If You Build It, Will They Come? A Regional Approach to Establishing Effective Learning Communities



Presenters:

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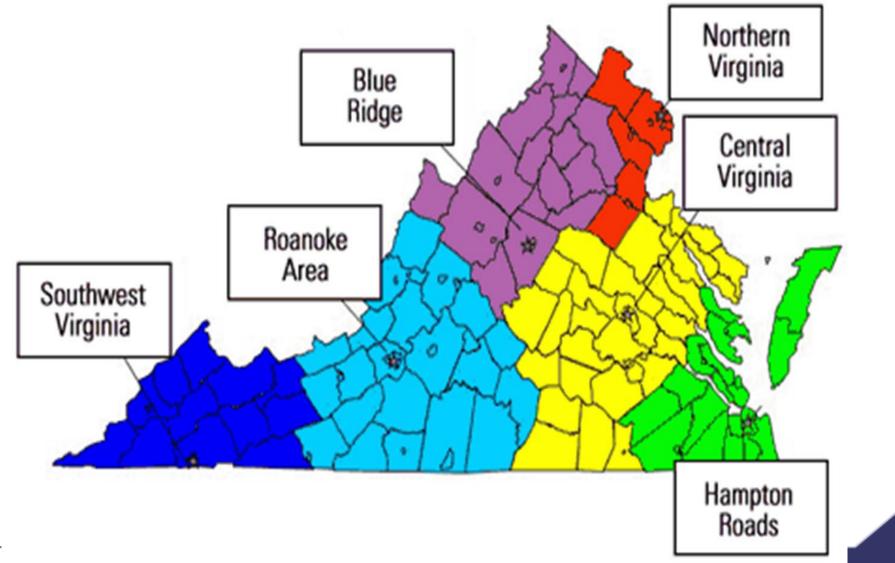
Objective

• Provide an overview on how the Learning Community was established regionally in Virginia.





The Six Learning Communities





Northern Virginia (NoVa) Region

- Urban and suburban population
- Key Differences
 - Dense population but minimal access to Pediatric services
 - Culturally diverse population
 - Bordering states- Maryland, District of Columbia

Central Virginia Region

- Urban, suburban and rural population
- Key Differences
 - Greater number of key stakeholders
 - Easier access to Pediatric services
 - Culturally diverse population
 - Bordering states- North Carolina



Southwest Region

- Rural population
- Key Differences
 - Rural population
 - Difficulty recruiting parents
 - Minimal internet access
 - Not culturally diverse
 - Extensive travel required to access Pediatric services
 - Bordering states- Tennessee, Kentucky, North Carolina, West Virginia

Roanoke Region

- Suburban and rural population
- Key Differences
 - Scattered access to Pediatric services
 - Not culturally diverse
 - Bordering states- North Carolina, West Virginia



Blue Ridge Region

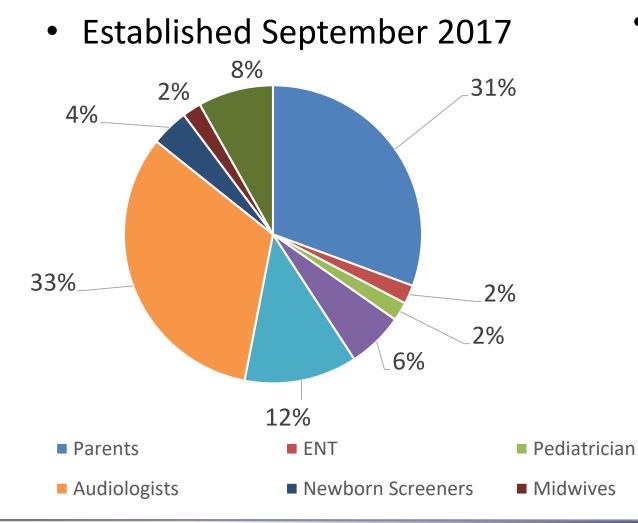
- Urban, suburban and rural population
- Key Differences
 - Not culturally diverse
 - Pockets of access to Pediatric services
 - Bordering states- West Virginia, Pennsylvania

Hampton Roads Region

- Urban, suburban and military population
- Key Differences
 - Transient population
 - Culturally diverse
 - Bordering states- North Carolina

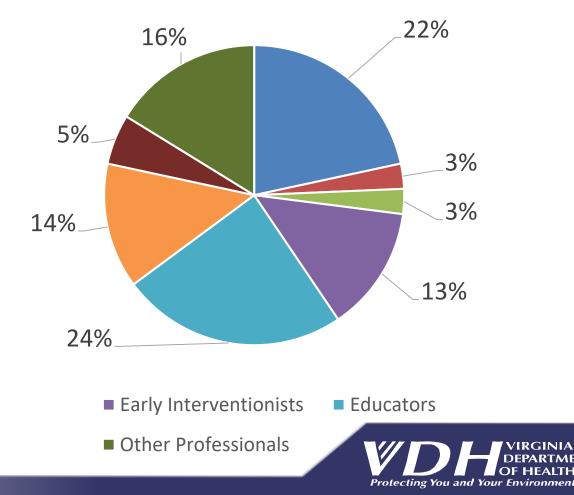


NoVa Region



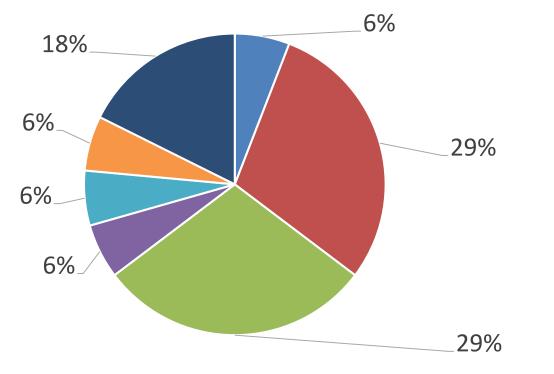
Central Virginia Region

• Established May 2018



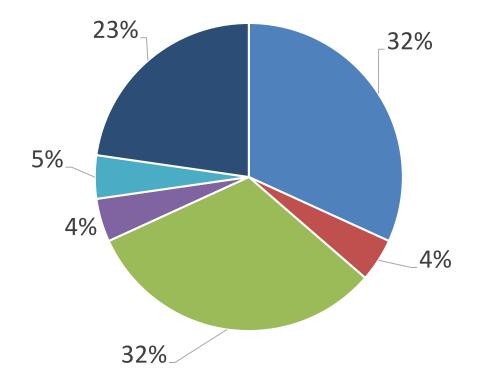
Southwest Region

• Established October 2018



Roanoke Region

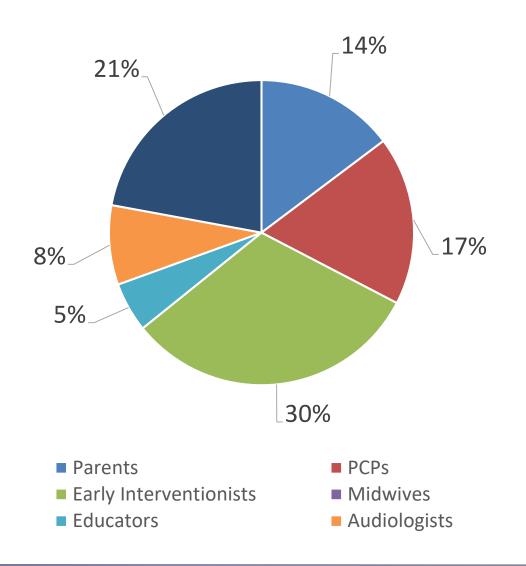
• Established October 2018



Parents Early Interventionists Educators Audiologists Midwives VAHALB Representative Other Professionals



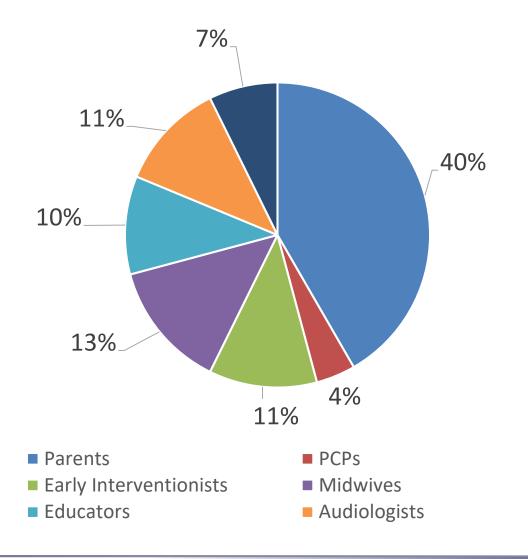
NoVa Needs Assessment



- Key Findings:
 - Limited knowledge about EHDI 1-3-6 timeline and risk factors for late-onset hearing loss.
 - Many healthcare professionals rarely refer for Parent to Parent support.
 - Identified a need for greater supports for parents.



Central Virginia Needs Assessment



Key Findings:

- Increased knowledge about EHDI systems compared to Northern VA LC
- Limited knowledge about risk factors for late-onset hearing loss, Care Coordination and culturally- competent, familycentered care for children who are D/HH



Successful Outcomes

- Establishing peer to peer learning environment
- Ability to connect with providers
- Increased parent leadership
- Development of products





VIRGINIA'S EARLY HEARING DETECTION AND INTERVENTION

Shared Plan of Care





Early Hearing Detection & Intervention Program

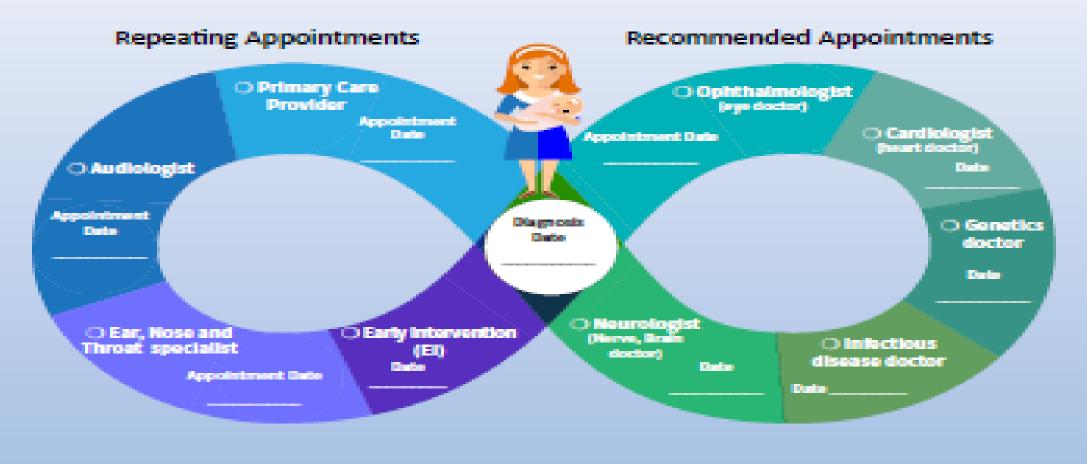
VIRGINIA DEPARTMENT

ur Environment

VDHUveWeil.com/bearing

Shared Plan of Care for Children with Hearing Loss

It is important to schedule your child's appointment with their PCP and other specialists as needed. Use the guide below to keep track of all your child's recommended appointments after diagnosis.





Protecting You and Your Environment

PARTMENT

For Children with Hearing Loss

A group of parents and professionals worked together to design the Shared Care Plan for your child who has been diagnosed with a hearing loss. This plan should serve as a quide following disgnosis. The purpose is to provide the next steps in your child's hearing health care. The creat news is that there are plenty of professionals and parents. ready to support you.

Key terms to know:

Audiologist

A professional trained to dispnose. manage and treat hearing or balance. problema.

Early Intervention (EI)

A program that provides services and support to families to give them the skils they need to help their children reach their highest potential.

Family to Family Support Family members who have experience caring for a child with hearing loss. They provide support and to help identify additional RECURSES.

Shared Plan of Care

Primary Care Provider A primary care provider (PCP) is a health care professional who practices general medicine. including pediatricians, PCPs are the first stop for medical care. PCPs can be a medical doctor, nurse practitioner and/or a physician assistant.

Ear Nose & Throat (otolarynoologist) An otolerynoologist is a medical apecialist who is focused on the ears. nose, and throat. These specialists are trained in both medicine and surgery. Also known as an ENT.

The Virginia Early Hearing Detection and Intervention (VA EHDI) program provides information and support to parents whose children have been identified with hearing loss. After disgnosis, make sure that VA EHDI has contacted you. If not, please contact us 804-864-7719

I was teeling so overwhelmed with my newborn's hearing loss diagnosis. Seing able to talk with another parent with personal experience of raising a child with hearing loss was like finding a beacon of light in the derkness. She was so supportive and an incredible recource. I am forever cristatul.

-Sebrine, parent

VA FHDI should:

- O Send information after your child. is first decreased.
- Call with next steps in your child's hearing journey.
- O Provide information about possible mission.

Next Steps After Diagnosis

- O Write your questions for your next appointment.
- O Contact your local El program to: schedule an appointment and understand what services they can provide for your child.
- O Research communication options.
- O Connect with Family to Family support.
- O Check with your insurance company about coverage related to hearing loga.
- O Make appointments based on. the referrals from your PCP or poecialista.

Communications options:

You will be exposed to many professional who should provide you unbiased information on communication options.

Audiologist should:

hearing loss.

Exam your child's ear.

nervices.

panelad.

their hearing sensitivity.

O Explain the child's hearing loss.

O Discuss communication options.

O Refer for further texts if needed.

O Answer questions you may have

O Refer your child for a recent Auditory Brainstern.

Response (ABR) test if needed to determine

O Answer the questions you prepared about

Explain choices for emplification (potional).

O Refer your child to an Ear Nose & Throat.

specialist (otolarynoplogist or ENT).

Ear Nose & Throat Specialist should:

O Discuss hearing loss and treatment options.

O Provide medical clearance for hearing aids – if

O Provide an understanding of Early Intervention.



Choose a Communication Plan



Repeating Appointments

Primary Care Provider should:

- O Meet with you to discuss your child's.
 - hearing loss and next steps.
- Discuss referrals your child may need: Ophthalmologist (sys doctor)
- Cardiologist (heart doctor)
- Neurologist (Nerve, brain doctor)
- Infectious closes a doctor
- Constient

Early Intervention (EI) should:

- O Contact you to explain the El services.
- O Schedule a first visit.
- O Do an initial appearant with your child.
- O Develop an Individualized Family Service Plan (IFSP) a.
- plan to identify individualized supports and services that will enhance your child's development.
- Assign a service coordinator to work with your child.
- O Discuss communication options for children discnosed with hearing loss (see options above).
- O Help you understand your child's insurance benefits.
- O Discuss what to expect at your medical appointments. related to bearing loss.

For more information, visit VDHLiveWell.com/hearing





O Connect you with Family to Family support and resources in your area.

We Built it and They Kept Coming. Why?

- Recruitment
- Engagement
- Networking opportunity
- Transition to local leadership







Lessons Learned

- Needs Assessment
 - Quality Improvement
 - Pediatrician and ENT participation
 - Rural community
- Meeting Customization
 - Meeting time & location
 - Variations by region
- PCP and ENT Involvement
 - Recruitment
 - Minimal involvement





Contact Information

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