

Introduction to NCHAM and State EHDI Programs

Alyson Ward MS, IA, CHES



Applied Research

Preschool Program



Graduate Training Programs



Advocacy & Public Awareness



Training and Technical Assistance



...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.

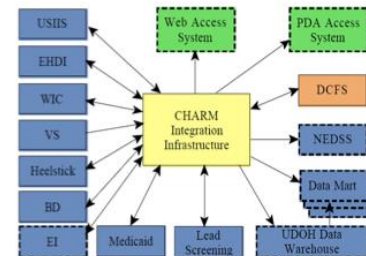
Basic Research



International Outreach



Public Health Information



Requirements of the EHDI NTRC

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 Thomson (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.
 - <http://www.infanthearing.org/stateguidelines/index.php>
- 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

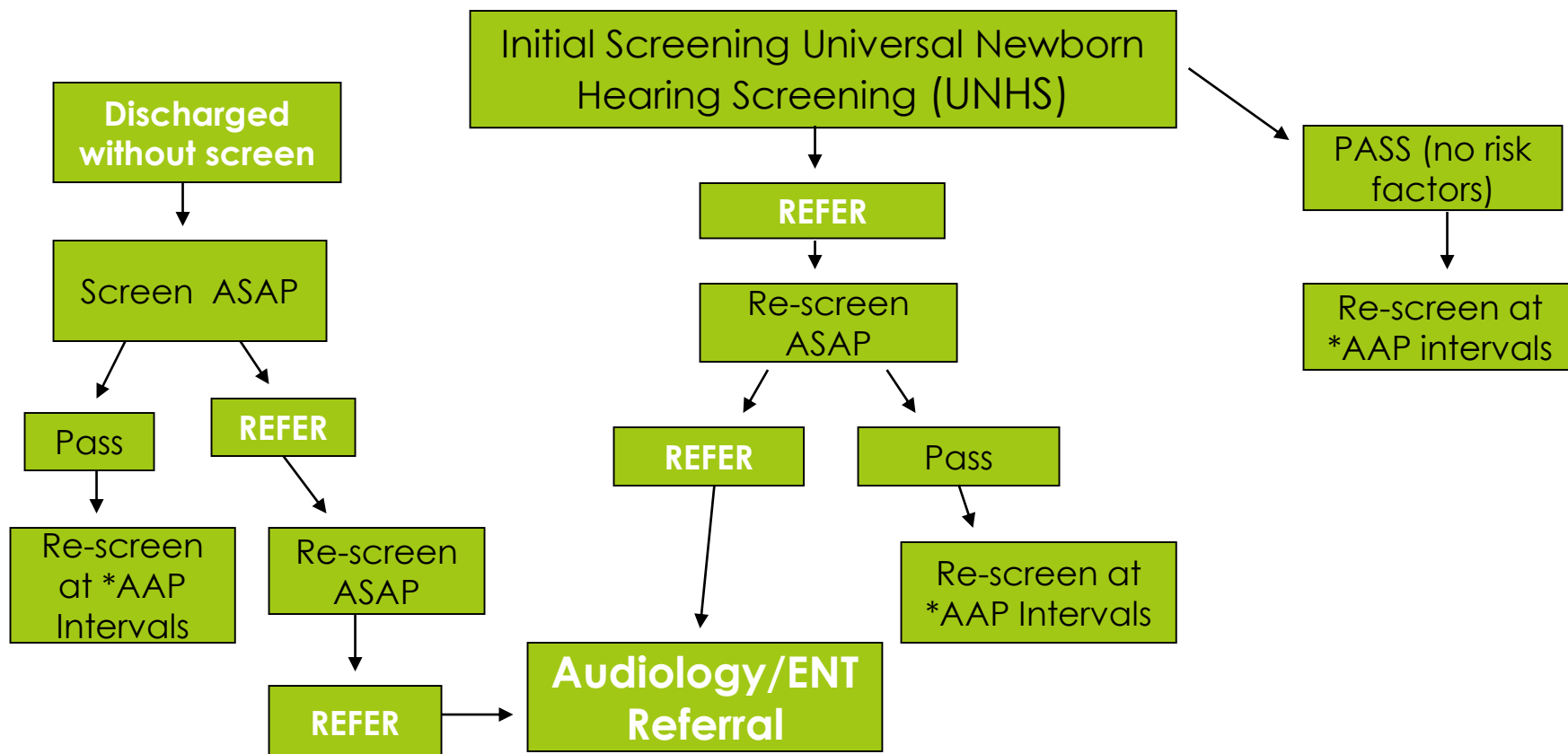
CDC-Influenced Work

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



Screening is complete once:

- The child passes the OAE or AABR screening in both ears
- A DAE is completed

HRSA-Influenced Work

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](#)

Infant Audiological Assessment and Diagnostic Centers

•Level 2 Centers provide complete diagnostic follow up assessment and should be referral source for hospitals screening with AABR•
Level 2 Centers can also be referral source for hospitals screening with OAE.

•Level 1 Centers provide limited diagnostic follow up assessment and are referral sources for hospitals using ONLY OAE screens.

LEVEL 2 CENTERS AREA CODE 502		
Commission for Children with Special Health Care Needs	310 Whittington Parkway #200 Louisville, Ky. 40222	502-429-4430 (2047) 800-232-1160 (2047)
Little Ears Hearing Center (formerly Hear Here for Little Ears)	906 Lily Creek Rd, Ste 102 Louisville, Ky. 40243	502-409-4327
Heuser Hearing Institute	117 E. Kentucky St. Louisville, Ky. 40203	502-584-3573
Home of the Innocents - Audiology	1100 E. Market St. Louisville, KY 40206	502-596-1040
University Audiology Associates	601 South Floyd St. #600 Louisville, Ky. 40202	502-588-0768
LEVEL 2 CENTERS AREA CODE 859		

New York

- Coordinator:
Lori Iarossi
lori.iarossi@health.ny.gov
- [State profile](#)



State EHDI Resources for Providers

Oregon

- Coordinator:
Heather Morrow-Almeida
heather.r.morrow-almeida@state.or.us
- [State profile](#)

Child's Name: _____


Child's Date of Birth: _____

Well baby checkups with health care provider

- 2 – 4 days
- 1 month
- 2 months
- 4 months
- 6 months

Oregon Health Authority
Public Health Division
EHDI Program
800 N.E. Oregon Street, Suite 825
Portland, OR 97232
Telephone: 1-888-917-HEAR (4327)
Fax: 971-673-0251
www.healthoregon.org/ehdi

Oregon Infant Hearing Program
A Roadmap for Families



Texas

- Coordinator:
Doug Dittfurth
doug.dittfurth@dshs.state.tx.us
- [State profile](#)



Texas Early Hearing Detection and Intervention

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.”



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