

CRITICAL CONDITION



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Two Year National Outreach Campaign: 2007 - 2008

Broadcast – September 30, 2008 on PBS' acclaimed P.O.V. Series

The Documentary

The National Academy of Sciences estimates that 18,000 Americans between the ages 25 and 64 die unnecessarily every year for no other reason than that they lack health insurance. Currently, 45 million people – one in seven Americans – lack medical insurance. It is estimated that between 48 and 61 million Americans will be uninsured by the end of the decade. CRITICAL CONDITION, a feature-length



documentary produced by **Public Policy Productions**, will put a human face on the health insurance crisis by following six uninsured patients as they cope with serious illness over a two-year period. As medical costs continue to soar, putting health insurance out of reach for increasing numbers of Americans, the health care crisis will undoubtedly become one of the most hotly debated issues in the 2008 presidential election. That's precisely when CRITICAL CONDITION will reach millions of viewers on national public television.

Campaign Overview

The campaign will proceed in two phases, based on the availability of funds. Phase One, generously funded by The Annie E. Casey Foundation, is already in progress. Phase Two, which will significantly expand the campaign's reach and impact, is contingent upon funding from additional donors. Both phases offer local public television (and radio) stations an exciting opportunity to use their media assets (e.g., broadcast, Web, and podcasting) as well as their access to key stakeholders to engage their communities in efforts to remove barriers to health care.

*Half of all uninsured adults
with chronic conditions
forego medical care or
prescription drugs due to
cost.*

A **2008 summer or fall broadcast** will take advantage of heightened public debate surrounding health care reform leading up to the election. Multiplatform media outlets will illustrate compelling visual images and stories that communicate the critical condition faced by individuals and families without health insurance.

To amplify the level of conversation in an election year, all local media productions, including broadcast town hall meetings, documentaries, program segments, and interstitials, will be streamed on a national Web site. Audiences across America can analyze these media productions via the Web site to find out how the debate is framed in different parts of the country and learn from the challenges and solutions presented. Discussion questions will be posed on the Web to support the utilization of both the local media productions and CRITICAL CONDITION.

Phase One Campaign: *Making Connections* Sites

With generous funding from The Annie E. Casey Foundation (AECF), the Phase One CRITICAL CONDITION outreach campaign will engage *Making Connections* sites and their local public television stations. *Making Connections* is the flagship initiative of AECF's strategy to help children succeed based on the belief that the best way to improve outcomes for vulnerable children living in tough neighborhoods is to strengthen their families' connections to economic opportunity, positive social networks, and effective services and supports. Funded by AECF, Outreach Extensions' Making Connections Media Outreach Initiative (MCMOI) provides media resources to local

41% of uninsured adults are unable to pay for food, heat, or rent due to medical bills.

stakeholders to use as a tool to inform, persuade, challenge, and mobilize individuals and organizations to make communities a better place to live and work.

Making Connections sites and public television stations will receive grants to engage in local outreach activities in association with CRITICAL CONDITION. Grants will support stations in their roles as media specialists and conveners, bringing them together with local organizations engaged in health care issues and services. Stations, sites, and their local partners will determine through the creation of their customized campaigns which of the film's stories/issues will be the focus of their work, and what solution-based actions are most critical for their communities.

Media Tools and Resources

- 1. Campaign Readiness Materials:** Readiness materials will prepare public television stations and community organizations to participate in the campaign. These materials will include background information on the film and issues to be addressed, as well as a menu of suggested outreach activities.
- 2. Station Grants Program:** A competitive grants program will allow public television stations to develop customized multiplatform media projects in collaboration with local organizations engaged in health care issues and services. Together they will determine the focus of their work and which solution-based actions are most critical for their communities.
- 3. Video Shorts:** Roger Weisberg will create six 7-minute videos edited from CRITICAL CONDITION. Each video will feature the story of one of the subjects from the feature-length film. The video featuring Hector Cardenas will be translated into Spanish. A seventh story, 7 to 15-minutes in length, featuring Robin Miles, will also be produced as a video short.
- 4. Web site:** A national Web site will support community use of CRITICAL CONDITION, the video shorts, and local station productions (which will be streamed on the site). Web-based **ancillary materials**

will include background information and discussion questions. Relevant materials will be provided in Spanish. Links will be provided to other Web sites.

5. Local station media: Station productions made with project funds will become essential campaign resources. Their availability on a national Web site – in addition to local station Web sites – will increase audience access and use. National outreach partners (and stations' local partners) will be able to select and use content that will assist their constituencies.

6. Community Screenings: Relationships will be fostered with up to 300 organizations and associations that can utilize CRITICAL CONDITION (documentary or outreach videos) to augment events relevant to the health care issues raised in the film. Organizations will apply and submit reports online.

7. Communications/Technical Assistance: Outreach Extensions will provide customized technical assistance to public television stations conducting local grant-funded campaigns, partner constituencies, and other users of campaign media resources. Outreach Extensions will oversee all communications with stations, strategic partners, advisors, Public Policy Productions, funders, and other campaign stakeholders.

Report/Outcomes

A comprehensive report will be provided at the conclusion of the project.

CRITICAL CONDITION Story Descriptions

HECTOR CARDENAS

Hector Cardenas is a 53 year-old diabetic man who has worked as a warehouse supervisor for many years. The company has always provided insurance for him, but Hector was forced to take medical leave because an infection in his foot developed gangrene and his foot needed to be amputated. Hector planned to return to work, but because of delays in scheduling his surgery and delays in his healing process, his company was unable to hold his position. In order to continue his coverage, Hector signed up for COBRA. These payments became impossible to maintain while he was struggling to survive on unemployment checks. His out-of-pocket medication expenses alone were about \$500 each month, and by March, 2006, Hector was forced to begin skipping doses of his diabetes and heart medications. By April his diabetes was dangerously out of control. He sought treatment at a county clinic but was told he would have to wait three weeks for an appointment. Hector was able to avoid hospitalization by finding a walk-in county clinic an hour and a half from his home. He was briefly able to return to the workforce as a warehouse manager, but the long hours and strenuous physical activity proved too difficult for him with his new prosthesis, and he was forced to quit. He has been unable to find another less physically demanding position. His temporary prosthesis, which should have been replaced with a permanent prosthesis six months ago, is wearing out, and instead of having it adjusted by medical specialists, Hector tries to repair it himself, putting himself at risk for abrasions and infections. His insurance company retroactively denied reimbursement for the temporary prosthesis and has saddled Hector with a \$9,000 bill that he cannot pay. He has fallen five months behind on rent and has no idea how he will ever recover financially from the past year's events.

Nine million children lack health insurance. They are 10 times more likely to forego needed medical care than insured children.

JOE STORNAIUOLO

After 15 years as a doorman, an infection caused 59 year-old Joe Stornaiuolo to lose his finger, then his job, and ultimately his health insurance. Joe suffers from liver disease that has led to complications including diabetes, uncontrollable edema, and recurrent blood clots. These conditions landed Joe in the hospital five

times during the past year, leaving him with medical debt approaching \$100,000. While many of his hospital bills were covered by charity programs, Joe still owes \$60,000 to various doctors, labs, and other health care providers. As a result, he and his wife are constantly harassed by collection agencies. After Joe's unemployment checks ran out, he qualified for Social Security Disability but had to wait two years to qualify for Medicare. With no health insurance whatsoever, Joe was unable to afford the prescriptions he needed to manage his chronic diseases and stay out of the hospital. After being hospitalized in June for blood clots in his leg, Joe was discharged to a nursing home because he was unable to walk. On the day he was scheduled to return home, he fell and suffered a spinal cord injury that left him a paraplegic. Despite the unflinching support and care of his wife, Dale, Joe's condition deteriorated. He bounced back and forth from the hospital to the nursing home and developed additional blood clots and bedsores. As his underlying liver disease progressed, Joe's other organs began to fail, and he passed away on November 30, 2006, leaving his wife with a grandchild to raise alone and medical bills she can never hope to repay.

KAREN DOVE

For many years Karen Dove had health insurance through her job as the manager of an apartment complex. A few years ago, she was diagnosed with Chronic Obstructive Pulmonary Disease (COPD). Karen soon had to quit her job because of the COPD and started to work part-time stocking shelves at Wal-Mart, but she eventually became too ill to work at all. She managed to obtain coverage from her husband's job-based health insurance, but the family had to pay \$500 a month for this additional coverage. When Karen's husband was forced to convert from a salaried position to a commission-based position, the family could no longer afford the monthly insurance payments. Soon after her health insurance lapsed, Karen began to experience a great deal of abdominal pain. She complained about the pain in her ovaries for many months, but the doctors at the free clinic where she became a patient didn't think the condition was serious and didn't have a gynecologist on staff that could investigate her symptoms further. Karen began calling private gynecologists, but the doctors she first contacted were unwilling to see her when they discovered she did not have insurance. After several months, she found a gynecologist willing to treat her, but the doctor seemed hesitant to order further tests. Karen appealed to several doctors and finally found a gynecological oncologist, Dr. Ellen Smith, who agreed to see her at no cost. During the first office visit, Dr. Smith scheduled Karen for surgery, after which Karen was diagnosed with Stage 3 Ovarian Cancer which is terminal for 66 percent of patients. Karen started chemotherapy at the end of December 2005 and briefly became eligible for Medicaid which covered her initial chemotherapy treatments. However, once Karen began to receive Social Security Disability payments in February, her income was too high to receive Medicaid and she became uninsured again. Her ongoing chemotherapy, doctor visits, and lab tests cost more than \$30,000, and Karen struggles to negotiate payment plans with dozens of collection agencies. Karen also was unable to afford prescription pain relief and instead self-medicated with an unsafe quantity of Tylenol. Karen is currently in remission but the rate of reoccurrence of ovarian cancer is extremely high. As the medical bills pile up, Karen does not know how she and her husband will cope emotionally or financially, especially if she has to face a reoccurrence of her cancer.

CARLOS BENITEZ

Carlos Benitez, a 45 year-old father of four, cannot afford the health insurance premium offered by the restaurant where he works as head chef. Carlos self-medicates with over-the counter painkillers and prescription painkillers purchased in Mexico to deal with a severe back deformity that has caused him 15 years of chronic pain and taken seven inches off his height. His self-medication has led to a host of other problems, including a recent bout of internal bleeding and severe anemia that almost took his life. To address his gastrointestinal and orthopedic problems, Carlos turned to the public health system in Los Angeles, where it takes months to get an appointment and proper follow-up care. Finally in June after waiting six months, Carlos was able to get an appointment at UCLA Harbor Medical Center to see an orthopedic surgeon, Dr. Yoshida. He diagnosed Carlos with ankylosing spondylitis (AS), a chronic congenital condition that causes Carlos's vertebrae and joints to fuse together. Surgical treatment for AS is extremely risky, and

*The United States spends
50% more on health care
than any other country, but
ranks 15th in preventable
deaths, 24th in longevity, and
28th in infant mortality.*

Dr. Yoshida wants to wait until Carlos is so bent over that he can only see the floor. The effects of AS can be slowed with regular physical therapy and treatment by a rheumatologist, but Carlos has already waited more than six months to see a rheumatologist and still does not have an appointment. Carlos does not understand why a doctor would choose to delay a surgery that he will eventually need, especially since his condition is already causing uncontrollable pain and interfering with his work and family life. He decided to pursue a second opinion in Mexico City where his cousin is a surgical nurse. In November, Carlos traveled to Mexico to meet with orthopedic surgeons who recommended that he have the surgery as soon as possible. While the cost of the surgery is far less expensive in Mexico than it would be in the United States, it still will cost close to \$40,000 and require a three-month hospitalization. Carlos is excited about the prospect of a “cure” that has eluded him for the past fifteen years, and he appears willing to accept the substantial risks that come with this complicated operation. However, he is still uncertain how he will pay for the procedure. At the moment, he is contemplating taking out a second mortgage on his house and having the surgery in early 2007.



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