

Connecting the Dots: Results from a Provider Needs Assessment and Implications for the EHDI System

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Background

- The American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention Provider Education Center (EHDI PEC) aims to enhance the confidence and training of providers involved in screening, diagnosing, and providing services to infants, children, and families within the EHDI system.
- In 2024, the EHDI PEC fielded a provider needs assessment aimed at evaluating the knowledge, confidence, and capacity of healthcare providers in caring for children who are D/HH.
- The needs assessment focused on key topics essential to the EHDI system, including the early identification, diagnosis, referral, and follow-up care of children who are D/HH.



Methods

- The needs assessment included a questionnaire and key informant interviews.
- Recruitment occurred via email through various communication channels, including through AAP members and the project's multidisciplinary advisory group.

For more information about the EHDI PEC, visit www.aap.org/ehdi or contact AAPEHDI@aap.org.

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Results

Table 1: Provider Questionnaire Respondents

Provider Type	# of respondents
Speech Language Pathologist	292
Audiologist	260
Early intervention provider of special instruction	79
Pediatric Subspecialist	47
Early intervention service coordinator	32
Primary care providers	15
Other Provider Type*	52
Total	777

- 8 providers participated in key informant interviews, including: 1 primary care provider, 1 subspecialist, 2 audiologists, 2 speech language pathologists, and 2 early interventionists.

Knowledge and Confidence Among Providers

- Audiologists and speech language pathologists** were the most knowledgeable and **primary care providers and pediatric subspecialists** were the least knowledgeable in EHDI topics.
- EHDI 1-3-6 Benchmarks:** Most respondents correctly identified national benchmarks for newborn hearing screening, diagnosis, and referral. Speech language pathologist respondents had the lowest percentage of correct responses to this question, at 58.5%.
- Knowledge of state/territory EHDI Programs:** Nearly half (43%) of respondents did not know who their EHDI coordinator was. Over 30% reported not knowing how to contact the EHDI program in their state/territory.
- Language Acquisition Milestones:** Every provider type noted that they were the least confident in language acquisition, as compared to other EHDI topics.

System Level Barriers

Interviewees noted system level barriers to providing high quality care to D/HH children, including

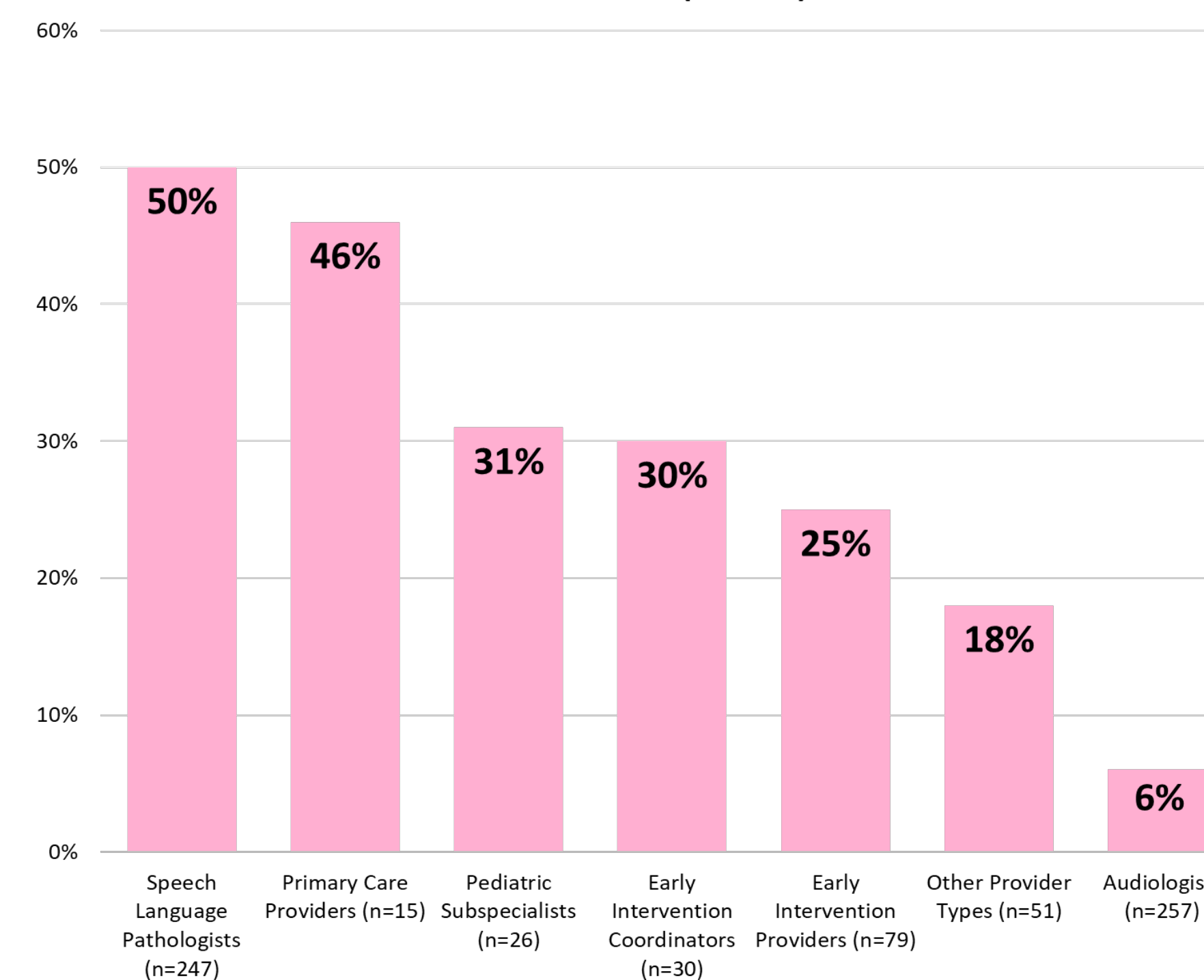
- Lack of time
- Lack of integrated electronic health records (EHRs)
- Lack of formal communication platforms between systems, transportation barriers
- Lack of language access supports
- Workforce shortages

Provider Education and Training Needs

Most key informant interviewees noted they did not receive formal training in the care of D/HH children. The most common education/training needs of providers included:

- Supporting social and emotional development of D/HH children
- Reducing loss to follow-up after a referral has been made to early intervention
- Connecting families to family support
- Understanding signed and spoken language bilingualism
- Connecting families to d/Deaf mentors or mentoring programs

FIGURE 1: BREAKDOWN OF PROVIDERS WITH LIMITED PERCEIVED CONFIDENCE IN COMMUNICATING AND COLLABORATING WITH THE STATE/TERRITORY EHDI PROGRAMS (N=705)



Strategies To Engage Providers in the EHDI System

- Clarify roles and foster collaboration across providers in the EHDI system, especially for primary care providers.** Some providers, such as those in primary care, may not understand their role in the EHDI system and therefore may not know how to engage in EHDI work.
- Highlight how EHDI system work relates to other primary care provider efforts.** For example, tie EHDI system work to developmental surveillance, developmental screening, relational health, and other co-occurring conditions such as autism.
- Leverage the expertise of audiologists and speech language pathologists** as teachers, mentors, and system navigators for other providers within the EHDI system.
- Offer educational opportunities that can easily fit into busy clinic schedules.** Try short, pre-recorded videos, independent reading, and offering continuing education. The EHDI PEC is here to help!

Implications for the EHDI System

Primary Care Engagement

- Primary care providers were least represented in needs assessment efforts and may not understand their role in the EHDI system.
- EHDI programs can prioritize engaging these provider types and educating them on their roles within the EHDI system.

Rural Health

- Further assessment of the knowledge, confidence, and capacity among rural providers is needed and can be beneficial to inform EHDI efforts.

Care Coordination Across the EHDI System

- State/territory EHDI programs may have a large role to play in helping to bridge the gap across EHDI system providers and partners.
- EHDI programs could potentially identify opportunities for strengthening partnerships across siloes from their infrastructure plans.