Provider Behaviors When Serving Children Who are Deaf and Hard of Hearing

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Disclaimer

• Dr. Bargen and Dr. Blaiser receive grants for other activities from Idaho State University and Oberkotter Foundation. They are also members of the Idaho Sound Beginnings Advisory Board.

• We do not intend to discuss an unapproved/investigative use of a commercial product/device in the presentation.
Learner Objectives

Following completion of the presentation, participants will be able to explain:

- **strengths** and **weaknesses** of the **current referral process** following a child not passing their newborn hearing screening as reported by Idaho healthcare providers who work with children who are deaf or hard of hearing.

- identify resources currently used and recommended by Idaho healthcare providers who work with children who are deaf or hard of hearing.
Background

- JCIH 2007 position statement: all children who are D/HH and their families have access to timely and coordinated entry into EI programs
- Idaho – no state mandate for newborn hearing screenings
  - However, most hospitals and providers choose to require them

- Per best practice, typical Idaho practice entails:
  - By 1 month of age: hearing screening complete
  - By 3 months of age: comprehensive audiologic evaluation with a pediatric audiologist
  - By 6 months of age: children diagnosed as D/HH are advised to begin receiving services by enrolling in EI programs, and seeing an audiologist regularly.
Delays in initiation of services can have adverse effects on the child’s communication development as well as overall development. (WHO, 2012)
IDAHO COMMUNITY COLLABORATION PROJECT
Purpose: examine the effectiveness of the process between newborn hearing screening and enrollment in EI

• Developed “provider survey” to
  – assessed providers’ perspectives of this process
  – identified regional discrepancies in service delivery
  – Identified needed resources for providers within the state
PROVIDER SURVEY RESULTS
Demographics

- 730 surveys were distributed
- 106 providers responded (response rate = 14.5%)
  - 22 audiologists
  - 83 speech-language pathologists
  - 1 early intervention specialist
- Representation from Idaho’s 7 regions
- 6 SLPs, 1 audiologist
- 12 audiologists, 29 SLPs
- 2 audiologists, 9 SLPs
- 1 audiologist, 10 SLPs
- 13 SLPs, 1 EI specialist
- 5 audiologists, 14 SLPs
Areas of SLP Specialization (n=76)

- Children who are DHH who use LSL: 18
- Apraxia: 11
- Language Disorders: 58
- Swallowing/Feeding: 66
- Autism: 36
- Early Intervention: 32
- Augmentive/Alternative Communication: 46
- Learning Disabilities: 18
Areas of Audiology Specialization (n=21)

- Infant hearing assessment (birth to 6mo)
- Pediatric hearing assessment (3-5 year olds)
- Pediatric hearing assessment (7 to 36 mo)
- Cochlear implants
- Hearing aids
- Hearing assistive technology
- Auditory processing disorders
- Infant hearing aid fitting using real ear
- Aural (re)habilitation
- Early intervention
Providers Experience (n=95)

- 0-3 years: 8
- 4-6 years: 15
- 7-10 years: 19
- 11-15 years: 8
- Over 15 years: 45
Work with Children who are D/HH?

• 66 (65%) respondents provide direct services
Frequency of Services

When you see children who are DHH, on average how often do you see them?

- Audiologist – every 6 months (78%)
- SLPs – 1x a week (57%)
  - 2x a week (31%)
  - 2-3x a month (8%)
Audiology Referrals

- Received: ISB (EHDI) (42%)
  Pediatricians (32%)
- Made: 100%

Audiology Referrals Made
SLP Referrals

- Received: Pediatricians (41%)
  ITP (24.5%)
- Made: 85%
Coordinating Care

• Follow up on referrals made: (n=66)
  – With the family? Yes (84.8%)
  – With the provider? Yes (56%)

• Refer families to support groups? (n=48)
  – Hands and Voices (42%)
  – Early Head Start (19%)
  – Idaho Department of Health & Welfare (46%)
  – Head Start (46%)
  – Parents as Teachers (2%)
  – Other (15%)
Aware of HA Funding

- Overall audiologists more aware of available funding sources to help Idaho families purchase HAs when compared to SLPs

- 1 to 5 SLPs in 5 of the state regions indicated “none” when asked to list HA funding sources they were aware of for families
Counseling

• How often do you counsel families of children who are DHH?

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• How comfortable are you with this?

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Financial Discussion

• How often do you refer patients to HA banks?

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• How comfortable are you talking about financial aid with patients?

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What kind of information do you need in order to better serve families of children who are DHH?

- More handouts available for providers with resources (23)
- Financial resources available to families (10)
- Support services for families (7)
- Better communication between providers (6)
OPINIONS OF IDAHO’S EI PROGRAMS
What is the best part of Idaho’s EI program(s) for families and children who are DHH?

• Timely intervention (10)
  – Early detection of HL and early referrals to initiate services and interventions including HAs as soon as possible
• Providing parents with resources (10)
• Collaboration between IESDB and ITP
• Service coordinators
What part of Idaho’s EI process could be improved upon?

• Better access to resources and services (14)
  – Increase public awareness of available community programs
  – Increase funding and available services/resources
  – Increase access for ALL children to ALL therapy disciplines

• Better communication and follow-up (11)
  – Reduce time between referral and first visit
  – Improve wait time for getting services

• More education for healthcare providers & involved professionals (5)
  – Training for providers to understand LSL
Future Direction

Based on provider survey results, future research needs to include:

• Development of an Idaho information resource for incoming audiologists/professionals to inform new provides of Idaho specific resources and guidelines.
• EI personnel need more information/resources about hearing aid retention.
• Development of a system to increase collaboration across providers.
• Accessible telehealth for Idaho’s rural area to ensure equal access across the state to all EI resources.
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  - Erica Maier
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References & Suggested Resources

• NCHAM Website - http://www.infanthearing.org/