

# Global Impact of Social Determinants on Access to Childhood Hearing Healthcare: A Scoping Review

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## Problem

Childhood hearing loss is a major health challenge that can severely impact an individual across their lifespan if left untreated. Implementation and access to early hearing detection and intervention (EHDI) programs differ globally and depend on personal and social determinants (WHO, 2021).

In working with families of children who are deaf or hard of hearing, it is critical to better understand the contexts in which hearing healthcare is being accessed and provided, and the benefits of implementing contextually relevant solutions.

## Methods

To address this question, a scoping review was conducted using the Joanna Briggs Institute (JBI) Methods for Scoping Reviews (Aromataris & Munn, 2017). Twenty-three original, peer-reviewed research articles published in English on family participation in EHDI programs based on financial status, education level, and/or culture were included in this review.

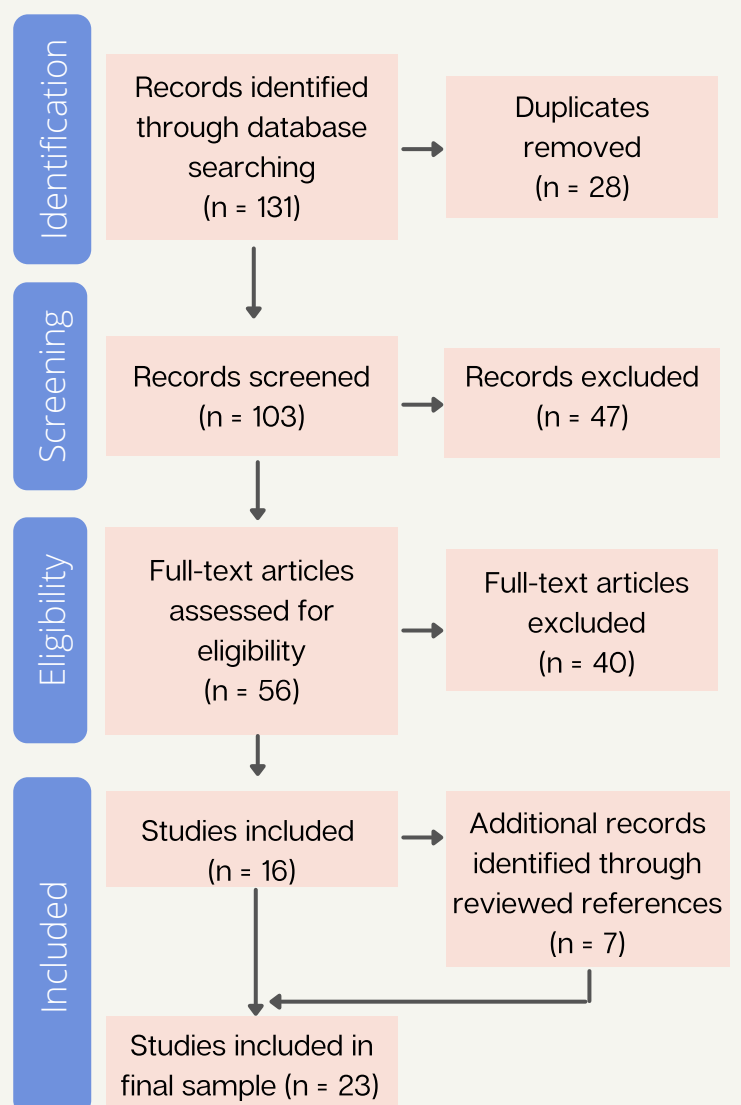
A study was excluded if:

- Children older than five years of age accessing EHDI programs participated.
- The study topic was outside of the field of family-centred EHDI programs.
- The study was not published in English.
- It was not published in a peer-reviewed journal.

## Research Question

Globally, how do social determinants of health, particularly financial status, education level, and culture, influence family participation in EDHI programs?

## Highlights of the PRISMA-ScR Flowchart



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## Results

### Financial Status

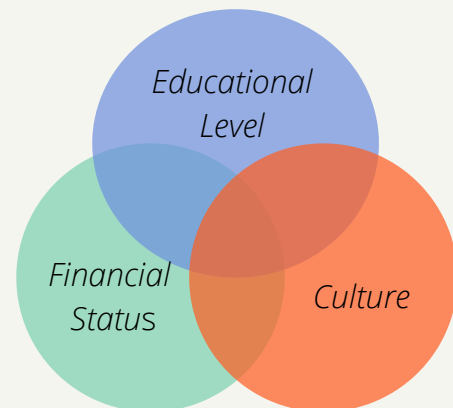
- Financial burdens were a significant barrier to timely access to EHDI programs and subsequent compliance for low-income families across the globe
- Urban and/or high-income regions did not report financial status as a common barrier to accessing EHDI programs. Programs in these regions were either government-funded or covered through health insurance.

### Education Level

- A sufficient level of caregiver and familial education was generally associated with greater hearing screening completion rates.
- In studies that did not report a positive association, increasing family awareness of EHDI programs and their positive outcomes through provision of information through healthcare agencies aided in early access to EHDI programs, despite low educational levels.

### Culture

- Caregiver cultural beliefs and superstitions towards childhood deafness were a prominent disincentive for hearing screening follow-up compliance.
- Unfavourable attitudes of extended families towards hearing loss and stigmas associated with hearing devices may negatively influence compliance to hearing care interventions.



## Research Application

The majority of the studies included in this scoping review examined financial status, education level, and/or culture simultaneously, identifying associations between these factors and access to hearing interventions.

Together, these studies highlight the interconnectedness of various social determinants on hearing healthcare and the vast diversity in how families access hearing intervention programs globally.

To improve access to care on a global level:

- A deeper understanding of barriers is required to promote practice change and aid EHDI providers and programs in delivering contextually appropriate yet effective hearing healthcare.
- On a broader scope, the implementation of policies that address systemic inequities with respect to hearing healthcare could improve access and participation in EHDI programs.