**Colorado EHDI**

**Screening Task Force**

**Meeting Notes**

February 9, 2021

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| **Attendees** |
| **Name** | **Role** |
| **Arlene Stredler Brown** | Facilitator |
| **Heather Abraham** | Notetaker |
| **Dee Schuler Woodard** | Western Slope Regional CO-Hear Coordinator |
| **Lisa Shigio** | CSDB Audiologist |
| **Jilliann Gerstenberger** | Pediatrix; Pediatric Audiologist & Chief Operations  |
| **Sara Kennedy** | CO Hands & Voices |
| **Becky Awad** | Audiologist, Children’s Hospital |
| **Lisa Cannon** | CDE Consultant for Educational Audiologists |
| **Hannah Glick** | Audiologist & Faculty, CU Boulder |
| **Ramona Pearce** | Pediatrix; site coordinator |
| **Annette Landes** | CO-Hear Coordinator |
| **Kristin Sommerfeldt** | Audiologist and Faculty, University of Colorado |
| **Jennifer Schryer** | Educational Audiologist; Western Slope |
| **Dawn O’Brien-Taylor** | Audiologist |
| **Deb Draus** | Audiologist - Littleton Public Schools |
| **Katie Cue** | Colorado Commission for the Deaf, Hard of Hearing, Deafblind - Outreach Specialist & Colorado EHDI |
| **Ashley Renslow** | Colorado School for the Deaf and the Blind (CSDB) - Early Education Consultant & EHDI Alliance |
| **Linda Herzberger-Kimball** | Audiologist - KP |

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| **Agenda Overview** |
| 1. Update on HIDS’ Users
2. Update on 2019 Data Collection
3. Support for Screening and Rescreening to Decrease LTF – A Discussion about a potential role for CO-Hear Coordinators
4. Support for midwives to increase their participation in screening/rescreening
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| **Agenda Items, Discussion and Decisions** |
| **Agenda Items** | **Discussion** | **Action/Decision** |
| **HIDS Users** | Currently, there are 105 HIDS users: 82 of the 105 have signed the privacy agreement. The categories of users are:* 46 screeners
* 8 midwives
* 38 audiologists
	+ 34 clinical audiologists
	+ 4 educational audiologists
* 13 early interventionist providers

Leanne Glenn (CDPHE) assists individual users when they have questions about accessing HIDS and she supports their ability to enter data.While it is not the CO-Hear Coordinators’ responsibility to assist with, nor coordinate, activities related to NBH screening, they may have contacts in their communities. If they were to contact these people, this activity could contribute to getting more people signed on as HIDS users.  | Any action regarding CO-Hear Coordinators’ participation in screening/rescreening and LTF activities is at their discretion and the discretion of CSDB.  |
| **Support for Screening, Rescreening and Decreasing LTF** | Several approaches to address gaps in screening/rescreening, and subsequent lost to follow-up, have been discussed by this task force’s members. Some of our initiatives to date include: * Identifying and enhancing the role of educational audiologists in screening and rescreening
* Working to identify midwives’ participation in screening/rescreening
* Publicizing the HIDS database to increase the number of users
* Linking access to COEHDI publications in the CO-AAP newsletter
* Hannah Glick offers technical assistance to NBH screeners and midwives and directs questions about HIDS to CDPHE
* The Hands & Voices *Roadmaps* are available to all birthing facilities
* COEHDI has participated in the distribution of two surveys to NBH screeners
* COEHDI is writing and distributing a monthly newsletter, the *Newborn Hearing Screening Monthly,* to all screeners and midwives.

Over the past several months, several stakeholders have suggested having the CO-Hear Coordinators participate in screening activities. Ashley Renslow (CSDB) suggested that this was not an action to take to address screening/rescreening and LTF issues statewide. The focus of the CO-Hear Coordinators is on the transition from identification to early intervention. Other suggestions addressing an increase in screening and rescreening and a decrease in LTF include: * regional EHDI meetings could provide an opportunity for interested parties to come together to address relevant issues
* While CSDB does not support CO-Hear Coordinators’ active role in screening, rescreening and LTF, it was stated that this is a more appropriate role of CDPHE. Becky Awad has asked CDPHE for more information regarding the NBHS Coordinator’s role and will share this information with the task force members.

The goal is for all activities to be sustainable if HRSA funding were to end. The participation of EHDI to fill gaps that would normally be filled by CDPHE is not sustainable. The role of EHDI and CDPHE is an overarching issue to be discussed at a COEHDI Alliance meeting. | The CO-Hears Coordinators may offer support in their respective communities, but this task force will not consider a recommendation about CO-Hears Coordinators’ participation in this part of the state system. Roles of COEHDI and CDPHE will be discussed at a future Alliance meeting. Lisa Cannon will be talking to educational audiologists. about their role in NBHS at their March meetingArlene will prepare a document identifying all approaches to increase screening/rescreening and decrease LTF. This will be shared along with the meeting minutes.  |
| **Support for midwives to increase their participation in screening and rescreening**  | Hannah Glick is comparing the number of midwives on various mailing lists, including CDPHE and DORA, among others. Hannah has connected with a midwife, Jan Lapetino, who has been practicing for years and seems to be in a lead role. Jan’s observations include:* In the past, there were some community grants that paid for screening equipment. However, many midwives were unable to secure equipment, and there are new midwives who never had equipment.
* Midwives like having brochures about newborn hearing screening in English and Spanish. Jan is correct in saying that these are no longer being printed. What is available, is a brochure about *all* newborn screening. Midwives liked giving the old brochure, specific to NBHS, to families.
* Regarding technical support, Jan thinks some training opportunities could be helpful to midwives; having a direct contact for technical questions would be helpful too.

Becky indicated that CDPHE has said it is the responsibility of individual audiology sites to print brochures at this time. The cost of OAE equipment is several thousand dollars; ~ $4000-$6000 per unit. Pediatrix reported that parents can come to any hospital that Pediatrix services for a follow-up hearing screening. Insurance can be billed or parents can self-pay for ~$90.00. One challenge at this time is that some families do not want to be in a hospital environment. Some midwives will screen other midwives’ patients for ~$15.00.  | Consider writing Community Grants to purchase OAE equipment for midwives.Look for opportunities to repurpose used OAE equipmentHannah Glick can offer technical assistance while funded. Continue to pursue the role of educational audiologists in screening/rescreening babies born at home in their communities.  |
| **Summary and Impressions:*** Explore grant opportunities and other resources (e.g., used equipment) for midwives’ use
* Explore and expand, as able, services (e.g., screening, rescreening, consultation) by educational audiologists
* Analyze the multiple activities to increase screening and rescreening, and decrease LTF, that were identified by this group. Bring this list to the next task force meeting so that members can prioritize the options
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| **Next Meeting(s)** **Meetings of the Screening Task Force are on the 2nd Tuesday of each month from 11:00 - noon.**  |
| **DATE** | **TIME** | **AGENDA ITEMS** |
| March 9, 2021 | 11:00 - 12:00 | Review and prioritize initiatives to increase screening and rescreening and decrease LTF |
| April 13, 2021 | 11:00 - 12:00  | TBD |

*A note about accommodations: Beginning February 1, 2021, all Alliance meeting and task force meeting accommodations (e.g., American Sign Language interpreters, Cued Language Transliterators, and/or Spanish translators) must be requested at least 72 business hours or 3 business days in advance.* ***Requests may be made by contacting your task force facilitator****. We will also enable Zoom's Live Transcription feature for all meetings.*