“HEAR” We Go:
Michigan Early Intervention Providers Training Program

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Creating a Team

- University of Michigan Sound Support
- Michigan EHDI
- Michigan Early On® /EOT&TA

- First meeting of the minds – April 25, 2005
- First training workshop – March 9, 2006
University of Michigan Sound Support

- Outreach Program funded through a Medicaid Matching Grant Program – Established October, 2004
- Provide professionals with the tools needed to better serve the rehabilitative needs of children who are deaf and hard of hearing.
- Serve as a liaison between families with children who are deaf and hard of hearing and professionals in order to expedite and facilitate early identification and intervention.
- Part-time staffing includes 5 audiologists, 1 speech pathologist, 1 pediatric otolaryngologist and an administrative assistant
Michigan EHDI Program

- MI EHDI established 1997
- Housed in Michigan Department of Community Health
- No current mandate for EHDI screenings
- All birthing hospitals in MI voluntarily provide EHDI screenings
- Screening 95% of births (MI 2005)
Michigan Part C and Special Education

- Part C services provided through statewide Early On® program
- Early On® is managed and directed at county level with state level oversight
- Housed in Michigan Dept. of Education
- Birth to age 3 can receive additional services through MI Special Education
- In Michigan, special education services are available to those that qualify - Birth to 26
Why develop these training workshops?

- Screening goal for EHDI was being met but delays remain reaching diagnosis and intervention goals
- To provide early intervention service providers with knowledge and tools to better serve and guide families and children with hearing loss
- Improve timeliness and appropriateness of service to families and children with hearing loss
Planning Meetings

- Determine course content
- Understand each others’ terminology
- Discuss prior knowledge of EO Providers (AudX, etc)
- Use of existing resources for registration and training locations
- Marketing
- Training one another about the role each plays in the EHDI process as well as role in upcoming training workshops
Divide and Conquer

- **EHDI**
  - Provided feedback on overall presentation – ensure unbiased information
  - Distributed workshop information (letters, website)

- **MDCH/Early On® Coordinator for Public Health**
  - Determined locations, provided online registration, and onsite assistance
  - System update meetings

- **Sound Support**
  - Developed training materials and resources
  - Provided presenters, covered travel expenses
Summary of Outreach

- 7 Regional Training Workshops plus session held at the Annual Michigan Early On® Conference
- 4 hour workshop divided into three sections
- Pre/post tests along with training evaluation
- Packet of useful resources provided to all attendees
203 Attendees – All involved with MI Early On®

- Early Interventionist: 24%
- Teacher: 3%
- TCHI: 10%
- EO Service Coor: 13%
- SLP: 13%
- Social Worker: 5%
- Parent Educator: 4%
- Parent: 5%
- PT: 2%
- Other: 11%
- OT: 2%
- Nurse: 6%
- Audiologist: 2%
Section 1: Audiology 101

- How to read an audiogram
- Types of hearing loss
- How a child’s hearing is tested
  - Objective and Subjective Testing Methods
  - Differences between screening and diagnostic testing
    - Avoiding the paper/pencil option of intake evaluation – importance of AudX
In the newborn population, what is the incidence of hearing loss?

- Prevalence of hearing loss – general population (2/1000) and medically fragile (6-10/1000)

![Bar chart showing the percentage of participants selecting different answers related to hearing loss incidence.]

- 28% of participants selected 1/100
- 12% selected 1/100,000
- 20% selected 5/10,000
- 40% selected 2/1,000
- 98% selected 1/100,000
Section 2: EHDI Goals and Communication Options

- Reviewed National EHDI goals
- Statistics on the importance of early identification, intervention and the impact of hearing loss on development

Communication Options
- Opening the Doors: Technology and Communication Options for Children with Hearing Loss
  - Available online at: [www.ed.gov/about/offices/list/osers/products/opening_doors/index.html](http://www.ed.gov/about/offices/list/osers/products/opening_doors/index.html)

Technology Options
- Hearing Aids, Cochlear Implants, FM system
- Demonstration using earplugs simulating a mild hearing loss
All newborns will be screened for hearing loss before ___ month of age.
All infants who refer on newborn screen will have a diagnostic audiological evaluation before ___ months of age.
All infants identified with hearing loss will receive appropriate early intervention services before ___ months of age.
List the five communication options available for children who are deaf/hard of hearing.

Reference: www.beginningssvcs.com
Communication Options

- Pretest no one listed all five communication options and only 6 listed four correctly
- Post test 57 of 148 listed all five modes of communication and 21 named four modes
- Sign Language continues to be most commonly known mode of communication on both pre and post tests
- This demonstrates bias and lack of knowledge regarding this area
Section 3: EHDI, Early On & Jack: Two Systems Working Together

- Through use of Jack’s case study, reviewed EHDI goals
- Attendees brainstormed “Dream Team” for Jack and identified “Roadblocks” to reaching EHDI goals
- Discussed solutions to roadblocks
- Provided various resources for local, regional and state agencies
Jack’s Dream Team –
List who may be involved in the care of a child who is deaf/hard of hearing
**Pre/Post Test Dream Team Members**

<table>
<thead>
<tr>
<th>Pre %</th>
<th>Team Members</th>
<th>Post %</th>
<th>Team Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>Audiologist</td>
<td>91%</td>
<td>Audiologist</td>
</tr>
<tr>
<td>68%</td>
<td>SLP</td>
<td>75%</td>
<td>ENT</td>
</tr>
<tr>
<td>40%</td>
<td>TCHI</td>
<td>59%</td>
<td>SLP</td>
</tr>
<tr>
<td>38%</td>
<td>ENT</td>
<td>47%</td>
<td>TCHI</td>
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<tr>
<td>24%</td>
<td>Pediatrician</td>
<td>42%</td>
<td>Pediatrician</td>
</tr>
<tr>
<td>20%</td>
<td>Early On</td>
<td>29%</td>
<td>Early On</td>
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<tr>
<td>12%</td>
<td>Teachers</td>
<td>25%</td>
<td>Early On Service Coor</td>
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<tr>
<td>9%</td>
<td>Social Worker</td>
<td>20%</td>
<td>Spec Education</td>
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<tr>
<td>9%</td>
<td>Spec Education</td>
<td>17%</td>
<td>Family</td>
</tr>
<tr>
<td>5%</td>
<td>Early On Service Coor</td>
<td>9%</td>
<td>Social Work</td>
</tr>
<tr>
<td>3%</td>
<td>Family</td>
<td>4%</td>
<td>Teachers</td>
</tr>
</tbody>
</table>

*Top 6 similar Pre&Post*

These groups moved up post.
Summary of Roadblocks: Screening

- In home births
- Parent refusal
- Discharged quickly
- No insurance
- Language barrier
- Parent fear/denial
- Young parent or low functioning parent

- Equipment problems
  - Overtesting
  - Training of screeners
  - Misinformation
  - Small Hospital <100 births/yr

- NICU stay/other illness

Family (68%) Medical (20%) Child (12%)
Summary of Roadblocks: Diagnosis

Family (60%)
- Lack of follow up
- Family denial
- Lack of knowledge
- No insurance
- Transportation
- Family moves
- Language barrier
- Unable to contact family
- Job/Work interferences
- Parent not concerned
- Basic needs come first

Medical (32%)
- Pediatrician breakdown of specialist
- Structural OM vs SNHL
- Late response to sound vs HL
- Inexperienced providers in testing peds

Child (8%)
- Other medical concerns
- Late onset HL
- Developmental response to sound vs HL
- Difficult to test
- Foster/adopted no previous med hx
Summary of Roadblocks: Intervention

- Family (45%)
  - Transportation
  - Do not follow up
  - Unstable family
  - Cultural issues
  - Insurance

- System (24%)
  - Long waits for appointments
  - Slow referrals
  - Lack of communication between agencies
  - Time lost on paperwork/red tape

- Medical (13%)
  - Other health issues take precedence

- Education (15%)
  - No summer services
  - Lack of professionals with D/HoH experience
  - Services parents want not offered in area
  - Special Ed Guidelines restrict who is eligible for service

- Child (3%)
Summary:
Roadblocks To Reaching EHDI Goals

Highest percentage of roadblocks reported by EI providers revolved around the family.
Future Outreach for EI Providers

Participants asked to choose 3 topics from 14 possible.

- AVT
- Speech Therapy
- Behavior Management
- Assistive Listening Devices
- Sign Language
- Cochlear Implants
- Sensory Integration
- Developmental Intervention

Number of Responses
Future Outreach Activities

- **UM Sound Support**
  - Continue to educate and empower parents to best navigate the system
  - Continue outreach to EI providers working with families and children with hearing loss
    - Spring Workshop on AVT: Fostering Listening and Language Development
  - Regional AUD/SLP/TCHI/CI roundtables
  - MAC Fall Conference 2007
    - Hands On ABR Course
  - Lectures to grad students and professionals on hearing loss, auditory verbal therapy and technology
  - Individual school visits
Future Outreach Activities

- Early On/EHDI Stakeholder meetings
  - Determine roadblocks to the current system
  - Identify and prioritize needs
  - Ensure early identification, service/care coordination, eligibility determination, and quality assurance
Future Outreach Activities

- **Early On®**
  - Partnering with UM Sound Support to have Audiology 101 online training prior to AUDx trainings
  - Continue discussion re: HIPAA/FERPA roadblock
  - Update MI State Interagency Coordinating Council for Early On® about these findings
“No one can whistle a symphony. It takes an orchestra to play it.”

H.E. Luccock

We need to continue to work together to provide an efficient system that enables families and children with hearing loss to reach their maximum potential for success.
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- Mary Scoblic
  - Manager, Child Health Unit, MDCH
- Joan Ehrhardt, MS
  - Birth Defects Coordinator, MDCH
Questions or Comments-

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