



CDF Freedom Schools® National Day of Social Action Advocacy and Curriculum Guide July 11, 2008



STEP UP AND TAKE ACTION!

Children's Defense Fund®
Healthy Child Campaign





CDF Freedom Schools National Day of Social Action **Friday, July 11, 2008**

CDF Freedom Schools: Step Up and Take Action!

On Friday, July 11, 2008, *CDF Freedom Schools* programs across the country will participate in the *CDF Freedom Schools* National Day of Social Action to advocate for comprehensive health coverage for *all* children in America. This is a very important opportunity for young people to advocate for themselves, their peers, and children nationwide.

What does the *CDF Freedom Schools* National Day of Social Action require?

All *CDF Freedom Schools* programs are expected to conduct activities to advocate for comprehensive health coverage for *all* children in America on July 11, 2008. Use the attached instructions and resources to assist you in your program's Social Action activities.

Activities to educate the students and parents about Social Action and the need for comprehensive health coverage for *all* children (these activities can be completed on the days leading up to July 11):

- Hold a group discussion on the meaning of social action to help students understand its purpose.
- Use the attached "Important Terms for Parents to Know" worksheet as an activity.
- Examine the child health case study on uninsured children to help students and parents understand the impact of not having health coverage.
- Refer to the "Child Health Discussion Using the IRC Books for Summer 2008" for strategies to connect the IRC lessons to the Healthy Child Campaign. Have students complete the Child Health Survey.

Actions to prepare the Day of Social Action (coordinate these action items prior to July 11):

- Coordinate time for students to handwrite individual letters to their members of Congress on the need for comprehensive health coverage for *all* children in America.
- Ask parents to also write letters to their members of Congress on the need for comprehensive health coverage for *all* children in America.
- Create a large banner (you can use butcher paper) that asks your elected official to support the Healthy Child Campaign and health coverage for *all* children in America.
 - Here are some examples of messages for the banners:
 - “Elected Officials: Step Up and Take Action for Uninsured Children”
 - “1 in 8 Children in the U.S. is Uninsured...Will You Help?”
 - “Cover ALL Children: 9.4 Million Children are Counting on You!”
- Create other smaller signs with messages on health coverage for *all* children.
- Determine the elected official's office that you will visit and/or march to. Map-out a safe, well-trafficked location/path for the march that will lead to your elected official's office or other desired location.
- Contact local media (i.e. local news station, newspaper, radio station, etc.) to alert them of your activities for the Day of Social Action. Use the Media outreach resources you received from CDF staff at National Training.
- Contact other local youth programs/groups (i.e. summer programs, vacation Bible study, etc) to invite them to join you on the Day of Social Action. Also consider inviting families, local leaders and others. Encourage their participation and remind them that they must have supervision for the children they bring to the Day of Social Action. (Inviting youth groups/others is not required – only do this if you wish to).

Suggested actions for July 11, 2008:

- March in a safe, well-trafficked location/path to an elected official's office. If you are not able to march to an elected official's office, consider marching to the City Hall, a major business district, or other notable location in your community.
- Visit an elected official's office or invite an elected official to another location or your *CDF Freedom Schools* program site to present the hand-written letters and banner to him/her. Select a few students to read their letters out loud during the visit.
- Host a press conference with local media. Prepare your talking points on the purpose of the Day of Social Action, the issue of 9.4 million uninsured children in America and your advocacy efforts to urge elected officials to support comprehensive health coverage for all children.
- Be creative! In addition to these activities, create and conduct other educational and social action activities around the National Day of Social Action and the need for comprehensive health coverage for *all* children.

Which elected officials should your program target for the *CDF Freedom Schools* National Day of Social Action?

Based on the location of your program, please target elected officials keeping the following priorities in mind (Remember, if you are unable to visit the elected official's office, you can invite him/her to your site):

- *Top priority:* Your U.S. Senators or your U.S. Representative. Visit www.senate.gov and www.house.gov to find their contact information and locations of their local offices.
- *Second priority:* Your mayor. Visit www.statelocalgov.net to find your mayor's contact information.
- *Third priority:* Your State Senators, State Representatives and/or Governor. Visit www.statelocalgov.net to find contact information for these elected officials.

What is the message for the *CDF Freedom Schools* National Day of Social Action?

“Comprehensive health coverage for *all* children in America.”

For assistance on the National Day of Social Action, please contact Wyokemia Joyner at wjoyner@childrensdefense.org or 202.662.3661.

Visit www.childrensdefense.org/healthychild for the latest updates on the Healthy Child Campaign.



**Resources for
National Day of Social Action Activities**

Social Action Discussion Guide for Students and Parents

Use the definition and questions below to stimulate discussion with your students and their parents about the meaning of social action. Challenge them to think of ways they can engage in social action. Allow time for students and parents to ask their own questions and to reflect on what they have learned from the discussion.

Definition of social action: **1.** A hands-on approach to problem solving; a response to the “I know what I would do if I could make the big decisions” feeling. **2.** Converting your imaginative and innovative ideas into action that has an impact on your family, your block, in your neighborhood, city, state, or the world

- **What does social action mean to you?**
- **What are the different ways that people can engage in social action?**
- **How can individuals who are below the legal voting age (18 years old) affect the voting process?**
- **How can you convince adults that the issues that matter to children and youth should matter to them too?**
- **What are some of the issues that you would like to advocate for on behalf of children?**
- **How can you share with your friends and family what you have learned from participating in the National Day of Social Action?**

Important Terms to Know (for Level 4 Students and Parents)

Use this worksheet with Level 4 students and parents to stimulate discussion around these important health care terms.

Match the correct term with its definition:

_____	1. Health Coverage	_____	7. Social Action
_____	2. Medicaid	_____	8. Elected Official
_____	3. Health Care	_____	9. Comprehensive Benefits
_____	4. Legislation	_____	10. SCHIP
_____	5. Uninsured	_____	11. Underinsured
_____	6. Health Insurance		

Definitions:

- A. Insurance that pays for all or part of a person's health care bills.
- B. The prevention, treatment, and management of illness and the maintenance of mental and physical well-being through the services offered by doctors and other health professionals.
- C. A person who is elected to public office by voters from their area.
- D. A person who has health coverage, but faces considerable cost sharing that makes needed health services unaffordable or significant benefit limits that would require them to pay an unreasonable amount for needed services out-of-pocket.
- E. A national program that provides health coverage for families who earn too much money to qualify for Medicaid, but cannot afford to buy private insurance.
- F. Includes coverage for all medically necessary services, including some that are often excluded from private insurance plans, such as dental care, vision care, and mental health.
- G. A program in the United States funded by the states and the federal government that provides health coverage to certain categories of people who cannot afford to buy health coverage.
- H. Public and private health insurance programs, including Medicaid, Medicare and SCHIP, and those sold by private health insurance companies. Enables people to get health services without having to pay for the entire cost of those services themselves out-of-pocket.
- I. A hands-on approach to problem solving. Converting your imaginative and innovative ideas into action that has an impact on your block, in your neighborhood, city, state or the world (or anywhere else!).
- J. Not covered by insurance; to not have health coverage.
- K. The act of making or forming law, or the laws/statutes formed by the legislative process.

Important Terms to Know (for Level 4 Students and Parents) Answer Guide

Terms with correct definitions:

<u>H</u>	1. Health Coverage	<u>I</u>	7. Social Action
<u>G</u>	2. Medicaid	<u>C</u>	8. Elected Official
<u>B</u>	3. Health Care	<u>F</u>	9. Comprehensive Benefits
<u>K</u>	4. Legislation	<u>E</u>	10. SCHIP
<u>J</u>	5. Uninsured	<u>D</u>	11. Underinsured
<u>A</u>	6. Health Insurance		

Definitions:

- A. Insurance that pays for all or part of a person's health care bills.
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- H. Public and private health insurance programs, including Medicaid, Medicare and SCHIP, and those sold by private health insurance companies. Enables people to get health services without having to pay for the entire cost of those services themselves out-of-pocket.
- I. A hands-on approach to problem solving. Converting your imaginative and innovative ideas into action that has an impact on your block, in your neighborhood, city, state or the world (or anywhere else!).
- J. Not covered by insurance; to not have health coverage.
- K. The act of making or forming law, or the laws/statutes formed by the legislative process.

Child Health Case Study for Students and Parents

Use the following case study to help students and parents understand the impact of not having health coverage. This case study is based on fact. Read the story aloud and give students and parents the opportunity to re-read the story on their own if they wish. After reading the story, discuss the case study questions as a group.

Uninsured Children Story: The Liborio Family in Alameda County, California

Teresa and her husband are the parents of three daughters, all of whom suffer from serious medical conditions. Janneth, 16, has chronic tonsillitis; Brenda, 13, has asthma; and Guadalupe, 9, has anemia. None of the girls have health coverage. Over the past year, Janneth has missed several days of school because of fevers, frequent coughing, throat swelling, inability to eat, and weakness. This has resulted in a significant decrease in her grades. An asthmatic, Brenda is unable to participate in moderate and heavy physical activities, including physical education, because she does not have an Albuterol pump (a key asthma management medication). She worries that she may have an asthma attack and need to be rushed to the emergency room. Guadalupe misses occasional school days due to her anemia, which normally is a controllable illness with proper vitamins and medicine. Because her family cannot afford the medicine to treat her condition, she suffers from fatigue, loss of appetite, and hair loss.

The last time all three had health coverage was approximately one year ago. Their mother, Teresa, reports that they lost coverage because the Medi-Cal office received her reauthorization packet late.

Teresa confides that she is worried, especially about Janneth and Brenda. Last year, the last time Janneth was seen by her medical provider, she was advised to have her tonsils removed because of her chronic tonsillitis. Unfortunately, because Janneth lost her health coverage, she has not been able to have the operation.

Teresa also worries about how to meet all of her family's basic needs. Teresa reports she had to leave her employment at a fabric factory to care for her sick daughters. Her husband works; however, he does not earn enough to cover all the family's expenses and they now have additional debt because of unpaid medical expenses from the past year. Teresa says, "I just don't know how we are going to pay for rent, utilities, food, and everything else."

When asked what she would say to elected officials about health care for children in the U.S., she replies, "Help us! The application process needs to be easier. One year without health insurance – who knows how my daughters are really doing!?"

* This story was collected by the staff at the Children's Defense Fund – California.

Child Health Case Study Discussion

- 1) Summarize the challenges faced by the children in the case study.

- 2) Let students and/or parents share any health coverage issues they are aware of in their family or in their community. A Servant Leader Intern or a Site Coordinator should share his/her comments first, to demonstrate the focus of the discussion. For example, an Intern or Site Coordinator might describe a time when he/she needed to go to the dentist but did not do so because he/she could not afford the cost of an office visit. Make connections with the facts of the case study.

- 3) What kinds of problems do the mother, father and three daughters face? Are these health problems, financial problems, academic problems, social problems, parenting problems? Write responses on newsprint for all to see and help categorize. Discuss the degree to which the problems listed are connected?

- 4) What are two potential ways to problem-solve in this case study? Briefly describe two solutions.

- 5) Discuss the resources and help that parents and children have available to them in the community to help them solve the challenges they face due to lack of adequate health coverage.

Child Health Discussion

Using the IRC Books for Summer 2008

Social action for *CDF Freedom Schools* students includes the books we read and the activities we conduct that extend beyond the classroom into the “real world.” We promote civic engagement while cultivating and empowering young advocates to make a difference in their own lives and the lives of others. Through the books that students are engaged in reading and discussing they are introduced to social action in a variety of settings, which provides them with models of advocacy and social action. We expect them to learn from these models and strategies and apply what they have learned to pertinent issues of today, such as the need for health coverage for *all* children.

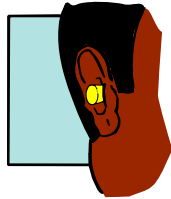
Be sure to tie these questions and activities to the books you are discussing as featured in the 2008 *CDF Freedom Schools* Summer IRC Guide.

- 1) Ask the students to identify the themes discussed in the books that are related to health.
- 2) Do the characters in the books model good health? Why or why not?
- 3) Could someone accomplish similar things today as these historic figures accomplished? Why or why not?
- 4) Why is it important for children to take care of their health? What are good outcomes of healthy living? What are bad outcomes from unhealthy living?
- 5) Let the students draw a body outline on newsprint and illustrate their good health on their “Healthy Body Self-Portrait.”
- 6) Allow time for students to discuss what they like about their Healthy Body Self-Portrait and describe ways to keep their body and mind healthy.
- 7) Allow time for students to complete the child health survey. Let the children discuss the importance of maintaining their health.

Child Health Survey

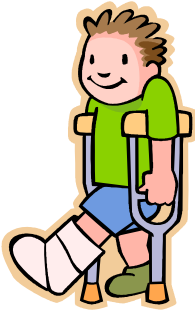
(Level 1 and 2)

Let's talk about your health. Everyone wants to be healthy and strong but sometimes our bodies get hurt or sick. During this school year, have you been sick or hurt?



Have you had an earache?

Yes No



Have you broken any bones?

Yes No



Do you have asthma?

Yes No



Have you had a toothache?

Yes No

Have you been in a car accident?

Yes No



This school year,



Have you been to the doctor? Yes No



Have you been to the dentist? Yes No

Have you had to stay in the hospital? Yes No



Do you have to take medication? Yes No



Child Health Survey

(Level 3 and 4)

Let's talk about your health. Everyone wants to be healthy and strong but sometimes we get sick. We want to know about the times you have been sick or hurt this school year.

1. Have you had an earache?

Yes No

2. Have you broken any bones?

Yes No

3. Do you have asthma?

Yes No

4. Have you had a toothache?

Yes No

5. Have you been in a car accident?

Yes No

6. Do you need medicine prescribed by a doctor?

Yes No

7. Have you been to the doctor this school year?

Yes No

If yes, why did you go to the doctor?

8. Have you been to the dentist this school year?

Yes No

If yes, why did you go to the dentist?

Write a Letter to Your Member of Congress

CDF Freedom Schools students and parents can be a voice for *all* children in America! Write a letter to one or more of your elected officials to ask them to support comprehensive health coverage for *all* children in America. Encourage parents to write a letter, too!

Background on the Issue: Today, 9.4 million children are uninsured. That's one child out of every eight. More than 2,100 children are born uninsured every day. People who are uninsured live sicker and die sooner. The United States is the wealthiest nation in the world, yet children's health status in our country, as measured by selected indicators, is among the worst in the industrialized world. We must ensure every child and pregnant woman has access to affordable, seamless, comprehensive health and mental health coverage and services.

Tips on writing your letter:

- Your letter should be addressed to your U.S. Senator and U.S. Representative in Congress. Visit www.senate.gov and www.house.gov to determine your two U.S. Senators and your U.S. Representative. **(Servant Leader Interns should have this information available before the activity begins.)**
- Be clear about your main idea. What are you asking for? (See: Background on the Issue above)
- Include specific, accurate, and supporting facts to make your letter and the importance of the issue strong. (See: Fact Sheets)
- Express appropriate conviction and emotion in your voice to add strength and to express the sincerity of this issue to you.
- Write a letter that does a great job representing you, your ideas, and your community. Proofread your work. Check for spelling and grammatical errors. Get feedback from the *CDF Freedom Schools* staff and your fellow students or parents before you send your letter. This letter will travel to the United States government and will hopefully make a difference in the lives of children! Give it your very best!

Co-Sponsors of the *All Healthy Children Act* (S.1564/H.R.1688)

Use the following list to determine which letter template students and parents should use to write letters to their Members of Congress.

The *All Healthy Children Act* (S.1564) was introduced in the Senate by Senator Bernard Sanders (I-VT) on June 7, 2007. There are no Senate co-sponsors.

The *All Healthy Children Act* (H.R.1688) was introduced in the House by Representative Bobby Scott (D-VA) on March 27, 2007. There are 62 co-sponsors (see the list below).

House Co-Sponsors of the <i>All Healthy Children Act</i> (H.R.1688)	
1. Rep Howard Berman (D-CA)	32. Rep Hank Johnson (D-GA)
2. Rep Sanford Bishop (D-GA)	33. Rep Stephanie Tubbs Jones (D-OH)
3. Rep Rick Boucher (D-VA)	34. Rep Carolyn Cheeks Kilpatrick (D-MI)
4. Rep Corrine Brown (D-FL)	35. Rep Dennis Kucinich (D-OH)
5. Rep GK Butterfield (D-NC)	36. Rep Barbara Lee (D-CA)
6. Rep Julia Carson (D-IN)	37. Rep John Lewis (D-GA)
7. Del. Donna Christian-Christensen (D-VI)	38. Rep Zoe Lofgren (D-CA)
8. Rep Yvette Clarke (D-NY)	39. Rep Betty McCollum (D-MN)
9. Rep William Lacy Clay (D-MO)	40. Rep Kendrick Meeks (D-FL)
10. Rep Emmanuel Cleaver (D-MO)	41. Rep Gregory Meeks (D-NY)
11. Rep James Clyburn (D-SC)	42. Rep Gwen Moore (D-WI)
12. Rep Steve Cohen (D-TN)	43. Rep Jim Moran (D-VA)
13. Rep John Conyers (D-MI)	44. Rep James Oberstar (D-MN)
14. Rep Elijah Cummings (D-MD)	45. Rep Donald Payne (D-NJ)
15. Rep Artur Davis (D-AL)	46. Rep Charles Rangel (D-NY)
16. Rep Danny Davis (D-IL)	47. Rep Steven Rothman (D-NJ)
17. Rep Keith Ellison (D-MN)	48. Rep Lucille Roybal-Allard (D-CA)
18. Rep Chaka Fattah (D-PA)	49. Rep Bobby Rush (D-IL)
19. Rep Bob Filner (D-CA)	50. Rep Tim Ryan (D-OH)
20. Rep Barney Frank (D-MA)	51. Rep John Sarbanes (D-MD)
21. Rep Al Green (D-TX)	52. Rep David Scott (D-GA)
22. Rep Raul Grijalva (D-AZ)	53. Rep Jose E Serrano (D-NY)
23. Rep Luis V Gutierrez (D-IL)	54. Rep Betty Sutton (D-OH)
24. Rep Alcee Hastings (D-FL)	55. Rep Bennie Thompson (D-MS)
25. Rep Mazie Hirono (D-HI)	56. Rep Eldophus Towns (D-NY)
26. Del. Eleanor Holmes-Norton (D-DC)	57. Rep Tim Walz (D-MN)
27. Rep Mike Honda (D-CA)	58. Rep Maxine Waters (D-CA)
28. Rep Jesse L. Jackson Jr. (D-IL)	59. Rep Diane Watson (D-CA)
29. Rep Sheila Jackson-Lee (D-TX)	60. Rep Melvin Watt (D-NC)
30. Rep William Jefferson (D-LA)	61. Rep Peter Welch (D-VT)
31. Rep Eddie Bernice Johnson (D-TX)	62. Rep Albert Wynn (D-MD)

Use this letter template to write a help students and parents write letters to their Member(s) of Congress. Check the list of *All Healthy Children Act* (S. 1564/H.R. 1688) Co-sponsors. Use this letter template for Member(s) of Congress who do not support the *All Healthy Children Act* (their name will not be on the list).

Address your envelope to:

The Honorable _____
United States Senate
Washington, DC 20510

Or: The Honorable _____
United States House of Representatives
Washington, DC 20515

Letter Template:

The Honorable _____
United States Senate
Washington, DC 20510

Or: The Honorable _____
United States House of Representatives
Washington, DC 20515

Dear Senator _____: or Dear Representative _____:

My name is _____, and I am a _____ year old student from _____.
OR

My name is _____, and I am a parent with _____ children living in (city and state).

I am writing out of concern for... (*Write about the lack of health and mental health coverage for all children issue here in your own words. Personalize this section. For example, include your own personal story of not having health/ mental health coverage and/or tell the story of someone you know who has been sick and needed medical attention but had a difficult time obtaining it because he/she did not have coverage.*)

Please help the 9.4 million uninsured children in America by supporting the *All Healthy Children Act* (S.1564/H.R.1688). (*Write about how you would like for all children in America to have health and mental health coverage in your own words.*)

Thank you for reading my letter and I look forward to your reply. (*Write a closing in your own words.*)

Sincerely,

Your name

Your address

Your telephone number

Use this letter template to write a help students and parents write letters to their Member(s) of Congress. Check the list of *All Healthy Children Act* (S. 1564/H.R. 1688) Co-sponsors. Use this letter template for Member(s) of Congress who support the *All Healthy Children Act* (their name will be on the list).

Address your envelope to:

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Or: The Honorable _____
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Washington, DC 20515

Letter Template:

The Honorable _____
United States Senate
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United States House of Representatives
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Dear Senator _____: or Dear Representative _____:

My name is _____, and I am a _____ year old student from _____.
OR

My name is _____, and I am a parent with _____ children living in (city and state).

I am writing out of concern for... *(Write about the lack of health and mental health coverage for all children issue here in your own words. Personalize this section. For example, include your own personal story of not having health/ mental health coverage and/or tell the story of someone you know who has been sick and needed medical attention but had a difficult time obtaining it because he/she did not have coverage.)*

Thank you for supporting the *All Healthy Children Act* (S.1564/H.R.1688) to help the 9.4 million uninsured children in America. Please continue to support the bill and ask other Members of Congress to support it too. *(Write about how you would like for all children in America to have health and mental health coverage in your own words.)*

Thank you for reading my letter and I look forward to your reply. *(Write a closing in your own words.)*

Sincerely,

Your name
Your address
Your telephone number

Child Health Fact Sheets



Top Ten Facts About Children's Health Coverage in the United States

1. 9.4 million children in the United States — one in eight — have no health coverage.
2. Every 41 seconds, another baby is born without health coverage.
3. It costs less to provide health coverage to children than to any other group of people. In fact, it costs about three times more to cover an adult than a child.
4. The majority of uninsured children live in two-parent households, and almost 9 in 10 live in families where at least one parent works. Increasingly, working families need help paying for health coverage for their children.
5. Increases in private health insurance costs are dramatically outpacing increases in wages. Since 2001, the cost of health insurance premiums has increased four times as fast as workers' earnings. Even if an employer offers health insurance and a worker is eligible, the family may not be able to afford its share of the average annual premium of over \$12,000.
6. Ensuring that children have affordable access to timely health care is smart policy. Every dollar spent vaccinating children against measles, mumps, and rubella, saves \$16 in future costs.
7. Children's health status affects children's academic performance. Reading scores and school attendance of uninsured children improve dramatically after they become insured, and are able to access health care. Good health status in childhood is also associated with increased future earning potential.
8. The United States has the highest health care spending per person in the world, yet lags behind other nations in key health outcomes. U.S. spending on health care per person is more than twice the average spent in industrialized countries, yet we rank near the bottom among those nations in infant mortality rates.
9. Existing health coverage programs for low-income children vary widely, with different standards for eligibility, cost sharing, and benefits in each of the 50 states and the District of Columbia. This "lottery of geography" affects whether a child has coverage, what benefits are covered, and what treatment children can access and afford. In other words, these variations often have serious consequences for the health and well-being of our most vulnerable children.
10. All Americans over 65 have access to health coverage under the Medicare program, regardless of income. Children deserve the same guarantee of coverage.



BLACK CHILD HEALTH FACT SHEET

There were more than 4.1 million births in the United States in 2005, of which over 600,000, or about one in seven, were to Black mothers.

- ◆ A Black baby is born uninsured every five minutes. One out of every eight babies born uninsured is Black.
- ◆ One out of seven Black children is uninsured. Eighteen percent of the uninsured children are Black.
- ◆ Black children are almost twice as likely to be uninsured as White children.
- ◆ More than three-quarters of uninsured Black children have a working parent, and more than half have a parent who works full-time throughout the year.
- ◆ Black infants are more than twice as likely as White infants to die before their first birthday.
- ◆ Babies born to Black mothers are almost twice as likely as those born to White mothers to be low birthweight.
- ◆ Babies born to Black mothers are 57 percent more likely than those born to White mothers to be preterm.
- ◆ Less than half of Black children are in excellent health. Black children are twice as likely to be in only poor or fair health as White children
- ◆ One out of eight black children has asthma as compared to one out of twelve White children.
- ◆ More than one out of four black children ages 2 through 19 has untreated tooth decay.
- ◆ Black teenagers are more than twice as likely as White teenagers to have gone more than two years without a dental visit, are 41% less likely to have dental sealants on their permanent teeth, and are 59% more likely to have untreated tooth decay.
- ◆ One in three Black children is poor. The number of poor Black children increased by about 196,000 in the past six years to reach 3.8 million.
- ◆ Three out of seven Black babies are born into poverty and more than half of all poor Black children live in extreme poverty.
- ◆ Out of the 5.5 million children living in extreme poverty in America, 1.8 million are Black.



ALL CHILDREN NEED ACCESS TO AFFORDABLE, SEAMLESS, COMPREHENSIVE HEALTH COVERAGE

Key Statistics about Children's Health Coverage:

- There are 9.4 million uninsured children in America – that's one in eight!
- Every 41 seconds another child is born uninsured, more than 2,100 each day.
- According to the most recent Census data, the number of uninsured children increased by more than one million in just two years, and that number could grow higher in the current economic downturn.
- About 90% of uninsured children live in households with at least one working parent.
- More than 750,000 pregnant women are uninsured

Why Children's Health Coverage Matters:

- **The stakes are high. The health consequences can be severe for those uninsured.** People who are uninsured live sicker and die sooner than people who have health coverage. Uninsured children are almost 9 times as likely to have a medical need that goes unmet than a child with health coverage. They are 5 times as likely as an insured child to go more than 2 years without seeing a doctor.
- **Ensuring access to health coverage and health services for children is a solid investment in all of our futures.** Access to comprehensive care as a child can set the stage for a lifetime of good health, and leads to a more productive adulthood with fewer costly chronic diseases. Consistent access to health services also maximizes returns on other social investments, such as education.
- **Children need a healthy start – which begins with guaranteeing all pregnant women access to prenatal care.** One in 12 babies born in the U.S. is born at low birthweight, a rate that has been growing steadily since 1984. A child born at low birthweight is more likely to have health and learning problems down the road: At age 17, children born at low birthweight are twice as likely to have clinically significant behavior problems, such as hyperactivity, and are 50 percent more likely to score below average on measures of reading and mathematics.
- **Providing preventive health services for all children also makes good financial sense.** For example, a child with an asthma attack can be treated for about \$100 when the attack is mild by a health provider in Texas. But if that same child in Texas cannot get early treatment and has to go to the ER for treatment of a severe asthma attack, the child may face a three-day hospital stay that costs more than \$7,300, according to the Harris County Hospital District in Texas.
- **Ensuring access to health coverage is the *right* thing to do.** It is morally indefensible that *every* child in the wealthiest nation in the world does not have access to affordable, seamless, comprehensive health coverage essential to help children survive and thrive.

Uninsured Children in the States, 2004-2006

To use these numbers, please say: "Based on a 3-year average, there were X million uninsured people of all ages in [state]. Of those, there were more than/roughly X who were children under 19 years of age."

	<u>Percentage</u>	<u>Estimated Number</u>
United States*	12.1	9.4 million
Alabama	6.3	74,000
Alaska	9.8	19,000
Arizona	16.5	282,000
Arkansas	9.7	71,000
California	13.2	1,330,000
Colorado	14.3	176,000
Connecticut	7.2	63,000
Delaware	12.0	26,000
District of Columbia	7.8	10,000
Florida	17.8	755,000
Georgia	12.2	315,000
Hawaii	5.5	17,000
Idaho	11.4	47,000
Illinois	10.4	354,000
Indiana	9.0	150,000
Iowa	6.2	47,000
Kansas	7.0	51,000
Kentucky	8.4	88,000
Louisiana	11.0	127,000
Maine	6.4	19,000
Maryland	9.2	133,000
Massachusetts	5.8	89,000
Michigan	5.6	147,000
Minnesota	6.9	92,000
Mississippi	14.9	119,000
Missouri	8.3	124,000
Montana	14.3	33,000
Nebraska	7.4	35,000
Nevada	16.8	112,000
New Hampshire	6.6	21,000
New Jersey	11.5	254,000
New Mexico	17.7	95,000
New York	8.0	384,000
North Carolina	12.3	280,000
North Dakota	9.5	15,000
Ohio	7.4	216,000
Oklahoma	13.9	131,000
Oregon	12.0	108,000
Pennsylvania	8.1	242,000
Rhode Island	6.3	16,000
South Carolina	9.9	109,000
South Dakota	8.9	18,000
Tennessee	8.5	129,000
Texas	20.7	1,413,000
Utah	12.8	107,000
Vermont	6.3	9,000
Virginia	9.1	174,000
Washington	7.6	122,000
West Virginia	8.5	35,000
Wisconsin	5.8	81,000
Wyoming	9.5	12,000



Children's Health Coverage Conversation Crib Sheet

Summer get-togethers present a great opportunity to talk about important issues with your friends and family, such as children's health coverage. Health coverage is going to be discussed on the campaign trail, on the nightly news, and as a key reason why working Americans are having a difficult time paying the bills. Beware, there is a lot of misinformation out there! Here are some helpful responses you can use to explain why health coverage for all children is a step forward for children that will improve the lives of all of us!

Myth: America has the best health care system in the world. Switching to socialized medicine is the wrong way to cover kids.

Fact: You might think we have the best system because the United States spends more money than any other country on health care. But we're the only developed country that **doesn't guarantee health care to all children**, and we rank among **the worst on infant mortality!** Our current system does not work for the 47 million Americans who are uninsured, including 9.4 million children, or the millions of children and adults who do have health insurance but still can't afford to get the care they need when they get sick.

Meanwhile, the Medicare program provides coverage to everyone over age 65 – like our Grandparents. Children need and deserve the same guarantee.

Myth: Health care is affordable for working families. It's expensive, but I do it.

Fact: Since 2001, **premiums for family coverage have risen 78 percent!** That's four times as fast as wages, and more than four times the rate of inflation. In fact, the average family health insurance premium is more than \$12,000 – about the same as the salary of a full-time minimum wage worker. That doesn't sound affordable to me!

Many families – even those with health coverage – have serious problems paying for needed health care. **Nearly three in 10 middle-income adults have serious problems affording care.** Four in 10 adults report delaying or going without care because of cost. And two-thirds of adults who skipped needed care report their health gets worse as a result.

Myth: The situation may be bad right now, but the private sector will resolve the uninsured crisis.

Fact: The private sector has not resolved the uninsured crisis. To the contrary, the most recent Census data showed **the number of uninsured children increased by more than one million in just two years** and, in this economy, the number of uninsured is likely to climb. For people lucky enough to still have employer health coverage, their benefits have shrunk, while their costs continue to soar far beyond inflation.

In contrast, federal programs (Medicaid and SCHIP) have enrolled low-income children and reduced the number of uninsured children substantially.

Myth: We should just give parents a tax credit to let them buy health coverage.

Fact: Offering parents a one-size-fits-all health tax credit is the wrong approach to covering uninsured children. For example, Senator John McCain's health coverage proposal relies heavily on tax credits -- \$2,500 for individuals and \$5,000 for families. But this plan is woefully inadequate when in 2008, **the average family of four spends more than \$15,000 on medical care** -- far more than a meager \$5,000 tax credit. And many families won't be able to find any insurers who will sell them a policy at any price because someone in the family has been sick.

Myth: Uninsured children can access the health care they need at the emergency room.

Fact: Emergency rooms are not a substitute for regular care—not for adults and especially not for children, who need regular preventive care to ensure healthy growth and development! Uninsured parents may postpone a doctor visit for a sick child, hoping the child will get better without treatment, but relying on emergency rooms for health care results in worse health outcomes for a child, and higher costs to the community. In Harris County, Texas, taking a child for a **doctor office visit** in the early stages of an asthma attack **costs around \$100**. But if that same child in Texas cannot get early treatment and has to **go to the ER for treatment** of full-blown asthma symptoms, the child may face a three-day hospital stay that **costs more than \$7,300**.

Myth: Children are resilient and healthier than adults. Health reform should focus on everyone, especially low-income adults at high risk for chronic diseases.

Fact: The number of uninsured children in America is growing – and these children can't just wait while policymakers argue over how to get health coverage for everyone. While we debate the best way to get health coverage for everyone in America, **a child is born uninsured in the United States every 41 seconds** -- more than 2,100 children are born uninsured every day. The majority of these children live in two-parent families, almost 90 percent have a working parent who just can't afford to buy it and almost 90 percent are U.S. citizens.

This affects us all: When children have health coverage, the number of child hospitalizations for preventable illnesses drops, and performance in school improves. Healthy children turn into healthy adults who turn into the strong, educated work force this country must have for today and tomorrow.

Myth: I'm worried about losing my health coverage! What can I do to make sure that my kids will always be able to get the care they need, even if my employer stops providing it?

Fact: You're not alone. **About 86 percent of voters are concerned about the cost of health care becoming too expensive to afford**, and 76 percent are concerned about being able to afford the cost of premiums, deductibles, and co-payments.

The American people know the health care system is broken and in need of major reform. While public opinion strongly supports covering the uninsured, Americans – both Democrat and Republican – are especially supportive of expanding coverage for children. **Nearly two-thirds of adults support mandating coverage for all children.**

The Children's Defense Fund has been working to guarantee health coverage to all 9.4 million uninsured children and pregnant women in America. Check out our website (www.childrensdefense.org) to learn more about the importance of health coverage for all children and what you can do this year to ensure the next generation grows up healthy.

Handout for Elected Officials
(in addition to this document, you can give
him/her Fact Sheets)



STEP UP FOR THE 9.4 MILLION UNINSURED CHILDREN IN AMERICA

On behalf of America's children, we urge you to support legislation that would cover *all* uninsured children and pregnant women. 9.4 million children are uninsured in America – that's one in eight. Millions more are underinsured. Every 41 seconds another child is born uninsured – more than 2,100 every day. According to the most recent Census data, the number of uninsured children increased by more than one million in just two years, and that number could climb even higher with the economic downturn. Congress can and must act to solve this crisis.

As an elected official, you have the ability to provide a solution to this problem by supporting legislation that will:

- Ensure that every child and pregnant woman has access to affordable, seamless health coverage and health services.
- Guarantee all children and pregnant women comprehensive benefits, which must include all medically necessary services.
- Simplify the application and enrollment process to make it easy for all children to get covered and stay covered. This must include eliminating known barriers to enrollment and instituting automatic enrollment of eligible children.

These principles are all embodied in the *All Healthy Children Act* (S.1564/H.R.1688). The best investment this country can make is to ensure that all children and pregnant women have access to affordable, seamless, comprehensive health coverage. Providing children with comprehensive, consistent health coverage could yield substantial cost savings, and help maximize returns to other major social investments like education. A child's ability to survive, thrive, and learn must not depend on the lottery of birth: The provision of all medically necessary health and mental health care to children must be recognized as a basic human right.



