

North Dakota EHD I

Early Hearing Detection and Intervention

Quarterly Newsletter SUMMER 2024

GOOD NEWS!

The ND EHD I Program has recently been approved for funding from the Health Resources and Services Administration (HRSA). This funding cycle will go from April 1, 2024-March 31, 2029. The purpose of the funding is "to enhance the state/territory EHD I system infrastructure to improve language acquisition for deaf and hard-of-hearing (DHH) children up to age 3." (Early Hearing Detection and Intervention State/Territory Program Notice of Funding Opportunity, 2023, p.1).

The ND EHD I Program has also received one year of extended funding from the Centers for Disease Control and Prevention (CDC) Office of Financial Resources. The timeframe will run from July 1, 2024-June 30, 2025. This funding supports "Improving Timely Documentation, Reporting and Analysis of Diagnostic and Intervention Data through Optimization of EHD I Surveillance Practices and Information Systems."

Submitted by Jerusha Olthoff, MSM

ND EHD I Program Director

The North Dakota Center for Persons with Disabilities



Highlights from the 23rd Annual Early Hearing Detection & Intervention Meeting

Our ND team excellently represented us at the 2024 EHD I Annual Conference! Let us extend our heartfelt gratitude to all those who have shown unwavering commitment to enhancing the systems that bring hope and empowerment to children and families.

Check out the Plenary 2024 EHD I Conference videos! They offer a wealth of knowledge and insights that you won't find anywhere else.

- [Opening Plenary: These Roots Run Deep](#)
- [Plenary 2: A New Era of Early Detection - The Race to Newborn Genomic Sequencing and Where EHD I Fits In](#)
- [Closing Plenary: Courage Plus Dreams Equals Success: A Call to Support Children who are Deaf/Hard of Hearing Plus](#)

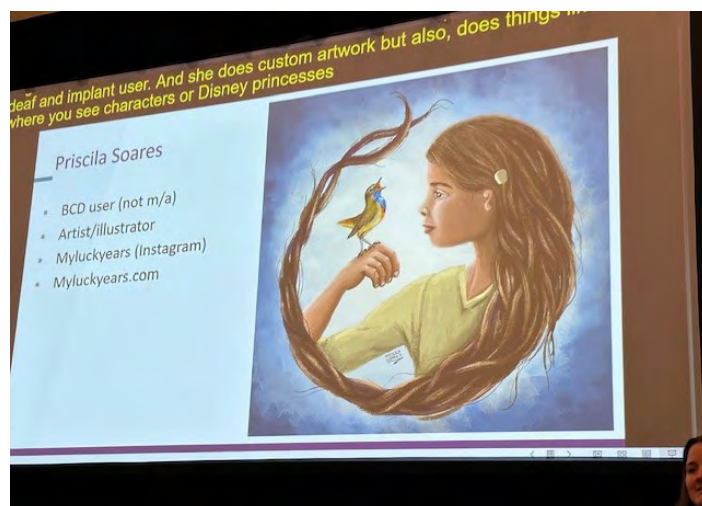
There were so many great insights and takeaways from the 23rd Annual Early Hearing Detection & Intervention Meeting; we can't cover them all, but here are a few!

We invite you to attend the 24th EHD I Annual Conference next year, which will be held March 9-11, 2025, in Pittsburgh, PA (<https://www.ehdiconference.org/>).



My takeaways from the conference:

1. Categories of cCMV cases - confirmed, presumptive, supportive- and the need for universal screening at birth (through urine or saliva)? 1 in 200 born with cmv, (1 in 3 chance of passing on to baby if initial contact is in pregnancy), 1 in 5 born with cmv will have permanent health conditions. Black/multiracial infants are at increased risk. Working on vaccine (highest priority). Focus on risk reduction (cannot eliminate risk)
2. Book recommendation: Remedies for Sorrow - a mothers journey through cCMV diagnosis.
3. Soft palate dysfunction (and VPI) in children with Microtia- I had no idea they were linked but it makes sense. The need for indepth evaluation for speech
4. SO MANY RESOURCES!
5. Using art/photos that communicate to the target audience
6. Cross program communication- requires patience and persistence. Everyone wants to do best for the families but are sometimes limited by what data they can share across programs.
7. Hot topic- genomics in deaf/hh community- fear of eugenics



This was such a good conference.

I liked the artwork and how it communicates their perspective.

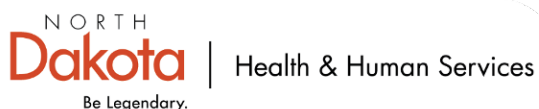
Amy Burke, BSN, RN

Newborn Screening Long-Term Follow-Up Coordinator



Every year that I attend the EHDI conference, I am in awe of the variety of participants who come together each year. It is the perfect place to network with other state EHDI programs, parents, exhibitors and the deaf and hard of hearing community. I learn so much and this year, one of my takeaways is that we need to really involve the community in which we are serving to the table to be a part of the discussions with us. In the next year, in collaboration with the EHDI program and many partners, I would like to have an updated "EHDI system" map available for families so they can more easily understand the resources that are available to help them.

Joyal Meyer, MSN, RN Newborn Screening Program Director Special Health Services North Dakota Health & Human Services



First off, I want to say a BIG thank you for letting me attend, what an incredible conference!!!!

Here is my takeaways from the conference:

The 2024 EHDI Conference emphasized the importance of how families can benefit from the collaboration of state teams to ensure infants and young children with hearing loss have every opportunity to succeed. I also learned that if we work together, we can have an impact on the long-term outcomes for children with hearing loss and how truly important the early years are to the development and success of the children.

Again, thanks for this opportunity!

Carolyn J Kueber

ND Head Start Collaboration Administrator



There is a need to explore ways ND EHDI can support collaborative efforts among the EHDI system of care providers.

Jerusha Olthoff, MSM

ND EHDI Program Director

The North Dakota Center for Persons with Disabilities



This March, I had the privilege of attending the national EHDI conference in Denver, CO. I was not planning to attend but was given the opportunity to replace another North Dakota partner who had to change plans due to other obligations. I really had no idea what to expect and had not attended any large conferences in-person, since pre-pandemic. I was a little nervous and very excited!

To my great delight, my journey started with meeting one of our North Dakota parent partners in the Minot airport. Upon our arrival in Denver, we bravely tackled the light rail and bus systems in Denver and successfully arrived at the hotel. Casey Weston was a joy to get to know over the several days of being at the conference, and I was so impressed with her perspective and insights.

As an early intervention provider, and now infant development program director, I have worked with some, but not a lot of children who are deaf or hard of hearing (D/HH) in my 25+ years of experience being an occupational therapist. I had never been immersed in the atmosphere I experienced at the EHDI conference. This was an enthusiastic, caring, and knowledgeable group of professionals, administrators, parents, and other advocates who were present at this gathering.

One of my first takeaways during the first day of sessions was how humbling and impactful it was for me to be in a room where the interpreter was there for me. I was in a session that included approximately twenty individuals who were either primary ASL speakers or bilingual ASL and spoken English. I experienced the training session from an unfamiliar perspective, and it allowed me a small window into what a person who is D/HH or someone who speaks another language different than spoken English as their primary language might experience.

Wow, what an incredible EHDI conference! We met so many new people and had the opportunity to share and learn new ideas. The conference was a great source of inspiration, helping us evaluate what we've been doing in North Dakota and discover new resources to achieve our goals.

Christine Brigden NDCPD - ND EHDI Follow-up Coordinator



Another wonderful experience was our gathering of North Dakota partners. Eighteen of us gathered around a table and enjoyed some great food and conversation. I was able to connect with our early intervention PIP partners, our newborn screening team, the EHDI team, tribal partners, and parents, who all came with a shared purpose: to improve the collaboration and service provision to families and children in North Dakota. There is something about the personal connection you can make sharing a meal together that is difficult to replicate over a Zoom or Teams screen. When you get to know a little bit about the heart and passion of the people you share a mission with, you can approach the mission with renewed faith and purpose.

I left Denver with a much deeper understanding of the national and state system of care for children who are D/HH. I learned important data that reinforced what I already knew: how critical those first few years are to the success and learning potential of children who are D/HH. And above all, I left those few days or intense learning knowing that we have a great team in North Dakota that is dedicated to continuing to build on the foundation we have, to increase collaboration, parent and family engagement, and to be the best resource we can to this important group of children.

Thank you to Jerusha Olthoff and the EHDI team for extending the invitation and for supporting my attendance at the EHDI conference.

Rebecca Foster, OTD, OTR/L

Program Director, Minot Infant Development Program





Back row L-R Jerusha Olthoff ,ND EHDI Program Director, Shelby Clark, MIDP/ND EHDI, Christine Brigden, ND EHDI/NDCPD, Denise Marback, North Dakota School for the Deaf, Donna Sorensen, School for the Deaf,, Tory Allen, ND EHDI/ND H&V/ Parent, Chris VanHall parent. Front row L-R Amy Burke North Dakota Dept of Health and Human Services, Joyal Meyer, ND EHDI Program Coordinator & Director/ ND Newborn Screening North Dakota Health and Human Services, Casey Weston, Parent, Rebecca Foster, NDCPD/Minot Infant Development Program, Nicole Swartwout, ND School for the Deaf PIP/Outreach and Kale Smith, North Dakota School for the Deaf



Pictured: Paul Ogden giving his closing plenary presentation "Courage Plus Dreams Equals Success: A Call to Support Children who are Deaf/ Hard of Hearing Plus"





SOAR (Supporting Outcomes through Assessment & Resources) Application for Auditory Skill and Language Development



Emily Burnett^{1,2}, Samantha Christensen^{1,3}, Nicole Jaeggli^{1,2}, Lacey Long^{1,4}, Madeline Ogden^{1,3}, Kristina Blaiser, PhD^{1,2}, Gabriel Bargen, PhD^{1,2}
Utah Regional LEND Program¹, Idaho State University², University of Utah³, and Minot State University⁴

Introduction

The 2007 Joint Committee on Infant Hearing (JCIH) statement on early intervention recommends: "Monitor the developmental progress of all infants identified through universal newborn hearing screening (UNHS) on a consistent schedule, every 6 months through 36 months and annually thereafter, to ensure that children are making appropriate progress" (Muse et al., 2013). To attain this goal for all children, tools need to be placed into the hands of family members and other accessible professionals who can help monitor the child's hearing progress.

One of these tools is the LIMEARS Auditory Questionnaire, which evaluates auditory skill development for children up to 2 years of age with normal hearing and for the first 2 years following being fit with appropriate hearing technology for those with hearing loss (Conrix et al., 2009; MED-EL, 2022; Tsakipini et al., 2004). This provides an excellent overview of what skills need attention, but it falls short of its goal if it does not lead to appropriate intervention.

The Supporting Outcomes through Access to Resources (SOAR) online curriculum has been developed to help bridge this gap by linking the results of the LIMEARS Questionnaire to auditory skill development resources. This website lays out auditory skills and ideas for development that families can utilize at home.

The objective of this project was to enhance accessibility to SOAR resources and streamline information dissemination, thereby facilitating parental support in fostering auditory skill development in young children.

Methods

In this study, we employed the MED-EL LIMEARS Auditory Questionnaire in combination with the Idaho State University - Helping Adults Talk to Children (HATCH) Lab resources to enhance the interpretation of audiological testing. The goal of improving parents' ability to access and understand these resources was achieved through a multifactorial approach:

1. Categorize the 35 auditory skills based on the 4 stages of auditory development: detection, discrimination, identification, and comprehension. Erber's Auditory Hierarchy (Erber, 1982) was utilized to define milestones and the structure for our categorization.
1. Develop a document to assist in the understanding of auditory skill development and interpreting questionnaire results, with the goal of ensuring clarity for both parents and providers.
1. Organize the document to address the following:
 - a. Basic knowledge of what to expect when visiting the audiologist.
 - b. Understanding the foundations of the LIMEARS auditory questionnaire.
 - c. Interpretation of individual question results with interactive videos displaying audiological skill development.

Results

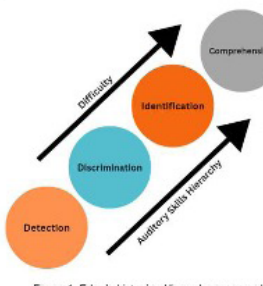


Figure 1. Erber's Listening Hierarchy was used to organize the MED-EL LIMEARS Questionnaire into smaller components.

Detection	Discrimination	Identification	Comprehension
1. Does your child look at something when you speak to them without them seeing you?	11. Does your child know that a picture is a picture?	21. Does your child know that a picture is a picture?	31. Does your child know that a picture is a picture?
2. Does your child look at something when you speak to them without them seeing you?	12. Does your child know that a picture is a picture?	22. Does your child know that a picture is a picture?	32. Does your child know that a picture is a picture?
3. Does your child look at something when you speak to them without them seeing you?	13. Does your child know that a picture is a picture?	23. Does your child know that a picture is a picture?	33. Does your child know that a picture is a picture?
4. Does your child look at something when you speak to them without them seeing you?	14. Does your child know that a picture is a picture?	24. Does your child know that a picture is a picture?	34. Does your child know that a picture is a picture?
5. Does your child look at something when you speak to them without them seeing you?	15. Does your child know that a picture is a picture?	25. Does your child know that a picture is a picture?	35. Does your child know that a picture is a picture?

Figure 2. Questions from MED-EL's LIMEARS Questionnaire were individually analyzed and broken up into the Listening Hierarchy categories. Five example questions from each category are shown.



Figure 3 & 4. Sample pages from the 53 page book created which expounds on each Listening Hierarchy category and the questions from LIMEARS Questionnaire that correspond to each category. The book also contains resources for parents on how to find a pediatric audiologist, what to expect during an appointment, and tips for assisting in auditory skill development such as games and video examples.



Figure 5. QR Code to access the Applications for Auditory Skill and Language Development book.

Discussion

We know that unclear or overwhelming information can be a barrier to parents engaging in early intervention (Harrison et al., 2016). The SOAR tool can be improved by simplifying the results and relating them back to the 4 basic stages of auditory development: detection, discrimination, identification, and comprehension. The product of this project is a collection of auditory skills resources developed to improve the accessibility and intelligibility of the LIMEARS questionnaire. This resource provides tools for parents to monitor and facilitate the development of crucial early auditory skills. In the future we hope to share these resources with parents and caregivers to receive feedback on how this tool can be improved to further meet their needs. Future studies should also analyze patterns between the different questions and overall trends within and between the four Listening Hierarchy categories to better understand how this organization can be used in understanding auditory skill development.

Conclusion

This project was novel in the organization of the 35 LIMEARS questions into Erber's Hierarchy of Auditory Skill Development. We believe that with a stronger understanding of auditory skill development in children, caregivers will access intervention earlier and at higher rates.

Key References

- Conrix, F. et al. (2009). Validation of the LIMEARS auditory questionnaire in children with normal hearing. *International Journal of Pediatric Otorhinolaryngology*, 73, 1761-1768. doi: 10.1016/j.ijpeds.2009.03.008
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- Harrison, M. et al. (2016). Factors affecting early enrolment for children who are hard of hearing. *Language, Speech, and Hearing Services in Schools*, 47, 19-33. doi: 10.1044/0013-188X-14-0078
- MED-EL. (2022). LIMEARS Auditory questionnaire for assessment of Babble & Toddler's - MED-EL. <https://www.med-el.com/en/Products/Assessment/Tools/LIMEARS-Auditory-Questionnaire-for-assessment-of-babies-toddlers/>
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- Tsakipini, L. et al. (2004). LIMEARS Auditory Questionnaire. In: *Procedural, Auditory, MED-EL*.

Acknowledgements

This project was a result of work that was funded by two sources:

- The Oberkottler Foundation and a grant from Idaho Health and Welfare
- The production of this e-book was supported by grant KC4485 from Idaho Health and Welfare. Its contents are solely the responsibility of students and faculty of Idaho State University and do not necessarily represent the official views of the Department.

Congratulations!

Lacey Long, M.Ed. Special Education/Strategist Project Director of the NDCPD - North Dakota Dual Sensory Project, along with Utah Regional LEND - Urend trainees, received first place for their poster at the EHDl conference. Their project focused on Supporting Outcomes Through Assessment and Resources, Application for Auditory Skills and Language Development. Congratulations to them!



L-R: Emily Burnett, Samantha Christensen, Nicole Jaeggli, Lacey Long, Madeline Ogden, and faculty Kristina Blaiser and Gabriel Bargen for their work, and Dr. Karl White, Director of NCHAM and former UREND faculty.

"Every child is gifted. They just unwrap their packages at different times." - Anonymous

North Dakota EHDI works with parents and providers to ensure all babies get their hearing screened:

Identifying a baby’s hearing level as early as possible is essential so families can figure out the best way to communicate with them. Hearing screening is the first step in determining if a child is deaf or hard of hearing. North Dakota EHDI follows the 2019 Joint Committee on Infant Hearing’s Position Statement and national benchmarks for hearing screening no later than one month, a diagnosis no later than three months, and for infants who did not pass the screening and All infants with hearing loss are enrolled in [early intervention](#) services no later than 6 months of age.

The 1-3-6 Goals for EHDI include:

All infants are [screened](#) for hearing loss no later than **1 MONTH** of age, preferably before hospital discharge.

All infants who do not pass the screening will have a [diagnostic](#) hearing evaluation no later than **3 MONTHS** of age.

All infants with hearing loss are enrolled in [early intervention](#) services no later than **6 MONTHS** of age.

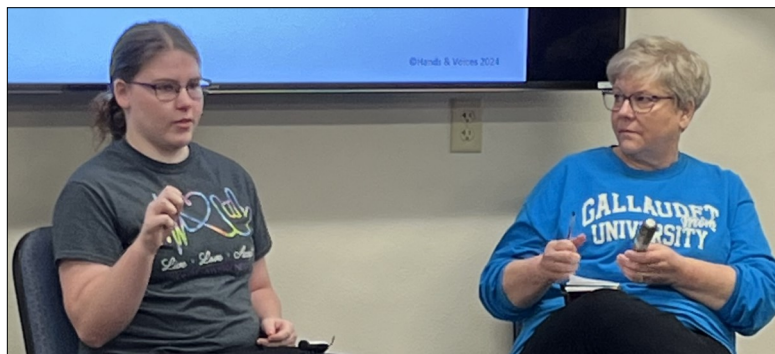
Parent support right from the start. Babies who are diagnosed as DHH will be referred to parent support programs.



“If a child can’t learn the way we teach, maybe we should teach the way they learn” Ignacio Estrada.



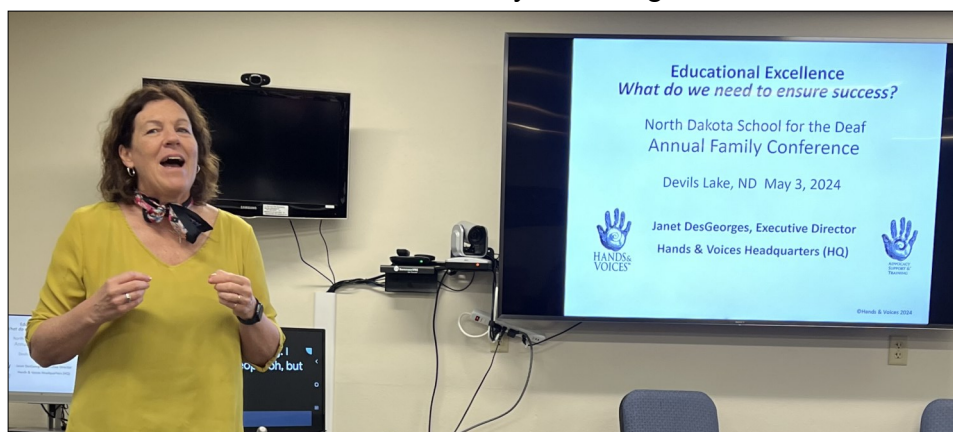
Parent-Infant Program/ School-Age Outreach Specialists (Statewide Services)



Jaylee Anderson and her mother, Deanna, shared their stories about getting services that Jaylee needed to successfully finish high school.

"Having a time to come together and meet with other parents who are experiencing similar situations, struggles and joys has been very beneficial for our family. I feel like I am leaving today with a full cup."

-attending parent-



Janet DesGeorges was the featured speaker at the annual North Dakota School for the Deaf Family Conference held May 3, 2024 in Devils Lake. She discussed Educational Advocacy: Working with your child's educational professionals and Educational Excellence: What do we need to ensure success.



Visiting school-age students were able to go into the classrooms with their peers for the day. Those under age three were entertained by Parent-Infant Specialist. They also were able to go into the preschool to enjoy story time.

For more information, contact Nicole Swartwout at (701) 857-8681 or nicole.swartwout@k12.nd.us

FAMILY VOICES OF NORTH DAKOTA®

Navigating Crossroads to Hope

Welcome sunshine, lakes, swimming and warm days. We hope this finds you all doing well and adjusting to a new normal. Family Voices of North Dakota has discontinued the Extended Learning Calls over the summer months but will begin again in August/September.

As a reminder about our Extended Learning Calls, we host these calls on weeknights at 8 pm. They are held in the evening to assure families are able to attend. These calls are for families and providers to learn about new programs and expand their skills. If any provider, would like to be a guest speaker, to get information out to a larger group, let us know. The Extended Learning Calls will be recorded and posted on our website at www.fvnd.org.

We announce these workshops via our Family Voices of North Dakota list serv, and our e-newsletter which is distributed weekly on Mondays. If you are a family member or provider and would like to receive our e-newsletter and list serv, you can be added to this list to receive this information by emailing donene@fvnd.org; or you can call the Family Voices of ND office at 888-522-9654.

Eight calls were conducted this season through the EHDI project. These will be housed on YouTube (<https://www.youtube.com/@FamilyVoicesofND>) and the EHDI website. If you would like information on these calls, do let us know at the address above.

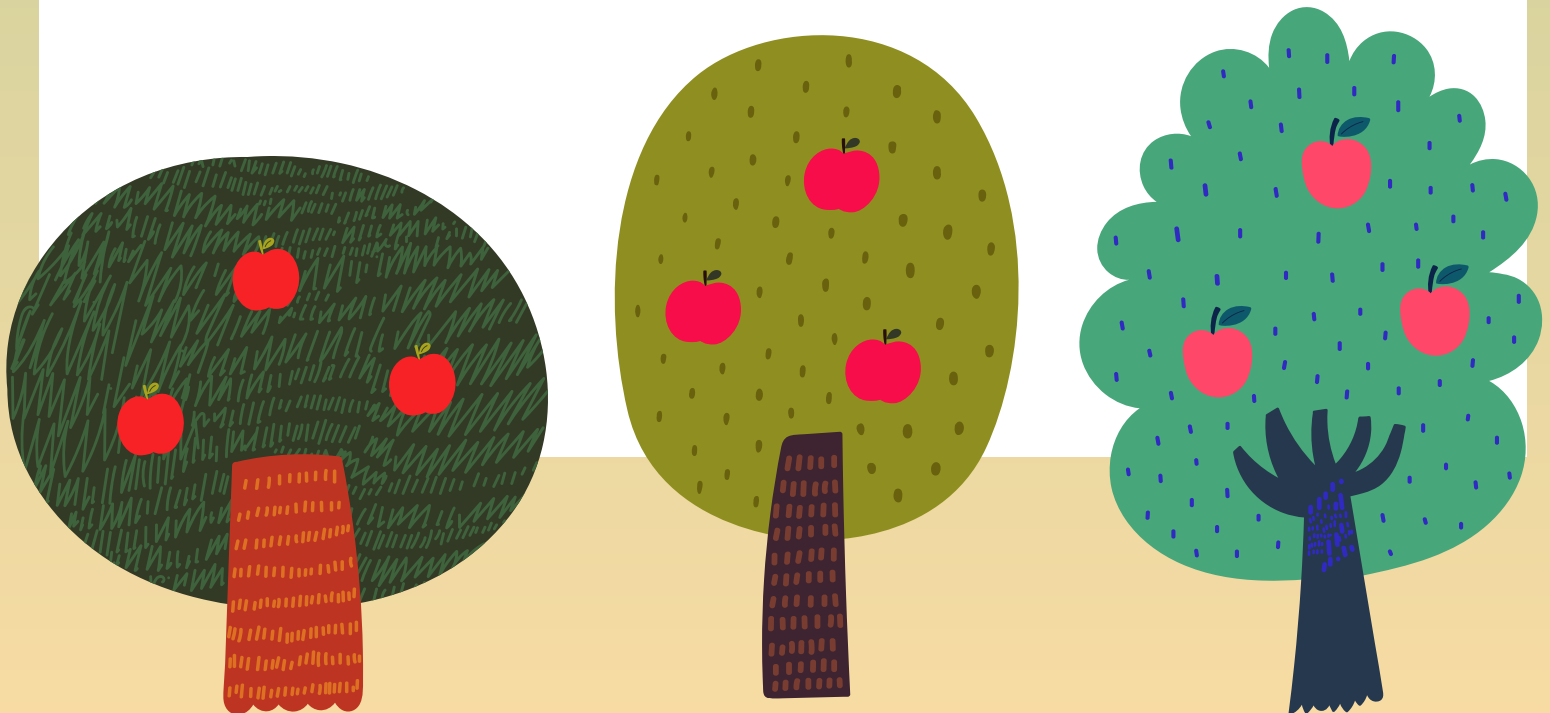
Additionally, we will be planning online virtual Care Coordination Training and our Care Giver Café training, which will help families plan for transition. These will be announced through our listserv and Family Voices of ND Facebook page. Head on over and give us a like: <https://www.facebook.com/FVND1>

We recently held a family fun day in Bismarck with an awesome turn out. In other great news, staff is again planning in Grand Forks and Fargo Trunk or Treat.

This fall, we are also planning to host the Parent Leadership Institute the first full weekend in October and would love to have you. If interested, please let Donene Feist know at donene@fvnd.org, and will send you the application to apply

If you are a family member and need additional support, do call us at Family Voices of North Dakota. We are here to help. Family Support is a vital component as families adjust to a new diagnosis and changing times. Supporting families and connecting them to family organizations assures that families get resources and services in ways that are respectful, relevant and honor their unique choices and perspectives so that they can make informed decisions to achieve the best possible outcomes for their children and youth. It takes us all. Hoping you all have a great summer.

Donene Feist Director, Family Voices of North Dakota
<https://fvnd.org/>



"Coming together is a beginning; keeping together is progress; working together is success." -Henry Ford

Your Baby's Hearing Screening and Next Steps

Most children hear and listen to sounds at and even before birth. They learn to talk by imitating the sounds they hear around them and the voices of their parents and caregivers. But that's not true for all children. In fact, about two or three out of every 1,000 children in the United States are born with detectable hearing loss in one or both ears. More lose hearing later during childhood. Children who have hearing loss may not learn speech and language as well as children who can hear. For this reason, it's important to detect hearing loss as early as possible.

Because of the need for prompt identification of and intervention for childhood hearing loss, universal newborn hearing screening programs currently operate in all U.S. states and most U.S. territories. With help from the federal government, every state has established an Early Hearing Detection and Intervention Program. As a result, about 98% of babies have their hearing screened before 1 month of age.

Why is it important to have my baby's hearing screened early?

The most important time for a child to learn language (spoken or signed) is in the first 3 years of life, when the brain is developing and maturing. In fact, children with typical hearing begin learning speech and language in the first 6 months of life. This is why it is so important to screen and start interventions for hearing loss as early as possible. Research shows that children with hearing loss who get help early develop better language skills than those who don't.

When will my baby's hearing be screened?

Your baby's hearing should be screened before he or she leaves the hospital or birthing center. If not, make sure the baby is tested during the first month of life. If your baby's hearing was not tested within 1 month of birth, or if you haven't been told the results of the hearing screening, ask your child's doctor today. Quick action will be important if the screening shows potential hearing loss.



A newborn undergoes a hearing screening.

How will my baby's hearing be screened?

Two different tests are used to screen for hearing loss in babies. Your baby can rest or sleep during both tests.

Otoacoustic emissions (OAE) tests whether some parts of the ear respond to sound. During this test, a soft earphone is inserted into your baby's ear canal. It plays sounds and measures an "echo" response that occurs in ears with normal hearing. If there is no echo, your baby might have hearing loss.

The auditory brain stem response (ABR) tests how the auditory nerve and brain stem (which carry sound from the ear to the brain) respond to sound. During this test, your baby wears small earphones and has electrodes painlessly placed on his or her head. The electrodes adhere and come off like stickers and should not cause discomfort.

What should I do if my baby's hearing screening reveals potential hearing loss?

If the results show that your baby may have hearing loss, make an appointment with a pediatric audiologist—a hearing expert who specializes in the assessment and management of children with hearing loss. This follow-up exam should be done as soon as possible, ideally by the time the baby is 2 to 3 months old. The audiologist will conduct tests to determine whether your baby has a hearing problem and, if so, the type and extent of that problem.

If you need help finding a pediatric audiologist, ask your pediatrician or the hospital staff who conducted your baby's screening. They may even be able to help you schedule an appointment. You can also try the directories provided by the American Academy of Audiology or the American Speech-



Language-Hearing Association. If the follow-up examination confirms that your baby has hearing loss, he or she should begin receiving intervention services as soon as possible, ideally by the age of 3 to 6 months. See our Baby's hearing screening and next steps: Timeline for parents (below) for a guide to follow.

The pediatric audiologist may recommend that your baby visit a pediatric ear, nose, and throat (ENT) physician who specializes in conditions affecting the ear, known as a pediatric otologist. A pediatric otologist can determine possible causes of hearing loss and recommend intervention options. If your child has siblings, the audiologist or otologist may also recommend that their hearing be tested.

The follow-up exam revealed that my baby's hearing is fine. Does that mean we don't need to check his or her hearing again?

Not necessarily. Hearing loss can occur at any time of life. Some inherited forms of hearing loss don't appear until a child is older. If your baby was exposed to certain infections before being born, they are more likely to have gradual hearing loss during childhood. Other factors, such as childhood illness, ear infection, head injury, certain medications, and loud noise are

also linked to hearing loss in children. Use Your Baby's Hearing and Communicative Development Checklist to monitor and track your child's communication milestones through age 5. If you have concerns about your child's hearing at any age, talk to your pediatrician right away.

How can I help my child with hearing loss develop language skills?

When interventions begin early, children with hearing loss can develop language skills that help them communicate freely and learn actively. The Individuals with Disabilities Education Act ensures that all children with disabilities have access to the services they need to get a good education. Your community may also offer additional services to help support your child.

Your baby's health care team will help you find services and methods to overcome communication barriers. You may also be referred to a speech-language pathologist or a teacher who is experienced in working with children with hearing loss. Talk to and communicate with your child often and stay up-to-date with all health care appointments.

For more information visit [Your Baby's Hearing Screening and Next Steps | NIDCD \(nih.gov\)](#)

It Takes a Village - ND EHDl OZ eSP Transfer Functionality

ND EHDl and OZ Systems in collaboration with multiple birthing hospitals' nursery staff and interface engineers have been working towards the development and implementation of a new transfer functionality within the OZ eSP data system. The Transfer Function will eliminate current manual methods of record transfer for infants transported between North Dakota's hospitals for a higher level of care. With the logic development needed being unique to each hospital, this endeavor would not be possible without the countless number of individuals who have offered their insight, expertise, and time. Once put into production, transfers will be easy to complete in a timely manner with many additional benefits including the elimination of record duplication, complete updating of records via A08 segments and the addition of the A03 date of discharge notification. Many thanks to our partners in the Village: Altru-Grand Forks, CHI-Bismarck, CHI-Devils Lake, CHI-Dickinson, CHI-Williston, Sanford- Fargo, and Trinity Health-Minot.

Sue Routledge

ND EHDl Follow-up/Data

Coordinator



Annual Data: Early Hearing Detection and Intervention (EHDl) Annual Data: Early Hearing Detection and Intervention (EHDl) Program

[Annual Data: Early Hearing Detection and Intervention \(EHDl\) Program | CDC](#)

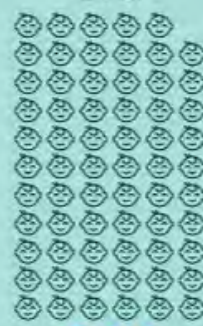
More and more babies who are born deaf or hard of hearing are being identified early in the United States

2005



2,634
babies

2021



6,518
babies

Early Hearing Detection and Intervention Resources, Upcoming Events, and Webinars

ND EHDI Advisory Meetings

- October 8 ,2024 10 am - Noon
- April 8,2025 10 am - Noon
- October 7,2025 10 am - Noon

If you have any questions, please contact:

Jerusha Olthoff, MSM

ND EHDI Program Director

The North Dakota Center for Persons
with Disabilities

1-701-858-4360, toll free, 1-800-233-1737,

jerusha.olthoff@minotstateu.edu

The **ND EHDI website** is a valuable resource that offers help, guidance, and support for families, financial assistance, and professionals. Whether you are a parent seeking support for your child with hearing loss, a professional seeking training and guidelines, or someone seeking financial assistance, the ND EHDI website is here to help. <https://ndcpd.org/ndehdi/>



Early Hearing Detection and Intervention Resources, Upcoming Events, and Webinars



Off to a Great Start! This virtual, interactive website allows you to explore resources and activities to support the early intervention journey for families of children who are Deaf or hard of Hearing.

<https://handsandvoices.org/great-start/index.html>

Early Hearing Detection and Intervention Resources, Upcoming Events, and Webinars



Make plans to join us at the

24th Annual Conference:

March 9-11, 2025, in Pittsburgh, PA

For more information, visit EHD Annual Conference
(ehdconference.org)



SAVE THE DATE



20th Annual Hands & Voices Leadership Conference - Weaving The Threads of Leadership in Spokane, Washington, on Friday, Sept. 20th, 2024- Sunday, Sept. 22nd, 2024.

Hosted by Hands & Voices Washington & Hands & Voices British Columbia

For more information and to register, visit <https://handsandvoices.org/conference/2024/index.html>



New Episodes Every Month at
<http://www.earwormpodcast.org/>



The ASHA Convention is the premier annual professional development and networking event for speech-language pathologists, audiologists, and speech, language, and hearing scientists. Plan to join your peers for the **2024 ASHA Convention, December 5-7, in Seattle, WA.**

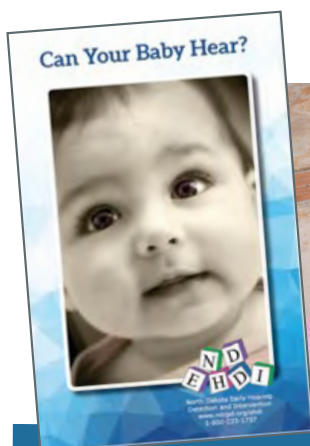
For more information, visit <https://convention.asha.org/>



Registration for CI2024 Vancouver is Now Open – visit
[CI2024 Vancouver Meeting - Cochlear Implants Children & Adults](#)

Free Material About Hearing Loss in Children

CDC has FREE brochures, posters, fact sheets, and more for parents, health care providers, and public health professionals. You can view, download, and print the materials at <https://www.cdc.gov/ncbddd/hearingloss/freematerials.html>.



HOSPITALS: Do you need more brochures?

Please email vickie.brabandt@MinotStateU.edu

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CHIME IN!

Check out the ND EHD I website at www.ndcpd.org/ndehdi for information or meet the staff. Also, if you have questions, find broken links or typos, or have suggestions, please let us know.

We hope you will find the newsletter provides a broad picture of hearing healthcare in North Dakota. Through collaborative efforts, streamlined processes and consistent communication, ND can assure a strong system of hearing health care for every child birthed and/or residing in North Dakota.

We look forward to being a resource for quality improvement and working with you!

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