

Sociodemographic Disparities in Educational Services in Children who are Deaf or Hard-of-Hearing

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BACKGROUND

Hearing loss is a significant health issue that affects people of all ages. Early intervention is critical in ensuring that deaf or hard-of-hearing children (D/HH) receive appropriate care and support services. One form of academic support is through an Individualized Education Program (IEP). Little research has examined the relationship between sociodemographic factors and IEP establishment.

METHODS

- 1. Collected data from 88 IEPs belonging to D/HH children
- 2. Primary outcomes: time intervals between referral for services and parental consent; parental consent to eligibility; referral to eligibility
- 3. Gender, URM status, native language, need for an English-language interpreter, type of health insurance, hearing laterality, and hearing level examined for association with outcome variables
- 4. Analysis: Student’s t-test, univariate, and multivariate regression models

RESULTS

- 58% male, 51% URM groups, 40% primary language other than English,
- IEP establishment significantly delayed in URM participants and those who required an English language interpreter.

Establishment of an Individualized Education Plan (IEP) was significantly delayed in URM participants and those who required an English-language interpreter

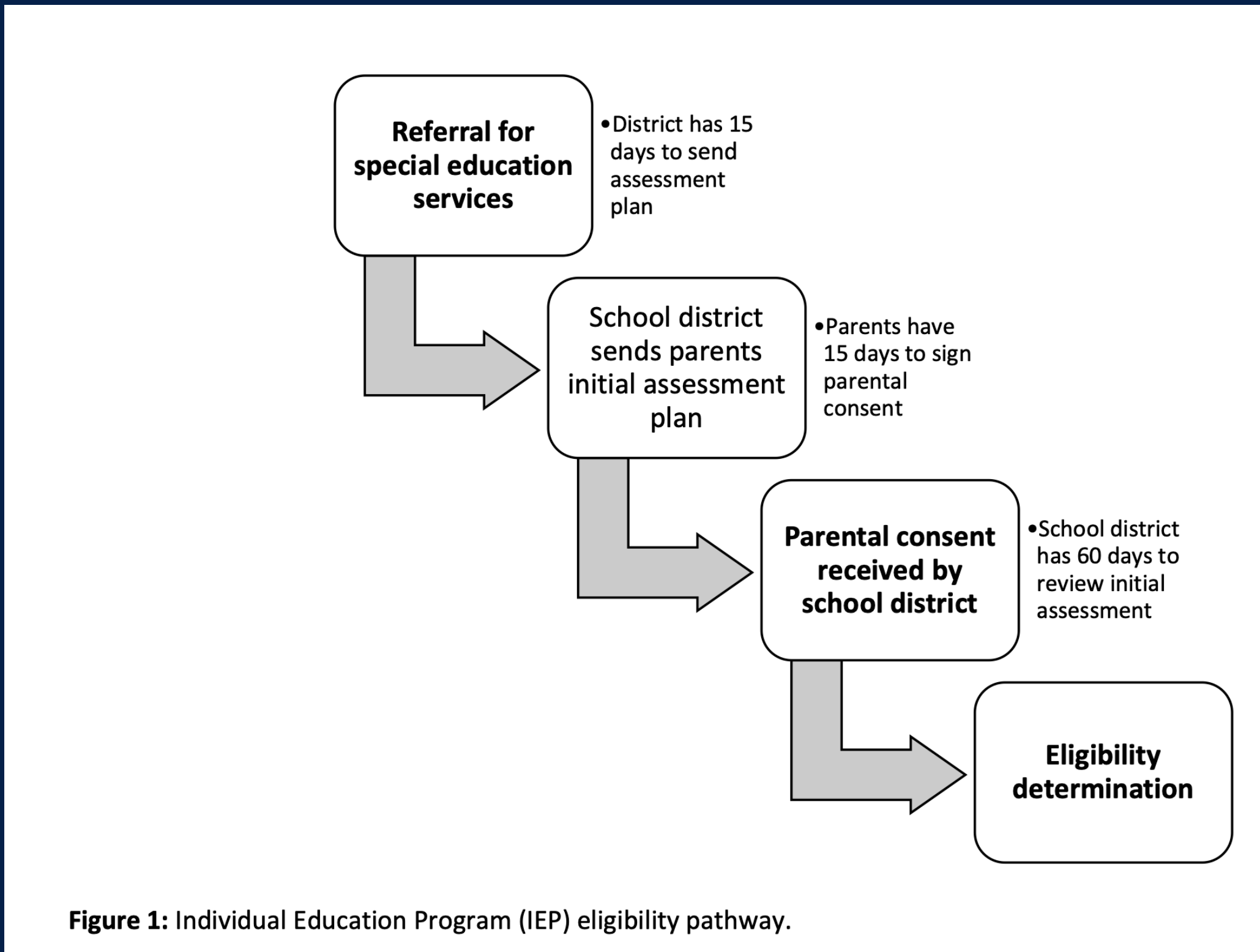


Table 2: Mean Days to IEP Establishment

	Referral to Parental Consent			Parental Consent to Eligibility			Referral to Eligibility		
	Mean (SD)	[95% CI]	p	Mean (SD)	[95% CI]	p	Mean (SD)	[95% CI]	p
Sex			0.2			0.1			0.19
Male	41.4 (56.4)	[24.7, 58.2]		42.8 (36.1)	[40, 53.7]		99 (95.5)	[70, 128.1]	
Female	81.6 (200.4)	[14.8, 148.4]		64.4 (78.4)	[38.3, 90.6]		146.2 (213.6)	[75, 217.4]	
Underrepresented Minority			0.04*			0.8			0.04
URM	91.5 (195.6)	[29, 154.1]		51.2 (68.5)	[29.3, 73.2]		159.3 (219.7)	[88.1, 230.5]	
Non-URM	29.4 (34.8)	[18.7, 40.1]		53.8 (50.5)	[38.1, 69.6]		84.6 (56.9)	[66.8, 102.3]	
Interpreter			0.02*			0.65			0.006*
Interpreter Needed	114.6 (243.2)	[11.9, 217.3]		57.4 (82.7)	[21.6, 93.2]		194.8 (264.3)	[83.2, 306.4]	
No Interpreter Needed	36.9 (52.4)	[23.2, 50.5]		50.7 (48.5)	[38, 63.3]		89.3 (71.3)	[70.4, 108.2]	
Insurance Type			0.11			0.31			0.18
Public	80.2 (180.3)	[27.9, 132.6]		46.9 (62.2)	[28.9, 65]		141 (203.9)	[81.2, 201]	
Private	30.7 (36.6)	[18.1, 43.2]		60.5 (55.8)	[41, 80]		92.3 (60.4)	[71.2, 113.3]	
Hearing Laterality			0.08			0.75			0.03*
Unilateral	116.2 (236.1)	[-9.6, 242.1]		46.9 (42.8)	[22.1, 71.6]		202.8 (250.2)	[64.3, 341.3]	
Bilateral	46.1 (106.2)	[19.8, 72.4]		52.4 (62.8)	[37, 67.9]		100.9 (130.4)	[68.4, 133.5]	

*Statistically significant results with p-value threshold of 0.05



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DISCUSSION

- Demographic factors can significantly impact the amount of time it takes to establish an IEP after a referral has been made.
- Factor with the most impact on IEP establishment was the need for an English-language interpreter.
- Most of this delay took place in the period between the referral for services and parental consent.
- Suggests there is a breakdown in communication between the parent/guardian and the school due to a language barrier.
- The cause may be due to several factors such as inadequate access to an interpreter or official forms not translated into the native language.
- Interval between referral and parental consent represents a transition of care between two institutional systems
- Highlights the disparities that exist in the process of establishing an IEP.

