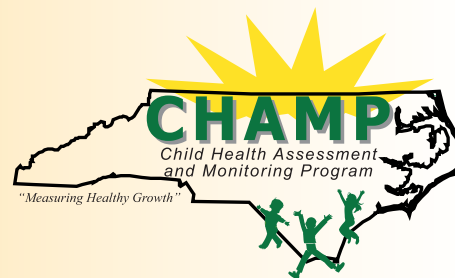


Children with Special Health Care Needs

North Carolina 2007

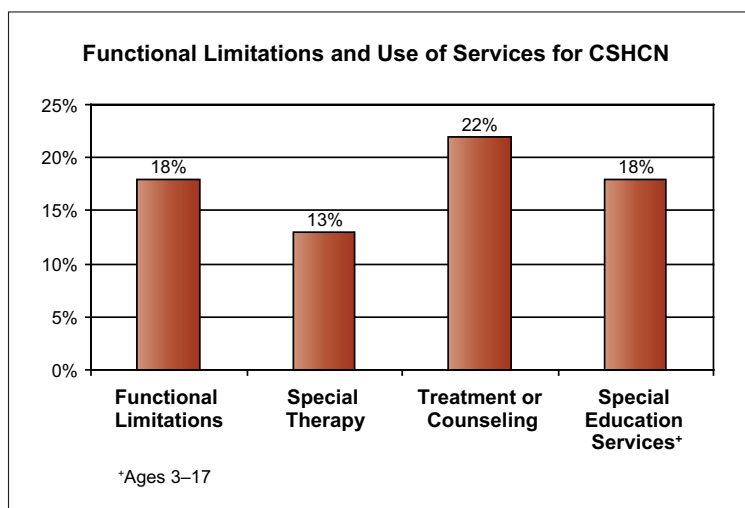


September 2009

Children with Special Health Care Needs (CSHCN)

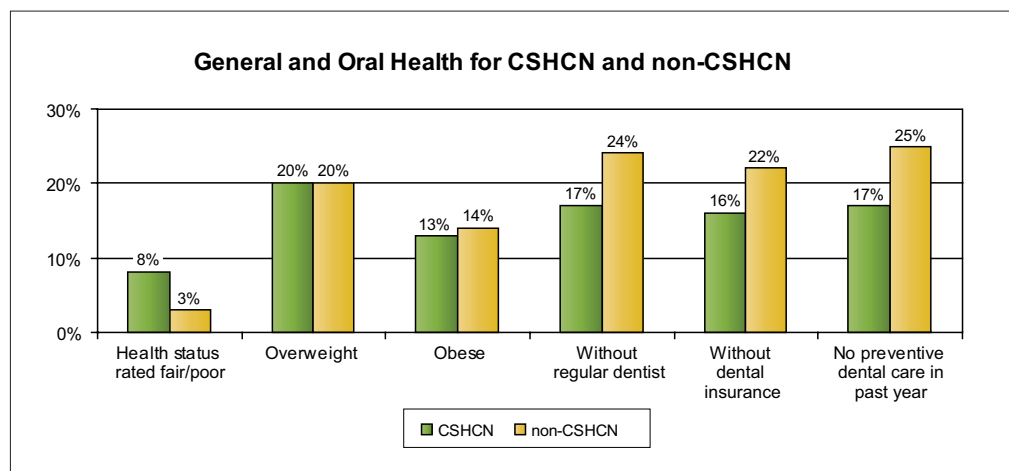
Children with Special Health Care Needs (CSHCN) are defined as those who need prescription medications or have an elevated need for medical, mental health, or educational services due to a medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months. In North Carolina, the 2007 CHAMP survey¹ shows that 22 percent of children are classified as CSHCN by this definition. Males (25%) are more likely than females (20%) to be classified as CSHCN. Ages 0–5 years (13%) are less likely than ages 6–11 years (28%) and ages 12–17 years (27%) to be classified as CSHCN. Hispanics (9%) are less likely than white non-Hispanic (23%), African American non-Hispanic (26%), or other race/ethnicity groups (27%) to be classified as CSHCN.

Eighteen percent of CSHCN report a limitation in abilities compared to what most children the same age are able to do. Thirteen percent of CSHCN get special therapy, such as physical, occupational, or speech therapy. Twenty-two percent of CSHCN receive treatment or counseling for an emotional, developmental, or behavioral problem. Eighteen percent of CSHCN (ages 3–17 years) receive Special Education Services. Rates for non-CSHCN range from 1 percent to 4 percent.



Health Status

CSHCN were more likely than non-CSHCN to be rated as having “fair” or “poor” general health (8% vs. 3%) and less likely to receive a general health rating of “excellent” (35% vs. 62%). Similar to non-CSHCN, 20 percent of CSHCN ages 10–17



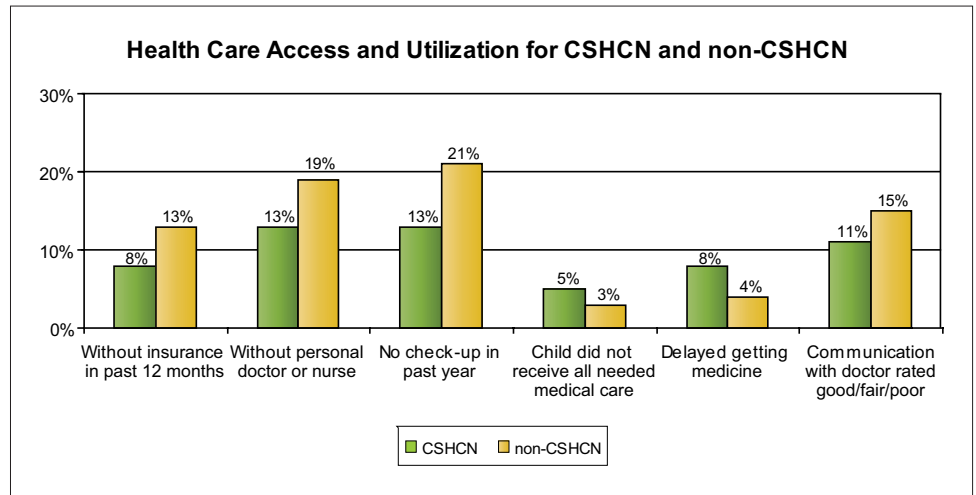
years are overweight and 13 percent are classified as obese based on BMI percentiles for age and sex. Seventeen percent of CSHCN do not have a dentist or dental clinic who the child visits regularly. Sixteen percent of CSHCN do not have dental insurance. Seventy-two percent of CSHCN have visited a dentist within the past six months, while 11 percent have been to a dentist within six months to a year ago, 9 percent more than a year ago, and 8 percent have never been to a dentist.

¹ The North Carolina Child Health Assessment and Monitoring Program (NC CHAMP) is a surveillance system that collects information about the health characteristics of children from birth to age 17. For further information about NC CHAMP, please visit www.schs.state.nc.us/SCHS/champ.

This fact sheet includes data collected in 2007 on 2,643 parental surveys of children from birth to age 17: male (52%); white non-Hispanic (62%), African American non-Hispanic (22%), Hispanic (11%), other race/ethnicity (5%); 0–5 years (33%), 6–11 years (33%), and 12–17 years (34%).

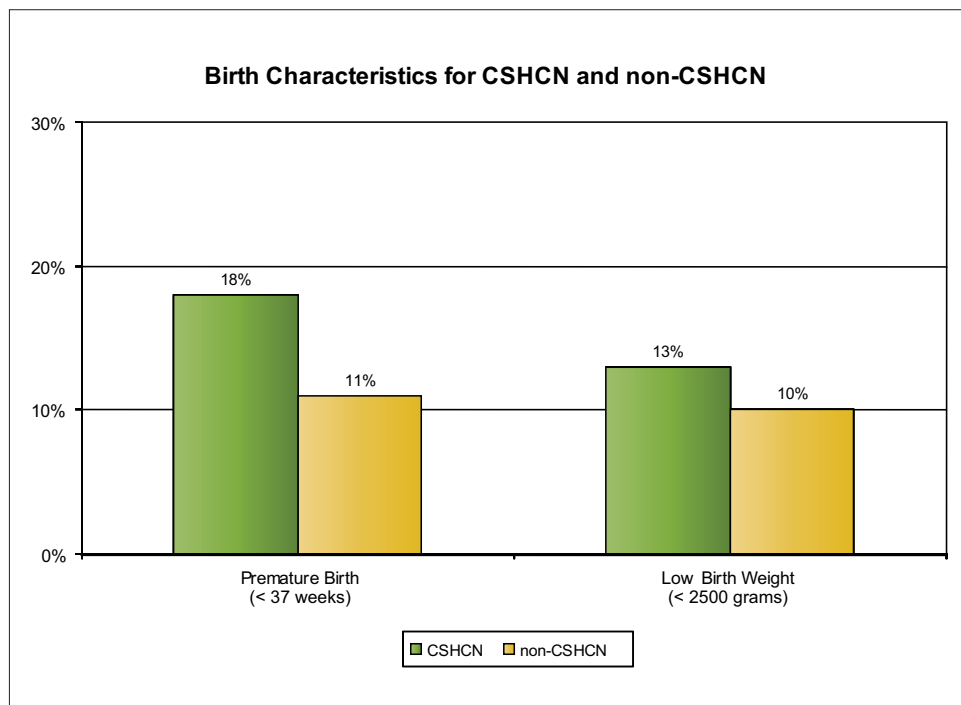
Health Care Access and Utilization

CSHCN are less likely to be without insurance at some point during the past 12 months than non-CSHCN (8% vs. 13%). Lack of health insurance was due to: cost (too expensive), job doesn't offer benefits, between jobs or unemployed, unable to get or was refused coverage because of preexisting conditions, no spouse/dependent coverage purchased, parent doesn't know how to get coverage, or parent doubts it would be sold to them. Ninety-one percent of CSHCN most often visit a doctor's office for sick care. About 4 percent of CSHCN go to a public health department or community health center, and about 2 percent each go to a hospital outpatient department, urgent care center, or some other place (e.g., a hospital emergency room). Thirteen percent of CSHCN parents do not have one person they think of as their child's personal doctor or nurse (i.e., a health professional who knows the child well and is familiar with the child's health history, including general doctors, pediatricians, specialists, nurse practitioners, and physician assistants).



CSHCN are less likely than non-CSHCN to not have had a preventive care visit or well child check-up within the past 12 months (13% vs. 21%). Five percent of CSHCN parents felt like their child did not receive all the medical care needed during the past 12 months. The main reason CSHCN did not receive all the medical care needed was cost (including lack of insurance). CSHCN parents are more likely than non-CSHCN to report that they delayed or did not get a medicine that a doctor prescribed for child because of cost or lack of insurance within the past 12 months (8% vs. 4%).

The best communication with a personal doctor or nurse requires that they listen carefully to a parent, provide needed information, and respect a parent's needs and requests. Similar to non-CSHCN, the majority of CSHCN parents rate communication between a child's personal doctor and themselves as "excellent" (60%) or "very good" (11%), while 11% gave a rating of "good, fair or poor."

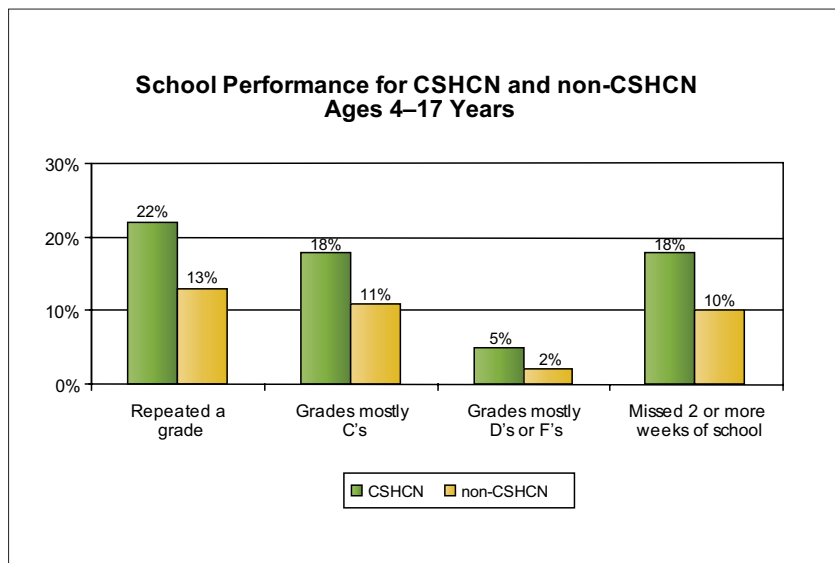
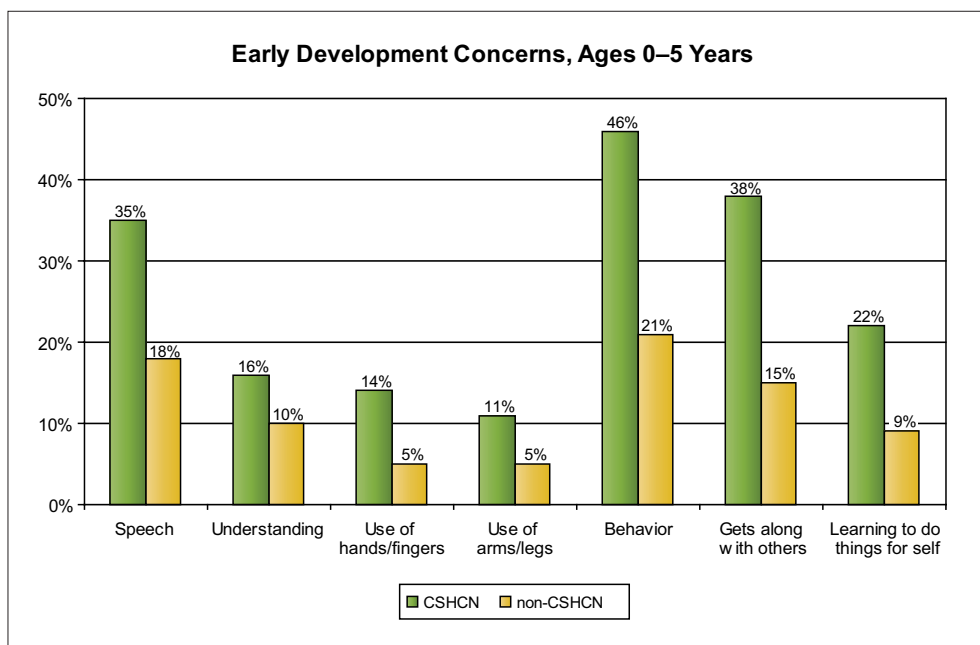


Birth Characteristics

CSHCN are more likely to be born premature, or less than 37 weeks gestation, compared to non-CSHCN (18% vs. 11%). Fifty-six percent of CSHCN are born at 40 or more weeks gestation and 26 percent are born 37–39 weeks, compared to 65 percent and 24 percent for non-CSHCN. Eleven percent of CSHCN are born at 32–36 weeks, compared to 8 percent of non-CSHCN. Seven percent of CSHCN are born at less than 32 weeks gestation, compared to 3 percent of non-CSHCN. CSHCN are more likely to be low birth weight compared to non-CSHCN, with 13 percent of CSHCN weighing less than 2,500 grams at birth compared 10 percent non-CSHCN.

Parental Concerns about Child's Early Development (Ages 0–5 Years)

Thirty-five percent of CSHCN parents reported concerns regarding how their child talks or makes speech sounds and 16 percent reported concerns about how their child understands what they say. Fourteen percent of CSHCN parents reported concerns with how their child uses their hands and fingers, and 11 percent reported concerns with how their child uses their arms and legs. Almost half of CSHCN parents (46%) reported concerns with how their child behaves, and 38 percent had concerns with how their child gets along with others. Twenty-two percent of CSHCN parents reported concerns with how their child is learning to do things for themselves.



School Performance (Ages 4–17 Years)

Among children enrolled in public or private school (ages 4–17 years), CSHCN are more likely to have repeated a grade since entering kindergarten compared to non-CSHCN (22% vs. 13%). CSHCN grades in school for the past year are less likely to be A's (51%) and B's (26%) compared to non-CSHCN (57% and 30%). CSHCN are more likely to have C's (18%), D's or F's (5%) compared to non-CSHCN (11% and 2%). CSHCN are less likely to miss no days of school due to illness or injury (18%) than non-CSHCN (26%), and also less likely to miss less than a week of school (43% for CSHCN and 51% for non-CSHCN). CSHCN are more likely to miss one to two weeks (20%) or more than two weeks of school due to an illness or injury (18%) compared to non-CSHCN (13% and 10%).