

2019 UTAH STATE OF CHILDREN'S COVERAGE REPORT

100% Kids: Giving All Kids the Opportunity to Thrive

VOICES FOR UTAH Children

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Note: The testimonies and stories throughout the report come directly from immigrant families who have benefited from CHIP and Medicaid, or could benefit if coverage was extended to all children regardless of immigration status. All names have been changed to protect the privacy of the families.

Executive Summary

Health insurance coverage provides children with the foundation they need to be healthy and thrive. When children have health insurance, they have better health outcomes, greater academic success and more economic opportunities later in life.

Utah lags behind the rest of the nation when it comes to covering kids. In Utah, 7% of all children are uninsured, compared to 5% nationally. While Utah has made significant strides over the years connecting more children to coverage, in the last year, Utah's child uninsured rate has increased. In 2017, Utah was one of only nine states to see its child uninsured rate trend in the wrong direction.

Who are the uninsured children of Utah? They are overwhelmingly low-income. Typically, their parents are uninsured too. The majority are eligible for CHIP or Medicaid insurance, but not enrolled. Some are not eligible for insurance at all because of their citizenship or immigration status. They live across Utah, with a higher percentage of uninsured children living in rural areas. Some children may have never been insured; some may have had insurance and then lost it or had a parent dis-enroll them due to stigma or fear of enrolling in public health insurance programs. They come from all racial and ethnic backgrounds however, a disproportionate percentage of uninsured children in Utah are Latino, the highest in the nation. Some come from families experiencing intergenerational poverty, some are immigrants, refugees or asylum seekers, facing steep obstacles to their health and well-being.

But no matter who they are, they are all Utahns. When 7% of our child population lacks health insurance, we put Utah's future at risk. Utah is at a unique moment to challenge the negative trends and demand that all children, no matter their background, zip code, citizenship or immigration status, can access affordable health coverage.

The 100% Kids Coverage Campaign is led by a diverse coalition of stakeholders. This multi-year campaign has a goal of ensuring all Utah children will have coverage. Guided by four over-arching policy recommendations, the Campaign proposes to change Utah's health coverage landscape:

- Strengthen and protect affordable Medicaid coverage for parents and pregnant women
- Keep kids covered all year round
- Support consistent outreach and enrollment support
- Cover all kids, regardless of background or immigration status

Through targeted policies, political and community engagement, we can ensure that all Utah kids have the health coverage they need to grow, thrive and succeed in life. We believe that it is possible for 100% of Utah children to have access to affordable, consistent health coverage. We invite you to join us and help us reach 100% together.

- The 100% Kids Coverage Coalition

Introduction

All children in Utah need access to affordable health coverage in order to thrive. Health insurance provides the foundation for children to have better health outcomes, academic success and economic opportunities later in life. Over the past decade, Utah has made strides to reduce the number of uninsured children. However, 71,000 children in Utah are still uninsured. This report details the current state of health care coverage for Utah children. Drawing on quantitative and qualitative data, the report overviews barriers, opportunities, policy and community-based recommendations going forward to improve children's health coverage. Together we can create a Utah where all children can be healthy and succeed.

Children's Insurance Rates in Utah

Over one third of Utah's child population is age 18 or younger. Utah has a higher proportion of children than any other state in the U.S. Of the 3.1 million people living in Utah, there are over 879,500 children. It is projected that Utah's child population will continue to exceed the national growth rate in the coming years.[2]

Despite Utah's reputation as a child-friendly state, Utah has one of the highest percentages of uninsured children in the nation. Over 7% of the child population, or 71,000 children, are uninsured according to 2017

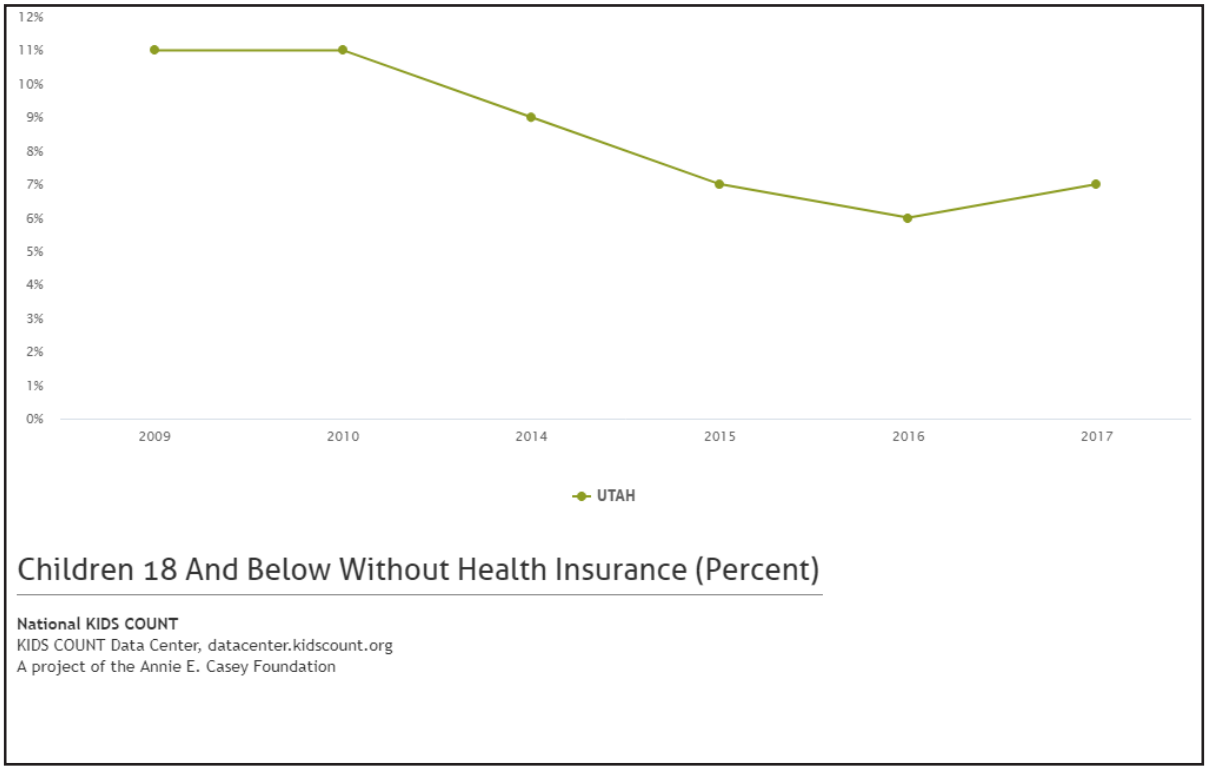
Maria and her daughter, Sophia

Maria and her four children live in West Jordan, Utah. Sofia is her oldest daughter, who born in Mexico. A vibrant high school student, Sophia is the only one of her siblings who does not have health insurance, because of her immigration status. Sophia often has vision and skin problems, and frequently gets sore throats.

Maria, worries for her daughter, and commented: "Because she doesn't have health insurance, when she gets a sore throat sometimes I take her to the doctors, sometimes I don't." Sophia's skin condition often makes her feel embarrassed and ashamed when it flares up. However, paying out of pocket has a hefty price: the family will often end up spending over $300 for her medications. In the past year, they've spent roughly $1,000 paying for Sofia's care.

The family used to live in Chicago, Illinois where Sofia had access to health insurance because Illinois does not exclude children from public health coverage because of their immigration status. Maria remembers how much stress was alleviated when Sofia had health insurance. She worries how the lack of health coverage has affected her daughter's self-esteem and relationships at school. Sofia often asks why her other siblings have Medicaid and she doesn't. It is hard for Maria to tell her daughter that she is unable to get health insurance because of where she was born.

Census data. This past year, Utah was one of only nine states to see a statistically significant increase in its child uninsured rate.[3] Utah's child uninsured rate jumped to 7.3% in 2017, representing a 20% increase in the number of uninsured children from 2016.



Why Health Insurance Matters for Kids, Parents, and Society

Health insurance provides a foundation to children's success. Health insurance is associated with short and long-term benefits for children.[4] Numerous studies have shown the benefits of health coverage overall, and public insurance specifically, for children, families and society.[5]

Healthier Kids and Families

When children lack health insurance they receive less timely medical care. Children are more likely to forgo important preventive or well-child check-up visits. They are less likely to treat or manage chronic conditions or latent health problems. As a result, treatable conditions can escalate or advance, leading to emergencies or worse health outcomes later in life. In addition, preventive care helps to ensure overall family wellness; a sick child often means another family member will get sick too.[6]

"[If my children had health insurance] I would take care of all my other bills and they got paid on time, now it's just piling up."

Financial Hardships

When children are uninsured, the potential for uncompensated care costs and medical debt increases. Parents are at a greater risk for medical debt and even bankruptcy when they have an uninsured child.[7] Moreover, when a child stays home from school, a parent or caregiver often has to skip work to care for the sick child. This leads to missed days of work for the parent, or losing a job altogether.

School Success

Research shows that children with insurance are less likely to miss school and have higher graduation rates. When children have access to health care they receive the care they need, such as glasses or asthma medication, to better focus on learning and school activities. Being uninsured affects all aspects of the school day: when children are often kept out of sports or physical activities because parents are afraid of a potential injury. In states that have expanded Medicaid and CHIP health coverage, fewer children missed school. [8]

Economic Impact

Children with access to public health insurance have been found to earn more later in life than uninsured children. Insurance helps disrupt the cycle of poverty. As adults, they are less likely to participate in public benefits such as Medicaid and the Earned Income Tax Credit. Insured children go on to contribute more in taxes as adults. Not only does health insurance benefit children, families and society in the short-term through reduced medical debt and uncompensated care, but also in the long-term by increasing overall tax payments and expanded economic opportunities.[9] [10]

The Role of Medicaid and CHIP

Medicaid and CHIP play a critical role for low-income children. In Utah, approximately one in four children participate in Medicaid and CHIP programs, which serve children below 200% of the Federal Poverty Level (FPL). Medicaid and CHIP protect the whole family from economic hardship and support healthy child development. A large body of research has found that access to Medicaid in childhood leads to longer, healthier lives for children, increased likelihood of finishing high school and college, and more prosperous futures for children.[11]

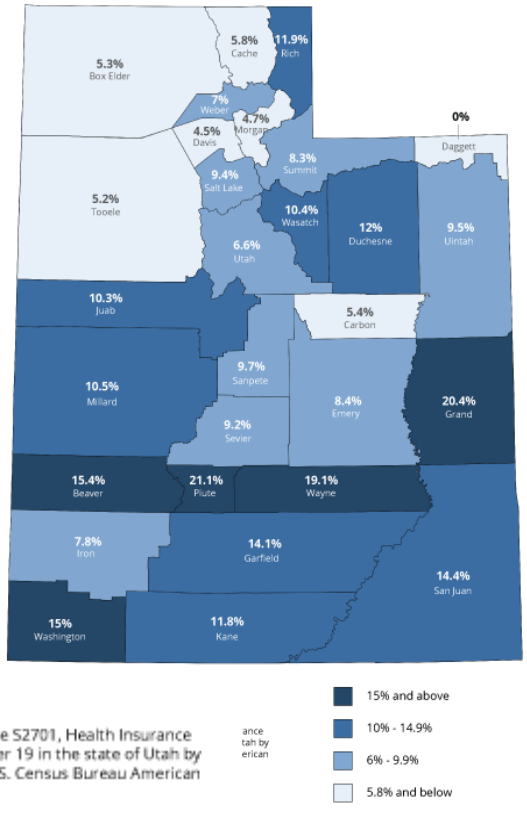
Health Insurance Disparities

Children's health insurance rates across Utah vary greatly according to geography, race and ethnicity. The counties with the highest rates of uninsured children are: Piute, Kane, Grand, Beaver, San Juan, Washington, Wayne, Wasatch, Sanpete, and Rich. A higher percentage of children in rural areas are uninsured. Similar geographic trends are seen among children's CHIP and Medicaid enrollment. Children in rural areas have higher rates of CHIP and Medicaid enrollment than children in Utah's urban areas.

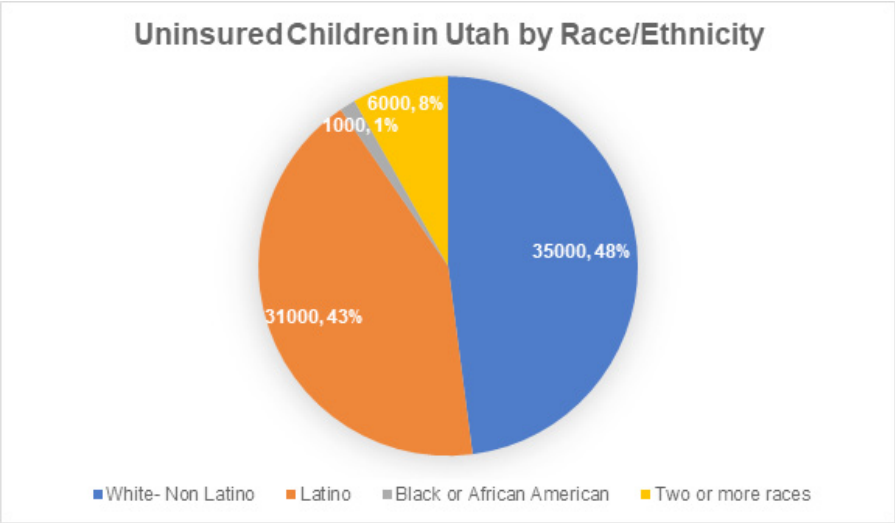
Utah's uninsured rate also varies among children of different races and ethnicities. The most significant coverage disparity is among Latino children. Utah children from other non-White racial and ethnic groups also experience coverage disparities, although their total population is smaller, compared to Latino children.

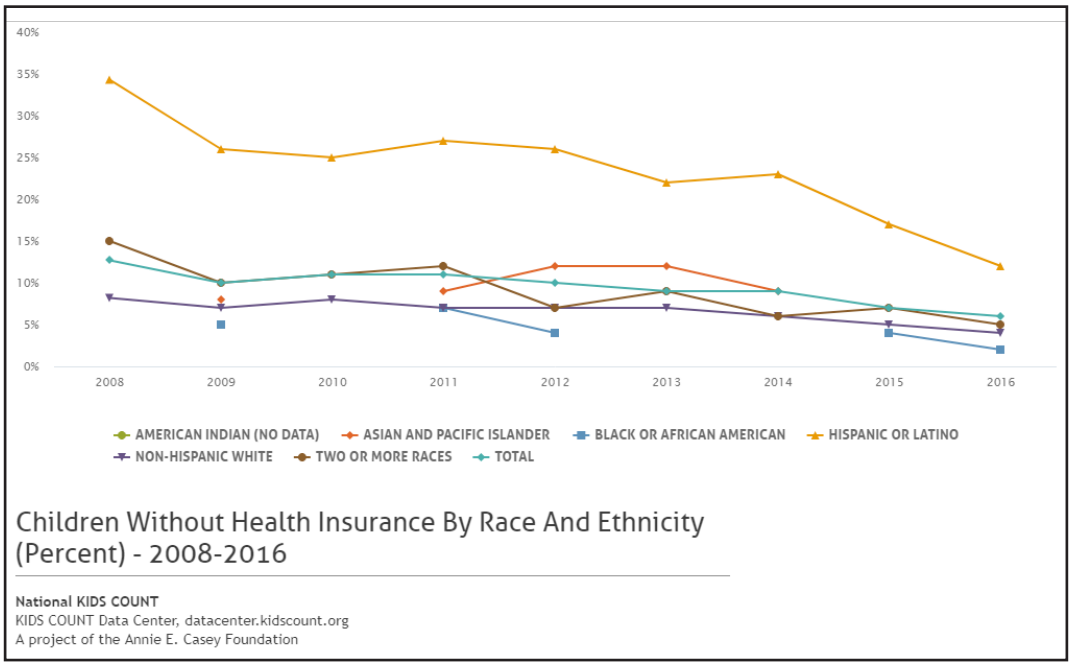
Utah has the highest rate of uninsured Latino children in the nation. While children of Latino backgrounds make up 17% of Utah's total child population, they represent over 44% of the total child uninsured population.

The Percent of Uninsured Children in Utah
By County, 2017



Source: American Fact Finder Table S2701, Health Insurance Coverage Status for Children Under 19 in the state of Utah by county: 2017, 5-year estimates, U.S. Census Bureau American Community Survey (ACS).

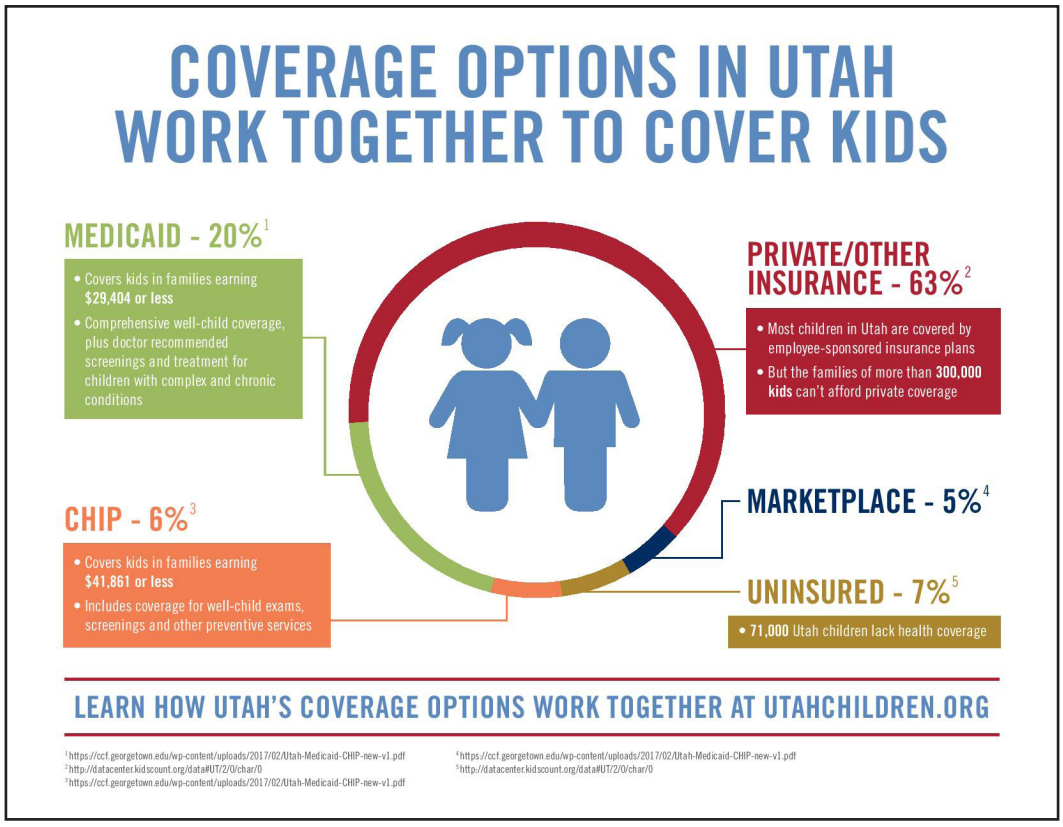




Why Are Children Uninsured?

Several factors contribute to Utah children's high uninsured rate. While some children are not eligible for public insurance because of their citizenship status, the majority of uninsured children are eligible for Medicaid or CHIP. Utah has the highest rate of children who are eligible but not participating in public health insurance programs. The national participation rate is 93%, while Utah's enrollment participation rate is 82%.[12]

Public awareness and stable outreach funds help families stay informed and obtain the care they need. Utah does not provide ongoing state outreach funding for Medicaid or CHIP. When outreach funding is inconsistent, families may be less familiar with the available health insurance options.

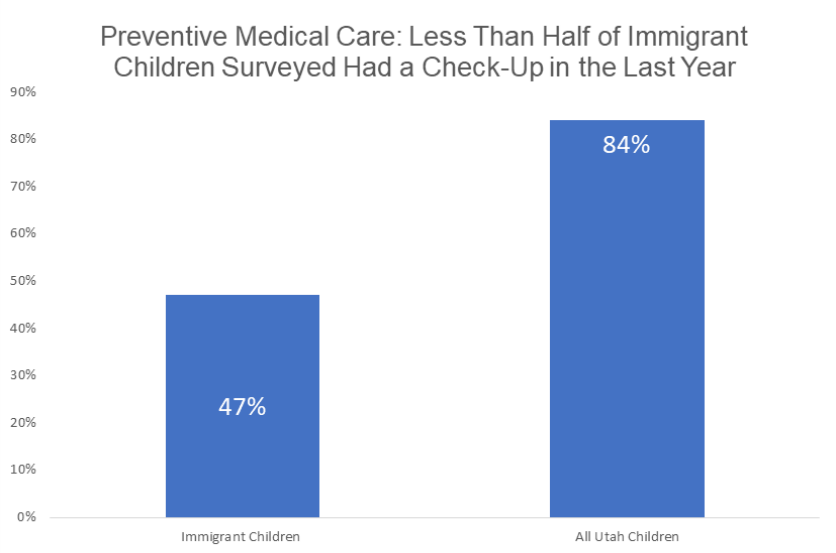


Children's coverage is not only a matter of kids enrolling or 'entering' into coverage, but also retaining coverage.[13] Every year, thousands of Utah children are dropped from Medicaid, even though many are still eligible. This can be due to several reasons; an administrative or paperwork error, movement between insurance programs, or a temporary unexpected change in the parents' income can cause a child to lose coverage.

Overall, states that have expanded Medicaid have lower child uninsured rates when compared with states that have not expanded Medicaid. Medicaid expansion has a positive effect on children's insurance rates and children are more likely to be covered when their parents are covered.[14] Medicaid expansion creates a 'welcome mat' effect on children's coverage, creating new opportunities for eligible children to enroll in Medicaid because parents are now eligible.[15] In April 2019, Utah implemented a partial Medicaid expansion, extending coverage to parents up to 100% FPL, which will likely have an impact on children's coverage as well.

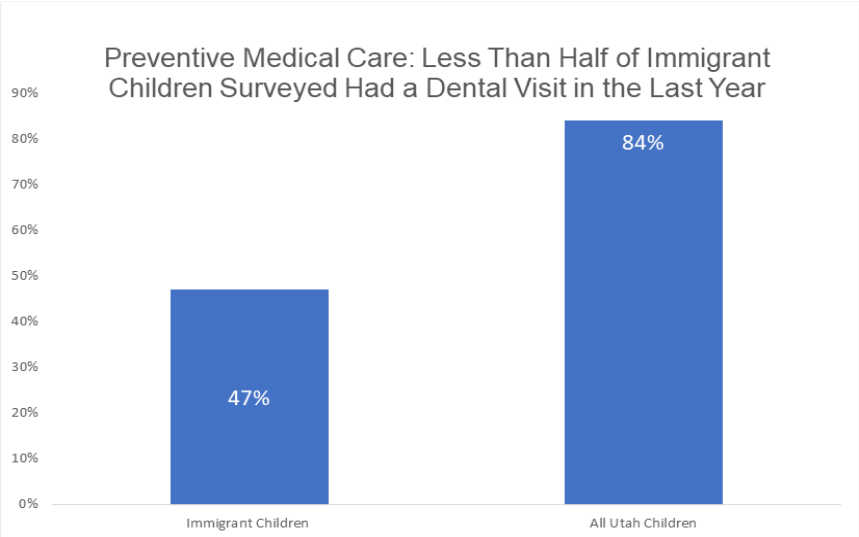
Immigrant Children and Health Insurance

Children in immigrant families face distinct challenges and fears when it comes to enrolling their children in health insurance. These challenges have a significant impact on Utah's overall child uninsured rate. Immigrant children are almost twice as likely to be uninsured as their nonimmigrant counterparts and are less likely to have a medical home or obtain specialty care when it is needed. [16]



Source: National Survey of Children's Health, Voices for Utah Children Survey[26]

Across the United States, most immigrant children (approximately 64%) live in California, Texas, New York, Florida, Illinois, and New Jersey. The rest of the immigrant population broadly extends into other states including Utah. Utah ranks 26th nationally in its percentage of immigrant children. Utah's overall foreign-born population represents only .5% of the total foreign-born population in the U.S. and .7% of the foreign-born population under age 18.



Source: National Survey of Children's Health, Voices for Utah Children Survey [26]

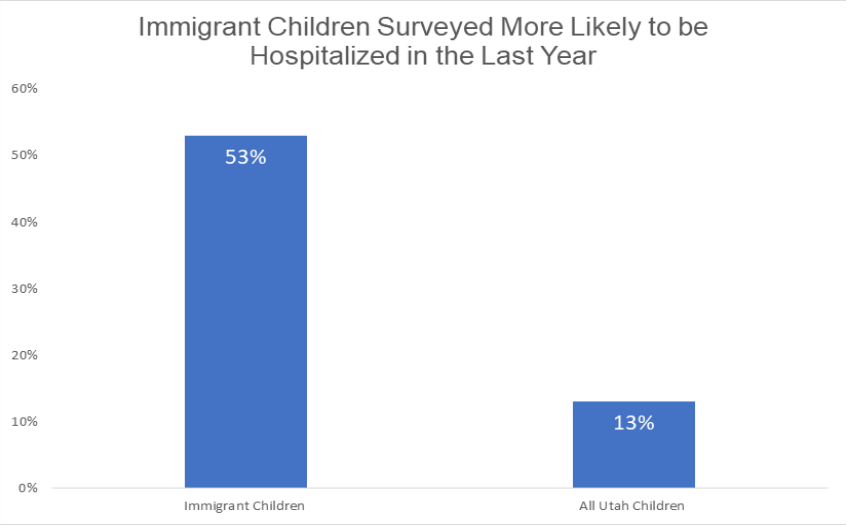
In Utah, most immigrant families are Latino. Most immigrants in Utah come from Mexico and Central America. Additional immigrant communities come from South America and Asian countries.[19]

In Utah, 17% of children live in immigrant families, while only 2% of all Utah children are foreign-born. The counties with the highest foreign-born percentages are Cache, Davis, Salt Lake County, Utah, Washington, and Weber counties. Among Utah's foreign-born children, the majority are citizen or green-card holders. It is estimated that the number of undocumented children under 18 is less than 1% of the total Utah child population.

Despite making up a relatively small percentage of the total child population, undocumented children and children in mixed status families experience significantly greater barriers to accessing health care. Undocumented children are not eligible for Medicaid, CHIP or marketplace insurance, which puts low-income, undocumented children at risk for worse health outcomes.

Recent federal policies pose additional threats to immigrant children's coverage and health.[20] Policies enacted and proposed by the Trump administration, including the Public Charge rule, have created a climate where many mixed status families are reluctant to enroll in public benefits for fear that participation will affect their future citizenship status or ability to stay in the United States. Many eligible families are not enrolling in Medicaid or CHIP coverage for fear of retribution.[21]

In addition, children in mixed status families may have family members facing the threat of deportation, or have parents taken into custody or deported. These threats have been shown to negatively affect children's health and lead to a number of health problems including anxiety, depression, sleeping/eating disruptions, and poor school performance.[22] The threat of deportation also leads to other family stressors which can impact health, including abrupt fluctuations in household income, food insecurity and housing instability.



Source: National Survey of Children's Health, Voices for Utah Children Survey [26]

Cristina and her Son

"I take my child to the clinic to obtain his physical check-up once a year because I do not have health insurance. In respect to the therapy he needs, my child has gone three years without receiving them because they are too costly. My child has autism and requires behavioral therapy to help him socialize. He doesn't have very many friends and that worries me.

If I had medical insurance, I'd be a calmer woman, with less stress, and more happiness because I'd have my son in his therapies that he really needs.

"It would change my son's life and of course, mine too."

Improving Immigrant Children's Health Coverage

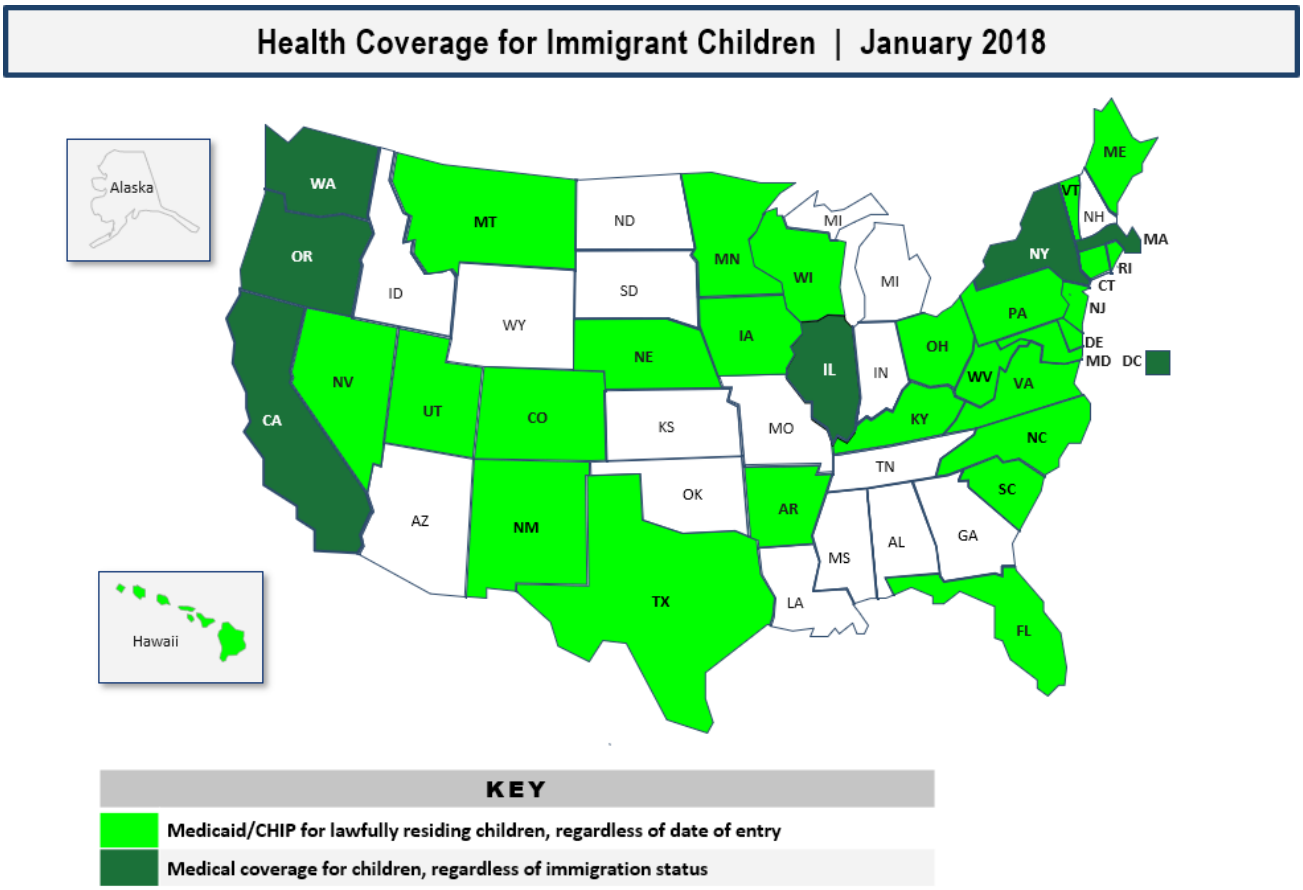
In recent years, many states have taken steps to improve health coverage for immigrant children. Several states, including Utah, have adopted statewide policies to extend coverage to more immigrant children.

During the 2016 Utah Legislative Session, the Utah Legislature voted unanimously to remove the waiting period for qualifying lawfully-residing immigrant children to receive Medicaid and CHIP. Previously, eligible lawfully-residing children had to wait five years before they could enroll in Medicaid or CHIP. Removing this barrier has allowed approximately 500 new children to enroll in Medicaid or CHIP. Other states to recently remove the five-year waiting period for lawfully residing children include Nevada, Arkansas and Florida.

Covering All Kids

Other states have taken additional proactive steps, recognizing that many children are still unable to enroll in Medicaid or CHIP because of their immigration status. Seven states and the District of Columbia have passed legislation to extend coverage to all children, regardless of immigration status. Several additional states are currently considering legislation to cover all children, including Pennsylvania and Connecticut.

Those states that cover all children have seen a decline in their overall uninsured rate. Covering all children creates a welcome mat for children who were already eligible for programs. Data from other states suggests that covering all kids can also help improve trust in public health care benefits among immigrant families.[23]



Source: National Immigration Law Center

Immigrant Profile

Individuals Below 100% Poverty	
U.S. Born	11%
Foreign Born	20%
Undocumented	17%
Uninsured Individuals	
U.S. Born	10%
Foreign Born	36%
Undocumented	60%

Source: U.S. Census Bureau 2012-16 American Community Survey (ACS), Migration Policy Institute Unauthorized Immigrant Population Profiles

Defining Terms

Undocumented Immigrant: Living in the U.S. without legal authorization (unlawful presence). Also referred to as unauthorized.

Latino: Hispanic, Latino, or Latinx (the x is used as a gender-neutral form of Latina or Latino).

Mixed-Status Family: Families with at least one citizen and one non-citizen member (Examples of non-citizen include but are not limited to: Legal Permanent Residents (green card holders), temporary visas, Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS), and undocumented immigrants).

Immigrant Children: Are defined as children who are foreign-born, or children born in the United States who live with at least one parent who is foreign-born.[16]

Immigrant Family: Includes children under age 18 who are foreign-born or reside with at least one foreign-born parent. Foreign-born includes both naturalized U.S. citizens and noncitizen residents.

Dreamers and DACA: Dreamers refers to immigrant children who came to the U.S. before the age of 18 and are living without legal authorization (unlawful presence). The term comes from the Dream Act Legislation which first introduced in 2001. Deferred Action for Childhood Arrivals (DACA) is a two-year worker permit that allows Dreamers to work legally in the U.S.

Public Charge Changes under the Trump Administration
Public Charge is a test in federal immigration law that is used to identify people who may become dependent of the government as their main source of income. In October of 2018, the Department of Homeland Security (DHS) proposed a rule change to this policy by adding additional specific standards relating to income, health, age, English proficiency, and other forms of public assistance programs to count towards determining a “public charge”.[16]

Health Insurance Barriers Faced by Immigrant Families

Between September 2018 - February 2019, Voices for Utah Children spoke to different service provider and community-based organizations across Utah to discuss barriers faced by mixed-status immigrant families in Utah. These stakeholder interviews revealed several gaps that immigrant families faced when accessing health care services. Organizations brought a different perspective about the barriers that exist for their patients, community members and clients. While the organizations differed across the region of the state and the population they served, they still experienced several common themes:

Fear within Mixed-Status Families

Several organizations spoke about the difficulties of enrolling citizen children into CHIP and Medicaid because of the fear faced by undocumented parents. Families feared that using public insurance programs may affect their applications if they ever decided to change their immigration status. Families also had misconceptions around the Public Charge rule change. Additionally, families were afraid that their personal information would be shared with a different agency, such as the Department of Homeland Security, potentially making them targets for deportation.

Organizations gave many anecdotal stories about families fearing deportation, family separation, and the misconception of the Public Charge rule. Families expressed concerns about asking for assistance and obtaining health coverage for the fear of it being used against them during their immigration case.

Employer/Employee Verification

Immigrant parents had a particularly difficult time asking for employment verification, especially for parents who were working without documentation. The same was true for parents with legal status, who did not have the confidence or trust to ask for verification for fear that there may be repercussions from their employers. Organizations reiterated this as a major hurdle in trying to verify the income level of families because, in both cases, parents did not want to speak to their employers to obtain this information.

Understanding the U.S. Health Insurance System

Some organizations reiterated the notion that families they served, did not understand the importance of health insurance, especially when kids are healthy and/or they had access to low-income clinics. Health insurance seemed unnecessary until families faced serious health challenges or acute conditions, when families could turn to other sources of preventative care. Many added that when families went to emergency rooms to seek medical care it was often due to a misunderstanding and a lack of access to other care, including urgent care.

Language and Access Barriers

It was found that language barriers faced by non-English speaking clients during and after enrollment was a major obstacle. The paperwork was not always simple to follow and not all health organizations provide translation services. Organizations however, acknowledged that many agencies are getting better at providing translated materials and support, the barrier continues to exist.

Lack of Available Resources

Organizations in rural areas spoke of the challenges finding resources available for immigrant families, especially those without health insurance. In one instance, migrant farm worker families in Southern Utah only had access to one hospital. Some of these families lived an hour away from the hospital and were forced to make the trip because there weren't other hospitals available to them.

100% Coverage For Kids

Utah is uniquely positioned to make changes to advance children's coverage and counter negative trends affecting immigrant children's health care. Utah's focus on Medicaid expansion has elevated the statewide conversation and public opinion on the importance of affordable health coverage for families and children.



In addition, Utah has taken strides to demonstrate support for immigrant families. Utah received national attention for the Utah Compact in 2010. The Utah Compact was reaffirmed on March 21, 2019, in recognition of the continued role immigrant families play across Utah society. The 2019 Utah Compact states five core principles on immigration, including a commitment to strong families. The Compact champions the "health, education and well-being of all Utah children."

In this spirit, a new coalition of health care providers, community-based organizations, health plans, religious organizations and other stakeholders have come together to launch a campaign to ensure all children in Utah can have access to affordable health insurance, regardless of their background, zip code or immigration status. The coalition aims to reach a goal where Utah's child insured rate is 100%. The coalition proposes a multi-step, multi-year campaign to reach a goal of 100% children's health insurance coverage.

Policy Recommendations for 100% Kids Coverage:

1. Strengthen and protect affordable Medicaid and CHIP coverage for parents and pregnant women
2. Keep kids covered all year round:
   Provide 12-month continuous coverage for children on Medicaid
3. Help families get covered and stay covered:
   Strengthen consistent outreach and enrollment support
4. Cover all kids, regardless of background or immigration status:
   All children should have access to health care

Strengthen and Protect Affordable Coverage for Parents and Pregnant Women

Ensuring parents and pregnant women can access affordable health coverage, without barriers or delays, will help more children get covered and have a healthy start. Utah recently implemented a partial Medicaid expansion, covering individuals and parents up to 100% of the federal poverty level. Thousands of previously ineligible parents and individuals are now able to access Medicaid coverage, which will positively impact children's coverage. However, Utah's partial expansion also includes several additional changes that undermine access to affordable coverage. These include work reporting requirements and caps on enrollment, both of which can create barriers to coverage for parents and individuals. If a parent loses Medicaid coverage because of a work reporting

requirement, or if a parent is unable to enroll in Medicaid because of a cap on enrolment, their child's coverage could be affected as well. Utah's partial expansion also proposes to impose a per capita funding cap on the expansion population. A per capita cap would be a significant restructuring of Medicaid program financing, putting Utah at risk for decreased funding and cuts to care. Full Medicaid expansion, without caps or additional reporting requirements, is the optimal policy to help Utah reach 100% kids coverage. Additional policies that can help more parents acce ss affordable care include 1) CHIP options to cover pregnant women and 2) removing the five-year waiting period for pregnant women. These state options will help even more parents and children get covered.[27]

Continuous Coverage

Continuous eligibility is a state option that would allow children, ages 0-18, to maintain Medicaid coverage throughout the year, even if families experience a change in income or family status. By implementing continuous eligibility policies, a state ensures that for 365 days a year, children get- and keep- health coverage.[24] [25]

When children are guaranteed Medicaid coverage for 12 continuous months, they are less likely to experience disruptions in their insurance coverage and more likely to experience continuity of care. Utah already implemented 12-month continuous eligibility in its CHIP program. By implementing continuous coverage policies, Utah could stabilize coverage for eligible children.

"But perhaps the more painful thing was, that my children no longer had health insurance. I lived scared every single day hoping and wishing that none of them would get sick, that none of my children had a medical emergency because there would be no way my partner or I would be able to cover the costs of medical care."

Immigrant children are at a greater risk for disruptions in coverage due to a change in their family's temporary income status. Immigrant children are more likely to live with parents who lack secure, year-round employment, than U.S.-born children. Programs that help all children maintain coverage once they are enrolled will reduce health disparities.

Stable Outreach and Enrollment Support

Outreach and enrollment support helps families learn about affordable health insurance options. There is no consistent, ongoing outreach funding in Utah, leaving agencies and organizations unable to develop long-term outreach plans. Outreach and enrollment support are especially important to help reduce coverage disparities. Targeted outreach and enrollment support could help dispel misinformation, counter the negative climate of fear and ensure families are connected with services. A family's' background may impact how they learn about public insurance. For example, research from the Kaiser Family Foundation found that parents learn about Medicaid eligibility from a range of different outreach channels. Spanish-speaking parents were more likely to respond to outreach through their child's school, while English-speaking families said they would prefer outreach materials at a doctor's office. Targeted, culturally sensitive outreach helps families identify the insurance program that meets their needs.

Cover All Children Regardless of Background or Immigration Status

Undocumented children in Utah are currently prohibited from enrolling in Medicaid or CHIP, even if they meet income eligibility thresholds. While an estimated 40% of undocumented families already have some form of private health insurance, the remaining children are unable to access care. By removing the eligibility restrictions for undocumented children to enroll in CHIP or Medicaid, Utah will realize immediate and long-term savings in uncompensated care, emergency department visits, and missed days of work and school. Moreover, as other states have found, extending coverage to all children creates a welcome mat for mixed status families and children who are currently eligible but unenrolled in coverage. Covering all children, regardless of immigration status, is a cornerstone policy of the 100% Kids Coverage campaign, ensuring that no child is left without access to affordable health coverage.

Patricia and Sara

Patricia and her family moved to Salt Lake City, Utah. She attended West High School and is now an undergraduate at the University of Utah. She and her sister are two of the thousands of immigrant youth living in our state who lack access to health coverage. Patricia said, “Health is most important. If we do not have health, we do not have anything.”

About three years ago, her younger sister, Sara, got a urinary tract infection that became life-threatening. They rushed to the emergency room because the infection had spread to her kidneys. Her mother was forced to take time off work to be with her. They accrued over $4,600 in medical bills that they are still paying off.

Fortunately, their youngest brother qualified for CHIP. He has been able to attend his well-child check-ups, stay up-to-date with his vaccinations and, when he needed stitches, their parents could afford to take him to the hospital. Patricia and Sara deserve access to health care like all other children and youth in our state.



“[Medicaid/CHIP] is great, it has made us feel like my children are protected.”

Conclusion

All children, no matter their background or zip code, deserve access to affordable health coverage. Together we can create a Utah where no parent is afraid or ashamed to get the care his or her child needs. We can ensure that all children, including undocumented children, have access to affordable, consistent health insurance. Through targeted policies, political and community engagement, we can ensure that 100% of Utah kids have the health coverage they need to grow, thrive and succeed in life. We can improve the health of all families, including immigrant families, and dispel the fear, misinformation and barriers that can keep families from accessing affordable health coverage.

Campaign for 100% Kids Coverage

All are invited to join the 100% Kids Coverage Coalition or sign on to the Campaign. The Coalition includes public and private entities, civic and business leaders, community and faith-based groups, health, immigration, social service organizations and other stakeholders. All are invited to be a part of the coalition. Every organization contributes to the Campaign in a different way, bringing a unique perspective and voice to help all children access coverage and care. Join us!

"All children deserve to have health insurance regardless of their skin color or immigration status."



100% Kids Coalition Endorsements

List of current organizations that support the 100% Kids Coverage Campaign:

Action Utah
Alliance for a Better Utah
Catholic Diocese of Salt Lake City
Centro de la Familia in Utah
Centro Cívico Mexicano
Community Health Connect
Comunidades Unidas
Consulate of Mexico in Salt Lake City
Family Healthcare
Granite Education Foundation
Holy Cross Ministries
International Rescue Committee
Utah Latino American Chamber of Commerce
NW Salt Lake Rotary Club
OCA Asian Pacific Islander American Advocates Utah (OCA UTAH)
People's Health Clinic
Primary Children's Hospital
Root for Kids
Salt Lake City Mayor's Office
Salt Lake County Mayor's Office for New Americans
University of Utah Health Plans
Utah Health Policy Project
Utah Chapter American Academy of Pediatrics
University Health Communities Clinics



Appendix 1

In Their Own Words: Growing Up Without Health Insurance

During the end of November 2018, a focus group was conducted with six Dreamers and children of immigrant parents to discuss what health care looked like when they were growing up. Every participant had either DACA, Legal Permanent Residency, or U.S. citizenship status. As undocumented children, children in mixed status families, and children in immigrant families, they all shared similar concerns and understandings of what it means to obtain health care. Participants spoke about the challenges of accessing community or charity care, a continued mistrust and fear of the health care system, and the barriers navigating health care as an adult. One prominent theme was the fear and mistrust of the health care system that exists among mixed-status immigrant families. One participant said, "I still have that message ingrained in my brain to not trust the system." Another participant shared the worries that their immigrant parents experienced: "And fear of course, we are still undocumented so it's scary to put your name out there…" It is "a [fear] now and since when we were kids. It still hasn't gone away because I'm still undocumented... [the fear] still doesn't go away."

Appendix 2

In Their Own Words: How Insurance Affects Family Well-Being

From August 2018 through December 2018, Voices for Utah Children surveyed 34 mixed-status immigrant families about health insurance and their families' well-being. Two surveys were administered: 15 families were given a long survey and 19 families were given a short survey. Both surveys asked families about how health insurance affected their well-being.

Among families who took the longer survey, only half of the families reported their children had a well-child check-up and a dentist visit in the last year. Among families who had a child in the hospital, half were still paying off their large medical bills, which ranged from $500 - $3,000. Families raised several concerns about the burden of having sick children in the household. Among families surveyed, 40% noted that a sick child would often get other family members sick, putting the family at risk for additional medical bills.

The short survey was given to 19 immigrant families. Most of the families surveyed were on Medicaid; three families were uninsured. One family who was uninsured lost their health insurance due to the complexity of the paperwork. The father mentioned how the first time he filled out his application, there was a navigator that supported them through the process. But the second time he applied for Medicaid, he found that the process was too difficult to do alone.

Another mother spoke about taking her son to a free clinic for his well-child visits because the family did not have health insurance. She said, “It has been 3 years since my son has received therapies for his autism because they are too expensive.”

When deciding whether they should obtain health insurance, most families focused their decision on the affordability of doctors and specialty visits. Families recognized the importance of having health insurance and the difference it made for their each of their family’s well-being. One mother said, “Having health insurance for my kids has been important. I have felt very happy to keep them up to date with their physical check-ups and my children have been healthier.”



Endnotes

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