>> All right, hello, everyone! We're going to go ahead and get started, because we have 25 minutes and then you all are rushing off -- probably running across the building to another room.

So my name is Katie Duncan, I am an educational audiologist and a certified pediatric audiologist. I work in Maine. For the Maine Educational Center for the Deaf and Hard of hearing. I'm here to talk about work that is near and dear to me, the work we do with pediatric audiologists across the state. I have my notes in very tiny format. If you see me squinting to the side, that's why.

Learner objectives here, I won't read them because I know we're limited on time, but really my goal is give you some takeaways so if you wanted to do something similar in your state, you might know where are the start.

So I want to go ahead and set the stage for Maine, if you're not familiar. I'll define what the categories mean on the next couple slides, but just to give you an idea, we have about 26 to 41 audiologists serving pediatric populations in different ways. Maine's population is concentrated close to the coast and in the southern part of the state. So really, as you will see on the next couple slides, families who might live farther north are going to have more access challenges to services in those more rural parts of the state.

So the Category A facilities, this is defined as those facilities who have audiologists who are able to test children from birth to six months of age. So providing ABRs, essentially.

So as you can see, really focused on that southern third of the state. When we kind of expand this definition for Category B to those who can test older children, we do have a couple of other facilities further north, but still a huge challenge and something that we are working on in our state to provide more access for families up there.

One other thing to know about Maine is sort of our relationship within the EHDI program. So we have two different agencies. The main Educational Center for the Deaf and Hard of Hearing where I work, we're the HRSA grantee for the state, and then our main CDC, the CDC grantee for the state.

So we work together -- we have a really robust collaboration. We're meeting monthly as a large team and then in our separate groups, and then even some smaller one-on-one meetings as well. I often meet with our newborn hearing program coordinator to kind of work together on everything.

One benefit I have for this work that I want to kind of say upfront is that because I am an employee of the HRSA grantee, it gives me a lot of flexibility in terms of what I have time to do. There was a contractor that kind of did some of this work previously, and that was a little bit of a limitation for that person. The other piece is that because I'm also an educational audiologist working across the state, I have a lot of preexisting relationships with our providers. So that is really helpful as well.

I think we all know this, but the role of the clinical audiologist, that is the provider that most of our families are really meeting with first. That is the person who is telling these families, your child is deaf or hard of hearing. So our EHDI program feels that it is really important to kind of include those people in all of our work. So we are making sure that they are involved in all our resource development, that they are staying up to date with what we are doing, and when know that the information that they provide back to us is really important as well in or terms of, you know, triggering that EI referral, triggering communication from our parent consultant, and keeping our data up to date.

So the workgroup itself is somewhat casual in the sense that any audiologist in the state that works with pediatric patients in any way can be involved. I obviously manage it through my role as the audiology consultant to our main EHDI program. As I mentioned, the group sort of pre-dates me, but when I had the opportunity to take it over, I was really able to kind of expand our purpose beyond some, you know, once in a while check-in meetings. So right now we're meeting about quarterly, and really it varies in terms of the structure to have meeting, but any relevant topics that have come up related to audiology and the community that we want to discuss or anything related to what is going on with our EI program.

Issues with data reporting and questions around that as well as offering continuing education opportunities once outbuys a year to our providers. -- one or twice a year to our providers.

And then we have a separate smaller group of volunteers from the larger group that join us for resource development as well, which I'll talk about in a. Bit.

One of my big roles is providing information and doing training for these providers. I feel the most crucial first step is the relationship building piece. I don't want to come in and be like that person, hey, here is what you have to do, this is the role, you better follow it. So I always try to schedule an initial meeting with new providers to the state, audiologists, so I can review all the different resources we have, kind of talk about our system and how it works, and really just kind of create an opportunity for us to connect on a peer-to-peer level.

I'm really careful to share that I haven't worked as a clinical audiologist in almost ten years at this point, so I really see our relationship as a partnership. I know that they're doing things and seeing things that I am not seeing and vice versa. It's really helped. I have great relationships with our audiologists across the state, and it makes things a lot easier when our challenging conversations that come up down the line.

As we have been working with our audiologist become we're seeing more buy-in in general, so responsiveness when reaching out for requests for information sharing, talking about their own internal processes with us. Scheduling times to connect. And just kind of making sure that their processes are aligning with 1-3-6 unbiased information sharing and so on.

Additionally, I'm always kind of on the lookout for continuing ed opportunities in our area and sending that information along as well so that they can stay connected, and I'll talk a little bit more about that in a moment.

As I mention, we typically have a group of volunteers who want to be involved in whatever resources we happen to be developing at the time. I'm going to show you examples of finished resources as well as talk about what we're working on currently.

What I will say is we're always really lucky to have a good group of volunteers. People, when asked, seem to really want to be involved in whatever it is we're doing, which is great.

And as I mentioned, because they are bringing this clinical perspective that we don't really have on our EHDI team at this point, it's really helpful to get their information included in all our resources, and it helps us to make sure that the resources that we are creating are really relevant to what is happening in our state.

So the first kind of big resource that we all worked on together was this group of tip sheets, and I'm going to show you some examples in just a couple slides what those look like.

But the first group of tip sheets was so successful that we're actually kind of working through our next group.

So the topics are shown on the slide, if you're interested to see what we're working through.

What we found was that audiologists were really happy to have access to this new resource. We also really appreciate having the ability to know that families are kind of getting the same information regardless of where they are going across the state. We found historically that didn't necessarily always happen, as you can imagine. So now there's kind of one resource that is being sent out on these different topics.

Another resource we have going right now is working on a resource for physicians. So essentially a letter that is going to go out to those providers if they have a child on their caseload who is diagnosed as deaf or hard of hearing. This is based directly on one of the activities in our HRSA work plan.

What we know is that in our rural state, a lot of the PCPs have maybe never had a child on their caseload who is deaf or hard of hearing, or did 20 years ago and the system is very different now. So just kind of providing a friendly opportunity for these PCPs to understand what resources are available to their patients, and maybe give them a little checklist in terms of things that we hope that they will do in terms of referrals, etc.

One thing not listed here is the state's pediatric audiology guidelines, which we're in the process of editing now, and our clinical providers have been heavily involved in that as well.

So here is an example of one our tip sheets. There's not going to be a test at the end. If you can't read that, it's fine, ecan't either, but I just wanted you to see the visual and I can see where you can actually access them if you'd be interested in utilizing them, we're happy to share.

So kind of how the process works is we met as a team of audiologists a few different times and just kind of talked through what information needs to be on there, how can we make it accessible to the families. And it went through a lot of different editing stages, you know, we also brought it back to our EHDI team and our advisory board for the state EHDI program, just to kind of give a lot of different perspectives. This is ultimately what we ended up with. This is our ABR tip sheet.

And I have a couple more just to show behavioral testing. And guide to hearing aids as well.

And so one of our goals was to kind of give all of them a similar look. So if a family receives it, they kind of know where it's coming from and, you know, they also will have access through some of them have QR codes to other resources that we have available.

So in terms of continuing education opportunities, our state has not really had an active academy of audiology for a long time at this point. They're actually kind of starting to finally get up and running again, but in kind of the -- I can't think of the word.

In the years that we didn't have that group, I kind of stepped in in terms of finding opportunities, honestly for myself as a pediatric audiologist, but also realizing, oh, they don't really have any either. Really, honestly, the only option was going to Boston for a lot of things, which depending on where you are in Maine is two hours up to five hours maybe.

So we were using our grant funding to bring in some providers on topics that felt relevant to what we were seeing out in the community that maybe people didn't have access to.

One example, we kind of saw as unilateral cochlear implantation kind of became more of a thing in the pediatric population, but that wasn't coming up with a lot of parents. They weren't hearing about that from the audiologists, so we brought in a provider who is an expert in that and we saw families were starting to learn about that from their clinical provider afterwards.

So that was a very helpful thing to see.

Often offering these opportunities for free or at a very low cost, being really flexible in terms of Zoom, especially during COVID, obviously, or finding local opportunities throughout the state for in-person meetings. And we offer the AAA Journal Club as well, which is a super easy way to get CEUs, if you're not familiar, I would definitely support it.

One last thing that we have been working towards is developing a state-specific database for pediatric audiology services. I kind of held all this information in my head for several years. People would be like, oh, is there a provider in this town that fits hearing aids? And I would be like, okay, I think it's this. But obviously that's not super efficient. So we sent out a survey annually to providers across the state just to kind of get updated info. In our last survey we said, hey, can we use your information and create a database of all I think 16 clinics, only one said no and it's because they only take internal referrals and they didn't want it to be confusing for parents who might utilize the database. So this is just -- this isn't quite live yet, but I wanted to share some screenshots just to show what it looks like.

So you can search in terms of the type of service that you are looking for. ABR, for an example, or perhaps hearing aids on the side it's going to list the clinics that offer this, as well as the map to show where they are.

And this is one example of one clinic, so what you see is all their contact information, some kind of quick snap shots under the good to know section of what they offer or not.

And there are tabs at the bottom where you can expand to learn a little bit more about what services they are offering.

So, why is this important?

What we have found is that we have really increased collaboration in our state among audiologists. They all have an opportunity to understand what other clinics they're doing, how they're doing it, building connections kind of amongst themselves. So when a familiar little might need a service they don't offer, they know where to send the family very quickly. We are seeing that in terms of the resource development. Audiologists are really kind of taking ownership over it because they have been involved in the process. So they're really sharing the information with families. And they're also kind of able to share things back to us that might not be super obvious to the EHDI program, which is really helpful as well. And as I mentioned before, we're seeing more consistent messaging across the state as well, in terms of what is being shared to families.

For continuing education, as I mentioned, not having those in-state opportunities was a real challenge for a lot of providers. And I think this is true of many states, but we don't have a Children's Hospital, so we don't really have ra dedicated pediatric audiology clinic. We have a lot of providers who see pediatric patients, right? So kind of building capacity, making people feel more confident about being able to serve this population was important to us.

And I think having those continuing ed opportunities has really brought us a long way in accomplishing that.

And in terms of the database, what we are hoping, once it's live, is that we are increasing the visibility of the clinics that do exist across the state, making it easy for families and also other professionals to know where to send those children as well.

And really ultimately speeding up access to services for those families that are in need.

Ultimately we feel like this work has a positive impact in terms of timely service delivery, as well as accurate information sharing with families.

So I tried to think about how I could generalize some of this work to other states, knowing we all have very different systems. I think the success of this group has really been due to the relationships that have been built over time. Think if there is one takeaway from today, that would be it, just build those relationships in your community.

As I mentioned before, because I wear a lot of different hats, as an educational audiologist and being part of the EHDI system, I just have a lot of opportunities to connect with those audiologists, which I think is really helpful.

And in addition to kind of talking about EHDI, we're also collaborating regarding specific patients. So it's nice to be able to do that. I'm also connecting with each new audiologist right away, which I think starts developing those relationships as soon as possible and kind of reaching out as soon as possible to say, hey, do you want to be on our listserv? Do you want to come to our meetings? So that they're aware those things exist when they come to Maine.

Maine is small enough -- not really geographically, but in terms of numbers, that we kind of just meet as one group. But I could see in some states that regionalizing this might be helpful.

One thing I haven't mentioned is I like to use surveys. I really like to get feedback, bays might think something is good, or something is working, but I want to know if they're like, we don't want to do Journal Club, please don't send that out to us anymore, whatever it is. And I would also say, based on the results really making actionable changes based on their feedback.

So if they really don't want to do something or they're really begging for a CEU opportunity, I try to follow through with those sorts of things. I just want to make sure they feel heard, I would say, as part of our community.

We're really trying to invite audiologists to be part of anything that feels relevant. So if there is a stakeholder meeting, if there's any sort of survey that is going on, making sure that they are part of our general Constant Contact mailing so they know what we're offering. We just want to make sure they feel connected to the process. We know that they're really crucial as that first provider that families are meeting with.

I talked super fast. So if you have questions, this would be the time.

>> So we have about ten minutes left. We have plenty of time for questions.

>> AUDIENCE MEMBER: Hey, Katie, my name is Amy and I'm coming from Alabama and actually we have a Zoom meeting with you on Thursday with our Alabama Early Intervention Program, so I'm a little bit ahead of the game there. But my EHDI coordinator has given me the task of creating an audiology workgroup in Alabama, which I think kind of started back in 2019. And my question is... did you get any pushback from other audiologists, pediatric audiologists in the state? You know, sometimes us audiologists can be a little strong-willed and have our own guidelines and protocols and procedures that they follow, especially when you have Children's Hospitals, you know, Aud programs, but did you have pushback and what are the realistic time frame of getting a workgroup together and getting something set on paper of some guidelines?

>> KATHERINE: That's a good question. I'm glad we'll be meeting in a couple days. I would say some of the work at least for me has been kind of grassroots, in the sense that I hear through word of mouth that some new audiologist has pop up in some clinic. So getting people's contact information, reaching out. It is a process. I would say people are generally pretty open to working with us. I have been fortunate to not deal with some of the personality conflicts that certainly I could see arising. I would just say, again, building that trust with people, kind of making it clear -- I'm always like, I'm not like the EHDI police. I'm not coming to be like, oh, you didn't report this in time, you're in trouble, right? Like I just don't feel like that is helpful to our relationship. So I think timeline-wise, it might be a little slow, depending on the number of audiologists in your state as well, that would be my only other big thought. But I always say, give them -- feed them, if you do something in person, give them free CEUs, honestly I feel like that goes a long way in getting buy-in. Because if they don't care about what your goal is, if they got something out of it, they might come back, right? Or they might show up in the first place.

And I'll see you on Thursday.

>> AUDIENCE MEMBER: So I'm just curious, how long have you guys been meeting as a workgroup? And would you mind just kind of talking about what your outline of communication kind of looks like during your meetings?

>> KATHERINE: Yeah, that's a great question. I want to say... like I said, it pre-dated me a little bit because we had a previously contracted audiology consultant for a handful of years before I started doing this, so it's probably been a good six to seven years in total. And I think it started originally to really kind of focus in on EHDI and data report, and you know, talking about how far out are people booking for ABRs and things of that nature.

Once I was kind of given the green light to do more, I definitely am a little more fluid in terms of how the meetings are run. It's really based on kind of whatever the need is that is popping up at that time. If there is a guest speaker I can bring in, that would be really helpful and relevant to what we're seeing. Usually we do a little bit of check-ins, and then also updates on any resources that are being developed, especially if I'm looking for volunteers, again. And like I said, the separate kind of group meetings for resource development as well as continuing ed.

I don't know if that answered your question, but...

>> AUDIENCE MEMBER: Yeah. Like do you guys... oh, I'm sorry.

I didn't know if you guys have like kind of a set agenda. And I think that kind of answered that, where... you know, what did those early meetings look like to work on those relationships?

>> KATHERINE: I think the early meetings a lot were like talking about your clinic and what you are doing, and I think that was helpful, to kind of give people that opportunity upfront. And definitely not jumping into, here is how you should do it... just hearing about what people are doing. And I would say I do send out an agenda in advance. I try to be diligent about that, so people kind of know what they're coming into. But my agenda can be a little bit fluid.

>> So we have about five more minutes. Does anybody have any final questions?

>> KATHERINE: Hey, Polly.

>> AUDIENCE MEMBER: Hi. I have two questions. What is sort of the general immediate from your group when you get together? Is there something that is always there that you need to worry about or work on, or every time you meet there's a new sort of general, yeah, this is going on. And the second question is... do you as a group have any plans to get pediatric audiologists in Interest County and Washington County?

>> KATHERINE: First question... our first answer, I would say it does vary a lot meeting to meeting. I think we do -- especially I think the recency of COVID and a lot of discussion around changes and service delivery and how people were doing different things, how far out people were booking or clinic closures, things like that, that is what is coming front of mind for me in terms of what comes up often. And to answer the second question, yes, you and I should chat further, but we are working towards a tele-audiology program potentially for that county, and definitely looking at how can we fill the gaps that we know exist in our state, and I think fortunately because we have this group, people are really motivated as well to kind of see how they can help fill in some of those gaps too. That they might not be aware of otherwise without the group, I would say.

Thank you all. I appreciate you hanging in here for the second to last session of the day.