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## Barriers to Early Intervention Access in Under-Resourced Communities: Professionals' Perspectives

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# Barriers to Early Intervention Access in Under-Resourced Communities: Professionals' Perspectives

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## BACKGROUND/PROBLEM

- Children between 0-3 years old with suspected developmental delays/disabilities are eligible for early intervention (EI) through the Individual with Disabilities Education Act part C (Edwards, 2018).
- Socioeconomic disadvantages are more contextually complex than just income (Molborn et al., 2014).
- Eligible children with developmental delays/disabilities living in under-resourced communities are not receiving EI at the same rate as their peers in resourced communities (Twardzik et al., 2017; Chan et al, 2022; Sapiets et al., 2021).
- Without access to EI and intervention, these children may experience increased difficulty in their current occupations (e.g., play) and future occupations (e.g., school participation).

## PURPOSE

The purpose of this study is to investigate the perceptions of EI professionals about barriers to EI access for families in under-resourced communities and how those barriers are being addressed in practice. The research findings will help to build on current advocacy that addresses access to EI (e.g., various public health initiatives and recent studies) while providing new data to advocate for this under-resourced population.

## METHODS

### Design

- Mixed-method
- Semi-Structured Interviews & Online Surveys
- Questions guided by Ecology of Human Performance and Integrative Population Health Equity Framework

### Participants/Recruitment

- EI professionals with experience working with under-resourced communities
- Flyer/Recruitment Post
- Online OT Forums, Snowball Sampling, Professional Connections

### Process

- Background knowledge on EI, social determinants of health, and health equity.
- IRB Approval
- Informed Consent
- Question Topics
  - Barriers
  - Supports
  - Advocacy
  - EI Professional Roles

### Data Collection/Analysis

- Audio Recordings
- Online Surveys
- Coding on Dedoose
- Braun and Clarke's Thematic Analysis (2006)
- Dissemination

## RESULTS

33 Participants (N=33)

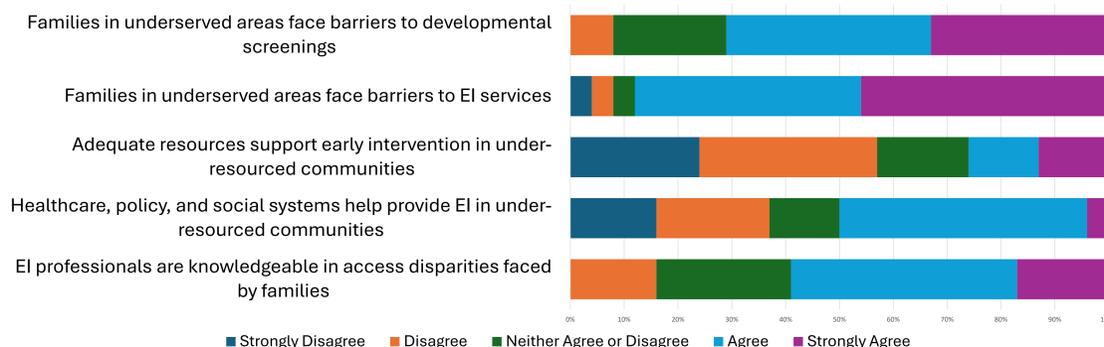
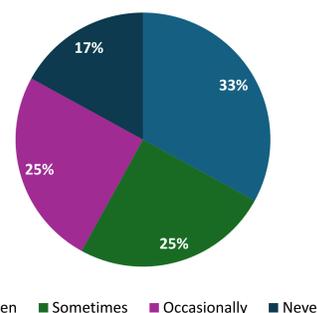
### Role

Physicians: 3%  
 Occupational Therapists: 79%  
 Speech Language Pathologists: 3%  
 Policy Makers: 3%  
 Other: 12%

### Years of Experience

> 5 years: 75%  
 1-5 years: 25%

'How often do you address access barriers in team meetings?'



Themes	Subthemes	Quotes
<b>Barriers impacting access to EI experienced by families in under-resourced communities</b>	<ul style="list-style-type: none"> <li>Complex referral and evaluation system processes hinder access to EI services.</li> <li>Limited family health literacy presents a challenge in accessing EI services</li> <li>Cultural and language variances hinder access to EI services.</li> </ul>	<p>"So, same with doctor's office. I made a referral and I say [Participant 001], you need occupational therapy. Go [...] don't go. Take your baby. Right [?] They're not. Then there's not that follow-up loop." (P22)</p> <p>"I have worked with many families who had no idea their child was delayed/eligible due to limited knowledge [...]." (P12)</p>
<b>Perceptions about supports for accessing EI available to families in under-resourced communities</b>	<ul style="list-style-type: none"> <li>EI professionals assist families in under-resourced communities needing access to services through respective interventions and connecting them to resources.</li> <li>EI/healthcare legislature and community resources support families to access services.</li> <li>Some EI professionals find current supports unknown or unavailable.</li> </ul>	<p>"Any child qualifies for [Early Childhood Interventions (ECI)] services [...] ECI providers help families with getting needed services such as [Temporary Assistance for Needy Families] (TANF), diaper services, and help with utilities when available." (P31)</p> <p>"I think through having [EI] services [families] come to recognize that that child can still have a quality of life." (P21)</p>
<b>EI professionals' role in decreasing barriers</b>	<ul style="list-style-type: none"> <li>EI professionals should offer mentoring/education to families in underserved communities to reduce barriers</li> <li>EI professionals should practice sociocultural awareness/collaboration</li> <li>Practicing cultural responsiveness through a neurodiversity-affirming approach</li> </ul>	<p>"Essentially, provide the families with information but go beyond just handing them a flyer. Walk them through scheduling appointments, requesting a translator if needed, and discuss with the families services they are entitled to." (P27)</p> <p>"We're really doing a lot of educating and a lot of coaching versus really looking at what best, how best to support the family and doing a more collaborative approach. And so we have room for improvement in that area" (P19)</p>
<b>Enhancing EI access through advocacy</b>	<ul style="list-style-type: none"> <li>Bridging clinical practice to community setting</li> <li>Families in under-resourced communities can engage in self-advocacy</li> <li>Advocating for the inclusion of OT in new healthcare settings.</li> </ul>	<p>"Ethically help families in all ways within scope of practice to obtain EI because most recommendations are easier said than done when we are the ones not directly in the situation." (P21)</p> <p>"[...] we don't do enough of listening to the voices of the community, right, we consider ourselves experts and so that we are hired to educate them on what they don't know." (P17)</p>

## DISCUSSION

- A multifaceted, longitudinal view of resources paints a better and more inclusive picture for understanding barriers to limited access to EI faced by these families and their children. This includes policy/legislature, community assets, funding, EI service system processes, and physical/sociocultural environments.
- EI professionals should use an ecological lens to understand the intersectionality of barriers to support access for families in under-resourced communities.
- Although EI professionals perceive that legislature/policy support access, families in under-resourced communities still have a difficult time accessing EI services.
- Improving access involves EI professionals advocating for families/professional role, bridging clinical practices with community settings, and families engaging in self-advocacy, improving health literacy, and participating in support groups.

## CONCLUSIONS

- Barriers impacting access to EI experienced by families in under-resourced communities are intersectional between person, system, and contexts.
- EI professionals play a crucial role in improving access by providing education/collaboration on access processes (referral, scheduling, evaluations, and follow-up) while using social, cultural and neurodiverse awareness/expertise.
- The findings of this study suggest that advocacy is a tool to improve ecological barriers (physical, social, cultural, political environment) in improving access to EI.
- Future research should explore the experiences of parents in under-resourced communities whose children need or receive EI services, focusing on barriers and supports to access.

## REFERENCES

Scan for References



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