



5 Children with Special Health Care Needs and Access to Physical Therapy Services: a Fact Sheet on Findings

Issues Addressed

There is national concern about whether children with special health care needs (CSHCN) experience access problems when they require rehabilitative/habilitative services such as physical therapy. While physical therapy is either not needed or is used only briefly by typically developing children, many CSHCNs have an ongoing and developmental need for this service. As our health care system continues its rapid evolution, the extent of access problems encountered by families of CSHCN who require physical therapy services is of great importance for parents, service providers, purchasers, regulators and administrators of health plans, as well as for health policy analysts. This fact sheet addresses three questions:

- ◆ Amongst a diverse sample of CSHCN, what percentage of children needed physical therapy services in the preceding year?
- ◆ To what extent did parents of CSHCN report problems obtaining physical therapy services when their children needed this care?
- ◆ Were particular characteristics of these parents or children associated with lower or higher rates of access problems?

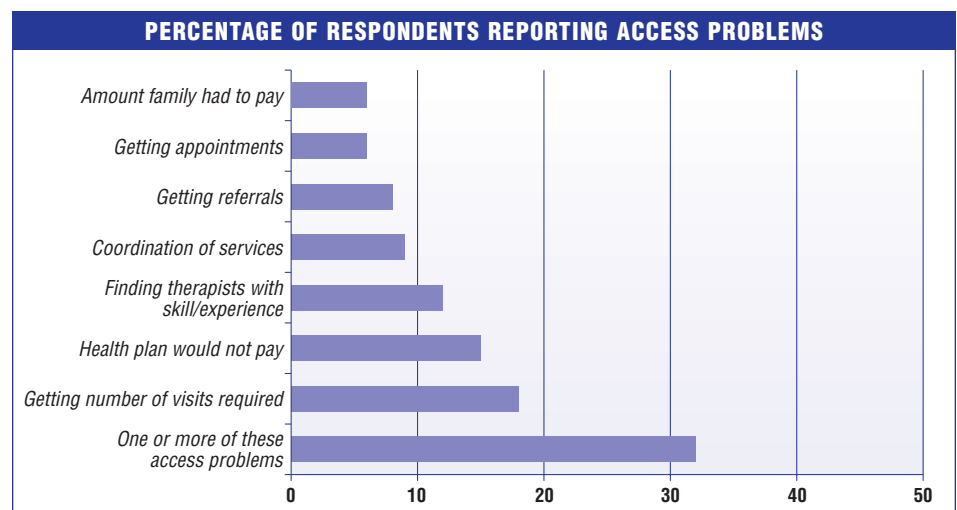
Study Methods

The information presented here is based on data from a survey conducted in 1998-1999 of 2,220 parents of CSHCN in 20 states. Brandeis University and Family Voices partnered to design and conduct the survey project. In this fact sheet, we focus on problems reported by parents of CSHCN in obtaining needed care from physical therapists. A series of questions was posed in the survey regarding whether the responding parent (or guardian) experienced problems in a variety of possible areas, such as the amount the family had to pay for services, obtaining the number of physical therapy visits needed, or coordination between the provider and others involved in the child's care. For those parents whose children needed or used physical

therapy, the percentage experiencing these problems was calculated. In addition, analyses were conducted to examine whether specific characteristics of these families and children were associated with physical therapy access problems.

Findings

- ◆ **Half of the respondents in the survey (51%) reported that their child needed physical therapy in the preceding year.**
 - ◆ **Almost a third (32%)** of the respondents whose child needed physical therapy reported at least one of the access problems inquired about in the survey. The rates of any one access problem ranged from six to eighteen percent as shown in the graph.



- ◆ **Three characteristics** were associated with an **increased** chance of reporting at least one of these access problems (after also accounting for the respondent marital status, respondent employment status, number of CSHCN in the family, child race/ethnicity, specific child medical conditions, Medicaid status and secondary health coverage status):
 - ◆ **Unstable health care needs.** Respondents who indicated that their child's health care needs were unstable ("changing all the time") were about one and a half times as likely to report one or more access problems compared to respondents whose children had more stable health care needs.
 - ◆ **Severe health care condition(s).** Respondents who rated the severity of their child's condition(s) as being high were more likely to report access problems than their counterparts.
 - ◆ **Older children.** Parents of older children reported access problems for physical therapy services at a disproportionate rate when compared to parents of younger children.
- ◆ **Three characteristics** were associated with a **decreased** chance of reporting any of these access problems:
 - ◆ **Very good or excellent parental health.** Respondents who reported themselves to be in very good or excellent health were about two times less likely to report any of the access problems when obtaining physical therapy services for their child compared to respondents in good, fair or poor health.

- ◆ **Low parental education.** Respondents with a high school degree or less were about one and a half times less likely to report any of the access problems compared to respondents with at least some college education.
- ◆ **Low income families.** Respondents who reported an annual family income of less than \$20,000 were about two times less likely to report any of the access problems compared to families with "high" incomes (\$40,000 and over). The percentage of families with "middle" incomes (\$20,000 to \$39,999) reporting access problems was not statistically different from either the low-income group or the high-income group.

Summary

- ◆ Just over half of the parents in this study reported that their child needed physical therapy in the preceding year.
- ◆ Almost a third (32%) of parents in the study reported one or more access problems when obtaining care their children needed from physical therapists. The most frequently reported access problems involved getting the number of therapy visits required, denial of payment from the main health plan and finding skilled and experienced therapists.
- ◆ Parents in the study whose children had unstable health care needs and/or severe condition(s) were at a higher risk of reporting access problems when seeking care from physical therapists for their children. In addition, access problems were reported more frequently for older children.

- ◆ Parents who were in very good or excellent health were less likely to report access problems than their counterparts. In addition, it was found that respondents with low education and/or low income were less likely to report access problems.

This is the first in a series of fact sheets describing CSHCN and access to health and rehabilitative services. More detailed fact sheets are available for each of the service areas described in this document and can be obtained directly from the Consortium for Children and Youth with Disabilities and Special Health Care Needs.

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For further information on the Consortium for Children and Youth with Disabilities and Special Health Care Needs, its partners or projects, please go to the consortium website, at: www.consortiumnrrtc.org



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