

Correlates of Early Intervention Program Participation in the 50 States and the District of Columbia

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Long Abstract

Early Intervention (EI) is an entitlement to developmental evaluation and intervention for children (birth-36 months) with developmental delay. Services include speech-language, physical, and occupational therapy and family support. There is evidence that EI improves outcomes and generates cost-saving for low- birth weight (LBW) infants and for children in poverty, both of whom have higher rates of developmental delay. Because of fiscal pressures, many states plan to or have made cuts to their EI programs. This study was intended to test the hypothesis that EI programs in individual states meet the needs of at-risk infants and cutting EI could have negative long-term implications. We developed a state-level database using publicly available data for EI participation and risk factors for developmental delay from diverse sources. Child poverty rate was used as a proxy for psychosocial risk. Biomedical risk indicators included LBW, children with special healthcare needs, and diagnosed autism rates. Results showed risk factors were not significantly associated with state rates of age eligible children participating in EI. States with higher percentages of uninsured children had lower participation, indicating access problems for children with disabilities. Census Bureau region was associated with participation rates, which were lowest in the south and highest in the northeast. Conversely, risk indicators were highest in the south and lowest in the northeast and child poverty 20.8% vs. 13.8%. We conclude that in many states, EI did not effectively reach at-risk infants and toddlers, with significant regional utilization differences. Our hypothesis regarding the implications of cutting EI was neither confirmed nor refuted because of the significant variations in EI utilization by state and region. This presentation will discuss the policy implications of the findings and future areas for research.

Short Abstract

State-level data show early intervention programs do not consistently reach high-risk populations.