



Newsletter December 2007

Women and Long-Term Care



(l to r) Teresa Younger, Dr. Donna Wagner, and Julia Evans Starr at the CWHC's Long-Term Care Health Forum on November 29.

A forum on women and long-term care was held on November 28, 2007. Speakers included Dr. Donna Wagner from Towson State University and Julia Evans Starr, the executive director of the Commission on Aging. Dr. Donna Wagner is the founding director of the academic gerontology programs and The Center for Productive Aging at Towson University. She has recently completed a study on the out-of-pocket spending of caregivers. Ms. Starr presented highlights of women's needs from Connecticut's Long-Term Care Needs Assessment.

- Women comprise approximately two-thirds of unpaid family caregivers, with women ages 50 to 64 being the most likely group to provide care.
- Women take an average of thirteen years out of the workforce for family care giving.

• More than nine million family caregivers nationally have serious health conditions of their own. "Women, as the primary family caregivers, have been investing their time, money and often their health in their care giving responsibilities. On average, family caregivers are spending more than \$5,500 of their own funds on an annual basis in addition to the many hours they spend providing the majority of long term care services for their older family members and friends," states Dr. Wagner.

"The nation's 44 million 'informal caregivers'— mostly family members and friends-- provide care without pay and are the primary source of long-term care in our country," said Evans Starr. "Although family caregivers can be spouses, adult children or other family and friends, the most common caregiver is female, 46 years old, who works outside the home and provides about 20 hours of care a week to her mother." Evans Starr noted that according to the recently completed Connecticut Long-Term Care Needs Assessment—the first in 20 years—the total estimated **annual economic value of unpaid care to people with disabilities age 18 and older in 2004 was \$306 billion**. This greatly exceeded public expenditures for formal home health care (\$43 billion) and nursing home care (\$115 billion) that same year.

"Limitations in employee benefits are creating unnecessary economic risk for women and their families," said Teresa C. Younger, Executive Director of the PCSW. "Policies to support workers as they provide care for family members or take care of their own health are essential for a strong Connecticut economy."

Charter Oak Health Plan

According to the Office of Health Care Access, 166,652 women in Connecticut were uninsured at some point during 2005. Lack of adequate health insurance is clearly an economic security issue for women. Because national health reforms have stalled and employer-sponsored insurance has eroded, public health insurance programs have been used to fill gaps in coverage. CWHC assesses all health care reforms by a set of guiding principles. These are that health care for women should be:

- Gender appropriate
- Culturally competent
- Comprehensive and preventive
- Universal, and
- Confidential



According to these guidelines the two primary concerns about Governor Rell's proposed Charter Oak Health Insurance Plan (COHIP) as it relates to women's health are about the **scope of the benefits and the cost-sharing**. The following consumer protections were hard fought and put into place due to discrimination in insurance practices. These are of particular concern to Connecticut women.

- Coverage for diabetes testing and treatment, as well as outpatient self-management training, Conn. Gen. Stat. §§ 38a-492d, 492e, 518d, 518e;
- Coverage for pain management, Conn. Gen. Stat. §§ 38a-492i, 518i;
- Coverage for home health care, Conn. Gen. Stat. §§ 38a-493, 520;
- Coverage of mammography and breast ultrasound, mastectomy care, and mandatory coverage of breast cancer survivors, Conn. Gen. Stat. §§ 38a-503, 503a, 503d, 530, 530a, 530d;
- Mandatory coverage for maternity care, Conn. Gen. Stat. §§ 38a-503c, 530c;
- Coverage for prescription contraceptives, Conn. Gen. Stat. §§ 38a-503e, 530e;
- Coverage for infertility diagnosis and treatment, Conn. Gen. Stat. §§ 38a-509, 536;
- Coverage for medical complications of alcoholism, Conn. Gen. Stat. § 38a-533;
- Coverage for treatment of tumors and leukemia, reconstructive surgery, prosthesis, chemotherapy, and wigs, Conn. Gen. Stat. §§ 38a-504, 542;

CWHC has been at the forefront of advancing such consumer protections when the "market" failed to address gender appropriate care in these areas.

As for cost-sharing, numerous studies have shown that even *nominal* cost sharing is a disincentive for preventive care for low-income families. COHIP's current structure requires **8-11% of family income on premium costs alone**. *Adding deductibles, co-insurance and out of pocket costs may push it entirely out of reach for most Connecticut families.*

The COHIP prospectus indicates that only 32,800 people out of the 350,000 estimated uninsured are expected to be enrolled in the plan after four years. Targeting the uninsured requires creative approaches that are designed to meet the uninsured where they are: part-time, self-employed, unemployed, 20-30 year olds, lower-income workers and workers in small businesses. For more information about COHIP, see <http://www.ct.gov/dss/cwp/view.asp?Q=382326&A=2345>

An informational hearing on COHIP will be held December 5, 2007. See Women's Health Calendar for details.

New Pilot Program To Help Adults with Disabilities Live at Home

(Source: Connecticut Women's Consortium "E-Notes" from Department of Social Services, October 2007)

The state Department of Social Services has opened applications for the new Connecticut Home Care Program for the Disabled. Persons eligible for the program must meet the following criteria: 1) be between age 18-64 and who, but for their age, would otherwise qualify for Category 2 services under the Connecticut Home Care Program for Elders; 2) have as a primary diagnosis a degenerative neurological condition, including, but not limited to, Multiple Sclerosis, Alzheimer's Disease, Parkinson's Disease, Huntington's Disease, and ALS; 3) be inappropriately institutionalized or at risk of institutionalization as defined by requiring assistance in at least three of the following areas: bathing, dressing, toileting, transferring, eating/feeding, meal preparation or medication administration; and 4) have assets, if single, that do not exceed the minimum community spouse-protected amount, or, if married, have assets do not exceed 150% of that amount. Persons ineligible for the pilot are those who would qualify for the Personal Care Assistance Waiver, whose primary diagnosis is mental illness or intellectual disability, or who are active with or eligible for Medicaid. To apply, call 1-800-445-5394 (toll-free) or 860-424-4904 (in Hartford area); choose option 4. Applicants will be processed on a first-come, first-served basis.

CWHC General Membership

Click on the links provided to see a list of existing [CWHC members](#), [our principles](#), and a [sign up sheet](#). CWHC will *not* ask members to sign on each year. If your organization is on the attached list, you are "grandmothered" into membership. If you wish to be a new member, please fill out [this form](#).

If you are an existing member that is no longer interested in membership, please [e-mail](#).

Future CWHC Electronic Bulletins

The CWHC newsletter will be issued as needed during the off-session and once a month or more often as needed beginning the month after the start of Connecticut's legislative session. These bulletins will not be limited to legislative information, nor will they contain calls to action. **If you would like to post an announcement about a publication, conference or other event, please [e-mail](#).**



To remove your name from our mailing list, please [click here](#). Comments or questions? Please [e-mail us!](#)

Women's Health Resources

Unnatural Causes is a documentary coming in Spring 2008 which will explore America's socio-economic and racial inequities in health - and search for root causes. For more information, <http://www.unnaturalcauses.org/documentary.html> and <http://www.unnaturalcauses.org/images/10things.pdf>

The Office of Research on Women's Health convened a National Institutes of Health Symposium on Family Hormonal Health to discuss pituitary disorders. For more information, visit: <http://orwh.od.nih.gov/pubs/>

Women's Health Calendar—Upcoming

December 5, 2007—A legislative forum on the Charter Oak Health Plan will be held at 1 p.m. in Room 2C of the Legislative Office Building. Convening committees include Appropriations, Human Services and Insurance and Real Estate.

March 9, 2008—Women and Family Life Center's 6th annual Women's Health Conference, Mystic Marriott Hotel and Spa, Mystic, CT (for details, visit [here](#))

April 17—18, 2008—Raising Women's Voices for the Health Care We Need National Conference, Simmons College, Boston, MA. (click [here](#) for flier in PDF format)