

**Georgia Commission on Hearing Impaired and Deaf Persons**  
**Tuesday, December 15, 2015**  
**1:30 p.m. – 4:30 p.m.**  
**Atlanta Speech School**  
**3160 Northside Parkway, NW**  
**Atlanta, GA 30327**

**Meeting Minutes**

**Members Present:** Dr. Jiovanne Hughart, Mr. Jim Lynch, Dr. Beth Lytle, Ms. Cathy Torie, Dr. Helena Solodar, Mr. Comer Yates

**Members Absent:** Mr. Chuck Leavell, Ms. Mary Reed, Ms. Laura Sarsfield

**Staff Present:** Ms. Katherine Cadena

The meeting was called to order by Dr. Solodar at 1:35 p.m.

Dr. Solodar asked the two new Commission members to introduce themselves. Ms. Cathy Torie stated she has a background in healthcare and owns a business providing service to senior citizens. She was diagnosed with Meniere's disease and has severe hearing loss. Dr. Beth Lytle has a PhD. In Art History and has a six year old son diagnosed with moderate bilateral hearing loss at age three. She is passionate about advocacy.

Dr. Solodar stated the Commission was formed for the purpose of advocating for the hard-of-hearing and deaf community. Initiatives are always evolving and members should feel free to bring forward initiatives. Dr. Solodar stated it is her last meeting and she thanked everyone, including Mr. Yates, Ms. Sarsfield, Ms. Meadows and Ms. Reed for serving with her for many years. She was thankful for the opportunity to serve and stated it is a great opportunity for new members. Mr. Leavell is a member in absentia and is on the Commission for as long as the members want. The Commission is comprised of seven members and all members bring a different frame of reference as some are hard-of-hearing, some are parents of children with hearing loss, some are providers to people with hearing loss. The Commission invites people within the deaf and hard-of-hearing community to meetings to share knowledge about their agency and work in the field. Today the Commission will vote for a new chairperson and vice chairperson. When the Commission formed, all members were new so new members shouldn't feel unqualified to serve in a leadership role. The newly elected chair will ask for future meeting dates for 2016. Dr. Hughart sent talking points to Dr. Solodar on new initiative for the Commission to consider. The Commission will discuss those talking points later in the meeting. Ms. Cadena is the liaison between the Commission and the Department of Human Services. She will follow-up with requests of the Commission to different members of the community. She takes minutes and sends them out, along with action items, to the members. It is preferred action items are sent within two weeks and minutes within two weeks prior to the next meeting. Dr. Solodar and Ms. Cadena have a log of minutes and documents since the Commission's inception. Dr. Solodar is happy to assist

the Commission in the future. Dr. Hughart asked about the link with the Governor's Office. Ms. Cadena stated she is in contact with the Governor's Office of Executive Appointments regarding Commission leadership; however, the minutes are posted on the Commission's website. Dr. Hughart recommended the Commission provide a formal report to the Governor. Dr. Solodar and Mr. Yates previously met with the Governor and had a very successful interaction with him. An annual report might be welcomed. The conception of the Commission was an idea of several state representatives and there was a pocket of money from telephone bills to fund the Public Service Commission, PSC. The money initially went to GACHI, formerly known as the Georgia Council on the Hearing Impaired. Since then, the money is housed at the Georgia Lions Lighthouse Foundation, GLLF. The GLLF provides funding for hearing aids. The Commission was to work with GLLF. At one of the first meetings, the Commission invited representatives from several agencies working with people who are deaf and hard-of-hearing to inform members of their efforts and the Commission offered to assist with those efforts. From there, the Commission created areas of interest they would support. One was to bring a clinical and research PhD audiology program to the state. Nova Southeastern University had expressed an interest, but didn't come to fruition. Another initiative is early childhood development. Collaborators include the Georgia Department of Education (DOE), and the Early Detection and Hearing Intervention (EDHI) program with the Georgia Department of Public Health (DPH). The Adopt-a-Band initiative for school aged and college kids promotes hearing protection. Dr. Hughart is the Commission liaison for that. Former member, Ms. Sarsfield was the member assigned to the Georgia in the Loop initiative and will pass that information on to Mr. Lynch. Ms. Reed collaborates with the Georgia Vocational Rehabilitation Agency by hosting job fairs and encouraging employers to engage with the hard-of-hearing and deaf community. Mr. Yates discussed the Talk to Me Baby, 100 Babies Project, and Georgia Pathway initiatives. These projects are in collaboration with the Department of Early Care and Learning (DECAL), the DOE and DPH. Georgia Pathway is not focused on modality. It is a national model that instead of looking at the outcome around modality focuses on the outcome of literacy.

There was a motion to approve the minutes from the last meeting. The motion was seconded and passed.

Ms. Shetera Reaves with the Georgia Lions Lighthouse Foundation is on the agenda, however, she called this morning and said she is ill and won't be able to attend the meeting. She emailed a report that has been given to Commission members. The Commission will reach out to her and invite her to speak at the next meeting. Referencing the November report given to the PSC, GLLF has served 26 children for the year. They were considering ways to engage audiologists in an effort to receive more applications for children and adults in the community. The Commission houses its funds through an account with the GLLF. Money was made selling ear protection. Dr. Solodar will provide Dr. Hughart the supplies and all information associated with the project.

Ms. Kelly Jenkins with Let Georgia Hear provided two hand-outs to Commission members. Her daughter was diagnosed with hearing loss at a year old. The hearing aids purchased for her were about \$6000. Many families don't have the resources to purchase

hearing aids for children. As a result, children were getting only one instead of two, or the purchase was delayed or not made at all. In 2011 she held a meeting with another parent of a child with hearing loss and they brainstormed about how to increase the number of children to receive necessary hearing aids. One idea was to try to get legislation passed to mandate insurance companies to pay for hearing aids for children. At that time 20 states had passed that legislation. Let Georgia Hear is a parent advocacy agency. In 2015, Representative Edward Lindsay was instrumental in having the bill introduced. However, the bill did not pass. This session the goal is to get a bill through the Senate but the bill doesn't have a sponsor yet. The challenge is getting the bill to the floor. There is a website and Facebook page for Let Georgia Hear. Governor Deal allocated \$800,000 for the State Health Benefit Plan. It is unknown how much of that has been spent. With initial legislation, insurance companies and small businesses were opposed to the legislation. With the rewritten bill, if a company can show that the premium increases are in excess of 1% they can be excluded from mandate and small businesses with less than ten employees are exempt from the requirement. The General Assembly allowed for \$3 million to be put in a general fund for any family who needs it, without having to meet income requirements. That money is also earmarked for children with medical food needs. This money was given to the Georgia Department of Public Health. However, Let Georgia Hear would like to see how many families have had access to the funds. Georgia Lions Lighthouse Foundation came on board when Representative Penny Houston sponsored the bill. GLLF received money from the Public Service Commission which allows for children to receive hearing aids. Let Georgia Hear would like assistance from the Commission to discover how much money has been spent on hearing aids through the State Health Benefit Plan. Rep. Houston called Ms. Jenkins and said she would not be able to sponsor the bill, however she is a huge supporter of the bill and both the Commission and Let Georgia Hear are grateful for her efforts and support. Dr. Lytle agreed to work with Let Georgia Hear to assist in their efforts. Mr. Yates will contact Dr. Fitzgerald regarding the fund housed in the Department of Public Health. Dr. Fitzgerald is an extraordinary advocate for around early language acquisition.

Dr. Kelly Hermanns from the Georgia Department of Public Health (DPH), Early Hearing Detection and Intervention (EHDI) program discussed program updates. Goals of the program (both of the state and the nation) are for babies who do not pass the newborn hearing test is to ensure they are screened by one month, diagnosed by three months, and in intervention by six months of age. There are 18 public health districts in the state and 89 birthing facilities. Referrals for the program are sent to district coordinators, who are responsible for following up with the babies. In 2014, the hearing loss test was added to the newborn screening panel and birthing hospitals are mandated to screen. All screening information is reported to public health. Preliminary data for 2014 compared to 2013 is as follows: 97% of babies are screened before one month of age. Babies diagnosed by three months went up to 72% from 70%. There is a lag of about three weeks from when the baby is screened to when EDHI learns the baby didn't pass the test because all data is entered manually. Loss to follow-up stayed the same, at 33%. It was 32% in 2013. 1500 babies annually didn't pass the final screen. Of those, about 600 didn't receive any diagnosis. About 200-250 children identify as hard-of-hearing annually. The numbers of children who are identified as lost to follow-up do not include families that moved out of state or infants who died. The number of children who are lost

to follow-up includes those who failed the first and second screening. Mr. Yates discussed the goal of improving communication from the technician to the family in the hospital at the time of the screen. For example, a technician might tell a family that the reason for the fail might be fluid in the ear. Hispanic families, generally, culturally, seek to be compliant and respect authority so might take that message to heart, thinking that they have several other issues and the cost benefit analysis wasn't fully explored as the family wouldn't understand literacy was at stake. The EDHI coordinator is able to look at counties/districts to see if they are following protocol or if they need technical assistance or training. An example is the Augusta area. In 2013, 20% of babies that were lost to follow-up were in Augusta. Augusta had a 90% lost to follow-up rate. In 2014, a district coordinator was placed there and lost to follow-up is 50%. The coordinator collaborated with area partners to decrease the results. 60% of infants were in intervention by six months. However, some children who fail the screen have multiple disabilities. The 100 Babies Project is doing a longitudinal evaluation which will identify barriers and the EHDI staff will work to eliminate those barriers. Since May of 2015, EHDI has started to text families when the district coordinator calls and the family does not respond. Of 71 families who were texted, 55 responded; 45 with a call, five with a text and three with a call and a text. Forty-two of the 55 went for additional testing and five with a scheduled appointment. Dr. Hermanns stated she would also like the Commission to assist with finding out more information regarding the funds allocated to the GLLF because if the funds aren't used, they will be reallocated. If only 26 children are getting the funding, and the funds are available from birth-19 years, and around 200 children are identified annually, there are several missed opportunities; even when 50% of families on Medicaid in Georgia. Babies Can't Wait is currently doing an evaluation on Georgia Parent Infant Network for Education Services to identify service delivery barriers.

Mr. Kevin Henderson from Hope House discussed their current program. Hope House is an inpatient treatment for men who are deaf and hard-of-hearing with homelessness and substance abuse histories. Hope House is located two blocks away from the state Capitol. They are funded by the Georgia Department of Behavioral Health and Developmental Disabilities. With a total of 70 beds, twelve beds dedicated to men who are deaf and hard-of-hearing. Three meals a day are provided, as well as group therapy, treatment classes, counseling, job coaching and readiness. Hope House serves all modalities, including Sign and spoken language, as well as no language. Mr. Henderson provided information needed for a referral. Men with a history of mental health are also welcome; however, sex offenders are not because of the proximity to a church and day care. If treatment lasts longer than six months, men must pay \$105 a week or \$420 per month. Mr. Henderson will contact Ms. Cadena regarding any updates or news, including an open house. He left his information with the Commission members.

Dr. Solodar discussed Adopt a Band and stated Dr. Hughart will be the Commission liaison. Dr. Solodar spoke with Nick Hobbs, who installs loops and planned to attend the meeting but was unable to. He will attend future meetings if his schedule allows. He will provide a percentage of profits from looping to the Commission for Commission fundraising efforts. The Hearing Loss Association of America is also actively involved in looping. Mr. Lynch will be the Commission liaison for looping.

Mr. Yates discussed Georgia Pathway. Only 35 percent of Georgia's children are proficient readers. Among low income families the number is 20%. Mr. Yates is the co-chair for Pathway, as is Dr. Kenny Moore with the state director for Schools for the Deaf in Georgia Department of Education. Dr. Stacey Tucci is the Project Manager for Pathway. She works with the Department of Public Health. The next meeting is scheduled for January 26 from 10-3 at the Atlanta Area School for the Deaf in Clarkston (tentatively). Dr. Ani Klin will be a presenter and outside groups, including Common Ground, will also be present. In addition, Dr. Fitzgerald, the Commission for the Department of Public Health, will be present. Mr. Yates recommended the book "Thirty Million Words: Building a Child's Brain" by Dr. Dana Suskind. The book elaborates on a study by researchers Betty Hart and Todd Risley, who, in 1995 found that some children heard thirty million fewer words by their fourth birthdays than others. The children who heard more words were better prepared when they entered school. These same children, when followed into third grade, had bigger vocabularies, were stronger readers, and got higher test scores. This disparity in learning is referred to as the achievement gap. Dr. Suskind looked at the cause of the gap and what the gap does to the brain, both socially, emotionally and around language neural connections. Programs like "Reach out and Read" work with pediatricians. Another project of the GDPH is "Talk with me Baby" which teaches parents to be their child's conversational partner before the baby is ever born. Each child needs to hear about 11 million words a year to could out the neural connections. If neural connections are not built, the brain starts pruning along with its plasticity after about fourteen months. Reading is only one method of being a conversational partner. What we're really looking for is the serve and return of language. We're trying to resolve those issues without worrying about modality, but instead on children's language and literacy acquisition. Dr. Solodar pointed out that the modality doesn't matter but understand that literacy and development of language is what is critically important.

Ballots for voting were passed out to all members. Mr. Yates was nominated for Chair, Mr. Lynch self-nominated. Ballots were read and Mr. Yates was introduced as the new Chairperson. Dr. Hughart self-nominated for Vice Chair, as did Mr. Lynch. Ballots were tallied and Dr. Hughart was introduced as the Vice Chair. Chair positions are for two years and can be succeeded twice. Vice chair is for one year and has no term limits.

Mr. Yates recommended Cave Springs as a location for a future meeting, at one of the schools for the Deaf.

The meeting dates for 2016 is as follows:

March 15, June 21, September 20, December 13. The locations will be determined at a later date and the dates will be updated to the website.

Mr. Yates discussed setting a date for a strategic planning meeting in February. Ms. Cadena will email the members to set a date.

Dr. Hughart recommended some ideas for the Commission to consider. Sponsorships provide an opportunity for services to be enhanced. Hearing aid batteries can be cost

prohibitive for those on a fixed income. Sponsorships and monies raised can go to assist seniors who are in nursing homes who don't have the financial means to pay for them. Providing grants for looping organizations who want the service could be offered. Encouraging audiologists to promote Adopt-a-band and serve on the committee would enhance the efforts of the program. Ear, nose and throat audiologists could also serve as sponsors. Independent schools already have the money to provide hearing protection for students in the band. Public service announcements were discussed.

The meeting was adjourned at 4:30.