Iowa EHDI News

EHDI
Iowa's Early Hearing Detection & Intervention System

Your **Sound Source** for Early Hearing Detection & Intervention Information — Winter 2009

What's inside...

E H D I

We Need Your Help!

The Early Hearing Detection and Intervention Program (EHDI) program would like our readers to participate in a survey about the program's newsletter, Iowa *EHDI* News. As you know, the newsletter is currently published quarterly. The purpose of the newsletter is to communicate with parents and professionals about newborn hearing screening and follow up in Iowa. The newsletter provides information about resources and family support available in Iowa, national research, communication options, best practices recognized nationally and in our state, as well as share family stories and technical assistance with our partners.

We want to ensure we are meeting the needs of our readers! You can help us do this by answering a few questions that will help guide our decision-making and content of the newsletter. Thank you for helping us help you!

The following link will take you directly to the survey: https://www.surveymonkey.com/s/K2XK6XB.

Upcoming Advisory Meeting

The next meeting of the Iowa Early Hearing Detection and Intervention Committee is:

January 7, 2010

9 a.m. - 12 p.m., Location: ICN

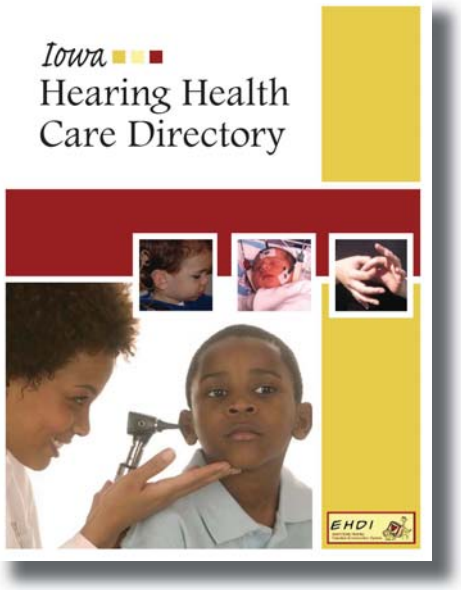
Contact EHDI Coordinator for more information.

January 2010

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Past meeting agendas, minutes and a list of committee members are available online! Visit www.idph.state.ia.us/iaehdi.

Iowa Hearing Health Care Directory Available Online



Iowa's Hearing Health Care Directory is now available online at www.idph.state.ia.us/iaehdi/default.asp. Click on the 'Parents' or 'Professionals' page and you will find the link to the directory. The directory was modeled after the *New Jersey EHDI Pediatric Hearing Health Care Directory*. The directory is intended to serve as a resource for both parents and professionals in locating a variety of pediatric audiology and hearing aid dispensing providers throughout Iowa.

Audiologists, hearing aid dispensers, and ear, nose, and throat doctors were invited to be listed in this directory. All providers who responded and provide pediatric hearing health care services to children have been included in this directory. If you do not find a particular provider, they may not have completed the survey to be included in this directory. The information listed was provided by each provider themselves. A listing in the directory does not imply the endorsement of the providers who were included in the directory by the Iowa EHDI program. In addition, the EHDI program is not responsible for the information listed since it was provided by each facility. Medical insurance, providers and types of services are always changing. Please verify the provider meets your needs prior to scheduling appointments.

The directory will be updated annually. Pediatric hearing health care providers who wish to be included in a later publishing may contact the Iowa EHDI Coordinator at (800) 383-3826.

Did you know?

Advanced Bionics' Listening Room is a Web resource full of free (re)habilitation activities and ideas to support the development of listening and language skills in children, adolescents and adults. There is information on language development for parents of infants and toddlers, weekly activities for preschoolers and school-aged children, as well as listening activities for teens and adults. There are also monthly murals, monthly articles for parents in "Loud and Clear," Talk Abouts (activities for families to develop language and listening), circle time music, and more. Materials are also being developed in Spanish.

For more information, go to www.hearingjourney.com and click on 'Listening Room.' Therapy guideposts with Webinars for parents, educators, clinicians and cochlear implant recipients are also listed.

A Personal Observation: On Giving Different Options

Written by Bob Vizzini, ASL Instructor, Kirkwood Community College

Being one of the several deaf advisors of Iowa EHDI, I know there is effort to help parents in different respects. This helps give more options for different infants, parental preferences or commitments, and in each doctor's viewpoints. This is because there is no one answer for every infant.

It is too common for parents to dread being told "the bad news" (depending on one's perspective) than to seek out a cure or some kind of solution. While technology changes, there appears to always be the deaf or hard of hearing people among us. Almost every parent would pursue avenues to improve the infant's hearing. There are different proven suggestions, but not all work for every infant (NICDH, AGBell & NAD).

The goal of EHDI is to detect infant's hearing capability and inform parents what options they have.

In my personal experience, audiologists gave two opposing opinions to my parents. My parents fell for the no-sign and intense speech and hearing training. It works for some, but eight years later a different audiologist told my parents I could abandon the advice, which brought joy and "freedom" to me.

Some deaf people are bitter about this childhood experience, saying they were sheltered by well-meaning parents. I am proud to be called a deaf person and have more opportunities using ASL and being in the deaf community. I had great deaf role models late in my childhood. I would like to brighten a deaf infant or child's eyes by meeting them!

Each parent should take their time to get second or third options or apply several to give the most they can to their infant. Keep on exploring and giving your infant the best options fitting to them. You might find it safer to use both sign language and speech-hearing options starting during the child's infancy.

Sources:
www.nidcd.nih.gov/health/hearing/commopt.asp
www.agbell.org/desktopdefault.aspx?P=Communication_Options;
www.nad.org/issues/early-intervention

Outcomes of Children with Hearing Loss Study Opportunity

Thanks to newborn hearing screening, hearing loss can now be identified very early in life. Early detection can prevent or reduce delays in children's speech and language development. However, more research is needed to determine if this goal is being achieved for the majority of infants who are hard-of-hearing. In addition, some cases of hearing loss, especially mild hearing loss, go undetected, even with newborn hearing screening. Research is needed to better understand the unique needs of these children. Few studies have explored the needs of children who have mild-to-severe degrees of hearing loss or unilateral hearing loss. The National Institute on Deafness and Other Communication Disorders (NIDCD) recognized the need to fill this gap so that interventions for these children can be strengthened. With new funding from this agency, researchers at the University of Iowa, Kansas, North Carolina and Boys Town National Research Hospital in Omaha are working together to understand the successes and needs of children with mild-to-severe hearing loss and their families.

The group is looking for children and families to participate in this research. They seek children with confirmed mild-to-severe hearing loss, ages six months to six years. Children with unilateral losses in the mild to profound range are also encouraged to participate. Once enrolled in the study, the children will be tested at least once a year for three consecutive years. Parents will be interviewed and teachers will be asked to complete surveys between the testing visits. All the testers will strive to making the testing fun for participants. Testing will be held in the child's community as much as possible. Anyone wanting more information about this study can contact Marlea O'Brien at marlea-obrien@uiowa.edu or (800) 551-5601.

Infant Hearing Screening Equipment Loaner Program

Are you having problems with your hearing screening equipment? The Iowa EHDI program has a limited number of loaner screening OAE units available for hospitals to use while their screening equipment is being repaired.

There is no charge for borrowing the equipment.

For information about loaner units, please contact:

Alitta Boechler - (800) 272-7713

Lenore Holte - (319) 356-1168

Emily Andrews - (319) 384-6894

Nick Salmon - (515) 576-5312

Your single point of contact to assist families in connecting with Early ACCESS and community-based services that address specialized child and family needs

1-888-IAKIDS1 or
1-888-425-4371

www.EarlyACCESSIowa.org

EHDI-Early ACCESS Preliminary Data Match Complete

One of the goals for Iowa's Early Hearing Detection and Intervention (EHDI) program is to facilitate data integration or linkages with related screening, tracking, and surveillance programs to minimize infants and children "lost to follow-up." Data integration between the EHDI program and Early ACCESS (IDEA, Part C) is critical to ensure timely referral and follow-up for children with possible hearing loss. Data integration is also essential for meeting the National EHDI Goal of 1-3-6, which states that:

- All newborns will be screened for hearing loss before one month of age, preferably before hospital discharge
- All infants who screen positive will have a diagnostic audiologic evaluation before 3 months of age
- All infants with a hearing loss will receive appropriate early intervention services before 6 months of age

The 1-3-6 plan aims to have all infants and children with hearing loss and/or late onset, progressive hearing loss identified at the earliest possible time. This ensures children with hearing loss achieve communication and social skills commensurate with their cognitive abilities. Without early identification and intervention, children with hearing loss may experience delays in the development of language, cognitive, and social skills which may prevent success in academic and occupational achievement.

Data integration or any form of data sharing except some population-based data, between Iowa's EHDI program and Early ACCESS (EA) was nonexistent until this past summer. The two programs have worked hard to establish a method of data sharing so data analysis could help assess our strengths and needs and ultimately ensure children with hearing loss are receiving timely follow up and intervention services. To assist in this effort, the Iowa EHDI program submitted a successful request for an intern to the federal Maternal and Child Health Bureau, Graduate Student Internship Program (GSIP). The request was for an individual to complete a data match and then analyze the data. Brittni Frederiksen, was assigned to the EHDI program for a period of 12 weeks this past summer.

Using Iowa's EHDI program data of children with possible hearing loss and EA hearing module program data, Brittni conducted a preliminary data match. The goals were as follows:

- Determine the percentage of children with hearing loss identified through the EHDI program that are enrolled in Early ACCESS
- Determine the percentage of children enrolled in EA identified with a hearing loss that are part of the EHDI data system
- Identify barriers that may contribute to a lack of data integration or linkage between the EHDI program and the EA program

continued on page 6

EHDI-Early ACCESS Preliminary Data Match Complete

continued from page 5

Among newborns identified with hearing loss through EHDI, 76.1% of those children were enrolled in EA in 2007 and 62.5% were enrolled in 2008. While a considerable number of children matched between the two programs, few (N=5) had EA listed as a service provider in the EHDI data system in 2007 and 2008. The only records where EA was listed as a provider were the records where the state EHDI coordinator added this information based on conversations with a provider or parent. Ideally, EA should be listed on each of those records. The EHDI program would then know which children diagnosed with hearing loss were actually receiving EA services and the number of children who were enrolled by six months of age.

Next, we conducted further analysis to determine whether the diagnoses for each child with hearing loss matched. The percentage of children that had diagnoses that matched in the two databases was 31.3% (N=67) in 2007 and 40.0% (N=50) in 2008. While this number improved with the use of the database, this number is still surprising, as we would expect 100% of the children to have diagnoses that match in the two databases. The differences in diagnoses could be due to one of the programs having more information than the other or a lack of documentation on the part of the providers who have access to the data system. Keep in mind that there are still a few private providers who do not report their results as required by law and some that do, often send incomplete reports or may be reluctant to enter the type of hearing loss. This evidence stresses the importance of education and training on data entry and defining the categories in both databases so they are consistent. While these numbers are alarming, there is a bright side. Children with determined hearing loss identified in eSP (eSCREENER Plus-EHDI database) 80.6% in 2007 and 80.0% in 2008, had an IFSP through EA in place. It appears children with hearing loss are receiving early intervention services; however, it appears they are not being documented in the data systems appropriately.

So now what? The Iowa EHDI program and the EA program staff have met and reviewed the preliminary report and reviewed the data. The two programs are in the process of assembling a work group to propose system improvements, consider further linkages, define measures and develop plans for further education and training. The team has developed a purpose statement and goal for the work group and will be recruiting members in the next month. In addition, the EHDI program at the Iowa Department of Public Health has secured funds to hire an individual to do further data analysis, revise program indicators and assist with program evaluation in the coming year. We will continue to share further analysis of this data in future newsletters. We look forward to the opportunity to continue program improvement!

By: Tammy O'Hollearn, State EHDI Coordinator and Brittni Frederiksen, GSIP Intern

And the ISHA Outstanding Service Award Goes To...

Tammy O'Hollearn, Iowa Early Hearing Detection and Intervention (EHDI) Coordinator was recently recognized by the Iowa Speech and Hearing Association (ISHA) for her outstanding service in meeting the needs of Iowa's children who are deaf or hard-of-hearing and their families.

Some of the highlights of Tammy's nomination include:

- "When Tammy started her position in February 2006, the universal newborn hearing screening loss to follow-up rate in Iowa approached 60 percent. She rapidly implemented the Iowa EHDI database to ensure children received timely assessment and intervention when needed. This was a huge task as she was faced with thousands of paper screening report forms in her office. She coordinated training of approximately 75 birthing facilities and 10 AEAs, as well as coordinated data entry of the backlog forms. The backlog was caught up and facilities trained in just over a year. In working with Erin Kongshaug, previously the EHDI Follow up Coordinator, a referral system was put into place and the lost to follow-up rate is now approximately 21 percent.
- Tammy spearheaded the design, development and implementation of the Hearing Aids and Audiological Services program on top of her full-time job as EHDI Coordinator.
- Tammy edits the Iowa EHDI newsletter, a quarterly publication that is disseminated to all Iowa stakeholders and it is of exceptionally high quality.
- Tammy coordinated a complete revision of the Iowa EHDI Family Resource Guide and the Iowa EHDI Web site.
- In 2007, Tammy drove the creation of the Iowa EHDI best practices guidelines for professionals serving children who are deaf or hard-of-hearing.
- In 2008, Tammy rewrote the EHDI legislative rules to improve the practice of reporting risk factors for children at risk of developing hearing loss after the newborn period.

Throughout the state Tammy has established a stellar reputation for being respectful, considerate, and highly goal-oriented and focused. She has an excellent and clear vision of where the EHDI program needs to go and has made astonishing progress in meeting the needs of Iowa's children who are deaf or hard-of-hearing and their families."

Congratulations Tammy!

Strength in Numbers

When my daughter Hannah was diagnosed at Boys Town National Research Hospital with hearing loss at 3 weeks of age, I was overwhelmed with so many different emotions. I did not know what this diagnosis would mean for her future. Would she have extraordinary struggles ahead of her? Would she get picked on in school? Would she speak? I did not have another parent to field these concerns. For the next six months, we worked with audiologists, speech therapists, a sign language teacher and an early childhood development specialist. Our team of "teachers" was phenomenal. But something was missing. My husband and I had still never met or talked with another family with a young child with hearing loss. We were not given information about the Iowa EHDI program, Guide By Your Side Program or even given a copy of *Iowa's Family Source Guide*.

Emma Wigington, Jasmin Shields and Hannah Wittland

Our lives changed in March 2009. We attended a retreat in Nebraska for families of children with newly diagnosed hearing loss and met a terrific couple who live a few minutes from us in Council Bluffs, Iowa. We had heard of this family in passing from our audiologist and sign teacher, but they suggested that HIPPA regulations kept them from matching us up. Everything changed at that point. It was like our two families were meant to know each other. We realized that we needed to start a family support group in SW Iowa. Des Moines is too far for get-togethers and Omaha, though just across the river, wasn't the best fit, as services are not always available to Iowa residents. So, we started our own group, Strength in Numbers. The group is for families to come together with their deaf or HOH children as well as their hearing children. We have been meeting monthly since April and have recently merged with the PTSSA group from Iowa School for the Deaf. Our meetings are very fun. We eat, play games and learn new sign language. The monthly meetings provide a support network for the parents as well their children. We share tips and experiences and celebrate our children's milestones. Our October meeting was quite fun with face painting, cookie decorating and pumpkin painting. There is no charge for parents to attend the meetings. Anyone is welcome to come. Information can be found on our Facebook page, www.facebook.com/home.php#/pages/Strength-in-Numbers/64773189163?ref=ts or e-mail us at strengthinnumbers@ymail.com.

continued on page 11

Questions Parents Ask About Bilingual-Bicultural Approach: Language Issues

1 Is ASL a real language? Can you express abstract concepts with it? Can you translate English idioms into ASL?

Yes, ASL is a real language and with it you can express abstract concepts as well as translate English idioms into ASL. ASL has the capacity as a natural language to express abstract ideas and concepts like other spoken languages.

2 My deaf child's audiologist and speech pathologist are recommending that my family uses a manual code of English rather than ASL. They say signed English will guarantee my child will learn English Is this correct?

No, an artificial manual code of English will not necessarily guarantee that the deaf child will acquire English. Children learn English over a period of many years, while engaging in reading and writing activities with teachers who can explain concepts to them.

3 How do these artificial codes of English differ from ASL and why are you recommending ASL?

Artificial codes of English borrow ASL lexical signs and put them in English grammatical order. Signs are often "invented" (for morphemes and grammatical markers) or initialized and the facial codes mix English and ASL much like providing a hearing bilingual child with Spanish words in English word order. We recommend that teachers avoid mixing ASL and English, but instead provide children with an excellent model for each language independently. There will be some language mixing by children during the normal language development process, but children will recognize the correct and natural usage of each language over a period of time. We recommend ASL because the deaf child's brain is primed to learn languages visually and because there is an emerging research base pointing to the links between ASL competence and English literacy.

4 Is it easier for my deaf child to become bilingual as a young child or later in life?

Bilingualism can occur early or late depending on exposure to the languages. Some deaf children learn ASL while they are very young: others learn ASL in junior or senior high school or college. We recommend the early use of ASL as both a first language and as the language base for the instruction of English as a second language.

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Questions Parents Ask About Bilingual-Bicultural Approach: Language Issues

5 Can my deaf child become equally fluent in ASL and in English?

The deaf child's fluency in ASL and English will depend on how much opportunity the child has to interact with fluent ASL adults and same-age and cross-age peers. As for English fluency, it will depend on how much quality reading and writing instruction and experiences the deaf child has been provided as well as how much English they actually use. The child's acquisition of spoken English will depend on how much residual hearing the child has as well as other related factors. Deaf ASL/English bilinguals (similar to hearing bilinguals) will vary in their competencies in each of their languages.

6 Is it better for my deaf child to develop English and ASL together or one language first, and the other language later?

Both ways are possible. There are different paths to bilingualism. It can occur successively (one language after another) or simultaneously (at the same time). Deaf children fall into different ranges of bilingual abilities. Deaf children of deaf parents and deaf children from hearing families that use ASL are naturally stronger in their ASL abilities and often (but not always) stronger in their English skills. Some deaf children, though, are semilingual, that is they have neither a strong language base in ASL or in English.

7 Will learning ASL retard or interfere with my deaf child's developing English?

No. In fact, the contrary is true. Providing a strong conceptual base in ASL can very well improve the child's developing English. Children need opportunities to use each language in natural, social interactions and use English during reading and writing activities.

8 How can I expect my deaf child to learn both ASL and English at home?

We recommend that parents enroll in ASL classes, use ASL videotapes of stories, use the TV captioner, encourage the child to use e-mail, to write letters, use the TTY and read newspapers, magazines and books.

Resource:

Questions Parents Ask about Bilingual-Bicultural Approach: Language Issues. Stephen M. Nover, PhD. & Jean F. Andrews, PhD. (2000) The endeavor, Fall 2000, pp. 30-31.

Submitted by: Bob Vizzini ASL Instructor, Kirkwood Community College

Strength in Numbers

continued from page 8

What can we learn from this parent's story? The EHDI program learned a lot during a phone call with Maggie. While the Iowa EHDI program has worked very closely with other state EHDI programs to share newborn hearing screening results and in some cases diagnostic information to ensure children receive appropriate follow up in their communities, there are still families who fall through the cracks. There are times this happens because:

- There are different state laws, rules, policies or processes
- Providers are not familiar with the services available in other states and their immediate focus is on providing information regarding diagnosis, follow up appointments, communication options and early intervention services
- States are working together on other issues and are not aware of these gaps until a family or provider brings it to their attention
- Multiple providers are working with a family and many times think the other person/provider has given that information to the family

Until Maggie went to the retreat and spoke to Marsha Gunderson, statewide audiology consultant with the Department of Education, and later the Iowa EHDI Coordinator, she did not realize that Iowa had some of the same resources that were talked about at the Nebraska retreat. Maggie reported that she heard about the EHDI program and GBYS program the day her child was diagnosed with hearing loss. "It was on page three of the audiogram; however, she reports it was too much information to take in at one time." Maggie said "It was an emotional time; we were grieving and were still trying to process the diagnosis rather than think about family support." In addition, Maggie never received *Iowa's Family Resource Guide* or information about the Iowa Guide By Your Side program from the providers she worked with in Iowa after diagnosis. During future visits, Maggie may have been ready to review the resources available to her. The resource guide would have served as a resource as she was learning about the various aspects of hearing loss, communication options, terminology, and resources available to her in Iowa. A referral to Iowa's GBYS program could have then connected her with a parent(s) who had been in her situation and helped her feel more connected. Maggie also learned that HIPAA laws should not have prevented providers from connecting her to other families in her area. That being said, she also learned that it takes more effort because it would have required a release of information once the provider talked to the other family who was also interested in meeting with them. The good news is that it can be done and we are working to ensure it does get done as we continue to build a comprehensive system!

"While the Iowa EHDI program has worked very closely with other state EHDI programs to share newborn hearing screening results and in some cases diagnostic information to ensure children receive appropriate follow up in their communities, there are still families who fall through the cracks.

continued on page 12

Strength in Numbers

continued from page 11

What has been done since Maggie contacted the Iowa EHDI program? The Iowa EHDI Coordinator talked to the Nebraska EHDI Coordinator, Boys Town audiologists and Omaha Children's Hospital lead audiologist about Maggie's experience to come up with strategies so this did not happen again. Boys Town and Omaha Children's Hospital diagnoses many Iowa children in that part of the state. All three entities agreed to share the Iowa Family Resource Guide, *Iowa Guide by Your Side* information sheet and the Iowa EHDI Coordinator's contact information with families of newly diagnosed children who are deaf or hard of hearing. Information about the family support group Maggie started in SW Iowa has been shared with the EHDI family support coordinator and the Iowa EHDI Advisory Committee who has in turn shared this information with their constituent groups and family support providers. Maggie continues to work with audiologists in her area to get the word out about Strength in Numbers, as well as the School for the Deaf and other providers.

Keep sharing information with families and at different times. Working together, we will continue to make a difference in the lives of children and families in Iowa! Look at the improvements we have made thus far!

By: Maggie Wittland, Parent/Strength in Numbers Coordinator and Tammy O'Hollearn, Iowa EHDI Coordinator

A Sound Beginning for Your Newborn Baby

To order additional hearing screening brochures in English or Spanish, please call the Healthy Families Line at 1-800-369-2229. Ask for publication IDPH 131 (English) or IDPH 131(S) (Spanish). The brochure is available free of charge!

Healthy Families Line: 1-800-369-2229
Phones are answered 24 hours a day, seven days a week

Successful Deaf and Hard-of-Hearing Children: What's Behind Success?

Ever heard the saying "Behind every successful man is a woman?" Well, we're not so sure there is any research to support that; however, there is research to support "Behind every successful deaf or hard of hearing student is his/her family!" What is success? Most educators would agree that language development commensurate with peers and positive social-emotional development are two critical factors of success. So what does research tell us?

Christine Yoshinaga-Itano, University of Colorado-Boulder, has researched language development in young deaf and hard-of-hearing children for many years. It is now generally accepted that early identification of hearing loss, and subsequent entry into early intervention with a teacher of the deaf or hard of hearing, results in language, speech and social-emotional development that is significantly better than children who are late identified. The children in this study (C. Yoshinaga-Itano. 2003) were diagnosed and enrolled in early intervention by six months of age. Due to this research, the national EHDI Goals 1-3-6 were established: all babies have their hearing screened by one month of age, hearing loss is diagnosed by three months of age, and the child and family are enrolled into early intervention by six months of age. In Iowa, the early intervention program is called Early ACCESS. Studies also indicate that professionals with specialized training related to deafness, who work with children and their families, are crucial team members. Educational audiologists and teachers of students who are deaf or hard of hearing should be primary team members and educational providers in early intervention. They have specialized training in auditory, language and speech development as well as delivery strategies for families.

The language advantage associated with early identification and intervention occurred regardless of the communication modes used, degree of hearing loss, and the socioeconomic status of the family. The language advantage also wasn't related to gender, ethnicity, or the presence or absence of additional disabilities. The bottom line seems to be that families who follow-up and receive recommended rescreening or hearing testing are making a positive difference for their children. A follow-up study by Moeller, (2000) concluded, "High levels of family involvement correlated with positive language outcomes. Success is achieved when early identification is paired with early interventions that actively involve families."

continued on page 14

Successful Deaf and Hard-of-Hearing Children: What's Behind Success?

continued from page 13

Another study at the University of Colorado, Boulder (L.J. Pressman, S. Pipp-Siegel, C. Yoshinaga-Itano & A. Deas. 1999) looked at mother's interactions with her child, as well as the child's language gains. Researchers used the term 'sensitivity' to refer to communication interactions that are child-led, encouraging, patient, responsive, motivating. Results showed that hearing mothers who were sensitive in communication with her child significantly predicted language gains. Modeling strategies for communicating with young deaf and hard of hearing children is the heart of early intervention.

So what's the bottom line for success

- Babies receive a hearing screening by one month of age. If further screening or testing is warranted, families don't delay in obtaining it.
- Results of an audiological evaluation identify babies who are deaf or hard of hearing by three months of age.
- Families enroll the child in Early ACCESS without delay and ensure that educational audiologists and teachers of deaf or hard of hearing students are involved in this early intervention.
- Families work collaboratively with professionals in using strategies for communicating with and modeling language with their child.

Let's raise the bar of success for the deaf or hard-of-hearing child!

By Marsha Gunderson and Marcy Beisiegel-Clausen, EHDI Advisory Board Members

References:
Early Intervention and Language Development in Children Who Are Deaf and Hard of Hearing. M.P.Moeller. (2000) PEDIATRICS Vol. 106 No. 3 September 2000, p. e43

From Screening to Early Identification and Intervention: Discovering Predictors to Successful Outcomes for Children with Significant Hearing Loss. C. Yoshinaga-Itano. (2003) Journal of Deaf Studies and Deaf Education 8:1 Winter 2003. Oxford University Press.

Maternal Sensitivity Predicts Language Gain in Preschool Children Who Are Deaf and Hard of Hearing. L.J. Pressman, S. Pipp-Siegel, C. Yoshinaga-Itano & A. Deas. (1999) Journal of Deaf Studies and Deaf Education 4:4 Fall 1999. Oxford University Press.

Best Wishes

The EHDI program would like to extend our heartfelt thanks and best wishes to the following individuals:

- Erin Kongshaug, EHDI Follow Up Coordinator
- Joan Marttila, Audiology & Education of the Hearing Impaired, Administrator at Mississippi Bend AEA

Erin resigned her position in October to stay home with her two young girls before they grow up and go off to school! Erin was the project coordinator for the EHDI grant (funded through the Health Resources and Services Administration) at Child Health Specialty Clinics (CHSC). Erin was instrumental in the development of a follow up system for children who were missed or did not pass their initial newborn hearing screen at birth, in establishing a Guide by Your Side program in Iowa and in educating providers about the importance of follow up and family support. Erin has agreed to stay until mid December for a few hours each week to help transition while new staff is trained.

Joan has decided to retire from Mississippi Bend Area Education Agency (AEA) in December. She will be leaving her job as Administrator of Audiology and Education of Hearing Impaired. Joan was one of the original audiologists in Iowa who worked in the late 1990's to spread universal newborn hearing screening throughout the state. She has served as a member of the EHDI Advisory Committee since 1992. Joan has been a tireless advocate for the EHDI program through her involvement in professional organizations, publications in the ISHA and EHDI newsletters and her leadership within the audiology community. In addition, Joan has been a strong advocate for AEA audiology, as well as parents.

Joan has agreed to remain on the EHDI Advisory Committee for a period of time as a member at large to assist with transition. Valorie Caputo, Audiologist with Green Valley AEA, will represent AEA audiologists. Val is a member of the AEA Leadership Committee, serves children in a rural community and has been an audiologist for many, many years.

From left to right: Erin Kongshaug, Tammy O'Hollearn and Joan Marttila

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We welcome your questions, comments and suggestions about this newsletter. Please forward any feedback about Iowa EHDI News to:

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Additional copies of Iowa EHDI News are available by contacting Tammy O'Hollearn.