



IMPROVING PRE-SCHOOL HEARING SCREENING OUTCOMES COMMUNITY-BASED FIRST LINE FOLLOW-UP SERVICES



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INTRODUCTION



BACKGROUND

Community-based hearing screening for young children using an mHealth service-delivery model

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AIM



To investigate community-based first line follow-up services in a mHealth supported pre-school hearing screening programme.

POWERFUL PARTNERSHIPS

METHOD

STAGE 1 | Hearing Screening



STAGE 2 | First line follow-up within 2 weeks



STAGE 3 | Diagnostic assessments



RESULTS

	TOTAL
Hearing screenings	5901
Referral rate	325 (5.5%)
First line follow-up rate	292 (89.8%)
Diagnostic referrals	100 (34.2%)
Referral for wax removal (clinic)	42 (14.4%)
Attended diagnostic appointment	59 out of 81 (72.8%)
Awaiting diagnostic appointment	19
Confirmed with hearing loss	34 + 8 suspected (awaiting 2 nd diagnostic app) = 42
Required alternative intervention	4

DISCUSSION | FOLLOW-UP RATE



Community-based
89.8% follow-up rate
Cape Town, Western Cape



Facility-based (Clinics)
39.4% follow-up rate
Mamelodi, Gauteng



DISCUSSION | REFERRAL RATE

- 34.2% of children attending first line follow-up required a referral for diagnostic audiological assessment
- 14.4% required wax removal (clinic)
- Important to reduce load on already over-burdened diagnostic centres
- Possible reasons for false positive screening results:
 - Interpersonal variables
 - AOM
 - Noise



CONCLUSION

Decentralized first line follow-up significantly increases follow-up return rates and positively impacts overall programme outcomes

- Screening phase and follow-up phase utilise the same mHealth device (different apps) - aids affordability and sustainability
- First line follow-up validates referrals to diagnostic centres





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