Louisiana Advisory Council

Quarterly Council Meeting

Tuesday, February 26, 2013

DHH Lab Conference Room

Metairie, Louisiana

Meeting was called to order at 10:05

**Council Members present**: Dr. Barbara Gordon Wendt, Dr. Thira Choojitarom, Naomi DeDual, Gina Easterly, Linda Frantz, Jill Guidry, Dr. Anita Jeyakumar, Dorothy Rodriguez, Penny Hakim, Dr. Juan Gershanik

**Council Members absent**: Melinda Peat, Staci Sullivan

**Guests present:** Christy Fontenot, Terri Mohren, Mary Jo Smith, Kay Darr, Jeanette Webb, Mariah Ranko, Marbely Barahona

Introduction of Attendees, new members and guests took place.

Future meeting dates were discussed:

**Thursday, May 30th @ 9:30** is next meeting date and time, meeting site was not chosen. Each meeting will be on Thursdays but actual date will be chosen each meeting.

Dorothy asked for a copy of the binder given out at the last advisory council meeting. Terri will have it mailed to her home.

Minutes approved with a few corrections. Dr. Gershanik moved, Dr. Jeyakumar seconded.

CDC Cooperative Agreement Review:

Families- Marbely and Mariah

Discussed activities upcoming for fund-raising: May 19th in New Orleans-Rock n Bowl, 50/50 raffle- all funds go to sending parents to leadership conference in July. Also gathering Mardi Gras beads which plan on selling back to a Krewes.

Louisiana Hands & Voices- Jill Guidry

New brochures were developed and ready to be sent out, the first newsletter sent out. Jill presented the H & V Annual report to Council with the year in review for 2012.Gina asked if she could send it out electronically to Early Steps regional coordinators.

Dr. Gershanik discussed the need for translators to be involved with disaster relief for both Hispanic and deaf populations. The use of volunteers as translators isn’t working well during these times and suggests the system moves to a different system. Dorothy feels there are fewer needs during crisis if electronics are available to text and TV has interpreters but still many needs if electricity is out.

Gina said some DHH employees are deployed and paid to respond at times of crisis and it’s not voluntary. DHH employees are staffed in specific regions but may not be enough to interpret for deaf or Hispanic population.

Naomi stated that a lot of contingency contracts are activated at that time also which include equipment and staff depending on the emergency

Linda discussed that at a recent United Way meeting she attended they were discussing sending out statewide emergency texts through 211 system to the deaf community.

Database-Terri

Everything was turned into DBSysgraph on Feb. 7 with revisions. Our contract with them ends June 30th so things are moving forward quickly. After completion of first phase we have to migrate data to new database and do some testing to make sure it’s working as requested.

CDC grant – Mary Jo

The new CDC grant year starts July 1, 2013 so we are currently working on our goals and objectives for next year. Interim progress report due in April and at that time we have to propose our new goals. Changes have been made on how we report our progress; they have designated some goals and activities for us in a few cases for next year. These goals now allow us to deal only with information systems; nothing to do with follow-up or early intervention may be included in this grant. Those goals are covered in the MCHB grant.

Dr. Choojitarom asked about when the end users will have database available to them. He wanted to know if EPIC systems were to be integrated? How about Metabolic and birth defects database? Could physicians access metabolic or birth defects with one sign in? Terri suggested we discuss this with DBSysgraph. Dr. Gershanik wants us to be proactive rather than reactive and have some of these issues discussed ahead of time.

Follow-up- Jeanette

Doing better than the national average, our “lost to follow-up” rate (baby failed in the hospital testing but never received follow-up services at some point along the way- rescreening, diagnosis, or early intervention). Our overall rate is 26% lost to follow-up- either they didn’t show up (12%) or we have no documentation (14%). Now getting reports from physician offices as well as audiologists. Constantly finding little things to improve our results. Working the last few months on the “in process” babies to found out if services provided and no follow-up results submitted or if child is actually waiting for some reason to move on.

One group of families that have poor responses to follow-up is the babies with a unilateral fail. 30-55% will fail a grade. Dr. Gershanik asked compared to what? The answer: as compared to a normal hearing group. Jeanette felt that there is an increased need for educational intervention with parents and professionals based on feedback she received from Marbely’s phone calls. She began a PDSA that includes sending out information to parents on issues involving unilateral hearing loss. This is our greatest loss to follow-up group. Sending out information to pediatricians should include some of the studies regarding these concerns.

Dr. Jeyakumar recommended citing one old study and one new study when sending out the information to physicians so they are aware this isn’t new but ongoing research.

There was no old business to discuss.

Adjourned at 11:20 to go into individual committee meetings.

**Regulatory Compliance Committee**: Mary Jo Smith, Kay Darr, Barbara Gordon Wendt, and Stacy Sullivan

**Follow-up Committee**: Jeanette Webb, Marbely Barahona, and Dr. Juan Gershanik

**Parents Committee:** Mariah Ranko, Jill Guidry, Penny Hakim, and Dorothy Rodriguez

**Early Intervention Committee**: Terri Mohren, Linda Frantz, Gina Easterly, and Dr. Anita Jeyakamar

**Stakeholder Education Committee**: Christy Fontenot, Wendy Jumonville, Dr. Thira Choojitarom, and Naomi DeDual