Canadian Provincial and Territorial Early Hearing Detection and Intervention (EHDI) Programs:

PROGRESS REPORT

JANUARY 2016
This progress report represents the current status of early hearing detection and intervention (EHDI) programs across Canada. It is a follow-up to the Canadian Infant Hearing Task Force’s 2014 report card on EHDI programs, which highlighted the need for significant improvements in many parts of Canada.

Key Definitions:

**Early Hearing Detection and Intervention** (EHDI) refers to programs that include all aspects of screening infants for hearing loss, identifying hearing loss in infants referred from screening and intervention services for infants found to have hearing deficits. An EHDI program is more comprehensive than a universal newborn hearing screening program (see below).

**Universal Newborn Hearing Screening** (UNHS) refers to programs designed to screen infants for hearing loss. A UNHS program is the first step in an EHDI program and does not typically include the necessary next steps related to diagnosis and intervention.
Ontario:

- Ontario’s Infant Hearing Program has evidence-based protocols for the three program component areas of hearing screening, diagnostics and intervention.
- The province is in the final stages of developing a revised and more efficient diagnostic protocol, founded in current and updated evidence.
- Continuous quality improvement initiatives in hearing screening, diagnostics and intervention are a focus of the program.

British Columbia:

- British Columbia has a comprehensive EHDI program with strong protocol and standards in place as well as a comprehensive database.
- The program utilizes remote assessment through telehealth to provide services to areas that are difficult to reach.
- The program includes a strong emphasis on parent support and follows infants through communication development.

Nova Scotia:

- Nova Scotia has policies and procedures for screening, assessment and communication development, which includes collection of outcome measures.
- The province has a comprehensive database.
- The province is working with partners and stakeholders to ensure continued coverage in areas without major birthing centres.

Prince Edward Island:

- P.E.I. has a formal UNHS program with newborn hearing screening administered in the two major birthing centres. This is supported by public health nursing screenings at specific age intervals (6 months, 12 months, 18 months, 4 years and kindergarten/grade 1 as required). The UNHS process is scheduled to be reviewed in 2016.
- The province is in the planning stages of introducing a comprehensive database.
- As part of the provincial system for follow-up from UNHS, standards for assessment and communication development are in place with existing services. A working group is scheduled to review these standards in 2016.
New Brunswick:

- New Brunswick’s program was strong when it was introduced in 2002, but provincial support and management have decreased over time.
- Regions are responsible for replacing or repairing equipment, with no policy in place to outline program equipment needs and procedural standardization.
- Protocol ‘silos’ have emerged that may compromise the provincial program, but regular meetings are now helping to improve consistency.

Newfoundland and Labrador:

- The province has made some progress, with the four health regions moving to develop and adopt a province-wide standard protocol for screening and assessment.
- The province does not yet have plans to introduce a comprehensive database.
- Regions are responsible for replacing or repairing equipment, with no standards in place to outline equipment needs and standardization.

Yukon:

- Yukon screens nearly 90% of infants, as most births occur in Whitehorse.
- There is no EHDI or clearly defined UNHS program in place. Audiologists employed by Yukon Hearing Services have adopted Ontario Infant Hearing Program protocols.
- Retention of clinicians and direct provincial program management are ongoing issues.

Alberta:

- Alberta is in the process of designing and implementing a province-wide EHDI program.
- Full implementation is set for 2017.
- The program has ambitious implementation goals and will require intensive development to achieve these goals.
Québec:

- Quebec announced a comprehensive EHDI program in 2009 and has been involved in intensive program development since that time.
- The province has begun to implement the program, but some aspects have been delayed due to funding issues.
- The program does not follow children through communication development, but rather discharges to existing services with no further follow-up or feedback to the screening and assessment program.

Manitoba:

- The province introduced legislation in 2013 and is providing funding for UNHS.
- Infants who do not pass a hearing screening will be referred to existing diagnostic and communication development services. The Manitoba government is providing funding for additional diagnostic services.
- The program is in the later stages of development, with implementation of UNHS set to begin in September 2016.

Nunavut:

- Nunavut does not have any programs in place to screen or identify infants with hearing loss.
- Program implementation is a significant challenge due to the small and widely dispersed population, as well as limited access to targeted audiology and communication development services (there is currently only one audiologist in the territory).
- With appropriate funding, one possible solution could be for Nunavut to explore the possibility of sharing services with another province or territory.

Saskatchewan:

- There is only one site in the province that has early hearing services. Further, this site has limited funding and staff designated to the program.
- There is no provincially mandated or delivered EHDI system.
- Screening in Saskatchewan is limited to children born in birthing centres in the Saskatoon Health Region.
Northwest Territories:

- The Northwest Territories adopted protocols from the Ontario Infant Hearing Program and British Columbia Early Hearing Program, although the program is not legislated by the territory.
- The program uses a commercial database developed specifically for EHDI programs.
- Due to the low birth rate, the program is currently sustainable and services in Alberta help to fill gaps that occur as a result of limited funding and a small population.

In summary, strong programs exist in some provinces and territories but are still inadequate in many parts of Canada. Although there are efforts to develop new and improve existing programs across the country, significant challenges remain in part due to a lack of government commitment and funding.