



## What's inside...

**P1-2** Importance of Early Language Input

**P3** Leading the Way with EHDI Program Evaluation

**P4-5** Iowa Hosts Two National Conferences

**P4** One Parent's Experience with Newborn Hearing Screening

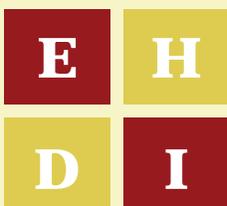
**P6** Captioned Media and the Internet

**P7-11** Hearing Aids and Audiological Services Funding (and Isabelle's Journey)

**P12-13** Falling through the Cracks: A Case Study

**P13** Funding Announcement

**P14-15** Permission to be Sad When "It Could be Worse"



## Importance of Early Language Input

Within hours of a child's birth the infant's hearing can be screened and the results can determine whether additional diagnostic tests are deemed necessary. Health care professionals have the ability to identify hearing loss well within the critical language learning period and time of the greatest level of brain neural plasticity. (Flexor, 2000; Northern and Downs 1991). Advances in hearing technology are providing auditory access to children with all levels and degrees of hearing loss.

Whether parent(s) choose to amplify their child's hearing loss or not is the parent's option. Access to communication and the development of proficient language skills are imperative if a child is to grow to become an independent, literate adult. Jim Trelease in *The Read-Aloud Handbook* reports, "research shows that the seeds of reading and school success are sown in the home long before the child ever arrives at school." The importance of reading aloud to children on a daily basis can not be under-rated.

*continued on page 2*

## Advisory Update

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

**October 7, 2010**  
Altoona Public Library,  
700 8<sup>th</sup> St SW, 10 a.m. - 3 p.m.

October 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						

Contact Tammy O'Hollearn for special accommodations at least 48 hours in advance of the meeting

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

# Importance of Early Language Input

*continued from page 1*

Trelease adds that in *Becoming a Nation of Readers*, published by the Commission on Reading in 1985, the commission found, "the single most important activity for building the knowledge required for eventual school success in reading is reading aloud to children." In reading to children parents develop background knowledge and vocabulary. Trelease points out that, "a child's vocabulary upon entering school is the prime predictor of school success or failure." Vocabulary size leads to greater comprehension; thus early intervention is imperative to support the development of language access.

The 1-3-6 guidelines of EHDI support the importance of early identification and access. "Studies by Yoshinaga-Itano, et al, found that infants whose hearing losses were identified and who were fit with hearing aids before six months of age demonstrated significantly better language scores than children after 6 months of age. These results were similar to those found by Itano, et al 1995 and Carey, 1986. Moeller also completed a vocabulary and verbal reasoning skills study on children with hearing loss up to age 5. The results of her study showed that children up to 5 years of age enrolled in a comprehensive intervention program by 11 months, "demonstrated significantly better vocabulary and verbal reasoning skills than those enrolled after 11 months of age."

If a child is referred from a screening, follow-up is necessary and important! If early intervention services are deemed necessary, parents are the key to follow-up. Access to early, meaningful language input through talking and/or sign language and daily reading will impact future outcomes.

If you would like a copy of *HOPE Tips - Learning with Literacy* by Ashley Garber and Mary Ellen Nevins, it can be accessed at [www.cochlear.com/HOPE](http://www.cochlear.com/HOPE).

**By Marcy Clausen, Consultant, DHH, Mississippi Bend Area Education Agency**

## Works Cited

Cole, E. and Flexor, C. Children with Hearing Loss Developing Listening and Talking Birth to Six. Plural Publishing, San Diego, 2007. pp 1-15.

Moeller, MP. Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics* [serial online]. 2000;106;1-9. Available at [www.pediatrics.org/cgi/content/full/106/3/e43](http://www.pediatrics.org/cgi/content/full/106/3/e43). Accessed July 20, 2010.

Robbins, AM, Koch, DB, Osberger, MJ, Zimmerman-Phillips, S, Koshin-Rabin, L. Effect of age at Cochlear Implantation on Auditory Skills Development in Infants & Toddlers. *Archive of Otolaryngology Head and Neck Surgery*. 2004;130:570-574. Vol 130 No. 5 May 2004.

Trelease, Jim. The Read-Aloud Handbook. Penguin Books, New York 2006. pp xi-48.

Yoshinaga-Itano C, Seday A, Mehl A. Language of early- and later-identified children with hearing loss. *Pediatrics* [serial online]. 1998;102:1161-1171. Available at [www.pediatrics.org/cgi/content/full/106/3/e43](http://www.pediatrics.org/cgi/content/full/106/3/e43). Accessed July 20, 2010.

# Leading the Way with EHDI Program Evaluation

In February 2010, Jen Thorud was hired as the EHDI program evaluator. Jen will coordinate EHDI's program evaluation and complete data analysis for the program. She will also help complete follow-up activities in preparation for the upcoming CDC survey for 2009 data.

Jen earned her master of public health degree in epidemiology from the University of Iowa and started working at IDPH as an intern until she was hired into this position. Jen and her husband, Jake, live in West Des Moines with their puppy, Cooper and cat, Lola. Jen's husband is currently a fourth year podiatry student at Des Moines University completing his last year of rotations before residency. In her free time, Jen enjoys reading, biking and spending time outside with her husband and puppy.



Jen Thorud, EHCI program evaluator,  
Iowa Department of Public Health

In the last six months, the EHDI program has made significant progress in moving forward with program evaluation thanks to Jen's help. The EHDI Evaluation Steering Committee developed a logic model to guide program evaluation and a list of potential questions to be answered through evaluation. Three areas were identified as focus areas for phase one of the evaluation: surveillance, referral and family communication. The EHDI program, with assistance from our CDC EHDI partners, is starting to develop the methodology and design the program that will be used to address each focus area. Over the next year, each of these areas will be evaluated to identify strengths the EHDI program can build upon and areas for improvement. During this process, we may ask for input from hospital nurses, audiologists, physicians or families to assist in a comprehensive evaluation. If you are called upon to assist, please help! Your contribution will help us to identify if there are gaps, education or training needs!

In addition to program evaluation and data analysis, Jen and Tammy O'Hollearn, Iowa EHDI coordinator, will be introducing quarterly progress reports, a new quality assurance strategy for hospitals. Jen will assist the program in forming a planning group to develop the quarterly progress reports that will go to the birthing hospitals. In the future, reports will also go to audiologists. These reports will provide facility specific data to assist hospitals and audiologists in improving newborn hearing screening and follow up programs. Finally, Jen will complete the second annual data match between the Department of Education's Early ACCESS program data and EHDI data. This will allow our programs to determine discrepancies between the two data systems, follow up needs of Iowa children are identified with a hearing loss and additional training needs of audiologists and early interventionists.

# Iowa Hosts Two National Conferences

Council Bluffs, Iowa was the setting for two national conferences in April related to the education of students who are deaf or hard of hearing.

The 6<sup>th</sup> Annual National State and Leaders' Summit "Dynamic Strategies for Student Outcomes: Preparing 21<sup>st</sup> Century Leaders" was held April 21-23. States registered at least three team members representing: parents, the state school for the deaf and the department of education. Iowa's team members were Susan Hagarty, Dr. Jeanne Prickett and Marsha Gunderson. The national summit was designed to be a working meeting rather than a conference. The goals of the summit were twofold: (1) to address necessary state systems changes to improve educational outcomes for students who are deaf or hard of hearing and (2) to recognize and promote shared responsibility and a leadership team collaboration among state departments of education, schools for the deaf and parents. The teams and the summit were designed to represent all students regardless of communication modes and placements.

Seventy-seven people were registered on site. The summit was also transmitted to teams in seven states unable to travel due to budgetary issues. Dr. Shirin Antia presented information on a longitudinal study of academic progress of deaf and hard of hearing students. Tom Allen presented on visual learning research and how that applies to educational practice. Susan Rose described the connection between assessment and instruction through progress monitoring. Shelly Ardis described successful outreach programs from the Florida School for the Deaf and the Blind. Panel discussions from parents and young adults who are deaf or hard of hearing rounded out the program.

Since the final recommendations of the Iowa Coordinating Council for Hearing Services were not completed in April, the Iowa team will not meet again until the Iowa State Board of Education and the Iowa Board of Regents have heard the presentations on the preferred futures for statewide services provided for children who are deaf or hard of hearing.

*continued on page 5*

## **One Deaf Parents Experience with Newborn Hearing Screening**

Some people consider being deaf or hard of hearing a disability. Others view it as an inconvenience and some, like this author, as normal. What if hearing loss was considered only as a difference? How would that impact the National EHDI Goals of 1-3-6 and the language development of children? Check out the story of one deaf parents experience with newborn hearing screening at [www.i711.com/my711.php?tab+2&article=223](http://www.i711.com/my711.php?tab+2&article=223).

# Iowa Hosts Two National Conferences

*continued from page 4*

The 84<sup>th</sup> meeting of the Conference of Educational Administrators of Schools and Programs for the Deaf (CEASD) was held immediately after the national summit. This year's meeting was hosted by the Iowa School for the Deaf. CEASD was founded in 1868 and is an association of schools and educational programs who are committed to the promotion of excellence within a continuum of equitable education opportunities for children who are deaf or hard of hearing. At the national level, CEASD serves as an advocate for the deaf and hard of hearing with governmental bodies concerned with the establishment of educational policy and the implementation of federal legislation.

During the CEASD meeting, sessions focused on outreach services and discussed the need for the possibility of holding a national outreach conference. Educational systems in every state are undergoing changes. The conference theme "Winds of Change" talked of ways to meet the changes that occurring. Iowa native and newly appointed Gallaudet University President, Dr. T. Alan Hurwitz, presented on Gallaudet's vision for collaborating with schools and programs to ensure effective dissemination of resources and outreach services.

This was the first time Iowa has been a host to either national conference. We were honored to showcase Iowa to the nation.

***By Marsha Gunderson, Audiology Consultant, Deaf & Hard-of-Hearing Education***

## Infant Hearing Screening

*A Sound Beginning for Your New Baby*



## 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

# Captioned Media and the Internet

On July 26, 2010, the 20<sup>th</sup> anniversary of the Americans with Disabilities Act (ADA), the U.S. House of Representatives passed the Twenty-first Century Communications and Video Accessibility Act (H.R. 3101) with a vote of 348 to 23. U.S. Representative Ed Markey (D-MA), authored, introduced and championed H.R. 3101 with bi-partisan support.

H.R. 3101 will greatly improve access for the deaf and hard of hearing community and here is a summary of what was included in the bill:

Caption television programs that are shown again on the Internet must still be captioned

- Captions must be displayed on all devices that show television programs, regardless of size
- Captioning controls must be easier to find and turn on/off via on-screen menus and remote controls
- Captions must be passed through and displayed on programming that is recorded using DVRs and similar recording devices
- Reliable and interoperable technologies must access 911 services
- Communications equipment (up to \$10 million per year) must be provided for deaf-blind people
- Internet telephones must be hearing aid compatible
- Relay services must enable communication with anyone, including between TTY and videophone users
- The Federal Communications Commission (FCC) must establish Telecommunications Relay Services Policy Advisory Council and will report to Congress about access to improved relay service technologies

This bill does not require captions for shows that are shown on the Internet and not on TV, but it does require the FCC to study this issue and make a recommendation to Congress.

The U.S. Senate has a similar bill - S. 3304. The senate bill is not as strong as the house bill, which requires continued consideration of internet-only video programs.

The National Association of the Deaf is encouraging everyone to contact their U.S. senators and encourage them to adopt H.R. 3101.

For more information, contact:

The National Association of the Deaf  
8630 Fenton Street, Suite 820  
Silver Springs, MD 20910-3819

***By Susan Hagarty, Parent/EHDI Family Support Coordinator***

***The National Association of the Deaf is encouraging everyone to contact their U.S. senators and encourage them to adopt H.R. 3101.***

# Hearing Aids & Audiological Services Funding (and Isabelle's Journey)

## As recalled by her parents ...

*The first day her hearing aids were fitted, as Isszy left the audiologists office she got outside the building and looked up at Colin and clearly said, "Daddy, I hear you walk!" with a sense of wonderment and delight!*

Isabelle Day, a bubbly six-year-old with bright blue eyes and a toothy grin, was a fortunate recipient of a pair of hearing aids from the Audiologic Services and Hearing Aids Program during 2009. Her parents, Colin and Jennifer, with the help of her Grandma Barb, share her journey.



While attending an early childhood development program, Isabelle was evaluated by an audiologist from an Area Education Agency (AEA). The audiologist expressed concern about the possibility that Isabelle was experiencing a hearing loss that could be contributing to her speech delay. Her hearing evaluations proved to be challenging because of the speech delay.

"It took us quite a while to determine if she actually did have the hearing loss or not," recalls Jennifer.

Isabelle was referred to a local Ear, Nose and Throat (ENT) specialist for additional testing. The tests confirmed Isabelle has a 40 percent hearing loss in both ears. Now, the problem was with Isabelle's medical insurance. Like most policies in Iowa, her medical insurance did not cover the costs associated with hearing aids. "Jennifer was laid off from her full-time job and with only her unemployment income and Colin's income -trying to cover the cost of the hearing aids for Isabelle would have been almost impossible," explains Barb.

Luckily, Barb knew about an Iowa program administered by North Iowa Community Action Organization that could help pay for the cost of hearing aids.

Colin and Jennifer filled out an application for the Child Audiological Services and Hearing Aids Program and Isabelle was quickly approved for hearing aids, ear molds and batteries. The hearing aids were fitted a short time later.

"Isabelle has adjusted nicely to her hearing aids," explains Jennifer. "She will help us at night to put them away and opens the back for us so they don't wear out the batteries too fast. She does prefer to have them in."

*continued on page 8*

# Isabelle's Journey

*continued from page 7*



Barb noted, "The hearing aids are fitted very closely to her ear making it possible for her to run and jump and play regularly without having to worry that they will fall out." Isabelle's family was amazed to see how colorful manufacturers make their aids to encourage children to wear them. Isabelle was very excited to get her new aids, and like most little girls, chose the pink ones!

Fortunately, the best possible outcome has happened in this journey. Isabelle's speech has improved greatly since she received her aids. "She can now speak whole sentences!" exclaimed Jennifer. "She still needs some help on her speech, but considering she was years behind her peers, I think she's made leaps and bounds in progress."

Additional medical appointments will continue for Isabelle in future years to address other medical concerns, and she will continue to receive assistance with her developmental delays. In addition to these expenses, Isabelle will need another set of hearing aids down the road.

"I assume that we will have to upgrade to another hearing aid due to the fact that she is young and still growing," says Jennifer. "I can only hope that we will be fortunate and get help with this as well."

Jennifer's final thoughts are echoed by so many other parents involved with the program. "We are grateful for the Audiological Program. Without it, we might not have been able to get Isabelle hearing aids. Without the financial assistance, I don't know how we would have managed. The program itself has been monumental for us. I fear Isabelle would have gotten further and further behind. With help, Isabelle and others like her are able to achieve more."

**By Lori Wink, Provider Claim Systems**

***From the author of  
Isabelle's Journey:  
I was fortunate enough  
to meet Isabelle Day. Do I  
think the dollars we spend  
per child on hearing aid  
services are worth it?  
Absolutely! If you had the  
opportunity to meet her,  
I'm sure you would agree!***

# Hearing Aids & Audiological Services Funding (and Isabelle's Journey)

*continued from page 8*

It is important that I share a story behind the numbers for the hearing aids and audiological services funding for 2009-2010 so there is a better understanding about the families being served. During the fiscal year ending June 2010, Iowa taxpayers spent \$159,905.84 to provide hearing aids, accessories and audiological services (e.g., diagnostic testing) to 137 Iowa children. This number is down from fiscal year 2009; however, it is important to point out that the funding for this program was cut in October 2009 when the Governor ordered across-the-board state funding cuts of 10 percent. We were able to process the claims for children already enrolled, but we could not enroll any additional children. By that time, the program had set aside \$137,481.00 for claim payments and was on track to run out of funding by January 2009. The children whose applications were received prior to the cut, but not yet approved, were placed on a wait list. Funding was restored in April 2010. At that time, the program contacted all parents of children on the wait list to see if they still needed assistance with the purchase of hearing aids and/or audiological assessments. Some families had secured other funding sources, but many of them still need assistance. Because the funding was not restored until April, the program was not able to serve families beyond those on the wait list because the funding needed to be expended by June 2010.

The following tables provide averages for claim payments, the ages of children served, the insurance status of those children served through this program and a list of top 10 provider offices with the highest reimbursement for FY 10.

Averages derived from the 2010 claim payments	
Number of children enrolled into the program = 134	Average number of claims per child = 1.26
Number of children with one paid claim = 199*	Gross average paid per child = \$1,181.52
Number of claims processed = 173	Gross average paid per claim = \$935.65
Gross dollars paid = \$161,867.57	Children with at least one claim with another insurance = 4
Net dollars paid = \$159,905.84*	

\*Of these children, 19 had services before 7/1/09, totaling \$17,737.53. Because the providers did not get the claims turned in until after the state fiscal year deadline, claims had to be paid out of the following year. This total does not include the fee paid to Provider Claim Systems for processing and paying claims.

*continued on page 10*

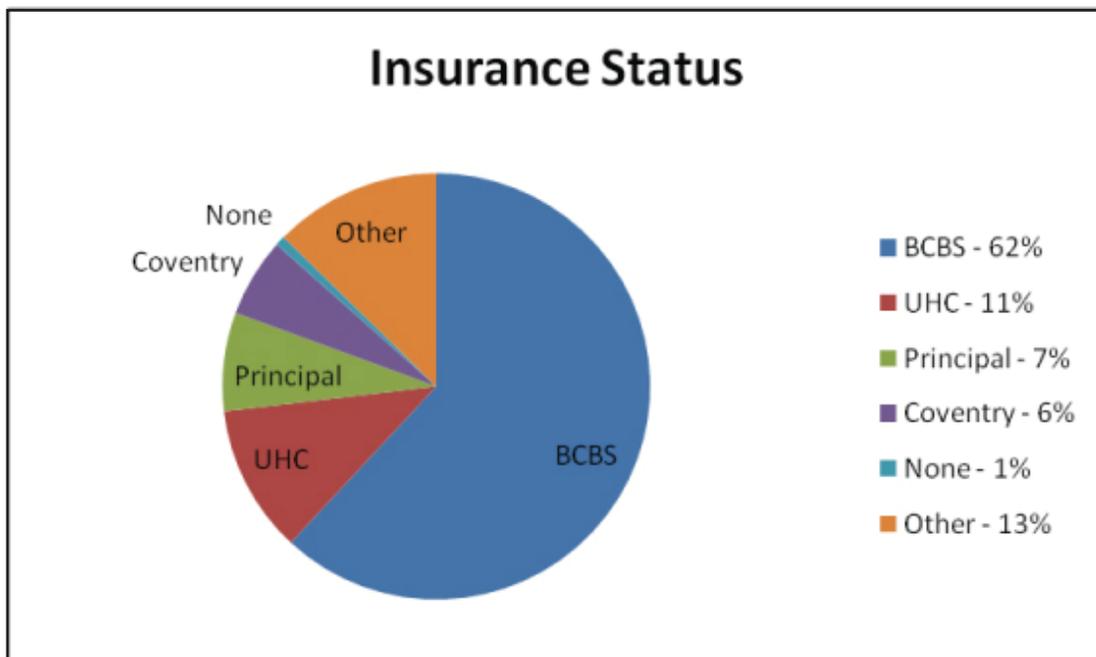
# Hearing Aids & Audiological Services Funding (and Isabelle's Journey)

*continued from page 9*

Following is a table that includes the ages of children served. Notably, 70 percent of the children served with this program were under age 10 when language development is crucial.

AGE	# OF CHILDREN SERVED	PERCENTAGE	NET DOLLARS PAID
0-2	28	21%	\$28,913.04
3-5	22	16%	\$20,659.22
6-10	45	33%	\$50,482.23
11-15	25	18%	\$39,956.74
16-20	7	12%	\$19,894.61

The following chart illustrates the insurance status of children served under the Hearing Aids and Audiological Services program. Only one percent of the children eligible for funding did not have private medical insurance or qualify for public health insurance. Therefore, 99 percent of the children eligible for this program had medical coverage at the time of enrollment.



# Hearing Aids & Audiological Services Funding (and Isabelle's Journey)

*continued from page 10*

We would like to thank all of the audiologists and hearing aid dispensers who work tirelessly with families to help them access funding (this funding, as well as other funding) to obtain hearing aids and accessories for the children they serve. Below are the ten provider offices with the highest reimbursements for FY 10:

1. Blank Children's Audiology Center - Des Moines
2. Medical Associates Clinic - Dubuque
3. Wendell Johnson Speech and Hearing Clinic - University of Iowa, Iowa City
4. Wieland Hearing Aid Center - University of Iowa, Iowa City
5. Cedar Valley Hearing Services - Charles City
6. Hearing Associates - Mason City
7. Great River Medical Center - West Burlington
8. Father Flanagans Boys Home, Boys Town
9. Audiology Services, Council Bluffs
10. Siouxland Hearing Healthcare, Sioux City

There are a few Iowa providers that will not accept this funding because reimbursement is based on Medicaid rates. When that happens, we work with the families to connect them to a provider that does accept this funding.

Thank you to the EHD Advisory Committee Members and the organizations they represent for their ongoing guidance with this program. Thank you to the legislators, our Governor, and advocates who worked very hard to assist families in getting hearing aids, accessories and audiologist assessments for children diagnosed with hearing loss. You are making a difference. Just ask any of the parents whose children have benefited from this funding.

***By Tammy O'Hollearn, State EHD Coordinator***

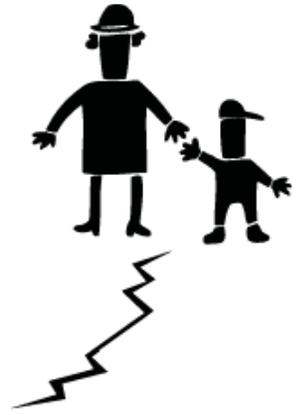


**Isabelle at the park**

# Falling through the cracks: A Case Study

Why does a child with hearing loss fall through the cracks and receive a late diagnosis? There are many reasons why this might happen. This is a story of how it happened for one family.

Adam\* was born in 2005. He was born at home, unintentionally, and transferred to the hospital. It appears that he received a newborn hearing screen, although the results are difficult to determine. The screener's note in the medical record reports that she could not test due to high levels of patient noise. The doctor's note in the discharge summary indicates that Adam passed the hearing screen in both ears. The record in eSP shows that Adam passed the hearing screen in his left ear only. No records indicate that any follow-up screening was performed, and his parents also deny a follow-up hearing evaluation.



Adam did not attend well child visits or receive immunizations. He was observed at the doctor's office when he was 4 years old and attending an appointment with his infant and recommended a speech and hearing evaluation through the Area Education Agency (AEA). The next month, Adam returned to the clinic to establish care and receive vaccinations. At that time, he saw a different physician who also noted his speech/language issues and questioned his parents about hearing. His notes indicate that the parents do not have hearing concerns and although he continues recommending a speech/language evaluation, he does not specifically recommend a hearing evaluation.

In the following month, Adam was seen in a specialty clinic for speech/language concerns. Audiology was not scheduled to see Adam, but was added during his visit. Adam was described as shy and, if hearing was normal, possibly cognitively delayed. When he arrived to the audiology clinic, his mother once again noted that she believed his hearing was normal. She reported that they speak very loudly at home so she was unsure if he could really hear quiet sounds. Adam did not respond well to clinicians' questions until his mom repeated them very loudly to him. He was pleasant and appeared to want to interact, but seemed confused about the situation.

In the following months, Adam was diagnosed with moderate sensorineural hearing loss in both ears and was fitted with hearing aids. He has only worn his hearing aids for a short time, but his parents report he is doing quite well with them.

Adam has three siblings. His 6-year-old sister is too old to be in eSP, but has apparently passed her hearing screens at school. His 2-month-old brother passed at Otoacoustic Emissions test at birth. Adams 2-year-old sister did not pass an AABR screen at birth and multiple follow-up appointments were cancelled. She has also had very little medical follow up. However

*continued on page 13*

# Falling through the cracks: A Case Study

*continued from page 12*

However, speech concerns have repeatedly been noted and it was noted that speech therapy had been started. It was repeatedly reported that she passed her newborn hearing screen.

Because of her brother's hearing loss and her newborn hearing screening results reported in eSP, she received a hearing test. It was determined that she has a mild, sloping to moderate sensorineural hearing loss and is awaiting hearing aids.

Is there a way these children could have been identified earlier? Certainly, their parents bear some responsibility regarding attending appointments and receiving routine follow-up care. Physicians are in a powerful position to make appropriate referrals. They may be faced with a child who has passed a hearing screen and whose parents report no concerns about hearing. This story points out that we must be diligent about reporting accurate hearing screen results and supporting audiological referrals for speech/language concerns. We must also increase our efforts in making the public aware of the importance of good hearing to speech and spoken language development.

\*Not child's real name

***By Emily Andrews, Audiology Technical Assistant, University of Iowa Hospitals and Clinics***

## Funding Announcement

The Iowa Department of Public Health, Early Hearing Detection and Intervention (EHDI) program is pleased to announce the Hearing Aids and Audiological Services funding will be available for another year beginning July 1, 2010. The appropriation, \$187,890.00, was made possible by the Legislature during the last legislative session. Claims will be accepted for services July 1, 2010 through June 30, 2011, or until the funds run out. If you know of a child in need of hearing aids or audiological services, please have the family contact Provider Claim Systems at (800) 547-6789 for an application or click on the link under Funding Announcement entitled Application on the EHDI website, [www.idph.state.ia.us/iaehdi/default.asp](http://www.idph.state.ia.us/iaehdi/default.asp), parent or professionals pages. There you will also find a frequently asked questions sheet, which includes information about eligibility and services provided.

Completed applications can be faxed or mailed to Provider Claim Systems as follows:

Provider Claim Systems

P.O. Box 1608

Mason City, IA 50402-1608

Phone: (800) 547-6789 - toll-free / Fax: (641) 422-2713

# Permission to be Sad When “It Could be Worse”

Like many of you, this summer my family and I spent a lot of time at the swimming pool. Summertime fun at the pool conjures up some really fun images - beach balls, rafts, sugary treats and freckly noses. This sunny season, however, was a bit cloudy for me.

We have two sons, and our oldest has moderate to mild hearing loss. He is 8 years old, and his little brother is 6. Our 8 year old, Max, has never been outgoing; he would prefer to read or put together a Lego project. I often wonder if this is a personality thing or a hard-of-hearing thing. Anyway, what has been sad is observing my two sons at the pool. When Max takes his hearing aids out at the pool (one time we lost an ear mold!), he becomes more detached than usual. He tries to pal around with his 6-year-old brother who is having fun playing with the other kids. However, Max usually swims away and dives for a diving stick by himself. Max is at the age where is appropriate for him to be a bit more independent and social at the pool; however, he misses the rules to games, funny side bars and the other important ingredients that make up friendships or at least make a fun afternoon at the pool.



Max's summer boat ride!

I felt sadder than usual at Max's first swimming meet. I saw the parents and grandparents with their cameras, the lawn chairs in neat rows and the colorful triangles on a string that arched over the middle of the pool. However, my son could not hear the coach announce who was up next. He carefully watched the other swimmers who were lined up on the blocks to know when to dive in. All throughout the meet, he was anxious because he was worried he was missing important instructions. (Is this a first-born thing or a hard-of-hearing thing?)

Tears secretly rolled beneath my baseball cap and sunglasses. Later in the meet, an acquaintance asked me why I was so quiet. After telling her just a bit, she said the words that I have begun to loathe, "It could be worse."

Although I believe her words were said with good intentions, this phrase drives me nuts. I deeply appreciate that Max is a healthy, mobile and intelligent kid. Really, I do. However, there are times when the thought of my child wearing hearing aids for the rest of his life gets me down. I worry about how he will react when he gets teased for wearing *those things in his ears*. I worry that it will break his already quiet spirit. I get sad when people treat him differently at times - especially

# Permission to be Sad When “It Could be Worse”

*continued from page 14*

when they limit him. Other times I get sad when he is treated no differently than anybody else. (I had a problem with this when he was given an oral one-on-one standardized test with 10 other students in the room who were also being tested in the same way.)

So, do I feel sorry for myself that my kid, who isn't sick and is mobile and smart, wears hearing aids? I guess sometimes I do. And as long as I don't pity him or hold him to lower standards, I think it is okay to be real sometimes and be sad. I've tried stuffing my feelings before, and that always catches up with me - it many times makes things worse. So, I believe it is best to acknowledge your feelings of sadness and deal with them.

How do I deal with my feelings? I believe that leaning on people who have similar stories helps tremendously. Friends that I have met through Hands & Voices or Guide by Your Side - are the people who understand and can listen and empathize. Thus, the power of families who have deaf or hard-of-hearing children is strong for me. Their support is invaluable. I hope that you too have experienced the power of talking to someone in our special group. It's a privilege to be able to help and be helped by Hands & Voices friends. We owe it to each other. Come to a social event. Contact any board member to get connected. Go to their website. Get involved with legislation that will help our kids. Sign up for a class. Get connected!

Yes, things could be worse, I know. But some days, it is okay to be teary too. Remember to reach out for help and get connected. Now, if someone would just invent waterproof hearing aids.

*By Amy Pettit, Parent*

---

## 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](http://www.EarlyACCESSIowa.org)

## Contact Information

### State EHDI Coordinator

Tammy O'Hollearn  
Iowa Department of Public Health  
(515) 242-5639  
tohollea@idph.state.ia.us

### EHDI Follow-Up Coordinator

Peggy Swails  
Child Health Specialty Clinics  
(319) 356-3570  
peggy-swails@uiowa.edu

### Family Support Coordinator

Susan Hagarty  
Child Health Specialty Clinics  
(866) 219-9119  
susan-hagarty@uiowa.edu

### Audiology Technical Assistance

Lenore Holte, Ph.D.  
University of Iowa Hospitals and Clinics  
Center for Disabilities and Development  
(319) 356-1168  
lenore-holte@uiowa.edu

Nick Salmon  
University of Iowa Hospitals and Clinics  
Center for Disabilities and Development  
(515) 576-5312  
nsalmon@frontiernet.net

Emily Andrews  
University of Iowa Hospitals and Clinics  
Center for Disabilities and Development  
(319) 384-6894  
emily-andrews@uiowa.edu

**Requests?  
Feedback?  
Comments?  
Suggestions?**

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

Tammy O'Hollearn, Iowa EHDI Coordinator  
Iowa Department of Public Health  
321 E. 12th Street  
Lucas Building - 5th Floor  
Des Moines, IA 50319  
Phone: (515) 242-5639  
E-mail: [tohollea@idph.state.ia.us](mailto:tohollea@idph.state.ia.us)

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