

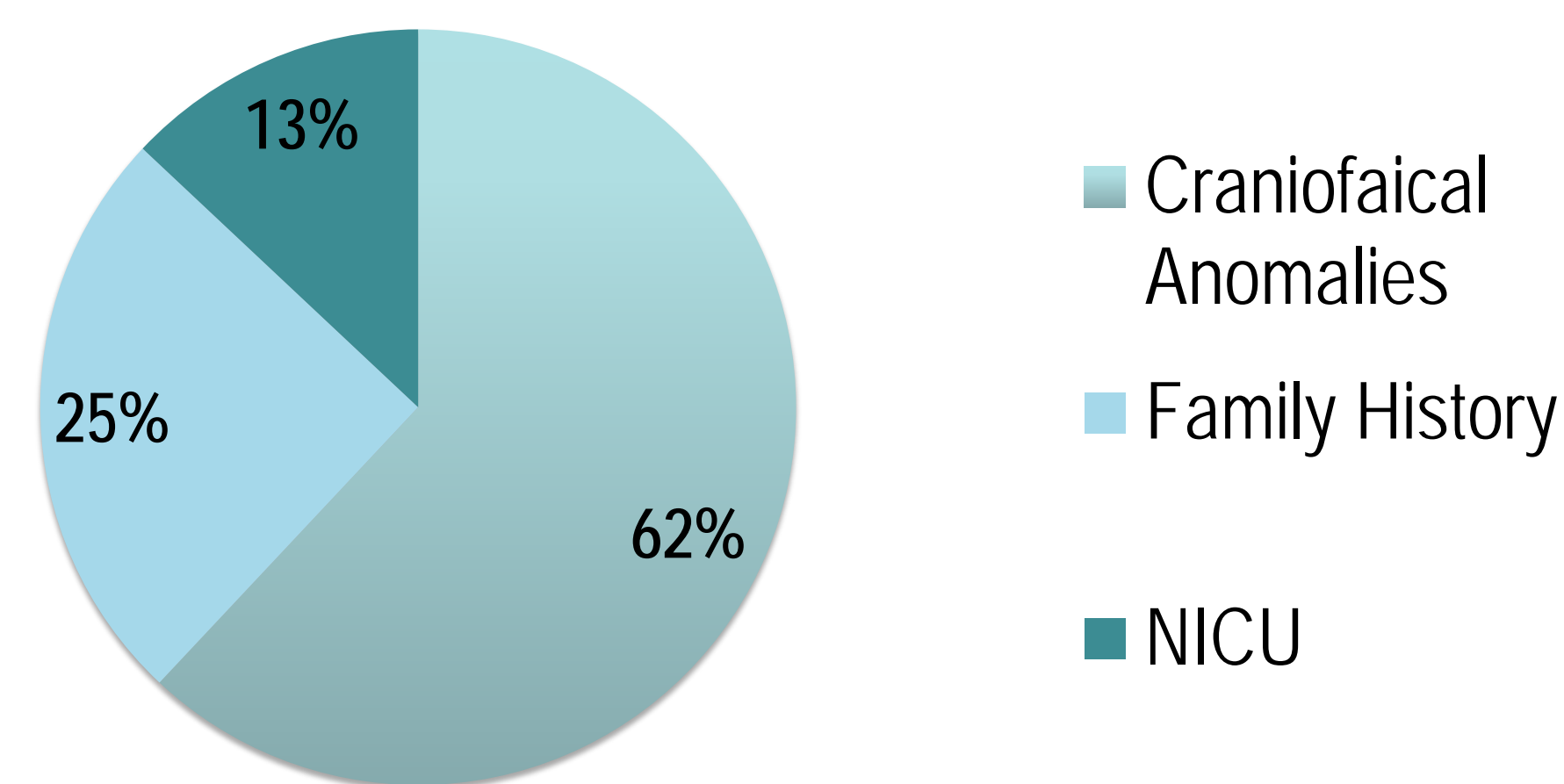


The Purpose:

Indiana has identified approximately 250 children a year with hearing loss. Of those children identified with hearing loss, those with unilateral hearing loss (UHL) are identified at a rate of 35-40% a year, consistently. These children are at risk for behavioral issues, poorer language outcomes, delayed enrollment in intervention, and more likely to fail at least one grade than their peers.

In order to better serve this population, infant and maternal demographics were collected, reviewed and analyzed on infants identified in 2015 with UHL in Indiana.

Infant Demographics



Of the infants identified with UHL and reported to the EHDI program with one of the four mandated risk factors, 62% had craniofacial anomalies, 25% had a history of permanent childhood hearing loss, and 13% were in the NICU. As a state, we are identifying these children with risk factors for late-onset hearing loss but these children are not meeting the recommended JCIH guidelines.

Maternal Demographics

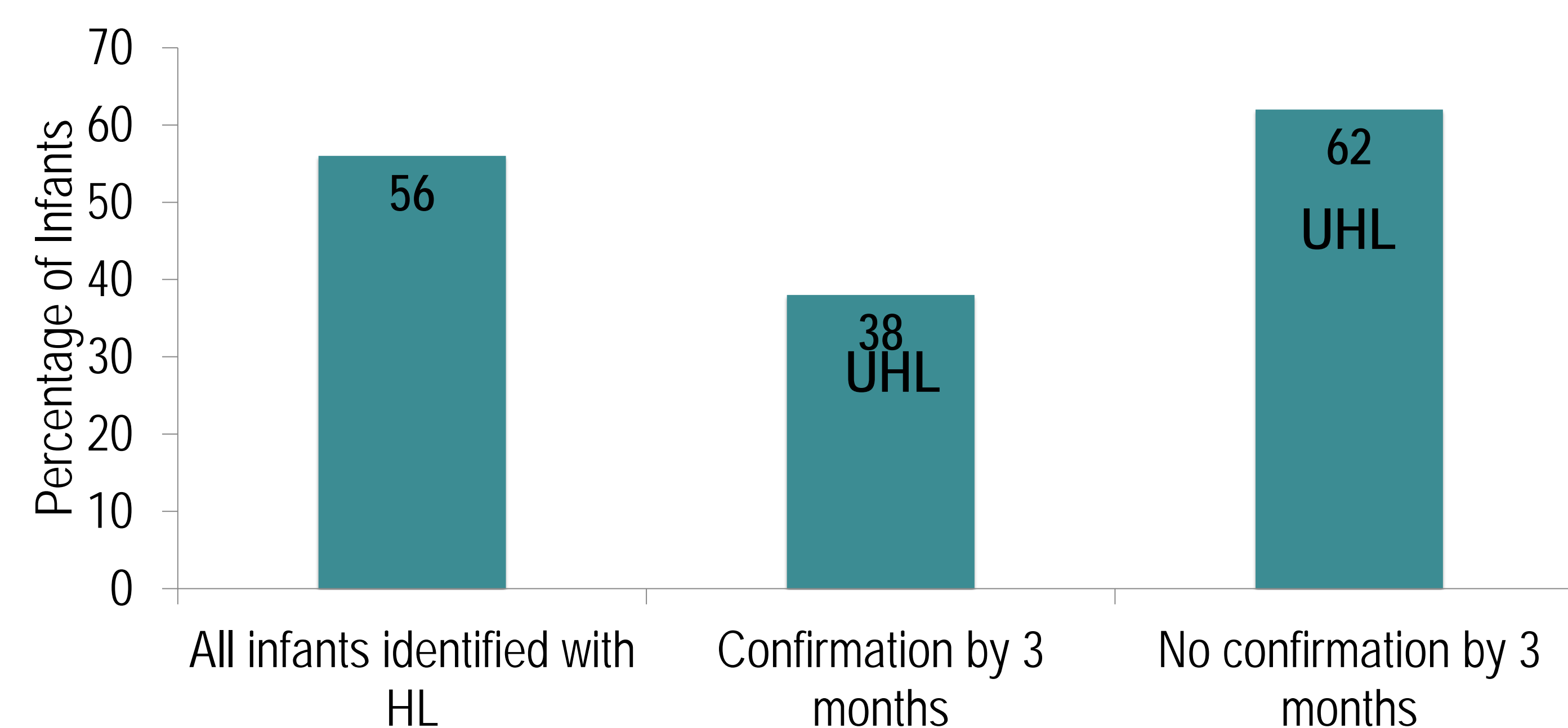
- 46%** Between the Ages of 25-34
- 74%** High School Degree or Better
- 33%** College Graduates or Above
- 46% vs. 43%** Just as likely to have Private Insurance as to have Medicaid

Maternal age, education, and insurance status were analyzed to identify any evidence of commonalities for this population. There were no statistically significant risk factors identified; however, the results above were noted.

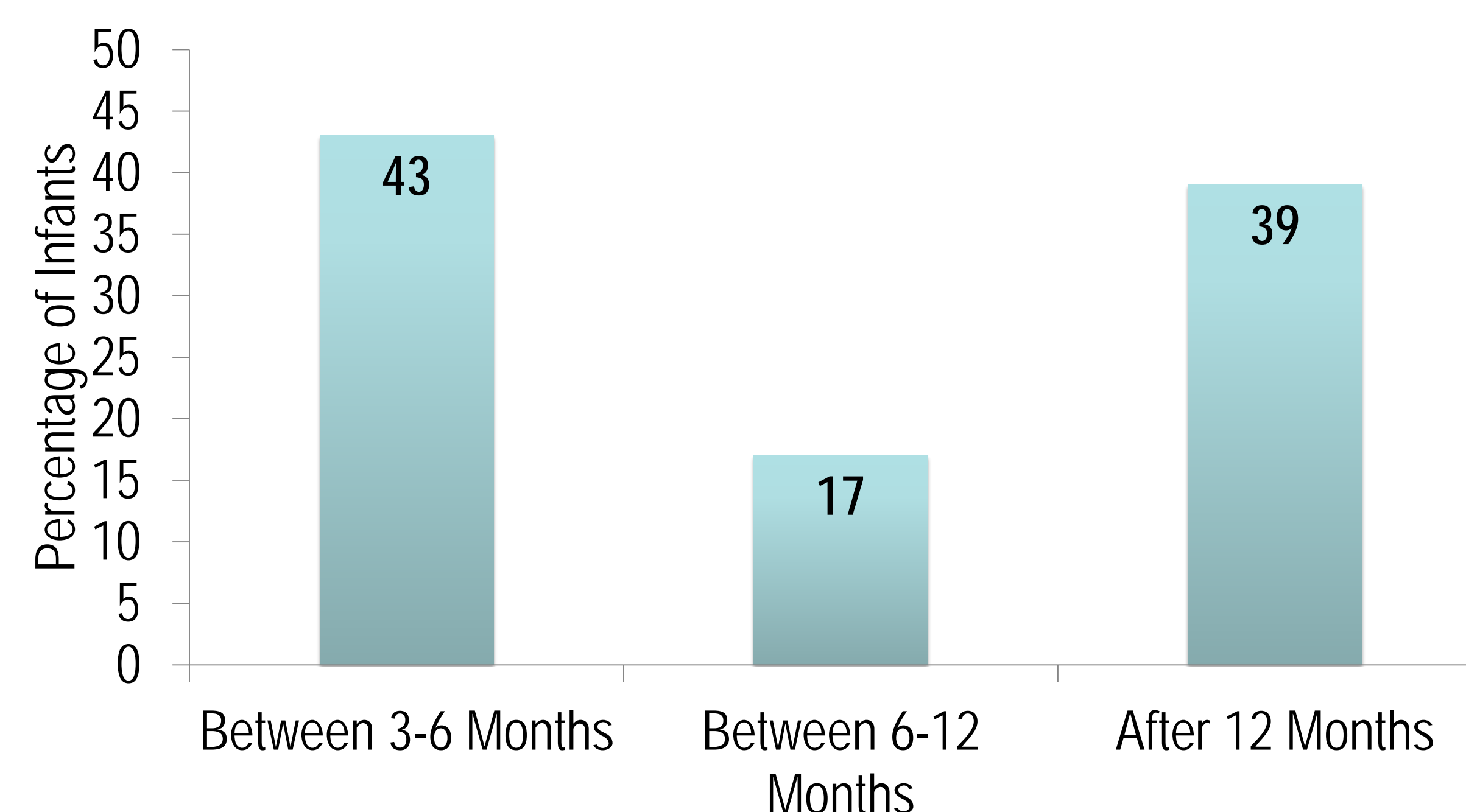
Joint Commission on Infant Hearing (JCIH) Guidelines

The JCIH guidelines state all infants born should receive a hearing screening by 1 month, confirmatory evaluation by 3 months, and enrolled in appropriate intervention by 6 months. These guidelines were established in order to provide infants with the necessary services to achieve optimal outcomes.

Evaluation By 3 Months



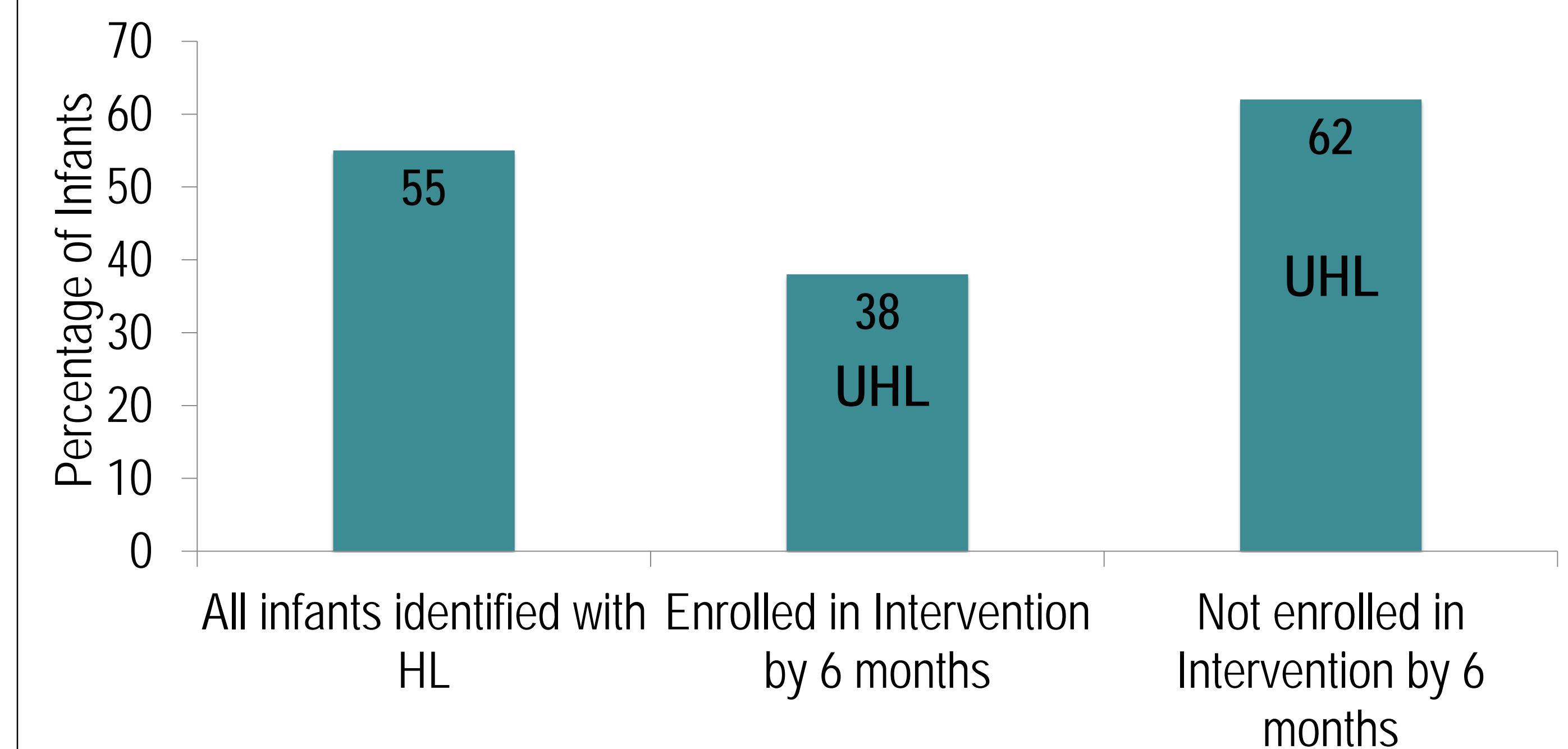
In 2015, of the total infants identified with UHL in Indiana (68), only 38% (13) received a confirmatory evaluation by the recommended three months of age. Of the remaining 62% of infants identified with UHL, 43% were identified between three and six months, 17% between six and 12 months, and 39% after 12 months. Of the total number of infants identified with hearing loss (both bilateral and unilateral), Indiana reported 56% received a confirmatory evaluation by three months.



It is believed that the significant increase in evaluations after 12 months is due to parental concern for speech development.

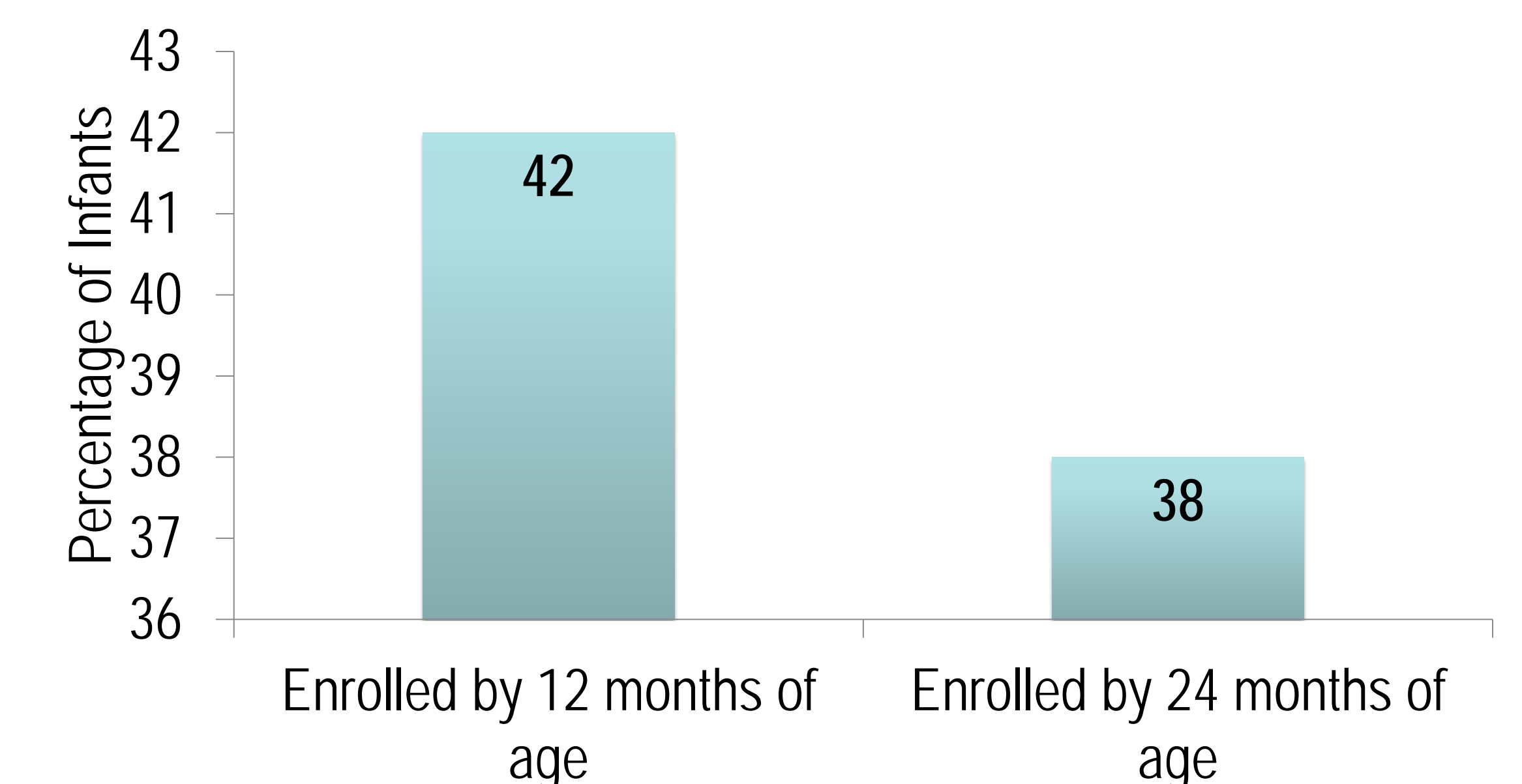
Results

Intervention Services By 6 months



In 2015, for all infants identified with hearing loss (224), Indiana reported 55% were enrolled in intervention by six months which is significantly higher than those children identified with UHL.

For the 62% of UHL Infants that did not receive Intervention Services by 6 months, intervention was received...



Conclusions:

The demographics studied for this project revealed that maternal age, education and insurance were not indicators for children identified with UHL. Secondly, infants with UHL were more likely not to meet the JCIH guidelines for confirmatory evaluation and enrollment in intervention. Therefore identifying a need for increased education to providers to encourage families to complete the recommended follow-up testing for infants that do not pass their hearing screening, even if only in one ear.