



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

September 5, 2023

The Honorable Rachael Cabral-Guevara, Chair
Senate Committee on Health
Room 323 South, State Capitol
PO Box 7882
Madison, WI 53707

The Honorable Senator Patrick Testin, Vice-Chair
Senate Committee on Health
Room 8 South, State Capitol,
PO Box 7882
Madison, WI 53707

Dear Senator Cabral-Guevara and Senator Testin:

The Department of Health Services is pleased to submit to you, as required by Wis. Stat. §253.115, the annual report on the status of Universal Newborn Hearing Screening (UNHS) in Wisconsin. In 2021, 100% of hospitals with birthing facilities and the majority of licensed homebirth providers continued to universally offer hearing loss screening for babies. Of the 61,801 Wisconsin births, 61,490 babies had newborn screening records in 2021, and 60,265 of those babies (98.0%) were screened for hearing loss. The American Academy of Pediatrics recommends that the refer rate – the percentage of infants who do not pass the inpatient hearing screening in one or both ears and require a referral for additional testing – be below 4.0%. For babies born in 2021, Wisconsin’s refer rate was 1.3%.

Families of 720 (1.2%) newborns did not undergo hearing screening in 2021. Infant death was a factor for not completing hearing screening, and alive infants were not screened for a variety of reasons, including moving out of state prior to screening, or screenings that are still pending. Across demographics, almost all birthing parents chose to have their babies screened for hearing in 2021, yet a disproportionate number of babies did not get screened for hearing when the birthing parent had less than an 8th grade education. We can infer that the higher disparity in babies not getting hearing screening who have a birthing parent with an 8th grade or lower education likely represents Wisconsin’s Plain community. Plain communities provide formal education through 8th grade and have less access to western medicine and health care systems than do non-Plain populations in Wisconsin. Additionally, Plain communities have cultural frameworks that shift their attention away from traditional, westernized medicine. While we recognize the Plain population may intentionally choose not to have their babies screened for cultural reasons, we know low educational attainment for any population is strongly associated with lack of access to healthcare systems and a patient’s low health literacy levels. Both barriers to care and low health literacy are social determinants of health that negatively affect birthing parents’ abilities to make informed healthcare decisions that impact them and their babies’ wellbeing. Providers must be aware that, along with cultural preferences, low hearing screening rates are likely associated with the complexities of navigating health systems that often preclude vulnerable populations, such as those who have barriers to high quality education and have limited health literacy levels, like the Plain community.

Health literacy universal precautions and cultural considerations should be adopted by providers when educating all birthing parents on the benefits of hearing screening. Despite the cultural considerations mentioned, it cannot be concluded that the Plain community has no desire for hearing screening for their babies. In fact, the Wisconsin Sound Beginnings (WSB) program has made significant strides in the last decade to offer hearing screening for this community and have seen small improvements in uptake. Further, the desire to seek medical services for children with genetic disorders in the Plain community is

growing. In fact, centers in Wisconsin that focus on diagnosing and treating children with genetic and metabolic diseases, such as La Farge Medical Clinic's Center for Special Children, primarily serve the Plain population. While we have seen progress in reaching this population, low numbers in screening persist. A significant improvement in screening rate will not happen for Plain communities if the structural barriers preventing screening remain. We know homebirth providers are not consistently equipped with otoacoustic emissions (OAE) screeners and do not have the ability to maintain the equipment on their own. Trusting local public health partnerships with Plain community homebirth providers has been shown to enable these providers to utilize and maintain OAE screeners long-term. These local public health-Plain community relationships should be prioritized in our public health infrastructure to increase the number of babies screened for hearing in our Plain communities.

Hearing loss is the most common congenital birth defect, affecting an approximately 150 babies annually in Wisconsin. Left undetected and therefore untreated, hearing loss impedes speech, language, and cognitive and social development. The Wisconsin Sound Beginnings (WSB) Program continues to make progress toward meeting its goal of ensuring that hearing screening is available and offered to 100% of babies born in Wisconsin and to ensure that appropriate services are provided to children who do not pass their hearing screens. While most babies are being screening for hearing, our Plain communities have lower hearing screening rates. Our WSB program will continue to prioritize efforts to increase hearing screening rates in this community, keeping in mind their unique barriers to care and cultural needs.

The WSB Program is improving all areas of early hearing detection and intervention through a variety of activities and working with its partners in other agencies to promote a sound beginning for Wisconsin's children.

Sincerely,



Kirsten L. Johnson
Secretary-designee