Objective

The Minnesota Department of Health (MDH) contracts with Local Public Health (LPH) agencies to contact families of children identified with a hearing loss or a birth defect and to provide education and a connection to local resources. The objective of this analysis was to identify the resource needs and interventions provided to families with a child with a CCHD from the MDH Birth Defects Information System. The twelve CCHDs targeted by pulse oximetry screening were the focus of this analysis.

Methodology

LPH nurses contact families and through a nursing assessment, they identify family needs. The results of the assessment are documented using the Omaha System, a research-based standardized taxonomy for documentation, which uses a client assessment, interventions, and evaluation to standardize data collection for individuals, families, and communities. Starting in 2017, all assessments completed by LPH used the Omaha System to document five problem areas. The two areas of focus of this analysis are Caretaking/Parenting and Growth/Development. The interventions provided by LPH in these areas were analyzed to determine the needs of families with a child with a CCHD and what interventions were most commonly provided to them.

Results

From 01/01/17 through 03/31/18, MDH requested follow-up from LPH for 150 families with a child with a CCHD. Of those, 74% (n=103) received a nursing assessment.

When Growth and Development was assessed (85), nearly one third of the children were identified as having inadequate achievement/maintenance of developmental tasks.

Overall, 158 interventions were provided in this area, including an intervention with referral to education/developmental resources such as Early Intervention (EI), Early Childhood Family Education (ECFE), or the Follow-Along Program. This type of referral was provided to 62% of the
families. Of the 103 children, 39 were enrolled in EI and 16 were referred at time of assessment. The most common reason for not referring was that a parent had declined.

When Caretaking/Parenting was assessed (52), few needs were identified. However, 85% of families received at least one intervention. In total, 171 interventions were provided, of which 72 were in the teaching domain and 78 in surveillance.

**Conclusions**

The use of a standard documentation tool of a LPH nursing assessment for families of children with a hearing loss or birth defect, including those with a CCHD has provided a framework for assessment and data collection.

The use of this tool has shown that interventions are provided to families to help meet the needs of their child, regardless if specific needs are identified at the time of the assessment. The next steps are to conduct additional analyses to determine further resources that could benefit families.

Minnesota Department of Health
Children and Youth with Special Health Needs
www.health.state.mn.us
2019
Problem/Objectives

The Minnesota Department of Health (MDH) contracts with Local Public Health (LPH) agencies to contact families of children identified as deaf or hard of hearing (D/HH) or with a birth defect to provide education and a connection to local resources. The objective of this analysis was to identify the resource needs and interventions provided to families with a child who is D/HH.

Methodology

LPH nurses contact families and through a nursing assessment, they identify family needs and, when possible, provide interventions to help address them. The results of the assessment are documented using the Omaha System, a research-based standardized taxonomy for documentation, which uses a client assessment, interventions, and evaluation to standardize data collection for individuals, families, and communities. Starting in 2017, all assessments completed by LPH used the Omaha System to document five problem areas: Caretaking/Parenting, Growth/Development, Income, Communication with Community Resources, and Health Care Supervision. The interventions provided by LPH in these areas were analyzed to determine the needs of families with a child who is D/HH and what interventions were most commonly provided to them.

Results

From April 2017 through September 2018, MDH requested follow-up from LPH for 376 families with a child who is D/HH. Of those, 78% (n=292) received a nursing assessment.

Overall, nearly one third of children had signs/symptoms related to growth and development and over one quarter had signs/symptoms related to income. On the other hand, fewer than 5% had signs/symptoms related to Caretaking/Parenting or Health Care Supervision.

The most common interventions provided to families were referrals to education/developmental resources such as Early Intervention (EI), Early Childhood Family Education, or the Follow-Along Program. This type of referral was provided to 41% of families.

<table>
<thead>
<tr>
<th>Signs and Symptoms noted during Nursing Assessments:</th>
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<tbody>
<tr>
<td>Developmental delay</td>
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<tr>
<td>Low/No income</td>
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<tr>
<td>Abnormal developmental screen results</td>
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<tr>
<td>Unfamiliar with available services or how to obtain them</td>
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<tr>
<td>Uninsured medical expenses</td>
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<tr>
<td>Language barrier</td>
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<tr>
<td>Difficulty buying necessities</td>
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<tr>
<td>Able to buy only necessities</td>
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<tr>
<td>Age-inappropriate behavior</td>
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<tr>
<td>Transportation barrier</td>
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</tbody>
</table>

Developmental delay 22%
Low/No income 19%
Abnormal developmental screen results 13%
Unfamiliar with available services or how to obtain them 8%
Uninsured medical expenses 6%
Language barrier 4%
Difficulty buying necessities 4%
Able to buy only necessities 3%
Age-inappropriate behavior 3%
Transportation barrier 3%
Of the 292 children whose family had a nursing assessment, 54% were enrolled in EI or had aged out and 29% were referred at time of assessment. For the 17% who were not referred, the most common reason for not referring was that a parent had declined.

When Caretaking/Parenting was assessed, few needs were identified. However, the vast majority of families received at least one intervention in this area, most often referrals to community resources or classes related to parenting.

**Conclusions**

The use of a standard documentation tool of a LPH nursing assessment for families of children who are D/HH has provided a framework for assessment and data collection.

The use of this tool has shown that interventions are provided to families to help meet the needs of their child, regardless of whether specific needs are identified at the time of the assessment. The next steps are to conduct additional analyses to understand disparities in the challenges faced by families and to determine further resources that could benefit families.