



**Centers for Disease Control and Prevention  
EARLY HEARING DETECTION AND INTERVENTION  
Ad Hoc Group - Teleconference Agenda**

**Agenda for May 7, 2002**

**I. Welcome and Announcements:**

Melanie Gamble

**II. AAP Champion Project Update.**

Michelle Esquivel

**III. Audiology workshops and training seminars**

- Dr. Toni Maxon, Co-director of the New England Center for Hearing Rehabilitation
- Kathleen Watts, Project Coordinator at the National Center for Hearing Assessment and Management (NCHAM)
- Matt Shalala, the webmaster at NCHAM
- Karen Ditty, a network audiologist at NCHAM

**IV. EHDI education for early interventionists at the Collaborative Early Intervention National Training e-Resource (University of North Carolina Greensboro):**

-Dr. Rosalyn Proctor (Center Director)

**V. Better Speech and Hearing Month update.**

Dr. Neil Snyder, the Director of Federal Advocacy at the American Speech-Language-Hearing Association (ASHA)

EARLY HEARING DETECTION AND INTERVENTION  
AD HOC MEETING

MAY 7, 2002  
2:00 P.M. – 3:00 P.M.

Captions Provided By:  
Margo Bachner, CSR, RMR, CRR  
Caption First, Inc.  
3238 Rose Street  
Franklin Park, IL 60131  
847-451-7397  
800-825-5234 (Voice/TTY)

**MELANIE GAMBLE:** Good afternoon, this is Melanie Gamble from the CDC. I'd like to welcome you to this month's Early Hearing Detection and Intervention Ad Hoc teleconference on Provider Education and Training.

As a reminder, I ask you to mute your microphones when you are not speaking to help reduce the amount of background noise. Also, today's conference is being recorded and a transcript will be available on our website in approximately two weeks.

Today we will be discussing the importance of continuing education for physicians, audiologists, and early interventionist involved in the EHDI process. We will hear information on the different educational and training opportunities that are taking place across the country to make sure that professionals are up to date on the latest techniques and strategies. Before we begin, are there any announcements or comments from any of the participants? The speakers this afternoon are:

1. Michelle Esquivel who is the AAP EHDI Project Coordinator. Michelle will speak to us about EHDI education for physicians
2. Dr. Toni Maxon, Co-director of the New England Center for Hearing Rehabilitation
3. Kathleen Watts, Project Coordinator at the National Center for Hearing Assessment and Management (NCHAM)
4. Karen Ditty, a network audiologist at NCHAM
5. Matt Shalala, the webmaster at NCHAM  
Toni, Kathleen, Karen, and Matt will speak to us about audiology workshops and training seminars
6. Dr. Rosalyn Proctor, the Center Director of the Collaborative Early Intervention National Training e-Resource at the University of North Carolina Greensboro will talk to us about EHDI education for early interventionists
7. Dr. Neil Snyder, the Director of Federal Advocacy at the American Speech-Language-Hearing Association (ASHA) will tell us about some of the things going on with Better Speech and Hearing Month.

We have a full call this afternoon, but it promises to be informative. Now we will begin with our first speaker, Michelle Esquivel.

**MICHELLE ESQUIVEL:** -- *(Beginning of comments were not able to be transcribed at the time of this teleconference)* to engage that person. And you've made frequent phone calls and e-mail contact and anything you try seems like it's not working, you definitely need to let me know. There's 55 of these people, and there's no way I can keep track of all of them and what they are doing. I'm just going on the fact that when I'm sending them the materials, they're working on things, and when we work on these work plans, they're going to take the work plans

to the next step. But let me know if the person isn't as involved as you think they should be and you and I should have a conversation. So, that's the first thing.

The second thing is in terms of the presentation kit, that is, I believe, if it's not yet available, it will be available through the NCHAM web site in a downloadable format. Now, it will probably take a very long time to download because it's quite a big presentation and quite a big kit. But it's definitely there as a resource. Because of limited funding, we have not necessarily been able to -- we don't have the funds to make the kits and send them out to all of the EHDI coordinators, as well. That's why we're making them available in a different venue.

In addition to that, I know that Marcus had begun to post the -- I created this e-mail distribution newsletter, for lack of a better term, that goes out monthly to the Chapter Champions. It's called the EHDI E-Mail express. I've encouraged them to share this with the EHDI coordinators that they work with or others that they work with in the state. If they haven't done that, I know that Marcus has begun to post those on the CDC WebBoard. So, you registered users will have access to that. Again, if you're working on something, if you know of a presentation opportunity, by all means, utilize your family physicians, other pediatricians in the area who might be available, those kind of things. It's not like we're only making the materials available to the Champions.

**MELANIE GAMBLE:** Now we're going to learn about some of workshops and training that's going on for audiologists.

**TONI MAXON:** This is Toni, and we have a small group that's going to do the presentation today. Kathleen Watts is going to start off, give us some history. Then I'm going to talk about the content of the course. Matt is going to talk about the on-line components and Karen is going to talk some specifics about the hands-on aspect of it. So, Kathleen?

**KATHLEEN WATTS:** First of all, I'd like to explain a little bit of the history of how we started doing these workshops. Whenever I would talk with EHDI coordinators, whenever our network of audiologists throughout the country would talk, the problem that kept popping up was the age of diagnosis for infants with hearing loss.

So, we started looking at why this is a problem. The ultimate goal of a universal newborn hearing screening program is not to just screen for which children may or may not have hearing loss, but to actually diagnose the infants with a hearing loss and then to reduce the age of amplification fitting and to have them enrolled in early intervention services within the first few months of their lives. That just wasn't happening. The hang-up seemed to be with the diagnosis. So, we looked at it and we found that most audiologists, even those who have recently graduated from training programs, still have minimal training and experience in providing the services that are needed for very young infants. And we started looking at what could be done to help with that. The traditional training programs seemed to be available. We looked at those. There are face-to-face workshops. Sometimes they're one day, sometimes they're four. But generally all you do is sit and listen to someone. We wanted to structure it so that people had the practical experience and actually felt comfortable doing the diagnostics.

Our next question was "How can we do this?" What are our options? First of all, we wanted to find something -- figure something out -- that would be affordable for people. Affordable time-wise as well as cost wise. We didn't want to take them away from their jobs for too long because a lot of audiologists are in private practice. A day for training means a day of not having any income, in addition to the cost of the workshop. And then we didn't want them to necessarily have to travel too far. Because of the way that NCHAM is set up with a network of audiologists throughout the country, we're sort of familiar with going different places to do different things and looking at needs in the regions.

We also wanted to know that more or less everyone was on the same page, meaning they all had the same background information to go into this, knowing that some of the people would have some experience, others might have absolutely no experience. We started thinking about how to accomplish this. Another thing that we wanted was to have hands-on practical experience. So, we sort of put it all together, and what we came up with was a workshop that combines several different modalities in order to come up with the final process. The first part of it

includes readings. Those are available through the person signing up for the workshop and then getting access to the workshop materials on our website, [infanthearing.org](http://infanthearing.org). In addition to that, the participants have a weekly chat room with mentors, who they can ask questions of and who direct the discussion.

The second part of the workshop is to have an expert who provides instruction at a two-day workshop. There is also has equipment available for them to practice on. The last part is to have participants do a practicum experience. We are in the process of doing our second workshop now and are refining as we go. I'm going to let Toni and Matt and Karen give a lot more of the details of how this works.

**TONI MAXON:** We wanted to do was come up with a good way to get the audiologist to do a really timely diagnosis. And clearly, because we're talking about very young infants, it had to be a technique where the baby didn't have to participate other than to just lie there. So, the common accepted method of diagnosing hearing loss for young infants is auditory brainstem response audiometry or ABR. And although ABR has been around as a diagnostic tool since the early seventies, it's only relatively recently that people have looked at it as a way of really being able to specify all aspects of the hearing loss. And that has to do with the kind of stimulus that's been used. So, traditionally what's called a click stimulus has been used. And basically all you could do with that click stimulus was look at relatively high frequency hearing. So, if a person had a hearing loss in the high frequency range, it would be picked up by the ABR. But if a person had normal hearing in the high frequency but a hearing loss in the low frequency range, you couldn't pick it up with the ABR, with the click stimulus. So, through ongoing research and refining of commercially available techniques, what was -- and equipment, what was developed what's equipment that audiologists could use in traditional clinics that would allow them to get frequency-specific information. So, you could in a sense get an audiogram from the ABR. And so, in that way you could find out what the person's hearing loss or hearing is like in the low, mid and high frequencies for each ear. And with that information, you could go on and use that to fit a hearing aid. So, this became very useful in terms of the young infant because the infant doesn't have to do anything. You can get all of this information. You can get it relatively quickly. And for the very young infants, you may well be able to do it without having to sedate the baby. So, this really is the ideal technique. The problem being that the majority of audiologists out there practicing don't -- first of all, haven't learned about it; second of all, haven't done it. So, that's where we decided to focus the first workshop, because we kind of envision this as a series of workshops. But the first one being getting audiologists geared to do that ABR testing. But we didn't want it just to be here's how you do ABR, good-bye. We really wanted it to be in the bigger picture of things.

So, one of the components of the course content is auditory development. And it's looking at the development of the ear in the young infant and how that changes over the first few months of life and how those changes could possibly affect some of the testing that we want them to be able to do. And what that would do is how it might affect the message that you might have to use, how it might affect the results and interpretation of results. So, that's the first component of the course, is the physiological changes that occur in early normally developing infants. The second component of the course is ABR component, talking about using tone bursts in order to get threshold information. The other piece that always was an issue is if you don't do bone conduction measurements and you see a hearing loss, then you don't know if the hearing loss is caused by some transient middle ear problem, fluid in the middle ear and so on. And so, the put off in diagnosis was often related to, well, we need to make sure that there's no middle ear problems going on, so that the child would be sent for repeated ENT evaluations before any diagnosis could be made. But if you use bone conduction measurements, you can get a sense of whether or not the hearing loss -- where the hearing loss is located, whether it's in the middle ear, whether it's in the cochlea itself, and be able to come up with that very quickly. So, again, bone conduction was not something that was commonly being used or is presently commonly being used by audiologists. But it's certainly something that can be done and done readily. So, we put that into the course. And the other aspect that we wanted was for people to get used to looking at the results and understanding what the results mean and being able to make a quick diagnosis and feeling comfortable with the diagnosis. Then the question of sedation. Is sedation really necessary? If it is necessary, what type of sedation should be used? So, that component has been incorporated into the course. We also have put in otoacoustic emissions because they are an important part of the test battery for the young infant. What you really are looking for is for all of your results to point to the same direction. And so, there's information on distortion product, otoacoustic emissions, transient otoacoustic emissions, talking about what it is they're measuring, how you

expect them to agree or disagree with the ABR results, if there is disagreements, what does that mean, so that again the audiologist can walk away from this initial diagnosis saying, yeah, I'm really comfortable with these results and I'm comfortable saying to the parents, this is what your child's hearing is like, and I'm comfortable recommending amplification.

And then finally to also look at the issue of middle ear problems. Is there fluid or some kind of middle ear abnormality? Tympanometry, which has also been around for a long time. But the young infant ear is physiologically so different from an older child or adult, that can affect the results of the tympanometry. So, the kind that's done, you have to use a different frequency, a different stimulus to carry it out to get the kinds of results that are meaningful.

So, all of that is the basis, the content information of the first course, which should, once the audiologists are done with this, it should enable them to start using these techniques in their own clinics and being able to make a diagnosis by the time the latest three months of age so the child can move along very quickly into amplification and then early intervention. We're hoping to develop a course on fitting amplification for very young infants because a similar set of problems exists as far as that's concerned and being comfortable knowing that you've selected the right characteristics of hearing aids and that you have it set properly and so on.

So, as Kathleen said, we've taken that content now and put it into the six-week on-line preparation with readings. And Matt's going to talk about that very shortly. And then there is the face-to-face workshop in which they hear this expert talk about it, lots of wonderful examples, lots of opportunity to work with the equipment. And then, finally, a practicum experience where they go out and get the experience doing it before expecting them to do it on their own. And Karen is going to talk about those last two components. So, Matt, if you would talk about the on-line aspect of things?

**MATT SHALALA:** The purpose of the on-line component is to help prepare students for the on-site workshop. To do so, we thought the best way would be to provide a chat room and a bulletin board, which would give the students an opportunity to discuss the reading materials, and ask questions about them. The setup is straightforward. It's all run through our website ([www.infantheating.org](http://www.infantheating.org)), where we provide a web-based chat room and a web-based bulletin board. The chat room sessions themselves are held twice a week over the six-week span. Each session lasts an hour long. Two audiologists from our national network moderate the discussion, prompting students to answer questions, and providing answers to student questions. The students themselves are expected to participate in one of the two weekly sessions. We found that we had to limit a chat room session to about 12 people per night because the conversation became unwieldy and hard for people to follow if too many people were participating at one time. To help students prepare for a chat room session, we posted prep questions along with their weekly reading assignments. The purpose of the prep questions is to give students ideas to think about and questions while reading, and to help prepare them for the chat room discussion.

To enter the chat room, the student or moderator clicks on a link found on the workshop page within our web site. On the new web page that appears, the student or moderator is asked to provide her/his name and then is required to click a button which enters her/him into the chat room itself. Once in the chat room, students and moderators can type a message in a box found on the lower part of the window. After pressing the "send" button, any message that the student or moderator just sent will appear in the chat room window for everyone to see. After reading someone's message, participants can reply, and reply to replies, and so on. A log is recorded for that night's session (which is done automatically by the chat room script) and is posted on the web site for all participants to see.

In addition to the chat room, we added a bulletin board for students to ask questions to ask about the readings, or about a previous chatroom session. This is available at anytime during the workshop, not limited just to an hour a week like the chat rooms. Students are encouraged to post questions about the weekly readings that they would like to discuss during the chat room. Doing so helps the moderators to prepare answers to their questions, answers that might be difficult to ask on the spur of the moment.

At the end of the six-week session, participants are required to take an exam which we provide through the website. It's completed on-line. If students have done the readings and participated in chat rooms, they shouldn't have any problems passing the exam. The exam is just a way to insure that the students are prepared for the on-site workshop. That's it. If you have any questions or if you're thinking about doing something similar to this, feel free to contact me for any advice or questions you might have.

**KAREN DITTY:** Going into the workshop and practicum part of it -- after they've made it through the online component, we have a two-day, face-to-face workshop. And as Toni alluded, we have an expert in the field presenting the content and theory. This individual provides -- kind of fills in the gaps and helps everybody to have questions answered that needs to have those questions answered. What's good about this, at this point everybody's pretty much working on the same page or at the same platform because we have individuals who sign up for the workshop who are very new in the field of audiology and others who have been in 15 to 20 years. So, by coming to this workshop now, everybody's working on the same page.

We go into clinical evaluations, discussing new technology. Early in the workshop we determine the type of equipment that they have or what they will be using and hope we have that equipment there on site so they also have more of a hands-on experience, because day 2 will include that hands-on experience in providing methods and techniques to the specifics of setting up the parameters of the equipment. And not just for ABR, but for the tympanic component and the otoemissions component of it. So, we feel this provides them a real hands-on experience.

Also, because we're working in regions across the United States, they get to meet face-to-face with other audiologists sort of in the same boat in the level of expertise. And because they're in the same region, they can also initiate a wonderful network of experience and after the workshop is over they have somebody else to contact within their region, because every region and even every state has specific differences. And the beauty of meeting with people in your area, you can certainly discuss those issues. After they leave the workshop is when the practicum develops. And each participant needs to arrange a clinical practicum to acquire experience, actually assessing infants. And I believe we said five infants at the last workshop. They submit a written report on these clients, and we'll review them. They submit it to us, and we'll review to be sure they're going along the lines that we were hoping that the workshop would teach them.

After the workshop and as practicum begins, we try to have a post-workshop chat room, at which time, at least twice, we meet and discuss over the next two to three months issues, problems that they're having on their sites, problems with getting assessments of babies. We were fortunate to have our speaker also participate in these chat rooms to provide that extra expertise that they all are requiring. This workshop is not meant to replace what's going on across the United States. It's merely meant to enhance, give audiologists another opportunity, another way that they can get the knowledge base that they need for this very important assessment of infants.

So, the participants acquire the information and experience needed to participate in the EHDI programs. They receive continuing education credits and, of course, receive a document indicating their course completion. This helps the EHDI coordinators in clinical programs in the area because it helps them to identify audiologists with the knowledge, experience and skills to participate in EHDI programs. And the best benefit is to the infant because hopefully after this they're accurately diagnosed, fit with amplification by three months of age and enrolled in early intervention programs by six months of age. So, that's a nice segue into the next speaker talking about early intervention. Does anybody have any questions on this diagnostic workshop?

**PAT DEWEY:** Yes, I do. This is Pat from Virginia. Do I understand that you are all already engaging in the first one of these, or is this still on the drawing board?

**KATHLEEN WATTS:** We have done one workshop. We completed one in December in New England. We are now in our second one, which is being done in Region 8. And we are just at the very beginning of it doing -- just starting the chat rooms actually this week.

**MELANIE GAMBLE:** Thank you very much, Toni, Kathleen and Karen and Matt.

**PAT RICE:** This is Pat Rice from Minnesota. We were talking about whether they were going to expand those to other parts of the country. Do you have, like, a three-year plan where that might happen? I know Les has been in contact with screening and went to the Midwest.

**UNKOWN SPEAKER:** Partly that depends on funding. And we do have a couple of grant opportunities. So, I cannot give you a definitive answer. In terms of our funding that we get through MCHB, we don't have enough funding because they are rather costly to put on. We don't have enough funding unless we secure some more grant funding.

**MELANIE GAMBLE:** Okay. Let's move on to our next speaker, who will talk about education for early intervention.

**ROSALYN PROCTOR, Ph.D:** Hi. This is Rosalyn Proctor, CENTe-R Director. Can you hear me okay? Great. I'd like to share with you about our Center project. I would like to let you know, too, that we have part of our Center staff here. We've got Drs. Compton, Judith Niemeyer, and I also have with me Anne McNally, another Center Director. And all of these people will be available after I finish.

Just for informational purposes, we're funded by the Department of Ed, Office of Special Education Programs. And just in case anybody needs more detailed information than I'm able to give in this time frame, please go to our website, <http://center.uncg.edu>. One of the things that you will find on our website is our mission statement. And just for clarification purposes, I would like to read part of that. Our purpose is to inform and support graduate level professionals serving families with infants and toddlers who are deaf and hard of hearing through web-based training that embraces transdisciplinary approaches and connections among ongoing learners. One of the things that we strive to do in developing our training is to honor multiple perspectives, the strengths of children and families and the desire of professionals to acquire unique experience. This has unfolded in numerous ways in our project.

And one of the ways that it's unfolded for us is that we have involved in our training, professionals, who are nationally recognized and representative of multiple perspectives on deafness, early intervention, and families in the development of standards-based training. We've had groups of these professionals meet twice for national meetings, and we have identified national training standards in these areas: The areas of legislation, families, infant and toddler development, communication, assessment, technology and building teams. We've also conducted a validation study with respect to these standards.

Now, you may be wondering who is our target audience. Given that children are being identified earlier and earlier thanks to the newborn screening legislation, professionals want to learn more about working with infants and toddlers who are hard of hearing and their families. So, what we want to do is to provide training that is designed to be entry level, preservice, graduate level, and we're planning on offering this through institutions of higher education. Specifically the target audience might be early interventionists who want to learn more about deafness, professionals with backgrounds in deafness who want to learn more about early intervention. They could be PTs, OTs, nurses, or just audiologists or other personnel with a minimum of a four-year degree who think they may be working with an infant or toddler who's deaf or hard of hearing.

This training is to be piloted and offered through our website in fall, 2002. So, it's not on our website yet. We expect a new release of our website in late August 2002 to feature 12 modules or units of study in two content areas. I know that was a mouthful, so let me just say that again. We're expecting to release 12 modules, and within these 12 modules two areas of content are addressed. And those areas of content are infant-toddler development and hearing loss. The other content area is early intervention roles.

Now, modules within each of those content areas will include development and hearing loss, perspectives on learning theory, pre and post-natal development and hearing loss, developmental and chronological milestones, social and physical environment and cultural child rearing. Topics of modules in early intervention roles include prelinguistic communication and its relationship to hearing loss, parent-infant interaction, early communication and development of early relationships. Now, these units of study or modules will also contain multimedia presentation. We're planning on embedding hyperlinks in the text so that people can explore it with the web. We've got assignments, activities, review exercises so that people can have an opportunity to actually utilize the content that we've developed. We've also got discussion questions. There will be a discussion board. And we've really taken particular attention to develop questions that require learners to use their higher order thinking. Modules are tightly designed to reflect the standards that we have written. And in addition, multiple modules can be combined so that if an instructor wanted to create a course of their own using modules, that opportunity is available. Or the instructor could just select to use one module, as I said earlier, and embed it in existing coursework.

Programs interested in using the modules can contact the center through our website. We have a "contact us" button listed. And also, if you'll look under the team profile section of our website, our whole staff is listed. And their e-mail link is there for your to access. This release of the modules is the first release of several. Like I said, we've just developed two content areas, so we've got several more content areas to go. We're selecting teams of professionals and families to develop additional modules or units of study over the period of our grant. We've been in operation now, we're in our second year. We have three more years to go. We're real excited about where we are with this. And we want to open this up now for any questions that anyone may have. So, like I said, we've got our Center staff here, and we'd love to hear from you. Once again our web site address is <http://center.uncg.edu>. If you think of any questions later and you want to call, my number is area code 336-256-1082.

**MELANIE GAMBLE:** Are there any other questions? Thank you very much. Our next speaker is Neil Snyder from ASHA. He's going to tell us some things about Better Speech and Hearing Month.

**NEIL SYNDER:** Hello, everyone. I just came on the line. I'm sorry for missing the previous conversation. ASHA, the American Speech and Language Hearing Association has been celebrating May as Better Hearing and Speech Month for 75 years now. This year we decided to put some extra resources into it. We have developed a children's activity guide that includes a word search and word find that helps stress phonetics and other speech and language aspects. We have a free screensaver on our website, if anybody would like to download it. The children's activity book is also downloadable from our website.

We worked with members of Congress this year and last week both the House and the Senate passed resolutions acknowledging May as Better Hearing and Speech Month. We are also sponsoring a fair on Capitol Hill tomorrow in the Rayburn House building if anybody is in the Washington area. It's open to the public. It's from 11:00 a.m. to 1:00 p.m. in the Rayburn foyer. We have 16 different organizations displaying, including ASHA. We have the National Center on Birth Defects and Developmental Disabilities from CDC. We have the National Institute on Deafness and Other Disorders, Alexander Graham Bell Association, American Society for Deaf Children, Auditory Verbal International, Brain Injury Association of America, Children and Adults with Attention Deficit and Hyperactivity Disorder, the National Association for the Deaf, the National Campaign for Hearing Health, the National Court Reporters Association, the Our Time Cedar Company, and a company called Telecommunications for the Deaf displaying.

We are having a kickoff event prior to that beginning at 10:30 with members of the Congressional hearing health caucus, Congressman Jim Ryan, hopefully Congressman James Walsh from New York and Congresswoman Carolyn McCarthy from New York. We are also planning later this month some bus tours for some Congressional staff to local sites in the Washington area, hospitals, clinics, schools, NIDCD up in Bethesda. We are also publicizing this with our membership so that they can do activities at home, including local proclamations, PSAs, letters to the editor, all sorts of other activities. And that's it.

**UNKNOWN SPEAKER:** One thing, from Minnesota, representative Betty McCullen. I didn't hear her name mentioned. She's been very active



in Minnesota in promoting the newborn hearing screening.

**NEIL SYNDER:** She was a co-sponsor of the House resolution that passed.

**UNKOWN SPEAKER:** Oh, it passed?

**NEIL SYNDER:** Yes, both chambers have considered and passed it. The resolution acknowledging Better Hearing and Speech Month. We are still fighting for continued funding for infant screening. And in fact, ASHA President Nancy had spoke, testified before the House Labor HAS Appropriations Committee last month requesting funds for both HERSA and CDC.

**MARCIA:** This is Marcia from the Congressman's office. I just wanted to back what he was saying about Better Hearing and Speech Month and the fair being open. The Congressman did send out official letters to our colleagues in agencies as well as many of the advocacy groups welcome being everybody to participate in the Rayburn foyer. The Congressman also did make a statement on the floor in support of Congressman Ryan's resolution, and that's part of the public record available in the Congressional Record. And if anyone is interested in that. He is working very carefully with the Chairman, who is the Chairman of the Appropriations Subcommittee on Labor and Health and Human Services to secure additional funding for the programs that have made the state programs run very effectively. So, we're working very hard on your behalf there. In fact, Chairman Regula was incredulous that every state does not have screening of infants already in place.

**UNKOWN SPEAKER:** Do you have any idea when the other bill will get through Congress or when they're going to vote on it for the funding?

**NEIL SYNDER:** The Labor Health and Human Services Appropriations Bill is generally the last one to go through. The end of the fiscal year is the last day of September. Hopefully we don't run over this year, especially because the members are anxious to get out for election year. The entire House is up for election in November. So, it will be fall time before we know, you know, a definitive number. The House has to pass its version, the Senate has to pass its version. It goes to conference and then to the President for his signature.

**MELANIE GAMBLE:** Any more questions for Neil or any of our other speakers? Well, are there any final comments or announcements before we wrap up the call?

**JANET:** Hi. I had a comment. This is Janet from the National Center. I just wanted to give everybody some information about a national symposium on hearing and infants this summer in Breckenridge, Colorado from July 31st to August 3rd. You can download the brochure at our website, which is [www.Colorado.edu/flhs/mcnc](http://www.Colorado.edu/flhs/mcnc). If you didn't get that, you can always just put Marion Downs National Center in a search, and it will come up. Anyway, that information is there for continuing provider education. And I also wanted to just make the comment that it's a great idea as your states develop training for providers to include parents in these trainings, to invite parents. It creates a great energy to have both parents and professionals in on these trainings. Thank you.

**UNKOWN SPEAKER:** I just have one quick comment, from Ohio, just in case anyone hadn't heard. The UNHS bill did pass the state house last fall. It passed the Senate in March and the governor signed the bill May 1st.

**UNKOWN SPEAKER:** In fact, ASHA President Nancy Craighead was there last week outside of Cleveland for the signing ceremony, and told Mr. Regula about it the following day when she testified on Capitol Hill.

**JACKIE:** Janet, this is Jackie in Tennessee. Can you give me your e-mail number?

**JANET:** Sure. It's [mdnc@Colorado.edu](mailto:mdnc@Colorado.edu).

**PAT RICE:** This is Pat Rice from Minnesota. I just want to let you know we had a successful audiology training last Friday. This time we dealt with grief. We had Dr. Chris English come and speak and Dr. Davenport on genetics. And it was followed up by a very successful parent panel about the same topic. And involving parents has really been helpful for us along the way.

**MELANIE GAMBLE:** Well, thank you for those announcements. I would like to thank all of our participants, and a special thanks to each of our speakers. Our next teleconference is July 2nd. So, we'll see you then.