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## Literacy and Early Development

The Iowa Early Detection and Intervention website states: "Based on national statistics, we would expect approximately 120 Iowa children (out of approximately 40,000 births per year) to be born with a permanent hearing loss. Studies show that children who have a hearing loss can have delays in speech, language, cognitive development (thinking) and social/emotional development. If identification of hearing loss does not happen until after six months of age, a child's language skills at age three will be about half those of a child with normal hearing."

For the past three years, the teachers of the deaf and hard of hearing (DHH) of Mississippi Bend AEA 9 have studied methods to improve the vocabulary skills of DHH school age students.

Using the research-based books by Beck, McKeown and Kucan, "Creating Robust Vocabulary" and "Bringing Words to Life", and research-based computer programs "Vocabulary A-Z" and "Reading A-Z," they have worked to raise the vocabulary levels of their students. The project is ongoing because students with hearing loss frequently miss the subtle day to day conversations and language available to peers with normal hearing. The cumulative impact, unless they become excellent readers, results in a year or more language delay. Children with hearing loss must learn more than a year's worth of language if they are to close the vocabulary gap caused by their hearing loss. The efforts by MBAEA 9 are also supported by the following articles.

Continued on page 9

## Advisory Update

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

**January 10, 2013**  
9 a.m. - 12 p.m.  
Call Tammy for ICN locations

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).**

# Hearing Screening Updates

## Mary Greeley Offering Outpatient Hearing Rescreens

If a family lives near the Ames area and needs a hearing rescreen, Mary Greeley is now an option! They offer hearing screens using automated auditory brain stem response (AABR) all day Tuesday and Friday mornings. To schedule an appointment, please call (515) 239-2444. A secretary will take the call and let parents know the time and date of the screen and where to check in when they arrive. The ordering doctor's name is required when you call to schedule the appointment.

## Methodist Physician's Clinic Offering Audiology Services

They have the ability to do comprehensive hearing testing/evaluations (air, bone, speech), VRA, CPA, Tympanometry, acoustic reflex testing, otoacoustic emissions (OAE) testing (DPOAE and TEOAE capability), and if need be, the resources to refer for an ABR. Their office works with all ages and takes both Medicaid and private insurance.

The ENT side of the clinic treats and manages head and neck cancers, performs thyroid surgery, tonsillectomy and adenoidectomy, tubes, sinus and nasal surgery, evaluates snoring and sleep apnea, and evaluates neck masses and mouth and throat lesions.

### Contact Information:

Methodist Physicians Clinic  
Danielle Starr, Au.D., CCC-A  
Clinical Audiologist  
933 East Pierce Street  
Council Bluffs, IA 51503  
(712) 396-4276

## Child Health Specialty Clinics Welcomes Leslie Huber



Meet Leslie Huber, who joined Child Health Specialty Clinics (CHSC) EHDI in September 2012 filling the vacant long-term follow-up coordinator position. You can reach Leslie at 319-356-3570 or [leslie-huber@uiowa.edu](mailto:leslie-huber@uiowa.edu).

*“Life is either a great adventure or nothing.”*

- Helen Keller

*I am an Iowa alumna and I love the Hawkeyes! I have worked at the University of Iowa before and I am thrilled to be back!*

*With degrees in both business administration and nursing I have enjoyed a unique career path. Most recently, I was the executive director for the Children's Center Charities in Iowa City. I am pleased that in my new position with EHDI I can continue working to assist families with children with special health care needs.*

*I live in Iowa City with my husband, Enrique, and my children, Daniel (12) and Marta (9), and my energetic puppy (4 months). Outside of work, I stay busy keeping up with my kids and their many activities (choir, track, swimming, gymnastics, soccer and violin). When I find time, I love to work in my garden and I do my best to get my family to join me! I get outside when I can to bike with my family and walk my dog. I also enjoy cooking, having friends over, and reading.*

*I am excited about the new challenges I face and am looking forward to exploring how we can best meet them!*

# Ten Tips for Better Communication with Deaf or Hard-of-Hearing Individuals

Students at ISD know it can be lonely when others can't communicate with them. They created the following tip sheet to help their families and others understand how to be more sensitive to their needs. The result??? A more satisfying interaction at holiday events and other family gatherings where the atmosphere is lively, yet noisy.

1. Be aware that hearing aids amplify many sounds. Cars, telephones, motors of household appliances are all loud. Eliminate as much background noise as possible.
2. Avoid sitting in front of mirrors or windows. It's harder to read lips and facial expressions.
3. Get the person's attention before you begin communicating. People with hearing loss work hard at understanding and tire easily.
4. Alert the person when you are changing the conversation topic.
5. Conduct only one conversation at a time if in a group.
6. Use close captioning on the television.
7. Keep your hands away from your face. Don't chew while talking.
8. Speak at a normal rate of speed; don't shout. Some frequencies are just amplified by the louder sounds- not clarified.
9. If the person is wearing an aid, try raising the pitch of your voice slightly. If they aren't wearing an aid, try lowering the pitch of your voice slightly.
10. Never say, "It wasn't important," or "I'll tell you later." It may be interpreted as though you don't feel the person is important enough to repeat the conversation.

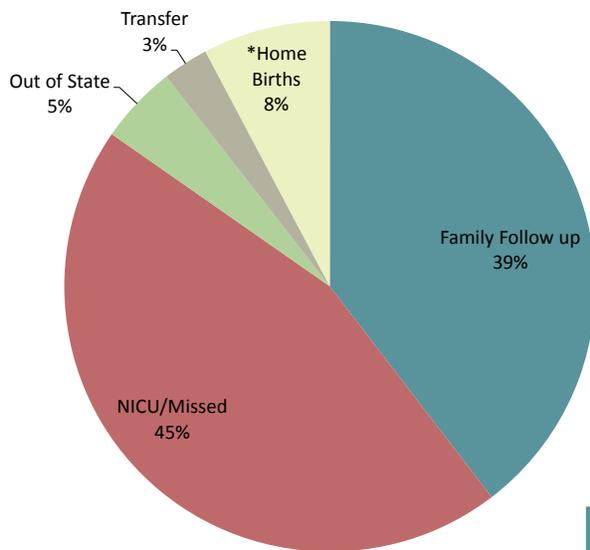
*Cynthia Angeroth, Outreach Coordinator  
Iowa School for the Deaf*

# 2011 Short Term Follow-up Analysis

In January of 2011, IDPH Early Hearing Detection and Intervention (EHDI) began piloting new short-term follow up (STFU) processes in an effort to meet the national EHDI 1-3-6 goal of screening/re-screening no later than 1 month of age; diagnostic testing no later than 3 months of age, and early intervention no later than 6 months of age. The primary purpose of follow up, tracking and reporting is to ensure that all babies get screened and receive timely services if needed. It also provides the basis for measuring the program's effectiveness, progress, outcomes, strengths, and weaknesses.

The follow up now begins one to three weeks following birth. Some of the follow-up activities performed by IDPH EHDI each month include contacting birthing facilities for any missing babies or incorrect data entry in the EHDI database; collecting & entering results from facilities that are still using paper forms; and making sure babies that are born out of hospital (home births, etc.) or transferred to an out-of-state facility receive a hearing screen in a timely manner. The EHDI follow-up coordinator contacts families and primary care providers of those children who either miss or do not pass their hearing screen prior to hospital discharge encouraging them to get the screen done as soon as possible. Approximately 250-300 follow-up phone calls are made by the IDPH EHDI team each month.

The pie chart below shows the breakdown of each category: family follow up (39%), NICU (45%), out of state (5%), transfer (3%) and home births (8%). These categories represent the total number of babies that needed STFU in 2011. In summary, the EHDI program at the Iowa Department of Public Health followed up on a total of 2901 babies in 2011.



Family Follow Up	1,152
NICU/Watch	1,306
Out of State	138
Transfer	81
Home Births	224
<b>Total Number of Referrals Received by the Iowa Department of Public Health</b>	<b>2901</b>

Table 1: Total number of referrals received in 2011

**Definitions:**

- \*Family Follow up- Babies that either missed or did not pass their hearing screen at birth and need to be screened.
- \*NICU/Watch- Babies, in the Neonatal Intensive Care Unit (NICU) greater than five days, are tracked manually to ensure screening process in complete prior to discharge. These babies are included on the watch list along with babies that have been screened but their results haven't been entered into eSP™.
- \*Out of State- Babies born in Iowa but live out of state that did not pass their birth screen.
- \*Transfer- Babies born in Iowa and transferred to an out-of-state hospital for care.
- \*Home Births- Babies born in Iowa at home that are in need of a birth screen.

# 2011 Short Term Follow-up Analysis (continued)

Table 2 below shows the preliminary data analysis of 2011. Each category is marked in the EHDI database, eSP™, based on their outcome after the follow up is complete. It includes the following hearing outcomes: passed (babies who were re-screened and passed bilaterally); lost contact (babies who were moved to lost contact in the database after several unsuccessful letters and phone calls were made to the families and the infants' primary care provider); deceased (babies who have died of complications after birth or were medically fragile); parental refusals (families who have decided to waive the screen); moved out of state (babies who are born in Iowa but moved out of Iowa to live in other states); in-process (babies that were in the NICU, out of state, transfer, home births). Long-term follow up is referred to as babies who received an outpatient screen and are in need of follow-up diagnostic testing.

2011	Total # of Referrals (IDPH)	Passed	Lost Contact	Deceased	Parental Consent (Refusals)	Moved Out of State	In Process	Long-term Follow up
Family Follow up	1152	757	179	1	12	4	0	199
NICU	1306	1155	26	43	6	1	11	64
Out of State	138	72	1	2	0	62	0	1
Transfer	81	76	0	1	0	0	0	4
Home Births	224	36	67	1	117	0	0	3
<b>Total:</b>	<b>2901</b>	<b>2096</b>	<b>273</b>	<b>48</b>	<b>135</b>	<b>67</b>	<b>11</b>	<b>271</b>

Table 2: Total number of referrals categorized based on the outcome.

IDPH EHDI has recently been focusing on the factors contributing to “loss to follow up and loss to documentation” in the database (category of “lost contact” listed in Table 2). Routine short-term follow up and quality assurance checks are being performed at the IDPH in an effort to reduce the number of babies that are moved to lost contact. This number has been greatly reduced compared to previous years and continues to decline as we move forward.

In conclusion, EHDI staff have been working diligently on a daily basis to ensure recommended services are received and reported and that specific milestones and benchmarks are being met. The short-term follow up efforts at the department show better outcomes that have resulted in decreased number of referrals received by the department, decreased miss or refer rates, less data entry errors, and more consistent reporting by audiology providers statewide.

*Esha Steffen, MPH*

# 2012 Iowa Symposium on Hearing Loss: Impact on Children and Their Families

The 2012 Iowa Symposium on Hearing Loss convened on September 28 and 29 in Ankeny, Iowa. This biennial gathering brings together professionals and families who care about Iowa's children who are deaf or hard-of-hearing. One hundred twenty-four participants attended the two-day meeting for updates on relevant research, available services, and activities in Iowa's Early Hearing Detection and Intervention program.

The first day kicked off with a presentation of Iowa's current EHDI system data and activities by Tammy O'Hollearn, Iowa EHDI coordinator, and Shannon Sullivan, Iowa's EHDI AAP chapter champion. The following two presentations were particularly important in efforts to monitor children with delayed onset or progressive hearing loss: Faye McCollister, from the University of Alabama at Birmingham, presented the latest research on hearing loss associated with congenital cytomegalovirus, and Christie



*Christie  
Yoshinaga-Itano*



*Karen Putz*

Yoshinaga-Itano from the University of Colorado presented fascinating data on the rate of progressive hearing loss in a cohort of children in Colorado.

Nurses enjoyed updates on screening techniques and varied attendees enjoyed seeing some of the first data from the Outcomes of Children with Hearing Loss (OCHL) study on children who are hard-of-hearing. During dinner on Friday evening, Karen Putz treated everyone to her engaging and inspirational story of being a deaf mom of deaf and hard-of-hearing kids.

Saturday started with an outstanding and thought-provoking presentation on evidence-based practices in education of the deaf by Mark Marschark from the National Technical Institute for the deaf. This was followed by informational and interactive sessions on the cochlear implant programs available to Iowa's children and another on parent decision-making by LeeAnne Seaver from Hands and Voices. A new format this year was the roundtable session with experts available for short informal discussions at 15 tables. Topics included financing hearing aids, summer camp experiences, sibling support and sign language interpreter training and licensure. The conference ended with a panel of parents and deaf and hard-of-hearing young adults sharing their insights.



*Mark Marschark*

We are especially grateful to the Roy J. Carver Charitable Trust for providing funding for our 2012 meeting. This funding made it possible for professionals to get high-quality, low-cost continuing education to improved Iowa's EHDI system of care and for families to attend and network. Participant evaluations of the Iowa Symposium on Hearing Loss have always been highly positive, but this year they were exceptional, with many attendees declaring this one the best ever. All enjoyed the opportunity to network with EHDI stakeholders from around the state. Evaluations also included many excellent ideas for the next meeting in 2014. We hope to see even more of you in 2014!!!

*Lenore Holte, PhD, EHDI Audiology Lead*

# Tired of Entering Demographics and Hearing Screen Results Manually? Consider Importing



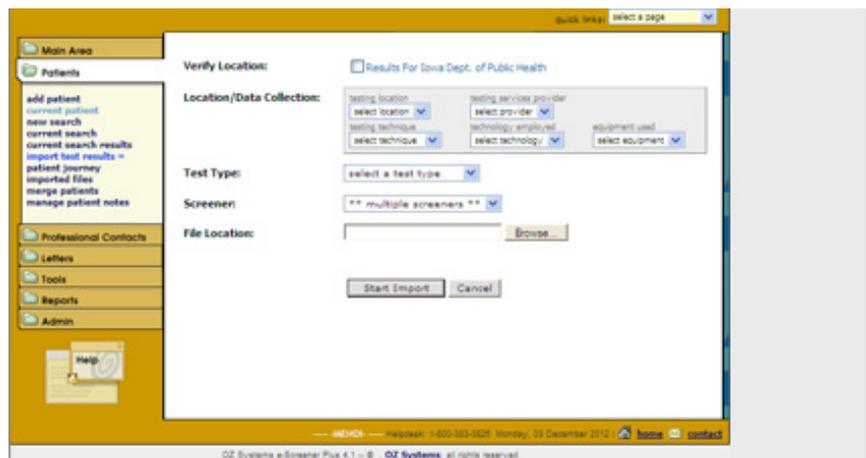
## Do you want to save time entering demographics and hearing screen results into eSP™?

Consider joining your peers across Iowa and import demographics and hearing screening results into eSP™. Importing the demographic data not only decreases the amount of staff time for manual entry, but also decreases duplication (manual entry into multiple data systems), avoids missing children, and decreases the potential for errors in spelling or results entry.

eSP™ interfaces with hospital data registries (e.g., admitting or electronic health records) to import data from the hospital's database into eSP™. This involves the creation of an ASCII file that contains patient information including demographics, contact information, race/ethnicity and risk factors. One field that will still need to be entered at this time is the PCP/medical home.

No software is needed to enable you to do the import. The EHDI program will provide instructions and the data dictionary needed to create the file so the information can be passed along to hospital information technology (IT) personnel. Once the file is created, the EHDI database vendor, OZ Systems, will test the file to ensure it works correctly. Once the file has been tested, EHDI staff in collaboration with OZ will schedule a WebEx conference to walk you through the steps to set up the import.

If you are interested in learning more about importing, please contact Tammy O'Hollearn at [tammy.ohollearn@idph.iowa.gov](mailto:tammy.ohollearn@idph.iowa.gov) or by phone at (515) 242-5639. If you set up the system to import demographics, you can also set it up to import newborn hearing screening results too. Join your peers and save time by setting up an import file today!



# A Parent's Perspective...

My daughter, Sa'Mari, was born on March 27, 2010. She was 36 weeks and a tiny 4 pounds. When she had her newborn hearing test done she did not pass. The nurses said they couldn't get a good testing because her ear canals were very small. As time passed, we began to notice she wasn't responding to sound or noise. Upon further testing, she was diagnosed with profound hearing loss.

To find out my daughter was deaf was a lot to process, but I kept myself together for her sake. She was fitted for hearing aids. However, they did not provide any hearing for her. We were presented with information about cochlear implants. Her father and I researched them and decided that we would proceed with the procedure. At that time, she was not of age. The doctors said she had to be 1 year old. On June 2, 2011, she was implanted with

*"Sa'Mari was introduced to sound, although we knew we had a long road ahead."*

a cochlear on her right ear and a month later she was activated. Sa'Mari was introduced to sound, although we knew we had a long road ahead. She began speech therapy. In January of 2012, she had surgery on her left ear and a month later she was activated.

She was getting all of the help she needed. She was going to all of her appointments; was being taught sign language; and attending speech therapy several times a week, but there was something missing. Although we had great support, there was no one who had been through what her father, Sherome, and I were going through. It was in July when that all changed.

My mother, Sa'Mari and I were running late to the farmers' market in Waterloo. As we were walking around, we were approached by Susan Hagarty and her daughter, Madeline, who also has had cochlear implants since she was younger, and is now a teenager. They were very open and we talked for nearly an hour. We went home with no vegetables or fruit but a new hope and lots of knowledge. Not only had Susan been through what we are experiencing as parents, but her daughter was able to provide even more personal insights.

Susan is now my mentor through the Guide By Your Side program of Hands & Voices. She informed us of the EHDI Symposium, which my mother, Sherome and I attended, along with Sa'Mari and her new baby sister, Kailana. It felt so good to be exposed to deaf culture and surrounded by professionals who help children like our Sa'Mari. We learned so much and left with great material. It was very inspirational. We might have been the only non-professional hearing people in the symposium. I really hope other parents were there. We were certainly the youngest, and did not notice other parents. Yet, we felt connected.

*"I was inspired and encouraged that my fears of her not having an abundant and prosperous future were unfounded."*

The one take away for us was that we as parents must be involved. We know that Sa'Mari's life will be filled with an abundance of challenges beyond what most will experience. However, as I listened to Deb and Katrina Landolt, a mother and daughter team on the panel, and later spoke with them, I was inspired and encouraged that my fears of her not having an abundant and prosperous future were unfounded. None of us know what the future holds, but thanks to Hands & Voices, Guide By Your Side, Susan, and many others, we have found resources and friends who will support us and Sa'Mari as she continues to thrive as a child who is deaf.

# Literacy and Early Development

Continued from page 1

In the article, “In the Everyday Experience of Young American Children,” authors Hart and Risley, (1999 reprinted in 2002), followed 42 families monthly for a two year period during two crucial early years of language development by recording the language interactions within the family. Their findings indicated: “For each family, the amount parents talked to their children was so consistent over time that the differences in the children’s language experience were enormous by age 3. The more parents talked with/to their children, the faster the children’s vocabularies grew and the higher the children’s IQ test scores at age 3 and later. Also, when parents discussed feelings, plans, present activities, and past events, the vocabulary became more varied and the descriptions richer.” Hart and Risley’s research indicates that the most important aspect of developing a child’s language is the amount of language input. They also found that the “...amount of parenting per hour and the quality of the verbal content associated with that parenting, were strongly related to the resulting IQ score of the child.”

**“The more parents talked with their children, the faster the children’s vocabularies grew”**

In a similar study by Mary Pat Moeller, of Boys-town Research Hospital,(2000), “Early Intervention and the Language Development in Children Who Are Deaf and Hard of Hearing,” Moeller examined the relationship between age of enrollment in intervention and language outcomes at 5

years of age in a group of 112 DHH children. Moeller found that “Children enrolled by 11 months of age demonstrated significantly better vocabulary and verbal reasoning skills at 5 years of age than did later enrolled children, regardless of degree of hearing loss. In addition, the effects of limitations in early access to language models may also be a highly regarded contributing factor for children with hearing loss attaining lower average scores in verbal reasoning.

The most successful children in the study were those with high levels of family involvement who were enrolled in early intervention services.” In the study, “high levels of family involvement correlated with positive language outcomes, and conversely, limited family involvement was associated with significant child language delays at five years of age, especially when enrolled in early intervention programs late.” These results align with results of a study by Yoshinago-Itano, 1995, in which infants identified between birth and two months of age performed significantly better at 40 months of age than did later identified infants on measures of general development and expressive language. In study after study, parents who become involved in intervention have been found to communicate better with their children and contribute more to their progress than parents who do not participate in such programs. Moeller found that the more involved the family was in the child’s intervention program, the higher the child’s vocabulary scores were at 5 years of age. It must also be noted that children with hearing loss attained only low average scores in verbal reasoning, which is thought to reflect the effects of limitations in early access to language models.

These results also support the conclusions of Calderon (2000) in “Parental Involvement in Deaf Children’s Educational Programs as a Predictor of Child’s Language, Early Reading, and Social Emotional Development,” that family involvement was a “strong predictor of academic and social outcomes and parent-child communication was an even stronger predictor of early reading skills and social-emotional development.”

*Parents who become involved in intervention have been found to communicate better with their children*

# Literacy and Early Development (cont'd)

When looking at early intervention, interactions, and experiences, Ken Bleile, University of Northern Iowa language professor, reported during his presentation to AEA 9 speech and language pathologists in 2010, that the greatest increase in brain development occurs by age four. The initial years of development and language input are critical to brain development. Bleile stated, "Children in poverty hear 3 million words a year, children in the working class hear 6 million words a year, and children in the professional class hear 11 million words a year. All else being equal, a child born that is 'average' is tested when 4 or so for IQ would score an 80, if in poverty; if enriched, at 120. Children who lack the language stimulation early on have less potential over time to learn because cells that were not utilized and enriched by stimulation are 'pruned' from lack of use; there are less cells to aid in learning. Stimulation early in life is effective because it promotes connections between brain cells before selective elimination (pruning) is complete."

*Stimulation early in life is effective because it promotes connections between brain cells before selective elimination is complete*

Kathryn Wilson, Director of the First Years Program at University of North Carolina, Chapel Hill, in her "Literacy and Academic Success for Children who are Deaf and Hard of Hearing," Summer 2011 class, reported on the studies by Bartel, Flexer and Sindrey reinforcing the normal expressive language acquisition that children need to develop to be successful when they begin school.

## Expressive Vocabulary Acquisition

12 Months	First Word Appears
18 Months	20-100 Words
2 Years	300 Words
3 Years	900 Words
4 Years	1500 Words
5 Years	2500 Words

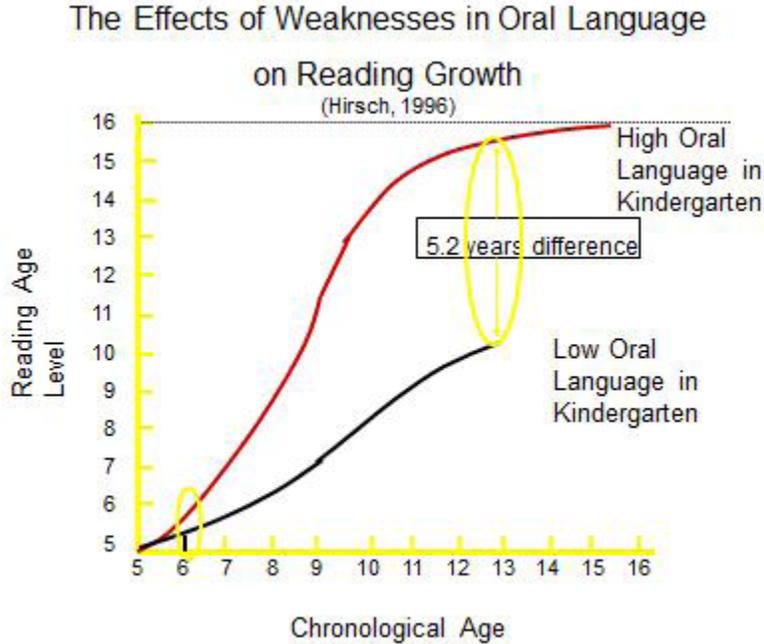
Bartel, N. (1975)  
Flexer, C. (1994)  
Sindrey, D. (1997)

Wilson reported that first graders from middle SES (socio-economic status) had 2700 words while first graders from low SES had 1800 words. As these children progressed through the primary grades the children from middle SES learned 3000 words/year while children from low SES learned approximately 1000 words/year. Additionally, a recent Harvard Education Letter reported that students who begin school low in oral vocabulary usually drop farther behind and students who start out with higher oral vocabulary gain new vocabulary at a much faster rate. This makes the gap grow larger and larger.

Studies are indicating that children's level of vocabulary is significantly affected by hearing threshold levels. Children with hearing loss have problems accessing constant and consistent information from the environment that results in poor early learning experiences, which in turn creates a weak foundation for the development of vocabulary.

# Literacy and Early Development (cont'd)

Looking at the graph below, in a study by Hirsch, without appropriate intervention at an early age the gap in language development by age 13 was greater than five years. If significant interventions occur in the early years of development, the language gap can either be closed or diminished to a significant degree.

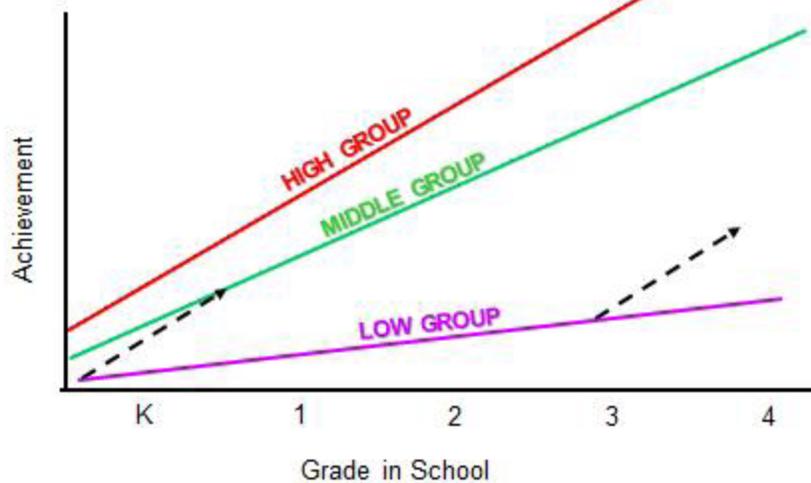


(North Carolina State Improvement Project)

Presented at the "Literacy and Academic Success for Children who are Deaf and Hard of Hearing," Summer 2011 class, Kathryn Wilson

## The Expanding Achievement Gap

(North Carolina State Improvement Project)



Presented at the "Literacy and Academic Success for Children who are Deaf and Hard of Hearing," Summer 2011 class, Kathryn Wilson

# Literacy and Early Development (cont'd)

In another study by Schildroth and Karchmer in 1986, children with profound hearing loss completed grade school reading at a fourth grade reading level due to their inability to overhear incidental information, weak phonemic skills and weak comprehension skills. Due to the impact of newborn screening and early intervention, we are beginning to make significant gains in the reading outcomes of deaf and hard of hearing children.

Wilson also reported on the importance of reading aloud to children to build literacy and reading. Reading aloud results in increased performance on standardized reading tests, helps to develop oral language skills, improves vocabulary, increases listening comprehension as well as reading comprehension, and lengthens the child's attention span. Among the best indicators of a child's potential for success with reading and writing are his/her oral language and metalinguistic skills. (R. Katz, Shankweiler, and Liberman, 1981; Kemper, 1985; Mann, Shankweiler and Smith, 1984; Shankweiler, Liberman, Marek, Forwler and Fischer, 1979)

Research also shows that reading out loud with your child every day for at least 45 minutes helps with language development and reading skills. As reported earlier, the process is ongoing and during the past year TDHH and audiologists made a conscious effort to work with families in their homes to reinforce the importance of early literacy and the long-term impact it will have on student success.

*Marcy Beisiegel-Clausen*

***“Due to the impact of newborn screening and early intervention, we are beginning to make significant gains in the reading outcomes of deaf and hard of hearing children.”***

## Pediatric Amplification Online Educational Module

The National Center for Hearing Assessment and Management (NCHAM) is pleased to offer a pediatric amplification online educational module. Please feel free to share this information with audiologists in your state!

This recorded workshop, conducted by Dr. Ryan McCreery from Boys Town National Research Hospital, is available at no charge and is approved by the American Academy of Audiology for .8 CEUs. In addition to the presentations, the module includes instructional videos, resources, and recommended readings.

Please take the following steps to enroll:

1. You can find the online workshop at the following URL: <http://www.infanthearing.org/moodle/>. Otherwise, you can go to the NCHAM website, <http://www.infanthearing.org/>, and click on the “workshops” icon in the upper left corner. You'll then see a list of workshops. Select the “Pediatric Amplification” link to get to the course login page.
2. You'll need to set up an account. Follow the steps on the right side of the page, titled “Is This Your First Time Here?” by clicking the “Create New Account” button.
3. After you've set up a new account and logged in, you'll see a list of Moodle courses; select Pediatric Amplification.

That's it! You're all ready to begin the course.

# Books/Resources for Parents of a Child Who is Deaf or Hard-of-Hearing

As part of Gallaudet University, the Laurent Clerc Deaf Education Center is dedicated to improving the quality of education afforded to deaf and hard-of-hearing students from birth to age 21 throughout the United States of America. Information regarding helpful books and resources for parents of children who are deaf or hard of hearing can be found on the Laurent Clerc National Deaf Education website at <http://clerccenter.gallaudet.edu/InfoToGo/563.html>.

Information on this web site page notes that all parents face challenges in raising children. Because the parent of a child who is deaf or hard-of-hearing may face additional parenting challenges and require specific information and assistance in order to make informed decisions about the needs of the child, the National Deaf Education staff compiled a listing of books and resources that present a variety of experiences and philosophical approaches, encouraging parents and family members to consider a range of options. The information is organized in six categories: books written by parents for parents of deaf or hard of hearing children; books written by professionals for parents of deaf or hard of hearing children; books by deaf adults about their experiences growing up deaf; books written by hearing authors who grew up in families with deaf parents; books for children about everyday experiences of children who are deaf or hard of hearing; and, resources for follow up.

In developing this list, the National Deaf Education staff have tried to identify books 1) that focus on parent experiences and topics specific to different stages of a child's development; 2) autobiographical and biographical accounts that highlight the reality that a deaf child becomes a deaf adult; and 3) books for children that can assist siblings in understanding what it is like to be deaf or hard of hearing.

## *Billing Information*

Below is helpful information for those of you billing for outpatient screens or contemplating billing. The links are documents put together by the AAP and are available on their website:

Fact Sheet on coding:

[http://www.medicalhomeinfo.org/downloads/pdfs/EDHI\\_Coding\\_Fact\\_Sheet\\_FINAL.pdf](http://www.medicalhomeinfo.org/downloads/pdfs/EDHI_Coding_Fact_Sheet_FINAL.pdf)

Denial Management and Negotiation Hearing Screening:

[http://www.medicalhomeinfo.org/downloads/pdfs/Appendix\\_A\\_FINAL.pdf](http://www.medicalhomeinfo.org/downloads/pdfs/Appendix_A_FINAL.pdf)

EHDI Technical Assistance Website, National Center for Hearing Assessment and Management (this is another great resource regarding billing codes):

<http://www.infantheating.org/financing/index.html>

# Contact Information

## State EHDI Coordinator

Tammy O'Hollearn  
Iowa Department of Public Health  
(515) 242-5639  
tammy.ohollearn@idph.iowa.gov

## EHDI Short-Term Follow-Up Coordinator

Esha Steffen  
Iowa Department of Public Health  
(515)725-2160  
esha.steffen@idph.iowa.gov

**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: tammy.ohollearn@idph.iowa.gov

## CHSC Project Director, Improvement Advisor

Vicki Hunting  
Child Health Specialty Clinics  
(515) 331-0750  
vicki-hunting@uiowa.edu

## Long-Term Follow-Up Coordinator

Leslie Huber  
Child Health Specialty Clinics  
(319) 356-3570  
leslie-huber@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