



# State of Health Report



## Children With Special Health-Care Needs

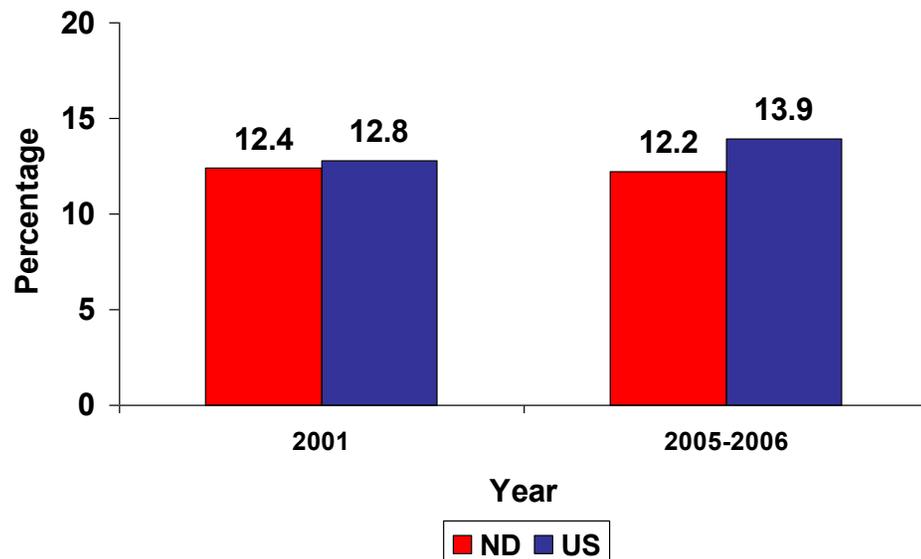
Children with special health-care needs (CSHCN) are defined by the U.S. Department of Health and Human Services as:

*...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also required health and related services of a type or amount beyond that required by children generally.*

Approximately one in every eight children in North Dakota is a child who has a one or more special health-care needs. A national survey of households conducted in 2005 and 2006 showed that of the estimated 135,465 children in North Dakota, 12.2 percent (more than 16,500 children) were CSHCN, which was a little lower than the percentage of children in the United States estimated to be CSHCN (13.9%).

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**Prevalence of Children With Special Health Care Needs, North Dakota and United States, by Year**



## What Does the Data Show?

### Who Are the Children with Special Health-care Needs?

Special health-care needs were much more commonly reported among older children than younger children. In 2005-2006, 6 percent of children ages birth to 5 were reported to have a special health-care need compared to 15 percent of children between age 6 and 17. Males appeared more likely to have special health-care needs than females (14% vs. 10%) and children living in poverty were more likely to have a special health-care need than those not living in poverty (19% vs. 12%). The prevalence of special health-care needs was similar for American Indian and white children in North Dakota (12% for both).

### Health-care Access Among CSHCN

Although CSHCN have substantially greater needs for health-care services than children without special health-care needs, indicators of health-care access are similar to that of children without special health-care needs. Among CSHCN in North Dakota, 11 percent had an unmet health-care service need, and 7 percent had no personal health-care provider (physician or nurse). Among CSHCN, 10 percent were without health insurance at some point in the previous year, and 5 percent did not have health insurance at the time of the survey. Twenty-six percent of CSHCN had inadequate health insurance coverage (i.e., insurance that did not adequately cover the services needed or the costs incurred).

### Financial Impact on Families

Nineteen percent of families with a child with special health-care needs reported that the condition of the child in the family with special health-care needs caused financial problems for the family. Eighteen percent of CSHCN had one or more family members who worked reduced hours or stopped working because of the child's condition.

### School Attendance

Thirteen percent of CSHCN in North Dakota missed 11 or more days of school due to illness. This compares to 14 percent missing 11 or more days of school among children with special health-care needs nationwide. Thirty-two percent of CSHCN in North Dakota receive special education services.

### Health Conditions among CSHCN

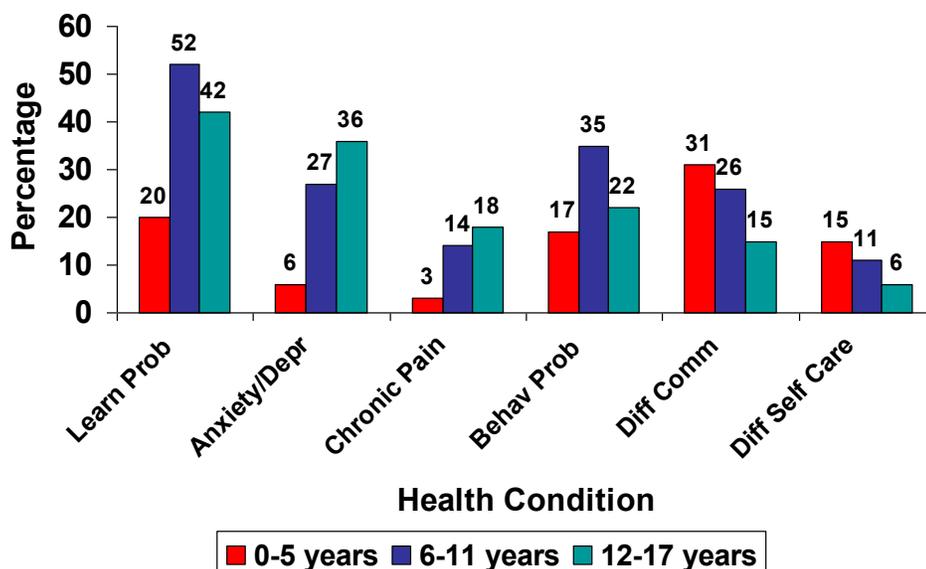
The most common conditions causing health problems among CSHCN were asthma, allergies, attention deficit disorders (ADD/ADHD) and emotional disorders (e.g., anxiety/depression). Approximately half of CSHCN have more than one health condition. Allergies and asthma were both reported less commonly in North Dakota among CSHCN (42% and 31% respectively) than in the United States (53% and 39% respectively). Attention deficit disorders were reported more often among CSHCN in North Dakota (34%) than in the United States (30%). The prevalence of emotional disorders was the same in North Dakota and the United States (21%).

### Functional Limitations Among CSHCN

For 20 percent of the CSHCN, the health condition was reported to have a very substantial impact on their daily activities. The most common functional disabilities reported among CSHCN were learning disability, breathing difficulty, anxiety/depression and behavior problems

The chart below demonstrates the marked differences in the prevalence of selected functional impairments among CSHCN by age group. In 2005 and 2006, 6 percent of children ages birth to 5 were reported to have a special health-care need, compared to 15 percent of children between age 6 and 17. Most of the increase in health-care needs was accounted for by large increases in the number of children ages 6 and older who were reported to have learning, behavior, social or emotional problems. In contrast, many problems — including communication, mobility and self-care problems — were substantially less common among older children than among younger children.

**Prevalence of Functional Limitations Among CSHCN, North Dakota, by Age Group**



## Interpreting the Data

We consider children to be the healthiest members of society, and so it is for most children. However, one in eight children in North Dakota has a chronic medical condition that needs more than the usual amount of health-care assistance, and many of those with a chronic medical condition have an associated functional limitation. For some of these children, the problem eases or disappears as they grow older; however, compared to the preschool years, the prevalence of chronic health problems increases during the grade school and high school years. Conditions associated with learning disability, emotional health and behavior become common during the school years.

Successfully making the transition from childhood to adulthood is difficult, and many of these children with chronic health problems and functional limitations need professional help. However, a substantial proportion of CSHCN have limited access to health-care resources.

## Links to Data Tables

[Prevalence of Health Conditions Among CSHCN](#)

[Prevalence of Functional Limitations Among CSHCN](#)

[Access to Health-care Among CSHCN](#)

**The State of Health of North Dakotans document describes the health of North Dakotans by providing data about the issues that cause disease or create health risk. In addition, for some of the topics covered, information has been added describing the impact of the issue on human lives, solutions that work and current programs used in North Dakota to address the issue.**

**The document is and will remain under continuous development. Additional topics will be added as they are completed and data from existing topics updated as new information becomes available. The link to the left provides active web links to the topics currently available and lists other topics planned for the future.**

[More Health Reports](#)



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