Early Hearing Detection and Intervention Advisory Committee Meeting Minutes
Thursday, October 6, 2011
10 – 3:00 p.m.

Location: Altoona Public Library, 700 8th Street Southwest, Altoona, IA

Members Present: Hector Garrido, Lenore Holte, Ian Mertes, Kathy Miller, Lucinda Hollingshead, Michelle Vaccaro, Sally Nadolsky, Dr. Eytan Young, Bob Vizzini.

Staff Present: Susan Hagarty, Vicki Hunting, Tammy O’Hollearn, Esha Steffen - intern

10:00 – 10:15 Introductions & Announcements
Members introduced themselves. Announcements included:

- The next advisory committee meeting in Jan will be held by ICN. Notify Tammy of preference for ICN locations so she can secure them in advance of the meeting. Tammy reminded everyone that the meeting is only from 9-12 Noon.

- Peggy Swails resigned her position as long term EHDI Follow-up Coordinator; CHSC will be posting the position within the next couple of weeks. Draft is available for the full-time position if anyone is interested in looking at it. Contact Vicki.

- Lucinda from Mary Greeley Medical Center shared the news that they received a new AABR machine. They will be offering outpatient hearing screening for children that have failed their OAE or AABR screen at birth and need additional screening. They plan to notify surrounding communities in the near future of this option.

- Tammy shared the letter with committee members for Hearing Aid Coverage that Amy Pettit wrote to US Senate for children under the age of 21 and the response she received from Senator Harkin.

- Fall newsletter will be posted in about a week. If anyone has ideas for next newsletter, please contact Tammy O’Hollearn and provide your articles by the first week of November.

- Tammy let members know that the EHDI website will be going through an overhaul in the coming months. She noted the website grew from 2 pages in 2006 to many pages for parents, professionals and GBYS. It will be reorganized so that is more user friendly again. Tammy will communicate through email and advisory meetings about changes, revisions and ask for assistance and review by
committee members. She noted that new guidance has come out to guide development and she will also have to work within Department guidelines or restrictions.

10:15 – 11:15

**Expanded Core Curriculum for Students Who Are Deaf or Hard of Hearing (Marsha)**

Marsha was unable to attend the meeting but will present at the next Advisory Committee Meeting in January.

11:15 – 11:30

**Parent Survey Results (Tammy)**

Tammy shared parent survey results with the committee members. The survey is attached to the meeting minutes.

The parent survey was designed as a phase of program evaluation to help the EHDI program identify areas of strength and determine areas of need for improvement based on family needs. CDC worked with the EHDI program to develop the survey. The first page (Survey Statistics) outlines the total number of surveys that were mailed out to the families of children that are under one year of age; both hospital and home birth families. 1913 surveys were sent to hospital birth families and 218 to home birth families. A total of 224 surveys were completed online or returned by mail. Of those 224, 168 were received back by mail. Tammy reported 113 surveys were returned as undeliverable.

**Q. Was the survey sent just locally or the entire State of Iowa and to all families?**

**A. It was a sample. A stamped envelope was provided for convenience and the letter included the link to survey monkey if they wanted to complete the survey online.**

**Q. Was the link emailed to the families or was provided in a letter and survey mailed to the families?**

**A. The program does not have access to parent email accounts. Surveys were mailed to all families with the option of completing the hard copy of the survey and mail in the self-addressed stamped envelope or complete the survey online.**

**Q. How many questions were included in the survey?**

**A. It varied. Families with children that have a hearing loss received about 28 questions and people that didn’t meet the criteria were asked to answer about 15 questions.**

Race/ethnicity. The breakdown is as follows:

92% White
5% Hispanic or Latino
3% Other

13% of families reported that no information was given to them before hospital discharge. For home births, Tammy informed committee members that information about newborn hearing screening is included in home birth packets and they also receive a letter
from IDPH after birth. Approximately 29% of the home birth families reported they received information from their medical provider. Some reported that Department of Public Health provided them with the information about the newborn hearing screening which is most likely the letter from IDPH or information in the birth packet.

**Q. What does the “orange” color represent on the home births pie?**
**A. Parents that reported they received information through midwives or their OB/Gyn.**

Next Slide: “When is the best time to receive the information?”
Majority of the families that responded to the survey reported that information in the birth packet was easy to understand, helpful, and given at a good time. Some families would have liked to receive the information about newborn hearing during their visits to the doctor’s office prior to the birth of their child. They noted they receive so much information following the birth that it may not be easily noticed.

**Q. What happens if parents refuse the screening?**
**A. All families in Iowa should receive the screening prior hospital discharge as required by law. If they actively refuse the screen, there is a form that needs to be completed with information including the child’s name, DOB, name of the birth facility and parent’s signature. The original form is kept at the hospital and a copy is mailed or faxed to the Department of Public Health.**

Next Slide: Did your baby receive a hearing screen? See slide presentation.

Next Slide: Why did you choose not to have a hearing screen?
Results were a little surprising. Need for education of both primary care providers and parents is needed in some areas.

Next Slide: Factors to Delay Screening. See slide presentation. Parents did not report a lot of factors such as transportation, cost, etc.

Next Slide: Results of Hearing Screening
Small number of parents reported that their child did not receive the hearing screen while they were in the hospital.

If a child at birth is identified, by law, hospitals are required to report all risk factors associated with hearing loss including family history of childhood hearing loss, ototoxic medications, NICU greater than five days etc. A letter is sent to the health care provider and parent which includes the risk factor(s) that has been identified and recommended follow up based on JCIH recommendations (six months or 24-30 month follow up screen/assessment).

**Q. What was the question that was asked of the families related to risk factors?**
**A. “Did you receive a letter telling you that your baby has risk factors and needs an additional screen?”**
Q. Can we tell from our sample how many families with children that have risk factors responded to the surveys?
A. Surveys were anonymous so there won’t be a definite way of finding out that information. We can tell you how many of the identified sample had children identified with risk factors.

For OP screening assistance for hospitals, 80% of the families reported that they received the information. 5% reported that they did NOT receive information.

Q. What was the “Other” for home births?
A. Public Health, Clinical setting etc.

Q. Is this survey annual?
A. No. The last one was completed in 2007 and then again in 2010. The survey has been conducted depending on priorities and funding. Tammy commented that she would like to do it every other year. Tammy reported she will be meeting with Vicki and Susan to do further analysis and planning based on results.

Q. Is there a possibility to send the survey through email in future?
A. It is not possible at this time. All birthing facilities would need to start collecting and reporting email addresses. It was also noted that not all families have email or want that type of correspondence. It would take further discussions at the hospital level, but that discussion may come along with electronic health records.

A small discussion took place regarding incentives to complete the survey. Tammy noted that the states that have included incentives did not necessarily get more surveys returned or completed. The goal was to have the survey remain anonymous. Would have to explore how to make it anonymous, but provide an incentive. May try a small incentive in the future to see if Iowa has any luck in getting a better response; greater than 10 percent return.

Q. Do we have any idea of the background of the families that surveys are sent to?
A. Surveys were only sent to the families that indicated English as their primary language for this survey. It may be possible if the resources or funding are available to have the survey translated and sent out or phone calls made.

11:30 - 12:30  Lunch on your own

12:30 – 12:45  Iowa Symposium on Hearing Loss (Lenore)
The Iowa symposium has been held every other year on even years since 2004. The majority of the funding was provided by CDC Public Health Conference Grants that Iowa was successful in requesting. That funding was discontinued in 2011. Lenore wrote to the Carver Trust and was successful in getting Iowa’s proposal funded for the 2012 hearing
loss symposium. The winter newsletter will include a “Save the Date” announcement for September 28 and 29, 2012.

Lenore reviewed a tentative agenda. Tammy will start off with an overview of Iowa’s progress related to the 1-3-6 goals. Vicki suggested Dr. Sullivan talk about risk factor follow up and efforts made in that area over the last couple of years. There will be a presentation on congenital CMV testing and hearing loss, delayed onset or progressive hearing loss. Nick and Emily will have breakout sessions with nurses about best practices related to hearing screening and follow up. A couple of inspirational speakers have been contacted to speak Friday night, but no one has committed and one individual had a prior engagement. If someone has suggestions for the Friday night speaker that is informative as well as inspirational, please contact Lenore.

Lenore reported that information will also be provided on cochlear implant research and there will be representatives from the cochlear implant programs at the University of Iowa, ENT Clinic of Iowa in Des Moines and Boys Town in Omaha, NE. Parents and providers will be given an opportunity to ask questions of the providers on the implant, follow up care or cochlear implant pediatric research.

Other ideas discussed included having round tables with various topics. The sessions would be for 15-20 minutes and then the participants would be able to go to a different table. For example, someone may discuss financing or resources for hearing aid funding or hearing aid fitting questions etc.

CEUs and parent and nurse scholarships will also be available.

12:45 – 1:00

**Guide By Your Side (Susan)**

Susan reported that she recently received an increase in the number of referrals for children that are two to three years old just by being part of Family-to-Family Iowa. The GBYS program will work with the family until the child returns three and then the families are referred to Hands and Voices or another appropriate family support program.

Training continues to be provided to all guides.

1:00 – 1:15

**Medical Home Implementation Team (Vicki)**

MHIT is developing a toolkit to engage, educate and train medical homes and other community providers on the importance of early intervention and follow up with children suspected of a hearing loss as well as those who may have passed newborn hearing screen but have risk factors for late onset or progressive hearing loss.

Hard copy materials from local, state, and federal resources were collected to see what materials could be used and distributed to the physician’s offices to help educate them about newborn hearing screening, follow up and their role in the process. A couple of physicians have recommended including a combination of hard copy materials such as posters from Centers for Disease Control and Prevention, and an electronic copy (e.g.
Vicki reported they are using quality improvement methodologies (Plan-Do-Study-Act cycles) to document tests of change related to education of providers. Use of these methodologies build on lessons learned during participation in the National Initiative for Children’s Healthcare Quality (NICHQ).

Other Related Activities (Vicki)
The Iowa EHDI Chapter Champion, EHDI Coordinator, and Parent (Vicki) presented at Pediatric Grand Rounds on September 30, 2011 in Iowa City. There were about 30-40 attendees that included pediatricians, physician assistants, nurse practitioners, nurses, pediatric residents and medical students. The presentation included three main topics:

- Parent perspective on hearing loss diagnosis: discussion on what parents need to know about screening, diagnosis, and intervention etc. and what they need in the form of support from their providers
- EHDI 101: Basics of 1-3-6, data about Iowa specific births, screening, follow up, etc.
- Roles and responsibility: Discussed who is responsible for caring for children suspected of hearing loss or at risk for late onset/progressive loss.

Dr. Young suggested the EHDI team use the Board of Medicine to reach out to physicians and utilize resources outside of the hospital. He said that grand rounds are not well attended and only reach a small number of the professionals we need to reach. He suggested the staff continue to attend conferences and write newsletter articles. Tammy stated that when she asked about communication through the Board in the past, they said it was not possible. Tammy followed up again with the Board and they have made some changes. It is possible that some information could possibly be communicated through the licensing board. The EHDI program staff will discuss this further to come up with the best plan.

Tammy reminded committee members that a part of their responsibility is to provide education and inform constituents and colleagues about newborn hearing screening, follow up and best practices discussed at meetings and in newsletters.

1:15 – 1:30

HRSA Grant Update (Vicki)
Grant years:
- Year 3: Complete, carryover request approved; increased hours for EHDI Family Support Liaison/outreach to Hispanic/Latino communities, production of Iowa Loss & Found video (view it here: http://www.handsandvoices.org/resources/video/index.htm), MHIT activity educational resources, additional attendees to EHDI Partnering for Progress conference, Oct 26-28, and EHDI National Conference, March 5-6 as well as some additional updates to state EHDI database system, and interactive website work on Parent Roadmap.
• **Year 1:** (April 1, 2011-March 31, 2012) grant cycle underway talked about some of the activities around MHIT.

• **Year 2:** word on the street is that it will be cut by 10%, considering state of governmental affairs this could be much worse. Future carryover requests may also be at risk.

**Hearing Healthcare Map/Parent Roadmap:**

• Plan to pick up the version that was developed during NICHQ project work and make it interactive via the web as well as hard copy.

• Used to assist families in following their path through screening, diagnosis, and intervention, as well as information for families whose babies passed their newborn hearing screening but had risk factors for late onset hearing loss.

• Could also be used as a communication tool by parents and professionals to demonstrate the family’s location on this journey; clarify sequential steps needed to complete the process; and build awareness about multiple visits to different providers.

**Other HRSA grant activities in next 6 months:**


• Loss & Found video. End will be customized for Iowa. Need to figure out evaluation plan for effectiveness.

• **MOC Project.** Maintenance of Certification (MOC) is ongoing process of education and assessment for certified physicians to improve practice performance. This project will create an opportunity for physicians to participate in a Quality Improvement project with an EHDI theme. This project will work to ensure that children who passed NBHS and have risk factors for late onset, or progressive hearing loss will receive follow-up that is consistent with JCIH recommendations. Project likely to start Feb/Mar 2012 and run for 18 months.

**EHDI Chapter Champion Update (Vicki)**

Dr. Sullivan not able to attend the meeting. The report was given by Vicki Hunting.

• National article created for EHDI Chapter Champions about improving care for children with hearing loss was submitted by Dr. Sullivan to the EPSDT Care for Kids Fall 2011 newsletter. Tammy and Jen provided Iowa data to the article. Dr. Sullivan also had it submitted to the Iowa AAP. Tammy worked with Dr. Sullivan and Dr. Hoffman to get the article submitted to the Iowa Family Practice Association to include in their newsletter. Dr. Hoffman reported the article was included and he heard positive comments from his colleagues.

• Iowa Chapter of AAP applied for the 2011 EHDI AAP Chapter EHDI Education and Training Grant. If the grant is received, the funding will be used to fund additional education efforts of primary care providers. For more information, contact Dr. Sullivan or Vicki Hunting.
EHDI Advisory Committee Charter (Tammy)

Handouts included a draft of the EHDI Advisory Committee Charter and an updated list of membership members. Changes in the membership include:

- Teresa Hobbs will be the Early ACCESS contact. She is currently the EA Regional Coordinator for Northwest AEA.
- Niki Johnson will replace Brenda Walker as the Iowa Hospital Association representative. Niki is a supervisor for Child Life, Family Services, Pediatric Therapy and Pediatric Audiology at Iowa Methodist Medical Center.

Q. Will the IDPH Bureau Chief be a part of EHDI Advisory Committee?
A. Kim Piper, State Genetics Coordinator, will be attending on the behalf of the Bureau Chief as this position is still vacant. In the future, the bureau chief or a representative will attend on behalf of IDPH just as there is a CHSC representative.

Q. There are currently 24 members serving on the committee. How many members would be appropriate to have on the committee?
A. Members agreed to have no more than 30 members, but preferably 25.

Comment (Bob): Bob expressed concern about not having enough parents of children with hearing loss who use all forms of communication modalities and/or members from the deaf community serving on the committee. Susan agreed. Lenore and Tammy commented that efforts to recruit parents in the past have been difficult because the biggest challenge for the families has been that either they have busy work schedules or they have small children so they cannot commit to serve on the committee regularly. The committee agreed that more parents should be recruited and if a couple of them could attend two meetings or more per year, it would be a great benefit to the committee. Hands and Voices representatives (Vicki and Susan) will make an effort to recruit two additional parents of young children to serve on the committee so that if one member cannot attend, there will be other parent representation. There are currently four deaf advocate members. Two of the four have attended on a regular basis. Tammy noted that the charter is an opportunity to reassess committee membership and commitment to serve by all current members.

Comment
Q. Do we need to include more numbers from each area?
A. Not necessarily. Minimum of one representative from each area would be sufficient.

Tammy provided information from the EHDI administrative rules related to membership. Members were encouraged to notify the EHDI Coordinator in advance if they are not able to attend the meetings. If anything else that needs to be included in the charter, please contact EHDI Coordinator.

Suggestions: “Office of Deaf Services” should also be included as a bullet under committee representatives.

Comment: Bob commented that the Office of Deaf Services currently only has one staff member. In that case, if that person is not able to make it to the meeting then what should
we do as far as sending a representative to the meeting? Tammy said that the member can notify the EHDI Coordinator or make arrangements in advance if they are not able to attend. She commented we all face staffing changes and have other responsibilities that may interfere time to time. Tammy noted that she has been in contact with the office and they plan to continue serving on the committee, but until that position is filled, they may not be able to attend all meetings. It was decided that Advocate would be listed and Office of Deaf Services would be listed as an example and instead of listing Public Health or other state agencies names, it would be listed as State Agency.

2:30 – 2:45

EHDI AAP Task Force Priority List (Vicki)
- Shared AAP Task Force on improving the effectiveness of NBH screening, diagnosis and intervention strategic plan. If anyone is interested in a copy of the AAP proposal or strategic plan, please contact Vicki Hunting at vicki-hunting@uiowa.edu
- Dr. Debra Waldron, Medical Director, is the Regional EHDI Task Force Head for Region VII: Iowa, Missouri, Nebraska, and Kansas. The main focus of this Taskforce is to improve newborn hearing screen, advance and promote EHDI related research, increase family participation to improve EHDI outcomes etc.

2:45 – 3:00

Wrap Up

Agenda Items for January
Update on the September Symposium
Guide by Your Side update
Grant Updates
Update on EHDI website

Next EHDI Advisory Committee Meetings:
January 5; 9-12: Members should notify the EHDI Coordinator about the ICN location that they are interested in participating in the meeting from.
Future Meetings: April 5, July 12 (moved from the previous week to July 12 because of the holiday), and October 4; 10-3 p.m.

Please provide 48 hours notice for any special accommodations needed to participate in this meeting.
**2010 Parent Survey Results**

Iowa EHDI Advisory Committee Meeting
October 6, 2011

**Survey Statistics**

<table>
<thead>
<tr>
<th>Hospital Births</th>
<th>Total Surveys Mailed</th>
<th>Total Number of Surveys Completed</th>
<th># of surveys completed by mail</th>
<th># of surveys completed by internet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1913</td>
<td>224</td>
<td>168</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>75%</td>
<td>25%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Births</th>
<th>Total Surveys Mailed</th>
<th>Total Number of Surveys Completed</th>
<th># of surveys completed by mail</th>
<th># of surveys completed by internet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>218</td>
<td>40</td>
<td>29</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>18%</td>
<td>73%</td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

Where Were the Babies Born?

**Home Birth Families**

- Home: 95%
- Other, please explain: 5%

**Hospital Birth Families**

- Rural Hospital: 25%
- Urban Hospital: 73%
- Other, please explain: 2%
When Did You Receive Written Info About Newborn Hearing Screening

<table>
<thead>
<tr>
<th>Home Births</th>
<th>Hospital Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information package included in my birth packet</td>
<td>Information package included in my birth packet</td>
</tr>
<tr>
<td>Sent by someone else, related to Iowa Department of Public Health</td>
<td>Sent by someone else, related to Iowa Department of Public Health</td>
</tr>
<tr>
<td>Sent by my baby's medical provider (OB/GYN, midwife, primary care provider)</td>
<td>Sent by my baby's medical provider (OB/GYN, midwife, primary care provider)</td>
</tr>
<tr>
<td>Written information was given to me</td>
<td>Written information was given to me</td>
</tr>
<tr>
<td>Other, please explain</td>
<td>Other, please explain</td>
</tr>
</tbody>
</table>

Did You Receive Materials At A Good Time

<table>
<thead>
<tr>
<th>Home Births</th>
<th>Hospital Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to understand</td>
<td>Easy to understand</td>
</tr>
<tr>
<td>Helpful</td>
<td>Helpful</td>
</tr>
<tr>
<td>Given at a good time</td>
<td>Given at a good time</td>
</tr>
</tbody>
</table>

Best Time To Receive Information

<table>
<thead>
<tr>
<th>Hospital Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before my baby is born</td>
</tr>
<tr>
<td>When the birth of my baby</td>
</tr>
<tr>
<td>When I am going home from the hospital</td>
</tr>
<tr>
<td>After I go home from the hospital, at my baby's pediatrician office</td>
</tr>
<tr>
<td>Other, please explain</td>
</tr>
</tbody>
</table>
Did You Know Your Baby Was Screened?

Before you left the hospital, did you know your baby was screened for hearing loss?

- Yes: 97%
- No: 3%

Did You Find Out About the Results of the Hearing Screening? (select all that apply)

- My physician told me: 44%
- My nurse told me: 35%
- I received a hearing screening brochure: 13%
- There was a letter/postcard with my baby’s hearing screening results: 13%
- Birth my baby’s discharge instructions: 12%
- I don’t remember: 8%
- Other: 3%

How did you find out about the results of the hearing screening? (select all that apply)

- My physician told me
- My nurse told me
- I received a hearing screening brochure
- There was a letter/postcard with my baby’s hearing screening results
- Birth my baby’s discharge instructions
- I don’t remember
- Other

Did Your Baby Receive A Hearing Screen?

Did your baby receive a newborn hearing screen?

- Yes: 62%
- No, I chose not to have my baby’s hearing screened, please explain: 29%
- I don’t remember: 10%

When did your baby receive his/her first hearing screening?

- Within 30 days after birth: 36%
- 30 days after birth: 29%
- I don’t remember: 21%
- Other: 0%

Why Did You Choose Not to Have Hearing Screen?

- Religious beliefs: 11%
- Personal beliefs: 14%
- I did not think it was important: 3%
- I believe my baby was not at risk for hearing loss: 29%
- My healthcare provider told me my baby was not at risk for hearing loss: 26%
- Other, please explain: 22%
- Didn’t have newborn hearing screen: 0%
Where Do Families Go For Outpatient Hearing Screens

**Home Birth Families**
- Local Area Educational Agency (10%)
- Hospital/clinic (12%)
- Other (12%)

**Hospital Birth Families**
- Local Area Educational Agency (10%)
- Hospital/clinic (12%)
- Other (12%)
MISSION:
Iowa's Early Hearing Detection and Intervention (EHDI) program works to ensure that all newborns and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, medical intervention and family support.

PURPOSE:
The purpose of the Iowa EHDI Advisory Committee is to represent the interests of the people of Iowa and in the development of programming that ensures the availability and access to quality hearing health care for Iowa children less than three years of age.
Specific committee activities include, but are not limited to, the following:
- To discuss and advise on goals, objectives and activities for the EHDI program
- To advise on the improvement of screening, diagnosis, reporting, tracking, and follow-up protocols to ensure best practices are recommended that assist the program in meeting the national 1-3-6 goals.
- To assist in effectively linking the EHDI program with the medical home, early intervention and family support programs
- To assist in statewide implementation of EHDI’s web-based surveillance system
- To assist with data linkages of vital records, screening programs, early intervention programs and education
- To assist in increasing the program’s responsiveness to the expanding cultural and linguistic communities in the state.
- To guide evaluation of the EHDI program
- To review newborn screening and follow up statistics and make recommendations for program improvements

MEMBERSHIP:
The membership of the Advisory Committee shall be geographically representative of stakeholders with an interest in and concern for newborn hearing screening and follow up. The Advisory Committee shall consist of no more than 25 members and include the state EHDI coordinator and a staff member from the Children with Special Health Care Needs program. The EHDI coordinator will assist in facilitation of committee meetings. Membership will include a minimum of one representative from each of the following areas:
- Advocate (e.g. Office of Deaf Services)
- Audiology (hospital, private practice and education community)
- Children with Special Health Care Need program
- Deaf/hard of hearing community
- Early intervention services (e.g. teacher, Speech-Language Pathologist, Early Intervention Coordination or liaison)
- Ears, Nose and Throat Specialist/Otolaryngologists
- Family Support
- Iowa Hospital Association or designee
Iowa Early Hearing Detection and Intervention
Program Advisory Committee Charter

- Hospitals (preferably hearing screening coordinator)
- Parent(s) of deaf or hard of hearing children (preferably 2-3)
- Physician (family practice, pediatrics)
- State agency

MEETINGS:

The EHDI advisory committee will meet quarterly; January, April, July and October. The meeting in January is typically held by ICN from 9-12 Noon due to unpredictable weather. The rest of the meetings are held on the first Thursday of that month from 10-3 p.m. at a location in the Des Moines area.

The advisory committee generally makes its recommendations by consensus. In the event that consensus cannot be reached within a reasonable timeframe, there will be a majority rule, as in a simple majority of those present or more than 50 percent. However, at least 50 percent of the members must be present.

SERVICE

Each member is requested to serve a term of three years. Members may continue to serve longer at the request of the IDPH director unless their absence at meetings exceeds attendance policy. Terms for members replacing a member before their term is up will begin when the vacancy is filled.

VACANCIES

Vacancies will be filled within six months. Terms will begin when the vacancy is filled. The EHDI coordinator will work with advisory committee members, EHDI program staff and associations to identify new members. Names and short bios will be given to the IDPH Director or designee (e.g. Division Director) to make a final determination when there is more than one member recommendation.

ATTENDANCE

Any member who cannot attend a quarterly meeting should notify the state EHDI coordinator in advance of the meeting, if possible. Members can send a representative and are strongly encouraged to do so when they cannot be in attendance, but no more than twice per year. Any member who does not attend at least two meetings per year will be removed from the Advisory Committee. Terms for existing members will begin at the first of the year, or as positions vacate.

In addition to attendance at the quarterly meetings, each member should attend the Iowa Symposium on Hearing Loss: Impact on Children and Their Families every other fall of even years.

CHARTER CHANGES:

This Charter may be amended, altered, or repealed and a new one adopted by a majority vote of the advisory committee membership.

Member Signature: _______________________________ Date: _____________

IDPH Representative: _______________________________ Date: _____________