

News

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Report ranks W.Va. No. 2 in kids with chronic illness

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CHARLESTON, W.Va. - West Virginia has the second-highest percentage of children with chronic health problems in the nation, a troubling statistic that highlights the state's need to expand health coverage for kids, according to a report released today.

About 18 percent of West Virginia children - 69,500 kids - have special health needs or chronic illnesses, such as asthma and diabetes. Only Kentucky has a higher percentage - 18.5 percent.

More than half of West Virginia kids with chronic health problems receive government-funded health insurance through Medicaid and the Children's Health Insurance Program, according to a report from the West Virginia Center on Budget & Policy.

"All of these conditions could be ameliorated through early intervention," said Renate Pore, an analyst with the nonprofit policy center. "We need to improve the health status of West Virginia, and there's so much we could do for the children. We're missing an opportunity."

In most states, the majority of chronically ill children are covered by private health insurance.

Pore's report analyzed data from a Robert Wood Johnson Foundation study released in mid-August. The study was conducted by researchers at the University of Minnesota's State Health Access Data Assistance Center.

Even though most West Virginia kids with chronic health problems have insurance, some don't receive the medical care they need, or the care is delayed, according to Pore's report.

About 10 percent of chronically ill children on Medicaid or CHIP received no care or delayed care, according to Pore's analysis. West Virginia children with private coverage fared better, with no care or delayed care 5 percent of the time.

When it comes to mental health care, West Virginia falls below the national average in providing services to children with chronic conditions. Among the state's children with public insurance, 17 percent didn't receive the mental health services they needed.

There's at least one positive sign for West Virginia children with special health needs: 97.6 percent of the state's chronically ill kids with government-funded health insurance reported having a personal doctor, the highest percentage in the nation.

Pore said it's not surprising that West Virginia has more children with chronic illnesses than most states. The Mountain State also has a high percentage of kids who live in poverty, and studies show childhood poverty is frequently associated with poor health.

Even so, West Virginia has programs that can help improve the health of kids with chronic illnesses, Pore said.

The state's "Birth to Three" program, for instance, provides free therapy services

to developmentally delayed infants and toddlers.

The program has grown from 3,000 children in 2002 to 5,600 last year, but federal funding hasn't changed. The state Legislature had to appropriate additional money this year to make up for the program's \$3 million shortfall.

"Birth to Three is underfunded," Pore said. "We really need to pay attention to that. The program can make a huge difference."

Pore also recommended that West Virginia suspend its revamped Medicaid program.

National and state groups have sharply criticized West Virginia's redesigned Medicaid, saying recent changes have jeopardized health care for poor children.

Families who sign "personal responsibility" agreements - a promise to keep doctors' appointments, stay out of hospital emergency rooms and lead healthier lifestyles - receive expanded coverage.

But only about 8 percent of families have signed the agreements, so most children, including kids with chronic diseases, are receiving stripped-down benefits that limit prescriptions and other health services, Pore said.

"It's the wrong approach, targeted to the wrong people, for the wrong reasons," she said.

Pore suggested that the state adopt a proposal to link chronically ill children to physicians' practices or "medical homes" that would coordinate medical care.

"The way we provide care in an episodic way is not very good," Pore said. "We need to make sure these kids have a medical home with a doctor to refer and coordinate care. We need to improve the treatment they're getting and provide them with more family supports."

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