### Program Staff

- **Jessica O. Meyer, MSW, Early Hearing Detection & Intervention (EHDI) Coordinator**
  - Manages the two EHDI grants
  - Supervises the Newborn Screening Hearing Follow-Up Program

- **Nikema Peterson, MPH, Health Data Analyst**
  - Responsible for analyzing EHDI data, Quality Assurance of Data
  - Special projects

- **Caitlin Roberts, Human Services Program Specialist**
  - Surveillance of EHDI Data in eReports
  - Hospital compliance

- **Laura Olson, Hospital Hearing Educator**
  - Training and Technical Assistance for reporting and eReports
Follow-up Staff
- Felicia Clowers, Human Services Program Analyst
- Harriet Hinson-Barrera, Human Services Program Analyst
- Jatarra Bradley, Human Services Program Analyst
- Vacant, Human Services Program Analyst

Since October 1, 2000, newborn hearing screening has been required, unless the parent objects, for all newborns in Florida. The intent of this statute is "to provide a statewide comprehensive and coordinated interdisciplinary program of early hearing impairment screening, identification, and follow-up care for newborns. The goal is to screen all newborns for hearing impairment in order to alleviate the adverse effects of hearing loss on speech and language development, academic performance, and cognitive development."

Reference: Section 383.145, Florida Statutes
HRSA Grant

Health Resources and Services Administration (HRSA) Grant

• Grant period is April 1, 2017 - March 31, 2020.
• Funds the salary of 4 follow-up staff members, and some educational materials and travel for the Early Hearing Detection & Intervention (EHDI) conference.
• Goal is to decrease loss to follow-up, increase the number of children diagnosed at an early age, and increase early intervention.
• Engage individuals and families with children who are deaf or hard of hearing with the EHDI Program.

HRSA Grant Goals

• Assemble an Advisory Committee.
• Develop a state-based learning community for pediatric health care professionals and families to increase knowledge and engagement within the EHDI system.
• Develop a partnership, supported by a memorandum of understanding, with a parent support organization.
HRSA Grant Objective #1

- Increase the number of infants who did not pass the newborn hearing screening and were identified with deafness/hard of hearing by three months of age from the baseline by 30% before March 31, 2020.
  - 2014 Baseline: 44% of babies were diagnosed by three months of age.
  - 2016 Current data: 54% of babies were diagnosed by three months of age.
  - 2020 Target: 57% of babies are diagnosed by three months of age.

HRSA Grant Objective #2

- Increase the number of infants who did not pass the newborn hearing screening, were identified with deafness/hard of hearing, and were referred to Early Steps by six months of age from the baseline by 25% before March 31, 2020.
  - 2014 Baseline: 100% of babies had a timely referral to Early Steps.
  - 2016 Current data: 99% of babies had a timely referral to Early Steps (2 babies were adopted and moved out of state immediately following diagnosis, and 1 moved out of the country).
  - 2020 Target: 100% of babies are referred timely to Early Steps.
HRSA Grant Objective #3

- Increase the number of infants who did not pass the newborn hearing screening, were identified with deafness/hard of hearing, and were enrolled with Early Steps by six months of age from the baseline by 20% before March 31, 2020.
  - 2014 Baseline: 45% of babies were enrolled with Early Steps by six months of age.
  - 2016 Current data: 66.8% of babies were enrolled with Early Steps by six months of age.
  - 2020 Target: 54% of babies are enrolled with Early Steps by six months of age.

CDC Grant

Centers for Disease Control and Prevention (CDC)

- Grant period: July 1, 2017-June 30, 2020.
- Funds a portion of EHDI Coordinator, Human Services Program Specialist, and Hospital Hearing Educator salary.
- Focuses on the maintenance and enhancement of data system.
**CDC Grant Goals**

- Increased reporting abilities from the Early Hearing Detection and Intervention Information System (EHDI-IS). 2 new reports were created this grant year to improve the ability to accurately report 1 month screening data, as well as 3 month diagnostic data.

- Add Diagnostic Reporting section to eReports for practitioners to report diagnostic evaluation results.

EHDI staff began the planning stages of this project in 2018 with the information system vendor. It is anticipated that this project will be ready for testing by June 30, 2018, with implementation in late summer/early fall of 2018.

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**Overall EHDI Data**

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Births</th>
<th>Hearing Screened</th>
<th>Screened by 1 Month</th>
<th>Initially Failed Newborn Hearing Screening</th>
<th>Diagnosed with a Permanent Hearing Loss</th>
<th>Diagnosed by 3 Months</th>
<th>Enrolled by 6 Months</th>
<th>Lost to Follow-up/Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>238,395</td>
<td>227,745</td>
<td>95.13%</td>
<td>221,485</td>
<td>7879</td>
<td>3.46%</td>
<td>104</td>
<td>35.25%</td>
</tr>
<tr>
<td>2008</td>
<td>231,657</td>
<td>222,563</td>
<td>96.07%</td>
<td>218,933</td>
<td>7016</td>
<td>3.15%</td>
<td>116</td>
<td>48.45%</td>
</tr>
<tr>
<td>2009</td>
<td>221,614</td>
<td>213,403</td>
<td>96.29%</td>
<td>207,690</td>
<td>6193</td>
<td>2.90%</td>
<td>100</td>
<td>40.50%</td>
</tr>
<tr>
<td>2010</td>
<td>214,948</td>
<td>206,472</td>
<td>96.05%</td>
<td>200,524</td>
<td>6618</td>
<td>3.21%</td>
<td>97</td>
<td>46.85%</td>
</tr>
<tr>
<td>2011</td>
<td>213,714</td>
<td>205,405</td>
<td>96.11%</td>
<td>200,329</td>
<td>6535</td>
<td>3.18%</td>
<td>91</td>
<td>46.08%</td>
</tr>
<tr>
<td>2012</td>
<td>213,403</td>
<td>205,855</td>
<td>96.46%</td>
<td>201,254</td>
<td>6856</td>
<td>3.31%</td>
<td>99</td>
<td>46.91%</td>
</tr>
<tr>
<td>2013</td>
<td>213,055</td>
<td>207,517</td>
<td>96.41%</td>
<td>203,168</td>
<td>8042</td>
<td>3.87%</td>
<td>101</td>
<td>46.59%</td>
</tr>
<tr>
<td>2014*</td>
<td>219,905</td>
<td>211,893</td>
<td>96.36%</td>
<td>201,285</td>
<td>8108</td>
<td>3.81%</td>
<td>102</td>
<td>38.38%</td>
</tr>
<tr>
<td>2015</td>
<td>224,273</td>
<td>217,142</td>
<td>96.82%</td>
<td>213,779</td>
<td>8352</td>
<td>3.85%</td>
<td>103</td>
<td>37.50%</td>
</tr>
<tr>
<td>2016</td>
<td>225,018</td>
<td>218,493</td>
<td>97.30%</td>
<td>215,364</td>
<td>9043</td>
<td>4.28%</td>
<td>105</td>
<td>37.24%</td>
</tr>
<tr>
<td>2017**</td>
<td>223,062</td>
<td>210,661</td>
<td>97.13%</td>
<td>213,662</td>
<td>9099</td>
<td>4.02%</td>
<td>107</td>
<td>36.82%</td>
</tr>
</tbody>
</table>

*2014 is the year EHDI-IS system was upgraded
**2017 data not yet finalized.
Hearing Screening Data - 2016

225,018 Babies born in Florida
218,493 (97%) were screened
6,525 (3%) were not screened

209,150-Passed initially

8,058 Passed subsequent test
166 Still pending
525 Lost to follow-up
293 Diagnosed with permanent hearing loss
101 Declined follow-up testing
92 Moved out of country/state
25 Deceased
26 Medical reasons prevented follow-up
22 Physician did not refer for follow-up
13 Non-Florida resident
57 Status unknown

9,343-Did not pass initially


Hearing Screening Outcome - 2017

223,062 Babies born in Florida
216,661 (97%) were screened
6,401 (3%) were not screened

207,566-Passed initially

7,260 Passed subsequent test
1,500 Still pending
1 Lost to follow-up
213 Diagnosed with permanent hearing loss
26 Declined follow-up testing
8 Moved out of country/state
16 Deceased
3 Medical reasons prevented follow-up
0 Physician did not refer for follow-up
14 Non-Florida resident
68 Status unknown

9,095-Did not pass initially
Permanent Hearing Loss Confirmed

Diagnosed with Permanent Hearing Loss
Up to Age Three By Year of Birth

- Screen Result
  - Unknown
- Passed Final Screen
- Referred Final Screen

Not Reported Average

Not Reported Statewide Average

- Measured middle of the following month
- Measured 3 months out
- Measured late months

[Graphs and data representations as described]
Progress with Lost to Follow-Up

Florida Lost to Follow-up (LTF) For Diagnosis Percentage*

* LTF % is calculated by taking the # of cases closed LTF + # of pending cases/# not pass screening
**National 2015 LTF rate was 27.9%
***2017 data is not yet finalized

Hearing Screening Rates

*2017 data is not yet finalized.
Progress with Goals

*2017 data is not yet finalized.

National Comparison for 1-3-6

2015 Florida Averages vs. National Averages
Birth of infant

Hearing screening occurs in hospital, and results are recorded on the blood specimen card, or entered in eReports.

If a baby refers*, a second screening is recommended. Typically this occurs before baby leaves the hospital, but can also be done as outpatient.

If baby refers prior to discharge, a “referred hearing packet” is given to the parents with educational materials.

EHDI Program is then notified of the hearing screening refer results, and a letter is sent to the infant's parents and a fax is sent to the PCP.

EHDI staff contacts the parents or guardian regarding hearing screening. Minimum of 3 attempts (phone and letters).

EHDI staff also contacts all known medical providers (PCP, audiologist, etc).

If a referral was completed for diagnostic exam, EHDI staff contacts the diagnostic provider to find out upcoming appointment dates.

EHDI staff continues to follow up with diagnostic provider until diagnostic results are provided.

* Refer = did not pass a hearing screening

**EHDI Process from Birth to Diagnosis**

Once a diagnosis of hearing loss is reported to EHDI staff results are entered in the data system, and the baby’s record is designated as permanent hearing loss.

EHDI staff assembles a packet of educational materials specific to hearing loss and sends to the parents. Staff also makes a referral to the Local Early Steps office.

EHDI staff meet quarterly with Early Steps State Office staff to follow-up on any babies with hearing loss who were referred to the program to receive a status update on enrollment.

**Diagnosis to Early Intervention**
Follow Up Letters and Scripts

- Letters to parents
- Recommended scripts when calling parents
- Letters and faxes to physicians and providers
- Recommended scripts when calling physicians and providers

Learning Community Description

HRSA Funding Opportunity Announcement (FOA) Language:
“Develop a state-based learning community for pediatric health care professionals and families to increase knowledge and engagement within the EHDI system. The learning community will address the importance of early hearing detection and intervention and active family engagement within the EHDI system. For the purposes of this FOA, a learning community is defined as a select group of potential adopters and stakeholders who engage in a shared learning process to facilitate adaptation and implementation of innovations.”
Learning Community Discussion

- How to engage pediatric health care professionals in the learning community?
- How to engage new families in the learning community?
- What is the best format to proceed with this learning community?

Parent Support Partnership

- 25% of the grant award is designated to provide funding for a Parent Support Organization, to develop or support a deaf mentorship program.
- This project will need to go through a competitive procurement process.
- This committee will need to provide recommendations and input on the activities of this deaf mentorship program.
Contact Information

Jessica O. Meyer, MSW
(850) 245-4673
Jessica.Meyer@flhealth.gov

Visit
www.floridanewbornscreening.com