



Updated: February 2008

EHD State and Territorial Profiles New Hampshire

This profile includes information about a state or territorial EHD program related to general program information, hearing screening, re-screening and diagnostic evaluations, early intervention, and the EHD data system.

If any information in this profile is incorrect or needs to be updated please email: ehdi@cdc.gov

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Category and Questions	Information
General Program Information	
Official name of the state/territory Early Hearing Detection and Intervention (EHD) program	New Hampshire EHD Program
Contact for the state/territory EHD program.	Ruth Fox, R.N., M.S. Program Coordinator Maternal & Child Health Section NH Department of Health and Human Services 29 Hazen Dr. Concord, NH 03301 (603) 271-1037 (603) 271-4519 rfox@dhhs.state.nh.us
Legislation regarding newborn hearing screening? If yes, does the legislation mandate or provide funds for newborn hearing screening and follow-up services?	No The Administrative Rules require reporting of hearing screening or diagnostic testing results. The EHD Program also may monitor hearing screening and diagnostic testing activities and make site visits for quality assurance.
State/territory website related to infant/child hearing loss?	Yes The New Hampshire DHHS website now includes a summary of newborn hearing screening activities, a fact sheet about newborn hearing screening and a list of New Hampshire Pediatric Audiology Diagnostic Centers.
State/territory CDC/EHD	Yes

Cooperative Agreement related to hearing screening?	
State/territory have a Maternal and Child Health Bureau Grant related to hearing screening?	Yes
Participate in a CDC funded research project?	No
Hearing Screening Information	
State/territory written guidelines and/or protocols for performing hearing screenings?	Yes Hospital Guidelines for Newborn Hearing Screening were distributed to all New Hampshire hospitals in 2002.
Primarily responsible in most hospitals for conducting in-hospital hearing screenings?	Nurses, Technicians, Volunteers, Audiologists
Estimated percentage of newborns that are initially screened with OAE or AABR. (Of the newborns that failed the initial screen, estimated percentage that are re-screened in the hospital with OAE or AABR.)	NICU Screening: OAE <u>none</u> %; AABR <u>100</u> % WBN Screening: OAE <u>25</u> %; AABR <u>75</u> % NICU Re-screening: OAE <u>none</u> %; AABR <u>100</u> % WBN Re-screening: OAE <u>5</u> %; AABR <u>100</u> %
State/territory requires parental consent for hearing screening(s) to be done at the time of birth?	No
What happens if a baby does not pass the initial hearing screening(s)?	Hospitals with OAEs re-screen within 1 month. Hospitals with ABRs re-screen prior to hospital discharge. Infants who do not pass a re-screen are referred for diagnostic audiological evaluations.
Birthing hospitals/facilities/providers required to report hearing screening results to the state?	Yes Demographic information and hearing screening results are required.
How birthing hospitals/facilities report hearing screening information to the state/territory	90% individual-level screening results does your program receive via web-based data entry (AURIS); 10% form electronic upload from equipment/software.
Hearing screening results reported to the infant's physician? [If yes, are all results reported or only failed screening?]	<i>No information currently available</i>
Rescreening and Diagnostic	

Evaluations	
State/territory written guidelines and/or protocols for performing hearing re-screenings?	Yes Included in Hospital Guidelines distributed in 2002.
State's program guidelines for helping families with third party preauthorization of re-screening or diagnostic evaluations?	<i>No information currently available</i>
State/territory written guidelines and/or protocols for performing diagnostic evaluations?	No
State/territory EHDI program list of audiologic diagnostic centers and audiologists skilled in providing pediatric services to infants?	Yes
Number of pediatric audiologists and/or diagnostic centers on the list	9 audiologists are on the list. 6 diagnostic centers
Who is responsible for scheduling appointments for outpatient hearing re-screenings?	Primary Care Provider (PCP), Parents or guardians, Hospitals
Who is responsible for scheduling appointments for diagnostic audiologic evaluations?	Primary Care Provider (PCP), Parents or guardians, Hospitals
How audiologists report diagnostic audiological evaluation results to the state/territory	95% of audiological evaluations are reported via web-based entry; 5% by paper form.
Guidelines and/or protocols for audiologists to report diagnostic audiological evaluation results to the state/territory?	Yes NH mandates that audiological evaluations be reported to the EHDI program. NH seeks to obtain audiological evaluation data for all occurrent births below a given age that obtain an audiological evaluation and children with risk factors. Audiologists use the AURIS tracking system to report diagnostic testing results for New Hampshire residents. They have paper forms and contact information to report diagnostic test results to EHDI programs in other states.
One or more persons on the EHDI staff who are responsible for the follow-up of families who need to return for re-screen, diagnostics, or referral to intervention?	<i>No information currently available</i>

Early Intervention	
Lead agency for the Part C Early Intervention Program	Department of Health and Human Services Family Centered Early Supports and Services MICE has regional centers Carolyn Stiles, Part C Coordinator/Program Specialist cstiles@dhhs.state.nh.us
State/territory written guidelines, and/or protocols for providing intervention services for children with hearing loss?	<i>No information currently available</i>
Eligibility criteria for Part C services for infants and toddlers with hearing loss	<i>No information currently available</i>
Eligibility criteria for Part B services for preschool children with hearing loss	<i>No information currently available</i>
Children with mild or unilateral hearing loss eligible for services under Part C or Part B?	<i>No information currently available</i>
Other public or private programs(s) and services (other than Part C or Part B) that provide intervention services to children with hearing loss	The oral school has a toddler group. There is a parent groups at the oral school where a variety of communication modes are used. There is an independent and mainly recreational group for families that meet monthly in a hospital.
Services such as family support, transportation to follow-up appointments, parent to parent available to families with children with hearing loss? List.	<i>No information currently available</i>
Program receives information regarding whether or not a referred child is receiving Part C services or other intervention services?	Yes – individual child-level data from Part C – the only EI provider.
Intervention programs report other information about children, such as type of intervention, developmental test scores, use of assistive devices?	No
EHDI Data System	
State/territory written guidelines	Yes

<p>and/or protocols related to the EHDI tracking system?</p>	<p>There is a requirement to report within 14 days and specific instructions on using the AURIS tracking system.</p>
<p>Type of system program uses to track hearing screening and follow-up information. .</p>	<p>Commercial software - AURIS by Willigent – All hospitals are sending individualized data directly via the web-based tracking system. Hospitals enter demographic data, hearing screening results, risk indicators, and all referrals.</p> <p>The NH program obtains birth certificate data for all occurrent births.</p> <p>The NH program receives individual-level data for ALL hearing screens.</p>
<p>State EHDI tracking system includes data items to identify infants and children with risk factors for hearing loss?</p>	<p>Yes</p>
<p>Unique identifier is used to identify infants/children in the state/territory EHDI tracking system</p>	<p>Number generated by the data system</p>
<p>How program addresses de-duplication of screening and diagnostic evaluation data</p>	<p>The NH program address de-duplication of screening data after data entry, software checks for exact matches. There is currently no systematic effort for de-duplication of diagnostic evaluation data.</p> <p>If it is determined that two records belong to the same individual, it is possible to combine these two records under the same ID number without re-entering all of the data for one of the records. However, if two records have been combined into a single record, but then it is determined that this was an error, it is not possible to “undo” this and re-create the original, separate records under different ID numbers without re-entering the data.</p>
<p>EHDI system linked to or integrated with any of the following:</p> <ul style="list-style-type: none"> -Blood spot card -EBC -Audiology -Early Intervention -Immunizations -Other 	<p>NH has an integrated EHDI data system (i.e., the EHDI program has a separate data system from other state programs, but contains all screening, diagnostic, service data in one system. The EHDI data system may obtain uploads from other systems,</p> <p>EBC data is linked with entries in the EHDI (Auris) tracking system.</p>
<p>Other EHDI Questions</p>	
<p>State materials/ brochures/ protocols for parents and professionals about the EHDI program. (Link to matrix).</p>	<p>Yes</p> <p>http://www.cdc.gov/ncbddd/ehdi/statesclearinghouse/new_hampshire.htm</p>

<p>Agencies, foundations, organizations, or other programs that provide funding for the purchase of any of the assistive devices for children with hearing loss</p>	<p><i>No information currently available</i></p>
<p>Statewide hearing aid loaner program for infants, toddlers, and children with hearing loss?</p>	<p><i>No information currently available</i></p>
<p>Resources, other than those from the state or territory, available to help families with the costs of caring for an infant, toddler, or child with a hearing loss?</p>	<p><i>No information currently available</i></p>