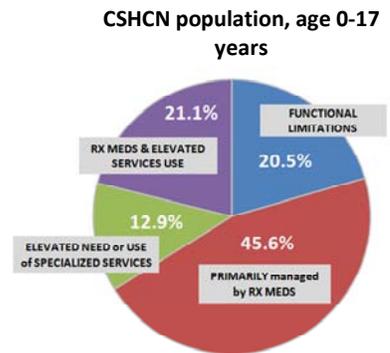


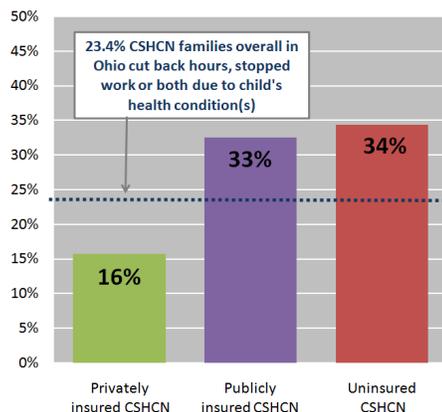
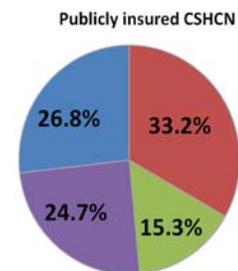
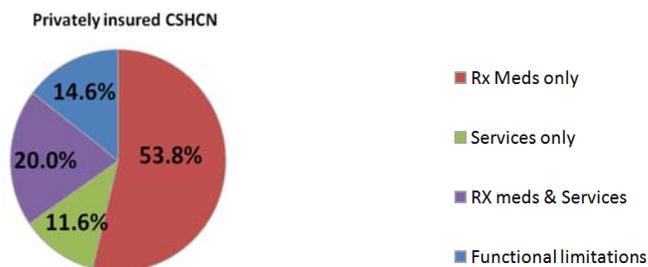
This policy brief provides a synopsis of Children with Special Health Care Needs (CSHCN) who are publicly-insured (Medicaid). These children are more likely to have more complex conditions; more mental, emotional behavioral and developmental needs, and are less likely to have a medical home.

**Publicly-insured CSHCN have more complex conditions. Compared to the overall distribution of CSHCN types by qualifying special need, the distribution looks very different for CSHCN who have public coverage and those who have private coverage.**

- More publicly-insured CSHCN have complex conditions than privately-insured.
- **26.8%** of publicly-insured children have functional limitations – the most complex type of special need – in contrast to **14.6%** of privately-insured.
- Fewer of the publicly-insured children than privately-insured are of the least complex type, Rx medications only; **33.2% vs. 53.8%** (CSHCN with both public and private coverage are not represented in this analysis).



Ohio CSHCN by qualifying special need, CSHCN age 0-17 years in Ohio, 2005/06

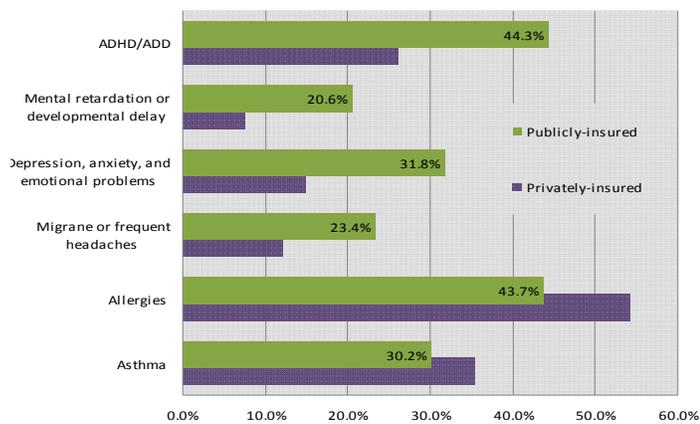


### Ohio families with a CSHCN face financial and work related problems

- Approximately **15%** of all insured families have financial problems that are associated with providing health care for a CSHCN.
- For those without insurance coverage, the rate is tripled, at **45%**.
- **33%** of all families of CSHCN covered with public insurance or uninsured had a family member cut-back hours or leave the workplace altogether due to the child's health conditions.

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This project was funded by the Ohio Department of Job and Family Services (ODFJS). We acknowledge the advice and support from our project monitor and staff at ODFJS.

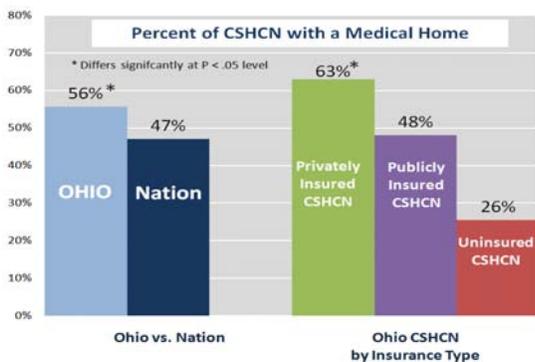
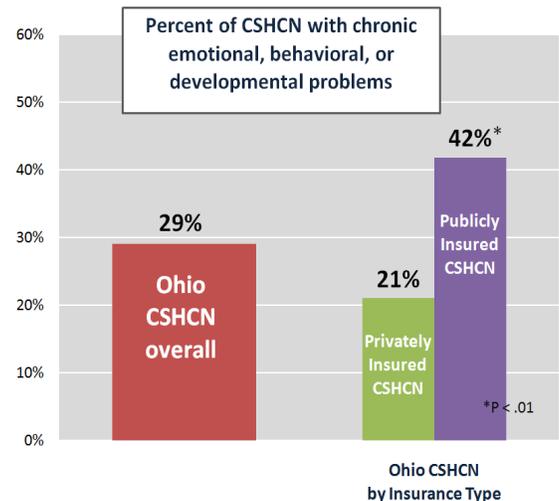


### More children with complex conditions and more children with emotional, behavioral, developmental problems are in public programs.

- Almost **twice** as many publicly-insured children with attention-deficit hyperactivity disorder or attention deficit disorder (ADHD/ADD) as private (**44.3% vs. 26.2%**).
- **Twice** as many publicly-insured children with depression, anxiety, or other emotional problems (**31.8% vs. 15.0%**).
- Almost **three** times as many publicly-insured children with mental retardation or developmental delays (**20.6% vs. 7.5%**).

There are marked differences between CSHCN with public and with private coverage. Publicly-insured CSHCN (i.e., in Ohio Medicaid) are sicker, have more complex needs and more mental and emotional, behavioral, developmental needs than CSHCN with private coverage.

- **27%** of Medicaid CSHCN had functional limitations [most complex category] compared with **15%** of privately-insured CSHCN.
- **42%** of Medicaid CSHCN had emotional, behavioral, developmental needs, compared with **21%** of privately-insured CSHCN.
- Higher proportion of Medicaid CSHCN exhibit functional difficulties due to health conditions that may extend beyond the health care sector, such as:
  - Acting out, fighting bullying or arguing (**52%** Medicaid vs. **19%** private).
  - Difficulties learning, understanding, or paying attention (**52%** Medicaid vs. **33%** private).
  - Difficulties speaking, communicating, or being understood (**33%** Medicaid vs. **14.6%** private).
  - Problems making and keeping friends (**33%** Medicaid and **14.5%** Private).



### Having a medical home is a cornerstone of adequate health care. Privately-insured CSHCN are the benchmark for medical care in a medical home in Ohio

- Nearly **2 out of 3** privately-insured CSHCN receive care in a medical home.
- Roughly **one-half** of all publicly-insured CSHCN in Ohio have access to a medical home.
- Only **1 in 4** CSHCN without insurance receive care in a medical home.