2022 Rhode Island KIDS COUNT Factbook
EXECUTIVE SUMMARY

DEMOGRAPHIC INFORMATION AND TRENDS

Declining child population and births

- Rhode Island’s child population decreased from 247,822 in 2000 to 223,956 in 2010 and then further to 209,785 in 2020 (15% decrease from 2000 to 2020).
- The number of babies born to mothers living in Rhode Island declined from 2005 to 2020, and in 2020 the number of babies born was at the lowest point in a century (10,099) before there was a slight uptick in babies born in 2021 (10,455).

Increasing diversity of child population

- Mirroring the national trend, the Hispanic child population in Rhode Island has grown since 2000, both in numbers and as a percentage of the child population. Between 2016 and 2020, Hispanic children made up 25% of children under age 18 in the U.S. and 26% of children under age 18 in Rhode Island.
In Rhode Island, children are more likely to be identified as People of Color than adults. In 2020 in Rhode Island, 47% of children under age 18 were People of Color, compared with 28% of adults.

In 2020 in Rhode Island, less than 1% of children under 18 were American Indian or Native Alaskan, 3% were Asian, 6% were Black or African American, 27% were Hispanic or Latino, less than 1% were Native Hawaiian or other Pacific Islander, 1% were Some other race, 8% were Two or more races, and 53% were white.

**WORKFORCE CRISIS: AFFECTS ON CHILDREN’S SERVICES**

The workforce crisis affects access to many vital services for children and is in large part due to inadequate reimbursements/wages.

- **Child care educators**, almost all of whom are women and often are Women of Color, are responsible for the safety, health, learning, and development of our youngest children yet make very low wages and many are not able to meet their basic needs.
  - In January 2022, there were 94 fewer child care slots for infants and toddlers and 63 fewer slots for preschoolers in licensed centers, and there were 398 fewer slots in licensed family child care homes than in January 2020 (pre-pandemic).
  - In December 2021, there were 6,110 child care subsidies in Rhode Island, down 42% from December 2019 (pre-pandemic) and down 57% from the 2003 peak.
  - Financially unstable before the pandemic, child care programs across the U.S. have faced tremendous financial difficulties.

- As of June 30, 2021, there were 2,102 infants and toddlers receiving Early Intervention services, 6% of the population under age three. The number of children receiving Early Intervention services in 2021 (4,110) was down 11% from 4,601 in 2019 (pre-pandemic).

- In Rhode Island in 2020, an estimated 33% of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.

- In 2020, Medicaid reimbursement in Rhode Island was 38% of private insurance reimbursement for pediatric dental services and 36% of private reimbursement for adult dental services.
Diversifying the workforce is vital.

- Many schools, child care providers, health care providers, social service agencies, and other community organizations are working to adapt their practices to be more culturally competent and better serve the increasingly diverse child population.
- Increasing access to doulas, training providers to address racism with their patients, and increasing the diversity of the health care workforce are important strategies to reduce racial and ethnic disparities in maternal and infant mortality.
- Educators of Color benefit all students, especially Students of Color, who demonstrate long-term academic achievement including higher reading and math test scores, decreased likelihood of dropping out of high school, increased likelihood of going to college, and increased social and emotional development in classes with Teachers of Color.
FAMILY AND COMMUNITY

There are longstanding and unacceptable racial and ethnic disparities across all areas of child well-being.

- Black, Latino, and Native American children are more likely than Asian and white children to live in neighborhoods of concentrated poverty and face challenges above and beyond the burdens of individual poverty.
- In Rhode Island, almost one-third (31%) of Hispanic children live in concentrated poverty, higher than in any other state.
- In 2020, more than half (59%) of Rhode Island’s Children of Color lived in one of the four core cities (those cities with the highest percentages of children living in poverty), and more than three quarters of the children in Central Falls (90%) and Providence (85%) were Children of Color.

The following charts display racial and ethnic disparities across a variety of indicators for Rhode Island children and families:

<table>
<thead>
<tr>
<th>Economic Well-Being Outcomes, by Race and Ethnicity, Rhode Island</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>ALL RACES</td>
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<tr>
<td>Children in Poverty</td>
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<tr>
<td>Births to Mothers with &lt;12 Years Education</td>
</tr>
<tr>
<td>Unemployment Rate</td>
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<tr>
<td>Median Family Income</td>
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<tr>
<td>Homeownership</td>
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</tbody>
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## Health Outcomes, by Race and Ethnicity, Rhode Island

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>ALL RACES</th>
<th>ASIAN</th>
<th>BLACK</th>
<th>HISPANIC</th>
<th>NATIVE AMERICAN</th>
<th>WHITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Without Health Insurance</td>
<td>1.9%</td>
<td>2.0%</td>
<td>4.9%</td>
<td>3.1%</td>
<td>*</td>
<td>1.4%</td>
</tr>
<tr>
<td>Women With Delayed or No Prenatal Care</td>
<td>15.8%</td>
<td>18.0%</td>
<td>21.6%</td>
<td>18.2%</td>
<td>23.6%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Low Birthweight Infants</td>
<td>7.7%</td>
<td>8.2%</td>
<td>11.1%</td>
<td>8.1%</td>
<td>9.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Any Infant Breastfeeding</td>
<td>71%</td>
<td>80%</td>
<td>62%</td>
<td>62%</td>
<td>*</td>
<td>76%</td>
</tr>
<tr>
<td>Combined Overweight and Obesity</td>
<td>35%</td>
<td>*</td>
<td>41%</td>
<td>41%</td>
<td>*</td>
<td>32%</td>
</tr>
</tbody>
</table>

## Safety Outcomes, by Race and Ethnicity, Rhode Island

<table>
<thead>
<tr>
<th>Safety Outcome</th>
<th>ALL RACES</th>
<th>ASIAN</th>
<th>BLACK</th>
<th>HISPANIC</th>
<th>NATIVE AMERICAN</th>
<th>WHITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth at the Training School (per 1,000 youth ages 13-18)</td>
<td>1.7</td>
<td>0.0</td>
<td>6.8</td>
<td>3.2</td>
<td>2.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Children of Incarcerated Parents (per 1,000 children)</td>
<td>9.1</td>
<td>2.2</td>
<td>44.5</td>
<td>12.1</td>
<td>24.8</td>
<td>5.4</td>
</tr>
<tr>
<td>Children in Out-of-Home Placement (per 1,000 children)</td>
<td>8.4</td>
<td>1.6</td>
<td>18.1</td>
<td>10.9</td>
<td>4.6</td>
<td>6.1</td>
</tr>
</tbody>
</table>
In the U.S., Black and Latino students have become increasingly segregated from white students over the last 30 years. Black and Latino students generally attend schools in which students are disproportionately Students of Color and high-poverty, while white students attend schools in which students are disproportionately white and low poverty.

Rhode Island’s Southeast Asian Children and Youth

- The Asian American community is diverse, the fastest-growing, and the most economically divided racial and ethnic group in the U.S.
- Cambodians make up the largest Southeast Asian population in Rhode Island and have higher poverty rates, lower median household incomes, and lower postsecondary attainment rates than other Asian groups.
- In 2017, the Rhode Island General Assembly passed the All Students Count Act which requires that Rhode Island Department of Education to college and publicly report disaggregated education data. Rhode Island was the third state to pass this law. However, RIDE does not report disaggregated data for Asian students by ethnic group.
ECONOMIC WELL-BEING

Children in poverty

- In 2021, the federal poverty threshold was $21,831 for a family of three with two children and $27,479 for a family of four with two children.
- Between 2016 and 2020, 16% (31,629) of Rhode Island’s 202,159 children under age 18 with known poverty status lived in households with incomes below the federal poverty threshold.
- Between 2016 and 2020, 34% of Native American, 30% of Hispanic, and 26% of Black children in Rhode Island lived in poverty, followed by 11% of white children and 9% of Asian/Pacific Islander children. Both nationally and in Rhode Island, there are significant disparities across Asian ethnic groups, with significantly higher poverty rates for many Southeast Asian and South Asian groups.

The expanded Child Tax Credit kept many families and children out of poverty, but it has ended

- The Child Tax Credit helps families offset the cost of raising children. Recipients are more likely to work and earn higher wages, and their children do better in school, are more likely to attend college, and earn more as adults.
- The American Rescue Plan Act, enacted in March 2021, included a one-year expansion of the Child Tax Credit, including distributing a portion of the credit in monthly payments from July through December 2021. This temporary expansion kept 3.7 million children out of poverty and reduced child poverty by 30% with the largest impact on Black and Latino children.

The effects of COVID-19 on housing stability

- While rental hardship has fallen from the peak of the COVID-19 pandemic, when one in five renters reported they were behind in rent, many households are still struggling. Black renters and families with children continue to face the greatest housing insecurity.
Problems counting homeless children in schools due to COVID-19 and before

- During the 2020-2021 school year, Rhode Island public school personnel identified 1,109 children as homeless.
- Family residential instability and homelessness contribute to poor educational outcomes for children. Homeless children are more likely to change schools, be chronically absent from school, and have lower academic achievement than children who have housing.
- Even before the COVID-19 pandemic, schools were missing a sizable number of homeless children, about 1 million nationally. During the pandemic, with distance learning and school building closures, it became even more difficult to identify these children, and researchers now estimate that 1.4 million homeless students were not identified.

Rhode Island needs to improve the Paid Family Leave program to make it more equitable.

- Rhode Island’s Temporary Caregiver Insurance (TCI) program, launched in 2014, provides up to five weeks of wage replacement benefits (and will be six weeks in 2023) to eligible workers who need to take time off from work to bond with a newborn, adopted or foster child, or to care for a seriously ill family. Mothers who take at least 12 weeks off from work after the birth of a child are less likely to experience depressive symptoms and report better overall health. Providing time off from work for new parents gives babies time to form secure attachments, which is the foundation for healthy relationships and development.
- Access to paid leave is a matter of equity. High-wage workers are much more likely to have access to paid family leave than low-wage workers. Women, Black and Hispanic workers, those without a bachelor’s degree, and low-income workers are most likely to report they could not take time off when needed because they could not afford to.
A response to COVID-19: Pandemic-EBT

- In March 2020, the U.S. Congress enacted Pandemic-EBT (P-EBT), a new nutrition assistance program that allowed states to provide funds in grocery benefits to make up for meals missed due to classroom closures and quarantining. P-EBT provided families whose children qualified for free or reduced-price meals with funds to purchase breakfast and lunch, substantially reducing food insecurity.
- In October 2020, Congress extended P-EBT through the 2020-2021 school year. In July 2021, 67,672 students received P-EBT benefits in Rhode Island.
HEALTH

COVID-19’s impact on youth mental health

- While mental health challenges for youth existed before the COVID-19 pandemic, there has been a significant increase in anxiety and depression among youth since 2020.
- Kids’ Link RI, a critical program during the COVID-19 pandemic, is a behavioral health triage service and referral network and is available 24 hours a day, seven days a week to help triage children and youth in need of mental health services and refer them to treatment providers. In FY 2021, there were 9,702 calls to Kids’ Link RI, doubling the calls received in FY 2019 (4,849).
- Nationally, even before the COVID-19 pandemic, suicide attempts among adolescents had increased with sharper increases among girls and young women than among males.
  - In 2020 in Rhode Island, 467 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt. Of these attempts, 75% percent of teens admitted were girls, and 25% were boys.
  - In 2020 in Rhode Island, 334 teens ages 13 to 19 were hospitalized after a suicide attempt. Of these hospitalizations, 79% were girls and 21% were boys.

Rhode Island births by key risk factors

- All babies born in Rhode Island are screened through the Rhode Island Department of Health’s Newborn Risk Assessment Program. In 2021, there were 6,431 newborns (65%) who had developmental, socio-economic and/or health factors that potentially put them at risk for later poor outcomes.
- Of the 9,892 babies born in Rhode Island to Rhode Island women in 2021, 4,059 (41%) had a mother with a documented history of treatment for mental health conditions, 823 (8%) had a mother with a documented history of substance use disorders, and 285 (3%) had a mother with documented involvement in the child welfare system (either as an adult or as a child).

Disparities in prenatal and infant outcomes

- Nationally, Black women are three to four times more likely than white women to die of pregnancy-related complications. Racial disparities in maternal mortality span all levels of education, age, and income.
  - Pervasive racial bias and unequal treatment of Black women in the health care system often result in inadequate treatment for pain. This, coupled with stress from racism and racial discrimination, contribute to the unacceptable health outcomes among Black women and their infants.
- Between 2016 and 2020 in Rhode Island, American Indian and Alaskan Native (23.6%), Black women (21.6%), Hispanic women (18.2%), and Asian women (18.0%) were more likely to receive delayed prenatal care than white women (13.5%).
• Between 2016 and 2020, 13.1% of births of non-Hispanic Native American and 11.2% of births of Non-Hispanic Black infants in Rhode Island were preterm, compared with
• 8.1% of non-Hispanic Asian and 8.2% of non-Hispanic white infants. During this same time, 9.7% of births to Hispanic women in Rhode Island were preterm.
• In Rhode Island between 2016 and 2020, 9.2% of American Indian and Alaskan Native infants, 8.2% of Asian infants, 11.1% of Black infants, and 8.1% of Hispanic infants, were born at low birthweight, compared to 6.8% of white infants.
• In Rhode Island between 2016 and 2020, the Black infant mortality rate was 9.8 deaths per 1,000 live births, which is more than three times the white infant mortality rate of 2.7 deaths per 1,000 live births.
• Consistent access to health insurance coverage will help to reduce maternal mortality and improve maternal health. Babies need healthy moms to provide consistent and nurturing care throughout the first year of life.

New threshold for elevated lead levels

• There is no safe lead level in children. In late 2021, the Centers for Disease Control and Prevention lowered the threshold for which a child is considered to have an elevated blood lead level from 5 μg/dL to 3.5 μg/dL. This new lower reference value will allow parents and health officials to take corrective actions sooner.
• The number of children with elevated blood lead levels has been steadily declining in all areas of Rhode Island over the past two decades. Compared to the remainder of the state, the four core cities have three times the rate of children with elevated blood levels.

Child overweight + obesity and the effects of COVID-19

• Fifteen percent of Rhode Island children ages two to 17 are overweight and 20% are obese.
• Older children are more likely to be overweight or obese. Twenty-three percent of children ages 10 to 14 and 20% of children ages 15 to 17 are obese.
• The COVID-19 pandemic limited children’s access to nutritious food and physical activity. Early data shows that the rate of BMI increase for children ages two to 19 nearly doubled during the pandemic.
  o Policy strategies to reduce obesity include improving access to nutritious and affordable foods and beverages, ensuring healthy food in schools, increasing options for physical activity before, during, and after school as well as in early learning programs, and improving access to safe and walkable neighborhoods and recreational areas.

E-cigarettes and noncompliance with tobacco to 21 laws

• Nationally in 2020, 20% of high school students reported current e-cigarette use, down from 28% in 2019. In Rhode Island in 2019, 30% of high school students reported current use of e-cigarettes and 49% reported ever using e-cigarettes.
• On December 20, 2019, legislation was signed raising the federal minimum age of sale of tobacco products and electronic nicotine delivery systems from 18 to 21 years, effective immediately.
• Despite this law, there is still a 23% noncompliance rate in Rhode Island with some vendors continuing to sell to underage groups.
SAFETY

Rhode Island's child and teen death rate is the lowest in the nation.

- In 2019, Rhode Island’s child and teen death rate for children ages one to 19 was 15 per 100,000 children and teens, which was a decrease from 2018. In 2019, Rhode Island’s child and teen death rate was the lowest in the nation.

Rhode Island youth and the Rhode Island Family Court and Training School

- The number of juvenile offenses has fallen by 51% since 2012, from 5,780 to 2,858 in 2021
- Youth of Color are disproportionately referred to the Family Court compared to their representation in the youth population. For example, in 2021, 22% of offenses involved Black youth who only make up 6% of the Rhode Island child population.
- In 2021, 18% of offenses referred to Family Court involved youth ages 13 or younger. Rhode Island is one of 28 states that currently has no minimum age of jurisdiction for Family Court.
  - Developmentally, young children are unable to understand court proceedings and participate meaningful in their defense. They are also more likely to experience trauma through court process and physical harm if sentenced to custody.
  - Research suggests that setting a minimum age of jurisdiction at age 14 would be developmentally appropriate and in the best interest of children, especially Children of Color.
  - In 2021, 7% of youth at the Training School and 1% of youth on probation were under age 14.
- In 2021, more than one in four (27%) of juvenile offenses were status offenses, age-related acts that would not be punishable if the offender were an adult (such as truancy and disobedient conduct).
- A total of 144 youth were at the Training School during 2021, down 30% from 207 during 2020 and down 87% from 1,084 in 2008.

Rhode Island children in the care of DCYF

- If children cannot remain safely at home with family supports, out-of-home placement with a kinship foster family may be the best option.
  - Except in cases where time-limited residential therapeutic treatment is required, research has shown that children in foster families experience better outcomes related to placement stability, education, and delinquency compared to children in congregate care settings.
  - On December 31, 2021, of the 1,286 children in foster care placements in Rhode Island, 56% (715) were in kinship foster families.
Permanency and “aging out” of foster care

- Of the 924 Rhode Island children in the FY 2020 cohort, 20% (181) exited foster care to permanency, 98% through reunification with their family of origin.
- Older youth who age out of foster care without reaching permanency (through reunification, guardianship, living with other relatives, or adoption) are at risk for low educational attainment, homelessness, unemployment, and unintended pregnancy.
- The Families First Prevention Services Act allows states to extend eligibility for services up to age 23 to help youth transition to independent living with better outcomes into adulthood.

Rhode Island youth in Voluntary Extension of Care and effects of COVID-19

- In 2018, Rhode Island established the Voluntary Extension of Care (VEC) program, allowing youth ages 18 to 21 who were in foster care the option of continuing to receive services. VEC helps older youth in care transition to adulthood by supporting them in making life decisions about housing, education, employment, health care, social services, and social activities while providing guidance in decision-making and when challenges arise. To remain enrolled, youth must meet education or employment requirements.
  - On December 31, 2021, 96 youth ages 18 to 21 were enrolled in VEC.
- During the COVID-19 pandemic, youth were navigating the transition to adulthood with record unemployment, housing instability, and educational disruption. In December 2020, the Consolidated Appropriations Act was passed, which increased federal funding to support older youth in foster care during the ongoing pandemic. It also created a moratorium on youth aging out of foster care and required states to engage youth who may have left foster care.
  - These provisions were in effect until September 30, 2021. On October 1, 2021, Rhode Island extended eligibility to age 23 until September 20, 2022.
EDUCATION

Decline in infants and toddlers receiving Early Intervention services

- As of June 30, 2021, there were 2,102 infants and toddlers receiving Early Intervention (EI) services, 6% of the population under age three. The number of children receiving EI services in 2021 (4,110) was down 11% from 4,601 in 2019 (pre-pandemic).

Decline in infants and toddlers enrolled in Early Head Start

- As of October 2021 in Rhode Island, there were 396 children and pregnant women enrolled in Early Head Start, 6% of the population in poverty and 3% of the population in low-income families, a decline from 678 children and pregnant women in 2019 (pre-pandemic).

Public school enrollment

- In October 2021, 53% of Rhode Island public school students were white, 29% were Hispanic, 9% were Black, 5% were Multi-Racial, 3% were Asian/Pacific Islander, and 1% were Native American. In October 2021, 41% of public school students in Rhode Island were low-income (students who were eligible for the free or reduced-price lunch program).

- In October 2020, 96% (12,281) of Rhode Island public school educators identified as white, 5% (514) as Hispanic, 2% (292) as Black, 1% (134) as Asian/Pacific Islander, 1% (116) as Multi-Racial, and less than 1% (30) as Native American.

- Educators of Color benefit all students, especially Students of Color. Students of Color demonstrate long-term academic achievement including higher reading and math test scores, decreased likelihood of dropping out of high school, increased likelihood of going to college, and increased social and emotional development in classes with Teachers of Color.
Young children and school suspensions

- Children who are suspended early in their school years are more likely to be suspended again in future years. Students who are suspended are almost 10 times more likely to experience academic failure, have negative attitudes toward school, drop out of high school, and become incarcerated.
- In 2020-2021 in Rhode Island, there were 46 kindergartners who were suspended at least one day, 56% of whom had a developmental delay or disability.
- Of all disciplinary actions during the 2020-2021 school year, 23% (417) involved elementary school students (kindergarten-5th grade), 41% (753) involved middle school students (6th-8th grades), and 36% (664) involved high school students (9th-12th grades).

Young Multilingual Learners/English Learners

- In Rhode Island, students in kindergarten through fourth grades are more likely to be Multilingual Learners/English Learners (MLL/ELs) than older students. In 2020-2021, 5,423 children in grades K-3 (14% of all children in grades K-3 in Rhode Island) were MLL/ELs. The number of MLL/EL students in Rhode Island has nearly doubled (increased by 97%) from the 2009-2010 to 2020-2021 school years.

Value of out-of-school time during pandemic

- Out-of-school time programs can contribute significantly to children’s development and learning.
- During the COVID-19 pandemic, out-of-school time programs served as meal sites, connected families with community resources, provided both remote enrichment programs to children and in-person, supervised learning environments for children so they could participate in distance learning school days.
COVID-19 and grade-level reading, math assessments

- School closures and the combination of distance learning and hybrid models have resulted in significant learning loss, especially among low-income students, Multilingual Learners, students receiving special education services and Students of Color.
- In Rhode Island in 2021, 40% of third graders met expectations on the Rhode Island Comprehensive Assessment System (RICAS), English language arts assessment. Twenty-three percent of low-income third graders met expectations, compared with 56% of higher-income third graders.
- Less than 5% of eighth graders who were Multilingual Learners/English Learners or receiving special education services met expectations in English language arts on the RICAS.
- During the COVID-19 pandemic, the percentage of all Rhode Island students meeting math expectations declined from 36% to 25% for fourth graders and from 25% to 16% for eighth graders from 2019 to 2021.
- Due to low response rates, caution should be used when comparing 2021 RICAS scores to previous years.

Chronic absence

- 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.

During the 2020-2021 school year, student groups with the highest levels of chronic absence were also hardest hit by the COVID-19 pandemic.
  - Twenty-two percent of all Rhode Island children in grades K-3 were chronically absent.
  - Forty-seven percent of Rhode Island’s low-income middle and high school students were chronically absent in 2020-2021, compared with 21% of higher-income students.
College enrollment declined during the pandemic

- After increasing when the Rhode Island Promise Scholarship was made available, the college enrollment rate declined during the COVID-19 pandemic from 67% for the Class of 2019 to 61% for the Class of 2020 to 59% for the Class of 2021.

![Immediate College Enrollment by Family Income, Race, Ethnicity, and Type of College, Class of 2021, Rhode Island](chart)

- There continue to be large gaps in college access, particularly four-year college enrollment, between low- and higher-income students as well as by race and ethnicity, language status, and disability.

College completion

- Rhode Island has lowest college completion rate among New England Secondary School Consortium States.
- In Rhode Island, there are large gaps in college completion between low-income and higher-income students, with 42% of low-income students completing college within six years, compared to 75% of higher-income students. There are also large disparities by race and ethnicity, language status, and disability:
Disconnected youth

- Disconnected youth are more likely to live in intergenerational poverty, experience poor physical and mental health, have a disability, be involved with the child welfare system, experience difficulties finding and maintaining employment, earn low wages, and need public benefits to make ends meet. Young people disconnected from both work and school are disproportionately People of Color and face institutional racism as an entrenched barricade to success.
- Between 2016 and 2020, an estimated 2,687 (4.4%) youth ages 16 to 19 in Rhode Island were not in school and not working. Of the youth who were not in school and not working, 62% were males and 38% were females. Sixty-four percent of these youth were high school graduates, and 36% had not graduated from high school.
- While Rhode Island has a low overall youth disconnection rate, there are striking racial and ethnic disparities. In 2018, 6% of Latino young adults ages 16 to 19 were not in school and not working, about triple the rate for white students (2%).
- Successful strategies to prevent youth disconnection must be comprehensive and equitable and include high-quality child care and public schooling, a focus on healthy youth development, equity-based opportunities and recruitment, and multiple pathways to employment. Given the effects of the pandemic on young adults, national service opportunities should be explored as a strategy for increasing youth connection while meeting community needs.