Sound Matters

DEPARTMENT OF HEALTH
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Audiology Newsletter of the Minnesota Early Hearing Detection & Intervention Program

Minnesota EHDI

2007-2017

The year 2017 marked the 10th anniversary of a formalized Early Hearing Detection & Intervention system in Minnesota. In 2007, Early Hearing Detection and Intervention related legislation was passed mandating:

- That hospitals provide universal newborn hearing screening;
- That MDH provide a surveillance system to track diagnosis and connection to early intervention and family support;
- Establishment of a multi-disciplinary Newborn Hearing Screening Advisory Committee; and
- Funding to support the Deaf Mentor Program, Parent Support, and the Hearing Aid Loaner Program.

The average age of diagnosis is now half of what it was in 2007. The percentage of children "lost to follow-up/ documentation" has decreased from 44% to 7%. Two thousand, nine hundred thirty seven children have been identified as deaf or hard of hearing. Nearly 50 individuals have shared their time and expertise as an appointed member of the Newborn Hearing Screening Advisory Committee. Though the list of initiatives and efforts to support these accomplishments at every level is extensive, key milestones are highlighted on the next page.

As Minnesota celebrates its 10 year EHDI anniversary, forward momentum for EHDI at the national level was also given a huge boost. On October 18th, the president signed into law the Early Hearing Detection and Intervention Act of 2017 (P.L. 115-71). This reauthorizes the Universal Newborn Hearing Screening program through 2022. It expands the program to include support of family members for children identified as deaf or hard of hearing. It also reauthorizes funding for the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA). CDC and HRSA funds provide State EHDI program grants and technical assistance to enhance, improve, and support state screening, diagnosis and surveillance systems. Minnesota has been awarded one of these grants, and continues to be a leader in providing early identification of hearing loss and long term intervention for children.

Did you know? 2 Ears 2 Learn

2 Ears 2 Learn is a 501(c)(3) non-profit organization that assists eligible families of children with aural atresia obtain a bone conduction hearing device (aka BAHA or Pronto Pro) at no cost. The organization refurbishes bone conduction devices for families who cannot afford a new processor, or whose insurance company has denied coverage. The group has helped children in Idaho for 2 years and is now expanding nationwide. The organization is run by Dr. Russell Griffiths, MD, board certified plastic and reconstructive surgeon. To obtain patient brochures, or for more information, visit www.2ears2Learn.org or phone 208-949-6975.

EHDI in Minnesota Timeline

2007

- EHDI legislation passed

- Regional EHDI Collaborative Teams established, 2008

2009

- Local public health agencies begin providing follow-up and data reporting for EHDI, 2010

2011

- Out-of-Hospital birth locations begin newborn hearing screening, 2012

2013

- Deaf/Hard of Hearing (D/HH) Role Model Program established; cultural parent guides added to MN Hands & Voices Staff

2015

- MNScreen electronic reporting of newborn hearing screening results begins

- Early Childhood Longitudinal Data System (ECLDS) begins to look at educational outcomes for D/HH students; Teleaudiology services initiated in northern Minnesota, 2016

2017

- All hospitals reporting newborn hearing screening results through MNScreen

Have You Heard?

Risk Factors for Childhood Hearing Loss

In 2007, the Joint Committee on Infant Hearing (JCIH) recommended at least one audiological evaluation by 24-30 months of age for all children with a risk factor for hearing loss. More frequent and earlier assessment was recommended for those with specific risk factors related to progressive and late onset hearing loss. As research has continued to evaluate these 10 year old recommendations, various studies have focused on weighing the importance of individual risk factors.

One example of new research is a 2017 retrospective study of Iowa's EHDI data that analyzed prevalence rates and calculated odds ratios for risk factors. The more risk factors a child had, the higher the risk of hearing loss. After three risk factors, the risk was higher for congenital hearing loss than delayed onset loss. Factors with the highest risk were neurodegenerative disorders, syndromes, congenital infections (i.e. cCMV), and craniofacial anomalies. The authors recommended that risk factor monitoring is worthwhile and could be further optimized through additional research. The prevalence of some risk factors has declined in part due to improvements in public health. The authors maintain follow-up audiological testing should be a priority, especially for certain conditions.

Minnesota guidelines will continue to follow JCIH 2007 risk factor monitoring guidelines until those are revised based on accumulated evidence.

Last Words from the Advisory Committee

Meeting highlights...

- MN Hands & Voices has served over 1000 families over the past 6 years! Laura Godfrey is introduced as the new Program Manager
- 2017 Collaborative Experience Conference for professionals who serve students who are Deaf, Deaf-Blind, and Hard of Hearing was well received by professionals
- MDH continues to work toward electronic reporting of outpatient hearing screening and diagnostic assessment results into MNScreen (Minnesota Newborn Screening Electronic Reporting System) AND toward auto-charting of hospital hearing screen results in the hospitals electronic medical record

Next meeting:

February 7, 2018
1:00 – 4:00 p.m.
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