

NE-EHDI Mission Statement:

The Nebraska Early Hearing Detection and Intervention Program develops, promotes, and supports systems to ensure all newborns in Nebraska receive hearing screenings, family-centered evaluations, and early intervention as appropriate.

NE-EHDI Program Goals:

The NE-EHDI Program is funded by two federal grants. One from the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) and the Centers for Disease Control (CDC).

Goals for the HRSA grant are:

Goal 1: The hearing of all newborns born in Nebraska will be screened during the birth admission or, if born out-of-hospital, by one month of age.

Goal 2: All newborns who “refer” on the initial hearing screening will complete an outpatient re-screening and/or audiologic diagnostic evaluation prior to three months of age.

Goal 3: All infants with a confirmed permanent hearing loss will have immediate access to high-quality technology and will begin receiving early intervention services prior to six months of age.

Goal 4: All infants with a confirmed hearing loss will have access to a medical home.

Goal 5: Families of young children with a confirmed hearing loss will have access to a family support system.

Goal 6: Young children in Nebraska will have access to periodic hearing screening.

Goal 7: Professionals working with young children with a hearing loss will increase their capacity to provide appropriate services to young children.

Goals for the CDC grant are:

Goal 1: Acquire data on child-specific early intervention services and outcomes; improve the efficiency and timeliness of acquiring child-specific hearing testing data for all children screened or evaluated in Nebraska.

Goal 2: Electronically document all correspondence between the NE-EHDI Program and hospitals, clinics, outpatient services, and parents; develop tracking reports for all children needing hearing testing or referred for outpatient services.

Goal 3: Provide electronic access on hearing testing data to primary health care providers, parents, and early intervention providers in Nebraska.

To reach these goals the NE-EHDI Program strives to:

- Increase the awareness of parents and professionals about the importance of newborn hearing screening and early intervention.
- Provide additional parent resource materials that are linguistically and culturally appropriate.
- Increase the capacity of newborn hearing screening staff in birthing facilities to more effectively screen hearing and work with parents.
- Develop and access professional development opportunities for professionals who provide services, including increasing the expertise of audiologists serving newborns and infants.
- Engage more Primary Health Care Providers in early hearing detection and intervention, establishment of medical homes for all children, and timely referrals to Early Intervention.
- Increase the knowledge of Early Development Network (Part C Early Intervention) services coordinators regarding infant hearing loss, family support, and communication through partnership with deaf educators from the Regional Programs for Students who are Deaf or Hard of Hearing.
- Provide immediate access to high-quality amplification, when desired, by the parents/guardians.
- Nurture and expand the opportunities to establish medical homes, family-to-family supports and periodic early childhood hearing screening in a variety of health and early care and education settings.
- Expand the analysis of the dried blood spot (DBS) from the newborn metabolic and genetic screening to determine the etiology or hearing loss.
- Engage the stakeholders in evaluating and developing the NE-EHDI Program.
- Revise and expand the electronic data reporting and tracking system that is a module of the integrated Nebraska Vital Records Electronic Registration System.
- Strengthen existing and develop new collaborative approaches to link the providers of NE-EHDI services and supports.

The Components of the Early Hearing Detection and Intervention System in Nebraska are:

The components of a comprehensive EHDI system are outlined by the eight principles of the *Joint Commission on Infant Hearing's Year 2007 Position Statement: Principles and Guidelines for Early Detection and Intervention Programs* <https://jcih.org/>

1. All infants should have access to hearing screening using a physiologic measure no later than **one month of age**.
2. All infants who do not pass the initial hearing screening and the subsequent rescreening should have appropriate audiologic and medical evaluations to confirm the presence of hearing loss no later than **three months of age**.
3. All infants with confirmed permanent hearing loss should receive early intervention services as soon as possible after diagnosis but no later than **six months of age**. A simplified, single point of entry into an intervention system appropriate for children with hearing loss is optimal.
4. The EHDI system should be family centered with infant and family rights and privacy guaranteed through informed choice, shared decision making, and parental consent in accordance with

state and federal guidelines. Families should have access to information about all intervention and treatment options and counseling regarding hearing loss.

5. The child and family should have immediate access to high-quality technology, including hearing aids, cochlear implants, and other assistive devices when appropriate.
6. All infants and children should be monitored for hearing loss in the medical home American Academy of Pediatrics (AAP) Task Force, 2003. Continued assessment of communication development should be provided by appropriate professionals to all children with or without risk indicators for hearing loss.
7. Appropriate interdisciplinary intervention programs for infants with hearing loss and their families should be provided by professionals knowledgeable about childhood hearing loss. Intervention programs should recognize and build on strengths, informed choices, traditions, and cultural beliefs.
8. Information systems should be designed and implemented to interface with electronic health records and should be used to measure outcomes and reports the effectiveness of EHDI services at the patient, practice, community, state, and federal levels.

The Early Hearing Detection and Intervention system in Nebraska is comprised of six functional elements: 1) Hearing Screening at Birth, 2) Confirmatory Testing, 3) Medical Evaluation, 4) Early Intervention, 5) Family Support, and 6) Tracking/Surveillance. One or more groups of professionals, in a variety of settings, assume responsibility for each element of the system. An overview of each of the elements and the primary activities are presented below. Included in this discussion are the Nebraska Revised Statute citations and the recommended protocols established by the Nebraska Department of Health and Human Services through the Nebraska Early Hearing Detection and Intervention Advisory Committee.