# MAXIMIZING YOUR EFFORTS IN EDUCATING PARENTS AND PROVIDERS ABOUT THE IMPORTANCE OF HEARING RESCREENING

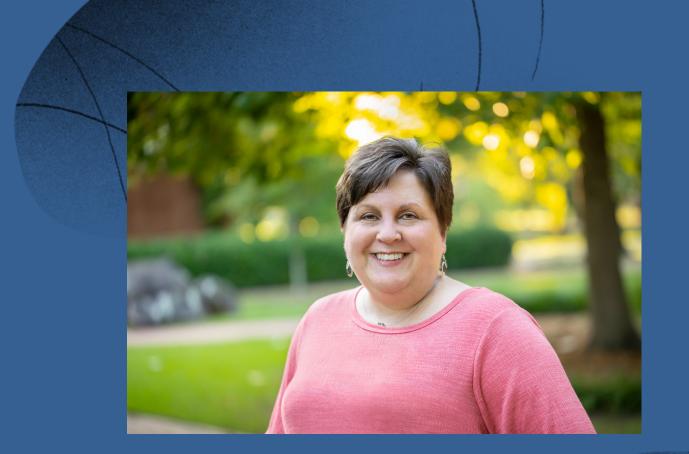
Presenters: Mandy Jay and Angelina Myers

### **ABOUT US**

# Mandy Jay

# Angelina Myers

Co-Coordinators of Arkansas Hands & Voices Guide By Your Side Program (GBYS)





# LEARNING OBJECTIVES

01	List 2 goals for reaching families and physicians about the importance of hearing rescreening.
02	Identify 2 ways (in your state) to reach parents to be and new parents to educate them on hearing rescreening importance.
03	List 2 benefits knowing how to reach your audience of parents-to-be, new parents, daycare providers, and health care providers.

# What Prompted Us?

- Community Based Participatory Research Opportunity
- Carry-Over Money for Media Campaign
- Collaborative Relationships within the State

All geared toward improving LTF rates!

# What Questions Were We Asking?

- What are the barriers to follow-up from failed newborn hearing screening?
- How can we improve the LTF rates in Arkansas?

# Arkansas Example

- Community Based Participatory Research Grant Focus
  - Infant Hearing Program
  - Higher Education
  - Arkansas Hands & Voices
  - Healthcare



# What We Learned that Guided Us:

The major barrier to follow-up that was discussed in all four focus groups, and experienced by the majority of participants, was communication.



# How do we reach more parents?

Create and place materials
everywhere they are and get
help within the
community to do so!

# Why do we include providers?

I need the direct information. We didn't get, we didn't get a sense of the urgency and we didn't understand we needed to move quickly. I mean, I set everything up but, we still didn't understand exactly what it might mean for us. And so, when that is said "don't worry about it", "it can just be fluid", it's also sometimes it's not. And that needs to be addressed very clearly. And there can't be sugarcoating with this because it's a time crunch. It is.

# Target

Your

Message



Parents



Providers



Anyone who comes in contact with children!

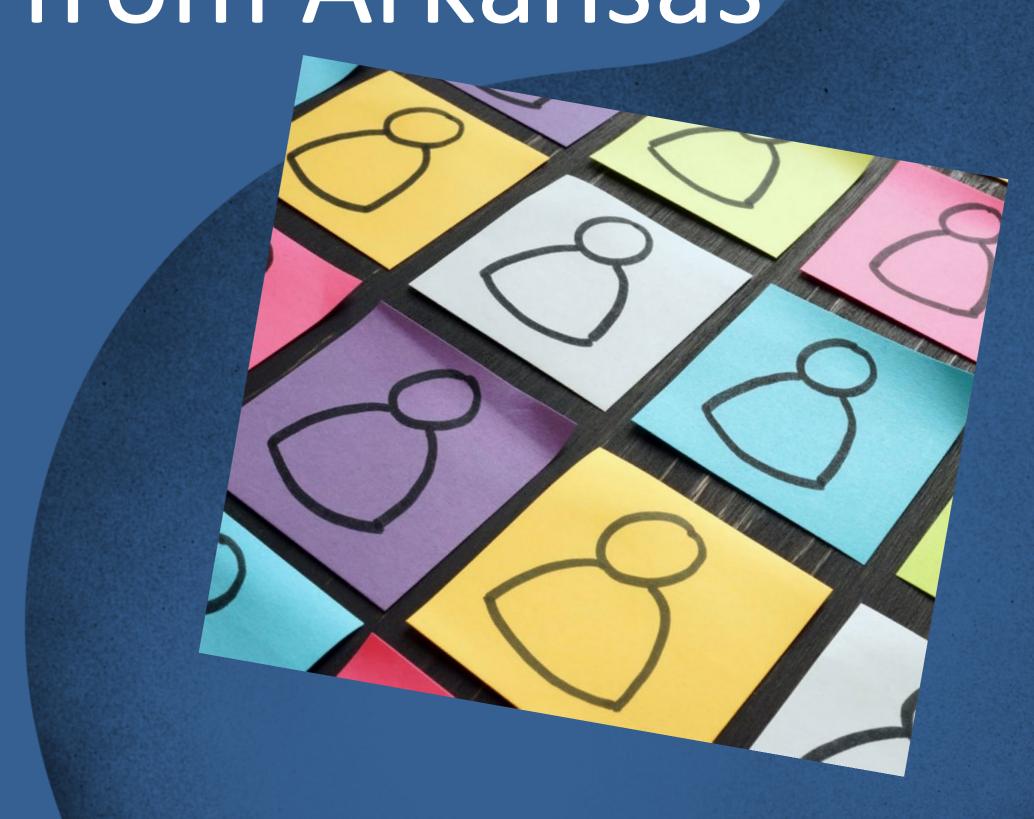
## How Do Others Communicate?

- Responsive Website(s)
- Mobile App
- Share & Collect
- Family Experiences
- Trained Families
- Educational Resources
- Interactive Map & Forum
- Ask an Expert
- Social Media Campaigns
- Webinars
- Newsletters
- Animated Videos

- Billboards (yes, really)
- Ads (Google
- Adwords, BabyCenter)
- Exhibits/Conferences
- Presentations
- Hosted Meetings
- Focus Groups
- Message Testing
- Trainings
- Evaluation
- Partnership Building
- Technical Assistance

# Where to Share the Message: Examples from Arkansas

- Provider Offices Ob/GYN and Pediatricians
  - Posters/Rack cards
- Consignment Sales for Expectant Parents
  - Cards with bright colors
- Daycares
  - Posters/Rack cards
- Parents of Newborns with Failed Hearing Screening
  - Reusable bags with a card and QR code





# Google Ad performance: January 28 – March 4, 2023

### **Google Ads Performance Overview**

**Impressions** 

3,131

**1** 3,122

Clicks

129

**129** 

CTR

4.12%

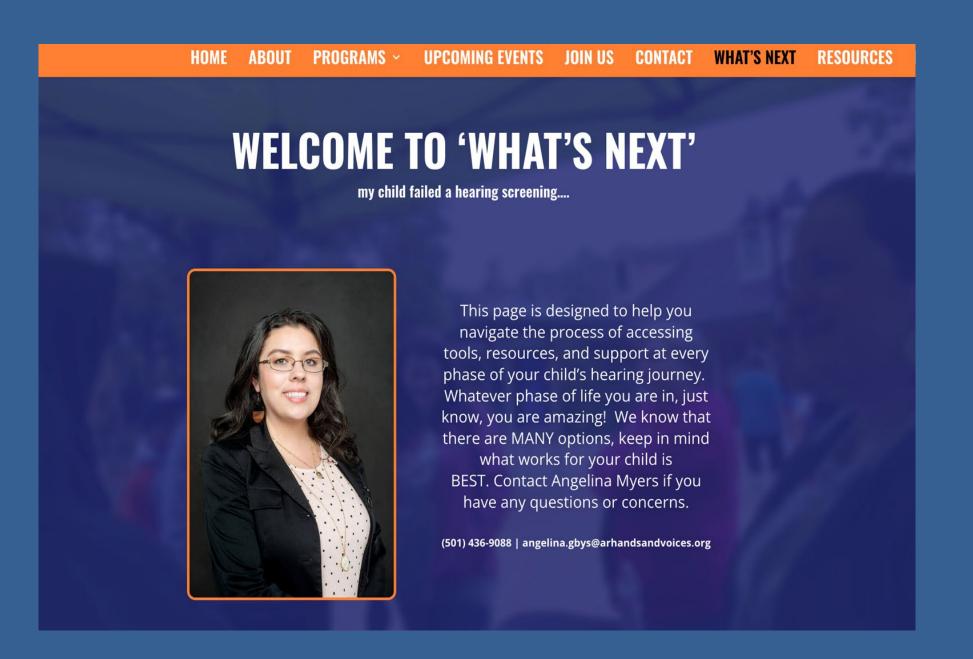
**★** 4.12%

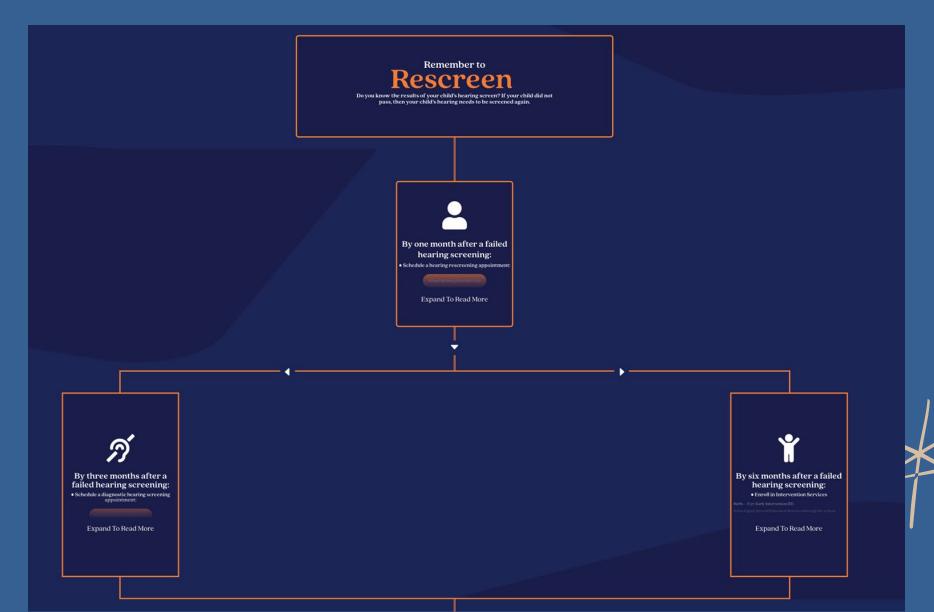
Search Impr. share

42.82%

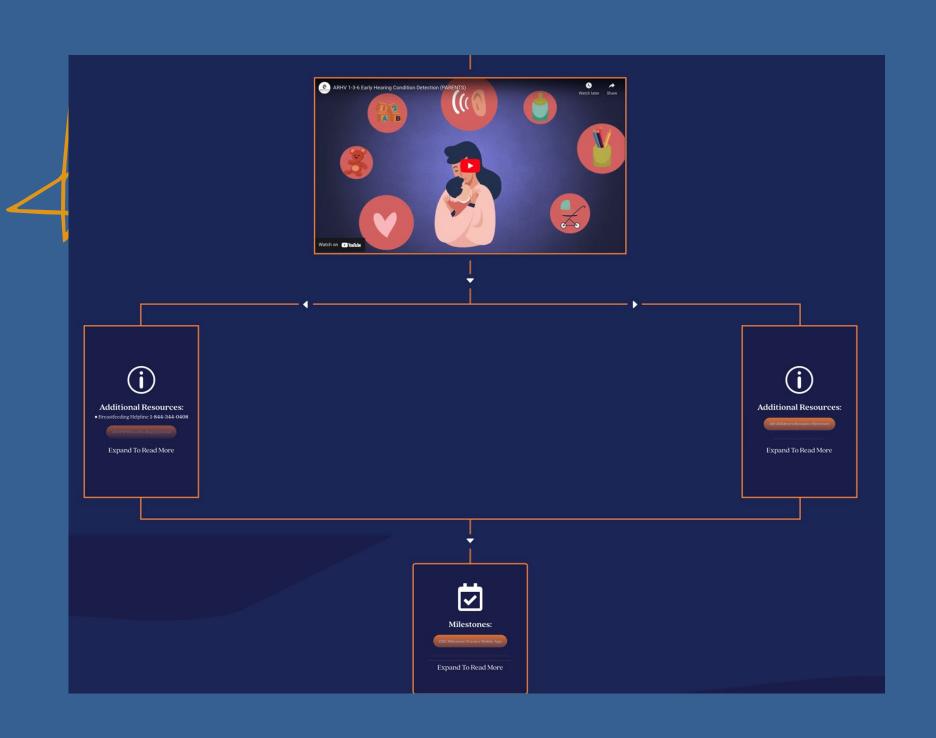
**1** 21.76%

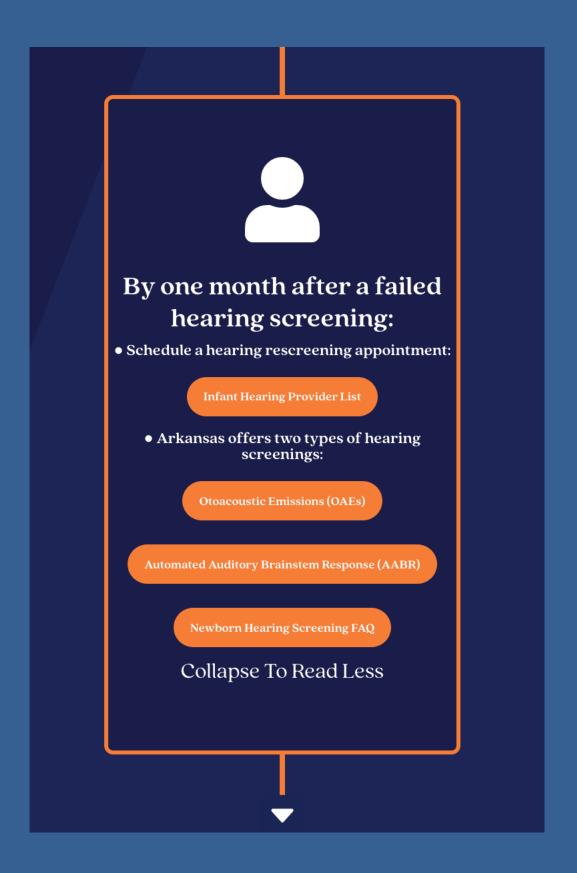
# How to Maximize the Funding Options





# How to Maximize the Funding Options





## AR Promotional Samples



Do you know the results of your baby's newborn hearing screen? If your baby did not pass, then your baby's hearing needs to be screened again.

### 1 Month

All babies should have a complete hearing screening by 1 month of age. The hearing screening process will show if your child is receiving all sounds. Language and learning start at birth so don't miss out on this opportunity to know how to best help your baby learn language!

### 3 Months



If your baby did not pass their hearing screening, they should be evaluated by a hearing specialist (pediatric audiologist) no later than 3 months of age. Diagnostic testing gives more information on if, and how well, a baby can hear by testing different levels of sound in a single visit.

### 6 Month



If your baby is diagnosed with a hearing condition (hearing loss), next steps are critical! Babies who are enrolled in Early Intervention (EI) services before reaching 6 months of age are less likely to experience delays in speech and language development.

For more information, please visit our website at www.arhandsandvoices.org or email us info@arhandsandvoices.org



This project is/easi supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under H61 MC00076 Universal Newborn Hearing Screening Grant in the amount of \$230,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# REMEMBER TO Rescreen

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### Did You Know?

6 children per

1000 ages 3-17



2–3 babies out of 1000 are diagnosed as Deaf/Hard of Hearing (D/HH)



Children who are D/HH and their families benefit from support from families with children who are D/HH



Interaction with an adult who is D/HH is beneficial for children who are D/HH and their families

### -D/HH Resources

Arkansas Hands & Voices
Arkansas Department of Health: Infant Hearing Program
Arkansas Children's Hospital Audiology and Speech Departments
Arkansas School for the Deaf Statewide Outreach Services

For more information, please visit our website at www.arhandsandvoices.org or email us info@arhandsandvoices.org



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### Hospital stay: What to expect

- 1. You will be asked for information for your baby's birth certificate.
- 2. Lactation Consultant will visit.
- 3. Newborn Screenings:

### Hearing Screening.

- This is a non-invasive and painless hearing screening prior to discharge. A small cable with a rubber tip will be placed in each ear followed by small clicks that will be sent through the cable to see if each ear can hear the sound. Infants that are unable to "pass" this exam will be referred to an audiologist in infant testing.
- If an infant does not pass the initial screening in the hospital, it does not mean the infant cannot hear. Certain factors such as gestational age or fluid in the ear can affect early test results.

### PKU (Phenylketonuria)

 This test will be done when the baby is 24-48 hours old. A small amount of blood is taken from a vein in the baby's hand or heel.
 The blood is then sent to the State Department of Health who will notify you and your doctor if there are any problems.

### Jaundice (Bilirubin)

A bilirubin test is done if your baby has yellow skin or eyes. The
test measures the amount of bilirubin in the blood. Bilirubin is a
waste product that occurs naturally in your baby when red blood
cells are broken down. A small amount of blood is taken from a
vein in the hand or heel and sent to our lab. Results are known in
2-3 hours. High bilirubin levels may be treated with phototherapy.

### Critical Congenital Heart Disease

- This test measures the amount of oxygen in a baby's blood using a machine called a pulse oximeter, with sensors placed on the baby's skin. The test is painless and takes only a few minutes. Low levels of oxygen in the blood can be a sign of critical congenital heart disease.
- 4. Car Seat Check

## What's Next?

My child failed a hearing screening



Designed to help you navigate the process of accessing tools, resources, and support at every phase of your child's hearing journey. Whatever phase of life you are in, just know, you are amazing! We know that there are MANY options, keep in mind what works for your child is BEST.

https://arhandsandvoices.org/whats-next/

### WHAT IS GUIDE BY YOUR SIDE? (GBYS)

GBYS is a free program from Hands & Voices that provides emotional support, technical assistance, networking, and unbiased information to families with children who are deaf or hard of hearing, as well as to the systems that serve them. One method of direct family support is through the use of Parent Guides and D/HH Guides.



### WHO ARE GUIDES?

Families can meet with parent guides who have children of different ages who are Deaf/Hard of Hearing. They can also meet with Deaf/Hard of Hearing guides who have life experience being Deaf/Hard of Hearing.

Guides have been trained to provide unbiased support and information.

Guides will keep all information about your child and family private.

Guides are located in different regions of the state.

### **HOW CAN GBYS HELP**

All Guide By Your Side guides are trained in the services that may be available by different systems throughout the state. GBYS is able to help families navigate through these systems in a timely manner by:

- \* Facilitating communication between the medical home and service providers for children who are D/HH.
- \* Helping families schedule their follow-up appointments.
- \* Assisting families in overcoming hurdles that may affect their child's treatment plan by researching possible assistance and connecting families with pertinent providers or professionals.





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# Parent-to-Parent Support and Deaf/Hard of Hearing Guide Support



SUPPORTING FAMILIES WITHOUT BIAS



### Meet your GBYS and DHH Guides

My name is Mandy Jay. I am a mom to three daughters, two of whom have bilateral sensorineural hearing loss. Both girls passed their newborn hearing screening tests, so it appears they had late onset hearing loss – identified at ages almost 3 and 1. They are now 21 and 17 and doing very well. We had great early intervention and educational services. We all worked hard for them to be successful and have access to educational and social opportunities. I am passionate about all children receiving timely screening, services, intervention and support no matter where they live. All children who are Deaf/Hard of Hearing deserve to reach their highest potential.



I am the Co-Coordinator of the Arkansas Hands & Voices (ARH&V) Guide By Your Side (GBYS) program and a founding board member of the ARH&V chapter. You can reach me at mandyj@arhandsandvoices.org or call/text 501.626.4640.



After my twin boys became candidates for hearing aids and cochlear implants, I was flooded with questions. How would they function in a hearing world? Am I making the right choice for their future?

With the support of Hands & Voices and my team of professionals, I learned that YES! the choices I made for them were the best choices. Why? Because they were what worked for my family! Hands & Voices has played an instrumental piece to my parenting experience. I have a desire to gift those tools to the next family. I am excited to meet your family!

- Angelina Myers, Co-Coordinator of ARH&V GBYS program angelina.gbys@arhandsandvoices.org or Call/text: (501) 436-9088

Connecting with other families of DHH children through Arkansas Hands & Voices was a great way to have a support system of people who understand your journey. Being able to help others as they walk this journey is a great way that I can pay it forward.

-Danna Crook, Deaf/Hard-of-Hearing Guide Danna.gbys@arhandsandvoices.org 870-455-0521. Call/text





My name is Abby Weatherley. I am a Deaf/Hard of Hearing guide. I was diagnosed with progressive hearing loss when I was 3 years old. Because of my diagnosis, my mom was part of the group that helped create a chapter for Hands & Voices here in Arkansas. Hands & Voices has provided a family of supportive people that understand part of our lives and have no judgement towards us. I know that they are people I can go to for anything hearing related. -Abby Weatherley, Deaf/Hard of Hearing Guide abby.gbys@arhandsandvoices.org

I joined the Arkansas Hands & Voices family in 2010 shortly after my daughter was diagnosed with bilateral sensorineural hearing loss. I needed information and wanted to talk to families who also had children who were deaf and hard of hearing. This organization has provided me with support, information and a loving group of friends.



-Belinda Kittrell, Guide By Your Side (GBYS)

belinda.gbys@arhandsandvoices.org (501) 570-6463 call/text

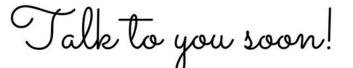




Hello! My name is Katie Baumeister and I am with the Arkansas Hands and Voices Chapter as a Guide By Your Side. I am a mom of two, one with Auditory Neuropathy Spectrum Disorder (ANSD). It was very important to me to get connected to other parents and kids that are deaf/hard of hearing to learn from these amazing families and to share our story in hopes to help and celebrate our journeys. I am very excited to meet with you and your family!

-Katie Baumeister, Guide by your side (GBYS)

katie.gbys@arhandsandvoices.org call/text 501-229-9722

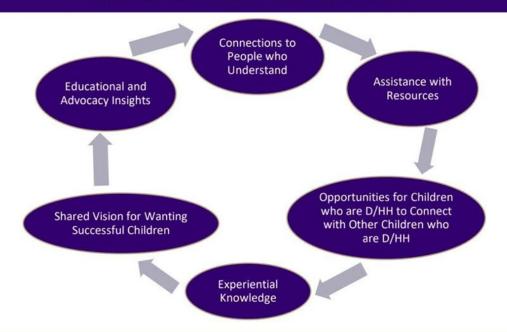


### WHAT IS FAMILY-TO-FAMILY SUPPORT?

FAMILY-TO-FAMILY (OR PARENT-TO-PARENT) SUPPORT CONSISTS OF SERVICES AND SUPPORTS PROVIDED IN RESPONSE TO THE NEEDS OF A GIVEN FAMILY. TYPES OF SUPPORT AND SERVICES PROVIDED WILL BE BASED ON THE WANTS AND WISHES OF EACH FAMILY. IT MAY INCLUDE, BUT IS NOT LIMITED TO:

- · DIRECT FAMILY-TO-FAMILY SUPPORT
- · INFORMATION
- · EDUCATION
- · TECHNICAL ASSISTANCE
- · TRAINING
- · REFERRALS TO OTHER SERVICE PROVIDERS

### WHAT DO PARENTS GAIN THROUGH CONNECTING WITH OTHER PARENTS?



### WHY PARENTS OF CHILDREN WHO ARE D/HH NEED FAMILY-TO-FAMILY SUPPORT:

- ELIMINATE FEELING OF ISOLATION FROM OTHERS BY SHARING A SIMILAR EXPERIENCE.
- DISCOVER INFORMATION, TOOLS AND RESOURCES TO EFFECTIVELY SUPPORT THEIR CHILD'S SPECIFIC NEEDS.
- EXPERIENCE THE OPPORTUNITY TO BUILD LEADERSHIP SKILLS NECESSARY TO PROVIDE IMPORTANT FEEDBACK TO THE SYSTEMS
- SERVING THEIR CHILD AND FAMILY.
- BUILD ADVOCACY SKILLS FOR PARENTS AND CHILDREN TO HELP CREATE SUCCESSFUL LIFE AND EDUCATIONAL OPPORTUNITIES.
- FIND EMOTIONAL SUPPORT, HELPFUL TIPS AND COMMON BONDS WITH PARENTS WHO ARE FURTHER AHEAD OF YOU IN THEIR JOURNEY AND THOSE WHO ARE IN THE SAME

# uestions you May Want to Ask Your Child's Medical Professional

Names of Medical Professional:	
Phone/Contact Information:	
Appointment Date:	
Next Appointment Date:	

Medical professionals are trained to diagnose and treat medical conditions in people. Examples include pediatricians, family physicians, primary care doctors, and nurse practitioners.

For more information about children's hearing visit www.cdc.gov/ncbddd/hearingloss



Medical professionals are trained to diagnose and treat medical conditions in people. Examples include pediatricians, family physicians, primary care doctors, and nurse practitioners. Your child's medical professional oversees your child's overall growth, health, and development. You might see your child's medical professional in an office, clinic, or hospital.

This person will coordinate all areas of your child's medical care. In addition to receiving routine care, a child with hearing loss may need to see specialists who will look at the child's specific health needs. These specialists may look at eyes, language or speech needs, genetics, or other areas. Your child's medical professional will help decide which specialists your child should see and when to see them. In this way, your child will receive coordinated care by all of his or her medical professionals.

This model of working together is sometimes referred to as a 'medical home'.

Revised: November 2012 CS2359788



If you have questions or concerns about the care your child receives, you may want to schedule a longer appointment. The following questions can help you better understand your child's condition and the type of care he or she may receive.

### Questions about medical services for my child:

- Do you know why my child has hearing loss?
   Could my child's hearing loss be related to any other medical conditions? Could it be genetic?
- Will my child need more tests because of the hearing loss? For example, brain scans (CT, MRI) or blood or urine tests? What will these tests tell you about my child's hearing loss?
- 3. Are there other specialists knowledgeable about childhood hearing loss my child should see?
- 4. How do I get referrals to see other specialists if my child needs their services (e.g., speech, audiology, ENT, genetic, ophthalmology)? To get the referrals, do I need an appointment with you first or can I request them by calling your office?
- 5. If I have problems with the referrals, or if my insurance company has questions, what should I do? Can your office help me?
- 6. Have you received any reports about my child's hearing loss (for example, from audiology, ENT)?

- 7. How do we ensure other specialists' reports will be shared with you? Will I get copies of other specialists' reports?
- 8. What is a "medical home"?
- 9. Are there any medications that can harm my child's hearing?
- 10. Will ear infections or fluid in the ears affect my child's hearing loss?
  Should the condition be treated differently because of my child's hearing loss?
- 11. Will you need to see my child more often because of the hearing loss? How often?
- 12. Other than my child's hearing loss, do you have other concerns about my child's development? Is his or her development on target?
- 13. Can you tell me about early intervention services that are available in my area?
- 14. Do you know of any additional community resources or support groups?

### Your medical professional may send your child to some or all of the following specialists:

**Ophthalmologist:** A doctor who specializes in eyes.

**Otolaryngologist:** A doctor who specializes in the ear, nose, and throat. This professional is often called an ear, nose and throat doctor or ENT.

**Geneticist:** A professional who specializes in genetics and the different medical conditions (including hearing loss) that might be related to genetics.

Audiologist: A professional trained to test hearing.

**Speech-language pathologist:** A professional trained to test and work with children with speech and language problems.

**Early intervention provider:** A person who provides support services for families and children from birth to 3 years of age, who have or are at risk for developmental delays.

Please see our other tip cards for information about some of these professionals.

# Process of

# Delivery –

Where we were, are and Where we are Going

Collaborated on target area and tangibles to be created.

Created resources.

Gathered list of birthing hospitals, providers, etc.

Called, emailed, Ads, delivered

Plans to follow-up and analyze results of our efforts. Are the LTF going down?

# SUMMARY



Communication and
Collaboration with all stakeholders.



Educate and Retrain Providers.



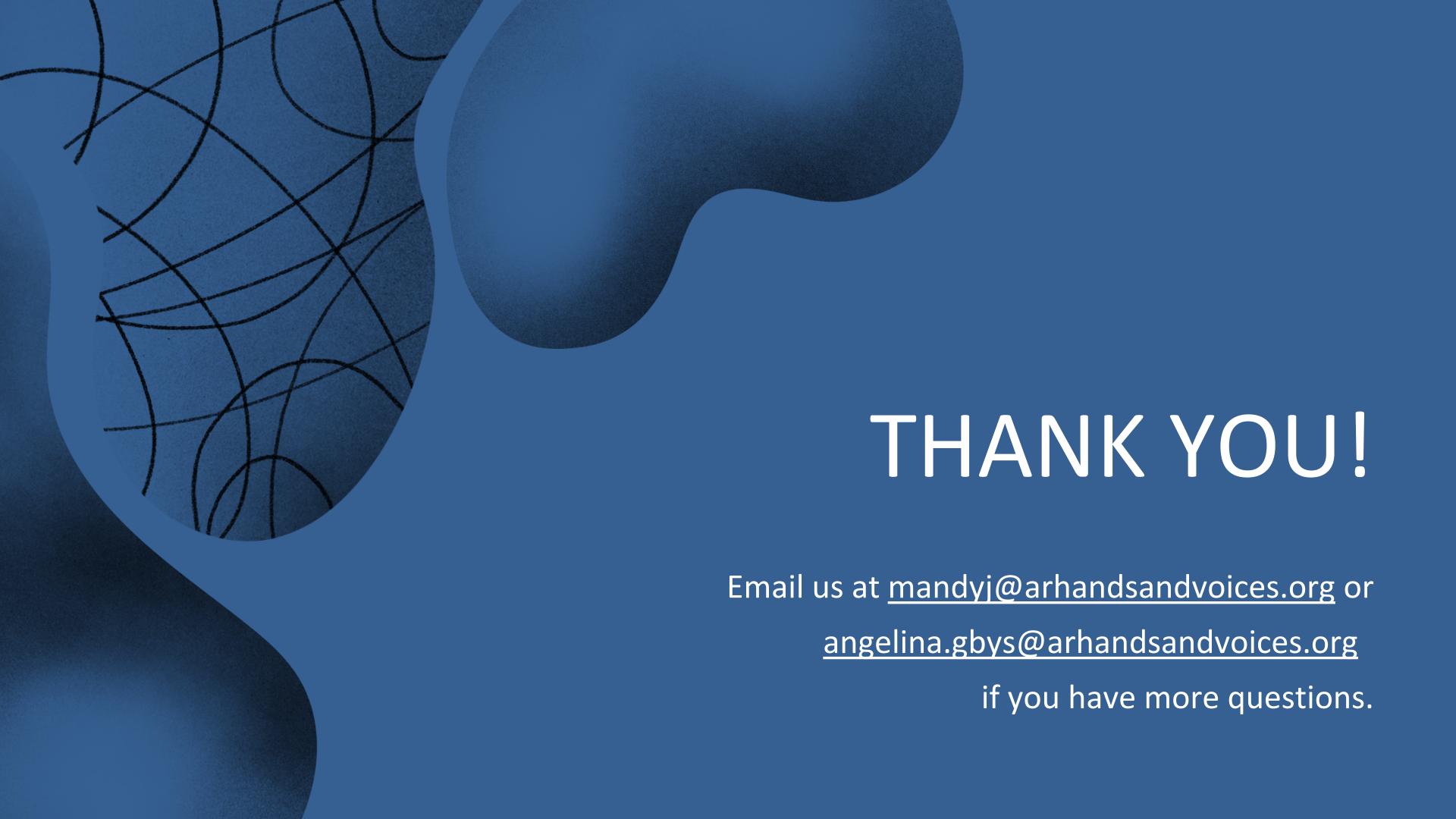
Go to where expectant/new parents are.



Be proactive rather than reactive.



Saturate your
message in a
variety of ways
and places.



# RESOURCES

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PDF	ARH&V Rackcard (logos).pdf
PDF	ARH&V Rescreen Poster (logos) 8.5 x 11 V2.pdf
PDF	ARH&V Rescreen Poster (logos).pdf
PDF	ARHV GBYS Brochure 2023 Print File.pdf
PDF	CDC medical-professional_questions_eng.pdf 🚢
PDF	Focus group Report: Exploring Barriers to Newborn Hearing Scree
PDF	What's Next.pdf 🐣

