



# Ohio MCH Fact Sheet

## Children with Special Health Care Needs (CSHCN)

### MCHB Core Outcome #2

#### MCH Block Grant Needs Assessment Information

##### Key Data Summary – Ohio

- Of CSHCN, 55.6 percent reported having a medical home that provided coordinated, ongoing comprehensive care.
- CSHCN with private health insurance were more likely to report having a medical home that provided coordinated, ongoing comprehensive care, compared with CSHCN with public insurance.
- CSHCN managed by Rx medications were most likely to report having a medical home (67.1 percent) followed by CSHCN requiring Rx medications **and** services (50.8 percent), then CSHCN requiring above the routine need/use of services (47.5 percent) and finally, CSHCN with functional limitations (39.2 percent).
- CSHCN were significantly more likely to be without access to a medical home if they had **public insurance** or **no insurance**; had a **moderate or severe difficulty** caused by their condition (compared to mild); or were of **Hispanic** ethnicity. This was true even after accounting for other factors.

##### Healthy People 2010 Objective 16-22

- Increase the proportion of CSHCN who have access to a medical home.

##### U.S./Ohio Comparison

- In the United States, 47.1 percent of CSHCN reported having a medical home that provided coordinated, ongoing comprehensive care, compared with 55.6 percent of CSHCN in Ohio.

##### Additional Information

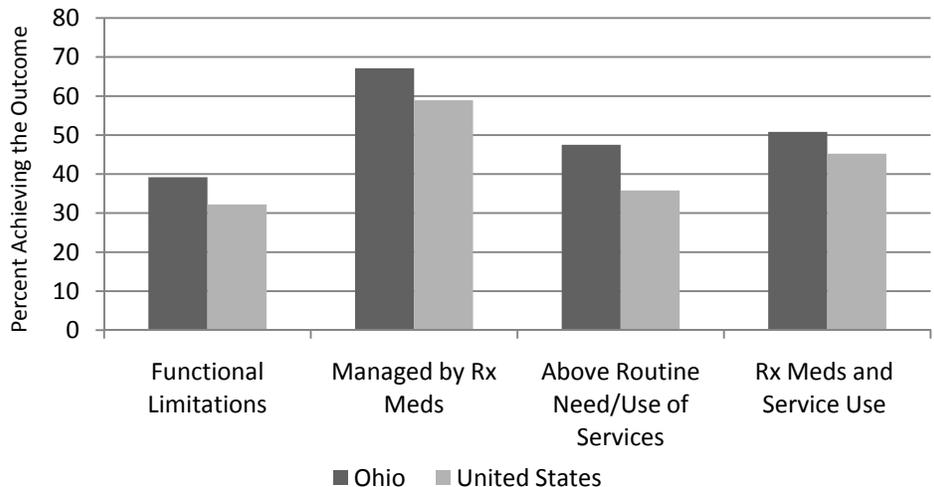
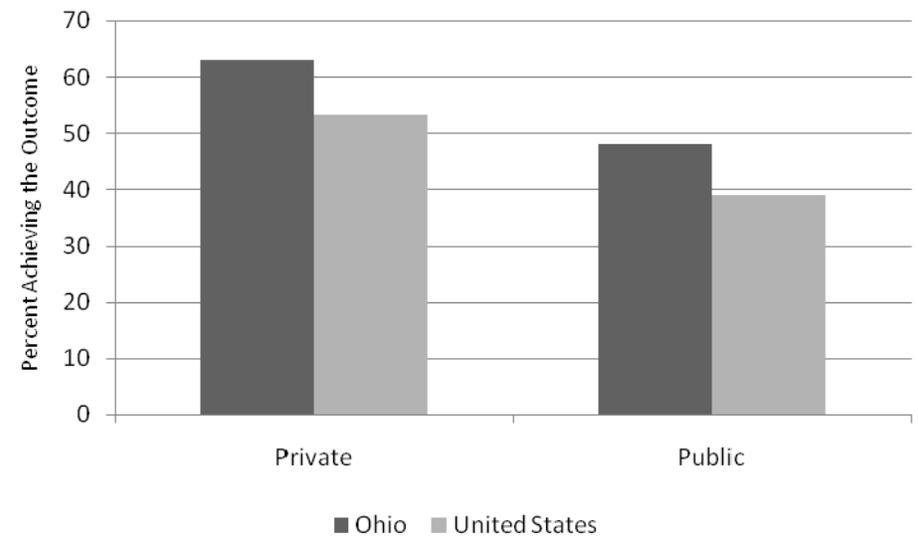
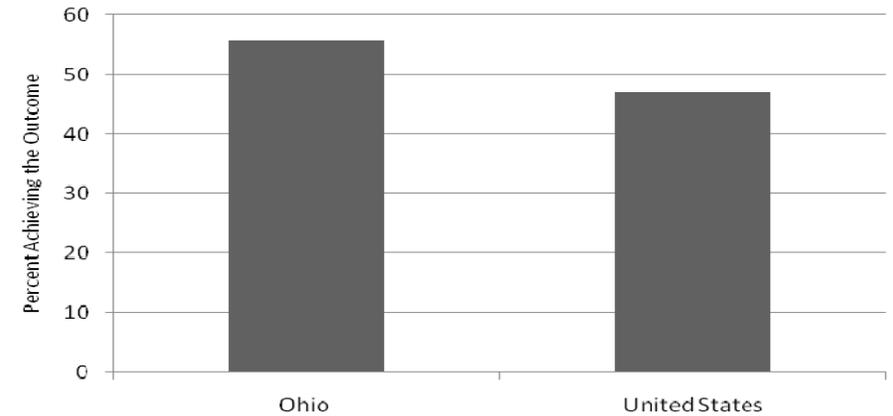
- A medical home means a source of ongoing, comprehensive, coordinated, family-centered care in the child's community.

Source: *Children with Special Health Care Needs, 2005/2006 Chartbook*

- In Ohio, small numbers limited the interpretation of data for Hispanics and blacks, and for family structure.

\* Due to small numbers, CSHCN with both private and public insurance, and those who were uninsured were removed from the analysis.

CSHCN Who Receive Coordinated, Ongoing Comprehensive Care within a Medical Home



Source: National Survey of Children with Special Health Care Needs, 2005/2006

## MEDICAL HOME

### According to the National Survey of Children with Special Health Care Needs (NS-CSHCN) Chartbook:

This outcome was evaluated using a series of questions from the NS-CSHCN: whether the child has a personal doctor or nurse; whether he or she has a usual source of sick and well-child care; whether the child has had problems obtaining needed referrals; whether the family is satisfied with doctors' communication with each other and the child's school and other systems; whether the family gets help coordinating the child's care if needed; whether the doctor spends enough time with the child; whether the doctor listens carefully to the parent; whether the doctor is sensitive to the family's customs; whether the doctor provides the family with enough information; whether the parent feels like a partner in the child's care; and whether the family receives interpretation services when needed. All of these criteria were met by 47.1 percent of CSHCN.

### According to the Interactive System:

A total of 19 different survey questions were used to develop the overall composite score for having a medical home (see Additional Notes section for more information). The American Academy of Pediatrics' description of a "medical home" lists seven defining components: accessible, continuous, comprehensive, family-centered, coordinated, culturally competent and compassionate. Ideally, these seven components are delivered by a doctor or other health professional who knows the child well. Five of the seven components of medical home and the presence of a personal doctor or nurse are assessed by the NS-CSHCN. The overall medical home measure is a composite score derived from five different subparts based on 19 different survey items. To qualify as having a medical home, a child must have a personal doctor or nurse and meet the criteria for adequate care on every needed component.

The percent of CSHCN with a medical home for both Ohio and the United States is the same in both the chart book and the interactive system:

### American Academy of Pediatrics:

Principles of a medical home:

- Personal physician
- Physician- directed medical practice
- Whole-person orientation
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access
- Payment