Unmet Need Among CSHCN

Massachusetts Results from the National Survey of CSHCN

Introduction

This study examines unmet need among children with special health care needs (CSHCN) in Massachusetts. Massachusetts' data from the National Survey of Children with Special Health Care Needs[1] was analyzed. This telephone survey includes 744 CSHCN in Massachusetts. Analysis was conducted by the MGH Center for Child and Adolescent Health Policy in collaboration with the Massachusetts Consortium for CSHCN Family Participation Workgroup. This project was supported through a grant from the Deborah Munroe Noonan Memorial Fund.

Summary of Results

- **1 in 6 CSHCN in Massachusetts who reported a need for services in the past year did not receive the needed care.**
  - 13% had an unmet need for health care services (e.g. routine, specialty, dental, medications, special therapy, mental health, home health, medical equipment, etc.).
  - 21% had an unmet need for family support services (e.g. professional care coordination, respite care, mental health care for family members, etc.).

- **The most vulnerable of CSHCN were more likely to report an unmet need.**
  - Children who were uninsured anytime in past year were nearly 5 times more likely to have an unmet need than those privately insured.
  - Children who are usually or always affected by their condition were 3 times more likely to have an unmet need than those who were never affected.
  - Children who have health care needs that constantly change were 3 times more likely to have an unmet need than those whose needs were stable.
  - 1 in 3 CSHCN in Massachusetts with a more severe condition who reported a need for services in the past year did not receive the needed care.

- **Families with good systems of care reported less unmet need.**
  - CSHCN receiving coordinated ongoing comprehensive care within a medical home are less than half as likely to have an unmet need. However, 2 in 5 CSHCN in MA do not receive care in a medical home.

Policy Options

- Improve health insurance systems for families, including employer-based insurance.
- Improve employee benefits (e.g. paid time-off for doctor visits).
- Improve service systems, particularly ensuring coordinated care in medical homes.
- Develop targeted services for CSHCN with more severe conditions.

For More Information

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References

[1]Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey National Survey of Children with Special Health Care Needs, 2001. http://www.cdc.gov/nchs/about/major/slaits/cshcn.htm