



This document is scheduled to be published in the Federal Register on 01/31/2014 and available online at <http://federalregister.gov/a/2014-02027>, and on [FDsys.gov](http://FDsys.gov)

Billing Code: 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

[30Day-14-0955]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639-7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Early Hearing Detection and Intervention- Pediatric Audiology Links to Service (EHDI-PALS) Survey (0920-0955, Expiration 02/28/2014)- Revision - National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

## Background and Brief Description

The Division of Human Development and Disability, located within NCBDDD, promotes the health of babies, children, and adults, with a focus on preventing birth defects and developmental disabilities and optimizing the health outcomes of those with disabilities. Since the passage of the Early Hearing Detection and Intervention (EHDI) Act, 97% of newborn infants are now screened for hearing loss prior to hospital discharge. However, many of these infants have not received needed hearing tests and follow up services after their hospital discharges. The 2011 national average loss to follow-up/loss to documentation rate is at 35%. This rate remains an area of critical concern for state EHDI programs and CDC-EHDI team's goal of timely diagnosis by 3 months of age and intervention by 6 months of age.

Many states cite the lack of audiology resources as the main factor behind the high loss to follow up. To compound the problem, many pediatric audiologists may be proficient evaluating children age 5 and older but are not proficient with diagnosing infants or younger children because children age 5 and younger require a different skill set.

No existing literature or database was available to help states verify and quantify their states' true follow up capacity until this project went live in 2013.

Meeting since April 2010, the EHDI-PALS workgroup has sought consensus on the loss to follow up/loss to documentation issue facing the EHDI programs. A survey based on standard of care practice was developed for state EHDI programs to quantify the pediatric audiology resource distribution within their state, particularly audiology facilities that are equipped to provide follow up services for children age 5 and younger. After nine months of data collection, preliminary data suggested that children residing in certain regions of the United States who were loss to follow up were due to the distance parents had to travel to reach a pediatric audiology facility. For example, parents who reside in western region of Nebraska and Iowa on average have to drive over 100 miles to reach a pediatric audiology facility.

CDC is requesting an Office of Management and Budget (OMB) approval to continue collecting audiology facility information from audiologists or facility managers so both parents, physicians and state EHDI programs will have a tool to find where the pediatric audiology facilities are located. This survey will continue to allow CDC-EHDI team and state EHDI

programs to compile a systematic, quantifiable distribution of audiology facilities and the capacity of each facility to provide services for children age 5 and younger. The data collected will also allow the CDC-EHDI team to analyze facility distribution data to improve technical assistance to State EHDI programs.

Two additional questions will be added to the existing survey. The two questions will ask for more information from audiology facilities that provide services by remote telepractice technology. This information will be of vital interest and benefit for both parents who live in remote regions of the US and state EHDI programs to maximize resource coverage.

Respondents will all be audiologists who manage a facility or provide audiologic care for children age 5 and younger. To minimize burden and improve convenience, the survey will continue to be available via a secure password protected website. Placing the survey on the internet ensures convenient, on-demand access by the audiologists. Financial cost is minimized because no mailing fee will be associated with sending or responding to this survey.

EHDI-PALS currently has 892 facilities in the database since the beginning of the data collection. All 892 facilities' contacts will receive a brief e-mail from the University of

Maine to remind them to review their survey answers. It is estimated that approximately 800 audiologists will do so.

It takes approximately nine minutes per person to review the survey answers. Both the American Speech-Language-Hearing Association (ASHA) and American Academy of Audiology (AAA) are members of the EHDI-PALS workgroup and will continue to disseminate a request through association e-newsletters and e-announcements to all audiologists who provide services to children younger than 5 years of age to complete the EHDI-PALS survey. It is estimated that, potentially, an additional 400 new audiologists will complete the revised survey, which will take approximately nine minutes per respondent. The nine minutes calculation is based on a previous timed pre-test with six volunteer audiologists.

There are no costs to respondents other than their time. The total estimated annual burden hours are 180.

#### Estimates of Annualized Burden Hours

Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)
Audiologists who have completed survey	Annual Survey Review	800	1	9/60
New Audiologists	Revised Survey	400	1	9/60

---

Leroy A. Richardson  
Chief, Information Collection Review Office  
Office of Scientific Integrity  
Office of the Associate Director for Science  
Office of the Director  
Centers for Disease Control and Prevention

[FR Doc. 2014-02027 Filed 01/30/2014 at 8:45  
am; Publication Date: 01/31/2014]