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Family Experiences Related to Early Hearing Intervention Guidelines in Washington State

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Family Experiences Related to Early Hearing Intervention Guidelines in Washington State

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Introduction

Undiagnosed hearing loss can have an especially devastating effect on young children. Without proper assessment, a child may have limited access to language and auditory input, and their speech and language skills may be negatively impacted. Research has shown that early intervention is related to positive developmental outcomes in children with hearing loss [1].

Therefore, it is beneficial for these children and their families to receive support as early as possible. According to the Joint Committee on Infant Hearing:

- (1) infants should have their hearing screened by one month of age,
- (2) if an infant does not pass the first screening or a secondary rescreening, they should receive a full diagnostic evaluation by three months of age, and finally,
- (3) all infants who are diagnosed with a permanent hearing loss should receive intervention services by six months of age. [2]

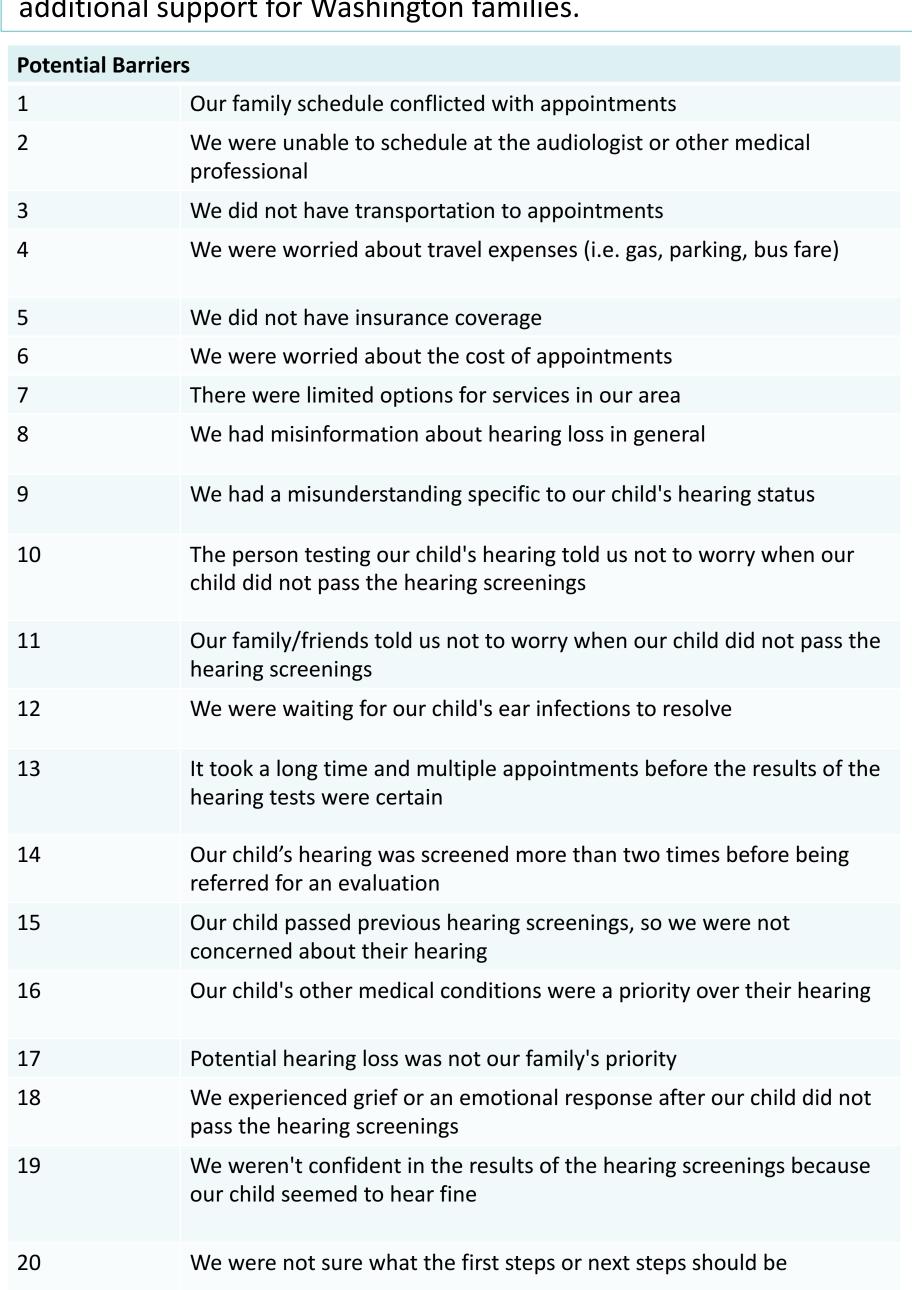
In 2016, the Washington State EHDDI program determined that only 56% of infants diagnosed with hearing loss were identified by three months of age. The average age of identification of infants in Washington with permanent hearing loss was 111 days. [3]

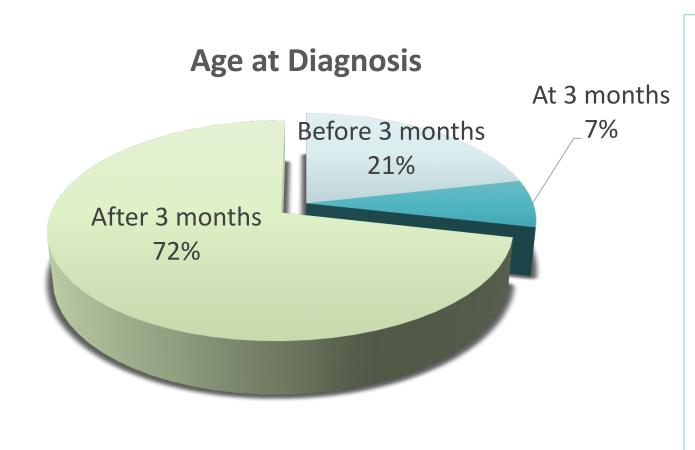
The aim of the present study is to determine what barriers families face when obtaining a diagnosis for their child with hearing loss.

Identified factors may reveal areas of weakness in the early intervention process that require additional support for Washington families.

Methods and Materials

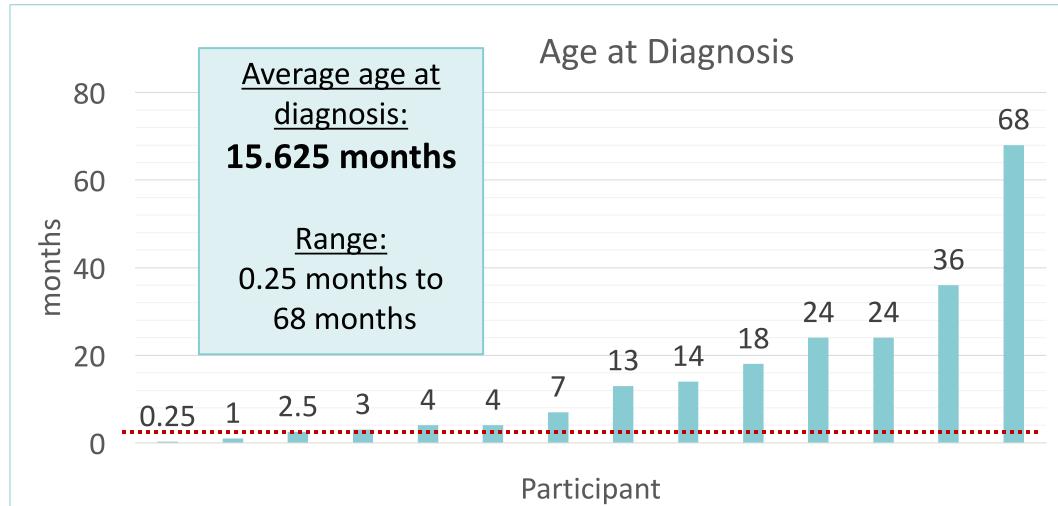
- Survey questions were developed using Qualtrics in line with the guidance of the Washington State Early Hearing Detection Diagnosis and Intervention coordinators and informal family interviews conducted before the study.
- Online survey, distributed via an anonymous link, no identifying information was collected from participants
- The survey was emailed to Washington State Hands and Voices to be distributed via email, on their Facebook, and on their website.
- The survey consists of 16 questions. However, for families with multiple children who are deaf or hard of hearing, 11 of the original 16 questions were repeated for each additional child. The survey took on average 13 minutes to complete.
- Participants consented electronically by reading an informational statement on the first page.
- Respondents were able to save their progress and return later to complete the survey if they wished. There was also a back button, so participants were able to revisit questions.
- If the subject revealed identifying information that may link them to their survey responses, the researchers did not include their responses in the study.
- The survey will be available for approximately three weeks. From May 7th to May 31st. We are still collecting data for this study. This poster reflects data collected on Monday, May 14th, 2018.

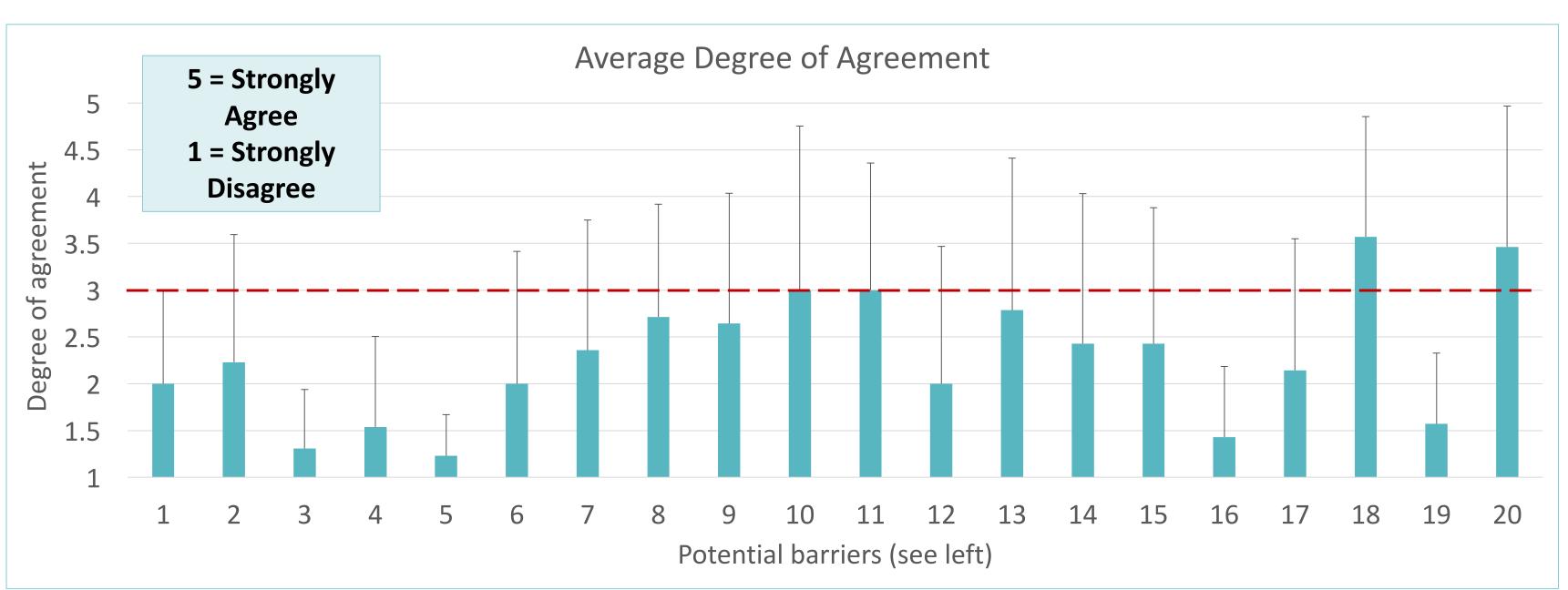






After three months





Results

Data here reflects 14 children across 13 surveys. One family reported two children with hearing loss. Two families reported a definite history of hearing loss in their family. All participants were Washington State residents. The median current age of child was 65.5 months, ranging from 5 months to 222 months. The average age of child at the time of diagnosis was 15.625 months. Families reported that all 14 children had their hearing screening at birth. Screening results indicated Pass LEFT- Pass RIGHT (28.57%), Refer LEFT - Pass RIGHT (14.29%), Pass LEFT - Refer RIGHT (50%). One family did not respond to half of the question related to potential barriers, however their response was still included.

Discussion

- On average, a family's grief or emotional response to their child's hearing status and uncertainty about first or next steps in the diagnosis process were most often reported to have had a negative impact on a family's ability to obtain a diagnosis for their child.
- "We experienced grief or an emotional response after our child did not pass the hearing screenings" 3 of 14 cases strongly agree; 6 of 14 agree,
- "We were not sure what the first steps or next steps should be" 4 of 13 strongly agree; 4 of 13 agree,
- "The person testing our child's hearing told us not to worry when our child did not pass the hearing screenings" 4 of 14 cases – strongly agree; 3 of 14 cases – agree,
- "It took a long time and multiple appointments before the results of the hearing tests were certain" 4 of 14 cases strongly agree,
- Other factors written in by families reflected themes of inconsistency from providers during the screening process and false reassurance from providers

Limitations to Study

- Survey may not reach the families who never came back, especially those who are not connected to the organizations we used to disperse the survey
- Data surrounding only the most recent experiences may give a more accurate picture of early hearing intervention at present.

References

- 1. Yoshinaga-Itano, C., Sedey, A.L., Coulter, D.K., & Mehl, A.L. (1998). Language of early- and later-identified children with hearing loss. *Pediatrics*, 102 (5), 1161-1171.
- 2. American Speech-Language-Hearing Association. (2007). Executive Summary for JCIH Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Retrieved from http://www.asha.org/uploadedfiles/jcih-executive-summary.pdf
- 3. Washington State Department of Health. (2017). Washington State EHDDI Statistics [PDF Document]. Retrieved from https://www.doh.wa.gov/Portals/1/Documents/Pubs/344-042-EHDDI-FlowChart.pdf