



Chart Book #2

Children with Special Health Care Needs by Race and Ethnicity Ohio, 2004

The Ohio Department of Health

<http://www.odh.ohio.gov>

To protect and improve the health of all Ohioans

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Governor

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Chart Book #2

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Table of Contents

About the Ohio Family Health Survey (OFHS)	1
Chartbook Notes and Definitions (OFHS).....	2
Key Findings	3
I. Introduction	4
II. Demographics	5
III. Insurance Benefits	6
IV. Health Care Utilization	7
V. Usual Source of Care.....	10
VI. Access to Care	12
VII. Conclusions.....	15
VIII. Limitations of Data.....	15

About The Ohio Family Health Survey (OFHS)

The 2004 Ohio Family Health Survey (OFHS) is the second round of the OFHS, which was originally conducted in 1998 by the Ohio Department of Health (ODH). The 2004 OFHS was conducted by the Ohio Department of Job and Family Services, with participation from ODH and research partners including the Health Policy Institute of Ohio, the Cuyahoga County Department of Job and Family Services, the Center for Community Solutions (formerly Cleveland Federation for Community Planning), the Franklin County Department of Job and Family Services and the Franklin County Health Department.

The 2004 OFHS includes measures of health insurance coverage; health status; tobacco use and care-giving; utilization and quality of health care services and access to care; and unmet health needs. ORC Macro, International, administered the telephone survey beginning in late 2003 through August 2004. The survey is a stratified sample of the community-dwelling population of Ohio. A portion of the sample was targeted to obtain coverage of census tracts with large minority populations and additional minority respondents were sought by obtaining commercially available lists of Hispanic and Asian surnames. The survey was weighted based on the stratified sampling design and the over-sample of minorities, enabling the survey data to generate estimates about the entire Ohio population. Interviews were conducted with one adult in 39,953 Ohio households. Information was also gathered for 15,447 children (ages 0-17) from interviews with adult family members. The number of interviews included 44,214 white, non-Hispanics; 5,396 black, non-Hispanics; 978 Asian, non-Hispanics; 416 Native American, non-Hispanics; 3,710 Hispanics; and 686 other unknown race/ethnicity Ohioans.

For additional information about the second round of the OFHS, see the OFHS Web site at <http://jfs.ohio.gov/ohp/reports/famhlthsurv.stm> or contact ODJFS Communications at 614-466-6650.

Chart Book Notes and Definitions

- It is important to note that data presented in this chart book do not control for selected variables. Differences in racial groups may be partially due to differences in other variables such as education, income, age and marital status. Information in this chart book is typically presented as a percent of the population surveyed.
- When significant differences between population groups are noted, the difference is statistically significant at the .05 level unless otherwise stated. In general, this means the reported difference has a 95 percent or better chance of reflecting an accurate difference between populations. When information presented in this report is not significant, the terms “similar,” “no difference” or “not significant” are utilized to describe the data. When presenting items that are significant, terms such as “more likely” or “less likely” are utilized. Statistical significance does not necessarily imply clinical significance. Very small differences may be statistically significant without being considered important in the overall assessment of racial/ethnic differences.
- For the purposes of this report, the race/ethnicity categories of white, non-Hispanic; black, non-Hispanic; Asian, non-Hispanic; Native American, non-Hispanic; and Hispanic were utilized. Less than 1 percent of respondents identified themselves as a race that was not utilized in this report. Whenever possible, all of the racial/ethnic groups were utilized in the analysis; however, due to small numbers of respondents, Asian, non-Hispanics; Native American, non-Hispanics; and Hispanics were excluded from certain analyses.
- Children with special health care needs are defined as children up to age 21 who were reported as having one or more special health care needs based on a standardized series of survey questions. For the purposes of this report, persons between the ages of 18 and 21 are considered children because they were potentially eligible for assistance from the Bureau for Children with Medical Handicaps during the year. The Introduction section of this report describes the questions in more detail.
- The federal poverty level (FPL) varies by family size; for 2003, the year most respondents were asked about their income, the FPL for a family of four was \$18,400. “Poverty” refers to income 100 percent or less of the FPL; “near poverty” refers to income between 101 and 150 percent of the FPL; “low income” refers to income between 151 and 200 percent of the FPL; “middle income” refers to income between 201 and 300 percent of the FPL; and “high income” refers to income greater than 301 percent of the FPL.
- References to coverage or health care experiences during the past year refer to the 12-month period prior to the date the respondent was surveyed.
- For the purposes of this report, “estimate may not be reliable” refers to high sampling variability, where the ratio of the standard error to the estimate is greater than 30 percent. This is generally due to a small number of respondents.

Children with Special Health Care Needs, by Race and Ethnicity, Ohio, 2004

Key Findings

Among Ohio's largest racial and ethnic minorities, Asian, non-Hispanic children were less likely to have special health care needs than any other racial/ethnic group. Just over 14 percent of Asian, non-Hispanic children were identified as having special health care needs, compared to 21 percent of Hispanic, 22 percent of white, non-Hispanic; and 25 percent of black, non-Hispanic children.

Black, non-Hispanic; and Hispanic children with special health care needs were more likely to live in poverty compared to white, non-Hispanic children. More than half of black, non-Hispanic; and nearly half of Hispanic children with special health care needs lived in poverty, compared to one out of five white, non-Hispanic children.

Black, non-Hispanic; and Hispanic children with special health care needs were less likely than white, non-Hispanic children to have employer-based health insurance. Nearly three out of five white, non-Hispanic children with special health care needs had employer-based health coverage, compared to two out of five Hispanic and one out of five black, non-Hispanic children.

White, non-Hispanic children with special health care needs were more likely to lack dental and vision coverage than black, non-Hispanic children. Approximately 25 percent of white, non-Hispanic children with special health care needs did not have health insurance coverage for dental or vision care. In comparison, 8 percent of black, non-Hispanic children with special health care needs lacked dental coverage and 10 percent lacked vision coverage.

Black, non-Hispanic; and Hispanic children with special health care needs were more likely than white, non-Hispanic children to lack a dental visit in the past year. Nearly 30 percent of black, non-Hispanic and Hispanic children with special health care needs went without a dental visit in the past year. In comparison, 20 percent of white, non-Hispanic children with special health care needs lacked a dental visit in the past year.

Emergency room care was highest for black, non-Hispanic children with special health care needs. Black, non-Hispanic children (43.6 percent) with special health care needs had a higher percent of emergency room care than white, non-Hispanic children (34.3 percent).

White, non-Hispanic children with special health care needs were more likely than black, non-Hispanic and Hispanic children to identify a doctor's office or HMO as their usual source of health care. White, non-Hispanic (four out of five) children with special health care needs were significantly more likely than black, non-Hispanic (one out of two) and Hispanic (three out of five) children to identify a doctor's office or HMO as their usual source of care.

Twice as many black, non-Hispanic children with special health care needs reported an unmet dental need compared to white, non-Hispanic children. Approximately 14 percent of black, non-Hispanic children with special health care needs had an unmet dental need in the past 12 months, compared to 7 percent of white, non-Hispanic children.

White, non-Hispanic children with special health care needs were more likely than black, non-Hispanic children to report the need for specialist care. Approximately 58 percent of white, non-Hispanic children with special health care needs had a need for specialist care in the past 12 months, compared to 50 percent of black, non-Hispanic children.

Children with Special Health Care Needs, by Race and Ethnicity, 2004

I. Introduction

Federal law under Title V of the Social Security Act defines children with special health care needs (CSHCN) as “children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children.”¹ Federal and state programs support the development and implementation of comprehensive and coordinated health care and related systems for these children. Ohio supports CSHCN through the Bureau for Children with Medical Handicaps (BCMh) at the Ohio Department of Health.

In household telephone surveys, CSHCN are typically identified by a standardized series of survey screening questions that are asked of a child’s parent or an other knowledgeable adult family member. These questions assess the child’s need for health services and functional status. Children between the ages of 0 and 17 are defined as CSHCN if reported to have at least one of the following five consequences of a health condition that has lasted or is expected to last at least one year:

- 1) The use of or need for prescription medication.
- 2) The use of or need for more medical care, mental health or educational services than is usual for most children of the same age.
- 3) The use of or need for treatment or counseling for an emotional, developmental or behavioral problem.
- 4) Any limitation in the child’s ability to do the things most children of the same age do.
- 5) The use of or need for special therapy such as physical, occupational or speech therapy.

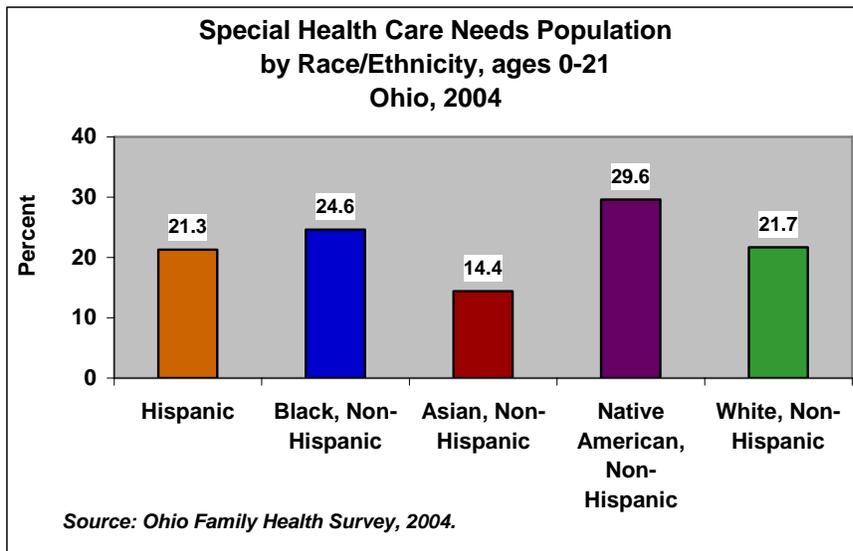
For the purposes of this report, persons between the ages of 18 and 21 are considered children because they were potentially eligible for assistance from BCMh. Respondents or their proxies in this age group were asked a series of qualifying questions similar to those in the CSHCN screener. The five qualifying consequences of a chronic health condition for Ohioans ages 18 to 21 were:

- 1) The use of or need for prescription medication, other than vitamins or birth control.
- 2) The use of or need for medical care, mental health or other health services on a regular basis.
- 3) The use of or need for treatment or counseling for a mental health, substance abuse, or an emotional problem.
- 4) Difficulty or need for assistance in doing day-to-day activities.
- 5) The use of or need for special therapy such as physical, occupational or speech therapy.

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, <http://www.mchb.hrsa.gov/programs/default.htm>

II. Demographics

Figure 1.



- White, non-Hispanic; black, non-Hispanic; and Hispanic children were more likely to have special health care needs than Asian, non-Hispanic children.

- There were no significant differences in the percent of Native American, non-Hispanic children with special health care needs compared to the other racial/ethnic groups.

Table 1.

Income Level	Percent		
	Hispanic	Black, Non-Hispanic	White, Non-Hispanic
Poverty	46.4	55.7	20.6
Near Poverty	12.3	11.8	12.1
Low Income	5.2	7.7	10.6
Middle Income	16.4	7.2	17.7
Middle to High Income	19.7	17.6	39.0
Total	100.0	100.0	100.0

Source: Ohio Family Health Survey, 2004.

- More than half of black, non-Hispanic and nearly half of Hispanic children with special health care needs lived in poverty, compared to one out of five white, non-Hispanic children.
- Approximately two out of five white, non-Hispanic children with special health care needs were middle to high income, while less than one out of five black, non-Hispanic; and Hispanic children had similar incomes.

III. Insurance Benefits

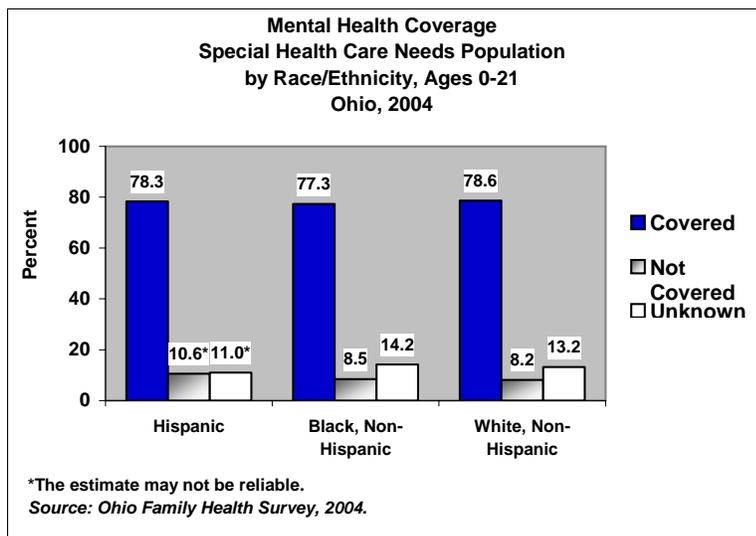
Table 2.

Insurance Type Special Health Care Needs Population by Race/Ethnicity, Ages 0-21 Ohio, 2004			
Type of Health Insurance	Percent		
	Hispanic	Black, Non-Hispanic	White, Non-Hispanic
Employer Coverage without Medicaid	43.2	21.9	58.7
Medicaid Coverage without Employer	37.3	56.6	25.2
Medicaid and Employer Coverage	3.1*	3.7	4.3
Uninsured	9.5	11.4	5.9
Other or Unknown	6.9	6.4	5.9
Total	100.0	100.0	100.0

*The estimate may not be reliable.
Source: Ohio Family Health Survey, 2004.

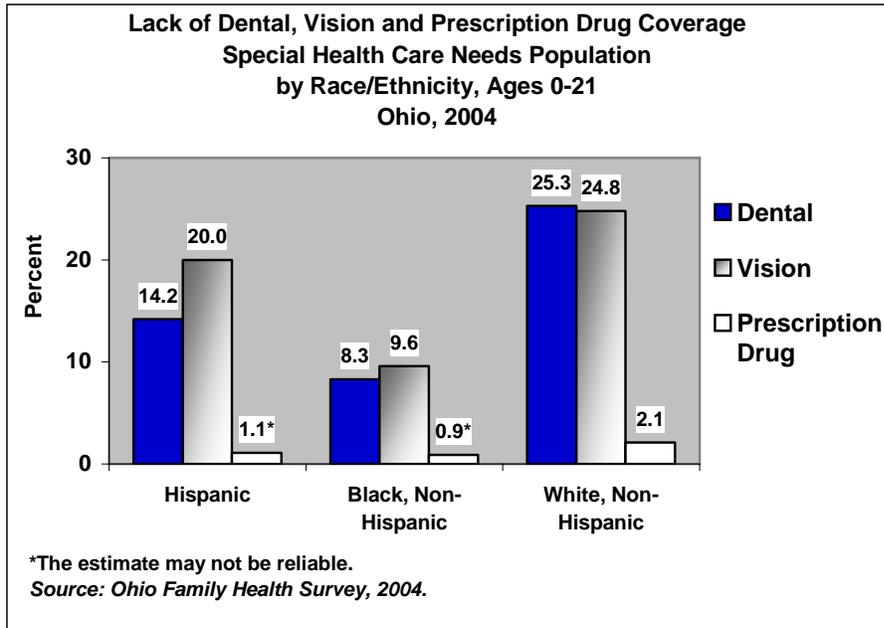
- White, non-Hispanic children with special health care needs were more likely than black, non-Hispanic; and Hispanic children to have employer health care coverage without Medicaid, while Hispanic children were more likely than black, non-Hispanic children to have such coverage.
- Black, non-Hispanic children with special health care needs were more likely than white, non-Hispanic; and Hispanic children to have Medicaid health care coverage without employer coverage, while Hispanic children were more likely than white, non-Hispanic children to have such coverage.
- Black, non-Hispanic children with special health care needs were more likely to be uninsured than white, non-Hispanic children.

Figure 2.



- There were no significant racial/ethnic differences in the mental health care coverage of children with special health care needs.

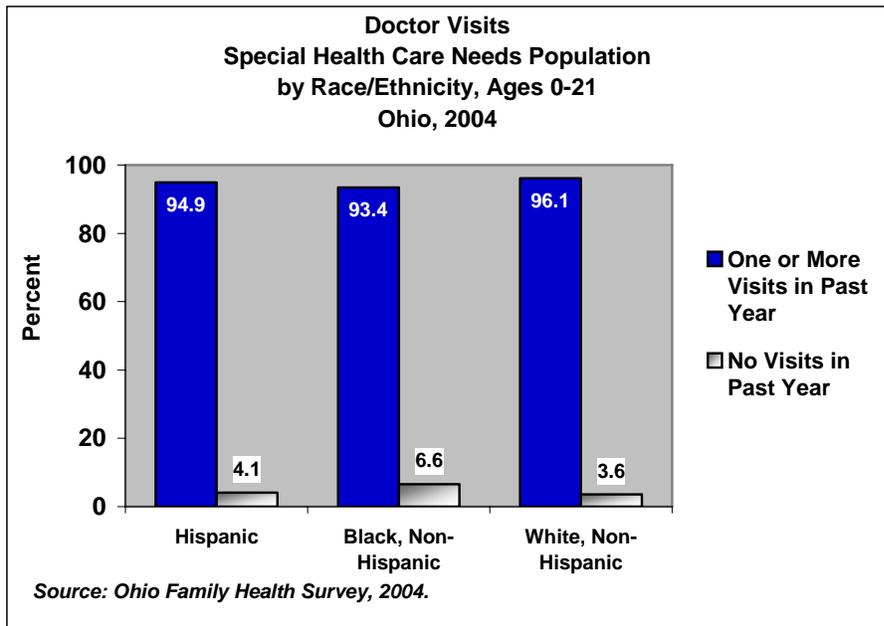
Figure 3.



- White, non-Hispanic children with special health care needs were more likely than black, non-Hispanic children to report they lacked coverage for dental and vision care.
- There were no significant racial/ethnic differences in prescription drug benefits for the special health care needs population.

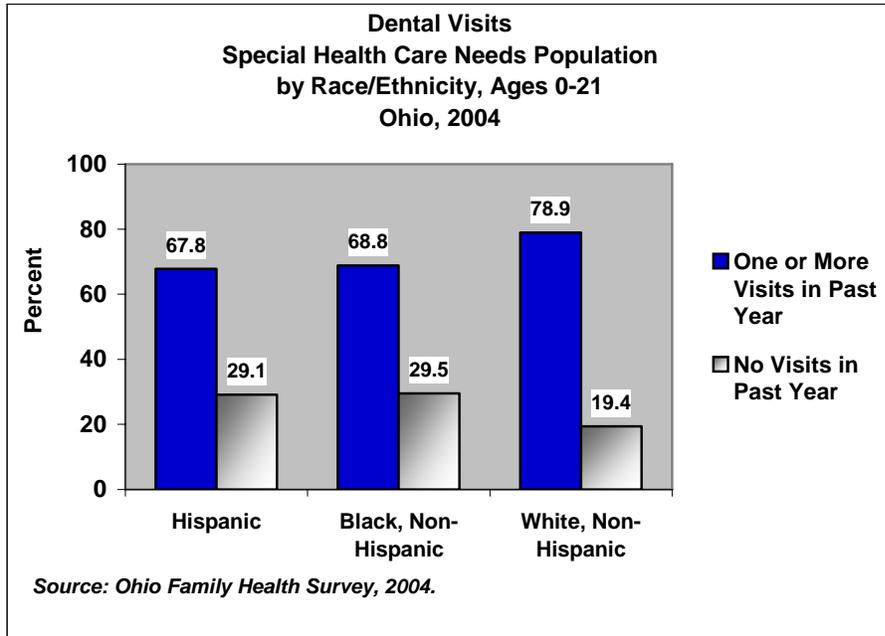
IV. Health Care Utilization

Figure 4.



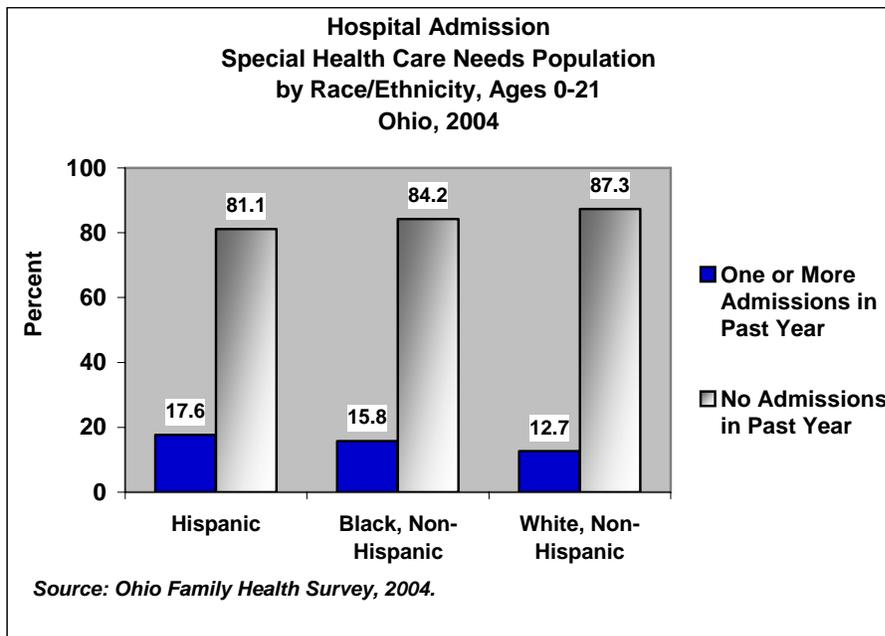
- Of those children with special health care needs, nine out of 10 in every racial and ethnic group reported at least one doctor visit during the year.

Figure 5.



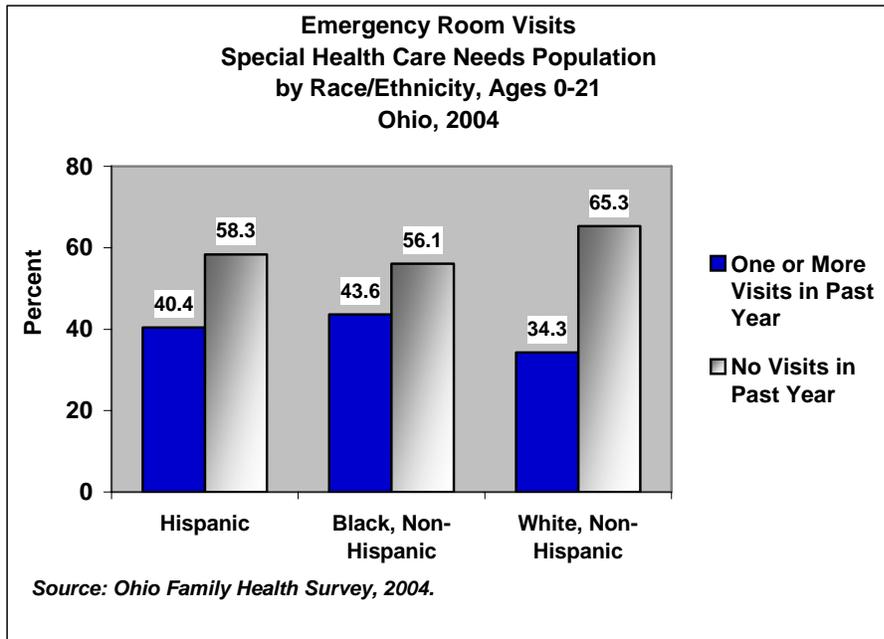
- Black, non-Hispanic; and Hispanic children with special health care needs were more likely to lack a dental visit in the past year compared to white, non-Hispanic children.

Figure 6.



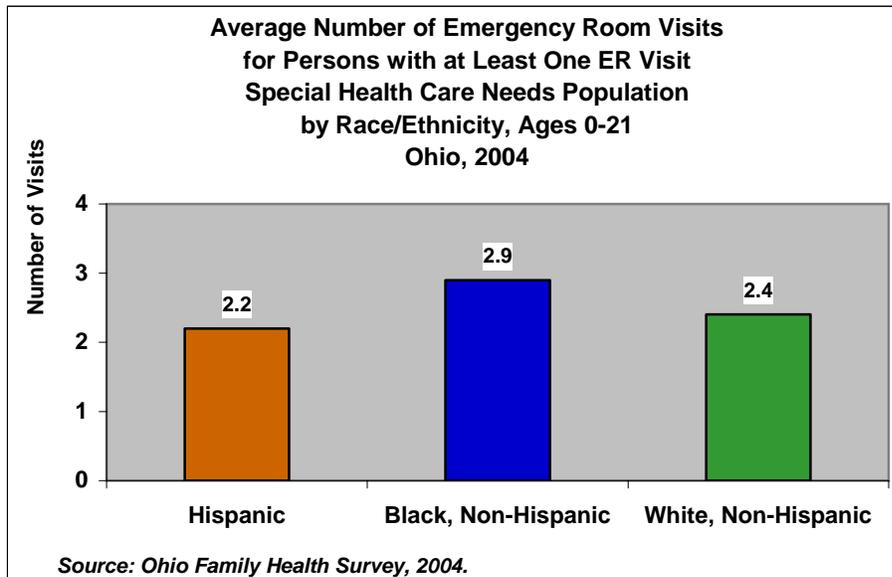
- There were no significant racial/ethnic differences in hospital admissions for children with special health care needs.

Figure 7.



- Black, non-Hispanic children with special health care needs were more likely than white, non-Hispanic children to report one or more visits to the emergency room in the past year.

Figure 8.



- The average number of emergency room visits for those with special health care needs and at least one emergency room visit was two to three visits for each racial and ethnic group.

V. Usual Source of Care

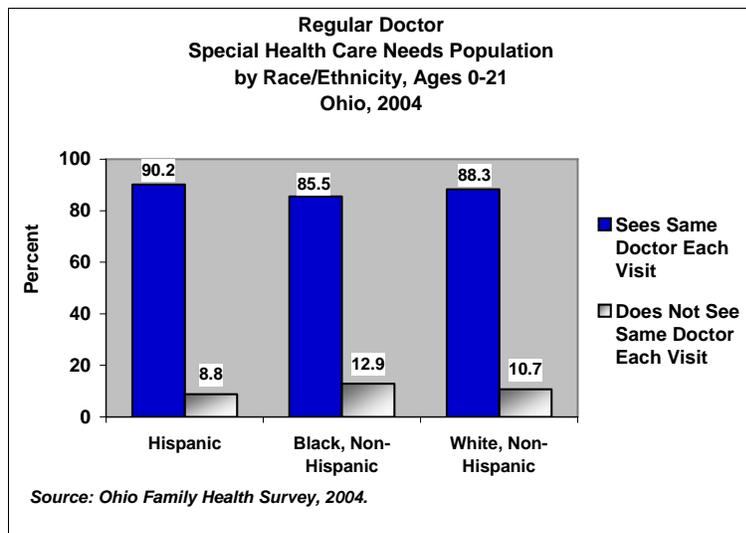
Table 3.

Usual Source of Care Special Health Care Needs Population by Race/Ethnicity, Ages 0-21 Ohio, 2004			
Usual Source of Care	Percent		
	Hispanic	Black, Non-Hispanic	White, Non-Hispanic
Doctor's Office or HMO	60.0	52.0	80.9
Clinic or Health Center	28.1	32.9	12.3
Hospital Emergency Room	4.6**	2.6**	1.8
Hospital Outpatient Department	5.9**	7.3	2.3
None	0.4**	2.1**	1.2
Other or Unknown	0.9**	3.0**	1.5
Total*	100.0	100.0	100.0

*May not equal 100 percent due to rounding.
 **The estimate may not be reliable.
 Source: Ohio Family Health Survey, 2004.

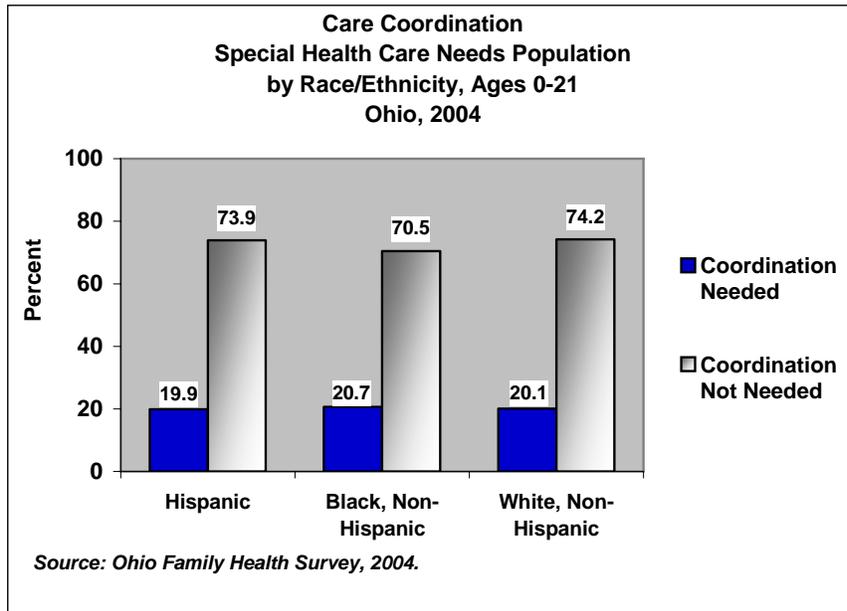
- White, non-Hispanic children (four out of five) with special health care needs were significantly more likely than black, non-Hispanic; (one out of two) and Hispanic (three out of five) children to identify a doctor's office or HMO as their usual source of care.
- About one out of three black, non-Hispanic; and Hispanic children with special health care needs identified a clinic or health center as their usual source of care, compared to just over one out of 10 white, non-Hispanic children.
- Black, non-Hispanic children with special health care needs were more likely to have a hospital outpatient department as their usual source of care compared to white, non-Hispanic children.

Figure 9.



- In every racial and ethnic category, more than eight out of 10 children with special health care needs were able to see the same doctor each visit.

Figure 10.



- In each racial and ethnic group, approximately one out of five children with special health care needs needed additional help with health care coordination in the previous 12 months.

Table 4.

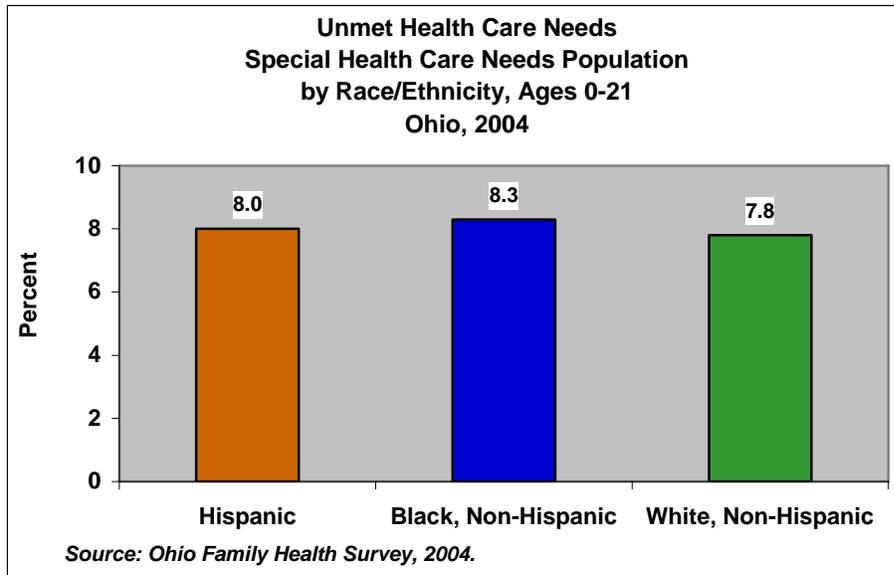
Care Coordination	Percent	
	Black, Non-Hispanic	White, Non-Hispanic
Care Coordination Never Received	7.2**	7.1
Care Coordination Sometimes Received	43.5	43.2
Care Coordination Usually Received	19.7	13.5
Care Coordination Always Received	29.6	34.6
Unknown	0.0	1.6
Total**	100.0	100.0

*Based on those respondents who indicated that they needed Care Coordination. Hispanics are not presented due to small sample size.
 **The estimate may not be reliable.
 Source: Ohio Family Health Survey, 2004.

- There were no differences between black, non-Hispanic; and white, non-Hispanic children with special health care needs in receiving health care coordination benefits.
- Approximately half of those surveyed who needed health care coordination either usually or always received the requested assistance. About two out of five indicated they sometimes received help with care coordination, while less than one out of 10 indicated they never received the needed health care coordination.

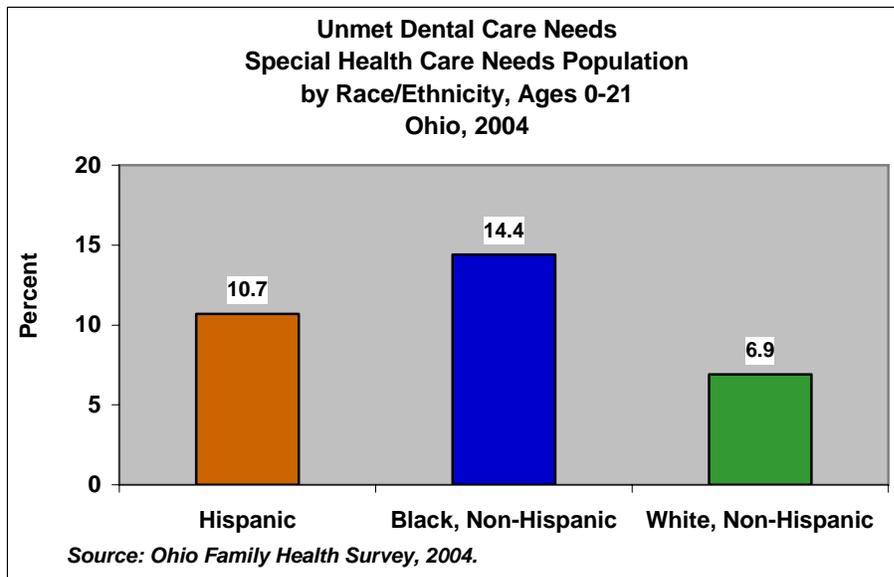
VI. Access to Care

Figure 11.



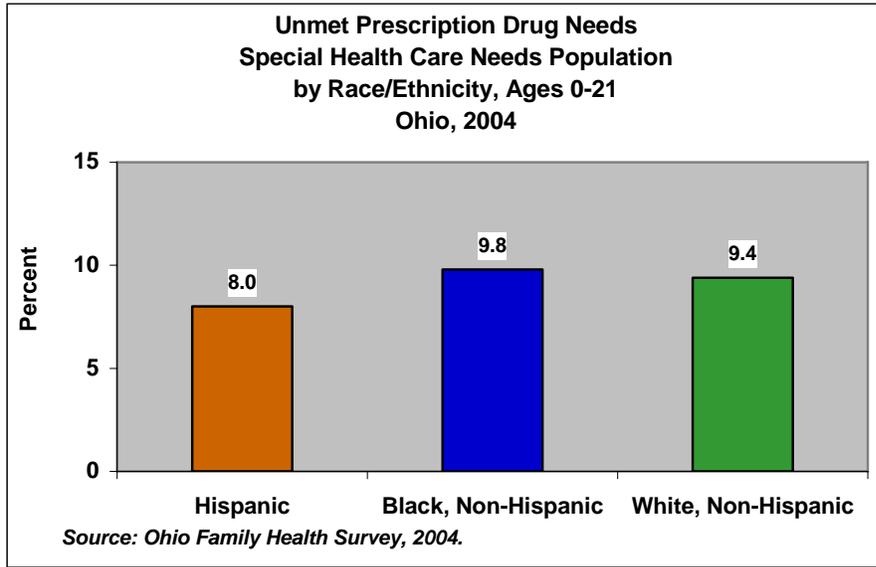
- In each racial and ethnic group, approximately 8 percent of children with special health care needs had a health need that was unmet.

Figure 12.



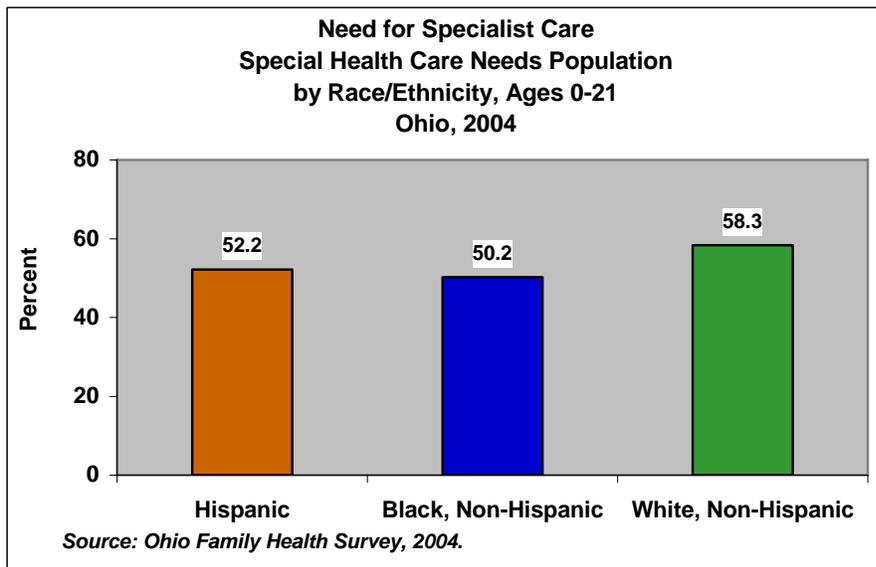
- Black, non-Hispanic children with special health care needs were more likely than white, non-Hispanic children to have unmet dental care needs during the past 12 months.

Figure 13.



- About one out of 10 black, non-Hispanic; and white, non-Hispanic children with special health care needs had experienced an unmet need for prescription drugs during the previous 12 months.
- There were no racial or ethnic differences in unmet prescription drug needs.

Figure 14.



- White, non-Hispanic children with special health care needs were more likely than black, non-Hispanic children to need health care from a specialist during the past 12 months.
- Just over one-half of those children with special health care needs needed specialist care during the previous 12 months.

Table 5.

Problems Seeing Specialist if Needed* Special Health Care Needs Population by Race/Ethnicity, Ages 0-21 Ohio, 2004			
Problems Seeing Specialist	Percent		
	Hispanic	Black, Non-Hispanic	White, Non-Hispanic
Big Problem	13.5	12.5	8.2
Small Problem	10.1	11.3	12.6
Not a Problem	75.8	76.1	78.8
Unknown	0.6	0.1	0.3
Total**	100.0	100.0	100.0
*Based on those respondents who indicated they needed to see a specialist. **May not equal 100 percent due to rounding. <i>Source: Ohio Family Health Survey, 2004.</i>			

- About three out of four children with special health care needs who needed to see a health care specialist had no problems with access to specialist care.
- There were no significant racial or ethnic differences with access to specialist care.

VII. Conclusions

In many ways the racial/ethnic differences of children with special health care needs reflect the racial/ethnic differences seen in the general population. Not unlike those without special health care needs, black, non-Hispanic; and Hispanic children with special health care needs are more likely than white, non-Hispanic children to live in poverty, less likely to have a doctor's office as a primary source of health care, and are more likely to lack private health care coverage and dental care in the previous 12 months. Black, non-Hispanic children with special health care needs are more likely than white, non-Hispanic children to have emergency room visits and unmet dental needs. Although the racial/ethnic differences seen in the special health care needs population tend to mirror the racial/ethnic differences seen in the general population, it is unclear whether such differences may have greater impact on the health outcomes of the special needs population.

VIII. Limitations of Data

Like any survey, the Ohio Family Health Survey (OFHS) has limitations. Despite the large sample size, sampling error will exist because the characteristics of individuals selected for interviews may differ from the true distribution of those characteristics in the total population. The potential sampling error can be estimated statistically and described with confidence intervals.

Other limitations are more difficult to measure or control. With any survey, individuals choose whether to participate in the survey as a whole and in their accuracy or willingness to provide information on an individual question. These choices may create unknown biases in the responses.

Telephone surveys are an established way to obtain interviews from large numbers of respondents at relatively low cost. However, that survey technique assumes phone coverage is universal in the population being selected. In recent years, decreases in land-line phone coverage have occurred as many persons have switched to mobile telephones. This may exclude some people from the sampling universe and could lead the survey to under-represent low-income groups and minorities. Because research has shown that some individuals with interruptions in phone coverage have characteristics similar to persons without phones, additional survey weights have been assigned to some respondents who reported interruptions in telephone service so they could represent those without phones. However, the respondents with interrupted service may differ from persons without telephones in ways that are not captured by the survey.

The users of the OFHS data should be mindful that measurement error, selective participation and other sources of potential bias cannot be completely controlled in any survey.



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