April 2, 2020

2 PM MST/4 PM EST

**Attendance:**

**CDC:** Marcus Gaffney

**DSHPSHWA:** Linda Hazard, Marcia Fort

**HRSA:** Sandra Battiste, Bethany Applebaum, Maea Banks, Sara 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 Update.** Each group provided a brief update regarding known impacts of the COVID-19 pandemic on EHDI programs. It is important that we stay connected with all of our federal and state partners so we do not duplicate efforts.
2. NCHAM: Updates made to NCHAM websites include resources relevant to EHDI programs. Karl also sent an email to state EHDI coordinators asking if there was guidance coming out of their programs we could post on the websites and explained that the NTRC is not trying to decide what guidance is best or correct, but to share what others are doing. NCHAM is also coordinating with DSPSHWA through EHDI CHATS for additional things we should be doing.
3. H&V: H&V website updates include a list of resources, also available in Spanish, to help families find the specific resources they need. The FL3 office hours have been changed to weekly. Many FBO services are now being provided through tele practice. H&V is working with families regarding accessibility of equipment and access to professionals.
4. AAP: A COVID-19 Response Team has been formed which oversees all the efforts related to COVID-19, developed webinars, developed articles for Healthychildren.org, and launched a COVID-19 ECHO project providing four ECHO sessions each day. The articles for Healthychildren.org will be sent to NCHAM for posting on the NTRC website. AAP is putting together recommendations about screening/newborn hearing. Chapter Champions have developed language related to what pediatricians should be doing regarding newborn screening. This statement will be shared as soon as it is finalized.
5. DSHPSHWA: Communication is being developed for membership regarding hearing screening, inpatient and outpatient followup and diagnostics We must keep in mind the needs of programs for now and as we move into recovery period. EHDI CHATS will continue to meet frequently to discuss a variety of concerns and challenges.
6. CDC: The CDC is responding to multiple questions and requests related to COVID-19. The CDC website is being updated on a routine basis.
7. HRSA: Many states are asking questions regarding deadlines as well as programmatic and procedural questions. MCHB may adjust deadlines as we try to figure out what we can do to assist states. An All Grantee call scheduled on April 16 and we will discuss questions related to the new project period during that call.
8. **What support services and assistance are being provided to EHDI programs?**  If there are useful and related resources on websites that should also be posted on the NTRC, please send directly to Karl. We also want to post what guidance is being distributed by different states for other states to see.

Marcia mentioned the communication specific to children and families that referred to some flexibility regarding grant funding and added that EHDI coordinators would be interested in and agreed to share this communication with this call distribution list.

We are all working on resources for different populations that gives a perspective from different stakeholders on resources. As we begin to collect messages to share with families, there is some crossover as well as information specific to each group, but also includes a message of support and comfort overall.

Karl suggested that for those items needing feedback, share with each other, giving a response deadline, then proceed with whatever feedback is received by the timeline so that communications are as timely as possible.

In response to state’s questions on funding changes after they are awarded, Karl noted that it was very unlikely that the total amount of funding on a grant would be reduced once it is awarded and suggested that programs should start working and move forward as if funding will stay as awarded.

Linda Hazard will send a letter describing Vermont’s decision to discontinue outpatient screening to Karl to post on the NTRC website with the disclaimer that it is not what we are recommending, but what one state is doing.

A significant part of hospital newborn screening is outsourced and some hospitals are not allowing screeners in hospitals because they are not hospital employees. Some states have decided that newborn hearing screening is an essential service, required by law. DSHPSHWA is developing scripts that can be used to explain to parents how screening and follow-up is being done during this immediate crisis.

People are finding a way to get support to families. As we are gathering items for website posting, we need to be sure to include these bright spots to help inspire both families and professionals.

Michelle noted that screening technology has been developed for low-resource countries to be done using smart phones. Would it be possible for parents to download such apps and screen their own children if they suspect deafness or hearing loss while they wait for hospital-based newborn hearing screening to resume?. Karl pointed out that the target audience for this technology is for adults and older children rather than babies so it may have limited utility for infants.

Another concern of the backlog accumulating is how will babies be prioritized and how will all of the backlog of screening and diagnostics will be addressed after the pandemic has ended.

Janet and Lisa talked about some of the things families can be doing during the interim and what resources are available on the website?

NCHAM is organizing a series of webinars around teleintervention.

H&V has included an article on “Understanding Teletherapy through Parent Experience” that shares a parent’s experience on teletherapy and why people should give it a chance.

**The next COVID-19 meeting is scheduled for Thursday, April 16th at 2PM MST/4PM EST**