



## Presenter: Marlene Bagatto, AuD, PhD

Marlene Bagatto is an Assistant Professor at Western University in the School of Communication Sciences and Disorders & Principal Investigator at the National Centre for Audiology at Western University.



She is the Chair of the Canadian Infant Hearing Task Force and Past President of the Canadian Academy of Audiology.

## Presenter: Sheila Moodie, PhD



Sheila Moodie is an Associate Professor at Western University in the School of Communication Sciences and Disorders & Principal Investigator at the National Centre for Audiology at Western University. She is the Director of the Family-Centred Early Intervention Lab.

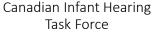
Dr. Moodie is a member of the Canadian Infant Hearing Task Force.

## Canadian Infant Hearing Task Force

EHDI Survey Subcommittee:

- Steve Aiken, Dalhousie University
- Bill Campbell, Thunder Bay
- Elizabeth Fitzpatrick, University of Ottawa
- Chantal Kealey, SAC
- Sheila Moodie, Western University
- Marlene Bagatto, Western University





Robert Funnell, PQ

- Jenny Hatton, BC
- Tanis Howarth, ABTheresa McVea, NB
- Paul Mick, SK
- Sharon Ritterman, MB
- Diana Dinon, MB
- Jane Bowering, NL
- Nael Shoman, NS
- Tony Herdman, BC
- Cheryl Messier, NWT

#### Groupe de travail canadien sur l'audition des nourrissons

Canadian Infant Hearing Task Force

- Christine Santilli, NS
- Greg Noel, NSAnne-Marie Hurteau, PQ
- Hema Patel, PQ
- Jacob Sulkers, MB
- Darren Leitao, MB
- Charlotte Douglas, SK
- Lynne Brewster, SKBrian Westerberg, BC
- Diane Bremner, BC
- Kimberly Hurley, NU

## Early Hearing Detection & Intervention (EHDI) Programs

- Go beyond population screening of newborn hearing and offer services to confirm the presence or absence of hearing loss and provide timely, equitable intervention services should permanent hearing loss be detected.
- Critical in the lives of D/deaf or hard of hearing (Dd/HH) children to ensure optimized language, literacy, and social skills development.

# Early Hearing Detection & Intervention (EHDI) programs include 5 components:

- Universal screening of all newborns, regardless of the presence of risk indicators for early hearing loss;
- 2) Identification of babies with permanent hearing loss using evidencebased (EB) diagnostic techniques;
- Provision of evidence-based intervention services which include support for technology (hearing devices) and communication development (spoken and/or signed languages) based on informed and engaged parental choice;
- Provision of family support; and
- Monitoring and measuring the impact of the interventions and EHDI program. (Hyde 2016; Bagatto & Moodie, 2016)





## Updated Survey of EHDI programs in Canada

In 2018 the CIHTF collaborated on a study with the aim to:

• investigate the status of implementation of EHDI programs in Canada;

- consider whether adequate and equitable programs were in place; and
- update the CIHTF EHDI Report Card from 2014.

## Study Design

- Concurrent mixed method design
   Quantitative + Qualitative;
- Data were primarily collected through a survey; and
- Triangulation of qualitative comments with quantitative data was facilitated through discussion among a sub-group of the CIHTF to reach consensus of our understanding of EHDI programs in Canada.

## Study Design: Survey

- A 24-item online survey was created to gather specific information about the status of EHDI programs in Canada
- Items 1-4 asked about the roles/responsibilities of the respondent
- Items 5-11 related to legislation, funding, coordination with the EHDI program
- Items 12-23 queried about specific components of the EHDI program
  Item 24 was open-ended to allow respondent to provide additional information and/or comments.

## Study Design: Follow-up

- Once survey data were collected (6/1/2018 to 10/24/2018) and data analysis completed, specific follow-up questions were derived and emailed to each respondent
- gather additional information/clarification of survey responses
- One CIHTF member (M. Bagatto) interacted with each respondent through email and/or phone until clarification and understanding of responses was achieved

2019 Report Card on Canadian Early Hearing Detection and Intervention Programs CANADA'S GRADE: INSUFFICIENT

Assigning an Overall Grade

## Assigning an overall grade for EHDI programs: Sufficient or Insufficient

#### • Sufficient:

- UNHS, hearing loss confirmation, intervention, and family support were all available at the provincial or territorial level;
- Clinical protocols are implemented & monitored; and
- Databases are in place to track infants through each stage of the EHDI program and to monitor outcomes.

#### • Insufficient:

• If any of the 5 EHDI components were missing and/or not implemented province- or territory-wide.

Results: Respondents	
Respondent Details	
Number of Provinces/Territories represented	
Total Number of Respondents	
Audiologist Respondents	
SLP Respondents	
Provincial/Territorial UNHS Manager	
Regional UNHS Manager	
Director of Provincial/Territorial EHDI program	
Manager of Provincial/Territorial EHDI program	

Manager of Regional EHDI program

Manager of Local EHDI program

#### 2019 Report Card on Canadian Early Hearing Detection and Intervention Programs CANADA'S GRADE: INSUFFICIENT Sufficient: (6) • Alberta, British Columbia, Northwest Territories, Nova Scotia, Ontario and the Yukon Territory

#### Insufficient: (7)

13

19

11 1

1

1 1

1

1

3

• Manitoba, New Brunswick, Newfoundland and Labrador, Nunavut, Prince Edward Island, Quebec, and Saskatchewan

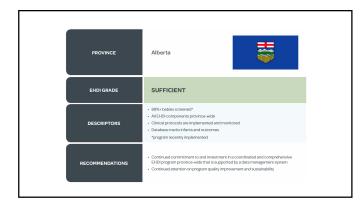
WEBSITE: http://www.infanthearingcanada.ca/status/

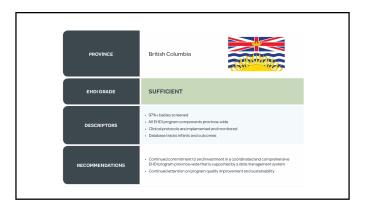
egisla		P Report Card on Canadian E Detection and Intervention P CANADA'S GRADE: INSUFFIC ng, and Coordination	rograms
	N / 13	Legislation in Place	Name of Province or Territory
	7	Position statements, approved policies or legislation recommending UNHS/EHDI	AB, MN, NB, ON, PEI, QC, NS
	1	Endorsed external policies or legislation	NWT
	5	Unaware if position statements, policies or procedures are used and/or endorsed in their province	BC, NL, SK, NU, YT
	5		ы, nl, эк, NU, YI

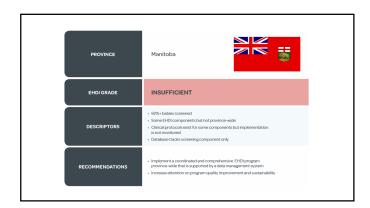
	(	CANADA'S GRADE: INSUFFIC	IENT
ersal	Newbor	n Hearing Screening (UNHS	S) Provision
	N / 13	Legislation in place	Name of province or territory
	10	Have legislation for or provide a program for UNHS	AB, BC, MB, NB, NWT, ON, PEI, QC, NS, YT
	2	Have regional or local UNHS	NL, SK
	1	Does not have UNHS legislation or program (regional or local)	NU

arly He	D	Report Card on Canadian E etection and Intervention I ANADA'S GRADE: INSUFFIC ction and Intervention (El	Programs CIENT
	N / 13	Legislation in place	Name of province or territory
	8	Have legislation for or provide an EHDI program	AB, BC, NB, NWT, NS, ON, PEI, YT
	3	Lacking components that make it an EHDI program	NB, PEI, SK
	2	Does not have provincial EHDI program legislation (or provincial UNHS legislation)	NL, NU

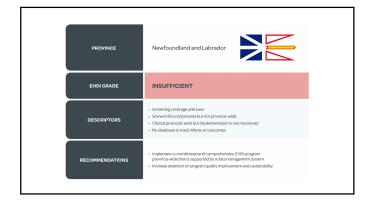
13         Legislation m place         territory           13         Sufficient funding* and support for coordination/management of province/retrirory-wide program         BC, NWT, ON, PEL, QL, NYT, ON, PEL, QL, NYT, Cont, PEL, QL, SYT, Transport, Services           1         Sufficient funding for prov/terr-wide UNHS, but no funding for mean equipment affecting program sustainability         MB           1         Insufficient funding - room sustainability         NB           1         EVDI program began in 2018, premature to know if funding is sufficient sustainability         AB           1         Funding for UNHS only; no EHDI program         SK           1         Funding for prov/terr-wide UNHS or EHDI programs, local         NI		Funding of UNHS and/or EHDI pro	ograms
/         province/territory-wide program         NS, YT           1         Sufficient funding for prov/terr-wide UNHS, but no funding for regional coordination or intervention services         MB           1         Insufficient funding - 'new' funding required to update equipment affecting program sustainability         NB           1         EHD program began in 2018, premature to know if funding is sufficient         AB           1         Funding for UNHS only; no EHDI program         SK           1         No funding for prov/terr-wide UNHS or EHDI programs, local         NI	N / 13	Legislation in place	Name of province or territory
1     regional coordination or intervention services     MB       1     insufficient funding 'new' funding required to update equipment affecting program sustainability     NB       1     EHDI program began in 2018, premature to know if funding is sufficient     AB       1     Funding for UNHS only; no EHDI program     SK       1     No funding for prov/terr-wide UNHS or EHDI programs, local     NI	7		BC, NWT, ON, PEI, QC, NS, YT
equipment affecting program sustainability         NB           equipment affecting program sustainability         NB           sufficient         AB           1         FLDI program began in 2018, premature to know if funding is sufficient         AB           1         Funding for UNHS only; no EHDI program         SK           No funding for prov/terr-wide UNHS or EHDI programs; local         NI	1		MB
sufficient     AB     Sufficient     Funding for UNHS only; no EHDI program     SK     No funding for prov/terr-wide UNHS or EHDI programs; local	1		NB
No funding for prov/terr-wide UNHS or EHDI programs; local	1		AB
	1	Funding for UNHS only; no EHDI program	SK
programs provide UNHS	1	No funding for prov/terr-wide UNHS or EHDI programs; local programs provide UNHS	NL
1 Respondent unaware of funding status; targeted screening of NU NU	1		NU

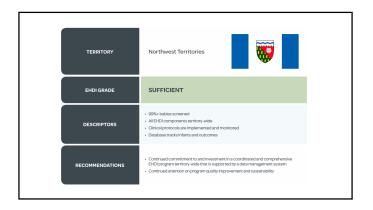


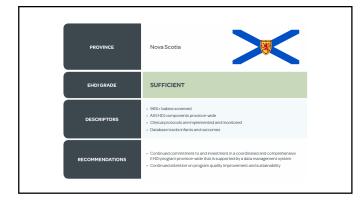


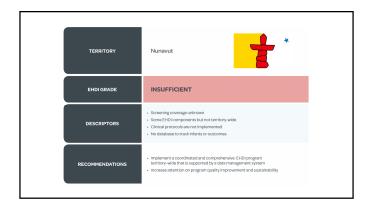


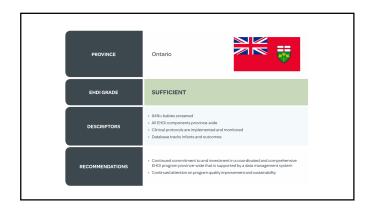
EHDIGRADE         INSUFFICIENT           DESCRIPTORS         - 90%-bables screened           - sinnel FLICE         - sinnel FLICE           - Biglional databases mostly track screening numbers but not province wide         - initial province to the moltand or - childing province from 2002 the bables used and not moltand           - Biglional databases mostly track screening numbers but not outcomes         - implement a coordinated and comprehensive EHD(program	PROVINCE	New Brunswick
DESCRIPTORS     - Some EPDI components but not province wide     Fanily separat and monitoring as not formalized or     orthold provide the being used and not monitored     Chicking broads from 3002 are being used and not monitored     Regional databases mostly track screening numbers but not outcomes     Implement a coordinated and comprehensive EHDI program	EHDIGRADE	INSUFFICIENT
	DESCRIPTORS	<ul> <li>Some EHDI components but not province-wide</li> <li>Family support and monitoring are not formalized or centrally coordinated</li> <li>Clinical protocols from 2002 are being used and not monitored</li> </ul>
RECOMMENDATIONS Province-wide that is supported by a data management system Increase attention on program quality improvement and sustainability	RECOMMENDATIONS	province-wide that is supported by a data management system



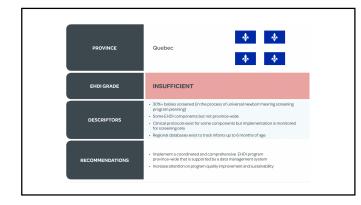


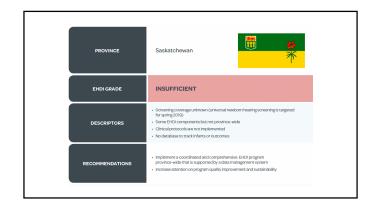






PROVINCE	Prince Edward Island
EHDI GRADE	INSUFFICIENT
DESCRIPTORS	97% - bables screened     AIEEOI components provide      Clinical protocele selis but implementation is not monitored     No distabase to track infants or outcomes
RECOMMENDATIONS	Implement a coordinated and comprehensive EHDI program province-wide that is supported by a data management system     Increase attention on program quality improvement and sustainability







## Protocols and Training

- Regardless of the existence of a sufficient EHDI program, all Canadian provinces and territories had clinical protocols for hearing screening, assessment, hearing aid fitting/verification and outcome measurement.
- Person-to-person training on various protocols happens even for provinces without sufficient EHDI programs.
- Sharing of electronic resources occurs within and between prov/terr.
- For some families, access to these services is lacking.
- For some prov/terr/regions, sustainability of services is at risk.

## Practice Monitoring of Service Provision/Adherence to Clinical Protocols

- Practice monitoring for EHDI components is happening in BC, ON, NS, and the YT.
- $\bullet$  Practice monitoring for UNHS performance is happening in MB and QC.
- UNHS and Diagnostic hearing assessment are monitored in AB;
- SK has plans to monitor UNHS as they start their program (Spring 2019).
- NB, NL, NWT do not monitor service provision at the time of the survey.

## Overall EHDI Report Card Results: 2014 = Insufficient 2019 = Insufficient

What has changed at the Provincial/Territorial level?

What	has Chang	ed?
Province/Territory	2014	2019
Alberta	Insufficient	Sufficient
British Columbia	Excellent	Sufficient
Manitoba	Insufficient	Insufficient
New Brunswick	Good	Insufficient
Newfoundland & Labrador	Insufficient	Insufficient
Northwest Territories	Under review	Sufficient
Nova Scotia	Good	Sufficient

What has Changed?			
Province/Territory	2014	2019	
Nunavut	Insufficient	Insufficient	
Ontario	Good	Sufficient	
Prince Edward Island	Good	Insufficient	
Quebec	Insufficient	Insufficient	
Saskatchewan	Insufficient	Insufficient	
Yukon Territory	Insufficient	Sufficient	
Nunavut	Insufficient	Insufficient	

## Sustainability

 In order to sustain access to high quality and equitable services and support for children and their families it is imperative that equipment, protocols, hiring, and training of professionals is sustained through appropriate provincial and federal funding mechanisms.

## Call to Action

- It is concerning that seven provinces representing approximately 35% of Canada's population (Statistics Canada, 2016) still have EHDI programs that are insufficient.
- The CIHTF calls for action to improve access to comprehensive infant hearing services across Canada. All stakeholders including parents, physicians, nurses, audiologists, speech-language pathologists, government policy-makers, both provincial/territorial and federal, can participate in the following ways:

## Call to Action

Within a province or territory that has an "Insufficient" EHDI implementation:

- Reach out to provinces and territories who have implemented a sufficient EHDI program to gain an understanding of the resources needed to develop and implement a comprehensive and sustainable program; and
- Request access to standardized clinical protocols and guidelines to begin to support the babies who have hearing loss in your region immediately.

## Call to Action

Within a province or territory that has a "Sufficient" EHDI implementation:

- Continue to commit and invest in your EHDI program to ensure it remains coordinated and comprehensive across the province or territory;
- Maintain attention on program quality improvement and sustainability by reviewing data and implementing appropriate action as needed; and
- Work collaboratively with other provinces and territories in Canada who have an insufficient EHDI program to support the development and implementation of comprehensive infant hearing services.

## Next Steps for Continued Advocacy

• The 2019 Report Card was introduced during a press release on Parliament Hill on April 2, 2019

- Asked federal government to take a policy leadership role and develop national guidelines for EHDI programs
- Several media interviews have been conducted since the release
- Plans to share the press release with other stakeholders to continue momentum and gain leverage

PLEASE SHARE THE REPORT CARD

## Thank You –

Presenting on behalf of the CIHTF, CAA and SAC

Marlene Bagatto, Chair, CIHTF bagatto@nca.uwo.ca

Sheila Moodie, Member, CIHTF sheila@nca.uwo.ca

infanthearingcanada.ca

