

# Meeting Minutes

Universal Newborn Hearing Screening, Tracking, and Intervention Advisory Board Meeting  
October 24, 3:00pm, via Zoom

**Members Present via Zoom:** Dr. Charles Bower, Dr. Rachel Glade, Dr. Tammy Vanover, Una Carroll, and Danna Crook

**Guests Present:** Stacey Schratz, Dr. Natalie Benafield, Brian Nichols, Dr. Gretchen Cobb, Angelina Myers, Reginald Rogers, Paula Pottenger, Jaime Bilancione (Interpreter), AnnMarie Lott (Interpreter), Kitsonia Hancock, Miriam Stafford, Karen Lange, Madison Howe, Deanne King, Jacqueline Govan, Kim Scott, Christie Birdsong, Nidhi Patel, Cydney Crawford, and Tyria White.

**Call to Order:** Meeting called to order by Chair Dr. Bower 3:08 pm.

**Roll Call, Determination of Quorum:** Dr. Bower opened the meeting, and initiated introductions by Advisory Board members.

**Approval of May 2023 Minutes:** The minutes from the May 2023 meeting were provided and approved without any objections.

## **Old Business:**

- Member appointment updates:
  - Dr. Bower inquired on member appointment updates due to three (3) vacant positions. Kim stated that the governor's office did confirm receipt of the applications for the vacant positions, and they are reviewing the applications and is in progress.
  - Election of Chair and Vice Chair as follows:
    - Dr. Bower will step down as Chair January 2025. Dr. Tammy Vanover Dr. Rachel Glade was nominated and approved for Chair and Una Carroll was nominated and approved to fill the vacant Vice Chair position.

## **Program Update:**

- Kim Scott reported on the current Infant Hearing Program (IHP) updates as follows:
  - IHP submitted an HRSA application for a funding opportunity that will provide funding for the next (5) years starting April 1, 2024, if awarded. The application is currently under agency review.
  - IHP is awaiting notification from a submitted Blue and You application for funding. If awarded, these funds will assist with providing support for a media campaign and primary care physician education in priority counties (counties with the highest loss to follow-up). IHP will anticipate a response back by November 1<sup>st</sup>.
  - IHP is preparing to submit 2022 data to CDC, patient-level data will be submitted in December and aggregate data will be submitted in January. This data will show the state's performance in all EHDI areas (screening, diagnosis, and enrollment in early intervention).
  - IHP submitted an abstract to be a presenter at the 2024 Annual EHDI Meeting. This abstract will discuss the process for developing recommendations for treating non-permanent hearing conditions.
  - IHP is also exploring opportunities for data system interoperability with First Connections to allow the systems to talk with one another and increase the ERAVE system's capacity to document early intervention data.
- Christie Birdsong reported on the following IHP activities:
  - Non-Permanent Loss Research Project – IHP began a project to better understand the impact of non-permanent hearing loss in children 0-3. The project consisted of a set of recommendations for children that have pressure equalizer tubes or have received a non-permanent hearing loss diagnosis. A workgroup consisting of ENTs, EI specialists, Audiologists, and parents was developed to address the best course of action. A survey distributed to providers to gather responses indicating current practices. The following recommendations were presented and approved by the board. The recommendations will be distributed to providers statewide.
    - When should an infant that does not pass the hearing screening, due to middle ear concerns, receive a diagnostic evaluation?

- All infants that do not pass the newborn screening before 1 month of age or have two abnormal screens should receive diagnostic evaluation by 3 months of age in accordance with JCIH best practices recommendations.
- Infants should be scheduled for an evaluation by an (ENT and/or Audiologist within 6 – 8 weeks
- When should children be reevaluated after pressure equalizer (PE) tubes are placed?
  - A hearing test may be conducted before tubes are placed or during the surgery if the child cannot complete testing in the booth and requires sedated ABR.
  - Children should be reevaluated 2 -3 months after tubes are placed to identify if a permanent hearing condition exist.
- When should children with non-permanent hearing loss caused by fluid/infections be reevaluated?
  - Children should be reevaluated by an ENT and/or Audiologist 2 -3 months after the initial diagnosis of a non-permanent hearing condition caused by fluid/infection.
  - Reevaluation will determine if a permanent hearing condition exist or if tubes are required to address fluid.
- When should children with non-permanent loss not caused by fluid/infections be reevaluated?
  - Children should be reevaluated by an ENT and/or Audiologist 2 – 3 months after the initial diagnosis of a non-permanent hearing condition not caused by fluid/infection to determine if a permanent hearing condition exist.
- When should children with non-permanent hearing loss be referred for EI services?
  - Children with a non-permanent hearing condition lasting longer than 3 months should be referred for EI services such as speech language and developmental services.
  - Children with PE tubes that continue to exhibit a non-permanent hearing condition lasting 2 – 3 months after placement should be referred for EI services.
  - Children identified with a non-permanent hearing condition should be talked to, played with, and exposed to various communication strategies often to promote language acquisition.
- Cydney Crawford shared an overview of loss to follow-up data from 2022 and 1<sup>st</sup> quarter of 2023:
  - IHP worked with ADH Epidemiologist, Lucy Im, to identify trends for loss to follow-up based on county of residence, maternal age, maternal level of education and marital status. Highest levels of loss to follow-up was identified in Benton, Craighead, Pulaski, Sebastian and Washington counties, amongst married women between the ages of 25-34, amongst African Americans and individuals that have a high school diploma or GED.
  - Current quality improvement projects include a partnership with UAMS to offering screenings in underserved communities at no cost to families and without a referral and a project to determine if a reduction in loss to follow-up occurs as a result of a primary care physician receiving an additional fax notification 14 days after the first follow-up occurs.

### **AR School for the Deaf Update:**

- Dr. Gretchen Cobb provided an update:
  - Dr. Cobb is currently serving as Interim Superintendent.
  - On October 3<sup>rd</sup> ASD had about 40 legislatures attend an event on campus as well as tour the campus. The legislatures were informed about the programs (i.e., early childhood and adult programs), and they also toured the school for the blind.
  - Dr. Cobb will work with Danita Pitts (Early Childhood Education Director) and others from First Connection through their early childhood collaborative.

### **AR Hands & Voice Update:**

- Angelina Myers provided an update:
  - Served 77 diagnosed families and 67 non-diagnosed families this period.
  - Average time in getting families enrolled and active in events is 1.5 months.
  - Zoo Day, Back to School Bash, Tuesdays Together and a virtual event for parents informing of resources available to them were held.

- Media campaign including a two, 2–3-minute videos have been viewed by parents and providers.
- Partnering with several primary care clinics, OB/GYN clinics, birthing hospitals, and pregnancy centers to provide educational materials to families; several counties are participating, and AR H & V are reaching to more counties.
- Upcoming events include a Parent Professional Summit to be held in January and February, the Sign, Speak and Run in March and Zoo day in April.

**Board of Examiners Request:**

The IHP received a request for the Arkansas Board of Examiners in Speech-Language Pathology and Audiology to revise their license application to include a question(s) to determine the provider's level of experience in working with Deaf or Hard of Hearing children. The board will take this request under advisement and have discussions to determine appropriate questions to obtain this information.

**Speaker/Meeting Schedule Requests:**

- There were no requests for changes to the meeting time, specific topics and/or speakers for 2024.
- Dr. Rachel Glade asked for the meeting be placed automatically on calendars a year in advance.

**Upcoming Dates and Special Announcements:**

There were no new announcements or updates.

- Next Meeting, April 23, 2024, 3 pm – Freeway Medical, via Zoom.

Meeting adjourned at 3:59 p.m.