



NARRATIVE PROGRESS REPORT

March 31, 2003 – March 30, 2004

A. EXPERIENCE TO DATE:

To meet the purpose of the Guam Early Hearing Detection and Intervention (GEHDI) project, the following describes the progress to date on specific goals and objectives for Year TWO of the grant, significant achievements of the current budget year by budget category, and barriers encountered and strategies utilized to overcome the barriers.

A.1 PROGRESS TO DATE:

GOAL I: All infants will be screened for hearing loss before 1 month of age, preferably before hospital or birthing center discharge.

Objective 1.1 *GEDHI will work toward refining, strengthening, and implementing the infant hearing-screening program for all infants born on Guam.*

Objective 1.1 Progress to Date:

The GEHDI project continues to monitor the implementation of the infant hearing program and to ensure that all infants born on Guam have access to a hearing screening prior to discharge from the hospitals or birthing center. In April 2003, two training sessions were held on “Reviewing Otoacoustic Emission and GSI 70, DPOAE Instrumentation” by Mr. Y’shua Yiseral and Mr. Dennis Triolo, Audiologists for nurses at the Sagua Mañagu Birthing Center. Henceforth, beginning May 2003, Sagua Mañagu began to implement infant hearing screening. In August 2003, training was conducted at the Naval Hospital with six nurses and nurse aids in attendance. Upon completion of the training, Naval Hospital began to implement the infant hearing-screening program at their site. As of August 2003, the all three birthing sites on Guam



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are conducting infant hearing screening prior to discharge on or before 1 month of age. Based on the data collected on a monthly basis and the beginning date of implementation, Table 1 provides a summary of the number of live births, percentage of infants screened, and Not Screened by birthing sites.

Table 1: Percentage of Newborn Screened

Birthing Sites	Implementation Dates	# Live Birth	% Screened	% Not Screened
GMHA	Nov. 2002 – Jan. 2004	3039	75.9%	23.3%
Sagua Mañagu	May 2003 – Jan. 2004	377	90.9%	9%
Guam USNH	Aug. 5, 2003 – Jan. 04	210	85.9%	14%

The data for GMHA indicates that 75.9% of infants born are screened prior to discharge and 23.3% are NOT screened. The rate of screening at GHMA has improved 28% from the initial implementation in November through January 2004. For infants that are born at Sagua Mañagu, the data shows that 90.9% of infants born are screened, however for infants that either mother or baby have had complications during birth, they are immediately transferred to GMHA intensive care and are indicated under not screened which is refers to 7 out of 34 not screened or 25%. The Naval Hospital data indicates that beginning 82.8% of infants were screened prior to discharge and 17.6% of infants were NOT screened. Those infants not screened for August resulted in some babies born and discharged prior to the implementation of the infant hearing screening. In addition, 2 of the 35 infants not screened were immediately transported off-island for further medical treatment.



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Objective 1.2 *Culturally sensitive informational materials will be developed and disseminated regarding the importance of early identification and the infant hearing screening process.*

Objective 1.2 Progress to Date: The GEHDI project have developed brochures that provide families with information on the importance of infant hearing screening and the program. Each birthing sites have brochures tailored to their hospital or birthing center with the information who to contact. Furthermore, on a quarterly basis or if needed sooner, additional the brochures provided by the GEHDI project to ensure that all families are aware of the infant hearing screening program. As of February 2004, a total of --- brochures have been disseminated at the birthing sites and other health care facilities, families and service providers. In addition, posters were created to share information on the GEHDI project and the importance of hearing screening. A total of --- poster were printed and --- were disseminated to the community centers, mayor's offices, churches, private and public health care facilities, and other public facilities that families frequent. Lastly, a pamphlet was created to give parents that return for a 2nd screen with additional information and details on infant hearing screening the importance of early hearing detection and intervention. Translated materials have been completed in Chamorro, Chuukees, and Tagalo. Materials translated in Korean, Pohnepeian and Japanese is scheduled for completion in June 2003

Objective 1.3 *Demographic data will be collected and will include fields such as race/ethnicity, mother's level of education and insurance category.*



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Objective 1.3 Progress to Date: As of September 2003, the GEHDI Data Tracking System began to input information from each birthing sites with demographic information that included fields such as ethnicity and hearing screening results. However, mother's level of education is ascertain when the infant fails the 2nd screen through a parent interview to gather more information about family history of hearing loss which is included a as part of the audiological protocol.

Objective 1.5 *GEHDI will develop systems that will reduce/eliminate financial barriers to screening.*

Objective 1.5 Progress to Date: The GEHDI brochures and posters have been disseminated to all birthing sites with information stating that hearing screening is free and if as a result of the screening further testing is needed, a referral to the appropriate early intervention system will be made and testing will be at no cost to the family. Informal meeting with the Lauren Duenas, Chief of Staff for the Senator Lou Leon Guerrero, were held to discuss the steps and processes needed to create and introduce legislation for infant hearing screening. In addition, meetings have been scheduled with local insurance agencies and policy makers to discuss cost for hearing screening as it becomes part of the standard of care for every infant born at GMHA and Sagua Mañagu. For military members, medical services is provided at no cost to the family and is part of the benefits of being an active, retired, or military civilian worker on Guam.

Objective 1.6 *Results of the hearing screening will be provided to the infant's parents and medical home.*



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Objective 1.6 Progress to Date: Documented in the GEHDI Resource Manual as part of the screening protocol, results of the hearing screening are placed into the child's medical records at all 3 birthing sites. For those that are referred for a 2nd screen, copies of the results are given to parents with an extra copy provided to parents for their physicians. For infants referred to the early intervention system, as part of their procedures, copies audiological reports are provided to their medical home upon release of information from the parent with an additional copy is given to the parents to share with their physician at the next baby checkup.

Objective 1.7 *GEHDI will clearly define the linkage system to ensure that all infants who do not pass the hearing screening will have an appropriate referral for diagnostic audiological evaluation.*

Objective 1.7 Progress to Date: AGEHDI Resource Manual was developed to clearly document the screening procedures to ensure that all infants that fail the initial screen at the GMHA and Sagua Mañagu parents are given information to call the Pediatrics Evaluation and Developmental Service (PEDS) center to schedule appointment for a 2nd screen.

Objective 1.8 *GEHDI will have an education/training plan for all service providers including screeners from both in-patient and outpatient areas, nurses and physicians.*

Objective 1.8 Progress to Date: The National Center of Hearing and Management provided technical assistance to the GEHDI project after our first year of implementation with a 2-day technical assistance visit by Yusnita Weirather on September 15 & 16, 2003. The purpose of Ms. Weirather's visit was to observe and provide training to nurses and nurse aids at the 3



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birthing sites on screening techniques that could be used with newborns when conducting hearing screening that would result in better hearing results and to lower the referral rate. During the 2-day visit, Ms. Weirather conducted on-site visit at the Guam UNSH and at Sagua Mañagu with discussions centered on procedures for screening and hearing screening techniques to reduce the referral. More time was spent at the GMHA through training for 19 nurses on the OAE equipment and strategies for effective screening. In addition to working with the birthing sites, Ms. Weirather worked closely with the GEHDI staffs and offered strategies, techniques, and recommendation that would enhance and improvement our current system.

Objective 1.9 *GEHDI will have written screening protocols, including standard policies, procedures for screening, and appropriate forms.*

Objective 1.9 Progress to Date: The GEHDI project has developed a “Resource Manual” that documents written screening protocols, standard policies for each birthing sites, and procedures for screening. On January 18, 2003, the GEHDI Advisory Committee held its 1st quarterly meeting for 2004, and reviewed the policies and procedures for GMHA, Guam USNH, and Sagua Managua to ensure that all infants born on Guam will have access to a hearing screening prior to discharge. Currently, Sagua Managua and Guam USNH have existing policies and procedures in place to ensure that hearing screening is provided to every newborn as part the standard of care. GMHA has a draft policy and the Pediatric and Family Practice physicians during have reviewed procedures for newborn hearing screening that in May and October 2003. The first presentation was held on May 8, 2003 during the Pediatric Monthly meeting with 22



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pediatricians in attendance. The second presentation was held during the “Family Practice” Monthly meeting that was held on October 23, and Family Practice Committee with 15 physicians in attendance. As a result the recommendations and feedback during the meetings, modification and changes to the draft policy were made. The next step is for the Guam Interagency Coordinating Council (GICC) to review and approve the draft policy. Upon review and approval of the GICC, the GMHA policy and procedures will be forwarded to the Administrator and the Board for their final approval. With the implementation of the newborn hearing screening, Sagua Mañagu and Guam USNH have developed and have in place existing policy and procedures to ensure that infant hearing screening is part of the standard of care provided to every newborn.

GOAL II: All infants who fail the screening will have a diagnostic audiological evaluation before 3 months of age.

Objective 2.2 100% of all infants who fail the screening will receive a comprehensive audiological evaluation to confirm the infant/child’s hearing loss including type of impairment.

Objective 2.3 Guam will identify linkages to assure that 100% of families who have an infant identified with a hearing loss will have appropriate referrals to medical, audiological, and intervention services.

Objective 2.2. & 2.3 Progress to Date: The GEHDI Project monitors and tracks all infants that screen at the hospital or birthing center prior to discharge and if fail the 2nd screen are referred for



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full audiological services. Table 2 shows the percentage of infants fail the initial screen at the hospital or birthing center and are referred to PEDS for a 2nd Screen.

Table 2: Percentage Referred and Re-screened

Birthing Sites	Duration of Date	Percentage Referral	2nd Screen Rate
GHMA	Nov. 2002 to Jan. 2004	55%	45.5%
Sagua Mañagu	May 2003 to Jan. 2004	44 %	69.5%
Naval Hospital	Aug. 5, 2005 to Jan. 04	14.3%	Data incomplete

Table 2 indicates that of the number of infants referred upon the initial screening from GHMA and Sagua Mañagu range between 40 to 50%. Furthermore, the return rate of infants for a 2nd screen is less than half of those referred from GMHA and around two-thirds of those referred from Sagua Managua. For infants that fail the 2nd screen at GMHA and Sagua Mañagu, parents are asked to schedule an appointment at PEDS for a 2nd screen. For those infants that fail the 2nd screen at Naval Hospital a note is placed in the infant's medical record and upon returning for the one-week infant check up with their primary physician, a 2nd screened is conducted. For infants that fail the 2nd screen at any birthing sites a referral is made for a full audiological evaluation to determine if there is a hearing loss.

Table 3 shows the number of infants that were referred for a full audiological evaluation and the results of the evaluation.

Table 3:

No. Failed 2 nd Screen	No. Audiological Evaluation	Diagnosis	Lost to Follow-up
16			



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For those infants served at Naval Hospital upon completion of the audiological evaluation, a follow-up appointment is made through their primary physician and if determined with a hearing loss is referred to Navy Early Intervention Services prior to 6 months of age. However all other infant that fail the 2nd screen at PEDS are automatically referred to the Guam Early Intervention System and diagnostic evaluation is completed before 3 months of age and that an IFSP is developed and implemented prior to 6 months of age. Within the GEIS procedures, Service Coordinators will request consent from families to provide the primary physician or the medical home a copy of the evaluation and IFSP.

Objective 2.4: *GEHDI will develop and implement an education/training plan for the audiologist to ensure competencies in pediatric evaluation, management, and family counseling, and related topics.*

Objective 2.4 Progress to Date: Upon request made to NCHAM to provide technical assistance to evaluate the progress of the training, Ms. Yusinta Wierather, Consultant provided a two-day technical assistance visit to Guam in September. In addition to conducting training to nurses and nurse aides, she met with Mr. Dennis Triolo, Audiologist and the GEHDI Staff and provided recommendation for improvement. In addition to meeting with Ms. Weirather, the GEHDI Project supported training for Mr. Triolo to attend a 2-day workshop to enhance his skills in infant diagnostic audiology on ---- and --- .

GOAL III: All infants identified with a hearing loss will receive appropriate early intervention services before 6 months of age (medical, audiological, and early intervention).



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Objective 3.1 *All infants identified with a hearing impairment and deafness will receive appropriate medical services before 6 months of age.*

Objective 3.2 *GEHDI will ensure that all infants and children with a documented hearing loss will receive appropriate early intervention services from GEIS. Service coordination will be provided to all eligible children.*

Objective 3.3 *All infants identified with a hearing loss will receive appropriate audiological services before 6 months of age.*

Objectives 3.1, 3.2, 3.3 Progress to Date: The GEHDI Data System will track all infant diagnosed with a hearing impairment and will be refer to the appropriate early intervention system. As part of the GEHDI procedures, family's sign consent to have their infant screened and sign consent for their child to participate in the GEHDI Data and Tracking System.

Objective 3.6 *Families of children with an identified hearing loss will participate in the development of their child's IFSP with team member that have knowledge, experience, and expertise on issues related to children with a hearing loss.*

Objective 3.7: *GEHDI shall ensure that high quality early intervention systems are available to meet the need of diverse population and children with additional disabilities.*

Objective 3.9: *GEHDI will ensure that 100% of parents/ families of children who have a hearing loss have an opportunity to participate in GEHDI.*

Objectives 3.6a, 3.6b, 3.7a & 3.9 Progress to Date: Numerous trainings were held this past year to support each component of the GEHDI Project. In June 27, 2003, training was provided



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to the Department of Public Health and Social Services nurses on the GEHDI project with 13 nurses in attendance. In September 15 & 16, 2003, Ms. Yusinta Weirather was the guest presenter during the GEHDI Advisory Meeting on September 15, 2003. In October 6 – 11, 2003, SKI-HI training was held with a total of 18 participants from GEIS, Navy EIS, DOE- Hearing Impaired Program, and CNMI EDHI Team in attendance. Of the 18 participants, 13 participants received 3 credits from the University of Utah for completing the 45-hour training. Dr. Paula Pittman and Ms. Mary Woody were the instructors of the training. As a result of the SKI-HI training, a Guam SKI HI focus group was created to continue to work towards completing the action plan that was developed as of the training. Since the October 2003 training, the group has met 4 times and has conducted 2 trainings with on strategies for working with young children with hearing impairments and their families. The first training was held on November 21, 2003 with the 25 Guam EIS staff participating and on December 5, 2003 with DOE Speech and Language Section with 15 speech and language therapist in attendance. In addition, 3 of the SKI HI members facilitated the January 20, 2003 parent-to-parent training. Training.

There were six parent-to-parent meetings held this past year beginning with a Parent orientation held on August 13, 2003. The purpose was to share the information on the GEHDI project, for providers from Guam DOE (Hearing Impaired Program and GEIS) and Navy EDIS to share the mission and purpose of their program. In addition to networking, parents were given resources that to take home and if they wanted more information they could call the GEHDI office. There were 11 parents that were in attendance along with – service providers. On September 16, 2003,



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Yusnita Weirater, conducted a parent meeting entitled: Some Babies Are Born Listeners 15 parents were in attendance. On October 9, 2003, Dr. Paula Pittman and Ms. Mary Woodly, SKI-HI Consultants, shared information on the SKI-Project and the importance of early intervention a total of 9 parents were present. On November 17, 2003, Ms. Catherine McLeod and Dr. Merri Parson shared information on “Students Who are Deaf: Dispelling Myths with a total of 24 parents in attendance. On January 20, 2004, Lenny Josef, Navy EDIS, Vicky Ritter, GEHI Nurse, and Kiana Mendiola, Preschool Teacher facilitated the parent meeting entitled: What Happens Why You First Learn About Your Child’s Hearing Loss” with a total of 13 parents in attendance.

GOAL IV: All infants and children with late onset, progressive or acquired hearing loss will be identified at the earliest possible time.

Objective 4.1 *The hospitals and birthing center will refer all infants with high risk factors such as, family history of hearing loss, congenital prenatal infection, head/neck deformity, birth weight less than 1500 grams, hyperbillrubinemia, bacterial meningitis, asphyxia, mechanical ventilation, ototoxic medication, syndrome, etc. to GEIS.*

Objective 4.2: *GEHDI will monitor the hearing status of all infants with at-risk factors for late on-set and progressive hearing loss*

Objective 4.1, & 4.2. Progress to Date: The GEHDI Project tracks infants at risk for possible late onset of hearing loss. As part of the Guam’s Individuals with Disabilities Education Act (IDEA) Part C State Plan, infants with risk factors are automatically eligible for early



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intervention services and support. Infants with risk factors are recommended for hearing screening by 6 months of age. This procedure is included in the GEIS procedural manual updated in September 2002. Table 4 indicates the number of infants identified “at-risk” factors.

GOAL V: All infants with hearing loss will have a medical home & parent-to-parent support.

Objective 5.1 *Each infant with a confirmed hearing loss will have an identified medical home before 3 months of age.*

Objective 5.1 Progress to Date: In the GEIS procedural manual updated in September 2002, a child’s developmental evaluation report and IFSP will be forwarded to the child’s medical home/ primary physician upon consent of the family. Furthermore, parents are given a second copy of the Audiological report and asked to provide this copy to their primary physician.

GOAL VI: GEHDI will have a complete Tracking and Surveillance System to minimize loss in follow-up.

Objective 6.1 *GEHDI will convene an Advisory Committee to provide guidance on the administration, including collaborative efforts, and the effectiveness of GEHDI for implementing an integrated, universal, and collaborative hearing screening, evaluation, and intervention system for all infants born on Guam.*

Objective 6.1 Progress to Date: The GEHDI Tracking and Surveillance System was completed in August 2003. Currently, the system inputs the name, demographic information, and results of the hearing screening of every infant born at GMHA and Sagua Managua Birthing Center. USNH provides GEHDI with the data of number of births, newborns screened, and number that



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receive 2nd screen. IN addition, USNA provides the names of those infants that are referred for full audiological evaluation. GEHDI Coordinator provides the Advisory Committee with a report on a quarterly basis of the number of live births, newborn screened, referred, passed, and not tested by birthing sites for review and input.

A.2 SIGNIFICANT ACHIEVEMENT BY BUDGET CATEGORY:

During the second grant year, positions, equipment, and supplies were purchased to support the implementation of the GEHDI Project.

Key Personnel: The following GHEDI positions continue to be placed on the staffing pattern:

- ◆ Elaine Eclavea, M.Ed., GEHDI Coordinator, is responsible for the overall planning and implementation, and oversees the operation and administration of the GEHDI Project.
- ◆ William Toves, R.N., GEHDI Facilitator, was hired to provide GEHDI support to the hospitals and birthing center and is the liaison between the hospital, birthing center, and the GEIS, PEDS.
- ◆ Victoria Ritter, L.N., GEHDI Screening Technician/Nurse's Aide, was hired to support the registered staff nurses at the GMHA nursery ward and to support the project. Mrs. Ritter collects all the data on the hearing screening conducted at the hospital.
- ◆ Ruth Leon Guerrero, GEHDI Secretary, provides secretarial support for the project. She assists in coordinating the Advisory committee and parent-to-parent meetings. Mrs. Leon Guerrero maintains the financial and programmatic records for the project.
- ◆ Velma Sablan, Ph. D., GEHDI Evaluator, provides support in evaluating the project.



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The following individuals have been hired on contractual basis:

- ◆ Y'shua Yisrael, Audiologist, was contracted up until to leaving island in July 2003.
- ◆ Dennis Triolo, Audiologist, has been contracted to provide support and on-site training at the hospital and birthing center on the use of and care for the GSI-70 Multi Patient Audiometers and provide audiological services to provide follow-up screening and audiological evaluation. Mr. Triolo, is currently the only audiologist on Guam.
- ◆ Lana Leffingwell, Surveillance and Tracking Data Specialist, has been contracted to complete and train staff on the data tracking system.

Equipment Purchased: To support the GEHDI data tracking and surveillance computer systems were purchased with File Maker Pro software that used in for the GEHDI System.

Travel Request: Funds were used to cost share travel expenses for Yusnita Weirather, consultant from NCHAM to support the onsite two technical assistance on September 16⁵ &16, 2003. Travel to support GEHDI Coordinator and Nurse Facilitator to attend the 3rd Annual Early Hearing Detection and Intervention Conference held in Washington D.C. February 16-22, 2004. Cost share training of Mr. Dennis Triolo, Audiologist to attend the Infant Diagnostic Audiology Workshop in Utah on _____.

Printing and Advertisement: With the increase funds allotted for public awareness of the GEHDI project, three brochures ---, poster ----, printed and disseminated to clinics, hospitals, churches, mayors offices, and high school parenting classes, and other public buildings that families are mostly likely to frequent. In addition, GEHDI advertisements were placed in the Managua



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Magazine --- times. Other public awareness materials were purchased such as magnets, pens, bags.

Facilities Rental: Facilities were rented for the ---Advisory Committee Meetings and Parent-to-Parent Meetings held thus far. Interpreter services have been made available at every meeting to accommodate an Advisory Committee member with a hearing impairment. Parents that attended the Parent-to Parent Meetings were given a \$25 dollar stipend for their attendance, in addition, transportation (gas coupons) and childcare services were provided to enable parents to attend these meetings. Stipends were provided to local presenters that shared information and strategies with the parents during the meetings. Resource materials were purchased to support early intervention providers that work with young children with hearing impairments and parents. IN addition, the GEHDI office relocated to another office that provides more space for families to is come and research via the internet and or use the to borrow and any resource materials from the “Leading Library”.

A.3 BARRIERS AND STRATEGIES:

The GEHDI Project continues to work towards achieving the goals and objectives stated in the grant; however, there were barriers and challenges experienced that have resulted in

Only 83.2% of infants screened prior to discharge, high referral rate for 2nd screen is between 40 to 50 %, and lastly, lost to follow-up is at an average of 57%. In reviewing these barriers, an action was develop that includes the following activities: 1) Identification of a cohort of screeners at each birthing site that will be trained and observed by the GEHDI Facilitator and



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Nurse aide to provide feedback on screening techniques. 2) These screeners will be given an opportunity to participate in 2nd screens at PEDS which would provide them additional opportunities to practice and enhance their screening techniques. 3) On a monthly basis, data on the number of infants screened and referred for 2nd screen will be reviewed by the GEHDI Facilitator and the head nurse of each site/ nursery and screeners to make any adjustments in the screening process and or techniques. Currently, two GEHDI staff are conducting all 2nd screens at the PEDS Center and commencing January 2004, Mr. Triolo, GEHDI Audiologist will begin to conduct 2nd screen at his clinic in hopes that better show rates will of family coming for the 2nd screen.

An additional barrier that the delayed the implementation of the infant hearing program at the Naval Hospital was due to a change in personnel (Head of Pediatrics) and who had worked closely with the GEHDI staff to schedule training for nurses and to implement the infant hearing screening as a standard of care transferred off-island March 2003. After connecting with the Head of Nursery, training was then scheduled in August. To alleviate any barrier that may occur due to the high turnover rate of staff at the birthing sites, GEHDI Resource Manual will provide steps and procedures to be taken to include training, observation, and feedback of screeners.

The reduction of personnel time of the GEHDI Facilitator, with the lost of nurses at the GMHA, Mr. Toves was unable to provide the GEHDI project with the .50 FTE specified in the grant due to the medical crisis that were occurring at GMHA. However, GMHA has hired additional nursing staff that would allow Mr. Toves to return to his .50 FTE .



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B. SIGNIFICANT CHANGES:

Due to the relocation of the Audiologist, Mr. Y'shua Yiseral, Mr. Dennis Triolo has taken increased his time as the only audiologist on Guam and provides training and audiological assessment under the GEHDI project.

C. COLLABORATION:

The GEHDI Advisory Committee has met five times from the initial implementation of the project. Representative in the Advisory Committee has been expanded to include the personnel Navy early intervention system and the Nurse Supervisor at Naval Hospital. In addition, the GEHDI Coordinator is working with the Department of Public Health and Social Services in facilitating the upcoming "Medical Home" conference that will be held this fall on Guam.

D. MONITORING:

During the each Advisory Committee meeting, GEHDI Coordinator shares progress to date on the goals and objectives stated in the grant and provide updated data on Tables 1 through 4.

SIGNIFICANT FINDINGS:

Lost of follow-up

Training of GMHA Staff – to high referral rate

Referrals to GEIS



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Late on set

2.1 objectives

Parent-to-Parent Training

F. RESPONSE TO CONDITIONS/RECOMMENDATIONS FROM MCHB:

G. PLANS FOR THE UPCOMING BUDGET YEAR:

Plans for the budget year 2003 – 2004 will remain as stated in the Grant application. Personnel will include the following key personnel funded by the grant: GEHDI Coordinator at .25 FTE; GEHDI Facilitator/Registered Nurse at .50 FTE; Screening Technician/Nurse Aide at .50 FTE; and Project Evaluator at .10 FTE. Travel will include an on-site technical assistance visit by SKI-HI consultant from the University of Utah, Dr. Paula Pittman that will provide follow-up training on the new SKI-HI Curriculum in Jun 2003. Bring out an off-island Audiologist/Physician to serve as technical assistance/consultant to provide training and support to the on-island Audiologists, primary care providers, nursing staff, and professionals providing medical homes for infants and young children with hearing loss. Funds will also be allocated for off-island travel to support the GEHDI Coordinator, GEHDI staff, and a Parent to attend the annual national conference. Supplies for the audiometer, training materials and general office supplies will be procured to support the daily activities of the project. Contractual services are for audiological services from the only audiologist on Guam and contractual services for technical services in the development of surveillance and data tracking system. Contractual services for



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maintenance/repair of equipment; printing and advertisement and facilities rental will be needed for this coming budget year. Other budget items will include funds for communication, reasonable accommodations, and parent stipends.

The activities outlined in the Project Activities Time Allocation Table are still on target and no changes are needed at this time.

H. LISTING OF PUBLICATIONS AND OTHER MATERIALS:

The following materials were created to support the GEHDI Project: The GEHDI Advisory Committee Resource Binders, which organizes grant information, research on best practices, and GEHDI goals and objectives, and meeting notes. This Resource Binder was provided to each member and is updated quarterly with minutes of meetings, presentation slides and updated research information. Three GEHDI Brochures: 1) Can My Baby Hear? 2) If your Baby is Referred for a Diagnostic Hearing Evaluation, and 3) Universal Newborn Hearing Screening: Frequently Asked Questions. These brochures were adapted from other resources on best practices. A video recording/interview highlighting the GEHDI project was on a local television show “KUAM and CARE FORCE” 2 parts Special Edition “ Can My Baby Hear?” with Fredalyn KUAM reporter, aired on _____. K-57 Access Radio talk show on the GHEDI project, with Vicky Ritter and William Toves GEHDI staff. Articles published in the Mañagu Magazine for ----- and -----.