



2016-2017
Guam Early Hearing
Detection & Intervention
(Guam EHDI)
Progress Report At-A-Glance



About Guam EHDI

The Guam EHDI Project was established in 2002 through a federal grant awarded to the University of Guam Center for Excellence in Developmental Disabilities Education, Research, & Service (Guam CEDDERS). The Guam EHDI Project also receives support through a Cooperative Agreement by the U.S. Health and Human Services (HHS), Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) to complement Universal Newborn Hearing Screening on Guam by implementing Guam ChildLink-EHDI, an integrated data tracking & surveillance system to support the Guam EHDI Project.

Through the efforts of this Project, the Universal Newborn Hearing Screening and Intervention Act, Public Law 27-150, became law in December 2004. Guam's local legislation aligns with national goals and assures an upgraded standard of care for all babies born on Guam.

The goals of the current Guam EHDI Project are to ensure that:

- all babies born on Guam are screened for hearing loss by 1 month of age;
- babies with hearing loss are diagnosed by 3 months of age;
- quality early intervention services they need are initiated by 6 months of age (known as the "1-3-6 Plan").

2014-2016 Hearing Screening, Diagnosis, & Intervention Data

	Total Births	Total Number of Infants Screened	Total Number of Infants Diagnosed with Hearing Loss	Total Number of Infants Receiving Early Intervention Services
2014	3401	2969*	8	5 ¹
2015	3373	2942*	5	3 ²
2016	3440	2984*	4	1 ³

**This represents a 99% initial screening rate at civilian birthing sites.*

¹ 2 Relocated; 1 Refused

² 1 Relocated; 1 Refused

³ 1 Relocated; 1 Lost to follow-up (LFU); 1 Pending

Project Achievements

- Benchmarks (targeted numbers) were met for hearing screening performed on newborns at the civilian birthing sites before 1 month of age and infants needing outpatient rescreen.
- Benchmarks were met for the first time for infants needing a high risk rescreen.
- Strategies used to reduce the number of infants lost to follow-up in the outpatient rescreen category included:
 1. Scheduling and giving hearing screening outpatient appointments from the birthing sites before discharge.
 2. Offering flexible hearing screening appointment dates and sites;
 3. Making reminder calls about appointment date and time;
- Public awareness on the importance of early detection of hearing loss through the screening and evaluation processes was greatly enhanced by the Project's participation in numerous community outreach activities.
- Guam EHDI and the University of Hawaii, Telecommunications and Social Informatics (TASI) Research Program, continued to collaborate on the efforts toward interoperability between the Electronic Health Record (EHR) at the Department of Public Health and Social Services (DPHSS) and Guam ChildLink - EHDI.
- Efforts continued to strengthen the data collection and reporting system in preparation of the long-term goal of turning ChildLink - EHDI to system partners.



For more
information, visit

www.guamehdi.org

Child Born with High Risk Factors Later Identified to Have Hearing Loss

Jamae Ladore was born 28 weeks premature and remained in the hospital for a month before being discharged. Because of her medical challenges, she was considered to be at risk for hearing loss, even though she passed her initial newborn hearing screening,

Jamae was sickly as a young child and had respiratory problems. She frequented the doctor's clinic and was admitted to the hospital not long after her initial release.

When Jamae was about four months old, Jushmine Hainrick, her mother, recalled receiving a reminder card from Guam EHDl asking her to call GEIS to schedule a hearing screening appointment for her child due to her high-risk status. However, Jushmine focused her efforts on her daughter's more pressing continuing medical concerns, and did not follow up on the follow up hearing screening.

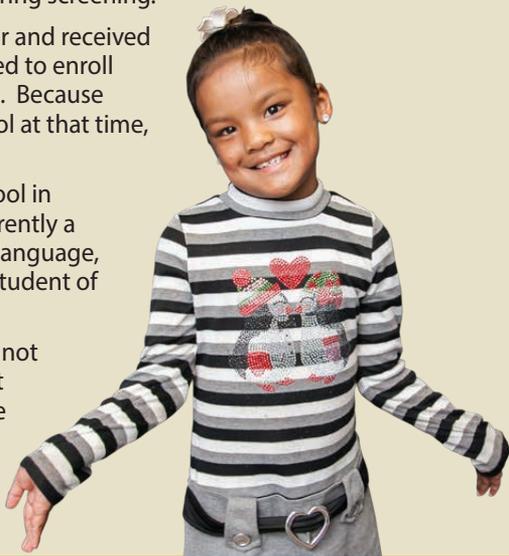
Later on, during one of her doctor's visits, Jushmine mentioned that she thought something may be different about her daughter. Jamae was not talking and just did not seem to be developing at the same rate as the other children in the family. Jushmine shared this observation with her doctor who referred Jamae to the Guam Early Intervention System (GEIS) when she was about two years old.

Jamae received a hearing evaluation conducted by the Department of Education's Audiologist which showed that she had hearing loss in both of her ears. Jushmine recalled she was shocked and confused with this diagnosis. She did not understand why this happen since Jamae had passed the initial hearing screening.

Jamae was later determined to be eligible for and received services from GEIS. She was later recommended to enroll into the Special Education Pre-school program. Because she did not feel that Jamae was ready for school at that time, Jushmine kept her home until she turned five.

Jamae enrolled at P.C. Lujan Elementary school in December of 2015 and is doing quite well. Currently a seven-year-old, she communicates using sign language, has been on the A and B Honor Roll, and was Student of the Month three times this school year!

Jushmine admits to feeling bad that she did not follow up on her child's follow up appointment reminder sooner and has this message to share with other parents: "The earlier the better. If your child has been identified as being at high risk for hearing loss, please make sure they receive services as soon as possible."



Guam EHDl

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