

# Disparities in Early Intervention Participation: Using Population Level Data to Inform Practice

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## Early Intervention Defined

- Part C of the Individuals with Disabilities Education Act is Federal Legislation that mandates
- Early intervention services for children birth to age 3 with identified disabilities and developmental delays
- *Child Find*: Active outreach by state early intervention agencies to locate, identify, and refer eligible children
- Early intervention programs provide services that enhance child development and support families in addressing child needs
- Provision of services is grounded in a body of research demonstrating the benefit of early services for young children in supporting improved developmental outcomes<sup>1,2</sup>
- Access to programs is critical for this vulnerable population

## Public Health Concern

- There is national focus on the issue of disparities in health care access and health outcomes<sup>2</sup>
- Few studies address disparities in access to care with respect to children with special health care needs<sup>3</sup>
- If children with special health care needs have added difficulty obtaining services because of socio-demographic inequalities, health status and developmental outcomes may be additionally compromised<sup>3</sup>

## Approach

A systematic literature review using *PUBMED* and reference lists from seminal articles was conducted to consider how population-level data can be used to:

- Evaluate disparities in early intervention participation
- Support identification and referral of potentially eligible children
- Inform recommendations to improve state *Child Find* efforts

## Findings

Data Source(s)	Study Findings	Study / Study State
Census, statewide early intervention management information system (MIS), program intake records	Identified disparities in <ul style="list-style-type: none"><li>• Referral</li><li>• Intake</li><li>• Enrollment</li></ul>	Shapiro & Derrington, 2004 Hawaii
Pregnancy to Early Life Longitudinal Data System: linked birth certificates, fetal death records, hospital discharge records, and early intervention program records	Identified disparities in <ul style="list-style-type: none"><li>• Referral</li><li>• Time to referral</li><li>• Evaluation</li><li>• Eligibility</li><li>• Participation</li></ul>	Barfield et al, 2008 Clements et al, 2007 Clements et al, 2006 Massachusetts
Birth defects registry	Provided opportunities for <ul style="list-style-type: none"><li>• Identification</li><li>• Notification</li></ul> States recognized potential of registries in <ul style="list-style-type: none"><li>• Identification</li></ul>	Montgomery & Miller, 2001 Colorado Farel et al, 2003 National

## Implications

### Policy

To the extent that statewide data systems are available, states can:

1. Use data systems to support identification of eligible children
2. Evaluate costs and benefits of adding referral mechanisms to existing data systems in order to link children to services

To the extent that statewide data systems are unavailable, states can:

1. Consider developing statewide data systems to support identification and referral
2. Consolidate and evaluate early intervention program information to identify specific subgroups experiencing barriers to referral and enrollment

### Practice

Statewide data can improve *Child Find* efforts by:

1. Facilitating identification of state specific subgroups experiencing disparities in access to early intervention services at strategic points : identification, referral, intake, enrollment, and participation
2. Informing strategies for circumventing barriers at strategic points for specific subgroups

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