

Project Abstract

Program Announcement: RFA -DD08-803

Program Title: Early Hearing Detection and Intervention (EHDI) Tracking, Surveillance and Integration

Project Director: John M. Horan, MD, MPH

Project: SendSS Newborn Surveillance, Tracking and Reporting

Organization: Georgia Division of Public Health, Office of Epidemiology, Evaluation, and Health Information, Epidemiology Section, Birth Outcomes Unit.

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Project Period: 3 years From 7/1/2008 to 6/30/2011

Current Budget Period: From 07/01/2008 to 06/30/2009

Purpose: The Georgia Division of Public Health is requesting CDC funding to implement and operate a state-wide newborn surveillance and tracking system to identify and monitor children with or at risk of hearing loss, heritable disorders, birth defects or elevated blood lead levels. This web-based newborn surveillance and tracking system integrates health information from the Newborn Screening Program, the Georgia Birth Defects Registry and Information System, the Universal Newborn Hearing Screening and Intervention Program, Children 1st and other Children with Special Needs programs. Historically, the lack of a statewide reporting system impeded the UNHSI program's ability to accurately determine loss to follow-up rates or the true childhood incidence of hearing impairment. This effort to integrate child health information pertaining to each newborn and special needs child in Georgia will facilitate the creation of medical homes for all children and their families.

Goals and Objectives: The goals of this project are: 1) through targeted training and outreach, provide web-based access to the newborn surveillance and tracking system to identify and monitor infants through the UNHSI process as well as other programs including Children 1st and Newborn Screening. The funding awarded through this grant will assist the Division of Public Health in making this system available to hospitals, pediatricians, audiologists, District and County Health Offices, and others. 2) To achieve a high level of system functionality, acceptability and data integrity through ongoing analysis and quality assurance activities to measure system performance at each level; and 3) to assess services received by children identified with hearing impairment, birth defects or metabolic disorders and their health outcomes.

Methodology: Georgia's ability to establish and improve methods to identify, match, collect and report standardized unduplicated individual identifiable data hinges on the success of the statewide deployment of the newborn surveillance and tracking system and the ability of DPH to engage birth hospitals, audiologists, pediatric and family practice clinics, as well as all Health District and County Children 1st and UNHSI staffs to report individual hearing screening results,

follow up test results, diagnostic evaluations and intervention information. The Birth Outcomes Unit, Epidemiology Section, and the Health Information Systems Section will oversee the training and deployment of the web-based system with the assistance of the Newborn Screening Program and the Children 1st Program Coordinators of the Office of Birth Outcomes. Training will be performed through a combination of methods, including train the trainer, web-based training and classroom sessions. The State UNHSI Coordinator and Birth Outcomes Epidemiologist will routinely monitor these linkages to determine 1) the error rate and adjust the internal matching protocols accordingly, 2) missed opportunities for screening, 3) the efficiency of the matching process, 4) the timeliness in submitting results and of the linkage to birth certificate records, and 5) the number of infants born in a Georgia hospital who reside out of state and need follow up services. The results of these analyses will be used to identify hospitals and providers with high loss to follow-up rates for targeted training or education, to initiate and establish data sharing agreements with neighboring states, and to propose improvements in the flow of information into and out of the newborn surveillance and tracking system.