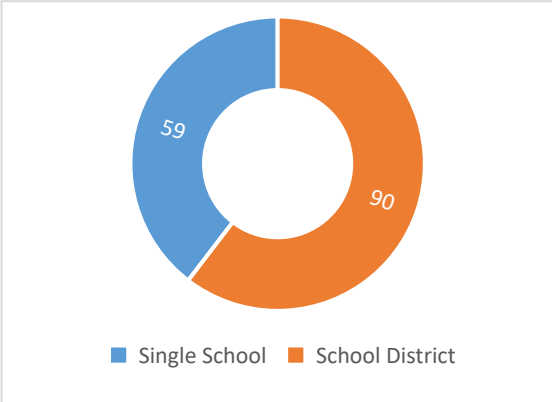


WASHINGTON STATE BOARD OF HEALTH

Washington State Board of Health (Board) School Hearing Screening Survey Summary

This is a summary of responses and themes from an anonymous survey that Board staff sent to school staff who oversee hearing screenings in their schools or school districts. The goal of this survey was to learn more about school screening programs in Washington and to get feedback about adding new optional screening technology. The comments have been grouped by survey questions, and staff have provided a summary of the important themes.

Disclaimer: There are duplicate responses from some schools and districts. This is because Board staff shared this survey widely and did not explicitly limit which staff could complete this survey. There are also variations in some of the duplicate responses. This could be because different people filled out the survey, and they may have different jobs or understood the questions in different ways. Board staff are sharing all survey answers in this summary, but please keep this in mind when reviewing the data.

Questions	Summary of Responses and Themes
<p>Are you responding to this survey for a single school or a whole school district?</p>	<p>A total of 149 total survey responses were completed. Of these, 90 were filled out on behalf of a school district, while 59 were filled out for a single school or several schools.</p>  <p>Note: After removing duplicate responses, there are 104 unique survey responses (45 duplicates).</p>
<p>What school or school district do you work for?</p>	<p>Of the 104 unique survey responses...</p> <ul style="list-style-type: none"> • 98 out of 295 Washington school districts are represented (~33% of districts). • A breakdown of responses by Educational Service Districts (ESDs) included:

	<ul style="list-style-type: none"> - ESD 121 (Puget Sound): n=23 districts - ESD 189 (Northwest): n=13 - ESD 114 (Olympic): n=12 - ESD 101 (Northeast WA): n=10 - ESD 123: n=10 - ESD 171 (North Central): n=9 - ESD 105: n=8 - ESD 112: n=8 - ESD 113 (Capital Region): n=5 • 1 response was from a State Tribal Educational Compact School (STEC) • 3 responses were from charter schools • 2 responses were from private schools
<p>WAC 246-760-020 allows schools to expand vision or hearing screenings to other grade levels if resources permit. Is your school or school district conducting screenings for additional grade levels outside of kindergarten, 1st grade, 2nd grade, 3rd grade, 5th grade, and 7th grade?</p>	<p>Most schools and districts reported that they only screen students at the grade levels required by the rules.</p> <p>However, 60 respondents mentioned that they also screen students at additional grade levels</p>
<p>If you expand hearing screenings to other grade levels, what other grade levels or students are you completing hearing screenings for?</p>	<p>Of the 60 respondents:</p> <ul style="list-style-type: none"> • Many schools choose to screen 4th grade or other grade levels (e.g., 6th and 8th grade) because some schools are small, and adding another grade doesn't take much extra time. It can also be harder to figure out which students don't need to be screened, so screening all students is often easier. • Some respondents reported that they expand their screenings because they screen all students with IEPs (for initial evaluations or re-evaluations), students in special education programs, migrant students, students new to the school or district, and students with suspected hearing challenges (often at the request of a teacher, parent, speech-therapist, etc.). • A handful of respondents said they screen transitional kindergarten and preschool students. Some do this because they're unsure if it's required, while others have the resources or are smaller schools that can manage it.

<p>Who conducts hearing screenings for your school or school district? (Select all that apply)</p>	<p>Most respondents reported that school nurses complete the hearing screenings for their school or district (n=127), followed by volunteer screening staff (n=58), audiologists (n=20), their local Lion's Club (n=18), and speech language pathologists (18). Additional screening staff include:</p> <ul style="list-style-type: none">• Health aides (medical assistants), health room coordinators, or other health room staff• Nursing students from a local college• Paraprofessionals• Paid or contracted screening teams or staff• School administrative staff• Family support specialists• School district staff trained by the Health Services Director and/or school nurses• Migrant health team• Parent volunteers or Local community club members• Partners from a local community clinic
<p>Does your school or district student population include students who (select all that apply):</p> <ul style="list-style-type: none">• Have special learning, developmental sensory, behavioral, or other health needs?• Speak a primary language other than English (PLOTE)?• Are enrolled in an early learning program?• Additional student populations not mentioned?	<p>Most respondents reported that they have students with special learning, developmental sensory, behavioral, or other health needs (n=142) or students who speak a PLOTE (n=133), followed by students enrolled in early learning (n=99), and additional students not mentioned (n=7).</p> <p>Additional students include:</p> <ul style="list-style-type: none">• Students who are home schooled, attend school online only, or are part-time students• McKinney Vento students• Students new to the district, or who recently immigrated to the U.S.

Do you have special practices or procedures you use to screen students enrolled in early learning programs, who speak a PLOTE, have special developmental or behavioral needs, etc.? If yes, please share.

Use of Different Screening Tools and Methods:

- Many schools and districts already use Otoacoustic Emissions (OAEs) for screening students, particularly for students who cannot respond to pure tones or have developmental or behavioral needs.
- Some districts use Conditioned Play Audiometry (CPA) or adapt screening methods to meet each student's needs.

Use of Language Supports:

- Many districts offer translation services, such as bilingual staff, interpreters, or translation apps (e.g., Google Translate), to help students who speak languages other than English (LOTE).
- Picture prompts and communication cards are also used to help students understand the screening process
- Some schools rely on Spanish-speaking staff, though this isn't always available in every district.

Flexible Approaches:

- Some districts adjust the screening setting to better suit students, like reducing distractions by screening in quiet, private areas or doing one-on-one screenings
- In some cases, schools try to make screenings more interactive or use demonstrations to ensure students understand the process.

Special Considerations for Students with Developmental or Behavioral Needs:

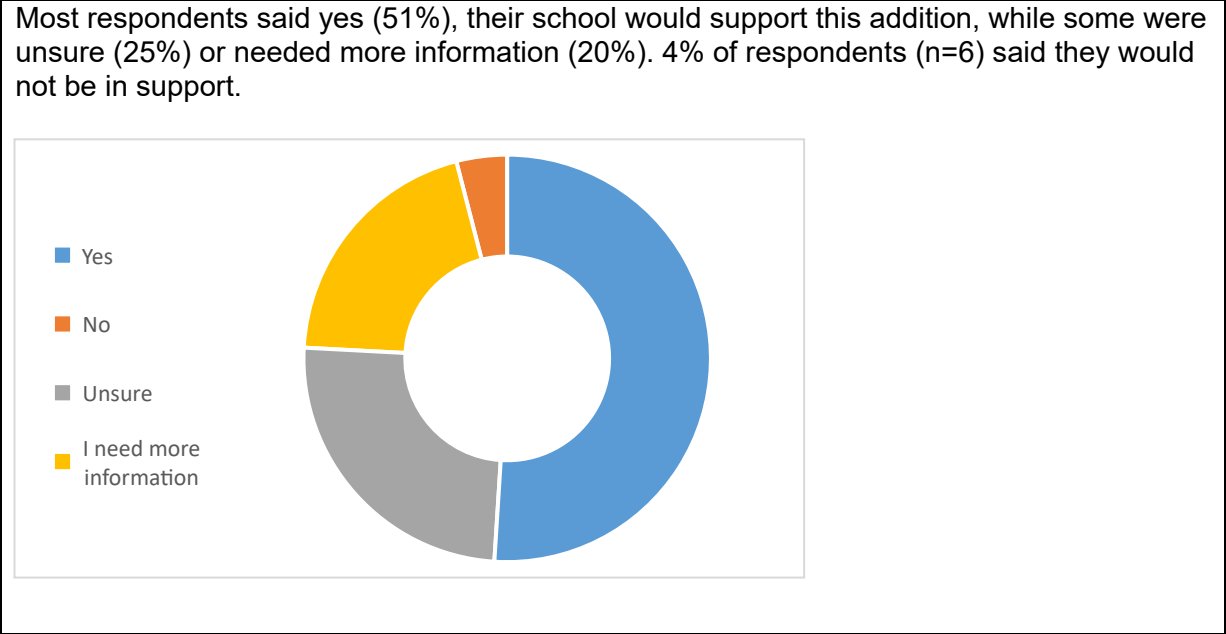
- Special education staff, teachers, and paraeducators often assist during screenings to help students with behavioral or developmental needs.
- Several districts collaborate with audiologists or school nurses for specialized screenings.

Challenges and Limitations:

- Many districts face challenges in screening due to limited resources (e.g., not enough bilingual staff, inadequate equipment, or limited time).
- In some cases, screening may not be completed for students with significant developmental or behavioral needs, especially if standard screening tools are not effective or if students cannot tolerate the process.
- Some districts rely on referrals and follow-ups for students who are unable to complete the screening, either due to their developmental needs or the lack of access to language interpretation and translation.

The Board is considering whether to add otoacoustic emission (OAE) screening technology as an optional screening technology in chapter 246-760 WAC. This optional screening technology could be used to screen children who are unable to participate in pure tone screening (e.g., due to age, developmental ability, or primary language).

Would your school support this addition to the rule?



Please explain your choice (e.g., yes - support optional screening, no - not support, unsure, or you need more information).

Key themes included:

General Support for OAE Screening as an Option:

- Many respondents support the use of OAE (Otoacoustic Emissions) screenings as an *optional* tool, especially for students who cannot participate in traditional pure tone testing (e.g., non-verbal students, those with developmental disabilities, or language barriers).
- OAEs are seen as beneficial for students who struggle with or are unable to follow instructions in traditional screenings, such as young children, students with behavioral or developmental disabilities, or those with special needs. OAE screening is viewed as particularly valuable for students with disabilities, those who are non-verbal, or students with developmental or sensory challenges.
- Respondents highlighted that *OAE technology* could reduce the number of *unnecessary referrals* to healthcare providers, as it would help screen students who would otherwise not pass the standard tests.

Concerns about Costs and Funding:

- Cost of Equipment: Many respondents mentioned concerns about the *high cost* of OAE devices and disposable components (e.g., ear tips). Some noted that their

districts are unlikely to afford the equipment, and funding would need to be provided for implementation.

- Ongoing Expenses: There is concern about the *long-term costs*, including maintenance and replacement parts (e.g., ear tips), which could place additional strain on already limited school budgets.

Need for Further Information:

- Several responses indicated a need for more *information on the cost, training requirements, and specific guidelines* for using OAE screenings in school settings.
- There were also concerns about *staffing*—who would conduct the screenings (e.g., nurses, volunteers), the training required, and the impact on staff workloads.

Current Use and Positive Experiences:

- Some districts are already using OAE screenings, particularly for preschool, special education, or non-verbal students, and have reported positive outcomes.
- Respondents who have used OAE screening previously highlighted its utility in screening *preschoolers* and students who cannot participate in traditional screenings due to behavioral, sensory, or developmental challenges.

Concerns About Unfunded Mandates and Additional Burdens:

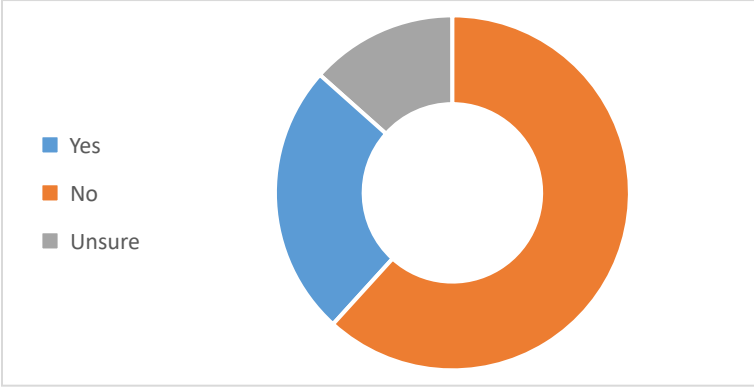
- There were multiple concerns about the potential for OAE screening to become an *unfunded mandate* that would add to the workload of schools with limited resources.
- Some expressed reluctance to adopt new equipment unless it was provided, maintained, and managed by a central authority (e.g., the state), without requiring additional staffing or financial burden on schools.

Opinions on “Optional” Screening Becoming “Mandatory”:

- There is general support for OAE screening as a *voluntary* tool, but several respondents expressed concern about the potential for it to become mandatory, which could increase the financial burden on districts.

Accessibility of OAEs and Usability Concerns:

- Some respondents questioned whether the OAE device would be practical in terms of *ease of use, training, and space requirements* in schools.
- There was uncertainty about how well students would tolerate the ear probes and whether the device could be used effectively in diverse school environments.

<p>Do you already have access to an OAE screener at your school or school district?</p>	<p>Many respondents reported that they do not currently have access to an OAE screener (62%). About a quarter of respondents said they already have access to an OAE within their district or school (n=37), while 13% are unsure.</p>  <table border="1"> <caption>Access to OAE Screeners</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> <th>Count (n)</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>25%</td> <td>37</td> </tr> <tr> <td>No</td> <td>62%</td> <td>-</td> </tr> <tr> <td>Unsure</td> <td>13%</td> <td>-</td> </tr> </tbody> </table>	Response	Percentage	Count (n)	Yes	25%	37	No	62%	-	Unsure	13%	-
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<p>What resources would you need if OAE screening was added to the rule as an option, and you'd like to use this as an option in your screening program? (Select all that apply)</p> <ul style="list-style-type: none"> • One-time funding to purchase new equipment? • Ongoing funding for equipment upkeep and maintenance? • Staff training for the new technology? sensory, behavioral, or other health needs? • My school or school district already has access to an OAE screener. • Additional resources? 	<p>Most respondents reported that staff training (n=118) and funding – one-time (n=98) and ongoing (n=109) would be needed to add OAE as an optional screening tool in their program.</p> <p>Additional considerations included:</p> <ul style="list-style-type: none"> • Updated reporting and charting for the additional screening results. • Information to provide to families about the equipment, and its efficacy (if they were to ask for this information). 												
<p>Is there anything about the Board's hearing screening rule that we didn't ask you about in this survey that you'd like for Board staff to know?</p>	<p>Responses and key themes included:</p> <ul style="list-style-type: none"> • “Any suggestions for getting parents/guardians to follow through with professional testing? We don't have much success with referrals.” • “Language barrier or learning differences should never be the reason a student fails their hearing screenings.” • Questions around how much time would be added using OAE screeners, whether OAEs are a screening or a diagnostic tool or medical procedure, and if certain or credentialed staff are needed to provide OAE screening. 												

	<ul style="list-style-type: none">• Suggestions and asks to work closely with audiologists, especially educational audiologists when drafting the proposed updates to the rule.• The importance of training and the need to give plenty of advanced notice to schools and districts about any rule updates.• “When SBOH changes or adds a new requirement, it takes time to change all of our documentations, letters, processes, training of staff, visual aids, number of nurses and volunteers needed, and some unknowns. Please do another survey AFTER you finalize the rules to ask about any hurdles to implementation.”• Questions around what evidence there is to support the grade levels required for screenings in the rule because these annual screenings are expensive and time intensive.• Re-emphasis on the need for additional funding and staff training, even with adding an optional screening tool.• What is the alternative if the Board doesn’t plan to add OAE as an optional technology – how do they propose screening students who can’t respond to the screening prompts or raise their hand.• Clear guidelines and guidance around screening (ages, types of acceptable screenings, etc.) would be helpful.• Hearing screening referrals are typically low – for some staff, they’ve never identified atypical hearing in a child that wasn’t already diagnosed by a health care provider.• “The problem that occurs sometimes while screening with an OAE is finding a quiet enough space in the preschool setting, otherwise it’s been a great tool to use for preschool age kiddos.”• “Our district is understaffed with SLPs, the time required to conduct screenings is massive. It would be helpful if this task was completed by outside agencies or doctors.”• “Could we add a screening at some time during high school?”• “With the addition of a possible OAE screening option, would that lead the Board to broaden required grades to include preschool and early learning programs?”
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