



Westerly Children At Risk

*A community's
self-assessment
of teen pregnancy,
delayed prenatal care,
& food insecurity rates*

conducted by the
Westerly Infant & Child Health Partnership
a subcommittee of the
Washington County Coalition for Children

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Comprised of area health and social service providers, community leaders, parents and concerned residents, the Washington County Coalition for Children's mission is . . .

*To be a voice that advocates for the health and well-being of children and families in Washington County, serving as **catalyst** and **facilitator** for improved services.*

The Coalition is known for:

- Periodic statistical town-by-town reports on our children's well-being
- The online, searchable Children's Behavioral Health Resource Directory, an "informational road map" for parents and health/social service providers
- Annual Children's Issues Forums: gatherings of community leaders and social service providers to talk about the needs of children and families in Washington County
- Being one of 10 sites in the nation to implement Collaborative Office Rounds, training for area primary care providers in children's mental health and developmental issues
- Local trainings for area professionals working with children
- Annual holiday gift drives for teens, partnering with Casey's Grill & Bar
- Champion for Children Awards to unsung heroes for kids
- The Annual "Feelin' Groovy" Emotional Literacy/Bookmark Project among area 2nd graders

For more information, visit www.washcokids.org or contact Coalition Coordinator Susan Orban at 788-2061 or wccc@washcokids.org.

Westerly Infant & Child Health Partnership of the Washington County Coalition for Children

The Westerly Infant & Child Health Partnership (a subcommittee of the Washington County Coalition for Children) has guided this data collection and community planning effort. Members include:

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- ❖ **Donna Walsh**, *Rhode Island General Assembly*

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Westerly stands out from surrounding communities in our rates of teen pregnancy, delayed prenatal care, and food insecurity

The quality of every community is ultimately reflected in the well-being of its children. Westerly, Rhode Island, is a wonderful town with strong community spirit, considerable internal resources, and a great commitment to its residents. Yet, three child health statistics stand out, as areas of concern for the town's families:



1. **Westerly teens ages 18-19 are 50% more likely to have babies (66.1 per 1000 girls) than the state average (43.2/1000 girls). Among teens ages 15-19, Westerly's teen birth rate is the highest in Washington County (31.5/1000 girls) and significantly higher than the county average (11.8/1000 girls). (See graph "Number of Births to Teens", p. 4.)**
2. **Pregnant women in Westerly are starting prenatal care later (after the first trimester) – if at all – than anywhere else in Washington County – 11.1% of Westerly women vs. the county average of 8.7%.* (See graph "Births with Delayed Prenatal Care", p. 5.)**
3. **Record numbers of Westerly families are seeking help from local food pantries and enrolling in Food Stamps (now called SNAP – Supplemental Nutrition Assistance Program), up 14% since 2001. Free/Reduced School Meals are up 27% since 2001). (See graph "Children Receiving Free/Reduced School Meals", p. 6.)**

Each issue is a challenge to Westerly's future

Teen pregnancies place heavy burdens on young families. They interrupt and often end high school and college plans, limiting learning and increasing the odds of unemployment or lifelong low-wage earning.¹ Teen pregnancies also bring an increased likelihood of complications, including premature labor, intrauterine growth restriction, low birth weight, and perinatal mortality.^{1,2}

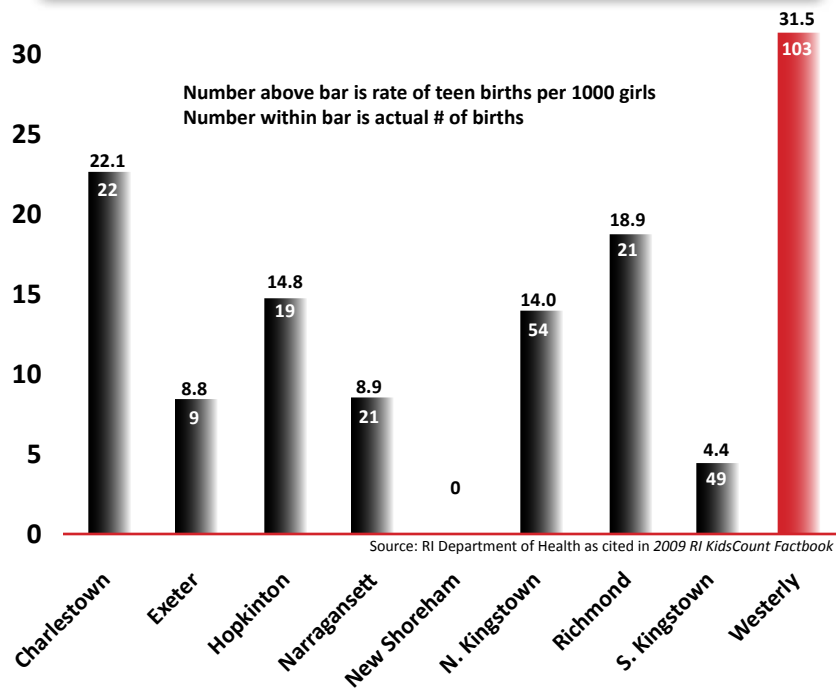
Teen parents seldom have sufficient financial resources, social supports, and/or the parenting skills to raise a child. As a result, their children are more at risk for poor health, learning/behavioral problems in school, living in poverty, and becoming teen parents themselves. Poverty itself is a leading indicator of teen pregnancy, reflecting a cycle that continues across generations.^{1,3}

Women who receive *late or no prenatal care* are more likely to experience complications and deliver infants with birth defects or who are low birthweight, stillborn, or die within their first year of life.

Delayed prenatal care rates in Westerly have been the highest in Washington County for more than a decade. The good news is that rates

* Since the Westerly Infant & Child Health Partnership began its research, rates of delayed prenatal care in Westerly have fallen significantly. The rate of delayed prenatal care has fallen steadily from 15.9% (1998-2002) to 11.1% (2003-2007) since Westerly obstetricians put new office procedures in place that no longer require Rite Care enrollment prior to first appointment.

Rate of Births to Teens, ages 15-19, 2003-07



have been declining steadily since 2004 when Westerly obstetricians put new office procedures in place, no longer requiring RItE Care enrollment prior to first prenatal appointments.

Food insecurity is “limited or uncertain availability of nutritionally adequate and safe foods”⁴ and affects nearly 38.2 million Americans (of whom 13.9 million are children) nationally.⁵ The absence of a healthy diet reduces the cognitive development and learning capacity of children. Its lack also affects adults’ work performance and potential earnings, and leads to increased medical costs and to higher rates of mortality and morbidity.⁶

We asked why these problems exist in Westerly

Hoping the answer could help lead us to solutions, we used three common community assessment strategies to pose that question to area residents and professionals serving Westerly:



- **Key Informant Interviews.** Between October 2007 and May 2008, we interviewed 30 community providers and stakeholders involved with children and families in Westerly including administrators and line staff from social service agencies, physicians, school personnel, and church leaders.
- **Focus Groups.** Between January and May 2009, parents, clergy, social service providers, school social workers & psychologists, school nurses & health educators, and school principals & administrators gathered in seven different focus groups to explore issues related to delayed prenatal care, teen pregnancy, and food insecurity.
- **Survey of Area Residents.** From November 2008 through February 2009, with the help of four local human service agencies, we surveyed 71 Westerly residents who were between the ages of 18 and 25 years or were raising children <21 years of age.

In total, we captured the feedback of more than 175 parents, residents, service providers, and community leaders from Westerly. In addition, we undertook a study of effective programs used elsewhere in the nation – **Models That Work** – to help us identify potential action steps.

Respondents identified or suggested several contributing factors and gaps in services

Increasing poverty is the primary factor causing health and nutrition problems

Many people we spoke to cited increasing poverty as the primary factor underlying the current health and nutrition issues in Westerly. Once a fairly homogeneous, “sleepy tourist town,” they noted Westerly has become more economically disparate and is now comprised of the “have’s” and “have not’s.”

One quarter of the student body is enrolled in the free/reduced school lunch program and the school district has three designated Title I Elementary Schools because of the number of impoverished families. In 2008, the Westerly School District reported providing support services for ~50 families who were either homeless or at risk of homelessness.

The need for subsidized housing far outstrips current capacity in the area. Heating costs have risen considerably and more families seek help to forestall utility shutoffs.

The loss of manufacturing jobs in the area has made it difficult for unskilled workers to support their families. Most unskilled jobs in the community are low-paying and seasonal. With increasing unemployment and dwindling job opportunities, many more families have become dependent upon local food pantries and emergency services for survival.



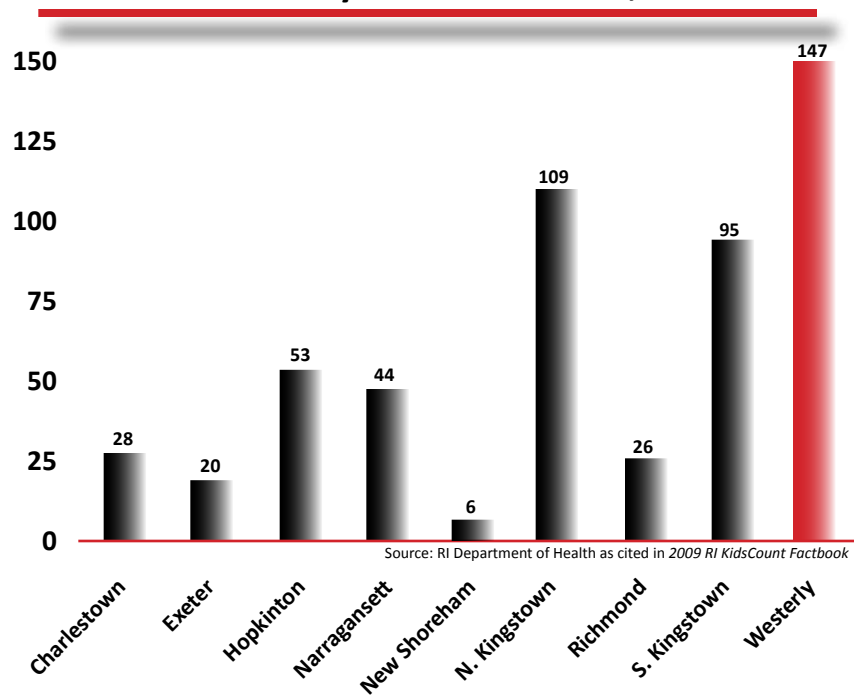
Lack of public transportation leaves Westerly “isolated”

Westerly was described as “geographically isolated” and “not close to anything,” leaving those without cars at a major disadvantage to access resources, including doctors’ offices, dental care, jobs, social services, youth recreation programs, GED classes, parenting support, food pantries, and even grocery stores. In fact, 40% of survey respondents reported problems with transportation for basic needs such as medical care and getting food.

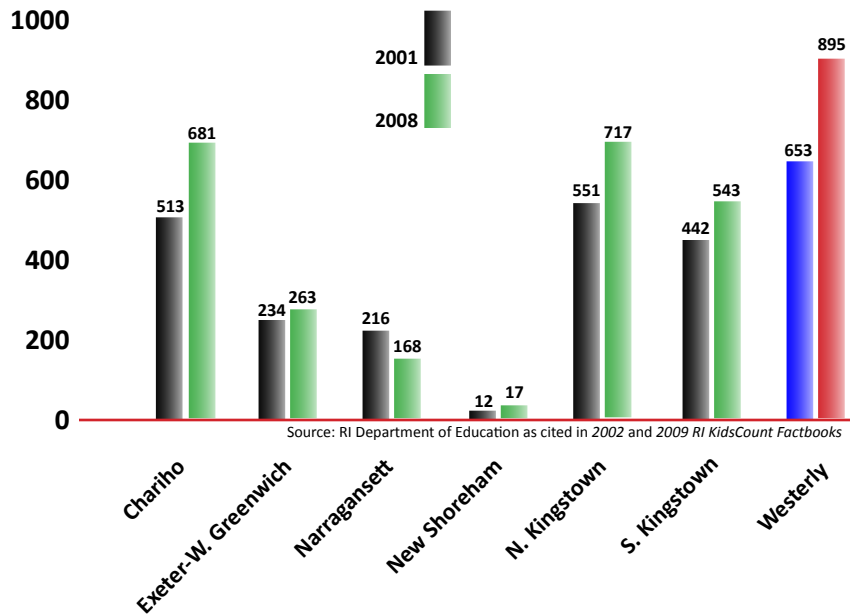
Parents are less present in their children’s lives

In unprecedented numbers, children are being raised by single parents or both parents are working. Single parent households typically have lower incomes and struggle financially. Whether one or both parents are working in a law office or fast food restaurant, however, both interviewees and focus group participants maintained that Westerly children are often left unsupervised for long periods. They described children being

Births with Delayed Prenatal Care, 2003-07



Children Receiving Free/Reduced School Meals



left to fend for themselves, from waking in an empty house to getting dressed and eating breakfast, then going to and from school, and doing their homework, largely on their own. Respondents believe many teens react by becoming detached and disconnected from their parents and then do not seek or follow their parents' help and guidance.

Cultural influences delay or sanction teen pregnancy

The influence of culture and values on decision-making cannot be overestimated.

Survey respondents who reported attending religious services regularly were less likely to have had their first child under age 20 than those who do not attend church regularly. Students

participating in the Westerly Public School mentoring program were also less likely to experience teen pregnancies.

However, many interviewees and focus group participants asserted teens today are "bombarded" with both overt and subliminal sexual messages. Cell phones and text and internet instant messaging make connecting with peers easier than ever and weaken the concept of delayed gratification. Few messages encourage abstinence or responsibility.

Many teens feel they must fit the "norm" of the sexual world in which they live. While not promoted, teen pregnancy is an accepted fact of life in the community and is not the taboo it was 50 years ago.

Low self-esteem leads to risk-taking activities

Self esteem was cited as a critical factor affecting teen risk-taking behaviors, such as substance abuse and unprotected sex. Those we spoke with say that youth with low self-esteem are more prone to peer pressure to drink alcohol/use drugs or to have sex: 'Everyone else is doing it'.

Expanded character education offerings needed

While Westerly High School has a strong Character Development program, respondents suggested a similar curriculum for younger students. They identified the need for "a more proactive approach" in teaching elementary and middle school students responsibility, critical decision-making, and assertiveness training skills; teaching males how to treat females and respect their decisions; teaching females how to physically protect themselves, etc. This education could be incorporated into the school curriculum or provided by community agencies, such as the YMCA.



Sex education is minimal in the schools and among families

Both those working within and outside the Westerly schools cited the need to expand and improve current efforts in sexual education. Westerly High School students, for example, are expected to cover the entire health curriculum, including sex education, in only one semester throughout high school. (The sex education is usually limited to four topics: anatomy, abstinence, birth control, and sexually transmitted diseases). One parent noted, “There’s not enough knowledge out there to prevent teen pregnancy.”

Eight of 10 survey respondents believe high schools should provide information about contraceptives to the students. Parents also strongly support that the curriculum educate teens and their parents about sex beyond the mechanics and within the contexts of relationships. As one parent put it, “It’s not sex, it’s **love** to a 15-year-old.”

National survey results reveal most teens say it would be easier for them to delay sex and avoid pregnancy if they were able to have more open, honest conversations about these topics with their parents.⁷ Although the school district and Westerly Hospital offer sessions for parents about communicating with children about sex, “Not enough parents participate and those that do could probably teach the course.”

Some residents we spoke to assert that parents aren’t talking to their kids about sex. Among the comments we heard were:

- “Parents are naïve” and “in total denial” about their children’s sexual activities.
- Parents aren’t talking to their kids about sex. They think “my kids won’t.”

The need to involve parents and provide sex education for girls and boys prior to puberty was reinforced.

Westerly survey results indicated that everyone – families, peers, and medical personnel – could be more effectively educating young people.

More youth programming is recommended

The need for “more safe places for kids to congregate” and youth programming was identified, including non-sports after-school programs, teen recreation programs, and church youth groups. An accessible and effective “Teen Center” was recommended. Many see a strong connection between the lack of youth activities and teen sexuality. One teen parent confessed, “There wasn’t anything to do, so we had sex.”

Westerly’s town recreation department budget is \$232,000; in contrast, South Kingstown has an annual recreation budget of \$2 million.⁸

Nutrition/meal planning education encouraged

The need to help low-income families manage their money and prepare nutritious, healthy and cost-effective meals was identified. Teaching children about the importance of nutrition to their healthy development was also noted. Making the connection between breakfast and better school performance was identified as a potential strategy to encourage greater school breakfast participation.



Eligible people are not taking advantage of available resources

Nearly one-third of survey respondents (30.6%) who are not enrolled in maternal-child nutrition programs reported they either find it too difficult to enroll or don't know whether they are eligible. Area clergy and professionals assert many eligible families are unaware of public benefits (e.g. RIte Care, Food Stamps, WIC, FIP, LIHEAP) nor the local social services and food pantries that may help them. This is especially true for teenagers.

Westerly has no Social Services Department, so residents have no local site to learn about available community resources or to get assistance making connections with needed services. As the above survey results suggest, some families find it impossible to deal with the bureaucracy of complex state programs. Some families prefer going to a food pantry rather than navigating the application process for food stamps.*

Greater community awareness key to tackling issues

Participants maintain most residents are unaware of the growing poverty and hunger among working families in Westerly. They would be surprised that the WARM Shelter has several teen parents currently living in a motel, for example. Those we spoke to believed Westerly residents would be moved to take action to help if they were made aware of the issues.

** On a positive note, DHS workers coming to Westerly to process food stamps applications is seen as improving the situation.*



Next steps: four recommendations

For two years, members of the Westerly Infant & Child Health Partnership have been comparing practices in other communities and exploring 'Models That Work'. The Partnership offers these action steps.

- 1) **Raise community awareness of the needs of at-risk children in Westerly, particularly about teen pregnancy and food insecurity**
- 2) **Pursue a three-pronged approach to address the issue of teen pregnancy that includes parent education, character education and sex education**
- 3) **Develop and widely distribute outreach materials regarding local resources, linking families with the services they need**
- 4) **Explore ways to better support youth and low-income families in Westerly, including youth programming and social service system navigation**

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- ⁴ RI DOH Division of Family Health. "Assessing The Prevalence of Hunger and Food Insecurity in Rhode Island." The Rhode Island Food Security Monitoring Project. (2001) Year 2001 summary report. 1-17
- ⁵ Position of the American Dietetic Association: Food Insecurity and Hunger in the United States. *Journal of the American Dietetic Association* (2006) 106:3; 446-458
- ⁶ USDA Community Food Security Assessment Toolkit. "Introduction" 2-6 www.ers.usda.gov/publications/efan02013/
- ⁷ "Kiss and Tell; What Teens Say about Love, Trust, and Other Relationship Stuff." National survey of young people aged 12-17 by the International Communications Research on behalf of The National Campaign to Prevent Teen and Unplanned Pregnancy (Sept. 2007) www.thenationalcampaign.org/resources/pdf/pubs/kiss_tell.pdf
- ⁸ Interviews conducted with Andrew Barber and Paul Duffy, Westerly Recreation Department, August 31, 2009 and September 10, 2009

List of Key Informants

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