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BETTER HEALTH FOR WEST VIRGINIA'S WOMEN

Discussing the Problems and Finding Solutions

Health care issues for women are a challenge across the nation. But, in West Virginia, the problem is at crisis proportions.

West Virginia ranks 47th out of 50 states and the District of Columbia in women's health status indicators. (Making the Grade on Women's Health)

In 2000, a Women's Health Policy Conference Committee was spearheaded by women legislators, health professionals, advocates, and policy leaders. Realizing that solutions must be found without delay, the Committee works to stimulate public dialogue about the issues and develop women's health policy initiatives.

The Committee's annual conferences provide a forum for discussion and education about women's health issues. Policymakers, medical providers, advocates and citizens attend to learn and add their voice to finding solutions.

The conferences feature a wide variety of topics including gender-based health research, diabetes, domestic violence, health care access, minority women's health issues, the nursing shortage and the malpractice crisis. Legislative Roundtables are convened. The sessions provide legislators, speakers and conference participants an opportunity to interactively discuss women's health policy. Topics include legislative attitudes toward women's health, the effect of abortion amendments on broader women's health policy and the importance of finding common ground.

From the annual conferences, the Women's Health Policy Conference Committee has identified a number of themes. The common themes help frame policy recommendations for improving women's health in West Virginia. The themes will be the foundation for discussions in the upcoming Third Annual West Virginia Women's Health Policy Conference.

1. Establish a women's health policy commission.

West Virginia needs to establish an ongoing process to develop women's health policy recommendations based on current data and research review. The process should:

- bring together representatives of all existing state groups involved with women's health policy
- utilize experienced researchers to study the causes of West Virginia's poor grades in women's health status indicators and other health disparities
- recommend policy solutions to address the researchers' findings
- recommend new research to improve women's health in West Virginia

RECOMMENDATION: Establish a women's health policy commission to develop policy recommendations based on current data and research review.

2. Improve West Virginia women's access to health care.

West Virginia ranks last in health insurance coverage for women. Only two other states have an upper income eligibility threshold for Medicaid for adults that is lower than West Virginia's (30% of Federal Poverty Level). Although the State addressed the lack of care for women with breast or cervical cancer through expanding Medicaid eligibility to that group, state policy could do much more to extend health insurance and to assure affordable coverage is available. For example, West Virginia could raise the income eligibility levels for Medicaid. The state should also explore options for offering affordable adult health care coverage utilizing the Public Employee's Insurance Agency program (PEIA), or Children's Health Insurance Program (CHIP), strengthening community health services by supporting partnerships with health care providers and creating partnerships with employers.

RECOMMENDATION: Make health care coverage available to all uninsured West Virginians, targeting women first. Expand eligibility under existing programs.

- Expand eligibility levels for Medicaid for pregnant women to 200% of the federal poverty level.
- Provide coverage for senior, disabled women and single mothers by expanding the eligibility for Medicaid to 100% of the Federal Poverty Level.
- Develop optional coverage buy-in programs for individuals and small businesses to PEIA, CHIP and Medicaid.
- Continue and increase funding of "safety net providers" offering free or reduced fee health care.

3. Support legislation to address our medical liability crisis and retain women's health care providers.

Doctors, hospitals, and other health care providers in West Virginia are experiencing significant increases in their medical liability insurance premiums. Rising insurance rates are causing health care providers to retire early, limit their practices and even leave the state. This has particularly impacted obstetricians and gynecologists.

RECOMMENDATION: Policymakers and stakeholders must identify resolutions to the continuing medical liability crisis so that women's health providers will be accessible to their patients.

4. Declare a moratorium on amending abortion language into well-researched women's health policy legislation.

The threat of abortion amendments is frequently mentioned by legislators as a deterrent to passing good women's health legislation. Historically in West Virginia, when women's health legislation is introduced, political fights related to amending abortion language get in the way of bill passage.

RECOMMENDATION: Legislators and women's health advocates must collaborate to establish a moratorium on amending abortion language into non-abortion related women's health legislation.

5. Fund statewide programs to promote healthy behaviors among West Virginia women.

Many health outcomes for West Virginia women can be improved by lifestyle and behavior changes. West Virginia women have the highest rates of smoking and obesity in the nation. Preventive health activities, such as getting regular mammograms or exercising, are also uncommon among women in the state.

RECOMMENDATION: Health intervention and education programs that demonstrate successful outcomes should be promoted by state agencies, employers, churches, schools, community groups, and insurance providers.

6. Promote equity in contraceptive coverage by insurance companies.

Contraceptives are the only FDA approved prescriptions routinely excluded from insurance coverage. Many prescription programs cover Viagra for men, yet fewer than 20% of traditional health care plans cover the methods of birth control commonly used by women. American women spend 68% more than men in out-of-pocket health care costs, much of which can be attributed to the lack of coverage for reproductive services. This unfair and costly situation should end so West Virginia women can receive the contraception care they need.

RECOMMENDATION: Require private and public insurers who provide prescription drug coverage to provide prescription contraceptive coverage for women.

7. Promote parity in reproductive health care services.

The National Commission to Prevent Infant Mortality estimates that 10% of infant deaths could be prevented if all pregnancies were planned. Yet the WV Public Employees Insurance Agency does not cover prenatal care or contraception for dependent minors. It also does not cover emergency contraception for insured women or their dependents. A change in policy will protect the health of West Virginia women covered by PEIA.

RECOMMENDATION: PEIA should include coverage for reproductive health care for dependent minors and contraceptive care for insured adult women.



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BETTER HEALTH FOR WEST VIRGINIA'S WOMEN

West Virginia Women's Health Policy Conferences Report and Policy Brief

September 2002

Funded by West Virginia Community Voices Partnership,
 a project of the W.K. Kellogg Foundation

The Failing Health of West Virginia Women

West Virginia women's health is an essential concern for our state's families, workforce and communities. The quality of our women's health impacts their jobs as well as those they watch over and care for. West Virginia is far behind the rest of the nation in women's health outcomes. According to the 2001 report, "Making the Grade on Women's Health, a National and State Report Card," produced by the National Women's Law Center, West Virginia ranks last out of 50 states and the District of Columbia on many indicators for good health.

Among the failing grades West Virginia received in the report, the state ranked last or nearly last in colorectal cancer screenings, annual dentist visits, obesity, heart disease death rate, lung cancer death rate, high blood pressure, and diabetes.

The saddest news is that West Virginia ranks at the very bottom in the percentage of women who ever complete high school. West Virginia ranked 48th for poverty. Studies show that women in poverty are least likely to seek preventive health care. West Virginia ranked last in providing health insurance to women - one reason why many women in the state are not getting the care they need when they need it. The lack of health coverage and insurance cost control policies are compromising women's ability to receive care.

Health care research has often excluded women from studies. Because men and women experience health conditions differently, more must be done to identify the unique medical needs of women.

Many women's health care problems can be prevented. West Virginia's failing grades in women's health suggests that more should be done. A broad based plan incorporating women's health research, policy and outreach is urgently needed to reverse these negative West Virginia trends.

Mark these dates!

November 18-19, 2002

University of Charleston



West Virginia

Women's Commission

Celebrates their 25th Anniversary

Call: 304-558-0070

Unraveling Women's Health
 3rd Annual Women's Health
 Policy Conference
 Call: 304-346-0300



Sources for this report:
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 Dawn Mesra, Ed. *The Women's Health Data Book*, 3rd edition, Jacobs Institute of Women's health, Washington, D.C. 2001; Jacqueline A. Horton, Ed. *State Profiles on Women's Health*, Jacobs Institute of Women's Health, Washington, D.C., 1998.

The WV Community Voices Partnership is a project of the Office of Health Sciences of the West Virginia Higher Education Policy Commission. West Virginia Community Voices Partnership is one of thirteen national demonstration projects of the W.K. Kellogg Foundation. The partners are dedicated to bringing the voice of the community into the development of policies and programs to improve health care access for the uninsured and under-served.



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Policy Recommendations:

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FOR WEST VIRGINIA'S WOMEN

BETTER HEALTH

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