>> Thank you. Just by way of introduction, my name is Perry Smith, I am the EHDI coordinator for the state of Nevada. I've been in that position for 10 years, sometimes it feels like 20 or 30. Thank you. I am not computer literate, so forgive me if things go awry. As was announced, but I'm going to be talking about is Nevada's experience at developing and the production of some training videos for our stakeholders. The learning objectives for this particular presentation are listed there but I'm going to read them anyway. As participants, we will be able to begin the process of developing EHDI training videos to address program training needs. Participants will be able to develop a plan to organize video content and video script in preparation for video production and participants will be able to compile all video components in preparation to work with a production company. Just some background information before I kind of jump into this, it states here efficient and effective training for stakeholders are time-consuming and labor-intensive tasks. I think everyone would agree with that if you are involved with your EHDI program. EHDI programs and stakeholders are always changing and trainings must be repeated often for new and existing partners to ensure adequate concept retention. I tend to put down a few different numbers here to kind of give you an overview of why this is sometimes a very daunting task of training our partners and educating them. Every state is a little bit different. In our state I'm thinking we only have about 20 hospitals but that we have birthing centers, midwives, pediatric cardiologist, regular audiologists. Numerous specialists. We have physicians, we have families, we have family -based organizations and their staff. If you think of that all of a sudden it comes up to maybe around 200 plus people that you would love to have fully trained and educated about EHDI concepts. And you know, meeting with them once a year is not going to be adequate.

So you try to think well, if we do to trainings a week, for every week of the year, we are barely going to cut it. So it becomes really daunting. And then with the pandemic, that was really an eye-opener for us. We had been used to doing a number of in person trainings over the phone and whatnot, and that just was not going to work during the pandemic. We initially conceived the idea of producing a 30 minute long recorded webinar the week of sand out, this webinar was in our mind going to be amazing. Fully educate everybody and every concept related to EHDI. And then the more we thought about that, like everybody else, I don't have time to watch a 30 minute video. So our focus changed a little bit, and we decided to say let's do some shorter five-minute videos tailored to individual audience and so forth so that's kind of the direction that we went to try to get a little bit of a handle on the training. The things in a talk about, some of the bullet points up here, they're not necessarily in order that needs to be followed exactly because it is going to be revised. What we found is start to assemble some kind of a team that is going to take this task on a producing a video or a training video and that team might be part of the EHDI staff, it might be from a family -based organization, midwife, audiologists, other people, depending on what the topic of the training video is going to be. We will put that team together. The initial steps that are listed on this page really is a massive brainstorming session among those team members. To determine the purpose of the video is going to be multipurpose. It is going to be tailored to a single group or person a single topic. Our suggestion would be keep it simple and focused as possible. Set some goals. What kind of goals -- what do you want to achieve by making this training video? What are the topics going to be? Is a going to stay with one or two or three or four? Again, don't try to solve world hunger with a five-minute video. Keep it fairly simple and easy. Think about where your target audience for that particular video or training video was going to be. Are you wanting it to go to your audiologist? Maybe it is your early intervention folks. Maybe it is a general overview of EHDI principles. The 136 that could be used in a lot of different areas, but think about what you're target audience is going to be, and then also think about what do you want to do with that video? How are you going to distribute at? Is it something you going to post on your EHDI website? May be post on Facebook or YouTube? Or e-mailing it to various individuals in the state or maybe a combination of all of those. The video production process, this first bullet point, work with the digital marketing company. That was probably the best thing we ever did. We are very uneducated and what needed to be done and how you can approach this. We found a company that works very well with us and we had experience with in our state -- our state health department had experience with and they helped us through the process. The video script development, if your like me, I read that comment about the script and that was way beyond me. The company that we went with was very good. They sat down with us. We had already done some brainstorming, we told him about our brainstorm and they asked us a lot of questions, and they were the ones that came up with the script. I was like wow, that was easy. Of course that script needed to be revised and revised but at least we had a framework to begin with. Also think about what you want with you. Little graphics, perhaps photos, little embedded video clips and things like that. Also think about testimonials. This was a plus for what we did. We had testimonials from audiologists, parents, our family -based organization, from EHDI people. This was really good to hear those professionals. And then the last one, bullet point, review, revise again and again and again. You are going to have to do that. Our state -- I'm saying amazing not in a positive way. We have an amazing review process that so many people have to look at this and sign off on it before I can go into full production and be released. And every one of those people feel that it is their obligation to maintain us so just be ready for that and so forth. And then we have a public information officer, a PIL that is going to review everything that is going to be public facing self reviewing everyone's edits, Inc. and then have that PIO sign off on it. So sometimes it is very -- it is definitely worth the effort. So I want to show two -- we have produced three videos. These are not fully vetted, so if you see some things in it or vocabulary or something cringe worthy, these are not the final products.

>> Learning your child is deaf or hard of hearing can be emotional in many ways, and while the unknown can be an intimidating or even scary position to be and, whatever you and your family may be feeling, you are not alone. Nevada hands and voices as a community parents and professionals, ready to support you and your family and help you navigate this journey.

>> For a lot of families their initial reaction is surprise and sadness. Most families are not expecting to hear that their child has a hearing loss Eric and a 5 percent of children that are born with hearing loss are born into families who don't have any experience with deafness or any experience with hearing loss so we can be a shock.

>> Nevada hands and voices as a partner with Nevada's early hearing detection and intervention program known as EHDI. Working together they advocate for the importance of early detection of hearing loss, audiological testing and intervention. This partnership also allows EHDI to understand family perspectives, to continue to improve screening, diagnostic and intervention services in the state. When hearing loss is detected early, families can take the appropriate steps to ensure that they receive the care and services they need for their child to reach their full potential.

>> My daughter was born with some hearing loss. We found birth actually that she had that condition. I'm a first-time mom, she is my only kid so it was very scary and I'm very young, so I don't have any parents my age that I could turn to for something like that. Through her surgeon we found the Nevada early intervention services. They partnered us here with everybody and got all of our resources.

>> When he was born they diagnosed him right away. What went through my head were a lot of things. I was blindsided because I wasn't prepared as a mother. I didn't know if his normal living state was going to be the same as mine. Thankfully, I had a village behind me that supported me through the wholeway.

>> Nevada hands and voices guides families with their screening, diagnostic and early intervention steps and connects them to resources. Emotional support is also very important for everyone involved.

>> I think part of what we do at Nevada early intervention is often we are some of the first people that family come into contact with when they have a diagnosis, so we try and really educate and support the families, get them in touch with other families who have children who are deaf and hard of hearing so they have a sense of community and we provide services to help them understand how their child can benefit from languages. We help with hearing aids, devices, or if they are choosing to have American sign language as well, we just help them to know what all of the different senses can be and provide them with that.

>> Because Nevada hands and voices is a network of parents, we are able to provide encouragement and provide answers based on experience and understanding. Often times, parents have little too no experience with children who are deaf or hard of hearing. We provide education and tools that are specific to their child's diagnosis, help them navigate the public education system, provide language support, and offer advocacy instruction.

>> The mission at Nevada hands and voices are we are a parent driven nonprofit organization that exists to support, encourage and educate families of deaf and hard of hearing children so that they can be empowered to make choices that will enable their children to achieve their full potential. The thing that I love most about the mission is the support, encouraging and educating families. We don't want to tell families what to do or drive them down a certain path, we want to educate and empower them to make the choices that are best for their families. No two families are going to have the same experience and therefore no two families will have the same answers for their children.

>> Nevada hands and voices, guided by their side have a diverse group of deaf and hard of hearing guides pair we work with parent guides and their children and family with our unique life experiences, our use of technology, and how to navigate a life, and how we develop our personal identities.

>> It takes a village to raise any child. Nevada hands and voices along with EHDI understand the ins and outs of how to create community that fit your needs and understand your experience. To get connected or learn more, visit MV hands and voices that work or call (775)351-1959. We are standing by and ready to help support you.

>> There's a video clip and there where it looks like that as a professional person shaking a rattle over the baby's head. That is out. We don't advocate at all. But working with production companies, they don't know those kinds of things, so they were putting things or they would say things are put different vocabulary than what we would use. But they were very good to work with and helping us change some of the script and modify some of the clips. But I watch that video, and I think if you were a new mom with a deaf or hard of hearing baby, and you saw that playgroup going on, and those other parents there like hey, I'm joining. We need to go there. So I think that is a great video, and we have a wonderful association with our state hands and voices chapter.

I'm just gonna do one more.

>> There are 3000 babies born in Nevada every month. Six of them will be born with hearing loss late identification of hearing loss can negatively affect speech and language development, academic achievement and social emotional development. And that is where you come in. You know the importance of every newborn receiving a hearing screen. Follow-up unsuspected hearing loss is equally important. Knowing the steps for follow-up is the best way to ensure families you care for receive the services they need in a timely manner. Follow the nationally recognized 136 role. Before one month of age, all baby should receive a hearing screen. Babies who do not pass their hearing screens should be referred to a pediatric audiologist to receive a hearing evaluation before three months of age. Infants diagnosed with hearing loss should be enrolled in early intervention before six months of age. Once an infant doesn't pass their second screen which may occur prior to hospital discharge or as an outpatient, the hospital, midwife or audiologist should be for the infant to a pediatric audiologist for a complete diagnostic exam. Providing more than two hearing screenings or continuing the screening process beyond one month of age is not recommended. To find a pediatric audiologist, consult the national directory at EHDI PALS .org. All hearing screens and diagnostic exam results should be reported to Nevada EHDI were each infant status is tracked to make sure they are receiving appropriate and timely follow-up. If an infant or the other is identified as being deaf or hard of hearing, the pediatric audiologist should be for the family to an early intervention program. That provides deaf and hard of hearing services. By knowing and adhering to the newborn hearing screening follow-up guidelines, you help improve the quality of care babies receive and ensure consistent -- consistency and testing, reporting and referral process pay for additional information on hearing screens, diagnostic exams and early intervention or to receive a copy of the new hearing screening follow-up guidelines, e-mail the Nevada EHDI program at NV@EHDI .-dot health .-dot NV .gov, or call (775)684-4285. If additional resources are needed, visit Nevada's Department of Health and Human Services, division of Public and behavioral health website to learn more.

>> On this slide you can see we have an additional one and that gives a basic overview of EHDI. Just so there's enough time for question, we are going to bypass that. I want to open it up to questions, but just so you are aware, this is really an overview of the process that we went through to produce these videos. Again, you know, get a team put together that is going to address this. Start brainstorming what things can be on the video. Are there professionals you want to say something or whatever. With the people on the videos, some people were very comfortable by appearing in a video clip and making a statement. Others wanted their statements just to be read by an actor or someone else. Sometimes when you're out there, parents don't really want to appear on camera or maybe your staff or whatever. So we did that. In those playgroup videos, we did have to receive releases from everyone there. But that was handled by our hands and voices Executive Director.

We dump on her a lot. She is in here so I can say anything I want about her. So any questions? Okay.

>> Thank you, Perry. A couple of questions. First of all, I wish my voice sounded as soothing as the narrator to those modules, but one question is to the production company you work with give you any recommendations of the optimal time limit for the videos and my second question is like how are you showing these videos? Where are you showing them? There are certain audiences so I'm just thinking what does that look like for those different audiences?

>> Great questions. These videos are not fully produced, and so we have not shared them. Our production company that we went with has experience doing this. They were so helpful in saying all, you don't want a 20 minute video, you want some shorter clips that people are going to watch. It's like obvious spend your free time on YouTube, so they had some recommendations, don't go over this, do these kinds of things, they were very helpful. They are fairly short, really not over five minutes in length. Was there anything else?

>> Just thinking of how you are going to share them, what are the opportunities to share these with families, audiologist, et cetera?

>> The one for audiologist, that is definitely going to be sent to our audiologist. We are probably like every other state. In our state, our pediatric cardiologists are very very good in submitting data and keeping us informed. Have a great relationship with them. The other audiologist that may not be classified as pediatric but still may be doing follow-up with second screens, we know that is an issue in our state, so we are going to be sending this out to audiologistS and audiologist practices on a fairly regular basis just to review, and then we have some written guidelines data submissions for audiologist. So those audiologists will receive that written information and that we are asking them to review the video. For hands and voices, we will they are good for everybody. I didn't know this piece about audiology. They are good for everybody. They do have a target audience. Right now, we will be putting it on our EHDI website, and then e-mailing them out.

Questioned?

>> Hi, yes, I work with the EHDI program in Washington state and we are actually about to go through this process of videos. A couple of questions, I'm gonna go one at a time so I don't overwhelm me up here quite company did you use if you are comfortable sharing that?

>> Okay, they have not asked me to -- I'm not promoting them in any way, shape or form.

>> Disclosure, doors close, you are fine. Expect this company is based in Reno, Nevada. KPS 3. Am I allowed to say that, Allison?

>> Too late, it is out there.

[ LAUGHTER ]

>> I'm okay, great. Thank you.

>> And you said they are going to be posted on the EHDI website and then shared via e-mail to stakeholders?

>> Yes PX back to the stakeholders, did you have an interest group as far as providing content that was in the video?

>> Let's talk about the hands and voices one. We definitely had our hands and voices chapter, and people from their involved. It was also a video clip of a pediatric audiologist so she was involved. There was another audiologist that made a statement, so she was involved. So other people were involved in is making sure things were accurate. [ INDISCERNIBLE ]

>> I know you haven't posted them yet. Timeframe for this, did you do all videos at once? Did you take it one at a time?

>> It took forever. What we did was KPS 3 we had ideas for three videos. We started him on and got it to a point in time, and we started the next one. So we had three summers in the production process, so that is kind of how it went. It took a lot longer, because of the pandemic and our staffing -- not only our staffing but other staffing was at a minimal, so it was very difficult sometimes to get feedback. Yes?

>> I was just curious if you used federal funding, and if there's any way other states, like the audiology one look pretty universal aside from the Nevada in it, is there any way other states could piggyback on what we've already done?

>> I don't know all of the legal ramifications of doing that. I would suggest you find your own production company, or if you wanted to contact K PS3. I don't know. I think viewing these will give you an idea of what is possible, and then that would make it easy because when we started this we had no idea what it was going to look like or what the possibilities were.

>> ., this is a Sue With North Dakota EHDI and I don't know of any others are seeing the referral rates starting to climb up but we are thinking of doing a video for our screeners so you learn and understand the importance of a quality first screening versus having to do a second screening. Have you thought about doing those or has anyone else done a screening video?

>> You know, we have thought of a lot of videos.

[ LAUGHTER ]

Really based on what are the issues in Nevada? We need something to address the spirit we don't have the time or the money and effort red at the moment. I mean, if there's definite issues in your state that need to be addressed, great topic.

>> Is anybody else here done one? Okay. I will let you visit on that, because I just think it would be so nice -- there so many screeners and with the turnover the way it has been, providing a quality screening, so the second one doesn't need to be done, and then also how to deliver those results to the parents and an appropriate way and saying it's just fluid or our equipment isn't working. Whatever they are saying, we need that to stop so we can move ahead and have everything occur more timely. I want to hear where you are at an plus we can still shamelessly, right?

[ LAUGHTER ]

>> On the conference act, my information is on there. Please reach out. I'm glad to be open to talk with any of you about whatever the questions are, so thank you.

[ APPLAUSE ]