

INEQUITIES IN COVERAGE AND FINANCING OF CARE FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

While uninsurance among children and youth with special health care needs¹ (CYSHCN) is generally low, several subgroups are less likely to be adequately insured and face a greater risk for adverse health effects as a result.



CYSHCN

CYSHCN are more likely to be uninsured or underinsured if they are: non-white, from low-income families, from families in which English is not the primary language, immigrants or from mixed-immigration status families, or are more limited in their functional abilities.²

PAYERS & POLICYMAKERS

To help ensure health care access equity, some states have partnerships that pool resources to maximize outreach and enrollment for the most vulnerable CYSHCN. Financing is important for Title V programs and family leadership groups to maintain and develop strategies that address inequities.



FAMILIES

Family income is a source of inequities. CYSHCN with family incomes of less than 200% of the federal poverty level (FPL) are less likely to be insured and more likely to experience gaps in coverage than those with higher family incomes.²



PROVIDERS

Non-white CYSHCN are more likely to have an unmet need for health care services or equipment in the past year than white CYSHCN.² Providers can help address gaps in services through culturally and linguistically appropriate services and support for outreach and enrollment efforts.



CATALYST CENTER RESOURCES



Health Care Coverage and Financing for Children with Special Health Care Needs: A Tutorial to Address Inequities

This tutorial clarifies the language used to describe these inequities and provides tools and examples of policies, programs, and partnerships.

<http://cahpp.org/resources/inequities-tutorial>



State-at-a-glance Chartbook

Understanding data is helpful in shaping policies and programs to address inequities. Learn what inequities look like in your state using the Chartbook.

<http://cahpp.org/projects/the-catalyst-center/state-data-chartbook/>



Webinar: Addressing Health Coverage Inequities among CSHCN in Your State

A webinar to get acquainted with the Inequities Tutorial. MCH staff from Alaska and Michigan shared strategies for working towards health equity for CYSHCN.

<http://cahpp.org/resources/webinar-addressing-inequities>



State Financing Strategies

This page links to examples of the innovative strategies states are using to reduce health inequities and finance care for all CYSHCN.

<http://cahpp.org/project/the-catalyst-center/financing-strategy/inequities/>

DEFINING CYSHCN: According to the federal Maternal and Child Health Bureau, CYSHCN are those who have or are at increased 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 generally.¹

CITATIONS

- McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P., Perrin, J., Shonkoff, J., & Strickland, B. (1998). A new definition of children with special health care needs. *Pediatrics*, 102(1):137-140.
- Wilson, K., Dworetzky, B., Comeau, M. (2016). *Health care coverage and financing for children with special health care needs: A tutorial to address inequities*. Boston.

This project is supported by HRSA of the U.S. Department of Health and Human Services (HHS) under grant number U41MC13618, *Health Insurance and Financing/CSHCN* (\$473,000 annually). This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred, by HRSA, HHS or the U.S. Government. LCDR Leticia Manning, MPH, MCHB/HRSA Project Officer.