

MEETING AGENDA

DIVISION	Public Health		
MEETING TITLE	July EHDl Advisory Committee Meeting		
FACILITATOR	Tammy O’Hollearn		
DATE	7/11/2024	TIME	10:00 a.m. – 3: 00 p.m.
LOCATION	Room 310 at Ola Babcock Miller Building, 1112 E. Grand Ave., Des Moines, IA. Visitor lot is located immediately north of the building. Additional parking is a block east on E. 13 th St. and Des Moines St.		
MEMBERSHIP ATTENDANCE	<ul style="list-style-type: none"> ○ Chantelle Broome – Parent Advocate ○ Hailey Boudreau – HHS Screening/Management Section Supervisor, CCIC Bureau, Division of Public Health ○ Nicole Stoecken – EHDl AAP Chapter Champion ○ Tonya Krueger – Child Health Specialty Clinics ○ Kristen Moriarty – Iowa Academy of Family Physicians ○ Stephanie Childers – Iowa Educational Audiologist State Lead ○ Jennifer Macke – Birthing Hospitals Representative, Stewart County Memorial Hospital ○ Susan Brennan – Iowa Deafblind Project Director ○ Susan MacDonald – Iowa Association of the Deaf ○ Tina Caloud – Iowa School for the Deaf Outreach Director ○ Vania Kassouf – Deaf Advocate 		
EHDl PERSONNEL ATTENDANCE	<ul style="list-style-type: none"> ○ Tammy O’Hollearn - EHDl Program Director ○ Toby Yak – EHDl Epidemiologist ○ Heather Dirks – EHDl Family Support Coordinator (Virtual for presentation only) ○ Linda True – EHDl Follow-up Coordinator/Audiology Technical Support 		

AGENDA TOPICS

Welcome, Introductions, Member Updates and Announcements – Tammy O’Hollearn

- New EHDl Advisory Committee Members/Guests (AAP Chapter Champion, Iowa School for Deaf Superintendent)
 - New Member: Nicole Stoecken, DO, American Academy of Pediatrics EHDl Chapter Champion
 - Visitor Present: Christopher Kaftan, Incoming Superintendent, Iowa School for the Deaf/Iowa Educational Service for the Blind and Visually Impaired
- Reminder: Iowa EHDl is an unfunded Mandate which operates primarily through federal funding opportunities through HRSA and the CDC, as there are no allocated state funds for the Iowa EHDl Program.
- CDC Cooperative Agreement Extension

- Funds EHDI programming for surveillance and data analysis.
- The CDC was scheduled to have a competitive grant for 2024 but extended the current grant cycle for the 5th year (one extra year of a 4-year grant cycle) due to CDC personnel changes.
- Extension ends June 2025.
- Iowa EHDI received funding from CDC for the 5th which began July 1.
 - 5th year funding will focus on 1-3-6 guidelines and additional analysis of variables impacting timely hand-offs
- Anticipate notice of funding for the new competitive year will be sent out in January 2025 and will be due in March 2025.
- HRSA Federal Grant
 - Funds EHDI programming for Follow-up, Family Support, Language Acquisition Outcomes, Monitoring birth-three population for hearing differences.
 - Competitive Application completed in October 2023, and new grant cycle began April 1, 2024-March 31, 2028.
- Hearing Aid & Audiological Services Update
 - 156,000 was received this year through a state appropriation for the purpose of hearing aids and audiological services.
 - Funding is on a 1st come 1st serve basis. Once the contract is signed, the contract should begin on July 15, and there are 48 children currently on the wait list which means most of the funding will be used from children on the wait list.
- National EHDI Meeting – Pittsburgh, PA
 - National EHDI meeting will be held in Pittsburgh, PA in March 2025.
 - Due to changes in the National Technical Resource Center (NTRC) for EHDI programming, the Pittsburgh conference may be one of the last largest in-person National Meetings.
 - Hosted in the past by National Center for Hearing Assessment and Management (NCHAM) who was the NTRC at the time.
 - New NTRC, the Beacon Center through Gallaudet University, has not yet indicated if national conferences will continue. More than likely, they will not and will be in-person technical assistance meetings.
 - The conferences have been a great opportunity for networking, learning about new technologies and research, discussing protocols from other states and territories for ideas on supporting state and territorial EHDI programs.

EHDI Family Support - Heather Dirks joined virtually

- Update on Programs offered:
 - Family Partners:
 - 37 families matched with a family-partners in the last two and a half years.
 - Currently have 3 matches actively meeting right now.
 - Did bring on an additional parent partner who has a child with CHARGE syndrome for future deaf/blind families who may want to enroll in family-to-family support.
 - Deaf Partners:
 - In the last two years, we have had 26 Deaf partner-to-family matches.
 - 3 Deaf partners currently working with families.
 - LEAD-K bill created additional program under ISD.
 - Anne-Michelle Pederson is the Family Support Liaison.

- In the fall, family support programming should allow families to have more one-on-one meetings with Deaf mentors, including home visits.
- Some of the current EHDI Deaf Partners received Ski-Hi training when it was previously offered at the onset of EHDI's Deaf-Partner program.
- Deaf Partners will continue through EHDI, but new referrals will be made to ISD's program when it begins this fall.
- Tammy O'Hollearn indicated that she will be meeting with Jay Pennington, Compliance Officer with the Iowa DoE next week to ensure that a data sharing agreement is set up specifically to ensure a seamless referral process to help with referring children to ISD and the ability to report back outcomes for reporting purposes for the EHDI grants.
- Book Club for Tots:
 - Book club for 0-3 children but does include older children with hearing differences and siblings, when possible, upon request.
 - Families are sent the book that one of the Deaf Partners teaches everyone in attendance to sign at the monthly meeting.
 - Deaf Partners are also available to answer questions about reading, ASL, questions about reading to a child who that is Deaf or hard-of-hearing.
 - Typically occur once a month, but time changes between a weeknight and weekend morning every other month to help families with different schedule attend.
- New to the Journey:
 - Meetings for parents of newly diagnosed children with hearing differences.
 - Parent Led.
 - Topics vary and resources are made available at the meetings.
 - At the meetings they sometimes have panels or professionals attend for part of the meeting to present information and answer questions, but typically the meetings are designed to be a safe space for parents to talk, brainstorm and discuss concerns without the presence of multiple professionals.
- Monthly Newsletter:
 - Distributed to list of parents who have children with hearing differences and who agreed to receiving the newsletter.
 - Includes state and national resources for families.
 - Offers Book-of-the-Month, which is written by an author with hearing differences or who is Deaf.
 - 145 Families are currently enrolled, with additional enrollment by some Teachers of the Deaf who share resources with the families they serve.
- Family Support Events:
 - Events that occur in different locations throughout Iowa.
 - The EHDI family support events are sometimes held in collaboration with Iowa Hands and Voices and ISD, which opens up the age range for those children and their families that can attend.
 - 2024 Family Support Events:
 - Valentines Day Event (in-person):
 - Central Iowa: 11 families
 - Cedar Falls: 8 families
 - Experience Book Virtual Event:

- 3 families attended virtually.
- 2 families received recording.
- ISD Little Paws Camp:
 - Collaboration with ISD.
 - 8 families attended.
 - Families get to meet with Deaf mentors.
 - Focus on Communication.
 - Chantelle Broome reported that this was a fun experience. Kids get to interact with mentors and other children, and they also get paired with a Deaf Mentor. She reported it is fun for both kids and parents to learn new things. Chantelle attended some of the panels for children and parents and found them very informative. Another perk was that kids get to see peers and stay in the dorms.
- 2024 Pumpkin Patch Event – Upcoming, Fall.
 - Information to come in August 2024 for locations around the state.
 - Planning for 3 sites in Iowa.

Diagnostic ABR Discussion - Linda, Tammy, All

- Iowa has a shortage of providers that can serve families for assessment for newborn hearing screening and diagnostic ABR testing
- Historical Perspective/Review:
 - Applied for grant to get ABR/DX equipment. Did analysis about where additional testing sites were needed. Worked with the AEAs to provide regional testing sites. Goal was to 3-6 goals mandated by [JCIH best practice guidelines](#). Also, in 2019, the JCIH recommended that once a state is able to meet the 1-3-6 goals, they should move to 1-2-3. NWAEA piloted the ABR testing, which led to earlier DX and enrollment in EA and support services. This was progress from first hearing testing being done at school age. EHDI program also previously tried tele-audiology, but at that time the pilot was hampered by WIFI issues and billing issues. Later applied for additional funding. Then analyzed state data to see where additional equipment and testing was needed.
 - Audiology technical support has always been available for AEA audiologists through EHDI contract with audiologist or EHDI personnel (audiologist).
 - Have used 5 AEA locations since onset of pilot. With staffing changes, one dropped out and for several years, there were 4 AEAs that provided testing.
 - Mississippi Bend AEA (SE Iowa)
 - Prairie Lakes AEA (Central Iowa)
 - Heartland AEA (Central Iowa)
 - Northwest AEA (Northwest Iowa)
 - Dropped 2020, Great Prairie AEA (South Central Iowa)
 - Stephanie Childers at MBAEA has been seeing babies since 2018. Over the years, numbers have increased. Monthly, may be testing 15-20 kids for diagnostic testing.
 - Linda True reported that Heartland AEA was conducting 6-8 ABRs at Heartland prior to leaving in 2022.
 - AEAs have taken a stance that they will no longer be providing this service. Starting

the 2024-2025 school year, ABR testing will no longer occur through AEA's.

- Parents are currently provided these equitable services, but may be taken away with current legislation and ramifications to AEA's.
- Brainstorming Session: What other options are available for diagnostic testing for infants?
 - Equipment is getting older, and if it is not used, may be a problem. EHDH is trying to figure out a way that the equipment could be used to provide services and diagnostic testing prior to 3 months of age so kids are not once again lost to follow-up.
 - Question: What prevents children from being seen by 3 months of age if diagnostic testing is needed?
 - Poor handoffs between providers.
 - Transportation services not available or provided.
 - Diagnostic testing not being conducted in the correct way.
 - Children being referred to ENT offices and not an audiologist for diagnosis.
 - Audiology healthcare deserts in Iowa.
 - Question – Tina Caloud/ISD: Are there similar with problems with early vision testing?
 - Discussed vision – will need to clarify with Susan Brennan – no newborn vision testing in Iowa.
 - Question – Tonya Kruger/CHSC: Will there be issues with billing for some of those situations where they are not seen in the office?
 - Tonya suggested possible avenue for services through CHSC. Reported that has offices throughout the state, but services provided are not the same throughout the state. Some offices offer teleservices, but nothing related to audiology. Billing UIHC billing, but there are fees for services provided. Nutrition is done primarily through telehealth.
 - Indicated there may be opportunity for space.
 - May want to discuss with CHSC availability. Have tried with CHSC previously when piloted telehealth program in Oelwein, IA. Physical space does change and locations have changed since then, but billing and connectivity is no longer an issue.
 - Tonya will facilitate a conversation with CHSC. Will need to find a provider to perform testing. Tammy said she may have a provider willing to do that piece. She will follow-up.
 - Question – Tonya Krueger/CHSC: What do other states do?
 - Teleaudiology -- Some states still have issues with connectivity issues, but many have worked out the issues since COVID.
 - More AABR screening in some states prior to ABR which tends to decrease need for DX testing.
 - Question – Stephanie Childers/Ed. AUD: Can some providers do teleaudiology/tele-ABR if provided with equipment and help with billing?
 - Response – Tammy O’Hollearn/EHDI Director – This is a possibility. We need to speak with our contracting personnel to explore this. There is concern that private practitioners may not apply for a grant due to capacity, but may be interested in an MOU.

Response - Chris Kaftan/ISD: In Mass, they had mobile vans with equipment that went out to conduct testing in communities.

- MASS-Health – universal healthcare provided
- Tammy O’Hollearn has talked to a contact at UIHC that may apply for a grant which may help with diagnostic capability in the state. The contact reported that UIHC has a mobile transport that might be used for other things such as this type of testing.
 - Response – Tina Caloud/ISD – many Deaf babies to enjoy car rides. You can buy specific coating for sound.
 - Response – Vania Kassouf/Deaf Advocate – AEAs used to provide services for Hearing testing in vans. She was tested between the ages 4-12.
 - Response – Linda True/EHDI Audiology Technical Support – remember that this is for newborn diagnostic testing, so the set-up and equipment needed for infant diagnostic testing is different than for screening school aged children.

Iowa’s Progress in Meeting National 1-3-6 Goals (Toby):

- Overview of Upcoming Slide Presentation:
 - Hope to gain better understanding of infant hearing loss in Iowa.
 - Tammy O’Hollearn shared that the CDC has changed their metrics/guidelines for calculating national 1-3-6 progress beginning with 2021 data. Iowa’s percentages have consistently been lower for DX by 3mo/age when compared to National average.
- Slide Presentation and Data Trends (attached):
 - Higher percentage of males than females throughout all 5 years that did not pass final hearing screening. Data only reflects the final hearing screening/outpatient screening. More data is needed to understand the sex disparity.
 - Age of mother is also a trend. Mothers aged 15-24 had the highest percentage children who did not receive timely follow-up.
 - Mothers with higher education may be more aware or better able to navigate the healthcare system. Time may also be a consideration and resources.
 - Only focused on kids who did not pass for the presentation.
 - ****Note: Ethnicity variables is per overall Iowa population and not comparing within that ethnic population**
 - Father information was shared on children who did not pass, but it was noted that information on father’s is not always available, so the information is less reliable.
 - Note from Tammy: Some states have been able to partner with their WIC program to improve timely screening and diagnosis. In Iowa, this has been attempted, but did not get much return from the county programs for moving children on for additional screening or DX testing. She shared some states have had data sharing agreements which allowed them to flag children for WIC providers to help facilitate additional testing, but in Iowa, this did not create the needed partnership to have it be a reliable means to ensure help with 1-3-6 outcomes.

- Insurance data was included, but it does not indicate if insurance is able to cover hearing healthcare, just the status of the child at birth. Data does not indicate if the child is insured.
- Lost-to-Follow-Up (LFU) numbers:
 - LFU – this is a CDC term but can mean different things.
 - Lost contact vs. no contact vs. non-responsive
 - Provider bias in passing children – if a child does not pass screening, need and urgency for follow-up and diagnostic testing is often downplayed
 - CMV Law impacts Utah – medical director at state health department had a medical order put in place for hearing testing following a failed second screen. The order is for a referral for diagnostic testing. Tammy is unsure if Iowa would be open to this or not but does plan to explore it.
 - Providers need to feel confident in providing families with needed information for SOC handoffs, and not worry about “how they would feel” -- need to remember that families tend to feel more supported when they move through the system and get evidence-based answers.
- LFU race/ethnicity does play a factor, as does region in Iowa.
- LFU rate is highest in metropolitan areas (calculated from child’s residence home), then rural, then micropolitan – access to metropolitan areas seems like it would be better, but it is the highest percentage.
 - Wider ranges of languages, transportation issues, SES factors
- Counties that have the highest LFU – Polk, Lynn, Black Hawk, Scott
- Referral rates are slightly lower than national averages for EI, but enrolled is significantly lower. Seems like a trend for decreasing numbers. Tammy mentioned other states have seen a decrease too.
- Tammy O’Hollearn indicated that there are some audiology providers that do not typically refer or have very high decline rates for referral to EI. The EHDI program will be talking this data to those offices and look to share regional trends for EI enrollment in the future.
 - Question: Are there trends on the enrollment end as well?
 - Answer: Tammy will look at the data more closely on enrollment to see if there are trends to share.

EHDI Needs Assessment (Tammy, Linda, All)

- e.g. survey, focus group(s):
 - Will be considering different means of obtaining data for needs assessment. Thus far EHDI personnel has looked at previous survey data regarding LFU and EA decline; may consider family focus groups.
- Early Childhood Screening:
 - Hearing testing through age 3, instead of just focusing on 1-3-6 process

- This has been done through Early HeadStart, AEA screening/testing, and EA referrals for testing.
- Stephanie indicated that during the 2025-2026 school year, there may be a fee for services for testing through AEAs.
- Kristen indicated, sometimes primary care provider will perform one of the audiometry screens, but there is not a formal screening at most PCP offices.
- Tonya reported that there is not a formal audiometric test, it is more of a parent reporting situation at CHSC.
- Brainstorming for Early Childhood Screening Providers:
 - No additional suggestions
- Language Acquisition Assessments & Reporting:
 - HRSA current grant cycle indicates that EHDI programs are charged with documenting/showing data for language acquisition outcomes for children diagnosed with hearing differences.
 - In Iowa, the only metric consistently used throughout the state on all children is the [Early Childhood Outcomes \(ECO\) score](#)
 - The ECO uses [three main childhood outcomes](#):
 - Positive Social-Emotional Skills.
 - Acquisition and use of Knowledge and Skills.
 - Use of Appropriate Behaviors to Meet Needs.
 - The ECO is primarily a subjective measure. The child's IFSP team makes an agreement regarding the child's development and assigns a numerical value that corresponds to their perceived development based on testing, observation and parental interview.
 - ECO scoring is typically conducted at the time of enrollment, at the annual IFSP, and upon discharge. There is no normed test within the ECO.
 - ECO may not always be given in the family's native language.
 - The educational data system will collect those test scores of the assessments to inform the ECO. If their team picks a test outside of the 11, it does not necessarily need to be reported into the educational system whereas if it is one of the 11, it must be reported in their system.
 - ECO should show progress of a child during their time within EA.
 - EHDI program staff met with Allison Sedey to learn about how other states were implementing/documenting/assessing language acquisition outcomes.
 - [Allison Sedey](#) is dual certified as Speech/Language Pathologist and Audiologist.
 - Dr. Sedey is the director of the [Outcomes and Developmental data Assistance Center for EHDI programs \(ODDACE\)](#), which was supported by the CDC.
 - Brainstorming:
 - Linda True asked Tina Caloud about how ISD checks young children for language acquisition outcomes:
 - ASL expressive and receptive – check annually in the fall.
 - Specialists or SLP can work with the child.
 - ASL class free of charge.
 - Family Resource coordinator to the home.

- Support services through summer.
- Virtual services can be difficult for provision of services. May need to talk to outreach team to discuss how to improve. May send a language coach/deaf adult signing and working with the child.
- Outreach is inclusive of children ages 4-16. Seeing more parents reaching.
- [Wiig Assessment of Basic Concepts \(WABC\)](#) if a child is three years old
- Use ASL receptive exams. Point to picture of word signed to them. For expressive they would need to sign
- VCSL – [Visual Communication Sign Language](#) checklist. This should Not be a one-time observation, but multiple observations.
- Uses [Ski-High checklist](#).
- Uses [Peabody Assessment](#) to ensure that children have the motor skills needed for signing.
- ISD does use ACHIEVE. Anyone from the team can report within the system. If a team has a HOH/T. ECO would be up to age 5 (Early Childhood).
- ISD begins testing children at age 3 and then again at age 6.
- Tina Caloud would recommend more frequent assessments for children with additional language needs.
- Jennifer Macke asked if Ages and Stages was being used?
 - Tonya Krueger confirmed that this was a screening, not an assessment. Ages and Stages would be used for childfind/referral situation.
 - Parent and observation would be more helpful to be done, but typically parent report only.
 - Kristen Moriarty indicated that there was a developmental provider that helps administer ASQ.
- Linda True indicated that currently the ECO score might be the only thing that Iowa EHDl can report out on at this time as it is reported consistently throughout the state. Tammy reported they will look at other options outside of the AEAs.
 - Tonya reported assessments are now done on an annual basis.
 - Other states have difficulty because it is done locally and collected in a variety of ways and inconsistent at times.
- Tammy O’Hollearn indicated she is unsure how much the national EHDl partners are working with the OSEP folks regarding this request. There has been little guidance provided by the federal partners. At this time, it would be difficult to look at the data and do any sort of comparison because it looks so different from state to state and there are still states that are not able to get referral and enrollment data from the EI partners.

- **NOTE:** Since the time of the Advisory Meeting, a joint statement has been made from OSEP, HRSA EHDl and CDC EHDl about the importance of collaboration, including data sharing among EI and EHDl programs for children who are DHH. The statement indicates increased support for collaboration between state EHDl programs and Individuals with Disabilities Education Act (IDEA) Part C early intervention programs. The federal agencies are encouraging state programs to develop coordinated systems of care that include data sharing, tracking, and surveillance to support early identification of hearing loss and timely access to early intervention services to foster optimal outcomes for deaf or hard of hearing (DHH) children and their families. Read the letter on [OSEP's website](#).
- Tonya Krueger indicates that you could possibly compare hearing differences to hearing differences.
- Susan Brennan asked if we could use the DAY-C.
 - Tonya Krueger confirmed that this was typically used for screening only, but not a first and last type of test to see progression.
- EHDl staff requested that committee members contact them with other ideas regarding language acquisition outcomes.


[EHDl website](#) updates (EHDl Staff):

- Website demonstration:
 - Showed the quick links for pages and accordion style.
 - Different Page names than previous and how to navigate
 - Right Side Menu – how to navigate
 - Jennifer asked about where the diagnostic centers were and if they had been updated on our website.
 - **NOTE:** Since this meeting, the [audiology diagnostic centers PDF](#) has been updated. It can be found on the [EHDl Providers Page](#) and the [Newborn Hearing Screening Journey Page](#).

Closing, Next Meeting Topics

- Provider education (e.g. Medical Home, Audiology, ENT) Topics
- DE and AEA Hearing Information – Tori Carsrud
- DB Project Update – Susan Brennan
- Deaf Mentor Program Update – Tina Caloud

Upcoming meeting dates for 2024: October 10



Iowa's Progress on National EHDI 1-3-6 Goals: Infants Who Did Not Pass Final Screening

IOWA EHDI ADVISORY COMMITTEE MEETING

Toby V. Yak, PhD, MPH

Epidemiologist

Bureau of Chronic, Congenital and Inherited Conditions

Health and Human Services

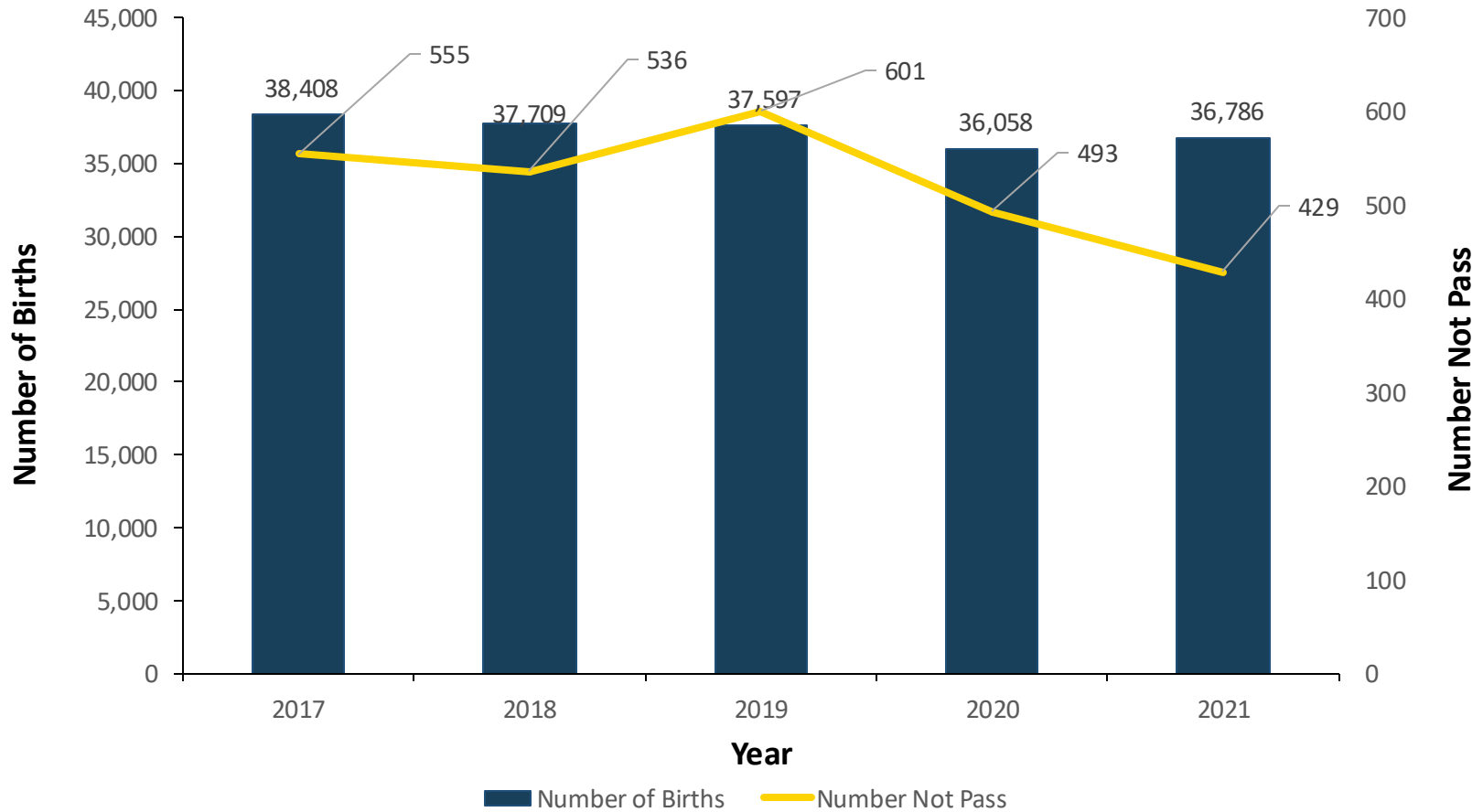
July 11, 2024

Key Points

- ▶ Number of Live Births and Infants Who Did Not Pass Final Screening
- ▶ National 1-3-6 Benchmarks
- ▶ Demographics
- ▶ Insurance Types
- ▶ Infants Lost to Follow-up (LFU)
- ▶ Early Intervention (EI)
- ▶ Summary

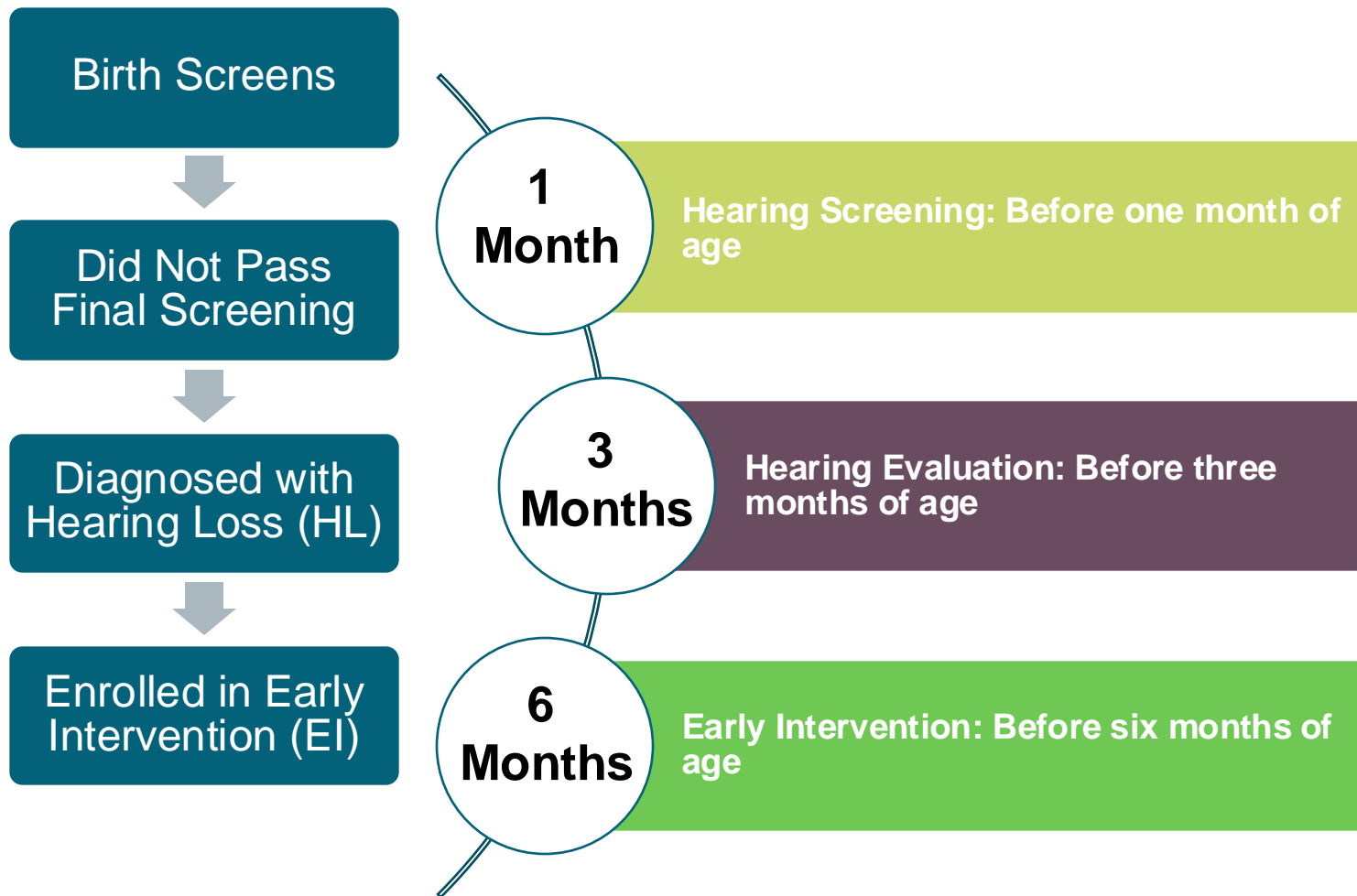
Number of Live Births and Infants Who Did Not Pass Final Hearing Screening

Number of Live Births and Infants Who Did Not Pass Final Hearing Screening by Year, 2017-2021, Iowa

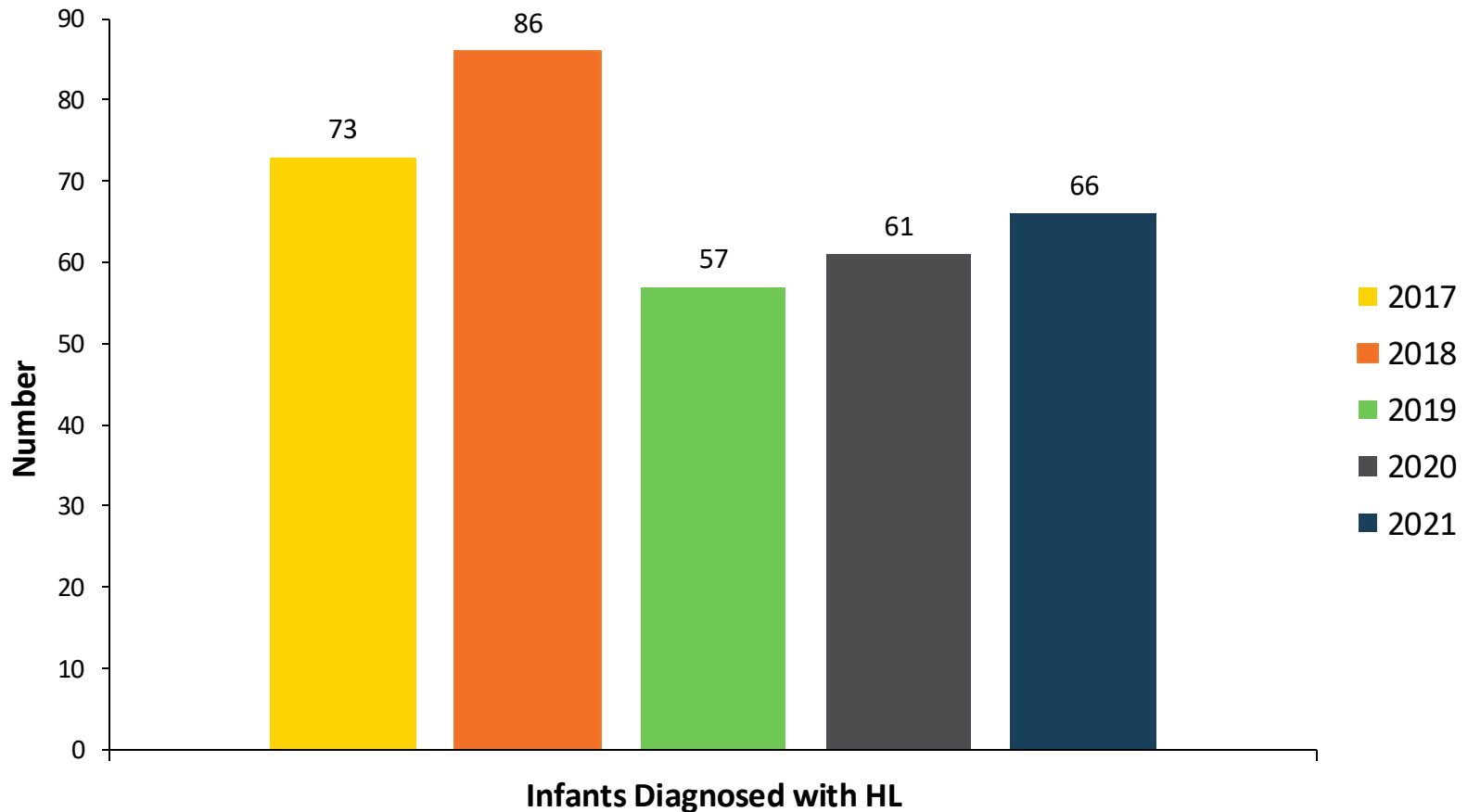


National 1-3-6 Benchmarks

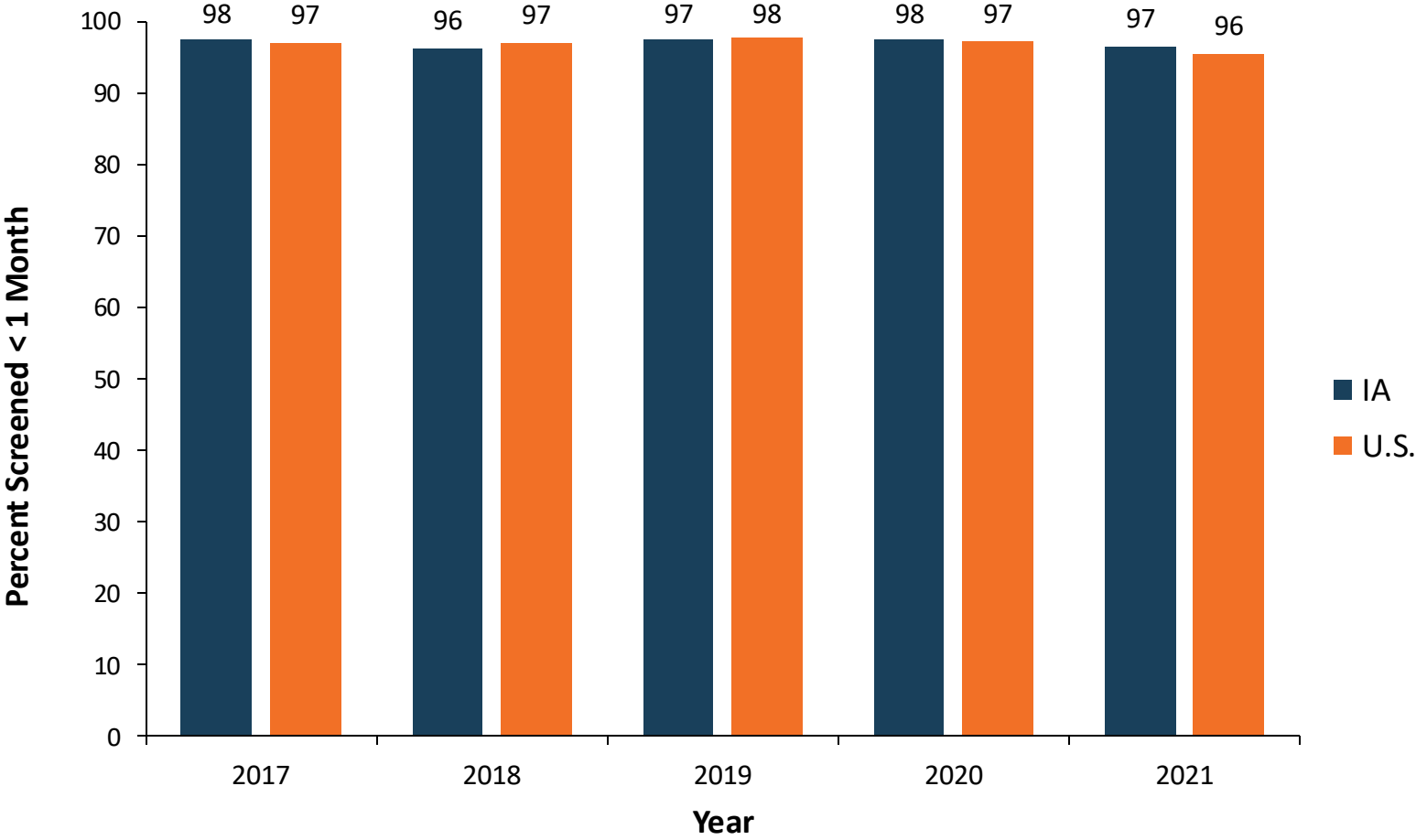
1-3-6 Benchmarks



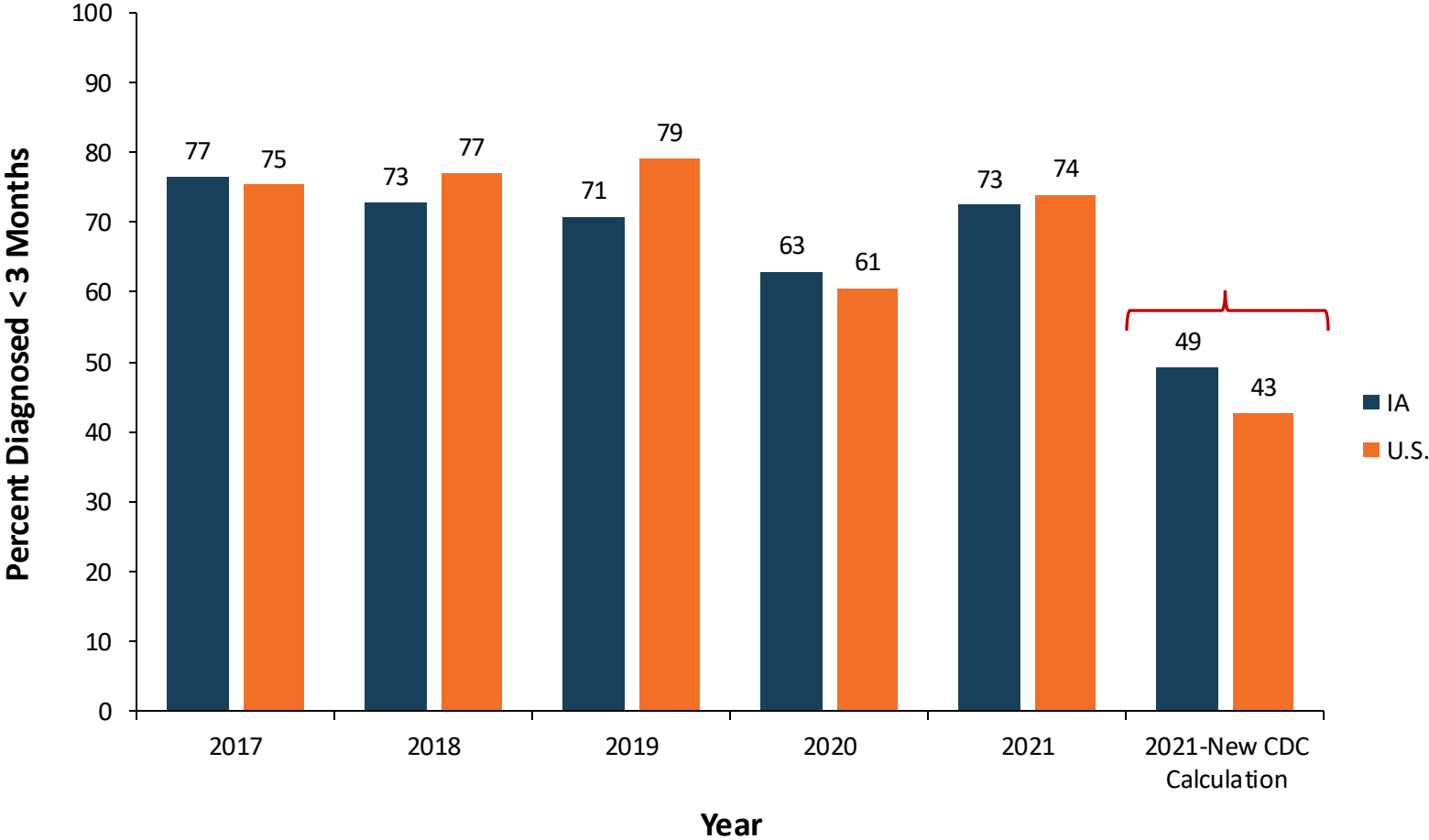
Number of Infants Diagnosed with Hearing Loss (HL) by Year, 2017-2021, Iowa



Percent of Infants Screened Before 1 Month of Age by Year, 2017-2021, Iowa vs. U.S.

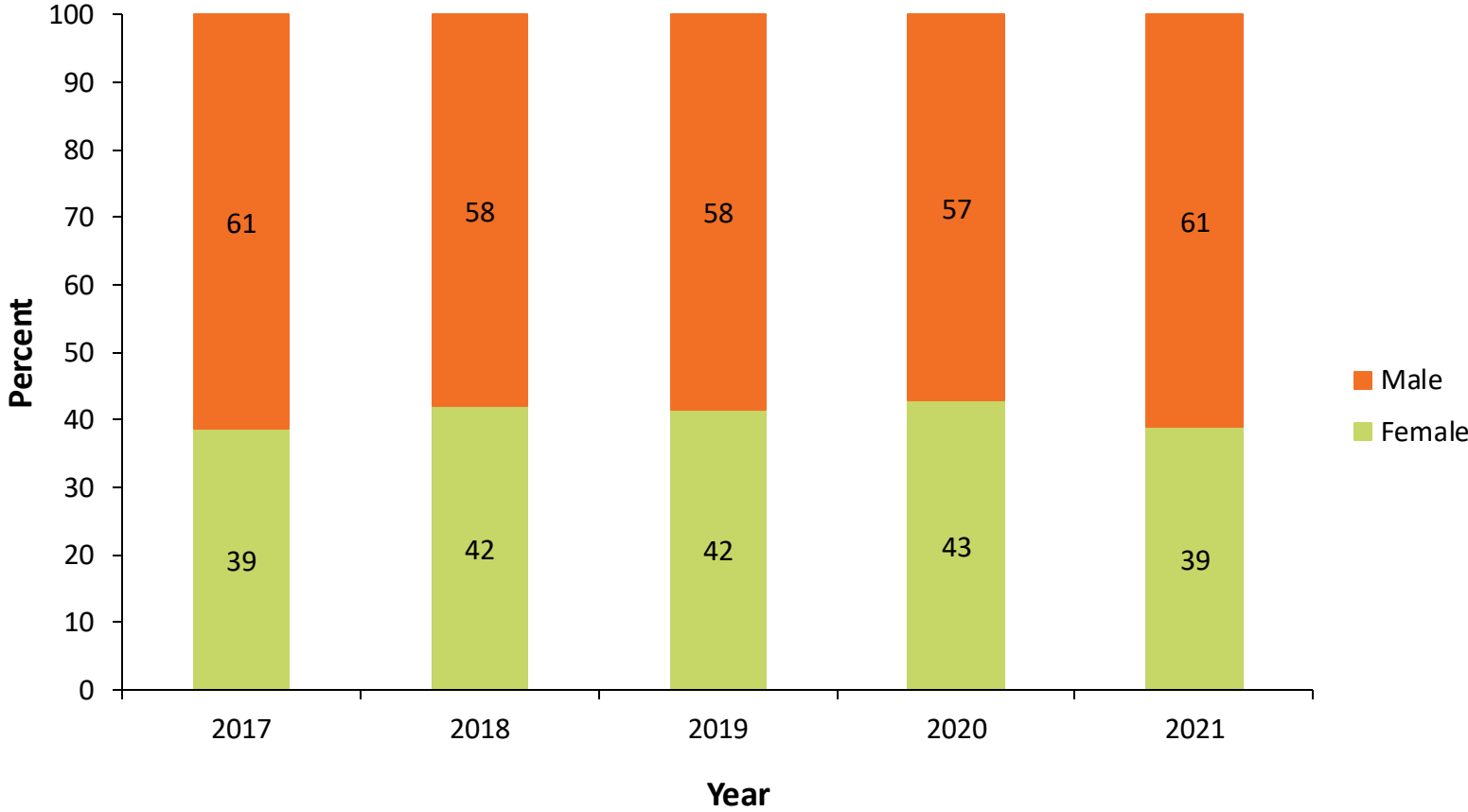


Percent of Infants Diagnosed Before 3 Months of Age by Year, 2017-2021, Iowa vs. U.S.

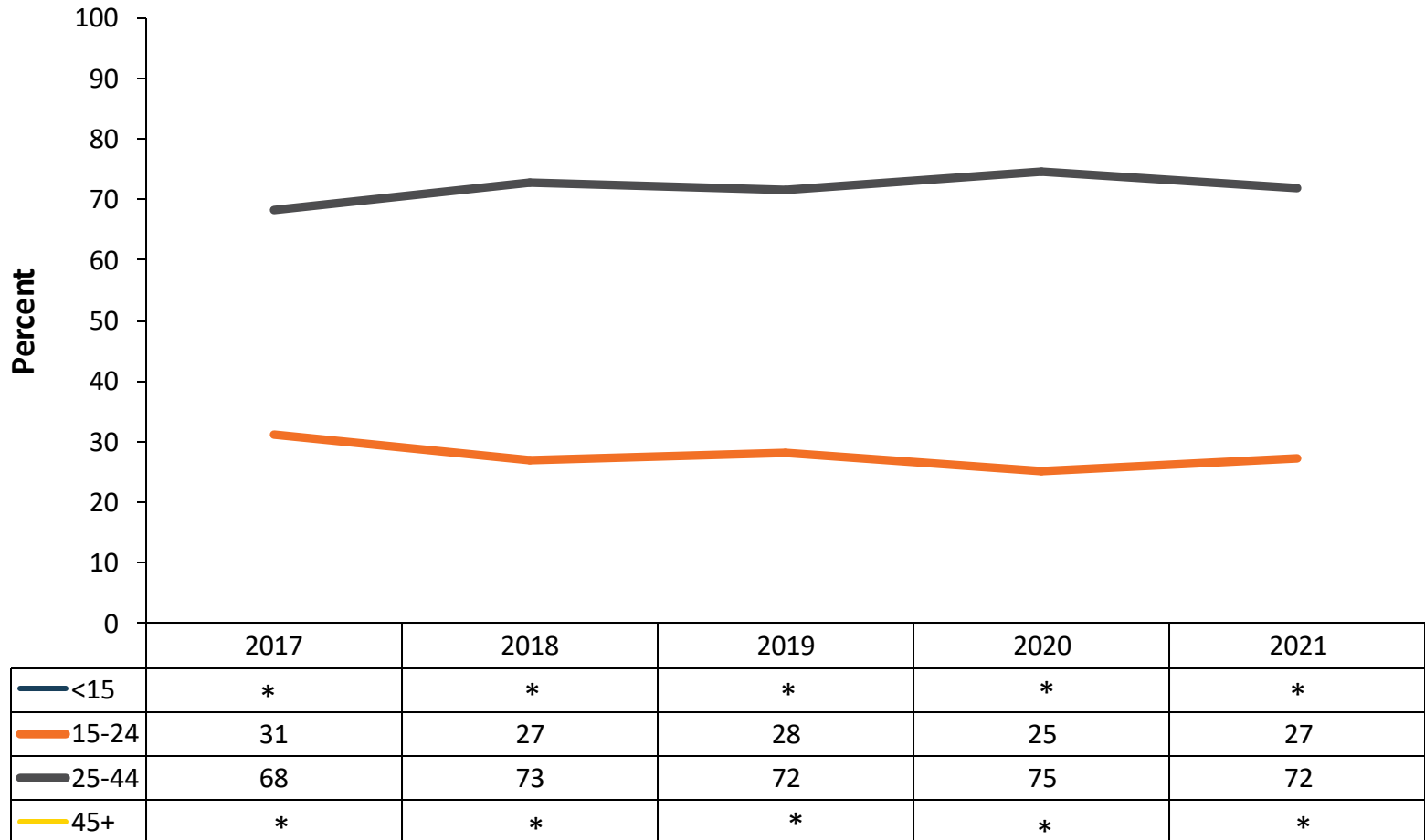


Demographics

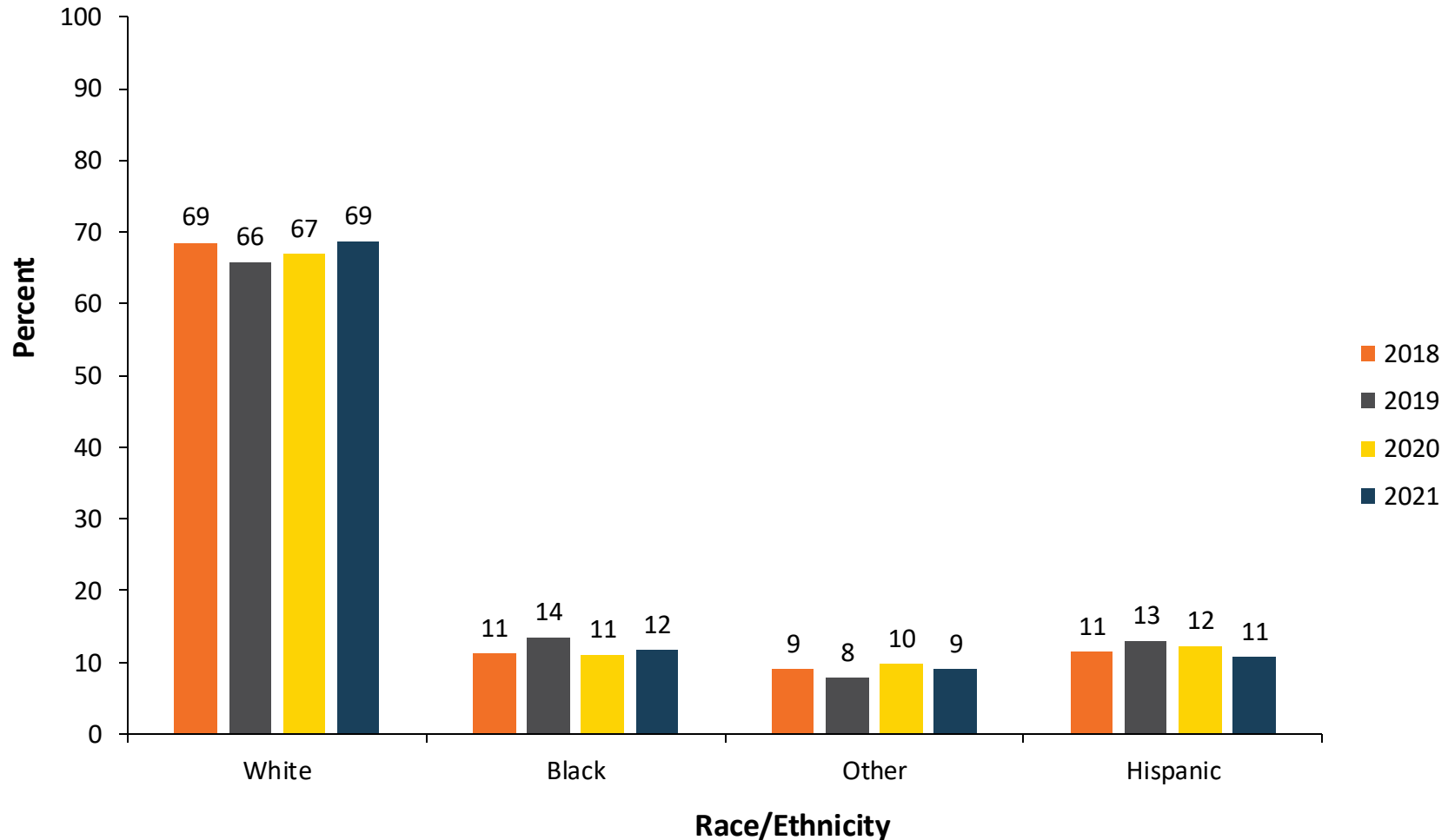
Percent of Infants Who Did Not Pass Final Hearing Screening by Sex and Year, 2017-2021, Iowa



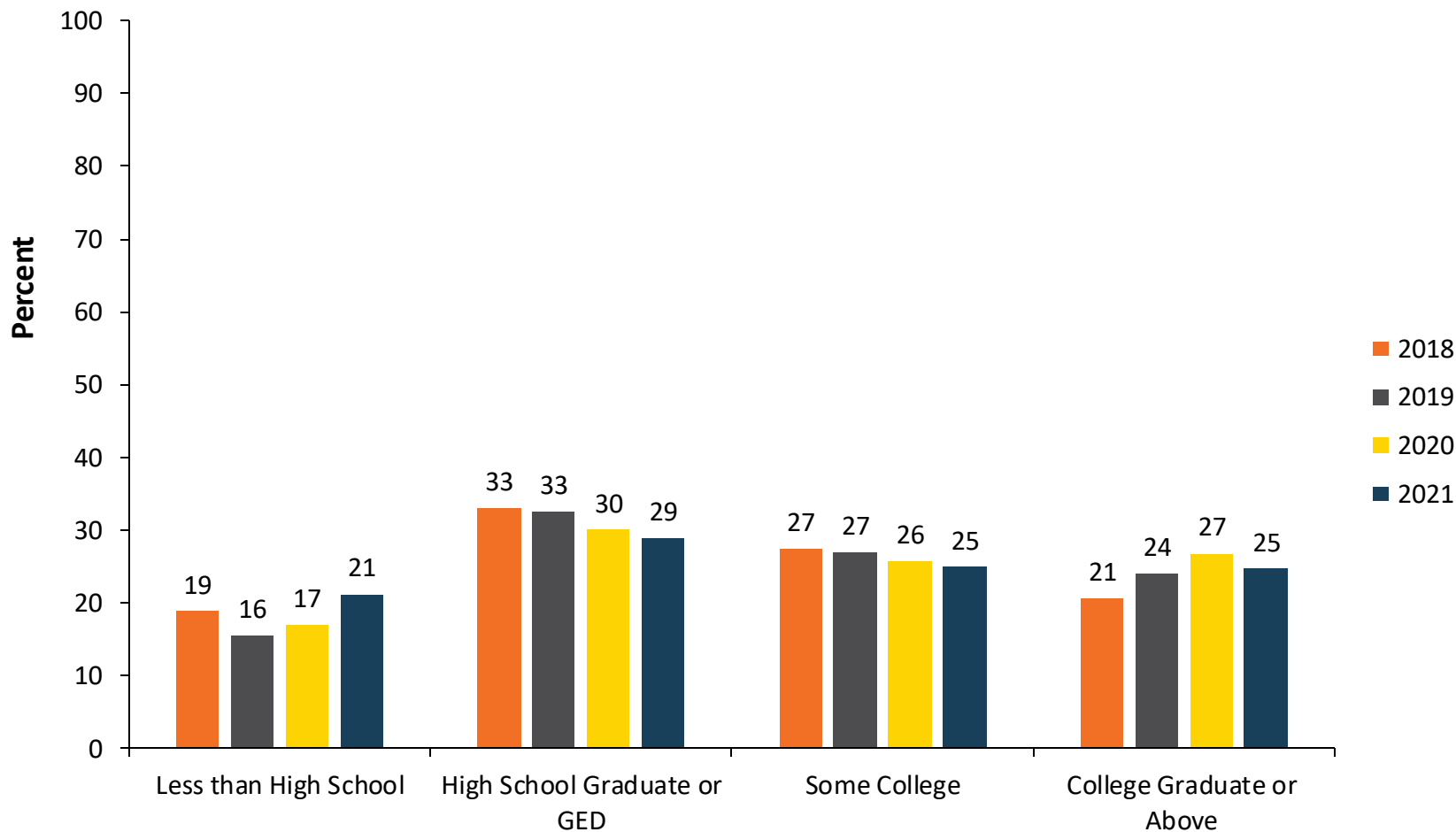
Percent of Mothers of Infants Who Did not Pass Hearing Screening by Age and Year, 2017-2021, Iowa



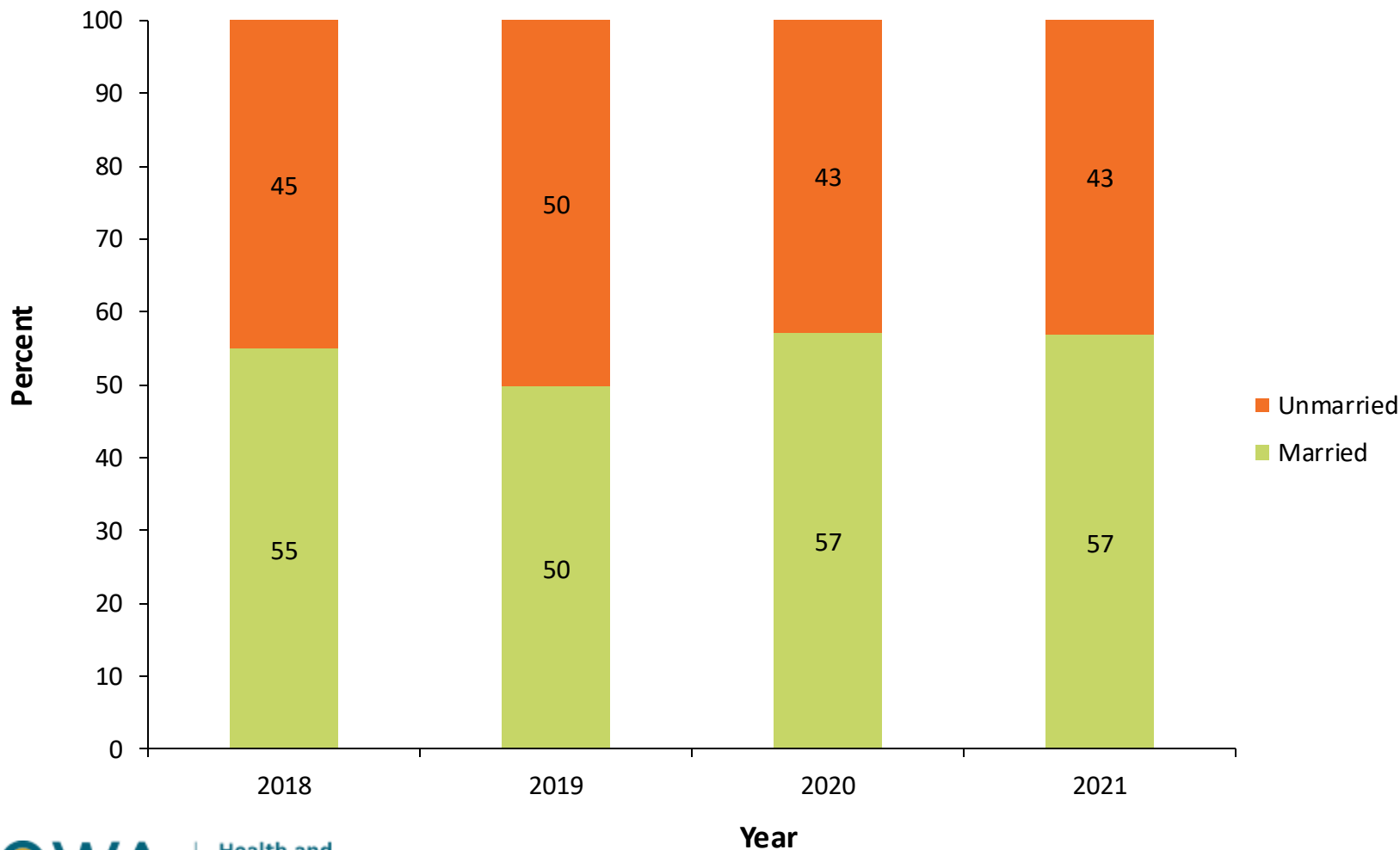
Percent of Mothers of Infants Who Did Not Pass Final Hearing Screening by Race/Ethnicity and Year, 2018-2021, Iowa



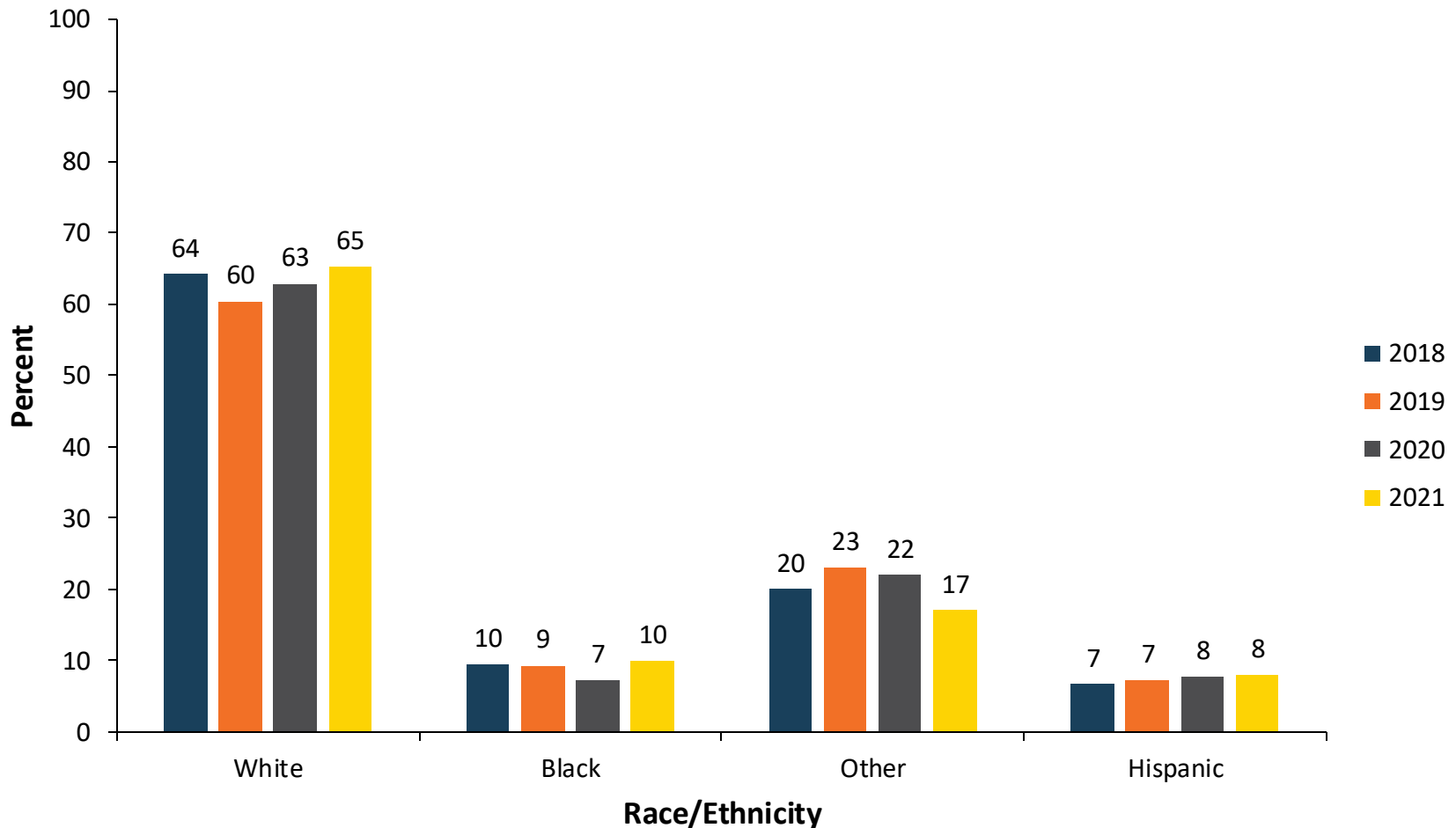
Percent of Mothers of Infants Who Did Not Pass Final Hearing Screening by Education and Year, 2018-2021, Iowa



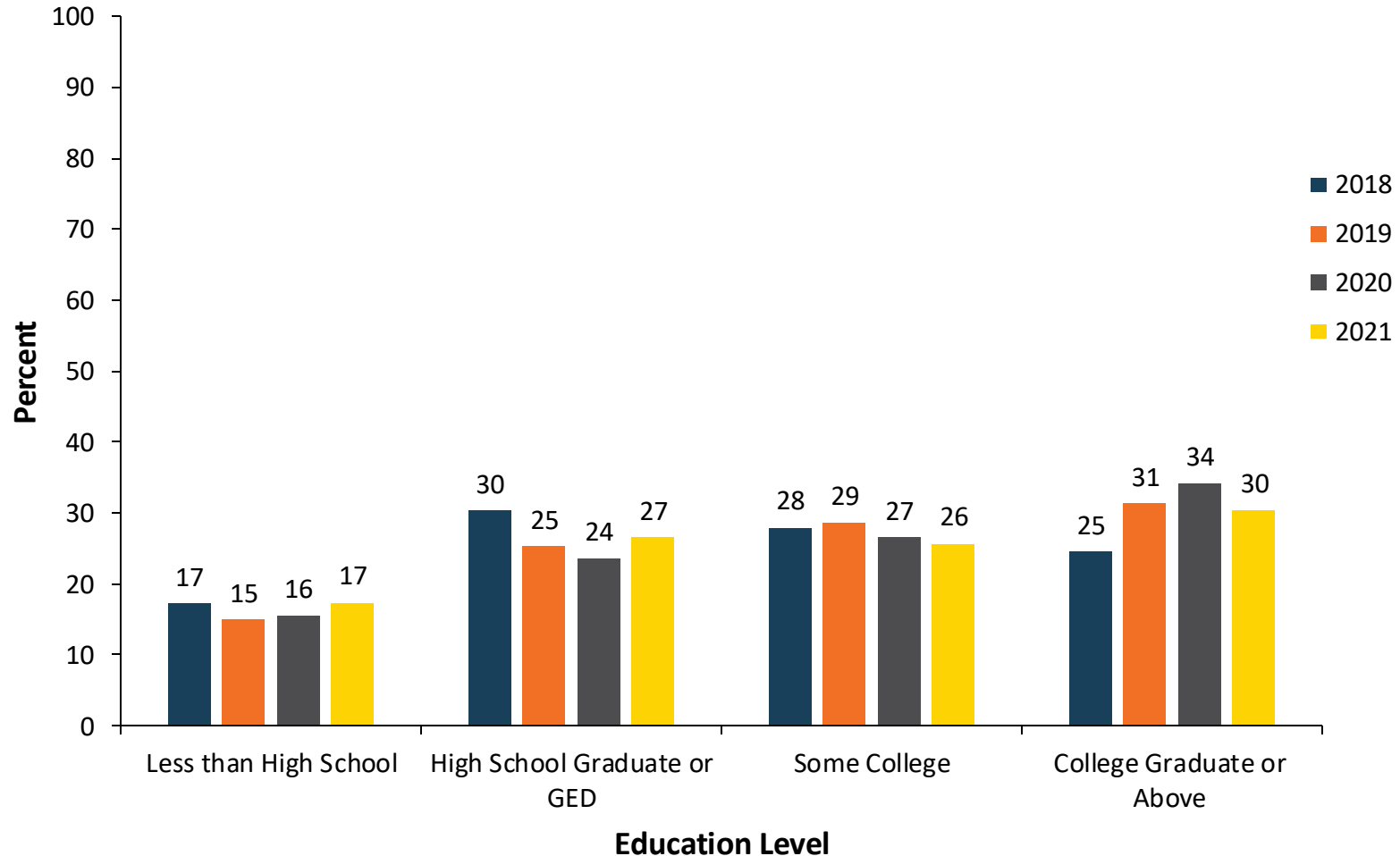
Percent of Mothers of Infants Who Did Not Pass Final Hearing Screening by Marital Status and Year, 2018-2021, Iowa



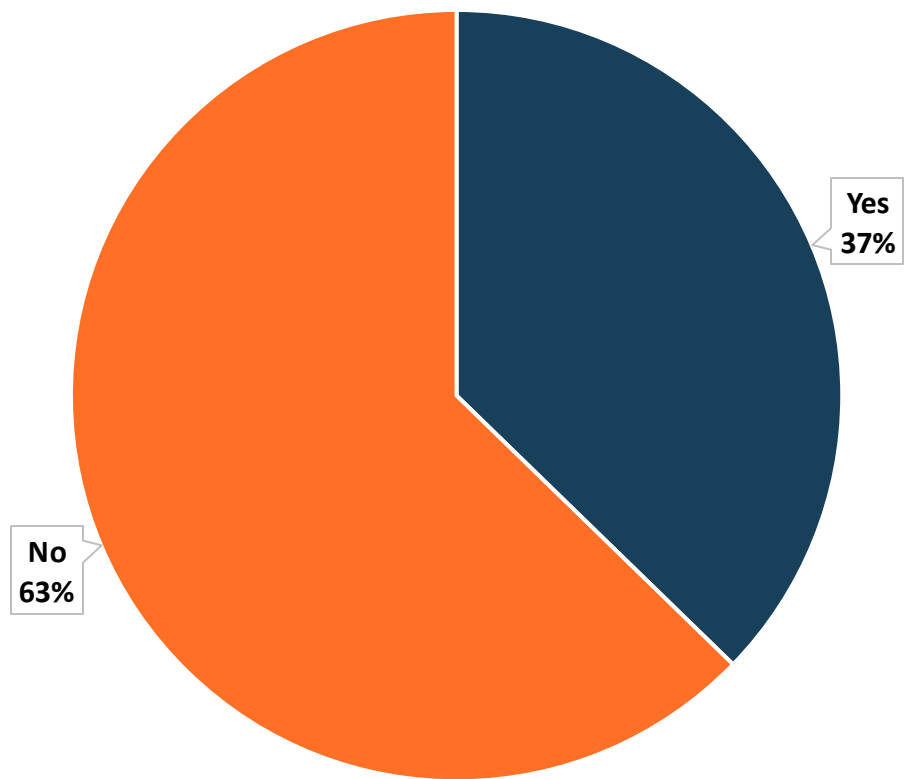
Percent of Fathers of Infants Who Did Not Pass Hearing Screening by Race/Ethnicity and Year, 2018-2021, Iowa



Percent of Fathers of Infants Who Did Not Pass Final Hearing Screening by Education and Year, 2018-2021, Iowa

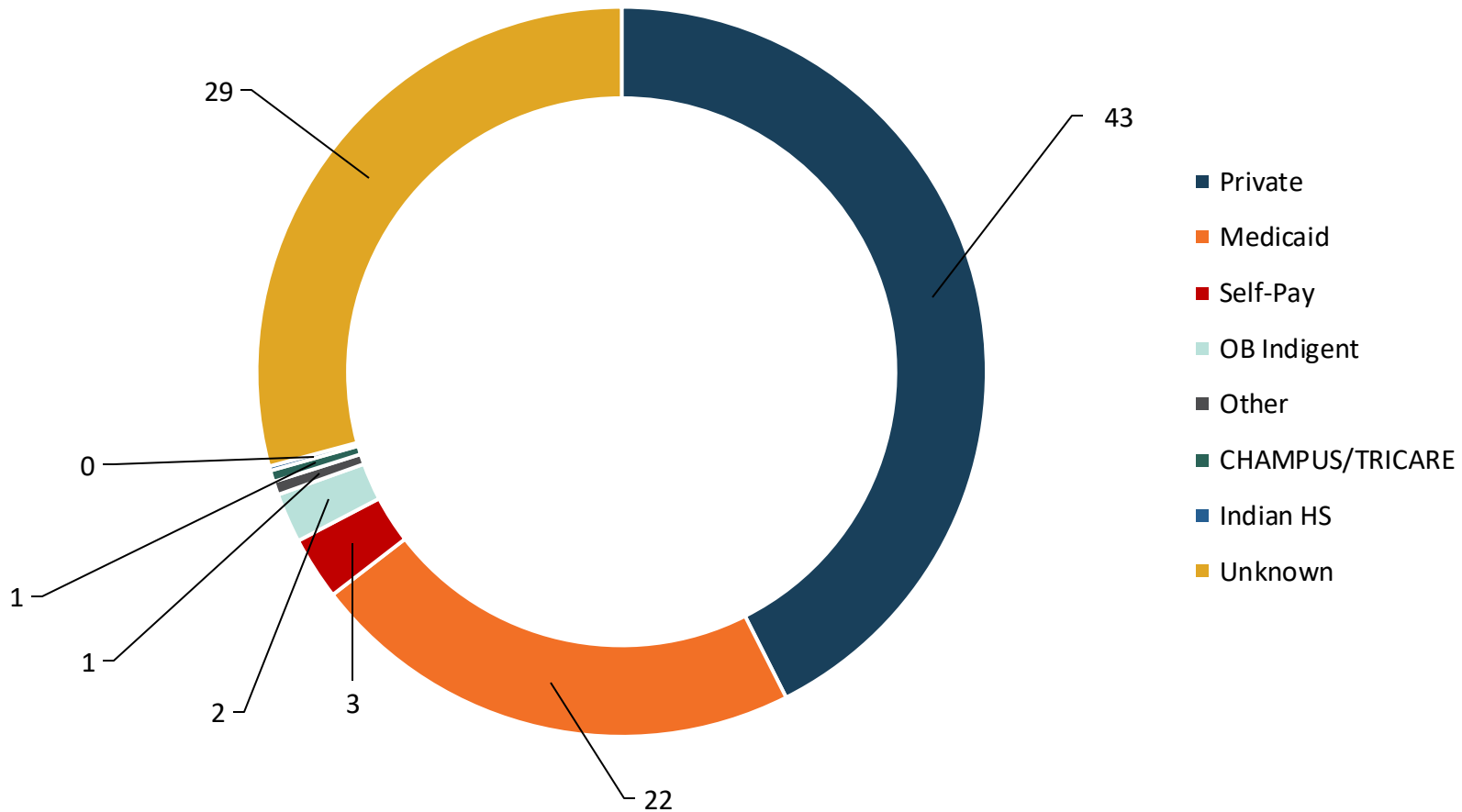


Percent of Infants Who Did Not Pass Final Hearing Screening Who Participated in the WIC Program, 2017-2021, Iowa



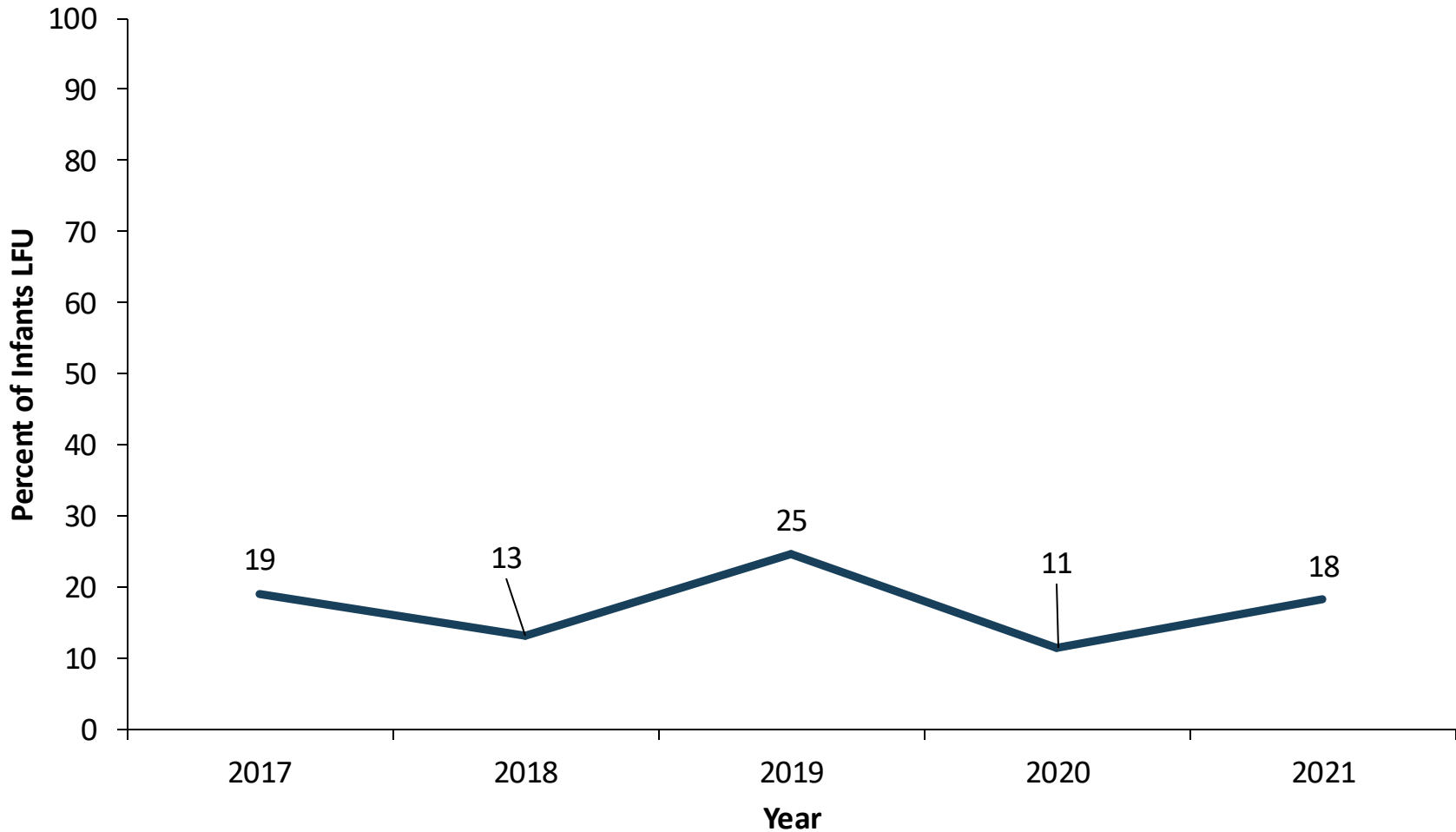
Insurance Type

Insurance Types Used by Infants Who Did Not Pass Final Hearing Screening, 2017-2021, Iowa

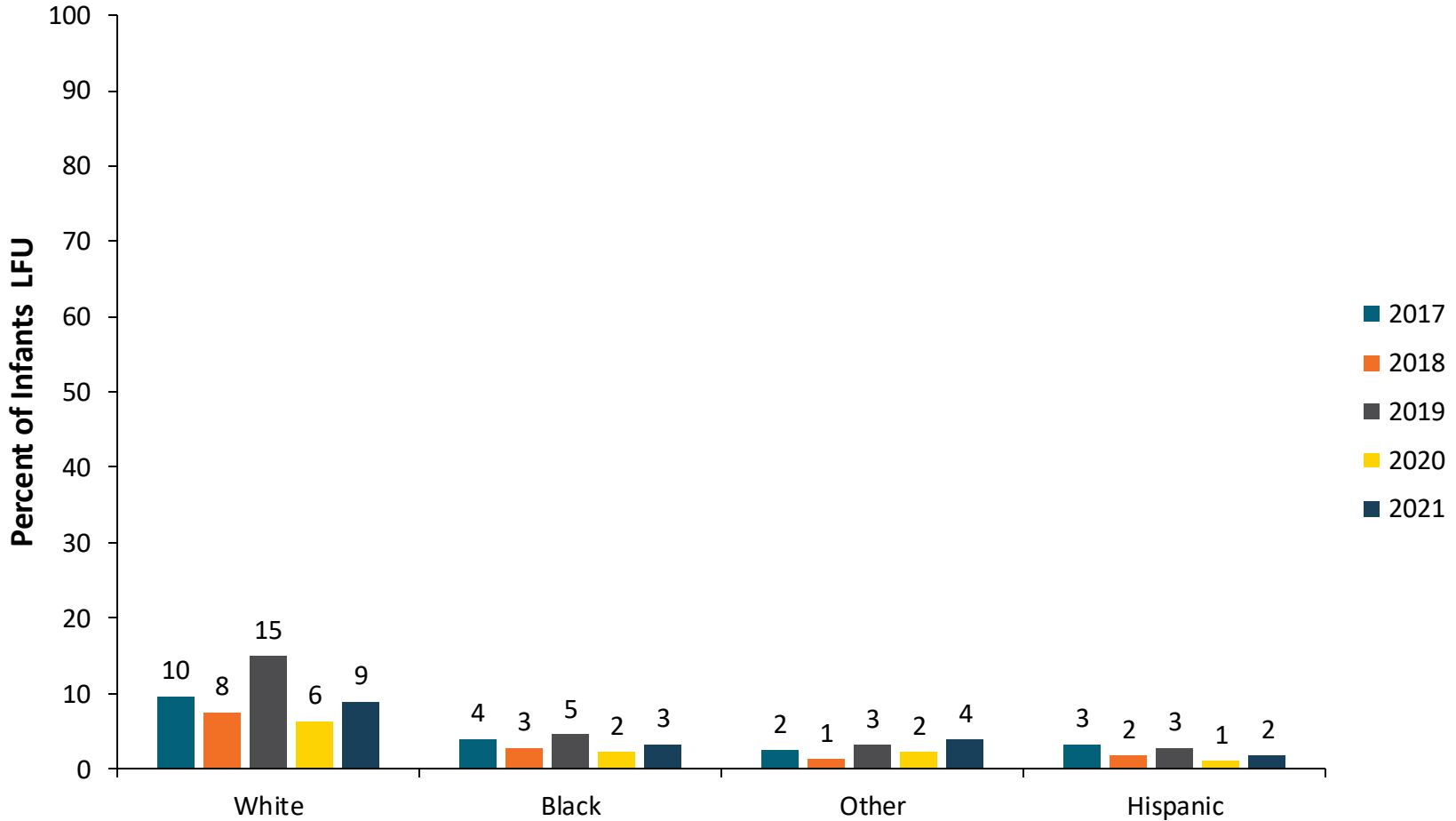


Infants Lost to Follow-up (LFU)

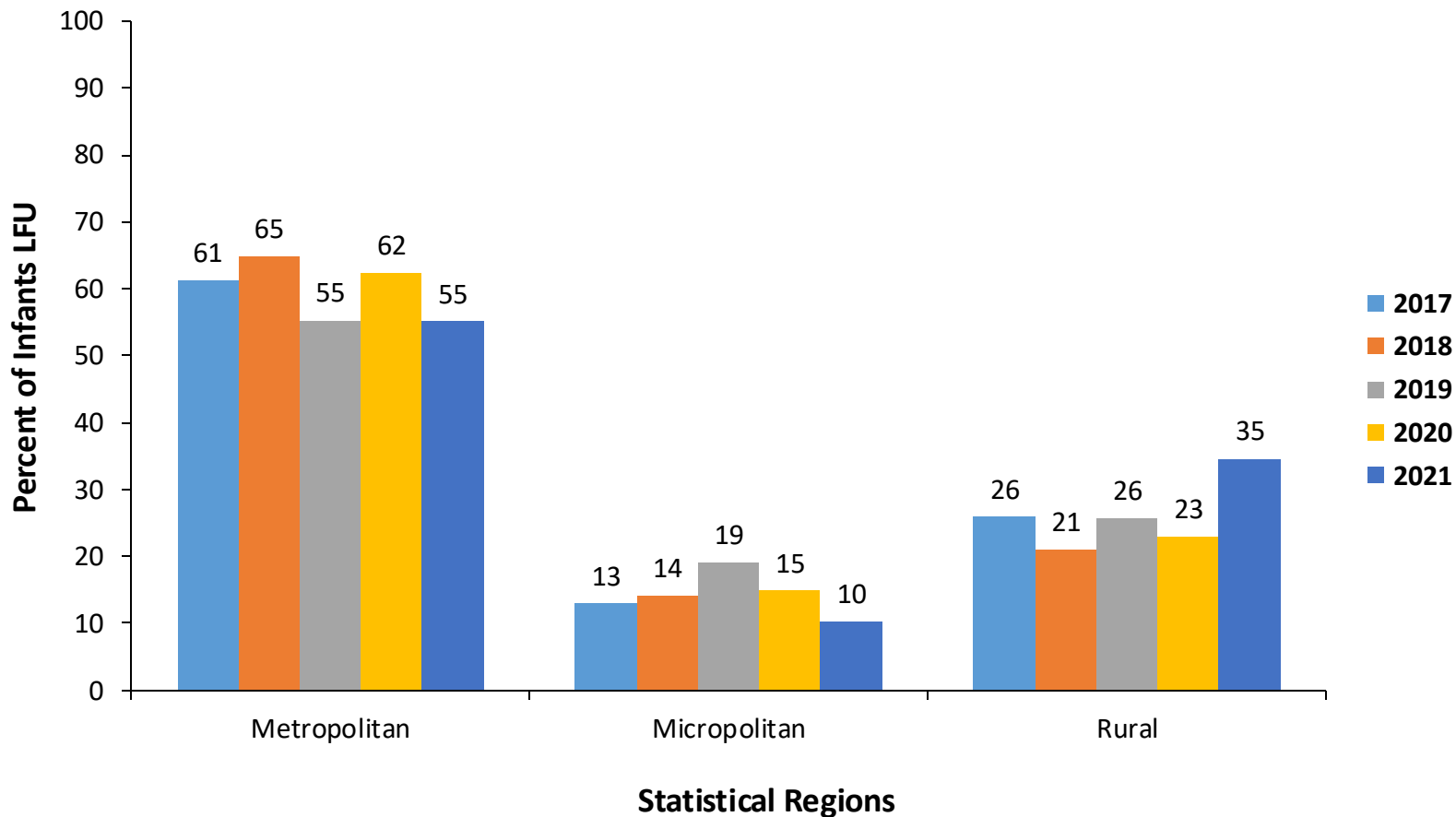
Percent of Infants Lost to Follow-up (LFU), 2017-2021, Iowa



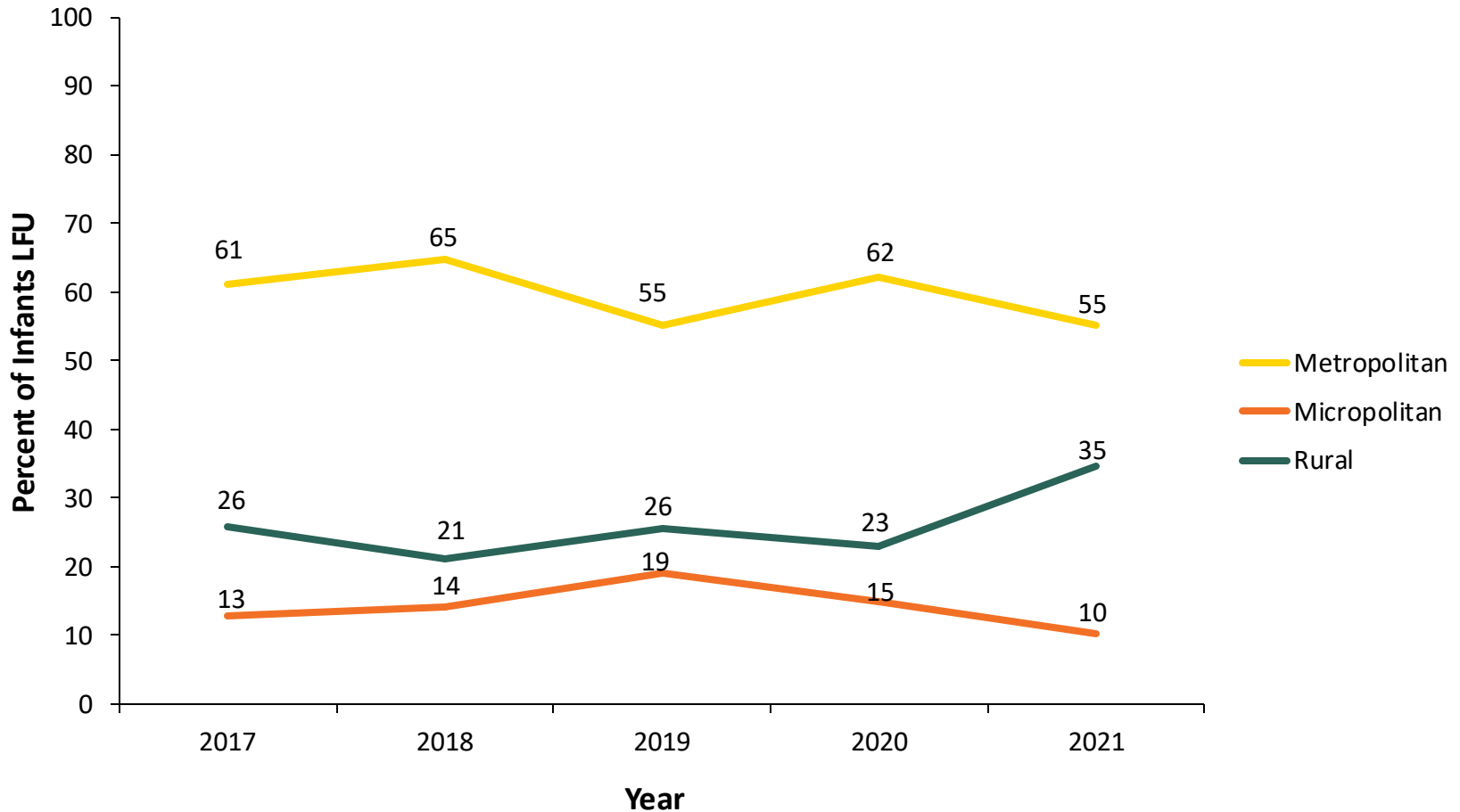
Percent of Infants Lost to Follow-up (LFU) by Race/Ethnicity, 2017-2021, Iowa



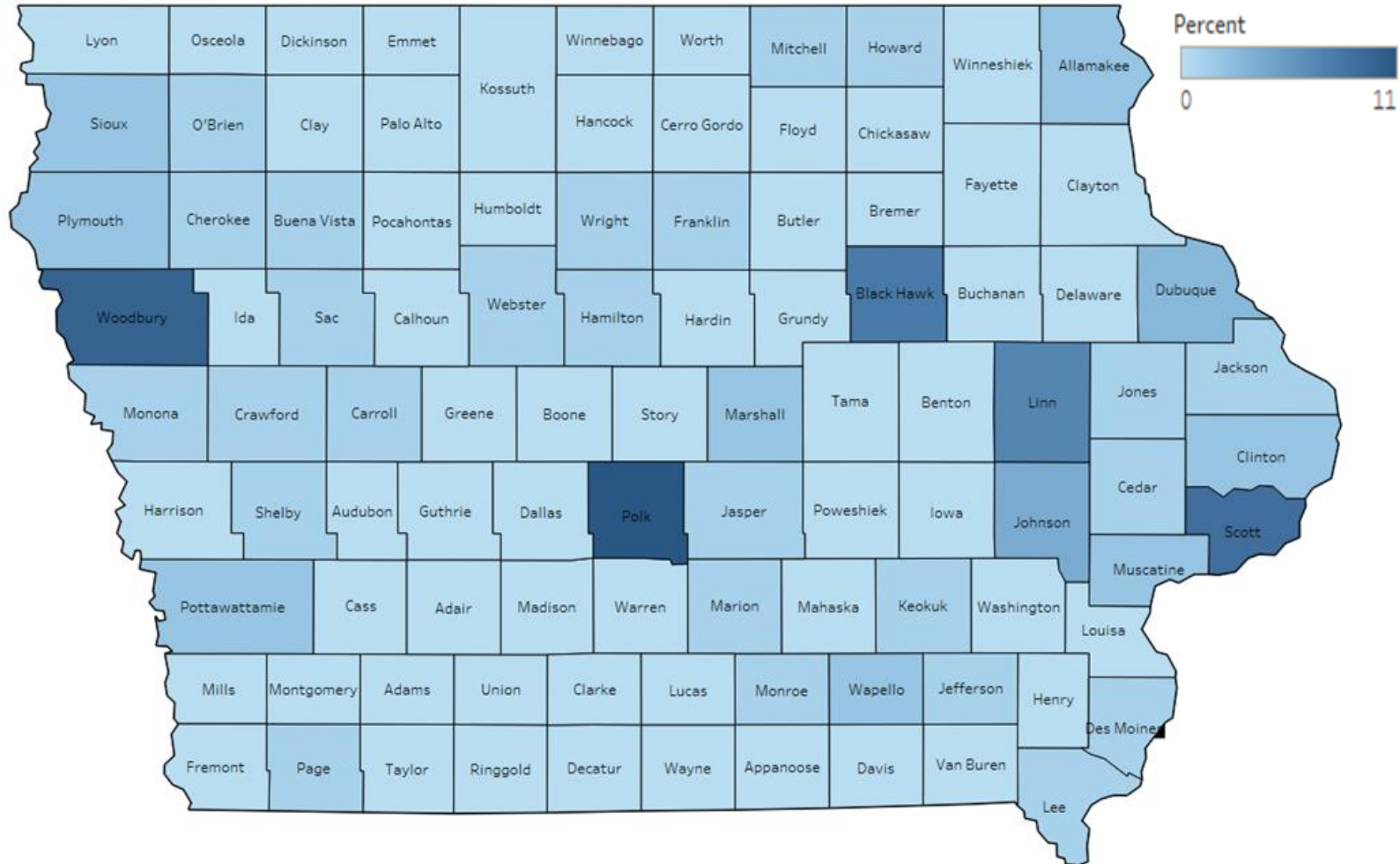
Percent of Infants Lost to Follow-up (LFU) by Statistical Region of Residence, 2017-2021, Iowa



Percent of Infants Lost to Follow-up (LFU) by Statistical Region of Residence, 2017-2021, Iowa

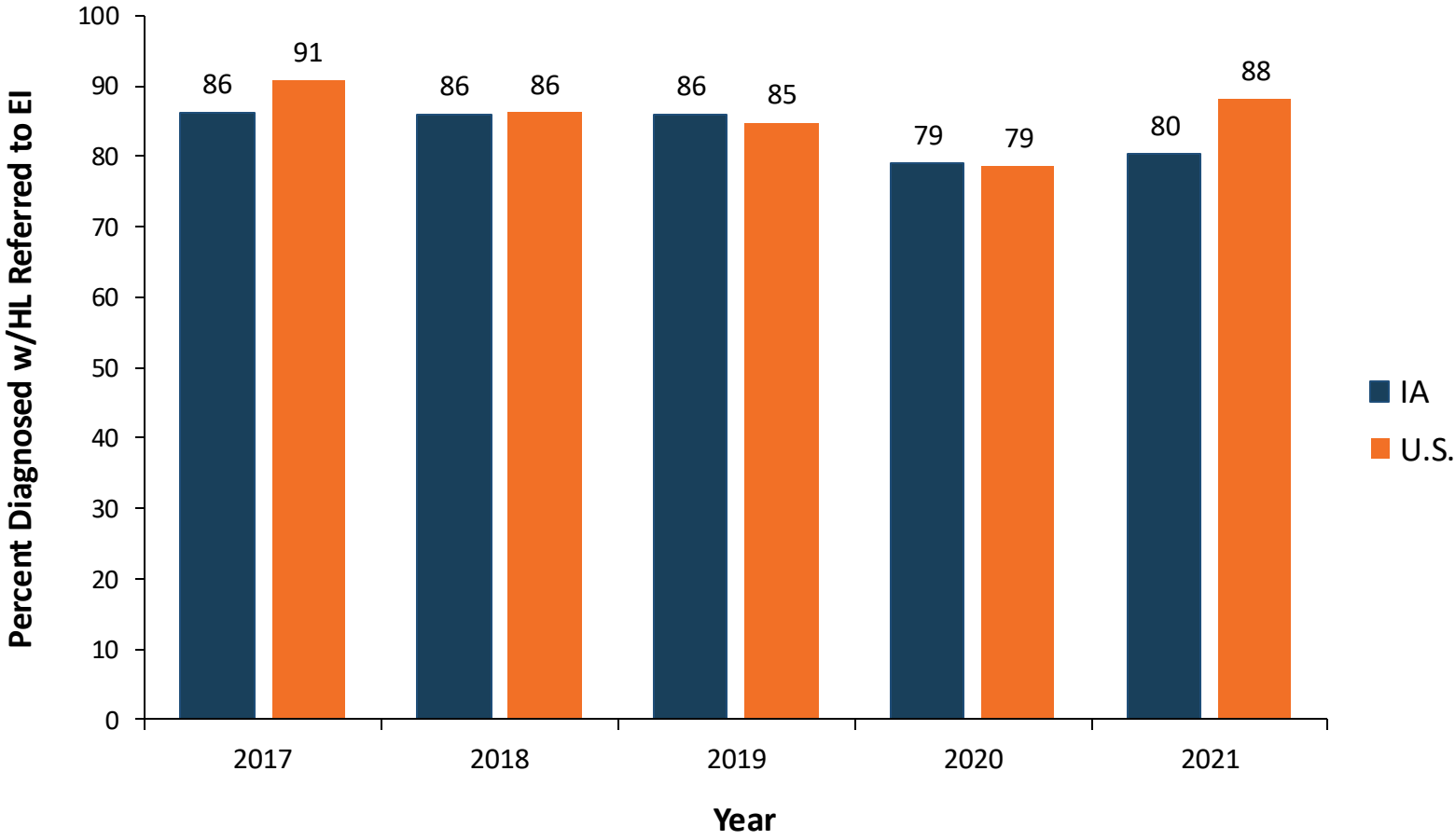


Percent of Infants Lost to Follow-up (LFU) by County of Residence, 2017-2021, Iowa

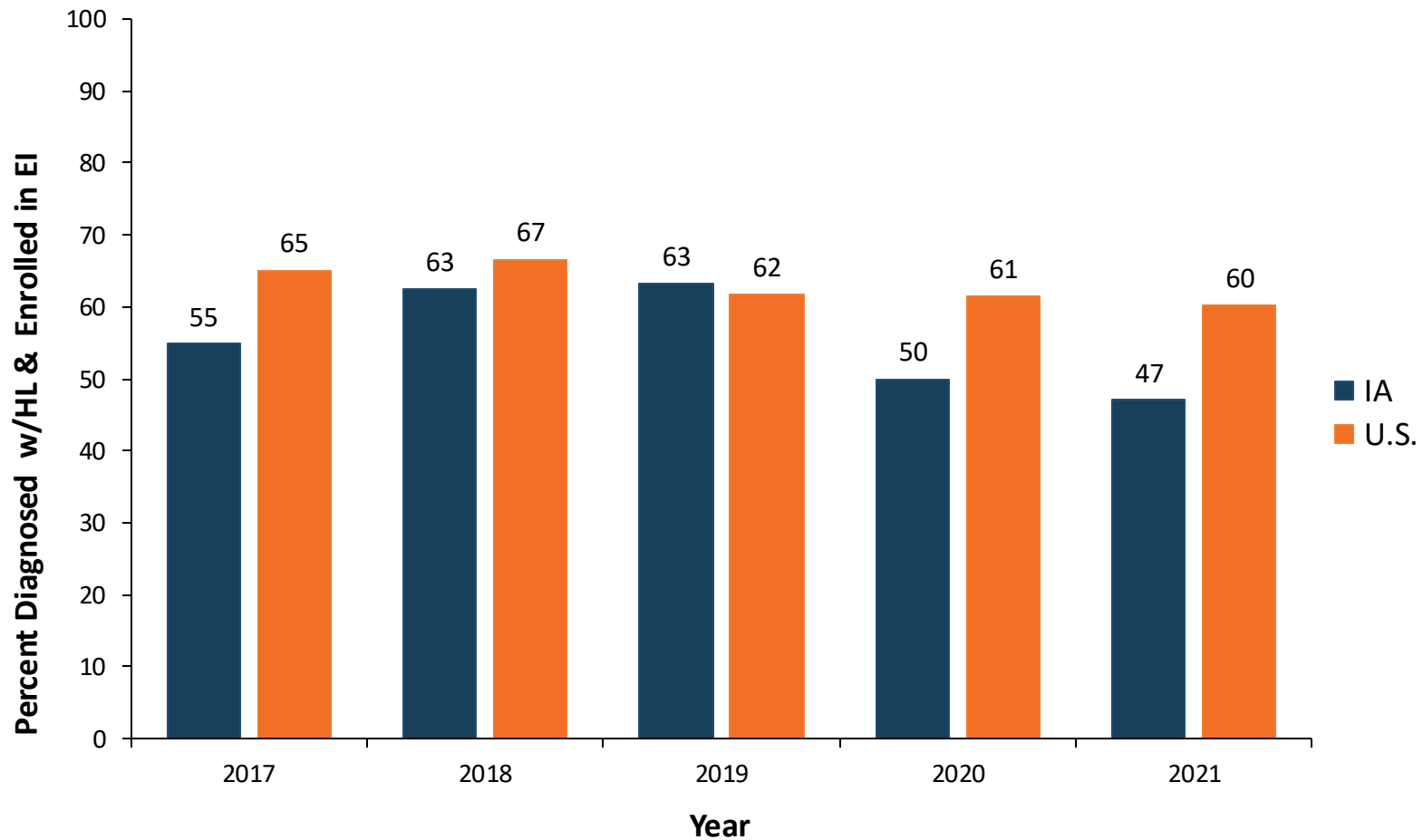


Early Intervention

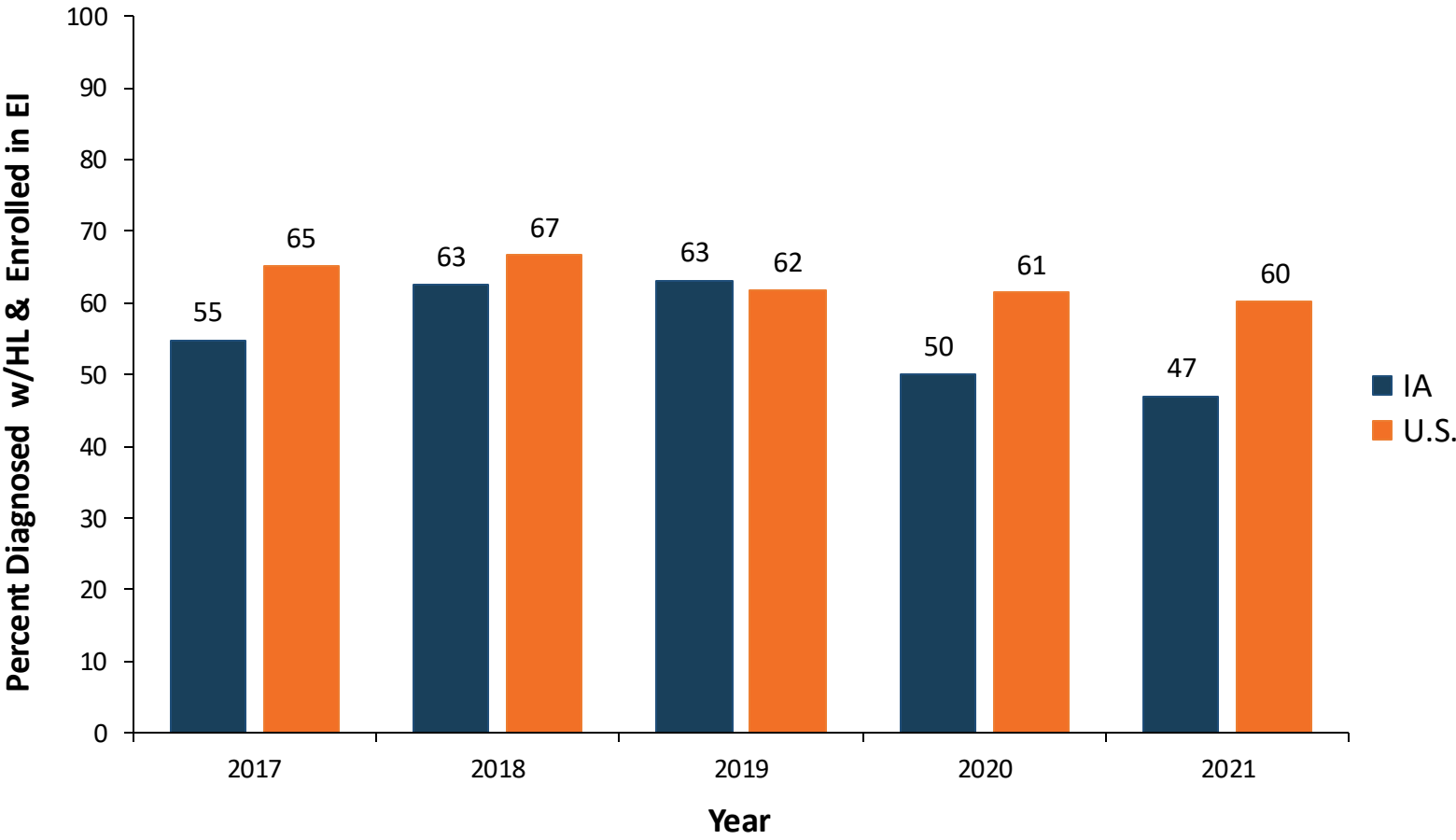
Percent of Infants Diagnosed with Hearing Loss (HL) and Referred to Early Intervention by Year, 2017-2021, Iowa vs. U.S.



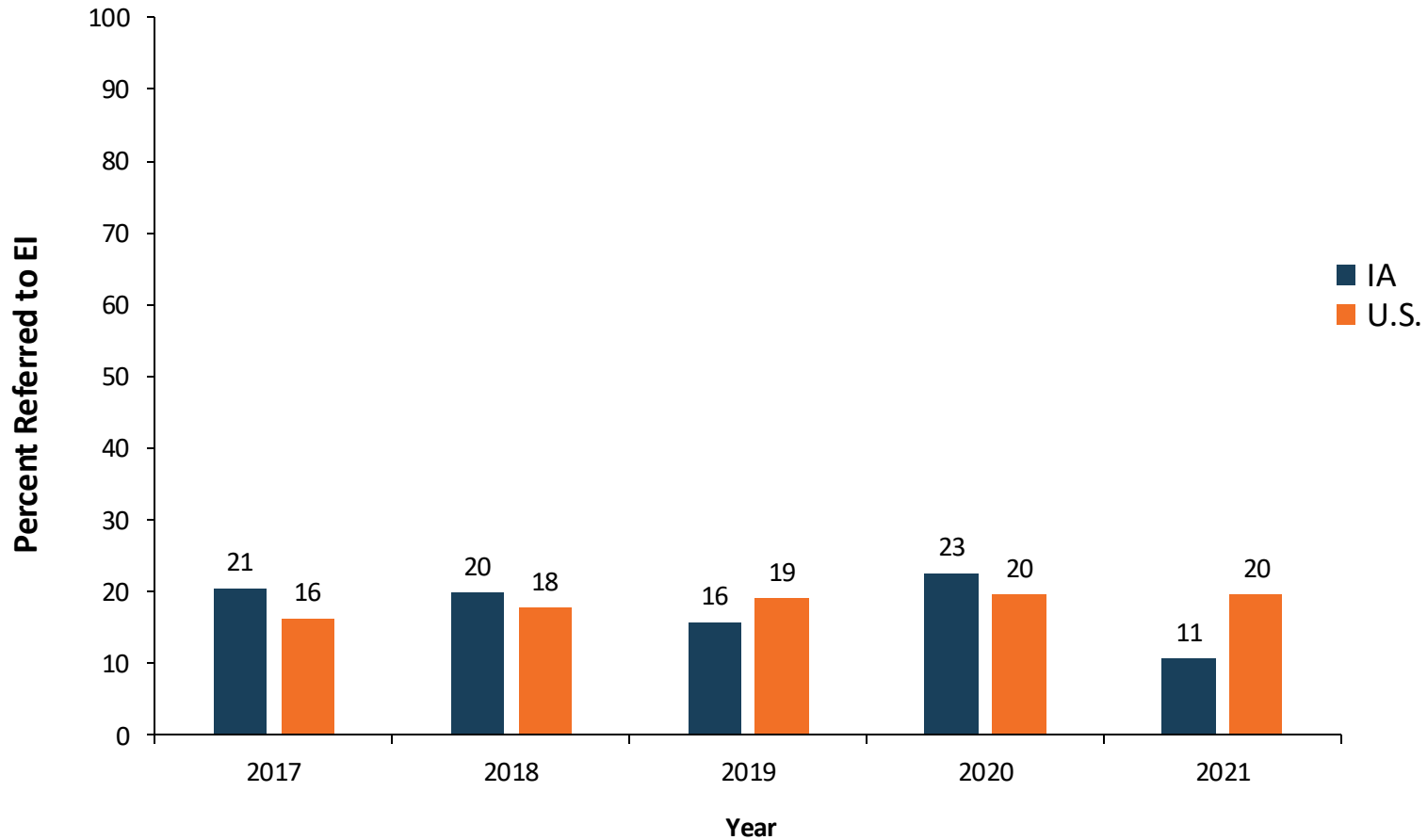
Percent of Infants Diagnosed with Hearing Loss (HL) and Enrolled in Early Intervention by Year, 2017-2021, Iowa vs. U.S.



Percent of Infants Diagnosed with Hearing Loss (HL) and Enrolled in Early Intervention before 6 Months of Age by Year, 2017-2021, Iowa vs. U.S.



Percent of Infants Enrolled in Early Intervention Lost to Follow-up/Parent Declined by Year, 2017-2021, Iowa vs. U.S.



Summary

Summary

- The percentage of Iowa infants who receive hearing screenings before reaching one month of age exceeds 90%.
- The number of infants diagnosed with hearing loss has varied over time.
- It's important to consider demographics, such as age and location, as they may influence handoffs from one provider to another in Iowa.
- There are barriers that can impede follow-up after an infant does not pass a hearing screening.
- Early intervention for any hearing issues is crucial.

Data Source

Iowa Department of Health and Human Services
Bureau of Chronic, Congenital and Inherited Conditions
Iowa Early Hearing Detection and Intervention (EHDI) program
Division of Public Health
(2017-2021)

References

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- Yoshinaga-Itano C, Sedey AL, Wiggins M, Chung W. (2017) Early hearing detection and vocabulary of children with hearing loss. *Pediatrics*.140(2):e20162964

Questions

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