



# Florida Life Course Indicator Report Early Life Services



This section details the following life course indicators related to **early life services**:

**LC-17.** Early Intervention

**LC-18.** Women, Infants, and Children Nutrition Services

**LC-19.** Early Childhood Health Screening-EPSTD

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**Life Course Theory looks at health as an integrated continuum** where biological, behavioral, psychological, social and environmental factors interact to shape health outcomes across the course of a person's life. The adoption of the Life Course Theory into public health practice requires movement away from isolated efforts and encourages broader thinking about the factors impacting health. Instead of concentrating on one health disease or condition at a time, the Life Course Theory looks to social, economic and environmental factors as underlying causes of persistent inequalities in health.

**The indicators in the report were calculated according to guidelines published by the Association of Maternal and Child Health Programs.** For each indicator, a brief description of the topic and definition, connection to the Life Course Theory, and data source are provided in the report. When possible, a state-level estimate for each indicator was calculated with 95% confidence intervals (CI) and Florida's status was compared to the nation. The indicators were then stratified by race/ethnicity when available and appropriate.



## LC-17: Early Intervention

The *Early Intervention* program was designed to assist families with infants and toddlers (birth to 3 years) with disabilities. It was signed into law in 1986 as Part C of the IDEA (Individuals with Disabilities Education Act). In Florida, this program is called *Early Steps* and is housed within the State's Children's Medical Services (CMS). *Early Steps* offers services to infants and toddlers with significant delays or a condition that will likely result in a developmental delay in the future.<sup>1</sup> Eligibility is determined through individual evaluation in the following areas: physical, cognitive, gross and fine motor skills, communication, social/emotional, and adaptive development. *Early Steps* is an entitlement program and provides many services regardless of family's ability to pay, however participation is voluntary. The goal of *Early Steps* is to empower each family through the use of one comprehensive team of professionals from beginning to end of services<sup>1</sup>, increasing continuity of care.

The Life Course Theory has identified early childhood as a sensitive period of development and a child's experiences during early childhood has great potential to impact health later in life. Connecting children with developmental delays to appropriate care early can reduce future costs of special education, maximize independent living, and enable parents to be stronger advocates.<sup>2</sup>

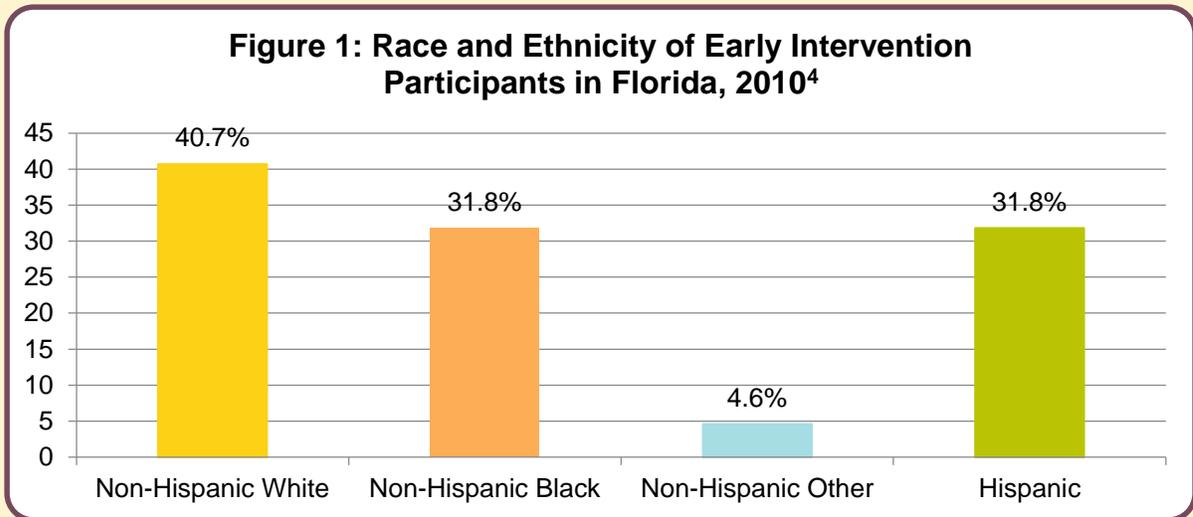
**Data source:** Florida Statewide *Early Steps* Report; State Fiscal Year (FY) July 1, 2012-June 30, 2013

**Numerator:** Children aged 0 to 3 years receiving *Early Intervention (Early Steps)* services in Florida

**Denominator:** Total children aged 0 to 3 years

Table 1: Percent of Children Aged 0-3 Years Receiving <i>Early Intervention</i> Services, 2013	
Nation	Florida <sup>3</sup>
Not Available	1.9%

From July 1, 2012 to June 30, 2013, approximately 1.9% of 0-3 year olds in Florida received *Early Intervention* services (Table 1). In 2010, the majority of children receiving *Early Intervention* were 2 to 3 years old and male.<sup>4</sup> The majority of children receiving *Early Steps* were non-Hispanic White children, followed by non-Hispanic Black children (Figure 1). The following racial/ethnic groups had small numbers and were collapsed into non-Hispanic other: American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, and two or more races.



Nationally, the eligibility of the *Early Intervention* program and number of children served varies greatly by state. *Early Intervention* is supported through federal special education grants; \$438.5 million was granted in Federal FY 2014 to serve infants and toddlers nationwide.<sup>5</sup>

## LC-18: Women, Infants, and Children Nutrition Services

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women and to infants and children aged birth to five years who are found to be at nutritional risk.<sup>6</sup> The WIC program was made permanent in 1974 and is administered by the Food and Nutrition Services of the U.S. Department of Agriculture. As WIC serves low-income families, it increases access to healthy foods, improving health equity. During childhood, access to good nutrition facilitates brain growth and development, decreases the risk of obesity and helps to establish life-long habits of healthy eating.<sup>7</sup>

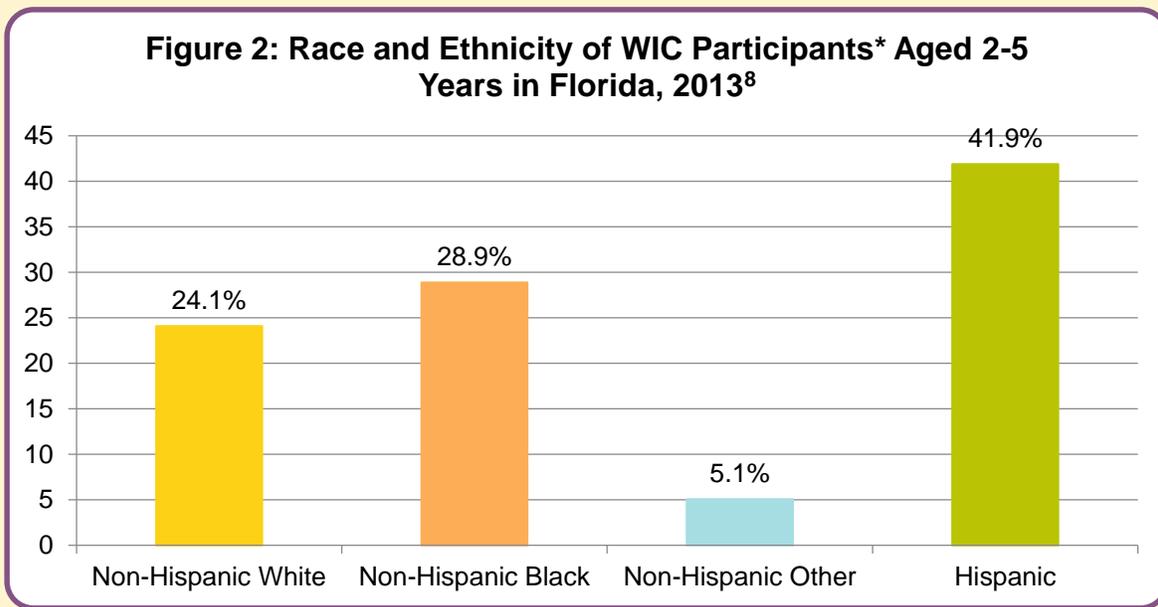
**Data source:** Florida WIC program data, 2013

**Numerator:** Children aged 2-5 years participating in the WIC program; this was measured by an unduplicated participation count (received at least one month of food benefits) for calendar year 2013<sup>8</sup>

**Denominator:** Total children aged 2-5 years whose income is below 185% of the federal poverty level (eligibility income level for WIC) as determined by the American Community Survey administered by the U.S. Census Bureau<sup>9</sup>

<b>Table 2: Percent (95% CI) of WIC Eligible Children 2-5 Years Participating in WIC, 2013</b>	
<b>Nation</b>	<b>Florida<sup>8,9</sup></b>
Not Available	69.6% (69.4-69.8)

Of the children aged two to five years who are eligible for WIC in Florida, approximately 69.6% are participating in WIC (Table 2). Participation can be defined as receiving at least one month of benefits during calendar year 2013.



\* Determined by unduplicated participation count for calendar year 2013; participation defined as receiving at least one month of food benefits

The majority of children aged 2-5 years participating in WIC in Florida are Hispanic, followed by, non-Hispanic Black (Figure 2). The following groups were collapsed into the non-Hispanic, other category due to low numbers: American Indian, Alaskan Native, Asian, Pacific Islander, and other descent.

**Florida Research Spotlight<sup>8</sup>**

Increasing the percentage of adults and children who are at a healthy weight is vital to the prevention of chronic disease. In WIC, the percentage of children 2-5 years of age in Florida who are overweight or obese (a BMI/Age percentile of  $\geq 85\%$ ) has been steadily decreasing from 30.9% in December 2008 to 26.3% in December 2014.

## LC-19: Early Childhood Health Screening-EPSDT

Medicaid enrolled children receive a package of services known as Early, Periodic, Screening, Diagnosis and Treatment (EPSDT). This federally mandated benefit ensures that infants, children and adolescents have the access to preventive, developmental, and specialty services.<sup>10</sup>

The attributes of the EPSDT package can be described as follows<sup>10</sup>:

- **Early** - Assessing and identifying problems early
- **Periodic** - Checking children's health at periodic, age-appropriate intervals
- **Screening** - Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems
- **Diagnostic** - Performing diagnostic tests to follow up when a risk is identified
- **Treatment** - Control, correct or reduce health problems found

Infants, children and adolescents covered by Medicaid are more likely to be born with medical conditions affecting growth and development, such as low birth weight, and may be at higher risk for poorer health outcomes.<sup>11</sup> Through EPSDT, higher risk children have routine access to medical services during early and sensitive periods of growth and development. Diagnosing and treating conditions as soon as possible improves long term health outcomes, saves costs, and may decrease health inequities.<sup>11</sup> However, a major barrier to getting screened is the limited number of providers who accept Medicaid.

This program is now called *Medicaid Child Health Check-Up* in Florida.

**Data source:** CMS - Annual Medicaid EPSDT Participation Report, Fiscal Year (FY) 2013

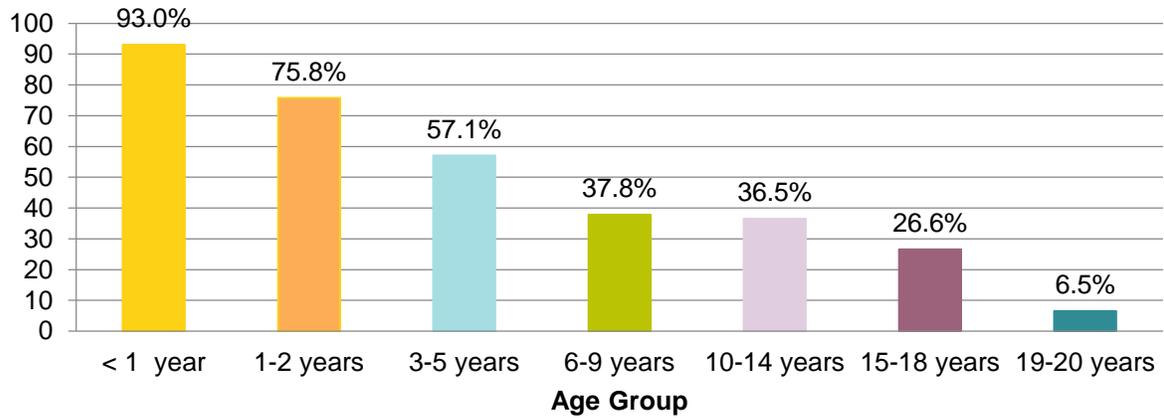
**Numerator:** Number of Medicaid enrollees aged 0-21 years (enrolled for 90+ continuous days) receiving at least one initial or periodic screen

**Denominator:** Total number of Medicaid enrollees aged 0-21 years enrolled for 90+ continuous days

<b>Table 3: Percent (95% CI) of Medicaid-Enrolled Children Receiving at Least One Initial or Periodic Screen, FY 2013<sup>12</sup></b>	
<b>Nation</b>	<b>Florida</b>
47.3% (47.3-47.3)	46.0% (45.9-46.1)

During FY 2013, there were 2,108,061 total individuals, aged 0-21 years, eligible for EPSDT for 90 continuous days in Florida. Of those eligible, a total of 971,064 individuals received at least one initial or periodic screening, or 46.0% (Table 3). The percent of Medicaid-enrolled children receiving at least one initial or periodic screen was similar in Florida when compared to the national average.

**Figure 3: Percent of Medicaid Children (0-21 Years) Receiving at Least One Initial or Periodic Screening in Florida, by Age FY 2013<sup>12</sup>**



The percent of the children receiving at least one initial or periodic screening steadily decreases with age in Florida (Figure 3). Over 90% of Medicaid-enrolled children less than one year received at least one screening compared with only 38.0% of 6-9 year olds and 6.5% of 19-20 year olds. These data were not available by race/ethnicity.

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