Newborn Hearing and Public Health
Please cite this module using the following:

Curriculum Advisory Committee:

Sarah Jane Dodd, PhD, Silverman School of Social Work, Hunter College, CUNY, NY, NY
Jeanne Finch, DSW, School of Social Work, Stony Brook University, Stony Brook, NY
Mary Ann Jones, PhD, Silver School of Social Work, New York University, NY, NY
Susan Mason, PhD, Wurzweiler School of Social Work, Yeshiva University, NY, NY
Lynn Spivak, PhD, Adelphi University and Hofstra Universities, Long Island, NY
Brenda Williams-Gray, DSW, Department of Social Work, Lehman College, CUNY, Bronx, NY
Wendy Zeitlin, PhD, Wurzweiler School of Social Work, Yeshiva University, NY, NY
Topics

• Fundamentals of Public Health
  o Public Health and Social Work
  o Children’s Hearing and Public Health

• Loss to Follow-Up: A Public Health Concern
  o Extent of the Problem
  o A Research Example

• What Can Social Workers Do?
Fundamentals of Public Health

• Purpose of public health: To collectively improve health and well-being of people in communities
• Differs from health care in that public health is concerned with large populations and health care focuses on the individual
• In cases of epidemics, public health and health care often merge their goals in their work of identifying, controlling and preventing illness
Three stages of public health prevention

- **Primary** – Goal to reduce or prevent health problems through individual and societal efforts: e.g., car seat use for infants
- **Secondary** – Goal to reduce negative effects of health problems: e.g., treating HIV patients with new medication
- **Tertiary** – Goal to use rehabilitation activities to lessen the negative impact of health problems: e.g., early intervention for children with hearing loss
- Overlap can occur between secondary and tertiary interventions (Turnock, 2012)
Social Work and Public Health

- Similar focus on at-risk individuals and communities
- Social work has been an integral part of the health care system
- Social workers traditionally work with families, groups, and communities
Children’s Hearing and Public Health

98% of children in the U.S. are screened for hearing loss shortly after birth in Universal Newborn Hearing Screening Programs

- Slightly more than 1.5% of children do not pass this initial screening
  - Of those children, 8.5% are ultimately diagnosed with a hearing loss, but nearly 40% do not come back for recommended screening/diagnosis/intervention
  - These children are lost to follow-up -> they do not return as recommended

- Families must be the target of intervention since these children are not capable of following up on their own
Case study: The social worker’s role

Mr. and Mrs. Hernandez were thrilled with their first-born, a little girl. Baby Sandra appeared healthy and normal and was born at full-term. After her birth, the couple was told that their baby would be screened for a variety of health related issues, including hearing loss. Both Mr. and Mrs. Hernandez were surprised to hear that their baby had not passed the hearing screening done in the newborn nursery in either ear. Nurse Jones assured them that this happens often, and it does not necessarily mean that Baby Sandra has a hearing loss. An appointment was scheduled for a follow-up hearing screening in the couple’s neighborhood. Mr. Hernandez insisted that the child be brought to their pediatrician first in order to get the doctor’s opinion.
Case study: The social worker’s role

- You have on your calendar the Hernandez baby, who is scheduled for a re-screen in one week from today. You have the information provided on the previous slide.

- Questions:
  - What is your first concern?
  - What issues do you foresee in working with this family?
  - What do we know from the literature about families’ willingness to follow-up with recommended rescreen?
Case study: Baby Sandra’s re-screen

The pediatrician told the Hernandez’s not to worry about the recommendation for another screening, but that Baby Sandra should be re-screened. She told them that the need for a re-screen was fairly common and could be caused by other things besides hearing loss.

Mrs. Hernandez called her mother, still concerned about Baby Sandra not passing the screening in the hospital. Her mother suggested that she follow the doctor’s advice and take the baby for her re-screen.

Baby Sandra is brought to the hearing and speech center affiliated with the birth hospital for the second screening.
Case study: Baby Sandra’s screenings

Baby Sandra passes her second screening in her right ear, but still does not pass in her left ear. Social Worker Sally, along with the audiologist, Clinician Craig, inform Mr. and Mrs. Hernandez that Baby Sandra needs to come back for a diagnostic assessment, which includes more in-depth hearing testing to determine why Sandra did not pass the screening in her left ear. Mrs. Hernandez asks what this means and wants to know if Baby Sandra will need a hearing aid.
Case study: The role of social work

Social Worker Sally must respond to Mrs. Hernandez’s question:

• How would you respond?
• Why was this response chosen? What issues were you addressing in choosing this response?
• Knowing that many children who do not pass their second screening do not come back for additional diagnosis or treatment, what would you do to encourage the Hernandez’s to bring Baby Sandra back to the hearing and speech center?
Case study: Baby Sandra

Baby Sandra is brought back for the diagnostic testing in her left ear. After the testing is complete, Mr. and Mrs. Hernandez are informed that Baby Sandra has a moderate loss in her left ear only. At the end of their appointment, Mr. and Mrs. Hernandez are told by the audiologist that a hearing aid is recommended. Mr. and Mrs. Hernandez have a dilemma: they want the best for Baby Sandra, but they are concerned about possible stigma – bullying, teasing, and looking different from other children – if Baby Sandra gets a hearing aid.
Case study: The role of the social worker

Social Worker Sally also has a dilemma: if she pushes too hard for the Hernandez’s to follow-up with the recommendation to fit Sandra with a hearing aid, she may lose them altogether. If she does not strongly encourage them to get Baby Sandra fitted, she is risking possible long-term deficits for the baby, including learning, social, and cognitive challenges.

What factors – ethical, social, clinical - exist that aid your analysis of how best to respond?

How would you advise Social Worker Sally? Explain your reasons for this choice of response.
Case study: Baby Sandra

The Hernandez’s can not figure out whether to get Baby Sandra a hearing aid. At six months old, she seems to be developing normally. She is sitting up, making some sounds and turns her head in response to noises.

At her six month check-up, the pediatrician asks what the Hernandez’s are planning to do about the recommendation to get Baby Sandra a hearing aid. Mrs. Hernandez tells the doctor that since Baby Sandra seems to be developing normally, they have decided to not get the hearing aid at this time.
Case study: Social worker role

Social Worker Sally notices that Baby Sandra has not returned to the hearing and speech center:

• What are the chances that, without intervention, Baby Sandra will continue to develop normally?
• What does the literature tell us about the connection between stigma and hearing aids in children?
• What would you advise Social Worker Sally to do at this point? How does viewing the roles of advocate, educator and capacity builder aid your response?
• What recommendations for service improvements emerge from your considerations?
Suggested Assignment

• Utilizing family-centered practice principles design a program for families like the Hernandez’s.
  o Provide your rationale and identify how this program addresses the concerns identified in your consideration of this case.
  o Your program design should include both structural and more direct clinical components.
  o Your program design should be linked to your understanding of both the strengths and challenges facing this family and others like them.

• Research whether such programs exist. If found, provide examples of how this resource might have responded to the Hernandez family and why. If not found, provide an analysis of why you believe this resource is lacking. Substantiate your reasons.
References and Resources


A parent’s guide to hearing: http://www.nationwidechildrens.org/hearing-guide

Parent Interview Progress Report: Communication Development Monitoring Process for Young Children with Hearing Loss
http://www.cehd.umn.edu/nceo/

http://deafchildren.org/
http://www.nationwidechildrens.org/hearing


References and Resources

http://www.asha.org/aud/Facts-about-Pediatric-Hearing-Loss-References/


