

Utah Health Status Update:

Utah Children With Special Health Care Needs

September 2005

Utah Department of Health

The National 2001 Children With Special Health Care Needs survey provides detailed information on the parent-reported prevalence of children who have special health care needs (CSHCN). The survey was sponsored by the federal Maternal and Child Health Bureau and administered by the Centers for Disease Control and Prevention. This survey is the first effort to collect and estimate national and state level data about children who have a special health care need. The survey was conducted as a module of the State and Local Area Integrated Telephone Survey (SLAITS) between October 2000 and April 2002. Detailed interviews were conducted with families of 742 children with special health care needs. This report highlights some of the survey findings.

Children With Special Health Care Needs

The survey included screening questions to identify children with special health care needs. Children were determined to have a special health care need if they met any of the following criteria lasting for at least 12 months:

- Use/need for prescription medication
- Use/need for more medical care, mental health services, or education services than other children of the same age
- Use/need for treatment or counseling for an emotional, developmental, or behavioral problem
- Limitation in the child's ability to do the things most children of the same age do
- Use/need for special therapy such as physical, occupational, or speech therapy

Prevalence of Children With Special Health Care Needs in Utah

The survey estimated that 11.0% of Utah children under age 18 have special health care needs. This rate is lower than the national rate of 12.8% (Table 1). Children between the ages of 12–17 were most likely to have special health care needs (16.2%). Boys (12.0%) were more likely to have special health care needs compared to girls (9.9%). Children who live below 100% of the federal poverty level were more likely to have special health care needs (12.4%).

CSHCN Prevalence

Table 1. Percentage of CSHCN by age, gender, race/ethnicity, and poverty level, Utah and U.S., 2001

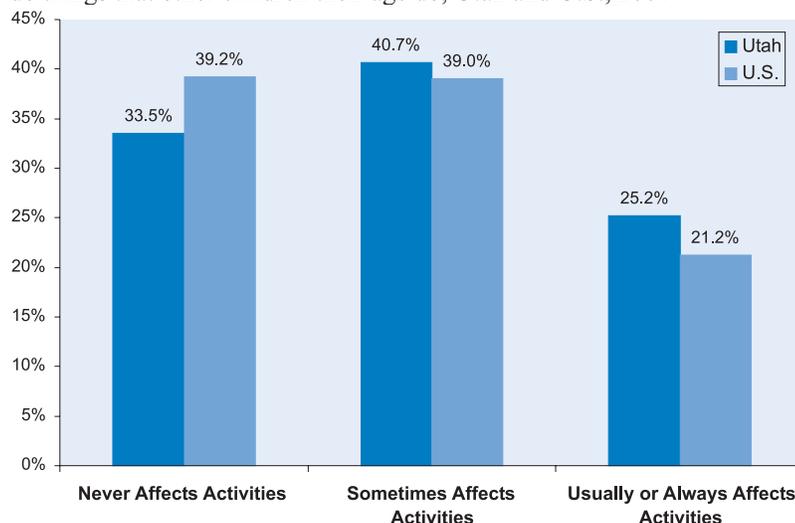
	State	National**
CSHCN Prevalence	11.0%	12.8%
Prevalence by Age		
0-5 years	5.2%	7.8%
6-11 years	11.9%	14.6%
12-17 years	16.2%	15.8%
Prevalence by Gender		
Male	12.0%	15.0%
Female	9.9%	10.5%
Prevalence by Racial/Ethnicity		
Hispanic	7.5%	8.6%
White (Non Hispanic)	11.5%	14.2%
Black	*	13.0%
Asian	*	4.4%
Native American/Alaskan Native	*	16.6%
Native Hawaiian/Pacific Islander	*	9.6%
Prevalence by Poverty Level		
0-99% FPL	12.4%	13.6%
100-199% FPL	11.7%	13.6%
200-399% FPL	10.5%	12.8%
≥ 400% FPL	11.5%	13.6%

* Rates were suppressed due to small sample size.

** National survey results can be found at: <http://www.mchb.hrsa.gov/chscn/>

Impact of Child's Condition on Functional Ability

Figure 1. Percentage of CSHCN parents reporting whether their child's medical, behavioral, emotional, and other health conditions affect their ability to do things that other children their age do, Utah and U.S., 2001



Health and Functional Status

Parents were asked to rate the severity of their child's condition on a scale of 0–10, 10 being most severe. On average, Utah parents rated the severity as 4.6. More than a quarter (25.2%) of parents of children with special health care needs stated that their child's medical, behavioral, emotional, and other health conditions 'usually' affect their ability to do things other children their age do. This rate is slightly higher than the national rate of 21.2% (Figure 1).

Access to Care

Overall, 91% of Utah parents of CSHCN reported that they have a usual place to go when their child is sick. However, 8.2% have no usual source of care (Figure 2). Nearly one-quarter (22.9%) of Utah parents with CSHCN who need a referral for specialty care reported they have a problem getting a referral. Eighty-seven percent of Utah parents reported their CSHCN needing prescription medication to manage their condition. Almost one-third (30.0%) of Utah CSHCN reported needing mental health services during the last year compared to the national rate of 25.3% (Figure 3).

Care Coordination

Care coordination links children with special health care needs and their families to services and resources in a coordinated effort to provide them with optimal health care. In Utah, only 12.8% of CSHCN parents reported that professionals 'always' help them coordinate their child's care, compared to 17.9% nationally (Figure 4).

Health Insurance

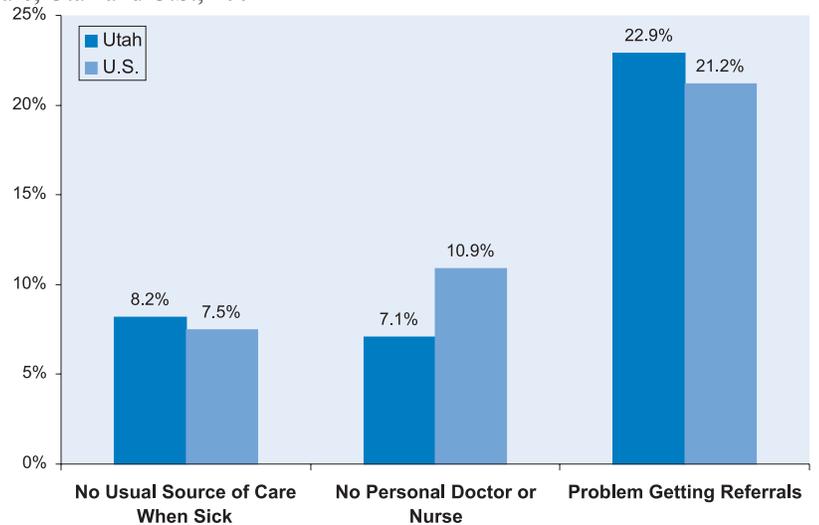
The majority (88.2%) of Utah CSHCN reported being insured during the last 12 months. However, 11.8% reported not having health insurance at some point during the previous 12 months. Utah rates were similar to U.S. rates.

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For additional information about this topic, contact the Data Resources Program, 801-538-6855, email: shossain@utah.gov or Holly Balken, RN, MS, Children With Special Health Care Needs, 801-584-8202; or the Office of Public Health Assessment, Utah Department of Health, P.O. Box 142101, Salt Lake City, UT 84114-2101, (801) 538-6108, FAX (801) 538-9346, email: phdata@utah.gov.

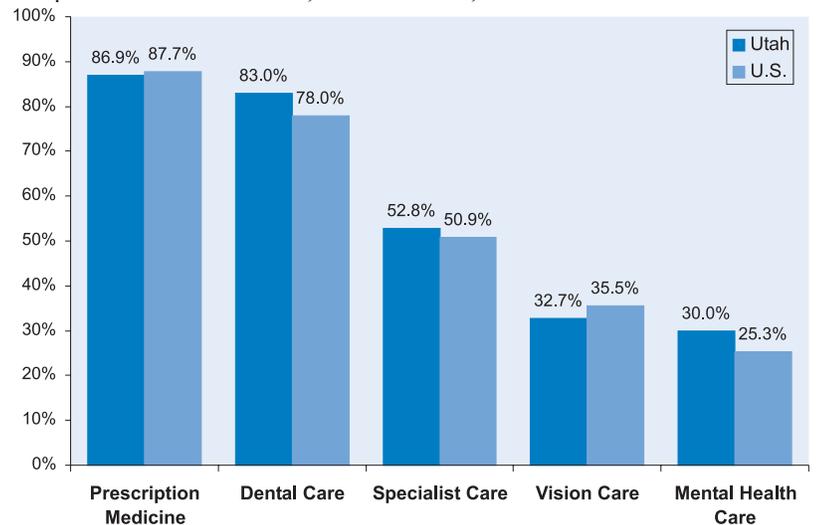
Unmet Needs of CSHCN

Figure 2. Percentage of CSHCN parents reporting problems with access to care, Utah and U.S., 2001



Services Needed by CSHCN

Figure 3. Percentage of CSHCN parents reporting specific needs of their child with special health care needs, Utah and U.S., 2001



Help Offered by Provider to Coordinate Care

Figure 4. Percentage of CSHCN parents reporting that professionals helped to coordinate care for their child, Utah and U.S., 2001

