

ADDRESSING BARRIERS TO CARE IN A RURAL SETTING

The South Dakota EHDI
Collaborative

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LEARNING OBJECTIVES

01

Participants will be able to discuss strategies for improving loss to follow-up/documentation rates.

02

Participants will be able to recognize key operational aspects of a newborn hearing care teleaudiology program.

03

Participants will be able to explain how hearing healthcare is impacted in a rural setting.

WHAT BARRIERS?

Barriers to Care in Rural States (Public Health, 2015)

- Cultural and Financial Constraints- US Census Bureau 2022
- Scarcity of Services
- Lack of Trained Physicians
- Insufficient Public Transit

Loss to Follow-Up/Documentation

- LTF/D rate in SD for the past 7-years > 60%
- No legislation mandating UNHS

WHAT ARE WE DOING?

- Tele-ABR Program
- Direct Parent Follow-Up
- Determining LTF/D "hot spots"
- Distribution of Community Hearing Screeners
- Streamlining DOH & DOE Reporting Forms

TELE-AUDIOLOGY

Hub-Spoke Site Model

Hub Site: University of South Dakota Speech-Language & Hearing Clinic

Spoke Sites: With trained personal at each site

- Sanford Hospital- Aberdeen, SD
- Winner Regional Hospital- Winner, SD
- Fall River Health- Hot Springs, SD

Equipment:

- Diagnostic ABR
- Tympanometer
- Video Otoscope
- Distortion Product Otoacoustic Emissions Screener

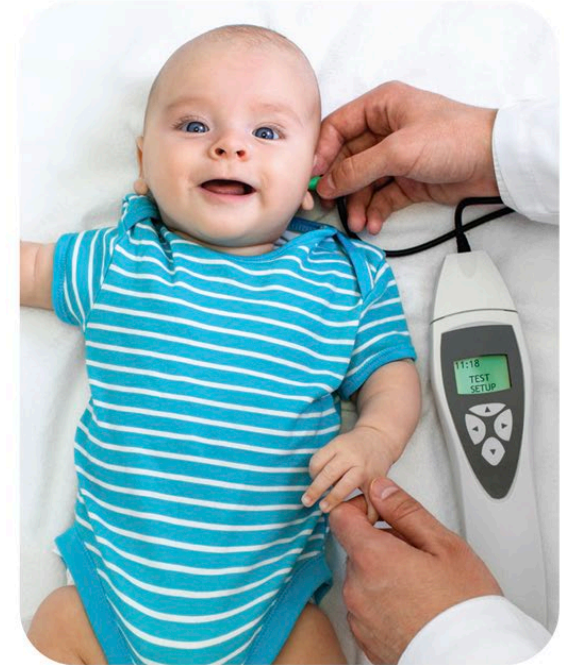
Procedures:

- Remote-in to control testing
- Video chat with family

PARENT & PROVIDER FOLLOW-UP

- Track Monthly Births
- Contact PCP/Midwife/Family for initial or re-screen
- Provide PCP/Midwife/Family with information beyond the newborn hearing screening
- Collaborate with DOH

NEWBORN HEARING SCREENING



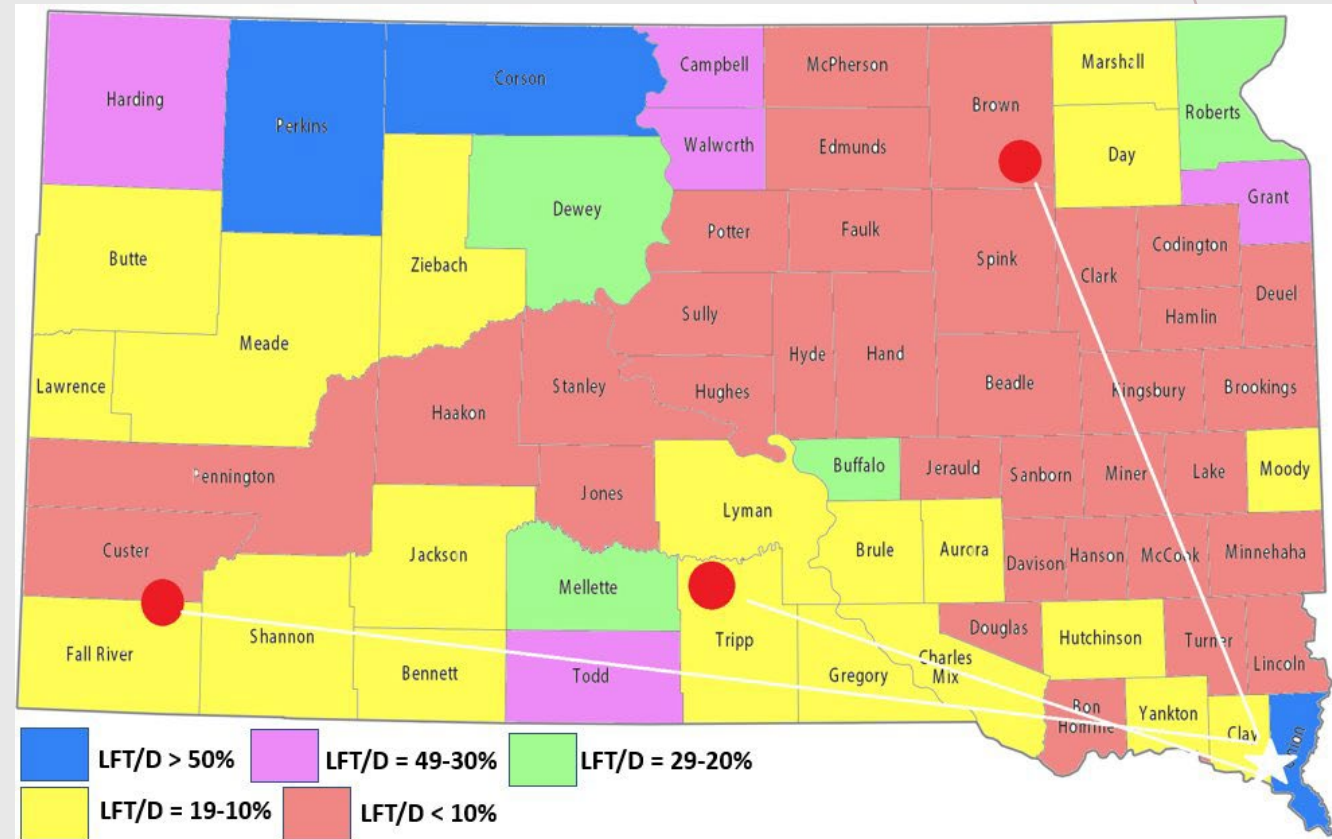
The **IMPACT** of **HEARING LOSS** can be **REDUCED** with **EARLY IDENTIFICATION** and appropriate **INTERVENTION**



LOSS TO FOLLOW-UP/DOCUMENTATION

"HOT SPOTS"

- Determine LTF/D rates across South Dakota counties 2019-2021
 - Babies not screened or not passed w/ no follow-up care



COMMUNITY HEARING SCREENERERS

- Total of 20 Handheld Otoacoustic Emission Screeners
- 7 Distributed to Certified Professional Midwives
- 3 Given to South Dakota Services for the Deaf to Loan to Indian Health Service Locations
- Remaining 10 Devices to go to Rural Community Health Clinics 45 minutes from Birthing Facilities

BIRTH-THREE REPORTING FORM

- Implemented in May of 2023
- Enrollment into B-3 services are going unreported
- Collaboration between the Department of Health and Department of Education (B-3)
- Goal to increase the number of B-3 enrollments after new form is distributed
- South Dakota Services for the Deaf Referral form included



SDSD

South Dakota Services for the Deaf
Partners in Education for Children who are Deaf & Hard of Hearing



Audiology Reporting Form

Child's First Name: _____ Child's Last Name: _____ DOB: _____
 Parent/Guardian Name (full name): _____
 Address: _____ City: _____
 Zip code: _____ State: _____
 Primary Care Provider: _____ Provider's Clinic: _____

Screening Results Initial Screening Follow-up Screening
 (Please complete this section if you are reporting a newborn hearing screening or subsequent follow-up screening.)
 Screening Method: aOAE aABR
 Right Ear: Pass Refer Left Ear: Pass Refer
Diagnostic Appointment Made: Yes No Date: _____
 Audiologist: _____

Diagnostic Hearing Assessment Check if completed via Tele-Audiology
 Date of Assessment: _____ Audiologist: _____

Degree of Hearing Loss		Type of Hearing Loss	
Right Ear	Left Ear	Right Ear	Left Ear
<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Sensory (cochlear)	<input type="checkbox"/> Sensory (cochlear)
<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Neural (AN)	<input type="checkbox"/> Neural (AN)
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Conductive (temporary)	<input type="checkbox"/> Conductive (temporary)
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Conductive (permanent)	<input type="checkbox"/> Conductive (permanent)
<input type="checkbox"/> Mod. Severe	<input type="checkbox"/> Mod. Severe	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mixed
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<input type="checkbox"/> Profound	<input type="checkbox"/> Profound		

Comments: _____

Recommendations
 Continue monitoring hearing
 Amplification
 Retest Retest date: _____

Referrals
 Report to PCP
 Otolaryngologist/ENT
 Genetics
 Ophthalmology
 SD Services for the Deaf
 Birth to Three
Contact the Service Coordinator who serves the county where the family resides. Link to Service Coordinator map: <https://doe.sd.gov/birthto3/documents/B3-map-0722.pdf>

Norms for Pediatric Hearing Loss

Normal (-10 to 15 dB HL)
 Slight (16 to 25 dB HL)
 Mild (26 to 40 dB HL)
 Moderate (41 to 55 dB HL)
 Mod. Severe (56 to 70 dB HL)
 Severe (71 to 90 dB HL)
 Profound (91+ dB HL)

Please continue onto the next page:
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Authorization to Release Information

By law, all clinical records are confidential. Information cannot be disclosed without the consent of the client or the client's representative.

Child's First Name: _____ Child's Last Name: _____ DOB: _____
 Parent/Guardian Name (full name): _____
 Relationship to Child: _____

I authorize the Birth-to-Three early intervention program within the South Dakota Department of Education to Release the following information about my child to the South Dakota Department of Health.

- Release of Eligibility for Early Intervention Services
- Release of Enrollment for Early Intervention Services

Parent/Guardian Signature: _____ Date: _____

For office use only.

FAX completed Authorization to Release Information to: (866) 579-8246
 Attn: Newborn Hearing Program Coordinator

The child listed above is eligible not eligible to receive early intervention services.
 The child listed above has has not been enrolled in early intervention services.

Date of determination (if applicable): _____
 South Dakota Birth to Three Director: _____ Date: _____

Authorization to Release Information

By law, all clinical records are confidential. Information cannot be disclosed without the consent of the client or the client's representative.

Child's First Name: _____ Child's Last Name: _____ DOB: _____
 Parent/Guardian Name (full name): _____
 Relationship to Child: _____

I authorize the diagnostic audiologist to release the following information about my child to the South Dakota Services for the Deaf (SDSD).

- Child's full name, Parent/Guardian full name, address, phone number, Date of Birth (DOB), Diagnostic Hearing Test Results, and future diagnostic test results.

Parent/Guardian Signature: _____ Date: _____

WHAT'S NEXT?

- Use LTF/D "hot spot" data to establish another tele-ABR site
- Monitor B-3 enrollment rates following reporting form streamlining
- Continue to provide parent and provider education across the state
 - Determine pediatric audiology locations in the state
 - Add materials in a variety of languages

OUR RESOURCES

EHDI136.com



THANK YOU

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