

# Consumer Group Snapshot

## Persons Who Are Uninsured/Underinsured

Consumer Category:  
**Basic Needs**



February 2007

Consumer Group Snapshot

**CONSUMER GROUP: Persons who are uninsured/underinsured**

<p><b>Definitions</b></p>	<p><i>Uninsured:</i> People who lack public or private health insurance.</p> <p><i>Underinsured:</i> People with public or private insurance policies that do not cover all necessary health care services, resulting in out-of-pocket expenses that exceed their ability to pay.</p>
<p><b>THE CONSUMERS</b></p>	<p>See Attachment 1: Family of Service &amp; Attachment 2: Consumer Matrix</p>
<p><i>Stage One:</i> At Risk (Estimated Number/ Percent County Population)</p>	<p>Total Cuyahoga County population per the American Community Survey (2003): 1,349,047</p> <p>Estimated underinsured adults: a recent study commissioned by the Commonwealth Fund estimated that an additional 12 percent of adults who were insured all year—nearly 16 million people—were underinsured in 2003, meaning that their insurance did not adequately protect them against catastrophic health care expenses. [This is an estimated 125,592 adults in Cuyahoga County, or 9.3 percent total county population.] (Schoen et al., 2005).<sup>1</sup> The authors found that inadequate coverage results in underinsured adults being almost as likely as the uninsured to go without needed medical care and to incur medical debt. The study predicts that recent market trends will likely place increasing numbers of insured patients and their families at risk, due to higher cost-sharing and out-of-pocket cost.</p>
<p><i>Stage Two:</i> In Crisis (Estimated Number/ Percent County Population)</p>	<p>Estimated uninsured in Cuyahoga County, according to a recent study by the Center for Community Solutions (2003):<sup>2</sup> 13,450, or 1 percent total county population 0-17 years (2003); 118,673, or 8.8 percent total county population 18-64 years (2003); Total: 132,123, or 9.8 percent of county population. Most county residents 65 and older are covered by Medicare.</p>
<p><i>Stage Three:</i> Recently Stabilized (Estimated Number/ Percent County Population)</p>	<p>Children and pregnant women who have been added to the Medicaid rolls since January 1998 as a result of the State Children’s Health Insurance Program (SCHIP).</p>
<p>Age by Generation</p>	<p>Most uninsured persons are between 18 and 64 years. SCHIP pays for low income children and Medicare provides some coverage for those 65+ years. According to Schoen et al. (2005), “the fastest growing cohort of uninsured is the 55-65 year group who are at risk of losing health benefits when they retire or lose jobs. They have twice the medical expenses of those 35-44 and find it difficult to purchase coverage in the private market because of pre-existing conditions and high premium costs.”<sup>3</sup></p>
<p>Risk Factors</p>	<ul style="list-style-type: none"> <li>• Those most likely to be uninsured and to remain uninsured for long periods, according to Holtz-Eakin (2004):<sup>4</sup> <ul style="list-style-type: none"> <li>○ People with less education. In part this difference is because persons who did not attend college</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ are less likely than others to have access to employer-based insurance.</li> <li>○ Low income, over 18 years of age</li> <li>○ Hispanics</li> <li>○ Single adults without children</li> <li>● Adults are somewhat more likely than children to remain uninsured for long periods. Availability of Medicaid coverage may explain some of that discrepancy because coverage is often available to children, but not their parents.</li> <li>● The vast majority of uninsured are in working families. Fewer businesses are paying for health insurance as an employee benefit.</li> </ul>
Historic Trend Line	<p>Census data shows that number of uninsured Americans stood at a record 46.6 million in 2005, with 15.9 percent of Americans lacking health coverage. This is 1.3 million more than the number of uninsured in 2004 (45.3 million). The percentage of uninsured rose from 15.6 percent in 2004 to 15.9 percent in 2005. The number of uninsured children rose from 7.9 million in 2004 to 8.3 million in 2005.<sup>5</sup></p>
Influencing Factors Underlying Historic Trend Line (+/-)	<p>Per a 2007 study by the Kaiser Commission on Medicaid and the Uninsured:          “The number of uninsured under age 65 increased by 1.3 million between 2004 and 2005, adding to the nearly six million growth between 2000 and 2004 for a total of over 46 million non-elderly uninsured by 2005. The economic downturn in 2001, coupled with rapidly rising health premiums, triggered a prolonged decrease in employer-sponsored coverage. Fewer families had two full-time workers; more had only one member working full-time or part-time, or no workers at all. Jobs also shifted from larger to smaller firms and self-employment, and to industries that have been less likely to offer health benefits. Enrollment in both Medicaid and SCHIP increased between 2000 and 2004, in response to the greater numbers who qualified and because of improved enrollment efforts. These programs filled in the gap in private coverage for children, but were not enough to buffer adults’ lost coverage.”<sup>6</sup></p>
Life Trajectory	<p>Uninsured ⇔ Medicaid or employment with benefits ⇔ Health and wellness</p>
Consumer Impact Strategy	<p>To ensure that all would have insurance and/or access to health care as needed.</p>
Future Projection	<p>A recent study by Gilmer and Kronick (2005) predicted that for each 1 percent increase in health spending (relative to personal income), the number of uninsured people in the U.S. will increase by 246,000.<sup>7</sup> The authors expect per capita spending for insured adults to grow 7.4 percent per year from 2002 to 2013 and personal income to only grow 4.6 percent per year for the same period. Among all non-elderly Americans, they predict an increase of 3.3 percentage points annually to 20.5 percent uninsured by 2013. This would represent 56 million uninsured Americans, an increase of 13 million over the CPS (Current Population Survey) estimate for 2002. 8.6 million of this increase would be due to an expected</p>

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	increase in the proportion of the uninsured population, and 4.4 million because of increases in population size.
<b>THE SAFETY NET:</b> Which of the 80 safety net core services are needed to empower consumers to positively alter their life trajectory?	
<i>Stage One: At Risk</i>	<b>Primary Service</b> <ul style="list-style-type: none"> <li>• Medical Expense Assistance</li> </ul>
<i>Stage Two: In Crisis</i>	<b>Primary Service</b> <ul style="list-style-type: none"> <li>• Medical Expense Assistance</li> </ul>
<i>Stage Three: Recently Stabilized</i>	Those eligible persons who are covered by Medicaid or have employer covered health insurance.
Intended or Unintended Philosophy Underlying Service Delivery (i.e., assumptions about what will work)	<ul style="list-style-type: none"> <li>• National policy has focused on coverage for two vulnerable populations: children and seniors. They have been provided a publicly funded insurance benefit, which supports access to health care. Some care management strategies have been introduced (e.g. Ohio SCHIP and Medicare Part D, Prescription Drug Coverage).</li> <li>• Primary U.S. strategy is employer-based coverage.</li> </ul>
What Works?	<ul style="list-style-type: none"> <li>• State Children’s Health Insurance Program (SCHIP)</li> <li>• In the absence of solutions at a national level, some states and communities have implemented innovative approaches to assisting the uninsured in their areas (Center for Health Affairs, 2004). Most of these are aimed at helping small businesses afford health care premiums and utilize various funding packages.</li> <li>• Ultimately “experts in the field will assert that the uninsured need access to a coordinated system of care with a preventive focus, not the fragmented system they currently face. To ensure everyone is receiving the care that they need and the system is being used as efficiently as possible, we must be able to provide the right care at the right time in the right setting.”<sup>8</sup></li> <li>• The private sector is also taking some responsibility for the issue. A new national program will provide limited health benefits to uninsured part-time workers at six large companies, reports the <i>New York Times</i>. The plan is underway at General Electric, I.B.M., Sears, Avon Products, EMC and Federal Mogul with more to come in the future. Participants will pay their own premiums, but they will cost less because the large employers are able to negotiate lower rates for the employees.<sup>9</sup></li> <li>• The State of Illinois is also trying to address the issue. “Democratic Governor Rod Blagojevich of</li> </ul>

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	<p>Illinois unveiled a new program that subsidizes health insurance for the state's uninsured children, inclusive of families that earn between \$40,000 and \$80,000 a year, and so make too much to qualify for public programs like Medicaid ... The program, known as All Kids, is being combined with KidCare, a coverage program for children from low-income families. Under the new program, families would pay premiums on a sliding scale. The state's costs would be covered by moving more Medicaid cases into an HMO-style managed care program.”<sup>10</sup></p>
<p>What Doesn't Work</p>	<p>“Without a national health insurance program, society has tacitly accepted a piecemeal, incremental approach to improving the health care circumstances of these populations. Such an approach has shifted the focus of efforts to states, in which substantial variation in the percentage of persons without insurance for at least 12 months (the definition of ‘long term’) belies a concurrent variation in insurance policies; in 1995, this rate ranged from 2.9 percent in Hawaii to 17.1 percent in Louisiana.”<sup>11</sup></p> <ul style="list-style-type: none"> <li>• The uninsured often do not receive needed health care.<sup>12</sup></li> <li>• The uninsured delay seeking medical care and end up sicker when they receive care.<sup>13</sup></li> <li>• Families without health insurance must make choices between paying health care expenses or basic household expenses.<sup>14</sup></li> <li>• Economists estimate that between \$65 and \$130 billion of productivity is lost each year due to un-insurance in America.<sup>15</sup></li> <li>• Paradox: Those with insurance at the onset of illness often face higher costs as insurance rates go up, often requiring them to drop the plan.<sup>16</sup></li> <li>• Many individuals are required to declare bankruptcy due to high medical bills.<sup>17</sup></li> </ul>
<p>Community-wide Strategies to Impact Life Trajectories</p>	<p>Per the Domestic Policy for a More Perfect Union by Rand. (2000):<sup>18</sup></p> <p><i>Spearhead a national strategy to improve the quality of health care for all.</i></p> <ul style="list-style-type: none"> <li>• The U.S. health care system is inefficient. It wastes money by providing care that is not needed, and it causes potential harm by failing to provide care that is needed. Most Americans receive high-quality care, but 20 to 30 percent of the care given is unnecessary, while about a third of the needed care is not given. Regarding overuse, many medical procedures are performed for inappropriate reasons, meaning the expected health risks outweigh the expected health benefits. Regarding under-use, many people receive either too little care or the wrong care because of misdiagnosis and wrong treatment.</li> <li>• There is little evidence that economic incentives alone will improve patterns of care. Cost-cutting strategies by U.S. managed care organizations and by national health care systems abroad have</li> </ul>

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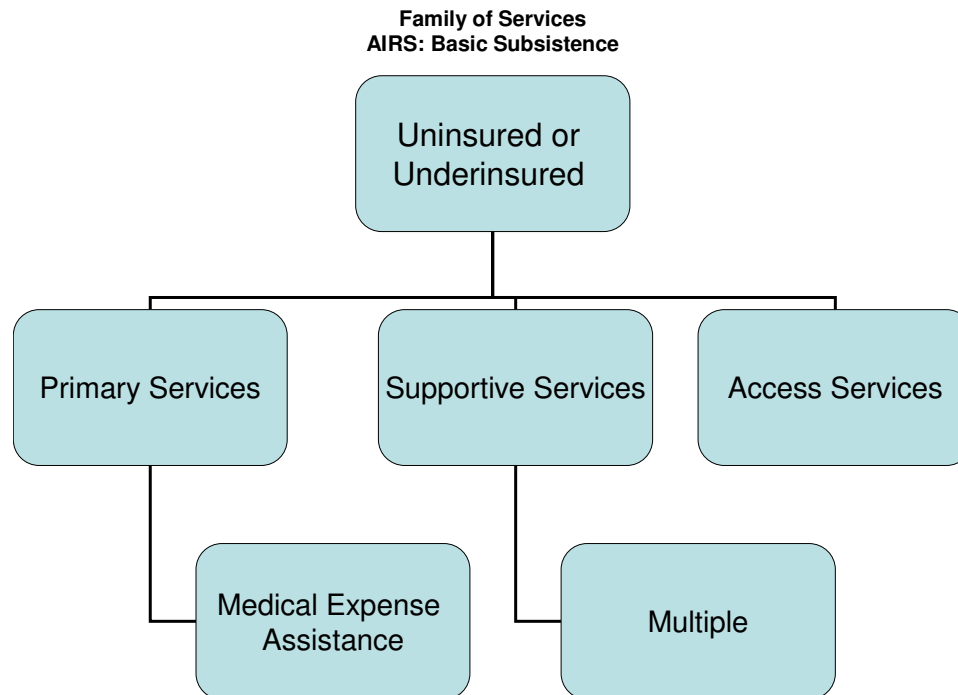
	<p>decreased necessary as well as unnecessary care.</p> <ul style="list-style-type: none"> <li>Fortunately, new methods for measuring the necessity and quality of care are available. RAND has developed more than 1,500 quality indicators for nearly 70 clinical areas that represent care for the leading causes of death, disability, and illness. This new quality system applies to children, adults, and the vulnerable elderly. This system should be adopted for national, regional, and local monitoring of quality and could guide the development of improved information systems that will expand the capacity to monitor and improve quality. Routine and widespread implementation of more clinically sophisticated systems should be among the highest priorities of the public and private sectors.</li> </ul>															
<p>First Call for Help</p>	<p>Between 2000 and 2004, there were 994 requests for medical expense assistance. Of these, 221 (22 percent) were unmet, meaning that there was no agency to which to refer callers. See Attachment 3: First Call for Help for more detail.</p>															
<p><b>RESOURCES</b></p>																
<p>Identified Resources 2003-04</p>	<table border="1" data-bbox="898 797 1703 1003"> <thead> <tr> <th colspan="3">Identified Uninsured Revenues</th> </tr> <tr> <th colspan="3">As of 5/11/06</th> </tr> <tr> <th></th> <th>Community</th> <th>UW*</th> </tr> </thead> <tbody> <tr> <td>Medical Expense Assistance</td> <td>381,751,407</td> <td>\$130,531</td> </tr> <tr> <td><b>Total</b></td> <td><b>\$381,751,407</b></td> <td><b>\$130,531</b></td> </tr> </tbody> </table> <p>* UW revenues are included in community totals.</p> <p>NOTE: This does not include all monies for this consumer group. See Attachment 4 for details and Attachment 5 for a Revenue Checklist.</p>	Identified Uninsured Revenues			As of 5/11/06				Community	UW*	Medical Expense Assistance	381,751,407	\$130,531	<b>Total</b>	<b>\$381,751,407</b>	<b>\$130,531</b>
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<p>Government Resource Trend Line</p>	<p>Medicaid funding has been increasing.</p>															
<p>Future Direction of Government Funding</p>	<p>The administration's proposed budget for FY 2007 would cut expenditures for non-defense discretionary programs outside homeland security by a cumulative total of \$125 billion over the next five years, as compared to what expenditures for these programs would be if funding for the programs simply remained at the 2006 level, adjusted only for inflation. By 2011, expenditures for programs in this part of the budget would be cut an average of 10 percent.<sup>19</sup></p> <p>The president's proposed budget for FY 2007 also proposes legislative changes in Medicaid that would reduce federal Medicaid funding by \$4.9 billion over the next five years, of which \$2.9 billion would be</p>															

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	<p>achieved by shifting costs to states. Some increases will offset some of the cuts to states. The net of the proposed legislative change is a cut of \$1.5 billion. The regulatory changes would reduce federal funding by an additional \$12.2 billion over 5 years.<sup>20</sup></p> <p>Unlike Medicaid, an entitlement program whose federal funding increases automatically to compensate for increases in health-care costs (as well as increases in caseloads), State Children’s Health Insurance Program (SCHIP) is a block grant with a fixed annual funding level. Consequently, the federal SCHIP funding that states receive has not kept pace with the rising cost of health care or population growth. Ohio is projected to have an \$8 million SCHIP shortfall in 2008, and a \$123 million shortfall in 2012.<sup>21</sup></p>
<p>Return on Investment</p>	<p>Per the Domestic Policy for a More Perfect Union by Rand. (2000):<sup>22</sup></p> <p><i>Targeted federal assistance may be necessary to induce many states to expand insurance coverage for the uninsured.</i></p> <p>In the current political environment, much of the responsibility for improving health care access and affordability is vested in governors and state legislatures, not the federal government. But independent actions taken by states are unlikely to significantly reduce the number of uninsured people in this country because states with the greatest need to expand coverage have the least tax capacity to do so. Federal-state partnerships may be necessary to substantially expand coverage. A good example is the Children's Health Insurance Program (CHIP), which gives federal matching funds to states to help expand coverage. Established in 1997, CHIP is likely to boost the number of low-income children who have insurance nationwide and to double their frequency of doctor visits on average. But the effects will vary greatly from state to state, with the biggest improvements in states that have traditionally provided the fewest health safety-net resources.</p>

# ATTACHMENTS

## Attachment 1: Family of Services



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Attachment 2 Consumer Matrix

CORE SERVICES	SUB-CONSUMER GROUPS	ESTIMATED PERSONS IN NEED			ESTIMATED UNIVERSE OF POSSIBLE CONSUMERS		
		Description	Number	% of Total Population Families Households	Description	Number	% of Total Population Families Households
Medical Expense Assistance	Uninsured and underinsured persons.	Cuyahoga, Lorain, and Summit counties' Uninsured, Center for community Solutions, July 2005. 0-17, 4%; 18-64, 14.5%; average 11.4% of the 0-64 population.	134,161	9.6% Population	Cuyahoga, Lorain, and Summit counties' Uninsured, Center for community Solutions, July 2005. 0-17, 4%; 18-64, 14.5%; average 11.4% of the 0-64 population.	134,161	9.6% Population

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Attachment 3: First Call for Help

Persons who are uninsured/underinsured											
CORE SERVICES	TOTAL REQUESTS					%Change*	MET				
	2000	2001	2002	2003	2004	00&04	2000	2001	2002	2003	2004
Medical Expense Assistance	195	193	384	116	106	(46%)	126	139	318	94	96

Persons who are uninsured/underinsured										
CORE SERVICES	UNMET					TOTALS 00-04			%	
	2000	2001	2002	2003	2004	Req.	Met	Unm.	Unmet	
Medical Expense Assistance	69	54	66	22	10	994	773	221	22%	

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Attachment 4: Revenue Table

<b>Medical Expense Assistance</b>					
<b>Revenues as of May 11, 2006</b>					
Funder	Period	A		B	
		Identifiable Total Dollars Countywide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
<b>Total - Contributions and dues (less UW designations)</b>			<b>0.00%</b>	<b>14,775</b>	<b>2.70%</b>
Abington Foundation, The	2003	21,200			
Bruening Foundation, Eva L. and Joseph M.				23,333	
Cleveland Foundation, The	2004	1,000			
Prentiss Foundation, Elisabeth Severance				82,456	
Reuter Foundation, The	2004	5,000			
Sisters of Charity Foundation of Cleveland				40,000	
Wean Foundation, The Raymond John	2004	70,000			
Other Private Foundations - Not Elsewhere Classified	2004	7,500		144,500	
Key Foundation	2003	4,780			
<b>Total - Foundations &amp; Trusts</b>		<b>109,480</b>	<b>0.03%</b>	<b>290,289</b>	<b>52.96%</b>
<b>Total - Special Events - Growth</b>			<b>0.00%</b>	<b>49,851</b>	<b>9.10%</b>
United Black Fund of Greater Cleveland	FY2005	20,000			
<b>Total - Federated Fundraising Organizations</b>		<b>20,000</b>	<b>0.01%</b>	<b>0</b>	<b>0.00%</b>
United Way of Greater Lorain County				207	
<b>Total - Other United Ways</b>		<b>0</b>	<b>0.00%</b>	<b>207</b>	<b>0.04%</b>
County Commissioners				3,744	
Cuyahoga County Board of Health				34,268	
HIV Services Planning Council Ryan White Title I	2004	2,243,439			
Health and Human Services Levy (Children w/Medical Handicaps)	2004	895,554			
<b>Subtotal Cuyahoga County Funding Sources</b>		<b>3,138,993</b>	<b>0.82%</b>	<b>38,012</b>	<b>6.94%</b>
Medicaid	2004	378,352,403			
<b>Subtotal Third Party Payee/Direct Bill</b>		<b>378,352,403</b>	<b>99.11%</b>	<b>0</b>	<b>0.00%</b>
<b>Total - Contracts/grants from government organizations</b>		<b>381,491,396</b>	<b>99.93%</b>	<b>38,012</b>	<b>6.94%</b>
<b>Total - Investment Income</b>			<b>0.00%</b>	<b>1,687</b>	<b>0.31%</b>
<b>Total - All Other Revenue</b>			<b>0.00%</b>	<b>22,752</b>	<b>4.15%</b>
<b>Subtotal Non - UWGrCle Support</b>		<b>381,620,876</b>	<b>99.97%</b>	<b>417,573</b>	<b>76.18%</b>
<b>Total - UWGrCle designations applied to program</b>		<b>37,963</b>	<b>0.01%</b>	<b>37,963</b>	<b>6.93%</b>
<b>Total - UWGrCle investment committee allocation</b>		<b>92,568</b>	<b>0.02%</b>	<b>92,568</b>	<b>16.89%</b>
<b>Subtotal UWGrCle Support - 4001, 4701 &amp; 4703</b>		<b>130,531</b>	<b>0.03%</b>	<b>130,531</b>	<b>23.82%</b>
<b>Total Support/Revenue</b>		<b>381,751,407</b>	<b>100%</b>	<b>548,104</b>	<b>100%</b>

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Attachment 5: Revenue Checklist

Persons who are uninsured/underinsured				
Category	Administrator of Funding		Medical Expense Assistance	
Private Foundation	Abington Foundation, The	✓		
Private Foundation	Cleveland Foundation, The	✓		
Private Foundation	Reuter Foundation, The	✓		
Private Foundation	Wean Foundation, The Raymond John	✓		
Private Foundation	Other Private Foundations - Not Elsewhere Classified	✓		
Corporate Foundation	Key Foundation	✓		
Federated Organization	United Black Fund of Greater Cleveland	✓		
Cuyahoga County	Children w/Medical Handicaps (Health and Human Services Lewy)	✓		
Cuyahoga County	HIV Services Planning Council Ryan White Title I	✓		
3rd Party Payee/Direct Bill	Medicaid	✓		
United Way Greater Cleve	United Way of Greater Cleveland designations applied to program	✓		
United Way Greater Cleve	United Way of Greater Cleveland investment committee allocation	✓		
✓ = Revenue was identified specifically for this core service and the amount allocated in Cuyahoga County appears in the revenue table of the core service report.				
x = Revenue was identified from these sources, but no dollar amount is available because either it was not possible to obtain data for Cuyahoga County alone, or it was not possible to obtain data specifically for this core service because funding covers multiple core services.				

## NOTES

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- 14 Ibid.
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- 17 Ibid.
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