

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, 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 screening all infants born on Guam for hearing loss by one month of age, receiving a diagnostic evaluation for infants who refer their outpatient rescreen by three months of age, and the enrollment of infants identified with a hearing loss into 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 lost to follow up. A major challenge has been related to meeting the three-month diagnostic evaluation timeline for infants referred, due to a lack of consistent access to audiological services. Parent engagement for families of children identified with a hearing loss has also been a challenge. To address the continuing need to further develop this system, the proposed Guam EHDI-Na'Mas 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 interventions that optimize their language, literacy, and social-emotional development. Program goals are: 1) Lead efforts to engage and coordinate all stakeholders in the state/territory EHDI system to ensure that children who are DHH are identified, diagnosed, and receive appropriate early intervention services; 2) Engage, educate, and train health professionals and service providers in the EHDI system; and 3) Strengthen family engagement, partnership, and leadership for children and adults who are DHH, within the EHDI programs and systems.

Program Objectives: By April 2024, the end of the four-year project period: 1) Increase by 1% from baseline per year, or achieve at least a 95% screening rate, whichever is less, the number of infants that completed a newborn hearing screen no later than 1 month of age; 2) Increase by 10% from baseline, or achieve a minimum rate of 85%, the number of infants that completed a diagnostic audiological evaluation no later than 3 months of age; 3) Increase by 15% from baseline, or achieve a minimum rate of 80%, the number of infants identified to be DHH that are enrolled in EI services no later than 6 months of age; (4) Increase by 20% from baseline the number of families enrolled in family-to-family support services by no later than 6 months of age; (5) Increase by 10% the number of families enrolled in DHH adult-to family support services by no later than 9 months of age; and (6) Increase by 10% the number of health professionals and service providers trained on key aspects of the EHDI Program.