



**Guam EHDI Advisory Meeting  
Lotte Guam Hotel  
August 20, 2019**

**Minutes**

**Guam EHDI Advisory Members Present:**

Eileen Pascua, SMBC	Ma Victoria Guiao, GMHA
Avelina Bing Opena	Therese Sanchez, GEIS Representative
Dr. Yolanda Carrera, Pediatrician	Ruth Sabang, GMHA
Julia Flores, Sibling	Bobbie Afleje, GPPT Representative
Valerie Meno, GMHA	Bobbie Leon Guerrero, GEIS Representative
Joyce Tejerasas, Co-Chairperson	
Trisha Suzuki, Parent	
Margarita Gay, DPHSS	

**Members Absent:**

Leah Basbas, SMBC	Joseph Tuquero, Chairperson
Cathy Tydingco, DOE	Heidi San Nicolas, Ph.D.
Renee Koffend, Auld, CCC-A	Evelyn Topasna, Parent
Robert J. Leon Guerrero, Pediatrician	Leann Barcinas Santos, Ph.D., CCC-SLP
Tricia Taitague, Special Education	Ann Marie Cruz, GPPT Board President

**Guam EHDI Staff Members Present:**

Michelle Aguigui	Ruth Leon Guerrero
Joseph “JJ” Mendiola	Tanya Simer
Marie Wusstig	
Jenika Ballesta	

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**I. Call to Order, Welcoming, Introduction of Members**

A. Ms. Tejerasas, Co-Chair called the meeting to order at 12:04 p.m.

**II. Approval of Minutes**

A. Ms. Tejerasas asked members to review the meeting minutes. Ms. Opena made a motion to approve minutes. Ms. Guiao seconded the motion. The minutes were unanimously approved.

**III. EHDI (CDC) Strategies**



- A. Ms. Wusstig summarized the five EHDH (CDC) strategies: Surveillance, Training & Support, Partnerships, Strategic Communication and Dissemination & Monitoring, Analyzing and Evaluating EHDH Information System... (See PowerPoint Presentation).
- B. Ms. Simer presented the percentage of Initial Screening data for each birthing site (GMHA and Sagua Mañagu): GMH – **January** 98% were screened, 14% referral rate; **February** 94% were screened, 5% referral rate. In March the percentage was low, due to GMH changing their HR system which changed the way data was extracted and sent to the EHDH server, according to Mr. Mendiola. SMBC – **January** 100% screened, 0% referral rate; **February** 100% screened, 12% referral rate; **March** 100% screened and 3% referral rate. Total: **January** 98% screened, 4% referral rate; **February** 94% screened, 6% referral rate; **March** 20% screened and 3% referral rate (due to March data not being updated).
- C. Outpatient Rescreen: GMH - **January** 27 needed – 26 rescreened, 1 pending; **February** 10 needed- 3 rescreened, 2 pending, 3 refuse services and 2 LTFU; **March** 17 needed, 11 rescreened, 2 relocated and 4 LTFU. SMBC - **January** 0; **February** 2 needed, 2 rescreened; **March** 1 needed, 1 rescreened.
- D. Ms. Ballesta presented on Referred for DAE Jan-May 2019 - 6 referred, 1 DAE 3mo. of age, 1 diagnosed with NHL, 3 who didn't receive still pending, 1 LFU (will get updates from GEIS).
- E. High-Risk rescreen by 6 mo. of age: Risk factor – January: 7 needed, 6 rescreened, 1 LTFU. February: 4 needed, 4 rescreened, 0 LTFU. March: 5 needed, 4 rescreened, 1 relocated and 0 LTFU.
- F. Mr. Mendiola discussed the EHDH Evaluation Update. Two evaluation meetings were held one in May & one in June. Mr. Mendiola provided a summary of the evaluation questions (see PowerPoint presentation).

#### IV. Fitme (HRSA)

- A. Ms. Wusstig discussed HRSA providing a summary of the overall program goal and the three Aims (see PowerPoint presentation).
  - a. AIM #1: Increase Health Professionals Engagement;
  - AIM #2: Improve Access to Early Intervention Services;
  - AIM #3: Increase Family Engagement, Partnership and Leadership within the EHDH Programs and Systems.



## V. Updates

A. Ms. Wusstig discussed the following updates:

### 1. Learning Community

- a) Two meetings held one on May 8th and one on June 25

### 2. High Risk Clinic:

- a) EHDH will continue to conduct high-risk clinic at DPHSS.

- (1) Dates were switched to Tuesdays once a month.

- Nurse Practitioner is present and referrals to an audiologist are given to those under Medicaid/MIP who refer, which makes the process faster.

- b) How to increase high-risk referrals.

- (1) Connecting with WIC, communicating with families through social media, working with social workers at GDOE

- (2) Held three days of training in May with GMH hearing screeners on completing referral for high risk pass babies. Trainings were a success; more referrals are being turned in.

- c) Special screenings and home visits are provided when families are not able to make the Public Health clinic.

### 3. Timely DAEs; EI Services: Diagnostic Audiological Evaluation - Early Intervention.

- a) Referral to see an audiologist for a DAE discussion

- (1) Families who are under Medicaid/MIP become impatient for the long waiting period at DPHSS to be seen by a physician. Sometimes they won't be seen and would have to return back the next day.

- (2) Mr. Mendiola asked if parents had an option to not use their insurance. Ms. Sanchez responded that parents do have the option to not use their insurance. However, only upon availability of funding parents are able to opt to not use insurance. Ms. Agui mentioned that the option for parents to not use insurance must be disclosed. Ms. Sanchez will discuss with Ms. Tydingco the reason for the



option of not utilizing the insurance vs. GEIS paying for it.

- (3) Grandmother shared experience with the DAE process.
- (4) Ms. Wusstig asked if Medicaid/MIP patients have the option to go to a private clinic besides going to DPHSS. Ms. Tejeras responded that she didn't have the option. Ms. Gay also responded and mentioned that some physicians accept Medicaid. Central is for non-insurance, Dededo and Inarajan is for those under Medicaid/MIP. The northern and southern clinics now have a part-time pediatrician. They need to be educated on the process of obtaining a referral.
- (5) Dr. Carrera asked if there is a hotline for parents to call if they have challenges with the referral process. Ms. Gay mentioned that there is Neni 311 that parents can call for questions. However, she is not sure if they answer to referrals.

b) How to get families to accept EI.

- (1) Better awareness of their hearing loss.
- (2) Connect with parent support group in sharing their stories.
- (3) At-A-Glance stories.
- (4) Parent support group connected with GEIS in preparing a welcoming bag.

4. Parent Organization Partnership:

- a) North Carolina enacted legislation to require Audiologists to provide referrals to the Parent Organization that informs families the different types of hearing loss and communication choices that are available to their child.
- b) Ms. Aguiqui recommended for the parent support group flyer to be given together with the Neni directory to newborns at GMHA and SMBC.



- c) Flyers and posters are being disseminated to GDOE and the Mayor's office
  - d) North Carolina Care Project Family Retreat: November 8-10
    - (1) Will be working with GEIS to get families with children identified with a hearing loss who wants to participate.
    - (2) Venue is secured.
  - e) Ski-Hi
    - (1) Once MOA is signed training date will be scheduled for deaf mentors.
5. Pilot GHD Outpatient Hearing Screening Clinic
- a) July 15 – none scheduled; Aug. 19 – 3 scheduled; Aug. 26 - unknown
  - b) Folder is placed at NICU for nurses to schedule appointments and then placed at OB ward one week before pickup.
6. New NOFO released: Due Nov. 8
- a) Less than the usual.
  - b) 25% to be committed to the parent engagement and family support activities.

## **VI. Training & Activities**

- 1. Outreach Activities
- 2. Hearing Screening:
  - a. GEIS Outpatient Hearing Screening Clinics:
    - i. 3/18, 4/22, 5/29, 6/19, 7/17, 8/13
  - b. DPHSS High Risk Hearing Rescreen Clinics
    - i. 3/19, 4/16, 5/14, 6/18, 7/16
- 3. Other Activities (See PowerPoint Presentation).

## **VII. Announcements**

- A. EHDI Advisory Council next meeting: February 18, 2020 (tentative)

## **VIII. Adjournment.**

- A. Meeting adjourned.