

Oregon EHDI Newsletter

Summer 2013



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Meet Our New EHDI Team Members!

Oregon EHDI is thrilled to welcome three new people to our hard-working team.

Dr. Shelby Atwill is our new part-time staff audiologist. Shelby recently graduated from the University of Washington in Seattle with a Doctorate of Audiology (AuD). While there, she completed a LEND Pediatric Audiology Traineeship, which required additional pediatric clinical experiences, multidisciplinary leadership training in maternal and child health, direct mentoring from families, and counseling practicum. Shelby also held a part-time job as a newborn hearing screener, and used her education and clinical experiences to drive improvements for the program in which she worked. Shelby minored in public health when she received her BS from Portland State University. She completed a pediatric audiology externship at an oral deaf school in St. Louis, MO, and was raised with a culturally Deaf-positive outlook. E-mail Shelby at shelby.n.atwill@state.or.us.

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Chris Billington has rotated into The Maternal and Child Health Section and will be serving as Claudia Bingham’s deputy for the next five months. She will be doing a variety of projects for MCH including projects specific to EHDI. Projects include guiding EHDI staff in developing process protocols and improvements. She has served as an Operations and Finance Manager for another section of public health and managed Metro’s political office for 13 years. She has a master’s degree in Counseling and has a career and life coaching business, “Live with Intention”. E-mail Chris at christina.billington@state.or.us.

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Fred King is a Lead Research Analyst with Maternal and Child Health. He has taken on the EHDI tasks previously done by Kristen Becker. Fred has worked as a data analyst with the State of Oregon Addictions and Mental Health Section, Metro Regional Services and Northwest Regional Education Laboratory (now Education Northwest). He received a master’s degree in program evaluation from Cornell University and a doctorate in Education from Portland State. Before moving to Oregon, Fred worked as Director of Recreation Mainstreaming Services in Ithaca, New York where he also worked as an interpreter-aide for a self-contained classroom for deaf children. E-mail Fred at fredrick.w.king@state.or.us.

Infant and Toddler Hearing Screenings

Hearing screening is noninvasive and takes about ten to twenty minutes. Babies who are born in hospitals usually get their hearing screened before they are discharged. Infants who refer on the newborn screening should be re-screened. Children born outside of hospitals often don't get their hearing screened unless their parents take them somewhere to get it done. The cost is between \$100 to \$200, maybe beyond the reach of the uninsured, which is why these screening clinics are so important.

THE FACTS:

1. Hearing loss is hard to identify without testing - it can be subtle, yet serious.
2. Three out of every 1,000 babies born will have some degree of hearing loss. Another three in every 1,000 will acquire a hearing loss before age 5.
3. Hearing loss may result in delays in speech and language development.
4. Early identification and intervention enhances your child's potential for speech and language development.



HEARING SCREENING DATES AND LOCATIONS AT ALMA MIDWIFERY

You **must** make an appointment for a screening. To make an appointment, call 503-233-3001. Alma is requesting a \$15-20 free-will donation. If none of the dates listed below work for you, call anyway as there are always future clinics being planned.

Alma Midwifery Education & Movement Space

Unless otherwise noted, use entrance at:
1233 SE Stark
Portland, OR 97214

Appointments are available 11:00 a.m. - 3:00 p.m. on the following screening dates:

Friday, August 30

Friday, September 27

Wednesday, October 2 - use entrance at 433 SE 13th

Friday, October 25

Friday, November 22

Wednesday, December 4 - use entrance at 433 SE 13th



But wait, there's more! There are hearing screenings being offered at other locations around the State, some with a cost, some free. For more information, e-mail Oregon.EHDI@state.or.us.

Oregon Department of Education Announces

Restoration of Audiology Services for Young Children for 2013-14

Reductions in funding, increasing caseloads, new regulations...all have contributed to changes in Oregon's Regional Program, the Oregon Department of Education's (ODE's) program that provides specialized services to students with low incidence disabilities, including deaf/hard of hearing, autism, visual impairment and others.

Working in partnership with the Columbia Regional, Willamette ESD, and Northwest Regional ESD Regional Programs, ODE's Early Intervention and Early Childhood Special Education (EI/ECSE) program has found funding to temporarily restore certain audiological services cut from the three Regional Programs on July 1, 2013. Specifically, the restored services target children birth to age five with suspected hearing losses.

Targeted at the Portland Metro and Willamette Valley areas, the program will emphasize rapid identification, assessment, and amplification (if the parent chooses) for children who have been referred to EI/ECSE for suspected hearing loss. In addition, parents can expect training on how to maintain their child's hearing aids and earmolds using community resources.

Funding for this program is effective immediately and for the upcoming year only (July 2013 through June 2014) and is available for children birth to kindergarten who have been referred to EI/ECSE for a suspected hearing loss. The Regional Programs will provide data on the services to ODE during the year, which will be reviewed with an eye toward evaluating potential service options for the following year.

Restored audiological services provided by the three Regional Programs will include:

- Evaluations of children referred to EI/ECSE with suspected hearing loss (two failed hearing screenings);
- Regional Deaf/Hard of Hearing Program staff participation in EI/ECSE hearing impaired eligibility determinations;
- Earmold and hearing aid fitting and availability of loaner aids;
- Options for parents to purchase their child's hearing aid(s) through their Regional Program at cost, or assistance with locating a community hearing aid dispenser;
- Medicaid and/or private insurance billing for hearing aids for families who are eligible and consent;
- Training and support for parents in maintaining their child's hearing aid(s) through the use of community hearing resources.
- Support services to address the impact of each child's hearing loss on his or her education as described in the child's Individual Family Service Plan (IFSP).

Please feel free to contact [your local Regional Program](#) or e-mail ODE's Ginna Oliver at ginna.oliver@state.or.us if you need more information.

EHDI Advisory Committee Discusses Temporary Restoration of Audiology Services to Regional Programs

On July 18, the EHDI Advisory Committee met with Regional Program representatives from Columbia Regional, Northwest Regional and Willamette ESD to discuss ODE's Audiology Services Restoration Plan for 2013-14 (see previous article for details). Meeting attendees also discussed strategies to sustain the restored audiology services beyond the one-year funding provided by the Oregon Department of Education. In addition, suggestions were offered to improve communication among all parties involved and, in particular, to streamline the process for parents trying to acquire and maintain hearing aids for their children diagnosed with hearing loss.

Key suggestions included the following:

- Regional Programs should consider composing a “road map” for parents detailing the steps to acquire and maintain hearing aids for the 0-5 age group.
- A workgroup should be convened to facilitate better communication, parent education, and the search for new funding to sustain the restored audiology services beyond June 30, 2014. Audiologist Evonne Serpa agreed to take the lead in convening the workgroup. Attendees suggested that representatives from each of these sub-groups be invited to attend workgroup meetings: audiologists, Early Intervention/Regional Program staff, Ear, Nose, and Throat Specialists, speech-language pathologists, pediatricians, hearing aid dispensers, Oregon Speech and Hearing Association, and the Hearing Loss Association of Oregon.

For more information about the Regional Services Workgroup, e-mail Julie Hass at julie.a.hass@state.or.us.

Look What We Won at the 2013 EHDI Conference!



When Oregon EHDI staff attended the National EHDI conference this April in Glendale, Arizona, we were in for a delightful surprise!

Each year, the EHDI meeting sponsors - The American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and the National Center for Hearing Assessment and Management (NCHAM) - evaluate EHDI websites across the country for helpful content and ease of use. Oregon's website won!

Kudos go to all who help monitor, update, and maintain our site, with particular thanks going to Web Publishing Design Specialist Britt Parrott. If you want to see what all the fuss is about, check out the [Oregon EHDI website](#).

TeleHealth Technology Arrives in Oregon

TeleHealth, as the Health Resources and Services Administration (HRSA) defines it, is “*the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.*” It will likely come as no surprise to our readers that the use of TeleHealth is booming across America. In Oregon, Early Interventionists and Audiologists are exploring using it to provide training and services to families and providers of children with suspected or confirmed hearing loss. Below are just two examples of how Oregon is putting TeleHealth to work for our children.

Tele-Intervention Pilot Takes Off Soaring

by Becky Larsen, with thanks to Ginna Oliver and Eleni Boston

I first became acquainted with Tele-Intervention (TI) through my training in Pediatric Audiology at Utah State University (USU), which also serves as the home of the National Center for Hearing Assessment and Management (NCHAM). I was trained with Marge Edwards, a Speech Language Pathologist/Early Interventionist at USU. Marge would later assist Oregon in familiarizing itself with TI. I was so impressed with the potential of TI that I wanted to incorporate it into my practice as an audiologist.

TI not only provides a way to serve families at far distances, but it also promotes a true parent-coaching model of intervention. As an audiologist, I feel it is not enough to provide hearing technology for children with hearing loss, but that there must also be a plan for follow-up and therapy to develop competent speech and language skills.

TI began in Oregon with a meeting in December 2012 hosted by Oregon Hands & Voices. Stakeholders in Early Intervention (EI) for Oregon children with hearing loss were invited to discuss ways to improve EI services and encourage more collaboration between professionals and families. Invitees included parents and staff from the Oregon Department of Education (ODE), Oregon EHDI, Oregon School for the Deaf, Tucker Maxon, EI/Educational Service Districts and audiologists. I was invited as an Oregon Hands & Voices Board Member and Audiologist.

Attendees were also concerned about the lack of services available to Oregon families. Budget concerns meant many families received limited in-home visits or none at all. TI was proposed as a possible solution to increase the frequency of home visits and provide more access to rural families. This led to the formation of the TI pilot project committee, including myself, Ginna Oliver with ODE and Eleni Boston with Willamette ESD. We wanted to establish a TI pilot, choose a technology, and work through the technical bugs with one ESD and a few families, before expanding it to multiple ESDs with Willamette ESD serving as the TI model and trainer. ODE agreed to fund the pilot training.

To meet our goals, we needed training from the pioneers in TI. Through my association with these experts, I was able to connect with Marge Edwards with Sound Beginnings at USU, Diane Behl with NCHAM, and Kim Hamren with Listen and Talk in Seattle, and they agreed to provide the TI training on June 14 at Willamette ESD. Diane and Marge were on-site while Kim joined in via video (FaceTime actually). The training was fantastic and provided Eleni’s group with the necessary tools to launch the pilot program. Key topics covered included:

- Real-life Challenges of Providing Services via TI
- Aspects of Providing Family-Centered TI
- Getting Families and Providers On-Board
- TI Technology: Equipment, Connectivity & Troubleshooting
- TI Interdisciplinary Collaboration
- Privacy, Security, and Reimbursement Issues

Oregon’s pilot TI program will also be participating in a multi-site study through NCHAM, which will compare language development outcomes between children receiving virtual home visits and children receiving traditional home visits: what a bonus to participate in a national study! If you would like more information about Tele-Intervention, click this link: <http://www.infantheating.org/ti-guide/index.html>.

TeleHealth Diagnostic Training Shrinks Miles for Bend Audiologist

by Emilie Hart-Hutter, Audiologist, Central Oregon ENT

I was lucky enough to have the insight of Audiologist Heather Durham, MS, when I first partnered with Oregon Early Hearing Detection and Intervention (EHDI) to provide diagnostic audiology tests for infants in central Oregon. Heather was able to sit with me and guide me through my first handful of non-sedated Auditory Brainstem Response tests at Central ENT. Heather helped me identify peaks and find thresholds, while following EHDI procedure. The most amazing thing about this partnership was that Heather was 300 miles away from me in Portland. However, because of Skype technology, it was as if she was sitting right next to me. I am now looking forward to using this telemedicine partnership again as we train our new audiologist in the EHDI protocol.

Inventor of Cochlear Implant Dies at 89

Dr. William F. House, inventor of the cochlear implant, died December 7, 2012 in his home in Aurora, Oregon. Since his passing, many thoughtful articles have been written about Dr. House's life and accomplishments, including this one from the [New York Times](#).



The cochlear implant is an electronic device, surgically implanted, that provides hearing sensations to severely or profoundly deaf people by stimulating nerves inside the inner ear. It should be noted that there are other communications options available to families of children with hearing loss, including the use of sign language.

Pam Fortier is a retired teacher of the deaf and a member of Oregon EHDI's Advisory Committee, and she knew Dr. House. She remembers him this way:

I had the honor of knowing Dr. House. As a teacher of the deaf at Tucker-Maxon, in 1984, I worked with the first child with a cochlear implant in Oregon. Tucker-Maxon became the first implant center in the northwest and quickly had many children wearing Dr. House's single channel implant.

Dr. House visited fairly often, especially because his son and family lived in the Portland area. A very special memory I have is walking down the hall at school with him, thanking him for what he had done for this four year old child. The implant had transformed a shy, sad child into a happy one, learning and speaking. Dr. House stopped walking, looked at me and the tears ran down his cheeks. He said "No one ever tells me thank you."

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Center for Disease Control and Prevention (CDC) Partners Visit Oregon EHDI

On July 29-30, the Oregon EHDI team was pleased to receive a visit from John Eichwald, the CDC EHDI Program Lead, Marcus Gaffney, Oregon's Project Officer, and their Evaluation Fellow. It had been a number of years since their last visit, and given the federal budget climate and restrictions on travel, Oregon felt lucky to have the opportunity to host our leadership team from CDC. The visit and discussions were very supportive and useful. Topics included a review of our program, work plan, cooperative agreement, overview of our information system, Oregon's participation in the CDA Pilot Project, our partnerships and collaborations, and our successes and challenges.

It was gratifying to report that we had more successes than challenges, thanks in large part to the smoothly running partnerships we have with those at the Oregon Department of Education, Oregon Health & Science University, Tucker-Maxon School and the Oregon School for the Deaf, just to name a few. In addition, EHDI staff demonstrated our web-based reporting system for audiologists, the EHDI IS, for our CDC leadership. Their reaction to the system's many capabilities was quite positive.

It was bittersweet to hear that our challenges are shared by many other states too, and include long-standing issues such as reducing loss to follow-up (LFU), especially diagnostic LFU. Our CDC Partners will summarize their site visit findings and recommendations in a report they will send to Oregon EHDI in about a month. All in all, it was an exciting chance to meet our CDC leadership face-to-face and celebrate the successes of our program.

Calling All Audiologists Who Test Children Age 0-4!

Go to www.ehdipals.org to Enter Your Facility Info in EHDI-PALS

EHDI-PALS, or Early Hearing Detection & Intervention - Pediatric Audiology Links to Services, is a new, national web-based link to information, resources, and services for parents and providers caring for children with hearing loss. As the EHDI-PALS website explains, "At the heart of EHDI-PALS is a national web-based directory of facilities that offer pediatric audiology services to young children who are younger than five years of age."

To have your facility listed in EHDI-PALS, click on the link above to arrive at the home page. Then, click on the box labeled "List or Update Your Facility".

Contact Oregon EHDI

EHDI Program questions: 1-888-917-HEAR (4327)

EHDI Website: Type healthoregon.org/ehdi in your browser's address bar.

Submit newsletter contributions to julie.a.hass@state.or.us

The EHDI newsletter is published periodically by the Oregon Early Hearing Detection and Intervention (EHDI) program to provide information and resources to a wide audience, including parents, hospital staff, screening and diagnostic facilities, midwives, and EI service providers at the county and regional program levels.

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. Call EHDI at 1-888-917-HEAR (4327) to arrange for the alternative format that will work best for you.