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Survey: 1 in 5 R.I. children live in poverty

Nationwide, Rhode Island has the third-highest percentage of children living in single-parent households, according to the survey by Rhode Island Kids Count.

BY ELIZABETH GUDRAIS
JOURNAL STAFF WRITER

To break the cycle of poverty, poor children in Rhode Island need support from the state and the community, Rhode Island Kids Count says in a report scheduled for release today.

"We must be vigilant in our work to ensure that federal and state resources are used to improve the health, education and development of our children," Tamara Lucas Copeland, presi-

dent of Voices for America's Children, said in a statement accompanying the report. "Public investments in children and their families are a key factor in the quality of life in our communities and our nation."

Copeland will speak this morning at a breakfast in Warwick to announce the release of Kids Count's 2006 factbook, which analyzes 60 aspects of the well-being of children in Rhode Island.

Of the New England states,

Rhode Island has the highest percentage of children living in single-parent homes — 34 percent, compared with a national rate of 25 percent. In fact, Rhode Island's percentage is the third-highest in the nation, according to the report.

Single-parent households in Rhode Island are nine times more likely to have incomes below the federal poverty level than are two-parent families, the report says.

"Children who grow up in single-parent households are more

likely to have nonmarital births, have discordant marriages and higher rates of divorce," continuing the cycle of poverty, it says.

In Rhode Island, 21 percent of children live in households with incomes below the poverty level defined by the U.S. Office of Management and Budget. (That level is currently \$15,735 for a family of three.) Nationally, 18 percent of children live in poverty.

The direct and indirect risks of poverty include malnutrition, exposure to environmental toxins, maternal depression, trauma and abuse, lower-quality child-care and parental substance abuse, the report said.

The report highlighted disparities between core cities — defined as Providence, Pawtucket, Central Falls, Woonsocket, West Warwick and Newport — and the rest of the state. In the last school year, 24 percent of students in core cities missed more than 20 days of school, while only 10 percent of students elsewhere missed that much, the report said.

Children living in core cities also were significantly more likely to have asthma than children living elsewhere.

The report also found disparities in well-being among racial and ethnic groups. In particular, Rhode Island's Latino population — which grew by 13 percent between 2000 and 2004 — has the lowest median income of any Latino population in the United States, the report says.

Rhode Island's children do well on some health indicators — for instance, Rhode Island does better than the national average when it comes to immunizations, and is second-lowest in the nation in the number of uninsured children.

But children here fare worse than the national average in

other indicators — for instance, 20 percent of Rhode Island children are overweight, compared with 16 percent nationally. The report found that 13 percent of Rhode Island public high-school students were obese in 2005, up from 10 percent in 2003.

The incidence of lead poisoning in children decreased from 3.7 percent in 2004 to 3 percent in 2005, but still exceeded the national average of 1.6 percent.

The report's release comes amid contentious budget discussions at the State House. Kids Count representatives have testified at several budget hearings, asking the General Assembly to reject Governor Carcieri's proposed cuts to welfare and Rite Care, which include ending coverage for most noncitizen children and lowering the income eligibility threshold for parents. The advocates argue that those proposals would eliminate support that helps children transcend poverty.

Elizabeth Burke Bryant, executive director of Kids Count, reaffirmed that opposition in her introduction of the report. "It is critical that we preserve the investments we have made in insuring all of Rhode Island's children, including undocumented children," she said. "Children without health insurance often have poorer school attendance and lower school achievement. We also know . . . that children are more likely to use health care when their parents are insured and have access to health care."

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Immigrant children may keep RIte Care

The governor yesterday suggested he might abandon his proposal to end state-paid health insurance for 3,000 noncitizen children.

BY ELIZABETH GUDRAIS
JOURNAL STATE HOUSE BUREAU

At a breakfast yesterday to draw attention to the ways Rhode Island has supported and failed its children, the governor softened his rhetoric regarding undocumented immigrant children.

In fact, he suggested he might abandon his proposal to end state-paid health insurance for such children. Governor Carcieri said he still feels that providing health insurance to those children is "not a good policy." However, he said, "I am prepared to work with the General Assembly to see if we can at least grandfather the cohort we have, but stop the program going forward."

Carcieri's announcement — which took many audience members by surprise — came at a breakfast of Rhode Island Kids Count at the Crowne Plaza hotel in Warwick. He said it hinged on an unexpected revenue source — \$9 million that the state expects in extra reimbursement from Washington.

Carcieri was cryptic in his remarks, saying only, "I anticipate we're going to be pleasantly surprised with some funds coming from the federal government."

However, his staff said later in

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the day that the Republican governor got a verbal commitment from Michael O. Leavitt, the Secretary of Health and Human Services, that Rhode Island would be reimbursed at 68 percent — rather than the 52 percent Carcieri's budget proposal assumed — for some money the state spends on health care for children through the State Children's Health Insurance Program, or S-CHIP.

The S-CHIP program was

designed to allow states to expand health insurance to children whose families earn too much to qualify for Medicaid yet not enough to afford private insurance. The funds must be used for qualified services, as defined by federal law. However, the extra reimbursement would free state general revenues for other uses.

The federal government has not yet announced that it will provide the extra money to Rhode Island, nor does the state have anything in writing. However, Leavitt has "a great deal of discretion in deciding how to redis-

tribute this money," Jeff Neal, Carcieri's spokesman, said. "It was important for the governor and our congressional delegation to be in touch with [Leavitt] to make Rhode Island's case for receiving additional funding."

Among those surprised by Carcieri's announcement was Rep. Steven M. Costantino, D-Providence, the House Finance Committee chairman. "I think it's good news if it's real," said Costantino, who did not attend the breakfast. "It would be a terrible disappointment . . . if it's not."

Carcieri's suggestion of cutting off RItE Care for an estimated 3,000

noncitizen children, to save \$4 million next fiscal year, has been immensely unpopular with advocates for children and the poor.

However, those advocates said yesterday that the new proposal — letting those children keep RItE Care but, preventing new enrollment of noncitizen children — still falls short.

"It's good that he's feeling some pressure to move off of his original position," said Marti Rosenberg, director of Ocean State Action, "but his new proposal will change nothing about the fact that children will still be here, ill, in a pay-now or pay-

more-later situation."

Sen. Stephen D. Alves, D-West Warwick, chairman of the Senate Finance Committee, agreed. By taking away health care for children whom, under federal law, Rhode Island's public schools still must educate, "all we're going to do is push them off on the system," Alves said. Their health care, he said, "would all go under uncompensated care," care that hospitals provide free of charge to patients unable to pay.

"In a country such as ours, with everything that we do have, I don't think any child should go without health care," Alves said,

"I think most people in this state feel the same way."

If Alves wholeheartedly supports restoring RItE Care for the noncitizen children, Costantino is less certain, considering the size of the deficit the state must fill — an estimated \$300 million over two years. "Obviously, this has been an issue we've restored in the past, so it's been an important issue to us," Costantino said yesterday. But, he said, "We need to prioritize on these cuts. These cuts are very deep. It's not just one constituency that's affected this year."

egudrais@pro.com / (401) 277-7945