

# An Examination of Hearing Health Awareness in Group Home Facilities

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*“We should examine  
most closely the things  
we hold to be most  
dear.”*

Descartes



# Introduction

- ◆ Clinical experiences
- ◆ Inconsistencies and variability of care
- ◆ Population is there and growing

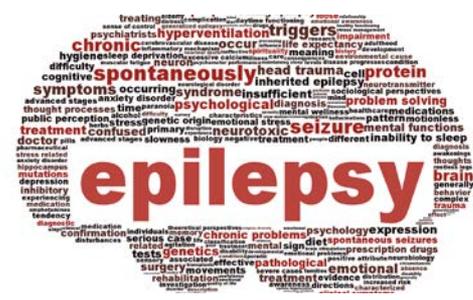


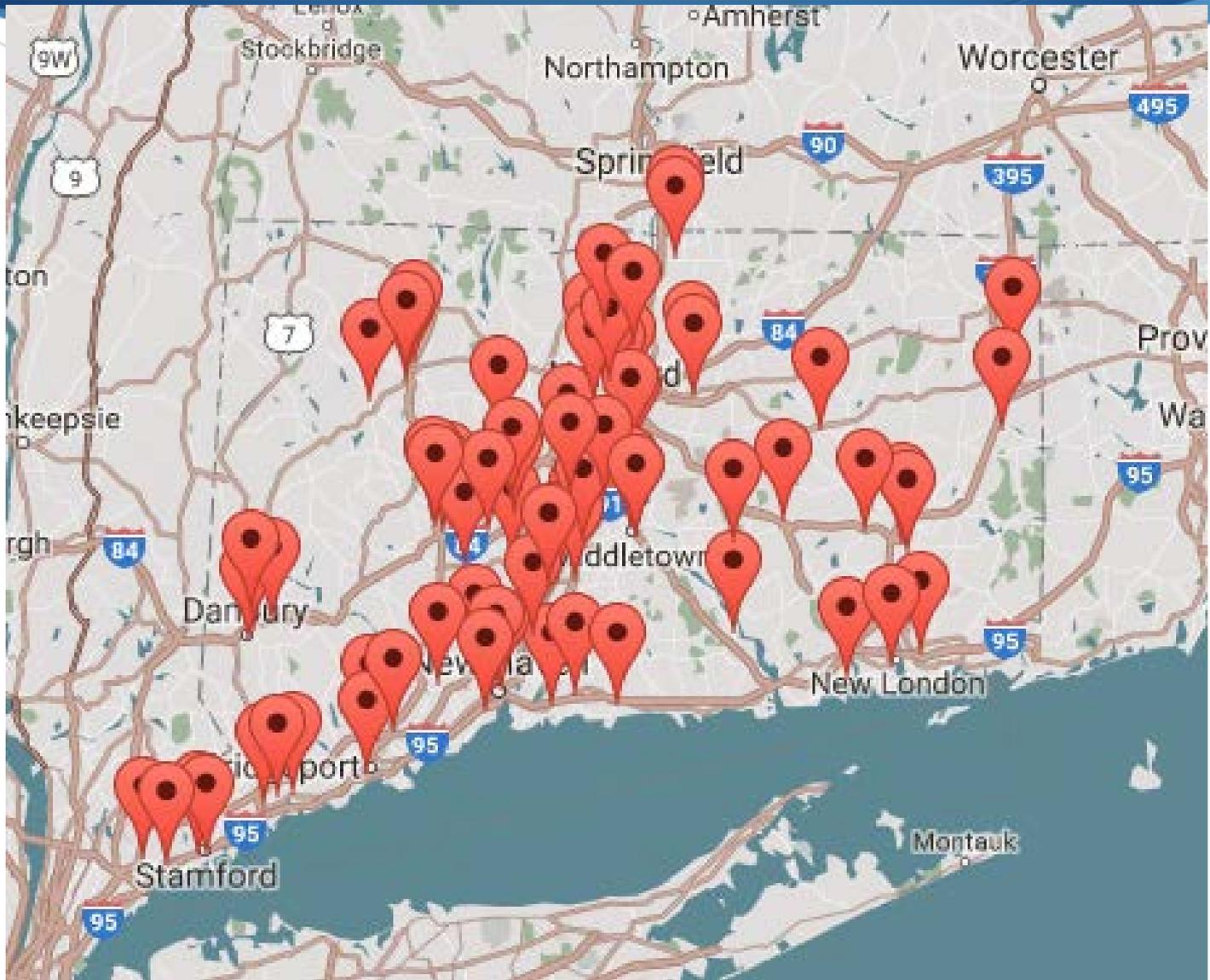
Let's Take a Step Back!





**~8,451**





# CT State Terms to Know

- ◆ “Habilitation” vs. Rehabilitation
- ◆ Community living arrangements
  - ◆ 15 or fewer
  - ◆ 90% operated by private providers
  - ◆ CLA licensing regulations
    - ◆ “Habilitation”
    - ◆ DDS inspections
    - ◆ **Hearing test every 5 years**
- ◆ Continuous residential supports
  - ◆ 3 or fewer
- ◆ Home and Community Based Waiver (HCBS) – Medicaid or Title 19
  - ◆ State-Federal Partnership

# Federal and State Mandates

## HIGHLIGHTS

- ◆ A "**community living arrangement**" is a residential facility providing residential services to **15 or fewer individuals** (CGS § 17a-227; DMR Regs. § 17a-227-1 et seq.)
- ◆ Each residence must have sufficient direct care personnel at all times to ensure that individuals' **essential health and safety** requirements are met (DMR Regs. § 17a-227-10 and -13)
- ◆ Hearing Test every 5 years (at least)
- ◆ Hearing Aids?
  - ◆ Physician determine candidacy → Audiologist or hearing aid vendor → Testing → Possible hearing aids

# What is it like to be an individual in 'group home'?

- ◆ Few opportunities for choice and express self determination (Wehmeyer & Schwartz, 1998)
- ◆ Underutilization of assistive technology (Wehmeyer, 1995b)
- ◆ Variability (Larson et al., 2004)

# Health Care Status

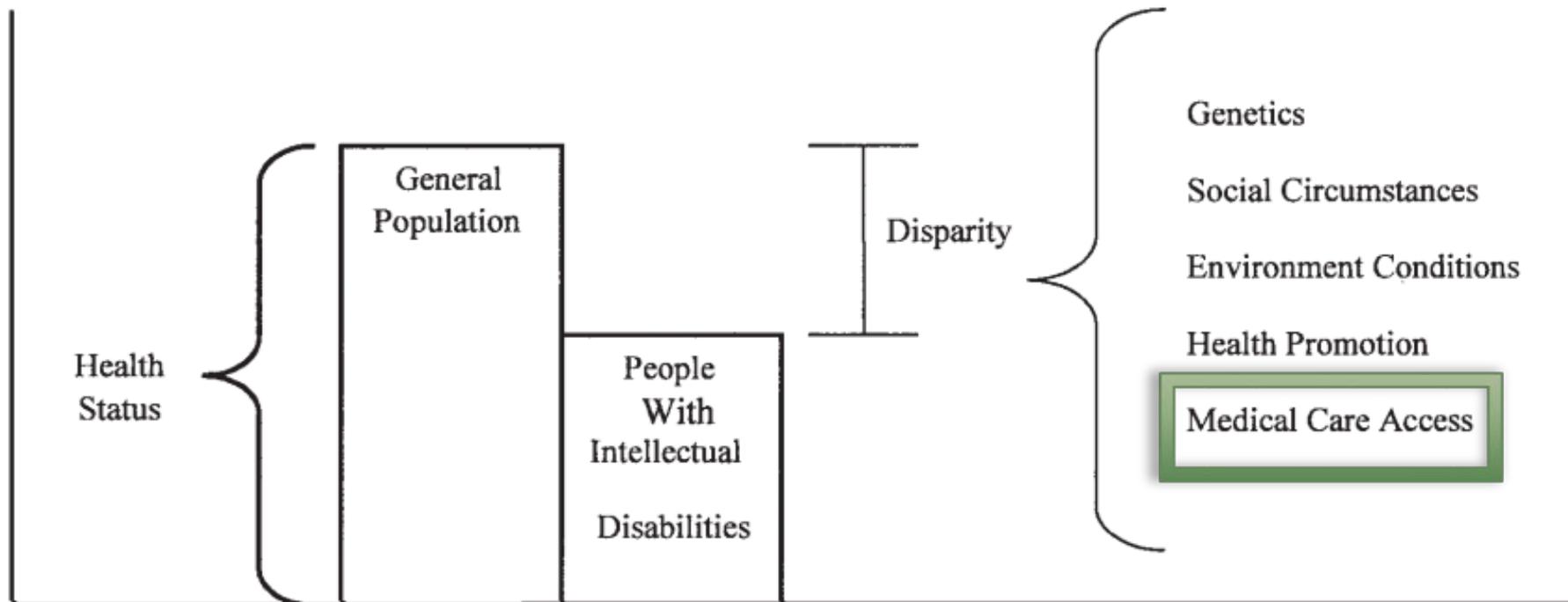


Fig. 1. Representation of determinants of health and health status disparities for persons with intellectual disabilities.

# What We Do Know

- ◆ In US, birth defects affect **1/33** babies or **3%** of all babies born in the US each year (Parker et al., 2004-2006)
- ◆ **50-60%** of childhood hearing loss is caused by genetics (Morton & Nance, 2006)
- ◆ Syndromic hearing impairment
- ◆ Hearing loss and aging

# Are There Barriers? Where Are They?

**Federal  
Legislation**

**Group  
Home**

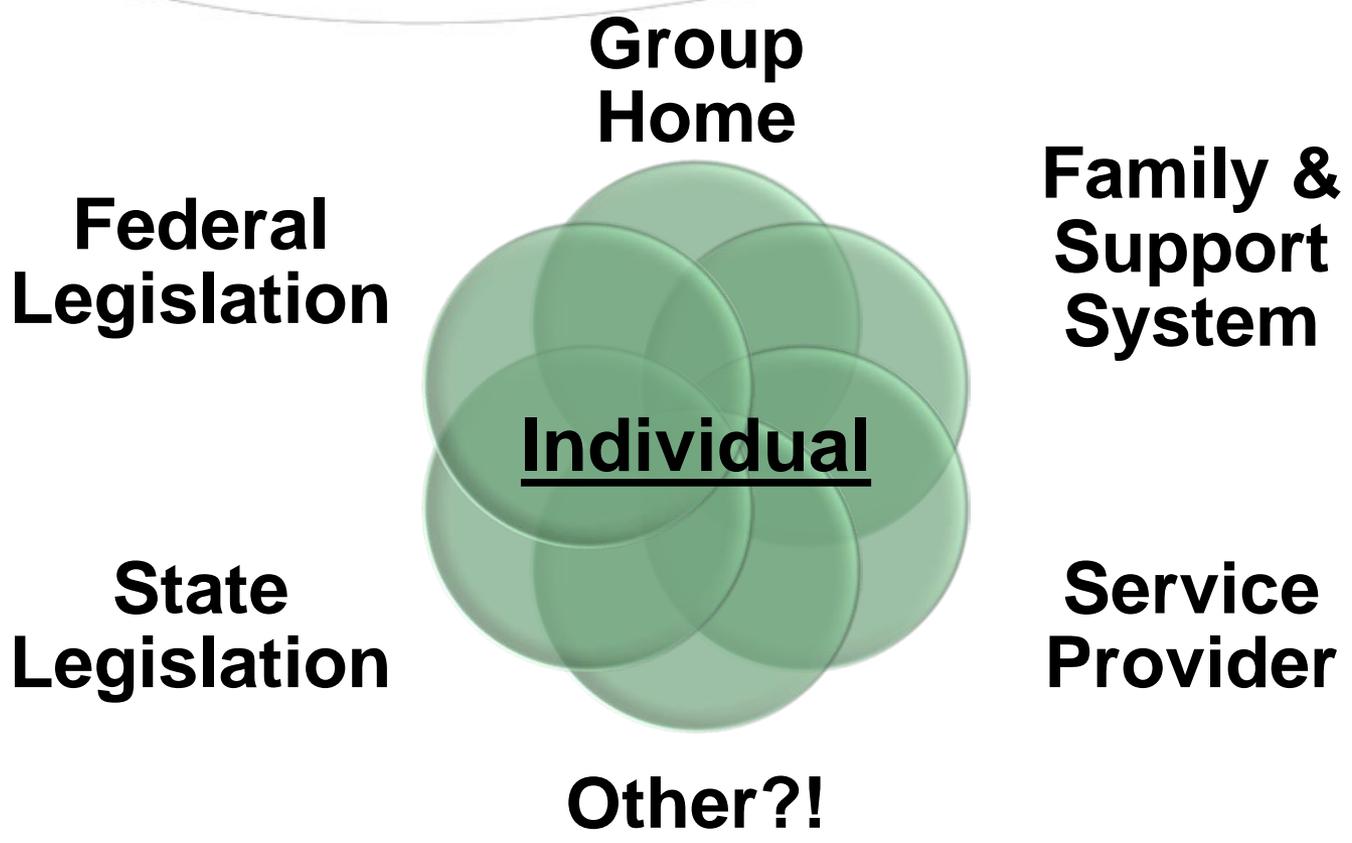
**State  
Legislation**

**Service  
Provider**

**Other?!**

**Family &  
Support  
System**

# Are There Barriers? Where Are They?



# Research Question

- ◆ *What is the prevalence of adults with hearing loss and hearing loss care in the group home, long-term care facilities, and relevant service settings in the state of CT?*
- ◆ **Purpose:** Gain information to contribute to a foundation of knowledge for providing best evidence based clinical practice for individuals with disabilities in the CT group home setting needing audiological services.

# Methods

- ◆ 91 facilities – CT Dept. of Developmental Services
- ◆ Phase One: Survey
  - ◆ Audiology Doctorate Capstone Project
- ◆ Phase Two: Interview
  - ◆ LEND Research Project

**An Examination of Hearing Health Awareness in Group Home Facilities Survey**

1. How many residents reside at your setting? \_\_\_\_\_
2. How many residents have a disability? \_\_\_\_\_
3. How many residents have a known hearing loss? \_\_\_\_\_
4. How does your facility utilize assistive technology in both private and public areas for residents?

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5. How many employees and briefly describe their demographics (i.e. how many employees have certification, bachelors degree, background in human development and family services, high school graduates, etc.)

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	Consistently true	Sometimes true	Rarely true
1. Within my group home, we have staff members that ensure assistive devices and hearing aids are functioning properly and available to troubleshoot.			
2. Within my group home, staff members know how to use, clean, and assist residents with, hearing devices.			
3. Within my group home, we believe that all individuals communicate in some way; communication may be nonspoken, nonsymbolic, or nonintentional.			
4. Within my group home, residents participate in routine hearing tests and services by certified audiologists.			
5. Within my group home, speech and hearing interventions occur for anyone who might benefit, regardless of <i>age</i> and <i>severity of disability</i>			
6. An audiologist is an active member of the team for an individual's service.			
7. When deciding on speech and communication goals, the team seldom selects goals relevant to an individuals hearing that impact the residents' quality of life.			
8. Within my group home, <u>staff provide</u> interesting and age-appropriate materials, communication partners, and activities for residents.			
9. Within my group home, we provide additional support for those with hearing loss.			
10. Within my group home, we offer multiple choices of activities appropriate for those with a disability, including those with hearing loss, throughout the day.			

# Results: In Progress

Phase One - Survey



# Survey Results

- ◆ Anticipate return rate ~30% +
  - ◆ Initial Return: 10
    - ◆ Completed Surveys: 5
      - ◆ Without consent form: 2
      - ◆ Letter saying they will respond in future: 1
      - ◆ Invalid address → 4
        - ◆ Re-sent 2
    - ◆ Follow up mailing to come!
  - ◆ Demographic data
  - ◆ Assistive technology



# Survey Themes (so far!)

- ◆ 'Known hearing loss' – at least 16% of residents in each facility
- ◆ Employees – High school or GED
  - ◆ 1/5 ASL training requirement
  - ◆ 1/5 noted CPR + Med certifications
- ◆ Some differences:
  - ◆ Some had audiologist as member of team
  - ◆ Bedshakers, high pitched alarms
  - ◆ Insurance and providers

# Results: In Progress

Phase Two - Interviews



# On Site Interview

- ◆ Semi structured
- ◆ Use of technology and assistive technology
- ◆ Interdisciplinary medical evaluations
- ◆ Budget and funding
- ◆ Staff training and support



**TEAMWORK:**  
Interdisciplinary collaboration



# Implications & Future Directions



# Moving Forward with this Information



# Prasad Srinivasan

## CT State Legislature

- ◆ District 31 – Glastonbury
- ◆ Physician, Public Health Committee
- ◆ Fiscal standpoint → nonprofit vs. profit
- ◆ Healthcare professional standpoint →
- ◆ At what (literal) cost are the quality of services compromised?
- ◆ Data and public testimony



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- ◆ Dr. Cienkowski
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- ◆ Parents
- ◆ LEND 16-17 Cohort!

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DISABILITIES



# References

- ◆ Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2014
- ◆ Care, C. L. T. (2008). Using Disability Programs.
- ◆ Chilosi, A. M., Comparini, A., Scusa, M. F., Berrettini, S., Forli, F., Battini, R., ... & Cioni, G. (2010). Neurodevelopmental disorders in children with severe to profound sensorineural hearing loss: a clinical study. *Developmental Medicine & Child Neurology*, 52(9), 856-862.
- ◆ DeSimone, E. A., & Cascella, P. W. (2005). Communication quality indicators: A survey of Connecticut group home managers. *Journal of Developmental and Physical Disabilities*, 17(1), 1-17.
- ◆ Duvdevany, I., & Arar, E. (2004). Leisure activities, friendships, and quality of life of persons with intellectual disability: foster homes vs community residential settings. *International Journal of Rehabilitation Research*, 27(4), 289-296.
- ◆ Janicki, M. P., Davidson, P. W., Henderson, C. M., McCallion, P., Taets, J. D., Force, L. T., ... & Ladrigan, P. M. (2002). Health characteristics and health services utilization in older adults with intellectual disability living in community residences. *Journal of Intellectual Disability Research*, 46(4), 287-298.
- ◆ Krahn, G. L., Hammond, L., & Turner, A. (2006). A cascade of disparities: health and health care access for people with intellectual disabilities. *Mental retardation and developmental disabilities research reviews*, 12(1), 70-82.
- ◆ Larson, S. A., Hewitt, A. S., & Lakin, K. C. (2004). Multiperspective analysis of workforce challenges and their effects on consumer and family quality of life. *American Journal on Mental Retardation*, 109(6), 481-500.

# References, continued.

- ◆ Morton, C. C., & Nance, W. E. (2006). Newborn hearing screening—a silent revolution. *New England Journal of Medicine*, 354(20), 2151-2164.
- ◆ Ogletree, B. T., Sportsman, J. S., Siegel, E., & VanGiesen, T. (2000). Communication-based services for persons with severe disabilities: A survey of speech-language pathologists working in North Carolina residential centers. *Education and Training in Mental Retardation and Developmental Disabilities*, 336-346.
- ◆ Ouellette-Kuntz, H. (2005). Understanding health disparities and inequities faced by individuals with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 18(2), 113-121.
- ◆ Parker, S. E., Mai, C. T., Canfield, M. A., Rickard, R., Wang, Y., Meyer, R. E., ... & Correa, A. (2010). Updated national birth prevalence estimates for selected birth defects in the United States, 2004–2006. *Birth Defects Research Part A: Clinical and Molecular Teratology*, 88(12), 1008-1016.
- ◆ Smith, G., Agosta, J., Fortune, J., & O'Keeffe, J. (2007). Gauging the use of HCBS support waivers for people with intellectual and developmental disabilities.
- ◆ Smith, R. J., Bale, J. F., & White, K. R. (2005). Sensorineural hearing loss in children. *The Lancet*, 365(9462), 879-890.
- ◆ Smith, R. J., Shearer, A. E., Hildebrand, M. S., & Van Camp, G. (2014). Deafness and hereditary hearing loss overview.
- ◆ Wehmeyer, M., & Schwartz, M. (1998). The relationship between self-determination and quality of life for adults with mental retardation. *Education and training in mental retardation and developmental disabilities*, 3-12.