

Overview of the Nebraska Early Hearing Detection and Intervention Program

Nebraska has consistently met or exceeded the two benchmarks established by Nebraska's Infant Hearing Act of 2000: 100% of birthing facilities will provide newborn hearing screening and over 95% of newborns will have their hearing screened during birth admission. All of the birthing hospitals, regardless of size, have been conducting newborn hearing screening and the hearing of over 98% of newborns has been screened during birth admission since 2004. Newborn hearing screening, however, is only the first, though crucial, step in the early hearing detection and intervention process.

To ensure that newborns and infants identified with a hearing loss and their families are receiving appropriate and timely high quality services, the NE-EHDI has developed 14 goals focusing on newborn hearing screening, diagnostic evaluations, early intervention, medical home, family support, periodic hearing screenings, professional development, program development, EHDI promotion and data systems. To reach the goals, the NE-EHDI Program works 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 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 options 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 program to determine the etiology of hearing loss,

- engage stakeholders in evaluating and developing the EHDI program,
- revise and expand the electronic data reporting and tracking system that is a module of the integrated Vital Records birth registry system for all occurrent births, and
- strengthen existing and develop new collaborative approaches to link the providers of EHDI services and supports.

The NE-EHDI Program is located in the Newborn Screening and Genetics Program, Lifespan Health Services Unit, Division of Public Health, Nebraska Department of Health and Human Services. An Advisory Committee, composed of 22 stakeholders representing many disciplines and perspectives, has been active in providing leadership for implementation of the Infant Hearing Act of 2000 and the expansion and ongoing development of the EHDI system. Four Sub-committees (audiology, evaluation, family support, medical) provide specific recommendations within those areas.