State-Based Learning Community Requirements

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.

Pediatric health care professionals from various health care organizations (e.g., hospitals, federally qualified health centers, community health centers, private pediatric medical practices, etc.) will participate in the learning community. The learning community teams should include a clinician who delivers pediatric primary care, a practice or community based care coordinator, and a family member of a deaf or hard of hearing child.

Recipients will be responsible for presenting and engaging participants in the learning community with information on how to effectively contribute to and participate in the EHDI system as well as understand the importance of active family engagement within the EHDI system. The participation in learning communities can be virtual in design. The learning community will address the following:

- Training regarding the current JCIH 1-3-6 timeline recommendations and the appropriate methods to address them;
- Significant risk factors for late-onset early childhood hearing loss;
- Peer to peer information sharing among participants and, where applicable, the American Academy of Pediatrics Chapter Champions;
- Improving care coordination through the patient/family-centered medical home model, including the surveillance of infants and children that need to be screened, followed-up or enrolled in EI programs;
- Partnering with state/territory Title V CYSHCN programs on systems integration and family centered care coordination;
- Providing family-centered care (an approach to care that assures the health and well-being of their families through a respectful family-professional partnership) that is culturally competent (reflecting a set of values, behaviors, attitudes, and practices within a system, organization, or program or among individuals which enables them to work effectively cross culturally);
- Developing collaborative leadership skills for members of family organizations that support infants and children who are deaf or hard of hearing;
- Engaging and including family partners and pediatric clinicians to ensure that the family and health professional perspective and experiences are integrated; and
- Developing strategies to address barriers to linking or integrating their newborn hearing screening data to a core set of other newborn programs including, but not limited to, vital records, immunization, and blood spot screening.
Report to HRSA progress of the learning communities six (6) months after the project begins on April 1, 2017 through a written report and each year, as a part of the annual non-competing continuation progress report. Recipients will also be responsible for assessing behavioral change among the learning community participants by collecting and reporting on the following measures in six (6) month intervals after baseline data has been collected upon the implementation and initial beginning of the learning community:

- Number of participants that are aware of and follow the JCIH 1-3-6 recommended timeline guidelines;
- Number of deaf or hard of hearing patients that have a care coordination plan;
- Number of care coordination plans developed with the parent or family, caretakers;
- Number of care coordination plans that are shared across providers (i.e. specialists, audiologists); and
- Number of health care professionals that have developed partnerships with state Title V CYSHCN programs regarding systems integration and family centered care coordination.