

**Keynote by Dr. Lauren Smith, MPH**  
**Rhode Island KIDS COUNT Breakfast**  
**April 4, 2005**

### **Finding Common Ground**

Thank you Elizabeth and Rhode Island Kids Count for inviting me to speak at this wonderful event. The energy, excitement and passion in this room is absolutely palpable. This is a real change of pace for me since I usually speak at academic meetings, which, if you can keep a secret, are pretty dull. But not this place and not this morning.

One of the reasons this event is so special is that every person in this room is here because they share a **common drive and a common mission**. The mere idea that more than 600 people from different professions, backgrounds, and parts of the political spectrum have all committed this time to celebrating Rhode Island's children should hearten the cynics, and I confess that occasionally, I count myself among them, who lament that people do not have the will or the vision to see beyond themselves.

Usually, when I talk to people about why social factors affect child health and wellbeing, I have to work to help folks in the audience have their "**Aha**" **moment** — that time when the connections between the social factors like homelessness, poverty, food insecurity, violence and education and their impact on child health become crystal clear. But you all well beyond that stage. You need no convincing. You have already found a **plot of common ground** on which you can all fit — and that is the realization that **public policy matters for kids**. It matters a lot. You may find it odd that a pediatrician is extolling the virtues of thoughtful policy, but I have come to realize that we in pediatrics are the inheritors of failed public policies. It may not come immediately, but eventually we see these failures imprinted on the hearts, minds and bodies of children.

**The good news is that we also can see the results of successes**. And you in Rhode Island can be very proud of your many successes. Elizabeth and her skilled staff produce these incredibly well—researched fact books that provide an incredible snap shot of the status of Rhode Island's kids and serve as a guide for where you are heading. We could spend all day talking about all the juicy data they have compiled, but don't worry, I won't. But I do want to touch on a few illustrative highlights.

I know that many here have worked tirelessly to achieve the major successes you have made in the expansion of your RIte Care program so that Rhode Island has the **second lowest rate of uninsured children in the country — 4.8%**. I understand that you recently lost your number 1 spot to Vermont. I think this is the perfect occasion to engage in a little intra-regional rivalry. I mean if governors can offer clambakes as good-natured challenges to try to influence who wins the World Series, why not this. I am sure **Governor Carcieri** would like nothing better than to send some nice mementos of Rhode Island up to Gov. Douglas — maybe accompanied by something subtle like a cap emblazoned with a Rhode Island Red and the words — "We are number 1". To be honest, I would really like my governor to get in on the action, so we in Massachusetts might do better job, too. But even without that, 48 other states could learn something about how to accomplish the goal of ultimately having no uninsured children at all. The fact that you cover **children up to 18 years up to 250% of the poverty level** and that you cover **pregnant women, low-income parents and undocumented children** shows that you have avoided the sometimes appealing, but ultimately short-sighted approach of leaving these people out. If undocumented children are uninsured for preventive health care, I can guarantee you they will show up in the emergency departments around the state.

**I urge you to continue your crucial efforts at removing any remaining administrative disincentives that get in the way of enrolling the hardest to reach kids.**

I am also so impressed by the gains you have made in **childcare**. You have recognized that if almost **2/3 of young children under 6 years of age have both parents in the workforce**, there is going to be a substantial need for an adequate supply of affordable, high quality child care. You now provide subsidies to more than **13,000 children** in the state. This is a prudent investment (increase future earnings). In addition to access and affordability, you have wisely focused on quality also — sometimes this last piece can be forgotten in the rush to produce child care, any child care. The proposal to create a quality rating system is a sound one. Coupling this with the investments you are making in providing training in health, safety and child development, as well as assistance in accreditation for caregivers, should help get both parents and providers squarely on the same side of this issue. I would also encourage you to connect child care providers with pediatricians and other health providers, if you have not already done so. I had the good fortune to participate in some trainings with family day care providers. There is a great opportunity for dialogue there. It is also absolutely brilliant that you thought to include **health insurance for child care center and home-based providers**. It is a wise economic investment in stabilizing the workforce in that sector and it really is an embarrassment that this has not occurred in most states — certainly we should care for those who care for our children.

You have also seemed to have figured some things about welfare reform that many other states still struggle with. Here in Rhode Island, you have recognized a version of the line from that baseball movie — if you build it, they will come. You figured out -- **if you support them, they can work**. The provision of work supports such as **health insurance, subsidized child care as an entitlement, the Earned Income Tax Credit and food stamps** help families make the transition to work more successfully.

Yet, through my research, I have found that **chronic child illness is a major impediment for many families trying to make that transition**. For example, we found that having a young child with asthma doubles the likelihood of not being employed full time and increases the likelihood of receiving welfare by 40%. Parents of children with chronic illnesses, such as asthma, sickle cell disease or neurological conditions, face significant employment barriers — including frequent missed work and difficulties finding appropriate childcare. These parents often have to face the wrenching choice of whether to miss out on work and crucial income to take their child to the health care visits they need or wait out the illness episode and hope for the best. No parent ever wants to have to choose between income needed to support the family and their child's health.

Despite the decline in numbers of families receiving cash assistance, you are undoubtedly wrestling with the challenge of how to assist those families facing multiple challenges to sustained employment. My colleagues at Boston Medical Center have found that **when families are sanctioned and lose benefits, their young children are at much higher risk of malnutrition, growth failure and hospitalization** and this occurs at a time when their brains are undergoing a critical stage of development. As you consider your program provisions, I urge you to keep in mind what all front line providers who work with children and their families know -- it is essentially impossible to **penalize parents without adversely affecting their children**.

#### **Opportunities for improvement**

So **Rhode Island has many accomplishments** for which you should be congratulated. But as with anything worth doing, the struggle to promote the well being of children and their

families must be sustained even as we pause to celebrate your hard fought victories. **For there are still vulnerable families here and around the country that face many challenges between where they are and where they and we want them to be.** I want to talk about a few of these that I see all the time in my work.

### **Poverty**

You know you still have work to do because **17 % or 41,000 Rhode Island children** live in poverty and shockingly, more than half of these children or **24,000 live in extreme poverty**, that is, less than half the federal poverty level. For a parent with 2 children that means living on **less than \$7800** per year. Just try to imagine that. These kind of numbers always seem so sterile, so in case you are having some trouble picturing what these numbers represent, 41,000 kids is like having a sellout crowd for the Pawsox at McCoy stadium **FOUR** times over and 24,000 is like filling up the Dunkin Donuts center **TWICE**. This crushing burden of poverty is not randomly distributed, it is concentrated in the core cities and disproportionately borne by minority children — **50% of Latino and 35% of African American children are poor**. Kids Count says that poverty is the number one indicator since it has an impact on everything else they measure and I could not agree more. Poverty constrains choices, stifles growth and development and creates conditions that make kids sick. So, clearly your income support programs have a real purpose.

### **Housing and Homelessness**

Here, as in Massachusetts, you can't talk to low income parents very long about their biggest worries without hitting on the topic of **housing — rising costs, poor conditions and safety**. Housing is almost always the largest single item in the family budget, with many families having to pay more than half of their income for rent. A worker earning minimum wage has to work 50 hours per week to "afford" the average 2 bedroom apartment in Rhode Island, which cost just over \$1000, but there is one caveat — this does not include anything else — food, utilities, transportation or clothes. And if you include their payroll deductions, they wouldn't even be able to make the rent. Housing subsidies can make a very big difference here. Children eligible for housing subsidies that do not get them are **EIGHT times more likely to suffer stunted growth from malnutrition**. You are no doubt familiar with the phenomenon wryly dubbed **heat or eat**. My colleagues have weighed and measured young children presenting to Boston Medical Center and found that their little bodies literally cycled with the seasons, showing inadequate growth in the winter. So housing and fuel subsidy policy is borne out on the bodies of children.

The lack of affordable housing means families have no choice but to accept living conditions that are nothing less that outrageous. You know that these horrible conditions have contributed to the epidemic of childhood asthma with which every doctor, nurse, teacher or day care provider has to contend. Over the last 5 years, your **asthma hospitalization rate has doubled**. While we in the health sector can prescribe inhaled steroids and albuterol, a more effective solution would be affordable, decent housing. Our best medicines are no match for living with mold, rodents and cockroaches.

You have achieved great success in the area of another important environmental exposure. The substantial gains in reducing childhood lead poisoning in Rhode Island — a **2/3 reduction since 1997** demonstrates the importance of a strong emphasis on enforcement of appropriate laws.

### **Food insecurity**

Lastly, I want to mention food and hunger. A few years ago the RI Health Department surveyed low income families and found that 1 in 3 families with children were food insecure, meaning they were unable to obtain a sufficient quantity and quality of food for healthy growth;

that is they were likely to run out of food by the end of the month, parents have to skip meals, go to food banks, etc. Yet many families, who are eligible for Food Stamps, do not receive them. I don't have easy answers for this since we are struggling with this in Massachusetts as well, but I am struck by the fact that we seem to have figured out how to do health insurance right, so we should be able to do a better job with food stamps. We already know that even modest under nutrition can have adverse affects on cognitive and emotional development. Depriving children of adequate nutrition while their brains are developing and we expect them to be in school learning does not seem to be a wise plan.

### **Roll of medical-legal collaboration**

I want to end by calling your attention to an exciting medical-legal collaboration here in Rhode Island that is working to combat the issues I just raised. The idea is startlingly simple — have lawyers, who know statues and regulations, work with doctors, who know their patients, on behalf of young children to ensure that their basic needs for food, housing, safety, education and access to health care are met. We know there are many government programs and laws designed to provide for children's basic needs. However, gaps in implementation of policies and enforcement of laws lead to preventable poor health outcomes. Physician advocacy in these arenas is often limited by lack of knowledge, experience and resources to intervene. The incorporation of on-site lawyers into the multidisciplinary team facilitates the provision of crucial legal services to vulnerable families. Although social workers and case managers play a critical role in assessing family stability and finding appropriate resources for families, lawyers are trained to identify violations of rights and to take the appropriate legal steps to ensure enforcement of existing laws.

This attention on social policy does not devalue the importance of public health or health care in affecting child health outcomes. Rather, it allows for a more balanced assessment of where strategic efforts at promoting child health should be focused. Until laws promoting child health and wellbeing are consistently applied and enforced, pediatricians will need lawyers to effectively care for vulnerable children.

### **Conclusion**

I want to end by talking about leaders because Rhode Island children are better off than they were because of the **passionate, courageous leadership** of all you here today. You looked not to the left or the right but squarely into the faces of the children. It is quite reasonable to bring the weight of the daily experiences of families and front-line providers and the knowledge gained from rigorous and thorough research, such as that provided by Kids Count to a thoughtful and reasoned consideration of what will work to make things better for kids.

While some debate the appropriateness of advancing the objective of promoting children's well being by making the business case, the economic case, the health or the moral case for the policies and programs you have implemented, you have wisely **let the children be your guide star, your unwavering point of reference**. Don't let anyone try to evict you from the common ground you have found among all those approaches.

The children of Rhode Island need you to continue to exercise the collaborative, creative and effective leadership that has brought you this far and will be necessary to face what may seem like Sisyphean challenges. I leave you with a quote from Marion Wright Edelman, — **"service is the rent we pay for living"**. Knowing the work that all of you are doing, luckily for the children of this state, none of you is in arrears.