

BHDI E-MAIL EXPRESS

The monthly newsletter of AAP Early Hearing Detection & Intervention Program

This is an e-mail communication from the American Academy of Pediatrics (AAP) "Improving the Effectiveness of Newborn Hearing Screening, Diagnosis and Intervention through the Medical Home" project funded through cooperative agreements with the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CPC), National Center of Birth Defects and Developmental Disabilities (NCBDD). It is designed to provide AAP Early Hearing Detection and Intervention (EAD, Charles Champions with resources and current clinical and other information. The EHDI E-Mail Express is sent on a monthly basis. Please feel free to share the EHDI E-Mail Express with colleagues working on or interested in Charles Charl

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In this issue:

- Message from your Chairperson
- Upcoming Events
- Visit the NCHAM Exhibit Table at the National EHDI Meeting
- New Study: Hearing Loss in Children from Rural Areas
- New Study:

 Prospective Canadian
 Study Looks More
 Closely at 20 Years of
 Mild Hearing Loss

 Data
- "Loss and Found"
 Video & Information
 Packet Dissemination
 Project: Get Involved!
- Parent Training & Support: A Resource for Health Professionals to Help Parents
- The "Speech Banana"

FROM YOUR CHAIRPERSON

Friends,

I've always enjoyed the Olympics. Winter or summer. Great entertainment, great performances, great spirit.

Oh, I can't say I like everything about the Olympics. Why, for example, do we have to see repeatedly on the daily television broadcasts of a summary of how many medals the big and powerful countries have collected in their quest for sporting dominance and world prestige? The Olympic Games are supposed to be a stage that allows the bobsledder from Jamaica to race on the same track as the bobsledder from Russia, and the sprinter from Albania to race in the lane next to the sprinter from the United States. We don't need medal counts. Every medal counts. And every participant who leaves without a medal counts.

And why are we subjected to "new" sports that just aren't Olympian? Run faster? That's Olympian. Throw something farther? That's Olympian. Race from the top of the hill to the bottom of the hill on snow or ice? Sure, why not, that's still Olympian.

Beach volleyball? Not Olympian. Slopestyle snowboarding? Sorry, not Olympian. Trampoline? Cool. But not Olympian.

Still, I have one favorite event, one special and notable event that transcends the medal counts for each country, and transcends the sporting fads that get reinvented with each new decade. Better yet, this favorite event of mine is the only event that is included in both the summer and winter games.

It's the torch relay. It's that race around the globe, a race with thousands of participants, a race in which every participant is a winner. Young or old, strong or frail, so many hands are entrusted to contribute to the journey of the Olympic flame, and to nurture that burning symbol of permanence and unity as it is transported to each new Olympic venue.

That's my favorite event. It reminds me of our work together. It reminds me to honor each of you for helping to carry the EHDI torch. It reminds me to honor each of you for helping in our continuing quest to assure that newborn hearing screening is accessible for all infants, and to assure access to early diagnosis and early intervention for all children who are born deaf or hard of hearing.

Everyone who carries the torch deserves recognition. Today I will recognize Faiza Khan. At the time of her transition to a new role with the American Academy of Pediatrics, I want to recognize her many contributions over recent years as the AAP EHDI Program Manager. As Faiza passes to a new relay runner the torch that carries the EHDI Olympic flame, I offer to her my thanks. And in doing so, I offer to all of you my thanks as well.

Thanks for carrying the torch. Thanks for being Olympian in your participation in Early Hearing Detection and Intervention. You all deserve a medal. I'm thinking gold.

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UPCOMING EVENTS

Event	Date	Location	Details
52nd Biennial National Association of the Deaf (NAD)	July 1-5, 2014	Atlanta, Georgia	Web site
Conference			



VISIT THE NCHAM EXHIBIT TABLE AT THE NATIONAL EHDI MEETING

The National Center for Hearing Assessment and Management (NCHAM) invites you to visit their exhibit table at the EHDI meeting in Jacksonville, Florida on April 14 & 15 to learn about newly-revised free training resources, such as:

- The "Newborn Hearing Screening Training Curriculum" featuring information on communicating with families and providers
- Video modules developed by the Early Childhood Hearing Outreach Initiative (ECHO) to support in-office hearing screening
- Newly-added chapters to the EHDI E-Book, an online resource to support EHDI stakeholders in implementing best practices
- The role of telehealth in supporting access to timely diagnosis and early intervention

More importantly, visiting the exhibit table will provide you with a chance to engage with NCHAM staff about how they can support you in your role as a medical home for children with, or at risk for, hearing loss.

If you are not attending the EHDI meeting, feel free to reach out to NCHAM staff directly to set up a time to learn more about the aforementioned resources. (Contact: Diane Behl, diane.behl@usu.edu)

NEW STUDY: HEARING LOSS IN CHILDREN FROM RURAL AREAS



Children from the severely underserved Appalachian region of Kentucky suffer delays in diagnosis of congenital hearing loss, according to a study published in the February 2014 issue of the *Journal of Pediatrics*. Delays in Diagnosis of Congenital Hearing Loss in Rural Children examined the incidence of pediatric hearing loss and the timing of diagnosis in rural regions of Kentucky with limited access to diagnostic and therapeutic services. Compared to children from non-Appalachian regions, those in regions of 'hearing healthcare disparities' were significantly delayed in obtaining a final diagnosis of hearing loss. Although the authors point out that further study is needed to fully understand causative factors and appropriate interventions, they conclude that delayed diagnosis is a common problem, one with the potential to limit language and social development.

Source: Bush M, Bianchi K, et al. Delays in Diagnosis of Congenital Hearing Loss in Rural Children. Journal of Pediatrics 2014;164:393-397.

PROSPECTIVE CANADIAN STUDY LOOKS MORE CLOSELY AT 20 YEARS OF MILD HEARING LOSS DATA

Seeking to add to the knowledge base on the identification and outcomes of children with mild bilateral or unilateral hearing loss (MBUHL), a <u>Canadian study</u> examined data collected prospectively between 1990 and 2010, before and after the implementation of a universal newborn hearing screening (UNHS) program. There were four objectives to this study. The first was to examine the proportion of children with MBUHL in a clinical population of Eastern Ontario in Ottowa, Canada, and second, to describe the clinical characteristics of children with MBUHL. Third, the study documented practices related to identification and amplification, and, finally, examined the factors affecting clinical recommendations. The authors found that although MBUHL constitutes almost half of childhood hearing loss, UNHS has lowered the age at which it is confirmed by 4 to 5 years. The effects of early-identified MBUHL on children's development require further research.

Source: Fitzpatrick E, Whittingham J et al. Mild Bilateral and Unilateral Hearing Loss in Childhood: A 20-Year View of Hearing Characteristics, and Audiologic Practices Before and After Newborn Hearing Screening. Ear and Hearing 2014;35:10-18.



"LOSS AND FOUND" VIDEO & INFORMATION PACKET DISSEMINATION PROJECT: GET INVOLVED!

Hands & Voices has been awarded a Baby's First Test Challenge Award from Genetic Alliance to disseminate the "Loss and Found" video and information packets. The video features parents describing their personal experiences and guiding others on what to do when an infant doesn't pass the newborn hearing screening. Local chapters of Hands & Voices and AAP EHDI Chapter Champions from 30 states are being recruited to assist with distribution to 3 sites per state. For more information, contact Lisa Kovacs at 317/752-5528 or lisakovacs@handsandvoices.org.



PARENT TRAINING AND SUPPORT: A RESOURCE FOR HEALTH PROFESSIONALS TO HELP PARENTS



The National Center for Hearing Assessment and Management (NCHAM) is offering Providing a Foundation for Effective Daily Management for Children with Hearing Loss, an online workshop to help health professionals learn how to support parents in meeting the daily intervention needs of their deaf and hard of hearing children.

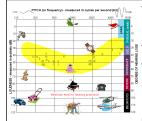
This recorded workshop is available at no charge at http://www.infanthearing.org/workshop/index.html.

As chapter champions, you know that effective daily hearing aid management provides a foundation for spoken language development through consistent access to appropriately amplified speech. You also know that parents experience a variety of challenges with hearing aid use. They have reported difficulty such as recognizing the benefits, accepting the need for hearing aids, and struggling to manage the hearing aids. Concerns have been raised about how much young children wear their hearing aids. Researchers have found that parents frequently over estimated hours of hearing aid use and that, on average, children younger than four years of age used hearing aids less than five hours per day based on objective data from hearing aid readings.

When clinicians recognize and address challenges within the context of routine care, day-to-day management can be improved. Because challenges can stem from a variety of causes, clinicians need to incorporate communication strategies targeted to the specific barriers in question. If the strategy being used by the clinician does not directly address the problem, it will likely fail to be effective. The conversation with parents about challenges, and the process of identifying solutions, will be different for problems arising from an external barrier (eg, owning a hearing aid listening tube) versus an internal barrier (eg, lack of confidence in ability to check hearing aid function).

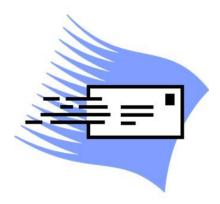
This training is designed to guide providers on how to use effective methods of communication with parents for attainment of targeted intervention goals to enhance and expand family-centered service provision and lead to improved child outcomes.

DID YOU KNOW? SPEECH BANANA



The "speech banana" is a term used to describe the area where the phonemes, or sounds of human speech, appear on an audiogram. When the phonemes are plotted out on the audiogram they take the shape of a banana, therefore audiologists and other speech professionals refer to that area as the speech banana. While many other sounds fall outside of the speech banana, audiologists are most concerned with the frequencies within the speech banana because a hearing loss in those frequencies can affect a child's communication abilities. Interested in learning more? Click here.





Distribution Information:

The AAP EHDI Program implementation staff send this e-mail update to the Academy's EHDI Chapter Champions, other interested AAP members, staff and state EHDI coordinators. For additional information on hearing screening and to access previous editions of the EHDI E-mail Express, click on the following link http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Early-Hearing-Detection-and-Intervention.aspx. Previous e-mail updates are available upon request from Faiza Khan, fkhan@aap.org or (847) 434-4924. If you would like to unsubscribe to the update, please notify staff by responding to this e-mail.

