

Health Policy Brief

A Profile of Children with Special Health Care Needs in Ohio

Anthony Goudie, PhD, Gerry Fairbrother, PhD, Lisa Simpson, MB, BCh, MPH, FAAP, Keith Mandel, MD
Child Policy Research Center at Cincinnati Children's Hospital Medical Center

Children with special health care needs (CSHCN) are defined by the Maternal and Child Health Bureau as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

CSHCN constitute a vulnerable sub-population with elevated and complicated utilization of health care services. Based on analysis of the 2008 Ohio Family Health Survey (OFHS) an estimated 570,913 children have special health care needs, representing 20.9% of all children aged 0-17 in Ohio.

Demographic Characteristics

Overall, there is a higher prevalence of CSHCN in older age groups, they tend to be male (58.8%) more than female, and among race/ethnicity groups there are more Black CSHCN (16.2%) than Black non-CSHCN (13.6%). The demographic characteristics of CSHCN determine the type and level of health care resources required (e.g. older children require different types of health care) and also other non-health care resources (e.g. males with behavior problems may require more counseling in school).

CSHCN Health Status

CSHCN have poorer health and mental status compared to non-CSHCN (table 1). Only 62.3% of all CSHCN have excellent or very good health status and fewer have excellent or very good mental health status (57.8). In comparison, approximately 9 out of 10 non-CSHCN have excellent or very good health and mental status.

Table 1. CSHCN Health and Mental Status (n, %)

Need Variable	Category	CSHCN		non-CSHCN	
		n	%	n	%
General Health Status	Excellent/Very Good	355,155	62.3	1,777,958	90.9
	Good	144,516	25.3	159,974	8.2
	Fair/Poor	70,591	12.4	19,003	1.0
Mental Health Status	Excellent/Very Good	284,794	57.8	1,249,584	88.8
	Good	129,216	26.2	141,971	10.1
	Fair/Poor	78,805	16.0	16,303	1.2

Note: CSHCN and non-CSHCN population percentages do not add to 100% due to missing values.

Table 2. CSHCN Categorization by Level of Need (n, %)

Type of Qualifying Need	CSHCN	Percent
Rx Only	162,204	29.5
Services Only	87,776	16.0
Rx + Services	145,518	26.8
Functional Limitations	151,949	27.7

Not All CSHCN Are Alike

CSHCN have a myriad of health care needs with difference levels of complexities. One way of categorizing complexity is by type of qualifying need. From least to most complex categories these include requiring only prescription medications (e.g. mild asthma), only elevated utilization of services, requiring both prescription medications and elevated service use, and functional limitations (e.g. cerebral palsy). More than 150,000 Ohioan CSHCN have functional limitations.

Poverty, Insurance and Level of Need Are Linked

One in three CSHCN living in a household with an income of 200% or less of the Federal Poverty Level (FPL) have the most complex type of special need, functional limitations (figure 1). CSHCN living in households with greater than 300% FPL have conditions that are treated with prescription medications alone (38.5%) or in combination with services (30.0%).

Figure 1. Level of Complexity of CSHCN by Insurance Status Across Poverty and Insurance Status (% of type of qualifying special need)

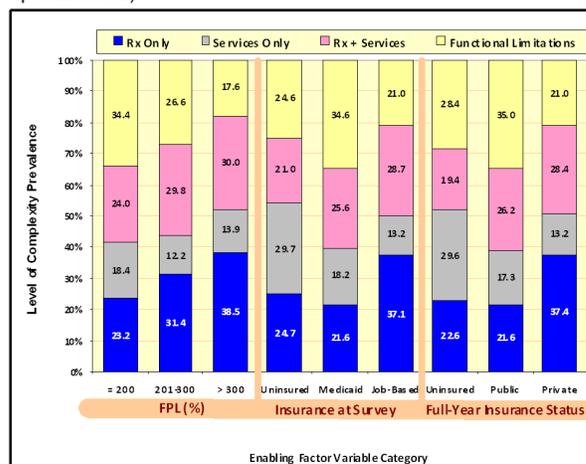


Table 3. CSHCN Unmet Need Comparison with Non-CSHCN

Unmet Need / Health Care Access Barrier	CSHCN		no n-CSHCN	
	570,913 (20.9%)		1,957,952 (71.7%)	
	n	%	n	%
Dental Care	44,229	7.8	69,898	3.6
Prescription Drug	40,416	7.2	36,174	1.9
Medical Exam	9,900	1.8	15,757	0.8
Health Care of Any Kind	36,493	6.5	37,718	2.0
Incurred Major Medical Costs	153,428	26.9	228,504	11.7
Delayed or Avoided Getting Care Due to Cost	46,902	8.2	73,975	3.8
Problems Getting Health Care in General	53,268	9.4	43,759	2.2
Big Problem Seeing a Needed Specialist *	26,240	8.1	17,073	4.4

* Percentage represents those that needed to see a specialist and not overall.

More than one in three of all CSHCN receiving Medicaid insurance coverage have functional limitations. Only one in five CSHCN covered by private health insurance have the same level of complex need. CSHCN covered by private health insurance are almost twice as likely to require prescription medications alone as CSHCN receiving Medicaid insurance coverage.

Unmet Needs

CSHCN experience unmet health care needs at a significantly higher rate than non-CSHCN (table 3). Even after taking into account differences between CSHCN and non-CSHCN in age, gender, race/ethnicity, parent's marital status, insurance status, health status, and region of residence, CSHCN still experience higher rates of unmet needs.

Main Reasons Cited for Unmet Needs

Dental Care: Cost, lack of insurance, and difficulty getting an appointment.

Prescription Drugs: Cost.

Medical Care or Services: Cost, and lack of insurance.

Big Problem Seeing a Specialist: Insurance restrictions, cost or no insurance.

Factors Associated with Unmet Needs for CSHCN

Here is what we know about the factors associated with CSHCN delaying or avoiding getting needed health care: They are ...

- 10 times more likely to be uninsured.
- Twice as likely to be older (ages 13-17).
- Twice as likely to have good or lower health status.
- 4 times as likely to live in a rural (non-Appalachian) region than Hamilton county.

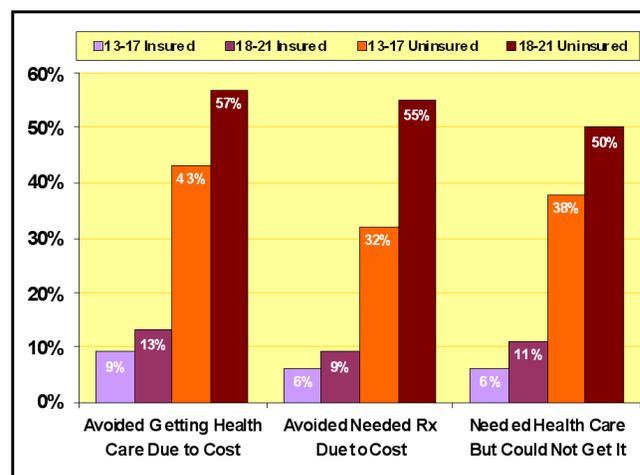
Lack of insurance coverage and poor health status are evident for CSHCN who have problems getting health care in general.

Transition to Adulthood

CSHCN face new challenges at a number of points in their life. One of the major milestones that affect CSHCN occurs when they finish school and transition into young adulthood. There are an estimated 224,245 CSHCN aged 13-17 and 120,365 young adults aged 18-21 with special health care needs in Ohio. Regardless of insurance status,

young adults with SHCN have many more problems accessing health care (figure 2). At the time of the survey, 28.2% of all young adults 18-21 were uninsured.

Figure 2. Health Care Access Problems by Insurance Status and Age Category (%)



Policy Ramifications

- Early screening for diagnoses of chronic conditions if they manifest at an early age.
- Stable and adequate health care insurance is vital for this vulnerable pediatric population.
- Better focus on CSHCN transitioning to adulthood to avoid high levels of unmet needs.
- Entire families are impacted by caring for a child with SHCN.
- The health care system is but one of many that CSHCN interact with, and coordination between all is important for quality of life and well-being (e.g. behavior in school may be due to poor adherence taking medications).