<div style="border: 2px solid black; background-color: #e8f0d8; padding: 10px;">

Children and Youth with Special Health Care Needs (CYSHCN) Population Domain Overview – Quantitative Data Indicators Working Document – Intermediate Product

</div>

This working document was prepared initially as part of the ongoing process of the 2025 Title V Maternal and Child Health (MCH) Needs Assessment. It was intended as an intermediate product for use during a meeting of the Needs Assessment Advisory Committee and invited guests for the following planning purposes:

1. To give a broad overview of the CYSHCN population in Hawaii based on secondary (already available publicly), quantitative (numbers-based) data,
2. To support efforts to "narrow" the amount of quantitative data that will be presented to larger audiences, and
3. To guide planning for next steps in collecting new data (including qualitative, words-based information from focus groups, listening sessions, interviews) to supplement what is already available to tell a more comprehensive story.

The data presented in this document are to help participants find and prioritize gaps in knowledge that are important to fill during the 2025 Title V MCH Needs Assessment process to more fully understand the health and well-being of CYSHCN in Hawaii, including disparities (differences) in outcome by sociodemographic characteristics. When reviewing, please note any information you feel is missing or incomplete, including topics, geographic areas, or subgroups of people who are not fully or accurately reflected in the numbers. Also, consider which of these indicators you believe are critical or essential for monitoring the status of this population domain and for guiding the work of programs that serve them.

NOTE: This is not a final product! Additional information will be gathered and more concise summary products will be prepared later in the needs assessment process.

I.   Data Sources, Indicator Selections, Methodology, and Limitations

A.   Data Sources

These data are compiled from the Hawai'i Health Data Warehouse, Hawai'i Health Matters website, and resources provided by the federal Maternal and Child Health Bureau (MCHB) as supports to state and jurisdictional Title V MCH programs. These sites gather the data from national and state surveys and other sources, such as the American Community Survey (ACS); National Survey of Children's Health (NSCH); Pregnancy Risk Assessment Monitoring System (PRAMS); Youth Risk Behavior Surveillance System (YRBSS); Behavioral Risk Factor Surveillance System (BRFSS); and the Hawaii State Department of Human Services, Vital Statistics (NVSS).

B.   Indicator Selection for Inclusion

All performance and outcome measures that the MCHB requires state and jurisdictional Title V MCH programs to report were included in this review. Additional quantitative indicators from previous needs assessment processes and social determinants of health were included.

C.   Methodology

Data resources provided by the MCHB were supplemented with source data from the Hawai'i Health Data Warehouse and Hawai'i Health Matters to allow for disaggregation by important sociodemographic factors, including relevant Hawaii race/ethnicity categories and county, to better identify disparities in outcomes.

Quantitative data were reviewed in a two-step process and then presented in both synthesized and detailed formats in this document.

Step 1. Trends
- Presented most recently available year of data as indicator value.
- Compared Hawaii value with U.S. overall value to identify whether Hawaii value is higher (and better or worse), lower (and better or worse), or about the same as U.S. overall value.
- Reported state trends over time when available (at least 4 data points) to identify whether Hawaii values are trending higher (and better or worse), trending lower (and better or worse), or are about the same over the time period.
- Noted whether trends are statistically significant; also presented non-statistically significant trends as they are important to monitor related to overall progress and identification of disparities.
- Reported Hawaii vs. U.S. overall comparisons and state trends over time based on analyses presented on Hawai'i Health Matters website or in resources provided by the MCHB.

Step 2: Disparities
- Accessed MCHB-required indicators in their original data sources from the Hawai'i Health Data Warehouse (except the National Survey of Children's Health, which is unavailable in the Hawai'i Health Data Warehouse) so that Hawaii race/ethnicity categories and county could be considered.
- Accessed additional indicators that were included in the review from the Hawai'i Health Data Warehouse.
- Stratified (disaggregated) data by sociodemographic characteristics (Hawaii race/ethnicity, Hispanic origin, poverty level, gender, and sexual orientation or gender minority) and county to identify disparities (when available).
- Identified disparities primarily based on analyses presented on Hawai'i Health Matters website.
- Compared confidence intervals between sociodemographic subgroup values to identify disparities if the Hawai'i Health Matters website did not present analyses.
- Combined multiple years of data when sample sizes were small or data were listed as unstable (when possible).

D.   Limitations of the Data and Analyses Caveats

While these data sources and sites provide an overview of the health of Hawaii's population, there are limitations to these data, which in turn limit the capacity for analysis. There are also important caveats to note about data analyses and reporting.

- Data are only as good as the source.
    - Values are based on national surveys and are limited by how the questions are worded, how they are asked, who responds, etc.
- Stratifiers were limited for some data and data sources.
    - Hawaii race/ethnicity and county were not available for all indicators.
- Sample size was small for some indicators, sociodemographic subgroups, and counties.
    - Some values were suppressed if they did not meet National Center for Health Statistics privacy standards and/or reliability standards.
    - Confidence intervals were often large, even when data were listed as "stable."
- All reported data, analyses, and syntheses should be interpreted with caution.
    - The data limitations may mask disparities that are actually present and/or may suggest disparities exist when they actually may not.
    - Numbers alone do not tell a full story – individual and group experiences should guide interpretation.

II.   Population at a Glance

A.   Population Estimates

CYSHCN are defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[1] Much of the quantitative data about this population is collected through the National Survey of Children's Health, which identifies CYSHCN using a 5-item screening tool focused on health consequences instead of specific diagnoses. Respondents are asked whether their child experiences any of the following consequences: *1) Use or need of prescription medication; 2) Above average use or need of medical, mental health or educational services; 3) Functional limitations compared with others of same age; 4) Use or need of specialized therapies (OT, PT, speech, etc.); and 5) Treatment or counseling for emotional or developmental problems*. If the answer is "yes" for any of these, respondents are asked whether the consequence is due to any kind of health condition, and if so, whether that condition has lasted or is expected to last for at least 12 months. All three parts of at least one screener question must be answered "yes" for a child to meet the criteria for having a special health care need.[2]

At 13.2%, CYSCHN in Hawaii represent a significantly lower percentage of children and youth ages 0-17 compared to national estimates for CYSHCN (20.0%) for 2021-2022.[2] The most frequent qualification consequence for CYSHCN in Hawaii (based on CYSHCN screening tool) is use or need of prescription medication (8.3%),[3] followed by above average use or need of medical, mental health or educational services (7.4%),[4] treatment or counseling for emotional or developmental problems (7.1%),[5] use or need of specialized therapies (OT, PT, speech, etc.) (3.9%),[6] and functional limitations compared with others of same age (3.4%).[7] Most Hawaii CYSHCN qualified on one screener criterion alone (41.3%); however, 17.8% qualified on 4 or 5 criteria.[8]

B.   Race/Ethnicity

The National Survey of Children's Health does not capture the full breadth of the racial and ethnic diversity represented in Hawaii, and sample sizes for CYSHCN are too small to disaggregate for many sociodemographic characteristics. Only the following racial/ethnic estimates are available for Hawaii CYSHCN for 2021-2022: Other (14.4%), Hispanic (16.7%), White (13.5%), and Asian (10.6%).[9]

C.   Economic Well-Being

In 2021-2022, 11.6% of Hawaii CYSHCN were living in households at <100% of FPL. Further, 15.0% were living in households between 100% and 199% of FPL, 15.3% at 200%-399% of FPL, and 12.9% at ≥400% FPL.[10] It was estimated that 61.1% of Hawaii CYSHCN had private insurance only, while 30.2% had public insurance only and 5.8% had both private and public insurance.[11]

III.   CYSHCN Health Data at a Glance

A four-quadrant graphic is used to "sort" indicators to support synthesis and review. This reduces the "overwhelmingness" of the data and provides a high-level summary for planning purposes. The quadrants are oriented as follows:

- **Upper left quadrant**: Positive trends (HI vs. U.S. and/or HI over time), no disparities observable based on available data [*NOTE*: This does not necessarily mean that no disparities exist.]
- **Upper right quadrant**: Positive trends (HI vs. U.S. and/or HI over time), but disparities observable in available data
- **Lower left quadrant**: Negative trends (HI vs. U.S. and/or HI over time), no disparities observable based on available data [*NOTE*: This does not necessarily mean that no disparities exist.]
- **Lower right quadrant**: Negative trends (HI vs. U.S. and/or HI over time), and disparities observable in available data

A two-quadrant graphic is also provided to identify indicators where trends are non-directional and for those with insufficient data to assess trends. The quadrants are oriented as follows:

- **Upper quadrant**: Similar trends (HI vs. U.S. and/or HI over time)
- **Lower quadrant**: Insufficient data to examine trends (HI vs. U.S. and/or HI over time

Numbers for the indicators in the graphics correspond to the detailed data tables in Section IV. An asterisk (*) is used to identify statistically significant trends in the four-quadrant graphic.

Positive trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.*	Positive trends (HI vs. US and/or HI over time), but disparities observable in available data
1. CYSHCN (0-17 yrs)* 2. CYSHCN (0-17 yrs) in very good or excellent health 3. CYSHCN (1-17 yrs) with decayed teeth or cavities 6. CYSHCN Obesity, 10-17 yrs 7. CYSHCN Bullying, perpetration 8. CYSHCN Bullying, victimization 9. CYSHCN (0-17 yrs) with a medical home 10-12. CYSHCN medical home components: care coordination, family-centered care, personal doctor/nurse 15. CYSHCN adequate and continuous insurance 16. CYSHCN transition to adult health care 18-19. CYSHCN transition to adult health care components: anticipatory guidance, time alone with provider 20-26. CYSHCN systems of care* (overall and all components) 27. CYSHCN preventative dental visit (1-17 yrs) 29. CYSHCN, Someone living in the household who smokes	Unable to determine based on data source limitations
Negative trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* 13-14. CYSHCN Medical home components: referrals, usual source of care	**Negative trends (HI vs. US and/or HI over time), and disparities observable in available data** Unable to determine based on data source limitations * = trends are statistically significant

Synthesis: In general, CYSHCN fare well on indicators when compared to the nation. However, limited data and sample sizes preclude determination of trends over time and disparities for most indicators. Of the 29 indicators reviewed, most had positive outcomes compared to the nation. However, 2 components of medical home (referrals and usual source of care) had worse compared to the nation or in state trends over time. (See graphic above.)

Two additional indicators had trends similar to the nation and/or over time. Data source limitations preclude analysis for disparities for most indicators. (See graphic below.)

Similar trends (HI vs. US and/or HI over time)
17. CYSHCN transition to adult health care component: active work with child 28. CYSHCN, preventive health visit   (Unable to determine disparities based on data source limitations)
Insufficient data to examine trends (HI vs. US and HI over time)
None

Two indicators are not presented on graphics as no positive or negative designations were applied to their trends (4. Children diagnosed with autism spectrum disorder and 5. Children diagnosed with ADD/ADHD). Review of additional social determinants of health related to family hardship overall and family financial hardship is ongoing. Initial analyses suggest significant disparities for CYSHCN on many of these indicators.

IV.   Detailed Adolescent Health Data

Detailed information for each included indicator of CYSHCN health is presented following the format of the Hawai'i Health Matters website. This includes icons, color-coding, and descriptions according to the key presented below. In addition to trend comparisons, disparities noted in available data are also included, with descriptions of whether the observed values represent "better" or outcomes in a more desirable direction for the subgroup versus "worse" or outcomes in a less desirable direction. This is important to note because for some indicators "better" performance would be shown by a higher value (for example, percentage reporting good or better health status), while for others a higher value would suggest "worse" performance (for example, percentage overweight or obese). Data notes are included to provide context when data or subgroup data were unavailable or limited. Indicators marked with a double asterisk (**) in the tables are those required by the MCHB for all Title V MCH programs.

Trend Comparison Key

Icon	Description
Positive Trends	
	Higher and better
	Lower and better
	Increasing significantly, better
	Increasing, not significantly, better
	Decreasing significantly, better
	Decreasing, not significantly, better
No Difference	
	No difference
Negative Trends	
	Higher and worse
	Lower and worse
	Increasing significantly, worse
	Increasing, not significantly, worse
	Decreasing significantly, worse
	Decreasing, not significantly, worse

A.   CYSHCN Health Indicators

1.   General Health Status

	Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
1	Children (0-17 yrs) with special health care needs** (NSCH, 2020-2021)	13.2%	⬍	=	None in available data.		None.
2	CYSHCN (0-17 yrs) in very good or excellent health** (NSCH, 2020-2021)	73.5%	⬍	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
3	CYSHCN (1-17 yrs) with decayed teeth or cavities** (NSCH, 2020-2021)	10.2%	⬍	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

** Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

2.   Mental Health and Related Conditions (Not included in synthesis graphic)

	Indicator	Value	Comparison to U.S. (No positive or negative designations applied to trends)	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
4	Children (3-17 yrs) diagnosed with autism spectrum disorder** (NSCH, 2020-2021)	1.7%	Lower	=	NOT AVAILABLE		No further breakouts available.
5	Children (3-17 yrs) diagnosed with ADD/ADHD** (NSCH, 2020-2021)	5.9%	Lower	=	NOT AVAILABLE		No further breakouts available.

** Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

3.   Weight Status

	Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
6	Obesity, ages 10-17, CYSHCN** (NSCH, 2020-2021)	12.6%	⬍	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

** Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

4.   Bullying

	Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
7	Bullying-perpetration** (NSCH, 2020-2021)	17%	⬥ (green down)	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
8	Bullying-victimization** (NSCH, 2020-2021)	38.0%	⬥ (green down)	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

** Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

B.   CYSHCN Prevention and Health Behavior Indicators

1.   Access to Health Care

	Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
9	CYSHCN (0-17 yrs) with a medical home** (NSCH, 2020-2021)	43.7%	⬥ (green up)	=	None in available data.		None.
10	CYSHCN medical home component – care coordination if needed** (NSCH, 2020-2021)	78.0%	⬥ (green up)	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
11	CYSHCN medical home component – family-centered care** (NSCH, 2020-2021)	90.4%	⬥ (green up)	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
12	CYSHCN medical home component – personal doctor or nurse** (NSCH, 2020-2021)	72.4%	⬥ (green up)	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
13	CYSHCN medical home component – referrals if needed** (NSCH, 2020-2021)	84.6%	⬥ (red down)	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
14	CYSHCN medical home component – usual source of care** (NSCH, 2020-2021)	71.2%	⬥ (red down)	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
15	Adequate and continuous insurance (0-17 yrs, CYSHCN)** (NSCH, 2020-2021)	76.3%	⬥ (green up)	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		Data Notes
				Better Outcome	**Worse Outcome**	
16 CYSHCN transition to adult health care** (NSCH, 2020-2021)	21.9%	⬆	=	None in available data.		None.
17 CYSHCN transition component – active work with child** (NSCH, 2020-2021)	75.3%	=	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
18 CYSHCN transition component – anticipatory guidance if needed** (NSCH, 2020-2021)	30.6%	⬆	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
19 CYSHCN transition component – time alone with provider** (NSCH, 2020-2021)	52.7%	⬆	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
20 CYSHCN systems of care (received all components of a well-functioning system: family partnership, medical home, early screening, adequate insurance, easy access to services, and preparation for adult transition)** (NSCH, 2020-2021)	20.1%	⬆	=	None in available data.		None.
21 CYSHCN systems of care component – medical home** (NSCH, 2020-2021)	43.0%	⬆	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
22 CYSHCN systems of care component – continuous and adequate insurance** (NSCH, 2020-2021)	76.3%	⬆	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
23 CYSHCN systems of care component – ease of access** (NSCH, 2020-2021)	90.2%	⬆	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
24 CYSHCN systems of care – preventive medical and dental care** (NSCH, 2020-2021)	79.1%	⬆	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
25 CYSHCN systems of care – shared decision-making if needed** (NSCH, 2020-2021)	83.8%	⬆	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
26 CYSHCN systems of care component – transition among adolescents** (NSCH, 2020-2021)	21.9%	⬆	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

** Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

1. Preventive Health Behaviors

	Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	**Worse Outcome**	**Data Notes**
27	Preventative dental visit (CYSHCN, 1-17 yrs)** (NSCH, 2020-2021)	86.6%	⬆⬇	=	NOT AVAILABLE		No further breakouts available.
28	Preventive health visit in previous 12 months (CYSHCN, 0-17 yrs) (NSCH, 2020-2021)	87.1%	=	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

** Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

2. Substance Use

	Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	**Worse Outcome**	**Data Notes**
29	Someone living in the household who smokes (CYSHCN, 0-17 yrs)** (NSCH, 2020-2021)	18.2%	⬆⬇	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

** Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

C. Social Determinants of Health Indicators

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	**Worse Outcome**	**Data Notes**
Income						
Median household income (ACS, 2018-2022)	$94,814	⬆⬇	↗	Asian: $100,945	AIAN: $61,225 Black/African American: $80,207 Hispanic: $83,781 Native Hawaiian/ OPI: $77,146 Other: $79,084	Only race/ethnicity subgroups available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
Employment						
Unemployed workers in civilian labor force (U.S. Bureau of Labor Statistics, January 2024)	3.1%	⬍	↗	NOT AVAILABLE		No subgroups available.
Education						
People 25+ with a HS diploma or higher (ACS, 2018-2022)	92.7%	⬍	↗	Age: 25-34 years: 95.6% 35-44 years: 95.0% 45-64 years: 93.4%	Age: 65 and older: 88.2%	No differences between gender and race/ethnicity.
People 25+ with a Bachelor's degree or higher (ACS, 2018-2022)	34.7%	⬍	↗	Age: 35-44 years: 39.8% Females: 36.4% Asian: 36.2% White/non-Hispanic: 46.9%	Age: 65 and older: 32.6% Males: 33.0% Native Hawaiian/OPI: 13.2% Two or More Races: 28.0% Other: 29.9%	Age 25-65+, gender, and race/ethnicity subgroups available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
Poverty						
People living below federal poverty level (ACS, 2018-2022)	9.6%	⬇	↘	Age: 25-44 years: 8.8% 45-64: 8.2% 65-74 years: 8.2% 75 years and over: 8.1% Asian: 6.4%	Age: under 6 years: 12.4% 6-11 years: 12.6% 12-17 years: 12.1% 18-24 years: 12.9% AIAN: 20.6% Hispanic: 12.1% Native Hawaiian/ OPI: 18.2%	All ages, gender, and race/ethnicity subgroups available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
Below Asset Limited, Income Constrained, Employed (ALICE) threshold households (federal poverty level + ALICE), 2022	44.0%	NOT AVAILABLE	↗	25-44 Years: 46.0% 45-64 Years: 41.0% Married-Parent Household with Children: 30.0% Asian: 40.0% Two or More Races: 43.0% White: 43.0% Honolulu: 41.0% Kauai: 46.0%	Under age 25: 73.0% Single-Female-Headed Household with Children: 79.0% Single-Male-Headed Household with Children: 67.0% AIAN: 62.0% Black: 51.0% Hispanic: 51.0% Native Hawaiian/ Pacific Islander: 57.0% Maui: 49.0% Hawaii: 50.0%	Subgroups as presented in "ALICE in the Crosscurrents, 2024 update" except for county, which was accessed from https://www.unitedforalice.org/state-overview/Hawai%E2%80%98i
Households with cash public assistance income (ACS, 2018-2022)	4.0%	⬆ (red)	↘ (green)	NOT AVAILABLE		No subgroups available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	**Worse Outcome**	**Data Notes**
Housing						
Renters spending 30% or more of household income on rent (ACS, 2018-2022)	55.8%	[red up/down arrow]	[green down trend]	Age: 35-64 years: 49.9%	Age: 15-24 years: 75.5% 25-34 years: 60.7% 65 years and over: 59.1%	Age 15-65+ years available.
High housing burden (ACS, 2016-2020)	39.0%	[red up/down arrow]	[green down trend]	NOT AVAILABLE		No subgroups available.
Severe housing problems (County Health Rankings, 2016-2020)	25.7%	[red up/down arrow]	[green down trend]	NOT AVAILABLE		No subgroups available.
Homelessness rate (HI State Department of Human Resources, 2023)	43.2 per 10,000	[red up/down arrow]	[green down trend]	NOT AVAILABLE		No subgroups available.
Food Security						
Food Environment Index (County Health Rankings, 2024)	7.4 (range = 0-10)	[red up/down arrow]	[green up trend]	NOT AVAILABLE		No subgroups available
Households that are food insecure (Food Security Supplement to the Current Population Survey, 2019-2021)	9.0%	[green up/down arrow]	[green down trend]	NOT AVAILABLE		No subgroups available.
Access to Exercise						
Access to exercise opportunities (County Health Rankings, 2024)	91.7%	[green up/down arrow]	[red down trend]	NOT AVAILABLE		No subgroups available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		Data Notes
				Better Outcome	Worse Outcome	
Special Populations (No positive or negative designations applied to state trends)						
Adults with a disability (BRFSS, 2022)	24.1%	Lower	Increasing significantly	Age: 25-34 years: 15.7% 35-44 years: 14.9% Bachelor's degree or higher: 17.5% Employed: 15.4% 186+% poverty level: 19.0%	Age: 65-74 years: 33.3% 75 years and over: 45.6% 9th-12th grade, no diploma: 40.7% 0-130% of FPL: 33.2% AIAN: 38.4% Native Hawaiian: 28.8% Identifies as LGBQ: 34.5%	All ages, education level, employment status, federal poverty level, race/ethnicity, sex, and sexual orientation subgroups available.
Population age 5+ with language other than English spoken at home (ACS, 2018-2022)	25.7%	Higher	Increasing, not significantly	NOT AVAILABLE		No subgroups available.
Sexual minority adults (BRFSS, 2022)	6.1%	NOT AVAILABLE	Increasing significantly	*"Better" and "worse" performance is not applicable in this indicator; however, disparities are recognized in certain subgroups.* Age: 18-24 years: 20.4% 45-54 years: 3.4% 65-74 years: 3.2% 75 years and over: 2.4% 0-130% poverty level: 9.9% Japanese: 2.4%		All ages, education level, employment status, federal poverty level, race/ethnicity, gender, and sexual orientations available.

References:

1. McPherson M, Arango P, Fox H, Lauver C, McManus M, & Newacheck P. A new definition of children with special health care needs. *Pediatrics*. 1998; 102(1):137-141.

2. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Indicator 1.11: Does this child have special health care needs (CSHCN) based on the CSHCN Screener?; data query and indicator notes] Accessed [April & June 2024] https://www.childhealthdata.org/browse/survey/results?q=10511&r=1&r2=13

3. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Does this child qualify on the CSHCN Screener criteria for use of prescription medication due to health conditions lasting 12 months or longer?] Accessed [June 2024] https://www.childhealthdata.org/browse/survey/results?q=10512&r=13

4. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Does this child qualify on the CSHCN Screener criteria for elevated need or use of medical care, mental health or education services due to health conditions lasting 12 months or longer?] Accessed [June 2024] https://www.childhealthdata.org/browse/survey/results?q=10513&r=13

5. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Does this child qualify on the CSHCN Screener criteria for having ongoing emotional, developmental, or behavioral conditions that require treatment or counseling?] Accessed [June 2024] https://www.childhealthdata.org/browse/survey/results?q=10516&r=13

6. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Does this child qualify on the CSHCN Screener criteria for need or use of special therapy such as occupational, physical or speech therapy due to health conditions lasting 12 months or longer?] Accessed [June 2024] https://www.childhealthdata.org/browse/survey/results?q=10515&r=13

7. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Does this child qualify on the CSHCN Screener criteria for functional limitation due to health conditions lasting 12 months or longer?] Accessed [June 2024] https://www.childhealthdata.org/browse/survey/results?q=10514&r=13

8. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [How many of the five CSHCN Screener criteria did children with special health care needs meet?] Accessed [June 2024] https://www.childhealthdata.org/browse/survey/results?q=10518&r=13

9. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Indicator 1.11: Does this child have special health care needs (CSHCN) based on the CSHCN Screener?

Subgroup Race/ethnicity of child – with Asian] Accessed [June 2024]
https://www.childhealthdata.org/browse/survey/results?q=10511&r=13&g=1114

10. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Indicator 1.11: Does this child have special health care needs (CSHCN) based on the CSHCN Screener? Subgroup Household income level] Accessed [June 2024]
https://www.childhealthdata.org/browse/survey/results?q=10511&r=13&g=1122

11. Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [Indicator 3.3: What type of health insurance coverage, if any, did the child have at the time of the survey? Subgroup Special health care needs status] Accessed [June 2024]
https://www.childhealthdata.org/browse/survey/results?q=10558&r=13&g=1126