Timeliness of Service Delivery for Children With Later-Identified Mild-to-Severe Hearing Loss
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1. In this article, the authors compared:
   a. Universal Newborn Hearing Screening (UNHS) with Targeted Hearing screening.
   b. Ages at service delivery and length of delays between service delivery steps for later identified children with Hearing Loss (HL) and children who referred for assessment from the newborn hearing screen.
   c. UNHS in the United kingdom with UNHS in South Africa.

2. Select the true statements:
   a. Children who referred from the NHS received follow-up services at younger ages than later identified children.
   b. NHS identified children had significantly longer delays from entry into early intervention to hearing loss confirmation compared to children who were later identified.
   c. For later identified children, degree of Hearing loss did not predict ages at follow-up clinical services

3. Universal Newborn Hearing screening programmes are the standard of care throughout the United States (Yoshinaga-Itano, Sedey, Coulter & Mehl, 1998)
   a. True
   b. False

4. Children with more severe hearing loss received services at younger ages compared with children with milder hearing loss.
   a. True
   b. False

5. The goal of this study was:
   a. To describe access to, and timeliness of service provision (i.e. diagnostic audiologic evaluations, HA Fitting and early intervention services) for children who are using sign language who were identified during NHS.
   b. To describe access to, and timeliness of service provision (i.e. diagnostic speech and language assessments, FM fittings and multi-disciplinary monitoring) for children who are hard of hearing who were identified after the newborn period and outside of the UNHS context.
   c. To describe access to, and timeliness of service provision (i.e. diagnostic audiologic evaluations, HA Fitting and early intervention services) for children who are hard of hearing who were identified after the newborn period and outside of the UNHS context.
6. Watkin and Baldwin (2011) reported that .......... of 9-year olds were identified with Hearing loss after the neonatal period.
   a. 50%
   b. 55%
   c. 15%
   d. 51%

7. There are three primary reasons why children may be identified outside the context of UNHS.
   a. Postnatal onset HL
   b. NHS not conducted
   c. Congenital HL missed by the NHS test (false negative)
   d. All of the above

8. Select the correct statement:
   a. Some cases of auditory neuropathy/dyssynchrony (AND) are missed when the newborn passes a screening only on the basis of automated Auditory Brainstem Response (AABR) (Kirkim, Serbetcioglu, Erdag & Ceryan, 2008)
   b. Some cases of autism are missed when the newborn passes a screening only on the basis of otoacoustic emissions (OAEs) (Kirkim, Serbetcioglu, Erdag & Ceryan, 2008)
   c. Some cases of auditory neuropathy/dyssynchrony (AND) are missed when the newborn passes a screening only on the basis of otoacoustic emissions (OAEs) (Kirkim, Serbetcioglu, Erdag & Ceryan, 2008)
   d. Most of auditory neuropathy/dyssynchrony (AND) are identified when the newborn passes a screening only on the basis of otoacoustic emissions (OAEs) (Kirkim, Serbetcioglu, Erdag & Ceryan, 2008)

9. Delays in identification of hearing loss can contribute to delays in:
   a. Language skills & Cognitive skills
   b. Social skills & Education skills
   c. All of the above
   d. None of the above

10. Children who are later identified with a hearing loss are not at risk for communication delays, because they get enough auditory input post identification.
    a. True
    b. False
11. Select the correct statement: A motivation for this study is that:
   a. Identification and Audiological follow-up are the first of multiple steps in ameliorating the negative effects of hearing loss on developmental outcomes.
   b. Early intervention services are the first of multiple steps in ameliorating the negative effects of hearing loss on developmental outcomes.
   c. Physio therapy is the first of multiple steps in ameliorating the negative effects of hearing loss on developmental outcomes.
   d. Speech therapy is the first of multiple steps in ameliorating the negative effects of hearing loss on developmental outcomes.

12. Holte et al. (2012) recently described a cohort of 193 children who referred from the NHS.
   a. Gender was significantly related to age at confirmation and HA fitting, indicating that families form lower socioeconomic backgrounds might need additional support after a child refers from the UNHS.
   b. Degree of hearing loss was significantly related to age at confirmation and HA fitting, indicating that families form lower socioeconomic backgrounds might need additional support after a child refers from the UNHS.
   c. Maternal education level was significantly related to age at confirmation and HA fitting, indicating that families form lower socioeconomic backgrounds might need additional support after a child refers from the UNHS.

13. Referral from UNHS promotes timely follow-up for all degrees of Hearing loss.
   a. True
   b. False

14. The research questions in this study are:
   a. Once HL is suspected, at what ages do later identified children access follow-up services compared with children who referred from the NHS?
   b. Are there differences in the length of delays between follow-up services for later identified children compared with children who referred from the NHS?
   c. Which factors affect timely audiologic evaluation, HA fitting and entry into early intervention for later identified children?
   d. If there are delays in diagnostic evaluations of HA fitting, what are the reasons, as described by parents of later identified children?
   e. A, B & C
   f. All of the above

15. Early intervention services in this study refer to State-based intervention services provided to children ages:
   a. Birth-24 months
   b. Birth-6 years
   c. 3 years-6 years
   d. Birth -3 years
16. Early intervention services include services from
   a. A teacher of the deaf/hard of hearing
   b. A speech-language pathologists (SLP)
   c. An Occupational therapist
   d. A Developmental therapist
   e. A Physiotherapist
   f. All of the above
   g. None of the above

17. Select the correct statement:
   a. In this study, later identified children were diagnosed and fit with hearing
      aids approximately 2 years later than the NHS group, but started early
      intervention 10 months later than the NHS group.
   b. In this study, later identified children were diagnosed and fit with hearing
      aids approximately 3 years later than the NHS group, but started early
      intervention 12 months later than the NHS group.
   c. In this study, later identified children were diagnosed and fit with hearing
      aids approximately 2 years later than the NHS group, but started early
      intervention 16 months later than the NHS group

18. Some of the children in the late identified group received early intervention for over
    1 year before receiving a hearing test.
   a. True
   b. False

19. The JCIH (2007) recommends that all infants who fail the NHS receive a
    comprehensive audiological evaluation by ......of age.
   a. 4 months
   b. 6 months
   c. 13 months
   d. 3 months

20. Parents reported a delay of 3....... or greater between suspicion of HL and first
    evaluation of HL. Parents of later –identified children with HL may experience
    protracted guilt or even denial because of the circumstances surrounding the
    identification of HL.
   a. Months
   b. Weeks
   c. Years