



Agency Recommendation Summary

The Department of Health requests funds to invest in an improved data system for Early Hearing Detection, Diagnosis, and Intervention (EHDDI). The EHDDI data system is outdated and does not have the functionality needed to effectively connect with our external partners, such as Vital Statistics and Washington’s Part C early intervention program that is administered by the Department of Children, Youth, and Families (DCYF). With an improved data system and increased staffing to support this work the department expects increased newborn hearing screening and follow-up rates, improved understanding of the needs in Washington for newborn hearing screening, and increased efficiency of data collection and communication with partners.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	0.4	0.4	0.4	0.4	0.4	0.4
Operating Expenditures						
Fund 001 - 1	\$149	\$88	\$237	\$88	\$88	\$176
Total Expenditures	\$149	\$88	\$237	\$88	\$88	\$176

Decision Package Description

The Early Hearing Detection, Diagnosis, and Intervention (EHDDI) data system is outdated and does not have the functionality needed to effectively connect with our external partners, such as Vital Statistics and Washington’s Part C early intervention program that is administered by the Department of Children, Youth, and Families (DCYF). External stakeholders who use the EHDDI data system to provide results to the EHDDI program report dissatisfaction regarding its usability. In addition to the EHDDI program’s need to modernize its data, we do not have sufficient epidemiological support to assist with system evaluation, database management support, enhancing data linkages with other systems, and compiling EHDDI services data for our local partners. Addressing these issues is a new proposal and in alignment with other efforts to modernize our data systems at the department and to better support engagement with community partners.

This proposal would modernize the EHDDI data system, allowing for better connection with other internal department and external data systems. External stakeholders who use the EHDDI data system to provide results to the EHDDI program report dissatisfaction with the regard to its usability. The new EHDDI system will provide critical improvements for the external clinical partners who access our system, including local health care providers, which will improve reporting and timely follow-up for infants who need newborn hearing screening, diagnostic, or early intervention services.

This proposal would also fund 0.25 of epidemiological support to increase the Department of Health’s capacity for evaluation, systems planning, and exploring interoperability with other data systems. With these increased staff support, the EHDDI program with needed support for the management, analysis, and communication of data, as well as improving linkages with our external partners. This budget request would support the EHDDI program to link EHDDI records with birth certificate records from Center for Health Statistics and improve functionality with our data linkage with the Washington State Department of Children, Youth and Families (DCYF) Early Support for Infants and Toddlers (ESIT) program. It will also improve usability and functionality for internal EHDDI staff and pediatric audiologists who enter diagnostic results online through a Secure Access Washington (SAW) EHDDI application.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

If no action is taken, the EHDDI program will continue to have an inefficient system that our external users report as challenging to use, which will result in underreporting to the EHDDI program and an increase in the number of infants who do not receive needed services. An opportunity would be missed to improve our electronic data connections with partners like Vital Records and DCYF and explore interoperability and data linkages with other entities.

Detailed Assumptions and Calculations:

\$100k for initial EHDDI upgrade and \$40k for maintenance thereafter
 Salary and benefits for a 0.25 of an Epi 2 for data support/evaluation/informatics.

Workforce Assumptions:

Workforce Assumptions					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
0.3	EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$25,000.00	\$9,000.00	\$1,000.00	\$2,000.00
0.1	FISCAL ANALYST 2	\$4,000.00	\$2,000.00	\$0.00	\$0.00
0.1	HEALTH SERVICES CONSULTANT 3	\$3,000.00	\$1,000.00	\$0.00	\$0.00
0.4		\$32,000.00	\$12,000.00	\$1,000.00	\$2,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This proposal addresses Priority II: Health Systems and Workforce Transformation of the department's Transformational Plan: Key strategies #1, #2 and #4:

1. Invest in and support secure and innovative health information technologies and infrastructure supports that will enable partners to access and exchange information that addresses whole person health in a culturally and linguistically respectful way.
2. Ensure our public health, health care, and community-based partners and their workforce have the data, technology, and system supports they need to build and utilize connections among health, social, and community initiatives.
4. Strengthen the collection, analysis, linkage, and dissemination of timely, accessible, and actionable health data, guided by community priorities, to inform better community level interventions and initiatives that improve both individual and population health.

This proposal also supports the Governor's priority of healthy and safe communities. Studies demonstrate significantly improved outcomes for children identified as deaf or hard of hearing early compared with children who were identified later. Infants with hearing loss who do not receive early intervention by six months of age suffer from significant cognitive, language, and emotional delays. Sustainable funding for this program will ensure more infants who are deaf or hard of hearing receive appropriate early interventions, which help these children get their best start and provides the best opportunity for success when the child starts school.

This proposal is also tied to the Governor's Putting Families First Plan – Investing in Healthy Mothers, Babies, and Children. The EHDDI program provides a safety net for children who would otherwise not receive needed hearing services. Studies have shown that children born to younger mothers, non-white mothers, mothers with less than high school education, and mothers insured by Medicaid are more likely not to receive needed follow-up services after not passing their newborn hearing screening. The EHDDI program exists to ensure that all infants born in Washington State receive equitable, appropriate, and timely services.

Agency Data Strategy development is under way; to modernize and integrate public health information that parallels and supports the national public health Data Modernization Initiatives.

Aligns and supports efforts to integrate data systems across state health and human services as part of the Health and Human Services (HHS) Coalition. The agency has established a cloud-based interoperable analytic environment with tools and governance to facilitate sharing across the state public health enterprise with the goal for most data to reside to be readily accessible and shared.

With an improved data system and increased staffing to support our programs in the areas of epidemiology, system planning, and informatics, we expect increased newborn hearing screening and follow-up rates, improved understanding of the needs in Washington regarding the EHDDI system in Washington (hearing screening, identification, and early intervention services for children who are deaf or hard of hearing), and increased efficiency of data collection and communication with our partners.

[This proposal supports the departments Transformational Plan objectives:](#)

[I. Health and Wellness – so that children can be identified early in life with hearing disabilities can receive treatment so they can attain their full health and wellbeing potential.](#)

[II. Health Systems and Workforce Transformation – to ensure children are served by a healthcare system that provides timely services which promotes transparency, equity and trust.](#)

Performance Outcomes:

This proposal addresses Priority II: Health Systems and Workforce Transformation of the department’s Transformational Plan: Key strategies #1, #2 and #4:

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Equity Impacts

Community outreach and engagement:

The EHDDI program works with community-based organizations that serve children and families who are impacted and includes parents and other stakeholders in providing input and guidance to the program’s Advisory Group. This engagement helps shape program direction and identifies needs and barriers.

Disproportional Impact Considerations:

This proposal would help us to understand health disparities related to newborn hearing screening. Adequate staffing and improved linkages with other data systems like Vital Records will allow us to conduct analyses to identify populations that are underserved and assess best approaches for quality improvement and health equity initiatives. These activities will help us to plan and strengthen our systems to reduce health disparities and support equitable access to services.

Target Populations or Communities:

Children who are deaf or hard of hearing and their families will benefit most from this proposal. However, all families in Washington benefit from knowing their infant’s hearing status early in life. Our clinical partners (audiologists, primary care providers, hospital staff, midwives, etc.) will also benefit from more efficient public health systems for collecting and reporting screening, diagnostic, and early intervention/treatment data.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

How would other government entities be affected?
 N/A

Stakeholder Response:

Who would be interested in this happening?

Children who are deaf or hard of hearing and their families Numerous families who have partnered with EHDDI	SupportSupport
Hands & Voices	SupportSupport
March of Dimes	SupportSupport
Department of Early Learning, Early Support for Infants and Toddlers (ESIT) Program	SupportSupport
Center for Childhood Deafness and Hearing Loss (CDHL)	SupportSupport
Office of Deaf and Hard of Hearing (ODHH)	SupportSupport
Washington Chapter of the American Academy of Pediatrics (AAP)	SupportSupport
University of Washington, Leadership Education in Neurodevelopmental and related Disabilities Pediatric Audiology Training Emphasis (LEND-PATE) training program	SupportSupport
Seattle Children's Hospital	SupportSupport
Listen and Talk	SupportSupport
HOPE School	SupportSupport
Washington State Hospital Association	SupportSupport
Midwives Association of Washington State (MAWS)	SupportSupport
Health Care Authority	NeutralNeutral

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

- [EHDDI Data - ITaddendum_Standard_Language_23.docx](#)
- [EHDDI Data System Modernization - DP.docx](#)
- [EHDDI Data System Modernization FNCal ver24.3.xlsm](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

Yes

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$32	\$31	\$63	\$31	\$31	\$62
Obj. B	\$12	\$12	\$24	\$12	\$12	\$24
Obj. C	\$100	\$40	\$140	\$40	\$40	\$80
Obj. E	\$3	\$3	\$6	\$3	\$3	\$6
Obj. T	\$2	\$2	\$4	\$2	\$2	\$4

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