



**Children's
Health Fund**



The Recession Generation:

Detroit's Children at the Center of the Nation's Economic Crisis

**Children's Health Fund
215 West 125th Street
New York, NY
(212) 535-9707
www.childrenshealthfund.org**

Contacts:

Irwin Redlener, M.D.

**Professor of Clinical Population and Family Health
Director, National Center for Disaster Preparedness
Columbia University Mailman School of Public Health
&**

**President/ Co-Founder
Children's Health Fund
Ir2110@columbia.edu**

Roy Grant, MA

**Senior Director of Applied Research
Children's Health Fund
rgrant@chfund.org**

Rebecca Hut

**Senior Director, Press Communications
Children's Health Fund
rhut@chfund.org**

Executive Summary

When the U.S. economy was officially declared in recession in 2008, Michigan's economy had already been in recession for at least five years, fueled by the economic collapse of the domestic auto industry and a massive loss of jobs. Even after billions in federal bailout money, jobs continue to be lost and more and more families are falling into poverty.

- Detroit has the highest poverty rate of any large American city, 33.8%, and nearly half of Detroit's children are poor. In February 2009, metropolitan Detroit had the highest unemployment rate of any large metro area, 13.6%. Its most recent loss of population is second only to New Orleans in the aftermath of Hurricane Katrina.
- Before the national recession, Detroit's child health indicators were among the worst in the country. Nearly 4 out of 10 young children were under-immunized. Six out of ten Medicaid children with persistent asthma did not see a doctor, with most ambulatory visits occurring in hospital emergency departments. The city's pediatric asthma hospitalization rate is triple that of Michigan, and more than half of the state's asthma deaths from 2004 to 2006 were Detroit children.
- Detroit has a severe shortage of primary care doctors. Low Medicaid reimbursement rates drive physicians out of the Medicaid system and are making things worse.
- Before the national recession, Detroit's children were doing very poorly in school. By seventh grade, about six out of ten Detroit students were

behind in reading. Detroit has the worst high school graduation rate of any large city, with only 37.5% graduating.

The Recession's Impact on Children

Detroit's children may represent the first evidence of a "recession generation" emerging in the U.S.

- Losing a job often means losing employer-provided health benefits. More uninsured puts more financial strain on the state Medicaid system and on hospitals for uncompensated care. We are already seeing hospitals cut services and delay infrastructural and technological improvements.
- Like most American cities, there has been an increase in food insecurity and hunger among Detroit's children and families. But in Detroit, access to healthy food was already extremely problematic, and far too many children had diets high in salt, sugar and fat without fresh produce and other healthier choices. Continued poor nutrition can compromise children's opportunities for educational success.
- Educational opportunities are also threatened, by proposed teacher layoffs and school closings, because of a more than \$300 million budget deficit. As many as 7,500 students may have their educational placement disrupted.

Children's Health Fund Recommendations

1. Federal bailout funds targeted for Detroit-based industries should include explicit resources to strengthen safety net programs for children, including expanded community health center programs and expanded current social service programs, including Head Start and Early Head Start. The state should actively encourage new grantees to apply for these federal funds.
2. Medicaid reimbursement rates should be substantially enhanced for physicians practicing in distressed and medically underserved communities in Michigan. Medicaid and other public programs should provide adequate support for disease management and prevention in the context of a “medical home.”
3. Emergency federal resources should be made available to bolster neighborhood schools in terms of physical plant and infrastructure, essential supplies, enhanced teacher-student ratios, and re-instatement of school-based physical activities and cultural enrichment opportunities. These funds should not be encumbered by requirements for state matching funds.
4. Children should be fully protected from loss of health insurance when the family bread-winner loses employment. The existing COBRA program does not adequately afford this protection.
5. Congress and the Administration should move expeditiously to pass health insurance reform that guarantees coverage for all children.

Why Detroit? Why Now?

The U.S. economy was officially declared in recession in December 2008. By then it was clear that the country had been in recession for at least a year.^{1 2} Michigan, however, had been in recession since at least 2003, largely due to the financial decline of domestic automakers. Statewide, more than 700,000 jobs have been lost over the decade, and the state's Gross Domestic Product (GDP) has fallen almost 10%.³

The economic collapse of the auto industry has had a profound impact on the city of Detroit. By 2006, metropolitan Detroit^a was showing the greatest decline of any U.S. market. Between 2000 and 2005, the metro area lost more than one-fourth, 26.6%, of its manufacturing jobs.⁴ According to the Brookings Institution, it had become one of the nation's leading centers of concentrated poverty.⁵

U.S. Census Bureau data released in 2007 show that Detroit has lost more population than any urban area in the country except for New Orleans in the aftermath of Hurricane Katrina. This is the continuation of a longstanding trend. In 1950, Detroit's population was 1,849,568.⁶ By 2007, the city's population had shrunk by half, to only 916,952.⁷ Fueling this loss of population and increased concentration of poverty has been the economic decline of the auto industry.⁸ Ford, General Motors, and Chrysler are three of the top four employers in Detroit.⁹ This loss of jobs and income in Detroit contributed to Michigan being the only state in the country whose poverty rate increased and median household income declined in 2007 – which is not surprising since, in 2006, the auto industry cut more than 80,000 employees in their attempts to restructure their business model.¹⁰

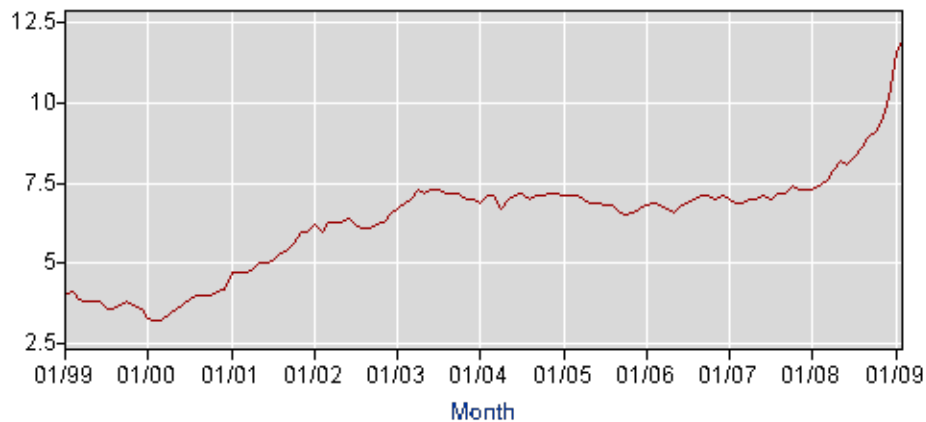
^a Detroit, Livonia, Dearborn

Even with federal help to the auto industry in 2008 and 2009, the economic climate in Detroit has continued to worsen. After a \$13.4 billion bailout, General Motors announced plans to reduce its workforce by 10,000 white collar employees – that’s a 14% cut. These employees provide livelihoods for families that include some 15,000 children.

In addition, executives who keep their jobs may have a 10% pay cut; for other workers, the pay reductions are likely to be up to 7%.¹¹ It is not surprising that metropolitan Detroit had the nation’s highest home foreclosure rate in 2007. Foreclosures were filed on 41,273 homes, affecting nearly 5% of Detroit’s households. This was up 68% from the previous year.¹² And the number of vacant housing units in Detroit has doubled to 200,000 during this decade.¹³

This graph from the Bureau of Labor Statistics¹⁴ illustrates the unemployment trend in Michigan. The January 2009 unemployment rate for Detroit was 13%.¹⁵

unemployment rate



Detroit's Children

With one of the country's lowest urban median household incomes (\$28,097),¹⁶ Detroit has the highest poverty rate of any large U.S. city, 33.8%.¹⁷ More than half, 55.5%, of the city's children are on Medicaid,¹⁸ and nearly half, 48%, live in families with incomes below the federal poverty level. That's more than 110,000 children living in poverty.¹⁹ For comparison, the state with the highest child poverty rate is Mississippi, at 29%. In Michigan, 19% of children are poor.²⁰

In Detroit, according to the National Center for Children in Poverty, Columbia University Mailman School of Public Health, prior to the national recession, two-thirds of low-income children lived in a family in which at least one parent worked. However, barely one family in four, 28%, had an annual income of 200% of the federal poverty level or higher. (For a family of three, by 2009 standards, 200% of poverty is an income of only \$36,620.²¹) Minimum wage jobs pay about half of what is needed to afford necessities like rent and food for a single parent with two children.^{22 23}

There aren't enough doctors for the children in Detroit. Nearly three out of four (73.8 %) of the city's census tracts are federally designated medically underserved areas. The most recent (2005) data on the health workforce show that Detroit had only 204 primary care doctor (pediatricians or family practice physicians). That is one doctor per 1,117 children – compared to one per 448 for the state of Michigan.²⁴ And about three-fourths of these primary care doctors who care for children work for DMC Children's Hospital of Michigan.²⁵

This workforce shortage has been exacerbated by low Medicaid reimbursement rates, which have led to a lawsuit against the state Department of Community Health. In 1999, when the suit was filed, 88% of doctors in Michigan accepted Medicaid. Six years later, only 65% would see Medicaid patients. Despite a successful resolution to the

lawsuit,²⁶ Michigan Medicaid rates continue to be so low that Detroit and the rest of the state are losing physicians who accept Medicaid. Historically, low Medicaid reimbursement rates restrict poor children's access to dental care.²⁷ Initial data from Michigan's Healthy Kids Dental Program show that increasing reimbursement leads to more utilization and Medicaid participation by dentists, as well as an increase in Medicaid costs to the state (2.5 times higher than before the program was implemented).²⁸ Lower state revenues and higher overall Medicaid costs can only put this successful program in jeopardy.

The severity of health problems affecting Detroit's children is clear from 2006 data that preceded the current economic crisis and reflect the impact of poverty and limited access to health care. Data are from Kids Count Michigan (2008)²⁹ unless otherwise specified:

- 37.9% of toddlers in Detroit were under immunized^b compared to 27.6% for Michigan.
- Six out of ten Detroit children who are insured with Medicaid and suffer from persistent asthma did not have a doctor's visit during the most recent year (2004) for which data are available. According to national best-practice guidelines, these children should have two routine asthma check-ups per year.³⁰
 - More than 44% of out-patient pediatric visits for children with persistent asthma who are covered by Medicaid occurred in a hospital emergency department (ED). More than 45% of children with persistent asthma who are covered by Medicaid in Detroit went to a hospital ED at least once in the year.³¹

^b Immunization sequence, 4:3:1:3:3:1, for children aged 19-35 months

- The city's asthma hospitalization rate of 76.2 per 10,000 was triple that (24.1/10,000) for Michigan.
- The rate of pediatric asthma deaths in Detroit is more than five times higher than that for Michigan. Between 2004 and 2006, 20 of the 36 children who died of asthma in Michigan (55%) were in Detroit.³²
- Nearly 4 out of 10 mothers (39.3%) in Detroit did not receive adequate prenatal care.
 - Detroit's low birth weight rate was 14% compared to 8.3% for the U.S.³³ The federal target (*Healthy People 2010* goal) is 5%.³⁴

When young children keep well-child visits, their immunizations are up-to-date. When children with asthma get appropriate care, they are rarely hospitalized.³⁵ Prenatal care reduces the risk of a low birth weight baby.³⁶ These data all reflect a community without adequate access to needed health care services.

Each year the Centers for Disease Control and Prevention (CDC) conducts a national survey of youth risk behavior. The results for Detroit (2007) are grim, especially when compared to the national results.^{37 38}

- More than twice the proportion of high school students did not attend school at least once in the 30 days before the survey because of safety concerns: 11.4% in Detroit compared to 5.5% in the U.S.
- More than one high school student in ten, 10.4%, attempted suicide during the 12 months preceding the survey, compared to 6.9% nationwide.

Academic achievement, which at the least is reflected in high school completion, is a sign of a child's overall well-being. By this simple standard, the children and youth of Detroit were in trouble prior to the recession of 2008:

- In 2007, about two-thirds (65.7%) of fourth graders were reading at grade level. By seventh grade, only 41% were reading at grade level. This means that before entering high school, six out of ten Detroit students were behind in reading.³⁹ Nationally, 72% of students were reading at or above grade level in the eighth grade.⁴⁰
- The most current available data (for 2005) show that Detroit has the worst high school graduation rate of any large city, with only 37.5% graduating.⁴¹ Nationally, 75.0% of high school students graduate.⁴²

The Corrosive Consequences of the Recession

Health

By the indicators generally in use to assess the health status of children and youth, Detroit was doing very poorly before the recession; for some, it was the worst in the nation. The current economic outlook in Detroit is bleak because of the ongoing loss of jobs in the auto industry. In February 2009, Metropolitan Detroit had the highest unemployment rate of any large metro area, 13.6 percent.⁴³ It also had the largest rate of increase over the previous year (more than six percent). Since the metropolitan Detroit includes areas more affluent than the city, the situation in Detroit is worse than is indicated by these figures.

For working families with employer-provided health insurance, losing a job typically means losing insurance. The children in a family whose sole source of income is unemployment insurance may be eligible for Medicaid, but the unemployment benefit may put the adults in the household above the income limit.⁴⁴ The cost associated with purchasing a temporary continuation of employer-provided insurance at the group rate, an option made available by the COBRA (Consolidated Omnibus Budget Reconciliation Act) program, is likely to be prohibitive for a newly laid-off worker. There is a provision in the 2009 federal stimulus bill that will allow some workers to receive a federal subsidy that will cover 65% of this cost.⁴⁵ However, the rules associated with the benefit are confusing. Worse still, even one-third of the monthly \$1,000+ cost of insurance may be unaffordable.⁴⁶

In 2007 the cost of unreimbursed health care in Michigan's hospitals was over \$2 billion. Charity care costs increased by 40%, mostly because of uninsured people who were unable to pay for the emergency department (ED) care they received. The financial impact on hospitals has been drastic – services cut; necessary infrastructural and technological improvements delayed; and deficit spending, which has incurred interest costs on loans. Michigan's Medicaid rolls increased by a half million people, many of whom had lost their jobs during the past decade. Michigan's September 2008 Medicaid enrollment was the highest in the state's history. These increased costs are occurring at a time when Medicaid reimbursement is being sharply reduced – further harming the financial standing of hospitals.⁴⁷

As discussed earlier, this deterioration of the city's health infrastructure further restricts access to care for Detroit's children, who, well before the current recession,

already had an insufficient supply of doctors and other health professionals. As problematic as health care access was before, it is getting worse in the current economic environment.

Hunger

Food insecurity – not having consistent access to healthy foods for the entire family -- and hunger increased during 2008 in most American cities. The demand for emergency food at soup kitchens and food pantries increased at a rate that exceeded any increase in the availability of food to distribute. Especially notable were the numbers of working families with food emergencies and first time requests from families who had never previously faced this problem.⁴⁸ In Michigan, in 2007, nearly 12% of families were food insecure – that represents 473,000 households with more than 850,000 children.^{49c}

According to the Detroit Black Community Food Security Network, the situation in Detroit is compounded by the scarcity of accessible groceries that offer nutritious food such as fresh produce. Instead, foods high in salt, sugar and fat are available at dollar stores, gas stations, and fast food restaurants. Although there are markets that offer healthier choices, they are distant from low-income residential communities and transportation is a problem. Many Detroit children get a substantial amount of their daily caloric intake from powdered fruit flavored beverages.⁵⁰ Food insecurity and hunger in children are associated with poor academic performance and increased incidence of behavioral problems.⁵¹

^c Approximation based on U.S. Census Bureau population data for 2007, available at: <http://www.census.gov/prod/2008pubs/09statab/pop.pdf> Accessed April 21, 2009.

Education

Detroit's school enrollment has been declining by 7,000 to 9,000 children each year, and school buildings have been closed or leased for commercial development. Fiscal constraints that had previously forced the school system to delay acquiring up-to-date textbooks have now put a freeze on such acquisitions. Staff, transportation, and sports activities were also cut for the 2009-2010 school year.⁵²

In this context, the impact of the school system's \$303 million budget deficit, announced in April 2009, will be devastating for the already underachieving students of Detroit. While a plan has not been finalized as of this writing, the proposal to cut this deficit calls for 23 of the city's 194 public schools to close during the summer, with 30 to 40 additional closings expected during the 2009-2010 school year, and for 600 teaching positions to be cut. This would disrupt the educational placement of 7,500 students.^{53 54}

School closure, and changing schools for other reasons, undermines academic performance. Disruption of educational placement contributes to "achievement gaps" that affect residentially unstable and homeless urban children.⁵⁵ We recently witnessed the large scale impact of disrupted school attendance on communities in the aftermath of the nation's worst natural disaster, Hurricane Katrina. In addition to academic issues, a significant increase in disruptive behavior and other mental health problems was reported.⁵⁶

School closures have other unfortunate consequences as well: increased time traveling to and from school interferes with participation in sports and other extra-curricular activities; makes it harder for parents to be involved; and may affect health as children are less likely to walk to and from school, and geographic access to health care

providers may be diminished.. Overall, school closures destabilize the communities in which they are located.⁵⁷ This reduction in “social capital” is additionally associated with compromised academic outcomes.⁵⁸

As Detroit continues to lose jobs, and the city and state lose tax revenue while facing increased costs for social programs, the situation for children and youth, and their families, can only further deteriorate. Detroit’s children and youth will be placed at further risk of living with untreated illnesses and unmanaged chronic conditions, as well as being deprived full opportunities for the quality education necessary to succeed in the 21st century. The cumulative impact of decades of poverty now compounded by the national economic crisis is resulting in a “recession generation.”

Recommendations

In response, Children's Health Fund recommends the following:

1. Federal bailout funds targeted for Detroit-based industries should include explicit resources to strengthen safety net programs for children, including expanded community health center programs and expanded current social service programs, including Head Start and Early Head Start. The state should actively encourage new grantees to apply for these federal funds.
2. Medicaid reimbursement rates should be substantially enhanced for physicians practicing in distressed and medically underserved communities in Michigan. Medicaid and other public programs should provide adequate support for disease management and prevention in the context of a “medical home.”

3. Emergency federal resources should be made available to bolster neighborhood schools in terms of physical plant and infrastructure, essential supplies, enhanced teacher student ratios, and re-instatement of school-based physical activities and cultural enrichment opportunities. These funds should not be encumbered by requirements for state matching funds.

4. Children should be fully protected from loss of health insurance when the family bread-winner loses employment. The existing COBRA program does not adequately afford this protection.

5. Congress and the Administration should move expeditiously to pass health insurance reform that guarantees coverage for all children.

- ¹ MM Grynbaum. Cheer Fades as Stocks Plunge 9%. New York Times 2/2/08. Available from: <http://www.nytimes.com/2008/12/02/business/02markets.html> Accessed April 13, 2009.
- ² T Abate. It's official: U.S. in recession all of 2008. San Francisco Chronicle 2/2/08. Available from: <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/12/02/MNTL14FCBU.DTL> Accessed April 13, 2009.
- ³ L Aguilar. Michigan in 6th year of recession, economist says. The Detroit News. 3/31/09. Available from: <http://detroitnews.com/article/20090331/BIZ/903310433/1044/LIFESTYLE07> Accessed April 13, 2009.
- ⁴ E Smith. Top 5 Declining U.S. Markets. 10/17/07. Available from: <http://www.nuwireinvestor.com/articles/top-5-declining-us-markets-51299.aspx>. Accessed April 14, 2009.
- ⁵ E Kneebone and A Berube. Reversal of Fortune: A New Look at Concentrated Poverty in the 2000s. August 2008. Brookings Institution. Available from: http://www.brookings.edu/papers/2008/08_concentrated_poverty_kneebone.aspx. Accessed April 14, 2009.
- ⁶ Gibson, Campbell (June 1998). "Population of the 100 Largest Cities and Other Urban Places in the United States; 1790 to 1990. Population Division, U.S. Bureau of the Census. Available at: <http://www.census.gov/population/www/documentation/twps0027.html>. Accessed 4/20/2009.
- ⁷ City Population. USA: Michigan. U.S. Census Bureau 2007 data. Available at: <http://www.citypopulation.de/USA-Michigan.html> Accessed 4/20/09.
- ⁸ Reuters. Only New Orleans tops Detroit area population losses. 3/22/07. Available from: <http://www.reuters.com/article/domesticNews/idUSN2233659320070322> Accessed April 14, 2009.
- ⁹ Detroit Regional Chamber of Commerce. Detroit Quick Facts. Available from: http://www.detroitchamber.com/index.php?id=79&mid=76&option=com_content&view=article Accessed April 14, 2009.
- ¹⁰ V Elmer. Michigan is the Lone State Where Poverty Rate Grew. The Washington Post. 8/31/08. Bulldog Edition. Page A01.
- ¹¹ B Vlasic and N Bunkley. G.M. to Cut 10,000 Salaried Workers. New York Times. 2/11/09. Available at: http://www.nytimes.com/2009/02/11/business/11auto.html?_r=1&ref=automobiles&pagewanted=print Accessed April 13, 2009.
- ¹² [No author] Detroit Had Top Foreclosure Rate in 2007. USA Today. Available at: http://www.usatoday.com/money/economy/housing/2008-02-13-foreclosure-rates_N.htm Accessed April 14, 2009.
- ¹³ M Wilkinson. Census shows Midsized Suburbs Reeling from Michigan Crisis: Data Reveal Incomes are Down, Foreclosures Up in Metro Detroit. The Detroit News. 12/9/08. Available at: <http://www.detnews.com/apps/pbcs.dll/article?AID=/20081209/METRO/812090364/1409/METRO> Accessed April 7, 2009.

- ¹⁴ U.S. Bureau of Labor Statistics. Local Area Unemployment Statistics: Michigan. Available at: http://data.bls.gov/PDO/servlet/SurveyOutputServlet?data_tool=latest_numbers&series_id=LASST26000003 Accessed April 16, 2009.
- ¹⁵ U.S. Bureau of Labor Statistics. Economy at a Glance: Detroit-Warren-Livonia. Available at: http://www.bls.gov/eag/eag.mi_detroit_msa.htm Accessed April 16, 2009.
- ¹⁶ M Satyanarayan, K Tanner. Detroit is the Poorest Big City in the U.S. Detroit Free Press. 8/27/08. Available at: <http://www.freep.com/article/20080827/NEWS06/808270343/> Accessed April 12, 2009.
- ¹⁷ U.S. Census Bureau News. Household Income Rises, Poverty Rate Unchanged, Number of Uninsured Down. August 26, 2008. Available at: http://www.census.gov/Press-Release/www/releases/archives/income_wealth/012528.html Accessed April 14, 2009.
- ¹⁸ Kids Count in Michigan. Data Book 2008. Available at: <http://www.milhs.org/Media/EDocs/DetroitKDCDB08.pdf> Accessed April 8, 2009.
- ¹⁹ See note 16.
- ²⁰ Annie E. Casey Foundation. Kids Count Data Center. Children in Poverty, 2007. Available at: <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?loct=2&by=a&order=a&ind=43&dtm=322&tf=18> Accessed April 15, 2009.
- ²¹ U.S. Department of Health and Human Services. The 2009 HHS Poverty Guidelines. One Version of the [U.S.] Federal Poverty Measure. Available at: <http://aspe.hhs.gov/poverty/09poverty.shtml> Accessed April 20, 2009.
- ²² K Alden Dinan, S Fass, M Chau, A Douglas-Hall. National Center for Children in Poverty. Struggling Despite Hard Work: Michigan and Detroit. November 2006. Available at: http://www.nccp.org/publications/pdf/text_694.pdf Accessed April 20, 2009.
- ²³ K Alden Dinan. National Center for Children in Poverty. The Impact of Work Supports: A Snapshot from Detroit. August 2007. Available at: http://www.nccp.org/publications/pdf/text_756.pdf Accessed April 20, 2009.
- ²⁴ DMC Children's Hospital of Michigan. Helppie Institute for Child Health. Advocacy Update. Spring 2007. Available at: <http://www.childrensdmc.org/upload/docs/June%202007.pdf> Accessed April 13, 2009.
- ²⁵ DMC Children's Hospital of Michigan Helppie Institute for Child Health Advocacy. The Health of Our Community: Provider Shortage. Update. Spring 2007. Available at: http://www.detroitkidsdata.org/downloads/Helppie_Newsletters/Helppie_News_2007_2.pdf Accessed April 13, 2009.
- ²⁶ Henry J. Kaiser Family Foundation. Kaiser Daily Health Policy Report, August 24, 2007. Court Settlement Increases Medicaid reimbursements for Treatment of Children. Available at: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=3&DR_ID=47109 Accessed April 16, 2009.

²⁷ TD Rucker. Medicaid Reimbursement. *JADA (Journal of the American Dental Association)*. 2003;134:412.

²⁸ SA Eklund, JL Pittman, SJ Clark. Michigan Medicaid's Healthy Kids Dental program. *JADA (Journal of the American Dental Association)*. 2003;134:1509-1515.

²⁹

See note 18.

³⁰ E Wasilevich, S Lyon-Callo, A Rafferty, K Dombkowski. Epidemiology of Asthma in Michigan. Chapter 12: Detroit – Epicenter of the Asthma Burden. Available at: http://www.getastmahelp.org/14_Ch12_Detroit_Epicenter_of_Asthma.pdf Accessed April 20, 2009.

³¹ See note 30.

³² See note 30.

³³ BE Hamilton, JA Martin, SJ Ventura. Births: Preliminary Data for 2006. Centers for Disease Control and Prevention. National Vital Statistics Report. Vol. 56, No. 7, December 5, 2007. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_07.pdf Accessed April 15, 2009.

³⁴ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2010. Page 16-32. Available at: <http://www.healthypeople.gov/Document/pdf/Volume2/16MICH.pdf> Accessed April 16, 2009.

³⁵ KYC Kwon, T Morphew, L Scott, J Guterman, CA Jones. Asthma control and future asthma-related morbidity in inner-city asthmatic children. *Annals of Allergy, Asthma & Immunology*. 2008;101:144-152.

³⁶ Y Arima, BL Guthrie, IC Rhew, AJ De Roos. The impact of the First Steps prenatal care program on birth outcomes among women receiving Medicaid in Washington State. *Health Policy*. 2009 [March]; e-published ahead of print.

³⁷ Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Surveillance Summaries. Youth Risk Behavior Surveillance – United States, 2007. Available at: http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_mmwr.pdf Accessed April 17, 2009.

³⁸ Centers for Disease Control and Prevention. YRBSS. 2007 National Youth Risk Behavior Survey. Overview. Available at: http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_mmwr.pdf Accessed April 17, 2009.

³⁹ See note 18.

⁴⁰ U.S. Department of Education. National Center for Education Statistics. The Nation's Report Card: Reading 2007. Available at: <http://nces.ed.gov/nationsreportcard/pdf/main2007/2007496.pdf> Accessed April 21, 2009.

⁴¹ EdWeek. Lowest to Highest Graduation Rates in the Nation's 50 Largest Districts, Class of 2005. Available at: <http://www.edweek.org/media/ew/dc/2008/40districts.h27.pdf> Accessed April 15, 2009.

⁴² U.S. Department of Education. National Center for Education Statistics. Dropout Rates in the United States: 2005. Compendium Report. Available at: <http://nces.ed.gov/pubs2007/2007059.pdf> Accessed April 21, 2009.

⁴³ U.S. Bureau of Labor Statistics. Metropolitan Area Employment and Unemployment Summary. April 1, 2009. Available at: <http://www.bls.gov/news.release/metro.nr0.htm> Accessed April 15, 2009.

⁴⁴ DC Ross & C Marks. Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009. Kaiser Family Foundation. Kaiser Commission on Medicaid and the Uninsured. January 2009. Available at: <http://www.kff.org/medicaid/upload/7855.pdf> Accessed April 15, 2009.

⁴⁵ T Siegel Bernard. Q&A. Stimulus Bill and You: Readers' Questions. New York Times. 2/13/09. Available at: http://www.nytimes.com/2009/02/13/your-money/13answers.html?_r=1&pagewanted=print Accessed April 21, 2009.

⁴⁶ J Holahan, AB Garrett. Rising Unemployment, Medicaid and the Uninsured. Kaiser Family Foundation. Kaiser Commission on Medicaid and the Uninsured. Available at: <http://www.kff.org/uninsured/upload/7850.pdf> Accessed April 15, 2009.

⁴⁷ Michigan Health & Hospital Association. Michigan's Health Care Safety Net: In Jeopardy. February 2009. Available at: <http://www.mha.org/mha/documents/2009%20MHA%20Safety%20Net%20In%20Jeopardy.pdf> Accessed April 13, 2009.

⁴⁸ The United States Conference of Mayors. Hunger and Homelessness Survey. A Status Report on Hunger and Homelessness in America's Cities. A 25-City Survey. December 2008. Available at: http://www.usmayors.org/pressreleases/documents/hungerhomelessnessreport_121208.pdf Accessed April 20, 2009.

⁴⁹ Food Research and Action Center. State of the States: FRAC's Profile of Food & Nutrition Programs Across the Nation. November 2008. Available at: http://www.frac.org/pdf/SOS_2008_withcover_nov08.pdf Accessed April 20, 2009.

⁵⁰ Detroit Black Community Food Security Network. A City of Detroit Policy on Food Security. "Creating a Food Secure Detroit. Available at: <http://detroitblackfoodsecurity.org/id1.html> Accessed April 20, 2009.

⁵¹ K Alaimo, CM Olson, EA Frongillo, Jr. Food insufficiency and American school-aged children's cognitive, academic, and psychosocial outcomes. *Pediatrics*. 2001;108:44-53.

⁵² Z Miners. The Auto Industry's Impact on School Districts. District Administration. News Update, March 2009. Available at: <http://www.districtadministration.com/viewarticlepf.aspx?articleid=1952> Accessed April 13, 2009.

⁵³ D Runk. Detroit School Closures, Layoffs Planned. 4/9/09. Available at: <http://www.wsocv.com/money/19137508/detail.html> Accessed April 13, 2009.

⁵⁴ N Bunkley. Besieged Detroit Schools Face Closings and Layoffs. New York Times. 4/10/09. Available at: <http://www.nytimes.com/2009/04/10/us/10detroit.html?sq=detroit%20and%20school>

[%20budget&st=cse&scp=1&pagewanted=print](#)

Accessed April 15, 2009.

⁵⁵ J Obradovic, JD Long, JJ Cutuli, CK Chan, E Hinz, D Heistad, AS Masten. Academic achievement of homeless and highly mobile children in an urban school district: Longitudinal evidence on risk, growth, and resilience. *Development and Psychopathology*. 2009;21:493-518.

⁵⁶ P Madrid, R Garfield, R Grant. Mental health services in Louisiana school-based health centers post-Hurricanes Katrina and Rita. *Professional Psychology: Research and Practice*. 2008;39:45-511

⁵⁷ BC Teacher's Federation. The impact of school closures. Available at: <http://bctf.ca/IssuesInEducation.aspx?id=10404> Accessed April 16, 2009.

⁵⁸ ME Wooley, A Grogan-Kaylor, ME Gilster, RA Karb, LM Gant, TM Reischl, K Alaimo. Neighborhood social capital, poor physical conditions, and school achievement. *Children and Schools*. 2008;30:133-145.

###

Children's Health Fund (CHF) was founded by singer/songwriter Paul Simon and pediatrician/child advocate Irwin Redlener, MD in 1987 and is committed to ensuring that every child has medical care that is accessible, comprehensive, and culturally competent. This is the standard of care for an "enhanced medical home." CHF launched its first program, the New York Children's Health Project, with one "big blue van," a state-of-the-art mobile medical unit that would bring medical care directly to those children with the least access. Since then, CHF has developed 22 clinical health projects and 2 affiliates in 15 states and the District of Columbia. In partnership with local medical centers and community health centers, CHF projects have provided more than 1.8 million health care visits.

Children's Health Fund
215 West 125th Street
New York, NY
(212) 535-9707
www.childrenshealthfund.org