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NATIONAL CENTER FOR HEARING ASSESSMENT AND MANAGEMENT  
NCHAM DOUBLING THE EFFECT OF EDHI:  
RESOURCES TO HELP IDENTIFY TWICE AS MANY CHILDREN

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>> WILLIAM EISERMAN: For those who signed up early, you're in the right place for today's webinar entitled Double the Effect of EHDI: Resources to Help to identify Twice as Many Children. We will be starting at the top of the hour. For the benefit of our captioner, this is Will Eiserman. If this is my voice and Terry will speak here in a moment. We don't have hugely distinguishing voices.

>> TERRY FOUST: Hi, Cindy. This is Terry Foust so, hopefully, that will distinguish our voices.

>> WILLIAM EISERMAN: Yes. And now it's William. We will be presenting in a somewhat conversational way. And I don't want to concern you overly with making sure that you indicate which one of us is speaking when we are, as we are really speaking with one voice today. So, who says what is not as important as the actual content. So I hope you don't stress too much about that.

>> CINDY (CAPTIONER): Thank you!

>> WILLIAM EISERMAN: So we will be starting at the stop of the hour.

[Session will begin at the top of the hour. Thank you for your patience.]

>> WILLIAM EISERMAN: For those who have signed on early, this is an audio check for today's webinar. I'm putting up a little poll question to make sure you're hearing my audio transmission. We will be starting at the top of the hour. You can adjust the volume to your liking using your computer speaker volume settings or your headset volume settings. Look like everybody is indicating they're getting the audio transmission clearly.

So that's good. You want your keyboard within easy reach as we'll be asking you questions today. So keep your keyboard in easy reach. And do not select full screen mode or it will eliminate some of the displays we have prepared for today's presentation. We will be starting at the top of the hour in about 6 minutes from now. Be aware that today's webinar will be recorded and posted on [infanthearing.org](http://infanthearing.org) within the next couple of days. So if anything, if anything disrupts our today's webinar, you'll be able to access it at another time through [infanthearing.org](http://infanthearing.org) or if you have others who cannot attend live today. So thanks for signing on early, and we'll be starting at the top of the hour in about 6 minutes.

>> WILLIAM EISERMAN: For those who have signed on early, my apologize. If you saw the poll question asking if you were hearing audio, when, in fact, there was no audio, because I was silent. But I am here now. So check again to make sure that you are receiving the audio. I'm going to reset the poll question just to make sure that we're getting accurate responses there. We'll be starting at the top of the hour which is in just a few minutes here.

Thanks for letting me know that you're receiving the audio transmission. That's excellent. You know, if anything disrupts our full participation in today's webinar, this will be posted on [infanthearing.org](http://infanthearing.org) so you can go back to it and access it at your leisure or share it with others who aren't able to attend live with us today. We'll be starting in just a minute or two here. As you prepare, you want to adjust your volume to your liking. Also do not select full screen mode as that will eliminate some of the display screens we have prepared for today. We'd also like to invite you to have your keyboard within easy reach.

We will ask a few poll questions today. And we'd love to have you tell us a little bit more about yourselves when we get

to that point. And let me just do a quick audio check with our fellow presenters today, Terry.

>> TERRY FOUST: Yes, I'm here William. And I'm hoping this sounds okay.

>> WILLIAM EISERMAN: It's a little fuzzy.

>> TERRY FOUST: Is this a little better? And I'll keep talking, 1, 2, 3, 4.

>> WILLIAM EISERMAN: Yeah, are you in the headset now or something?

>> TERRY FOUST: Nope. I haven't changed. Let me bring this closer.

>> WILLIAM EISERMAN: Okay. And Sonia, are you there?

>> SONIA: I am here. Can you hear me?

>> WILLIAM EISERMAN: Yeah, Sonia is a big player.

>> TERRY FOUST: How do I sound now?

>> WILLIAM EISERMAN: Good.

>> TERRY FOUST: Okay, I brought my hand set closer.

>> WILLIAM EISERMAN: Okay. All right, very good. Well we'll be starting in in just a minute or two.

>> WILLIAM EISERMAN: I'm going to initiate the recording of the meeting, and then we'll get started. [Audio recording for this meeting has begun.]

>> WILLIAM EISERMAN: Good day, afternoon. I'd like to welcome you to today's webinar entitled: Double the Effect of EHDI: Resources to Help to identify Twice as Many Children. A webinar that is brought to you by the National Center for Hearing Assessment and Management at Utah State University with the focus on NCHAM ECHO initiative and our work with various players in want community. The ECHO initiative is funded by an interagency agreement with the health bureau. Along with me today, my co-presenters are Dr. Terry Foust who is a pediatric audiologist and a speech-language pathologist who serves as a consultant for NCHAM for number of years. And works with intermountain healthcare in Salt Lake City, Utah.

>> TERRY FOUST: Hello, everyone. Pleased to be with you.

>> WILLIAM EISERMAN: I'm also joined would I Sonia Samaniego who will be sharing her perspective about her work with various stakeholders in the early childhood arena within the State of Arizona. Sonia works in the office for children with special healthcare needs in Arizona's Department of Health Services.

So, we're going to present here first. And then once we have wrapped up our comments, we'll open up a text screen through which you'll be able to ask questions or share your perspectives with us. And we'll engage in a more interactive process. For those who have signed on in the last-minute or two, you do not want to select full screen mode, as that will eliminate some of the display screens we have prepared for today's presentation. So do not select full screen mode. And be aware if anything disrupts your full participation in today's webinar, this is being recorded and will be posted on [infanthearing.org](http://infanthearing.org) in couple of days. So you can access it at another time or share it with others who are not able to join us live today.

So, once, again, we want to welcome everybody to today's webinar. We had quite a large number of people register for this webinar. I wish you can all be in the same physical environment, because I want you to have the opportunity to meet one another and discover some of the overlapping interest you all have, particularly those from the state your name states and regions. We have people here from state-based early trained detection and intervention program as EHDI programs. These are the programs primarily overseeing newborn hearing screening in each state, if you're not aware of those.

We also have people here from Early Head Start and Head Start programs which if you aren't aware of that program, serves children and families living in poverty across the country. Early Head Start services children birth to birth to 3 and within Head Start there's migrant Head Start program and American-Indian and Native American programs that serve children birth to 5 years of age. Every sit tight by the way has a Head Start collaboration office and we have those coordinators present today as well. And their offices are set up to do exactly what the name says and that is to coordinate and collaborate with other early care in education programs where there are areas of mutual interest and there are many.

Additionally, we have individuals from Part C early intervention program and Part C state level coordinators with us as well. We all have in common is an interest and commitment to

promoting early health and development of young children. And specifically, an interest in early identification of children who are hard-of-hearing or deaf. In fact, if you are from any of the programs that I just mentioned, there are specific requirements within each of those programs to screen and/or evaluate children for hearing loss.

Which represents an opportunity for all of you to bridge your knowledge and resources that can potentially lead to higher rates of early identification of hearing loss so that children can access the support and services that they need as soon as possible. Housed within the National Center for Hearing Assessment and Management known as NCHAM at Utah State University, the ECHO initiative is funded through an intra-agency agreement with the office of Head Start and Maternal and Child Health Bureau to provide identification, technical assistance and training.

And for evidence-based hearing screening and follow-up practices with a primary focus on early Head Start and Head Start programs, but also assist other providers in implementing evidence-based hearing screening practices. So our goal today is this. That by the end of this presentation, you'll be able to describe the increased incidence of permanent hearing loss that occurs during early childhood. How the EHDI Act pertains to children from birth to 3 years of age. Potential state-based partners for periodic screening. How hearing screening is done with young children and ways to support evidence-based hearing screening throughout early childhood and the available resources that are on our website, which is [kidshearing.org](http://kidshearing.org).

So let's talk first about the rationale behind hearing screening. You know, as close as we might look, we can't see hearing loss. And, yet, permanent hearing loss is the most common, what we call a "birth defect" for a lack of a more sensitive term in the United States. Most newborns are now screened for hearing loss. As most of you are aware, children not passing are then referred for follow-up screening. And when necessary, full audiological evaluation. When a hearing loss is identified, they are then connected with intervention services. Now, unfortunately, babies who don't pass newborn screening don't always receive the follow-up diagnostic evaluations they need.

And there are always some babies who don't receive a newborn screening. Perhaps because it was a home birth, a birth of a small hospital that doesn't do newborn hearing screenings, parent refusal for screening, or a baby born outside of the

United States who recently entered the country. So unique circumstance and imperfections in the newborn screening and follow-up system provide one primarily rationale for why we don't want to just stop screening after the newborn period.

>> TERRY FOUST: That's right, William. And it's also critical to understand not all hearing loss in early childhood is actually identifiable at birth. That's because hearing loss can occur at any time in the child's life. It can be due to result of an illness or trauma, or environmental or genetic factors. We often talk about hearing loss or refer to hearing loss that occurs after birth as late onset hearing loss. So in this case, a child may have normal hearing at first. They may pass their newborn hearing screening, but they have a hearing loss that comes on or develops as they get a bit older.

We can also have a progressive hearing loss, meaning hearing that gets worse over time. So most of us that work in newborn hearing screening or EHDI programs we're familiar with this statistics that 3 children in 1,000 are born hard-of-hearing or deaf. Those children are the primarily focus of newborn hearing screening. But not nearly as many of us are aware of how many more children develop hearing loss in these first several years of life. It may come as a surprise, somewhat of a surprise to learn that research suggests that infants with permanent hearing loss doubled between birth and school-age. So goes from 3 and 1,000 at birth to 6 and 1,000 by the time children enter school.

>> WILLIAM EISERMAN: And that was -- go ahead. And that was Dr. Terry Foust who is a speech-language pathologist and audiologist. So, this rise in statistics, you know, some of the studies even suggests that it may be high as 9 in a 1,000 by the children enter school. If this is why it's so important that the reauthorization of the EHDI Act in 2017 expanded the scope of EHDI to focus on early identification and diagnosis of hearing loss as well as intervention services for newborns and infants with the added focus of identifying young children up to 3 years of age who are Deaf and Hard-of-Hearing that may result from late onset or progressive hearing loss.

>> TERRY FOUST: So it's important as newborn hearing screening is, we just can't assume that because we have a robust newborn screening system in the United States that every child who is Deaf or Hard-of-Hearing will be identified at birth, and then will receive the benefits of early identification. We do in fact need to continue to monitor hearing throughout early childhood.

>> WILLIAM EISERMAN: It's compelling, isn't it, to recognize that by continuing to screen throughout early childhood, we could potentially identify the same number of children again that we are finding at the newborn period. If this is news to you, you're not alone. The value of periodic screening, meaning, screening subsequent to the newborn period has not gotten the same attention as newborn screening. So, given what we know about the increased incidence of hearing loss throughout early childhood, how do these children get identified?

>> TERRY FOUST: One of the common assumptions many parents and professionals alike make is that this is being addressed as part of child wellness visit. So it's families keeping up with children well child visit and hearing screening must be incorporated in those visits from time-to-time. Given the known incidence of late onset progressive loss, the availability of the technology rely on reliability and promote of early language in early childhood years.

>> WILLIAM EISERMAN: Yeah, you would think that all of that would be enough, Terry, but that isn't a fair assumption. Although some healthcare providers are incorporating OAE screening into well child visits. This is not by any means standard practice. The majority of healthcare providers do not incorporate OAE screening into well child visits. They do ear exams for sure, like you see in this lower right hand photo. But hearing screenings, not as consistently as many would assume and hope.

>> TERRY FOUST: That's absolutely right. So even though the technology is available, it doesn't mean that that's standards practice, and that they will get an OAE screening at their well child visit. That's a really important point to remember. And then interestingly enough, the American Academy of Pediatrics bright future recommendation, they don't include another objective hearing screening until 4 years of age to be provided by healthcare providers. And that's even despite the evidence of late onset and progressive hearing loss.

So the Bright Future recommendation only include surveillance of hearing up until 4 years of age for those children identified at-risk. And that's part the why commitment to hearing screening by early, by other early care and education providers is so crucial.

>> WILLIAM EISERMAN: So, to answer the question how do these children get identified, my answer is a little troubling.

It's troubling because there really isn't a uniformed system in place whereby children receive periodic hearing screening during early childhood.

>> TERRY FOUST: If then, this means children with late onset or progressive hearing loss then, they're often not identified until secondary consequences start to become apparent. In other words, behavioral concerns or maybe delayed speech and language in others.

>> WILLIAM EISERMAN: But there is hope, because increasingly, we're seeing more and more healthcare providers conducting OAE screening and receptive to learning about that. And there's other early childhood hood professionals with a commitment to monitoring hearing status like many of you who are on this webinar with us today. In fact, there are two programs found in every state where there is an existing commitment to early identification of hearing loss beyond newborn screening that the EHDI programs focus on. Can you think of what those two programs are? What comes to mind right off the bat? I'll tell you.

They are Head Start, which includes Early Head Start, and Part C early intervention programs, as well as Part B, 619 programs in Special Ed served children 3 to 5 years of age. As I've mentioned earlier, Head Start and Early Head Start is in countries of poverty. Federal mandate for all children in these programs must receive a hearing screening within 45 days of enrollment. In fact, it is precisely because of Head Start strong commitment reflected in this requirement that there's been ongoing funding of the ECHO initiative for a number of years aimed to provide technical assistance and early training that leads to the implementation of evidence-based hearing screening and follow-up practices so children with late onset and progressive losses who are lost to newborn screening have another opportunity to be identified.

>> TERRY FOUST: Part C then, as you can see on this slide, Part C early intervention programs, they're also required to incorporate sensory screening as part of the evaluation process of children in that program. But despite the requirements of Head Start in Part C, there's still inconsistent hearing screening and evaluation practices. It is evidence that children in Part C, for example, and children enrolled in speech and language delay, they don't necessarily receive a hearing evaluation. And if they do, it's not with what we would consider an evidence-based method.

And this inconsistency in hearing practices is partly because the requirements do not specify a particular screening method. And partly because of a lack of appropriate training, and it can also be due to staff turnover where training has been provided once but where it needed to be repeated for new staff, that didn't happen. So there's a variety of reasons.

>> WILLIAM EISERMAN: That's right, Terry. So, those are two programs that already exist. Part C and Head Start programs that are in every state that represent a huge opportunity to ensure that the expertise and resources that have been developed around the implementation of EHDI are also reflected in the hearing screening and follow-up practices for children beyond the newborn period. These are all a part of the rationale behind the ECHO initiative, which I've said provides training and technical assistance along with the broader array of resources designed to support planning for the evidence-based hearing screening, training for hearing screening, and developing and sustaining actual hearing screening practices.

Our primary resources initially focus on OAE screening, but we now also have a parallel set of resources for pure tone screening for programs working with older children where pure tone hearing screening method is being used. So let me give you just a quick look at our website so you know where to head, to look for the resource that is we're talking about. This is [kidshearing.org](http://kidshearing.org) landing page. And once here, would you find some general information on these various clickable resources here.

And then I direct your attention over here under hearing screening program development, get started and implement, where you see two possible drop downs or clickable OAE or pure tone. So we're going to click on OAE and take a look at what's there. Here, you'll find a set of video tutorials, practice exercises, a way to get a certificate for completing these exercises. And this is a part of a four part instructional process for developing OAE screening practices.

On the right side, you'll see implementation tools, which is really all of the nuts and bolts that people need to put together a screening program. It includes how to find an audiologist, tools for trainers, protocols, documentation forms, letters, referral letters, tracking tools, really, everything that people have developed over time to implement their screening program.

Our learning process follows a four-step process, grouping them by topic. The first four modules are followed by a practice exercise of getting acquainted with the resources followed by the next set of modules and onward until full completion. We have a variety of ways people go about this. We offer web classes. We do live trainings. And we work with a number of people in states who have been trained to use these resources to turn around and provide live assistance, whether that's in the planning phases, whether it's just getting people prepared for online training, or to train them directly in a hands-on hands way. There are variety of valuable ways that you could get involved in supporting periodic screening in your state and local communities.

This is our flow of how we like to think about this. One of your roles could be just to be an outreach awareness provider to make people aware of the importance of ongoing screening. Another role you could play would be to assist programs in planning for implementing OAE screening and getting ready to receive training like that that we provide in our web-based format. Another role that you could play would be to learn to actually provide the training or support the training that we provide by going and doing some live screenings with those that are attending our web classes. And/or you could be involved with follow-up technical assistance. Be a referral source to programs who are underway and helping them identify the resources that the children and families need that are identified in their respective states.

One of the people that we have been working with, there have been many, but one of them is Sonia Samaniego from Arizona. And we've asked Sonia to come on today and talk about her experience playing these various roles in her state as a part of their commitment to expand the reach of EHDI to incorporate the identification of children subsequent to the newborn period. So, I would like to turn it over now to Sonia.

>> SONIA SAMANIEGO: Good afternoon, everyone. Can you hear me?

>> WILLIAM EISERMAN: Yes.

>> SONIA SAMANIEGO: Thank you, all, for inviting me to join today. I'm trial excited to share some information on how our seat is currently working towards improving the process for providing hearing screening for children within the State of Arizona.

Right now, as we'll continue to do, discuss the effect of EHDI. I want to focus on developing the strong foundation amongst our community partner to sustain the program that's currently evolving. It's exciting to see all the changes that are happening right now in this, and this really started with the support of both Will and Terry.

And, so, I just want to go over some information, overview of our sensory program and what it looks like in our state right now. Okay, so I just provided some information here on the office for children with special healthcare needs. Our program provides ongoing guidance and support to statewide community partners in order to sustain a program that could provide ongoing hearing screening for children within our state.

Our community partners and program within our state consists of newborn hearing screening programs, EHDI program and ongoing collaboration with the Arizona chapter of Academy of Pediatrics. Part C programs that we have here that includes some early intervention, early childhood programs. To be able to increase the level of training and home visitation programs to provide screening for children who are enrolled in Part C services and then our sensory program also provides statutory guidance and support for hearing screening programs. And, so, that's been a huge task for us for this past year-and-a-half working on getting those hearing screening rules in place and getting those finalized. So we're nearing the final stages of that.

So our sensory program consists of certification process that's required for all individuals who administer hearing screening to children within the State of Arizona. We also provide sensory training to hearing screeners and trainers. We have some ongoing web-based professional development opportunities that are available for screeners and trainers as well. And then always attempting to make sure we are available to provide on-site technical assistance to our screeners, our newborn screening programs, midwives, and different birthing centers.

Our sensory program also provides a loaner equipment program which is a key component to make sure we provide the screeners with tools to be successful screeners. We know there's a lot of agencies who don't have the funding to have the equipment. And, so, the equipment is available statewide. We have designated satellite locations. Certification is required to participate in the equipment loaner program. And we do have pure tone and otometer. And we have expertise who will check

out the equipment because they're going to screen at another school and that school may not have the equipment so, we have that available to them.

So it's become a really great resource and tool for those who are providing screening within our state. Okay. So I just also want to share a little bit about our current screening program. Arizona services are unique in that we're able to provide screening from birth to adulthood. Our services currently right now are broken down into 3 general categories that include other statewide partners as well. The newborn hearing screening includes pediatric clinics, some out of hospital births location such as midwives centers, birthing centers so, what we do for them is we provide equipment to them.

They are providing screening to any child who is born within their center and their facility. We provide some training for them. On-site training, they also utilize online training that ECHO initiative provides through NCHAM for the newborn hearing screening. So that's been a great tool for each of our midwives and birthing centers to be able to go through that first, and go through those modules, and then we come on-site and provide some additional training and support for them.

We also provide equipment to them at no cost so long as they can screen for our community. So that's a big plus for us as well. And then also providing some hospital screening programs support, reaching out and making sure they have the information that they need, working with our sister department and units for the newborn hearing screening and providing the information and the materials that they need to be able to handout to families and to make sure that the screeners are prepared to be able to give the information out to families.

We also work closely with some of the mobile units here in our state for some of our hospitals that are for families in transition. Helping them make sure that their screeners are certified, and that they have got the proper training and they're receiving the ongoing technical assistance they need to be able to be successful in screening the children in those underserved populations.

And then when we look at our Part C programs that includes intervention, and early intervention program and Early Head Start programs and other interventions programs. And we have birthing first program and lots of other programs where we're looking at different levels of visitors, and ensuring that we are providing training and ongoing support for each and every

one of them. So it's been a big task, but I'll tell you it's been very, very exciting to see and to hear all of the feedback that we are receiving. It's just been very, very positive. Everyone seems to be very supportive of the direction that we're heading.

When I talk about our educational programs, that includes our preschool programs, our Head Start programs, as I've mentioned, we're a very unique state, so we've got lots of different Head Start programs that include for migrant family, urban population as well as, our rural. And sometimes it can be a challenge reaching all these different communities. And, so, we are reaching out to our partners to be able to help us deal with this foundation before we can actually get out there and screen these kids.

And then also our educational programs do include all public, private, charter, and alternative schools. As I've mentioned earlier, because we have the ability to screen from birth on to adulthood, we do have some of those programs as well.

So I just like to say the ECHO initiative has been a really great support for our state. I have been in this position now for two years. And one of the things that I just, you know, I was very familiar with NCHAM in my years, providing early intervention services, and, so, having that connection with Will was really exciting to be able to reach out to them to help us and support us in our efforts and what we're trying to do. Because we really have been able to use the online resources in order to serve the number of families that we are trying to cover within our state.

So I just want to [Dog barking in the background] So few things for our state.

>> WILLIAM EISERMAN: It's okay. Don't worry. There's many of us work from home, and occasionally, have those cut disturbances. So if you need to settle your little guy down, it's okay. Don't worry about it.

>> SONIA SAMANIEGO: I apologize for that. I had an unexpected UPS delivery.

>> WILLIAM EISERMAN: It's okay. It's all fine. It's partly receive life.

>> SONIA SAMANIEGO: So some things I wanted to highlight is our collaboration with the community partners. As I've said,

it continues to evolve, Arizona has been providing hearing screening in number of ways within our state. And it's been serving children with different capacity for children of special capacity needs under the general program of bureau health. And the revision of the hearing screening rule has taken us to a different level of actually understanding what is happening and where our state has been. So it's been exciting to be able to be part that have process. Some highlights include attending the ECHO initiative which is train the trainer in March of 2018 this year. And, so, I was able to be present for that. That was very -- it was very helpful for us to understand as a state as we're taking on this task and this role of trying to provide uniformity throughout our state and looking at what other states are doing as well.

So the restructuring allowed to us provide a more uniformed approach to training within our state. All trainings that are included right now for our state include resources through the ECHO initiative for early childhood program. We use the online modules for newborn hearing screening. We use a video module for pure tone and screening method. And we have the technical support we use for equipment. And everything has allowed us to do the things we need to do to get this going off the ground. And the resources for the parents, the educators, the medical providers has been really, really helpful, because we don't have to create everything. It's already been there for us. So that's really helped us.

Training right now has been provided at this point, not including the remainder of this year, but it's been provided to over 65 different educational programs that include Head Start programs, early intervention programs, newborn hearing screening facilities, mobile units, and other educational programs. So at this time, I was really trying to get some numbers, and it was exciting to see some of these things. We have trained over 957 hearing screeners. 10 pediatric clinics and midwives. So these out of birth locations.

And really approximately over 15,000 families have been touched through our screening program. So it's really exciting to see what is happening and where we are headed to be able to look at what goals we are going to be setting for our state. And, so, as the program in Arizona begins to evolve, we try to maintain a high-quality outlook that includes maintaining a program with EHDI and partners and screeners and trainers and utilization of resource that are provided through NCHAM and ECHO initiative. As well as providing ongoing hearing screening for children within our state.

>> WILLIAM EISERMAN: Sonia, would you take a minute and talk about what it means by ECE partners?

>> SONIA SAMANIEGO: So, early childhood education program in our state, we have Head Start program, Early Head Start programs, we have first things first. We have a number of different home visiting programs. We've got health start. So there it is a quite a few that fall under the different programs such as McBee that are actually providing hearing screen in the home or daycare centers or other early childhood centers that don't necessarily have the training that's needed and/or the support. And, so, we are really trying to be the centers for them to be able to come to receive that support. And those additional services needed to be successful screener and to know what to do to follow-through with the children who may not pass a hearing screening and what are the next steps for those individuals who are working in the field who may identify a child who needs further assistance. What is the next route for them? How to get them to an audiologists and so forth.

>> WILLIAM EISERMAN: So let me just chime in for a second here. What I understand from what you're sharing is that there are all of these different programs and professional who get to interface with families with young children and me they may have slightly different agenda or population they serve. But they all represent an opportunity to touch base again with these families of young children to find out, A, did they have a newborn hearing screen, and if they didn't pass, to make sure that follow-up occurs.

Secondarily, if there's a window of opportunity for those people to facilitate either through referral or through the direct provision of a subsequent hearing screening, they can play a role in that. So, you're triangulating all these different players around the issue of ongoing identification of hearing related needs. Is that accurate?

>> SONIA SAMANIEGO: Yeah, that's exactly right, Will. That's what we're trying to do. And I think attending the training in March helped me as well to just kind of figure out what we were going to do, and how we can create that training that's structured to make sure we're closing the loop for all of these children who are being screened. We know that they are -- that we are a screening state, that we are and we will screen and we just want to make sure we continue to assist those screeners and improving the quality of the screening. And, ultimately, close the loop on getting those children reported and getting the early intervention.

>> WILLIAM EISERMAN: What some of you shared with us, as children continue to grow and develop, and do in fact participate in various kinds of community-based programs and they're seeing healthcare providers or daycare providers, there are two opportunities. One is that they may continue to have these developmental screening which is helpful. But there's also the possibility if they have something unusual about their development, that they could be misunderstood or misdiagnosed. And, so, that's why having a complete comprehensive understanding of all of the domains of a child's development on record is so valuable. Because as, you know, there's a lot of attention out there for identifying children who may be presenting with what might be a learning disability. Or being on the autism spectrum. Well, we want to make sure that that profile of that child is complete. And hearing is such an essential component to that. Because it can look like some of these other conditions. And people may not recognize that there is a missing component that being a hearing screening or evaluation.

>> SONIA SAMANIEGO: Yes. And that's absolutely correct. And I think that is a lot of what we stress, you know, and just trying to understand. As Terry mentioned, there's so many children as well that may be receiving services who never had a hearing screening. And that's exactly what we find in trying to help them, you know, understand the screening should be the first step for these children in order to help them be successful in their academics.

And, so, really just trying to look at where they're access and where the different programs are at, because there's a lot of different services that are currently being provided in different community programs and in every aspect of the state if trying to touch everyone involved in this process.

So, as I complete here, what's important is that I just want to demonstrate and show everyone, just kind of remembering that newborn hearing screening is not that, it's just a starting point for the journey we will take as providers, as we provide hearing screening for children, it's important for us to provide those ongoing periodic screening as we will mention for children know how to access the tools if resources we need to support families and children that are identified with hearing loss. And, so, it's just, you know, I can't tell you how ECHO and NCHAM has really been helpful in allowing us to do what we need to do within our state and to really structure it to be able to build a strong foundation. And, hopefully, be able to sustain this for years to come. So I hope this information has been

helpful providing you with a starting point in how you can start a screening in your state. And that's where we're at in Arizona.

>> WILLIAM EISERMAN: Thank you so much, Sonia. That's really helpful in giving people some of the vision of the different directions they may be able to go. Those coming from the perspective of working with the accomplished EHDI system in your state, you already have full plates. We understand that. And, so, thinking about how you may be able to extend your vision, your leadership throughout your state requires some very careful thinking about, well, who do I know that might be able to be part of this? And what different roles might we be able to consider playing? To circle back to what I over viewed a minute ago, one of the things you could consider doing is being part of the flag waving team of making sure that everybody is aware that even the best newborn hearing screening programs is not going to identify all children throughout the early childhood years, given what we know about late onset and progressive losses. And, so, helping people be aware of the statistics and the need, to have families continue to ask for ongoing periodic evaluations. To regular they're not getting that just automatically as a part of well child visits.

So that's one role. Another role may be working with individual programs like the variation various ones that Sonia mentioned, having them think about could you take on hearing screening and take a role to support follow-up on newborn screening and planning for that role. None of the work we do at ECHO initiative starts with training. We always start with planning and technical support. Thinking through what the role might be and getting ready for embrace that go role, which usually then follows training. So planning and finding out and helping them find their role, and then thinking about how to support them in accessing the training that reflects their priorities.

If they're wanting to learn how to support programs and participate in training that we provide on the web, that would be a role that outsiders could provide. Some people, like, Sonia go a step deeper. They learn how to deliver the training themselves and do it direct we will programs fast. And, so, there's a variety of options on how training can be delivered. And follow-up is supporting those that are underway and implementing evidence-based hearing screening practices so that the follow-up piece, which is the most important piece, occurs so that children are getting the diagnostic of services that they need. And then linked up with Part C if early intervention

options, with programs like FL3, the family language and literacy program, Hands & Voices. All of those great things that support children and families once they are identified as being hard-of-hearing or deaf.

So, we presented a lot. And what I'd like to do now is two things. The first is I want to ask you a question. And the question is, given what you heard, do you think you or a member of your staff or colleague that you know of might be interested in learning more about receiving support in a train the trainer sort of way? To be able to take on some of this role that Sonia has described, to be able to reach out more. Now, it doesn't have to be in an enormous way, but it might be in a new smaller way. And if you are, we invite you to type in your name, your program, and state affiliation here and that will help us circle back to you as we put together some future training opportunities around developing your ability to work throughout your state with some of these other programs. And making sure you have access to the resources that you need to do that. So, there's a poll question there for you to type in. Your name, email, program and state affiliation.

Now, while you think about entering that information, I'm also opening up the Q & A field over on the left here into which you can type whatever questions or comments you have about what we've been covering today. So we're kind of doing two things at once here. The give us your name information is in the main part of your screen. And the Q & A is over on the left there, if you would like to ask a question. And one of our questions here is, Sonia, do you train on your own? Or do you have other colleagues that you collaborate with around training?

>> SONIA SAMANIEGO: So we currently have trainers throughout the state and we provide ongoing training for any of the screeners statewide. So right now, with the revision of our rules, it is really allowed us to look at our current trainers, as well as looking at our curriculum that we provide for hearing screenings to be able to provide them with resources that they need to better serve the communities that they are training in. As I've mentioned, we're statewide, so some of our areas utilize Spanish materials that is provided to us through the ECHO initiative as well. So being able to have that available to them, because the screeners are going out to homes and to different programs where they are utilizing the Spanish materials to parents or providers or different community partners. So that's been a huge resource for us. But we're really looking at expanding our trainers, our capacity to provide trainers with more throughout the state.

>> WILLIAM EISERMAN: Thank you. So one of our first questions here is about, can you tell us about other states that's been implementing the ECHO initiative? The ECHO initiative has been functioning for almost 20 years. It started off as a pilot project if then as a Head Start innovation project. But across all of these different projects which is now known as the ECHO initiative, we have work with Early Head Start and Head Start programs in every state. And we have done training with hundreds and hundreds of Early Head Start programs sometimes indirect collaboration with EHDI programs, sometimes directly with those programs.

It's been a very different way, depending on each program and state and it's changed over time. One of the things that is good to know is even though we have been in every state, with maybe one or two exceptions, there's a phenomenon related to staff turnover that continues to fuel our ongoing needs to continue to train. So there are, we are often going back and training additional staff member at a program that may already be established. Whereas, sometimes we're in programs that have never adopted evidence-based hearing screening practices. Our biggest thrust has been with Early Head Start. And some with Head Start.

There are some states like the state of Kentucky, for example, and Tennessee, that have had a very strong thrust towards Part C programs as well as Early Head Start programs. So if you want to know more about who we've worked with in your respective states, we invite you to get in touch with us directly. And we can talk about what we know about the history of our engagement in your particular state and some of the players that have been involved.

So, don't hesitate to reach out to us if you like to know more about your state.

The next question we have is what is the commitment level? And I'm so glad you asked that question, because it's an obvious one. And the answer to that question is kind of reflected in that image that I showed a minute ago. I'll try to get it back up here. It's really a question of what you're able to do. There is no small invaluable activity when it comes to promoting the identification of children who are hard-of-hearing or deaf that have not yet been identified. Anything that you can do on this continuum of outreach, helping programs plan, providing training, or helping them access training or providing follow-up is a contribution.

So there's some people within EHDI systems, for example, that focus on just spreading the word, sending out some emails to let people know about different learning opportunities and resources available on our website. So it's a fairly minimal engagement. Others who involved get more deeply engaged with programs as I've mentioned around, well, let me help you plan. Let me help you think about what needs to be in place in order to actually take on training and implementing a quality evidence-based hearing screening program.

Or a step further, let me not only help you plan, but let me help you with that training. And, so, that is a continuum of intensity of engagement. And if you're interested in finding a role for yourself at some level, that's what we cover in our training of trainers. It's finding what is suitable for you. And as a part of that, it's also finding what matches your interest, your skills, and frankly what you like to do. Because if you don't like what you're doing, that's not good. So we're trying to find roles for everybody, and there's more than enough to go around to help identify these children.

Now, we've had the opportunity at the ECHO initiative if through NCHAM across the years to meet people who are hard-of-hearing or deaf, and across all different age groups. And you know, those individuals who have experienced a later identification or a mis-identification, really had in some cases very tough experiences. Being provided with inappropriate support, being misdiagnosed or mislabeled, and those are the kinds of stories we want to make sure don't happen anymore by making sure that there are ongoing opportunities for families to have their children evaluated across the lifespan whenever is needed. And that's what this thrust is all about. Here comes another question. Does the kindergarten readiness test involve a hearing screening for those children who do not participate in Head Start?

Terry, can you address that question? I don't know the answer to that question. Uh-oh. Terry, are you there?

>> TERRY FOUST: Sorry. I was muted. So it does not include an objective hearing screening, so we want to ensure we're able to access that for every child.

>> WILLIAM EISERMAN: Yeah, we know we provided a lot of information today. One of the dilemma that we face as we think about ongoing periodic screening is that there really isn't a singular program until children enter school that incorporates an objective hearing evaluation or evidence-based hearing

evaluation, or hearing screening. So families who are conscientious about that really have to do some looking. It may be available from their healthcare provider, but it may not. So growing those opportunities within our communities is essential. In some places, the only way that can be achieved by having a concern and taking it either to a Part C or Part B child find program or making an individual appointment with an audiologist. But I hope that one of the things you're hearing as we describe this is that that's all relying on a parent having a concern. And we really would like to be able to identify children before a concern starts to surface about a child that might be pointing at a possible hearing loss. We want to identify these children before they start to have unusual behaviors or have delays in communication.

And, so, using connections with some of these other programs that may be able to incorporate quality hearing screening into their constellation of services they provide. So that's our collaboration with Head Start. Head Start has had an existing commitment to quality hearing screening from the very beginning. Now, their requirement that every child be screened preceded. It came before the availability of a good quality way to do that. But now we have that in the form of OAE screening that they can use and they are. And as a result of that, we're seeing those children that doubling effect start to be manifested as a result of their commitment to training and implementing quality hearing evaluation.

It doesn't have to only be in Head Start though. It can be in some other programs that Sonia is working with or others that you work with your state and local communities. Let's see. Any other questions? Once again, there is a poll question on your screen if you would like to learn more about upcoming train the trainer opportunity of give us your name, email, program, and state affiliation and we'll be sure to get in touch with you when we have those ongoing opportunities.

Last year, we did a training here in Boulder, Colorado with people from about 12 to 15 different states, who are oriented in their state for outreach of in their perspective state. So perhaps someone you know might be interested in an opportunity like that in the near future.

Today's webinar has been recorded and will be valuable on [infanthearing.org](http://infanthearing.org) within the next couple of days. We had a question about whether our PowerPoint will be available. We'll send out some notes to those who registered with the information about today's webinar. So we'll be happy to send those out to

you. If you need anything more specific, feel free to let me know and we'll be happy to provide you with that.

As a technical resource center, that is focused on supporting periodic screening, we are here to support you wherever you or people you work with are in the process of being a champion for the early identification of children who are hard-of-hearing or deaf. So don't hesitate to get through us which is [kidshearing.org](http://kidshearing.org). And I put that website over on the left there. It's a subsection of the [infant hearing.org](http://infanthearing.org) website at NCHAM.

Let's see. I think we just had one more question surface. And then we'll be wrapping it up. This question is, who are the hearing screeners? In California credential school nurses are required to screen for Special Ed. However, I'm hearing teachers are screening in Head Start programs. We are interested in possibly implementing. Okay.

So one of the things you always want to check out is whether your state has any regulations about who can provide hearing screenings. We know one or two states that have such regulations, but most do not. In our experience with Head Start and Part C programs, we are training people who are in the daily lives of children in the form of teachers, home visitors, nurses, daycare providers. We provide them with the training. In fact, the most useful skill set for an OAE screener is somebody who is really good at working with children.

And we can teach them how to do the OAE screening procedure. It's much more difficult to teach somebody how to be good with children. So, it's that group. And we've been so impressed with our Early Head Start, Head Start home visitors and teachers who are learning to do these screening. We've also work with home visiting programs through parents as teachers and others as well. So we're at the top of the hour. We want to thank you for your participation in today's webinar. Sonia and Terry, thank you very much for sharing your information with us today. Know that, again, today's webinar has been recorded and will be on [infanthearing.org](http://infanthearing.org). If you want to view it again or share it with others who weren't able to participate live.

And thank you to our captioner today for your services that allows us to make sure that, as many people as possible have access to the resources and information that we add NCHAM are here to provide. Thank you, everybody. We hope to hear from you if there's anything we can do to support you further.

>> SONIA SAMANIEGO: Thank you, Will.

>> WILLIAM EISERMAN: As we wrap-up here, there is a screen that we like you to click on here to give us evaluation feedback on today's webinar. Just put your cursor over where it says "Please click here." And it will take you to a very short evaluation of today's webinar. Thank you!