011	687

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual reports for FY 2002-2011*. New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth & Families.

◆ Between FFY 2007 and FFY 2011, there were 687 Rhode Island youth who aged out of foster care with no permanent placement. This was a 59% increase from the previous five year period when 432 youth aged out of care.^{28,29}

◆ In FFY 2011, 129 Rhode Island youth exited out-of-home placement to emancipation, never having gained permanent placement through reunification, adoption or guardianship.³⁰

◆ As of July 1, 2007, youth in Rhode Island age out of the foster care system at age 18, a change from age 21 in previous years. Youth with serious emotional disturbances, autism or a functional developmental disability continue to have their cases managed by DCYF and remain legally entitled to services through age 21.³¹

◆ If states extend foster care beyond age 18, an option that the *Fostering Connections Act* encourages, the potential benefits in terms of increased educational attainment, reduced reliance on public assistance and increased earnings will more than offset the costs to states.^{32,33}

References

¹ A literature review of placement stability in child welfare services: *Issues, concerns, outcomes and future directions*. (2008). University of California, Davis, Extension, The Center for Human Services.

^{2,3,6} Samuels, G. M. (2008). *A reason, a season or a lifetime: Relational permanence among young adults with foster care backgrounds*. Chicago: Chapin Hall Center for Children at the University of Chicago.

^{4,7} Avery, R. J. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review*, 32, 399-408.

⁵ *Permanency Roundtable Project 12-month outcome report*. (2011). Seattle, WA: Casey Family Programs.

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Education

Word Builder

by Ann Whitford Paul

Begin your new construction
with twenty-six letters.
Hammer *a* through *z* into words.
Pile your words like blocks
into sentence towers—
measure some tall,
saw others short.
Mortar each sentence
with punctuation,
then frame your sentences
into paragraph villages,
stack your paragraphs
into chapter cities.
Keep on building
words into sentences
sentences into paragraphs,
paragraphs into chapters
until you have created
a whole world of book.



Public School Enrollment and Demographics

DEFINITION

Public school enrollment and demographics is the total number of students enrolled in Rhode Island public schools on October 1.

SIGNIFICANCE

Education is a lifetime process that begins at birth and continues throughout a child's life into adulthood. Racial, ethnic and income gaps in educational attainment have been well-documented throughout the country. Research has shown that there are three clusters of factors that have an impact on student achievement: school factors, factors related to connections between home and school and factors that exist before and beyond school (including health, nutrition and non-school academic supports).¹

On October 1, 2011, there were 142,854 students enrolled in Rhode Island public schools in preschool through grade 12, a decrease of 9.7% from 158,218 on October 1, 2001. Of the 142,854 Rhode Island public school students in October 2011, 29% (40,986) were attending schools in the four core cities (communities with the highest child poverty rates according to the Census 2010), 67% (96,414) were attending schools in the remaining districts, and the remaining 5,454 attended charter schools, state-operated schools or the

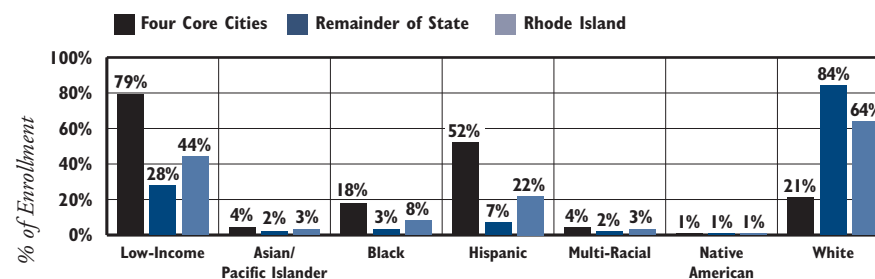
Urban Collaborative Accelerated Project (UCAP). There were an additional 22,635 Rhode Island students attending private and parochial schools (including out-of-state schools) and 1,270 students were home-schooled.²

In October 2011, there were 64,382 students in grades K-5, 31,298 in grades 6-8 and 45,195 in grades 9-12. There were 1,979 children ages 3-5 enrolled in preschool classrooms through Rhode Island public school districts.³ An additional 108 children were enrolled in Pre-K classrooms in child care and Head Start sites that are part of the State Pre-K Program.

In October 2011, 64% of Rhode Island public school students were non-Hispanic White, 22% were Hispanic, 8% were Black, 3% were Asian/Pacific Islander, 3% were Multi-Racial and 1% were Native American. In October 2011, 44% of students in Rhode Island were low-income (students who qualified for the free or reduced-price lunch program).⁴

Rhode Island schools are also diverse in terms of students with disabilities and students who are English Language Learners. During the 2010-2011 school year, 18% of Rhode Island public school students were receiving special education services and 6% were receiving English as a Second Language (ESL) or bilingual education services.⁵

Rhode Island Public School Enrollment by Low-Income Status, Race and Ethnicity, October 1, 2011



Source: Rhode Island Department of Elementary and Secondary Education, October 1, 2011.

◆ Twenty-one percent of students enrolled in the four core cities were White, compared with 84% in the remainder of the state, and 79% of students enrolled in the four core cities were low-income compared with 28% in the remainder of the state.⁶

Student Engagement in School

◆ Student engagement can be measured as an index of factors including student interest in schoolwork, degree to which a student works hard in school and how much a student likes school as reported by his/her parent. The level of student engagement is strongly related to the extent of positive parent-child interaction, high family expectations for student achievement, involvement in after-school activities (such as sports, lessons or religious activities) and students' school experiences (such as suspensions or participation in gifted classes).⁷

◆ Surveys of student engagement have found that female students report higher levels of engagement in school than male students, that higher-income students report higher levels of engagement than low-income students and that White and Asian students report higher levels of engagement than students from other races/ethnicities.⁸

◆ These same surveys have found that there are three main reasons why students attend school -- to get a high school degree and ultimately pursue educational and career goals, to be with their peers and to please their families. Understanding students' motivations for being in school can help schools design the kinds of curricula and programs that keep students engaged.⁹

Public School Enrollment and Demographics

Table 31. Rhode Island Public School Enrollment by Grade and Demographic Groups, October 1, 2011

SCHOOL DISTRICT	ENROLLMENT BY GRADE LEVEL*				ENROLLMENT BY DEMOGRAPHIC GROUPS							TOTAL ENROLLMENT
	PRE-SCHOOL	ELEMENTARY	MIDDLE	HIGH	% LOW-INCOME	% ASIAN PACIFIC ISLANDER	% BLACK	% HISPANIC**	% NATIVE AMERICAN	% MULTI-RACIAL	% WHITE	
Barrington	30	1,460	796	1,143	6%	4%	1%	1%	<1%	2%	92%	3,429
Bristol Warren	52	1,595	776	1,089	34%	1%	2%	4%	<1%	3%	90%	3,512
Burrillville	42	1,131	552	739	33%	1%	2%	3%	<1%	1%	94%	2,464
Central Falls	84	1,352	437	827	86%	<1%	13%	73%	<1%	2%	12%	2,700
Chariho	68	1,425	782	1,217	19%	1%	1%	2%	2%	1%	92%	3,492
Coventry	115	2,093	1,167	1,735	29%	<1%	2%	3%	<1%	1%	95%	5,110
Cranston	22	4,938	2,272	3,451	34%	7%	4%	20%	<1%	3%	65%	10,683
Cumberland	73	2,075	1,060	1,478	22%	2%	2%	8%	<1%	3%	85%	4,686
East Greenwich	26	1,014	574	779	6%	5%	1%	4%	<1%	3%	87%	2,393
East Providence	60	2,546	1,225	1,766	45%	1%	12%	7%	1%	3%	75%	5,597
Exeter-West Greenwich	35	717	437	582	13%	1%	1%	4%	<1%	1%	94%	1,771
Foster	0	284	0	0	19%	0%	1%	1%	<1%	2%	95%	284
Foster-Glocester	0	0	483	751	15%	<1%	<1%	<1%	0%	0%	99%	1,234
Glocester	12	567	0	0	17%	1%	0%	1%	0%	0%	98%	579
Jamestown	33	301	155	4	7%	2%	1%	1%	0%	1%	95%	493
Johnston	44	1,430	728	901	36%	1%	4%	13%	<1%	2%	80%	3,103
Lincoln	87	1,396	754	1,058	27%	1%	2%	5%	<1%	1%	91%	3,295
Little Compton	0	184	110	0	15%	0%	0%	1%	0%	3%	96%	294
Middletown	20	1,107	539	734	27%	4%	6%	9%	<1%	5%	76%	2,400
Narragansett	55	577	316	504	7%	1%	2%	3%	1%	2%	92%	1,452
New Shoreham	0	60	22	32	9%	0%	0%	5%	0%	2%	93%	114
Newport	37	1,011	447	612	56%	1%	20%	20%	2%	8%	50%	2,107
North Kingstown	64	1,748	948	1,604	20%	1%	2%	3%	1%	1%	92%	4,364
North Providence	44	1,492	730	1,008	39%	3%	8%	15%	1%	2%	71%	3,274
North Smithfield	41	749	398	541	15%	2%	1%	5%	<1%	2%	91%	1,729
Pawtucket	79	4,467	1,935	2,288	74%	2%	25%	32%	1%	6%	34%	8,769
Portsmouth	52	1,039	598	1,026	14%	2%	2%	4%	<1%	2%	90%	2,715
Providence	277	11,559	4,767	6,915	81%	5%	19%	63%	1%	3%	9%	23,518
Scituate	20	642	406	480	16%	1%	<1%	1%	<1%	0%	97%	1,548
Smithfield	37	1,002	583	785	13%	1%	2%	3%	<1%	2%	92%	2,407
South Kingstown	99	1,444	869	1,066	18%	2%	2%	3%	2%	3%	87%	3,478
Tiverton	27	813	470	579	24%	1%	1%	1%	0%	0%	97%	1,889
Warwick	154	4,353	2,245	3,225	31%	3%	2%	6%	<1%	2%	87%	9,977
West Warwick	65	1,623	738	1,044	50%	2%	4%	11%	1%	1%	80%	3,470
Westerly	68	1,312	695	996	34%	4%	2%	6%	1%	3%	84%	3,071
Woonsocket	52	2,907	1,279	1,761	70%	6%	10%	28%	1%	4%	51%	5,999
Charter Schools	0	1,947	844	773	66%	2%	13%	50%	1%	3%	31%	3,564
State-Operated Schools	5	22	20	1,702	68%	4%	16%	38%	1%	3%	37%	1,749
UCAP	0	0	141	0	84%	1%	18%	45%	1%	0%	35%	141
Four Core Cities	492	20,285	8,418	11,791	79%	4%	18%	52%	1%	4%	21%	40,986
Remainder of State	1,482	42,128	21,875	30,929	28%	2%	3%	7%	1%	2%	84%	96,414
Rhode Island	1,979	64,382	31,298	45,195	44%	3%	8%	22%	1%	3%	64%	142,854

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Public School Enrollment in preschool through grade 12 as of October 1, 2011.

*Preschool includes students enrolled in half-day or full-day preschool through the public school district (primarily preschool special education classrooms). An additional 108 children were enrolled in Pre-K classrooms in child care and Head Start sites that are part of the State Pre-K Program.

*Elementary includes students in kindergarten through 5th grade, middle includes 6th through 8th grades and high includes 9th through 12th grades.

**Hispanic students can be of any race.

Children are counted as low-income if they are eligible for and enrolled in a Free or Reduced-Price Lunch Program.

State-operated schools include: Metropolitan Regional Career and Technical Center, William M. Davies Jr. Career Technical High School, DCYF and the Rhode Island School for the Deaf. Charter Schools include: Segue Institute for Learning, Blackstone Valley Prep, Highlander, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, Blackstone Academy, The Compass School, Beacon Charter School, The Learning Community, Trinity Academy for the Performing Arts, The Greene School and Rhode Island Nurses Institute Middle College.

UCAP is the Urban Collaborative Accelerated Program.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Students enrolled in state-operated schools, charter schools and UCAP are not counted in totals for the core cities or for the remainder of the state, but they are included in the Rhode Island state totals.

References

¹ Barton, P. E. & Coley, R. J. (2009). *Parsing the achievement gap II*. Princeton, NJ: Educational Testing Service.

^{2,3,4,6} Rhode Island Department of Elementary and Secondary Education, October 1, 2011 and October 1, 2001.

⁵ Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year.

(continued on page 172)

Children Enrolled in Early Intervention

DEFINITION

Children enrolled in Early Intervention is the percentage of children under age three who have an active Individual Family Service Plan through a Rhode Island Early Intervention provider.

SIGNIFICANCE

During the first few years of life, children develop the linguistic, cognitive, emotional, social and behavioral capabilities that are the foundation for subsequent development.¹ The federal *Individuals with Disabilities Education Act (IDEA) Part C* requires states to identify and provide appropriate Early Intervention services to children under age three who are developmentally delayed or have a diagnosed physical or mental condition that is associated with a developmental delay. The type of criteria used to determine eligibility and the level of delay required for eligibility varies by state. In order to receive federal funding under *Part C*, states must ensure that Early Intervention services are available to all eligible children. States may choose to serve children who are at risk of experiencing a substantial delay if early intervention services are not provided.²

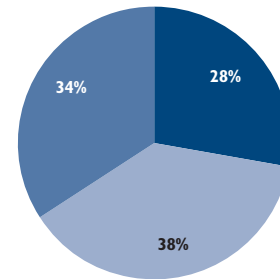
Rhode Island's eligibility criteria for Early Intervention (EI) include children

with a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) and children exhibiting or who have been professionally determined to have a developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional and adaptive). Children also may be eligible for Rhode Island Early Intervention through a "multiple established conditions" category that includes children with a history of biological issues that are highly likely to negatively impact the developing nervous system and/or early life experiences that indicate a high probability for atypical or delayed development.³

Poverty is linked to disabilities and developmental delays. Children living below the federal poverty level have higher participation rates in EI than higher-income children.⁴ Nationally, more than half of the children in EI have two or more risk factors and 20% have four or more risk factors for poor developmental outcomes. The most effective Early Intervention programs combine support for families (e.g., services designed to improve parent-child interactions) with carefully designed services for young children (e.g., physical therapy, speech therapy).⁵

Early Intervention Enrollment,
by Age, Rhode Island, 2011

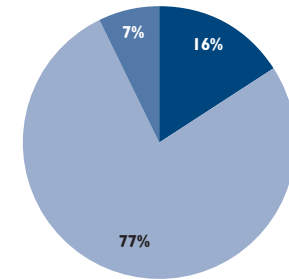
28% Birth – 11 months
38% 12 – 23 months
34% 24 – 35 months



n = 3,883

Early Intervention Enrollment,
by Eligibility, Rhode Island, 2011

16% Single Established Condition
77% Significant Developmental Delay
7% Multiple Established Conditions



Source: Rhode Island Executive Office of Health and Human Services, 2011.

◆ In 2011 in Rhode Island, 3,883 children received Early Intervention (EI) services, 11% of the 33,788 Rhode Island children under age three. Children in the four core cities participated in EI at a slightly higher rate (12%) than children in the remainder of the state (11%). Sixty-four percent of the EI population was male and 36% was female.⁶

◆ In 2011 in Rhode Island, 1,035 children were discharged from EI upon reaching age three. Of these children, 67% were eligible for preschool special education, 20% were not eligible for preschool special education and 10% did not have eligibility determined when exiting. An additional 4% moved out of state, were unreachable, completed their service plan or were withdrawn by a parent or guardian.⁷

◆ Infants and toddlers who have been maltreated are six times more likely to have a developmental delay than the general population.⁸ Federal legislation requires states to refer children who have been involved in a substantiated case of child abuse or neglect and children who have been affected by parental substance abuse to Early Intervention for an eligibility assessment.⁹ In State Fiscal Year 2011, there were 855 children under age three with an indicated investigation of child abuse or neglect. Of these, 364 were referred to an Early Intervention program (43% of indicated cases). In addition, there were 194 children involved in a DCYF investigation (indicated or not indicated) who already were enrolled in Early Intervention.¹⁰

Children Enrolled in Early Intervention

Table 32. Infants and Toddlers Enrolled in Early Intervention (EI), by Eligibility Type, Rhode Island, 2011

CITY/TOWN	# OF CHILDREN UNDER AGE 3	SINGLE ESTABLISHED CONDITION	DEVELOPMENTAL DELAY	MULTIPLE ESTABLISHED CONDITIONS	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED
Barrington	366	6	25	1	32	9%
Bristol	507	18	43	7	68	13%
Burrillville	460	4	40	0	44	10%
Central Falls	1,028	10	92	8	110	11%
Charlestown	186	3	14	0	17	9%
Coventry	940	20	68	7	95	10%
Cranston	2,318	37	161	19	217	9%
Cumberland	970	19	83	1	103	11%
East Greenwich	299	8	35	6	49	16%
East Providence	1,560	29	117	8	154	10%
Exeter	166	2	10	1	13	8%
Foster	113	2	5	0	7	6%
Glocester	247	1	21	1	23	9%
Hopkinton	258	6	21	1	28	11%
Jamestown	85	2	6	0	8	9%
Johnston	816	10	73	5	88	11%
Lincoln	587	6	60	4	70	12%
Little Compton	68	0	6	1	7	10%
Middletown	502	12	40	7	59	12%
Narragansett	271	2	18	2	22	8%
New Shoreham	21	1	4	0	5	24%
Newport	820	18	65	13	96	12%
North Kingstown	728	10	80	6	96	13%
North Providence	851	21	85	4	110	13%
North Smithfield	290	1	23	0	24	8%
Pawtucket	2,959	56	264	17	337	11%
Portsmouth	429	8	27	4	39	9%
Providence	7,609	132	676	68	876	12%
Richmond	235	0	11	0	11	5%
Scituate	193	1	27	0	28	15%
Smithfield	402	7	31	0	38	9%
South Kingstown	640	8	74	10	92	14%
Tiverton	398	13	39	3	55	14%
Warren	296	8	27	3	38	13%
Warwick	2,322	52	216	32	300	13%
West Greenwich	178	2	13	1	16	9%
West Warwick	1,044	34	105	9	148	14%
Westerly	726	15	57	5	77	11%
Woonsocket	1,900	33	233	17	283	15%
Four Core Cities	13,496	231	1,265	110	1,606	12%
Remainder of State	20,292	386	1,730	161	2,277	11%
Rhode Island	33,788	617	2,995	271	3,883	11%

Source of Data for Table/Methodology

Rhode Island Department of Human Services, Center for Child and Family Health, Early Intervention enrollment, calendar year 2011.

The denominator is the number of children under age three, according to Census 2010, Summary File 1.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

¹ Shonkoff, J. P. & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

^{2,5,8} Gebhard, B. (2009). *Early experiences matter: A guide to improved policies for infants and toddlers*. Washington, DC: Zero to Three.

³ Rhode Island Department of Health. (2006). *Children enrolled in Early Intervention*.

⁴ *Why young children enter Early Intervention services*. (2007). Chapel Hill, NC: University of North Carolina, FPG Child Development Institute.

^{6,7} Rhode Island Executive Office of Health and Human Services, 2012.

⁹ Shaw, E. & Goode, S. (2005). *The impact of abuse, neglect and foster care placement on infants, toddlers and young children: Selected resources*. Chapel Hill, NC: University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

¹⁰ Rhode Island Department of Children, Youth and Families, 2012.

Children Enrolled in Early Head Start

DEFINITION

Children enrolled in Early Head Start is the number and percentage of children enrolled in a Rhode Island Early Head Start program.

SIGNIFICANCE

Established in 1994, Early Head Start is a comprehensive early childhood program serving low-income children birth to age three, pregnant women and their families. Early Head Start programs serve children in families with incomes below 130% of the federal poverty guidelines (\$24,817 for a family of three in 2012). Children in families with incomes below the federal poverty line have priority enrollment.^{1,2,3} The federally funded Early Head Start program is designed to address the comprehensive needs of low-income infants and toddlers and pregnant women by promoting healthy birth outcomes, providing high-quality early education, providing nutrition and mental health services, and fostering the development of healthy family relationships.⁴

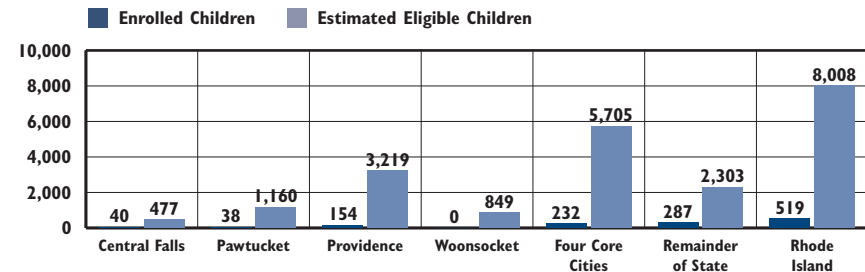
Pregnant women enrolled in Early Head Start are assessed for risks to a successful pregnancy. Individualized plans are developed to support prenatal health, promote healthy behaviors and prepare for the baby's arrival.⁵ After the baby is born, families participate by enrolling in either a center-based program or a home-based program. Home-based programs

use weekly home visits to support child development and twice monthly group meetings. Children in center-based programs attend a center-based early care and education program and families receive twice yearly home visits. Some Early Head Start programs provide a combination of home-based and center-based services for families.⁶ In Rhode Island in 2011, there were 533 federally-funded Early Head Start slots. Of these, 34% were center-based and 66% were home-based.⁷

The National Evaluation of Early Head Start showed that the program produced significant cognitive, language and social-emotional gains in participating children and more positive interactions with their parents. Early Head Start parents provided more emotional support and more opportunities for language and learning to their children than a comparable group of non-participating parents. Early Head Start parents also were more likely to pursue education and job-training activities and to be employed.^{8,9}

As of October 2011, 519 infants and toddlers were receiving Early Head Start services in Rhode Island, approximately 6.5% of the estimated eligible population. In addition, there were 16 pregnant women receiving Early Head Start services designed to improve birth outcomes, maternal health and early childhood development.¹⁰

Access to Early Head Start, Four Core Cities and Rhode Island, 2011



Source: Rhode Island Early Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2011. Estimated eligible children is the number of children under age three according to Census 2010 multiplied by the % of children under age six living in families with incomes below 125% of poverty according to the Population Reference Bureau's analysis of U.S. Census 2006-2010 American Community Survey, 5-year estimates. Estimates for children living in families between 125% and 129% of poverty are not available.

◆ In 2011 in Rhode Island, federal funding for Early Head Start enabled services to be provided to 519 children, approximately 6.5% of the 8,008 income-eligible children ages birth to three and their families and 2% of all children under age three in Rhode Island.¹¹

◆ In October 2011, there were 232 children enrolled in Early Head Start from the four core cities (4% of the estimated income-eligible children) and 287 children from the remainder of the state (12% of the estimated income-eligible children).¹²

◆ The estimated percentage of eligible children enrolled in Early Head Start for each core city is: Central Falls – 8%, Pawtucket – 3%, Providence – 5% and Woonsocket – 0%.¹³

Children with Disabilities Enrolled in Early Head Start

◆ Seventeen percent of the children enrolled in Rhode Island Early Head Start programs are receiving Early Intervention services because they have a developmental delay or disability.¹⁴ Early Head Start programs are required to prioritize enrollment for children with special needs and to screen all enrolled children to identify developmental delays and disabilities.¹⁵

◆ Children completing Early Head Start are less likely to have cognitive and language delays than low-income children who do not receive Early Head Start services.¹⁶

Children Enrolled in Early Head Start

Table 33.

Children Ages Birth to Three Enrolled in Early Head Start, Rhode Island, 2011

CITY/TOWN	# OF CHILDREN UNDER AGE 3	# OF PREGNANT WOMEN ENROLLED IN EARLY HEAD START	# OF CHILDREN ENROLLED IN EARLY HEAD START	% OF CHILDREN ENROLLED IN EARLY HEAD START
Barrington	366	0	1	0%
Bristol	507	0	6	1%
Burrillville	460	0	8	2%
Central Falls	1,028	0	40	4%
Charlestown	186	0	0	0%
Coventry	940	0	20	2%
Cranston	2,318	1	19	1%
Cumberland	970	0	2	0%
East Greenwich	299	0	0	0%
East Providence	1,560	0	17	1%
Exeter	166	0	0	0%
Foster	113	0	0	0%
Gloicester	247	1	1	0%
Hopkinton	258	0	0	0%
Jamestown	85	0	0	0%
Johnston	816	1	18	2%
Lincoln	587	0	0	0%
Little Compton	68	0	0	0%
Middletown	502	0	9	2%
Narragansett	271	0	0	0%
New Shoreham	21	0	0	0%
Newport	820	2	58	7%
North Kingstown	728	0	0	0%
North Providence	851	5	17	2%
North Smithfield	290	0	1	0%
Pawtucket	2,959	0	38	1%
Portsmouth	429	0	3	1%
Providence	7,609	4	154	2%
Richmond	235	0	0	0%
Scituate	193	0	0	0%
Smithfield	402	0	2	0%
South Kingstown	640	0	0	0%
Tiverton	398	0	5	1%
Warren	296	0	7	2%
Warwick	2,322	1	53	2%
West Greenwich	178	0	2	1%
West Warwick	1,044	1	38	4%
Westerly	726	0	0	0%
Woonsocket	1,900	0	0	0%
Four Core Cities	13,496	4	232	2%
Remainder of State	20,292	12	287	1%
Rhode Island	33,788	16	519	2%

Source of Data for Table/Methodology

Rhode Island Early Head Start Programs, children enrolled as of October 2011. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of children under age three in each community is from Census 2010, Summary File 1. It is no longer possible to estimate the number of children eligible for Early Head Start for each city and town in Rhode Island because family income data are no longer collected in the decennial census. The family income estimates available from the American Community Survey have large margins of error and are suppressed for many towns in Rhode Island.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

^{1,6,8} Raikes, H. H., Chazan-Cohen, R., Love, J. M. & Brooks-Gunn, J. (2010). Early Head Start impacts at age 3 and a description of the age 5 follow-up study. In A. J. Reynolds, A. J. Rolnick, M. M. Englund & J. A. Temple (Eds.), *Childhood programs and practices in the first decade of life*. New York: Cambridge University Press.

² *Improving Head Start for School Readiness Act of 2007*, § 42 U.S.C. 9801, § 645 (2007).

³ U.S. Department of Health and Human Services. (2012). Annual update of the HHS poverty guidelines. *Federal Register*, 77(17), 4034-4035.

⁴ Schmit, S. (2011). *Early Head Start participants, programs, families and staff in 2010*. Washington, DC: Center for Law and Social Policy.

⁵ Kanda, M. B. & Askew, G. L. (2004). The whole 9 months and beyond: Early Head Start services for pregnant women. In J. Lombardi & M. M. Bogle (Eds.), *Beacon of hope: The promise of Early Head Start for America's youngest children*. (pp. 63-76). Washington, DC: Zero to Three Press.

^{7,10,11,12,13,14} Rhode Island Early Head Start program reports to Rhode Island KIDS COUNT, October, 2011.

⁹ Child Trends Early Childhood Highlights. (2010). *Early Head Start: Research Findings*, 1(2). Washington, DC: Child Trends.

(continued on page 172)

Licensed Capacity of Early Learning Programs

DEFINITION

Licensed capacity of early learning programs is the number of child care and early learning centers and slots licensed by the Rhode Island Department of Children, Youth and Families for children under age six. Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs. Capacity of licensed early learning programs includes the number of licensed family child care homes and slots.

SIGNIFICANCE

Research indicates that high-quality child care and early learning programs for infants, toddlers and preschoolers can have long-lasting positive effects on how children learn and develop.¹

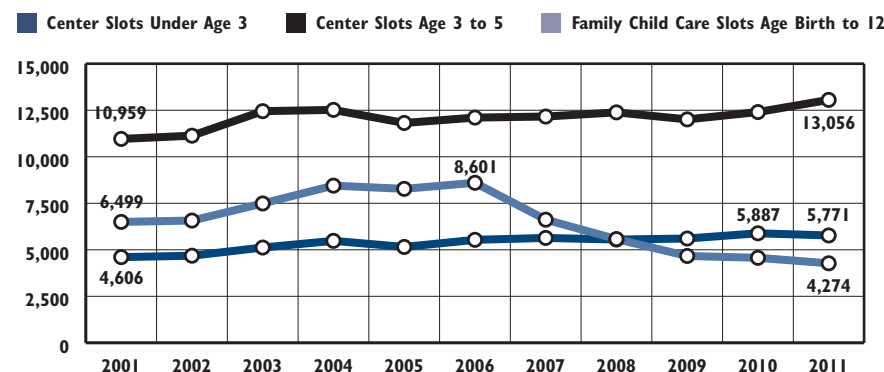
Early and on-going enrollment in child care and early learning programs is common in the United States. Across the U.S., 42% of infants under the age of one and 73% of preschoolers between ages three and five regularly participate in a non-parental early care and education arrangement. Participation in early care and education varies by family income, with 63% of children under age five living in households at or above the poverty line enrolled in child care or early learning programs versus 49% of those in households below the poverty line. Enrollment in center-based programs

increases as children get older, with 28% of infants under age one participating in a center-based program while 78% of preschool-age children (children ages three to five) are enrolled in a center. Children with disabilities can have great difficulty accessing child care and early learning programs despite a federal law requiring that community-based child care and preschool settings include children with disabilities.²

Access to stable, affordable, quality child care is a basic need for many working families and is critical for Rhode Island's economy. When parents have difficulty finding and keeping child care, they are less likely to be absent from work and to leave their jobs.³ Between 2008 and 2010, an estimated 71% of Rhode Island children under age six had all parents in the workforce, higher than the estimated U.S. rate of 64%.⁴

The availability of high-quality child care and early learning programs is dependent on the stability of a skilled teaching workforce. However, there are significant systemic workforce challenges including low compensation, inadequate professional development opportunities and high turnover.⁵ In 2011, Rhode Island established the T.E.A.C.H. Early Childhood program, a comprehensive scholarship model that helps early childhood teachers complete college courses to attain degrees while addressing compensation and turnover issues.⁶

Early Learning Program Capacity, Rhode Island, 2001-2011



Source: Options for Working Parents, slots in licensed child care centers and certified family child care homes, 2001-2006. Rhode Island Department of Children, Youth and Families, slots in licensed child care centers and family child care homes, 2007-2011.

- ◆ The number of licensed center slots for infants and toddlers (children under age three) in Rhode Island increased fairly steadily over the past decade, growing 28% from 4,606 in 2000 to 5,887 in 2010. In 2011, it decreased to 5,771 slots.⁷
- ◆ The number of licensed slots for preschoolers (children ages three to five) has grown 19% between 2001, from 10,959 in 2001 to 13,056 in 2011.⁸
- ◆ The number of licensed family child care slots has declined 50% from a peak high of 8,601 in 2006 to 4,274 in 2011.⁹

Rhode Island State Pre-K Program

- ◆ Rhode Island launched a State Pre-K program in 2009 with seven classrooms in four urban communities. The State Pre-K program is operated by a diverse group of providers and is one of only five Pre-K programs in the nation that meets all recommended quality benchmarks. The program is included in the state's education funding formula which will support statewide expansion, starting first with low-income communities.¹⁰

Licensed Capacity of Early Learning Programs

Table 34.

Capacity of Licensed Early Learning Programs, Rhode Island, December 2011

CITY/TOWN	# OF LICENSED CENTERS	# OF CENTER SLOTS FOR CHILDREN < AGE 3	# OF CENTER SLOTS FOR CHILDREN AGES 3-5	# OF LICENSED FAMILY CHILD CARE HOMES	# OF LICENSED FAMILY CHILD CARE HOME SLOTS*	TOTAL LICENSED EARLY LEARNING PROGRAM SLOTS
Barrington	11	134	392	4	26	552
Bristol	5	44	98	4	23	165
Burrillville	3	28	114	3	20	162
Central Falls	3	101	184	19	119	404
Charlestown	4	13	74	3	20	107
Coventry	6	82	236	11	70	388
Cranston	30	529	1,168	52	341	2,038
Cumberland	8	115	347	11	87	549
East Greenwich	13	313	641	1	8	962
East Providence	16	160	624	9	64	848
Exeter	2	28	63	1	8	99
Foster	1	17	25	1	6	48
Glocester	3	60	100	1	6	166
Hopkinton	2	0	40	3	24	64
Jamestown	1	31	33	1	8	72
Johnston	16	264	366	9	67	697
Lincoln	5	139	246	3	20	405
Little Compton	0	0	0	1	6	6
Middletown	11	217	550	5	36	803
Narragansett	1	0	18	0	0	18
New Shoreham	1	12	22	0	0	34
Newport	4	63	206	3	31	300
North Kingstown	7	118	329	4	28	475
North Providence	9	130	246	11	69	445
North Smithfield	1	93	94	3	32	219
Pawtucket	17	338	739	48	313	1,390
Portsmouth	6	90	148	0	0	238
Providence	47	899	1,914	376	2,482	5,295
Richmond	1	0	10	3	28	38
Scituate	1	12	44	5	39	95
Smithfield	9	277	472	2	13	762
South Kingstown	10	217	484	5	36	737
Tiverton	3	25	135	6	39	199
Warren	4	55	197	1	8	260
Warwick	25	698	1,412	13	90	2,200
West Greenwich	1	0	28	0	0	28
West Warwick	5	136	322	5	34	492
Westerly	6	134	328	2	11	473
Woonsocket	11	199	607	10	62	868
Four Core Cities	78	1,537	3,444	453	2,976	7,957
Remainder of State	231	4,234	9,612	186	1,298	15,144
Rhode Island	309	5,771	13,056	639	4,274	23,101

Source of Data for Table/Methodology

Rhode Island Department of Children, Youth and Families, number of licensed child care center slots and programs for children under age six and number of licensed family child care homes and slots, December 2011. Only full-day and morning slots are counted for center-based care.

Licensed centers include child care programs, preschools, nursery schools, and center-based Head Start and Early Head Start programs. Capacity of licensed early learning programs includes the number of licensed family child care homes and slots.

*Family child care slots are for children birth to 12 years old.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

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Quality Early Learning Programs

DEFINITION

Quality early learning programs is the percentage of licensed early learning centers and family child care homes in Rhode Island that are participating in BrightStars, Rhode Island's Quality Rating and Improvement System for child care and early learning programs.

SIGNIFICANCE

Research on early care and education reveals a strong relationship between program quality and children's developing skills and well-being. Children who attend high-quality programs score higher on tests of language and cognitive skills and demonstrate stronger social and emotional development than children who attend low-quality programs.^{1,2,3} Programs across the U.S. and in Rhode Island vary markedly in quality -- ranging from rich learning experiences to mediocre, custodial care.^{4,5,6}

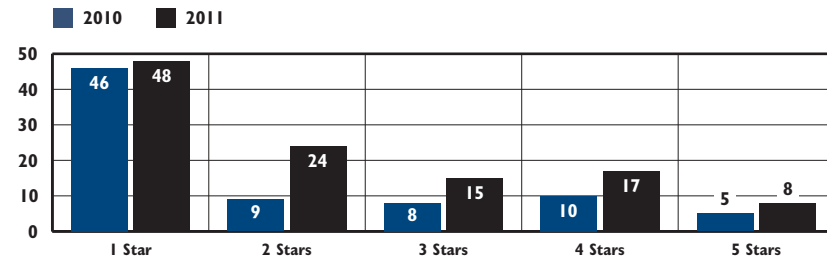
High-quality early care and education is characterized by smaller numbers of children in a classroom or group, fewer children per adult, skilled staff, a language-rich environment with stimulating curricula, warm, nurturing and dependable relationships between staff and children and a safe environment.⁷ The development and retention of a highly qualified and appropriately compensated workforce for early childhood programs is critical

to improve program quality.⁸

Quality Rating and Improvement Systems (QRIS) are becoming an increasingly common strategy used by states to measure, improve and incentivize program quality. QRIS incorporate five components: (1) quality standards with incremental steps for programs, (2) a process to assess program quality, (3) strategies to support quality improvement, (4) financial incentives for programs and (5) a system to share program quality information with parents and the public. Studies have shown that, over time, state QRIS can improve the quality of care available.^{9,10} Many states provide financial incentives to encourage and support achievement of quality standards. Incentives include setting subsidy payments at higher rates for higher quality care and providing tax credits linked to quality ratings.¹¹

BrightStars, Rhode Island's statewide Quality Rating and Improvement System (QRIS), was launched in 2009 with voluntary quality ratings for licensed child care centers, preschools and family child care homes. Programs participating in BrightStars receive a star rating and develop a quality improvement plan across six quality domains: (1) child's daily experience, (2) teaching and learning, (3) staff-child ratio and group size, (4) family communication and engagement, (5) staff qualifications and (6) program management.¹²

Quality Ratings of Early Learning Programs Participating in BrightStars, Rhode Island, 2010 and 2011



Source: Rhode Island Association for the Education of Young Children.

◆ As of January 2012, there were 112 early care and education programs participating in BrightStars, including 37 centers and 75 family child care homes. In 2011, BrightStars awarded star rating increases to 25 programs that made significant quality improvements; this represents 35% of all programs eligible for an increased star rating.¹³

◆ In December 2011, Rhode Island was awarded a four-year, \$50 million Race to the Top-Early Learning Challenge grant. A portion of the funding will expand BrightStars to include all licensed early learning programs and public schools serving preschoolers. Grant resources will be used to help programs achieve quality benchmarks.

◆ A 2009 study of the quality of licensed child care centers and preschools in Rhode Island found that 74% of infant/toddler classrooms and 86% of preschool classrooms were providing a medium level of quality, while 10% of preschool and 6% of infant/toddler classrooms were delivering a high quality learning program. Low-quality care was more common for infants and toddlers (20% of classrooms) than for preschoolers (4% of classrooms).¹⁴ A 2010 study of the quality of licensed family child care homes in Rhode Island found that 64% were providing low quality care and 36% were providing medium quality care.¹⁵

Program Accreditation

◆ National accreditation is a marker for high-quality early care and education.^{16,17} As of January 2012, there were 28 state licensed centers, seven public schools and one center operated by the U.S. Navy in Rhode Island accredited by the National Association for the Education of Young Children.¹⁸ In January 2012, there was one licensed family child care home in Rhode Island accredited by the National Association for Family Child Care.¹⁹

Quality Early Learning Programs

Table 35.

Measuring Quality in Early Learning Programs, Rhode Island, January 2012

CITY/TOWN	CHILD CARE CENTERS AND PRESCHOOLS			FAMILY CHILD CARE HOMES		
	NUMBER	PARTICIPATING IN BRIGHTSTARS	% IN BRIGHTSTARS	NUMBER	PARTICIPATING IN BRIGHTSTARS	% IN BRIGHTSTARS
Barrington	11	2	18%	4	0	0%
Bristol	5	0	0%	4	0	0%
Burrillville	3	0	0%	3	0	0%
Central Falls	3	1	33%	19	3	16%
Charlestown	4	0	0%	3	0	0%
Coventry	6	2	33%	11	1	9%
Cranston	30	1	3%	52	4	8%
Cumberland	8	1	13%	11	1	9%
East Greenwich	13	1	8%	1	0	0%
East Providence	16	0	0%	9	0	0%
Exeter	2	0	0%	1	0	0%
Foster	1	0	0%	1	0	0%
Glocester	3	0	0%	1	0	0%
Hopkinton	2	0	0%	3	1	33%
Jamestown	1	0	0%	1	0	0%
Johnston	16	1	6%	9	1	11%
Lincoln	5	1	20%	3	0	0%
Little Compton	0	0	NA	1	0	0%
Middletown	11	0	0%	5	0	0%
Narragansett	1	0	0%	0	0	NA
New Shoreham	1	0	0%	0	0	NA
Newport	4	0	0%	3	0	0%
North Kingstown	7	1	14%	4	0	0%
North Providence	9	2	22%	11	2	18%
North Smithfield	1	0	0%	3	1	33%
Pawtucket	17	3	18%	48	5	10%
Portsmouth	6	0	0%	0	0	NA
Providence	47	12	26%	376	53	14%
Richmond	1	0	0%	3	0	0%
Scituate	1	0	0%	5	0	0%
Smithfield	9	0	0%	2	0	0%
South Kingstown	10	0	0%	5	0	0%
Tiverton	3	0	0%	6	0	0%
Warren	4	0	0%	1	1	100%
Warwick	25	3	12%	13	0	0%
West Greenwich	1	0	0%	0	0	NA
West Warwick	5	1	20%	5	0	0%
Westerly	6	1	17%	2	0	0%
Woonsocket	11	4	36%	10	2	20%
Four Core Cities	78	20	26%	453	63	14%
Remainder of State	231	17	7%	186	12	6%
Rhode Island	309	37	12%	639	75	12%

Source of Data for Table/Methodology

Data on the number of licensed early learning programs and family child care homes are from the Rhode Island Department of Children, Youth and Families, January 2012. Number of programs participating in BrightStars is from the Rhode Island Association for the Education of Young Children, January 2012.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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(continued on page 172)

Children Enrolled in Head Start

DEFINITION

Children enrolled in Head Start is the number and percentage of children enrolled in a Rhode Island Head Start preschool program.

SIGNIFICANCE

Head Start is a federally-funded comprehensive early childhood program for low-income preschool children and their families. It is designed to address a wide variety of needs during the two years before kindergarten so that low-income children can begin school on a more equal footing with their more economically advantaged peers.¹ Head Start programs deliver early education, medical and dental screenings and referrals, nutritional services, mental health services, parental involvement activities and social service referrals for the whole family.²

Family income is strongly correlated with children's cognitive and social skills at school entry. Before kindergarten entry, children in the highest socio-economic group have cognitive test scores that are 60% higher than the average scores of children in the lowest socio-economic group. Children in families with incomes below the federal poverty threshold are typically 18 months behind their peers at age four.³

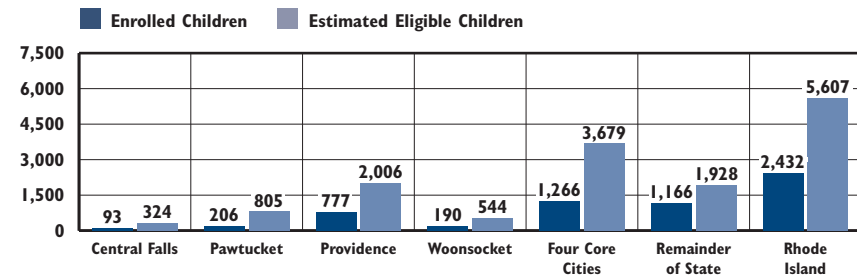
On average, Head Start centers are higher quality than most other early

care and education programs available to low-income parents.⁴ Head Start also has been found to be more effective than many other early learning programs.⁵ Children who participate in Head Start show improvements in language and literacy skills as well as behavior.⁶ Researchers have found lasting impacts in reduced grade retention and special education placement and increased high school graduation rates.⁷

Some experts believe that Head Start could produce even greater gains for disadvantaged children if Head Start teachers were better prepared and better paid.⁸ In 2010-2011 in Rhode Island, 59% of preschool classroom Head Start teachers had a bachelor's degree or higher and the average Head Start teacher salary was \$28,337.^{9,10}

For the 2011-2012 school year there were 2,433 Head Start slots in Rhode Island, with 2,303 federally-funded slots and 130 state-funded slots. A total of 2,432 children were enrolled. Rhode Island Head Start providers served 280 preschool children with developmental delays or disabilities, 12% of all children enrolled. There are seven agencies that provide Head Start services in Rhode Island, serving every city and town.¹¹

Access to Head Start, Four Core Cities and Rhode Island, 2011

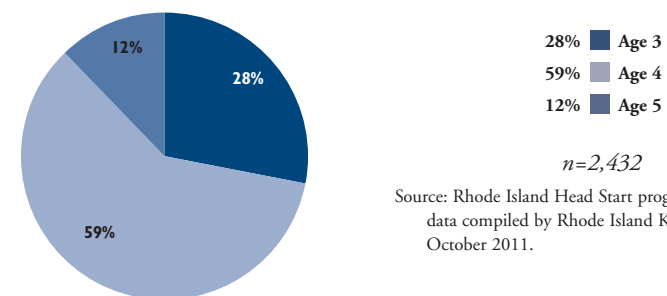


Source: Rhode Island Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2011.
Estimated eligible children is the number of children ages three and four according to Census 2010 multiplied by the % of children under age six living in families with incomes below 125% of poverty according to the Population Reference Bureau's analysis of U.S. Census 2006-2010 American Community Survey, five-year estimates. Estimates for children living in families between 125% and 129% of poverty are not available.

◆ Head Start is not funded at a level to serve all eligible children and most Rhode Island Head Start programs maintain active waiting lists of eligible children. In October 2011, Rhode Island Head Start programs served 2,432 children, 43% of the estimated 5,607 eligible children and 10% of all children ages three and four.¹²

◆ In the four core cities, 34% of the estimated eligible children were enrolled in Head Start, compared with 60% in the remainder of the state. The estimated percentage of eligible children enrolled in Head Start for each core city is: Central Falls – 29%, Pawtucket – 26%, Providence – 39% and Woonsocket – 35%.¹³

Children Enrolled in Head Start by Age, Rhode Island, 2011



Source: Rhode Island Head Start program enrollment data compiled by Rhode Island KIDS COUNT, October 2011.

Children Enrolled in Head Start

Table 36.

Children Enrolled in Head Start, Rhode Island, 2011

CITY/TOWN	# OF CHILDREN AGES 3 & 4	# OF CHILDREN ENROLLED IN HEAD START	% OF CHILDREN ENROLLED IN HEAD START
Barrington	369	3	1%
Bristol	401	25	6%
Burrillville	321	16	5%
Central Falls	699	93	13%
Charlestown	153	7	5%
Coventry	734	34	5%
Cranston	1,684	206	12%
Cumberland	810	4	0%
East Greenwich	277	1	0%
East Providence	982	121	12%
Exeter	105	5	5%
Foster	99	0	0%
Gloicester	191	3	2%
Hopkinton	167	1	1%
Jamestown	102	1	1%
Johnston	528	49	9%
Lincoln	412	1	0%
Little Compton	49	1	2%
Middletown	431	35	8%
Narragansett	210	11	5%
New Shoreham	15	0	0%
Newport	514	119	23%
North Kingstown	593	32	5%
North Providence	575	63	11%
North Smithfield	218	3	1%
Pawtucket	2,053	206	10%
Portsmouth	359	9	3%
Providence	4,743	777	16%
Richmond	190	5	3%
Scituate	197	1	1%
Smithfield	343	7	2%
South Kingstown	504	27	5%
Tiverton	287	17	6%
Warren	240	32	13%
Warwick	1,579	132	8%
West Greenwich	115	2	2%
West Warwick	703	130	18%
Westerly	490	63	13%
Woonsocket	1,218	190	16%
Four Core Cities	8,713	1,266	15%
Remainder of State	14,947	1,166	8%
Rhode Island	23,660	2,432	10%

Source of Data for Table/Methodology

Rhode Island Head Start Programs, all children enrolled (ages three to five) as of October 2011. Children enrolled are listed by residence of child, not location of the Head Start program.

The estimated number of children ages three and four in each community is from Census 2010, Summary File 1. It is no longer possible to estimate the number of children eligible for Head Start for each city and town in Rhode Island because family income data is no longer collected in the decennial census. The family income estimates available from the American Community Survey have large margins of error and are suppressed for many towns in Rhode Island.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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- ^{11,12,13} Rhode Island Head Start Program reports to Rhode Island KIDS COUNT, October 2011.

Full-Day Kindergarten

DEFINITION

Full-day kindergarten is the percentage of public school children enrolled in full-day kindergarten programs on October 1. Full-day kindergarten is defined as kindergarten programs that operate for at least six hours per day. Children enrolled in private kindergarten programs or in half-day kindergarten programs that offer after-school child care are not included.

SIGNIFICANCE

Children benefit academically from participating in full-day kindergarten. Children in full-day kindergarten make significant gains in early reading, math and social skills as compared with children in half-day kindergarten. Full-day kindergarten also can reduce grade retention and remediation rates and can be especially beneficial for children who are English Language Learners. One study found that participation in full-day, high-quality kindergarten can close the achievement gap between the highest and lowest performing students by nearly one-third in reading and one-fourth in math.^{1,2,3}

With an estimated 74% of four-year-olds in the U.S. enrolled in some type of preschool program, kindergarten no longer serves as the entry-point to formal, full-day school

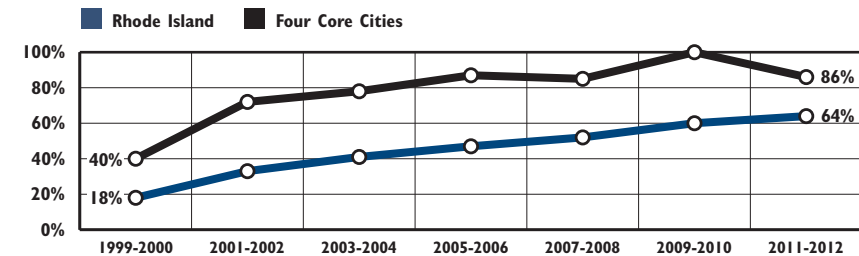
for most young children.⁴ Many parents favor full-day kindergarten as it provides continuity for children who already are accustomed to full-day preschool experiences and it reduces the number of transitions and disruptions their child experiences each day.⁵ Also, teachers in full-day kindergarten programs have more time to provide meaningful learning opportunities that encourage cognitive, physical and social-emotional development.^{6,7}

Nationally, enrollment in full-day kindergarten has been increasing steadily over the past 30 years. In 1979, 25% of kindergartners were in full-day programs.⁸ In 2009, 74% of the nation's kindergartners were enrolled in full-day programs.⁹

Across the U.S., twelve states require all school districts to offer full-day kindergarten and two states require children to attend full-day kindergarten before entering first grade.¹⁰

In Rhode Island in the 2011-2012 school year, 64% of the children who attended public kindergarten were in a full-day program, with 86% of students in the four core cities and 50% of students in the remainder of the state attending full-day kindergarten.¹¹

Children in Full-Day Public Kindergarten Programs, Four Core Cities and Rhode Island, 1999-2000 through 2011-2012 School Years



Source: Rhode Island Department of Elementary and Secondary Education, kindergarten enrollment October 1, 1999 – October 1, 2011.

- ◆ In the 2011-2012 school year, 64% of Rhode Island kindergartners were in full-day kindergarten, a major increase since 1999-2000, when only 18% of kindergarten students were in full-day programs.
- ◆ In the 2011-2012 school year, 86% of public school kindergarten students in the four core cities were enrolled in full-day programs. This is a decline from 100% participation in full-day kindergarten among students in the four core cities in the 2009-2010 school year.¹² Due to budget issues, the Woonsocket School District eliminated all but one full-day kindergarten classroom in 2010-2011.
- ◆ During the 2011-2012 school year, 19 school districts offered universal access to full-day kindergarten programs and another six school districts operated at least one full-day kindergarten classroom. All of the independent charter schools in Rhode Island that offer kindergarten run full-day programs.¹³

Academic Progress in Full-Day Kindergarten

- ◆ According to the National Center for Education Statistics, 68% of full-day kindergarten classes spend more than one hour per day on reading instruction, compared to 37% of half-day classes. Full-day kindergarten classes are more likely than half-day classes to spend time every day on math, social studies and science.¹⁴
- ◆ Nationally, children in full-day kindergarten classes make greater academic gains in both reading and mathematics compared to those in half-day classes.¹⁵

Full-Day Kindergarten

Table 37. Children Enrolled in Full-Day Kindergarten Programs, Rhode Island, 1999-2000 and 2011-2012

SCHOOL DISTRICT	1999-2000 SCHOOL YEAR			2011-2012 SCHOOL YEAR		
	TOTAL CHILDREN IN K PROGRAMS	CHILDREN IN FULL-DAY K	% OF CHILDREN IN FULL-DAY K	TOTAL CHILDREN IN K PROGRAMS	CHILDREN IN FULL-DAY K	% OF CHILDREN IN FULL-DAY K
Barrington	214	0	0%	178	0	0%
Bristol Warren*	255	0	0%	296	296	100%
Burrillville*	164	0	0%	164	164	100%
Central Falls*	250	44	18%	213	212	100%
Chariho*	292	0	0%	219	219	100%
Coventry	381	0	0%	270	0	0%
Cranston	737	0	0%	761	5	<1%
Cumberland	373	0	0%	256	6	2%
East Greenwich*	165	0	0%	120	23	19%
East Providence*	443	0	0%	439	439	100%
Exeter-West Greenwich	129	0	0%	94	0	0%
Foster	55	0	0%	34	0	0%
Glocester	124	0	0%	85	1	1%
Jamestown*	59	0	0%	39	39	100%
Johnston*	241	0	0%	205	26	13%
Lincoln*	232	0	0%	202	202	100%
Little Compton*	38	0	0%	28	28	100%
Middletown*	258	211	82%	186	186	100%
Narragansett*	125	0	0%	96	96	100%
New Shoreham*	8	8	100%	7	7	100%
Newport*	225	206	92%	173	173	100%
North Kingstown*	313	0	0%	255	60	24%
North Providence*	211	0	0%	286	286	100%
North Smithfield*	122	55	45%	107	107	100%
Pawtucket*	788	0	0%	781	781	100%
Portsmouth	214	0	0%	125	0	0%
Providence*	2,117	1,431	68%	1,956	1,956	100%
Scituate	107	0	0%	71	0	0%
Smithfield*	177	0	0%	134	14	10%
South Kingstown*	278	0	0%	224	224	100%
Tiverton	144	0	0%	113	0	0%
Warwick*	766	29	4%	630	62	10%
West Warwick*	260	0	0%	281	281	100%
Westerly*	282	10	4%	227	227	100%
Woonsocket*	522	0	0%	505	22	4%
Charter Schools	NA	NA	NA	400	400	100%
State-Operated Schools	NA	NA	NA	4	4	100%
Four Core Cities	3,677	1,475	40%	3,455	2,971	86%
Remainder of State	7,392	519	7%	6,305	3,171	50%
Rhode Island	11,069	1,994	18%	10,164	6,546	64%

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, October 1, 1999 and October 1, 2011.

*District operated at least one full-day kindergarten classroom during the 2011-2012 school year.

Some districts that do not have full-day kindergarten classrooms may report children who are enrolled in full-day kindergarten due to their special needs.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter schools included in this indicator are Blackstone Valley Prep, Highlander Charter School, Paul Cuffee Charter School, Kingston Hill Academy, International Charter School, The Compass School and The Learning Community. The state-operated school is the Rhode Island School for the Deaf.

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(continued on page 173)

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 (\$3,600 - \$18,200 per child per year) puts quality care out of reach for many low-income families.¹

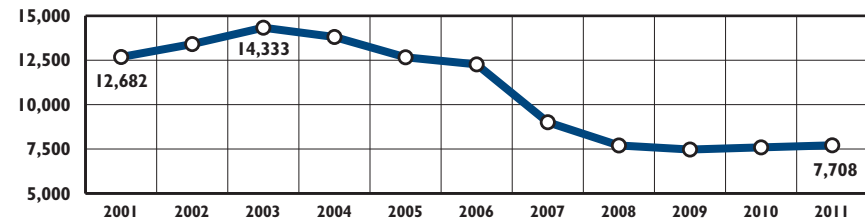
In Rhode Island, the average cost of full-time child care for an infant in a child care center consumes 45% of the median single-parent family income and 13% of the median two-parent family income. The average cost of child care for two children (an infant and a preschooler) in Rhode Island is almost twice as much as the state's median annual rent.² Using the federal affordability guideline that families should spend no more than 10% of their gross income on child care, a Rhode Island family would need to earn approximately \$95,000 annually to afford the average cost for a three-year-old at a licensed center (\$9,491).^{3,4}

Use of child care subsidies increases the likelihood that low-income parents are able to work. Subsidies reduce the likelihood that parents who previously received cash assistance payments do so again and increase the range of child care options that low-income families can afford. Families who use child care subsidies have higher rates of maternal employment, more stable employment and higher wages than do poor families who do not use child care subsidies.^{5,6}

In 1996, Rhode Island established an entitlement to child care assistance for families with incomes up to 185% of the federal poverty level (FPL) as a key component of welfare reform. In 1998, eligibility was expanded to families with incomes up to 225% FPL, children ages 13-15 were added and rates paid to child care providers were to be adjusted biennially in order to improve access to high-quality child care.⁷ In 2007, eligibility for child care subsidies was reduced to 180% FPL (\$34,362 for a family of three in 2012) and eligibility for children ages 13-15 was eliminated.^{8,9}

Nationally, many families lose access to child care subsidies after a short period of time (a median of three to seven months) and then return to the subsidy program. Access and continuity of care can be improved by simplifying application and renewal processes and lengthening redetermination periods.¹⁰

Child Care Subsidies, Rhode Island, 2001-2011



Source: Rhode Island Department of Human Services, December 2001 – December 2011.

- ◆ In December 2011, there were 7,708 child care subsidies in Rhode Island, up from 7,592 in December 2010. Since peaking in 2003, there has been a 46% decrease in the number of child care subsidies.¹¹ In September 2007, the state cut income eligibility for the Child Care Assistance Program from 225% FPL to 180% FPL, increased family co-payments and eliminated eligibility for children ages 13 to 15, which has resulted in fewer families qualifying for subsidies.¹²
- ◆ In 2011 in Rhode Island, 72% of child care subsidies were for care in a licensed child care center, 27% were for care by a licensed family child care home or group family child care home, and 1% were for care by a non-licensed relative, friend or neighbor.¹³
- ◆ In December 2011, 80% of all child care subsidies in Rhode Island were being used by low-income working families not receiving cash assistance and 13% were used by families enrolled in the Rhode Island Works Program who were engaged in employment activities. Another 8% of child care subsidies were being used for children in the care of the Rhode Island Department of Children, Youth and Families.¹⁴

2011 Average Annual Cost for Full-Time Child Care, Rhode Island, 2011

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	\$11,651
Child Care Center (preschool care)	\$9,491
Family Child Care Home (preschool care)	\$8,545
School-Age Center-Based Program (child age 6 - 12)	\$7,068

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2011). *Statewide survey of childcare rates in Rhode Island*. Kingston, RI: University of Rhode Island.

Children Receiving Child Care Subsidies

Table 38.

Child Care Subsidies, Rhode Island, December 2011

CITY/TOWN	SUBSIDY USE BY CHILD RESIDENCE			SUBSIDY USE BY PROGRAM LOCATION			
	ENROLLED IN RI WORKS	NOT ENROLLED IN RI WORKS	TOTAL CHILD CARE SUBSIDIES	UNDER AGE 3	AGES 3-5	AGES 6-12	TOTAL CHILD CARE SUBSIDIES
Barrington	1	12	13	7	11	11	29
Bristol	2	45	47	5	13	14	32
Burrillville	1	31	32	19	31	23	73
Central Falls	40	325	365	70	111	129	310
Charlestown	2	5	7	0	1	0	1
Coventry	8	98	106	27	42	48	117
Cranston	45	402	447	136	221	199	556
Cumberland	3	95	98	23	30	43	96
East Greenwich	0	19	19	18	34	18	70
East Providence	23	246	269	70	107	140	317
Exeter	1	13	14	4	9	6	19
Foster	0	7	7	2	6	2	10
Glocester	1	4	5	10	9	4	23
Hopkinton	0	15	15	1	3	6	10
Jamestown	2	0	2	1	4	0	5
Johnston	9	107	116	52	73	59	184
Lincoln	1	67	68	27	67	33	127
Little Compton	1	4	5	0	0	0	0
Middletown	12	54	66	69	56	23	148
Narragansett	2	39	41	0	1	4	5
New Shoreham	0	0	0	0	0	0	0
Newport	73	177	250	52	79	78	209
North Kingstown	8	93	101	33	53	41	127
North Providence	12	92	104	24	40	29	93
North Smithfield	2	11	13	26	30	5	61
Pawtucket	78	698	776	165	297	326	788
Portsmouth	2	28	30	10	11	14	35
Providence	477	2,499	2,976	716	1,044	1,212	2,972
Richmond	0	6	6	1	1	1	3
Scituate	1	16	17	0	3	2	5
Smithfield	2	23	25	19	42	13	74
South Kingstown	4	38	42	18	33	14	65
Tiverton	2	24	26	5	7	5	17
Warren	1	38	39	2	7	10	19
Warwick	35	206	241	108	155	123	386
West Greenwich	2	3	5	0	1	0	1
West Warwick	20	181	201	39	72	64	175
Westerly	6	59	65	20	46	14	80
Woonsocket	100	389	489	99	154	186	439
DCYF	NA	NA	601	NA	NA	NA	NA
Out-Of-State	NA	NA	NA	10	12	5	27
Four Core Cities	695	3,911	4,606	1,050	1,606	1,853	4,509
Remainder of State	284	2,258	2,542	828	1,298	1,046	3,172
Rhode Island	979	6,169	7,749	1,888	2,916	2,904	7,708

Source of Data for Table/Methodology

Rhode Island Department of Human Services, InRhodes Database, December 2011.

RI Works is Rhode Island's cash assistance program (formerly known as the Family Independence Program).

DCYF is the number of children in the care of the Department of Children, Youth and Families who are receiving child care subsidies.

Out-of-State is Rhode Island resident children who attend child care located outside of Rhode Island; they are included in the total count for Rhode Island.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

NA = Not applicable

Subsidy data by age of child are reported by the location of the program. Total subsidy use numbers by child residence and total subsidy use numbers by program location do not match because children may be enrolled in more than one program and the InRhodes database is a live system and reports run on different days can have slight variation.

The average annual cost for full-time child care was determined by multiplying the average weekly tuition rate by 52 weeks (for infants and preschoolers). For school-age children, the annual cost was determined by multiplying the average weekly tuition for before and after school care by 39 weeks and adding three weeks of average school vacation tuition and 10 weeks of average summer vacation tuition.

References

¹ Schulman, K. & Blank, H. (2011). *State child care assistance policies 2011: Reduced support for families in challenging times*. Washington, DC: National Women's Law Center.

² *Parents and the high price of child care: 2011 report*. (2011). Arlington, VA: National Association of Child Care Resource and Referral Agencies.

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Out-of-School Time

DEFINITION

Out-of-school time is the number of children participating in organized after-school programs. This indicator presents data on the number of licensed after-school child care programs and slots for children ages six and older as well as available data on children served by after-school programs that do not require state licensing.

SIGNIFICANCE

High-quality, organized after-school and summer programs promote academic and social skills, provide opportunities for children and youth to develop positive relationships with peers and adult mentors, increase children's safety and reduce the likelihood that youth engage in inappropriate activities. Children who participate in organized after-school programs and extracurricular activities benefit socially, emotionally and academically. Participation can improve children's academic performance, homework completion, behavior and work habits, while reducing the need for disciplinary actions.^{1,2,3}

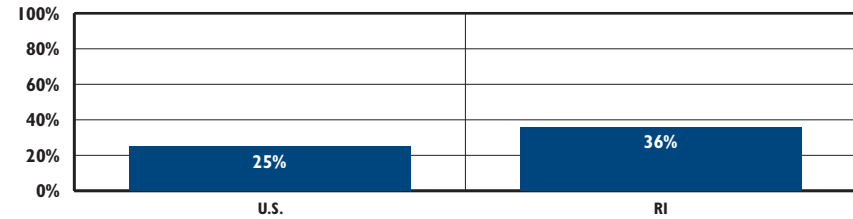
The gap between parents' work schedules and students' school schedules amounts to 15-25 hours per week during the school year.⁴ Families often patch together different arrangements to cover the hours before and after school and the days during school vacations

and summer break.⁵ Between 2008 and 2010, an estimated 74% of Rhode Island children ages six to 17 had all resident parents in the workforce, higher than the U.S. average of 72%.⁶

Nationally, 57% of children ages five to 14 with employed mothers stay with a relative during the hours when they are not in school, while 17% regularly participate in enrichment activities (sports, lessons, clubs, etc.) and 16% are in organized child care. Seventeen percent of children regularly stay at home by themselves (ranging from 1% of five- and six-year-olds to 39% of 14-year-olds). Nineteen percent of families of school-age children report using multiple arrangements for children's out-of-school time care.⁷

After-school programs can be effective at building critical personal, social and academic skills. Effective programs clearly specify the skills they are seeking to build, offer activities that are coordinated and sequenced to build those skills, devote adequate time to skill development and require active involvement of participants.⁸ Out-of-school time programs are most likely to improve student achievement when they use formal and informal assessments of children to inform instruction, tutor children one-on-one or in small groups and provide on-going professional development and instructional support to staff.⁹

School-Age Children Participating in Summer Learning Programs, Rhode Island and U.S., 2008



Source: *America after 3PM special report on summer: Missed opportunities, unmet demand*. (2010). Washington, DC: Afterschool Alliance. Retrieved February 27, 2012, from www.afterschoolalliance.org

- ◆ Summer learning loss contributes to the achievement gap between children from low-income families and their peers.¹⁰ Students lose math and reading skills when they are not engaged in enriching summer activities. Summer learning losses, when compounded each year, account for a large portion of the achievement gap between lower-income and higher-income students.¹¹
- ◆ A 2009 poll found that 75% of U.S. students and 64% of Rhode Island students did not participate in summer learning programs that offer a variety of activities designed to encourage learning and development. In Rhode Island, 81% of parents support public funding for summer learning programs serving communities that currently offer few opportunities for children and youth.¹²
- ◆ The federal 21st Century Community Learning Centers initiative provides funding for after-school programs serving students attending high-poverty, low-performing schools.¹³ In the 2011-2012 school year, 21st Century programs are serving 14,876 Rhode Island students in eight communities.¹⁴
- ◆ The Providence After School Alliance (PASA) serves 1,600 Providence middle school youth annually in expanded learning programs using funds from 21st Century Community Learning Centers, combined with funding from other sources. Approximately 50% of students now attend PASA programs four days per week, up from one or two days per week in the past.¹⁵

Table 39. Licensed School-Age Child Care for Children Ages Six to 12, Rhode Island, 2011

CITY/TOWN	NUMBER OF CHILDREN AGES 6 TO 12	NUMBER OF LICENSED PROGRAMS		TOTAL NUMBER OF SLOTS
		OPERATED AS PART OF AN EARLY CHILDHOOD CENTER	OPERATED INDEPENDENTLY	
Barrington	2,038	4	1	180
Bristol	1,421	1	3	162
Burrillville	1,456	1	2	213
Central Falls	2,045	2	1	327
Charlestown	616	0	1	26
Coventry	3,142	3	4	275
Cranston	6,331	12	5	581
Cumberland	2,976	0	5	310
East Greenwich	1,482	4	1	153
East Providence	3,395	5	8	619
Exeter	480	2	1	74
Foster	369	1	0	18
Glocester	809	1	0	23
Hopkinton	741	0	1	52
Jamestown	429	0	1	51
Johnston	2,119	7	0	96
Lincoln	1,900	2	6	501
Little Compton	299	0	1	26
Middletown	1,442	3	3	349
Narragansett	856	0	1	60
New Shoreham	73	0	0	0
Newport	1,399	2	3	200
North Kingstown	2,581	3	2	168
North Providence	2,073	1	4	313
North Smithfield	1,002	1	1	149
Pawtucket	6,015	7	4	766
Portsmouth	1,622	2	1	134
Providence	15,342	16	17	2,923
Richmond	777	0	1	52
Scituate	935	1	0	29
Smithfield	1,445	6	1	211
South Kingstown	2,199	1	1	89
Tiverton	1,201	1	1	95
Warren	770	1	1	102
Warwick	6,195	8	6	717
West Greenwich	624	0	0	0
West Warwick	2,155	3	4	346
Westerly	1,850	2	1	131
Woonsocket	3,653	1	8	540
Four Core Cities	27,055	26	30	4,556
Remainder of State	59,202	78	71	6,505
Rhode Island	86,257	104	101	11,061

School-Age Child Care in Rhode Island

◆ In 2011 in Rhode Island, there were 11,061 licensed school-age child care slots in 205 programs. Of these, 104 were operated as part of a licensed early childhood center and 101 were operated under an independent license. Sixty-nine percent of school-age slots were in free-standing school-age child care programs, while 31% were in early childhood centers.¹⁶

◆ In December 2011 in Rhode Island, there were 2,904 child care subsidies for children ages six to 12 for before and/or after-school care. Of these subsidies, 1,970 (68%) were for care in a center-based program, 904 (31%) were for care in a family child care home and 30 (1%) were for care by a license-exempt family, friend or neighbor.¹⁷

◆ In 2011, there were 16 early learning centers and 71 family child care homes, serving 527 school-age children, that were participating in BrightStars, the state's quality rating and improvement system for child care and early learning programs. In addition, there were two independently-operated school-age programs serving 122 children in BrightStars.¹⁸

Source of Data for Table/Methodology

Number of children ages six to 12 years is from the U.S. Census Bureau, Census 2010 Summary File 1.

Rhode Island Department of Children, Youth and Families, number of licensed school-age child care programs and slots for children ages six to 12 as of December 2011. These numbers do not include licensed family child care home slots, informal child care arrangements, and community programs for youth ages six and older that do not require licensing by the state. Licensed school-age child care programs also provide services to five year-old children who are enrolled in Kindergarten.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

- ¹ Little, P. M. (2009). *Supporting student outcomes through expanded learning opportunities*. Cambridge, MA: Harvard Family Research Project, Harvard Graduate School of Education.
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- ^{3,8} Durlak, J. A. & Weissberg, R. P. (2007). *The impact of after-school programs that promote personal and social skills*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.
- ⁴ *After-school worries: Tough on parents, bad for business*. (2006). New York: Catalyst.
- ⁵ Lawrence, S. & Kreader, J. L. (2006). *School-age child care arrangements*. Child Care & Early Education Research Connections, No. 4. Retrieved February 6, 2007, from www.childcareresearch.org
- ⁶ U.S. Census Bureau, American Community Survey 3-Year Estimates, 2008-2010. *Selected economic characteristics, Rhode Island and United States, 2008-2010*.
- ⁷ Laughlin, L. (2010). *Who's minding the kids? Child care arrangements: Spring 2005/Summer 2006*. (Current Population Reports, P70-121.) Washington, DC: U.S. Census Bureau.
- ⁹ Beckett, M., et al. (2009). *Structuring out-of-school time to improve academic achievement: A practice guide*. (NCEE #2009-012). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education.

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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

English Language Learner (ELL) students are the fastest growing population in U.S. elementary schools.¹ In 2007, 20% of U.S. children ages 5-17 spoke a language other than English at home.² Many children of immigrants face challenges to succeeding in school including poverty, lack of access to health care and low parental education levels.³

ELL students must simultaneously learn English and succeed academically.⁴ They face diverse challenges based on their country of origin, family situation and age at immigration.^{5,6} Individual ELL students vary widely in language proficiency and knowledge of academic subject matter, both in English and in their native languages.⁷ Successful ELL programs strategically use ongoing assessments of student progress, provide educators with high quality professional development and are tailored to student needs.^{8,9} Bilingual education programs, which acknowledge that fluency with different languages can be an asset, can be effective with ELL students.^{10,11}

ELL students and children in

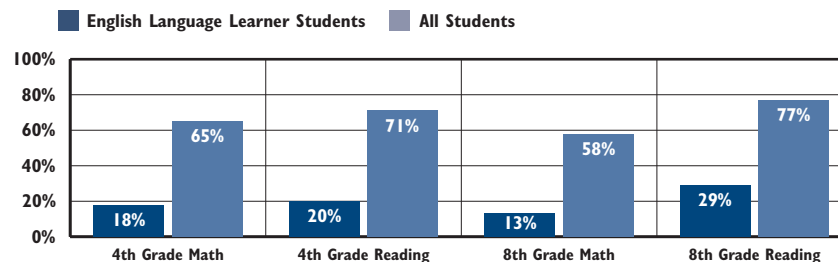
immigrant families are more likely to be concentrated in schools that are under-resourced, urban, large, serve high proportions of minority students and are located in high poverty communities.^{12,13,14} In the 2010-2011 school year in Rhode Island, ELL students were 6% of total students (8,307).¹⁵ Of these, 87% were enrolled in free or reduced-price lunch (an indicator of poverty) and 75% lived in the four core cities.¹⁶

Studies show that children of immigrants believe that school prepares them to get ahead and that most hope to go to college.¹⁷ Schools play a critical role in helping ELL students transition to the culture of the U.S. and supporting their academic success.^{18,19}

In the 2010-2011 school year, ELL students in Rhode Island public schools spoke 77 different languages; the majority (75%) spoke Spanish, 8% spoke Asian languages, 8% spoke Creole or Patois, 4% spoke Portuguese, 1% spoke African languages and 5% spoke other languages.²⁰

During the 2010-2011 school year, 19% percent of ELL students were enrolled in a bilingual program at schools in Central Falls, Providence or the International Charter School, and 81% were enrolled in an English as a Second Language (ESL) program.²¹ Nationally and in Rhode Island, ELL students score significantly lower on standardized tests than their peers.^{22,23}

Current English Language Learners' Mathematics and Reading Proficiency, Rhode Island, 2011



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2011.

◆ In 2011 in Rhode Island, 20% of fourth-grade ELL students scored at or above proficiency in reading on the *NECAP*, compared to 71% of fourth graders statewide.²⁴

◆ While achievement gaps between eighth-grade ELL students and all students have persisted in Rhode Island, eighth-grade ELL's proficiency scores are improving. In 2011, 29% of ELL eighth-grade students scored at or above proficiency in reading on the *NECAP* compared to 77% of eighth graders statewide. In 2008, only 7% of eighth-grade ELL students were at or above proficiency compared to 65% of eighth graders statewide. The achievement gap in eighth-grade reading has been reduced from 58% in 2008 to 48% in 2011.²⁵

Monitoring and Increasing English Language Learners' Academic Achievement

◆ ELL students who meet assessment and coursework criteria can exit from the ELL program, but must be monitored for two years. Districts must track progress of former ELL students through teacher observations, assessments and coursework to determine if language proficiency is preventing students from academic achievement.²⁶

◆ Best practices to increase the academic achievement of ELL students include tailoring instructional practices to students' needs; using assessment data; recruiting highly skilled teachers and leaders; promoting accountability among educators and school administrators; and implementing programs with a dual focus on English proficiency and course content. Successful ELL programs also provide meaningful school involvement opportunities and adult ESL classes for parents.²⁷

English Language Learners

Table 40.

English Language Learner Students, Rhode Island, 2010-2011

SCHOOL DISTRICT	TOTAL # OF STUDENTS	NUMBER OF ENGLISH LANGUAGE LEARNER STUDENTS				TOTAL # OF ELL STUDENTS	% OF TOTAL DISTRICT
		PRE K AND K	ELEMENTARY (GRADES 1-5)	MIDDLE (GRADES 6-8)	HIGH (GRADES 9-12)		
Barrington	3,403	6	13	2	7	28	1%
Bristol Warren	3,456	12	52	23	0	87	3%
Burrillville	2,467	0	3	0	1	4	<1%
Central Falls	2,610	82	275	129	147	633	24%
Chariho	3,396	0	0	0	0	0	0%
Coventry	5,096	2	2	0	2	6	<1%
Cranston	10,360	78	290	102	74	544	5%
Cumberland	4,643	12	64	19	17	112	2%
East Greenwich	2,339	0	8	1	2	11	<1%
East Providence	5,443	31	148	17	24	220	4%
Exeter-West Greenwich	1,753	2	5	6	3	16	1%
Foster	250	0	0	0	0	0	0%
Foster-Glocester	1,295	0	0	0	0	0	0%
Glocester	547	0	0	0	0	0	0%
Jamestown	474	0	0	0	0	0	0%
Johnston	2,979	19	47	16	19	101	3%
Lincoln	3,322	7	14	1	4	26	1%
Little Compton	307	0	0	0	0	0	0%
Middletown	2,432	7	29	10	8	54	2%
Narragansett	1,465	2	2	1	0	5	<1%
New Shoreham	124	0	5	0	1	6	5%
Newport	2,022	7	26	16	14	63	3%
North Kingstown	4,289	10	24	8	9	51	1%
North Providence	3,330	9	32	14	19	74	2%
North Smithfield	1,752	0	9	1	0	10	1%
Pawtucket	8,787	100	546	214	270	1,130	13%
Portsmouth	2,691	1	6	1	0	8	<1%
Providence	23,503	549	2,169	563	790	4,071	17%
Scituate	1,587	0	0	0	0	0	0%
Smithfield	2,377	0	2	0	5	7	<1%
South Kingstown	3,472	4	14	1	1	20	1%
Tiverton	1,860	1	3	2	4	10	1%
Warwick	9,805	20	54	5	0	79	1%
West Warwick	3,452	18	27	14	6	65	2%
Westerly	3,113	7	37	8	14	66	2%
Woonsocket	5,738	36	197	115	68	416	7%
Charter Schools	2,706	75	264	27	2	368	14%
State-Operated School	1,868	0	0	1	15	16	1%
Four Core Cities	40,638	767	3,187	1,021	1,275	6,250	15%
Remainder of State	95,301	255	916	268	234	1,673	2%
Rhode Island	140,513	1,097	4,367	1,317	1,526	8,307	6%

Sources of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year. Total number of English Language Learner students is the number of students in each district who were actively enrolled in English as a Second Language (ESL) or bilingual education programs in the 2010-2011 school year. Students who are not yet fully English proficient but have exited ESL or bilingual education programs to regular education are not included in these numbers.

Due to a change in methodology, the percentage of English Language Learner students by district cannot be compared with percentages before the 2004 Factbook. The “% of Total District” is based on the total number of English Language Learners divided by the “Total # of Students,” which is the average daily membership in the districts of instruction.

The charter schools that reported ELL students as of January 17, 2012 are Blackstone Valley Prep, Highlander Charter School, International Charter School, Paul Cuffee Charter School, Segue Institute for Learning and The Learning Community. The state-operated school with ELL students was the Rhode Island Training School operated by DCYF.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

References

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Children Enrolled in Special Education

DEFINITION

Children enrolled in special education is the percentage of preschool through grade 12 students who received special education services in Rhode Island public schools or who were placed in private special education programs by their district of residence. Unless otherwise specified, references to students enrolled in special education in this indicator do not include parentally-placed special education students.

SIGNIFICANCE

Effective and appropriate special education and related services are important resources for improving long-term outcomes for children and youth with special needs. Students with disabilities are more likely than students without disabilities to have lower academic achievement and graduation rates, reduced participation in postsecondary education and less economic success in adulthood.^{1,2} Students with disabilities are more likely than their peers to report discrimination.³

The federal *Individuals with Disabilities Education Act (IDEA) Part B* mandates that local school districts identify and evaluate students ages three to 21 who have disabilities. Once found eligible for special education, a student must be provided with an Individualized Education Program (IEP) laying out goals and outlining steps for achieving

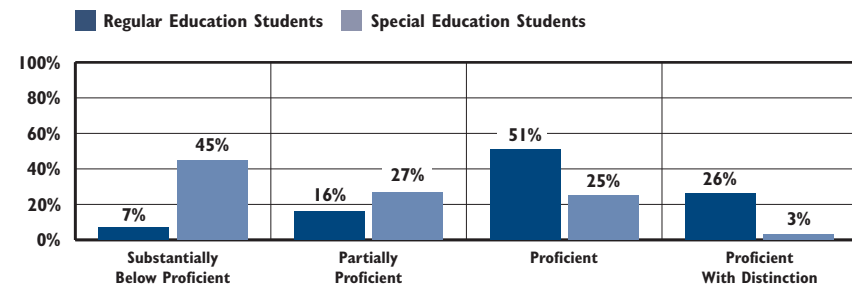
the goals. Services described in the IEP must be provided to students in the least restrictive environment (to the extent appropriate, integrated into a regular-education setting).^{4,5,6}

In the 2009-2010 school year, Rhode Island had the highest percentage of public school students with IEPs in the U.S. at 18%, compared with 13% overall in the U.S.⁷

In Rhode Island in the 2010-2011 school year, there were 25,652 children (18% of all preschool through grade 12 students) enrolled in special education. Thirty-five percent of these students had a learning disability, 18% had a speech disorder, 15% had a health impairment, 9% had an emotional disturbance, 9% were developmentally delayed, 8% had an autism spectrum disorder, 4% had an intellectual disability (formerly referred to as “mental retardation”) and 3% had other disabilities.⁸

Seven percent of Rhode Island special education students in 2010-2011 were ages three to four; 34% were ages five to 10; 27% were ages 11 to 14; 28% were ages 15 to 18; and 3% were ages 19 to 22.⁹ There were 2,838 preschool age students in Rhode Island receiving special education services during the 2010-2011 school year. Of these children, 52% had a speech disorder, 37% had a developmental delay, 6% had an autism spectrum disorder and 4% had other disabilities.¹⁰

4th Grade Reading Proficiency Rates, by Special Education Status, Rhode Island, 2011



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2011.

◆ In Rhode Island, students with disabilities achieve at lower levels on the state assessments than non-disabled students. In 2011, 45% of special education students in fourth grade were substantially below proficient in reading, compared with 7% of regular education students.¹¹

◆ The federal *No Child Left Behind Act (NCLB)* requires states, districts and schools to apply the same content and achievement standards to all students, including those with disabilities. Together with *IDEA*, *NCLB* promotes accountability for the achievement of students with disabilities.¹²

◆ Nationally, compared to their peers without disabilities, students with disabilities are much less likely to graduate from high school and are less than half as likely to have attended college in the two years after high school.¹³ The four-year graduation rate among students receiving special education services in Rhode Island's class of 2011 was 58%, compared to an overall four-year state graduation rate of 77%. Some special education students may take additional time to graduate.¹⁴

◆ Of Rhode Island students ages six to 21 receiving special education services during the 2010-2011 school year, 72% were in a regular class for 80% of the day or more, 9% were in a regular class for 40% to 79% of the day and 12% were in a regular class for less than 40% of the day. The remaining 7% of students were in a residential or correctional facility or separate school, were parentally placed in a private school or were home-bound or hospitalized.¹⁵

Children Enrolled in Special Education

Table 41.

Preschool Through 12th Grade Students in Special Education by Primary Disability, Rhode Island, 2010-2011

SCHOOL DISTRICT OF RESIDENCE	TOTAL # OF STUDENTS	AUTISM SPECTRUM DISORDER	DEVELOPMENTALLY DELAYED	EMOTIONAL DISTURBANCE	HEALTH IMPAIRMENT	LEARNING DISABLED	INTELLECTUALLY DISABLED	SPEECH/LANGUAGE IMPAIRED	OTHER	TOTAL STUDENTS WITH DISABILITIES	% STUDENTS IN SPECIAL EDUCATION
Barrington	3,404	50	21	44	73	124	NA	113	13	445	13%
Bristol Warren	3,464	50	36	25	36	142	24	125	14	452	13%
Burrillville	2,472	33	43	48	41	109	16	108	12	410	17%
Central Falls	2,623	30	56	39	74	311	36	43	22	611	23%
Chariho	3,327	51	47	17	48	104	23	90	22	402	12%
Coventry	5,059	38	93	49	96	332	30	122	24	784	15%
Cranston	10,245	165	137	117	357	614	44	190	40	1,664	16%
Cumberland	4,672	87	67	85	160	252	25	187	24	887	19%
East Greenwich	2,343	57	36	21	74	76	NA	84	11	368	16%
East Providence	5,429	84	84	127	320	355	37	255	46	1,308	24%
Exeter-West Greenwich	1,790	28	NA	25	47	72	11	86	NA	284	16%
Foster	275	NA	NA	NA	NA	11	NA	20	NA	44	16%
Foster-Glocester	1,309	11	NA	NA	19	44	10	10	NA	109	8%
Glocester	553	NA	10	NA	NA	14	NA	48	NA	89	16%
Jamestown	684	16	NA	NA	35	25	NA	11	NA	99	14%
Johnston	3,037	59	78	52	175	336	14	101	18	833	27%
Lincoln	3,327	53	49	48	73	167	17	128	23	558	17%
Little Compton	411	NA	NA	NA	NA	31	NA	18	NA	62	15%
Middletown	2,421	36	16	47	81	197	15	52	NA	452	19%
Narragansett	1,464	19	27	17	47	76	NA	75	NA	269	18%
New Shoreham	125	NA	NA	NA	NA	NA	NA	NA	NA	25	20%
Newport	1,994	30	46	39	17	181	14	113	NA	445	22%
North Kingstown	4,095	40	45	44	62	174	27	127	19	538	13%
North Providence	3,458	41	79	53	108	145	13	140	14	593	17%
North Smithfield	1,775	31	21	18	37	101	14	71	NA	298	17%
Pawtucket	8,686	108	156	102	139	539	76	307	22	1,449	17%
Portsmouth	2,595	45	17	40	72	167	10	79	14	444	17%
Providence	23,607	185	404	558	315	1,982	201	846	101	4,592	19%
Scituate	1,623	19	17	NA	23	69	NA	71	NA	207	13%
Smithfield	2,380	27	21	14	40	100	12	51	NA	274	12%
South Kingstown	3,485	55	52	45	91	163	17	82	28	533	15%
Tiverton	1,873	33	18	29	26	214	NA	52	16	396	21%
Warwick	9,792	160	236	147	397	730	50	322	61	2,103	21%
West Warwick	3,444	67	109	98	83	234	19	93	25	728	21%
Westerly	3,159	66	65	51	107	206	20	74	18	607	19%
Woonsocket	5,674	108	154	144	289	332	93	288	53	1,461	26%
Charter Schools	2,839	25	20	18	65	179	NA	82	NA	395	14%
State-Operated Schools	1,774	16	0	94	76	170	NA	NA	70	434	24%
Four Core Cities	40,590	431	770	843	817	3,164	406	1,484	198	8,113	20%
Remainder of State	95,484	1,465	1,489	1,320	2,764	5,569	492	3,105	506	16,710	18%
Rhode Island	140,687	1,937	2,279	2,275	3,722	9,082	903	4,675	779	25,652	18%

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education (RIDE), Office for Diverse Learners, June 30, 2011. The denominator (number of students) is the "resident average daily membership" for the 2010-2011 school year provided by RIDE.

Due to changes in methodology, *Children Enrolled in Special Education* in this Factbook cannot be compared with previous Factbooks. Preschool students receiving special education services, who were not included in the table in Factbooks from 2008-2011, are now included. Parentally-placed private school students are no longer included in the table. Children attending schools in other districts are listed in the district in which the students reside.

NA indicates that fewer than 10 students are in that category; actual numbers are not shown to protect student confidentiality. These students are still counted in district totals and in the core cities, remainder of state and state totals.

The category "intellectually disabled" was previously called "mental retardation." The category "other" includes visually impaired/blind, hearing impaired/deaf, multi-handicapped, orthopedically impaired and traumatic brain injury.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Independent charter schools reported for this indicator are Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, Segue Institute for Learning and Trinity Academy for the Performing Arts. State-operated schools are William M. Davies Career and Technical High School, DCYF Schools, the Rhode Island Department of Corrections, Metropolitan Regional Career and Technical Center and Rhode Island School for the Deaf.

References

^{1,3,13} *Caught in the crisis: Students with disabilities in U.S. high schools.* (2011). Washington, DC: Alliance for Excellent Education.

(continued on page 173)

Student Mobility

DEFINITION

Student mobility is the number of students who either enrolled in or withdrew from Rhode Island public schools during the school year divided by the total school enrollment numbers.

SIGNIFICANCE

Student mobility is associated with lower academic performance, social and psychological difficulties, lower levels of school engagement and behavioral problems.¹ Changing schools disrupts learning, can result in children missing critical conceptual knowledge and skills, and can cause social upheaval for children. Student mobility also can lead to less active parent involvement in their children's schools.^{2,3}

Students who change schools frequently are more likely to have lower math and reading skills, are more likely to repeat a grade, are more likely to be suspended and are less likely to graduate from high school than their non-mobile peers.^{4,5}

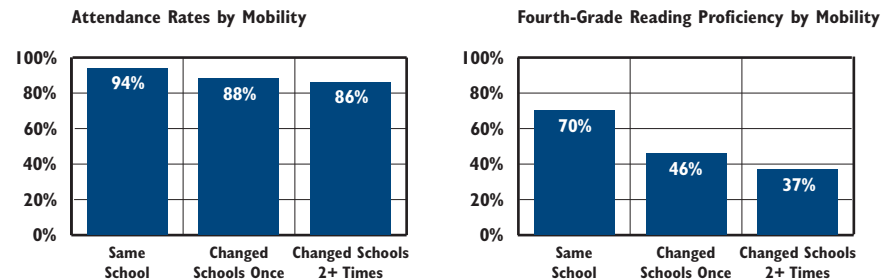
Low-income and minority children are more likely to be mobile than higher-income and White students. School mobility has a greater negative impact on the academic achievement of low-income students than it does on higher-income students. Students receiving special education services also are likely to be negatively impacted by changing schools.⁶

High mobility rates in schools can negatively impact all students because teachers must slow curriculum progress, repeat lessons and adjust to changing classroom dynamics and student needs. Within-year moves are particularly disruptive for students, teachers and schools.^{7,8}

Families may move their children to a different school because they are dissatisfied with the school, concerned about their child's safety or because they are moving due to changes in family circumstances.⁹ Changes in family circumstances can be either positive or negative factors including eviction or foreclosure, divorce or marriage, job loss or job changes, death in the family, or a desire to improve quality of life. Mobile students in low-income and minority families are more likely to change schools due to family reasons than mobile students in higher-income and White families.^{10,11}

Between 2008 and 2010 in Rhode Island, 12% of children ages five to 17 changed residence at least once during the previous year, 79% of whom moved within Rhode Island and 21% of whom moved from another state or abroad.¹² Nationally and in Rhode Island, people with incomes below the poverty line are more likely to move than higher-income residents. Between 2008 and 2010, 26% of Rhode Islanders living below the poverty line moved, compared with 10% of higher-income residents.^{13,14}

School Mobility and Education Outcomes in Rhode Island, 2010-2011 School Year



Source: Rhode Island Department of Elementary and Secondary Education, Data Warehouse, 2010-2011 school year.

◆ Rhode Island students who change schools mid-year are absent more often than students who do not change schools. Rhode Island students who did not change schools had a 94% attendance rate, compared with 88% for those who changed schools once and 86% for those who changed schools two or more times during the 2010-2011 school year.¹⁵

◆ Children who change schools mid-year also perform worse on standardized tests than children who have not experienced school mobility. During the 2010-2011 school year in Rhode Island, 70% of fourth grade children who did not experience mobility were proficient in reading on the state assessments, compared with 46% of students who moved once and 37% of students who moved two or more times.¹⁶ Rhode Island students who change schools mid-year are suspended more often than students who do not change schools.¹⁷

◆ High school students in urban districts in Rhode Island are more likely than those in non-urban districts to be mobile, regardless of race, ethnicity or income.¹⁸

◆ School districts with high mobility rates can reduce the negative impacts of mobility on students by providing immediate and comprehensive screening of entering students to ensure that students are properly placed and providing professional development for teachers on working effectively with students who transfer into their classrooms during the school year. Districts also can identify those districts where students most frequently transfer to and from and align their curricula, programs and policies to reduce disruption of learning.¹⁹

Student Mobility and Stability Rates

◆ Mobility rates are calculated by adding all children who entered any school within the school district to all those who withdrew from any school in the district and dividing the total by the total enrollment for that school district.²⁰

◆ 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.²¹

◆ Total enrollment for each district is cumulative over the course of the school year.²²

◆ The overall Rhode Island student mobility rate was 14% in the 2010-2011 school year. The four core cities had a higher mobility rate (23%) than districts in the remainder of the state (10%).²³

◆ One study showed that the average length of time between enrollments for mobile students in Rhode Island during the 2007-2008 school year was 10 days.²⁴

Table 42. Student Mobility and Stability Rates by District, Rhode Island, 2010-2011 School Year

SCHOOL DISTRICT	CUMULATIVE ENROLLMENT FOR 2010-2011	# ENROLLED THE WHOLE YEAR	# ENROLLED AFTER OCT. 1	# EXITED AFTER OCT. 1	STABILITY RATE	MOBILITY RATE
Barrington	3,574	3,464	53	63	97%	3%
Bristol Warren	3,646	3,375	132	155	93%	8%
Burrillville	2,647	2,390	144	141	90%	11%
Central Falls	2,843	2,452	339	57	86%	14%
Charlho	3,700	3,392	151	181	92%	9%
Coventry	5,554	5,159	205	230	93%	8%
Cranston	11,529	10,212	661	755	89%	12%
Cumberland	5,052	4,692	176	206	93%	8%
East Greenwich	2,497	2,359	81	67	94%	6%
East Providence	5,935	5,230	327	424	88%	13%
Exeter-West Greenwich	1,888	1,759	63	72	93%	7%
Foster	285	269	6	10	94%	6%
Foster-Glocester	1,345	1,266	31	56	94%	6%
Glocester	608	580	16	14	95%	5%
Jamestown	508	480	15	17	94%	6%
Johnston	3,297	2,933	192	195	89%	12%
Lincoln	3,568	3,223	175	187	90%	10%
Little Compton	316	300	7	9	95%	5%
Middletown	2,632	2,260	207	193	86%	15%
Narragansett	1,542	1,428	59	64	93%	8%
New Shoreham	135	118	7	10	87%	13%
Newport	2,253	1,874	195	215	83%	18%
North Kingstown	4,616	4,245	173	219	92%	8%
North Providence	3,597	3,164	245	213	88%	13%
North Smithfield	1,862	1,712	92	84	92%	9%
Pawtucket	9,974	7,988	937	1,200	80%	21%
Portsmouth	2,953	2,671	145	168	90%	11%
Providence	27,489	21,147	2,914	3,984	77%	25%
Scituate	1,700	1,595	63	47	94%	6%
Smithfield	2,562	2,395	78	103	93%	7%
South Kingstown	3,677	3,412	133	151	93%	8%
Tiverton	2,030	1,871	82	88	92%	8%
Warwick	10,864	9,683	501	778	89%	12%
West Warwick	3,900	3,225	257	455	83%	18%
Westerly	3,294	2,975	178	173	90%	11%
Woonsocket	6,847	5,431	561	982	79%	23%
Charter Schools	2,912	2,782	47	84	96%	4%
State-Operated Schools	2,169	1,484	389	425	68%	38%
UCAP	145	136	3	7	94%	7%
Four Core Cities	47,153	37,018	4,751	6,223	79%	23%
Remainder of State	103,566	93,711	4,850	5,743	90%	10%
Rhode Island	155,945	135,131	10,040	12,482	87%	14%

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year.

Charter Schools include: Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, Segue Institute for Learning and Trinity Academy. State-operated schools include DCYF, Metropolitan Regional Career and Technical Center, William M. Davies Career and Technical High School and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

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- ^{1,5,9} Reynolds, A. J., Chen, C. & Herbers, J. E. (2009, June). *School mobility and educational success: A research synthesis and evidence on prevention*. Paper presented at the National Research Council Workshop on the Impact of Mobility and Change on the Lives of Young Children, Schools and Neighborhoods, Washington, DC.
- ^{2,4,6,7,10} Burkam, D. T., Lee, V. E. & Dwyer, J. (2009, June). *School mobility in the early elementary grades: Frequency and impact from nationally-representative data*. Paper presented at the National Research Council Workshop on the Impact of Mobility and Change on the Lives of Young Children, Schools and Neighborhoods, Washington, DC.
- ^{3,8,11} Turner, M. A. & Berube, A. (2009). *Vibrant neighborhoods, successful schools: What the federal government can do to foster both*. Washington, DC: Urban Institute.
- ¹² U.S. Census Bureau, American Community Survey, 2008-2010. Table B07001.
- ¹³ U.S. Census Bureau. (2010). *U.S. Census Bureau reports residents move at higher rate in 2009 after record low in 2008* [Press release]. Retrieved from www.census.gov/newsroom/releases/archives/mobility_of_the_population/cb10-67.html
- ¹⁴ U.S. Census Bureau, American Community Survey, 2008-2010. Table B07012.
- ^{15,16,20,21,22,23} Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year.

(continued on page 174)

Fourth-Grade Reading Skills

DEFINITION

Fourth-grade reading skills is the percentage of fourth-grade students who scored at or above the proficiency level for reading on the *New England Common Assessment Program (NECAP)* test.

SIGNIFICANCE

Reading proficiency is fundamental to the development of academic competencies and basic life skills. Students with poor reading skills will experience difficulty completing academic coursework and 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 who are read to daily.² Literacy-rich home environments (including reading and telling stories to children) contribute to advanced literacy development and reading achievement.^{3,4}

Participation in high-quality preschool and Pre-K programs can boost language and literacy skills by providing early literacy experiences including storybook reading, discussions about books, dramatic play, listening comprehension and writing activities.⁵ Children who

participate in high-quality Pre-K score higher on reading test scores at the third and fifth grade levels and develop stronger cognitive skills.⁶

When students continue to have difficulty reading beyond third grade, they often need intensive interventions in order to read proficiently.⁷ Once they fall behind, most children never catch up to their grade-level peers.⁸

Literacy development in the elementary grades can be enhanced through the prioritization of literacy development, early warning systems that identify students who are falling behind and provide intervention services as early as possible, individualized teaching strategies and materials designed to meet diverse student needs, high-quality teacher training and parent involvement.⁹

4th Grade NAEP Reading Proficiency		
	2002	2011
RI	32%	35%
US	30%	32%
National Rank*		15th
New England Rank**		5th

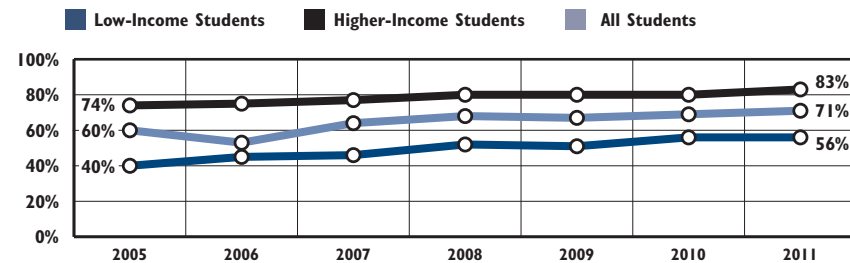
*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org.

The *National Assessment of Educational Progress (NAEP)* measures proficiency nationally and across states every other year.

Fourth-Grade NECAP Reading Proficiency Rates, by Income Status, Rhode Island, 2005-2011



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2005–October 2011. Low-income status is determined by eligibility for the free or reduced-price lunch program.

- ◆ In October 2011, 71% of Rhode Island fourth graders scored at or above proficiency for reading on the *New England Common Assessment Program (NECAP)*, up from 60% in 2005.¹⁰
- ◆ In Rhode Island between 2005 and 2011, the percentage of higher-income fourth graders achieving at or above the proficient level on the *NECAP* was consistently higher than that of low-income fourth graders. In 2011, 56% of low-income fourth graders scored at or above the proficient level, compared with 83% of higher-income fourth graders.¹¹
- ◆ In Rhode Island in 2011, 27% of fourth graders with disabilities achieved reading proficiency, compared with 77% of non-disabled fourth graders.¹²
- ◆ National data indicate a significant gap between the reading skills of English Language Learners and their native English-speaking peers.¹³ On the October 2011 *NECAP*, 20% of Rhode Island's fourth grade English Language Learners scored at or above proficiency in reading, compared to 74% of non-ELL students.¹⁴
- ◆ Seventy-nine percent of White and 75% of Asian fourth graders in Rhode Island were proficient on the October 2011 *NECAP*, compared with 50% of Hispanic students, 57% of Black students, 54% of Native American and 65% of students of Two or more races.¹⁵

Fourth-Grade Reading Skills

Table 43.

Fourth-Grade Reading Proficiency, Rhode Island, 2005 & 2011

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2011	
	% MOTHERS COMPLETING HIGH SCHOOL	% LOW-INCOME STUDENTS	% ENGLISH LANGUAGE LEARNERS	# OF 4TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL	# OF 4TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	96%	6%	1%	248	89%	282	90%
Bristol Warren	89%	34%	3%	268	69%	249	74%
Burrillville	88%	33%	<1%	164	63%	208	73%
Central Falls	55%	86%	24%	253	40%	217	45%
Chariho	90%	19%	0%	269	73%	246	93%
Coventry	88%	29%	<1%	405	68%	388	86%
Cranston	86%	34%	5%	801	71%	861	73%
Cumberland	91%	22%	2%	410	74%	390	85%
East Greenwich	94%	6%	<1%	201	86%	165	92%
East Providence	84%	45%	4%	415	59%	391	65%
Exeter-West Greenwich	94%	13%	1%	162	74%	130	82%
Foster	88%	19%	0%	66	68%	44	82%
Glocester	91%	17%	0%	124	77%	104	73%
Jamestown	96%	7%	0%	42	83%	60	88%
Johnston	88%	36%	3%	276	58%	255	69%
Lincoln	89%	27%	1%	267	72%	236	79%
Little Compton	94%	15%	0%	37	73%	41	88%
Middletown	91%	27%	2%	195	68%	194	77%
Narragansett	90%	7%	<1%	122	81%	79	91%
New Shoreham	90%	9%	5%	14	100%	12	92%
Newport	81%	56%	3%	178	46%	153	58%
North Kingstown	90%	20%	1%	337	79%	340	83%
North Providence	87%	39%	2%	250	64%	254	72%
North Smithfield	92%	15%	1%	128	77%	137	83%
Pawtucket	72%	74%	13%	703	48%	671	60%
Portsmouth	95%	14%	<1%	236	75%	193	87%
Providence	64%	81%	17%	1,887	31%	1,804	46%
Scituate	93%	16%	0%	141	72%	116	82%
Smithfield	93%	13%	<1%	219	79%	181	89%
South Kingstown	91%	18%	1%	249	76%	236	90%
Tiverton	91%	24%	1%	154	77%	148	83%
Warwick	87%	31%	1%	853	71%	724	77%
West Warwick	81%	50%	2%	295	55%	253	74%
Westerly	90%	34%	2%	255	69%	198	82%
Woonsocket	69%	70%	7%	489	46%	450	59%
Charter Schools	NA	66%	14%	159	43%	248	70%
Four Core Cities	65%	79%	15%	3,332	37%	3,142	51%
Remainder of State	88%	28%	2%	7,781	71%	7,268	79%
Rhode Island	79%	44%	6%	11,272	60%	10,658	71%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2005 and October 2011.

Due to the adoption of a new assessment tool by RIDE, *Fourth Grade Reading Skills* cannot be compared with Factbooks prior to 2007, when the *NECAP* data were first presented.

% at or above the proficiency level are the fourth grade students who received proficient or proficient with distinction scores on the reading section of the *NECAP*. Only students who actually took the test are counted in the denominator for the district and school proficiency rates. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Language Learners.

% mothers completing high school is from the Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2006-2010. Data for 2010 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth. Between 2006 and 2010, maternal education levels were unknown for 3,280 births (6%).

% of low-income students is the percentage of students eligible for the free or reduced-price lunch program on October 1, 2011, from RIDE.

% ELL is the percentage of all public school children (including preschoolers) who are receiving ELL services or bilingual education services in Rhode Island public schools and is from RIDE for the 2011-2012 school year.

2011 *NECAP* data for independent charter schools include The Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community and Paul Cuffee Charter School. Charter schools are not included in the core city and remainder of state calculations. NA indicates that the school district does not serve students at that grade level or that the number of students is too small to report.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

See Methodology Section for more information.

(continued on page 174)

Eighth-Grade Reading Skills

DEFINITION

Eighth-grade reading skills is the percentage of eighth-grade students who scored at or above the proficiency level for reading on the *New England Common Assessment Program (NECAP)* test.

SIGNIFICANCE

Strong reading skills are essential for a student's academic success in high school and college. Reading skills also are a powerful indicator of a student's ability to contribute to and succeed in the workforce and the community.¹ Literacy demands intensify dramatically upon entry into high school as students are expected to comprehend, synthesize and analyze increasingly complex texts across academic disciplines. Advanced literary skills diverge from elementary literary skills as early as fourth grade, along with the instructional needs associated with building these skills.²

Reading difficulties can persist over time with long-term consequences for youth.³ Problems faced by struggling readers are exacerbated when they are English Language Learners or low-income students.⁴ Adolescents who are poor readers have difficulty succeeding in other core subjects and are more likely to drop out than their peers.⁵

At-risk adolescent students rarely receive intensive reading instruction.⁶

When literacy-specific instruction is used as remedial support for struggling adolescent students, the programs typically serve only a small proportion of students who need assistance.⁷ Additionally, these supplementary programs are generally insufficient for dealing with the pervasive low levels of adolescent literacy in many schools and communities.⁸

Recent research suggests that intensive individualized instruction can help improve adolescent literacy among struggling readers.^{9,10} Schools with successful adolescent literacy programs have strong leadership, incorporate interdisciplinary teaching teams, provide opportunities for discussion, implement comprehensive literacy instruction strategies and use student assessments effectively.^{11,12}

8th Grade NAEP Reading Proficiency		
	2002	2011
RI	30%	33%
US	31%	32%
National Rank*		27th
New England Rank**		6th

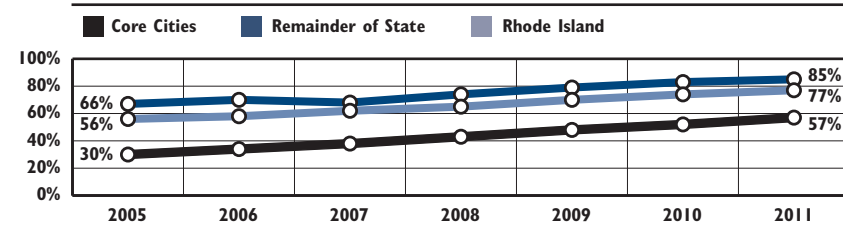
*1st is best; 50th is worst

**1st is best; 6th is worst

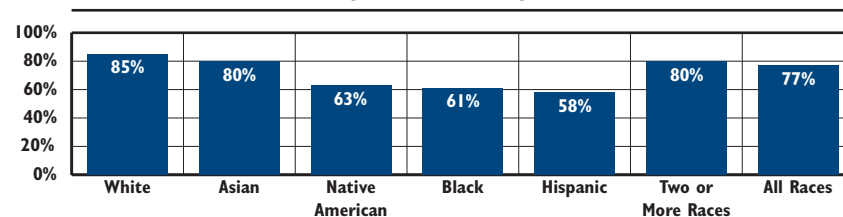
Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

The *National Assessment of Educational Progress (NAEP)* measures proficiency nationally and across states every other year.

**Rhode Island Public School 8th Grade NECAP Reading Proficiency
By District Type, 2005-2011**



By Race/Ethnicity, 2011



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2005–October 2011.

◆ In October 2011, 77% of Rhode Island eighth graders scored at or above proficiency in reading, an increase from 56% in 2005. Proficiency levels increased between 2005 and 2011 for students across the state. The greatest gains were made in the four core cities, where eighth-grade reading proficiency rates increased from 30% to 57% between 2005 and 2011.¹³

◆ Twenty-nine percent of eighth-grade English Language Learners in Rhode Island scored at or above proficiency in reading in 2011, compared to 79% of non-ELL students.¹⁴

◆ Black, Hispanic and Native American students scored significantly lower than their White and Asian counterparts in Rhode Island.¹⁵

◆ Sixty-four percent of low-income eighth-grade students (determined by eligibility for the free or reduced-price lunch program) were proficient in reading in 2011, compared with 87% of higher-income eighth graders.¹⁶

◆ In Rhode Island in 2011, 35% of eighth-grade students receiving special education services were proficient in reading, compared with 85% of eighth graders in regular education programs.¹⁷

Eighth-Grade Reading Skills

Table 44.

Eighth-Grade Reading Proficiency, Rhode Island, 2005 & 2011

SCHOOL DISTRICT	COMMUNITY CONTEXT			OCTOBER 2005		OCTOBER 2011	
	% MOTHERS COMPLETING HIGH SCHOOL	% LOW-INCOME CHILDREN	% ENGLISH LANGUAGE LEARNERS	# OF 8TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL	# OF 8TH GRADE TEST TAKERS	% AT OR ABOVE THE PROFICIENCY LEVEL
Barrington	96%	6%	1%	275	92%	239	95%
Bristol Warren	89%	34%	3%	291	63%	279	88%
Burrillville	88%	33%	<1%	230	67%	175	75%
Central Falls	55%	86%	24%	279	27%	180	51%
Chariho	93%	19%	0%	302	58%	242	93%
Coventry	88%	29%	<1%	479	66%	413	88%
Cranston	86%	34%	5%	926	57%	785	84%
Cumberland	91%	22%	2%	409	72%	387	85%
East Greenwich	94%	6%	<1%	214	87%	212	93%
East Providence	84%	45%	4%	499	57%	428	77%
Exeter-West Greenwich	89%	13%	1%	161	72%	138	93%
Foster-Glocester	90%	15%	0%	217	57%	181	90%
Jamestown	96%	7%	0%	74	86%	47	94%
Johnston	88%	36%	3%	288	58%	296	77%
Lincoln	89%	27%	1%	261	74%	287	90%
Little Compton	94%	15%	0%	41	83%	34	97%
Middletown	91%	27%	2%	185	64%	174	79%
Narragansett	90%	7%	<1%	123	81%	95	88%
New Shoreham	90%	9%	5%	NA	NA	NA	NA
Newport	81%	56%	3%	177	50%	156	78%
North Kingstown	90%	20%	1%	349	73%	325	88%
North Providence	87%	39%	2%	307	70%	272	76%
North Smithfield	92%	15%	1%	161	72%	140	90%
Pawtucket	72%	74%	13%	795	44%	660	67%
Portsmouth	95%	14%	<1%	223	81%	192	89%
Providence	64%	81%	17%	1,935	25%	1,669	52%
Scituate	93%	16%	0%	156	89%	152	91%
Smithfield	93%	13%	<1%	227	78%	212	92%
South Kingstown	91%	18%	1%	348	76%	307	90%
Tiverton	91%	24%	1%	203	67%	165	87%
Warwick	87%	31%	1%	955	59%	794	84%
West Warwick	81%	50%	2%	319	56%	268	74%
Westerly	90%	34%	2%	266	59%	247	87%
Woonsocket	69%	70%	7%	494	28%	467	63%
Charter Schools	NA	66%	14%	22	55%	231	71%
Urban Collaborative	NA	84%	NA	67	6%	67	66%
Four Core Cities	65%	79%	15%	3,503	30%	2,976	57%
Remainder of State	88%	28%	2%	8,675	66%	7,642	85%
Rhode Island	79%	44%	6%	12,267	56%	10,916	77%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education (RIDE), *New England Common Assessment Program (NECAP)*, October 2005 and October 2011.

Due to the adoption of a new assessment tool by RIDE in 2005, Eighth-Grade Reading Skills cannot be compared with Factbooks prior to 2007, when the *NECAP* data were first presented.

% at or above the proficiency level are the eighth-grade students who received proficient or proficient with distinction scores on the reading section of the *NECAP*. Only students who actually took the test are counted in the denominator for the school or district proficiency rate. All enrolled students are eligible unless their Individualized Education Program (IEP) specifically exempts them or unless they are beginning English Language Learners.

% mothers completing high school is from the Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2006-2010. Data for 2010 are provisional. Data are self-reported and reported by the mother's place of residence, not the place of the infant's birth. Between 2006 and 2010, maternal education levels were unknown for 3,280 births (6%).

% low-income children is the percentage of students eligible for the free and reduced-price lunch program on October 1, 2011, from RIDE. % English Language Learners is the percentage of all public school children (including preschoolers) who are receiving ELL services in Rhode Island public schools and is from RIDE 2011-2012 school year.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

2011 *NECAP* data for independent charter schools include: Compass Charter School, Highlander Charter School, The Learning Community, Paul Cuffee Charter School, Segue Institute for Learning and Trinity Academy. UCAP is the Urban Collaborative Accelerated Program. Core cities and remainder of state calculations do not include charter schools or UCAP.

NA indicates that the school district does not serve students at that grade level or that the number of students is too small to report.

See Methodology Section for more information.

References

(continued on page 174)

Math Skills

DEFINITION

Math skills is the percentage of fourth- and eighth-grade students who scored at or above the proficiency level for math on the *New England Common Assessment Program (NECAP)* test.

SIGNIFICANCE

Math skills are critical for students to understand and use. Students must rely on mathematics to advance their education, perform daily activities and navigate today's technological world.¹ Strong high school math skills can open higher education and career opportunities for students.² Improving education in the STEM disciplines (science, technology, engineering and math) can spur national innovation and competitiveness and provide qualified workers for industries.³

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 basic mathematical concepts needed to solve simple problems. Performance in mathematics, while generally low, has been improving over the past decade.^{4,5}

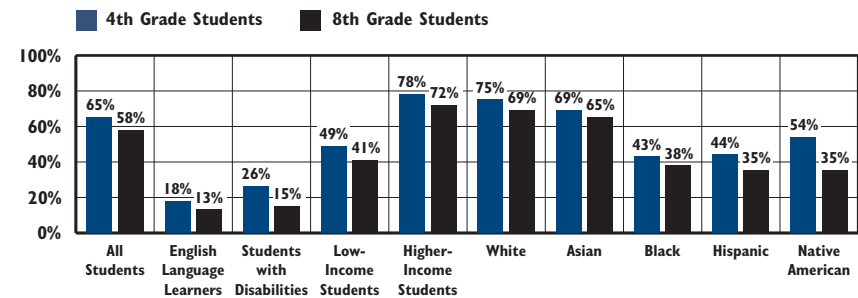
Family risk factors such as poverty, language barriers and low maternal education levels are associated with low student achievement in mathematics.⁶ Disparities in math achievement related

to race and family income persist in the United States.⁷ Students with insufficient math skills will have fewer opportunities to pursue post-secondary education and secure high-level employment than their peers.⁸

Achieving math proficiency for all students requires that improvements be made in curriculum, instructional materials, assessments, classroom practice, teacher preparation and professional development.^{9,10} Instructional practices that improve math skills include using assessment data to inform teaching, providing clear models of problem-solving using a variety of examples, encouraging frequent student practice and ensuring that students possess foundational skills.¹¹

The National Assessment of Educational Progress (NAEP) measures proficiency in math and other subjects nationally and across states every other year.¹² In 2011, 84% of Rhode Island fourth graders performed at or above the Basic level in math on the *NAEP*, compared with 82% nationally. Seventy-three percent of Rhode Island and U.S. eighth graders performed at or above the Basic level in math on the *NAEP*. Rhode Island was one of only three states plus the District of Columbia in which the performance of both fourth and eighth graders improved between the 2009 and 2011 *NAEP* math tests.^{13,14}

**4th Grade and 8th Grade Math Proficiency Levels by Student Subgroup
Rhode Island Public Schools, October 2011**



Source: Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2011.

◆ In October 2011, 65% of Rhode Island fourth graders scored at or above proficiency in math, compared to 58% of eighth graders.¹⁵

◆ Nationally and in Rhode Island, there are math achievement gaps between subgroups of elementary and middle school students. Fourth-grade and eighth-grade English Language Learners (ELL) and students with disabilities were the least proficient in math in Rhode Island. In 2011 in Rhode Island, only 18% of fourth-grade and 13% of eighth-grade ELL students scored at or above proficiency. Twenty-six percent of fourth-grade and 15% of eighth-grade students with disabilities were proficient in math in 2011.^{16,17}

◆ Nationally and in Rhode Island, the achievement gap between girls and boys in math has been virtually eliminated at the elementary, middle and high school levels. In Rhode Island in 2011, 64% of male and 66% of female fourth-grade students scored at or above proficiency in math, and 58% of male eighth grade students and 59% of female students scored at or above proficiency in math.^{18,19}

◆ Rhode Island school districts are required to identify students who are not making progress in mathematics and provide them with specialized support.²⁰

Table 45.

Fourth and Eighth Grade Math Proficiency, Rhode Island, 2005 and 2011

SCHOOL DISTRICT	FOURTH GRADE				EIGHTH GRADE			
	# OF TEST TAKERS, 2005	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	# OF TEST TAKERS, 2011	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2011	# OF TEST TAKERS, 2005	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2005	# OF TEST TAKERS, 2011	% OF STUDENTS WHO SCORED AT OR ABOVE PROFICIENCY, 2011
Barrington	248	85%	284	86%	275	87%	239	90%
Bristol Warren	269	62%	252	73%	291	57%	279	76%
Burrillville	163	55%	208	68%	230	52%	174	53%
Central Falls	266	28%	223	37%	292	16%	188	25%
Chariho	269	66%	247	89%	304	55%	242	78%
Coventry	405	63%	387	80%	478	62%	411	68%
Cranston	806	55%	866	63%	928	41%	786	66%
Cumberland	410	58%	391	73%	410	56%	387	72%
East Greenwich	201	83%	164	87%	214	84%	212	87%
East Providence	416	59%	391	63%	499	46%	430	60%
Exeter-West Greenwich	162	68%	131	78%	160	64%	138	80%
Foster	65	66%	44	68%	NA	NA	NA	NA
Foster-Glocester	NA	NA	NA	NA	217	61%	181	69%
Glocester	124	62%	104	67%	NA	NA	NA	NA
Jamestown	43	65%	60	83%	74	77%	47	85%
Johnston	276	45%	255	65%	289	41%	296	53%
Lincoln	266	72%	236	74%	261	62%	287	74%
Little Compton	37	59%	41	83%	41	76%	34	85%
Middletown	199	68%	199	66%	185	70%	181	76%
Narragansett	122	66%	79	85%	122	75%	95	78%
New Shoreham	14	57%	12	92%	NA	NA	NA	NA
Newport	179	34%	155	53%	178	39%	157	50%
North Kingstown	334	71%	340	79%	349	61%	325	76%
North Providence	252	39%	254	62%	311	38%	272	49%
North Smithfield	129	80%	137	81%	161	66%	140	71%
Pawtucket	705	42%	675	48%	804	37%	667	38%
Portsmouth	236	67%	193	85%	223	72%	192	73%
Providence	1,925	25%	1,838	42%	1,957	20%	1,694	31%
Scituate	141	62%	116	78%	156	79%	152	74%
Smithfield	220	72%	181	88%	227	64%	212	75%
South Kingstown	249	71%	236	85%	348	72%	306	84%
Tiverton	154	75%	148	78%	203	62%	165	67%
Warwick	854	63%	725	70%	951	52%	794	58%
West Warwick	294	42%	253	65%	318	51%	268	59%
Westerly	255	56%	200	78%	266	47%	248	73%
Woonsocket	493	41%	454	59%	495	29%	470	36%
Charter Schools	160	36%	248	68%	23	39%	231	56%
UCAP	NA	NA	NA	NA	66	5%	67	28%
Four Core Cities	3,389	31%	3,190	45%	3,548	25%	3,019	33%
Remainder of State	7,792	62%	7,289	73%	8,678	57%	7,650	67%
Rhode Island	11,341	52%	10,727	65%	12,315	47%	10,967	58%

Source of Data for Table/Methodology

Data are from the Rhode Island Department of Elementary and Secondary Education, *New England Common Assessment Program (NECAP)*, October 2005 and October 2011.

Due to the adoption of a new assessment tool by the Rhode Island Department of Elementary and Secondary Education in 2005, *Math Skills* in the Factbook cannot be compared with Factbooks prior to 2007, when the *New England Common Assessment Program (NECAP)* data were first presented.

% at or above proficiency are students who received proficient or proficient with distinction scores on the math section of the *NECAP*. Only students who actually took the test are counted in denominator for 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, Pawtucket, Providence and Woonsocket.

2011 *NECAP* data for independent charter schools include The Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, Segue Institute for Learning and Trinity Academy. Charter schools and UCAP are not included in the four core cities and remainder of state calculations. (UCAP is the Urban Collaborative Accelerated Program). Data for state schools including DCYF and the Rhode Island School for the Deaf are not included because the number of students is too small to report.

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

^{1,2,7,10,11} National Mathematics Advisory Panel. (2008). *Foundations for success: The final report of the National Mathematics Advisory Council*. Washington, DC: U.S. Department of Education.

(continued on page 174)

Schools Making Insufficient Progress

DEFINITION

Schools making insufficient progress is the percentage of Rhode Island public schools making insufficient progress as classified by the Rhode Island Department of Elementary and Secondary Education. Classification levels include: “Insufficient Progress,” “Caution,” “Delay,” “Met Adequate Yearly Progress (AYP)” and “Met AYP and Commended.” Classifications are based on 37 measures of school performance. Rhode Island’s accountability system is designed to promote improved educational outcomes so all students reach proficiency by 2014, as required by the federal *No Child Left Behind Act* of 2001.

SIGNIFICANCE

The 2001 federal *No Child Left Behind Act* (NCLB) is aimed at closing achievement gaps and improving public schools. Through improved standards and accountability and increased testing and reporting requirements, *NCLB* is intended to focus on improving educational outcomes for all students, with special attention paid to key demographic groups. The law also is intended to improve educator quality and expand options for students.¹ States have some flexibility about how they define “Adequate Yearly Progress,” but state standardized tests must be the primary measure and, for high schools,

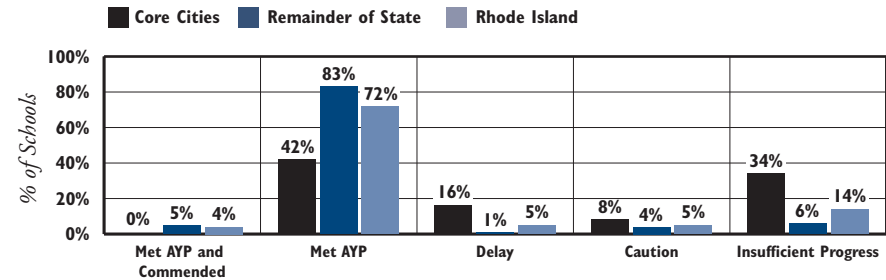
the graduation rate must be the second measure.²

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.³ Accountability systems are insufficient without deliberate interventions to both improve educator quality and to provide extra resources to students at risk of failure.⁴

Testing student performance in reading and mathematical skills can indicate how well schools are preparing students to succeed in higher education and the labor market. Students with higher test scores are more likely to graduate from high school, attend college, earn more and have more stable employment than students with lower test scores.^{5,6}

Districts can improve student performance by creating a strong focus on student achievement, improving curricula, using data to improve instruction and accountability, building structures to support staff, nurturing positive relationships within schools and communities, investing in instructional leadership, using coherent school-improvement strategies, strengthening professional development and aligning district infrastructure.⁷

2011 Rhode Island School Performance Classifications



Source: Rhode Island Department of Education, 2010-2011 school year. Note: Percentages may not sum to 100% due to rounding. See Methodology Section for more detail on the definition of each school classification strategy.

◆ In Rhode Island in 2011, 12 schools (4%) were classified as “Met AYP and Commended,” 211 schools (72%) were classified as “Met Adequate Yearly Progress (AYP),” 16 schools (5%) were classified as “Delay,” 15 schools (5%) were classified as “Caution” and 41 schools (14%) were classified as making “Insufficient Progress.”⁸ Schools that are classified as making “Insufficient Progress” may face state interventions, including the implementation of a corrective action plan or restructuring by the state.⁹

Race to the Top Seeks to Close Achievement Gaps

◆ Rhode Island is one of 12 states to win the federal Race to the Top competition, a grant program designed to encourage and reward states that are creating conditions for education innovation and reform and achieving significant improvements in student outcomes.¹⁰

◆ Year One (2010-2011) of Race to the Top implementation in Rhode Island focused resources on the reform areas of educator effectiveness and standards and curriculum. Over the next three years, resources also will be devoted to instructional improvement, human capital development and school transformation and innovation.¹¹

◆ Rhode Island’s plan for Race to the Top includes the following goals: achievement gaps among all students will be cut in half and 90% of students entering fourth grade and eighth grade will be proficient in reading on the *New England Common Assessment Program (NECAP)*, the state assessment.¹²

Schools Making Insufficient Progress

Table 46.

School Classifications, Rhode Island, 2011

SCHOOL DISTRICT	TOTAL # OF SCHOOLS	# MET AYP & COMMENDED	% MET AYP & COMMENDED	# MET AYP	% MET AYP	# DELAY	% DELAY	# CAUTION	% CAUTION	# MAKING INSUFFICIENT PROGRESS	% MAKING INSUFFICIENT PROGRESS
Barrington	6	5	83%	1	17%	0	0%	0	0%	0	0%
Bristol Warren	6	0	0%	6	100%	0	0%	0	0%	0	0%
Burrillville	5	0	0%	5	100%	0	0%	0	0%	0	0%
Central Falls	6	0	0%	1	17%	1	17%	1	17%	3	50%
Chariho	7	0	0%	7	100%	0	0%	0	0%	0	0%
Coventry	7	0	0%	6	86%	0	0%	0	0%	1	14%
Cranston	23	0	0%	19	83%	0	0%	0	0%	4	17%
Cumberland	8	0	0%	7	88%	0	0%	0	0%	1	13%
East Greenwich	6	4	67%	2	33%	0	0%	0	0%	0	0%
East Providence	11	0	0%	7	64%	1	9%	2	18%	1	9%
Exeter-West Greenwich	5	0	0%	4	80%	1	20%	0	0%	0	0%
Foster	1	0	0%	1	100%	0	0%	0	0%	0	0%
Foster-Glocester	2	0	0%	2	100%	0	0%	0	0%	0	0%
Glocester	2	0	0%	2	100%	0	0%	0	0%	0	0%
Jamestown	2	0	0%	2	100%	0	0%	0	0%	0	0%
Johnston	7	0	0%	6	86%	0	0%	0	0%	1	14%
Lincoln	6	0	0%	5	83%	0	0%	1	17%	0	0%
Little Compton	1	0	0%	1	100%	0	0%	0	0%	0	0%
Middletown	5	0	0%	5	100%	0	0%	0	0%	0	0%
Narragansett	3	0	0%	3	100%	0	0%	0	0%	0	0%
New Shoreham	1	0	0%	1	100%	0	0%	0	0%	0	0%
Newport	6	0	0%	5	83%	0	0%	0	0%	1	17%
North Kingstown	8	0	0%	7	88%	0	0%	1	13%	0	0%
North Providence	9	0	0%	8	89%	0	0%	1	11%	0	0%
North Smithfield	4	0	0%	4	100%	0	0%	0	0%	0	0%
Pawtucket	16	0	0%	12	75%	0	0%	0	0%	4	25%
Portsmouth	4	0	0%	4	100%	0	0%	0	0%	0	0%
Providence	44	0	0%	11	25%	11	25%	4	9%	18	41%
Scituate	5	0	0%	5	100%	0	0%	0	0%	0	0%
Smithfield	6	2	33%	4	67%	0	0%	0	0%	0	0%
South Kingstown	7	0	0%	6	86%	0	0%	1	14%	0	0%
Tiverton	5	0	0%	5	100%	0	0%	0	0%	0	0%
Warwick	23	0	0%	19	83%	0	0%	2	9%	2	9%
West Warwick	5	0	0%	3	60%	0	0%	1	20%	1	20%
Westerly	6	0	0%	6	100%	0	0%	0	0%	0	0%
Woonsocket	10	0	0%	8	80%	0	0%	1	10%	1	10%
Charter Schools	12	1	8%	9	75%	1	8%	0	0%	1	8%
State-Operated Schools	4	0	0%	1	25%	1	25%	0	0%	2	50%
UCAP	1	0	0%	1	100%	0	0%	0	0%	0	0%
Four Core Cities	76	0	0%	32	42%	12	16%	6	8%	26	34%
Remainder of State	202	11	5%	168	83%	2	1%	9	4%	12	6%
Rhode Island	295	12	4%	211	72%	16	5%	15	5%	41	14%

Source of Data for Table/Methodology

All data are from the Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year. See the Methodology Section for more information.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter schools are Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community, Paul Cuffee Charter School, Segue Institute for Learning and Trinity Academy for the Performing Arts. State-operated schools are the William M. Davies Jr. Career and Technical High School, DCYF, Metropolitan Regional Career and Technical Center and the Rhode Island School for the Deaf. UCAP is the Urban Collaborative Accelerated Program.

References

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(continued on page 174)

Chronic Early Absence

DEFINITION

Chronic early absence is the percentage of children in kindergarten through third grade (K-3) who have missed 10% of the school year (i.e., 18 days or more), including excused and unexcused absences.

SIGNIFICANCE

Students who are absent from school miss opportunities to learn and develop positive relationships within the school community. During the early elementary school years, children develop important skills and approaches to learning that are critical for ongoing school success. Through their experiences in K-3 classrooms, children build academic, social-emotional and study skills.^{1,2} Children who are chronically absent in kindergarten show lower levels of achievement in math, reading and general knowledge in first grade. Among poor children, chronic absence in kindergarten can predict low educational achievement at the end of fifth grade. Nationally, chronically absent Hispanic kindergarteners have lower reading achievement than their chronically absent peers of other ethnicities.^{3,4}

Chronic early absence affects one out of 10 children in the U.S. during their first two years of school.⁵ Children from poor families are much more likely to have high rates of chronic absenteeism in the early grades than higher-income

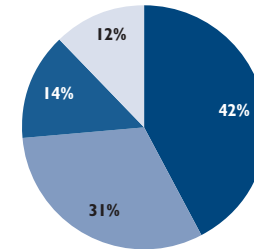
children. In the U.S., one in five (21%) poor kindergartners were chronically absent, compared to less than one in 10 (8%) of their higher-income peers.⁶ Children who are homeless or formerly homeless experience poor educational outcomes related to school absenteeism and mobility.⁷ Lack of access to preventive health care and chronic health issues, such as asthma, can result in increased absenteeism.⁸

Chronic early absence is most often a result of a combination of school, family and community factors.⁹ Risk factors such as poverty, teenage parenting, single parenting, low maternal education levels, unemployment, poor maternal health, public assistance enrollment and household food insecurity all can affect school attendance. Rates of chronic absence rise significantly when three or more of these risk factors are present.^{10,11}

Chronic absenteeism also can result from poor quality education, ambivalence about or alienation from school, and chaotic school environments, including high rates of teacher turnover, disruptive classrooms and/or bullying.¹² Factors that may disrupt school routines and lead to chronic absence include unreliable or insufficient public transportation systems, violence or the fear of violence on the way to and from school and at school, multiple foster care placements, parental substance use and lack of safe and affordable housing.¹³

School Attendance in Rhode Island by Number of School Days Missed, Grades K-3, 2010-2011 School Year

42% 0-5 Days
31% 6-11 Days
14% 12-17 Days
12% 18 Days or More



n = 46,412

Source: Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year. Totals may not sum to 100% due to rounding.

- ◆ During the 2010-2011 school year, 12% of Rhode Island children in grades K-3 were chronically absent (i.e., absent 18 days or more). In Rhode Island's four core cities, 20% of children in grades K-3 were chronically absent.¹⁴
- ◆ More than a quarter (26%) of Rhode Island children in grades K-3 missed 12 or more days of school during the 2010-2011 school year.¹⁵ Chronic absenteeism affects all students in a class because teachers may backtrack or slow the learning pace to review lessons for students who have missed school.¹⁶
- ◆ Averages for schoolwide attendance can mask significant numbers of chronically absent individual students.¹⁷ During the 2010-2011 school year, elementary schools in Rhode Island's four core cities had an average daily attendance rate of 93%, but 20% of students in grades K-3 were chronically absent.¹⁸
- ◆ While most elementary schools monitor average daily attendance or unexcused absences, few actively monitor the combination of excused and unexcused absence for individual students.¹⁹
- ◆ Chronic absenteeism can be reduced through school-family-community partnerships that use an ongoing and intentional approach to monitor attendance and contact parents as soon as troubling patterns of attendance appear.²⁰ Schools can nurture a culture of attendance by helping parents understand the importance of coming to school in the early grades. Partnerships with early childhood education and afterschool programs, as well as school-based health clinics, can help promote attendance.²¹

Table 47.

Chronic Early Absence Rates, Grades K-3, Rhode Island, 2010-2011 School Year

SCHOOL DISTRICT	K-3 STUDENTS ENROLLED	ELEMENTARY (K-5) ATTENDANCE RATE	TOTAL # OF K-3 STUDENTS CHRONICALLY ABSENT	% CHRONIC ABSENCES IN GRADES K-3
Barrington	980	96%	41	4%
Bristol Warren	1,090	95%	103	9%
Burrillville	798	95%	105	13%
Central Falls	956	95%	104	11%
Chariho	972	97%	15	2%
Coventry	1,492	94%	229	15%
Cranston	3,375	95%	384	11%
Cumberland	1,493	97%	34	2%
East Greenwich	681	96%	24	4%
East Providence	1,771	95%	201	11%
Exeter-West Greenwich	493	96%	24	5%
Foster	180	93%	36	20%
Glocester	375	96%	21	6%
Jamestown	214	96%	11	5%
Johnston	985	95%	92	9%
Lincoln	952	96%	58	6%
Little Compton	138	95%	9	7%
Middletown	845	95%	67	8%
Narragansett	392	95%	26	7%
New Shoreham	46	94%	5	11%
Newport	744	94%	122	16%
North Kingstown	1,199	96%	46	4%
North Providence	1,082	95%	93	9%
North Smithfield	527	96%	16	3%
Pawtucket	3,456	95%	437	13%
Portsmouth	766	96%	40	5%
Providence	8,987	93%	1,955	22%
Scituate	454	96%	32	7%
Smithfield	667	96%	21	3%
South Kingstown	984	96%	70	7%
Tiverton	586	96%	42	7%
Warwick	3,035	95%	269	9%
West Warwick	1,223	94%	164	13%
Westerly	916	98%	42	5%
Woonsocket	2,315	92%	600	26%
Charter Schools	1,226	96%	63	5%
Rhode Island School for the Deaf	17	93%	3	18%
Four Core Cities	15,714	93%	3,096	20%
Remainder of State	29,455	96%	2,442	8%
Rhode Island	46,412	95%	5,604	12%

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year.

These numbers may not include children who miss more than 18 days of school but who are officially un-enrolled in one district and have not yet enrolled in another district (e.g., when children are homeless, live in unstable situations, transition from out-of-home placement – juvenile justice, foster care, residential or hospital placement – or miss school due to extended travel out of state or out of the country).

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter elementary schools include Blackstone Valley Prep, The Compass School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community and Paul Cuffee Charter School.

References

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- ^{2,3,5,9,11,12,19,20} Chang, H. N. & Romero, M. (2008). *Present, engaged, and accounted for: The critical importance of addressing chronic absence in the early grades*. New York: National Center for Children in Poverty, Columbia University Mailman School of Public Health.
- ⁴ Romero, M. & Lee, Y. (2007). *A national portrait of chronic absenteeism in the early grades*. New York: National Center for Children in Poverty, Columbia University Mailman School of Public Health.
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- ⁸ Basch, C. E. (2010). *Healthier students are better learners: A missing link in school reforms to close the achievement gap*. New York: Teachers College, Columbia University.

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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 middle school (grades 6-8) and high school (grades 9-12).

SIGNIFICANCE

Students who are frequently absent from school miss critical academic and social learning opportunities and are at risk of disengagement from school, academic failure and dropping out.^{1,2} Regardless of the reason for absence, students who miss school are more likely to fall behind academically and engage in risky behaviors.^{3,4}

School absenteeism can be a symptom of a problem at the family, school or student level.⁵ Family and economic factors connected to student absenteeism include poverty, substance abuse, domestic violence, foster care placement, student employment, student disability and lack of affordable or reliable transportation.^{6,7} School factors contributing to absenteeism include school climate, school size, attitudes of school staff and discipline policies.^{8,9}

Student-reported reasons for not attending school include repeated suspensions, disruptive learning environments, irrelevant or unchallenging courses, poor achievement, concerns for safety, difficulty with peer and adult relationships, conflicts between school

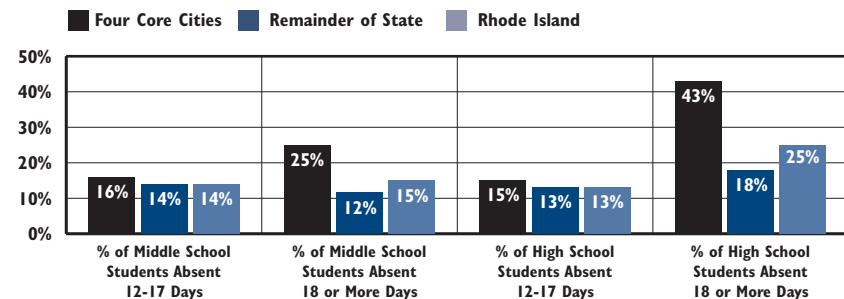
and work, family responsibilities and negative perceptions of school.^{10,11}

The U.S. Department of Education and the Rhode Island Department of Elementary and Secondary Education (RIDE) define truancy as ten or more unexcused absences in a school year.^{12,13} During the 2010-11 school year in Rhode Island, 24% of middle school students and 31% of high school students were considered truant by RIDE.¹⁴ Rhode Island truant students may be referred to the Family Court's Truancy Calendar, a community and school-based intervention program.¹⁵

Nearly half (47%) of Rhode Island's low-income middle and high school students missed 12 or more days of school in 2010-11, compared with a quarter (25%) of higher-income students. Forty-four percent of middle and high school students who are English Language Learners missed 12 or more days of school, compared with 35% of all middle and high school students. Almost three quarters (70%) of absences by middle and high school students were unexcused absences.¹⁶

Attendance rates in the four core cities are lower than in the remainder of the state. Improving the four core cities' high school attendance from the current rate of 86% to 94% (the rate in the remainder of the state) would mean that on average 875 more students would be attending high school in the core cities each day.¹⁷

**School Attendance in Rhode Island by Number of School Days Missed
Middle and High School, 2010-2011 School Year**



Source: Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year.

Improving School Attendance

- ◆ Research shows that chronic absenteeism in middle school is a strong predictor for dropping out.^{18,19} Rhode Island's Race to the Top plan includes an early warning system to monitor individual student attendance along with other indicators that predict student drop out.²⁰
- ◆ School connectedness plays an important role in student attendance.²¹ An open, supportive, safe and engaging school culture with caring adults can address many of the causes of truancy.^{22,23}
- ◆ Effective truancy-reduction strategies include creating community and school partnerships to get students to school, providing challenging and creative school curricula, developing discipline policies that keep students in school, offering art, music, physical education and other high-interest classes, creating safe school environments where students do not fear bullying and implementing credit recovery programs.^{24,25,26}
- ◆ Other barriers to attendance can be removed by providing universal school breakfast and lunch, improving reliability of affordable transportation to and from school, streamlining school enrollment for students in foster care or providing counseling services.^{27,28}

Table 48.

Student Absence and School Attendance Rates, Rhode Island, 2010-2011 School Year

SCHOOL DISTRICT	MIDDLE SCHOOL				HIGH SCHOOL			
	TOTAL # OF STUDENTS	% OF STUDENTS ABSENT 12-17 DAYS	% OF STUDENTS ABSENT 18+ DAYS	ATTENDANCE RATE	TOTAL # OF STUDENTS	% OF STUDENTS ABSENT 12-17 DAYS	% OF STUDENTS ABSENT 18+ DAYS	ATTENDANCE RATE
Barrington	785	10%	5%	96%	1,172	9%	5%	96%
Bristol Warren	789	15%	13%	95%	1,093	17%	23%	92%
Burrillville	536	17%	12%	94%	750	21%	20%	92%
Central Falls	483	17%	15%	94%	810	14%	44%	87%
Chariho	812	9%	3%	96%	1,226	15%	17%	94%
Coventry	1,197	21%	22%	93%	1,745	NA	NA	99%
Cranston	2,337	16%	16%	94%	3,493	14%	24%	92%
Cumberland	1,147	7%	4%	97%	1,507	12%	16%	94%
East Greenwich	574	9%	5%	96%	757	2%	2%	98%
East Providence	1,226	17%	22%	93%	1,730	8%	17%	95%
Exeter-West Greenwich	456	9%	5%	96%	586	14%	11%	95%
Foster-Glocester	504	17%	10%	95%	807	17%	15%	94%
Jamestown*	152	14%	9%	96%	NA	NA	NA	NA
Johnston	751	16%	19%	94%	928	17%	28%	92%
Lincoln	848	13%	10%	95%	1,058	16%	21%	93%
Little Compton*	116	12%	7%	96%	NA	NA	NA	NA
Middletown	581	14%	7%	96%	704	12%	9%	95%
Narragansett	331	11%	9%	96%	499	11%	17%	94%
New Shoreham	30	26%	24%	92%	34	26%	18%	93%
Newport	416	19%	19%	93%	604	17%	43%	87%
North Kingstown	982	12%	8%	96%	1,623	13%	16%	94%
North Providence	823	17%	13%	95%	1,057	17%	24%	92%
North Smithfield	433	10%	2%	97%	545	15%	13%	94%
Pawtucket	2,019	12%	12%	95%	2,344	14%	29%	91%
Portsmouth	608	11%	6%	96%	1,031	9%	7%	96%
Providence	4,880	17%	27%	91%	7,064	15%	46%	85%
Scituate	409	13%	9%	96%	512	15%	16%	94%
Smithfield	590	9%	5%	96%	813	10%	9%	95%
South Kingstown	881	11%	8%	96%	1,075	12%	14%	94%
Tiverton	458	19%	12%	94%	591	20%	18%	93%
Warwick	2,374	14%	15%	94%	3,262	16%	23%	92%
West Warwick	734	17%	18%	93%	1,026	15%	31%	89%
Westerly	745	15%	11%	95%	990	18%	19%	92%
Woonsocket	1,359	16%	34%	90%	1,743	16%	48%	85%
Charter Schools	559	14%	6%	96%	530	11%	11%	95%
State-Operated Schools	33	13%	13%	94%	1,712	8%	13%	95%
UCAP	140	14%	33%	91%	NA	NA	NA	NA
Four Core Cities	8,742	16%	25%	92%	11,962	15%	43%	86%
Remainder of State	22,626	14%	12%	95%	31,216	13%	18%	94%
Rhode Island	32,099	14%	15%	94%	45,421	13%	25%	92%

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year.

Attendance rates are calculated by dividing the state-calculated "aggregate days of attendance" by the "aggregate days of membership."

These numbers may not include children who miss more than 18 days of school but who are officially un-enrolled in one district and have not yet enrolled in another district. (e.g., when children are homeless, live in unstable living situations, transition from out-of-home placement -- juvenile justice, foster care, residential or hospital placement -- or miss school due to extended travel out of state or out of the country).

*Little Compton students attend high school in Portsmouth and Jamestown students attend high school in North Kingstown.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter middle schools include The Compass School, Highlander Charter School, The Learning Community, Paul Cuffee Charter School, Segue Institute for Learning and Trinity Academy. Charter high schools include Beacon Charter High School for the Arts, Blackstone Academy, The Greene School and Paul Cuffee Charter School.

State-operated schools include The Rhode Island Training School operated by DCYF, Metropolitan Regional Career and Technical Center, Rhode Island School for the Deaf and William M. Davies Jr. Career & Technical High School. UCAP is the Urban Collaborative Accelerated Program.

NA indicates that the school district does not have students at that grade level, that the number of students was too small to report or that data from the district were not available.

References

^{1,3,6} Sundius, J. & Farneth, M. (2008). *Missing school: The epidemic of school absence*. Baltimore, MD: Open Society Institute-Baltimore.

(continued on page 175)

Suspensions

DEFINITION

Suspensions is the number of infractions and disciplinary actions per 100 students in pre-kindergarten through 12th grade in Rhode Island public schools. Students can receive more than one disciplinary action during the school year. Disciplinary actions include in-school suspensions, out-of-school suspensions and alternate program placements.

SIGNIFICANCE

Effective school disciplinary practices promote a safe and respectful school climate for students and teachers, support learning and address the causes of student misbehavior. Punitive disciplinary practices, including “zero tolerance” policies, are largely ineffective and even counterproductive.^{1,2} Despite this evidence, out-of-school suspension is a widely used disciplinary technique, both nationally and in Rhode Island. Suspensions are used for minor offenses, such as attendance infractions, and for more serious offenses, such as weapon possession.^{3,4}

Suspension usually does not deter students from misbehaving and may actually reinforce negative behavior patterns. Suspended students are more likely than their peers to experience academic failure, juvenile justice systems involvement, disengagement from school, isolation from teachers and peers

and to drop out of school.^{5,6}

Positive Behavior Interventions and Supports (PBIS) and professional development focused on providing more engaging instruction and improving classroom management could help reduce the need for suspensions and improve educational outcomes.⁷

During the 2010-2011 school year in Rhode Island, 44,185 disciplinary actions were attributed to 14,998 students. The total number of disciplinary actions is almost three times the number of students disciplined because some students were disciplined multiple times.⁸

Low-income and minority students are overrepresented in school suspensions and receive disproportionately severe disciplinary actions compared with their higher-income and White peers.⁹ In Rhode Island during the 2010-2011 school year, minority students made up only 36% of the student population, but received 52% (23,127) of all disciplinary actions. Less than one-third (29%) of Rhode Island students were enrolled in the four core city districts, but students in these districts received 50% of the disciplinary actions.¹⁰

Students with disabilities also are more likely than other students to be suspended. While 18% of Rhode Island students were in special education in 2010-2011, they accounted for 31% (13,748) of the disciplinary actions and 27% (4,109) of all students disciplined.¹¹

Disciplinary Actions, Rhode Island Public Schools, 2010-2011

By Type of Infraction	#	%	By Type of Infraction	#	%
Attendance Offenses	16,518	37%	Assault of Student or Teacher	1,634	4%
Insubordination/Disrespect	7,564	17%	Alcohol/Drug/Tobacco Offenses	971	2%
Disorderly Conduct	6,539	15%	Communications/Electronic Devices	795	2%
Fighting	2,466	6%	Arson/Larceny/Vandalism	648	1%
Obscene/Abusive Language	2,124	5%	Weapon Possession	331	1%
Harassment/Intimidation/Threat	2,175	5%	Other Offenses*	2,420	5%
			Total	44,185	

**Examples of other offenses include unauthorized use of a computer or other technology, forgery, fire regulations violations, trespassing, etc. This category also includes disciplinary actions where the infraction is missing or not specified.*

Source: Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year. Percentages may not sum to 100% due to rounding.

- ◆ In Rhode Island during the 2010-2011 school year, 11% of the student population was suspended at least once. More than one-third (37%) of all suspensions were for attendance-related offenses.¹²
- ◆ Of all disciplinary actions during the 2010-2011 school year, 6% involved elementary school students (pre-kindergarten through 5th grade), 32% involved middle school students (6th-8th grades), and 61% involved high school students (9th-12th grades).¹³
- ◆ Out-of-school suspensions accounted for 56% of disciplinary actions in Rhode Island during the 2010-2011 school year, followed by in-school suspensions at 33% and alternate program placements at 12%.¹⁴

Mental Health and School Discipline

- ◆ Students with mental health issues are more likely to experience problems in school, be absent from school, be suspended or be expelled than their peers. Elementary school students with mental health problems are suspended and expelled more than three times as often as their peers.¹⁵
- ◆ Approximately three-quarters of students in need of mental health services do not receive them and students who are suspended or expelled are not routinely referred to mental health services.^{16,17}

Table 49.

Disciplinary Actions, Rhode Island School Districts, 2010-2011

SCHOOL DISTRICT	TOTAL # OF STUDENTS ENROLLED	TYPE OF DISCIPLINARY ACTION			TOTAL DISCIPLINARY ACTIONS	ACTIONS PER 100 STUDENTS
		SUSPENDED OUT-OF-SCHOOL	SUSPENDED IN-SCHOOL	ALTERNATE PROGRAM PLACEMENTS*		
Barrington	3,403	100	25	0	125	4
Bristol Warren	3,456	414	1,565	0	1,979	57
Burrillville	2,467	520	88	0	608	25
Central Falls	2,610	133	0	3	136	5
Chariho	3,396	367	57	51	475	14
Coventry	5,096	304	2	629	935	18
Cranston	10,360	1,901	691	13	2,605	25
Cumberland	4,643	405	86	0	491	11
East Greenwich	2,339	80	3	0	83	4
East Providence	5,443	977	3	0	980	18
Exeter-West Greenwich	1,753	236	1	0	237	14
Foster	250	0	0	0	0	0
Foster-Glocester	1,295	252	359	0	611	47
Glocester	547	0	0	0	0	0
Jamestown	474	5	1	0	6	1
Johnston	2,979	338	37	0	375	13
Lincoln	3,322	412	206	2	620	19
Little Compton	307	2	3	0	5	2
Middletown	2,432	349	59	0	408	17
Narragansett	1,465	68	118	0	186	13
New Shoreham	124	0	12	0	12	10
Newport	2,022	599	154	0	753	37
North Kingstown	4,289	155	845	14	1,014	24
North Providence	3,330	1,005	960	0	1,965	59
North Smithfield	1,752	63	0	0	63	4
Pawtucket	8,787	3,069	155	0	3,224	37
Portsmouth	2,691	99	31	0	130	5
Providence	23,503	8,046	3,205	94	11,345	48
Scituate	1,587	37	182	1	220	14
Smithfield	2,377	332	332	0	664	28
South Kingstown	3,472	370	1,175	0	1,545	45
Tiverton	1,860	391	9	20	420	23
Warwick	9,805	1,540	0	0	1,540	16
West Warwick	3,452	554	901	3	1,458	42
Westerly	3,113	312	112	0	424	14
Woonsocket	5,738	1,053	2,276	4,235	7,564	132
Charter Schools	2,823	143	185	0	328	12
State-Operated Schools	1,728	29	543	54	626	36
UCAP	140	25	0	0	25	18
Four Core Cities	40,639	12,301	5,636	4,332	22,269	55
Remainder of State	95,301	12,187	8,017	733	20,937	22
Rhode Island	140,631	24,685	14,381	5,119	44,185	31

Notes to Table

*Alternate Program Placements (APPs) used for disciplinary reasons can consist of short-term or long-term academic placements in the student's home school or in an alternate setting. APPs provide students with explicit academic supports, unlike traditional in-school suspensions. The definition and use of APPs differs by district. Due to changes in how some districts categorize APPs, some of the data included in the in-school suspension and Alternate Program Placement columns of this table may not be comparable to Factbooks prior to 2008.

The type of infraction resulting in disciplinary action varies according to school district policy. The type of disciplinary action used for each type of infraction also varies according to school district policy.

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, 2010-2011 school year.

The disciplinary actions rate per 100 students is the total disciplinary actions for the school district at all grade levels (Pre-K through 12th grade), multiplied by 100, and divided by the student enrollment ("average daily membership").

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Charter schools include: Beacon Charter High School for the Arts, Blackstone Academy, Blackstone Valley Prep, The Compass School, The Greene School, Highlander Charter School, International Charter School, Kingston Hill Academy, The Learning Community Charter School, Paul Cuffee Charter School, Segue Institute for Learning and Trinity Academy for the Performing Arts. State-operated schools include: DCYF Schools, the Metropolitan Career & Technical Center, Rhode Island School for the Deaf, and William M. Davies Jr. Career & Technical High School. UCAP is the Urban Collaborative Accelerated Program.

The following independent charter and state-operated schools did not report any disciplinary actions in 2010-2011: Blackstone Valley Prep, Compass School, Kingston Hill Academy, Trinity and Rhode Island School for the Deaf.

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High School Graduation Rate

DEFINITION

High school graduation rate is the percentage of students who graduate from high school within four years of entering, calculated by dividing the number of students who graduate in four years or fewer by the total number of first-time entering ninth graders (adjusted for transfers in and transfers out during the four years).

SIGNIFICANCE

High school graduation is the minimum requisite for college and most employment. In Rhode Island, adults without high school diplomas are more than three times as likely to be unemployed as those who have bachelor's degrees.¹ Between 2008 and 2010 in Rhode Island, the median income of adults without high school diplomas or GEDs was \$21,743, compared to \$30,046 for adults with high school degrees.² In 2010, 14% of Rhode Island children lived in households headed by a non-high school graduate, compared to 15% nationally.³

People with more education are more likely to practice health-promoting behaviors, to be able to access needed care, to have better health outcomes and to live longer than those with less education. Closing gaps in educational attainment would help reduce health disparities.⁴

Children who attend high-quality preschool programs and read at grade level in elementary school are more likely to graduate from high school than their peers.⁵ Risk factors for dropping out include repeating grades, failing math or English, attendance problems, suspensions and behavior problems and disengagement from school.⁶

Graduation rates can be improved by using data to identify at-risk students during elementary and middle school. Early warning systems that lead to the provision of personalized and timely academic and social supports can help students get “on-track” for graduation. Other strategies to reduce the dropout rate include improving the school climate, creating eighth to ninth grade transition programs, supporting personalized learning and meaningful student connections with adults in the school, using expanded learning time, and implementing rigorous, engaging and relevant curricula.⁷

2008 High School Graduation Rates	
	2008
RI	70%
US	72%
National Rank*	36th
New England Rank**	6th

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: Editorial Projects in Education Research Center. (2011). *Diplomas Count 2011 – National and state graduation rates 2007-08*.

Rhode Island Four-Year High School Graduation and Dropout Rates, by Student Subgroup, Class of 2011

	Cohort Size	Four-Year Graduation Rate	Dropout Rate	% Completed GED	% of Students Still in School
All Students	12,000	77%	12%	3%	7%
Females	5,941	82%	10%	2%	5%
Males	6,059	72%	15%	4%	9%
English Language Learners	756	68%	20%	1%	11%
Students With Disabilities	2,521	58%	22%	3%	17%
Students Without Disabilities	9,479	82%	10%	3%	5%
Low-Income Students	6,032	66%	19%	5%	10%
Higher-Income Students	5,968	89%	5%	2%	4%
White	7,930	82%	9%	3%	6%
Asian	321	75%	14%	3%	7%
Black	1,135	67%	17%	4%	12%
Hispanic	2,343	67%	20%	3%	10%
Native American	71	66%	21%	4%	8%

Source: Rhode Island Department of Elementary and Secondary Education, Class of 2011 four-year cohort rates.

Percentages may not sum to 100% due to rounding. Graduation and dropout rates for youth who are pregnant or parenting and youth in the foster care system in Rhode Island are not available at this time.

◆ The Rhode Island four-year graduation rate for the class of 2011 was 77%, the dropout rate was 12%, 3% of students completed their GEDs within four years of entering high school and 7% were still in school in the fall of 2011.⁸

◆ Poverty is strongly linked to the likelihood of dropping out.⁹ Students in Rhode Island's four core cities are more than twice as likely to drop out of high school as students in the remainder of the state.¹⁰

Rhode Island Five- and Six-Year High School Graduation Rates

◆ Rhode Island calculates five- and six-year graduation rates to recognize the graduation accomplishment regardless of the time it takes. Of the 12,657 Rhode Island students who enrolled in ninth grade in 2005, 9,590 (75.8%) graduated in four years in 2009, 347 (2.7%) graduated in five years in 2010 and 66 (0.5%) graduated in six years in 2011.¹¹

◆ Of the 347 students who graduated in five years in 2010, 40% were students with disabilities. Of the 66 students who graduated in six years in 2011, 70% were students with disabilities.¹²

High School Graduation Rate

Table 50.

High School Graduation Rates, Rhode Island, Class of 2011

SCHOOL DISTRICT	FOUR-YEAR COHORT RATES				
	# OF STUDENTS IN COHORT	FOUR-YEAR GRADUATION RATE	DROPOUT RATE	% COMPLETED GED	% STILL IN SCHOOL
Barrington	296	97%	<1%	0%	3%
Bristol Warren	268	87%	6%	<1%	7%
Burrillville	205	87%	6%	4%	3%
Central Falls	246	70%	9%	1%	20%
Chariho	317	88%	4%	2%	6%
Coventry	441	83%	12%	1%	3%
Cranston	921	77%	12%	3%	8%
Cumberland	419	80%	9%	2%	9%
East Greenwich	184	95%	2%	0%	4%
East Providence	461	68%	15%	4%	13%
Exeter-West Greenwich	154	86%	8%	0%	5%
Foster-Glocester	203	93%	4%	1%	3%
Johnston	232	82%	8%	6%	5%
Lincoln	262	83%	8%	2%	7%
Middletown	173	72%	10%	5%	13%
Narragansett	119	84%	4%	6%	6%
Newport	169	81%	11%	2%	7%
North Kingstown	427	88%	8%	2%	2%
North Providence	258	93%	2%	2%	4%
North Smithfield	135	92%	4%	2%	2%
Pawtucket	639	63%	17%	6%	15%
Portsmouth	252	89%	6%	3%	2%
Providence	2,038	66%	24%	3%	8%
Scituate	138	91%	7%	1%	1%
Smithfield	191	92%	4%	1%	3%
South Kingstown	261	84%	10%	2%	5%
Tiverton	141	84%	9%	4%	3%
Warwick	833	82%	10%	3%	5%
West Warwick	252	75%	12%	3%	10%
Westerly	260	88%	8%	<1%	4%
Woonsocket	488	63%	22%	5%	10%
Beacon Charter High School for the Arts	60	77%	8%	3%	12%
Blackstone Academy	37	87%	0%	0%	14%
William M. Davies Jr. Career & Technical High School	178	75%	9%	2%	14%
DCYF Schools	137	4%	52%	33%	12%
Metropolitan Regional Career and Technical Center	185	81%	8%	3%	8%
Four Core Cities	3,411	65%	21%	4%	10%
Remainder of State	7,983	84%	8%	2%	6%
Rhode Island	12,000	77%	12%	3%	7%

Source of Data for Table/Methodology

Rhode Island Department of Elementary and Secondary Education, Class of 2011.

The 2011 four-year cohort graduation rate is the number of students who graduate in four years or fewer divided by the total number of students in the cohort. The cohort is calculated as the number of first-time entering ninth graders in 2007-2008 adjusted for transfers in and transfers out during the course of the four years. The cohort dropout rate is calculated the same way as the graduation rate, but the numerator is the number of students who drop out or whose status is unknown at the end of four years. Separate rates are calculated for the percentage of students who are retained in high school and therefore are taking more than four years to graduate and for the percentage of students who received their GED within four years instead of graduating with a traditional diploma.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Students from Little Compton attend high school in Portsmouth and students from Jamestown attend high school in North Kingstown. DCYF includes students attending DCYF alternative schools.

*Rates are not reported for districts or schools with fewer than 10 students in the cohort. There are 20 students in this cohort included in the core cities, remainder of the state and Rhode Island totals that come from districts and schools not reported.

References

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⁴ Robert Wood Johnson Foundation Commission to Build a Healthier America. (2009). *Education matters for health*. Retrieved March 1, 2012, from www.commissiononhealth.org

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College Preparation and Access

DEFINITION

College preparation and access is the percentage of Rhode Island high school seniors who graduate and immediately go on to college (i.e., enroll in a two-year or four-year college anywhere in the country in the fall of the year they graduate from high school).

SIGNIFICANCE

Post-secondary education and/or training are increasingly critical in today's job market. By 2018, 61% of jobs in Rhode Island will require post-secondary education beyond high school.¹ While some students choose to participate in service learning opportunities, technical training programs or obtain work experience before college, college entry directly from high school is an important measure of access. College access barriers include insufficient academic preparation, difficulty navigating the college application and financial aid process and the high cost of college relative to available financial aid.^{2,3}

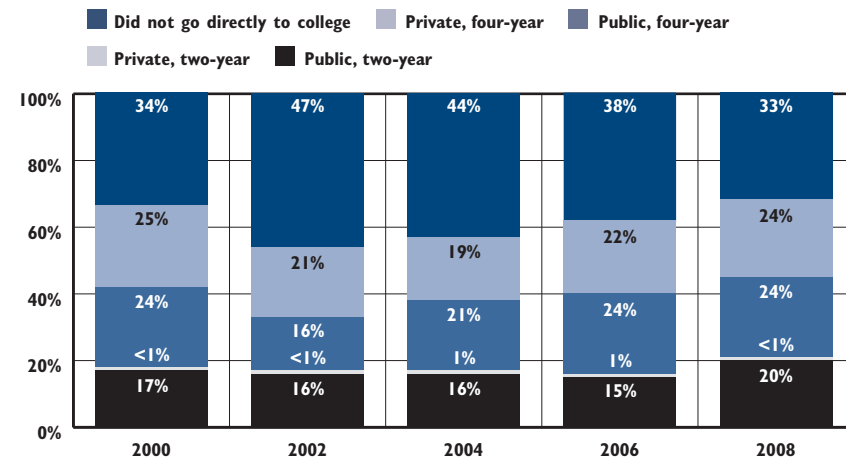
During the 2010-2011 school year, 90% of Rhode Island high school seniors reported planning to attend a two- or four-year college.⁴ In 2011, 64% of Rhode Island graduating seniors had taken the SATs. However, only 35% of those who took the SAT achieved a score that indicated likely success in college and the workforce.⁵

Students who participate in upper-level honors and Advanced Placement (AP) courses are more likely to attend college and are better prepared to succeed in college than students who do not.⁶ Only 20% of Rhode Island's 2011 high school graduates took at least one AP exam, compared with the national rate of 30%.⁷

Low-income and first-generation college students are more likely to go to college when they attend high schools with strong college-going cultures, in which teachers encourage students to attend college, help them with the application process and make sure that students are academically prepared. High schools that offer rigorous coursework, set high expectations for students, offer dual enrollment in college classes and increase access to financial aid counseling can improve their students' enrollment and completion rates.^{8,9,10}

Many students who enroll in college do not complete their degree. Higher-income students are much more likely to be prepared to succeed in college than their low-income peers. Low-income students, minority students, and first-generation students are less likely to enroll in and complete college. Academic, financial and social supports can help increase college enrollment and completion rates, especially among these groups.^{11,12,13,14}

Rhode Island High School Seniors Who Graduate and Go Directly to College, 2000-2008



Source: Calculated by Rhode Island KIDS COUNT based on data from Postsecondary Education Opportunity, 2011. The percentage for 2006 public, two-year colleges was calculated using corrected data provided by CCRI.

◆ **Two-thirds (67%) of Rhode Island seniors who graduated from high school in 2008 went directly on to a two-year or four-year college, compared with 63% nationally. In 2008, Rhode Island ranked 13th in the nation and 3rd in New England (where 1st is best) in the number of high school seniors graduating and going directly to college.**¹⁵

◆ **In 2009, more than half (53%) of Rhode Island's 18 to 24 year-olds were enrolled in college, a higher percentage than any other state.**¹⁶ Two-thirds (66%) of Rhode Island students enrolled in four-year colleges graduated within six years, higher than the national rate of 56%.¹⁷ Among Rhode Island students enrolled in two-year colleges, 12% graduated within three years, lower than the national rate of 29%.¹⁸ This rate does not include the 20% of students at CCRI that transferred to four-year colleges.¹⁹

◆ **Improving college access and success will require improvements at all points in the preschool to 16 education system, including increasing access to high-quality preschool (especially for children from low-income families), implementing research-driven high school dropout prevention programs, aligning the kindergarten to 12 education system with college and career expectations, simplifying the college admission process, keeping college affordable and providing student support programs that increase college completion rates.**²⁰

College Preparation and Access

Table 51.

College Preparation and Access, Rhode Island

SCHOOL DISTRICT	TOTAL 12TH GRADE ENROLLMENT OCT. 2011	% OF 11TH GRADERS PROFICIENT IN READING, 2011	% OF 11TH GRADERS PROFICIENT IN MATH, 2011	% OF 12TH GRADERS WHO PLANNED TO ATTEND COLLEGE, 2011	4-YEAR HIGH SCHOOL GRADUATION RATE, 2011	# OF 12TH GRADERS WHO FILLED OUT THE FAFSA, 2011	% OF 12TH GRADERS TAKING THE SATS, 2011
Barrington	318	92%	69%	95%	97%	136	81%
Bristol Warren	255	89%	35%	93%	87%	186	60%
Burrillville	189	83%	30%	84%	87%	125	50%
Central Falls	212	41%	7%	91%	70%	121	43%
Chariho	302	92%	52%	89%	88%	135	60%
Coventry	439	85%	31%	91%	83%	299	51%
Cranston	849	78%	24%	92%	77%	593	49%
Cumberland	374	82%	31%	90%	80%	270	69%
East Greenwich	202	90%	65%	98%	95%	146	78%
East Providence	454	78%	25%	87%	68%	291	40%
Exeter-West Greenwich	144	90%	54%	89%	86%	105	64%
Foster-Glocester	191	78%	34%	90%	93%	119	70%
Johnston	212	74%	27%	86%	82%	180	50%
Lincoln	246	90%	48%	92%	83%	161	66%
Middletown	157	87%	52%	96%	72%	102	64%
Narragansett	133	94%	54%	95%	84%	116	65%
New Shoreham	7	NA	NA	NA	NA	4	100%
Newport	142	70%	26%	89%	81%	78	66%
North Kingstown	425	91%	48%	89%	88%	241	75%
North Providence	239	84%	22%	89%	93%	203	60%
North Smithfield	120	87%	41%	85%	92%	95	85%
Pawtucket	514	60%	14%	89%	63%	444	49%
Portsmouth	252	90%	51%	95%	89%	143	71%
Providence	1,418	56%	11%	92%	66%	1,206	67%
Scituate	110	94%	51%	87%	91%	119	88%
Smithfield	197	82%	36%	94%	92%	170	63%
South Kingstown	283	87%	52%	96%	84%	205	69%
Tiverton	135	85%	35%	92%	84%	122	56%
Warwick	767	79%	25%	91%	82%	560	53%
West Warwick	232	80%	21%	88%	75%	177	47%
Westerly	252	91%	46%	90%	88%	138	67%
Woonsocket	391	64%	16%	82%	63%	205	35%
Beacon Charter High School for the Arts	48	91%	58%	94%	77%	NA	63%
Blackstone Academy	41	79%	32%	88%	87%	NA	88%
William M. Davies Jr. Career & Technical High School	168	87%	35%	85%	75%	NA	33%
DCYF Schools	5	6%	0%	NA	4%	NA	NA
Metropolitan Regional Career and Technical Center	130	66%	15%	91%	81%	NA	2%
Rhode Island School for the Deaf	5	NA	NA	NA	NA	NA	NA
Four Core Cities	2,535	57%	12%	NA	65%	1,976	57%
Remainder of State	7,626	84%	36%	NA	84%	5,219	61%
Rhode Island	10,558	77%	30%	90%	77%	7,195	59%

Source of Data for Table/Methodology

12th grade enrollment data (October 1, 2011), 11th Grade *New England Common Assessment Program (NECAP)* data, % of 12th graders taking the SATs and high school graduation rates data are all from the Rhode Island Department of Elementary and Secondary Education.

11th grade *NECAP* reading and math proficiency rates are the percentage of *NECAP* test-takers who scored at the “proficient” or “proficient with distinction” levels (levels three and four) on the October 2011 *New England Common Assessment Program (NECAP)* test.

% of 12th graders who planned to attend college is from the 2010-2011 administration of *SurveyWorks!*, based on responses to the question, “What are you thinking about doing after finishing high school?” and includes students who responded that they planned to go to a community college, two-year college or four-year college. See the Methodology for more information on *SurveyWorks!*

The high school graduation rate is the number of students who graduate in four years or fewer divided by the total number of students who started 9th grade in 2007-2008, adjusted for transfers in and transfers out.

of 12th graders living in district who filled out the FAFSA data are from the Rhode Island Higher Education Assistance Authority (RIHEAA) and are a count of public and private school students who were born in 1992 and who started college during the 2010-2011 school year.

% of 12th graders taking the SATs is the number of students who took the SATs in 2010-2011 divided by the 12th grade enrollment. This number likely includes some 11th graders who took the SATs that year and may not be consistent with the percentage of graduating seniors who took the SATs as reported by the College Board and reported in other places in this indicator.

Core cities are Central Falls, Pawtucket, Providence and Woonsocket.

Students from Little Compton attend high school in Portsmouth and students from Jamestown attend high school in North Kingstown. DCYF includes students attending DCYF alternative schools.

References

- Carnevale, A. P., Smith, N. & Strohl, J. (2010). *Projections of jobs and education requirements through 2018*. Washington, DC: Georgetown University, Center on Education and the Workforce.

(continued on page 175)

Teens Not in School and Not Working

DEFINITION

Teens not in school and not working is the percentage of teens ages 16 to 19 who are not enrolled in school, not in the Armed Forces and not employed. Teens who are recent high school graduates and who are unemployed and teens who have dropped out of high school and are jobless are included.

SIGNIFICANCE

School and work help teens acquire the skills, knowledge and supports they need to become productive adults.¹ Teens who drop out of school and do not become a part of the workforce are at risk of experiencing negative outcomes as they transition from adolescence to adulthood. Teens in low-income families, teens who drop out of school, teen parents, teens in foster care and teens involved in the juvenile justice system are most at risk of being disconnected from both school and work.²

Disconnected youth are more likely to live in poverty, suffer from substance abuse and mental health problems, have low educational attainment, become teen parents, engage in violent activity, live in under-resourced neighborhoods, experience difficulties maintaining employment and earn low wages.^{3,4,5}

Meaningful family support, mentoring, out-of-school programming,

job training, smaller schools, safer schools, high-quality alternative education programs and school-to-career programs lessen the likelihood of teens becoming disconnected from school and work.^{6,7,8} Research shows that youth who are consistently connected to work and school have similar annual earnings regardless of whether they are Hispanic, White or Black.⁹

Between 2008 and 2010, an estimated 4,407 (7%) youth ages 16 to 19 were not in school and not working in Rhode Island. Of the youth who were not in school and not working, 38% were females and 62% were males. Forty-three percent of these youth were high school graduates and 57% had not graduated from high school.¹⁰

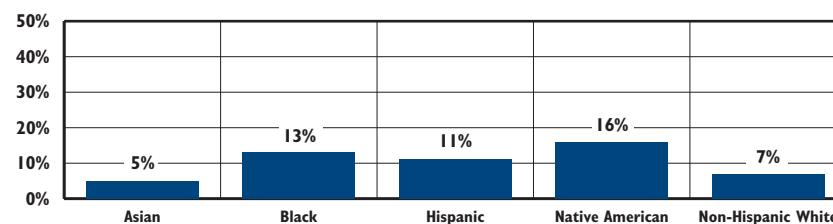
Teens Not in School and Not Working	
	2010
RI	5%
US	9%
National Rank*	3rd
New England Rank**	2nd

*1st is best; 50th is worst

**1st is best; 6th is worst

Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

Percentage of U.S. Youth Ages 16 to 19, Not in School and Not Working, by Race and Ethnicity, 2010



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

◆ Nationally and in Rhode Island, minority youth are more likely to be disconnected from school and work.^{11,12} In 2010 among youth ages 16 to 19 in the U.S., 16% of Native American youth, 13% of Black youth and 11% of Hispanic youth were not in school and not working, compared to 5% of Asian youth and 7% of non-Hispanic White youth.¹³

◆ The economic recession has had a large negative impact on the job market for youth and young adults. In 2008 and 2009, 15% of Rhode Island adolescents and young adults ages 16 to 24 were neither working nor in school. This includes 21% of non-Hispanic Black youth, 27% of Hispanic youth and 13% of non-Hispanic White youth ages 16-24 as well as 13% of youth ages 16 to 20 and 19% of young adults ages 21 to 24.¹⁴

Connecting Youth to School and Work

◆ Education has a positive impact on the likelihood of finding and maintaining employment, regardless of race or ethnicity.¹⁵ Successful strategies to connect youth to work and school must be comprehensive, including attention to community engagement in schools, early identification of youth at risk of dropping out of school, targeted workforce development programs and multiple pathways to high school graduation and employment.^{16,17,18}

◆ Programs and alternative schools that enable students to earn college credits while working towards their high school degrees can improve high school graduation rates and better prepare students for college completion and high-skill careers.¹⁹

Compulsory School Attendance

◆ In 2011, Rhode Island raised its school attendance requirement from age 16 to 18. Rhode Island students over age 16 may obtain a waiver from the attendance requirement if they have an alternative learning plan for obtaining a diploma. Plans can include independent study, private instruction, community service or online coursework and must be developed in consultation with the student, school guidance counselor, school principal and at least one parent or guardian. Alternative learning plans must be approved by the district superintendent.²⁰

◆ As of June 2010, 20 states had set compulsory attendance to age 18, 11 states required attendance to age 17 and the remaining 19 states required school attendance to age 16.²¹

Summer Employment

◆ Work experience during the teen years increases employability and wages into early adulthood and improves the likelihood that workers will receive formal training, including apprenticeship training, from their employers as they enter their twenties.²² Investment in summer work programs helps keep adolescents attached to constructive youth development activities and can help prevent youth violence.²³

◆ Nationally, 30% of teens ages 16 to 19 held summer jobs in 2011, down from 52% in 2000. The summers of 2010 and 2011 had the lowest levels of teen employment since the end of World War II.²⁴

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^{8,17} MDC, Inc. (2008). *Disconnected youth in the Research Triangle region: An ominous problem hidden in plain sight*. Raleigh, NC: GlaxoSmithKline Foundation.

⁹ Vericker, T., Pergamit, M., Macomber, J. & Kuehn, D. (2009). *Vulnerable youth and the transition to adulthood: Second-generation Latinos connecting to school and work*. Office of the Assistant Secretary of Planning and Evaluation, Office of Human Services Policy, U.S. Department of Health and Human Services. Washington, DC: Government Printing Offices.

¹⁰ U.S. Census Bureau, American Community Survey, 2008-2010. Table B14005.

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¹³ The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org

¹⁵ U.S. Census Bureau, American Community Survey, 2008-2010. Table S2301.

¹⁶ Kuehn, D., Pergamit, M., Macomber, J. & Vericker, T. (2009). *Vulnerable youth and the transition to adulthood: Multiple pathways connecting to school and work*. Office of the Assistant Secretary of Planning and Evaluation, Office of Human Services Policy, U.S. Department of Health and Human Services. Washington, DC: Government Printing Offices.

¹⁸ Brinson, D., Hassel, B. & Rosch, J. (2008). *Connecting youth through multiple pathways. Disconnected youth and multiple pathways to graduation*. Chapel Hill, NC: Public Impact for the Annie E. Casey Foundation.

¹⁹ Early College High School Initiative. (n.d.). *Overview & FAQ: What are early college high schools?* Retrieved January 24, 2011, from www.earlycolleges.org/overview.html

²⁰ Rhode Island General Law 16-19-1. Enacted by the General Assembly as H 5061 and S 0046 in 2011.

²¹ Education Commission of the States. (2010). *Compulsory school age requirements*. Retrieved January 6, 2012, from www.ecs.org/clearinghouse/86/62/8662.pdf

^{22,24} Sum, A., Khatriwada, I., & Palma, S. (2011). *The continued collapse of the nation's teen summer job market: Who worked in the summer of 2011?* Center for Labor Market Studies, Northeastern University.

²³ Harris, L. (July/August 2007) The tragic loss of the summer jobs program: Why it is time to reinvest! *Focus Magazine*, 35(4), 13-14.


Methodology

References

Committees

Acknowledgements

Methodology



The *2012 Rhode Island Kids Count Factbook* examines 67 indicators in five areas that affect the lives of children: Family and Community, Economic Well-Being, Health, Safety and Education. The information on each indicator is organized as follows:

- ◆ **Definition:** A description of the indicator and what it measures.
- ◆ **Significance:** The relationship of the indicator to child and family well-being.
- ◆ **National Rank and New England Rank:** For those indicators that are included in the Annie E. Casey Foundation's KIDS COUNT publications, the Factbook highlights Rhode Island's rank among the 50 states, as well as trends since 2000. The New England Rank highlights Rhode Island's rank among the six New England states – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.
- ◆ **Sidebars:** Current state and national data and information related to the indicator.
- ◆ **City/Town Tables:** Data presented for each of Rhode Island's cities and towns, the state as a whole and the core cities.
- ◆ **Four Core Cities Data:** The core cities are the four Rhode Island communities with the highest percentages of children living below the poverty threshold according to the 2006-2010 American Community Survey

conducted by the U.S. Census Bureau. They include Central Falls, Pawtucket, Providence and Woonsocket. The core cities are different than in previous Factbooks that were identified based on the child poverty rates reported in Census 2000. In prior Factbooks, the six core cities were Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket. When core city trends are presented in this Factbook, they are based on the new definition of core cities for all years presented.

- ◆ **Most Recent Available Data:** The 2012 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 2006 and 2010. Numbers are important in assessing the scope of the problem and in estimating the resources required to address a problem. Numbers are not useful to compare the severity of the problem from one geographic area to another or to compare the extent of the problem in Rhode Island with national standards. For example, a state with more children might have more low birthweight infants due to the larger number of total births, not due to an increased likelihood of being born with low birthweight.

Rates and Percentages

A rate is a measure of the frequency of an event - e.g., out of every 1,000 live births, how many infants will be breastfed. A percentage is another measure of frequency - e.g., out of every 100 births, how many will be born low birthweight. Rates and percentages take into account the total population of children eligible for an event. They are useful in comparing the severity of the problem from one geographic area to another, to compare with state or national standards or to look at trends over time.

Sources of Data and Methodology for Calculating Rates and Percentages

For each indicator, the source of information for the actual number of events of interest (the numerator) are identified within the Source of Data/Methodology section next to the table for that indicator. For each indicator that uses a rate or a percent, the source of data for the total number of children eligible for the indicator of interest (the denominator) also is noted within the Source of Data/Methodology section. Rates and percentages are not calculated for cities and towns with small denominators (less than 500 for delayed prenatal care, low birthweight infants, and infant mortality rates and less than 100 for births to teens). Rates and percentages for small denominators are statistically unreliable. "NA" is used in

the indicator table when this occurs. In the indicator for child deaths and teen deaths, and other indicators in which the indicator events are rare, city and town rates are not calculated, as small numbers make these rates statistically unreliable.

Census Data

There are four sources of U.S. Census Bureau data used in the Factbook: Census 2010, the Current Population Survey, Population Estimates and the American Community Survey. In all city/town tables that require population statistics, data is from Census 2010 as is stated in Source sections. Throughout the text portions of each indicator, all four sources are used and the relevant citations provide clarification on which source data come from.

Starting with the 2012 Factbook, rates that use the child population as the denominator are based on Census 2010. Previous years are based on Census 2000. In instances where Census 2010 data also is used in the denominator, caution should be taken when comparing new rates with those for past years, as actual population numbers may have changed. Indicators affected by this change include: Children in Families Receiving Cash Assistance, Children with Asthma, Births to Teens, Children of Incarcerated Parents, Child Abuse and Neglect, Children Enrolled in Early Intervention, Children Enrolled in Early Head Start and Children Enrolled in Head Start.

Whenever possible, Census data are updated using the most recent data from Census 2010; however, Census 2010 was a briefer survey than Census 2000 and did not include questions on employment and education status or on income, so indicators based on these measures use the most recent data from the American Community Survey.

Margins of Error for Median Family Income and Children in Poverty

The 2006-2010 Median Family Income and Child Poverty data are estimates based on the American Community Survey, a sample survey. The reliability of estimates vary by community. In general, estimates for small communities are not as reliable as estimates for larger communities. The Margin of Error is a measure of the reliability of the estimate and is provided by the U.S. Census Bureau. The Margin of Error means that there is a 90 percent chance that the true value is no less than the estimate minus the Margin of Error and no more than the estimate plus the Margin of Error. Margins of Error are provided for all communities in the tables in this section.

Margins of Error, Median Family Income, Rhode Island, 2006-2010

2006-2010 MEDIAN FAMILY INCOME FOR FAMILIES WITH CHILDREN UNDER AGE 18		MARGIN OF ERROR
CITY/TOWN		
Barrington	\$122,910	\$11,065
Bristol	\$91,557	\$11,935
Burrillville	\$81,806	\$6,985
Central Falls	\$33,660	\$3,824
Charlestown	\$84,327	\$17,559
Coventry	\$85,753	\$9,255
Cranston	\$71,726	\$5,005
Cumberland	\$96,130	\$6,938
East Greenwich	\$134,933	\$19,509
East Providence	\$65,313	\$5,064
Exeter	\$113,148	\$16,692
Foster	\$74,875	\$22,168
Glocester	\$87,146	\$9,503
Hopkinton	\$71,352	\$19,959
Jamestown	\$81,111	\$44,383
Johnston	\$71,540	\$10,203
Lincoln	\$94,589	\$5,437
Little Compton	\$101,000	\$26,352
Middletown	\$84,191	\$6,069
Narragansett	\$90,530	\$12,066
New Shoreham	\$60,625	\$9,162
Newport	\$77,639	\$15,410
North Kingstown	\$97,298	\$8,026
North Providence	\$65,384	\$6,730
North Smithfield	\$102,000	\$14,376
Pawtucket	\$37,892	\$3,113
Portsmouth	\$103,607	\$16,338
Providence	\$33,960	\$2,156
Richmond	\$81,250	\$24,563
Scituate	\$83,487	\$13,090
Smithfield	\$96,127	\$5,839
South Kingstown	\$104,257	\$15,082
Tiverton	\$81,037	\$12,300
Warren	\$75,206	\$11,354
Warwick	\$77,246	\$4,006
West Greenwich	\$89,155	\$18,101
West Warwick	\$65,290	\$19,670
Westerly	\$79,792	\$9,396
Woonsocket	\$35,850	\$5,292
Four Core Cities	NA	NA
Remainder of State	NA	NA
Rhode Island	\$67,239	\$1,533

Margins of Error, Children Living Below the Federal Poverty Threshold, Rhode Island, 2006-2010

CHILDREN UNDER AGE 18 LIVING BELOW POVERTY, 2006-2010			
#	MARGIN OF ERROR	%	MARGIN OF ERROR
111	366	2.4%	7.87%
178	279	4.7%	7.39%
458	272	13.8%	8.01%
1,975	330	35.8%	4.82%
13	402	0.9%	28.57%
773	258	9.4%	3.06%
1,421	302	8.5%	1.74%
340	321	4.5%	4.25%
152	268	4.5%	7.90%
1,388	303	15.2%	3.12%
46	383	3.2%	26.63%
33	404	3.1%	37.38%
79	387	3.7%	18.12%
37	404	2.1%	22.47%
205	276	16.5%	21.72%
612	349	10.3%	5.79%
291	349	6.6%	7.88%
NA	NA	NA	NA
445	170	12.2%	4.51%
99	342	4.3%	14.84%
17	381	11.9%	263.85%
556	283	14.4%	7.07%
378	221	5.8%	3.36%
868	312	14.2%	4.86%
129	321	5.6%	13.79%
4,505	503	27.3%	2.69%
215	338	5.6%	8.76%
14,921	949	35.6%	1.86%
148	384	8.3%	21.38%
75	388	2.9%	15.10%
92	343	2.6%	9.50%
405	281	7.0%	4.83%
288	313	9.3%	9.99%
155	294	7.4%	13.91%
1,317	311	8.1%	1.88%
140	296	9.3%	19.60%
977	266	16.6%	4.21%
502	278	10.6%	5.73%
3,581	503	34.9%	4.11%
24,982	748	33.7%	0.85%
12,943	1178	8.5%	0.76%
37,925	1409	16.7%	0.59%

Methodology

Methodology for Homeless Children

The number of homeless children identified by public schools is based on the federal *McKinney-Vento* definition of homelessness and includes children living in emergency and transitional shelters as well as children doubling up in homes with relatives and friends and living in hotels and motels, cars, campsites, parks and other public places. Schools report the number of children by grade and the child's primary nighttime residence (i.e., sheltered, doubled-up, unsheltered or in a hotel/motel).

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 Department of Health's Healthy Housing 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 Healthy Housing and Childhood Lead Poisoning Prevention Program made its screening guidelines consistent with the American Academy of Pediatrics, which recommends a blood lead screening test for every child at one and two years of age. The Guidelines indicate that if either of the blood lead tests done at one and two years of age is ≥ 10 mcg/dL, annual screening should continue until the age of six. If both of the blood lead tests are < 10 mcg/dL, the pediatrician can use the Risk Assessment Questionnaire instead of a blood lead test until the age of six, which means that not all children receive an annual blood test after age two.

Indicators Using SurveyWorks! Data

The following indicators use *SurveyWorks!* data: Alcohol, Drug and Cigarette Use by Teens, Youth Violence and College Preparation and Access. *SurveyWorks!* is an on-line survey that is sponsored by the Rhode Island Department of Elementary and Secondary Education. In 2009, *SurveyWorks!* replaced the School Accountability for Learning and Teaching (SALT) survey, although some questions were retained in order to provide trend data over time. The *SurveyWorks!* tool was administered in the 2010-2011 school year to students in grades 4-12, with the exception of students who were excused by their parents and students with Individualized Education Programs (IEPs) who were 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.

Methodology for Youth Violence

All law enforcement agencies in Rhode Island are required to maintain a record of the nature of detentions and characteristics of juveniles they arrest. They submit this information to the Rhode Island Public Safety Grant Administration Office on a monthly basis, and the information is aggregated into a summary report submitted annually to the federal Office of Juvenile Justice and Delinquency Prevention. More information can be found at www.rijustice.ri.gov

Assault offenses in this indicator include simple assault, robbery, assault, felony assault, assault with a dangerous weapon, domestic assault, assault on a police officer, threats, assault on a school teacher, strong-arm robbery, kidnapping, attempted murder, extortion, fighting, intimidating witness, stalking, attempted robbery, cyber-stalking, carjacking, harassment, and murder.

Weapons offenses in this indicator include: possession of an unspecified weapon, possession of a knife, possession of a firearm, possession of a weapon at school, possession of a bb gun, discharging a firearm, possession of ammunition, possession of a dangerous weapon, carrying a concealed weapon, and discharging a bb gun.

State-Operated and Charter Schools

The state-operated schools and charter schools included in each table are listed in the Source/Methodology Section next to the table. Charter schools include only independently-run charter schools and not those affiliated with a district. Academy for Career Exploration, 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, Vermont and Maine through the *New England Common Assessment Program (NECAP)*, the first multi-state testing collaboration in the nation. The *NECAP* tests students in reading, writing and

mathematics, and all test questions are directly related to specific state educational standards. Test results are available for the state, district and school levels on the Rhode Island Department of Elementary and Secondary Education website. Results from the *NECAP* are not comparable with statewide assessment tests from years prior to 2005 for elementary and middle schools and 2007 for high schools.

Methodology for Children Attending Schools Making Insufficient Progress

Rhode Island's public school accountability plan specifies a timeline for bringing all students to proficiency by the year 2014. Students are tested in English Language Arts and Mathematics in grades 3 through 8 plus 11th grade. Schools and districts are classified based on student scores on these tests and test participation rates. The state has set five equal intermediate goals from the baseline year (2002) to the year 2014 when all schools are expected to meet the goal of 100% proficiency. Schools are measured by the performance of all students on the English Language Arts and Mathematics tests in the aggregate and by specific disaggregated groups: race/ethnicity (Asian, Black, Hispanic, Native American, White), economic disadvantage (school-lunch status), special needs (IEP) and Limited English Proficiency. There must be at least 45 students within each disaggregated group across a three-year span in order to use the data for school classification.

Other factors which influence school classification include test participation rate (target: 95%) and meeting target attendance (for elementary and middle schools) or graduation (for high schools) rates. School classifications are based on 37 targets that include school-wide English and mathematics targets, English and mathematics targets for student groups, school-wide and student group test participation targets and attendance or graduation rate targets (depending on whether the school is an elementary/middle school or a high school).

English and mathematics targets are evaluated using the *New England Common Assessment Program (NECAP)* test and other state test results. Schools that do not miss any current targets are classified as "Met AYP." Schools that achieve exceptionally high performance in English or mathematics for two years, make significant progress for two years or significantly close achievement gaps between student groups are designated as Regents Commended Schools ("Met AYP and Commended"). Schools that miss up to three targets for the first time (other than school-wide ELA and mathematics targets) may be classified as "Caution" for one year only. Schools that make AYP for one year, but not in prior years, are classified as "Delay." Schools that miss a school-wide ELA or math target, more than three targets, or schools that miss any target for multiple years are classified as making "Insufficient Progress."

Limitations of the Data

In any data collection process there are always concerns about the accuracy and completeness of the data that are collected. All data used in the 67 indicators were collected through routine data collection systems operated by different federal and state agencies. We do not have estimates of the completeness of reporting for these systems.

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 2011 federal poverty threshold for

a family of three with two children is \$18,123 and \$22,811 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 U.S. 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 for public programs. The figures are adjusted upward for larger family sizes.

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

Family Income Levels Based on the Federal Poverty Guidelines

2012 Federal Poverty Guidelines	Annual Income Family of Three	Annual Income Family of Four
50%	\$9,545	\$11,525
100%	\$19,090	\$23,050
130%	\$24,817	\$29,965
175%	\$33,408	\$40,338
180%	\$34,362	\$41,490
185%	\$35,317	\$42,643
200%	\$38,180	\$46,100
225%	\$42,953	\$51,863
250%	\$47,725	\$57,625

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