

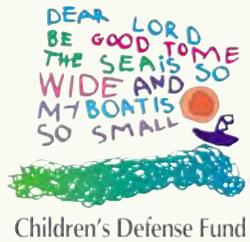
The Importance of Children's Health Coverage:

Research and Stories from Working Californians

**Children's
Defense
Fund
California**

December 2007





Children's Defense Fund—California

Mission and Background

The Children's Defense Fund's Leave No Child Behind® mission is to ensure every child *a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective voice for *all* the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities.

CDF encourages preventive investment before children get sick or into trouble, drop out of school, or suffer family breakdown.

CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations. We have never taken government funds.

CDF-California (CDF-CA) is the California office of the Children's Defense Fund, one of the nation's foremost children's advocacy organizations. Through a combination of public education, research and advocacy, CDF-CA is committed to developing comprehensive responses to the full range of needs of California's children and families.

CDF opened a California state office in Oakland, California in 1998 and a Los Angeles office in 2000.

Table of Contents

Introduction	2
Snapshot of Children Without Coverage in California	3
California’s Children Who Lack Coverage by Congressional District	4
California’s Children Who Lack Coverage by County	6
CDF’s Healthy Child Campaign: Principles and Support	8
California’s Endorsing Organizations	8
The 100% Campaign: Health Insurance for Every California Child	9
Impact of Health Coverage on California’s Children	10
Family Stories—Success Stories	12
Family Stories—Uninsured Children	18
Take Action	22
Glossary of Terms	23
Endnotes	24
Acknowledgements	Inside Back Cover



Introduction

“It is a shame that more than 9 million children in America—the richest nation in the world—still do not have health care coverage. Congress and the President have an opportunity to take the next logical, moral, and achievable steps to ensure health and mental health coverage for all children in America as a significant down payment on health coverage for all.”

— Marian Wright Edelman, CDF Founder and President

Children’s Defense Fund is working on the national and state level to achieve a basic priority for our nation: comprehensive, affordable, and seamless health insurance for every child.

In 2007, CDF launched the national Healthy Child Campaign including legislation to expand, simplify, and modernize public health coverage programs and to make sure that all children in our nation have access to affordable, comprehensive health coverage. For the last ten years, CDF has been working successfully towards the same goal in California as part of the 100% Campaign: *Health Insurance for Every California Child*.

This report contains:

- Research findings about the impact of health insurance on children
- Statements from working California parents about the positive impact of health insurance on their children and families.
- Real stories of a few of California’s many children who lack coverage, including:
 - *Joseph*, whose working parents fear bankruptcy from medical expenses;
 - *Janneth, Brenda, and Guadalupe*, who miss school because they didn’t get preventive care for their chronic conditions;
 - *Anisette*, a baby who didn’t get better because her working mother couldn’t afford a full dose of antibiotics.

Most children are healthy and the highest priority is getting them consistent, comprehensive, preventive care. Children are relatively inexpensive to insure. For most children, health coverage means fluoride treatments at the dentist to prevent cavities, and eyeglasses if they are needed to see the blackboard at school. Health coverage means that children will have a regular doctor, who will counsel their families on preventing obesity and diabetes, and will screen for and immunize against serious diseases. If a child has an emergency, health coverage means that their parents won’t have to go bankrupt to get their children the care they need.

The solution is clear and doable. We have made significant progress in states such as California, and must now finish the job.

In a 2007 survey, 82% of the voting public backed the basic concept that all children should have health care, yet our elected officials allow more than 9 million children nationally to remain without coverage.¹ California is home to approximately 763,000 uninsured children.²

We have the experience and knowledge and programs in place to enable us to finish the job.

All we need now is the political will.



Snapshot of Children Without Coverage in California

In California, 763,000 children lacked coverage at the time of the most recent 2005 California Health Interview Survey. Approximately one million lacked coverage at some point in the year of the survey. Of the 763,000 children, more than half, 447,000, were eligible for either Medi-Cal (California's Medicaid Program) or Healthy Families (California's State Children's Health Insurance Program/SCHIP Program) under current eligibility rules. Despite steady progress in enrolling children in Medi-Cal and Healthy Families, substantial numbers of children continue to fall through the cracks in the state's health coverage system.

Medi-Cal and Healthy Families are extremely important to California families. Approximately 1 in 3 children in California, **over 3 million children total**, are covered by Medi-Cal or Healthy Families. To cover gaps in eligibility, 82,000 Californian children are enrolled in Children's Health Initiatives (CHIs)—county-based outreach and enrollment programs that were designed to temporarily fill the gap until a statewide solution could be reached.³ These programs are for children who lack health coverage and whose families' incomes are up to 300% of the Federal Poverty Level (higher in certain counties) without regard to immigration status. CHIs help guarantee all low- to mid-income children access to health coverage by helping families enroll their children in the programs (Medi-Cal, Healthy Families, and Healthy Kids) for which they are eligible.⁴ However, CHIs do not exist in every county. As a result, many children do not get enrollment assistance and health coverage because they reside in the “wrong” county. Furthermore, some CHIs have enrollment caps or are developing plans to dis-enroll children because of a lack of stable, long-term financing. After years of steady progress in reducing the ranks of children without coverage in California, we are likely to see more children without coverage if a statewide plan is not immediately implemented.⁵



California's Children Who Lack Coverage by Congressional District, Ages 0-18, 2005^{6,7}

To learn which congressional district coincides with your residence/district, visit <http://www.calvoter.org/voter/maps/index.html>.



Congressional District	Percentage of Children Who Currently Lack Coverage (95% Confidence Interval)	Number of Children Who Currently Lack Coverage (95% Confidence Interval)	Total Child Population
1	6.4% (5.3% – 7.5%)	11,000 (9,000 – 13,000)	174,000
2	9.2% (6.7% – 11.6%)	17,000 (13,000 – 22,000)	190,000
3	5.4% (4.1% – 6.6%)	10,000 (8,000 – 13,000)	193,000
4	5.3% (4.3% – 6.4%)	10,000 (8,000 – 12,000)	189,000
5	8.0% (6.1% – 10.0%)	17,000 (13,000 – 22,000)	217,000
6	2.8% (2.3% – 3.4%)	5,000 (4,000 – 5,000)	162,000
7	4.4% (3.6% – 5.3%)	8,000 (7,000 – 10,000)	191,000
8	2.6% (2.1% – 3.1%)	3,000 (2,000 – 3,000)	99,000
9	4.9% (3.9% – 5.8%)	8,000 (6,000 – 9,000)	158,000
10	3.8% (3.0% – 4.6%)	7,000 (5,000 – 8,000)	176,000
11	5.5% (4.8% – 6.2%)	12,000 (11,000 – 14,000)	219,000
12	2.5% (1.9% – 3.0%)	3,000 (3,000 – 4,000)	139,000
13	4.1% (3.3% – 4.9%)	7,000 (6,000 – 9,000)	182,000
14	2.9% (2.4% – 3.4%)	4,000 (4,000 – 5,000)	155,000
15	2.5% (2.0% – 3.1%)	4,000 (4,000 – 5,000)	175,000
16	3.5% (2.8% – 4.2%)	7,000 (6,000 – 9,000)	206,000
17	8.2% (6.5% – 9.9%)	16,000 (12,000 – 19,000)	191,000
18	8.2% (7.0% – 9.3%)	23,000 (19,000 – 26,000)	278,000
19	7.1% (6.1% – 8.1%)	15,000 (13,000 – 17,000)	209,000
20	12.1% (10.4% – 13.8%)	34,000 (29,000 – 38,000)	279,000
21	8.4% (7.2% – 9.6%)	20,000 (17,000 – 23,000)	236,000
22	7.4% (6.5% – 8.4%)	15,000 (14,000 – 17,000)	208,000
23	11.8% (9.5% – 14.1%)	22,000 (18,000 – 26,000)	186,000
24	7.8% (6.2% – 9.4%)	14,000 (11,000 – 17,000)	181,000
25	6.0% (5.5% – 6.4%)	13,000 (12,000 – 14,000)	212,000
26	6.1% (5.6% – 6.5%)	12,000 (11,000 – 13,000)	193,000

California's Children Who Lack Coverage by Congressional District, Ages 0-18, 2005^{6,7} (continued)

Congressional District	Percentage of Children Who Currently Lack Coverage (95% Confidence Interval)	Number of Children Who Currently Lack Coverage (95% Confidence Interval)	Total Child Population
27	6.2% (5.5% – 6.8%)	11,000 (10,000 – 12,000)	175,000
28	8.0% (7.2% – 8.9%)	17,000 (15,000 – 18,000)	207,000
29	5.6% (5.0% – 6.3%)	9,000 (8,000 – 10,000)	152,000
30	3.4% (2.9% – 3.8%)	4,000 (3,000 – 4,000)	112,000
31	9.4% (8.4% – 10.4%)	22,000 (20,000 – 25,000)	236,000
32	7.8% (7.0% – 8.6%)	18,000 (16,000 – 20,000)	230,000
33	6.7% (6.0% – 7.4%)	11,000 (10,000 – 13,000)	169,000
34	9.1% (8.1% – 10.0%)	23,000 (20,000 – 25,000)	252,000
35	7.2% (6.4% – 7.9%)	17,000 (15,000 – 18,000)	231,000
36	6.1% (5.4% – 6.7%)	10,000 (9,000 – 11,000)	161,000
37	7.2% (6.5% – 8.0%)	17,000 (15,000 – 18,000)	230,000
38	7.7% (6.9% – 8.5%)	18,000 (16,000 – 20,000)	236,000
39	7.3% (6.5% – 8.1%)	17,000 (16,000 – 19,000)	239,000
40	8.5% (7.8% – 9.3%)	16,000 (14,000 – 17,000)	186,000
41	9.4% (8.6% – 10.3%)	19,000 (18,000 – 21,000)	205,000
42	6.0% (5.5% – 6.5%)	12,000 (11,000 – 13,000)	198,000
43	11.5% (10.4% – 12.5%)	33,000 (30,000 – 36,000)	288,000
44	10.0% (9.1%-10.9%)	26,000 (24,000-28,000)	258,000
45	11.6% (10.6% – 12.6%)	29,000 (27,000 – 32,000)	251,000
46	6.8% (6.2% – 7.4%)	10,000 (9,000 – 11,000)	150,000
47	12.4% (11.3% – 13.6%)	32,000 (29,000 – 35,000)	256,000
48	6.0% (5.4% – 6.6%)	9,000 (8,000 – 10,000)	157,000
49	8.7% (7.9% – 9.5%)	20,000 (18,000 – 22,000)	229,000
50	6.5% (5.8% – 7.1%)	13,000 (11,000 – 14,000)	195,000
51	10.6% (9.7% – 11.6%)	24,000 (22,000 – 26,000)	225,000
52	5.7% (5.1% – 6.3%)	11,000 (10,000 – 12,000)	194,000
53	10.3% (9.3% – 11.2%)	17,000 (15,000 – 18,000)	163,000
Total	7.4% (N/A)	781,000 (N/A)	10,584,000



California's Children Who Lack Coverage⁸ by County, Ages 0-18, 2005⁹

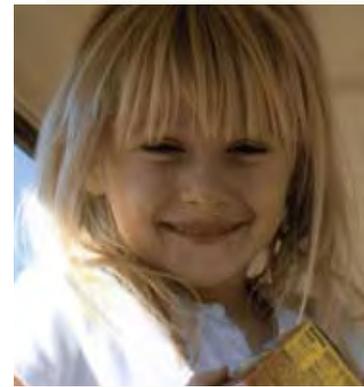


County	Approximate # of Uninsured Children ¹⁰
Northern and Sierra Regions	41,000
Butte	8,000
Shasta	8,000
Humboldt	4,000
Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, Sierra	4,000
Mendocino	3,000
Lake	2,000
Tehama, Glenn, Colusa	4,000
Sutter	2,000
Yuba	3,000
Nevada	2,000
Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, and Alpine	3,000
Greater Bay Region	99,000
Santa Clara	18,000
Alameda	31,000
Contra Costa	25,000
San Francisco	4,000
San Mateo	6,000
Sonoma	3,000
Solano	7,000
Marin	2,000
Napa	2,000
Sacramento Region	47,000
Sacramento	35,000
Placer	4,000
Yolo	4,000
El Dorado	3,000

In a 2007 survey, 82% of the voting public backed the basic concept that all children should have health care.

California's Children Who Lack Coverage⁸ by County, Ages 0-18, 2005⁹

County	Approximate # of Uninsured Children ¹⁰
San Joaquin Valley Region	171,000
Fresno	47,000
Kern	47,000
San Joaquin	23,000
Stanislaus	20,000
Tulare	14,000
Merced	10,000
Kings	4,000
Madera	5,000
Central Coast Region	67,000
Ventura	28,000
Santa Barbara	18,000
Santa Cruz	4,000
San Luis Obispo	3,000
Monterey	13,000
San Benito	2,000
Los Angeles Region	307,000
Los Angeles	307,000
Other Southern California Regions	385,000
Orange	104,000
San Diego	95,000
San Bernardino	90,000
Riverside	86,000
Imperial	9,000



CDF's Healthy Child Campaign: Principles and Support

More than 1,200 national, state, and local organizations, from all 50 states and the District of Columbia, representing tens of millions of Americans (44 million), the public school children of our nation (55 million), and people living in 1,139 of our cities (about 125 million people) support providing comprehensive, affordable, and seamless health and mental health coverage for all 9 million uninsured children in America and the millions more under-insured children now.

These organizations have joined with CDF in calling on Congress and the President to ensure that the following principles of *CDF's Healthy Child Campaign*¹¹ are included in any federal child health legislation:

- All uninsured children and pregnant women living at up to 300 percent of the Federal Poverty Level (\$61,950 for a family of four) should be guaranteed health coverage. Families above this income line should be able to buy into the program.
- All children and pregnant women should receive comprehensive and equal benefits. The lottery of geography should not determine a child's right to survive, thrive and learn in America.
- Bureaucracy should be streamlined and enrollment and renewal should be automatic and simplified to ensure easy access for children and pregnant women to get and keep health coverage.

For an updated list of endorsing organizations and more information on the All Healthy Children Act, visit www.childrensdefense.org/healthychild.

California's Endorsements

Over 100 organizations endorse providing comprehensive health and mental health coverage for all 9 million uninsured children in America and millions more under-insured children now, including:

**Los Angeles United School District,
Mayor Lawrence Dale (Barstow, CA),
Mayor Ronald Dellums (Oakland, CA),
Mayor Roosevelt F. Dorn (Inglewood, CA),
Mayor Bob Foster (Long Beach, CA),
Mayor Pat Morris (San Bernardino, CA),
Mayor Gavin Newsom (San Francisco, CA),
Mayor Eric J. Perrodin (Compton, CA),
Mayor Grace Vargas (Rialto, CA),
Mayor Antonio R. Villaraigosa (Los Angeles, CA), and
Mayor Jeff Williams (Needles, CA).**

For an updated list of co-sponsoring organizations and elected officials, visit www.childrensdefense.org/healthychild.



“I was constantly worrying with each passing day that perhaps his vision was getting worse. And to think that he lost coverage because he moved to another state makes no sense at all to me.”

— Ms. Marin,
mother of Giovanni

The 100% Campaign: Health Insurance for Every California Child

In 1997, with generous support from The California Endowment, CDF-California joined forces with two other children's organizations, Children Now and The Children's Partnership, to form the 100% Campaign: *Health Insurance for Every California Child*. The 100% Campaign has been joined by many diverse partners and has worked as a successful policy advocacy coalition for 10 years. Despite the significant successes of the 100% Campaign, approximately 763,000 of California's children remain without coverage. The time has come to finish the job!

The 100% Campaign provides strategic research and policy development, incubates new ideas, and ushers them through the legislative process. Significant achievements of the 100% Campaign include policy changes to increase the number of eligible children enrolled in health insurance programs by streamlining Medi-Cal (California's Medicaid program) and Healthy Families (California's S-CHIP program) and helping to establish community-based, state-funded outreach contracts with hundreds of community based organizations.

The 100% Campaign has been involved in several efforts to expand eligibility, beginning with a successful campaign to increase income eligibility levels for the Healthy Families Program in 1999, then getting a comprehensive expansion for all children up to 300% of the Federal Poverty Level passed by the Legislature in 2006 (AB 772 was vetoed by the Governor), and finally developing the children's health piece of a state ballot initiative (Proposition 86, the Tobacco Tax Act of 2006). Polling showed that if children's health coverage had been the sole focus of the initiative, the initiative would have been likely to pass. All of these efforts have helped to catapult the issue of children's health coverage to the top of policymaker's agendas in 2007.

The 100% Campaign has worked with Children's Health Initiatives (CHIs) in many counties in California. CHIs utilize a "no wrong door" and "cover all children in the family" approach and are led by local coalitions of community leaders who are committed to improving the lives of children. The CHIs not only cover children ineligible for current federal/state programs, but they also enroll tens of thousands of additional children into Medi-Cal and Healthy Families. The 100% Campaign, PICO-California,¹² the United Way of California, California Children's Health Initiatives, and other partners are working together to replicate this success statewide and to secure stable funding so that all children can have coverage.

As this collection of families' stories is being published, we are at a critical juncture. In California, both the Governor and state legislative leaders have included many of 100% Campaign's developed policies in their health care reform packages—for example, expansion of public programs to cover all children in families up to 300% of the Federal Poverty Level, regardless of immigration status. Assembly Budget Chair John Laird, Assembly Health Chair Mervyn Dymally, and Senator Darrel Steinberg have authored comprehensive children's bills sponsored by the 100% Campaign and PICO California: AB 1 and SB 32.

As of the printing of this report in December 2007, Congress and President Bush have not yet resolved the critical issue of S-CHIP funding. For updated information on S-CHIP, visit http://www.childrens-defense.org/site/PageServer?pagename=healthy_child_SCHIP_update **Impact of Health Coverage on California's Children.**

Most Californians Support Health Coverage For All Children

A recent statewide survey (May 2007) conducted for The California Endowment found that more than eight in ten California voters (82 percent) back the basic concept that all children should have health coverage. When provided a more detailed description of how this can happen—including a description of the costs involved—support remains high, as nearly three out of four voters (73 percent) continue to favor it.¹³

Impact of Health Coverage on California's Children

Recent research findings show that enrolling and maintaining children's enrollment in comprehensive health coverage programs benefit children in many ways, including a positive impact on children's attendance and performance in school.

Specific findings include:

Better Health and Health Related "Quality of Life"

- A study of Santa Clara County's Healthy Kids program found that Healthy Kids cut by one-third the number of children reported to be in poor or fair health.¹⁴
- A study in the *Journal of Pediatrics* demonstrated a significant effect on children's health related

quality of life when they were enrolled in Healthy Families. Specifically, there was a prospective link between enrollment in Healthy Families, realized access to care, and Health Related Quality of Life even after adjusting for race/ethnicity, language and chronic health condition status.¹⁵

Increased Access to Appropriate Medical Care: Getting to the Doctor instead of the Hospital

- Children without coverage are five times more likely to use the emergency room as a regular source of care.¹⁶
- After their first year of enrollment in Healthy Families, children, including those most in need, had a significant increase in access to medical care.¹⁷
- A study of the impact of enrollment in Healthy Families showed a lack of varia-

tion by race and language in reports of "no foregone care". This **lack of disparity** is significant.¹⁸

- Nationally, children with coverage had a reduction in subsequent hospitalizations for chronic health conditions, including asthma and diabetes.¹⁹
- A recent study of County Children Health Initiatives shows that these programs may have prevented as many as 1,000 hospitalizations among children in California.²⁰
- In a recent study, the Center for Community Health Studies found that if Healthy Kids had been operational statewide, an additional 4,300 hospitalizations might have been prevented in California over the past seven years.²¹



After their first year of enrollment in Healthy Families, children, including those most in need, had a significant increase in access to medical care.

Doing Better in School/Parents Missing Less Work

- One Pennsylvania insurer found that nearly one in five children without coverage had untreated vision problems. This is significant, as children unable to see the board often fall behind in school.²²
- The Healthy Families Health Status Assessment found significant improvements in school performance: children covered by Healthy Families reported a 63% improvement in “paying attention” and a 64% improvement in “keeping up with school activities” as compared to their performance when uninsured.²³
- In a study of Santa Clara County’s Healthy Kids program, Mathematica Research found that there was a reduction of over one-half in the number of children who missed three or more days of school in the preceding month due to health problems.²⁴
- A recent study by the Center for Community Health Studies showed that a child’s health coverage reduces the number of days parents have to miss work because of a sick child. Among families with children with special health care needs, an average of 41% of parents with an uninsured child missed days at work or stopped work to care for the child compared to 26% of parents with an insured child.²⁵



Success Stories



1. The Herman Family, Sonoma County
2. The Aguirre Family, Los Angeles County
3. Joshua Daniels, Sacramento County
4. The Vasquez Family, Santa Clara County

The Herman Family *Sonoma County*

On a family camping trip, three-year-old Jacob Herman managed to shove a rock into his ear far enough that his parents could not remove it. The incident occurred on a weekend and necessitated a trip to the local urgent care. After a trip to an ear, nose and throat specialist and outpatient surgery, the Herman family found themselves with a \$5,000 out-of-pocket bill.

That same month, the Herman’s daughter, Amber, fell and hurt her arm and required medical treatment. All this happened while Penny Herman was pregnant with their third child, Abraham.

As self-employed, small-business owners, Penny and her husband, Peter, couldn’t afford private health insurance. They faced a mounting stack of medical bills and didn’t know where to turn.

That’s when the Children’s Health Initiative of Sonoma County stepped in. Jacob and Amber were enrolled in Healthy Families, while Penny was able to get pregnancy coverage benefits for Abraham through Medi-Cal. The Herman’s were enormously relieved when their application was approved, they could hardly believe there was a program that helped working families like them get health insurance.

The Aguirre Family *Los Angeles County*

Carlos and Patricia Aguirre legally immigrated to the United States six years ago from El Salvador with the dream of providing their two children, Renato and Carla, with a better life. Carlos and Patricia quickly found fulltime work after they arrived, but like many in Los Angeles, they discovered that it is a challenge to afford comprehensive and seamless health coverage.

Thankfully, they found the Children’s Health Initiative of Greater Los Angeles who assisted Carlos and Patricia in completing Healthy Kids applications for their two children. Renato and Carla soon began receiving health coverage.

“I am so grateful that my children have health insurance. It gives me peace of mind to know that my two children have health coverage if they get sick or injured.”

—Carlos Aguirre

The Children’s Health Initiative of Greater Los Angeles has helped many families just like the Aguirres secure free and low-cost health care coverage for their children through Healthy Families, Healthy Kids and Medi-Cal.

Joshua Daniels *Sacramento County*

Being a teenager isn't easy. Joshua Daniels, 18, understands this more than anyone, having faced more ups and downs in his young life than many adults twice his age. Three years ago Joshua moved in with his grandma, Eileen Boyd, after his mother left home. Soon after, Joshua's father committed suicide, leaving his grandma as his sole guardian.

Eileen and Joshua settled into life as a family of two, but not without struggle. Joshua did not have health insurance, and when he had to undergo foot surgery, Eileen paid out of pocket for his treatment.

Joshua's teacher recognized the predicament that he and his grandma were in, and encouraged Eileen to contact Cover the Kids (CTK) to see if Joshua qualified for health insurance. CTK helped Eileen complete an application for Joshua, and, soon after, he was successfully enrolled in Medi-Cal, giving him comprehensive health coverage.

Joshua now gets the medical attention he needs in a timely manner and is missing fewer school days due to illnesses. His improved attendance has helped Joshua to maintain better focus in classes and his grades have improved. Joshua is on a healthy track now and he is grateful for his grandma and CTK.

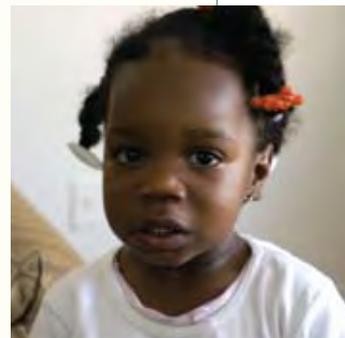
The Vasquez Family *Santa Clara County*

If it weren't for the state children's health insurance (S-CHIP) program known as Healthy Families in California, Maria Vasquez's children would not have health insurance. Maria's husband works as a gardener and his employer does not offer insurance benefits. The family cannot afford the cost of a private health insurance plan and, until recently, Alejandro (age 14) and Agustin (9) were uninsured.

Maria learned about the Children's Health Initiative (CHI) of Santa Clara County, a local organization that helps Santa Clara County families enroll in public and private insurance programs. The CHI helped Maria fill out an application for Alejandro and Agustin, and soon they were approved for Healthy Families. The boys now receive routine medical, dental, and vision check ups through their regular doctors.

In addition to routine care, Healthy Families makes it possible for Alejandro to benefit from specialists that are putting him on a healthier track. Alejandro's pediatrician was concerned with the boy's weight gain and referred him to a nutritionist, who designed a diet and exercise plan for him. Alejandro is already losing weight, feeling happier, and doing much better.

Millions of working families in California have benefited from the Healthy Families program since its enactment a decade ago. As Congress considers S-CHIP reauthorization in 2007, Maria and her husband hope that Healthy Families is renewed and expanded, so that children from working families like theirs can benefit from health insurance and maintain good health.



Success Stories (continued)



Katy and Ayden *Santa Cruz County*

Katy Boriack, 28, isn't one to complain, and considers herself lucky. She has a good job with a locally owned company, earning \$34,000 annually. Her company offers her health insurance and is supportive of her efforts to finish college. Katy has an AA degree, and is taking classes at Cabrillo College with the goal of transferring to the University of California at Santa Cruz to receive an environmental studies degree.

When her son, Ayden, was born, Katy learned that adding him to her health plan would increase her insurance premium from \$80 a month for individual coverage to \$350 a month (roughly 20% of her monthly take home pay). As a single mom, Katy pays \$800 a month in child-care costs in addition to food, living, and other basic expenses. She knew that paying \$4,200 a year for health insurance was not feasible.

Then Katy learned about a local Children's Health Initiative known as Healthy Kids Santa Cruz County. Healthy Kids benefits parents like Katy, who earn too much to qualify for public programs, such as Healthy Families or Medi-Cal, yet not enough to afford the high cost of dependent coverage offered through her employer.

Thanks to Healthy Kids Santa Cruz County, two-year-old Ayden now receives regular care from a local dentist and pediatrician. Katy has the comfort of knowing Ayden is healthy and taken care of so she can focus on finishing her education and providing for her family.

The Nunez Family *Solano County*

Sandra and Pablo Nunez are the proud parents of four kids, Judith (age 17), Isaac (15), Nathalie (8), and Arianna (4). From the time they were born until recently, the Nunez children had the fortune of having medical coverage under their father's construction union health plan.

A few months ago, the union wasn't able to offer enough work for Pablo to support his family, so he started his own construction business. With a new business venture and uncertain income, Pablo could no longer afford health insurance for his family. This past February, the entire Nunez family, including all four children, lost their medical coverage and became uninsured.

Thankfully, it was around that time that Sandra learned of the Solano Kids Insurance Program (SKIP) and its efforts to help Solano County families enroll in private and public insurance programs. Sandra was surprised that her children might qualify for the affordable, comprehensive health coverage even

though her husband owned his own business. SKIP helped Sandra complete applications for Judith, Isaac, Nathalie, and Arianna, and all four children were approved for the Healthy Families program. They now receive health coverage, including medical, dental, and vision, from the state-run program.

Sandra and Pablo now have peace of mind that their children's health is taken care of, and can focus on supporting Pablo in his new business venture. Judith, Isaac, Nathalie, and Arianna can focus on being kids.

The Palomera Twins

Orange County

Last November, eight-year old Syssi Palomera became ill with a high fever and was hospitalized with a urinary tract infection. Neither Syssi nor her twin sister, Mitzi, had health insurance, so their mother, Maria, was forced to pay out of pocket for her daughter's treatment. As a single mom on temporary disability, paying for the treatments proved difficult, but Maria was willing to endure whatever financial burden it took to improve her daughter's health. She lived in fear, however, that another medical crisis would happen.

Thankfully, Maria was introduced to the Children's Health Initiative (CHI) of Orange County through her daughters' school. She learned of the organization's efforts to insure all children in Orange County by exploring their eligibility for the Healthy Families, Healthy Kids, or Medi-Cal programs. She completed applications for both daughters and soon thereafter they were enrolled in Medi-Cal.

As a result of her daughters' Medi-Cal benefits, Maria is now able to take Syssi and Mitzi for routine check-ups with their doctor and dentist. In addition, Maria takes great comfort in knowing that, should another emergency occur, her children would receive prompt medical treatment without financially overwhelming Maria.

Maria is grateful that the CHI of Orange County exists to help parents like her enroll their children in health coverage programs for which they are eligible. To Maria, having her twin daughters on Medi-Cal means the difference between keeping them healthy and not.

The True Costs of Making Ends Meet

The Federal Poverty Level, still used to calculate eligibility for many government programs, including Medicaid and S-CHIP, is an outdated measure, developed in the 1960s and based on the costs of food, which was a much larger percentage of families' budgets decades ago. It is not adjusted for different regions of the continental United States, even though costs vary dramatically.

A recent report (October 2007) by the California Budget Project estimated the true costs of a basic budget, with no extras, for a two parent working family with two children living in California. Including typical costs for housing, utilities, child care, transportation, food, health coverage, and taxes, a family needs over \$72,000 a year in income just to make ends meet.²⁶

Success Stories (continued)



- 8. Jennifer Stephenson, Solano County
- 9. The Bradley Family, Mendocino County
- 10. The Costello Family, Solano County

Jennifer Stephenson *Solano County*

Jennifer Stephenson knows first-hand how beneficial public programs can be for families in need. For seven years, she worked with the Welfare-to-Work program for Solano County, helping families get back on their feet and connecting them with the Medi-Cal program. She first learned about the Healthy Families program by attending a seminar given by the Solano Kids Insurance Program (SKIP) to inform county employees of all the programs available in the community. She didn't know then how very important that seminar would become to her and her children.

Three years ago, Jennifer was laid off from her job with the county. As a result, she and her two children, Caylee (now age 9) and Casey (now age 6), lost their health insurance. As a single mom, she needed to find a job to support her family and medical insurance to cover her children.

Jennifer is now building a career in real estate to help support her family. Being self-employed, she was unable to get affordable group medical coverage for her children.

A former co-worker reminded Jennifer about the SKIP seminar she previously attended. Jennifer filled out applications for Caylee and Casey, and soon both kids were enrolled in Healthy Families.

She is relieved that Caylee and Casey now have Healthy Families and can get the medical, dental, and vision care they need.

Being a single parent isn't easy, especially in California with its high cost of living. That's why Jennifer is truly grateful for programs like SKIP and Healthy Families, which focus on preventive care and predominantly serve children who come from working families.

The Bradley Family *Mendocino County*

Every mother wants to see her children healthy, happy, and pursuing their dreams. For a time though, Melissa Bradley faced the prospect of having her two boys miss opportunities in life due to chronic health problems and lack of health insurance.

Melissa's oldest son, Ryan, 18, had always dreamed of joining the United States Coast Guard and serving his country. When he arrived for training, however, a physical examination revealed that he had a serious knee injury. Coast Guard rules prevented him from enlisting with the injury, but they assured him that if he could get the knee fixed within a year he could re-enlist. The goal seemed out of reach since the family lacked health insurance.

Additionally, Melissa's youngest son, Kenneth, 6, had been experiencing chronic ear infections. Melissa thought the infections were manageable, but soon learned that Kenneth was at risk for permanent hearing damage if he did not undergo extensive treatment.

Melissa needed to act quickly to secure health coverage to help her boys. She visited the nearest CHI to meet with a Certified Application Assistor (CAA). The CAA helped Melissa complete applications for Ryan and Kenneth, and soon both boys were successfully enrolled into Medi-Cal.

As a result of his Medi-Cal coverage, Kenneth now receives regular treatment for his ear infections as well as much-needed dental care. Having health insurance also made it possible for Ryan to fulfill the Coast Guard's requirement of having his knee fixed within a year. He recently underwent surgery and a physical therapy regimen, and will soon re-enlist and renew his quest of joining the Coast Guard.

Thanks to the outreach efforts of the Mendocino County Children's Health Initiative, Ryan and Kenneth Bradley were able to get the care needed to put them on a healthier track. Nothing makes Melissa happier than to have Ryan's and Kenneth's futures become significantly brighter as a result of receiving health insurance.

The Costello Family

Solano County

Jocelyne Costello knows all too well the ups and downs of providing for a family. She and her husband, Marcus, were both self-employed and enjoying financial stability. Subsequently, Marcus' construction business went under and the family soon found themselves struggling financially.

The Costello's biggest worry was not having health insurance for their kids, Cody (age 11), Hunter (7) and Sierra (5). Jocelyne and Marcus endured the fear felt by so many uninsured families—what would happen if one of their children got sick?

Thankfully, they soon learned of the Solano Kids Insurance Program (SKIP), which helps enroll eligible families into low- or no-cost health insurance programs. Maria Rios, a SKIP representative, helped Jocelyne navigate the application process and determine that the Costello children were eligible for the Medi-Cal program. Soon after, Cody, Hunter and Sierra received comprehensive health insurance.

The Costello children's coverage could not have come at a better time. One week after the kids' health insurance took effect, Cody broke his leg while playing sports in school. With his Medi-Cal coverage, he was able to receive timely treatment for his injury and proper follow up care until the doctors gave him a clean bill of health.

Jocelyne is grateful to SKIP for helping secure health insurance for her children. She now can rest assured that Cody, Hunter and Sierra will not only benefit from routine preventive care, but they'll also be covered in the event of another emergency.



Uninsured Children



Barrier: Enrollment Needs To Be Streamlined

Enrollment obstacles cause children to spend months uninsured or to lose coverage altogether, resulting in less consistent and effective health care. Churning (children remaining eligible but falling out of coverage for administrative reasons and re-enrolling a short period later) costs California taxpayers more than \$100 million every three years.²⁷ Enrollment obstacles point to why we need to simplify the Medicaid and S-CHIP enrollment and retention processes. Along with providing access to comprehensive, affordable, and seamless health coverage to children, the programs must be easy to use.

The Liborio Family *Alameda County*

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. I'm always stealing from Peter to pay Paul."

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!?"

The Alanis Family Alameda County

Despite the fact that the first year of a child's life is a time that every child should see the doctor several times for immunizations, screening and advice to parents, Anisette, a three-month old, cannot see her doctor because she lacks health coverage. Anisette's parents are waiting for a reply from Medi-Cal. Combined, they earn approximately \$40,000 per year for a family of 5.

Anisette was a healthy baby, until she developed an oral infection at 1.5 months, and her parents were unable to afford to pay \$36 for the antibiotics she needed to get better. Ana gave the child only half of the antibiotics prescribed. Ana reports that, "Many people think that because I am the Assistant Manager at a pharmacy, I should have easier access to medicine that my children may need but that is just not true. This is so frustrating because part of me feels like they are right!"

Anisette had temporary coverage (through the Community Health and Disability Prevention Gateway Program/CHDP), which helped Anisette receive her vaccinations at 2 weeks. But now that the two months of CHDP have expired, she worries that something else will happen to her daughter and she will not be able to afford to pay for the doctor's visit and medication.

Barrier: Families Are Slightly Over Income For Current Programs

The *Healthy Child Campaign* advocates that all children receive comprehensive coverage for all medically necessary care equivalent to current Medicaid benefits through one program.

The Valerio Family Los Angeles County

Blanca has two daughters, Mayra, age 17, and Paola, age 18. Mayra has asthma, and while it is currently in control, between birth and 12 years old she suffered from attacks more than once a week.

Mayra and Paola's father earns \$1,400 per month as a driver. His employer does not offer coverage for either Mayra or Paola.

In 2005, Mayra and Paola lost their Medicaid coverage as a result of an increase in their father's salary. When this occurred, there was a delay in enrolling for Healthy Families (California's S-CHIP program); however, with the assistance of a social worker at their local health clinic, the process was expedited. Since then, there have been additional lapses in health coverage and Blanca has had to reapply many times.

During these lapses in coverage, Blanca and her husband accumulated debt as a result of their children's medical bills.

(Continued on page 20)

"When they are sick, I can't take them to the doctor. I stay at home with them and hope and pray to God that it passes. But sometimes it doesn't, so we have to take them to the doctor, and then I get into more debt but with less money because I missed one day's work."

—Marisol, mother of two uninsured children

Uninsured Children *(continued)*



(Continued from page 19)

On the topic of how her daughters’ health coverage has helped her family, Blanca responds, “Free and low cost health insurance have allowed me to focus my resources on taking better care of my daughter’s physical health, and it also facilitated access to a specialist when she needed one.”

When asked what she would say to lawmakers about the need for low cost health insurance, Blanca states, “It is very critical. My hope is that they realize the dire need for children’s low cost health insurance.”

Joseph, Patrick, and Josephina *Alameda County*

Joseph, a 19 year old from Hayward, California, lives with his working parents, Patrick and Josephina, whose total family income is just over the income limit for California’s S-CHIP program, Healthy Families. Joseph’s parents cannot afford the monthly costs of covering themselves and their four children. When Joseph was 15, a car hit him. The driver did not have insurance coverage for third-party medical expenses. Joseph was taken to the local hospital where he underwent surgery and

a week-long hospitalization. With no health insurance the hospital billed the family \$72,000 for Joseph’s care—more than the family’s annual income. “What are we supposed to do?” asked Josephina. “We both work so hard for our family and now we are scared we may lose our home. Not having health insurance has terrorized our family.”



Barrier: The Deficit Reduction Act Of 2006 Further Complicates An Already Complex, Cumbersome, And Confusing Enrollment Process

The Deficit Reduction Act of 2006 created new problems by requiring Medicaid beneficiaries to prove their identity and citizenship, restrictions that had never been required in the program before. The Healthy Child Campaign and the 100% Campaign advocate for the elimination of this unnecessary paperwork that is required.

The Tso Family *Alameda County*

Cecelia is the caretaker of Ciara, an 18-month-old. Ciara was born in South Dakota and is currently being raised by extended family, as is common in Native American communities. Cecelia is an office manager in Fruitvale, California and her husband is an independent contractor, working as a welder. Together, they make about \$3,000 a month.

Ciara does not have health coverage. This worries Cecelia in the long term because Ciara developed behavioral issues, including hyperactivity, intense anger, and being frequently startled. Ciara needs mental health treatment. Cecelia states, “I am really scared that if Ciara does not get the treatment she needs as soon as possible, she will be worse off later.”

When Ciara resided in South Dakota, she had Medicaid coverage, but she had to re-apply when she moved to California to live with Cecelia and her husband. Since she is not with her birthparents, she does not have the birth certificate that is now required by Federal law for Medicaid enrollment.

Ciara’s story illustrates the problems with a public health insurance system that has created barriers to keep children out, rather than cost effective and automated systems to easily get them the health insurance they need. The Deficit Reduction Act of 2006 created new problems by requiring birth certificates from citizens, which had never before been required in the program. Ciara’s extended family knows what Ciara needs, but without insurance, cannot afford the preventive mental health treatment that will be so critical to Ciara’s long term health and her performance in school.

The Cost Of Re-processing Children Who Were Disenrolled Due To “Paperwork Problems”

A 2005 study found that California is spending more than \$100 million over three years to re-process Medi-Cal eligible children who were disenrolled due to “paperwork problems,” only to be re-enrolled a short period later, most within four months.

Eighteen percent, or more than 600,000 of California’s Medi-Cal eligible children, were disenrolled at least once in the course of a three-year period, subsequently regaining coverage in a short period of time.²⁸

The Cost Of Implementing The Deficit Reduction Act

After spending \$8.3 million to investigate how many undocumented children were enrolled in Medicaid after implementation of the Deficit Reduction Act, a total of 8 people wrongfully enrolled were identified.²⁹

Take Action

We are close to finishing the job in California, and your help is needed to ensure that all children are covered, here and nationwide. Take action and inform the President and your representatives that you believe health coverage for all children is critical, and that we need an expansion of S-CHIP funding now! Contact your California elected officials to remind them of their promises to make sure that all California's children are covered.

“Health care coverage for all children is indeed the smart thing to do and Washington has fallen behind what the country wants. Children are our future and by far the most cost-effective investment. How we take care of our children speaks to our very values as a society. We should do it, we can do it, and with the help of Congress, all children will have health care coverage by next year.”

—Marian Wright Edelman CDF Founder and President

Use CDF's Action Guides

CDF's Action Guides explain what is happening, what can be done, and what you can do right now—and they are updated frequently. These Action Guides may be used to take steps to help ensure health coverage for every child in America today. For a copy, visit http://www.childrensdefense.org/site/PageServer?pagename=healthy_child_takeaction.

Contact Your Representatives

Let your Members of Congress know that health coverage for all children is important to you.

To send them an e-mail message today, visit

<https://secure2.convio.net/cdf/site/Advocacy?JServSessionIdr004=rvbd5yaol1.app7b&cmd=display&page=UserAction&id=123>.

To call them today, visit

<https://secure2.convio.net/cdf/site/Advocacy?alertId=125&pg=makeACall&JServSessionIdr004=0qvm65aw71.app13a>.

Write a Letter to the Editor

Letters to the editor are a great way to communicate with a broad audience and are also easier to write than you might think! For talking points and tips and in the case of some states, an online form so you can send your letter right from our website, visit

http://www.childrensdefense.org/site/PageServer?pagename=healthy_child_lte.

Encourage Your Organization to Endorse CDF's Healthy Child Campaign

CDF is building a strong and varied list of endorsers, both at the national and local levels, including faith, educational, health, human service, women's, African-American and Latino organizations, as well as state and local elected officials. To learn more about how your organization can join us, visit

http://www.childrensdefense.org/site/PageServer?pagename=healthy_child_endorsement.

Download CDF's Toolkits

To learn more about the crisis of our more than nine million uninsured children, including what Americans think about children's health coverage, CDF's health insurance proposal, who are America's nine million uninsured children, how much covering all children will cost, tips on how to talk about the issue with others, taking the message to your local community, writing a Letter to the Editor, and contacting your elected officials, visit http://www.childrensdefense.org/site/PageServer?pagename=healthy_child_takeaction#toolkits.

For California's children, join The 100% Campaign's e-alert network!

<http://www.100percentcampaign.org/subscribe.htm>

Glossary of Terms³⁰

Children’s Health Initiatives (CHIs)

Locally organized enrollment and coverage programs in 32 California counties that guarantee that all low- to mid-income children have access to health coverage. With funding from private philanthropies, local and state contributions, and First Five (tobacco tax revenues), CHIs have extensive outreach campaigns to enroll eligible children in Medi-Cal, Healthy Families (California’s Medicaid and SCHIP programs), and Healthy Kids programs (implemented and funded in each county for children who are not eligible for public programs). Together, counties have enrolled more than 82,000 children in their Healthy Kids plan and tens of thousands more under Medi-Cal and Healthy Families.

Healthy Families

California’s State Children’s Health Insurance Program (S-CHIP). (See State Children’s Health Insurance Program.)

Healthy Kids³¹

Healthy Kids is the name of the program provided by most CHIs. (See above.) This program is available to children under the age of 19, who are residents of one of over thirty counties (regardless of immigration status), whose families earn 300% FPL (higher in some counties), and are ineligible for Medi-Cal or Healthy Families.

Medicaid

A federally-funded, state-operated and administered program that provides medical benefits for indigent and low-income people in need of health and medical care. The program is authorized by Title XIX of the Social Security Act. Subject to broad federal guidelines, states determine the benefits covered, program eligibility, rates of payment for providers, and methods for administering the program.

Medi-Cal

California’s Medicaid program.

Medicare

A national health insurance program for people aged 65 and older, for people eligible for social security disability payments for two years or longer, and for certain workers and dependents who need kidney transplantation or dialysis.

State Children’s Health Insurance Program (SCHIP)

S-CHIP, called Healthy Families in California, was enacted as part of the Balanced Budget Act of 1997, which established Title XXI of the Social Security Act to provide states with federal funds to target children in families who made too much money for Medicaid, but who did not have the opportunity or means to buy employer based or private health insurance. In California, Healthy Families provides low cost health, dental, and vision coverage to children in families with incomes up to 250% of FPL, after accounting for certain work-related income deductions.



Endnotes

1. "California Voters Define Kids Coverage as a Top Health Priority; Overwhelming Support for Health Insurance for All Children", Greenberg Quinlan Rosner Research and Public Opinion Strategies, May 2007.
2. California Health Interview Survey, UCLA Center for Health Policy Research, 2005.
3. As of April 2007, the following counties had County Health Initiative (CHI) programs: Alameda, Santa Clara, San Francisco, Riverside, San Mateo, Los Angeles, San Bernardino, San Joaquin, Santa Cruz, Kern, San Luis Obispo, Santa Barbara, Napa, Solano, Sonoma, Yolo, Fresno, Tulare, Colusa, El Dorado, Sacramento, Yuba, Orange, Merced, Del Norte, Humboldt, Kings, Marin, Mendocino, Placer, San Diego, and Ventura.
4. CHIs have enrolled 82,000 children in their Healthy Kids plans and tens of thousands more in Medi-Cal and Healthy Families.
5. UCLA Center for Health Policy Research, October 2006.
6. California Health Interview Survey, 2005; Census, 2000; and California Department of Finance Population Projection, 2007.
7. These estimates were derived using "small area estimation" methodology. CHIS 2005 data was used to model the probability of being "currently uninsured" for children 18 and under. Then, a random effects logistic regression model was utilized with age, sex, race/ethnicity and poverty and their interactions as fixed effects and a random intercept at the strata level. Additionally, state/region was identified in the model as a fixed effect to ensure the consistency of the modeled estimates with CHIS direct estimates at region level. Updated population data was then applied to the model, based on the Census 2000 data. The income distribution was updated with data from CHIS 2005 and demographic distributions using California Department of Finance 2007 population projection. A raking technique was used in the updating process to ensure the updated population data would match the controlled distribution from above sources. The estimates and their variances were then calculated and the stability of the estimates was assessed by examining the coefficient of variation
8. These numbers reflect uninsured children at any point in 2005.
9. "Health Insurance Coverage Fact Sheets for California Counties and Regions", UCLA Center for Health Policy Research, April 2007. <http://www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=223>.
10. Numbers may not total due to rounding.
11. www.childrensdefense.org/healthychild.
12. PICO California's mission is to bring the voices and concerns of regular Californians to the statewide policy arena and is made up of 19 congregation-based community organizations currently working together to ensure all children have health coverage.
13. Ibid., "California Voters Define Kids Coverage as a Top Health Priority".
14. "The Effect of New Insurance Coverage on the Health Status of Low Income Children in Santa Clara County", Embry M. Howell, Christopher Trenholm, *Health Services Research* 42 (2), 2007, 867-889.
15. "The Impact of Realized Access to Care on Health Related Quality of Life", Seid et al, *Journal of Pediatrics*, 149, 2006, 354-361.
16. "No Health Insurance? It's Enough to Make You Sick- Scientific Research Linking the Lack of Health Coverage to Poor Health", *American College of Physicians*, November 1999.
17. "Healthy Families Program Health Status Assessment Final Report", Managed Risk Medical Insurance Board, September 2004.
18. Ibid.
19. "New Research Shows Simplifying Medicaid Can Reduce Children's Hospitalizations", Center for Budget and Policy Priorities, June 2007.
20. "Covering California's Kids Evaluation", Center for Community Health Studies, August 2007.
21. Ibid.
22. "An Impact Study of the Caring Program for Children and BlueCHIP of Pennsylvania", Caring Foundation for Children, 1997.
23. Ibid., "Healthy Families Program Health Status Assessment Final Report".
24. "Evaluation of Santa Clara County Children's Health Initiative In Brief", Number 4, March 2007 Mathematica Policy Research, Inc.
25. Ibid., "Covering California's Kids Evaluation".
26. "Making Ends Meet: How Much Does It Cost to Raise a Family in California?", California Budget Project, October 2007.
27. "Churning and Racial Disparities in Medi-Cal: Effect of Churning on Eligible Uninsured", Mathematica Policy Research Inc., November 2006.
28. Ibid., "Churning and Racial Disparities in Medi-Cal: Effect of Churning on Eligible Uninsured".
29. "Summary of GAO and Staff Findings: Medicaid Citizenship Documentation Requirements Deny Coverage to Citizens and Cost Taxpayers Millions", Majority Staff, Committee on Oversight and Government Reform, July 24, 2007.
30. <http://www.calhealthreform.org/content/view/29/47/>; http://www.commonwealthfund.org/innovations/innovations_show.htm?doc_id=278326.
31. <http://www.chi.org/aboutchi/healthykids.html>.

Acknowledgements

The Children's Defense Fund-California (CDF-CA) extends our deepest appreciation to all the families who shared their stories so that we may advocate for children who cannot speak, vote, and lobby for themselves.



We are grateful for the leadership of the Children's Defense Fund Texas for developing a model that was used as the basis for this report. To learn more about "In Harm's Way: True Stories of Uninsured Texas Children," visit http://www.cdf-texas.org/news_reports.php.

We are thankful for the commitment of the Children's Health Initiatives throughout California, the Northwest Federation of Community Organizations, and Health Access for collecting and sharing family stories for the purposes of this publication.

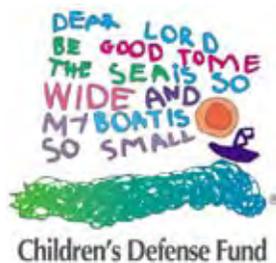
Researched and written by Nina Moreno, Lead Organizer, with assistance from Kim Brettschneider, Elizabeth Delgado, Evan Holland, Kelli King Jackson, Deena Lahn, Julene Cirne Lima, and Cliff Sarkin.

Prepared by the Children's Defense Fund—California in cooperation with the 100% Campaign, a collaborative of The Children's Partnership, Children Now, and Children's Defense Fund—California.

All photographs were produced independently and are not related to the families discussed in the narrative.

“That [having to choose one child’s medication over another for financial reasons] was one of the worst decisions of my life. My heart sank. I was really devastated. The whole thing was so heart wrenching.” Since the parents had to pay for urgent care for a child who had pneumonia, their other child, with Tourette’s and ADHD had to go without medication for the one-month period, resulting in a significant increase in symptoms. “It was so hard to watch him —he couldn’t sit still for more than 5 seconds. It was a parent’s worst nightmare. Stopping his medication really sent him over the edge but what could we do!? Our hands were tied.”

—Stephanie Lacy



CDF–California Contact Information

3655 S. Grand Ave., Suite 270
Los Angeles, CA 90007
T. 213.749.8787
F. 213.749.4119

2201 Broadway, Suite 705
Oakland, CA 94612
T. 510.663.3224
F. 510.663.1783

cdfca@cdfca.org
www.cdfca.org
www.childrensdefense.org