



Issue Brief

Infants, Toddlers, and their Families in Rhode Island

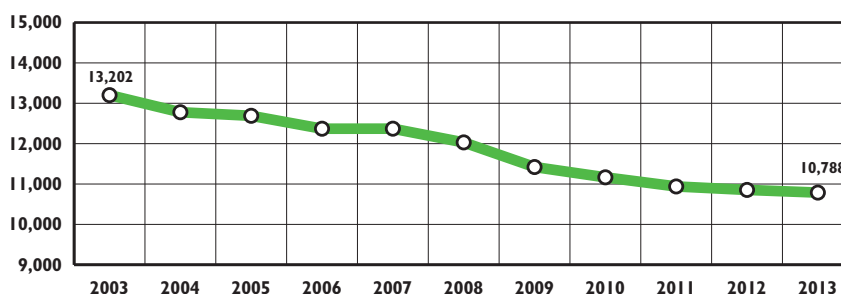
The first 1,000 days of life are a time of great opportunity and great vulnerability. The basic architecture of the human brain develops during the infant and toddler years. By age three, a child's brain has grown to 90% of its adult size and the foundation of many cognitive structures and systems are in place. Early experiences lay the foundation for future learning, and strong, positive relationships with parents and other caregivers are the building blocks for healthy development. All domains of child development - social, emotional, cognitive, language and physical - are intertwined during the early years. For example, language development, which typically expands exponentially during the infant and toddler years, depends on both the ability to distinguish sounds and the capacity to engage in social relationships.^{1,2}

Families can experience great joy and excitement in welcoming and caring for a new baby, but they can also experience tremendous economic hardship and stress. Nearly 40% of births in Rhode Island are the result of an unplanned pregnancy.³ In the urban Northeast region of the U.S., childrearing expenses for infants and toddlers average nearly \$15,000 per year, the highest in the country.⁴

Birth Rates

- ◆ The number of babies born in the U.S. has declined steadily since 2007. In 2013, the U.S. birth rate for women ages 15 to 44 reached a record low. Rhode Island had the fifth lowest birth rate in the U.S. in 2013. The New England states had the lowest birth rates across the 50 states. Connecticut, Maine, New Hampshire and Vermont have slightly lower birth rates and Massachusetts has a slightly higher birth rate than Rhode Island.⁵
- ◆ The number of babies born to Rhode Island families has been declining since 2003, with the number of babies born in 2013 (10,788) 18% lower than in 2003 (13,202).⁶

Babies Born to Rhode Island Residents, 2003-2013

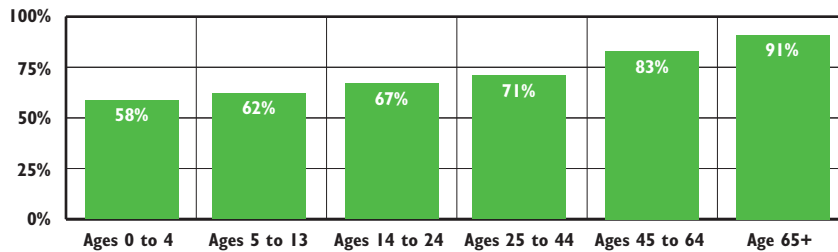


Source: Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2003-2013. Data for 2013 births are provisional.

Growing Racial and Ethnic Diversity

- ◆ The population in the United States is becoming increasingly racially and ethnically diverse, with infants and toddlers leading the way. By 2030, the overall U.S. child population is estimated to be “majority minority.” While non-Hispanic White children will still be the largest group, they will no longer be the majority. Across the U.S., infants and toddlers have already hit that benchmark. In 2012, 51% of infants and toddlers in the U.S. were identified either as Hispanic or non-White.⁷
- ◆ In Rhode Island, young children are more diverse than any other age group. Fifty-eight percent of children under age five in Rhode Island were identified as White and non-Hispanic while 71% of adults ages 25 to 44 and 91% of people age 65 or over are White and non-Hispanic.⁸

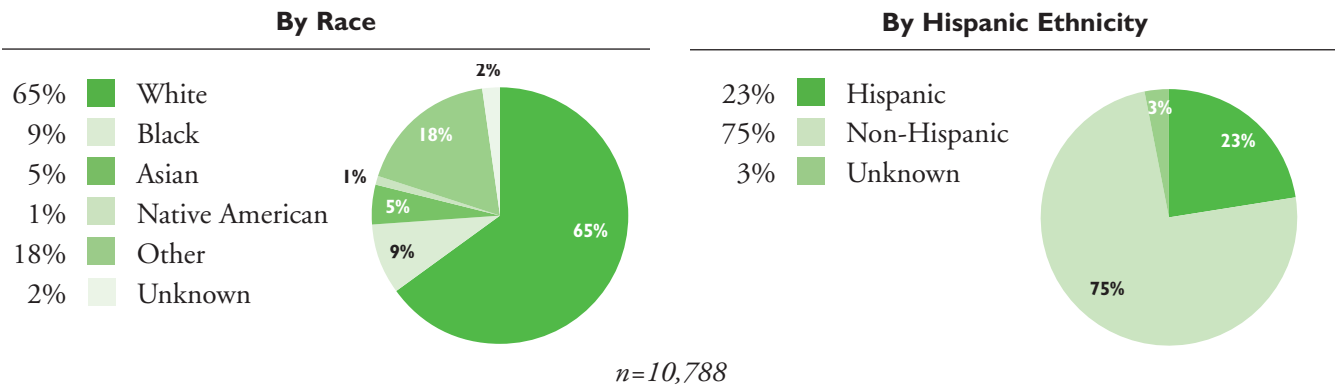
Percent of Population Identified as White and Non-Hispanic by Age, Rhode Island, 2013



Source: U.S. Census Bureau, 2013 Population Estimates.

- ◆ Hispanics are the largest and fastest growing ethnic minority group in the U.S. One in four children in the U.S. is Hispanic and more than 90% of Hispanic children are U.S.-born citizens.⁹ In Rhode Island in 2013, 23% of births were to women who identified as Hispanic.¹⁰
- ◆ Hispanic families have many strengths. National data show that the majority of U.S. Hispanic children live with two parents and build strong social-emotional skills in early childhood. Many Hispanic children are exposed to strong family and community traditions. For example, Hispanic children are more likely than other racial/ethnic groups to eat dinner with their families six or seven nights per week. However, Hispanic families experience many challenges. Chief among them is poverty. Nearly one-third of Hispanic children in the U.S. and 45% in Rhode Island live in poverty.^{11,12}

Births by Race and Ethnicity, Rhode Island, 2013



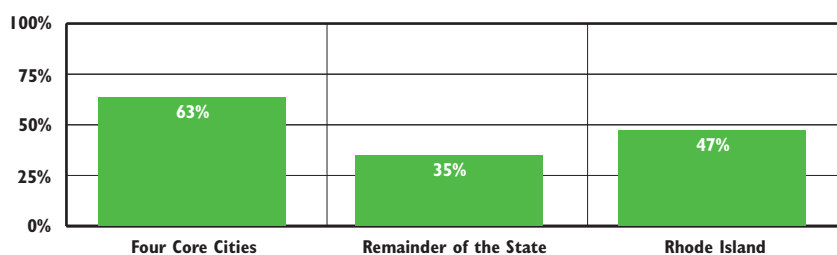
Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2013. Data for 2013 are provisional.

- ◆ Across the U.S., Black and Hispanic children are more likely to live in neighborhoods of concentrated poverty where inadequate housing, low-performing schools, and high crime rates threaten their growth and development.¹³ Residential segregation has grown across the U.S. over the past four decades.¹⁴ In Rhode Island, more than 84% of the children in Providence and 87% in Central Falls were racial and/or ethnic minorities.¹⁵

Single Mothers

- ◆ Since 1960, the percentage of births to single mothers has grown from 5% to 41% in the U.S. Women with lower education levels are more likely to have a baby without being married. More than half of single women in the U.S. who give birth (58%) are living with their partner at the time of the birth, but the majority of these relationships are not sustained through the early childhood years. Children born to single mothers are more likely to live in poverty and experience housing instability.^{16,17}
- ◆ In Rhode Island in 2014, 47% of babies were born to single mothers. In the four core cities, the communities with the highest child poverty rates, 63% of babies were born to single mothers, compared to 35% of babies born to women who lived outside the core cities.¹⁸ Children in single-parent families in Rhode Island are five times more likely to be living in poverty than those in married-couple families.¹⁹

Percent of Births to Single Mothers, Rhode Island, 2014

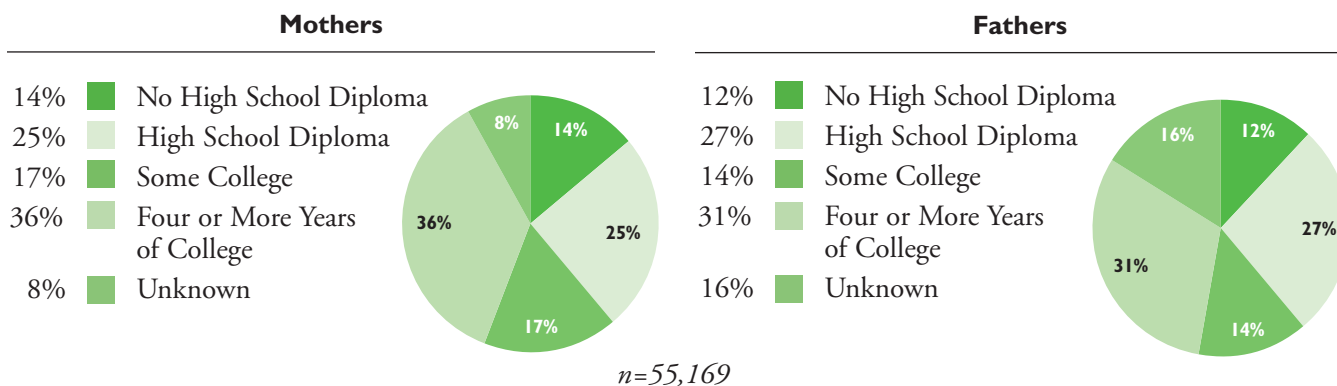


Source: Rhode Island Department of Health, KIDSNET Database, 2014.

Parent Education & Employment

- ◆ Low parent education levels are closely related to the likelihood that infants and toddlers live in a low-income family (below 200% of the Federal Poverty Level (FPL)). Nationally, 88% of infants and toddlers with parents who have not finished high school and 72% who live with parents who have a high school diploma but no college live in low-income families. Thirty-four percent with at least one parent who has some college or additional education live in low-income families.²⁰

Births by Parent's Education Level, Rhode Island, 2009-2013



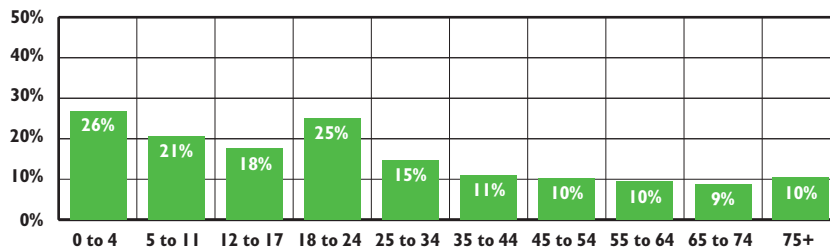
Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2009-2013. Data for 2013 are provisional.

- ◆ Families with at least one parent who works full-time, year-round are less likely to live in low-income households. However, across the U.S., 32% of infants and toddlers with at least one parent who works full-time, year-round were low-income.²¹

Family Economic Security

- ◆ In the U.S., infants and toddlers are the age group most likely to live in poverty with 25% living below the poverty line in 2013 (\$18,751 for a family of three). An additional 23% live in low-income families with incomes below 200% of the poverty line (\$37,502 for a family of three). Nationally, children under age three are almost three times more likely to live in poverty than adults 65 years and older.²² In Rhode Island, 26% of children under age five live in poverty. As children get older and enter public school, fewer live below the poverty line, but poverty rates for school-age children remain higher than for adults over age 25.²³

Percent of Population Living Below Poverty Threshold by Age, Rhode Island, 2011-2013



Source: U.S. Census Bureau, American Community Survey, 2011-2013. Table B17001.

- ◆ Living in poverty during infancy and the early childhood years is especially harmful. Inadequate family resources during the time when babies’ brains are establishing foundational neural functions and structures can have long-lasting negative impacts. Research indicates that economic insecurity in early childhood may compromise the child’s lifetime achievement and employment opportunities.²⁴

Housing

- ◆ Housing is the biggest expense for families with young infants and toddlers.²⁵ Nationally, 71% of infants and toddlers in low-income families live in rental housing, compared with 28% of those in higher-income families.²⁶ In Rhode Island in 2014, the average rent for a two-bedroom apartment was \$1,172 per month, which would consume 85% of monthly earnings of a full-time worker earning the minimum wage.²⁷ The average monthly mortgage payment for a homeowner in Rhode Island was \$1,580.²⁸

Cost of Rental Housing, Core Cities in Rhode Island, 2014

CITY/TOWN	AVERAGE MONTHLY RENT 2-BEDROOM APARTMENT
Central Falls	\$893
Pawtucket	\$1,021
Providence	\$1,126
Woonsocket	\$983
<i>Four Core Cities</i>	<i>\$1,006</i>
<i>Remainder of State</i>	<i>\$1,240</i>
<i>Rhode Island</i>	<i>\$1,172</i>

Source: Rhode Island Housing, *Rhode Island Rent Survey*, 2014. Rents are adjusted to include HUD’s utility allowance.

- ◆ Nationally, the number of families who are homeless has increased significantly in recent years and families now comprise a greater portion of the shelter population than ever before.²⁹ In 2014, 202 children under age three stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island.³⁰ Children who experience homelessness in early childhood are more likely to experience hunger and have acute or chronic health problems. They are also more likely to have significant developmental delays (54% among homeless preschoolers vs. 16% among the general population) and to be placed in foster care.^{31,32}

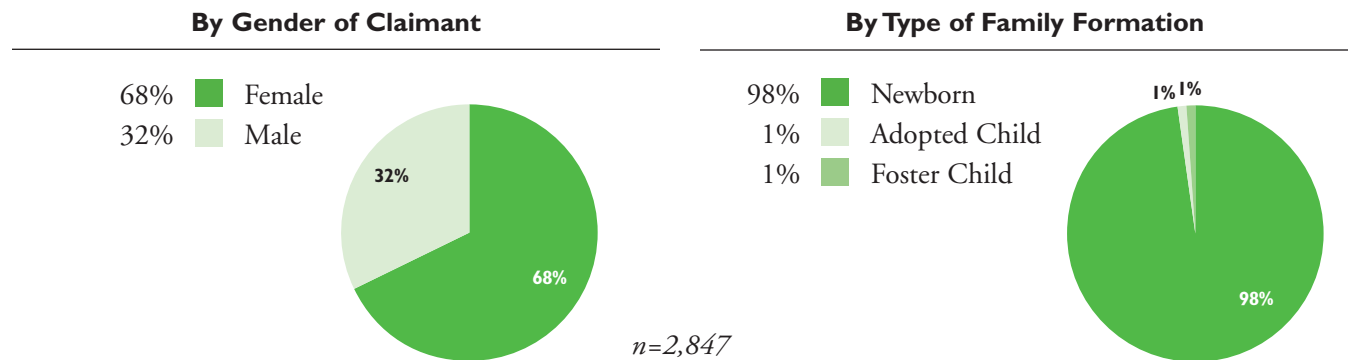
Earned Income Tax Credits – Federal and State

- ◆ The federal Earned Income Tax Credit (EITC) supplements earnings and off-sets payroll taxes for low-wage workers, particularly those who have children. The credit is refundable, so families who do not owe any taxes or owe less than the tax credit is worth receive some or all of the credit as a cash refund. In 2013, the federal EITC lifted more than 2.7 million children out of poverty in the U.S.³³
- ◆ Twenty-five states and the District of Columbia administer a state EITC program to provide additional help to low-income families struggling to make ends meet. State EITCs typically are set as percentage of the federal credit (ranging from 3.5% to 40%, depending on the state).³⁴ Currently, Rhode Island has a refundable state EITC that is 10% of the federal credit.³⁵ In 2014, 84,091 Rhode Island working families and individuals received a total of \$190 million in federal EITC tax credits for tax year 2013.
- ◆ Children in low-income families who claim the EITC are healthier, do better in school, and earn more as adults.³⁶

Paid Family Leave

- ◆ Paid family leave provides job security and consistent income so that working parents can care for a new child.³⁷ Taking time off from work to care for a new child reduces infant mortality rates, improves breastfeeding rates and duration, and increases the likelihood that infants receive preventive medical care and immunizations. Mothers who take at least 12 weeks off after the birth of a child are less likely to experience depression, which can improve the quality of care they are able to provide to their infants. Providing time off from work for new parents gives babies time to form secure attachments which form the foundation for future relationships and development.³⁸
- ◆ Rhode Island’s Temporary Caregiver Insurance (TCI) Program, launched in 2014, provides up to four weeks of partial wage replacement benefits 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 member.³⁹ The TCI program is managed through the state’s Temporary Disability Insurance (TDI) Program which provides partial wage replacement to eligible workers who are temporarily disabled, including workers recovering from childbirth and those with disabling pregnancy complications.^{40,41} In 2014 in Rhode Island, there were 969 approved TDI claims for pregnancy complications and 3,502 approved claims to recover from childbirth.⁴² Women who give birth are eligible for both TDI and TCI. TDI is not available for new parents who do not give birth (such as fathers and adoptive parents).

Approved Temporary Caregiver Insurance (TCI) Claims for Bonding with a New Child, Rhode Island, 2014



Source: Rhode Island Department of Labor and Training, approved TCI Claims, 2014.

Child Care for Infants and Toddlers

- ◆ Child care is the second largest expense, behind housing, for families with young children.⁴³ Families with infants and toddlers need child care in order to work. Yet the high cost of child care puts quality care out of reach for low-income families without a state subsidy or private scholarship.⁴⁴ When child care is high-quality it can also provide the early learning experiences needed to help prepare children for school.⁴⁵

Average Annual Cost for Full-Time Infant & Toddler Child Care, Rhode Island, 2013

PROGRAM TYPE	COST PER CHILD
Child Care Center (infant care)	\$12,097
Child Care Center (toddler care)	\$11,121
Family Child Care Home (infant care)	\$9,082
Family Child Care Home (toddler care)	\$8,971

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2013). *Statewide survey of child care rates in Rhode Island*. Kingston, RI: University of Rhode Island.

- ◆ State child care subsidy programs help low-income, working families enroll their children in licensed child care programs. Child care subsidies increase the likelihood that low-income parents are able to work, reduce the likelihood that parents who previously received cash assistance payments do so again, and increase the range of affordable child care options. Families who use child care subsidies have higher rates of parental employment, more stable employment, and more income than other low-income families.^{46,47}
- ◆ Currently, low-income working families with incomes up to 180% of the federal poverty level (\$36,162 for a family of three in 2015) are eligible for a child care subsidy in Rhode Island.^{48,49} In December 2014, there were 2,159 children under age three receiving a child care subsidy in Rhode Island (69% in a licensed center, 30% in a licensed family child care home and 1% through a license-exempt provider). Infants and toddlers are more likely to be cared for by a family child care provider than are preschoolers.⁵⁰ The Rhode Island Child Care Assistance Program was cut back significantly in 2007 when eligibility was reduced from 225% FPL to 180% FPL.⁵¹ Rates paid to child care providers accepting the state subsidy have been frozen since 2008.⁵² Although federal funding has increased, current state spending on the program is 80% lower than in 2003.⁵³

Child Care Quality

- ◆ 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.^{54,55,56} Infants and toddlers benefit from small group sizes and fewer children per adult. Specific infant/toddler training long with regular on-site coaching and monitoring helps providers meet key health and safety standards important for babies and provide sensitive and enriching care in a group setting.⁵⁷
- ◆ Programs across the U.S. vary markedly in quality and can range from mediocre, custodial care to rich, learning experiences.⁵⁸ In Rhode Island, studies of randomly selected licensed programs found that 20% of infant and toddler classrooms in licensed child care centers and 64% of licensed family child care homes were providing low-quality care. Only 6% of infant and toddler classrooms were delivering a high-quality learning program.^{59,60}

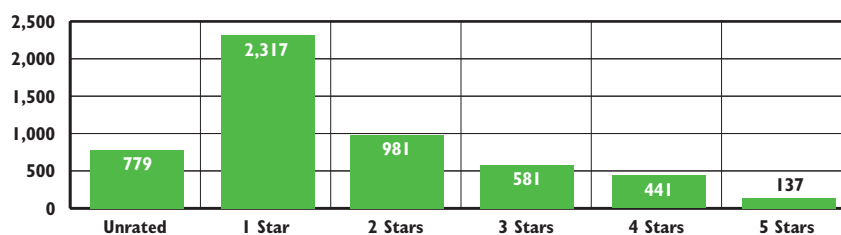
Child Care Licensing

- ◆ Licensing regulations for child care and early learning programs ensure programs meet a basic threshold of quality. Consistent enforcement of regulations is critical to ensure basic health and safety standards are in place as a foundation for quality. Programs that are inspected more frequently are more likely to meet regulations.⁶¹
- ◆ Research has shown that posting complete licensing inspection reports online in a user-friendly format improves the quality of child care received by low-income children.⁶² As of 2013, there were 31 states that post licensing inspection reports online.⁶³ Currently, Rhode Island does not post licensing inspection reports online.

BrightStars Quality Rating and Improvement System

- ◆ Rhode Island has a Quality Rating and Improvement System (QRIS) for child care and early learning programs – called BrightStars. BrightStars conducts program quality assessments using research-based standards for quality early care and education programs.⁶⁴ As of January 2015, 11% of licensed infant/toddler child care slots were in a center with a high-quality rating of four or five stars. Two percent of licensed family child care slots (for all ages) were in a program with a high-quality rating of four or five stars.⁶⁵

Licensed Infant Toddler Slots in Centers by BrightStars Rating, Rhode Island, 2015



Source: Rhode Island Association for the Education of Young Children and Exceed Database, January 2015.

- ◆ Many states use a tiered financial incentive strategy to pay higher child care subsidy rates to programs that achieve measurable quality standards through a state Quality Rating and Improvement System.⁶⁶ As of 2014, 36 states and the District of Columbia have differential reimbursement rates based on program quality.⁶⁷ Currently, Rhode Island does not have a tiered reimbursement rate system with higher rates for higher quality programs.

Infant & Toddler Child Care Workforce

- ◆ Staff caring for and educating infants and toddlers in licensed child care centers make very low wages. A recent statewide survey of Rhode Island child care centers and family child care homes found that the average hourly wage for an infant/toddler teacher was \$10.50 and \$13.00 for a preschool teacher.⁶⁸
- ◆ Infant/toddler teachers in Rhode Island also tend to have lower education levels with 24% having a high school diploma or less, 44% some college but no degree, 17% an associate's degree, and 15% a bachelor's degree or higher. Family child care providers tend to have even lower education levels: 36% have a high school diploma or less, 40% some college but no degree, 10% an associate's degree, and 14% a bachelor's degree or higher. In contrast, 47% of preschool teachers in licensed centers have a bachelor's degree.⁶⁹
- ◆ Experts recommend that all educators of children from birth to age eight have a minimum of a bachelor's degree with specialized coursework in child development and early learning.⁷⁰

Early Head Start

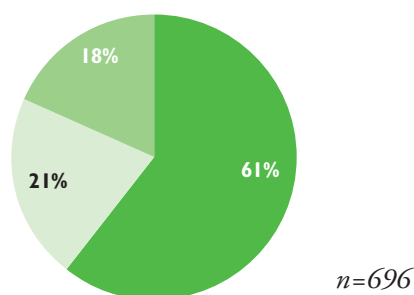
- ◆ Early Head Start is a comprehensive early childhood program serving low-income children (below 130% FPL – with families below 100% FPL having priority) birth to age three, pregnant women and their families.^{71,72} Children who receive Early Head Start services demonstrate greater cognitive, language, and social-emotional gains than similar children who do not participate. Parents of children in Early Head Start provide more emotional support and more opportunities for language and learning to their children, and are more likely to pursue education and job-training activities and to be employed.^{73,74}
- ◆ In Rhode Island in 2014, there were 529 federally-funded Early Head Start slots. Of these, 31% were in center-based programs where services are delivered primarily in a licensed child care facility and 69% were in home-based programs where services are delivered primarily through weekly family home visits.⁷⁵ Of the 578 infant and toddler slots in licensed centers meeting high-quality BrightStars standards, 20% were Early Head Start slots (118).⁷⁶ A new federal Early Head Start – Child Care Partnership grant, awarded in 2015, will create 100 new center-based Early Head Start slots in Rhode Island.⁷⁷ As of October 2014, 527 infants and toddlers and 12 pregnant women were receiving Early Head Start services in Rhode Island, 6% of the estimated eligible population.^{78,79}

Family Home Visiting Programs

- ◆ Children in at-risk families who participate in high-quality, evidence-based family home visiting programs have improved language, cognitive, and social-emotional development and are less likely to experience child abuse and neglect. Families who participate are more likely to provide an enriching home environment, use appropriate discipline strategies, and become economically secure through education and employment. Some family home visiting programs also improve maternal and child health.^{80,81,82}
- ◆ In 2010, federal legislation established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to expand and improve home visiting programs for at-risk families with young children.⁸³ Rhode Island uses MIECHV funding to support implementation of three evidence-based models: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. As of October 2014, 500 families with infants and toddlers were enrolled in one of these programs. The vast majority of participating families (88%) lived in one of Rhode Island's four core cities where poverty is concentrated. More than 20% were families with teen parents and more than half of the mothers in participating families had a high school diploma or less.⁸⁴

Families Enrolled in Evidence-Based Home Visiting Programs by Program Type, Rhode Island, February 2015

61% ■ Healthy Families America
 21% ■ Nurse-Family Partnership
 18% ■ Parents as Teachers*



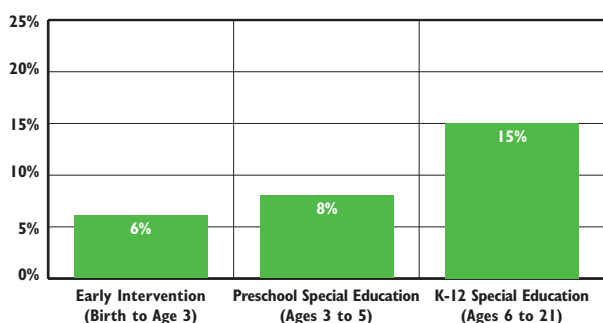
Source: Rhode Island Department of Health, February 2015.
 *Enrollment includes only MIECHV-funded Parents as Teachers programs in Rhode Island.

- ◆ Rhode Island also operates a statewide, short-term family home visiting program called First Connections. The program is designed to assess family needs and help families get connected to available resources. In 2014 in Rhode Island, 3,801 children received at least one First Connections visit.⁸⁵

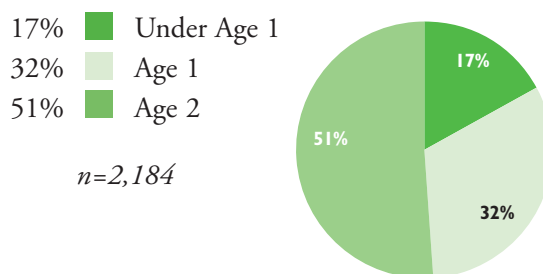
Developmental Screening & Early Intervention

- ◆ Approximately 15% of U.S. children ages three to 17 have developmental disabilities, with higher prevalence among children from low-income families and among boys.⁸⁶ The American Academy of Pediatrics recommends that physicians incorporate the use of a standardized developmental screening tool into the 9-, 18-, and 30-month well-child visits in order to improve detection of developmental delays and ensure that children who could benefit from services receive timely intervention.⁸⁷ It is also critical to ensure infants and toddlers are screened for lead poisoning so that corrective actions may be taken as early as possible.
- ◆ Early Intervention (EI) is a state-managed program required under Part C of the federal *Individuals with Disabilities Education Act*. EI serves children under age three who are developmentally delayed or who have a diagnosed condition that is associated with a developmental delay. States may also choose to serve children who are at risk of delayed development if services are not provided.⁸⁸ As of June 30, 2014 in Rhode Island, there were 2,184 infants and toddlers receiving EI services, 6% of the population of children under age three.^{89,90} Rhode Island is ranked second highest in the country (behind only Massachusetts) in identifying and enrolling eligible children in EI, well above the national average of 3%.⁹¹

Percentage of Children Receiving Special Education Services by Age, June 2014



Children Enrolled in Early Intervention by Age, Rhode Island, June 2014

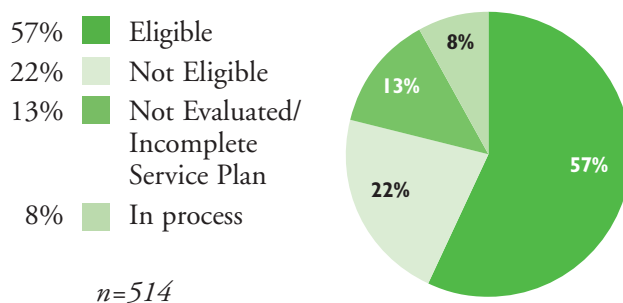


Source: Rhode Island Executive Office of Health and Human Services, June 30, 2014 Early Intervention enrollment.

Maltreated Infants & Toddlers and Early Intervention

- ◆ Infants and toddlers who have been maltreated are six times more likely to have a developmental delay than the general population. Federal legislation requires states to refer all children under age three who have been victims of substantiated child abuse or neglect to EI for eligibility assessment.^{92,93}
- ◆ In 2014 in Rhode Island there were 831 infants and toddlers under age three who were maltreated. Of these, 62% were referred directly to EI for an eligibility assessment, 23% were referred to First Connections for screening, 4% were already enrolled in EI, and 11% were not referred due to case closure or family consent refusal.⁹⁴

Maltreated Infants and Toddlers by Early Intervention Eligibility Status, Rhode Island, 2014

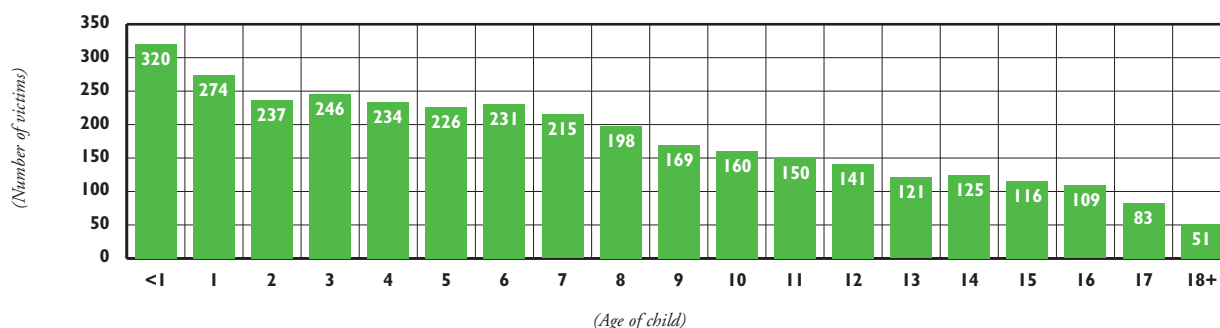


Source: RI Executive Office of Health and Human Services, 2014.

Infants and Toddlers in the Child Welfare System

- ◆ In Rhode Island and nationally, the youngest children are more likely to experience abuse or neglect than older children. Infants under age one are the most likely age group to experience maltreatment.^{95,96}

Child Abuse and Neglect by Age of Victim, Rhode Island, 2014



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2014. Data represent 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.

- ◆ Most child maltreatment is classified as neglect, not as abuse.⁹⁷ In Rhode Island, child neglect is defined as: failing to supply the child with adequate food, clothing, shelter, or medical care, although financially able to do so or when offered financial or other reasonable means to do so *or* failing to provide the child with a minimum degree of care or proper supervision or guardianship because of unwillingness or inability to do so by situations or conditions such as, but not limited to, social problems, mental incompetency, or the use of a drug, drugs, or alcohol to the extent that the parent or other person responsible for the child’s welfare loses his or her ability or is unwilling to properly care for the child.⁹⁸
- ◆ In 2013 in Rhode Island, 83% of substantiated maltreatment cases for children under age three were classified as neglect, 12% were classified as physical abuse, 2% were classified as medical neglect, 2% were classified as “other” and less than 1% was classified as emotional abuse/neglect or sexual abuse.⁹⁹
- ◆ In 2014 in Rhode Island, the most common types of child neglect for all ages of children were lack of supervision (43%), exposure to domestic violence (25%), and “unspecified other” (24%). Only 4% were for inadequate food, clothing, or shelter.¹⁰⁰

Hospitalizations and Deaths Due to Child Abuse & Neglect, Rhode Island, 2009-2013

YEAR	TOTAL HOSPITALIZATIONS	NUMBER OF CHILDREN UNDER AGE 3	TOTAL DEATHS	NUMBER OF CHILDREN UNDER AGE 3
2009	26	17	6	2
2010	31	20	0	0
2011	38	26	2	0
2012	25	15	1	1
2013	34	18	3	0
<i>Total</i>	<i>154</i>	<i>96</i>	<i>12</i>	<i>3</i>

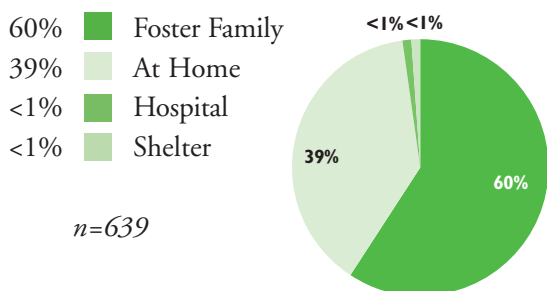
Source: Rhode Island Department of Health, Center for Health Data and Analysis, 2009-2013.

- ◆ Nationally, 74% of children who die due to child abuse and neglect are under age three.¹⁰¹ In Rhode Island between 2009 and 2013, 25% of deaths due to maltreatment were children under age three and 62% of hospitalizations for maltreatment were children under age three.¹⁰²

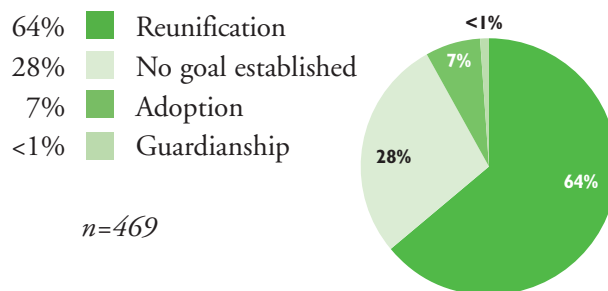
Foster Care & Other Child Welfare Services

- ◆ Nationally across all ages of children, 21% of child abuse and neglect victims are removed from their home and receive foster care services, 37% remain in their home and receive child welfare services, and 42% receive no post-maltreatment child welfare services. In Rhode Island in 2013, 19% of child abuse and neglect victims were placed in foster care, 23% remained at home and received child welfare services, and 58% received no post-maltreatment services.¹⁰³
- ◆ In the U.S. and Rhode Island, infants and toddlers are the largest group of children entering foster care. Of the children who entered foster care in 2013, 31% in the U.S. and 32% in Rhode Island were less than three years old.^{104,105}

Child Welfare Caseload by Setting for Children under Age 3, Rhode Island, December 31, 2013



Service Plan Goal for Children under Age 3, Rhode Island, December 31, 2013



Source: Rhode Island Department of Children, Youth and Families. In 2013, there were 10 children under age three who spent one or more nights in shelter care.

A Call To Action on Behalf of Maltreated Infants and Toddlers

The effect of maltreatment and negative foster care experiences during the first few years of life can have lifelong implications if not properly addressed. A developmental approach to child welfare services is needed.

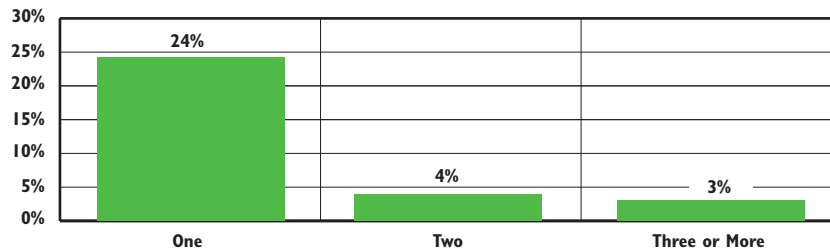
- 1) Every child welfare decision and service should have a goal of enhancing the well-being of infants, toddlers, and their families to set them on a more promising developmental path.
- 2) Stable caring relationships are essential for healthy development. At least one loving, nurturing relationship is the linchpin of positive early development. This means maintaining and supporting parent-child contact; minimizing multiple placements; eliminating the use of congregate care except when parents and their young children can be cared for together; and promoting timely permanence.
- 3) Early intervention can prevent consequences of early adversity. Infant and early childhood mental health specialists can help address the relationship between baby and parent and between baby and foster parent. Child-parent therapy may be essential.
- 4) Families and communities must be key partners in efforts to ensure the well-being of every child. The child welfare system cannot do it alone. Child welfare policies should facilitate coordination among agencies to provide comprehensive assistance for at-risk families.
- 5) Child welfare administration at the federal, state, and local levels must focus on infants, toddlers, and their families.

Source: *A call to action on behalf of maltreated infants and toddlers*. (2011). Washington, DC: American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, the Children's Defense Fund, and Zero to Three.

Toxic Stress in Early Childhood

- ◆ Early exposure to adverse experiences, such as child abuse or neglect, poverty, neighborhood and domestic violence, and parental mental illness causes enduring trauma to a child’s developing brain. Known as “toxic stress,” adverse experiences in infancy and early childhood disrupt the developing brain architecture and can lead to permanent changes in learning, behavior and, physiology.¹⁰⁶
- ◆ Research suggests that toxic stress levels in early childhood contribute to the development of adult chronic disease, including cardiovascular disease, autoimmune diseases, chronic obstructive pulmonary disease, and depression.¹⁰⁷

Number of Adverse Experiences* for Children under Age 3, United States, 2011-2012



* Adverse experiences include: frequent socioeconomic hardship, parental divorce or separation, parental death, parental incarceration, witnessing domestic violence, witnessing violence in the neighborhood, experiencing racial or ethnic discrimination, living with someone who is mentally ill or suicidal, and living with someone who has problems with substance abuse.

Source: Murphey, D., Cooper, M., & Forry, N. (2013). *The youngest Americans: A statistical portrait of infants and toddlers in the United States*. Bethesda, MD: ChildTrends.

- ◆ Nearly one in four infants and toddlers in the U.S. has experienced one or more adverse experiences. Even after excluding economic hardship, children under age three who live in poverty are four times more likely to experience two or more adverse experiences.¹⁰⁸

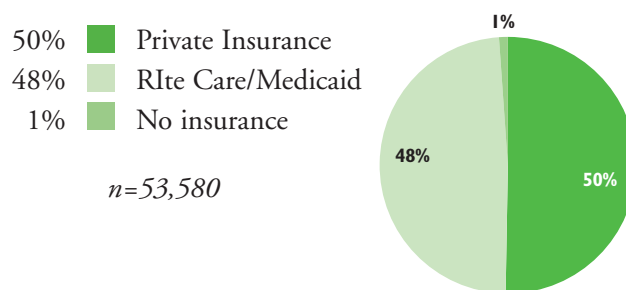
Infant, Toddler, and Family Mental Health

- ◆ The development of sound mental and physical health begins at birth and continues through early childhood as children’s experiences with parents, caregivers, relatives, teachers and peers shape emotional and social development.¹⁰⁹
- ◆ A young child’s emotional well-being is directly tied to the quality of relationships and the emotional well-being of the people who care for him or her. Effective interventions for young children often focus on meeting the needs of the people caring for the child, including addressing adult mental health problems, parenting issues, and basic family needs.¹¹⁰
- ◆ Maternal depression is recognized as a major public health problem that interferes with the ability of a family to support healthy child development and to become economically secure. In the U.S., approximately one in nine infants lives with a mother experiencing severe depression and more than half live with a mother experiencing some level of depressive symptoms. While depression is highly treatable with medication and/or cognitive behavioral therapy, many low-income mothers do not receive treatment.¹¹¹
- ◆ In Rhode Island in 2009-2011, 8.8% of pregnant women were diagnosed with depression and 11.2% of mothers reported frequent postpartum depressive symptoms. Women with an unintended pregnancy and those who had experienced intimate partner violence were more likely to be diagnosed with depression during pregnancy or to experience postpartum depression symptoms.¹¹²

Access to Health Insurance

- ◆ Children who have health insurance coverage are more likely to receive preventive care (including medical and dental care), be screened for the achievement of developmental milestones, and get treatment for illnesses and chronic conditions. They are healthier and have fewer preventable hospitalizations.^{113,114} In Rhode Island in 2013, 5.8% of children under age six did not have public or private health insurance, compared with 5.3% of children over age six.¹¹⁵
- ◆ Pregnant women with health insurance coverage are more likely to receive timely prenatal care. In Rhode Island between 2009 and 2013, one-third of pregnant women with no health insurance received delayed (beginning in the second or third trimester) or no prenatal care while 8% of those with private health insurance and 18% of those with RIte Care coverage received delayed or no prenatal care.¹¹⁶ Women receiving late or no prenatal care are more likely to have a baby with health problems, a low birthweight baby, and to have a baby die within the first year of life.¹¹⁷

Births by Insurance Status, Rhode Island, 2009-2013



Source: RI Department of Health, Center for Health Data and Analysis, 2009-2013. Data for 2013 are provisional. This chart omits the 1,589 births with no information recorded about health insurance. Totals do not sum to 100% due to rounding.

Healthy Births and Healthy Babies

Preterm Birth: Preterm birth is a major contributor to infant mortality and morbidity in the U.S.¹¹⁸ After rising for more than two decades, the U.S. preterm birth rate (babies born before the 37th week of pregnancy) has declined recently. In 2013, the U.S. preterm birth rate was 11.4% and Rhode Island's rate was 10.2% (12th best in the U.S.). While non-Hispanic Black women continue to have the highest preterm birth rate, it has declined to the lowest recorded rate of 16.3% in 2013.¹¹⁹ In 2009-2013 in Rhode Island, the preterm birth rate for non-Hispanic Black women was 14.7%.¹²⁰

Low Birthweight: Infants born weighing less than 2,500 grams (5 pounds, 8 ounces) are at greater risk for physical and developmental problems than infants of normal weights.¹²¹ Nationally, the percentage of infants born at low birthweight was 8.0% in 2013. The rate has been slowly declining after steady increases between 1990 and 2006. Rhode Island's rate of low birthweight babies is 12th best in the U.S. at 6.9%.¹²²

Infant Mortality: At 6.5 deaths per 1,000 live births, Rhode Island ranks in the bottom half of states for infant mortality.¹²³ Communities with high poverty and disadvantaged social conditions tend to have higher infant mortality rates than more advantaged communities.¹²⁴ In Rhode Island, the infant mortality rate is higher in the four core cities (8.3) than it is in the remainder of the state (5.3).¹²⁵ Nationally, the infant mortality rate for babies born to Black mothers is more than twice the rate for babies born to non-Hispanic white mothers.¹²⁶ In Rhode Island between 2009 and 2013, the Black infant mortality rate was 11.2 deaths per 1,000 live births while the White infant mortality rate was 7.1 per 1,000 live births. The Hispanic infant mortality rate was 5.8 per 1,000 live births.¹²⁷

Opioid-Exposed Newborns: In 2013 in Rhode Island, 76 babies were diagnosed with Neonatal Abstinence Syndrome (withdrawal).¹²⁸

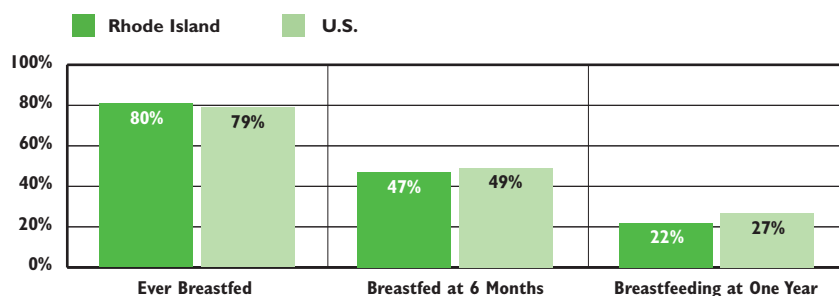
Nutrition Programs

- ◆ **SNAP (Supplemental Nutrition Assistance Program)** is designed to help low-income households buy food. Nationally, 96% of eligible, poor households with children and more than one in three of the total population of children under five receive SNAP. Women with access to SNAP in the last three months of pregnancy are less likely to have a baby born at low birthweight.¹²⁹
- ◆ **WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)** is designed to improve the nutrition of low-income (at or below 185% FPL) pregnant women and new mothers, and their infants and children up through age four. Families can be eligible for both SNAP and WIC. Nationally, more than half of all infants under age one and more than one-quarter of all children under age five, participate in WIC. WIC vouchers support the purchase of specific food packages (e.g., milk, whole grain cereal, eggs, fruits and vegetables, and infant formula). WIC promotes breastfeeding, provides nutrition education, and connects families with health care and other services.¹³⁰
- ◆ WIC participation has been shown to reduce infant mortality, improve birth outcomes, enhance maternal and child nutrition, reduce child abuse and neglect risk, improve child growth rates, boost cognitive development, and increase the likelihood of having a regular source of medical care.^{131,132} In Rhode Island, 65% of eligible women, infants, and children were enrolled in WIC in September 2014.¹³³

Breastfeeding

- ◆ Breastfeeding is widely recognized as the ideal method for feeding and nurturing infants and a critical component in achieving optimal infant and child health, growth, and development.^{134,135} Infants who are breastfed are at reduced risk for infectious diseases, Sudden Infant Death Syndrome, type 1 and type 2 diabetes, and obesity. Mothers who breastfeed are at reduced risk for developing breast and ovarian cancers and osteoporosis. Breastfeeding mothers also report higher rates of attachment to their child.¹³⁶ National health experts recommend exclusive breastfeeding for the first six months of infancy, continuous breastfeeding until the baby is 12-months-old, and thereafter as long as mutually desired.¹³⁷

Breastfeeding Rates by Age of Infant, Rhode Island and U.S., 2014



Source: *Breastfeeding report card – United States, 2014*. (2014). Atlanta, GA: Centers for Disease Control and Prevention.

Immunizations

- ◆ Timely and complete immunization protects children against a number of infectious diseases that are life-threatening.¹³⁸ In 2013 in Rhode Island, 82% of children ages 19 to 35 months were fully immunized with the 4:3:1:3:3:1:4 series of vaccinations as recommended by the Advisory Committee on Immunization Practices, above the national average of 70% and the best in the U.S.¹³⁹

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Recommendations

A complete set of recommended policy priorities for Rhode Island infants, toddlers, and their families was developed under the leadership of a public-private steering committee with guidance from Zero to Three. Summarized below, the policy priorities are highlighted in *Next Steps for Rhode Island's Infants, Toddlers, and Their Families*. This companion document is available from Rhode Island KIDS COUNT at 401-351-9400 or www.rikidscount.org.

Economic Security

- ◆ Expand job opportunities and work supports for parents
- ◆ Prevent and improve responses available for homeless families
- ◆ Expand the availability of affordable housing
- ◆ Expand access to the Child Care Assistance Program

Maintain Focus: Affordable Health/Dental Insurance, Paid Family Leave

Mental Health & Well-Being

- ◆ Implement routine depression and psychosocial screening for pregnant women and parents of infants and young children
- ◆ Ensure access to infant/toddler and family mental health treatment and support
- ◆ Support cross-sector professionals to develop infant/toddler mental health expertise
- ◆ Improve family court and child welfare practices to support healthy development of parent-child relationships

Maintain Focus: Affordable Health/Dental Insurance, Universal Developmental Screenings

Family Support & Parenting

- ◆ Broaden eligibility for evidence-based family home visiting programs
- ◆ Expand availability of effective community-based resources and parenting programs
- ◆ Prioritize child welfare resources to meet the needs of young children who have experienced child maltreatment

Maintain Focus: Paid Family Leave, Evidence-Based Family Home Visiting

High-Quality Early Learning & Development Programs

- ◆ Improve the quality of infant/toddler child care
- ◆ Expand outreach and screening in low-income and at-risk communities to find and enroll all eligible children in Early Intervention
- ◆ Expand access to Early Head Start and expand collaboration between Early Head Start and child care programs
- ◆ Ensure infants and toddlers in the child welfare system have access to high-quality early learning and development programs
- ◆ Strengthen the infant/toddler workforce

Maintain Focus: Universal Newborn Screening, Medical Homes, Universal Developmental, Autism, and Lead Screenings, BrightStars Quality Rating and Improvement System, RI Early Learning and Development Standards, Health and Safety Promotion Programs

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

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