XIV. Vermont

Background and Current Status:

In Vermont, the average age at diagnosis of hearing loss is 5 ½ years. The Vermont Department of Health (VDH) has a statutory responsibility for general "early case-finding," under which VDH and birth hospitals partner to screen all newborns for metabolic disorders. Vermont does not have a statewide program of universal newborn hearing screening.

The 1999 Vermont legislature directed the DOH to establish a study commission to report on what it would take to implement statewide UNHS. The state's Children with Special Health Needs director chaired the commission which recommended encouraging VT birth hospitals to begin UNHS and establishing a central public health coordinating and assurance function.

Statewide outpatient hearing screening is available through the Hearing Outreach Project (HOP) at 13 sites around the state. Although HOP began as a program of screening targeted to young children at risk of hearing loss, in the absence of UNHS, a number of care practices and two hospitals are referring all their newborns for outpatient screening and follow-up. HOP has a patient management information system to assist in the tracking of young children referred to HOP. Expansion and/or linkage to HOP's IS system will form an important element of this proposal. However, it is impractical to function as a universal source of screening for all newborns because, currently, HOP is only able to see about 1500 children a year. Additionally, beginning the first step of screening on an outpatient basis misses a unique opportunity to capture nearly all newborns while they are inpatients.

Even without a legislative mandate, several Vermont birth hospitals are beginning, or planning, UNHS in their nurseries. As of October 1, 2000, six of the thirteen community hospitals will be performing screening in their nurseries. In addition, about 100 infants per year are born at home, and 400 infants are born out of state (most of the out-of-state births occur at a "border" hospital which is included in the total of 13 birth hospitals). However, in calendar year 1999, with 6569 births, only 9.4% of infants were screened for hearing loss before hospital discharge.

Three immediate opportunities for linkage with existing tracking and surveillance include HOP, the Family, Infant and Toddler Project and the statewide universal bloodspot screening program. EHDI tracking will be linked to birth certificates and incorporated into the VDH's comprehensive client management information system, SPHINX.

Proposed Tracking and Surveillance Activities:

Vermont's project activities will support screening to meet the goals of screening all infants, re-screening infants who do not pass by one month of age, referring infants (target: 4%) needing diagnosis, assuring diagnosis by 3 months, and assuring appropriate early intervention by 6 months, and monitoring infants at risk of later onset hearing loss.

The project will address Vermont's relatively high average age-at-diagnosis for children with hearing loss and the lack of a statewide early hearing detection and intervention system. A

system of surveillance and tracking will be established to serve both individual child management needs and system assurance and improvement needs. It will be linked with other tracking systems for children with special health needs. A management information system will be developed to support individual tracking and aggregate data reflecting institution and program performance. The tracking system will be linked to the Health Department's emerging client information system, the Part C system and the statewide newborn bloodspot screening system, in stepwise fashion, over the course of the project.

For more information about the Vermont screening program please contact:

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