

Patient Navigation to Facilitate Early Intervention Referral Completion Among Poor Urban Children

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INTRODUCTION: Few eligible children participate in early intervention (EI) programs. The objective of this study was to determine feasibility and outcomes of a novel patient navigation program on EI referrals among a diverse group of at-risk children.

METHODS: During a 6-month period, a patient navigator was assigned to an urban pediatric clinic to engage families, provide education on early child development and EI, and assist families with completing multidisciplinary evaluations. Families were eligible to participate if they spoke English, had a child <34 months old with a suspected developmental delay, and were referred to EI for evaluation. Families completed measures of demographics, language preference, and the Newest Vital Sign, a validated literacy measure. Outcomes on completion of EI referrals were obtained from the county EI provider.

RESULTS: Of 88 EI referrals during the study period, 53 patients were eligible and enrolled. Patients were predominantly male, racially diverse, on public health insurance, with a mean age of 18.4 months. Most caregivers of patients had less than a high school education, spoke a non-English language at home, and had limited literacy. Forty-two families (79.2%) completed a referral, and 34 (81.0%) of those were eligible for EI services. There were no significant differences in demographic, language, or literacy measures between those who completed and did not complete EI referrals.

DISCUSSION: A patient navigation program to facilitate EI referrals was feasible in a diverse urban patient population. Preliminary results of the patient navigation program on EI referral completion were promising and warrant further study.

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