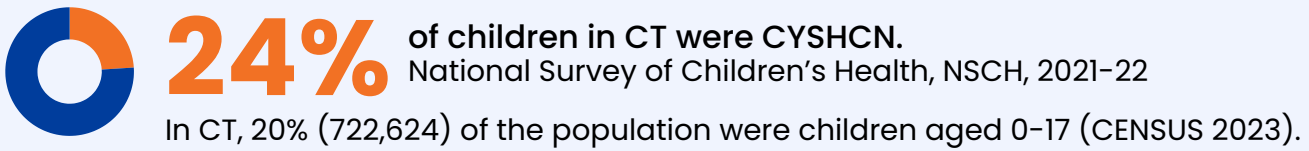


Children and Youth with Special Health Care Needs (CYSHCN) Data Highlights in CT

March 2025

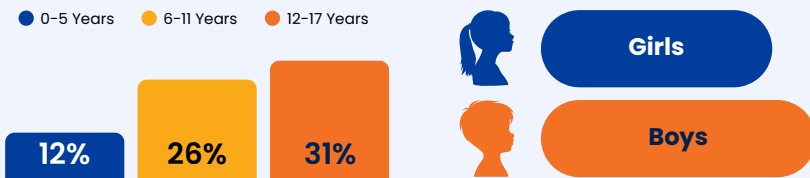
Children and youth with special health care needs (CYSHCN) are children aged 0-21 who have, or are at an increased risk for, chronic physical, developmental, behavioral, or emotional conditions (such as asthma, sickle cell disease, epilepsy, anxiety, autism, attention-deficit/hyperactivity disorder, and learning disorders).



Age & Gender

Children **aged 12-17 years** were **more likely** to have special health care needs.

The number of CYSHCN boys (26%) was **slightly higher** than girls (21%).



Ethnicity

Hispanic children were significantly **more likely** to have special health care needs.

Asian (non-Hispanic or NH)	12%
Black (NH)	18%
White (NH)	21%
Multiracial (NH)	24%
Hispanic	33%

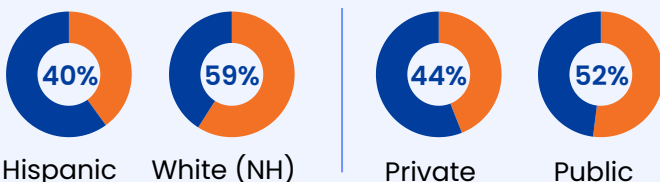
Anxiety or Depression

In CT, anxiety and depression was

12X higher among **CYSHCN aged 12-17** (48%) compared to non-CYSHCN (4%).



There was **no statistical difference** in anxiety or depression between Hispanic and White (NH) CYSHCN. There was also no difference by insurance type. *



Asthma

8% of children aged 0-17 had asthma (BRFSS Behavioral Risk Factor Surveillance System, BRFSS, 2023).

The percentage of children with asthma was **slightly higher among Hispanic versus White (NH) children** (10% versus 7%). Rates for Black (NH) and Other (NH) had limited statistical reliability. There was **no difference in asthma rate by gender.**

Preventative Dental Visit

83% of CYSHCN, aged 1-17, received a preventative dental care visit in the past year. This is comparable to the 81% among non-CYSHCN.

There was no difference in preventative dental care by either ethnicity or type of insurance. *

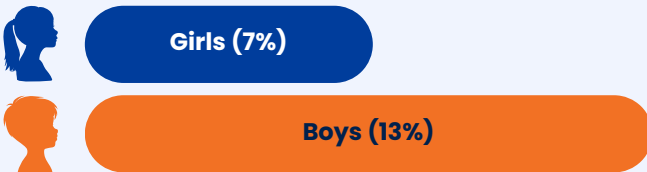
Children and Youth with Special Health Care Needs (CYSHCN) Data Highlights in CT

Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

An estimated **1 in 10** children (10%) aged 3-17 were diagnosed with ADD or ADHD.



Boys were 2X more likely to be diagnosed with ADD/ADHD than girls, which aligns with national findings.



There was **not a significant difference** in percent of Hispanic children (15%) compared to White (NH) children (9%). *

Autism Spectrum Disorder

About 1 in 33 children (3%) aged 3-17 were diagnosed with an autism spectrum disorder.

Boys were 5X more likely than girls to be diagnosed with autism, possibly because it presents differently by sex. *



National findings: Boys (5%) were nearly 3X more likely to be diagnosed with autism than girls (2%).

Behavioral or Conduct Disorders

1 in 5 (21%) CYSHCN children aged 6-11 had behavioral or conduct disorders. *



Well-Functioning System among CYSHCN

14% of CYSHCN received care in a well-functioning system. This was below the Healthy People 2030 goal of 20%

This metric includes:

Medical Home (37%)

Ease of Access to Community-Based Services (92%)

Continuous and Adequate Insurance (62%)

Preventative Medical and Dental Care (74%)

Shared Decision Making if Needed (86%)

Transition Among Adolescents (20%)

The percentage of CYSHCN receiving care in a well-functioning system was **lower for Hispanic children, non-English speaking children, and children who are 12-17 years of age.** *

CYSHCN with public insurance also have a lower chance of being in a well-functioning system, although the difference is not statistically significant.

*Other comparisons are not presented due to low statistical reliability.

Data sourced from National Survey of Children's Health, NSCH, 2021-22, unless otherwise noted.

Children and Youth with Special Health Care Needs (CYSHCN) Data Highlights in CT

Medical Home

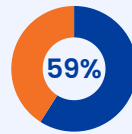
37% of CYSHCN had a medical home. *

White (NH)	50%
Multiracial (NH)	43%
Hispanic	23%

A medical home is an approach to providing comprehensive primary care that facilitates partnership between patients, clinicians, medical staff, and families.

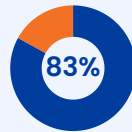
This metric includes:

- Care coordination** (if needed)
- Family-centered care**
- Personal doctor or nurse**
- Referrals** (if needed)
- Usual source of care.**

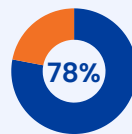


59% of CYSHCN received care coordination as part of efforts to improve health outcomes for children with and without special health care needs.

Of those who received care, only 57% were very satisfied, compared to 85% among non-CYSHCN.



83% of CYSHCN had family centered care, which is a partnership approach to health care decision-making.



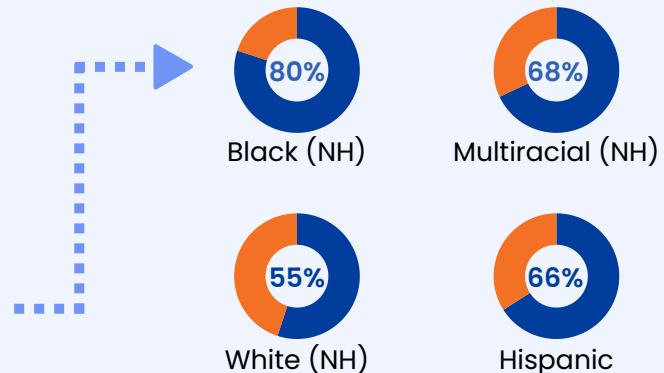
78% of CYSHCN had a personal doctor or nurse, while White (NH) were most likely to have a personal doctor or nurse.

White (NH)	91%
Black (NH)	80%
Multiracial (NH)	71%
Hispanic	66%

Insurance Coverage

There were **no significant differences** in the percent of CYSHCN by insurance: Medicaid (28%), Private (22%), Uninsured (25%) *

62% of CYSHCN were continuously and adequately insured, while Black (NH) CYSHCN had the highest insured rate.



Transition Among Adolescents

The transition to adult health care needs to be planned and coordinated. Without a plan, there is decreased adherence to essential treatments and difficulties in accessing needed services.

Poor transition to adult health care may lead to poor health outcomes.

20% of CYSHCN aged 12-17 received services to prepare for transitions to adult health care.



*Other comparisons are not presented due to low statistical reliability.

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Difficulties Getting Needed Referrals

31% of CYSHCN had difficulties in getting needed referrals.

This may be caused by difficulty leaving work, obtaining childcare and/or transportation, inconvenient office hours, and health insurance coverage.

More CYSHCN with public insurance (47%) reported having **difficulties getting needed referrals** compared to those with private insurance (16%).

Usual Source of Sick Care

74% of CYSHCN had a usual source of sick care.

“Usual source of sick care” refers to a regular point of contact or health care provider that a child usually goes to first when they need medical attention due to illness or a parent or caregiver needs advice about their child’s health.

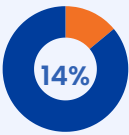
Black(NH)	86%
White(NH).....	85%
Multiracial (NH)	72%
Hispanic	61%

Problems Paying Medical Bills & Employment Status



1 in 5 (21%) of CYSHCN families had problems paying for their child’s medical or health care bills.

This was 2X higher than non-CYSHCN families (10%)

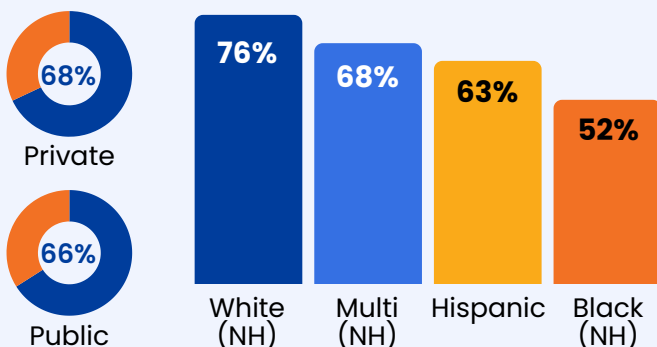


14% of CYSHCN had family members who had to leave their job, take a leave of absence, or reduce hours due to child’s health, compared to 5% of non-CYSHCN.

The percentage was higher for CYSHCN with public insurance (23%) vs to private insurance (9%).

Nutritious Foods

68% of CYSHCN families could always afford to eat good, nutritious foods, compared to 79% of non-CYSHCN families.



Families on **public insurance were less likely** to always afford nutritious foods. **Differences by race and ethnicity were not significant.**

Physical Activity

14% of CYSHCN, aged 12-17, were physically active at least 60 minutes per day. *

*Other comparisons are not presented due to low statistical reliability.

Family Resilience

77% of CYSHCN families reported family resilience, meaning they answered either *all* or *most of the time* to each of the following:

When your family faces problems, how likely were you to do each of the following:

- *Talk together about what to do*
- *Work together to solve your problems*
- *Know we have strength to draw on*
- *Stay hopeful even in difficult times*

There were no differences by race and ethnicity or type of insurance.

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Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood, ages 0-17 years. Some signs of a traumatic event include the child feeling terrified, helpless, at risk of danger, or physically hurt.

These experiences can lead to mental or chronic health conditions. Examples of these events include domestic violence, instability due to parental separation, and bullying. The higher the number of ACEs, the more likely the child will experience adverse mental and/or health outcomes.

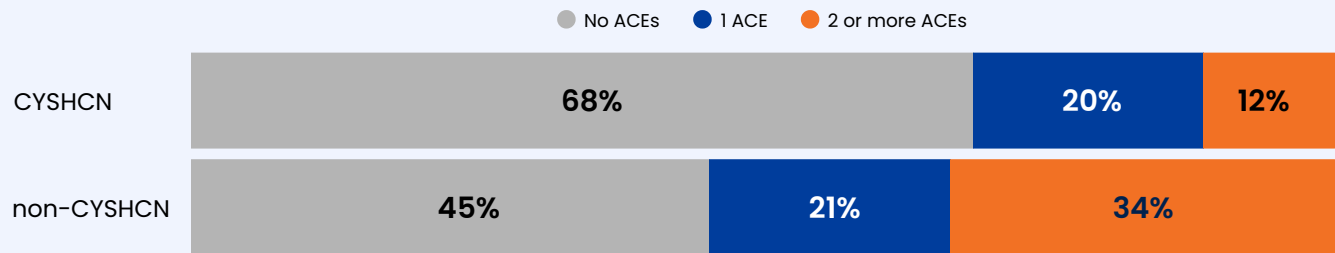
The CYSHCN population was

2X more likely to experience 2 or more ACEs than the non-CYSHCN population.

Almost half of Hispanic CYSHCN had 2 or more ACEs *

White (NH) 24%
 Multiracial (NH) 33%
 Hispanic 43%

Percent of CYSHCN and non-CYSHCN with 1 ACE and 2 or more ACEs:



1 in 5 (21%) of the CYSHCN population experienced 2 or more **household-based adverse childhood experiences.**

CYSHCN were more than 2X more likely to experience at least 2 household-based ACEs than non-CYSHCN.

1 in 6 (17%) of the CYSHCN population experienced at least **one community-based ACE.**

CYSHCN were more than 3X more likely to experience at least 1 community-based ACEs than non-CYSHCN.



About 1 in 3 (35%) CYSHCN

had parents or guardians who were divorced or separated, compared to 18% among non-CYSHCN.



About 1 in 5 (21%) CYSHCN

lived in a house where it was very often, or somewhat often, hard to cover basics like food or housing, on family's income, compared to 11% among non-CYSHCN.



About 1 in 6 (16%) CYSHCN

lived with someone who was mentally ill, suicidal or severely depressed, compared to 4% among non-CYSHCN.



About 1 in 10 (9%)

CYSHCN felt that they were treated or judged unfairly because of their health condition or disability status.

*Other comparisons are not presented due to low statistical reliability.