April 16, 2020

2 PM MST/4 PM EST

**Attendance:**

**CDC:** Marcus Gaffney

**DSHPSHWA:** Linda Hazard, Marcia Fort

**HRSA:** Sandra Battiste, Bethany Applebaum, Maea Banks, Sarah Beth McLellan, Treeby Brown, and Michelle Koplitz

**NCHAM:** Karl White, Mandy Jay, William Eiserman and Alyson Ward

**AAP:** Christina Boothby and Müge Chavdar

**H&V:** Janet DesGeorges and Lisa Kovacs

1. **COVID-19 Updates.** Each group provided a brief update regarding the impacts of the COVID-19 pandemic on EHDI programs.
2. **H&V:**  H&V is continuing to update the list of COVID-19 resources on their website, as well as continuing bi-monthly FL3 office hours. Lisa discussed how to ensure the health and well being of parent to parent support providers. The recent Children’s Safety Meeting indicated that although reporting is down, there may be an increase in child abuse and neglect. The decrease in reporting may be because the children are not out where others can see the problems and report them. Challenges: 1) What information can we provider about the impact on the 1-3-6 goals and what can we take back to parent leaders? 2) How can technical assistance centers get information about states beginning to open up so we can get that information to our family support providers?
3. **DSPSHWA:** Linda reported that a letter had been sent to their membership regarding COVID-19. Outpatient services vary from state to state. Weekly EHDI Chats, led by Lylis Olson and Ginger Mullen have been attended by 30-40 states, which confirms that people appreciate the opportunity for conversations with each other. The HRSA grantee call was also helpful for state EHDI coordinators. Challenges: 1) State EHDI Coordinators’ questions about meeting fiscal closeout deadlines and whether or not those deadlines can be extended. 2) No-cost extensions and carryovers. 3) Concern for those who have cooperative agreements with CDC and if those deadlines will be delayed. 4) What happens as we move into recovery and how can we meet the needs of families? 5) COVID-19’s impact on the data for babies born at the end of 2019, as well as those born during the 2020. 6) It is unclear what will happen because of COVID-19 restrictions when babies are not being evaluated in some states. 6) The discussion and concern of payment for rescreening when testing is being postponed and kids will be too old to be included in the bundled payment by the time it happens.
4. **AAP:** AAP has released new guidelines on newborn screening and telehealth. The issue of child abuse and neglect has also been a concern and AAP will verify what resources can be shared with this group. AAP is also scheduling webinars on physician resilience and burnout and ECHO (Extension for Community Healthcare Outcomes) responses for COVID-19 children with medical complexities. Christina will send additional information on the ECHO program to NCHAM. Concerns: To meet COVID-19 needs, pediatric hospitals are taking adult patients and it is unclear how this will affect insurance reimbursement and priorities for the medical home model.
5. **HRSA:** The All Grantee call for newly awarded grantees and the DSPSHWA call were held earlier today. HRSA is developing a response to frequently asked questions from the EHDI programs. HRSA is also trying to understand and be flexible regarding the EHDI coordinator's concerns about the well-being and stress of EHDI staff and family leaders. The MCH Workforce Development Center has a mini-course on resilience and leadership. The link for the mini-course is <https://mchwdc.unc.edu/resilency-and-adaptive-leadership-during-covid-19-crisis> .
6. **LEND Programs:** With the closing of most colleges and universities, many LEND trainees are unable to complete their clinical training and are looking for opportunities to fill training requirements. Maea will send Linda and Marcia which states have LEND trainees that may be looking for opportunities. At he Utah State Stakeholder meeting at EHDI a list of possible projects for university trainees was distributed. EHDI programs that are in states with LEND programs could be asked to develop a similar list for trainees in those programs.

**CDC:** 1) The CDC has been reaching out to identify issues grantees are facing and to develop a summary of these issues. 2) The CDC is also looking at how to collect and present the 2019 and 2020 data HSFS (Hearing Screening and Follow-up Survey) data that will be impacted by what states are doing to respond to COVID-19. 3) The process of awarding new Cooperative Agreements in response to the recent NOFO will continue as planned. Awards will be announced in June and work will begin on July 1st. 4) CDC is receiving many questions about COVID-19 and these questions are being routed to the emergency operations center. 5) The fiscal closeout date for current CDC grants is in September, which allows a little more time to figure out what is going to happen. 6) As a part of Better Speech and Hearing Month (BSHM) the CDC is collaborating with NCHAM and H&V to present information about what EHDI programs are doing to respond to COVID-19.

**NCHAM.** NCHAM has been meeting with DSPSHWA, EHDI Chats, and this partners group to discuss how we can best engage people and use resources in providing support to EHDI programs. 1) We are planning a series of “coffee break webinars” that will focus on bright spots and innovations related to COVID-19 and at least two two full-length webinars—one on financing issues presentred by Kim Cavitt (recommended by Ginger Mullen) and one on tele-intervention by Kristina Blaiser. 2) We are discussing the possibility of a virtual meeting about COVID-19 issues with NewSTEPS and are exploring the possibility of working with NewSTEPS to develop Continuity of Operations Planning (COOP) guidelines for EHDI programs similar to what they have done prevousoul with blood spot screening programs. 3) With the increase in unemployment due to COVID it is logical to anticipate an increase of eligibility for Head Start services in the future when things start to open up. Head Start does require objective hearing screening on all of their children. This interim period while things are shut down presents an opportunity for outreach between EHDI and early childhood programs to close that gap. 4) The NCHAM website is updated daily organized by topic and audience (family or professional). We will continue to watch for information that is not only interesting but also useful (with links to partner pages where appropriate).

1. **Virtual Meeting in collaboration with NewSTEPS about responses to COVID-19.**  There was additional discussion among the partneres about a possible virtual meeting that would involve people involved in all newborn screening [bloodspot, newborn hearing screening, and critical congenital heard disease (CCHD)] . This may be a good opportunity to explore opportunities for closer collaboration among these three probrams. Discussion focused on:
2. How can this conference be structured to get to the point of moving past introductions and get to the actual issues for discussion?
3. Is there other advocacy or parent alliances in these programs that would have some crossover?
4. The tangible “take-away” from this type of conference needs to be clear from the beginning of the session(s) using key deliverables and outcomes.
5. **Preparing for Recovery from COVID.**  We need to begin planning now for how state EHDI programs will need to be supported when the COVID-19 pandemic ends. This will most likely be a gradual process and will be different from state to state and may be uneven (i.e., cases may decline for a while and then surge again). What is happening with COVID-19 changes very quickly.

**The next EHDI Partners Meeting about COVID-19 is scheduled for Thursday, April 30th at 2 PM MST/4 PM EST.**