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INTRODUCTION

There is consistent evidence of inequities in access to and quality of hearing health services for Deaf and Hard of Hearing (DHH) children, particularly those living in rural, remote, and culturally diverse contexts.



RESEARCH

Children in rural and remote regions experience reduced quality, frequency, and timeliness of services, including delays in diagnosis and intervention and limited availability of specialized professionals (Barr et al., 2028; Bush et al., 2017; Kingsbury et al., 2022). Geographic distance to diagnostic and intervention centers, workforce shortages, and limited service infrastructure are central contributors to these disparities. Rurality often interacts with other factors such as severity of hearing loss, family resources, education level, number of children in the home and provider availability, compound barriers to access.

Socioeconomic factors play a significant role in shaping access to pediatric hearing health care. Lower socioeconomic status, poverty, caregiver education levels, and reliance on public or inadequate insurance coverage are associated with reduced access to diagnostic services, amplification, and ongoing intervention (Bush et al., 2017; Kingsbury et al., 2022). These structural barriers disproportionately affect families already facing multiple forms of disadvantage.

Cultural and linguistic diversity further influences service access and engagement. Barriers identified across studies include the cost of care, dismissive or stigmatizing beliefs about hearing loss, lack of accessible and culturally appropriate information, and language barriers (Furze et al., 2025; Kingsbury et al., 2022). Families from ethnically diverse backgrounds may also encounter challenges related to clinician–caregiver communication, preferences regarding clinician gender, and difficulties establishing trust and rapport with service providers.



CONCLUSION

Facilitators to improve access include culturally tailored materials, greater representation within the hearing health workforce, availability of professional interpreters, and involvement of local community health workers or case workers (Furze et al., 2025). Service provider perspectives highlight the importance of effective communication, sensitivity to cultural-religious beliefs and external family influences, and addressing practical barriers such as transport, time, and service flexibility to support meaningful engagement in early hearing detection and intervention programs (Wong et al., 2025).

Overall, the findings indicate that disparities in pediatric hearing health care are multifactorial, arising from the intersection of rurality, socioeconomic disadvantage, and cultural and linguistic diversity. Addressing these inequities requires coordinated, creative (flexible/remote), culturally responsive, and system-level approaches that improve service and intervention availability, accessibility, affordability, with compassionate family-centered engagement.

CALL TO ACTION

- Be Informed;
- Be Culturally Competent;
- Be engaged;
- ADVOCATE!

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CASE STUDIES



- A. Geographic Location.
- B. Language Primarily Spoken in the home.
- C. Primary Care Giver.
- D. Factors that may lead to barriers in care.
- E. Discussion

LEARN MORE

Rural Living:

Tips for Raising a Deaf/Hard of Hearing Child in a Rural Community.