

## Abstract

The Guam Early Hearing Detection and Intervention (Guam EHDI) Project has facilitated universal newborn hearing screening on Guam since 2003. The project has guided the development of a comprehensive and collaborative system in achieving a systematic process that ensures that all babies born on Guam receive a hearing screening before they leave their birthing facility. Partnering with the three civilian birthing sites, and the Department of Public Health and Social Services and the Guam Early Intervention System, Department of Education, Guam EHDI has facilitated the implementation of the 1-3-6 requirement of hearing screening of infants by one month, diagnostic evaluation by three months, and receiving early intervention services by six months of age. In addition, a comprehensive tracking and surveillance system has been established to ensure that all infants are not loss to follow up. A major challenge has been related to meeting the three-month diagnostic evaluation for infants referred due to a lack of consistent access to audiological services. Parent engagement has also been a challenge.

To address the continuing need to further develop this system, the proposed Guam EHDI-Fitme Project aims to work towards the Overall Program Goal to support the development of a statewide program and system of care that ensures that deaf or hard of hearing children are identified through newborn and infant hearing screening and receive evaluation, diagnosis, and appropriate intervention that optimize their language, literacy, and social-emotional development. Program goals are: 1: Increase health professionals' engagement within and knowledge of the EHDI system; 2: Improve access to early intervention services and language acquisition; and 3: Improve family engagement, partnership, and leadership within the EHDI programs and systems.

Program Objectives: By April 2020, the end of the three-year project period: 1) Increase by 30% from baseline the number of newborns and infants who receive timely diagnosis per Joint Committee on Infant Hearing (JCIH) recommended practice guidelines by the end of the three-year project period; 2) Increase by 25% from baseline the number of newborns and infants who receive timely referral to EI per JCIH recommended practice guidelines by the end of the three (3) year project period; 3) Increase by 20% from baseline the number of newborns and infants identified to be deaf or hard of hearing enrolled in EI services within JCIH recommended practice guidelines by the end of the three (3) year project period; 4) Develop partnerships supported by a memorandum of understanding with identified statewide, family-based organizations or programs that provide family support to families/parents/care-givers of newborns and infants who are deaf or hard of hearing by the end of the three (3) year project period.