



RHODE ISLAND KIDS COUNT
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Annual Rhode Island KIDS COUNT Factbook highlights improvements in health and education, declines in safety and economic well-being.

Keynote speaker, Ralph Smith of The Annie E. Casey Foundation, urges focus on fourth-grade reading proficiency as a critical benchmark of child well-being from birth to third grade.

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**Warwick, RI, April 4, 2011** – Rhode Island KIDS COUNT released the seventeenth annual report on the well-being of Rhode Island’s children at a policy breakfast attended by over 500 people, including members of the Rhode Island congressional delegation, the Governor, community leaders and policymakers from education, health, business and human services. The event was held on **Monday, April 4, 2011** from **8:00 a.m. to 10:00 a.m.** at the **Crowne Plaza Hotel at the Crossings**, 801 Greenwich Avenue, Warwick, RI. The *2011 Rhode Island Kids Count Factbook* charts improvements and declines in the well-being of children and youth across the state and in each of Rhode Island’s 39 cities and towns and provides the latest available statistics on 67 different aspects of children’s lives, from birth through adolescence. The Factbook indicators are grouped into five interrelated categories: family and community, economic well-being, health, safety and education.

Ralph Smith, Executive Vice President of The Annie E. Casey Foundation, delivered the keynote address at the policy breakfast, emphasizing, “If we want our nation to succeed economically, we must increase our high school graduation rates, and to do that we need to ensure that more children are reading by the end of third grade. We must back it up even further by making sure that families with young children have the supports and services they need to ensure healthy child development from birth to third grade.” The Annie E. Casey Foundation is a charitable foundation established in 1948 by Jim Casey, one of the founders of UPS, to foster public policies, human-service reforms and community supports that more effectively meet the needs of vulnerable children and families.

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## **PRESENTATION OF FACTBOOK TO KEY LEADERS**

Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT, opened the policy breakfast. Bryant noted, “We know what children need to grow up healthy, safe, and educated and ready to contribute to our economy. In tough economic times, it is especially important to protect public investments in the services and supports that ensure opportunity for all children.” After highlighting the progress and challenges facing Rhode Island’s children, Bryant presented the *2011 Rhode Island Kids Count Factbook* to the state’s congressional delegation, Governor Lincoln Chafee, the leadership of the General Assembly and other policymakers and community leaders. “Rhode Island and our nation are facing difficult financial times and difficult decisions must be made about how to allocate resources,” said Bryant. “The data that we present in the *2011 Rhode Island Kids Count Factbook* can help policy makers make informed decisions about what programs and policies are most important to ensuring the success of our children and our state.”

## **READING PROFICIENCY AS A MEASURE OF CHILD WELL-BEING**

Smith advocated for fourth-grade reading proficiency as a critical benchmark of child well-being, stating, “One of the best measures of the success of public policy investments is reading proficiency at the end of third grade. We have launched The Campaign for Grade-Level Reading to mobilize resources nationwide for the benefit of America's youngest and most vulnerable children.” Students with poor reading skills often experience difficulty completing their academic coursework, graduating from high school and finding and maintaining employment later in life.

Smith, who is working with more than 70 other funders as partners in The Campaign for Grade Level Reading, described the effort as “a decade-long endeavor through which philanthropy will help secure and sustain wide-reaching commitments, resources, and actions to bring about the necessary changes. The Campaign will target three core assurances: 1. Quality teaching for every child in every setting every day; 2. Locally-owned community solutions for improving school readiness, attendance, and summer learning; and, 3. A rational, outcomes-accountable system of care, services, and family supports for children, from birth through third grade.”

### **Reading proficiency in Rhode Island**

- Rhode Island ranks 11<sup>th</sup> in the nation\* and 5<sup>th</sup> in New England\*\* for the percentage of fourth-grade students who are proficient on the National Assessment of Educational Progress (NAEP). Using this measure, 36% of Rhode Island fourth-grade students are proficient in reading compared with 32% of U.S. students. Note: \*1<sup>st</sup> is best and 50<sup>th</sup> is worst; \*\*1<sup>st</sup> is best and 6<sup>th</sup> is worst.

- In October 2010, 69% of Rhode Island fourth graders scored at or above proficiency in reading on the *New England Common Assessment Program* (NECAP) reading test, up from 60% in 2005. The NECAP is the state of Rhode Island's testing system, developed in partnership with New Hampshire, Vermont and Maine.
- There are significant disparities in reading proficiency by family income, with 56% of low-income fourth-graders scoring at or above proficiency, compared with 80% of higher-income fourth-graders.
- From 2005 to 2010, the fourth-grade reading proficiency rate for the core city school districts has increased from 39% to 54%, while the fourth-grade reading proficiency rate for the remainder of the state has seen smaller increases from 72% to 76%.

"While we are seeing improvements in reading proficiency rates throughout the state, the core cities are where we are seeing the largest gains," said Bryant. "Our state will benefit economically if these gains continue and accelerate."

***The keynote address highlighted several areas for attention in order for Rhode Island to reach the goal of third grade reading proficiency, as follows:***

**Rlte Care health insurance:** Children's health insurance status is a major determinant of whether or not children have access to care. Rhode Island continues to be a leader among states in ensuring that children have health insurance.

- Between 2007 and 2009, in Rhode Island, 92.3% of all children had health insurance. Children without health insurance coverage are more likely to lack a regular health care provider, receive delayed care, have unmet medical and dental needs, and have fewer visits to the doctor and dentist.
- During the recession, employer-sponsored insurance declined with 64.4% of Rhode Island children covered by employer-sponsored insurance in 2007-2009, down from 70.5% from 2000 to 2002.
- An estimated 19,675 children in Rhode Island remain uninsured, and almost three-quarters (14,457) of these children are eligible for Rlte Care based on their family income but are not enrolled.

"If we help families enroll in Rlte Care, we can help 14,000 more children access needed health, developmental, mental health, and oral health care," noted Bryant.

**Supports for families with young children:** Research shows that investments in evidence-based programs that work with families during pregnancy and early childhood are cost-effective. Children under age six are at higher risk of living in poverty and experiencing the negative outcomes associated with poverty than any other age group.

- Currently, Rhode Island serves only 5% of the children who are income-eligible for Early Head Start, a comprehensive program that provides intensive support to high-risk families with infants and toddlers. When resources available through the federal *American Recovery and Reinvestment Act* are no longer available, this will affect 152 of the 533 federally funded Early Head Start slots.
- In 2010, Rhode Island launched the evidence-based Nurse Family Partnership (NFP) program to provide home visits by trained nurses to young, first-time parents with multiple risk factors. The program has documented outcomes in child health and development, prevention of child abuse and neglect, and increased economic self-sufficiency.
- The NFP program can only enroll 100 first-time mothers, far short of the needed capacity. In 2010, there were 468 infants born at highest risk – defined as births to teen mothers under age 20, who were unmarried and without a high school diploma.

Bryant stated, “We know what works to help young parents develop effective parenting skills, complete school and build job skills. Evidence-based programs prevent child abuse and neglect, and support young children’s emotional and intellectual development. These investments in prevention are cost-effective and avoid much higher costs down the road.”

**High-quality early learning programs:** Children who participate in high-quality early care and education programs do better academically, emotionally, and socially. Low-income children benefit most from participation in high-quality Pre-K and early learning opportunities, yet they are much less likely to have access to these programs than higher-income children.

“Enrollment in high-quality child care, Head Start and public Pre-K programs help children from low-income families to develop a strong foundation for success in school, but these programs do not have the funding needed to serve all eligible children,” stated Bryant.

- Since 2003, there has been a 47% decrease in the number of child care subsidies for low-income working families. The number of low-income families receiving a child care subsidy decreased from 14,333 in 2003 to 7,471 in 2009 and 7,592 in 2010.

- Statewide, fewer than half (40%) of income-eligible children are enrolled in the Head Start preschool program due to limited funding. In the core cities, only one-third (34%) of income eligible children are enrolled in Head Start.
- An additional 126 children are enrolled in seven high-quality Pre-K classrooms throughout Rhode Island as part of the state's Pre-K Demonstration Program. Children who participate in high-quality Pre-K programs score higher on reading achievement tests in the elementary years than children who do not have access to these kinds of early learning environments.

Bryant stated, "As we work to increase the percentage of children reading proficiently by the end of third grade, increasing access to high-quality early childhood education programs and full-day kindergarten are key priorities."

**Full-day kindergarten:** Children who participate in full-day kindergarten programs are more likely to be ready for first grade than children in half-day programs, regardless of family income, parental education and school characteristics. Full-day programs are especially beneficial for poor and minority children and can help close academic achievement gaps.

- During the 2010-2011 school year, 17 of the state's school districts offered universal access to full-day kindergarten programs and another six school districts operated at least one full-day kindergarten classroom.
- Due to budget issues, the Woonsocket School District eliminated all but one full-day kindergarten classroom for the 2010-2011 school year.
- Overall, during the 2010-2011 school year, 60% of Rhode Island children who attended public kindergarten were in a full-day program.

**Preventing chronic early absence:** During the early elementary school years, children develop important skills and approaches to learning that are critical to ongoing success. First-grade children who were chronically absent in kindergarten show lower levels of achievement in math, reading and general knowledge than their peers who had good attendance in kindergarten.

- During the 2009-2010 school year, 13% of children in grades kindergarten through third grade were chronically absent, meaning that they missed 18 days or more of school or at least 10% of the school year.

Bryant stated, “Early warning systems can help schools identify students who are off-track – either in terms of skills or attendance or both – so that schools can provide personalized, timely academic and social supports to help students get on track for school success.”

## **THE IMPACT OF THE RECESSION ON CHILDREN’S WELL-BEING**

Research shows that poverty, unemployment and job loss have an impact on family stability and can compromise the healthy development of children and youth. Bryant noted, “Children in families experiencing job loss, financial stress or poverty are more likely to be victims of child abuse or neglect, move frequently or become homeless, change schools one or more times, and/or fail to complete high school or college.”

- In 2010, more than one in ten Rhode Island children (13%) had at least one unemployed parent. Since the recession began, Rhode Island’s unemployment rate has consistently been among the highest in the nation.
- Between 2007 and 2009 in Rhode Island, 17.1% (38,604) of Rhode Island’s 226,324 children lived in families with incomes below the federal poverty threshold (\$22,162 for family of four with two children in 2010).
- About one-third of Hispanic (38%), Black (30%), and Native American (30%) children in Rhode Island lived in poverty between 2007 and 2009.
- In December 2010, there were 9,155 children under age 18 in families receiving cash assistance, while there were 38,604 children in poverty; of the children in poverty, almost half (17,598) were children living in extreme poverty (defined as family income less than half the federal poverty threshold or \$11,081 for a family of four with two children in 2010).
- In December 2010, more than two thirds (70%) of RI Works beneficiaries were children, and half of these children were under the age of six.
- Between 1996 and 2010, the Rhode Island cash assistance caseload decreased by 68%, from 18,428 cases to 5,834 cases. In State Fiscal Year 2010, Rhode Island did not allocate any general revenue funds to support the RI Works cash assistance program.
- Between December 2007 and December 2009, Rhode Island experienced the nation’s largest decrease (29%) in the number of families receiving cash assistance, despite having the third highest unemployment rate in the nation. Many states experienced caseload increases during this same time period.

“We are concerned that the high unemployment rate coupled with stricter time limits for cash assistance is leaving many families with young children with no income and at risk for deep poverty, homelessness and hardship,” said Bryant. “When unemployment or a family crisis occurs, it is critical that families with children have access to a safety net that enables them to meet their basic needs. Yet, some of the poorest families in Rhode Island no longer have access to cash assistance due to changes in policies implemented when the cash assistance program changed from the Family Independence Program to the Rhode Island Works Program in 2008.”

## **DECLINES IN CHILD WELL-BEING**

### **Housing and Homelessness**

- Between 2005 and 2009 in Rhode Island, 42% of households experienced a housing cost burden. Families are considered to have a housing cost burden when they spend more than 30% of their income on housing.
- Rhode Island has a greater proportion of families experiencing a housing cost burden (spending more than 30% of their income on housing) than any other state in New England.
- Rhode Island is one of only nine states that does not have a dedicated funding source for affordable housing.
- Last year 1,150 Rhode Island children stayed at emergency homeless shelters, domestic violence shelters and transitional housing programs. School personnel identified 996 children as homeless, of whom just over one-third (367) were students in the core cities and almost two-thirds (611) were students in the remainder of the state.
- During the 2009-2010 school year, 14% of Rhode Island children changed schools during the school year. Students who change schools mid-year are absent more often than students who do not change schools and perform worse on standardized tests.

Bryant noted, “Rhode Island’s high unemployment rate, lack of affordable housing and high foreclosure rate contribute to the high number of children and families experiencing homelessness in Rhode Island. Children in families faced with job loss, foreclosure or eviction are more likely to change schools than their peers.”

### **Child Abuse and Neglect**

- In 2010 in Rhode Island, 3,414 children under age 18 were victims of child abuse or neglect; of these, almost half (48%) were children under age six, including 327 infants under age one, 872 children ages one to three, and 423 children ages four and five.

- Between 2008 and 2010, the number of indicated investigations of child abuse and neglect increased by 25%, from a low of 1,913 indicated investigations in 2008 to 2,392 indicated investigations in 2010. An indicated investigation is one in which there is a preponderance of evidence that child abuse and/or neglect has occurred.
- Four out of five (79%) of the 3,961 maltreatment events in 2010 were neglect, 13% were physical abuse and 4% were sexual abuse. Some children experience maltreatment more than once or are victims of more than one type of abuse.
- In 2010, the single largest category of neglect was “unspecified other neglect” (58%), followed by “lack of parental supervision” (34%).

“We are concerned that more children are experiencing neglect due to lack of parental supervision, inadequate food, clothing and shelter, physical injuries, and drug and alcohol abuse,” stated Bryant. “We need to be sure that we are allocating sufficient resources for family preservation and support and for prevention of child abuse and neglect.”

### **Children’s Mental Health**

- Between 2006 and 2009, the number of hospitalizations of children under age 18 with a primary diagnosis of mental disorder increased by 21%, from 1,446 hospitalizations in 2006 to 1,749 hospitalizations in 2009.
- When an inpatient psychiatric bed or other needed service is not available, children are “boarded” in the emergency department or on medical floors in acute care hospitals. In 2010, there were 403 children under age 18 with a psychiatric diagnosis who were “boarded” for an average of two days at Hasbro Children’s Hospital, more than three times the number boarded in 2009 (122 children).
- In State Fiscal Year 2010, 1,729 children and youth received Child and Adolescent Intensive Treatment Services from eleven community-based providers, down 46% from the 3,189 children and youth served by the community-based Children’s Intensive Services program in State Fiscal Year 2007.

“Factors involved in the increase in boarders include reduced capacity at step-down and other community-based alternatives to hospitalizations as well as increased referrals to hospital emergency departments for behavioral health services,” noted Bryant. “We must ensure that we are investing in the evidence-based, comprehensive services within the community that help to stabilize youth with behavioral health needs and support their families.”



## **IMPROVEMENTS IN CHILD WELL-BEING**

### **Health**

- Between 2005 and 2010, the percentage of children enrolled in Medical Assistance who received a dental service increased from 43% to 52%. Rhode Island ranks sixth best in the nation on this measure.
- Since Rhode Island launched the Rite Smiles dental benefits manager program in 2006, the number of dentists serving children enrolled in Medical Assistance more than tripled, from 90 dental providers in September 2006 to 304 dental providers in September 2010.
- Between 2005 and 2009, the preterm birth rate in Rhode Island declined from 12.2% to 11.4%. Among women with private health insurance coverage in Rhode Island between 2005 and 2009, 10.9% of births were preterm, compared with 12.8% of those with public insurance coverage (Rite Care or Medicaid) and 23.1% of women with no insurance.
- Lead poisoning rates have been steadily declining in the core cities and in Rhode Island and are now at their lowest level since Rhode Island KIDS COUNT started tracking this measure in 1995.
- Between 2005 and 2009, the teen birth rate for Rhode Island girls ages 15 to 19 (30.1 births per 1,000 girls) was the lowest since the 2001 to 2005 five year average. Rhode Island ranks ninth nationally on this measure, where first is best.
- In 2009, the teen birth rate for U.S. teenagers fell to the lowest level ever-recorded (39.1 births per 1,000 teens ages 15-19). Teen birth rates for all racial and ethnic groups fell to historic lows.
- Rhode Island ranks first best in the nation for the child death rate for children ages 1 to 14. In 2007, the Rhode Island rate of nine deaths per 1,000 children in this age group was well below the national rate of 19 deaths per 1,000 children.
- Rhode Island also ranked second best in the nation for the teen death rate for youth ages 15 to 19. In 2007, the Rhode Island rate of 39 deaths per 1,000 teens in this age group was well below the national rate of 62 deaths per 1,000 teens.

### **Education**

- In October 2010, 63% of fourth-graders scored at or above proficiency in math, compared to 52% in 2005.

- In October 2010, 74% of Rhode Island eighth-graders scored at or above proficiency in reading, an increase from 56% in 2005.
- The Rhode Island four-year graduation rate for the class of 2010 was 76%, the dropout rate was 14%, 3% of students completed their GEDs within four years of entering high school and 7% were still in school in the fall of 2010.
- In 2008, Rhode Island began calculating a five-year graduation rate to recognize the graduation accomplishment regardless of the time it takes. Of the 342 students who graduated in 2010 after completing five years of high school, 9% (32) were English Language Learners and 41% (140) were students with special needs and an Individualized Education Plan (IEP).
- 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 13<sup>th</sup> in the nation and 3<sup>rd</sup> in New England (where 1<sup>st</sup> is best) for the number of high school seniors graduating and going directly to college.

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Rhode Island KIDS COUNT is a statewide children's policy organization that works to improve the health, economic well-being, safety, education and development of Rhode Island's children.