



CHILDREN WITH SPECIAL HEALTHCARE NEEDS

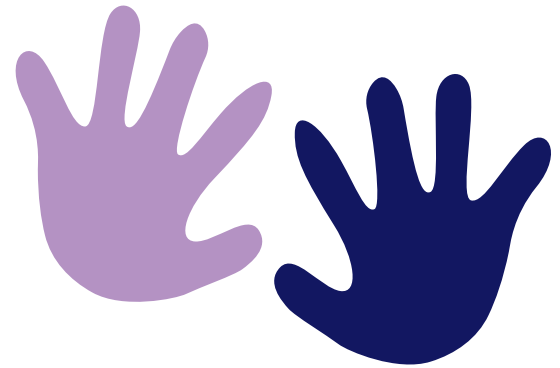
Rhode Island Issue Brief

Who are Children with Special Healthcare Needs?

The Maternal and Child Health Bureau (MCHB) defines Children with Special Healthcare Needs (CSHCN) as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” This includes a diverse group of children younger than age 18 (about 22% of children in Rhode Island). It includes children with chronic conditions, children with more medically complex health issues, and children with behavioral or emotional conditions. These children may have physical, developmental, behavioral, or emotional healthcare needs. These needs may appear in children of any age. CSHCN are often diagnosed with more than one condition. They also frequently experience difficulties in several areas, such as learning, behavior, gross or fine motor skills, chronic pain, and making and keeping friends. The Rhode Island Department of Health (RIDOH) strives to ensure that all children with special healthcare needs receive timely, high-quality, culturally sensitive healthcare.

About the Data

Throughout this brief, data are presented as they were originally collected and reported for age, race, and ethnicity. RIDOH recognizes that these categories may not reflect how people and communities define themselves. We acknowledge these limits and strive to use language that is welcoming and inclusive of every Rhode Islander whenever possible.



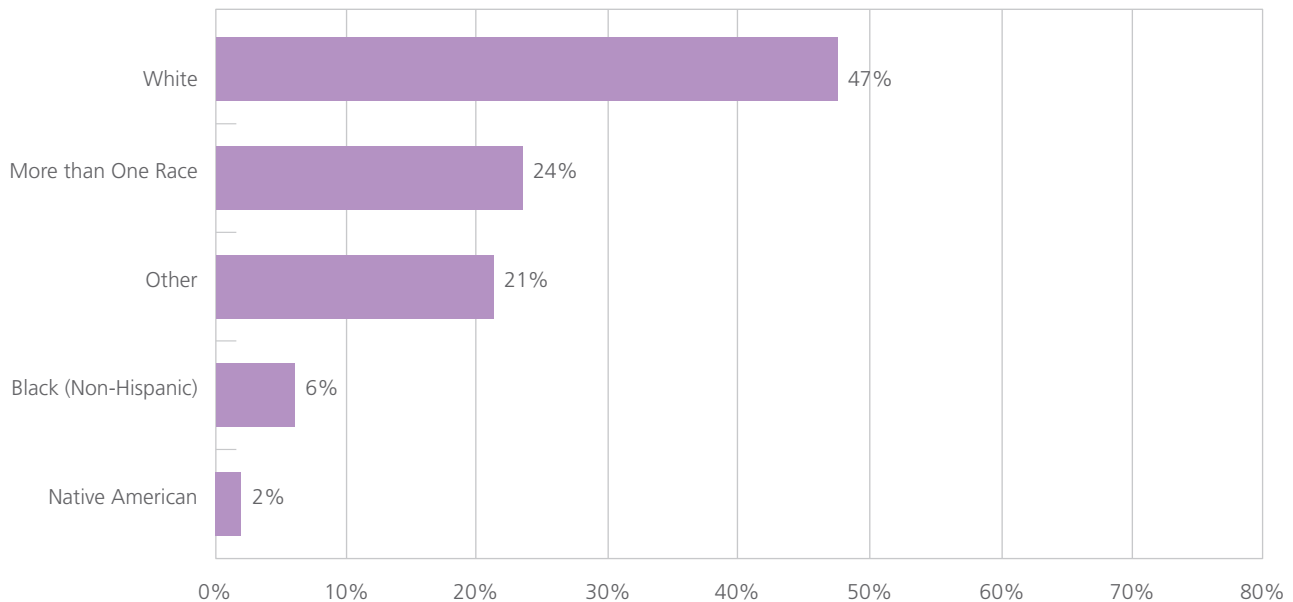
Demographics

Rhode Island Population | 1,097,379

Total CSHCN (age <17) | 46,926

This section provides data on Rhode Island CSHCN during 2022. The age range for each category appears in parentheses. (For example, race/ethnicity data are available for Rhode Island CSHCN age <17.)

Figure 1
Race/Ethnicity of Children with Special Healthcare Needs in Rhode Island (age <17)

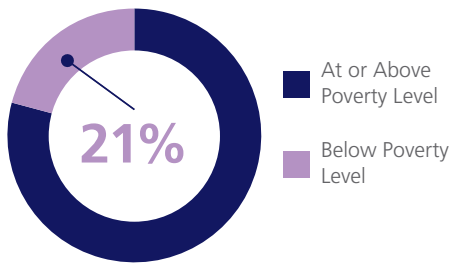


Source: National Survey of Children's Health, 2021-2022

Thirty-eight percent (38%) of CSHCN age <17 were reported Hispanic, regardless of race.



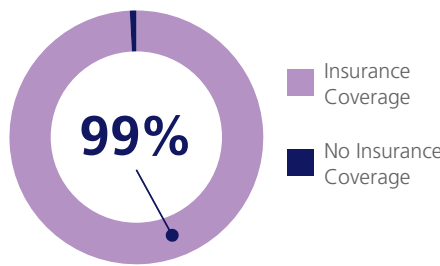
Figure 2
Poverty Status of Children in Rhode Island with Special Healthcare Needs
 (up to age 17)



In 2022, more than one in five (21%) of Rhode Island families with CSHCN reported living below the federal poverty level during the past 12 months.

Source: American Community Survey, 2022

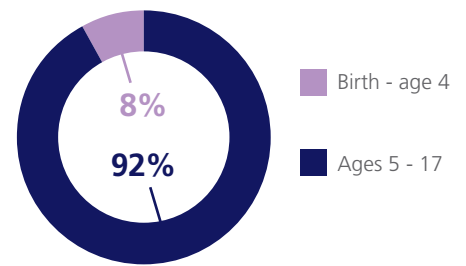
Figure 3
Insurance Status of Children in Rhode Island with Special Healthcare Needs
 (up to age 19)



In 2022, 99% of CSHCN younger than age 19 had health insurance coverage.

Source: American Community Survey, 2022

Figure 4
Age Breakdown of Children in Rhode Island with Special Healthcare Needs
 (up to age 17)



Source: American Community Survey, 2022

NATIONAL MEASURES

Rhode Island Children with Special Healthcare Needs (CSHCN)

National Measure	How Does Rhode Island Compare to Others?		
	US	RI	New England
Percent of CSHCN in RI. ²	19.5%	21.6%	22.8%
Percent of CSHCN who have a medical home. ^{1,2}	42.0%	50.1%	47.3%
Percent of CSHCN who received services necessary to make transitions to adult healthcare. ²	20.5%	19.9%	25.1%
Percent of CSHCN who receive care in well-functioning system. ²	13.7%	15.9%	14.3%
Percent of CSHCN who are always or sometimes frustrated in accessing services. ²	38.2%	30.4%	36.9%
Percent of CSHCN who received effective care coordination. ^{2,3}	41.7%	41.4%	46.2%
Percent of CSHCN who needed healthcare and it was not received. ²	8.8%	3.8%	8.1%

● Rhode Island better than comparison
 ● Rhode Island same as comparison
 ● Rhode Island worse than comparison

KEY FACTS

Based on the Most Recent Data Available for Rhode Island



More than **1 in 3** families with CSHCN report not receiving needed **care coordination**.^{2,3}



More RI families with CSHCN have **problems paying for child's medical and healthcare bills**, compared to RI families without CSHCN.²



Among children ages 3-17, **3.2%** have Autism, Asperger syndrome, or other **Autism Spectrum Disorder**.²

HEALTH INEQUITIES Based on the Most Recent Data Available for Rhode Island

This section provides data on health inequities. Health inequities are systemic, avoidable, unfair, and unjust differences in health status across population groups.

RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination, racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare.

Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander.

Nearly **2x** as many CSHCN **are bullied** compared to children without special healthcare needs.²

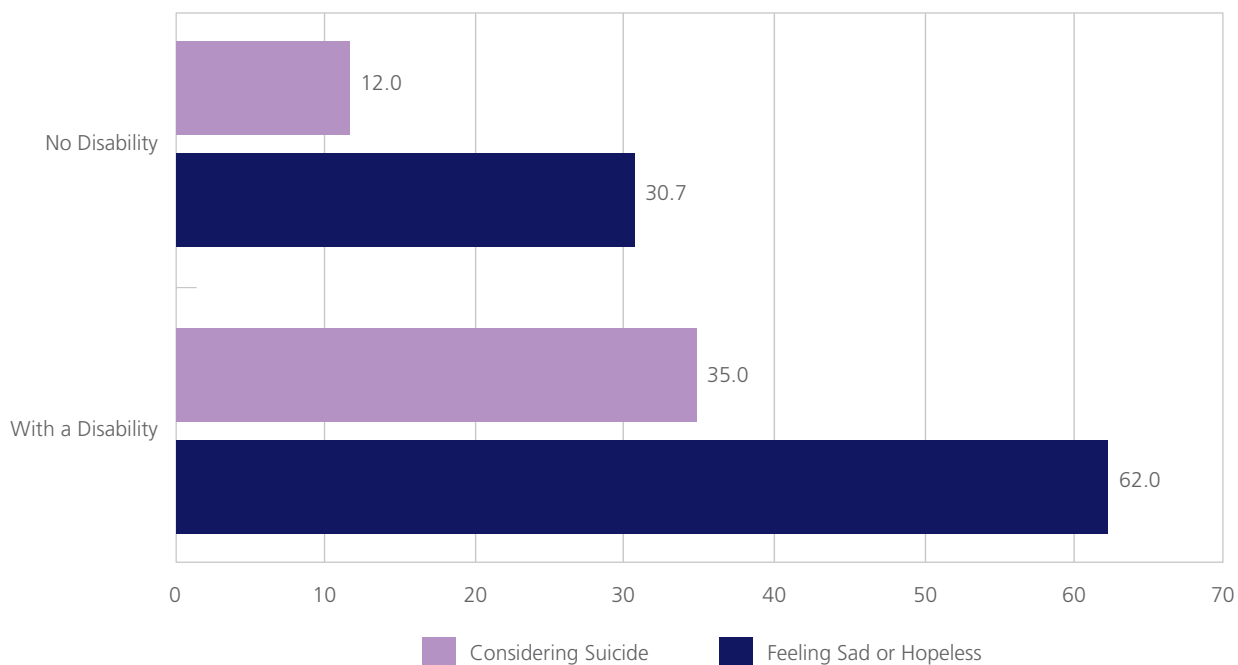
13.1% of CSHCN **have tooth decay or cavities**, compared to 7.1% of children without special healthcare needs.²

30.4% of families with CSHCN were **always or sometimes frustrated** in efforts to get services for their child, compared 10.4% of families with non-CSHCN.²



Fewer CSHCN had **health insurance that was usually or always adequate** compared to children without special healthcare needs.²

Figure 2
High Schoolers who Reported Considering Suicide and Feeling Sad/Hopeless by Disability Status, 2021



Footnotes

- ¹ A medical home is an approach to providing comprehensive primary care that facilitates partnerships among individual patients, their primary or specialty providers, and, when appropriate, the patient's family.
- ² National Survey of Children's Health (NSCH)
- ³ The effective care coordination measure is constructed by assessing communication between doctors when needed, communication between doctors and schools when needed; and getting needed help coordinating care.

Rhode Island Maternal and Child Health program's mission is to support & promote the health of all birthing parents, children, and their families; identify and reduce inequities among mothers and children; and improve health outcomes among Rhode Island families. In short, **Rhode Island MCH is committed to ensuring equity in the maternal and child health system.**

Rhode Island's Maternal and Child Health Program is designated as Rhode Island's Title V Authority under the Social Security Act of 1975. Title V, as the only federal legislation that focuses solely on improving the health of the nation's mothers and children, is a state - federal partnership for resource development, capacity and systems building, public information and education, and technical assistance to communities for MCH's 5 domains, including Women/Mothers, Infants, Children, Adolescents, Children with Special Healthcare Needs. For more information regarding the initiatives and collaborations of RI's MCH program, please visit the RI Department of Health Maternal Child Health Program web page.



For additional information about the data presented in this issue brief, please contact Will Arias at William.Arias@health.ri.gov.

For additional information about RIDOH's Maternal and Child Health Program, please contact Aidea Downie at Aidea.Downie@health.ri.gov.

For additional information about RIDOH's Children with Special Needs Program, please contact Colleen Polselli at Colleen.Polselli@health.ri.gov.

www.health.ri.gov