

ROUGH EDITED COPY

National Center for Hearing Assessment and Management
We Listened! Collaborative Development of a Newborn Screening
Prenatal Fact Sheet
January 17, 2019
2:45 p.m. ET

CART CAPTIONING PROVIDED BY:
ALTERNATIVE COMMUNICATION SERVICES, LLC
www.CaptionFamily.com

* * * * *

This is being provided in a rough-draft format. Communication Access Realtime Translation (CART) is provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings

* * * * *

>> WILLIAM EISERMAN: Good day, everybody. I'd like to welcome you to today's webinar entitled we listened: Collaborative development of a newborn screening prenatal fact sheet. My name is William Eiserman from the National Center for Hearing Assessment and Management also known as NCHAM at Utah State University and I'm delighted to facilitate today's webinar that is being provided by two presenters from the state of North Carolina, Linda Bowen and Jude Williams, both who are a part of the EHDI system there in North Carolina.

Today's webinar is going to be recorded and posted on infanthearing.org within the next couple of days. So should you have anything that disrupts your full participation in today's webinar or if you have anybody that you think would benefit from the information that's being shared here, know that you can find it again in a couple of days on infanthearing.org.

I also want to draw your attention to the lower left-hand corner of your display screen where you'll find several documents that you can download. They're the fact sheets in English and in Spanish that our presenters will be talking about today as well as a copy of their PowerPoint slides from which they will be speaking. Once they've wrapped up their comments, I will reveal a text screen into which you'll be able to make a comment or raise a question for today's presenters to respond to.

I also just want to acknowledge the services of our captioner today. We sometimes assume these services happen by magic and it's actual a real person who is devoting her expertise and skills for us today to allow this to be as accessible as possible. So we appreciate your talent and service today. So thank you for that service.

Without any further delay, let me hand it over to Linda Bowen and Jude Williams.

>> LINDA BOWEN: Okay. Thank you very much. I'm -- I'm Linda and Jude's here

with me. We just wanted to share with you something that we presented last year in Denver at the EHDI conference. And our learning objectives for today will be to discuss the importance of engaging parents and key stakeholders in the development of educational materials, describe the features of accessible print materials and to list the important components of EHDI prenatal educational material fact sheet. In a nutshell, we'd like you to take away today to create similar types of things in your own workplace for parents and local partners in your own states.

We learned some of what is needed technically as well as a portion of what parents asked for, and we're excited to share that with you. From this presentation, we hope you'll be able to adapt this material and create -- or create something entirely different to meet the needs of your audience. Jude and I plan to divide this presentation up. I'll talk a little about the background and Jude will discuss the actual development of the material and what we've learned from that.

As stated, Jude and I work for the North Carolina early hearing detection program, also known as EHDI. For those not as well versed with EHDI, we started as the newborn screening program. We're trying to transition to getting that word EHDI out there. Our role is to support, promote and monitor the screening and diagnosis and intervention process of the newborn hearing screening program and follow-up to provide consultation, technical assistance, education, and training to birthing facilities, audiologists, early intervention providers, primary care providers and other service providers. And we support the families by connecting them with the available resources. Our fact sheet we're referencing today was developed to help all of these groups in their education of families that they're dealing with.

Our North Carolina EHDI team, we are fortunate to have a large EHDI team. As such, we can do a lot of things. Hopefully a lot of good things and things that will empower our families. We have an EHDI coordinator who is our leader and that's Marcia Fort. There are 11 regional audiology and speech language consultants and that's -- that's my role. I'm one of the original speech language consultants, EHDI consultant. We have a parent consultant a HRSA grant project coordinator and that's Jude's role. We have a tracking and outreach coordinator. We have a large team. As such, we are able to get a lot done.

Just to kind of give you a reference material for North Carolina -- I'm not sure where you guys are all from, but we have a large state. This is our regional map that we have on our website and we use it a lot to help educate our partners and to provide our information out there to hospitals and different folks. We have a hundred counties. Just to kind of give you a reference, this is a little funny. I am in the purple region of the state towards the Atlantic ocean. And then we're bordered on the north with Virginia and the south basically with South Carolina and then to the western part of the state is the yellow coverage, just to give you a background. Our most populous areas are kind of in the middle of the state, and then in the lime green colored part of the state. So we -- we as consultants have a little bit of a different role in the different regions of the state which make it so that we -- we do divide it up, not necessarily by numbers of -- you know, some of us have larger numbers of counties. You'll realize that some of the smaller numbers are more populous.

Just a few North Carolina facts. We're the -- from 2016 -- and I think they're basically pretty much the same -- we're the ninth most populous state. We have around 123,000 births per year, and we reach around 217 diagnosed with hearing loss. And our percent to follow-up or loss to follow-up documentation in 2016 was there listed as

34.4%. We go -- we fluctuate just a little bit year to year on the number of birthing facilities. Around 88, 90 is our typical -- typical number.

So now we're going to move into the talking about our -- our prenatal fact sheet and our preparation and background of that. So in preparation of any material for distribution or for education, we need to consider your funding sources and your employers. We looked to three resources in our backgrounds and took what they recommended for our practice. And those three being the joint committee on infant hearing, the maternal and child health bureau and our own North Carolina Children & Youth branch. Just to give you a background and maybe that you can also use in your preparation and description of your materials, from the joint committee, goal number eight says that families will be active participants in the development and implementation of EHDI systems at the state, territory, and local levels. EHDI program success depends on families working in partnership with professionals as a well-coordinated team.

So we wanted to and they want us to empower families and incorporate their needs. We are also tied with the maternal and child health bureau with a block grant. They also have given guidance that the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the course of life. And in doing that, family engagement reflects a belief in the value of the family leadership at all levels from an individual, community, and policy level.

Then our third source was the North Carolina Children & Youth branch. And our philosophy here in North Carolina has placed a huge value on the input and participation of families. In our state, Children & Youth branch, we have around 20 parent partners who serve in a variety of capacities. Some of those are paid, some volunteer time, or are compensated for tasks in other ways such as travel and some reimbursement for funding -- funding of items. And we have invested a lot of time involving parents and consider it best practice to build and maintain the relationships, to recognize and respect their knowledge and expertise, and we just want to make sure that we include them in the things that we do.

All right. Kind of a where we started with the development of the prenatal fact sheet which is what we're going to talk to you about just in a few minutes, we found an opportunity through partnering with -- this is just a cute little slide -- of families plus -- which is on the left -- plus our staff is on the right, the EHDI staff, makes for a happy baby. First of all, we asked our parents who have experience with hearing loss journey what their ideas are for improving the system. We like to try to listen to their experiences and the ideas of the parents. They are the experts. We -- we, as professionals hear what -- we know what should go on and we know what we would like to go on, but until you're in their shoes and have had that experience, you don't understand what happens individually for a person. So we try to act on their ideas, engage the parent in the development of new ideas, program changes or improvements. And the goal is to keep asking, listening, and engaging the parent because things change over time.

For this particular document that we prepared, we used Jody who is the picture of the lady with her son on the right. What you're looking for in the development of a -- an educational document, you're looking for somebody that's passionate. And you're looking for somebody that's willing to share their experience. We talked to a lot of -- lot of people as EHDI consultants that have been through the journey and they truly do have a great story to tell or a concern, but you have to wait until that person is ready. Some parents are not ready initially and are able to be vocal about that, and

hopefully they can -- you know, hopefully we can keep in contact with them so they might be a resource for later. Jodi, in our case, she's a great advocate for her son and for others. She has been on our EHDI advisory team and was actually the co-chair. North Carolina has a state QI team. She's been a member of that, and of course she was a member of this program development of the fact sheet.

So what Jodi presented to us was that she would like to create a prenatal educational tool about newborn hearing screening so that prior to the birth admissions, families would know about the inpatient hearing screening process and the importance of prompt, additional testing if their infant did not pass the initial screening. As the EHDI team, we are the feet on the ground pretty much for North Carolina as having a large staff. We're able to go out into the various parts of the state, as referenced back to the map, and provide materials and interaction and face-to-face contact with all of our stakeholders. What we found as a team was that North Carolina division of public health had brochures on individual screenings -- metabolic screening, hearing screening -- but they were not being disseminated very widely. There was limited dissemination, during the prenatal period, especially.

Families told us they did not know their babies were going to have a hearing screening. Another thing that happened as we were thinking about this document was the congenital heart defects screening was added. And we'd -- we learned that parents want to know about the screening before the birth admission so they will know what to expect. And it gives -- it kind of acts as a conversation piece with health care providers prior to the actual birth admission. And also lastly, parents need to have a list of resources which is included on the fact sheet so that they can learn more about the different screenings and what those results might mean. So it actually empowers the parents.

Why this document? We took Jodi's idea plus the state QI team's observation and in collaboration with that, it was decided that the prenatal tool would encompass all of North Carolina's newborn hearing screenings, including the other two. Jodi was interested in the hearing aspects, but we realized it would meet the public health providers around the state to combine all the screenings into one document to be shared across the state. So that kind of gives a background of where we started and how we decided to develop the fact sheet that we did. And now I'm going to turn it over to Jude. We're going to have a reveal of the fact sheet which you also have attached and can printout and look at a little better. Jude's going to talk more about exactly what we did. So I'm going to turn it over to Jude.

>> JUDE WILLIAMS: Okay. Thank you, Linda. As Linda said earlier, I am a member of the EHDI team. I actually am the project coordinator that oversees the HRSA grant activities. And the newborn screening fact sheet is actually supported through our HRSA grant.

So we decided to show you our -- our fact sheet right off the bat before going into the nuts and bolts of how we came to the final product. And the fact sheet -- the four things we really wanted to convey with this tool was, one, obvious, educate families about all of the newborn screening so they would know what to expect once they went into the hospital. So not only the hearing, but the blood spot metabolic screening and also the new congenital heart defect screening. So I'll walk you through the -- kind of the -- like I said, the nuts and bolts. So if we go to the next slide. The first thing we did was to assemble a collaborative team. So we took some members of our state QI team, we pulled in obviously our parent partner Jodi Keegan and a few members of the EHDI

program, myself, Linda, Marcia, but also our genetic screening and newborn manager and holly Shoun who's been our parent consultant for a number of years.

We also have the North Carolina newborn screening program. We pulled in Lara Percenti and our public health educator to help with the development of the document. We worked also with the improvement consultant from the North Carolina state lab who oversees the newborn screening metabolic testing. And the women's health branch. So the women's health branch here -- division public health, they actually develop and fund programs and services that protect the health and wellbeing of women during and beyond their child bearing years which includes programs before, during, and after delivery of a baby. And their largest partner are our local health departments which serve a number of our families here.

So the first thing we did as a team was we went out and researched as best we could other states' prenatal education material. So many of us did that. We looked at other EHDI programs. We looked at just other programs in general providing prenatal education and talking about all the different screening. We came together as a team. We reacted. We selected the -- the concepts and pieces that were part of our goal. And once we had a -- a general template developed, we then engaged a new mother. Actually a co-worker, and another pregnant woman to review the fact sheet as well and incorporate additional suggestions.

So that's all of that work, and it took a while. I can't remember the exact date we started this, but I mean it probably took over a year for us to really -- we had a number of meetings. We had a number of research discussions, different designs, different templates, pulling in other people for their advice and opinions. And once we kind of had all the final pieces together, we -- we also wanted to be certain as we were developing the actual document that we were making sure we were considering guidelines on how to develop easy to understand and accessible print material. So we -- we used a resource that was actually developed by the North Carolina office on disability and health which is also in our C&Y branch. This -- this group promotes the health and wellbeing of people with disabilities in North Carolina by improving access to services and opportunities and by decreasing health disparities. So they created this really nice resource that summarized some of the major resources. One mentioned here which was the major resource they used developed through the centers for disease control called simply put. It's an absolutely amazing guide to helping all of us create easy to understand material.

And so -- so the features that I'm going to talk about briefly today that we thought about as we were putting together the final product was, you know, what is the message, what are the visual components, what is the actual layout and design of our educational tool, and is it -- what is the readability of it.

So the message based on the guidelines in these resources that we used was to keep your message short and simple. So as you -- I know we kind of went through the -- flipped through the sheet quickly, but you do have the -- you can actually pull down the sheet on the side. Basically what we did, we have each of the screenings on the fact sheet and we have one statement on what the screening is checking for and a brief description of how the screening is performed. So we tried to keep it as short, concise, and simple as we could. You need to and we tried to limit the jargon in our message and use clear and consistent language. You try and avoid using acronyms and abbreviations, but we did decide that we wanted to include the CCHD acronym because it was a new screening for us in North Carolina. So we, as much as -- you know, not

everyone understands acronyms. We wanted to educate people about the acronym CCHD standing for critical congenital heart defects.

The other word we put blood spot metabolic screening because it's referenced in both of those ways so we wanted families to understand that. The other thing about the message you're trying to convey is you want to emphasize what the audience should do, not what they should not, and use the active voice in your message when possible. So as we were talking about how the families would be able to obtain the baby's results, we used words like "ask your doctor," "follow up quickly."

So active and action steps for the families. Okay. Next. So then we were thinking about, okay, what kind of pictures or images did we want to have on our fact sheet. So according to the guidelines that we used, it's important to make sure that your visual representations are easy to understand and close to the corresponding text so that they actually help to explain the text. And it was recommended to use photographs to show real life events and that images should represent and be sensitive to the target audience. So we -- we wanted to show the families what each of the screenings looked like so when they were with their new baby in the hospital and someone comes in to run a test, it should look something like these three real life photos on our fact sheet.

As far as the use of any images in your educational material, of course you have to have permission to use images you get. Sometimes that will require like a signed consent form or, you know, permission from an agency or organization or sometimes even here in the division of public health there might be resources available through your public affairs office where they can actually obtain images for you. And sometimes people do purchase images. Some of our images were obtained from other agencies through a permission for use arrangement and some of them were actually taken by our program and we obtained consent for those -- those photographs.

Of course, you know, other things you need to be thinking about, the actual overall layout and design. You don't want your font size to be too small to make it hard to read. Your heading should be larger than your general text font -- font. You want it to be pretty and visually attractive. And with that can come your images. We used photographs and we did have a few more like clip art kinds of images. Color, you know color choice comes in to play. We have been over the years kind of using a green/purple/white color scheme, so we decided to stick with that since it matched some of our other brochures. Some of our font sizes are a little small down in the tag line area. Again, some of that had to do with space and what information was contained down there. It wasn't our most important message, so we wanted to be certain that the message was appropriately sized. And they recommend using headings and sub-headings or columns to break up the text, which we -- we have, like, three columns and boxes around the different sections of our fact sheet. And then leaving plenty of what they call white space. We tried to leave spaces between even statements or sections within our -- each screening explanation.

And the other thing, you know, you do need to think about is what type of document do you want. I mean, there's all kinds of ways you can present your information. Trifold brochure, bifold, wrap card, magnet. There's a whole host of ways to share the information. Our team decided that a single-sided fact sheet with the key points on one side focusing on just the newborn screening program was the goal for us. So that's how we came to -- to this design. You also have to think about the paper choice. I mean, if you're going to mail it at times, obviously you need to pick a paper that easily folds. If you want families to write on the form, you need to pick a paper type that

will allow writing. The one we have actually is a little bit shiny. And comes in pads of 50. So it was actually also easy to mail or drop off to agencies around the state. So there's a whole host of things depending on your particular, you know, goals to consider. Let's see.

Of course readability is always important. The recommendation is that educational material should be written around the fourth or fifth grade level. Excuse me. Our -- our -- our fact sheet actually tests closer to the eighth grade readability level. And really, we use the -- the built in readability test in Microsoft Word. There are other ways to do this, but it's the flush Kincaid grade level test. Basically the formula uses sentence length and number of syllables. When you start getting into three syllable words, metabolic, early hearing detection -- there's some words that we wanted to have on there that probably caused the overall level to be higher than -- than what we were aiming for. But after repeated attempts, in changing the language, we did decide that we wanted to leave it as is so as not to dilute the message and to be using some of those words to help educate families about the meaning of these screenings.

There are a couple other requirements that probably everyone needs to consider if their education materials are being developed through an outside funding agency. They may have certain requirements. So HRSA does ask that we provide a -- like a disclaimer statement on all of our materials. And HRSA provides that language. So it is found in the footer of this and all of our materials produced with the funding. Our actual -- our own organization also has certain requirements. So they require and provide specific language that goes into the tag line of our materials. There are approved logos that we need to use. Typically -- actually the one I -- I think I probably have different logos on the Spanish and the English version because things have changed here over the last couple of years, but typically we have both a departmental and a division logo on our materials. We are also required here to route all of our materials through our office of communications and they, you know, make sure that we've got all of our required elements and also they assist with our final graphics development. I believe this one is actually in the end design graphics program. So, you know, we don't do that as a program ourselves. That's done through our graphics department.

Okay. So that's kind of nuts and bolts of how we -- nuts of bolts of how we got from Jodi's idea to putting her idea down on paper. And we are very happy with this educational sheet and daily, really daily we hear how -- how people are really liking to have this form available. So where to go next. We did develop this presentation for the EHDI conference last year. At that time, we did not have a Spanish version of the fact sheet, but we now have it loaded up into this presentation. It's just come back from the printer today, so we will be able to start disseminating this fact sheet for the families in our state whose primary language is Spanish. So we're very happy to have that to share.

I think the last -- the last couple parts of this presentation, one is about, you know, how we went about disseminating this new fact sheet. So, you know, it's great to have a new document, but you got to get it out there and give it to the target audience so that they can benefit from the education. And I think Linda -- Linda actually found this quote that says "I resolved to stop accumulating and begin the infinitely more serious and difficult task of wise distribution."

So, you know, it's wonderful to have a great tool, but we also have to have a plan for how we're going to get that tool out to folks. So we just don't want to leave all our

hard work sitting on a shelf or in a warehouse down the road. So -- so where do we go with ours. So the -- the English version of the fact sheet became available, like, early last year. So we have spent a good chunk of the last 12 months getting this new document out to our providers. So our regional consultants, as you can see we have a large team, and they all cover many, many counties in the state, did travel around to the birthing facilities, to all the local health departments, both the child health clinics, the prenatal clinics, large primary care practices and some private OBGYN offices. We have focused most of this year on, say, the health departments, hospitals and PCP offices and still need to do more with our -- our private practices.

We have also -- like Linda was telling me earlier, we have also shared them extensively with our early intervention providers and our local -- local interagency coordinating council which are like regional service -- regional meetings for service providers and all of our consultants have been attending all of those meetings sharing not only this new resource, but all of the other EHDI resources and other C&Y resources. Initially we developed this for prenatal education. And, yes, it is being utilized that way, but we are finding also that hospitals are using it to share with families while they're there or in their childbirth education classes. PCP providers are sharing them with families. So it's being used in many other ways.

Says on here that we distributed 22,000 -- unfortunately that's a typo, but it's 12,000. The majority of those distributed -- were distributed by our consultants to service providers. But with and with -- with a material order form. And so what's happening now is we're now getting orders and re-orders from agencies across the state. We have also collaborated with the women's health branch to make our resources available on their website and through their order form. Like I was saying earlier, they have a large -- they work very closely with all of our local health departments. So that is a very important way for our -- our materials to -- to be disseminated.

So I guess the other thing I'm thinking and probably everyone's thinking is, you know, we want to make certain that it's really serving the purpose that we intended. So until now, until today, we have not done any formal evaluation of the dissemination or use of the prenatal fact sheet, but we are planning to do that. We -- a number of encouraging things is the ordering and re-ordering in large numbers of the fact sheet. And all of the conversations and ongoing communication that our regional consultants have with all of the service providers they work with. Everyone is happy with and are, you know, [echoing noise] so these are some ideas we had on some other ways to evaluate. I'm considering, you know, working with one private OB office that does appear to be using it, the fact sheet, and has reordered it to see if maybe we can do -- see if we can work with or send a survey to some of the parents that have been given the fact sheet and see how helpful it was in explaining the screenings before they entered the hospital.

So that -- that kind of completes our story. But in summary, you know, this is an interesting quote. I think Linda found this one, too. So -- so the quote is "I'm not interested in competing with anyone, I hope we all can make it."

And it kind of goes to our development of the prenatal fact sheet. Because we spent a lot of time reviewing and examining and researching all the other wonderful prenatal fact sheets and brochures that have been produced by other EHDI programs and other agencies that helped us come up with the template that we did. And we are also here to share our -- our fact sheet as well. I believe if you were wanting to kind of just plop in your pictures and some of your specifics, that would require request to one

of us to get the in design file, but you are welcome to use, you know, this as -- as you see would help you in your -- the work that you do. I think that's it. So if anyone has any questions or ideas or --

>> WILLIAM EISERMAN: Great. Thank you. This is William Eiserman from NCHAM. I have revealed the Q&A field over on the left side of the screen into which you can type a question or comment for today's presenters if you're inclined to do so. And we have one comment that came -- or question that came up here that I will read. And others of you, if you would like to do so, please do.

This comment: I realize there are people who object to the term "hearing loss," but for an audience of new parents who are likely to be completely unfamiliar with this area, this term seems right. Using deaf or hard of hearing is really clumsy for something like this fact sheet. I'm curious if you ran into objections with this term. And if so, how you were able to resolve that so the hearing loss term could be used.

>> JUDE WILLIAMS: This is Jude. Thank you for your question. So we have not had any issues raised about the use of "hearing loss" on this document. We did share it in the development stages, not only with Jodi but other parents of children with hearing loss, and that did not become a concern of theirs. Now, I guess if -- if we were to find during our evaluation that that was a concern, we would have to take that into account as we do any new development of this -- or revisions of this document. Until -- until now, I have not had anyone raise that concern.

>> WILLIAM EISERMAN: Great. Thank you. The next question is from Cathy Lester in Kentucky. Cathy says: Kentucky was lucky enough to see this presentation in Denver and have since had the template shared seamlessly with us. We brought -- we bought in design and were able to change elements to be Kentucky specific and are currently using it now. We love it. You-all developed a great product. So that's some feedback for you.

>> LINDA BOWEN: Thank you, Kathy.

>> WILLIAM EISERMAN: So the next one is: Did you pilot information before releasing it to all of the medical facilities or public? Did you pilot the information before releasing it to all of the medical facilities or to the public?

>> No, we did not. We -- we -- we gave it to parents after it was developed to make sure they were happy with it, but I did not pilot it on a larger scale, no.

>> WILLIAM EISERMAN: Uh-huh. So here's somebody commenting about the term. At last year's EHDI conference, the term "hearing difference" was being used and it seemed friendlier than hearing loss. Do you have any thoughts about that?

>> I think we can -- I think that's a great point, and I think we all need to like take that under advisement as we proceed.

>> WILLIAM EISERMAN: Yeah. And I guess I'm just going to chime in from my perspective that it -- that's where the evaluation piece seems so important to see how are people understanding these terms when they are used given that they are totally from outside of the EHDI world when they're first encountering this information.

>> Yeah. Great information. Thank you.

>> WILLIAM EISERMAN: Yeah. Let's see if there's any other comments or questions here. What about accessibility of your document? How did you approach that?

>> As far as like where we have it, is that what you mean?

>> WILLIAM EISERMAN: Bridget, maybe you can clarify your question. While you do that, we have another comment here. In the fact sheet, is the fact sheet in

Spanish identical to the English version or is it a cultural translation as well? I'm just curious if anyone explored whether a translation is sufficient or if there's also something culturally different needed for use by other populations.

>> JUDE WILLIAMS: So we do send our materials out for translation through an agency here in North Carolina. When I get it back, I do share it internally with our minority outreach coordinator who often at times will make adjustments to the phrasing because it's not -- she says as well it's not just a literal translation, it needs to be more reflective of the Spanish culture. So we do that internally and we -- I do think about that and she does help me with requesting minor changes to what we get back from the agency that translates it. And sometimes they go back and forth somewhat disagreeing on the right way to do it, but we do try and stress that we want it to be more -- not just a literal translation.

>> WILLIAM EISERMAN: Right. Right.

>> JUDE WILLIAMS: So we will have to evaluate -- I agree we will have to get more input on the language of both of these as we move forward and revise and reprint at a later time.

>> WILLIAM EISERMAN: So clarifying the accessibility question from a moment ago, the writer has clarified saying: Accessibility of the document for screen readers used with individuals who experience disabilities, whatever that might be. So accessible colors, text, layout, did you use -- did you address that at all? How do you approach this in your design process during development?

>> JUDE WILLIAMS: So we -- we use the resource that I had mentioned that was developed by our office on disability and health, and I did have a member of that group look at it. So we made sure we used font styles and sizes that were recommended. I'm -- I cannot comment on the colors. I know we -- you need to focus on the contrast to make sure that the information is -- you can read it. We use the green and purple for all of our program material. So I -- I don't know honestly if -- if that is the best color combination, but we -- we -- I did use those ideas that I learned in that resource guide and tried to apply them to the development of this. And -- and making sure the space and correct font size and lettering and -- and the contrast.

>> WILLIAM EISERMAN: The next question -- I'm sorry. Go ahead.

>> JUDE WILLIAMS: I hope that -- I hope that answers the question, otherwise, I'm happy to explore more offline if that's helpful.

>> WILLIAM EISERMAN: She says it does. There you go. The next question is: Do you have any thoughts about how you're going to measure the level of effectiveness?

>> LINDA BOWEN: Yes, we do, we do. What we've talked -- can you hear me?

>> WILLIAM EISERMAN: Yes.

>> LINDA BOWEN: Going back out to the folks that we've met with and distributed to and talking with them and we have a couple of groups that we've seen from our reorder form that have sent for a couple of reorders. And we're going to reach out to them and see if they can give us some feedback. And also hopefully get them to reach out further still to the people that used the document, the parents, and possibly have an evaluation tool for the parent actually.

>> WILLIAM EISERMAN: Marcia chimed in, Marcia Fort from North Carolina was also involved in this project, I understand. She said I'll have to check, but I might be able to also share the accessibility resource we used. So that's a possibility for additional guidance on that aspect.

>> JUDE WILLIAMS: Yes, thank you.

>> WILLIAM EISERMAN: Another comment: Thank you for accepting the challenge to develop this tool. Also thank you for allowing others to have access to it as we focus on creating similar documents in our states. And -- and I can just kind of chime in from NCHAM's perspective. You know, so many -- so many things are similar in what people need. And so anytime somebody has a resource they've created that you think others can benefit from, if you're comfortable sharing it, it's -- it's usually put to use in one way or another. So kudos to you for making that offer.

>> JUDE WILLIAMS: We are happy to share. We have been the recipient of much support and help from other programs as well. Can learn a lot from each other.

>> WILLIAM EISERMAN: Allison Ward from NCHAM is commenting that we would invite you to upload it to the shared QI space that NCHAM has on infanthearing.org.

>> JUDE WILLIAMS: Okay. Thank you.

>> WILLIAM EISERMAN: For all of you who are still on, the fact sheets and the PowerPoint slides are downloadable in the middle of your screen right now. So if you haven't already done that and would like to see those copies, that's how you can obtain them.

Are there any other comments or questions before we wrap up for today? Let's see. Doesn't appear that we have that. So I want to thank everybody for your attendance today and to our presenters for sharing -- preparing and sharing this awesome resource for everybody. Thank you to our captioner for your services and skills today. That improves our accessibility to others. Before you all go away, as you -- as you do, we'd invite you to click on this underlined link to answer a couple of quick questions about your -- giving us feedback on today's webinar which is always helpful to us at NCHAM and to our presenters. So with -- if you don't have anything else to say, we will move on. Linda and Jude, do you have anything else you'd like to say to wrap up?

>> LINDA BOWEN: No. Thank you. We'd just like to thank you guys for listening and being interested.

>> WILLIAM EISERMAN: Yeah. And so -- by way of reminder, this has been recorded and will be posted on infanthearing.org in just a couple of days if you want to share with others or review yourselves. Thank you, everyone.

>> LINDA BOWEN: Thank you.

>> JUDE WILLIAMS: Thank you.

[Webinar concluded at 3:51 p.m. ET]