



Idaho Community Collaboration Project

Disclosure

- Drs. Blaiser and Barga received grant funding from the Oberkotter foundation for this project.

Collaboration team



5 STEPS

TO START A COMMUNITY COLLABORATION

IDENTIFY THE PARTNERS



Having the right partners at the table is key to moving forward and making change. List the partners that are essential and those you might want to include in the future.

DEFINE THE PROCESS

Have each partner "map" out the current EHDI process - label strengths and opportunities and share each of these "maps" as a group. Take notes on the questions that come up and ideas of how to address them.



GATHER INFORMATION



Collect data to address the questions you might have. Create a database to address points of entry, assessment, and providers. Use provider and family surveys to get different perspectives of the effectiveness of the services that are provided.

USE DATA TO IDENTIFY NEEDS

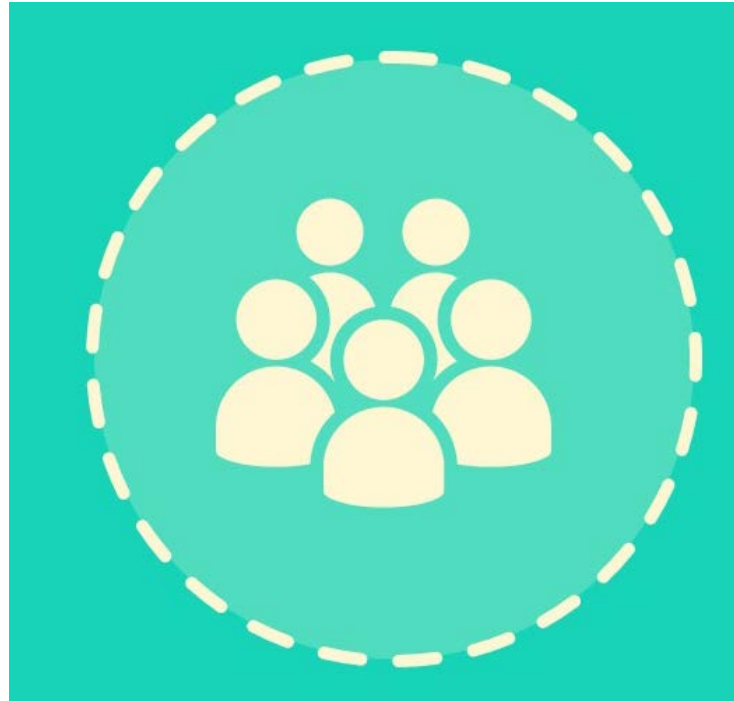
Use the data to prompt discussion related to opportunities within the system, regional discrepancies, process improvement needs. Be specific about systems change- how will you implement it, how will you measure it and share it with others.



SHARE WITH OTHERS



Take the opportunity to share the information you have gained with others: local, regional, and national conferences, guest lectures at universities, papers in journals. The process as well as the information, can help us all to serve families and children.



IDENTIFY THE PARTNERS



Idaho Educational Services for the Deaf and the Blind

Idaho State
UNIVERSITY



Levels of Collaboration Scale Summary ⁴

STAGES	NETWORKING 1	COOPERATION 2	COORDINATION 3	COALITION 4	COLLABORATION 5
RELATIONSHIP CHARACTERISTICS	Aware of organization	Provide information to each other	Share information and resources	Share ideas	Members belong to one system
	Loosely defined roles	Somewhat defined roles	Defined roles	Share resources	
	Little communication	Formal communication	Frequent communication	Frequent and prioritized communication	Frequent communication characterized by mutual trust
	All decisions are made independently	All decisions are made independently	Some shared decision making	All members have a vote in decision making	Consensus is reached on all decisions



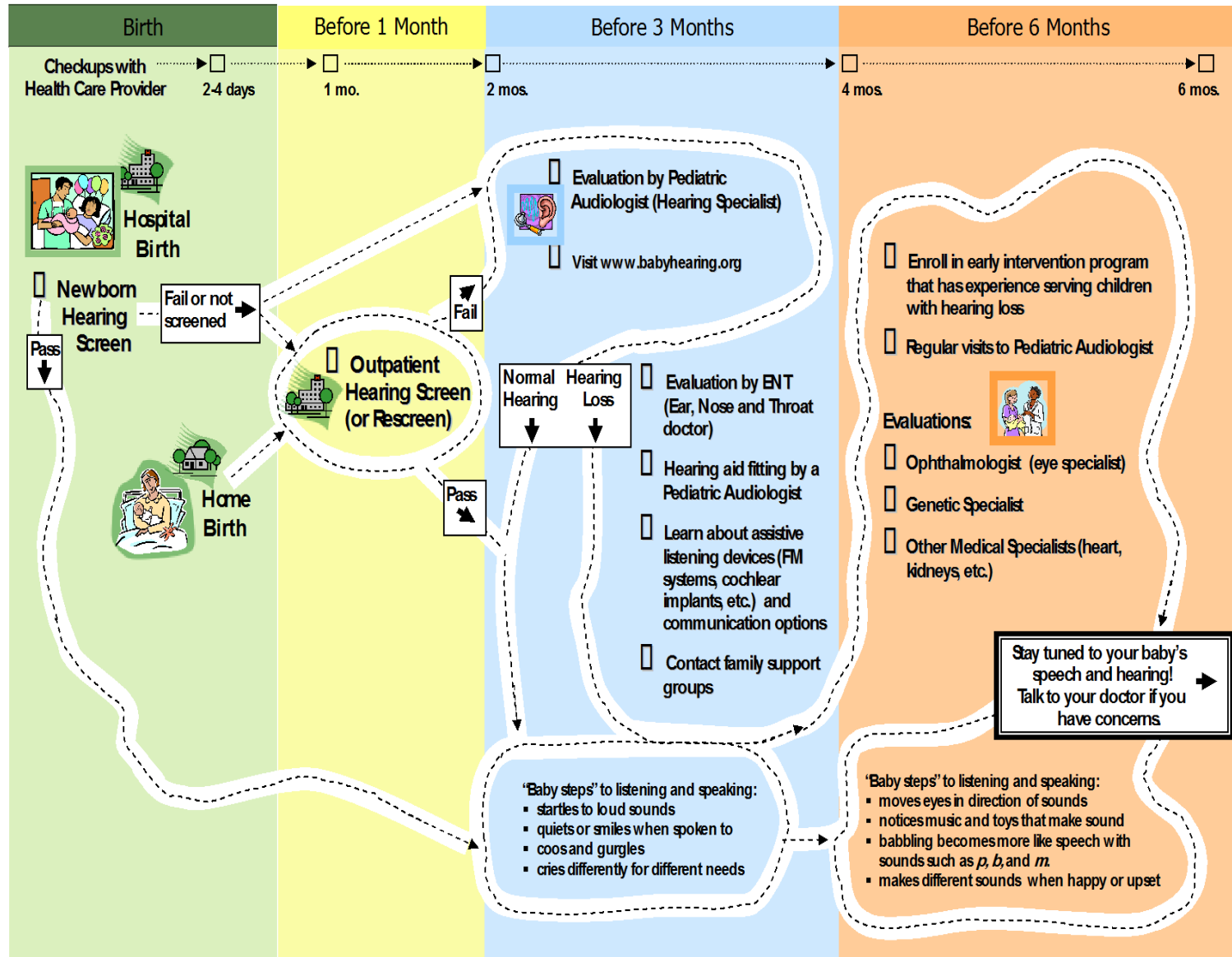
- Who are the additional partners that we need to bring to the table?



DEFINE THE PROCESS

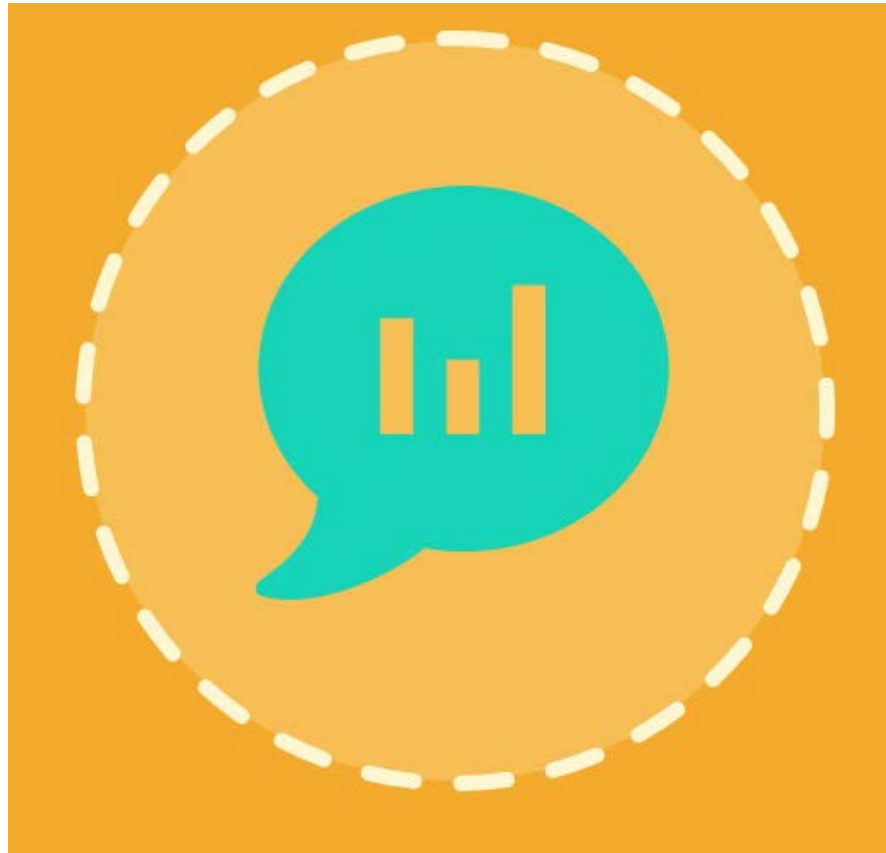
Universal Newborn Hearing Screening, Diagnosis, and Intervention

Learning about Hearing Loss -- A Roadmap for Families





- What are the datapoints that need clarification?
 - Who?
 - When?
 - How often?
 - Why?
 - Discrepancies?



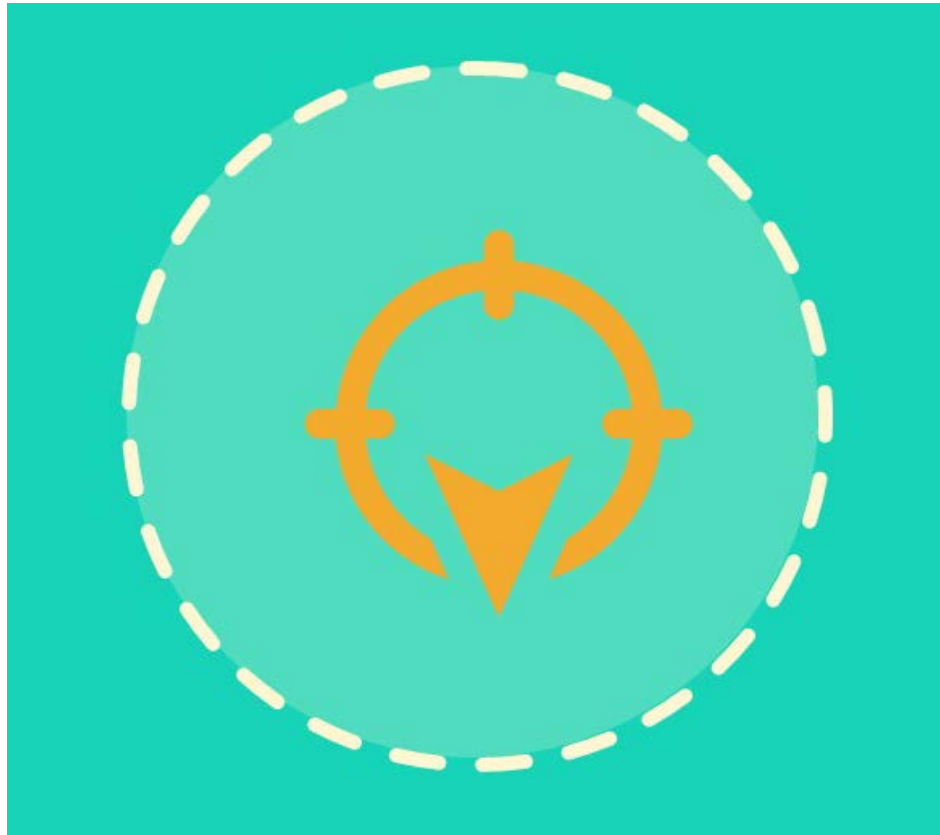
GATHER THE INFORMATION

Information gathered

- Database between IESDB, ITP, and Sound Beginnings
 - Dates of service initiations
 - Regions
 - Types/amounts of services
 - Service providers

Surveys

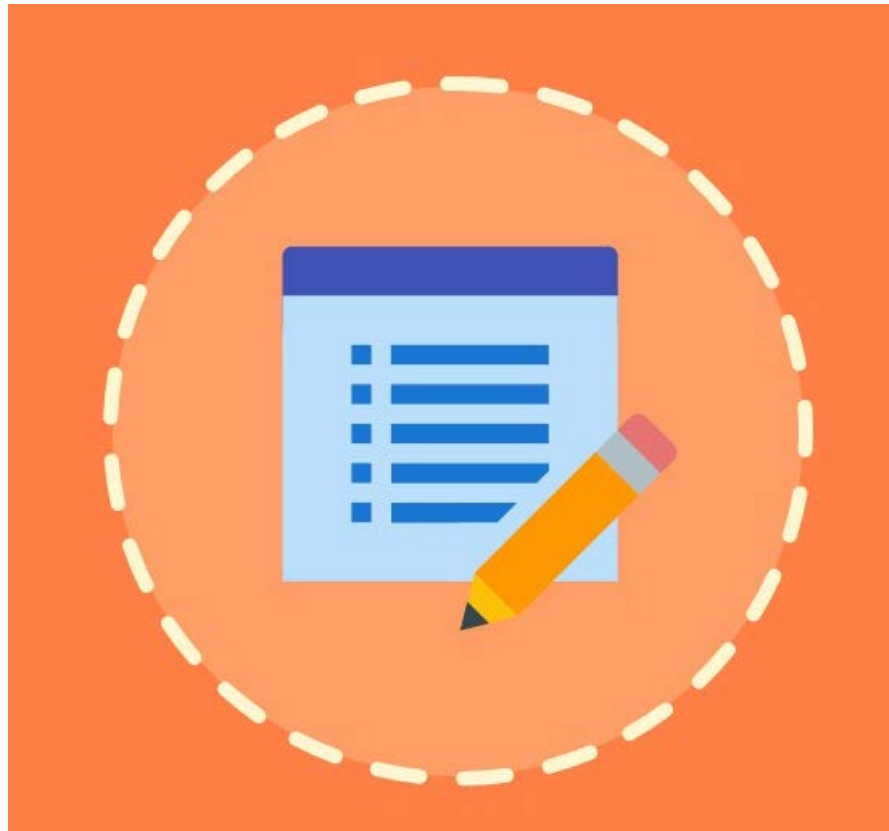
- Family survey (adapted from Bush et al., 2014)
- Provider survey



USE DATA TO IDENTIFY NEEDS

What did we find?

- For example
 - 2013-2105: 66 children were identified as needing services but not identified by the other partner



SHARE WITH OTHERS

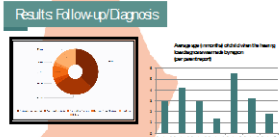
Family Perspectives on EHD Services in Idaho

Kristina Blaiser, Ph.D., CCC-SLP, Gabriel Bergen, Ph.D., CCC-A SLP
 Brian Shakespeare, Paula Mason, Susan Jones, Jill Muir, Anna Smith, Erika Blandhard, Andrea Amestoy

Background

Idaho is considered a "frontier" state, meaning population density is low (3.6 persons per square mile) with the average rural, with grant funding in 2015 Idaho developed a Community Collaboration grant with key state stakeholders to assess Idaho families' journey from newborn hearing screening to enrollment of early intervention. Goals of the study were to better understand:

- Family perspectives of EHD process & services received in Idaho
- Use of data-based system to examine current process & resources

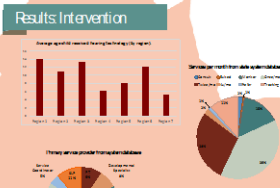


Discussion

This survey provided insight into families' perspectives of the EHD process in the state of Idaho. Informed parenting, the majority of families are being told about the screening in a timely manner. However, there seems to be a lack of awareness across to various audiologists across the state. The pilot program hearing assessment follow-up appointments have been successful. Families are seeking help by requesting services from a state of provider 2 months in addition, families in Idaho seem to be looking a variety of communication modalities as early as 18 months. Providers need to be aware of how to monitor progress and indications.

Methods

To better understand family perspectives on the EHD system, a paper survey adapted from Blaiser et al. (2014) Blaiser et al. (2015) was distributed to 250 families throughout the state of Idaho. 20% of surveyed email addresses 119 families completed their survey yielding 23% response rate. As shown below, there were responses from every region in Idaho.



Next steps

As we collaborate to improve your next steps are:

- Better understand the challenges of providing services to families (both from a family and provider perspective)
- Create clear/consistent resources for professional and families and lead in early years section of the data system to assist with the transition to Part B services
- Present data at regional Family Care Provider conferences to help IEPs connect the medical history of educational services, particularly in the case of children with co-occurring DDH.

Results Screening

Approximately **88%** of families were notified of screening results before their following appointment.

14% of families had to be rescheduled to make the following appointment.



Idaho's Regional Analysis of Family Support

Kristina Blaiser, Ph.D., CCC-SLP, Gabriel Bergen, Ph.D., CCC-A SLP
 Erica Meyer, BS, Caitlin Casack, BS, Brittany Hewitt, BS
 Collaborators: Brian Shakespeare, Paula Mason, Susan Jones, Jill Muir, Anna Smith, Erika Blandhard, Andrea Amestoy

Purpose/ Problem

Best practices outlined by the Joint Committee on Infant Hearing (JCIH) (2007) recommends cochlear screening & a minimum program of early intervention (E) services to children who are Deaf and/or hearing impaired. Family, regardless of geographic location. However, a specific assessment is required to determine if there are specific disparities from region to region.

According to Rural Health Information Hub (RHIB), 2016) the 2010 U.S. Census Bureau defined a significant portion of Idaho as "rural" (ranging generally population total areas located from population centers and services, however hearing screening is not mandated in Idaho, but there nearly a 50% compliance rate. Understanding and developing a model to assess if systems for rural areas particularly important, especially for follow-up of infants who do not pass the newborn hearing screening.

Methods

To assess disparities in the EHD system across the state of Idaho a survey was distributed to families of children who passed or failed of hearing (HH).

A total 250 surveys were distributed to families throughout the state of Idaho with 119 families reporting yielding a 23% response rate.

Results

The three questions (1-3) below yielded valuable qualitative and quantitative information regarding parent perspectives of early intervention for children who are Deaf/H. Qualitative responses were categorized and quantified based on general topic. The quantitative responses are below, along with the number (#) of those who indicated those responses.

#1 Did it/didn't make it difficult to follow-up on your child's hearing? How?

- Difficult greater than 2 hours (6)
- Difficult less than or equal to 1 hour (5)
- Difficult greater than 1 hour (4)
- Not transportation (2)

#2 What kind of difficulties have you had in getting your child services for his or her hearing?

- None (5)
- Insurance (5)
- Transportation (7)
- Distance (5)
- Poor coordination of services (5)

#3 At what age did your child receive hearing technology? (in months)

Figure 3. Responses regarding screening your child's hearing or distress that influenced child's hearing.

Figure 1. Distribution of family responses by region

Collaboration Partners

Idaho Educational Services for the Deaf and Blind (IESDB): established in 2001 as a school districts and state agencies in providing accessibility quality priority to a student in the state with sensory impairments through a continuum of services and placement options.

Idaho Infant Toddler Program: coordinates a system of B services to assist Idaho children ages 0 to 3 years of age who have a developmental delay or who have a condition that may result in a developmental delay.

Idaho Hearing & Balance Center: an interdisciplinary by St. Luke's Regional Medical Center. Comprehensive audiology and vestibular rehabilitation provided for southern Idaho.

Idaho Fundraising Grants: public health screening program with federal support from the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration, Division of Maternal and Child Health.

Idaho State University: Communication Sciences & Disorders provides audiology and speech and language services several sessions, production in these fields.

References

ASHA (2008). Advocacy. State-by-State. Idaho state information. <http://www.asha.org/advocacy/state-by-state/>

JCIH (2007). Year 2007 position statement. Pediatrics, 120(4).

RHIB (2016). Health and healthcare in rural areas. <http://www.ruralhealth.org/>

Next steps

- Hands & Voices formally included
- Better understand early intervention system
- Develop a clearinghouse of resources
- Communication between entities

Lessons learned



- Tasks vs. discussion
- Process
- Data collection-
evidence rather than
perception
- Use of technology
- Attendance/scheduling
- Student involvement
- Engaged partners

A red ribbon graphic with a white border, containing the text "THANK YOU!".

THANK YOU!

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