Otoacoustic emissions (OAE) screening, as an evidence-based practice, requires more than access to equipment or a policy mandating that screening be conducted. The likelihood that an early childhood education or health care provider will meet with success in implementing an OAE hearing screening program is dependent in large part on the context into which the hearing screening activities will be integrated. These broader contextual conditions need to be carefully considered before proceeding.

Hearing screening activities are more likely to be successful when administrators can answer “yes” to the primary contextual variables listed below:

♦ **Access to/Relationships with Children and Families.** Does your service system support staff in spending 3 - 5 minutes with individual children to complete a screening activity? Does your system have ongoing, face-to-face supportive contact with children and families that will allow you to initiate and complete a multi-step follow-up process which may last 6 weeks or more for a small subset of the children initially screened?

Related considerations: Do you serve a large number of children and/or is the geographic dispersal of families high? If so, hearing screening can be more challenging to implement and it may be wise to consider whether implementation can be rolled out over time, first focusing on a target sub-population, then extending the screening to larger numbers as experience is gained. A related consideration is whether children will be screened in a central location or in their homes. The latter often requires more staff to be trained and equipment to be purchased.

♦ **Access to Medical and Audiological Services.** Is your service system able to assist children/families in accessing medical and audiological services either through direct provision or through a referral process?

♦ **Tracking System.** Does your service system have a tracking system that allows you to document screening information about individual children and track a subset who will need to receive follow-up services?

♦ **Staffing.** Does your system have relatively stable staffing so that time invested in training staff members to conduct screening is likely to result in a sustainable program?
Related considerations: In selecting who will be trained to conduct screening, consider how likely it is that the prospective trainees will remain in your organization. If staff turnover is unavoidable, what measures can be taken to minimize it and/or to facilitate new screener training so that screening program sustainability is not compromised?

♦ Budget. Does your service system have a budget to support the purchase and maintenance of equipment and supplies?

♦ Focus on Child Language Development and Hearing. Does your service system have as one of its objectives to foster young children’s language development and, more specifically, to monitor and promote their hearing health? Do you have access to audiological support on a contracted or volunteer basis to assist with training and implementation efforts?

Related considerations: Do administrators and staff perceive hearing screening to be a valuable investment, worth the costs associated with equipment, the time required for screener training and the screening and follow-up activities? Is hearing screening perceived as complementary, rather than disruptive of or in competition with, other services being provided? Are there organizational policies that require the provision of hearing screenings and, if so, what do they suggest about specific methodology, the time frame within which screenings are to be completed, screening periodicity, who can screen, etc.? Do you have clarity about the ages of children you intend to screen and what types of hearing loss (permanent or fluctuating) you are intending to screen for?

♦ Collaborative Capacity. Are you aware of state policies or regulations that inform if and how you can implement hearing screening practices? Do you have a mutually agreed upon understanding of how screening outcomes will be shared with other agencies charged with promoting children’s hearing health, especially your state’s Early Hearing Detection and Intervention (EHDI) program?

When these contextual conditions are present in an early childhood educational or healthcare system, periodic OAE screening can often be integrated seamlessly and with great success.