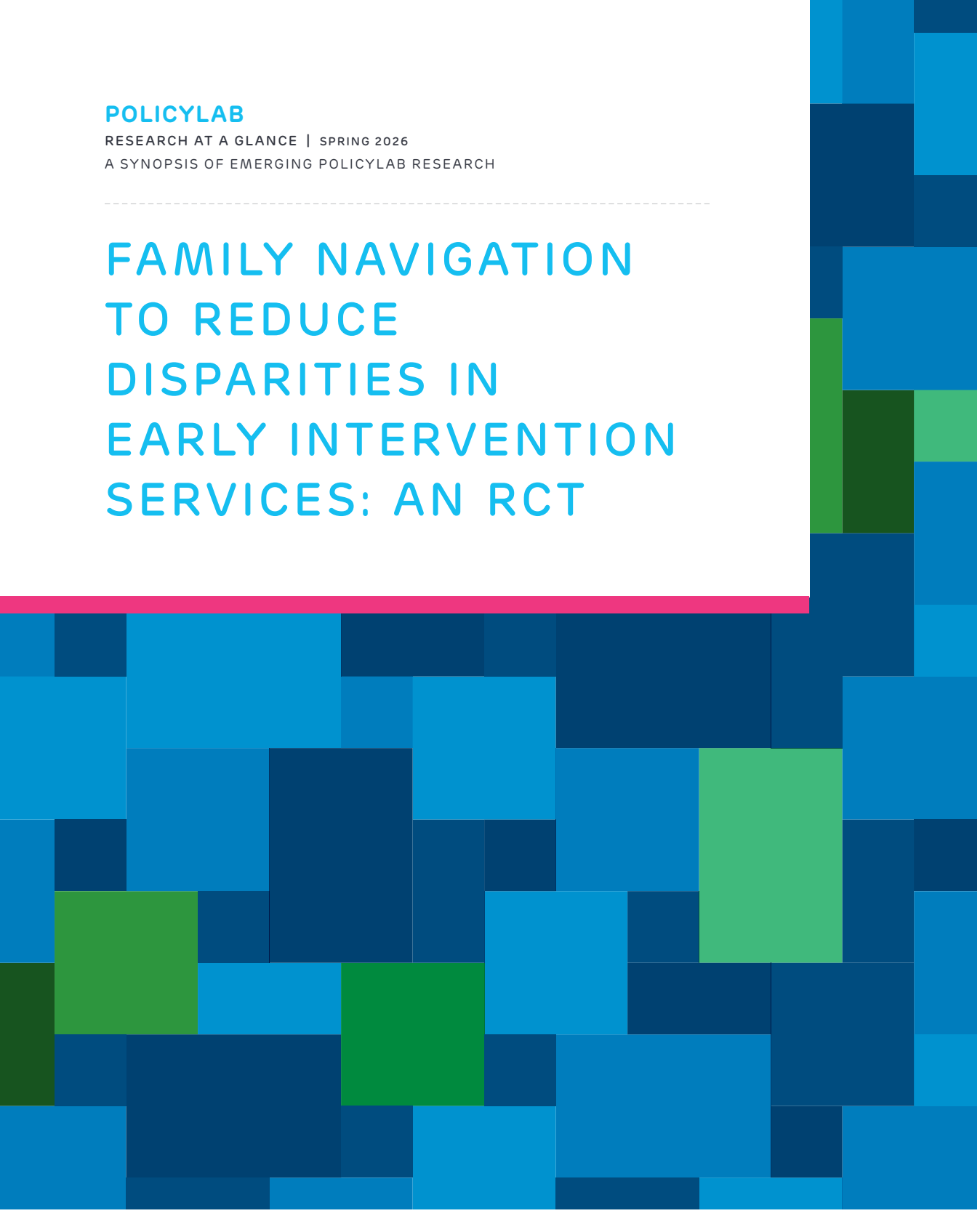
POLICYLAB

RESEARCH AT A GLANCE | SPRING 2026

A SYNOPSIS OF EMERGING POLICYLAB RESEARCH

FAMILY NAVIGATION TO REDUCE DISPARITIES IN EARLY INTERVENTION SERVICES: AN RCT



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WHAT IS THE PROBLEM:

Early Intervention services play a critical role in improving developmental outcomes for young children with suspected developmental delays or disabilities, but many families struggle to access these services, and there are racial–ethnic disparities in who accesses them.

Early Intervention (EI) is a set of services and supports that help children with a delay, typically of 25% or more in Pennsylvania, in one or more areas of child development: cognition, motor, language, socio–emotional and adaptive skills. Individuals with Disabilities Education Act (IDEA) Part C Early Intervention is a federal grant program that supports states in providing free or low-cost developmental services to meet the needs of children ages 0–3 with developmental delays and disabilities. Part C EI programs are largely funded through these federal grants, state allocations and Medicaid.

Many families face barriers in accessing these services, specifically with completing an evaluation—which determines eligibility for services—and initiating services.* Prior research has identified socioeconomic and racial–ethnic disparities in access to EI services, with lower rates among historically marginalized populations.[1,2]

Family navigation programs—which pair families with trained individuals (referred to as navigators) who have lived experience with EI services and can support families in obtaining EI services—are a possible strategy to address these disparities by providing targeted support to families entering the EI process. These programs have been studied among families with children with autism,[3] but it's unclear if family navigation programs are effective in supporting families to access Part C EI services for children with more general developmental disorders, where severity and urgency may be less apparent.

* Evaluation for EI services refers to the multidisciplinary evaluation (MDE)

WHAT WE ASKED:

Does a family navigation program help families access EI services?

Is a family navigation program associated with improved developmental outcomes among children from at-risk communities?

Do other factors, such as home learning environment, parental health literacy or poverty, play a role in families accessing EI services?

WHAT WE DID:

Following a pilot study in 2016, we conducted a randomized controlled trial across six urban primary care pediatric practices to evaluate the impact of a family navigation program, Opening Doors to Early Intervention, on access to EI services.

Families were randomly assigned to receive usual care or family navigation. Family navigators provided 1) education on early child development, 2) information on the EI system and steps needed to access services, 3) encouragement through motivational interviews, and 4) assistance in overcoming barriers to access and enroll in EI services. We measured access to EI at two points: completing an evaluation and initiating EI services.

WHAT WE FOUND:

We enrolled 358 caregiver/child dyads.

- The children were on average 20 months old, ranging from 6–30 months.
- The children were predominantly African American (67%) and from families with caregivers who were predominantly single (52%) and had a household income of less than $55,000 (76%).
- Of the reasons listed for referral, speech concerns (80%) were the most common, followed by general development (29%) and motor (19%). Autism concerns were less common (10%).
- On average, families engaged with the family navigator for 4.1 sessions.

Family navigation's role in accessing EI services:

Families who were part of the family navigation program had

2.1x higher odds of completing an evaluation

and a greater overall proportion of children who initiated EI services.

Family navigation's impact on developmental outcomes:

We found **no differences in developmental outcomes** *(child cognitive or language developmental status) between the two groups of the RCT after 12 months.*

However, our findings are limited because only 73% of the participants completed their developmental assessment and we were not able to assess development prior to EI entry.

Other factors contributing to accessing EI services:

We found that family navigation support **worked equally well** *for all at-risk children in our study, regardless of income, parental health literacy or home learning environment.*

We found that primary care clinicians are effective in identifying children at risk of developmental delays.

WHAT IT MEANS:

Primary care clinicians play an important role in identifying and referring children for developmental assessment.

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Family navigation helped more families complete the evaluation needed to find out if their child qualifies for EI services.

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Reducing gaps in access to EI services likely requires a combination of strategies, including family navigation, and additional research and support to develop the most effective implementation approaches.

STUDY METHODS

Following a pilot study in 2016, we conducted a randomized controlled trial at six primary care practices in a large urban community. Children who were <30 months of age, >35 weeks estimated gestational age, with parents who spoke English or Spanish, and referred to Part C EI were eligible. Children were randomized to Family Navigation or usual care and followed for 12 months. The main outcome measures were multidisciplinary evaluation (MDE) and EI services initiation and duration obtained from county EI program administrative files and Bayley-3 developmental scores. Following informed consent, parents completed measures of demographics, health literacy, and the home learning environment. We examined differences between groups using intention-to-treat Logistic and Cox Regression models.

RELATED POLICYLAB WORK

Children's Hospital of Philadelphia, PolicyLab. Medicaid in early childhood: Why coverage is important and how innovation in care delivery, payment and policy can set kids up to thrive. Accessed on March 11, 2026. *https://policylab.chop.edu/policy-briefs/medicaid-early-childhood-why-coverage-important-and-how-innovation-care-delivery.*

Guevara JP, Rothman B, Brooks E, Gerdes M, McMillon-Jones F, Yun K. Patient navigation to promote early intervention referral completion among poor urban children. *Families, Systems, & Health*. 2016;34(3): 281–286.

PUBLICATION

Guevara JP, Gerdes M, Segan E, et al. Family navigation to reduce disparities in early intervention services: A randomized controlled trial. *Pediatrics*. Published online March 9, 2026. *doi:10.1542/peds.2025-070970.*

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2. Rosenberg SA, Zhang D, Robinson CC. Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*. 2008;121:e1503-9.
3. Feinberg E, Augustyn M, Broder-Fingert S, et al. Effect of family navigation on diagnostic ascertainment among children at risk for autism: A randomized clinical trial from DBPNet. *JAMA Pediatr*. 2021;175(3):243–250.

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The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

PolicyLab

Children's Hospital of Philadelphia
2716 South Street
Roberts Center for Pediatric Research,
10th Floor
Philadelphia, PA 19146

PolicyLab@chop.edu
policylab.chop.edu

@PolicyLabCHOP