

Analysis
Oregon Health Authority
Early Hearing Detection and Intervention

Analyst: Tom MacDonald

Request: Approve the submission of a federal grant application of up to \$800,000 from the Oregon Health Authority to the United States Centers for Disease Control and Prevention to monitor the hearing status of infants who are deaf or hard of hearing.

Analysis: The Oregon Health Authority (OHA) requests approval to apply for the Improving Timely Documentation, Reporting, and Analysis of Diagnostic and Intervention Data grant from the Centers for Disease Control and Prevention (CDC). This competitive grant totals up to \$200,000 per year over a four-year period and would support the on-going work of the Early Hearing Detection and Intervention (EHDI) program within the Public Health Division.

The EHDI program has received this federal grant since 2000, which it uses to support public health tracking related to the hearing screening status of newborns, referrals to necessary intervention services, and data analysis and reporting to identify trends of congenital hearing loss and improve strategies for early intervention services. The program works to ensure all Oregon newborns receive a hearing screening by one month of age, infants who need diagnostic evaluations receive them by three months of age, and infants diagnosed with hearing loss are enrolled in early intervention services by six months of age. In doing so, the goal of the EHDI program is for all children who are deaf or hard of hearing to receive the appropriate services that enable them to begin acquiring language consistent with the trajectory of their hearing peers.

The federal grant opportunity aligns with this goal by supporting the timely receipt of diagnostic and intervention data to ensure infants receive essential screening, diagnosis, and early intervention services. To achieve this, the federal grant announcement identifies four strategies grantees must support: 1) optimization of EHDI information systems; 2) engaging stakeholders in the tracking and reporting process; 3) maintaining data quality and continuous program improvement through data analysis and evaluation; and 4) developing data reports and disseminating information among stakeholders. The planned grant activities outlined by OHA are consistent with these strategies and include aligning the agency's EHDI data system with national standards to enhance surveillance capacity, providing training and technical assistance to program partners, and supporting coordinated tracking and monitoring of EHDI data. The agency will also use funding to share de-identified EHDI data with the CDC and identify and resolve data errors that could impact the timeliness of service delivery.

The federal grant application is due by March 16, 2020 for the four-year grant period beginning July 1, 2020. The grant does not require a state match or cost-sharing. If awarded, existing staff within the EHDI program will carry out the required grant activities.

Legislative Fiscal Office Recommendation: Approve the request.



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February 6, 2020

The Honorable Senator Betsy Johnson, Co-Chair
The Honorable Senator Elizabeth Steiner Hayward, Co-Chair
The Honorable Representative Dan Rayfield, Co-Chair
Joint Committee on Ways and Means
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Dear Co-Chairpersons:

Nature of the Request

The Oregon Health Authority (OHA) Public Health Division requests permission to apply for a federal funding opportunity from the U.S. Centers for Disease Control and Prevention (CDC), Center on Birth Defects and Developmental Disabilities for the *Improving Timely Documentation, Reporting, and Analysis of Diagnostic and Intervention Data through Optimization of EHDI Surveillance Practices and Information Systems* competitive Cooperative Agreement.

The Oregon's Early Hearing Detection and Intervention (EHDI) program was created by Oregon Revised Statute 433.321-327, which states that "the authority shall implement the newborn hearing screening test registry within existing resources. The authority may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, and agree to conditions not inconsistent with the purposes of the registry."

The agreement would fund up to \$800,000 over four years. The division would receive up to \$200,000 per year, beginning July 1, 2020 and ending June 30, 2024. These funds would enable the EHDI program to continue to track and monitor the hearing status and early identification of infants who are deaf or hard of hearing to allay potential developmental delays.

The request for proposals was received on January 14, 2020, and the application is due on March 16, 2020. This funding requires no state matching funds and does not have a federal requirement for maintenance of effort. All work associated with the Cooperative Agreement would be carried out by existing staff.

Agency Action

The EHDI program sits in the OHA Public Health Division, Maternal and Child Health Section. The purpose of the program is to ensure infants with hearing loss are identified early and receive services necessary to prevent delays in language acquisition,

communication, social emotional development, and to support on-time development and school readiness.

The public health, educational and personal burden for congenital hearing loss is significant. Congenital hearing loss is not rare – an estimated three in one thousand infants are born deaf or hard of hearing in the U.S. each year. Most of these infants are born to typically hearing parents in families with no history or experience with childhood hearing loss. Without objective screening and testing, hearing loss is invisible and easily missed by even the most attentive caregivers and providers until the child exhibits delays in speech and language. If there is a delay in identifying hearing loss, even infants with mild hearing loss or hearing loss in one ear are missing sounds that are the building blocks of words and language acquisition. With early identification and appropriate services and supports, children who are deaf or hard of hearing need not experience delays or be limited in their learning, opportunity and achievement.

The EHDI program provides public health tracking to: (1) collect the hearing screening status of all newborns in Oregon; (2) collect follow-up diagnostic evaluations for infants who do not pass the hearing screening; (3) collect eligibility and enrollment in early intervention services for infants with hearing loss; (4) report the incidence and trends of congenital hearing loss; (5) report information on strategies to improve timely diagnosis and enrollment in early intervention services; and (6) develop strategies to improve data collection, data quality, and access to timely services at each milestone.

This funding opportunity is one of two federal sources that together provide the core budget to fulfill Oregon's mandate to perform these services. In addition to the CDC EHDI Cooperative Agreement, which Oregon has received since 2000, we have received funding from the Health Resources and Services Administration (HRSA) since 2002. The EHDI program is not assured of receiving these funds beyond the current funding period, which ends March 31, 2020.

The primary aim of the program and federal funding is to continue to improve timely screening, diagnosis and enrollment in early intervention services so that infants with hearing loss are acquiring language right from the start, along with their typically hearing peers. Public Health will continue our improvement by aligning our data system with national functional standards for EHDI information systems to enhance surveillance capacity, implement training and technical assistance for EHDI partners, promote and support coordination and collaboration for tracking and monitoring, disseminate information about the incidence of hearing loss, trends and effective strategies, and focus on continuous quality improvement. In addition, we will develop protocols to construct a deidentified, limited patient-level dataset for submission to CDC; analyze and identify data errors and factors related to successful receipt of timely services; and identify methods to improve data quality and the reporting process.

If awarded funds, Public Health will work with existing and new partners, including the State EHDI Advisory Committee, to achieve the requirements of this Cooperative

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Agreement. Knowledge gained in the form of data system improvements, protocols developed, and effective strategies would be integrated into the EHDI program for sustained improvement.

The OHA mission is to help people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care. The aim of the public health system is to promote health and prevent disease and disability. While we cannot prevent all congenital hearing losses, we can prevent developmental delays and promote on-time development through screening, timely diagnosis, and access to quality early intervention services. EHDI performs a critical role in tracking and ensuring infants who are deaf or hard of hearing are identified early and have the opportunity for on-time development, educational attainment and a healthy life.

Action Requested

The Oregon Health Authority (OHA), Public Health Division requests permission to apply for the *Improving Timely Documentation, Reporting, and Analysis of Diagnostic and Intervention Data through Optimization of EHDI Surveillance Practices and Information Systems* federal Cooperative Agreement.

Legislation Affected

None.

For additional information, please contact Cate Wilcox, Maternal and Child Health Section Manager, at cate.s.wilcox@state.or.us or by phone at 971-673-0299.

Sincerely,



Patrick M. Allen
Director

EC: Tom MacDonald, Legislative Fiscal Office
Ken Rocco, Legislative Fiscal Office
Patrick Heath, Department of Administrative Services
George Naughton, Department of Administrative Services