



# Workforce Issues in Early Hearing Detection and Intervention

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# Workforce Challenges



- **EHDI Program Scope**
- **Funding/Sustainability**
- **Incongruent Policies and/or Regulations**
- **Diversity of Skills/Stakeholders**
- **Shortage of Qualified Professionals**
- **Insufficient Enforcement Ability**
- **Benchmarks Dependent on Others**
- **Turnover/Institutional Knowledge**
- **Mentoring**

# EHDI – 20 Years



- **Original Scope**
  - **Newborn Hearing Screening**
  - **Diagnostic Audiology Evaluation**
  - **Referral to Early Intervention**
  - **Annual Aggregate Data Only**
    - **15 data items**

# EHDI – 20 Years



- **Current Scope**

- Newborn Hearing Screening (follow-up required for all abnormal AND all missed screenings)
- Diagnostic Audiology Evaluation
- Enrollment in Early Intervention
- Family Engagement
- Deaf Mentoring
- Health Information Technology
- Electronic Data System
  - Integrated with State Lab, Vital Records, Early Intervention
- Late Onset Hearing Loss
- Early Childhood Hearing Screening (up to age 3 years)
- Cytomegalovirus (CMV)
- De-identified, individualized Data Reporting
  - Over 170 Data Items
  - Reported at least twice annually

# Funding/Sustainability



- **\$235,000 per year: HRSA (59 States/Territories)**
- **\$160,000 per year: CDC (39 States/Territories)**

# Funding/Sustainability



- **75% EHDI Legislation**
  - Only 14% of these include funding/budget notes
- **30% State General Funds**
- **27% Funds from NBS Fees**
- **52% Access to Title V Funds**
  - Only 21% of these reported these funds as “reliable” for EHDI

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# Potential Solutions



- **Improvements in Sustainable Funding**
- **Continued/Increased Collaborations**
- **Improved Sense of Urgency**



Thank you for your time

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