

Louisiana Early Hearing Detection and Intervention Program

2023 Data

The Louisiana Early Hearing Detection and Intervention (LA EHDI) program supports care that ensures:

- **All** babies receive hearing screenings, and
- **All** children who are deaf or hard of hearing (D/HH) receive a timely diagnosis (for babies who needed further testing after initial newborn hearing screening, and after the rescreening, needed an audiological evaluation), and
- **All** families with children who are deaf or hard of hearing have the opportunity to enroll in early intervention (services for babies who have a condition likely to result in a developmental delay or who have delays, and their families), and
- **All** families with children who are deaf or hard of hearing have the opportunity to enroll in family-to-family and deaf-adult to family support, and
- **All** children who are deaf and hard of hearing receive early intervention as soon as possible to optimize the development of language (communication), cognition (understanding), literacy (reading and writing), and social-emotional (relationship building and managing emotions) skills.

National Facts About Hearing Screening

- About 40 of every 1,000 babies need more testing after their newborn hearing screening.
- Of the 40 babies who need more testing after their first newborn hearing screening, two to three go on to be identified as deaf or hard of hearing.¹
- Ninety-five percent of babies who are deaf or hard of hearing are born to parents who are not deaf or hard of hearing.²
- Most babies who are deaf or hard of hearing have no visible signs that their hearing levels are different.

1-3-6 Goals

The Louisiana Early Hearing Detection and Intervention Program follows the Joint Committee on Infant Hearing 1-3-6 goals for newborn hearing screening. These are:



Babies will receive a hearing screening.



Babies who needed more testing after their outpatient re-screening go on to complete a full hearing evaluation with a pediatric audiologist. The result of this diagnostic assessment will determine if a baby is identified as deaf or hard of hearing.



Babies who are identified as deaf or hard of hearing are referred to and enrolled in early intervention support. Families are also provided the opportunity to receive a referral to family-to-family support through Louisiana Hands & Voices, which connects families of children who are deaf or hard of hearing to individuals with similar experience.

The screening, diagnostic, lost to follow-up, and early intervention rates are presented in the following data graphs.

¹ (National Institute on Deafness and Other Communication Disorders, n.d.)

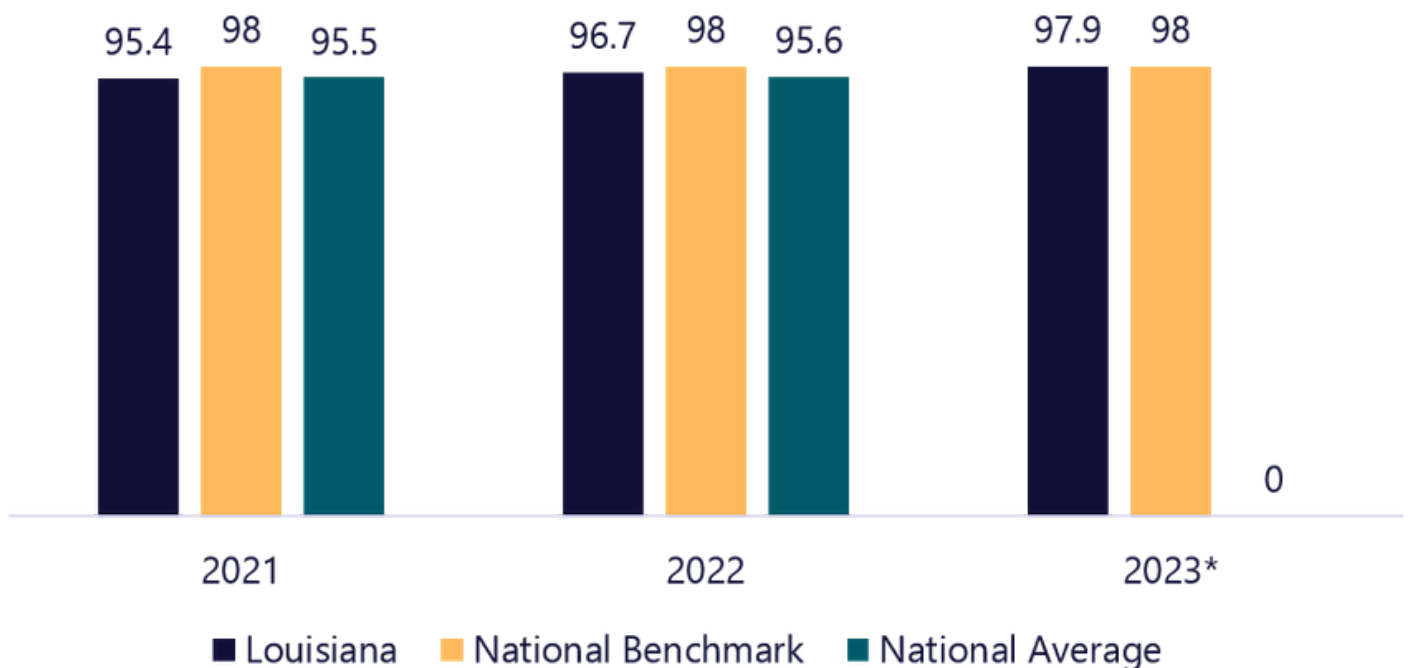
² (Caselli N, 2021)

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By One Month: Newborn Hearing Screenings

Percentage of Babies Who Received a Hearing Screening by One Month



*Data related to the national average for 2023 has not been published.

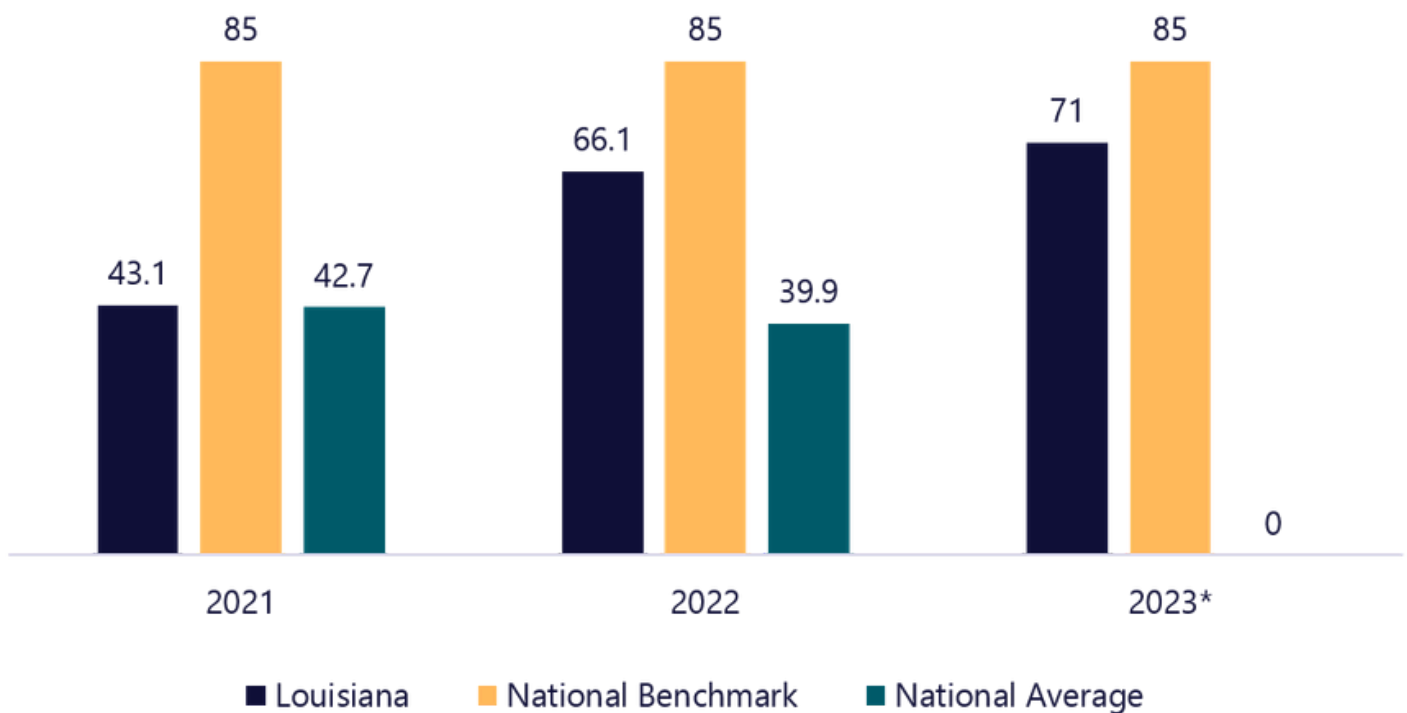
The graph pictures the improvement in the number of babies receiving a newborn hearing screening by one month of age in Louisiana for birth cohorts 2021-2023. Louisiana's progress on this benchmark rose from 95.4% in 2021 to 97.9% in 2023, which is just under the national benchmark noted at 98%.

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By Three Months: Diagnostic Assessment

Percentage of Babies Who Completed the Diagnostic Assessment by Three Months of Age



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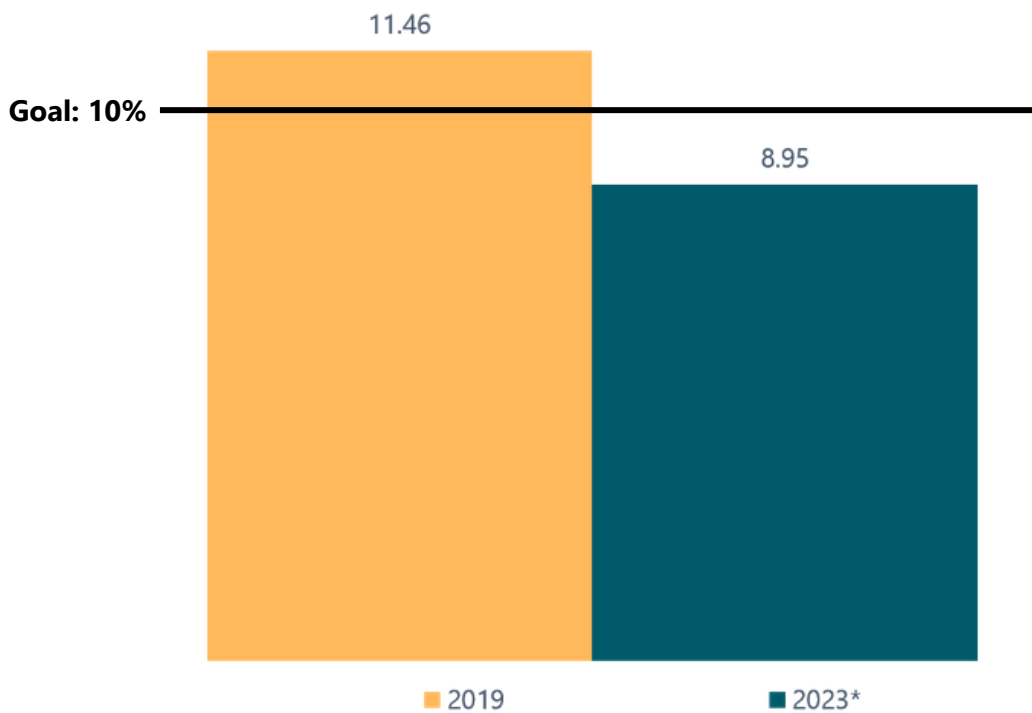
The graph pictures the improvement in the number of babies completing diagnostic assessment by three months of age in Louisiana for birth cohorts 2021-2023. Louisiana's progress on this benchmark rose from 43.1% in 2021 to 71% in 2023. This shows significant improvement towards achieving the national benchmark noted at 85%. Of note, there is a marked improvement in Louisiana in 2022 over the national average, attributed to the many change strategies implemented within the program.

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Improvements in screening of newborns by one month of age and completion of diagnostic assessment by three months have resulted in significant improvement in Louisiana's lost to follow-up rate. This rate measures the number of babies who do not return for a follow-up visit to complete additional testing when it is needed or the number of babies for whom follow-up testing results are not reported. The lost to follow-up goal nationally is 10%. In 2019, Louisiana's rate was 11.46%. In 2023, it improved to 8.95%.

Lost to Follow-Up and Documentation



*Data related to the national average for 2023 has not been published.

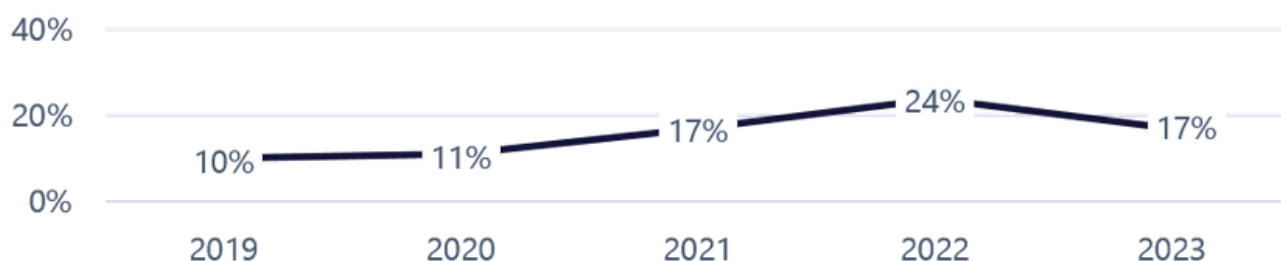
The graph shows the goal of 10%, which is considered a desired rate for lost to follow-up across state Early Hearing Detection and Intervention programs. Tracking this over time, Louisiana has improved the lost to follow-up and documentation rate from 29.4% in 2014 to the 8.95% in 2023 pictured here. Nationally, the average in 2014 was 34.4%, and decreased over the years slightly to 34% in 2022. Data related to the national average for 2023 is not available due to closure of the Early Hearing Detection and Intervention program at the U.S. Centers for Disease Control and Prevention.

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By Six Months: Early Intervention

Percentage of Families Declining Early Intervention Over Time



With the improvements seen in earlier identification and diagnosis, we expected to see similar improvement in enrollment in early intervention by six months of age. However, we observed the opposite was happening.

In recent years, an increasing number of families began declining referrals to early intervention, rising from 10% in 2019 to 24% in 2022. As a result of the increase, the Bureau of Family Health tested different ways to address the declines and saw improvement.

Change Strategies:

- Sending a text to the family with information on reasons to say yes to early intervention for their child who is deaf or hard of hearing.
- Calling the family up to three times over a five month period to reinforce the importance of early intervention, if they were not ready to accept a referral on the initial call.
- Notifying the baby's physician and audiologist when the family chooses to decline referral to early intervention.
- For families who initially decline early intervention, the program contacts them one more time before the child turns three years of age and responsibility for intervention transitions to the local school system.

Outcomes

- Fewer families declined referral to early intervention as a result of the change strategies – an improvement from 24% in 2022 to 17% in 2023.
- In addition to seeing improvement in the number of families declining referrals to early intervention from 2022-2023, the program contacted families who declined a referral and still had a child in the age range of 0 to three, implemented the change strategies, which resulted in many of those families accepting a referral.
- Timelines for calling families were adjusted during the time period to see what timeline resulted in the most positive response.
- Families who declined initially receive another phone call two to three months after decline and again four to five months after decline, if necessary.
- The strategies provided a 10% improvement in the number of families enrolling in early intervention in 2022, and 9% in 2023.

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How Can Providers Help Improve Outcomes for Children Identified as Deaf and Hard of Hearing?

Clear Communication with Families

- Discuss and encourage timely early intervention with all families of children who are identified as deaf or hard of hearing, including babies whose hearing levels may be unilateral (one ear only) or mild.
- Provide written materials to families detailing what families need to know about their child who is deaf or hard of hearing. Visit ldh.la.gov/ehdi for no-cost resources.
- Let families know that someone from the Bureau of Family Health Louisiana Early Hearing Detection and Intervention Program will be calling them.
- For families referred to early intervention, verify early intervention has begun.



If you have questions, contact the Office of Public Health, Bureau of Family Health, Louisiana Early Hearing Detection and Intervention program at 504-568-2876 or email laehdi@la.gov.

For more information, visit ldh.la.gov/ehdi.

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