



EHD Expansion to Include Children Up to Three Years of Age: An Environmental Scan



Thank You's



Reauthorization of the Early Hearing Detection and Intervention (EHDI) Act of 2017



Public Law 115-71
115th Congress

An Act

To amend the Public Health Service Act to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Early Hearing Detection and Intervention Act of 2017”.

SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.

(a) SECTION HEADING.—The section heading of section 399M of the Public Health Service Act (42 U.S.C. 280g-1) is amended to read as follows:

“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.”.

(b) STATEWIDE SYSTEMS.—Section 399M(a) of the Public Health Service Act (42 U.S.C. 280g-1(a)) is amended—

(1) in the subsection heading, by striking “NEWBORN AND INFANT” and inserting “NEWBORN, INFANT, AND YOUNG CHILD”;

(2) in the matter preceding paragraph (1)—

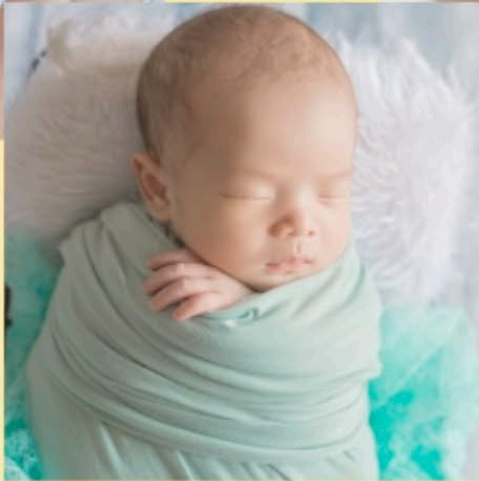
(A) by striking “newborn and infant” and inserting “newborn, infant, and young child”; and

(B) by striking “providers,” and inserting “providers and training of family

Early Hearing
Detection and
Intervention Act
of 2017.
42 USC 201 note.

Oct. 18, 2017
[S. 652]



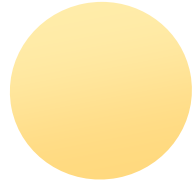


NOFO Language

Develop a state/territory plan to expand infrastructure, including data collection and reporting, for hearing screening for children up to age 3 by the end of year 2*. This plan should outline the resources, key stakeholders, partnerships, and services necessary to implement the plan. A public health approach that aligns with other public health and/or service programs within the state should be proposed as well as the role of the EHDI Program (i.e., partnering and collaborating with Maternal and Child Health programs, such as but not limited to the Title V Children and Youth with Special Health Care Needs (CYSHCN) Program; newborn bloodspot screening program; Maternal, Infant, and Early Childhood Home Visiting Program; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Early Head Start; and Family-to-Family Health Information Centers).



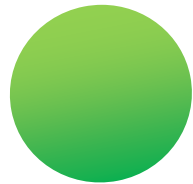
Today's Topics



1. Environmental Scan Topics



2. EHDI-NTRC Resources and Ideas for Future Plans



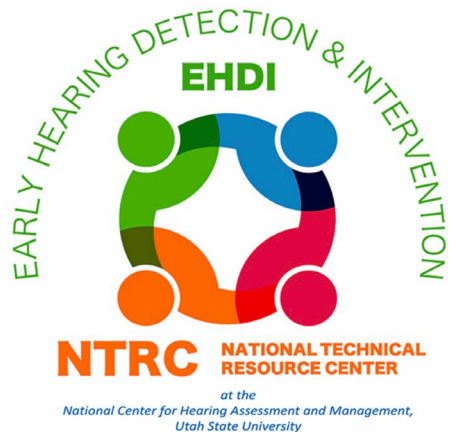
3. Considerations from HRSA











Expanding EHDI for Children Up the Three Years of Age





Environmental Scan of Community-Based Early Childhood Hearing Screening up to the age of 3



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- Evidence-based and evidence-informed approaches to hearing screening, including periodicity schedules, protocols, guidelines, and regulations.

Environmental Scan of Community-Based Early Childhood Hearing Screening up to the age of 3

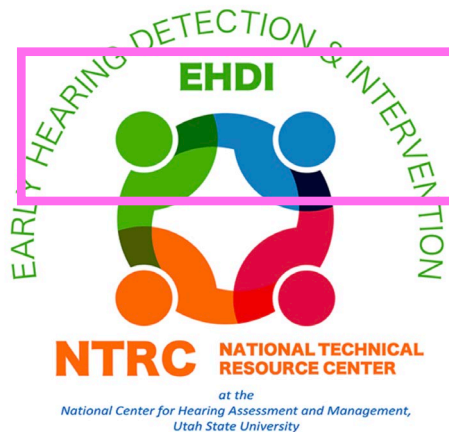
- Evidence-based and evidence-informed approaches to hearing screening, including periodicity schedules, protocols, guidelines, and regulations.
- Recommended locations to do screening, including policies and practices of potential partners.

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- Evidence-based and evidence-informed approaches to hearing screening, including periodicity schedules, protocols, guidelines, and regulations.
- Recommended locations to do screening, including policies and practices of potential partners.
- Collaboration and referral mechanisms, including data sharing agreements, data systems, reporting by audiologists, and privacy issues.

Environmental Scan of Community-Based Early Childhood Hearing Screening up to the age of 3

- Evidence-based and evidence-informed approaches to hearing screening, including periodicity schedules, protocols, guidelines, and regulations.
- Recommended locations to do screening, including policies and practices of potential partners.
- Collaboration and referral mechanisms, including data sharing agreements, data systems, reporting by audiologists, and privacy issues.
- Potential roles for EHDI programs, including strategies, stakeholders, educational methods, and progress.



ENVIRONMENTAL SCAN

EARLY HEARING DETECTION AND INTERVENTION PROGRAM EXPANSION TO INCLUDE SCREENING THE HEARING OF CHILDREN UP TO 3 YEARS OF AGE

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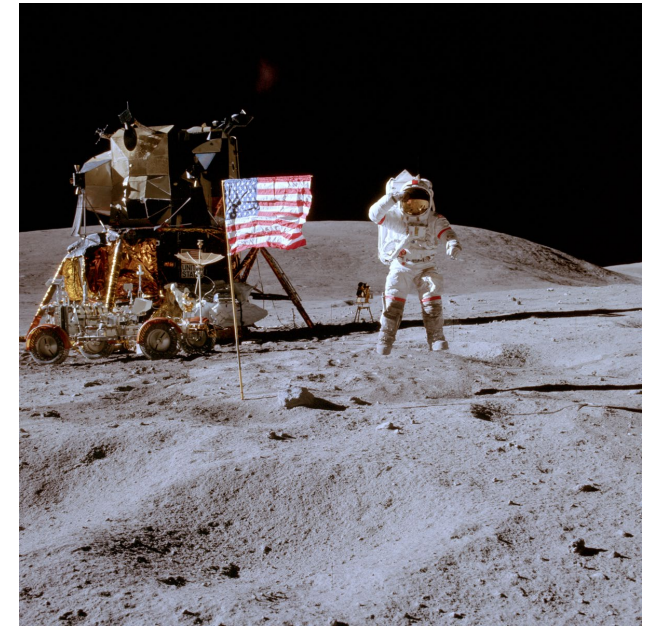
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Where do we begin with expansion?



What could be added to current universal NHS protocols that could potentially increase identifications of hearing loss up to three years of age?

- **CMV testing**
- **Comprehensive Genetic Testing**





Potential Partners in
Early Identification
of Late Onset
Hearing Loss





Two Existing Programs in Every State



Program for Infants and Toddlers with Disabilities (Part C of IDEA)



Program for Infants and Toddlers with Disabilities (Part C of IDEA)



Required to identify children with developmental delays or disabilities

Program for Infants and Toddlers with Disabilities (Part C of IDEA)



Head Start

every child must receive an annual hearing screening



Head Start



Promotes school readiness for children in low-income families by offering:

Head Start

Population-Specific Programs



	serves
“Regular” Head Start	3-5 yr olds
Early Head Start	0-3 yr olds
Migrant Head Start	0-5 yr olds
American Indian/ Alaska Native Head Start	0-5 yr olds

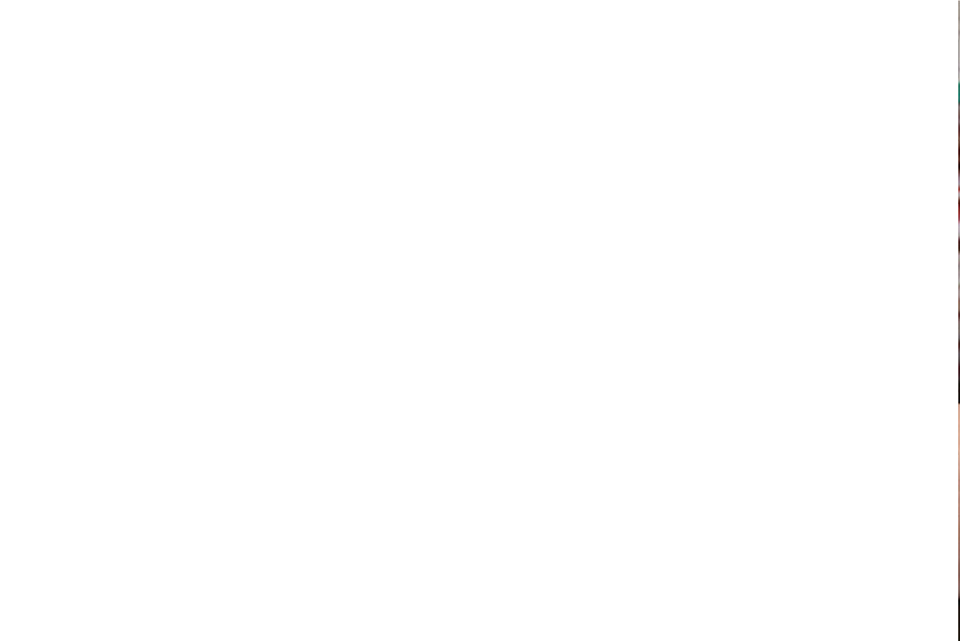
Head Start

Population-Specific Programs



	serves
“Regular” Head Start	3-5 yr olds
▶ Early Head Start	0-3 yr olds
▶ Migrant Head Start	0-5 yr olds
American Indian/ Alaska Native Head Start	0-5 yr olds





Meet with State Leadership

Part C



State Part C Coordinator provides oversight to the statewide Part C program and local recipients of federal funding for this program.

Meet with State Leadership

Part C



State Part C Coordinator provides oversight to the statewide Part C program and local recipients of federal funding for this program.

Head Start



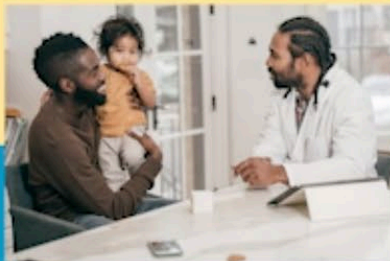
Head Start State Collaboration Office facilitates collaboration between Head Start programs and other services, systems and initiatives in the state.



Potential **Screening** Partners

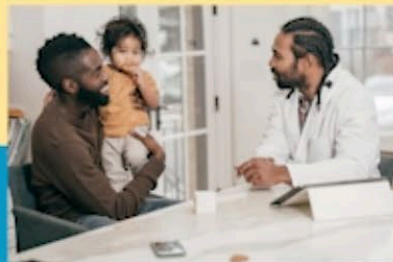
Potential Screening Partners

Health Departments



Potential Screening Partners

Health Departments

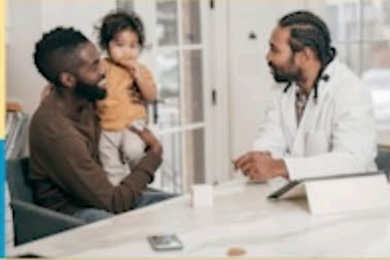


School Districts



Potential Screening Partners

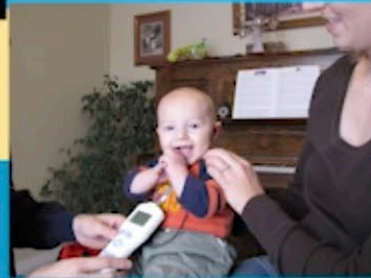
Health Departments



School Districts



Home Visiting Programs



Potential Screening Partners

Health Departments



School Districts



Home Visiting Programs



Health Care Settings



Potential

Partners

Early Periodic Screening,
Diagnostic and Treatment
(EPSDT) Program

Newborn Bloodspot
Screening Program

Special Supplemental
Nutrition Program for
Women, Infants and
Children (WIC)

Title V Children and Youth
with Special Health Care
Needs Program

Family-to-Family Health
Information Centers

Maternal, Infant, and
Early Childhood Home
Visiting Program

Potential Outreach Partners

Early Periodic Screening,
Diagnostic and Treatment
(EPSDT) Program

Newborn Bloodspot
Screening Program

Special Supplemental
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Title V Children and Youth
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Early Childhood Home
Visiting Program

Strategies for
Improving Access to
Early Childhood
Hearing Screening



Strategies

Outreach

State Leadership

Strategies

Outreach

State Leadership - Community Programs

State Part C Coordinator

Local Part C Programs

Director of the
Head Start State
Collaboration Office

Head Start Programs

Strategies

Outreach

State Leadership - Community Programs - General Public

State Part C Coordinator

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Strategies

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Each day, infants and toddlers with unrecognized hearing loss fall further behind in language and learning.

How will we identify who they are to give them the help they need?

Permanent hearing loss is the most common birth defect in the U.S. Approximately 2 in every 1,000 babies are born deaf or hard of hearing. In addition, hearing loss occurs at any time in a young child's life. By 8 years of age, significant hearing problems often remain undiagnosed, or misdiagnosed, for years.

Advances in technology now allow hearing screens to be done on babies. As a result, some babies receive hearing help during their first months of life.

Unfortunately, most children with hearing loss who are not identified receive no screening until they enter school. Few early childhood educators or health care providers are prepared to provide this vital service.

Professionals in many settings engage young children in daily language-learning activities, unaware that some have a hearing loss.

How can we help providers to incorporate vital step in language development?

The Early Childhood Hearing Outreach (ECHO) Initiative

at Utah State University serves as the National Resource Center on Early Hearing Detection and Intervention to Early Head Start and other early childhood education and health care providers desiring to provide hearing screening to young children. Since 2007, over 150,000 underserved children living in poverty have reaped the benefits of periodic hearing screening and follow-up. Children identified as deaf or hard of hearing are being connected with the hearing and language intervention services they need.

Join us to expand the outreach!
www.kidshearing.org

Introduction to Periodic Otoacoustic Emissions (OAE) Hearing Screening

00:08 / 00:22

Ready-Set-Go Help for Hearing Screening in EHS Programs

Your 3-minute Instant Technical Assistance Tool

Each Early Head Start program has unique needs in meeting its hearing screening requirements. This tool will help you identify your next steps and link you to the most useful resources. We have a wide array of free resources that can help you plan and sustain up-to-date hearing screening and follow-up practices for children birth to three years of age.

This tool will take no more than 3 minutes to use. Your identified needs will then trigger us to provide you with specific resources. Once you complete this, watch your email for our response.

Who should complete this?

The individual most familiar with hearing screening practices in your Early Head Start program.

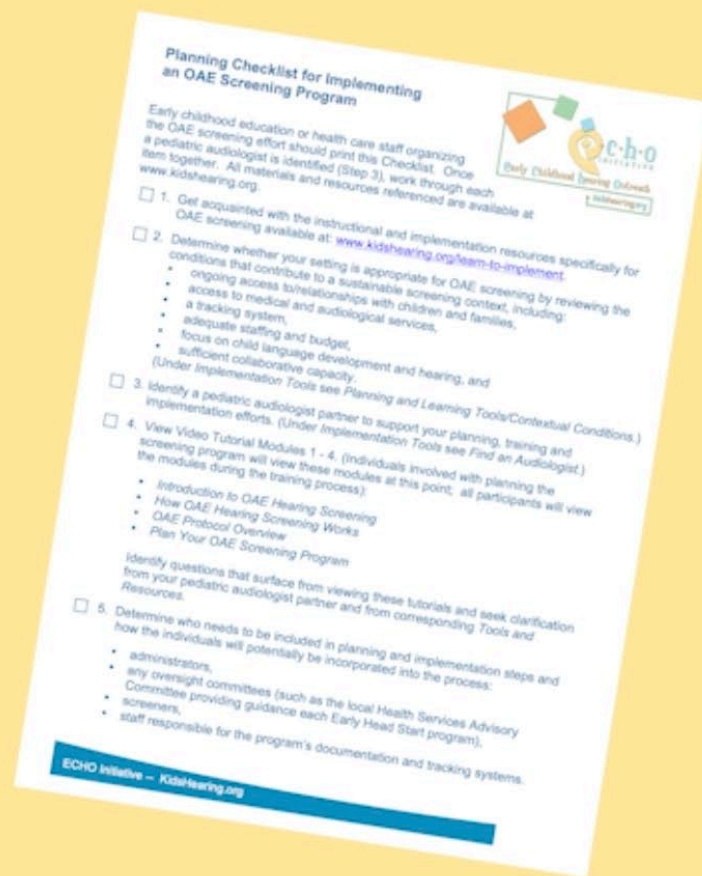
Next

Strategies

Outreach

Planning

Important Planning Questions



Strategies

Outreach

Planning

Training

Obtaining Training



Strategies

Outreach

Planning

Training

TA



- Screening techniques
- Error messages or other equipment issues
- Tracking Process and follow-up protocol steps
- Communicating with health care providers
- Sharing results with parents
- Monitoring program quality - initial pass/refer rates



www.kidshearing.org
Helping you implement evidence-based hearing screening practices

Early Head Start – Head Start – Early Intervention – Preschools – Home Visiting – Schools – Health Care





EHDl System

- [Newborn Hearing Screening](#)
- [Early Childhood Hearing Screening](#)
- [Diagnostic Audiology](#)
- [Early Intervention](#)
- [Family Support and Partnership](#)
- [Medical Home](#)
- [Data Management](#)
- [Financing & Reimbursements](#)
- [Program Evaluation](#)

Early Childhood Hearing Screening

- [Leadership and Planning Tools](#)
- [Upcoming Events:](#)
 - [Introduction to Evidence-Based Hearing Screening and Evaluation Practices for Children ages 0-5 NCHAM Webinar: November 9, 2021 | 12:00 pm - 1:00 pm MT \(11:00 am - 12:00 pm PT | 1:00 pm - 2:00 pm CT | 2:00 pm - 3:00 pm ET\)](#)

Early Childhood Hearing Screening

The number of children with hearing loss doubles during early childhood--from approximately 3 in 1000 at birth to 6 in 1000 by school age. Providing hearing screening during the early language-learning years is critical for helping more children receive the benefits of early identification and intervention. Since 2000, NCHAM has provided resources and learning opportunities aimed at improving the availability of evidence-based early childhood hearing screening.

How EHDl Staff Can Expand 0-3 Screening

[Expanding EHDl for Children Up to Three Years of Age - Training Module](#)

KidsHearing.org

Leadership and Planning Tools

- [Expanding Evidence-Based Hearing Screening Services for Children Birth to Three Years of Age \[PDF\]](#)
- [Head Start - EHDl Leaders Discussion Guide \[PDF\]](#)
- [Part C - EHDl Leaders Discussion Guide \[PDF\]](#)
- [Technical Assistance Needs Survey and cover letter \[DOCX\]](#)
- [Planning Checklist for Evidence-Based Hearing Screening Practices \[PDF\]](#)
- [Pure Tone/OAE Screening Considerations \[PDF\]](#)
- [Published articles](#)





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EHDI System

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➤ [Leadership and Planning Tools](#)

Early Care & Education Providers Training and Implementation Resources



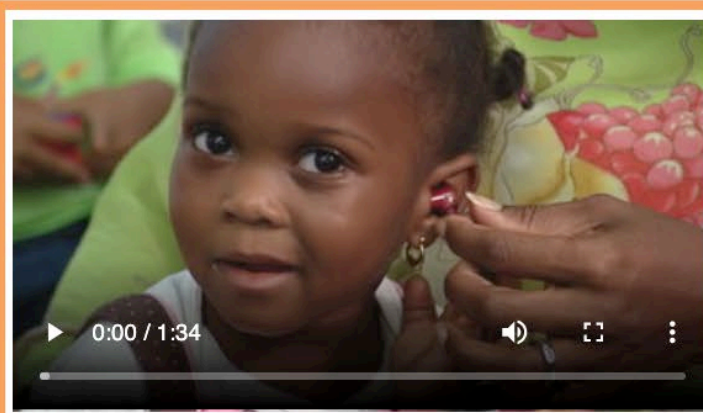
Planning Resources

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- [Find an Audiologist](#)
- [Screening Equipment](#)

Access Training

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[Watch a preview of OAE screening](#)

Planning Resources

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Access Training

- OAE Training
- Pure Tone Audiometry Training

Screening Resources

- Prepare for Screening
- Protocol Guides & Forms
- Share Results: Letters & Scripts

Follow-up Resources

- Track Child Progress
- Monitor Program Quality

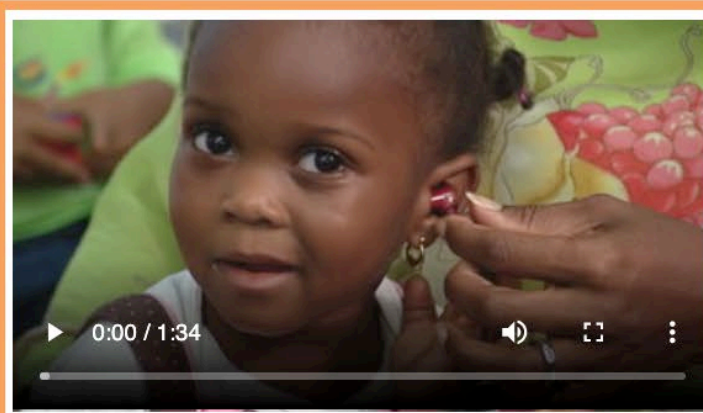
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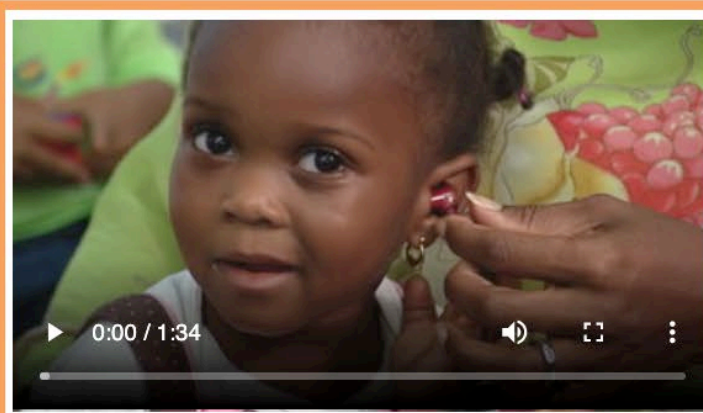
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NOFO Language

Develop a state/territory plan to expand infrastructure, including data collection and reporting, for hearing screening for children up to age 3 by the end of year 2*. This plan should outline the resources, key stakeholders, partnerships, and services necessary to implement the plan. A public health approach that aligns with other public health and/or service programs within the state should be proposed as well as the role of the EHDI Program (i.e., partnering and collaborating with Maternal and Child Health programs, such as but not limited to the Title V Children and Youth with Special Health Care Needs (CYSHCN) Program; newborn bloodspot screening program; Maternal, Infant, and Early Childhood Home Visiting Program; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Early Head Start; and Family-to-Family Health Information Centers).



NOFO Language – Cont'd

- What is HRSA asking for within the NOFO?
 - A **plan**, not implementation
 - Propose approach for expanding hearing screening – including data collection and reporting
 - ✓ “... outline the resources, key stakeholders, partnerships, and services necessary to implement the plan.”
 - ✓ “...a public health approach that aligns with other public health and/or service programs within the state...”
 - ✓ “...the role of the EHDI Program...”

Clearly detail needed resources, as well as challenges or barriers that need to be addressed in order for your plans to be successful. Give HRSA a picture of what it would take for you to do what you envision beyond your current work scope.



HRSA EHDI: Considerations

Questions Regarding Requirements

- Are we expected to implement the plan within the current grant cycle?
- Do we have to submit a plan if we already screen 0-3?

Requirements

- Plan, but not requiring implementation
- Programs currently screening 0-3 can plan for enhancing current infrastructure

HRSA EHDI: Considerations

Questions Regarding Format

- Are we required to use a specific template for our plan?
- Is there a minimum or maximum page limit for the plan?
- Do we need to include figures, charts, data tables, etc. in our narrative?

Format

- There isn't a specific template required
- Data tables/figures are not required
- No page limit, but the plans should be substantive

HRSA EHDI: Considerations

Questions Regarding Content

- Are we supposed to plan using our current funding level?
- Are there specific agencies we should partner with?
- Are there specific activities we should include?

Content

- Assume level funding and consider alternative funding sources
- Include the most relevant partners and their roles, including role of EHDI program
- Include a public health approach that aligns with other public health or service programs within the state and that includes relevant data collection and reporting

HRSA EHDI: Considerations

Questions Regarding Target Condition(s)

- What are the target conditions of the screening plan being developed?

Target Condition

- Consider feasibility and capacity within the scope of screening for permanent hearing loss

HRSA EHDI: Helpful Questions

Current Infrastructure & Resources

- What is your state/territory's current infrastructure for hearing screening?
- Who is involved in hearing screening? What are their roles?
- What existing partnerships can you currently leverage? What new partners are needed?
- What data do you currently have access to? What is the best way for you to measure these efforts?
- What strategies do you currently have in place to support program sustainability? For example, what is your staffing capacity, what financial support do you currently receive, and which partnerships are essential for sustaining early childhood hearing screening in your state/territory?



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Planning Process

- What makes sense in terms of progression? For example, do you first need to build awareness, then services, and so forth?
- Are there underserved populations that you want to focus on first (based on rates of screening)? Does this align with your D&I Plan?
- What is the most feasible timeframe for carrying out the proposed activities?
- What can be accomplished with current funding? What if you secured additional funding?
- What is your EHDI Program's role in expanding hearing screening infrastructure?
- What barriers do you anticipate? What TA is needed?





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