

# WEST VIRGINIA



**“We must have the courage.....even if we are uncertain of the outcome. To do nothing would be disastrous.”**

–Senate President Earl Ray Tomblin, January 8, 2003

Between 1996-2000, more West Virginians died than were born. In 2000, 267 West Virginians died as a result of natural decrease, the excess of deaths over births. The rate of natural decrease was 0.15 persons per 1,000. Results from the 2000 Census showed an overall increase (approximately 0.8 percent) in the state’s population since 1990, from 1,793,477 to 1,808,344. This increase was the result of an overall natural increase and an excess of immigration over outmigration during the entire decade.<sup>62</sup>

The geography of West Virginia contributes significantly to the problems of access to quality healthcare. The surface elevation of West Virginia is extremely uneven. It ranges from a low of 240 feet in the Valley of the Potomac to a high of 4,862 feet at Spruce Knob in Pendleton County. West Virginia’s mountains often are steep and rugged, rising and falling in successive waves of ranges. Non-interstate travel through West Virginia also can be treacherous. During the months of late December through early April, poor weather conditions add more time or prevent driving altogether.<sup>63</sup>

West Virginia, along with the rest of the nation, recognizes the need to reduce the infant mortality rate and decrease the number of low and very low birth weight babies. There are several barriers that have made it difficult for low-income women to access early care including lack of transportation, obstetrical providers in their community, payment mechanisms, and an understanding of the importance of early prenatal care. The children of indigent families also experience similar difficulties in obtaining healthcare, and rural communities remain isolated from larger towns with medical centers, leaving many families cut off from healthcare facilities. West Virginia is the second most rural state in the nation, with 64 percent of its population living in communities of fewer than 2,500.<sup>64</sup> Forty-five of 55 counties are designated as rural or non-metropolitan as defined by the Bureau of the Census.

In an average week in West Virginia, 52 babies are born preterm and 33 are born with a low birth weight. In 2001, there were 2,690 preterm births,

## State Facts 2001\*

Infant Mortality Rate	7.3
Preterm Birth Rate	13.2
Low Birth Weight Infants	8.5
Prenatal Care in First Trimester	86.3
Pregnancy/Maternal Smoking	26.1
Teenage Birth Rate (age 15-19)	45.5
Birth Rate to Unmarried Women (age 15-44)	32.5

\*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

representing 13.2 percent of live births. Between 1991 and 2001, the rate of infants born preterm increased by nearly 31 percent. Total charges for hospital stays for infants with any diagnosis related to premature births were estimated at \$13.6 billion in 2001.<sup>65</sup>

The Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), has responded to the fluctuations in the health status of its mothers and infants by placing a greater emphasis on preventative medicine through promoting more healthful behaviors. Preventative approaches that hold the greatest promise for changing behaviors are community-based efforts that focus on both individual and societal influences. The BPH, Office of Maternal, Child, and Family Health, is the lead agency for numerous services, networks, and programs aimed at improving infant morbidity and mortality and increasing the capacity of local community groups to help promote the overall health of its citizens. A sampling of these include the following:

**Birth to Three Program:** a statewide system of services and supports for children under age 3 who have a delay in their development, or may be at risk of having a delay, and their family. A team of professionals works with the family based on each family’s concerns and priorities for their child. Teams include people who can provide the family knowledge about possible areas of concern with the child’s development. If a child is found to be eligible for Birth to Three, the family chooses whether they want to participate and receive services.



**Early Childhood Resource Lending Library:** contains numerous resources such as books, brochures, videotapes, training manuals, workbooks, curriculum guides, assessment tools, and self-study modules. Also available for loan are environmental controls, adapted toys and software.

**Right from the Start Program:** provides comprehensive maternity care for women whose income is at or below 185 percent of the federal poverty level. These services are provided in collaboration with Medicaid and Title V. Medical case management for high-risk women and infants is provided to facilitate entry into, and receipt of, appropriate healthcare for populations who, because of medical conditions/predilections, might otherwise not have appropriate or available care.

**HealthCheck:** West Virginia's E.P.S.D.T. Program ensures that Medicaid-eligible children under age 21 receive a comprehensive range of preventative and primary health services. This program provides periodic, comprehensive health examinations, vision, dental and hearing assessments, immunizations, and treatment follow-up of conditions found through the health examination.

**Genetics Project:** provides clinical genetic services for patients at five satellite locations throughout West Virginia. Services include diagnosis, counseling and management of genetically determined diseases, prenatal counseling, and evaluation of teratogen exposure. The Project is operated by the West Virginia University Department of Pediatrics and is supported by MCH Title V funds.

**Adolescent Pregnancy Prevention Initiative:** provides development, oversight and coordination of adolescent pregnancy prevention activities. Adolescent Pregnancy Prevention is a focus area of the Family Planning Program, targeted to reduce the number of pregnancies among adolescents through improved decision making skills, abstinence, or access to contraceptive services.

**Family Planning Program:** contracts with over 150 county health departments, primary care and rural health centers, college and university student health clinics, hospitals, and private medical practices to deliver clinical family planning services to eligible individuals.

**West Virginia Abstinence Education Project:** a preventative program educating youth and parents about the health benefits gained through positive lifestyle choices. AEP promotes primary prevention of sexual activity before marriage and related high-

risk behaviors in youth ages 10 to 14. The Project promotes an abstinence-until-marriage philosophy, targets the reduction of teen pregnancy rates, and seeks to reduce teen sexual activity in future generations.

**Adolescent Health Initiative:** designed as a complement to HealthCheck programming with the expressed purpose of creating awareness among families, and others, of the need for young persons between the ages of 10 and 17 to be provided routine health services.

**Access to Rural Transportation Project (ART):** began in 1991, allows government-sponsored patients (Medicaid/Title V), pregnant women, and infants up to 1 year of age, in need of medical care, to receive monies in advance to cover transportation to medically necessary services. This advance travel payment system was a collaboration between the Office of Maternal and Child Health and the Non-Emergency Medical Transportation, administered by the Office of Family Support. The Project operates in concert with the Right From the Start program to reduce barriers experienced by government-sponsored patients who reported transportation to be the major obstacle often preventing them from seeking early and continuous care. The advance monies are distributed through a network of community-based service providers who complete the necessary paperwork, which ultimately reduces the demand placed on local DHHR offices for transportation assistance, while improving patient access. Services currently are available in 54 counties.

**West Virginia Rural Hospital Flexibility Program:** often referred to as the Critical Access Hospital Program or the Flex Program, resulted from a major national initiative to strengthen rural healthcare by allowing small hospitals the flexibility to reconfigure their operations, particularly for acute inpatient care at Critical Access Hospitals (CAHs); offering cost-based reimbursement for Medicare acute inpatient, swing bed services and outpatient services (the Bureau for Medical Services supports the program by also offering cost-based reimbursement for Medicaid patients); encouraging the development of rural health networks; and offering grants to hospitals to strengthen the rural healthcare infrastructure.

**Toll-Free Hotline Services (1-800-642-8522 or 1-800-642-9704):** staffed by a registered nurse or licensed social worker who will serve as the initial service coordinator for children, families, and professionals about available services offered by the Office of Maternal, Child, and Family Health.

