

# County's safety net clinics feel impact of uninsured kids

By J.M. BROWN

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Santa Cruz County's safety net health services — community clinics and hospitals that provide many low-income and uninsured residents with their only medical treatment option



KHALSA



MICKIEWICZ

— are starting to see the impact of the area's growing number of uninsured children. County health clinics, already strapped for resources due to state cut-backs and lower property tax revenues, are increasingly busy with families needing medical care covered by Medi-Cal, Healthy Families or the local Healthy Kids program, which as recently as 2007 had helped the county achieve 98 percent insurance coverage for its children. But despite the recent increase in the numbers of uninsured children and the prospect for draconian cuts in state-run programs for low-income families, new enrollment in Healthy Kids was frozen in June after the down economy prompted a drop-off in financial support.

"Families are more stressed than we've seen them in ages," said Rama Khalsa, director of the county Health Services Agency, which oversees the county's two clinics, in Santa Cruz and Watsonville. "My triage nurse who sees our walk-in patients, there are people crying in her office all day long. My staff wants to help in any way they can."

Wait times can be up to six weeks for general visits, though the staff will see urgent cases more quickly. Once new uninsured families get in, the staff encourages them to apply for

coverage with Medi-Cal or Healthy Families. Some programs require a low co-payment for doctor and clinic visits.

"Even though it's a modest payment, families will often delay services if there is any cost involved," Khalsa said. "We think it's a problem for families to delay care, because things could get a lot worse."

Many of the new uninsured people walking into county clinics were employed in retail or tourism businesses that have closed, Khalsa said. At particular risk, she said, are middle-class families that earn too much money or have too many assets, like a home, to qualify for public health assistance. If their employer has reduced their hours or done away with employee health care, or if they've recently lost their job, these families often are left with overwhelming financial obligations and have no money to pay child health insurance costs.

Joe Landers, who runs the county's Watsonville Health Clinic and specializes in pediatric care, said the center is "exploding with patients." While the clinic, which has about 4,000 kids on its roster, is still open to taking new kids, "We are pretty much running at maximum capacity" considering staff has been cut.

In 2007, 8.4 percent of the children seen at the nonprofit Dientes Community Dental Care clinic in Santa Cruz were uninsured. By 2009, officials say, the rate had jumped to 15.3 percent. At the high-poverty schools where the clinic started doing outreach last spring, some 35 percent of the children they treat have no dental insurance.

This past fall, officials at the Santa Cruz Women's Health Center saw a substantial increase in the number of uninsured kids from the same period the previous year — from about 2.7 percent of all children, to about 4.7 percent.

Dr. Maria Mead, the center's medical director, said that until recently she rarely saw any



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Pediatric dentist Dr. Joshua Taff works with a patient at Dientes Community Dental Care in Santa Cruz.

uninsured children.

"It was so nice because you didn't have to worry about the kids not being insured," she said. "You knew antibiotics and visits were covered."

Healthy Kids was designed to provide insurance for kids like those Mead sees.

"Now we have kids who are cash-pay, and families have to think about whether they can pay for medicine," Mead said.

Officials at county hospitals are worried about the fallout of fewer children having access to Healthy Kids if its program stays frozen, as well as the effect that persistent unemployment and the rising cost of insurance will have on preventative care.

Dr. Nanette Mickiewicz, Dominican Hospital's president, said even though the volume of ER visits by insured and uninsured patients has been statistically flat for the past several years and there is no waiting list for the hospital's pediatric clinic, she feels a "looming crisis" as the jobless rate climbs and many people

who have lost jobs may lose their COBRA insurance in the coming months.

"What is fascinating to me is that we have not seen the upswing that one would have expected," Mickiewicz said. "I think it's a testament to safety net clinics. They really have stepped up and made sure they have preventative health care."

She said the idea of every uninsured child having a "medical home" with a primary care physician is in jeopardy, and Mickiewicz fears that well-child visits and well-adolescent visits are dropping off. That preventative care is what often keeps health problems from growing serious enough to merit an ER visit or hospital stay.

"We'll take care of you regardless of your insurance status," Mickiewicz said. "The real job is making sure people are healthy and don't need us."

Jocelyn Wiener from the California HealthCare Foundation Center for Health Reporting contributed to this report.

# Healthy Kids program once a model plan

By JOCELYN WIENER

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Santa Cruz County started its Healthy Kids program in 2004, the ninth county in the state to take concrete steps toward universal health care coverage for all children.

The idea was born after a countywide summit the previous year highlighted the problems of the county's uninsured. A steering committee was formed that included representatives from the county, local hospitals and foundations, the county medical society, the local First 5, which administers tobacco tax money, the nonprofit Central California Alliance for Health and others who worked directly or indirectly with the uninsured.

While the group concluded it was impossible to find sufficient local funding to cover all uninsured adults in the county, the program's founders made it their goal to insure every Santa Cruz County child whose parents earned less than 300 percent of the federal poverty line (now about \$66,000 for a family of four). By hiring outreach workers, they thought they could get most children covered simply by enrolling them in already existing state and federal low-income programs — Medi-Cal for the poorest, Healthy Families for those who earned a bit more.

For those children whose immigration status denied them access to those programs, and for those whose families earned more than the Healthy Families cutoff (250 percent of the federal poverty line, about \$55,000 for a family of four), Santa Cruz decided to create its own insurance product, called Healthy Kids, and to fund it with local donations.

In most ways, Healthy Kids, which is administered through the public, nonprofit health plan Central California Alliance for Health at a cost of \$1,025 per child, works like any other insurance plan. But children who meet the income guidelines aren't excluded for having pre-existing conditions, and their co-pays and premiums are largely subsidized by donors. Currently, Healthy Kids covers about 1,950 Santa Cruz County children.

In creating the program, county leaders consulted with the organizers of similar ventures in Santa Clara and San Mateo counties. Santa Clara launched its program in 2001 — the first in the state to do so. San Mateo rolled out its version in early 2003, placing a major emphasis on winning support from the local community.

Santa Cruz, which had a strong tradition of collaboration among the private, public and nonprofit sectors, followed suit. Rather than simply leaning on big foundations and the county for help, the program's leaders also actively solicited support from local hospitals, philanthropists and individual donors. For example, Palo Alto Medical Foundation and Sutter Maternity & Surgery Center have collectively contributed more than \$1 million to the program.

Leaders hoped to run the program locally for a few years, prove its value, and eventually have the state take over and expand it to other counties.

Within a few years, the California Health Interview Survey, a biannual report conducted by the UCLA Center for Health Policy Research, showed impressive results — as of 2007, some 98 percent of the county's children had some kind of coverage. A 2008 study released by USC showed that, between 2000 and 2005, Santa Cruz and eight other counties with Healthy Kids programs saw a 25 percent decrease in children being hospitalized for preventable conditions ranging from asthma to pneumonia to dehydration.

In recent years, the financial outlook for Santa Cruz's Healthy Kids program has grown less rosy. The state faces a \$19.9 billion deficit, even after making major cuts at the county level. In the past two years, Santa Cruz County's Health Services Agency has cut a third of its staff. And like many of the other 28 Children's Health Initiatives scattered across the state, Santa Cruz's leaders are worried about the withdrawal of funding by the California Endowment, Blue Shield of California Foundation and the Packard Foundation.

Starting in June, Santa Cruz Healthy Kids froze entry into the program and instituted a waiting list, which as of mid-January included 150 children.

Although the program's administrators are concerned about its long-term future, they say the large amount of local support should allow them to continue for the next year or two. Recently, the Central California Alliance for Health pledged \$500,000 to help make up the funding shortfall that will result from the foundations' pullback. Still, they say, the projected poor economic outlook — and the governor's recent threat to reduce or eliminate the state's Healthy Families program — will almost certainly push demand far beyond their ability to insure the county's children in need.

Jocelyn Wiener works for the California HealthCare Foundation Center for Health Reporting.

## BY THE NUMBERS

Below are the requirements of programs that offer health insurance coverage to the state's low-income families.

### 2009 FEDERAL POVERTY LEVEL

\$14,570 for a family of 2  
\$18,310 for a family of 3  
\$22,050 for a family of 4  
\$25,790 for a family of 5

### MEDI-CAL ELIGIBILITY, INCOME REQUIREMENTS

- U.S. citizen or legal resident and a California resident
- Undocumented and certain other immigrants may still receive emergency and pregnancy-related services if a California resident.
- Infants (0-1) whose families earn up to 200 percent of the Federal Poverty Level
- 1- to 6-year-olds whose families earn up to 133 percent of the Federal Poverty Level
- 6- to 19-year-olds whose families earn up to the Federal Poverty Level

Funding source: The federal government and the state each pay half.

### HEALTHY FAMILIES ELIGIBILITY, INCOME REQUIREMENTS

- U.S. citizen or legal immigrant (some exceptions) and a California resident
  - No employment-based coverage for at least three months prior to application
  - Not eligible for Medi-Cal
  - Income is less than 250 percent of Federal Poverty Level
- Funding source: The federal government pays two-thirds, the state government one-third

### HEALTHY KIDS ELIGIBILITY, INCOME REQUIREMENTS

- Not eligible for Medi-Cal or Healthy Families
  - Immigration status not taken into account
  - Income less than 300 percent of Federal Poverty Level
- Funding source: No state or federal monies. Beyond that, varies by county. Generally, local First 5 early childhood program (with tobacco tax dollars), state and local foundations, the county, local publicly operated nonprofit health plans, hospitals, other private donors.



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Capitola Dr. Garry Crummer helps uninsured families by giving them free samples for medication they might not be able to afford.

## Pediatrician sees stress in parents' eyes

By J.M. BROWN

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CAPITOLA — Increasingly, a lack of access to children's insurance is showing up — albeit in subtle ways — in pediatricians' waiting rooms.

While doctors are not reporting a marked fall-off in patients, they are taking more phone calls from parents who can't afford to bring their kids in for a visit. And when families do come in, parents often express an unsettling level of anxiety about whether they'll lose their job or be able to keep up with the rising cost of insurance.

Dr. Bruce Block, whose Santa Cruz practice is affiliated with Palo Alto Medical Foundation Santa Cruz, said this is "probably the worst time" he's seen in the past 12 years in terms of stress on parents. He is worried about the rising number of kids needing insurance colliding with a reduction in access to public programs like Healthy Kids.

"We use to be able to say that in Santa Cruz, all kids could get insurance from Healthy Kids or Medi-Cal; there was just a small percentage that wasn't

covered," he said. "I have the strong sense that that's growing."

Healthy Kids, a local program that a little more than two years ago was able to find health insurance coverage for most children and cover nearly all those who could not qualify for other programs, now has a growing wait list. The program froze enrollment in June due to uncertain funding.

Pediatricians are concerned that parents of the increasing numbers of uninsured children will delay immunizations. And, as one consequence, hospitalizations will rise as the kind of preventative care typically offered at clinics or through a primary care physician goes by the wayside.

Dr. Garry Crummer, whose Capitola pediatric practice is connected to Dominican Medical Foundation, said parents are increasingly seeking medical advice over the phone as opposed to bringing their children in.

"People have told me that, 'I really don't want to come in, I can't afford to leave my work or pay the co-pay,'" Crummer said. "Or they don't have insurance to cover it, or only have

catastrophic insurance."

Crummer said he doesn't believe it's right to insist that parents come in for every problem, adding, "While I get paid only for a visit, I have to think about what's right and good for them."

However, he can't diagnose and treat everything on the phone. So, to deal with the increasing number of calls, his office has enlisted the help of a nurse advice line that patients can call with questions.

He said parents also try to squeeze a lot of questions and concerns into each appointment.

"It really changes the way I do health care, because rather than really addressing what's going on, I am trying to anticipate what could go on," Crummer said.

He also sets aside medicine samples for poorer patients or, as now is sometimes the case, even upper-middle-class families who have suddenly fallen on hard times due to job losses or rising health care costs.

"I keep samples for those who are down and out," he said. "I just never know, families I think are well-to-do, suddenly they are on Medi-Cal."