The Children’s Defense Fund’s Cradle to Prison Pipeline Campaign is a national and community crusade to engage families, youth, communities and policy makers in the development of healthy, safe and educated children. Poverty, racial disparities and a culture of punishment rather than prevention and early intervention are key forces driving the Pipeline. In adequate access to healthcare also fuels the Pipeline. For a child, going without regular health care can mean living in poor health, missing days of school, and falling behind in school.

We have no time to waste. It is time to step up and take action. Every step counts.

FACTS:

- **Nine million children – that’s one in nine – have no health insurance.** A child is born uninsured every 39 seconds. And about 800,000 pregnant women are uninsured, while each year, approximately 28,000 infants die in America before they reach their first birthday.

- **Uninsured children are less likely than insured children to get regular health care.** Uninsured children are almost *nine times* as likely to have a medical need that goes unmet than a child with health coverage, and are *five times* as likely as an insured child to go more than two years without seeing a doctor.

- **Uninsured children are more likely than insured children to perform poorly in school.** In contrast, enrolling children in health coverage has been associated with greatly improved school performance. For example, for dental-related illness alone, children missed more than 51 million hours of school in a year.

- **Health care costs are rising, and that affects everyone – including families with insurance.** The average annual premium for employer-sponsored family coverage in 2008 was more than $12,500. Fewer businesses are able to afford coverage for their employees, and many of those who kept their employer-sponsored or private coverage saw increases in costs and reductions in benefits. As a result, millions of children are underinsured—with health plans that seriously limit their access to critical services such as vision and dental care, prescription drugs and mental health care services. Consequently, they may delay or forgo preventive care and treatment due to cost or other barriers.

- **Providing nine million uninsured children with vision, dental, and mental health coverage would cost each person in America less than $1 each week.** That’s less than 15¢ a day.
STEP UP AND TAKE ACTION TO DISMANTLE THE PIPELINE!

Families and Communities

- Connect with schools and community organizations to enroll children who qualify for public health insurance. With millions of children eligible for current programs but not enrolled, children in your community need your help now.
- Educate your elected officials about the critical need for children’s health reform. Write letters and visit their offices. Use the facts above to describe the national problem, but the most effective tool is to share stories of children in your community who are suffering.
- Enlist community organizations, congregations, and associations to join CDF’s Health Coverage for All Children Campaign. And educate policymakers about the need for real child health reform in 2009, and share with them the principles below.

Policy Makers

Any health reform legislation needs to include specific provisions that will address children’s critical health needs. These principles are included in the All Healthy Children Act (H.R.747):

- Coverage Must Be Affordable: Establish a national eligibility floor for child health coverage of 300% (this is $66,150 for a family of four in 2009) of the federal poverty level, with little cost sharing below this level to ensure that eligible children get health coverage and access to care when needed. Children in families with incomes above 300% FPL should be able to buy in to the program on a sliding scale basis depending upon a family’s income.

- Benefits Must Be Comprehensive: Guarantee every child access to all medically necessary services now covered under Medicaid, known as Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT), which includes hearing, mental health, dental and vision services, when needed. Children must have the testing and screening necessary for early identification and preventive treatment. This level of coverage is critical for children, promoting healthy development instead of just treating illness.

- The System Must Be Simple: Coverage must be both simple to understand and apply for and seamless as a family moves and children age. Enrollment must be automatic, in schools, health settings, and through other means unless a parent declines enrollment.

- Coverage for Pregnant Women: Comprehensive prenatal and post-partum health care for pregnant women and new mothers is essential if we are to reduce the number of low birth weight babies born and the incidence of infant mortality.

Step by step, we can and will make a difference. Today. Tomorrow. Together.

For more information on the Cradle to Prison Pipeline, please visit www.childrensdefense.org or contact us at 800-CDF-1200 (800-233-1200).