Introduction to NCHAM and State EHDI Programs

Alyson Ward MS, IA, CHES
…to ensure that all infants and young children with hearing loss are identified as early as possible and provided with timely and appropriate audiological, medical, and educational interventions.
1. Develop and implement a dissemination and diffusion plan for innovations;

2. Provide technical assistance to state EHDI programs, individually and through learning communities;

3. Assist state EHDI programs in the use of quality improvement (QI) methodology to enhance EHDI services to infants and young children and their families;

4. Collaborate with federal and non-federal entities;

5. Promote professional/family partnerships;

6. Strengthen family-centered medical home (FCMH) activities that contribute to effective and culturally competent EHDI services.

7. Expand hearing screening in Head Start and other early childhood programs
NCHAM Resources for Providers

- Medical Home page on Infant Hearing Website
- Early Childhood Hearing Outreach (ECHO)
  - Using OAE to Screen Young Children for Hearing Loss in Primary Care Settings
- Newborn Hearing Screening Training Curriculum
- EHDi e-Book
  - Medical Home and EHDi
NCHAM Resources for Providers

- **Journal of Early Hearing Detection and Intervention (JEHDI)**

- **Webinars**
  - Using OAE screening in pediatric offices
  - Ototoxicity monitoring as part of risk management

- **Technical assistance**
  - NCHAM Regional Network
  - State Improvement Advisors (QI-TA)
    - KY- Amanda Norton (altn14@gmail.com)
    - OR- Vickie Thompson (vickie.thomson@ucdenver.edu)
    - New York- Jeanette Webb (jeanette.webb@la.gov)
    - Texas- Tony Ronco (t_ronco@hotmail.com)
State EHDI Overview

- Every state and some territory in the United States has now established an Early Hearing Detection and Intervention (EHDI) program.

- All 50 states and the District of Columbia have a law, regulation, or documented legislative intent about hearing screening and hearing screening guidelines.

- EHDI program staff are responsible for creating, operating, and continuously improving a system of services which assures that the national EHDI (1-3-6) goals are met.

- Funding varies by state, but includes state, CDC and HRSA
## State EHDI Overview (continued)

### Staffing
- Coordinator
- F/u coordinator
- Data coordinator
- Parent advocate

### Housed
- DOH
- Universities
- Non-profits
CDC-Influenced Work

Develop, Maintain, and Improve EHDI-IS

• Powerful public health tool:
  • used to determine who among the general population has a particular condition or disability and how many such individuals are affected
  • Facilitate effective short and long term follow up of babies identified with loss or risk factors
  • Improve communication between partners
Vermont Early Hearing Detection and Intervention (EHDI) Program
Newborn Hearing Screening Protocol

Initial Screening Universal Newborn Hearing Screening (UNHS)

- PASS (no risk factors)
- Re-screen at *AAP intervals

Discharged without screen

Screen ASAP

- Pass
  - Re-screen ASAP
  - REFER
- REFER

- REFER
  - Re-screen ASAP

Pass

- Re-screen at *AAP Intervals
  - REFER

Audiology/ENT Referral

Screening is complete once:
- The child passes the OAE or AABR screening in both ears
- A DAE is completed
State EHDI programs develop and implement EHDI standards, protocols, resources and services.
HRSA Grant (2017-2020)

...(EHDI) ...ensuring that newborns and infants are receiving appropriate and timely services, including screening, evaluation, diagnosis, and early intervention (EI) ... will be achieved by...

1) increasing health professionals' engagement within and knowledge of the EHDI system
2) improving access to EI services and language acquisition
3) improving family engagement, partnership, and leadership within the EHDI programs and systems.

-pg. 4 HRSA-17-059
State EHDI Resources for Providers

**Kentucky**
- Coordinator: Cathy Lester  
cathy.lester@ky.gov

- **State profile**

<table>
<thead>
<tr>
<th>Infant Audiological Assessment and Diagnostic Centers</th>
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<tbody>
<tr>
<td>Level 1 Centers provide limited diagnostic follow-up and are referral sources for hospitals using only OAE screens.</td>
</tr>
<tr>
<td>Level 2 Centers can also be referral sources for hospitals screening with AABR.</td>
</tr>
<tr>
<td>Level 3 Centers provide complete diagnostic follow-up assessment and should be referral source for hospitals screening with AABR.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>LEVEL 1 CENTERS</th>
<th>AREA CODE</th>
<th>ADDRESS</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission for Children with Special Health Care Needs</td>
<td>502-426-4000</td>
<td>300 Whitlatch Parkwy #300 Louisville, KY 40212</td>
<td>502-426-4000 (2047) 800-252-3160 (2047)</td>
</tr>
<tr>
<td>Little Ear Hearing Center (formerly Hear Here for Little Ears)</td>
<td>502-425-4037</td>
<td>925 Univ. Creek Rd., Ste 101 Louisville, KY 40243</td>
<td>502-425-4037</td>
</tr>
<tr>
<td>Messenger Hearing Institute</td>
<td>502-364-3571</td>
<td>130 E. Kentucky St. Louisville, KY 40202</td>
<td>502-364-3571</td>
</tr>
<tr>
<td>Home of the Innocents - Audiology</td>
<td>502-566-1340</td>
<td>1100 E. Market St. Louisville, KY 40205</td>
<td>502-566-1340</td>
</tr>
<tr>
<td>University Audiology Associates</td>
<td>502-566-8781</td>
<td>665 South Floyd St., #200 Louisville, KY 40202</td>
<td>502-566-8781</td>
</tr>
</tbody>
</table>

**New York**
- Coordinator: Lori Iarossi  
lori.iarossi@health.ny.gov

- **State profile**

Can Your Baby Hear You?
Your Baby Needs Another Screening

New York State Department of Health
State EHDI Resources for Providers

Oregon
• Coordinator: Heather Morrow-Almeida
  heather.r.morrow-almeida@state.or.us

State profile

Texas
• Coordinator: Doug Dittfurth
doug.dittfurth@dshs.state.tx.us

• State profile

Newborn Hearing Screening
Communicating “did not pass” results to families

DO give a positive message:
"Your baby didn’t pass the hearing screening.
"Your baby did not pass on (the left/right or
either ear), which means more information is
needed about your baby’s hearing."
"The next step is an outpatient follow-up
rescreen for your baby when they are at least
10 days old."

DO give the “TEHDI: After the
Hearing Screen” brochure:
"Here’s a brochure that explains about
audiological diagnostic evaluations should your
baby not pass the outpatient follow-up
rescreen."

STOP DO NOT say:
• Your baby failed or referred
• It’s just because of fluid or vernix
  (Cannot assume this)
• Your baby is deaf or hard of hearing
  (Cannot assume this)
• Probably nothing is wrong
  (Cannot assume this)
• A lot of babies don’t pass
  (minimizes need to attend rescreen)
• Your baby doesn’t need follow-up testing
• Your baby was fussy
  (Then it was an invalid screening)
• The equipment was not working right
  (Then it was an invalid screening)
Examples of State EHDI Collaboration with Pediatric Practices

- Texas
  - PCP does outreach with other providers who are not reporting screening results to EHDI

- New York & Wisconsin
  - Implemented regional communities of practice (COP) that include a PCP rep in each of the COPs

- Rhode Island
  - Working with PCP offices to identify barriers for parents to get into dx
  - One pediatric office hired a parent representative to do the follow up phone calls with parents

- Ohio
  - Sending letters to offices when they have been identified as the PCP for a child who fails a screen