Lessons in Logistics:

EHDI Readiness for Active Duty Military Families

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Disclaimer

The views expressed are those of the presenters and do not represent any branch of:

The United States Military,

The Department of Defense,

The Department of Homeland Security or The United States Government.

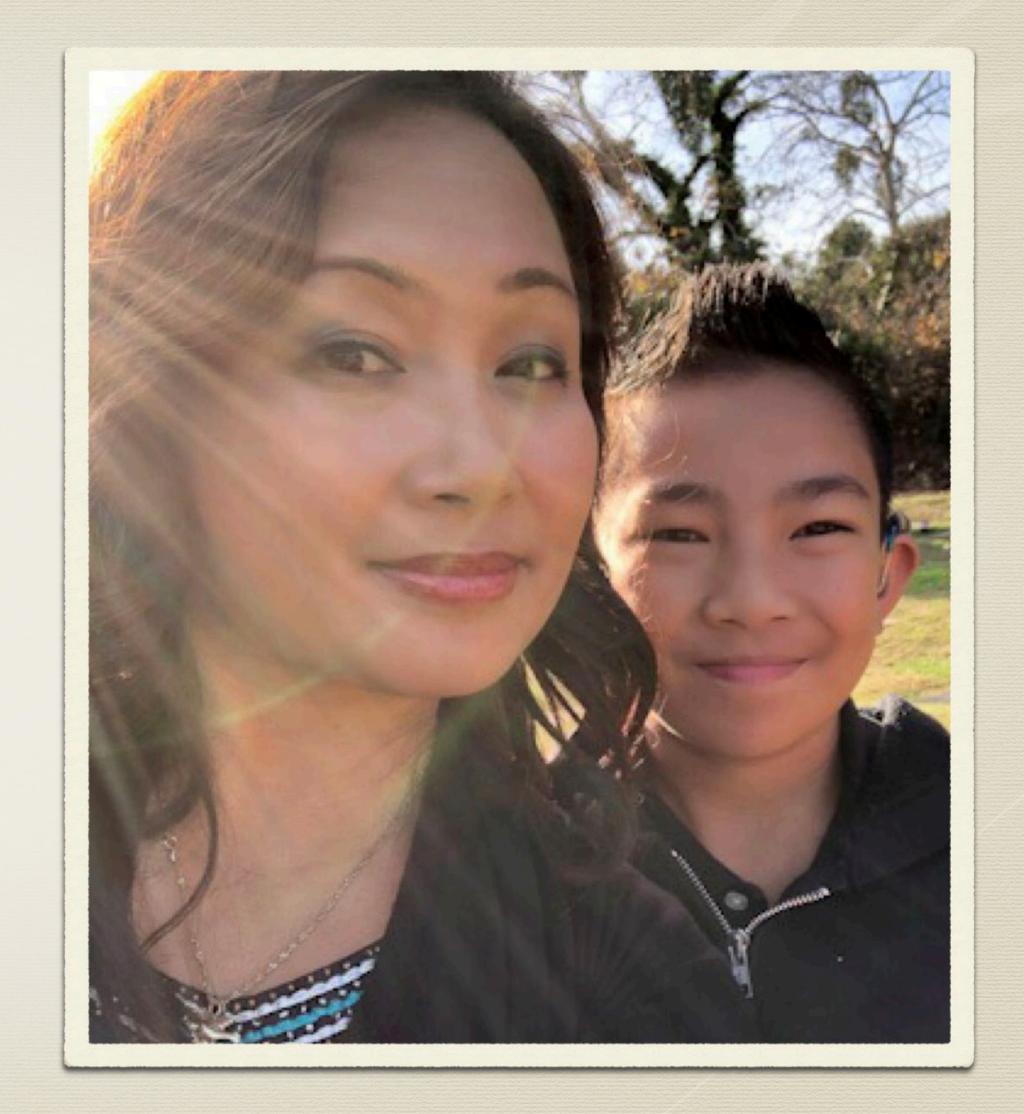
Rosabel Agbayani

- Hands & Voices Headquarters/FL 3 Center
 Consultant for Underrepresented
 Populations
- * Board President-California Hands & Voices
- * Lives in San Diego
- * 3 Multicultural Children
- * Grew up in Military Family
- * Child of Immigrant Parents



Rosabel's Story

- At birth he failed the Newborn Hearing
 Screening
- 3 months of age he was diagnosed with Bilateral Branchial Cleft Cysts
- Other than speech, he met most of his developmental milestones
- Was told by pediatricians that boys "talk later"
- At 2.5 years of age, family ENT advised to get his hearing checked
- It took 6 months to get a diagnosis and diagnosed at the age of 3 years old
- I wish someone had told me what to look out for so I could have prepared



Military Families and Diversity



- Active Duty military families make up less than one half of 1% of the population (CFR, 2020)
- Are a diverse community
- More than one third of all U.S. military personnel self-identify as an ethnic or racial minority (DoD, 2012).
- Compared to white, non-Hispanic military personnel are disproportionately represented in the enlisted ranks (and thus receive lower salaries) and often have less education (DoD, 2012).

DEFINITION UNDERSERVED POPULATIONS

The Department of Health and Human Services (HHS) characterizes under served, vulnerable, and special needs populations as communities that include members of minority populations or individuals who have experienced health disparities

- Latino populations
- African American populations
- Al/AN populations (Indigenous)
- Refugees
- Individuals with limited English proficiency (LEP)
- Individuals with disabilities
- Religious minorities



PARENT PROFESSIONAL RELATIONSHIPS AND CULTURAL DIVERSITY

Interactions between parents of children with disabilities and health care and special education professionals start the moment parents have concern's about their children's health

Parents have difficulty

- Communicating with their child's professionals
- Receiving professional advice and support
- Obtaining sufficient information on their child's disability and accessing services
- Lack of collaboration between providers (Medical and Early Intervention)
- Parents also complained of parents being dismissive of their opinions and experiences and having negative views of their children, their needs, and abilities

Cultural differences can make it even more challenging for families due to lack of understanding, confidence, and trust.

Jegatheesan, B. (2021). Cross-Cultural Issues in Parent-Professional Interactions: A Qualitative Study of Perceptions of Asian American Mothers of Children with Developmental Disabilities.

HANDS & VOICES DEVELOPMENTAL MILESTONES



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Healthy Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information needs to make appropriate health decisions.

Petra Landreau

*Active Duty Coast Guard Spouse

*Mother of 7 children over 17 years

*Son Ethan has a hearing

difference



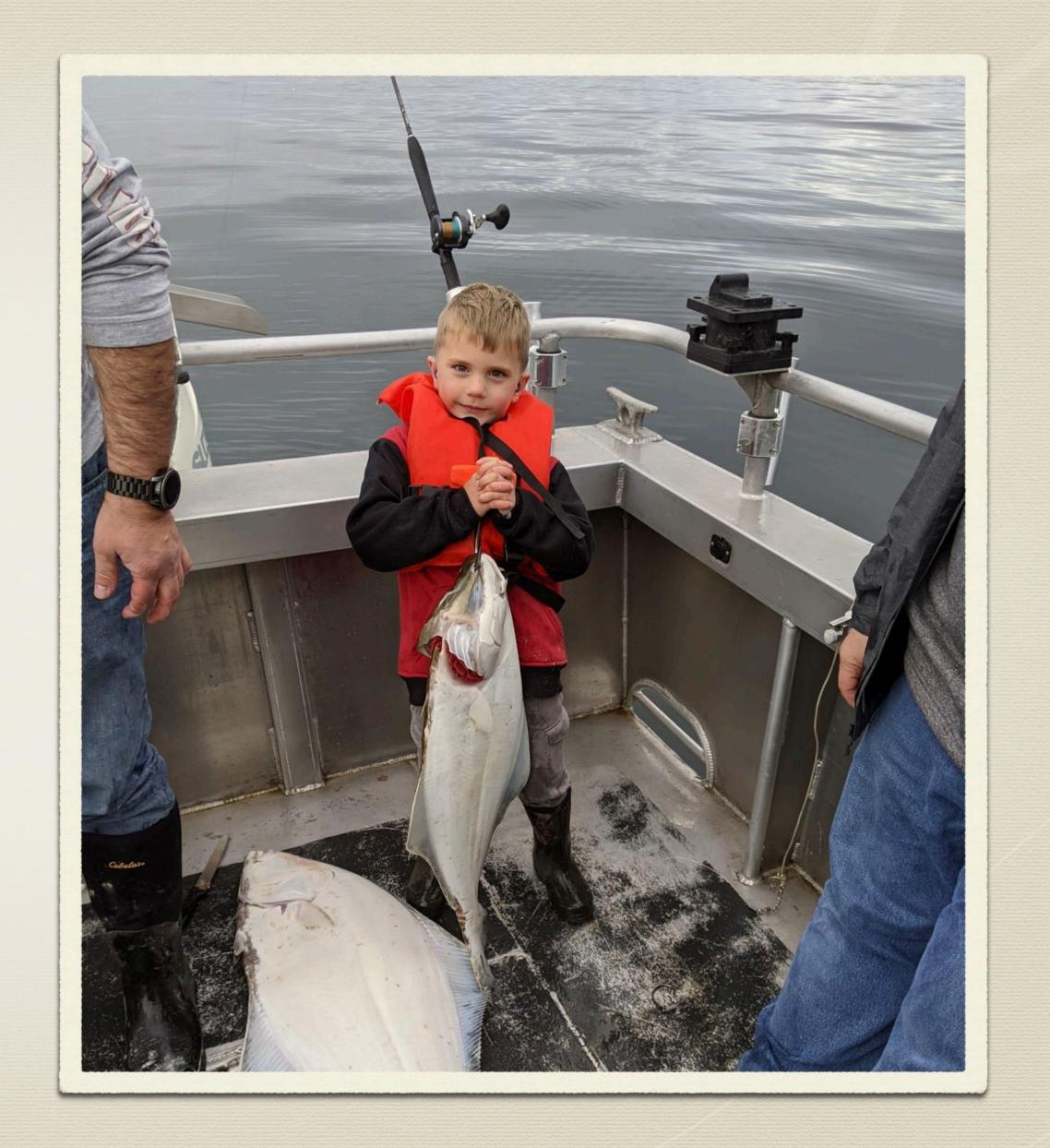
Petra's Story

- * Ethan "referred" in the birthing hospital
- * There appeared no reason to be concerned
- * Second screen, back in rural community, Ethan passed
- * Identified as a toddler as a child with speech delay, for years undergoing therapy.
- No Hearing Exam or Full Diagnostic until age
 3 and about to relocate.



"The screener wasn't comfortable telling me Ethan didn't pass."

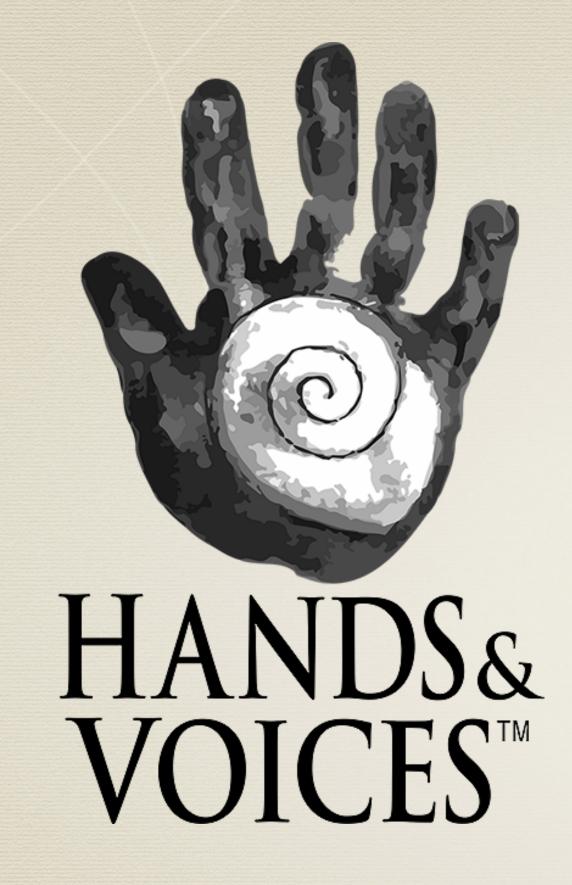
"Each time we transferred, passing the second screen meant a hearing concern was the last on the list of possible concerns."

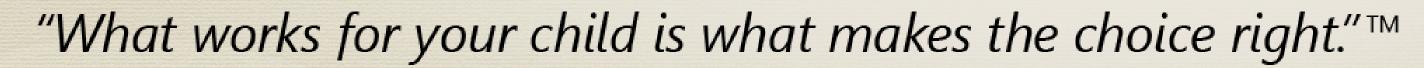


Chelsea Hull

Hands & Voices Military Project (HVMP) Leader
Active Duty Navy Spouse
Teacher of the Deaf and Hard of Hearing
Child of an adult who identified as Hard of
Hearing
Exceptional Family Member Program Family









Tough Conversations

- * What are your thoughts about the initial screening referral?
- * Around the time of the second screen/first exam, what additional information would you, looking back now, liked to have known about?
- * From your experience with Ethan's supports before he was 3-years old, what additional staff training or pediatric involvement do you think could have helped?
- * Do you have ideas for how the EHDI system can practice a "better safe than sorry" approach to military families?

H&V Military Project

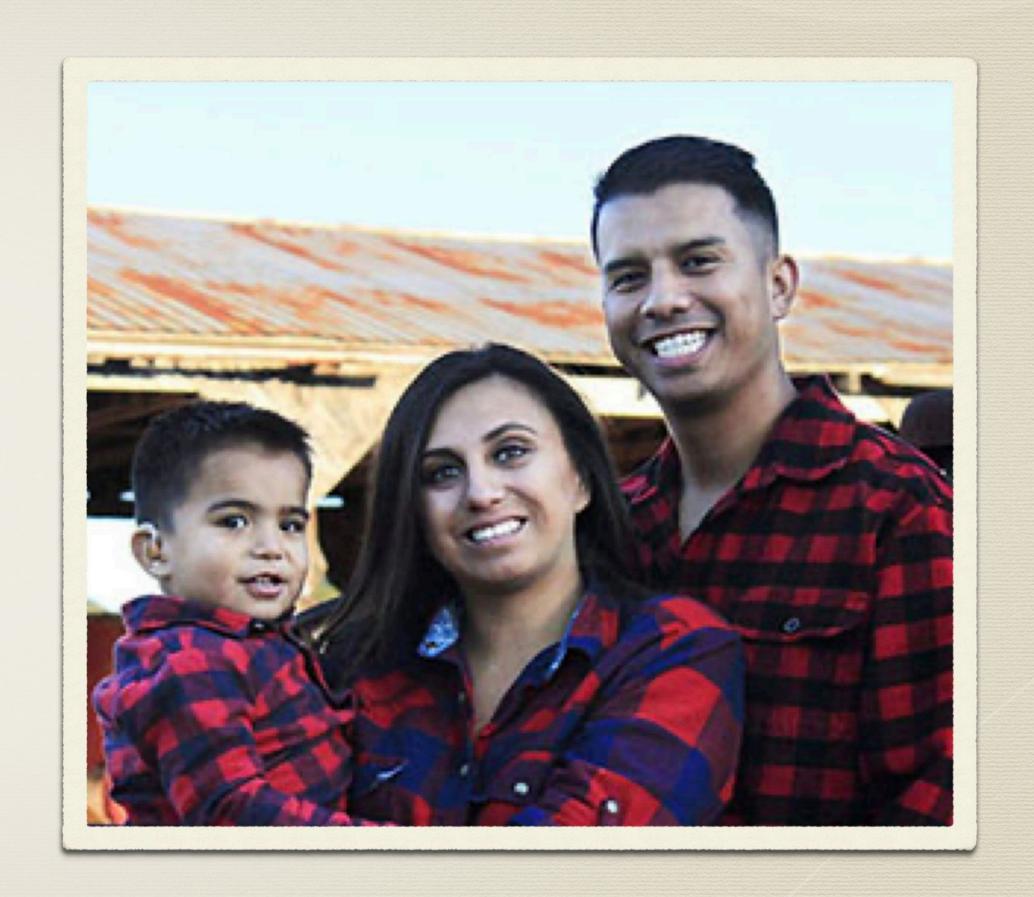
- Primary Change of Station checklist and All About my Child document
- * Facebook Family Support: 335 members
- * In 6 months 80 questions were asked about language acquisition, insurance coverage, and quality of services in new duty station.
- * http://www.handsandvoices.org/resources/ military/index.html



We are just like you,
except we have this
incredibly unique lifestyle.
-Hands & Voices Military
Project Board Member

Time is often not on our side so we need an abundance of information provided to us, as clearly as possible.

-Active Duty Spouse of a child with moderate hearing levels.



Frequently Reported Concerns:

- Military families often report dissatisfaction with either the medical or educational home. There often is a lack of pediatric audiologists/knowledgeable pediatricians, long drives for services and a sense of being waited out by the educational system.
- Military families report insurance referral delays for getting their baby aided and inaccurate denials which may results in children receiving amplification well after a child turns 3-months of age.
- * Military families often report they would prefer to have had more information/referral for services. These include services from a teacher of the deaf, auditory verbal therapist, and Hands & Voices.

Set us up for succes!

A military child moves an average of 6-8 times from Kindergarten to High School

-Military Child Education Coalition, Issue Paper Special Education and Military Families (updated January 5, 2021)



Prioritizing Military Families

- * Active duty families don't want to ask for special treatment. However, when you can express an understanding of our time sensitive lives, you may help improve a child's outcomes.
- If you knew a family was about to move, for national security reasons, and needed to get in to see the Audiologist ASAP, would you be willing to push back your appointment?
- * Prioritize appointments for families you know are about to move to ensure successful 1,3,6 timelines. Move Mountains!



How YOU Can Help

-Ensure screeners offer clear, coherent messages to families

(We are Resilient. We can handle it!)

- -Understand how precious our time is. Recognize our orders involve the national security of this country.
- -Never assume a Military family can wait until their next duty station.
 - -Consider additional "SafetyNets" for Active Duty families through data tracking /sharing



We are adaptable. Are you?