

Marketing

Does it Really Make a Difference?

Carrie Balian – IL GBYS

**Rachel St. John: TX EHDI AAP
Chapter Champion**

Let's Start With Us



Our State
Backgrounds



3 State Agencies work
together for the Early Hearing
Detection and Intervention
Program

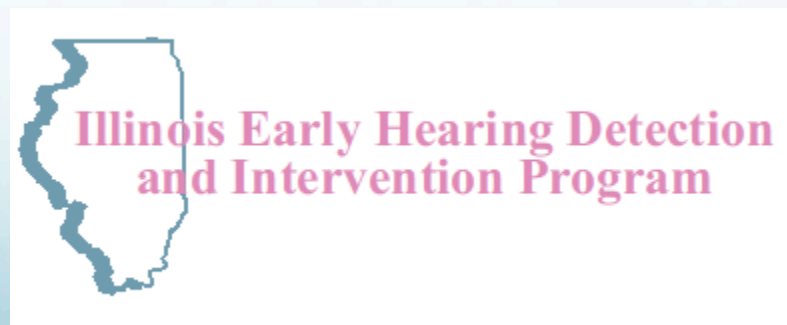
Illinois Department of Public Health

UIC – Division of Specialized Care for Children

Illinois Department of Human Services

What we are going to cover

1. Our state backgrounds
2. Who are you again?
3. Getting buy-in
4. Tools
5. The NICHQ model
6. Measuring success
7. Tips to take home



The Texas Model



**TEXAS EARLY HEARING
DETECTION & INTERVENTION**
A system of care. A community of support.

TX EHDI Pilot



- Established in 2008 to address the ~50% LTF rate for failed newborn hearing screenings
- 5 pilot sites: Dallas/Plano, Fort Worth, Houston, McAllen, Tyler

TX EHDI Pilot



- Collaboration between TEA and DSHS (HRSA) to fund and support outreach collaborations with
 - Pediatricians
 - Family Practitioners
 - ENT's
 - Audiologists
 - ISD professionals

TX EHDI Pilot – Health Educator

- Efforts focused on provider collaboration and education
 - Regular travel to pilot sites
 - Printed information sharing with offices at brief provider visits
 - Presenting “Lunch-and-Learn” on-site educational modules
 - Community provider networking opportunities
 - Identifying local “champions” and supporting longitudinal goals and ongoing networks

Who Are You Again?



First Impressions

- How do you make a difference to your customer?
 - Screening allows those born with a hearing loss a chance at early ID
 - So, what now? What happens next?
 - What materials are given to the family?
 - How is the family introduced to you?
 - You want them to follow up, but do they know you? Do they remember you?

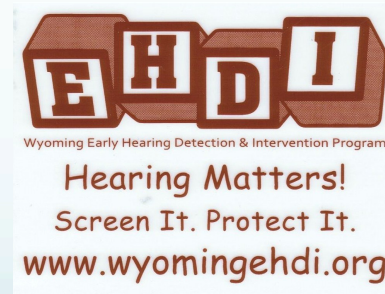
Do you know these slogans?

- Just Do It!
- I'm Lovin' it
- Think Outside the Bun



What is your slogan?

- Do you even have one?
- Do you need one?
- Can it be done?
 - Texas
 - A system of care. A community of support.
 - Wyoming
 - Hearing Matters!
Screen it. Protect it.



Who knows about you?

- Audiologists
- EI providers and other interventionists
- Speech Therapists
- Pediatricians/Doctors
- Birthing Hospitals
- Parents

Who are you missing?

- Parents to be?
- Parents of school age children?
- WIC
- Early Head Start
- Parents As Teachers
- Midwives and Doulas
- Perinatal care providers
- Perinatal network or hospital administrators
- Community Health Departments

How do they find out about you?

- Letters
- Articles
 - State and local parenting magazines
 - Provider newsletters (clinics, audiologists)
 - Organization newsletters (ASHA, Pediatrics)
- Presentations
 - community baby showers
 - birthing hospitals
 - pediatric grand rounds (with residents and interns)
 - Telehealth
 - Exhibits for infant-toddlers and other conferences within state
 - Teachers of the deaf and hard of hearing
 - Deaf and Hard of Hearing Commission
- Networking

What are your benefits?

- What is offered to those that are part of your team?
 - Parent Notebooks to confirmed loss
 - http://www.tndisability.org/coalition_programs/family_voices/newborn_hearing_program (TN)
 - Parent Information Kits
 - MA provides a follow up call to go through kit and answer questions
 - Kit is online (friendly web link)
www.mass.gov/dph/newbornhearingscreening
- Conference Calls for All
- Awards
 - Parent Achievement Award

EHDI Day 2011



GETTING BUY-IN



Strategies with Professionals

- Acknowledging time
 - Saw providers in their office
 - Scheduled during convenient times (often lunch, but not always!)
 - Bring info directly to providers and staff
 - Contacted local medical school through provider suggestion
 - Discussed billing strategies
 - Billing for time
 - 25 modifiers

Comparison of Select Congenital Disorders

Per 10,000 Births*	
Disorder	Newborns
Hearing loss**	30
Cleft lip or palate	12
Down syndrome	11
Limb defect	6
Spina bifida	5
Sickle cell	4
PKU	1

* Statistics from The National Center for Hearing Assessment and Management

** Neonatal Intensive-Care Units experience higher-risk births, and results in a higher than average of newborn hearing loss.

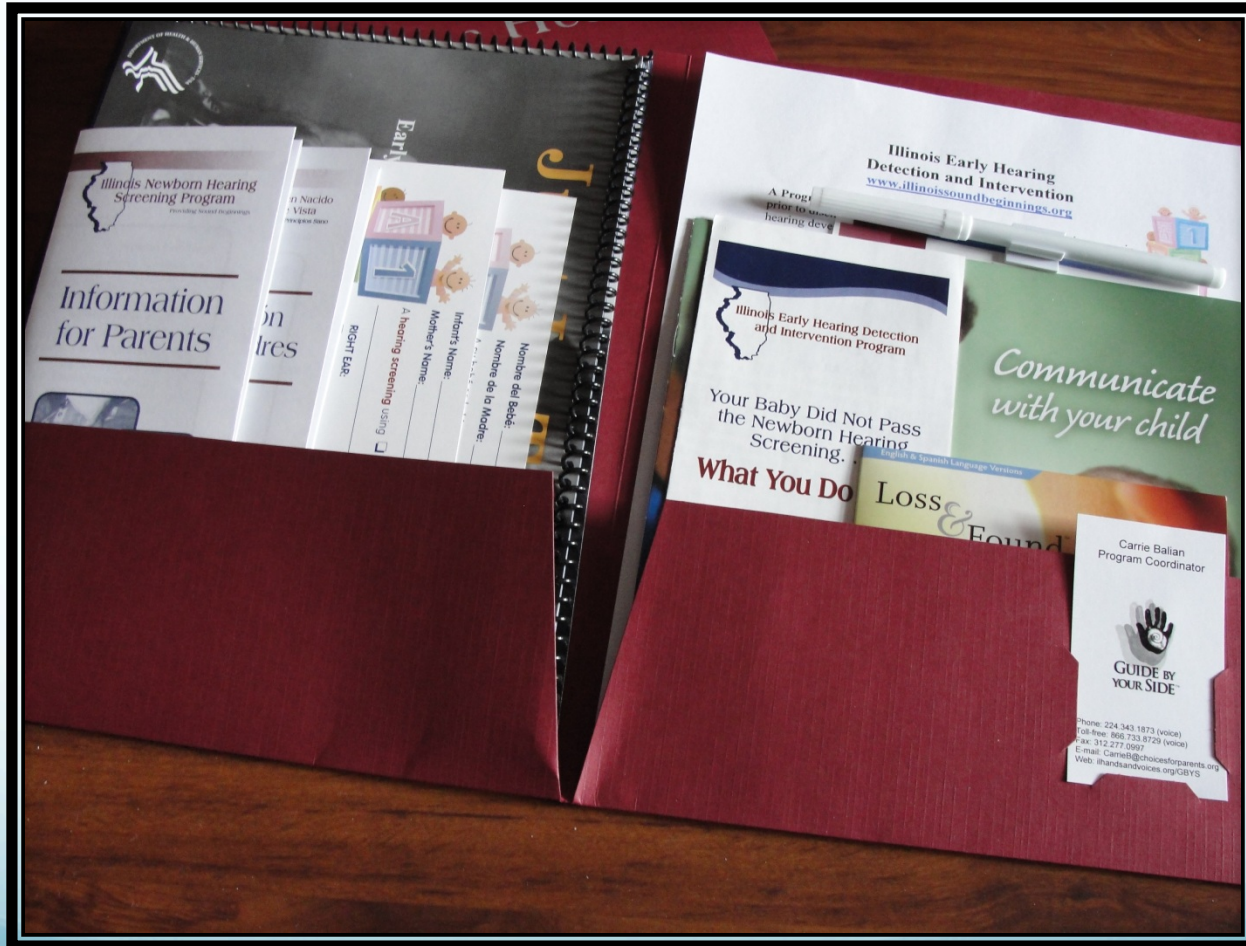
TEHDI Loss to Follow-Up FY09

Total Births Reported to Vital Statistics	410,764*	} Loss
Total Births Reported to the TEHDI System	389,248	
Infants Requiring Screening		
Excludes: deceased, parent refusal, terminally ill	386,867	
Birth Screens:		
Completed	380,706	
In Process	1,887	← Loss
Passed	371,607	
Did not Pass	9,099	
Missed	4,274	
Infants Needing Follow-up:		
Missed + Did not Pass	13,373	← Loss

Getting buy-in...who's in?

- Chapter Champions
 - Our Chapter Champion insisted that EHDI goals be included in two of our state's mandated medical provider training presentations. He has also been very vocal with our Part C Program about the need for improved communication between Part C and our EHDI Program.
- EI – DSC/Hearing loss contact
- Parents can help you share your vision

IL EHDI outreach packet



Who are you again?



Marketing Options

- Marketing materials
 - What is useful?
 - What works for you?
- EHDI day
 - Parents & Professionals gathering to recognize providers that have gone above and beyond in the field
 - Opportunity to give an EHDI update
 - Governor proclaimed day in IL

What do you see?



Ice Scraper!



Given to newborns in the hospitals (T-shirts have also been printed in Spanish)
Adults sizes available as well
Front



front of onesie

back of onesie

Don't forget my annual hearing
re-screening

Wyoming Early Hearing Detection & Intervention



307-721-6212

www.wyomingehdi.org

Sponsored by: The Wyoming Department of Health
Developmental Disabilities Division

Window Cling



Wyoming Early Hearing Detection & Intervention Program

Hearing Matters!

Screen It. Protect It.

www.wyomingehdi.org

Help them remember your program

- Thanks for letting me “POP” in
- It’s “time” to connect/It’s “time” we met
- Here’s the “Scoop”
- Let’s break the “ice”



What else is working...

- Connecting with birthing hospitals once a year (more frequently if necessary) **in person**
- Working with chapter champion – information posted on state AAP website, newsletters, grand rounds, luncheons with CME credit
- List-serves to birthing hospital personnel; audiologists; early intervention stakeholders, parents and advisory board to share new information regarding EHDI initiatives
 - Make a separate list for each category
- Webinars

What else is working (cont'd)

Introduction letters (UT)

July 26, 2011

Dear Dr. ,

Childhood hearing loss has significant developmental consequences.

The American Academy of Pediatrics has a monthly e-newsletter, the ***EHDI Email Express*** that can help you stay connected to the issues. A copy of the June newsletter is included in this mailing for your review.

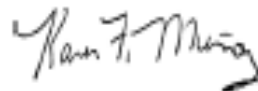
If you would like to see past issues you can go to the following link:

http://medicalhomeinfo.org/how/clinical_care/hearing_screening/ehdi.aspx#express

If you would like to sign-up to receive this newsletter each month contact Faiza Kahn at (847) 434-4924 or by email at fkhan@aap.org

Should you have any questions or need to make a referral for hearing testing, please do not hesitate to contact me at (435) 797-3701 or at Karen.munoz@usu.edu.

Sincerely,



Karen Muñoz, Ed.D., CCC-A
Assistant Professor of Audiology
Licensed Audiologist

TOOLS



Tools

- Roadmaps & Checklists
- Crib Cards
- Posters
- PSA's/brochures
- Videos
- Websites
- Social Media

Welcome Exercise

- 1



- 2



- 3

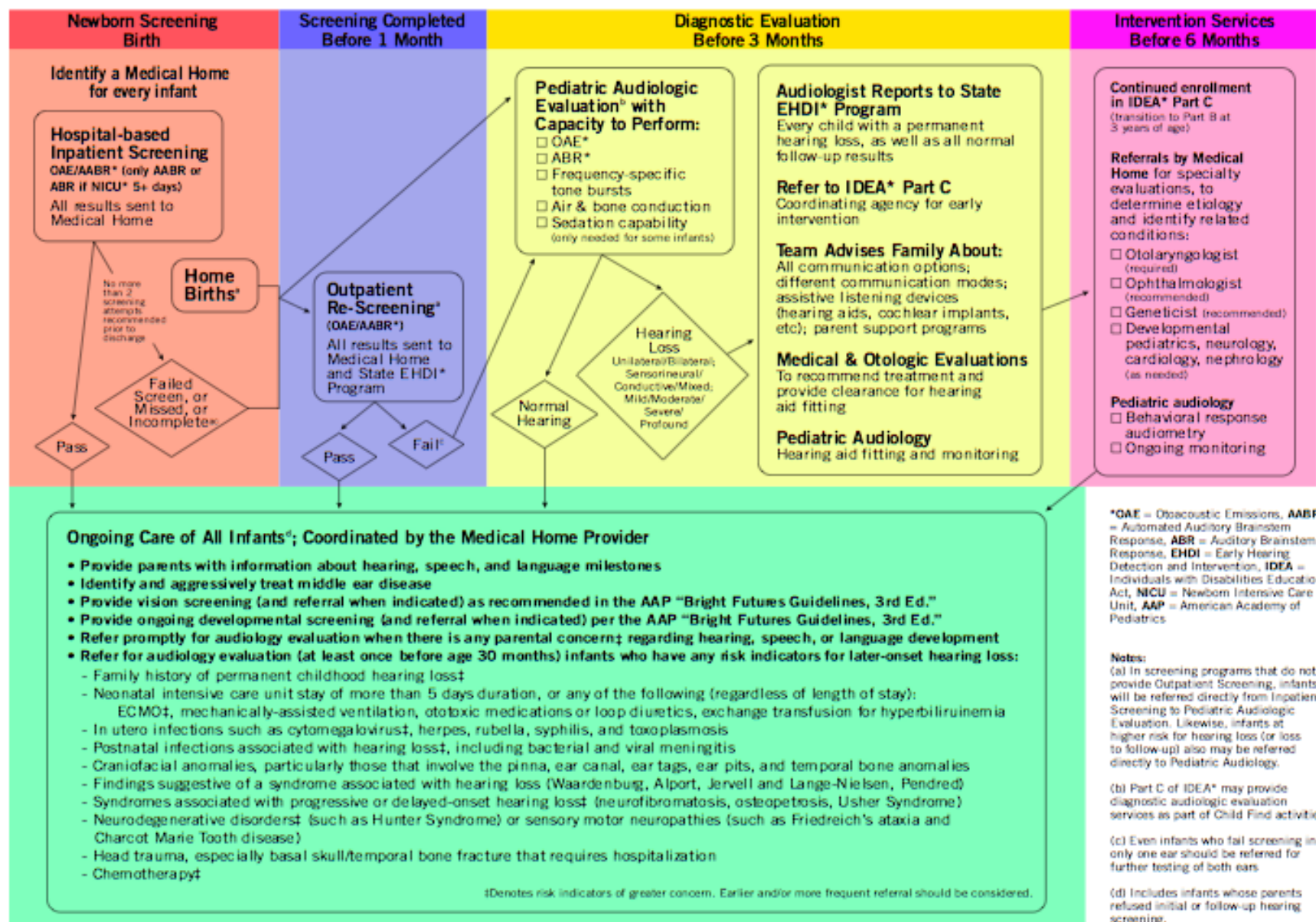


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www.babyhearing.org

Early Hearing Detection and Intervention (EHDI) Guidelines for Pediatric Medical Home Providers



*OAE = Otoacoustic Emissions, AABR = Automated Auditory Brainstem Response, ABR = Auditory Brainstem Response, EHDI = Early Hearing Detection and Intervention, IDEA = Individuals with Disabilities Education Act, NICU = Neonatal Intensive Care Unit, AAP = American Academy of Pediatrics

Notes:

(a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiologic Evaluation. Likewise, infants at higher risk for hearing loss (or loss to follow-up) also may be referred directly to Pediatric Audiology.

(b) Part C of IDEA* may provide diagnostic audiologic evaluation services as part of Child Find activities.

(c) Even infants who fail screening in only one ear should be referred for further testing of both ears.

(d) Includes infants whose parents refused initial or follow-up hearing screening.



*Texas Early Hearing
Detection and Intervention*

login

MORE INFO 

[TEHDI Website](#)

Please login below using you eScreener Plus username and password. If you have problems logging in please contact the help desk via e-mail at ozhelp@oz-systems.com or call 866-427-5768 Opt. 3, and ask to speak with the EHDI Coordinator .

USERNAME:

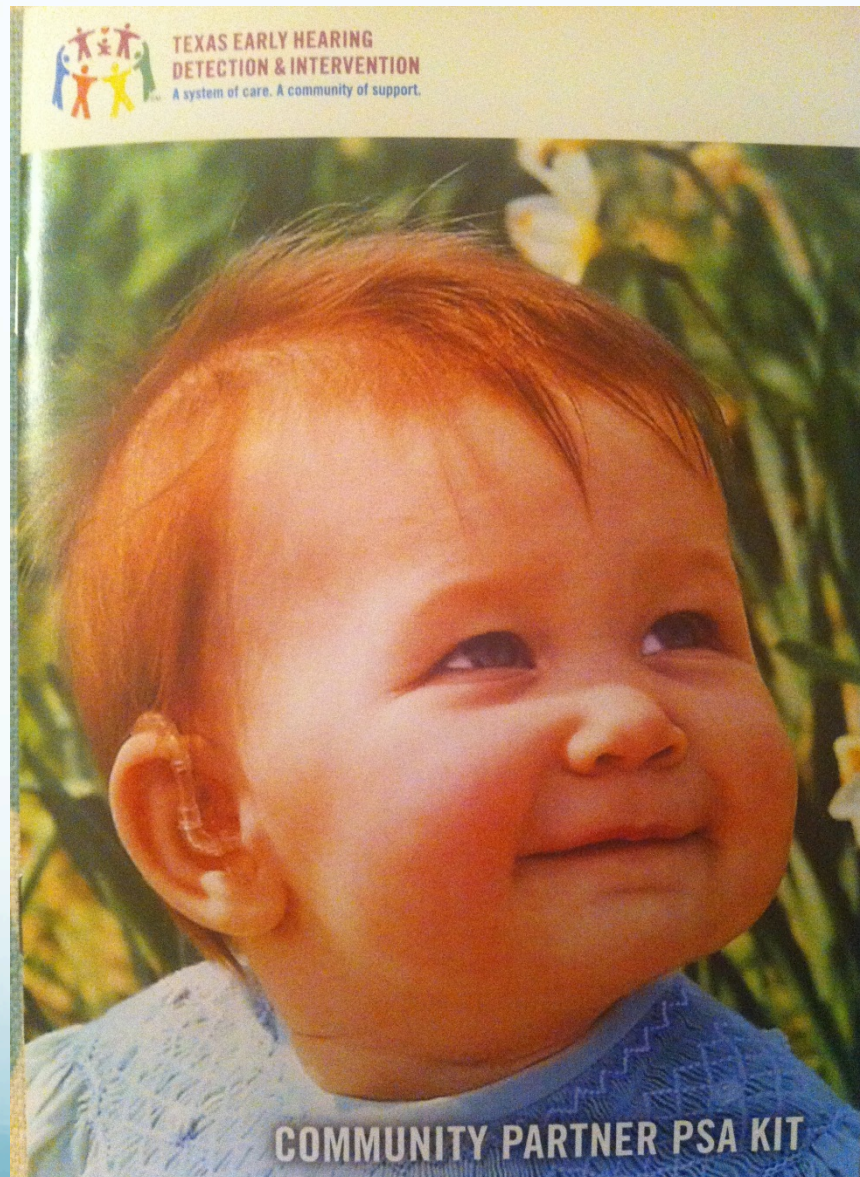
PASSWORD:

Login Now

Parent Brochures



PSA



Front of IL Roadmap

Illinois Early Hearing Detection & Intervention (EHDI)

Next Steps

Your child has a confirmed hearing loss. A copy of these results will be sent to your child's primary care provider and the Illinois Department of Public Health. Please talk with your child's primary care provider for further assistance.

Test Results

Left Ear		Right Ear
<input type="checkbox"/>	No hearing loss	<input type="checkbox"/>
<input type="checkbox"/>	Mild	<input type="checkbox"/>
<input type="checkbox"/>	Moderate	<input type="checkbox"/>
<input type="checkbox"/>	Moderately Severe	<input type="checkbox"/>
<input type="checkbox"/>	Severe	<input type="checkbox"/>
<input type="checkbox"/>	Profound	<input type="checkbox"/>

The next steps are:

- ☐ Enrollment in Early Intervention (EI). Contact EI for your local Child & Family Connections (CFC) office **1-217-782-1981**
- ☐ Enrollment with Division of Specialized Care for Children (DSCC). Contact DSCC for your regional office **1-800-322-3722**
- ☐ Receive an evaluation by an ENT specialist (Ear, Nose and Throat doctor)
- ☐ Contact Guide By Your Side for family support **1-866-655-4588**
- ☐ Call to receive the free "Children and Hearing Loss" notebook from CHOICES for Parents **1-866-733-8729**
- ☐ Discuss the use of personal amplification options with an Audiologist with experience in working with infants.
- ☐ Learn more about communication www.communicationwithyourchild.org

No Later Than 6 Months

- ☐ Enroll in Early Intervention* services with providers that have experience serving children who have a hearing loss
**Children who participate in early intervention prior to six months of age can have age appropriate skills by preschool.*
- ☐ Regular visits with your Audiologist and medical providers

Evaluations to discuss with your baby's physician (Medical Home):

- ☐ Ophthalmologist (eye specialist)
- ☐ Genetic Specialist
- ☐ Other Medical specialists (for example: heart, development, kidney, etc.)

For assistance finding audiology providers in your area, please call the Division of Specialized Care for Children toll-free at
1-800-322-3722

Here to Help

Illinois Early Hearing Detection and Intervention (EHDI) Program Coordinators:

- Illinois Department of Public Health
1-217-782-4733
Email: dph.newbornhearing@illinois.gov
- UIC/Division of Specialized Care for Children
1-800-322-3722
Email: ilsound@uic.edu
- EHDI website
www.illinoisoundbeginnings.org

Division of Specialized Care for Children (DSCC)

- 1-800-322-3722
- www.uic.edu/hsc/dsc

Hearing & Vision Connections (HVC):

- 1-877-731-8184
- www.morgan.k12.il.us/isd/hvc

Early Intervention (EI):

- 1-217-782-1981
- www.dhs.state.il.us/ei

Guide By Your Side (GBYS):

- 1-866-655-4588 or 1-224-343-1873
- www.ilhandsandvoices.org/GBYS

Child's Name: _____
Mother's Name: _____
Date of Birth: _____
Birth Hospital: _____

Back of IL Roadmap

Congratulations! As a parent of a precious baby, you have a wonderful journey ahead. The fact that your child has a hearing loss is only one part of that journey.



Parents have lots of different feelings when they find out their child has a hearing loss. There are so many questions about what to expect and what to do next. Remember that parenting is always a journey taken one step

at a time. You already know how to love, cuddle and comfort your baby. What will be new for you is learning about hearing loss.

There are lots of people and organizations ready to help:

- Your Doctor
- An Audiologist
- Schools and Other Programs
- Parent Groups

One of the most amazing things your child will learn in his or her lifetime is language. Children who are deaf or hard of hearing communicate in many ways, but just like hearing children, it is best if they start when they are very young.

Children who get help before six months of age can often learn language at the same pace as hearing children. They can do well in school and become whatever they want when they grow up. Their success depends on getting timely care from family members and professionals.

As a parent, you do not want your child to miss out on anything! Right now is your time to start. Learn more about communication and how to get the best help for your baby.

Statewide Resources

UIC - Division of Specialized Care for Children (DSCC) (800) 322-3722 www.uic.edu/hsc/dscc - DSCC can help families arrange, coordinate and pay for their child's specialized medical treatment when the child has an eligible medical condition and certain financial criteria are met.

Illinois Early Intervention (EI) (217) 782-1981 www.dhs.state.il.us/ei - EI's mission is to assure that families who have children, birth to three, with diagnosed disabilities, developmental delays or substantial risk of significant delays receive resources and support that assist them in maximizing their child's development, while respecting the diversity of families and communities.

All Kids 1-866-4-OUR-KIDS (1-866-468-7543) or (877) 204-1012 (TTY) www.allkidscovered.com - The All Kids program offers Illinois uninsured children comprehensive healthcare.

CHOICES for Parents (866) 733-8729 www.choicesforparents.org - CHOICES for Parents helps families locate resources and connect with appropriate programs for families with children who have a hearing loss.

Guide By Your Side (GBYS) (866) 655-4588 www.ilhandsandvoices.org/GBYS - GBYS matches families with trained Parent Guides who also have children with a hearing loss. The Parent Guides provide unbiased emotional support and resources.

Hearing and Vision Connections (HVC) (877) 731-8184 www.morgan.k12.il.us/isd/hvc/ - HVC is a statewide training and technical assistance program regarding infants and toddlers who are deaf, hard of hearing or visually impaired.

Illinois Deaf and Hard of Hearing Commission (IDHHC) (217) 557-4495 www.idhhc.state.il.us - IDHHC works to advance the interests of all Illinois citizens with a hearing loss by advocating for systemic improvements, promoting cooperation and coordination among entities serving people who are deaf and hard of hearing and disseminating information to eliminate negative stereotypes surrounding hearing loss.

Illinois Hands & Voices (ILH&V) (877) 533-5279 www.ilhandsandvoices.org - A parent-driven, non-profit organization dedicated to supporting families that have children who are deaf and hard-of-hearing without a bias toward communication modes or methodologies.

Illinois Service Resource Center (ISRC)
(847) 559-0110 www.isrc.us/ - ISRC provides training, technical assistance and resources for parents and educators of students who have a hearing loss and behavioral/emotional challenges.



www.illinoisoundbeginnings.org

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43.10 (09/10) The University of Illinois at Chicago

National Resources

Family-friendly websites where you can learn more about hearing loss and what you can do:

www.babyhearing.org
www.cdc.gov/ncbddd/ehdi/CDROM
www.communicatewithyourchild.org
www.handsandvoices.org
www.infanthearing.org
www.ncbegin.org
www.nidcd.nih.gov/health/hearing
www.raisingdeafkids.org

CRIB cards

IL Crib Card front & back views

Child's Name: _____ DOB: _____

Guardian's Name: _____ Relationship: _____

A **hearing screening** using OAEs was completed on _____ for your child.

Screening Results Indicated

RIGHT EAR:

- ☐ Passed
- ☐ Did not pass and further testing is needed.
- ☐ Screening could not be completed and further follow-up is required.

LEFT EAR:

- ☐ Passed
- ☐ Did not pass and further testing is needed.
- ☐ Screening could not be completed and further follow-up is required.

Follow-Up

- ☐ It is recommended that you make a follow-up appointment with your child's doctor or a pediatric audiologist in the next weeks.
- ☐ Please bring the results to _____ by _____

(CONTACT)

(PHONE)

For more information or assistance in locating follow-up service providers, please contact the **Early Hearing Detection & Intervention Program** at
1-800-322-3722 ♦ www.illinoisoundbeginnings.org ♦ e-mail: ilsound@uic.edu



Please take this card with you to your child's doctor visits and audiologist appointments.

Following Your Child's Hearing Development - BIRTH TO 3 YEARS OF AGE

BIRTH TO 3 MONTHS

- Reacts to loud sounds.
- Is soothed by your voice.
- Turns head to you when you speak.
- Is awakened by loud voices and sounds.
- Smiles when spoken to.
- Seems to know your voice and quiets down if crying.

YES NO

- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐

3 TO 6 MONTHS

- Looks upward or turns toward a new sound.
- Responds to "no" and changes in tone of voice.
- Imitates his/her own voice.
- Enjoys rattles and other toys that make sounds.
- Begins to repeat sounds (i.e., "ooh, aah, ba-ba").
- Becomes scared by a loud voice.

YES NO

- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐

6 TO 10 MONTHS

- Responds to his/her own name, telephone ringing, someone's voice, even when not loud.
- Knows words for common things (cup, shoe) and sayings ("bye-bye").
- Makes babbling sounds, even when alone.
- Starts to respond to requests such as "come here".
- Looks at things when someone talks about them.

YES NO

- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐

10 TO 15 MONTHS

- Plays with own voice, enjoying the sound and feel of it.
- Points to or looks at familiar objects or people when asked to do so.
- Imitates simple words and sounds; may use a few single words meaningfully.
- Enjoys games like peek-a-boo and pat-a-cake.

YES NO

- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐

15 TO 18 MONTHS

- Follows simple directions, such as "give me the ball".
- Uses words he/she has learned often.
- Uses 2-3 word sentences to talk about / ask for things.
- Knows 10 to 20 words.

YES NO

- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐

18 TO 24 MONTHS

- Understands simple "yes-no" questions ("Are you hungry?").
- Understands simple phrases ("in the cup", "sit down").
- Enjoys being read to.
- Points to pictures when asked.

YES NO

- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐

24 TO 36 MONTHS

- Understands "not now" and "no more".
- Chooses things by size (big, little).
- Follows simple directions such as "get your shoes".
- Understands many action words (jump, dance, run).

YES NO

- ☐ ☐
- ☐ ☐
- ☐ ☐
- ☐ ☐

If you have concerns regarding your child's hearing, contact your primary care physician. If you would like assistance finding an audiologist, you may contact: **Division of Specialized Care for Children** at **1-800-322-3722**.

Posters

CDC poster

- Free
- Add your label?
- Implement now

Just In Time

So your baby's care is right on time

Early Hearing Detection and Intervention

1 Before **ONE Month**
of Age: Hearing
Screening

3 Before **THREE Months**
of Age: Hearing
Evaluation

6 Before **SIX Months**
of Age: Early
Intervention

Questions?

Ask your health
care provider for
more information.



www.cdc.gov/ncbddd/ehdi

Posters

IL poster

- Branding
- Gives direction
- Clues for possible late onset
- 1-3-6 model
 - Repetition for providers



Illinois Early Hearing Detection and Intervention Program



Congratulations to the new addition to your family. Communication between a parent and a child is a vital part of development. Your baby had his/her hearing screened in the hospital. Follow-up is the only way to ensure language and communication development for your child.

If your baby passed the hearing screening, you should continue to monitor hearing development. If your baby did not pass the hearing screening, get follow up today.

For more information:
www.illinoisoundbeginnings.org
 Illinois Department of Public Health
 Tel: 1.217.782.4733 Email: dph.newbornhearing@illinois.gov
 UIC Division of Specialized Care for Children
 Tel: 1.800.322.3722 Email: isound@uic.edu

Your Baby's Hearing Development Checklist – BIRTH TO 3 YEARS OF AGE

	YES	NO		YES	NO
BIRTH TO 3 MONTHS					
• Reacts to loud sounds.	<input type="checkbox"/>	<input type="checkbox"/>	10 TO 15 MONTHS • Plays with own voice, enjoying the sound and feel of it. • Points to or looks at familiar objects or people when asked to do so. • Imitates simple words and sounds; may use a few single words meaningfully. • Enjoys games like peek-a-boo and pat-a-cake.	<input type="checkbox"/>	<input type="checkbox"/>
• Is soothed by your voice.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Turns head to you when you speak.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Is awakened by loud voices and sounds.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Smiles when spoken to.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Seems to know your voice and quiets down if crying.	<input type="checkbox"/>	<input type="checkbox"/>			
3 TO 6 MONTHS					
• Looks upward or turns toward a new sound.	<input type="checkbox"/>	<input type="checkbox"/>	15 TO 18 MONTHS • Follows simple directions, such as "give me the ball". • Uses words he/she has learned often. • Uses 2-3 word sentences to talk about/ask for things. • Knows 10 to 20 words.	<input type="checkbox"/>	<input type="checkbox"/>
• Responds to "no" and changes in tone of voice.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Imitates his/her own voice.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Enjoys rattles and other toys that make sounds.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Begins to repeat sounds (i.e., "ooh, aah, ba-ba").	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Becomes soothed by a loud voice.	<input type="checkbox"/>	<input type="checkbox"/>			
6 TO 10 MONTHS					
• Responds to his/her own name, telephone ringing, someone's voice, even when not loud.	<input type="checkbox"/>	<input type="checkbox"/>	18 TO 24 MONTHS • Understands simple "yes-no" questions ("Are you hungry?"). • Understands simple phrases ("in the cup", "sit down"). • Enjoys being read to. • Points to pictures when asked.	<input type="checkbox"/>	<input type="checkbox"/>
• Knows words for common things (cup, shoe) and sayings ("bye-bye").	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Makes babbling sounds, even when alone.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Starts to respond to requests such as "come here".	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
• Looks at things when someone talks about them.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
24 TO 36 MONTHS					
			• Understands "not now" and "no more". • Chooses things by size, bug, intel. • Follows simple directions such as "put your shoes". • Understands many action words (jump, dance, run).	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If you have concerns regarding your child's hearing, contact your primary care physician. If you would like assistance finding an audiologist, you may contact: **Division of Specialized Care for Children at 1-800-322-3722.**

Posters

WY poster

- Branding
- Several versions
 - Teen
 - What HL sounds like
- Clean

HEAR THIS WYOMING!



Hearing Matters!
Screen It. Protect It.



www.wyomingehdi.org

Wyoming Early Hearing Detection & Intervention Program

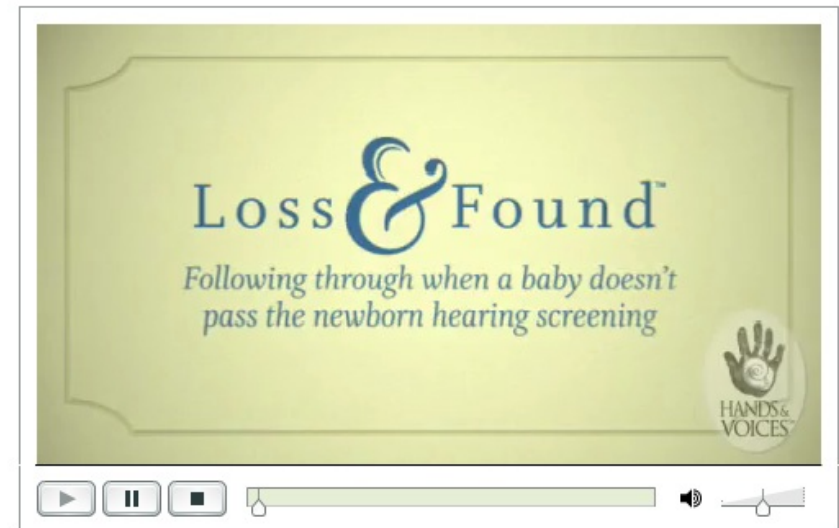
Videos

- Loss & found video
 - http://www.handsandvoices.org/resources/video/inf_cap.html
- NCHAM video
 - www.infanthearing.org



Loss & Found

Subtitled Version - [For non-captioned version click here](#)



Websites

- What is “above the fold”?
 - That’s what everyone sees
 - Is it important? Is it interesting?
- Easy to navigate?
- Family input?

Top 10 website tips

1. Attract attention with your home page and headline
2. Maintain interest with text that's about “you,” not about “me”.
3. Build desire with frequently updated content
4. Links on home page for search engines (Bing, yahoo, Google)
5. Make your site easy to use and navigate






Top 10 website tips

6. Post your phone number and street address on every page
7. Collect e-mail addresses to communicate with clients
8. Test your site before launching it
9. Have a workgroup to rate your site/offer suggestions
10. Link to your Social Media site(s)

Successful Websites

- Do you....
 - Draw new visitors to your site?
 - Keep them there for several pages?
 - Bring them back for repeat visits?
 - Answer “What’s in it for me?”

Social Media

-  Facebook
-  Twitter
-  YouTube
-  LinkedIn
-  Idealist.org
-  cafe mom
- Blogs

Social Media (cont'd)

- What's your benefit?
- Fostering partnerships
- Making it easy

Technology working together

- Don't Be Afraid to Network!
 - Tell everyone!
- Be Persistent
 - Post often
 - Be consistent (same day each month, etc.)
- Build Anticipation
 - Adjusting your website?
 - Adding a file/recording?
 - Event coming up?
- Find Good Partners
 - Agreements to “link”
- Advertise Your Popularity
 - Do you know how many “visit”?

NICHQ: National Initiative for Children's Healthcare Quality



NICHQ

- What is NICHQ?
- Asking the questions:
 - What are we trying to accomplish
 - How will we know if the change is an improvement
 - What changes can we make that will result in improvement
- Plan, Do, Study Act (PDSA)
 - Small tests of change
- Spread

NICHQ Learning Collaborative

- Developed through collaboration between HRSA MCHB, National Center for Hearing Assessment and Management, and the National Initiative for Children's Healthcare Quality
- Response to PCP's lack of access to screening/diagnostic results, lack of information regarding local intervention services

TABLE 1 EHDl Process Phases and Change Strategies

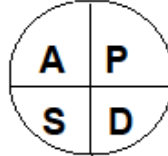
EHDl Phase	Change Strategies
Phase 1: screening (includes initial screening and any rescreening)	<p>Verify PCP with parents and providers for all infants who do not pass screening</p> <p>Standardize process for recording screening results in newborn record</p> <p>Call PCP to inform him or her that the infant has not passed the screening</p> <p>Identify second point of contact for the family</p> <p>Perform any rescreening before discharge</p>
Phase 2: refer to audiology and notify medical home (referral for diagnostic testing and linkage with PCP)	<p>Standardize process for referral to audiologist for those infants who do not pass screening</p> <p>Schedule audiology appointment within 3 d of not passing the screening</p> <p>Streamline payment process and scheduling system for newborns who do not pass the screening</p> <p>Coordinate with PCP to verify follow-up plan</p>
Phase 3: confirmation of hearing loss (diagnostic testing and informing PCP of results)	<p>Prepare family and PCP in advance of the diagnostic audiology visit to maximize chances of an effective evaluation</p> <p>Use fax-back forms to communicate results and care plan to PCP after referral</p> <p>Empower families to be full partners in care-planning: use care notebooks for referral information and educational materials</p> <p>Schedule 2 appointments for audiologic evaluation 2 wk apart: cancel second appointment if not needed</p> <p>Provide "just-in-time" information for PCPs with standardized evidence-based materials</p>
Phase 4: identify etiology (includes referrals to and appointments with ENT, ophthalmology, genetics, and sometimes developmental pediatrics, cardiology, and/or neurology)	<p>Implement fax-back communication to PCP for all referrals</p> <p>Standardize the process for identifying etiology</p> <p>Educate the PCP about the medical workup for hearing loss</p> <p>Reduce waiting time for appointment with specialty providers</p> <p>Develop a communication tool, modeled after AAP guidelines to engage and empower families with information about specialty visits</p>
Phase 5: offer treatment/implement amplification (begins immediately after diagnosis; includes process of discussing communication options and possible intervention pathways with families)	<p>Standardize script for discussing amplification options</p> <p>Identify who is responsible for discussing communication options and developing communication plan with family</p> <p>Share communication plan with all members of the care team</p> <p>Coordinate referral process to minimize authorization delays with insurers</p>
Phase 6: enroll in EI (formal enrollment in an EI program)	<p>Have PCP play coordinating/communicating role between the EHDl and EI programs</p> <p>Streamline referral process to EI</p> <p>Use fax-back form from EI to PCP to verify that enrollment is complete</p>
All phases: state-level infrastructure	<p>Customize AAP guidelines for medical providers²⁴ with state resources; distribute to the PCPs</p> <p>Create educational documents for parents with appropriate reading levels and languages</p> <p>Create a Web-based resource guide that includes information on services for the deaf and hard-of-hearing and clinical tools such as letter and fax templates</p> <p>Measure parent experience with EHDl and use the feedback to guide system improvement</p> <p>Create and use a registry for infants with hearing loss</p>

PDSA

Plan
Do
Study
Act

MODEL FOR IMPROVEMENT CYCLE: _____ DATE: _____

Objective for this PDSA Cycle:



PLAN:

QUESTIONS:

PREDICTIONS:

PLAN FOR CHANGE OR TEST: WHO, WHAT, WHEN WHERE

PLAN FOR COLLECTION OF DATA: WHO, WHAT, WHEN, WHERE

DO: CARRY OUT THE CHANGE OR TEST: COLLECT DATA AND BEGIN ANALYSIS:

STUDY: COMPLETE ANALYSIS OF DATA: SUMMARIZE WHAT WAS LEARNED.

ACT: ARE WE READY TO MAKE A CHANGE? PLAN FOR THE NEXT CYCLE.

TX Outcomes

- Pilot closeout interviews
- Simple, 3 question survey administered in person or over the phone regarding experience with pilot participation and perceived outcomes in practice and community



Beneficial Outcome from Pilot Participation?

- Heightened awareness of importance of conducting and reporting newborn hearing screening
- Higher incidence than previously thought
- Empowerment to find and take advantage of community resources
- Increased collaboration of multiple disciplines in community
- Awareness of Texas statistics

Change in Practice?

- increased diagnosis – one practice now screening all children in practice currently in SL services
- increased referrals to ECI, decreased mean age referral
- increased referrals to AuD, decreased mean age
- Instituting ECI/ISD joint visits to providers offices
- More aggressive referrals to ECI from medical home and AuD providers

How do you know it's working?

- Data monitoring
- Surveys (survey monkey)
- Focus groups
- Parent work group/Parent feedback
- MVOS

Tips to take Home

Bringing it all together



5 Marketing Tips To Take Home

1. Branding
2. Connections
3. Follow-up
4. Benefits
5. Create a plan

THANK YOU!!

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