Family Navigation to Reduce Disparities in Early Intervention Services: A Randomized Controlled Trial

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Objective

Disparities in early intervention (EI) use are well documented. We sought to determine the effects of family navigation (FN) on EI services use and child development among low-income, racially diverse children with suspected developmental delays.

Methods

We conducted a randomized controlled trial at 6 pediatric practices in a large urban community. Children who were aged younger than 30 months, had a gestational age of more than 35 weeks, had parents who spoke English or Spanish, and were referred to Part C EI were eligible. Children were randomized to FN or usual care and followed for 12 months. The main outcome measures were multidisciplinary evaluation (MDE) and EI service initiation and duration obtained from county EI program administrative files and Bayley-3 developmental scores. We examined differences among groups using intention-to-treat logistic and Cox regression models.

Results

We randomized 358 eligible children and followed 305 (85%) for 12 months. Children were predominantly Black with family incomes of less than $55 000. Overall, 257 (72%) completed an MDE, and 195 (54%) initiated services. Children who received FN had greater odds of MDE completion (adjusted odds ratio, 2.1; 95% CI, 1.2-3.5) and greater EI service initiation (64.4% vs 54.7%; P = .02) than children who received usual care. The average duration of EI services and Bayley-3 scores did not differ among groups.

Conclusions

We found that an FN program improved EI referral completion and services initiation but not EI duration or child development among a population of predominantly low-income urban Black children. Implementation of FN programs in similar minoritized communities may reduce disparities in access to EI services.

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