

The Two "I"'s in EHDI: Intervention and Impact

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Intervention

- Ensure collaboration with EHDI and Part C nationally and in each state
 - Screen by one month, diagnosis by three months, intervention no later than six months
 - Systems should be in place for timely referral from EHDI to Part C
 - Increased early referrals for children with hearing loss
 - Mechanism in place for follow-up for families with children with hearing loss that do not access EI
 - Collaboration between Part C Service Coordinator, Audiologist, Medical Home, Other Specialty Providers
 - Enhanced coordination of care

Impact

- Early Identification of hearing loss, combined with appropriate intervention, improves developmental outcomes for infants/young children with hearing loss*
- Increased costs to Part C system, including providing specialty services for children with hearing loss and their families
- Additional educational/certification needs for Part C staff serving infants and young children

* Christine Yoshinaga-Itano*, Allison L. Sedey*, Diane K. Coulter*, and Albert L. Mehl, Language of Early- and Later-identified Children With Hearing Loss, PEDIATRICS Vol. 102 No. 5, November 1998, pp. 1161-1171,

Intervention in MA

- Children with any degree of permanent hearing loss are eligible for EI (including unilateral and mild hearing loss)
- Partnering for the Success of Children with Hearing Loss Task Force
 - EI Contacts for children with hearing loss
- Community based EI programs provide service coordination and developmental services
 - Programs are encouraged to contract with specialty providers with expertise in infants and toddlers with hearing loss if none are available in-house
 - Twelve specialized programs for children with hearing loss offer parent/infant programs
 - A number of private providers are provisionally certified by the EI system to work with children and families in EI system
 - Family sign language program: sign language instruction and introduction to Deaf culture is provided in family's home by Deaf adults.

Impact – MA EHDI

- Screen >99% of newborns (approx. 79,000 annually)
 - <2% fail hearing screen (approx. 1,450 annually)
 - >94% receive follow-up testing (5.6% lost to follow-up in 2007)
 - Approximately 225 infants diagnosed with permanent hearing loss annually

* 2007 EHDI Data

Impact – MA EHDI

- EHDI Parent Outreach Specialist ensures families are referred to EI through outreach calls to families with children identified with permanent hearing loss
- >81% of children diagnosed with permanent hearing loss officially referred to EI*
- >71% enrolled in EI*
 - 61% enrolled in EI before six months of age
 - Documented that families with infants with milder degrees of hearing loss or unilateral loss are less likely to enroll

* 2007 MA EHDI Data

National Initiatives

- Data sharing amongst programs is key to documenting meeting EHDI Goals
- Proposed shared consent form would enhance ability to understand developmental outcomes for infants with hearing loss identified through EHDI

Going Forward

- Meaningful and honest dialogue is critical between EDHI Director/Coordinator and Part C Coordinator (its about the relationship!)
- Part C lead agencies need to be prepared to provide appropriate services to children with hearing loss
- EDHI Directors and advocates need to be aware of the significant challenges that are present in serving the growing numbers of children eligible
- Everyone needs to know your numbers/impact