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The administrative population report on children with developmental delays in Taiwan, 2003 through 2007

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ABSTRACT

This paper was a population study with developmental delays and it included an examination of the trends the overtime change trend and reported channels of this group of people in Taiwan. We analyzed data for the present study mainly from the Department of Statistics, Ministry of the Interiors, Taipei, Taiwan: "Number of early intervention for children with developmental delays in Taiwan" from 2003 through 2007. The reported number of children with developmental delays slightly increased from 13,231 to 14,250 (increase rate = 7.7%) from the year of 2003 through 2007 in Taiwan. More than one-half of children with developmental delays were reported during the age 3-5 years. Aged 0-2 group has the highest increasing reported numbers in the previous 5 years which changed dramatically increased from 4139 (31.3%) in 2003 to 6201 (43.5%) in 2007 (increase rate = 49.8%). The medical care setting was the main reported channel of the children with developmental delays and the results also showed that the reported prevalence of the aged 0-2 developmentally delayed children was 57.4-102.2 per 10,000 children; aged 3-5 was 79.0-105.1 per 10,000 children from the year 2003-2007 in Taiwan. The present concluded that early intervention based on the precise affected population would provide important supports for families of children with developmental delays. Therefore, the health care system should be strengthened to increase the proportion of children identified at the earlier age and to decrease the variability in the age at

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identification for most of the conditions of children with developmental delays.

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1. Introduction

The U.S. Institute of Medicine (2004), Children's Health, the Nation's Wealth, notes "Children's health should be defined as the extent to which individual children or groups of children are able or enabled to develop and realize their potential, to satisfy their needs, and develop the capacities to allow them to interact successfully with their biological, physical, and social environments." However, there are many developmentally delayed children who require additional protection Russman (1983) stated that statistically, one in 10 children will be developmentally disabled, at least to a mild degree. Furthermore, Shulman (2007) acknowledged that one in six U.S. children are affected by a developmental disorder, including cognitive and/or motor disabilities, developmental language disorder, and autistic spectrum disorder. Each year, that would be about 670,000 of the approximate four million U.S. birth cohorts. Many studies have proved the early intervention for developmentally delayed children are effective (Dunst, Snyder, & Mankinen, 1989; Meisels, 1984; Moeller, 2000; Shonkoff & Hauser-Cram, 1987). Bailey, Aytch, Odom, Symons, and Wolery (1999) for example states that early intervention begins as soon as the child has been identified with an established medical condition, a developmental delay, or, in some states, any number of risk conditions that are likely to lead to a developmental delay. Early intervention provides specialized instruction and related services such as speech therapy, physical therapy, occupational therapy, jointly by parents and service providers. Early intervention for the developmentally delayed children has the potential to reduce the negative effects of a disabling condition or risk factor and to promote optimal development over time (Anderson et al., 2003). In Taiwan, The Protection Law for the Handicapped and Disabled (1997) promulgated in 1997 has replaced the Welfare Law for the Handicapped and Disabled as the guideline for disability policy. This law illustrates the responsibilities of the different governmental agencies for people with disabilities. The functions and responsibilities of the health authorities involve taking charge of the plans and implementation of aspects concerning the examination and determination of the type of disability, medical treatment and rehabilitation, early medical intervention, health insurance and the development of assistance devices for medical treatment and therapy, etc. (Lin, Wu, & Yen, 2004). The law illustrates that to improve medical care services in the early stage of child development the health authority should set up a system to discover those disabilities in the first 6 years of life. Therefore, systematic analysis of population with developmental delays will allow public health systems to begin to address the question, "What is the target group of the early intervention?" The purposes of the present paper were to describe the reported population with developmental delays including change overtime.

2. Methods

According to Article 6 of the Detailed Implementation Regulation of Children and Juvenile Welfare Law (2004) in Taiwan, the developmentally delayed children who is not acquiring new skills in the typical time frame and/or is exhibiting behaviors that are not appropriate for the age level may have a developmental delay. These delays included the following: cognitive, fine and/or gross motor, language, or psychosocial developments. Children with developmental delays diagnosed and defined by the health authorities, are reported to the children welfare authorities for the further arrangement of early intervention services. We analyzed data for the present study mainly from the Department of Statistics, Ministry of the Interiors, Taipei, Taiwan: "Number of early intervention for children with developmental delays in Taiwan" from 2003 through 2007 (MOI Department of Statistics, 2008a).

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