

SYSTEM OF CARE

SPM 6: Coordination across Systems of Care^{1,2}

Care for Children and Youth with Special Health Care Needs (CYSHCN) often requires access to multiple systems including primary and specialty care, schools and child care, community based-services, and family supports. When these systems do not work well together, the quality of care that CYSHCN receive is impacted. Facilitating good, clear communication for parents among system partners, including parents, is a key part of fostering successful cooperative systems.

74%
PARENTS SATISFIED WITH SERVICES RECEIVED

75%
CHILDREN LACKING 'WELL-FUNCTIONING SYSTEM' CARE

84%
CHILDREN WITH COMPLEX HEALTH NEEDS LACKING 'WELL-FUNCTIONING SYSTEM' CARE

MEDICAL HOME

NPM 11: Percent of children with/without special health care needs, ages 0 - 17, who have a medical home.

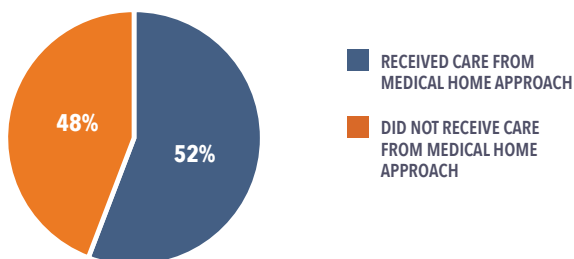
A medical home is an approach to health care that encourages establishing a home base for health care needs. Providing health care to children in a trusting relationship between the child's family and health professionals can lead to fewer hospitalizations and early identification of chronic conditions.



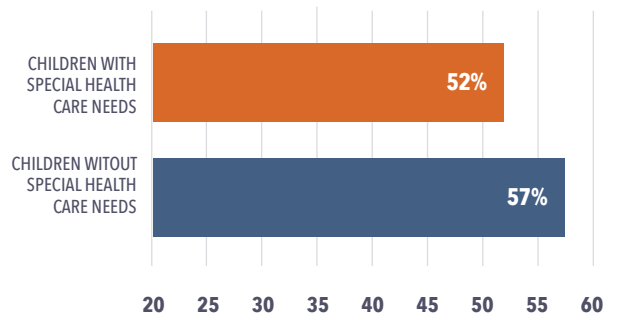
51.9% of Children and Youth with Special Health Care Needs (CYSHCN) living in Iowa receive care from a medical home approach to care.

A higher percentage of children without special health care needs had a medical home (57%) than those with special health care needs (52%).

RECEIVED CARE FROM A MEDICAL HOME APPROACH¹



PERCENTAGE OF CHILDREN WITH A MEDICAL HOME¹



TRANSITION TO ADULT CARE

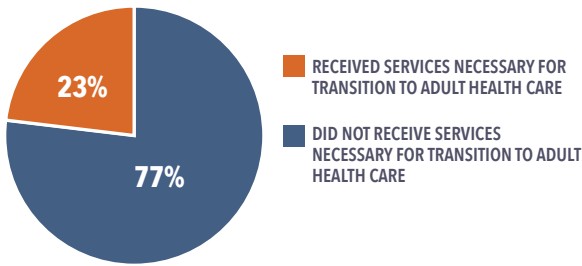
NPM 12: CYSHCN with Services to Transition to Adult Health Care

During childhood, parents help with medical needs such as managing appointments, forms, and medications. As youth reach adulthood, there are many changes in responsibility. Achieving life goals requires knowledge, preparation, and skills for youth and their parents. Often families of children and youth with special health care needs will require extra support when transitioning to the adult health care system.



According to National Survey of Children's Health data, 23.1% of Iowa's Youth with Special Health Care Needs (YSHCN) received services necessary to make transitions to adult health care.

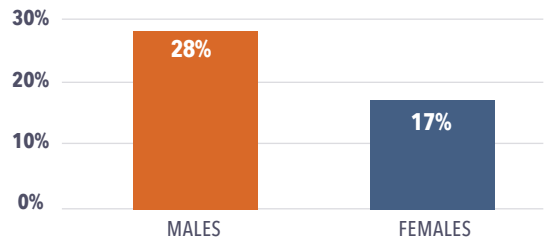
YSHCN WITH SERVICES NECESSARY TO TRANSITION TO ADULT HEALTH CARE¹



HEALTH DISPARITY

Males are more likely to have received transition services than females. Youth in suburban or mid-sized cities appear to be more likely to have received transition services than those in either more urban or rural areas.

CYSHCN WITH TRANSITION SERVICES AND GENDER¹



EMERGENT ISSUE

MENTAL HEALTH

Of the children in Iowa who needed mental health treatment, 42% had a problem receiving it. **Families of children with mental health conditions need support and coordinated systems of care.**



About 9% of children (ages 0 - 17) in Iowa were reported to have ongoing emotional, developmental, or behavioral conditions that require treatment or counseling. This is true for about 17% of adolescents ages 12-17.

CHILDREN IN IOWA WITH ONGOING MENTAL HEALTH ISSUES (2016-2017)¹

Ages 0-17

9%

Ages 12-17

17%

Note: Children ages 12-17 are included in the 0-17 age group.

EMERGENT ISSUE

FAMILY SUPPORT

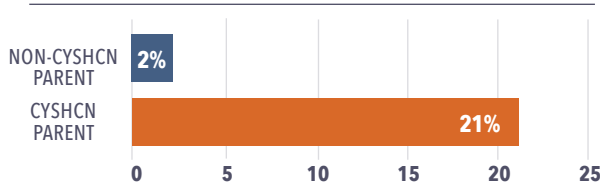
CYSHCN CAREGIVERS & EMOTIONAL SUPPORT

Parents/caregivers who feel confident, competent, and supported are better able to nurture their child's emotional, physical, and developmental growth. Connecting families to training and support helps them to handle the stress associated with having a child with a special need.

HEALTH DISPARITY

Children with complex health needs were more likely to have parents who reported feeling aggravation in parenting (21%) when compared to children without special health care needs.

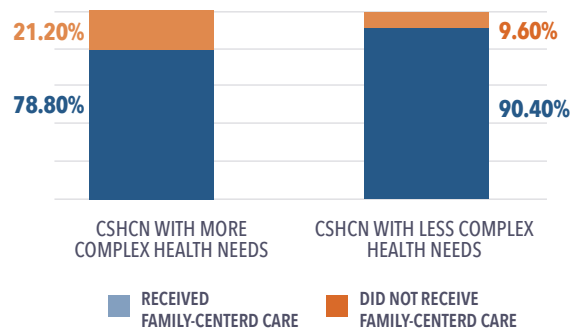
PERCENT OF CHILDREN WITH PARENTS FEELING AGGRAVATION²



HEALTH DISPARITY

Families of children with more complex special health care needs were less likely than those without special health care needs to have received family-centered care.

FAMILY CENTERED CARE, CSHCN WITH LESS COMPLEX NEEDS VS HIGH COMPLEX NEEDS



CSHCN = Children with Special Health Care Needs

¹ National Survey of Children's Health.

² Child Health Data Survey Results. Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB).