

A. EXPERIENCE TO DATE:

To meet the purpose of the Guam Early Hearing Detection and Intervention (Guam EHDI) project, the following describes impact and outcomes regarding loss to follow-up, data tracking and program monitoring/evaluation. Furthermore, the following report will describe the progress to date on specific goals and objectives for Year THREE of the grant and barriers encountered and strategies utilized to overcome the barriers.

A.1 PROGRESS TO DATE:

GOAL 1: Guam will continue to improve hearing screening rates from 95% to 100% for all infants born on Guam. Infants will be screened for hearing loss before 1 month of age, preferably before discharge. Guam will minimize missed and refer rates by increasing the infant return rate from the current 47% to 96% for those infants needing a 2nd screening.

Objective 1.1 *Guam will continue to carefully monitor the screening rate from month to month and work toward achieving the 95% to 100% screen rate. All infants born on Guam will received a hearing screening prior to discharge or 1 month of age as mandated in P.L. 27-150.*

Objective 1.1 Progress to Date: There are 3 birthing sites on Guam: the Guam Memorial Hospital Authority (GMHA), Sagua Mañagu Birthing Center, and the U.S. Naval Hospital (USNH) Guam. However, since May 2004, the USNH has not been reporting data on newborn hearing screening results to the Guam EHDI Project. The Guam EHDI Project continues to monitor on a monthly basis, the percentage of infants that received a hearing screening prior to discharge from GMHA and Sagua Mañagu. **As indicated in Table 1, the percentage of infants screened prior to discharge from GMHA was at 99% and 94% for Sagua Mañagu between April to November 2007. There are varying reasons for the 2% or 40 babies not screened at GMHA**

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and Sagua Mañagu, including babies with a serious medical condition limiting the ability to conduct the hearing screening, babies that were medically evacuated off-island; and lastly GMHA staff failed to forward hard copy forms. To address the issue of GMHA staff failing to forward a hard copy to the Guam EHDI project, in July 2007, GMHA staff began piloting the new “Hearing Assessment Form” that will be uploaded into the Guam EHDI data tracking and surveillance system, also known as the Guam ChildLink system by May 2008. With the data provided electronically, Guam EHDI will have better accounting of all babies that were born and screened at GMHA.

Table 1: Percentage of Newborn Screened from April – Nov. 2007

Birthing Sites	# Live Births	% Screened	% Not Screened
GMHA	1734	99% (1716/1734 x 100)	18(1%)
Sagua Mañagu	347	94% (325/347 x 100)	22 (6%)
Total	2081	98% (2041/2081 x 100)	40 (2%)

Guam EHDI provides monthly data reports to the head nurses at the birthing sites, of the percentage and numbers of infants screened prior to discharge, and the percentage and number of infants that failed initial screening prior to discharge. This data report is generated by Guam’s ChildLink data tracking and surveillance data system. In addition, individual screener data reports are generated on the percentage of pass and refer rates. The purpose for collecting this data of individual screeners is to determine which screeners may need additional training with the goal to reduce the refer rates and therefore alleviating the need for parents to bring their baby back for a re-screen. The Guam EHDI Screener provides monthly feedback to the head nurses and continues to implement a quarterly incentive program with the hearing screeners such as, “Hearing Screener of the Quarter” and incentive prizes for the lowest refer rate, most improved,

and most screened in each unit. Intensive training is offered for hearing screeners that may need additional practicum hours with stipends provided for those hearing screeners who attend.

To address the issue of data not reported from USNH, in May 2007, the Guam EHDI staff met with Lt. Commander Captain Kellogg and his colleagues at USNH, to discuss the possibility of including newborn hearing screening results of USNH since hearing screening has been part of the standard of care for every infant born at that birthing site. Furthermore, providing this data will provide a more accurate and comprehensive picture of the percentage of the total number of infants that receive hearing screening and the percent of infants born on Guam. During that meeting, USNH agreed to begin sharing hearing screening data and a draft memorandum of agreement (MOA) was forwarded with specific data elements necessary. To this date, USNH is still reviewing the MOA.

Objective 1.2 *Continue to conduct intensive public awareness and community outreach presentations on the importance of early hearing detection, intervention, and the importance of follow up, so that each year of the grant cycle there are 6 specific evidence-based products that can be examined and the effect of the effort documented.*

Objective 1.2 Progress to Date: The Guam EHDI project continues to participate in various public awareness activities to promote the importance of newborn hearing screening. On an annual basis, comprehensive outreach activities are conducted with brochures, posters, and presentations held in the villages throughout the island. Packets of information are given to every public and private clinic, Mayors' offices, high schools, and public and private agencies that parents frequent. The following products, focused on reducing loss to follow-up have been developed: 1) Hearing Risk Factors card for healthcare professionals, 2) What Do We Do Now?

brochure, 3) What Do We Do Next? brochure, 4) Guam Early Intervention System (GEIS) 6-month mail out reminder post card, 5) Is Your Child At Risk for Hearing Loss poster, 6) Is Your Child At Risk for Hearing Loss? brochure, 7) Guam EHDI Directory of Services, and 8) Guam EHDI website www.guamehdi.com. These products were in dissemination in January 2008. Three brochures that were translated into Chamorro, Chuukese, and Tagalog, this included 1) Newborn Hearing Screening, 2) What do I do next? and 3) What do I Do Now? All others are in English.

Objective 1.3 *To improve the return rate for second screening, aggressive strategies will be used to ensure contact with parents in confirming appointments for re-screening prior to discharge from the birthing sites, and by training healthcare providers to follow up with families during one-week check-ups on the results of their baby's hearing screening results and if appropriate, referral to PEDS for a follow-up hearing screening.*

Objective 1.3 Progress to Date: Of the infants screened prior to discharge at GMHA between April and November 2007, approximately 13% failed the initial screening prior to discharge and are referred to the Pediatric Evaluation and Developmental Services (PEDS) Center for a re-screen before 1 month of age. This is an improvement of 3% from the last reporting period of 16% fail initial screen. At Sagua Mañagu, 19% failed initial screen between April and November 2007, is an improvement from 38% reported last year. For those infants that fail initial screening, appointments are made with the parents to return to Sagua Mañagu for a re-screen within two weeks after discharge. The high percentage of 16% fail initial screen is due to the turnover of nursing staff at Sagua Mañagu and the need for ongoing training for hearing screeners. Overall, 83% of infants return for a 2nd screen prior to 1 month of age and therefore

reducing the lost to follow-up at re-screen to 17% for this reporting period. This improvement from 28% reported last year was primarily due to re-screening held at the Sagua Mañagu and at GMHA. Appointments are made for re-screen prior to discharge at GMHA. As noted in Table 2, 17% of infants are lost to follow-up from GMHA.

Table 2: Number of Infants Lost to Follow-up at Re-screen

Birth Site	# Fail Initial Screen	# Return for Re-screen	# Lost to Follow-up	% Lost to Follow-up
GMHA	293	244	49	17%

Although Guam EHDI demonstrated improvement, failure of parents to return for their infants' re-screen continues to be a challenge. The Project will continue to implement the following strategies: 1) Appointments are made for re-screen prior to discharge; 2) Training of GMHA; and 3) Public Awareness campaign (brochures and posters) staff to reinforce the importance of hearing screening follow-up; These strategies seem to be effective at this time and will continue to be monitored for its effectiveness.

Objective 1.5 *Results of the hearing screening will be provided to all parents and the infant's primary care provider/medical home.*

Objective 1.5 Progress to Date: Prior to discharge from the birth sites, parents are given two copies of the hearing screening results with instructions to provide a copy to their child's Primary Care Physician (PCP) or medical home at the first appointment after discharge. With feedback from the Guam EHDI Advisory Committee, the Guam EHDI Project implemented another step that would assist our efforts. For families with a known PCP, Guam EHDI staff will send a copy of the hearing screening results from the birthing sites and any re-screen results via a courier and delivered to the PCP's Clinic. For infants that are referred for a full diagnostic evaluation (DAE), the audiologist provides families with two copies of the audiological

evaluation with instructions to provide a copy to their child's PCP. For those infants with a known PCP, the audiological reports are mailed directly to their clinic. As noted earlier, there were several changes to the Guam EHDI procedures: 1) Families are now asked to sign the "Guam EHDI Re-screen Form" that provides consent for the Guam EHDI to conduct hearing re-screen and authorization for "Release of Information" to the PCP; 2) if appropriate, to obtain information from Guam Public School System, Guam Early Intervention System (GEIS) regarding their child's hearing evaluation reports and information on the services indicated in the child's Individualized Family Service Plan (IFSP). Furthermore, GEIS recently amended their procedures to include a release of information for hearing screening and audiological evaluations from parents to the child's PCP. The Guam EHDI project will closely monitor the change of procedures and will gather feedback from physicians if hearing screening results, re-screening, and audiological evaluations are provided to them. As a result of the MOA signed in April 2007, (See **APPENDIX A**) GEIS now has access and can update data through the Guam ChildLink data system for all infants suspected with having a hearing loss. GEIS can update any demographic information, view the last audiological evaluation and provide specific information in the child's IFSP. The challenge still remains whether families actually provide the hearing screening results or DAE report to the PCP and currently Guam EHDI is developing possible ways to verify if PCPs actually receive a copy of the report from the family.

Objective 1.6 *Guam will continue to provide ongoing education/training for all service providers including screeners to both in-patient and out-patient nurses, and physicians.*

Objective 1.6 Progress to Date: The Guam EHDI staff continues to provide ongoing training for screeners at GMHA, Sagua Mañagu, GEIS, and the Department of Public Health & Social

Services (DPHSS) -Central Regional Public Health Center. Through technical assistance support from the National Center for Hearing Assessment and Management (NCHAM). In August 2007, Ms. Kim Aeillo, CCC-A, FAAA, a consultant from Colorado provided on-site training at GMHA and Sagua Mañagu to fourteen nurses on the usage of the GSI-70 and newborn screening and to increase their knowledge and skills on best practices and strategies to reduce refer rates from birthing sites.

GOAL 2: All infants who screen positive will have a full diagnostic audiological evaluation before 3 months of age. Guam will reduce the time lag from referral to audiological diagnostic evaluation from an average of 8 months to an average of 1 to 3 months, by monitoring the time lag using the EHDI database for tracking and surveillance.

Objective 2.1 *Using the EHDI database continue to monitor the number of infants referred for a full diagnostic audiological evaluation on a monthly basis and carefully monitor the time between referral to DAE so that time lags can be decreased and stay within the first 3 months of life.*

Objective 2.1 Progress to Date: As indicated in Table 3, on the following page of the 10 infants referred for diagnostic audiological evaluation (DAE), all (10 or 100%) were completed before 3 months of age. Audiological Associates, Guam EHDI's Contractor for conducting DAEs is linked into the Guam ChildLink data system. AA now uploads the DAE directly into Guam ChildLink which supports the monitoring and tracking of the infants referred and the timeline for completion of the DAE. The timeliness of DAE has improved significantly since the beginning of this grant period from an average of 8 months to 1-3 months.

Table 3: Referral for Diagnostic Audiological Evaluation (DAE) & IFSP

NARRATIVE PROGRESS REPORT

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DOB	Date of IS	Date of DAE	Date of IFSP	Total Months from DOB to DAE	Total Months from DOB to IFSP
3/30/07	4/20/07	6/11/07	5/14/07	2 months	1 month
5/6/07	5/7/07	Father refused services – says “baby can hear”			
5/8/07	5/11/07	6/20/07	6/12/07 (pre-qualified)	1 month	1 month
5/27/07	5/28/07	7/16/07	No hearing loss	1 month	N/A
6/11/07	6/20/07	8/29/07	9/14/07	2 months	3 months
6/26/07	6/27/07	9/6/07	No hearing loss	2 months	N/A
6/29/07	7/1/07	9/20/07	8/10/07 (pre-qualified)	2 months	1 month
9/4/07	10/12/07	12/17/07	No hearing loss	3 months	N/A
10/10/07	10/12/07	1/7/08	Pending	2 months	Pending
10/22/07	10/23/07	12/11/07	1/3/08	1 month	2 months

Objective 2.2 *Network with professionals who conduct or are involved with any aspect of audiological diagnostic evaluations using various strategies which underscore the need for immediate follow-up on infants referred and the provision of copies of all evaluations are provided to parents.*

Objective 2.5 *Develop a training plan to provide current information on pediatric audiological assessment procedures to assist professionals in keeping themselves updated.*

Objective 2.2 and 2.5 Progress to Date: On a quarterly basis, meetings are held with the audiologists to review the number of cases referred for DAE and to discuss other issues. In June 2007, an agreement was made on a standardized DAE report format. The new format provides information on case history, diagnostic audiological exams, summary of results, and recommendations. Guam EHDI procedures were revised to ensure that the families are provided

two sets of reports, one for the family and the other is to be hand delivered to the child's PCP via the parent. For families that have a known PCP, the Guam EHDI staff will send a copy of the DAE report to the PCP via courier. At this point we are uncertain how many physicians actually receive a copy of the results of the DAE from parents but strategies are considered. The most challenging barrier is the lack of a pediatric audiologist and the reluctance of GEIS audiologist to conduct DAE for infants. In August 2007 with support from the NCHAM, Ms. Kim Aiello, NCHAM Consultant, conducted onsite mentoring training and coaching for the two audiologists on Guam. The purpose of the 3 day focused training and technical assistance was to increase knowledge and skills on best practices in performing audiological evaluations and OAE on infants 6 months and older.

Objective 2.3: *Make parents of infants more aware of the critical importance of following through with full diagnostic assessment when their infants fail the 2nd screening.*

Objective 2.3 Progress to Date: As noted in Objective 1.2, public awareness information was developed and disseminated annually, beginning January 2008, reinforcing the importance of follow-up hearing assessments. When an infant fails the 2nd screen, parents are given a brochure entitled: "Newborn Hearing Screening on Guam – What DO I Do Next?" In addition, families are informed that a referral will be made to the GEIS. In August 2007, the Guam EHDI Parent to Parent support group facilitated an orientation for parents of children with hearing impairments. The purpose of this orientation was to share the supports available for families and linking families with other service providers. In August 2007, Ms. Kim Aiello conducted a parent night with fourteen parents in attendance. The purpose of the meeting was to increase

knowledge and skills about understanding audiological evaluations and the use of different modes of communication.

Objective 2.4: *Guam will identify linkages to assure that 98% of families whose infant is identified with a hearing impairment or deafness will have appropriate referral to medical, audiological, and early intervention services.*

Objective 2.4 Progress to Date: The Guam ChildLink data tracking and surveillance system is currently receiving information electronically from Sagua Mañagu, Audiological Associates, and GEIS. The hearing screening results of newborns from GMHA will be uploaded into the Guam ChildLink system by May 2008. Audiological Associates electronically uploads DAE reports into the Guam ChildLink server and copies are provided to the family with a copy to be forwarded to the child's PCP.

GOAL 3: All infants identified with a hearing loss will receive appropriate early intervention services before 6 months of age (medical, audiological, and early intervention). Guam will reduce the time lag from full audiological assessment to provision of early intervention services from an average of 10 months to an average of 2-6 months, by monitoring the time lag using the database for tracking and surveillance.

Objective 3.1 *Conduct monthly meetings with the early intervention staff to review infants referred to early intervention every year and to obtain the status of IFSP development.*

Objective 3.1 Progress to Date: The Guam EHDI staff has been meeting every month to review progress of infants referred for early intervention services. As noted on Table 3, of the 10 infants referred during this reporting period, five IFSPs were completed by 3 months of age, three infants do not have hearing loss, one refused services, and one is pending. These monthly

collaboration meetings have been a key factor in careful monitoring of early intervention services for infants with hearing loss. In April 2007, GEIS signed a MOA to support Guam ChildLink by transmitting data through an electronic linkage for all infants with hearing loss or those at risk and receiving early intervention services. GEIS data clerk will electronically update demographic information, medical home or PCP, and early intervention services provided to the child and family. Guam EHDI will continue to meet with GEIS on a monthly basis to ensure the timeliness of IFSP completion by 6 months of age. Guam EHDI will continue to monitor and track all infants referred to GEIS through monthly meetings and through the Guam ChildLink data system.

Objective 3.2 *Yearly presentations will be held for primary physicians on appropriate medical services needed for infants with a hearing impairment.*

Objective 3.3 *Guam will provide education and training opportunities to early intervention (Part C) and other support service staff that work with infants and toddlers on specific issues related to deafness and hearing impairment.*

Objective 3.2 and 3.3 Progress to Date: On August 15, 2007, Grand Rounds presentation for physicians, nurses, and service providers on ***“Beyond Universal Newborn Hearing Screening (UNHS), Where Are We Now?”*** was conducted by Ms. Kim Aeillo, CCC-A,FAAA, In addition, Ms. Aeillo conducted a presentation for early childhood providers to increase their knowledge and skills on strategies, resources and best practices in working with infants and toddlers with hearing concerns and their families, including red flags to watch out for, screening tools, and speech and language expectations. Nineteen participants from GEIS and three participants from USHN Educational, Developmental, Intervention Services (USHS-EDIS) were in attendance.

On August 17, 2007, seven early intervention staff attended a presentation by Kim Aeillo entitled "Colorado Hearing Resource (CO-Hear) Program - Service Delivery Model".

GOAL 4: All infants and children with late onset, progressive or acquired hearing loss will be identified at the earliest possible time. Guam will reduce the lost to follow-up for infants with high risk factors from failure to return rate of 82% to an average failure to return rate between 2 to 10% by monitoring the time lag using the EHDI database for tracking and surveillance.

Objective 4.1 *Conduct monthly meetings every year with professionals in early intervention to monitor high risk infants and high risk factors and to ensure that follow up hearing screening and data analysis is completed by 6 months of age.*

Objective 4.1 Progress to Date: The Guam EHDI staff has scheduled monthly meetings with GEIS to monitor the infants with high risk factors and to ensure that each infant receives a six-month follow-up hearing screening. As noted in Table 4, the percentage of infants with high risk factors that have returned for a six-month hearing screening is at 48% for this reporting period. However, in tracking the progress of this objective, for the last 3 months there seems to be a reduction of the percentage of infants lost to follow up, at 42% in September, 22% in October and 26% in November. The primary reason for the improvement is due to the close monitoring of those infants at risk by using the Guam ChildLink data system. GEIS staff can view all infants with high risk factors and make contact with families. Having this report readily available at their office and regular monthly meetings has assisted in the monitoring of the infants referred. Furthermore, the data system continues to assist GEIS in their child find efforts in locating infants at risk since these same infants are eligible for GEIS services as documented

on Guam’s State Plan. Although there has been improvement, locating families continues to be a challenge for service providers. Guam has an extreme transient population from the Freely Associated States of Micronesia and the Republic of Palau. In June 2007, the Guam EHDI staff presented to the Mayor’s Council on the Guam EDHI project requesting their assistance if they know of families that may need our services. Brochures and posters were provided so they may be displayed throughout their villages. With a high percentage of families from the FSM State of Chuuk living on Guam, EHDI scheduled a meeting with a “Traditional Leader” from Chuuk residing on Guam to discuss strategies of how we could insure that families from Chuuk are aware of the Guam EHDI project and how they could access our services. Most important was that they understand the importance of hearing screening, evaluation, and intervention services. The Guam EHDI staff will continue to work closely with GEIS to monitor the timeliness of hearing screening for infants with possible late onset hearing loss.

Table 4: Number of Percentage with High Risk Factors

# High Risk	# Return for 6-month screening	# Loss to Follow-up	% Loss to Follow-up
174	90	84	48%

GOAL 5: All infants with hearing loss will have a medical home and parent-to-parent support.

Objective 5.1 *Continue to promote the concept every year of a medical home to new physicians, medical support staff, and all professional who work with infants with identified hearing loss.*

Objective 5.1 Progress to Date: For progress on medical home training, refer to Objective 3.2.

Objective 5.3 *Provide workshops and training opportunities for families based on the data collected from the survey that was done at the Parent-to-Parent meeting on August 26, 2005.*

Parents were asked to indicate areas where they feel they needed more information and assistance. The top three areas of need and how they are to be addressed are as follows: 1) provide a Family-centered program to help families learn about language development skills in hearing impaired children, 2) provide information on hearing intervention options training for families, and 3) provide workshops on living with the child with a hearing loss in the home.

Objective 5.3 Progress to Date: Parent training continues to address the issues identified in the results of the parent survey conducted in August 2006. On August 14, 2007, a presentation was conducted by Kim Aiello on “Understanding audiological evaluations and the use of different modes of communication”. Of the fourteen parent members in attendance, five were new parents to the Parent to Parent group of children with hearing loss. On August 25, 2007, Rebecca Santo Tomas, Attorney from Guam Legal Services, facilitated training on “Parent Rights”. Eleven parents were in attendance. On November 15, 2007, a presentation on Deaf Mentors. Fourteen parents were in attendance. Parents appreciated having a Deaf individual speak to them to discuss challenges, and what they can expect when their child leaves the school system.

GOAL 6: Guam will have a complete EHDI Tracking and Surveillance System that will minimize loss to follow up.

Objective 6.1 *Work with the CDC funded cooperative agreement grant personnel and other relevant agencies such as Department of Public Health and Social Services, Guam Public School System, Division of Special Education, Guam Early Intervention System, and other professionals in identifying needed data fields to continue improving the tracking and surveillance effort.*

Objective 6.1 Progress to Date In July 2007, a MOA with Sagua Mañagu was signed and continues to transmit hearing screening information of all infants born at their site. The MOA with GMHA was signed in July 2007 and in August 2007; GMHA began piloting the new “Hearing Assessment” data fields in their data system. Currently Guam EHDI’s expert consultant Mr. Quansheng Song works closely with Vince Quichocho, GHMA Director of Information Technology Services, on the conversion of the program into Guam ChildLink. Upon completion of the conversion, it is anticipated that GMHA will begin to upload data into Guam ChildLink. This will be Guam’s first integrated database system, electronically linking the Guam EHDI system to GMHA. As noted earlier, MOAs are in place and data is downloaded electronically from Sagua Mañagu, Audiological Associates, and GEIS. The newest linkage anticipated is with the Department of Public Health and Social Services, Maternal Child and Health, Central Public Health Clinic. The purpose is for the nurses to have access to information of infants that fail the initial screen. DPHSS- MCH will conduct hearing screening during the “well-baby check-ups” clinics and be able to access information on that baby. Training on the use of the GSI-70 was conducted in June and July 2007 for the DPHSS MCH Central Community Center nurses and nurses aides. The Guam EHDI Hearing Screener continues to support DPHSS-MCH and monitor the hearing screening results of the nurse or nurse’s aide.

Objective 6.2 *Publish aggregate data findings from the Guam EHDI database in newsletters and other print media, public media, presentations to the advisory groups and public, and other available avenues for developing awareness on the importance of infant hearing screening and follow up.*

Objective 6.2 Progress to Date On a quarterly basis, progresses made on the goals in the grant are provided to the Guam EHDI Advisory Committee. Members of the Advisory provide input and strategies for improving rates on the number of infants screened and those that are lost to follow-up. Furthermore, the Guam EHDI Project Coordinator reports on an annual basis, to the Part C - Guam Interagency Coordinating Council on the state of the Guam EHDI project. In addition, on a monthly basis, hearing screening information is provided to the nurse supervisors at GMHA and the General Manager of Sagua Mañagu to support the monitoring of hearing screening results. The Guam EHDI website will also be another venue that parents, consumers, or the community at large may review the data gathered by Guam EHDI. Dr. Velma Sablan is currently working on the “Guam ChildLink Update: The 2006 Report on the Status of Newborn Hearing Screening and Intervention on Guam”, a community publication expected to be completed by April 2008. This report will be disseminated to legislature, Governor, OB-GYN’s, Pediatrician, Early Childhood Teachers, and others who are key partners and do not make direct or regular contact with Guam EHDI.

A.2 SIGNIFICANT CHANGES

The following are changes that have occurred during the first grant year:

- ◆ **Key Personnel:** Due to the passing of Kerina Oshiro, Guam EHDI Evaluator in June 2007, Dr. Velma Sablan will resume the responsibility as the Project Evaluator for the remainder of this grant period. Dr. Sablan was the Project Evaluator during the first round of EHDI funding. Dr. Sablan is very familiar with the project and is experienced in conducting program evaluation activities. Dr. Heidi San Nicolas will be replacing Dr. Sablan as

Principal Investigator for the EHDI project. Dr. San Nicolas was the Principal Investigator for the initial Guam EHDI grant.

- ◆ Administrative or Organizational Structure: The Guam EHDI required personnel was changed with the deletion of the Guam EHDI Nurse Facilitator position, the change of the Principal Investigator to Dr. Heidi San Nicolas and Dr. Velma Sablan as the Project Evaluator (See **APPENDIX B**: Guam EHDI Administrative Structure and Key Partners)
- ◆ Contacts or subcontracts: There are no changes to contracts or subcontracts.
- ◆ Methodology for achieving goals and objectives: The Guam EHDI project will continue to monitor the implementation of the “Incentive Program” for hearing screeners at all birthing sites as a reinforcement and motivational strategy. In December 2007, the Guam EHDI Coordinator met with the nurse supervisors at GMHA to review strategies for improving the fail initial screening to less than 10%. It was agreed to continue the ‘Incentive Program’, and to assist GMHA in procuring materials to make a room in the nursery and the ward sound proof. Guam EHDI will continue to encourage hearing screeners to fine tune their hearing screening skills in order to reduce the number of infants that fail initial hearing screening prior to discharge, alleviating the need for parent to return for a re-screen as indicated in Goal 1, Objective 1.1. With the sound proof room, outside noise will not be a factor in causing “False Fails”. Guam EHDI will continue the strategy in providing a second hearing screening at the child’s PCP clinic or medical home. The DPHSS Central Regional Public Health Center nurses and nurses’ aides were trained on infant hearing screening and the usage of the Otoacoustic Emmission (OAE) equipment. DPHSS Central Regional Public Health Center conducts re-screening for infants that come in for Well-Baby Checkups and

Preemie clinics. Babies that fail the second screen are referred for a DAE and to GEIS. Training for Northern and Southern Community Health Centers nurses and nurses' aides is pending. Further discussion and agreement is needed on the procedures for hearing screening with the Public Health Administrator. It is anticipated that training will be conducted in Spring 2008. This following strategy will support Goal 2, objectives 2.1. Lastly, providing information of hearing results to the infant's medical home or PCP will be monitored and tracked for its effectiveness.

A.3 COLLABORATION AND COORDINATION:

The Guam EHDI Project continues to collaborate with the DPHSS-MCH. Quarterly meetings are held with the Acting Director, Chief Public Health Officer, and MCH Supervisor on the status of project activities, challenges that have occurred, and anticipated linkages of the Guam ChildLink system. A MOA between the Guam EHDI Project and the DPHSS-MCH was signed in two years ago describing how Guam CEDDERS (administrator of the Guam EHDI Project) and DPHSS-MCH will provide support necessary to fully implement an integrated, sustained, and collaborative project to fully achieve the goals and objectives of the project. As a result of the signed MOA, it is anticipated that the promulgation of the rules and regulations as indicated in Public Law 27-150 will be completed after it is reviewed by the Adjudication Process. One of the strengths of the Guam EHDI project is the active involvement of the Guam EHDI Advisory Committee, which is a subcommittee of the Guam Interagency Coordinating Council. The Advisory Committee meets on a quarterly basis to review and provide feedback on the progress made on the goals of the project. Composition of the Guam EHDI Advisory Committee consists of 7 parents or 35% parents and 13 or 65% service providers to GMHA, Sagua Mañagu, GEIS,

Parent Advocacy Group, and the Guam EHDI Champion. As part of the Center for Disease Control and Prevention (CDC-EHDI) Cooperative Agreement received by Guam CEDDERS, a MOA was signed to purchase technical assistance through a data consultant from the University of Maine, Mr. Quansheng Song. Mr. Song has been to Guam once this grant year to support the GMHA linkage to Guam ChildLink.

A.4 SIGNIFICANT FINDINGS

A significant impact of the Guam EHDI Project has been the development and implementation of the Guam ChildLink system, which has made data readily accessible. The accessibility of data has enabled Guam EHDI staff to closely monitor the rates of hearing screening, timeliness of DAE, and implementation of IFSPs; resulting in the reduction of the number of infants lost to follow-up.

A.5 DATA REQUIREMENT

The Guam EHDI Project reports, on a quarterly basis, to the Guam EHDI Advisory Committee progress on the goals and objectives of the grant. A progress report is disseminated to committee members for their review. Members are asked to provide suggestions or recommendations to the report. Hearing screening data for Guam are also reported to the CDC EHDI. The Guam EHDI staff obtains live birth rate data from the DPHSS Office of Vital Statistics and retrieves data from the Guam ChildLink system, which are included in the progress reports. Data on the number of infants screened, infants referred for DAE and GEIS (**Refer to Tables 1 to 4**) are also reported in the Guam Part C Annual Performance Report that is sent to the U.S. Department of Education, Office of Special Education Programs. The Guam EHDI also provides data to the National Information and Reporting System under the Association of University Centers on Disabilities

on the number of infants screened and activities that occurred in the project. Furthermore, project information is reported, on a quarterly basis, in the Guam CEDDERS – “I Tellai: The Bridge” quarterly newsletter. A data link is included on the Guam EHDI website at www.guamehdi.com which will report the following data: 1) Percent screened, 2) Percent lost to follow-up, 3) Number referred for DAE, 4) Number identified with hearing loss. This data link is updated quarterly basis. The Guam EHDI project is working closely with GEIS to develop procedures for linking families including families of infants identified with hearing loss to their PCP or medical home and to the Guam EHDI Parent to Parent Support Group.

A.6 RESPONSE TO CONDITIONS/RECOMMENDATION FROM MCHB:

As indicated in the Notice of Grant Award, there were no conditions noted. However, there was a reporting requirement due within 120 days: all performance measures, financial and demographic data forms were completed and uploaded into the electronic handbook (EHB).

A.6 PLANS FOR UPCOMING BUDGET YEAR

Plans for the budget year 2008 – 2009 will remain as stated in the Grant application. Personnel will include the following key personnel funded by the grant: Guam EHDI Coordinator at .19 FTE; Hearing Screener at 1.0FTE; Research Associate at .10FTE; and Project Evaluator at .5 FTE. The funds initially allocated for the Guam EHDI Nurse Facilitator in the amount of \$2,487 will be transferred to the supply category to support the nurse “Incentive Program” with the hearing screening and to purchase materials needed to reduce outside noise. The following are unmet needs, barriers, successful strategies and resources: 1) Lack of Pediatric Audiologist on Guam – currently there is only ONE audiologist on Guam that is available to assess infants for possible hearing loss. Parents who have a concern regarding the results of the assessment are

challenged with seeking a second opinion off-island; Guam EHDI will be working with Higher Education Institutions to encourage local students to receive training off-island in pediatric audiology. 2) Implementing a “Medical Home” concept the “island way” continues to be a struggle in getting “buy-in” from physicians; Guam EHDI is working closely with a Developmental Pediatrician to conduct mini training sessions in February 2008 to promote the importance of medical home and how this concept will look for a child with disabilities on Guam. 3). Lack of data sharing with USNH. Since 2004, USNH continues to implement universal newborn hearing screening as part of standard of care and follow up services are provided through USNH EDIS. However, this data is not reflected in Guam’s EHDI data report to HRSA and therefore the percentage of infants screened prior to discharge is not a true reflection on Guam. Guam EHDI Project Coordinator continues to work with the USHS EDIS personnel to communicate with, to their colleagues, the importance of data sharing. In addition, Guam EHDI will request technical assistance from HRSA to determine whether there are national guidelines and or policies for the transfer of data from Military Health Facilities to State and public entities. 4). Multicultural diversity and transient populations. Guam EHDI will continue to update demographic information and ask families for contact information of neighbors or relatives as a means of locating families to return for a hearing screening or DAE. Furthermore, Guam ChildLink allows for DPHSS-MCH Regional Community Health Centers, GEIS, and Audiological Associates to update demographics when making contact with families.