



Hearing Healthcare for Infants & Children in Canada: Status of EHDI Programs

A report from The Canadian Infant Hearing Task Force
Presenters: Marlene Bagatto & Sheila Moodie



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The Canadian Infant Hearing Task Force is a national group of leaders and experts in matters related to early hearing detection and intervention (EHDI), formed to promote, support, and advocate for comprehensive universal EHDI programs in all Canadian provinces and territories.

The group is a joint effort of the Canadian Academy of Audiology and the Speech-Language & Audiology Canada.

WEBSITE: www.infanthearingcanada.ca



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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



Canadian Infant Hearing Task Force



- | | |
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| • Jenny Hatton, BC | • Greg Noel, NS |
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| • Tony Herdman, BC | • Diane Bremner, BC |
| • Cheryl Messier, NWT | • Kimberly Hurley, NU |

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

- 1) **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 evidence-based (EB) diagnostic techniques;
- 3) **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;
- 4) **Provision of family support**; and
- 5) **Monitoring and measuring** the impact of the interventions and EHD program. (Hyde 2016; Bagatto & Moodie, 2016)

Our Role as EHD Advocates



The CIHTF 2014 Report Card Canada's Grade: **Insufficient**

PROVINCE/TERRITORY (BASED ON QUALITY OF PROGRAM GRADE)	GRADE	PROVINCE/TERRITORY (BASED ON QUALITY OF PROGRAM GRADE)	GRADE
1. British Columbia	EXCELLENT	8. Alberta	INSUFFICIENT
2. Ontario	GOOD (coverage needs improvement but excellent program)	9. Quebec	INSUFFICIENT
3. Nova Scotia	GOOD (excellent coverage but some program limitations)	10. Manitoba	INSUFFICIENT
4. Prince Edward Island	GOOD (excellent coverage but significant program shortfalls)	11. Nunavut	INSUFFICIENT
5. New Brunswick	GOOD (excellent coverage but significant program shortfalls)	12. Saskatchewan	INSUFFICIENT
6. Newfoundland and Labrador	INSUFFICIENT	13. Northwest Territories	UNDER REVIEW
7. Yukon	INSUFFICIENT		

For the complete report please go to: infanthearingcanada.ca

Updated Survey of EHD programs in Canada

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

- investigate the status of implementation of EHD programs in Canada;
- consider whether adequate and equitable programs were in place; and
- update the CIHTF EHD 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 EHD 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	N
Number of Provinces/Territories represented	13
Total Number of Respondents	19
Audiologist Respondents	11
SLP Respondents	1
Provincial/Territorial UNHS Manager	3
Regional UNHS Manager	1
Director of Provincial/Territorial EHDI program	1
Manager of Provincial/Territorial EHDI program	1
Manager of Regional EHDI program	1
Manager of Local EHDI program	1

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)

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

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

2019 Report Card on Canadian Early Hearing Detection and Intervention Programs

CANADA'S GRADE: **INSUFFICIENT**

Legislation, Funding, and Coordination

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

2019 Report Card on Canadian Early Hearing Detection and Intervention Programs

CANADA'S GRADE: **INSUFFICIENT**

Universal Newborn Hearing Screening (UNHS) 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

2019 Report Card on Canadian Early Hearing Detection and Intervention Programs

CANADA'S GRADE: **INSUFFICIENT**

Early Hearing Detection and Intervention (EHDI) Programs

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

Funding of UNHS and/or EHDI programs

N / 13	Legislation in place	Name of province or territory
7	Sufficient funding* and support for coordination/management of province/territory-wide program	BC, NWT, ON, PEI, QC, 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	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 programs provide UNHS	NL
1	Respondent unaware of funding status; targeted screening of infants at risk for HL	NU

*Sufficient funding but in some cases long waitlists for service in some provinces.

PROVINCE Alberta



EHDI GRADE **SUFFICIENT**

DESCRIPTORS

- 89%+ babies screened*
- All EHDI components province-wide
- Clinical protocols are implemented and monitored
- Database tracks infants and outcomes
- *program recently implemented

RECOMMENDATIONS

- Continued commitment to and investment in a coordinated and comprehensive EHDI program province-wide that is supported by a data management system
- Continued attention on program quality improvement and sustainability

PROVINCE British Columbia




EHDI GRADE **SUFFICIENT**


DESCRIPTORS


- 97%+ babies screened
- All EHDI program components province-wide
- Clinical protocols are implemented and monitored
- Database tracks infants and outcomes


RECOMMENDATIONS

- Continued commitment to and investment in a coordinated and comprehensive EHDI program province-wide that is supported by a data management system
- Continued attention on program quality improvement and sustainability


PROVINCE	Manitoba	
EHDl GRADE	INSUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> 92%+ babies screened Some EHDl components but not province-wide Clinical protocols exist for some components but implementation is not monitored Database tracks screening component only 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Implement a coordinated and comprehensive EHDl program province-wide that is supported by a data management system Increase attention on program quality improvement and sustainability 	


PROVINCE	New Brunswick	
EHDl GRADE	INSUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> 98%+ babies screened Some EHDl components but not province-wide Family support and monitoring are not formalized or centrally coordinated Clinical protocols from 2002 are being used and not monitored Regional databases mostly track screening numbers but not outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Implement a coordinated and comprehensive EHDl program province-wide that is supported by a data management system Increase attention on program quality improvement and sustainability 	


PROVINCE	Newfoundland and Labrador	
EHDl GRADE	INSUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> Screening coverage unknown Some EHDl components but not province-wide Clinical protocols exist but implementation is not monitored No database to track infants or outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Implement a coordinated and comprehensive EHDl program province-wide that is supported by a data management system Increase attention on program quality improvement and sustainability 	


TERRITORY	Northwest Territories	
EHDl GRADE	SUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> 99%+ babies screened All EHDl components territory-wide Clinical protocols are implemented and monitored Database tracks infants and outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Continued commitment to and investment in a coordinated and comprehensive EHDl program territory-wide that is supported by a data management system Continued attention on program quality improvement and sustainability 	


PROVINCE	Nova Scotia	
EHDl GRADE	SUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> 96%+ babies screened All EHDl components province-wide Clinical protocols are implemented and monitored Database tracks infants and outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Continued commitment to and investment in a coordinated and comprehensive EHDl program province-wide that is supported by a data management system Continued attention on program quality improvement and sustainability 	


TERRITORY	Nunavut	
EHDl GRADE	INSUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> Screening coverage unknown Some EHDl components but not territory-wide Clinical protocols are not implemented No database to track infants or outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Implement a coordinated and comprehensive EHDl program territory-wide that is supported by a data management system Increase attention on program quality improvement and sustainability 	

PROVINCE	Ontario	
EHDl GRADE	SUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> 94%+ babies screened All EHDl components province-wide Clinical protocols are implemented and monitored Database tracks infants and outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Continued commitment to and investment in a coordinated and comprehensive EHDl program province-wide that is supported by a data management system Continued attention on program quality improvement and sustainability 	

PROVINCE	Prince Edward Island	
EHDl GRADE	INSUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> 97%+ babies screened All EHDl components province-wide Clinical protocols exist but implementation is not monitored No database to track infants or outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Implement a coordinated and comprehensive EHDl program province-wide that is supported by a data management system Increase attention on program quality improvement and sustainability 	

PROVINCE	Quebec	
EHDl GRADE	INSUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> 30%+ babies screened (in the process of universal newborn hearing screening program planning) Some EHDl components but not province-wide Clinical protocols exist for some components but implementation is monitored for screening only Regional databases exist to track infants up to 6 months of age 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Implement a coordinated and comprehensive EHDl program province-wide that is supported by a data management system Increase attention on program quality improvement and sustainability 	

PROVINCE	Saskatchewan	
EHDl GRADE	INSUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> Screening coverage unknown (universal newborn hearing screening is targeted for spring 2019) Some EHDl components but not province-wide Clinical protocols are not implemented No database to track infants or outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Implement a coordinated and comprehensive EHDl program province-wide that is supported by a data management system Increase attention on program quality improvement and sustainability 	

TERRITORY	Yukon	
EHDl GRADE	SUFFICIENT	
DESCRIPTORS	<ul style="list-style-type: none"> 99%+ babies screened All EHDl components available with support from southern provinces (e.g., BC) Clinical protocols are implemented and monitored Database tracks infants and outcomes 	
RECOMMENDATIONS	<ul style="list-style-type: none"> Continued commitment to and investment in a coordinated and comprehensive EHDl program territory-wide that is supported by a data management system Continued attention on program quality improvement and sustainability 	

Protocols and Training

- Regardless of the existence of a sufficient EHDl 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 EHDl 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 EHDl components is happening in BC, ON, NS, and the YT.
- 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 EHDl Report Card Results: 2014 = Insufficient 2019 = Insufficient

What has changed at the Provincial/Territorial level?

What has Changed?

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 EHDl 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"** EHDl implementation:

- **Reach out** to provinces and territories who have implemented a sufficient EHDl 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"** EHDl implementation:

- **Continue to commit and invest** in your EHDl 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 EHDl 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 EHDl 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

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