

**RACIAL AND ETHNIC MINORITY DISPARITIES PROJECT
EXECUTIVE SUMMARY
OCTOBER 2004**

Introduction

In Rhode Island, efforts have been made to address racial and ethnic minority disparities in health, education, economic development and safety. The four are the most important issues affecting racial and ethnic minority populations in the state. Published reports and scholarly research from both public and private institutions have been critical in assessing the needs of minority communities. Much of this literature is specific to certain indicators, such as educational disparities among minority students. However, this information is dispersed among different agencies. There is no comprehensive source that provides guidance for community activists and policy makers seeking an overall picture of the social, political and economic status of racial and ethnic minorities in Rhode Island.

With this in mind, the Rhode Island Foundation and the Center for the Study of Race and Ethnicity at Brown University along with a community-led advisory board, set out to compile the information gathered within the last five years to aid in a contextual analysis of racial and ethnic minority disparities in health, education, economic development and safety. All the information collected is featured in this website, essentially a retrievable master archive of reports. It contains information on the organizations that produced each report, the content of each report, and a summary of its major findings. Coupled with the report summaries are annotations of scholarly works relating to disparities.

This project is aimed at community leaders, researchers, academics, policy makers and advocates who are seeking information on racial and ethnic minority disparities in Rhode Island. It is our hope that the information provided will assist in future work to improve the conditions of communities of color in the state.

Similar projects by other institutions have been undertaken in recent years. There is a project called DataBank at the Joint Center for Political and Economic Studies that provides "one stop shopping" for statistics on racial and ethnic groups. Their main challenge has been to update their work and note that much work is needed in some areas, especially health, criminal justice, and labor force data. According to email correspondences with race/ethnicity data collectors in April 2004, the Kirwan Institute for the Study of Race and Ethnicity at Ohio State University is considering building a comprehensive website to deliver a variety of data on racial and ethnic groups in the United States. It is very similar to the report produced in 1997 entitled, "Changing America: Indicators of Social and Economic Well-Being by Race and Hispanic Origin." President Clinton's Council of Economic Advisors unfortunately, has no plans to update the study. Many involved in the Council were interested in a longer range "Report Card on Race" that would collect and update a comprehensive set of indicators and tabulations by race and ethnicity. The federal government agencies involved in the initiative indicated that they did not have the resources or time to pursue such a project.

The Rhode Island Racial and Ethnic Minority Disparities Project is unique in that it is not a data-only “one stop shopping.” Instead, it is grounded in analyses of previously published works and contains an annotated bibliography of information relating to racial and ethnic groups. Further, this project is specific to Rhode Island whereas most initiatives are national in scope.

Methods

Multiple research methods were employed in this project. We first engaged an advisory board to help develop the research questions and the parameters of the major indicators of health, education, economic development and safety issues. The research questions are as follows: 1) What is the statistical portrait of racial and ethnic minorities in Rhode Island? 2) What is the content and findings of the published data in the last five years on racial and ethnic minority disparities? How does this portrait compare to majority populations? 3) What are the gaps to parity in health, education, economic development and safety among racial and ethnic minorities in Rhode Island? 4) What recommendations can we offer to improve the quality of the data being collected? 5) What recommendations can we offer to improve the quality of life for minorities in Rhode Island?

We used several indicators to locate reports and articles on health, education, economic development and safety. For health, broadly-defined data and information is available on infant, child and adult mortality, child immunization, dental care, mental health, diet, nutrition and obesity, disease, maternal and child health, reproductive freedom/birth control, health literacy, substance abuse, exposure to environmental toxins, health care access and availability and health policy. For education, we include insights on child care, English Language Learners (ELL) programs, special education, school performance, school attendance/graduation for high school and college, college entrance, literacy, adult education, school detention, suspension, and in-school suspension. Economic development indicators covered in the project are socio-economic status, income and assets, cost of rent, public assistance, home ownership, minority business loans, labor force participation, job training programs, unemployment, small businesses, and occupational disparities. Lastly, information on safety covers the areas of racial profiling, homelessness, violent crime, incarceration, crime prevention, child abuse/neglect, foster care and adoption, injury hospitalization, and detention and deportation.

A total of six undergraduate students (four at a given time) and two faculty members at Brown University then set out to do the work. This project would not be possible without the hard work of the undergraduate research assistants: Shanna Bowie, Dania Davy, Medha Devanagondi, Maya Nayak, Basirat Ottun, and Shannon Ware. They worked in collaboration with the co-principal investigators of the project, Veronica A. Ouma, Ph.D., and Jose Itzigsohn, Ph.D.

The majority of the project entailed collecting and analyzing the relevant reports, data sets and scholarly resources relating to disparities. This involved intensive internet

searches, calls and interviews with community organizations and state agencies in Rhode Island, and searches and retrievals of library sources. Interviewing people in community organizations and state agencies provided nuanced information into the racial and ethnic minority communities in the state that oftentimes is not captured in the reports we gathered. It helped in our analysis of the reports. As the reports, data sets and scholarly articles were collected; the student research assistants wrote the report summaries and annotations.

The website also involved the collaboration of the research team. The entire team received some basic training on website development, particularly on how to upload the report summaries and annotations. One student in particular, Shanna Bowie, did the bulk of the website work. She received assistance from Michael Cohen, Educational Computing Specialist at Computing and Information Services (CIS) at Brown University.

Overview: Racial and Ethnic Disparities

We begin our report with a discussion of race and racism in this country, because in much of the work we analyzed, the institutional underpinnings of disparities are not fully articulated. In some instances, they are not conveyed at all. A number of social scientists and historians such as W.E.B. DuBois, C.L.R. James, St. Clair Drake, and William Julius Wilson have written about race and racism since the late 19th century. Each provided their own perspective on race in America which, in turn, was a reflection of the periods they lived and worked in.

The word “race” has many meanings. Scientists have used race to classify branches of the human family. However, the word triggers more emotional and violent feelings than any other word in contemporary Western civilization. Race has long been used as a justification for differential treatment for groups of human beings in this country, namely African Americans, Native Americans, Latinos and Asians. Genetically, race groups have no validity. Instead, they are socially constructed concepts that have been used in the very beginnings of this country to facilitate slavery, holocaust, colonialism and interment. In our history, African Americans were enslaved, Native Americans were nearly exterminated and removed to reservations, and Japanese Americans (not Italian or German Americans), were relocated to concentration camps during World War II. Classifying people and allocating freedoms and privileges has been facilitated by using genetically insignificant features such as skin, hair, and nose. These classifications have long been institutionalized in the American psyche and racial groups have become social realities. Job opportunities, health care, income earnings, housing policies, and education have all been organized around racist ideas and assumptions.

Racism is defined as an ideology of difference in which social significance is attributed to culturally constructed categories of race. It takes a variety of forms, from the ‘scientific’ racism of the 19th century to the ‘cultural’ racism of today whereby the emphasis is on supposedly ‘inherent’ cultural differences rather than on innate biological differences. Jones (2000) explains three types of racism: institutionalized, personally mediated, and internalized. In her analysis, institutionalized racism is defined as differential access to

social and material resources in society by race. It is normative, sometimes legalized, and often manifests itself as intrinsic disadvantage. Personally mediated racism is described as prejudice and discrimination, and internalized racism is defined by acceptance by members of the marginalized races of negative messages about their own abilities and self-worth.¹ There is a territorial basis of various forms of racism, including the institutionalization of inequality in housing markets, neighborhood segregation, and inequalities in health care access that is well documented in the reports and scholarly articles featured in this website.

It is important to note that everyday people have continually challenged racist ideas and practices in this country. From the abolitionists and the laborers of the 19th century to the crusaders in the Civil Rights, Black power movement; Asian American, and Latino movements in the 20th century, people of color have always strived to transform their social conditions through community development and political activity. These efforts successfully dismantled much of the legal segregation in the nation. However, discrimination on the basis of race and ethnicity is still prevalent. Further, deeper structurally based types of racial and ethnic exclusion continue to persist. They are entrenched in public and private institutions and permeate the very fabric of values and beliefs in our society.

It is clear that the racial divide and disparities, the gaps/differences that exist in various life outcomes, are alive and well in this country. Americans are aware that racism is a serious problem and the existence of disparities is certainly not new information. It is evident that employment, health, educational attainment, and rates of incarceration all differ by race. What is new is that in recent years an exploration into the structural roots and relationships of these disparities has been undertaken and it has become much more prevalent in the public discourse. Disparities are being studied and challenged by community leaders, state agencies, academic institutions and private citizens. Racial and ethnic disparities are inter-connected and are linked to access to social and material resources. For example, if one does not have access to a high achieving school, this can affect future educational achievement levels, employment and homeownership. Racial and ethnic effects on life outcomes are often ignored and obscured in U.S. systems and institutions ranging from our health care and legal, to our economic and political systems.

Major Findings

Rhode Island has much to do in terms of reporting racial and ethnic minority disparities in the health, education, economic development and safety arenas. In our research, we found a number of studies and reports focusing on populations in California, New York, Michigan and Illinois, some of the most populous states in the country. However, these states have demographic populations and histories that are different from Rhode Island. The neighboring state of Massachusetts has similar ethno-racial groups and experiences of racism. It is evident from interactions with stakeholders that Rhode Island is heavily

¹ Jones, Camara Phyllis. "Levels of Racism: A Theoretical Framework and a Gardener's Tale." *American Journal of Public Health* 90.8 (2000): 1212-1215.

informed by the efforts done in Massachusetts to address disparities. For example, the Rhode Island Racial Justice Task Force is in dialogue to set up a Lawyer's Committee for Civil Rights like that which currently exist in Massachusetts as a collaboration between community organizations and the legal community to further social change.

This project is primarily a fact-finding mission. There are a number of stakeholders in Rhode Island who deal directly with disparity issues that we had the opportunity to engage. These government officials, intellectuals, and community leaders often work in coalition to confront these concerns. While these efforts should be commended, we notice an absence of everyday residents at these meetings and coalition efforts, those without positions in state agencies, community organizations and universities. Oftentimes stakeholders are "preaching to the choir." There is an urgent need to make these initiatives more participatory in nature.

More research is needed on how the recommendations from the various reports are being addressed, if at all. We are concerned with the follow-up of research projects. For example, the Rhode Island Traffic Stops Statistics Act Final Report was released June 2003. It provided quantifiable evidence that racial profiling exists in the state, beyond the anecdotal. The report recommended that each police department develop a traffic stop information system to monitor traffic stop enforcement. Has this been done? Has this report received the full endorsement and commitment of the law enforcement establishment in the state?

There are several organizations that have done much to collect data and address racial and ethnic disparities in the state, most notably the Department of Health, Rhode Island KIDS COUNT, the Department of Education, the Department of Corrections, and the Department of Labor and Training, to name a few. Other agencies such as the Department of Human Services and the Department of Children, Youth and Families keep very little published data by race and ethnicity available to the public in their websites. Much of their data appears in the KIDS COUNT Factbooks, for example. While race categories are oftentimes simplistic and do not fully capture the diversity of populations in the state, we need this information to organize efforts to achieve racial and ethnic equality.

Lastly, some reports are done once, and there is no follow up. Very few organizations have successfully updated their reports on a yearly basis. Rhode Island KIDS COUNT is a children's advocacy and policy organization that collects data on child well-being across the state. It regularly updates and improves their data collection. They publish yearly Factbooks which are featured in the website. Other reports do not receive this kind of attention and support. For example, the "Rhode Island Government Contracting with Minority and Women Owned Businesses: Disparity Analysis and Predicate Study" (1998) was not widely distributed and needs to be updated. There has been little support at the state level for an updated report.

Demographic Profile of Minority Populations in Rhode Island

Rhode Island has a growing diverse population and this diversity is widely celebrated by the state institutions. Yet, the celebration of diversity hides profound racial disparities. As the contents of the website shows, disparities between Whites and racial minorities are present in each of the issues reviewed in this study: education, health, safety, and economic development. This website aims to promote the public discourse of this unspoken aspect of our diverse state. Yet, the language of racial disparities itself hides the fact that the pattern of racial inequalities described is not random. Although legal segregation was abolished four decades ago, the economic, social, and political institutions of the state keep reproducing racial inequalities. In fact, we must confront pervasive institutional racism. This is important to point out because the racial inequalities described by this report will not go away by themselves without addressing the institutional mechanisms that make them so pervasive.

Diversity in the state of Rhode Island has two sources. The first is embedded in the formation of the state. The European settlers who arrived to the region encountered established Native American nations and Rhode Island is the site of the first exchanges—and also the first struggles—between European and Native Americans. It was also the place of one of the first struggles of resistance to European expansion, the King Philip War (1675-6). With later European settlers came African slaves that established an early African American presence in Southern New England.

The second source of Rhode Island's diverse population is contemporary migration. We can trace the migration of minority populations to the region to the arrival of Cape Verdeans in the second half of the nineteenth century. They came as part of Portuguese migration, since Cape Verde was then part of Portugal's colonial empire, but Cape Verdeans have a distinct history in the United States that derives from their national and racial particularities that separates them from the rest of the Portuguese migration. Yet, the bulk of the migrant population that constitutes the majority of minority population in Rhode Island arrived in the last four decades. This population came mainly from different parts of Latin America, but also from East Asia, and Africa.

Racism has been present since the foundation of the state. Several Native American nations: the Narragansetts, the Wampanoags, Nipmucks and Pequots were the first inhabitants of this region before the European settlement in the seventeenth century. With the consolidation of European settlement Native Americans suffered the loss of their lands and enslavement or marginalization. Over the years, however, they were able to maintain their cultural identity. Today, although their numbers are small, Native Americans have a presence in Rhode Island culture and politics. Recent decades have seen the struggle of the Narragansett to insure the means for autonomous economic development.

African American presence has a long history in the region. European settlers brought with them African slaves. During the war of independence, the black population of the state mobilized their own Black Regiment, formed by volunteer black slaves. Slaves

volunteered to fight in exchange for freedom. The soldiers were also promised wages similar to other units. The state did not fulfill that promise and, after fighting for five years, they were discharged without pay. The process of emancipation in the state was slow and tortuous. In 1874, Rhode Island emancipated the children of slaves. Yet, those children were to be free only upon reaching adulthood: 18 years of age for women and 21 for men. In fact, slavery was part of the state well until the first half of the nineteenth century.

In addition to this long established presence, there have been new migrations of Black people. Beginning with the above-mentioned Cape Verdeans, who began to settle in this region towards the end of the nineteenth century. The last four decades saw also the arrival of people from the Caribbean, particularly Haitians, and several West African countries, including Liberia and Nigeria, which have enlarged the number of Black people and the diversity of Black populations.

The origin of contemporary Latino/a migration goes back to the early 1960s, when textile mills in the region recruited Colombian workers. The late 1960s also saw the beginning of Dominican and Puerto Rican migration to Providence. But the population of Latinos grew exponentially in the last two decades. Latino percentage of the state population increased from 2.0 percent in 1980 to 4.6 percent in 1990, and to 8.7 percent in 2000. The Latino/a population has not only increased but became more diversified. The biggest groups are Puerto Ricans (25,422), Dominicans (17,894), Guatemalans (8,949), Mexicans (5,881), and Colombians (5,706). Yet, these groups comprise only 70 percent of the Latino population and the Census recorded people from every other country in the region. Latino/a presence is felt strongly in the urban areas, particularly in Providence, Central Falls, Pawtucket, Woonsocket and to a lesser degree, in Newport and Cranston.

The origin of large parts of the Asian American population in the state is in the wars that ravaged the East Asian region in the 1960s and 1970s. After the communist victories in Vietnam, Cambodia, and Laos, there were several waves of refugees who fought against or who opposed the new regimes. Since 1975, volunteer organizations in Rhode Island promoted the settlement of refugee population in the state. The 1980s and 1990s saw also the arrival to the state of other Asian American groups—mostly but not exclusively from immigrant origin—such as Chinese, Indian, Filipinos, and Koreans. The Asian American population in 2000 was 23,665 people and constituted 2.3 percent of the state population. Within the Asian American population the largest groups were the Chinese (4,775), Cambodians (4,522), Indian (2,942), Laotians (2,922), and Filipinos (2,062). There are very large differences, though, in the experiences of those groups that arrived as refugees and those that arrived as immigrants.

Rhode Island minority population has steadily increased during the last three decades. Census data indicates that the proportion of non-White population in Rhode Island has increased from 2.2 percent of the state population in 1960 to 12.3 percent in 2000. In that year, the non-White population of the state reached 128,877 people. If one includes those who define themselves as White-Hispanic, the state's minority population reached 189,886 people, or 18.1 percent of the state population. The largest part of the minority

population (85.8 percent) is concentrated in the urban areas near Providence where it now constitutes the majority in some municipalities. Providence and Central Falls have become minority-majority cities, with 54 and 60 percent of minority population, respectively. Minorities constitute 30.9 percent of the population in Pawtucket, and 20.2 percent in Woonsocket. There is also an important minority population in Newport, comprising 18.3 percent of that city. It is important to note that these cities hold the greatest poverty concentration and the worst school performances in the state.

The table below shows comparative socioeconomic data for the different ethno-racial groups in Rhode Island. The table presents data for Blacks, Latinos, Asian Americans, Native Americans, and Whites. While doing so, the authors recognize that each of these groups is in itself composed of diverse groups with very different origins and histories, and that grouping them together silences the differences in their experiences in the United States. The table is helpful though because it clearly shows the profound racial inequalities present in the state of Rhode Island. The table was constructed using Census data, most recently from the 2000 Census. It shows profound structural inequalities between racial groups that remain rather stable across a two decade period.

The table shows the increasingly diverse population of the state. The numbers of the white population in Rhode Island have slightly declined in the last twenty years. Population growth in Rhode Island is due to the rapid growth of the Hispanic and Asian American population and to a lesser extent, the Black population. This growth is mainly the result of immigration, either directly from abroad or movement of immigrants from other states into Rhode Island. The table shows clearly that the Black, Hispanic, and Native American populations have much lower income levels and therefore higher poverty levels than the White population of the state. Furthermore, the table shows a steady decline in the income of minorities as a proportion of the income of whites (for example, in 1980 the median income of Hispanic households was 66.5 percent of the median income of white households whereas in 2000 it was only 51.2 percent). The same is true in unemployment. The proportion of unemployed people in each ethno-racial group varies with the overall level of unemployment in the state, yet there is a constant pattern in which unemployment is much higher for minorities than for Whites. Native and immigrant minority groups are at the bottom of the state socioeconomic stratification. In terms of these indicators, Asian Americans as a group were located in between Whites and the other minority groups. This number, however, probably hides a split between refugee groups, whose numbers are more likely to resemble Blacks and Hispanics, and immigrant groups, whose socioeconomic profile is closer to that of Whites.

The table, as well as the reports and documents summarized in our website, indicate that an unreflective celebration of diversity can be problematic. The recognition, acceptance, and celebration of diverse cultures is in itself positive and an achievement of the struggles of minority groups. Yet, without paying attention to the continuing and pervasive inequalities between racial groups, the celebration of diversity will distract attention from the living conditions of minorities in the state. And paying attention only to the pattern of disparities without addressing their institutional underpinnings may allow one to sleep well, but it will not change the continuing effects of institutional racism.

Comparative socioeconomic data for ethno-racial groups in Rhode Island.

		Whites	Blacks	Hispanic	Asian Americans	Native Americans
Population ²	2000	858,666	41,023	90,452	23,521	4,343
	1990	898,073	34,007	43,932	17,105	3,954
	1980	884,683	26,710	19,707	5,303	2,896
Median Household Income (in 1999 dollars)	2000	44,610	24,973	22,851	36,473	22,851
	1990	33,103	20,377	20,064	25,394	19,325
	1980	16,363	10,236	10,875	13,714	10,875
Unemployment (percentages)	2000	4.8	12.2	11.8	7.8	11.7
	1990	6.0	12.6	14.2	10.7	14.1
	1980	6.8	13.1	12.8	8.1	12.8
Poverty (percentage of people below the poverty line)	2000	8.8	29.5	36.1	21.5	38.6
	1990	7.6	25.8	30.4	27.5	36.0
	1980	9.3	31.0	26.4	25.0	34.6

Available Data and Major Findings Addressing Disparities in Rhode Island

Great strides have been made to collect and analyze information on racial and ethnic minority disparities. However, this work is far from complete. Social and behavioral scientists have made significant headway in understanding some of the origins and patterns of disparities at the national level. Some of this research can be observed in the health, economic development, education, and safety annotations. However, much scholarly work is needed on racial and ethnic disparities for the state.

In terms of reports and data sets, it is evident that health disparities are the most heavily researched in comparison to education, economic development and safety disparities. This has much to do with a longstanding commitment by health policymakers, health

² In order to make the population categories mutually exclusive, the data for Whites, Blacks, Asian Americans and Native Americans do not include Hispanics.

providers and health researchers to address the gaps in health and health care access and outcomes across populations. This section of the report highlights some of the available reports and data sets on disparities published in the last five years, both in Rhode Island and nationally. Further, information that is not readily available in these reports and data sets will be addressed. It is important to note that an exhaustive review is beyond the scope of this project.

Health Disparities

Compared to other indicators of disparities, racial and ethnic minority disparities in health have been heavily researched at the national and local levels. Many health disparities are directly related to living conditions and access to medical care and information. Some examples of health disparities include lack of diversity among health care providers, low health literacy and unequal treatment of minority patients. The landmark 2002 study by the Institute of Medicine, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” chronicles disparate treatment of minorities in the American health care system and proposes a range of initiatives to confront these issues.

The Rhode Island Department of Health is at the forefront of research on disparities at the state level. Health promotion centers that deal directly with racial and ethnic minority communities report health information to the Department of Health. These include such organizations as the South Providence Neighborhood Ministries, International Institute of Rhode Island, Genesis Center, Progreso Latino, and Socio-Economic Development Center for Southeast Asians. These organizations, along with most community based organizations, deal with immediate issues such as adult literacy, worker’s advocacy, after school programs, community activism, etc. and do not publish reports and data sets that are readily available to the public. They primarily keep intake data for their various services and programs. However, the Socio-Economic Development Center for Southeast Asians recently published a report on Southeast Asians in Rhode Island.

The Department of Health has published several reports relating to disparities. A 2000 report entitled “Health Disparities Among Racial and Ethnic Groups in Rhode Island” analyzes homicide rates, infant mortality rates, and lead poisoning rates as key indicators where disparities exist. The authors conclude that it is important to address these disparities and to continue to strive to eliminate all disparities in the state. “The Disparities in Health Insurance Coverage Among Adults in Rhode Island” (2002) report emphasizes that fact that despite low levels of uninsurance in the state, Blacks are twice as likely to be uninsured than their White and Asian counterparts.

Racial and ethnic minority disparities cannot be adequately tackled without an emphasis on health policy. A key policy document published by the Department of Health is entitled, “Healthier Rhode Island by 2010: A Plan for Action (2003). This is part of the national Healthy People 2010 campaign which seeks to improve the quality of life and eliminate disparities in health and health care. As mentioned in other reports, there are great racial disparities in almost every health indicator mentioned including physical activity, and overweight and obesity. However, this particular report does not describe

racial disparities for many of the health indicators. They are only briefly mentioned for physical activity, obesity, injury, violence, environmental quality, and health care access.

The “Baseline Report: Leading Health Indicators by Race and Ethnicity” (2003) notes that there are significant racial disparities for a number of indicators including physical activity, obesity, tobacco use, substance abuse, responsible sexual behavior and access to health care. This report is a very comprehensive analysis of the Healthy Rhode Island 2010 goals based on race and ethnicity. This report reveals how plans to eliminate racial disparities in health care by 2010 are being addressed in Rhode Island.

The Department of Health collects very detailed information on all the major health indicators, however it is not all available in published form. The “Maternal and Child Health Needs Assessment” report (2002) published by their Office of Data and Evaluation provides an extensive analysis of maternal and child health needs of families in Rhode Island. One of the major findings is that Blacks have the lowest rate of prenatal care (79.9%) while Whites have the highest rate (91.1%). From 1997 to 2001, the rate of prenatal care entry improved for all groups, except Native Americans. In addition, smoking during pregnancy decreased for all racial groups except Asians. Further, Blacks have the highest rate of maternal smoking (14.8%) compared to Asians (5.4%) and Hispanics (5.1%).

The “Policy for Maintaining, Collecting and Presenting Data on Race and Ethnicity” (2000) report by the Department of Health advocates the importance of using a standardized method for collecting, analyzing, and presenting data regarding race for health programs and services. However, more work is needed on how the state will monitor self-identification in order to guarantee the reliability of racial data. (There are inherent limitations including the arbitrary nature of self-definition and the fact that some people refuse to identify with any racial category). This will inevitably affect the collection of race data. Therefore, as this policy is implemented, it is vital that the methods are consistent so that compiled data can be accurately compared across different periods of time.

Some of the successes of the Department of Health in addressing disparities is attributable to the Office of Minority Health which was created by the state legislature in 1992. They receive advice from the Minority Health Advisory Committee, which consists of representatives from advocacy groups, community organizations, and health providers. The Office utilizes their resources to inform the public on health disparities in Rhode Island.

For example, in April 2004 they sponsored the viewing of the documentary, “The Angry Heart” by Jay Fedigan. It explores the impact of racism on heart disease among African Americans. Central to the thesis of the film is that even when both races are given the same medical treatment, African Americans have a greater risk of suffering a heart disease than do their White counterparts. This is a devastating blow to the argument that equal access to healthcare ensures the same health outcomes. The video allows for an open and honest dialogue about the impact of racism on health in the United States.

State agencies are not the only institutions collecting data on racial and ethnic minority disparities. Rhode Island KIDS COUNT, a children's policy and advocacy organization, provides information on child well-being. Their reports, particularly their annual *Factbook* serve as an important tool in understanding racial and ethnic minority disparities in the state. A health-related issue brief, "Healthy Mothers, Healthy Infants: Reducing Racial and Ethnic Minority Disparities" (2003), analyzes the trends in inferior health outcomes experienced by racial minorities. It contains several graphs and charts and concludes that behavioral factors, cultural factors, physiological factors, system/provider bias or lack of cultural competence all contribute to racial disparities in birth outcomes. It points to the high incidence of inadequate prenatal care among women of color. Another KIDS COUNT report analyzed for this study is "Issue Brief: Childhood Lead Poisoning" (2003) It concludes that while Rhode Island is the leader for screening young children for lead poisoning, it still has almost 2,500 children with elevated blood levels, beyond the national average. Children who are poor, minorities and live in urban settings are at greater risk for having elevated blood levels.

The Rhode Island Department of Human Services (DHS) is another government agency that collects and analyzes health related data. However, they do not collect data by race and ethnicity. It is voluntary for people to indicate their race in forms for public assistance, among others so their data is not aggregated by race/ethnicity (there is significant debate as to whether this information should be mandatory or not). Some people do not feel comfortable exposing this information to the government. The most insightful information one can find in their reports are "languages other than English." This is important in identifying where translation services are needed. However, in terms of data on disparities, it is not complete. The 2002 DHS report, "Needs Assessment Survey of Rhode Island Working-Age Adults with Physical Disabilities and Chronic Health Conditions on Fee-For-Service Medicaid" is co-written by the Center for Health Care Strategies. It investigates the needs of Rhode Island's working age adults with physical disabilities and chronic health conditions who are on fee-for-service Medicaid. The survey assessed prevalence and type of health conditions, health status, health services utilization, and unmet needs of these Rhode Islanders.

Health disparities in Rhode Island continue to exist and, while most reports provide a useful analysis of patterns and trends, more data is needed to uncover some of the socio-economic inequalities in health. The Public Health Disparities Geocoding Project at Harvard University offers a regional analysis of health disparities, focusing on social and economic inequalities. This surveillance data uses area-based socio-economic measures to chart which areas are most apt for monitoring socio-economic health inequalities overall, and within diverse racial and ethnic groups. By focusing on geographic locations and health outcomes, we can better understand the linkages between health disparities, discrimination, and spatial segregation. It aims to be of use to U.S. health departments.

Education Disparities

There are a number of reports and data sets from various institutions focusing on education disparities. Information Works!, online publications from the Rhode Island Department of Elementary and Secondary Education, contains Rhode Island's annual

reports on public education. It offers results of the 2003 state assessments, socioeconomic data, financial data on school spending, and more. Reports relevant to disparities were examined in this project. The 2003 “State Report Card Learning Support Indicators” assesses the instruction, parent involvement and school climate in elementary, middle and high schools. Results show that schools with a greater degree of student absenteeism and low achievement percentages are overwhelmingly located in impoverished and/or minority districts.

Using 2002 assessment data, “The State Report Card: Student Performance Adjusted for ‘Value-Added’” (2003) shows the percentage of Rhode Island test takers at or above the standard for grades four, eight and ten. In cities where there are high minority populations and poverty, such as in Providence, the percentage of students who met or exceeded the standard was far lower than the percentage of successful students from affluent areas with low minority populations. Rhode Island children of color are two to three times more likely to live in poverty than White children. However, there is no concise correlation between poverty and high minority populations and student performance articulated in this report. School systems have not been doing what they need to do to increase student performance. In “State Report Card 2002 School Improvement Progress” (2003), Information Works! indicates that in Providence and Central Falls, more students had low performance levels in mathematics and language arts compared to Barrington and Foster, where minority populations are low.

For special needs children, Information Works! offers some useful information in their 2002 report on alternative assessment performance. Overall, low percentages of students with disabilities achieve the overall educational standard. However, race and gender seem to have little impact on performance results as the percentages for these groups mirror the state average. More information is warranted on the issues of language as a factor in both performance and original assessment of students categorized as “disabled.”

A seminal report on disparities in education for the state is the “Rhode Island Racial Bias and School Discipline Task Force” (2002). Produced by the National Conference for Community and Justice, this report responds to a resolution passed by the Rhode Island House of Representatives and the Commissioner of Elementary and Secondary Schools, to examine racial disparities in school discipline and take action to eliminate racial bias in all public schools. The study finds that both race and economic status factor in school suspensions, with African-Americans the primary recipients of biased school suspensions. It would be worthwhile to explore the role of issues relating to language differences, cultural alienation, and biases from faculty and staff in disparate school suspensions for minority students.

Rhode Island KIDS COUNT also provides issues on educational disparities for children. Two issue briefs published in 2003 focus on children with special needs and children with autism. The Rhode Island KIDS COUNT Factbooks for 2000, 2001, 2002, 2003 and 2004 showcase the most up to date information on the education of Rhode Island children. The recent 10th edition (2004) focuses on infant and pre-school care, child enrollment in Head Start, school age care, children receiving child care subsidies, full day

kindergarten, English language learners, enrollment in special education, student mobility, fourth grade reading skills, high performing schools, school attendance, suspensions, high school graduation rates and teens not in school and not working.

Educational disparities are not limited to elementary, middle and high school education. The University of Rhode Island has filed institutional reports on such issues as graduation rates, admission requirements annual expenses, student demographics, financial aid and degrees conferred. Generally speaking, enrollment numbers have increased for minorities and the student population in general.

In terms of adult literacy, our analysis does not include many reports by race and ethnicity specific to Rhode Island. The Harvard School of Public Health and the National Center for the Study of Adult Learning and Literacy have done some groundbreaking work on adult education and its relationship to health literacy at the regional and national levels. Earlier this year, the International Institute of Rhode Island was the recipient of the largest share of Governor Carceiri's \$1.4 million allocation for adult education programs.

Economic Development Disparities

Economic opportunity is key to the achievement of an equal opportunity society. Yet, the data available and summarized in this website shows clear structural inequalities between different groups. Most of the reports on economic development focus on housing, public assistance and minority-owned businesses.

Lack of adequate income due to substandard employment continues to be a major obstacle to home ownership. According to the report published by the National Low Income Housing Coalition, "Out of Reach 2003: America's Housing Wage Climbs—Rhode Island" (2003), there is a large disparity between the cost of living and income levels in the state. Upon interviews with several key stakeholders, it is evident that there is an affordable housing crisis in Rhode Island that disproportionately affects communities of color. According to Rhode Island KIDS COUNT, total federal funding for housing in Rhode Island decreased from \$56 billion in 1980 to \$29 billion in 2003. There is inadequate development of middle and low income housing statewide. This has created a scarcity for low income housing. The result has been rising rent costs and oftentimes substandard housing conditions.

Several reports published by the Department of Human Services focus on public assistance programs and their impact on Rhode Island residents, particularly in relation to the Family Independence Act and the corresponding Family Independence Program (FIP). These reports include, "Rhode Island's Family Independence Program Annual Report" (2001), "Beyond Expectations: Family Independence Program 2003 Annual Report: Welfare Reform in Rhode Island Under the Family Independence Act 1997-2002" (2002), and "Family Independence Program 2004 Annual Report" (2004). Minorities are participating in FIP according to a report entitled, "Rhode Island's Family Independence Act: Research Demonstrates Wisdom of Putting Families First" (2002) which was published by the United Way of Southern New England, DHS, and the

Welfare Reform Research Project at Rhode Island College School of Social Work. It notes that although there has been a decline in the number of people receiving state financial aid overall, the number of people of color receiving FIP has remained stagnant or increased.

Rhode Island KIDS COUNT Factbooks contain vital information on children receiving FIP noting that in 2003, half of all children receiving FIP live in Providence. Further, the Factbooks provide data relating to median household income, parental employment, cost of rent, poverty, children receiving child support, and children receiving food stamps. Research indicates that when compared to the White population in poverty, Hispanic and Black children living in families below the poverty line are more likely to live in areas in which 40% or more of the residents live in poor households. Residential segregation further exacerbates the impacts of poverty in minority communities.

Entrepreneurship is an important route for economic growth and stability in the community. Yet, a 1997 U.S. Census Bureau report, “1997 Economic Census: Minority and Women Owned Businesses” shows that minority businesses amount to only 5.9 percent of the state firms. There is a need for new data to see if the growth of minority businesses in the late 1990s has closed this gap. The proliferation of minority owned businesses in the state, most notably on Broad Street in Providence, may have closed some of these gaps.

Another study, the “Rhode Island State Government Contracting with Minority and Women-Owned Businesses: Disparity Analysis and Predicate Study” (1998) provides much information on establishing grounds for the 1986 Minority Business Enterprise law in Rhode Island. The Rhode Island Minority Business Office expresses a desire to update this report with new findings. The main findings of the 1998 report is that in virtually no industry does the government utilization of minority and women owned businesses approach the amount of firms available for contracting. Further, continued discrimination in minority hiring, union entrance, and loan rejections serve as major obstacles to decreasing disparities.

“Rhode Island 2000 Affirmative Action Data” (2004) published by the Rhode Island Department of Labor and Training and the U.S. Census Bureau analyzes the pattern of labor market participation of different groups. The report shows that while there are no discernable differences in terms of overall participation in the labor force, there are important differences in the distribution of people in the labor market. For example, occupational disparities persist in the state with an overwhelming percentage of minorities in health care support occupations, building and ground maintenance and production occupations. These sectors are characterized by lower earning. It should be noted that no data is available on military occupations which would be noteworthy since minorities serving in the military is disproportionately higher in comparison to the national population.

The Report of the Mayor’s Equity Task Force for the City of Providence conducted a study in 2003 to redesign and improve Affirmative Action practices and contracting

procedures. Their findings show that the City's hiring practices have operated on a "who you know" system of patronage rather than openly advertised positions. Females account for 23.1% of city employment and non-Whites comprise of 15.4% of city employment (excluding the school department). With such low numbers, the Task Force recommends that the City embark on an aggressive Affirmative Action employment program to correct these inconsistencies in hiring and advancement to diversity City Government so that it is a reflection of the racial and ethnic diversity of Providence. Further, they maintain that very few City contracts are allotted to women and minority firms and point to the consistent failings of the City to honor Affirmative Action goals.

Safety Disparities

Most of the Rhode Island reports and data sets addressing safety disparities focus on incarceration, re-entry into society after incarceration, domestic violence, and homelessness, juvenile safety and racial profiling. While there is not much data available on racial inequalities in this area, the accessible information shows striking racial disparities. We were able to access data sets from the Rhode Island Department of Corrections as well as their annual reports from 2001-2003. These reports provide data on the prison population categorized by sex, race, gender, as well as the reasons for incarcerations, the population of people awaiting trial, inmates sentenced and length of sentences, the number of prisoners kept in the different security levels, and the characteristics that account for the individuals on home confinement, probation and parole.

For example, the 2002 report shows that Blacks constitute nearly 30 percent of the prison population and Hispanics account for 19 percent. Blacks and Hispanics only account for 4.5% and 8.7% of the state population, respectively. A major finding of the 2003 report is that while Whites account for the majority of the prison population for those awaiting trial, offenders sentenced, and individuals on probation or parole, Blacks continue to follow close to their White counterparts in terms of the numbers of people incarcerated. However, Blacks are disproportionately represented in higher numbers than their representation in the state. While the Department of Corrections keeps a plethora of data by race and ethnicity, all of that information is not available in their annual reports. Upon request they will generate data sets that articulate disparities in the prison population.

The Rhode Island Family Life Center helps ex-offenders and their families by offering case management services starting prior to release from prison and extending up to 18 months after incarceration. One report published by the Center, "The Impact of Incarceration and Reentry in Providence" (2004) discloses that while the leading racial category for the entire state is White, the rates of Blacks and Hispanics in prisons far exceeds the rates of Whites. One in every three adult Black males in the city of Providence is on probation or parole compared to one in twenty adult White males. The same report show preliminary estimates stating that in Rhode Island 11 percent of the Black population and five percent of the Latino population are barred from voting in comparison to one percent of the White population. The "Rhode Island Family Life Center Annual Report" (2004), reveals that at least one in four ex-offenders on probation or parole live in South Providence.

The Rhode Island Family Life Center is not the only organization that deals with aspects of the penal system in Rhode Island. Direct Action for Rights and Equality (DARE) is a community organization whose mission is to organize low income communities of color to win economic, political and social justice. Over the years they have organized a number of safety-related campaigns including Behind the Walls, an effort to unite people inside and outside the prison system to understand and expose the level of oppression in an effort to combat it. The Police Accountability campaign, which built much momentum after the 2000 shooting death of Sergeant Cornel Young, a Black off-duty police officer who was killed by two White policemen, is another important campaign that DARE sponsors. Over the years DARE has advocated and won major victories in developing institutional solutions to the problems in the Providence Police Department.

The DARE press release, “DARE Analysis of Complaint Records Show Internal Affairs Does Not Work; Community Calls for a Boycott” (2000) provides data and analysis of 122 1997/1998 police complaint records, presented to the Department of Justice. It shows that people of color are a vast majority (66%) of those who file complaints, indicating a disproportionate impact of police brutality against people of color. It also charges that the Internal Affairs Bureau of the Providence Police Department is ineffective. Subsequently, vast changes have occurred in the Providence police department in light of community activism and increased institutional commitment.

Efforts to address racial justice disparities are building, including work by the Rhode Island Coalition for Affirmative Action (RICAA), who organizes events to help build trust between the police and the community. The Rhode Island Select Committee on Race and Police-Community Relations, created by executive order, formed in the aftermath of the shooting death of Sergeant Cornel Young, to develop initiatives to diversify the police force so that the officers reflect the racial and ethnic profile of the neighborhoods they serve.

“Rape in Rhode Island: A Report to the State” (2003) was published by the National Violence Against Women Prevention Research Center in South Carolina. It provides estimates of rape prevalence in Rhode Island and notes that those at risk of rape are dependent on a woman’s age, her race/ethnicity, and the region of the country she resides in. Further it concludes that the estimates of the report are conservative, due to shortcomings in estimation and data collection. The 2004 Rhode Island KIDS COUNT Factbook cites a study indicating that Black and Hispanic women in the state are overrepresented in police reports of domestic violence and that Black women in more affluent communities report cases of domestic violence to the police at higher rates than other women in the state. This may be due to differences in availability of assistance and social support services.

Other reports on domestic violence reviewed in this project include “Domestic Violence/Sexual Assault Report on Suspect Ethnicity and Arrest” (2003) and “Domestic Violence/Sexual Assault Report on Victim Ethnicity (2003) produced by the Violence Training and Monitoring Unit of the Rhode Island Judiciary. The first report mentions

that the highest number of domestic violence suspects were White Hispanics, though the disparity between suspects and arrests for that ethnic group are significant. African Americans are the only ethnic group in Providence for which the number of arrests exceeds the numbers of suspects, indicating that are arrested more often than deemed a suspect when confronted by law enforcement. Native Americans have the lowest number of domestic violence suspects.

The Rhode Island Emergency Food and Shelter Board produced their Annual Report in 2003. During the fiscal year 2003, 5,686 people entered an emergency shelter in the state. Their report finds that Blacks and Native Americans are six times and four times to be forced into emergency shelters, respectively. The rate of shelter use by race is Blacks 21.9 per 1,000; Native Americans at 14.1 per 1,000; Hispanics 11.3 per 1,000; and Whites 3.5 per 1,000.

There are several safety issues particularly relevant to children. The Rhode Island KIDS COUNT Factbooks provide useful insights on safety-related issues such as gun violence, homelessness, referrals to family court, juveniles at the detention facilities, children of incarcerated parents, children witnessing domestic violence, child abuse and neglect, children in out of home placement and adoption. Disparities in rates of children witnessing domestic violence, child abuse and neglect, and treatment of children entering the foster care system are noted.

The “Rhode Island Traffic Stops Statistic Act Final Report” (2003) is one of the most comprehensive studies addressing racial profiling in the nation. In response to the Rhode Island Traffic Stops Statistic Act of 2000, this study quantifies the extent of racial profiling and notes that motorists of color are stopped disproportionately to their road presence in the state. Further, while racial and ethnic minorities were more likely to be searched, White motorists were found with contraband at a rate slightly higher than all motorists. This report proves that there is quantifiable evidence, beyond anecdotal evidence, that racial profiling in our roadways does exist.

Report Recommendations

1. Our research indicates that in spite of the need for documentation on racial disparities, only a few state agencies are collecting and publishing racial inequality data. State agencies should conduct extensive research on racial inequalities on the areas in which they work. This is in fact required by federal policy. The results of this research should be made widely available to community organizations. Further, any report, especially ones with policy recommendations, should be revisited every 2-4 years.
2. Many community groups are vocal in promoting worker's advocacy, literacy, health care access, etc. While they may not publish reports, the contributions are significant. The experience of community activism indicates that the organized action of civil society can bring to change and the reduction of racial gaps. In order to support this reform action, there should be a strong commitment of the academic and funding communities in the state to work with community organizations to collect both quantitative and qualitative data that is particular to the state racial and ethnic minorities and that is usable for community organizations.
3. Research on racial disparities, as important as it is, does not address the institutional dynamics that reproduces racial inequalities. There should be a strong commitment by funding agencies, the state, and scholars, to develop and support research that addresses the mechanisms that perpetuate racial disparities in Rhode Island. This involves an exploration into how racism manifests itself in such issues as hiring practices in state and private agencies, physician-patient relationships in health care settings, housing policies for securing apartments and houses, and student discipline in the public school system.
4. Policy makers in the state should seriously address racial and ethnic inequalities. Policies that do not take those inequalities into account generally perpetuate the existing situation. There should be a serious effort to tackle structural inequalities both at the legislation and implementation stages. For example, fifty years after *Brown v Board*, the disparate educational outcomes reported in the Rhode Island Racial Bias and School Discipline Task Force suggest that different racial groups receive unequal education. It is necessary to develop policies that change the structural inequalities that are at the base of unequal educational outcomes.
5. We also recommend the creation of a civic board to follow up on the implementation of report recommendations—such as the racial profiling study conducted by the state—that address racial inequalities.

Specific Recommendations for Health, Education, Economic Development and Safety Disparities

Health Disparities Recommendations

- The Department of Health should revisit their Healthier Rhode Island 2010 goals to include racial and ethnic disparities for all indicators.
- A report specifically on dental care is needed in the state with particular emphasis on disparities among minority populations. Currently, plans for a report are being undertaken by the Department of Health.
- A report specifically on the health literacy of minority and immigrant populations is desirable. Efforts should be made to improve the health literacy of Rhode Island residents.
- The Department of Human Services and the Department of Children, Youth and Family Services should aggregate their data sets by race and ethnicity and make it readily available to the public on their websites.

Education Disparities Recommendations

- More information is needed on the racial and ethnic make-up of children in ELL programs. Particular attention should be paid to immigrant children from Latin America, Africa and Asia.
- More information is needed on the demographic make-up of children in after school programs in the state.
- There are many adult education programs in the state, especially ones facilitated by community organizations. A report on the success of all programs is warranted, particularly its impact on racial and ethnic minority groups.
- More information is needed on enrollment retention among minority students in colleges and universities in Rhode Island. Particular attention should be paid to which schools are doing better than others and why and what efforts are needed to improve these disparities.

Economic Development Disparities Recommendations

- An updated report on state government contracting with minority and women owned businesses is warranted. It has been six years since the last study.
- A report is needed on how changes in the economy affect people of color in Rhode Island.

- Much of the Rhode Island reports on occupational disparities focus on government employment and contracting. A report is also needed on minority disparities in hiring and wages and employer hesitation to hire minority workers.
- A report on disparities in job training in Rhode Island should be developed.

Safety Disparities Recommendations

- A report on racial and ethnic disparities at the Rhode Island Training School is warranted. Particular attention should be paid to alternatives to incarcerating youth.
- A report on youth gangs with specific focus on racial and ethnic minority communities is recommended.
- There are disparities in foster care and adoption among minority children. A special report is needed on how children of color are being treated in their temporary and permanent situations.
- Data needs to be published and available to the public on the numbers of immigrants of color who have been detained since September 11th, 2001. According to interviews with community organizations, this is a growing problem that immigrant communities of color are facing.