

SOUND MATTERS

Audiology Newsletter of the Minnesota Early Hearing Detection & Intervention Program

Minnesota EHDI Data and Reporting

Minnesota statute requires all hospitals to report results of newborn hearing screening to MDH. All outpatient providers and audiologists are required to report follow-up within one week of visit for infants who didn't pass newborn hearing screening and for newly confirmed permanent hearing loss through age 10. Reporting is mandated to help ensure infants receive timely follow-up, diagnosis, and connection for support. Reporting is necessary in order for MDH to provide accurate EHDI data for stakeholders. Accurate data allows MDH, health care providers, legislators, and other stakeholders the opportunity to reflect and celebrate success. It also allows for continual system analysis for quality improvement needs. Thank you for your prompt reports!

Data highlights (full report attached) include:

- Consistently high rate of infants screened for hearing loss at or shortly after birth ~99% or higher (p. 3 of attachment)
- Infants born at home are the largest portion of infants who were not screened at or shortly after birth (p. 5)
- The percentage of infants who did not pass hearing screening at hospital discharge remains near 4% goal (p. 5)

- For infants with a diagnosis reported, 58% had diagnosis by 3 months (p. 9) (*below the national average of 75.8% reported by the [Center for Disease Control and Prevention](#) in 2016*)
- Infants of mothers who have not yet graduated are less likely to have reported diagnosis by 3 months (p. 10)
- Of 2906 infants born in 2018 who did not pass or had incomplete newborn hearing screen at birth, 329 do not have a final outcome reported to MDH (p. 7)
- Infants in Northwest Minnesota have a significantly higher rate of becoming lost to follow-up (p. 12)
- 56% of children with bilateral hearing loss who chose amplification were fit within 2 months of diagnosis (p. 17)
- Over 80% of children who are Deaf/Hard of Hearing (D/HH) and have no cognitive delay have early literacy and numeracy skills within age expectations at kindergarten entrance (p. 21)
- A smaller percentage of children who are D/HH scored proficient in reading and in math compared to all third graders (p. 25)

Did you know?

Latest Issue of JEHD is available

The newest Journal of Early Hearing Detection and Intervention is [now available](#). If you wish to receive new issue alerts directly and activate a personal subscription, there is a link [on this page](#) to create your own account.

Have You Heard?

Optimizing Outcomes for Students Who Are Deaf or Hard of Hearing: Educational Service Guidelines - Third Edition (2018)

The newest edition of [Optimizing Outcomes for Students Who Are Deaf or Hard of Hearing: Educational Service Guidelines – Third Edition \(2018\)](#), published by the National Association of State Directors of Special Education (NASDE), is now available. This guide provides an updated knowledge base to support optimal learning outcomes through implementation of 10 essential principles. A self-review process is included to assist programs to critically review current practices, identify gaps, and develop steps for improved practices. Regional Low Incidence Facilitators (RLIF's) and Directors of Special Education are responsible for sharing this information with their districts and for identifying staff (along with students and families) who can help complete the self-review process. The Minnesota Department of Education has a target date of June 2020 for programs to complete this self-review, report findings, and identify common areas of success and need.



Last Words from the Advisory Committee

Meeting highlights...

- 2018 Minnesota EHDl data
- Update on CMV study
- Updated edition of *Optimizing Outcomes for Students Who Are Deaf or Hard of Hearing: Educational Service Guidelines*

Next meeting...

February 19, 2020
1:00 – 4:00 p.m.
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