



EHDI E-MAIL EXPRESS

The monthly newsletter of Early Hearing Detection and Intervention

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 (CDC), National Center of Birth Defects and Developmental Disabilities (NCBDDD). It is designed to provide AAP Early Hearing Detection and Intervention (EHDI) Chapter 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 childhood hearing detection and intervention issues. Distribution information appears on the last page.

**OCTOBER/NOVEMBER
2011**

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FROM YOUR CHAIR



It's unbelievable that another year has passed and the AAP National Task Force on Improving the Effectiveness of Newborn Hearing Screening, Diagnosis, and Intervention (EHDI Task Force) has had another successful meeting.

The meeting took place at the AAP headquarters in Elk Grove Village, on October 24. As many of you may know, the EHDI Task Force meets annually in-person to discuss the accomplishments of the previous year and determine what horizons to conquer in the coming year. As such, the members gathered around the conference table and discussed the following:

- ◆ Planning events for the national 2012 EHDI Conference—specifically for the AAP EHDI Chapter Champions
- ◆ Moving the work forward of the EHDI Loss to Follow-Up/Documentation (LTF/D) Workgroup which includes development, dissemination, and promotion of a package of tools and resources for medical home providers
- ◆ Further assessing and examining medical home provider practices regarding initial and rescreening in the office
- ◆ Enhancing communication with Chapter Champions and EHDI stakeholders
- ◆ Discussing how to further the efforts of the newly formed EHDI Education Subcommittee
- ◆ Outlining a plan for addressing the specific needs of unique populations including military families and out-of-hospital births
- ◆ Identifying upcoming opportunities for increased collaboration with parent resource groups particularly in light of our newest liaison member to the Task Force, Lisa Kovacs from Hands & Voices
- ◆ Brainstorming about how to build leadership in EHDI
- ◆ Getting updated on the national climate on health information technology and the EHDI role

In subsequent editions of the EHDI E-mail Express, we will do our best to keep you updated on these efforts in a dedicated section titled "Tracking the Task Force".

- Albert Mehl, MD

UPCOMING EVENTS

Event	Date	Location	Details
Early Intervention: Conversational Language Activities for Deaf Children	November 3 –4, 2011	St Louis, MO	Web site
Early Intervention Services for Children with Hearing Impairment: From A to Z	November 4, 2011	St Louis, MO	Web site
International Symposium on Audiological Medicine	December 10–12, 2011	Bhubaneswar, Orissa, India	Web site

MILD HEARING LOSS LINKED TO BRAIN ATROPHY IN OLDER ADULTS; EARLY INTERVENTION COULD PREVENT SLIDE TOWARD SPEECH COMPREHENSION DIFFICULTIES

When a sense (taste, smell, sight, hearing, touch) is altered, the brain reorganizes and adjusts. In the case of poor hearers, researchers found that the gray matter density of the auditory areas was lower in people with decreased hearing ability, suggesting a link between hearing ability and brain volume. A new study by researchers from the Perelman School of Medicine at the University of Pennsylvania shows that declines in hearing ability may accelerate gray matter atrophy in auditory areas of the brain and increase the listening effort necessary for older adults to successfully comprehend speech. The research appears in the latest edition of *The Journal of Neuroscience* and was funded by the National Institutes of Health. "As hearing ability declines with age, interventions such as hearing aids should be considered not only to improve hearing but to preserve the brain," said lead author Jonathan Peelle, PhD, research associate in the Department of Neurology. "People hear differently, and those with even moderate hearing loss may have to work harder to understand complex sentences." Physicians should monitor hearing in patients as they age, noting that individuals who still fall within normal hearing ability may have increasing complaints of speech comprehension issues. Patients should talk to their physician or an audiologist if they are experiencing any difficulty hearing or understanding speech. To read the full story visit: <http://www.sciencedaily.com/releases/2011/08/110831115946.htm>.



INTRODUCING THE TELE-INTERVENTION RESOURCE GUIDE

Tele-intervention (TI)—the provision of early intervention (EI) services for children birth to three and their families—is a growing method for bringing specialized services to families of children with hearing loss. The Tele-intervention Resource Guide reflects the pioneer efforts of six EI programs from across the country. The guide highlights recommended practices for conducting TI sessions along with important information about technology considerations, licensure and reimbursement, as well as how to ensure privacy and security. Are you involved in providing TI? If so, learn more about our learning community of TI providers via the TI Resource guide. Visit: <http://infanthearing.org/ti-guide/index.html> to download your copy.



NATIONAL ASSOCIATION FOR THE DEAF

The National Association of the Deaf (NAD) was established in 1880 by a group of leaders that wanted to advocate for the rights of the American deaf community to use sign language, to congregate on issues important to them, and have its interests represented at the national level. The mission of the NAD is to preserve, protect and promote the civil, human and linguistic rights of deaf and hard of hearing people in the USA. The following are the organization's core values:

Core Values

- Language. *We value the acquisition, usage, and preservation of American Sign Language.*
- Culture. *We value the right of deaf and hard of hearing Americans to share similar beliefs, sense of belonging, and experiences as a signing community.*

Legal Values

- Civil Rights. *We believe in equality, dignity, and justice for all deaf and hard of hearing Americans.*
- Human Rights. *We believe that acquisition and use of American Sign Language is an essential human right.*
- Linguistic Rights. *We believe that American Sign Language must be preserved, protected, and promoted.*

Community Values

- Diversity. *We value deaf and hard of hearing Americans with diverse perspectives, experiences, and abilities. We are committed to the elimination of audism, linguicism, racism, and other forms of discrimination.*
- People. *We value advocates and allies as the builders of the American deaf community.*

To learn more about NAD and their efforts, visit: <http://www.nad.org/>.



REDUCING LOSS TO FOLLOW-UP/DOCUMENTATION (LTF/D): THE ROLE OF THE AAP EHDI LTF/D WORKGROUP

Early hearing initiatives have come a long way with nearly 96% of newborns in the United States receiving hearing screening in 2009; however, the task of linking all children who have hearing loss with diagnostic and intervention services in a timely and culturally sensitive manner still remains. State EHDI coordinators report three factors affecting these high lost to follow up/documentation (LTF/D) rates: poor communication between EHDI personnel and families, lack of data management and tracking systems, and lack of facilities and well-trained personnel (White, 2003).

In September 2010 a subcommittee of the Task Force—the Lost to Follow-up/Documentation (LTF/D) Workgroup—was convened to examine the role of the medical home in addressing hearing screening LTF/D issues. The overall goals of the workgroup is to examine barriers to communication exchange between the EHDI system and primary care office systems regarding newborn hearing screening results and to determine ways to overcome these barriers such as utilization of health information technology; development of specific recommendations and incentives for primary care physicians to use the medical home model to collaborate and cooperate with state EHDI programs, in-hospital newborn hearing screening programs, audiologists and parent advocacy groups to prevent lost to documented follow-up of infants who fail in-hospital newborn hearing screens, and; to encourage state EHDI officials, newborn screening programs, audiologists and parent advocacy groups to cooperate and collaborate with primary care physicians to prevent lost to documented follow-up of infants who fail in-hospital newborn hearing screens. Members of the group include: Jack Levine, MD, FAAP; Susan Wiley, MD, FAAP; Rachel St. John, MD, FAAP; Debra Waldron, MD, FAAP; Albert Mehl, MD, FAAP (EHDI Task Force Chairperson); John Eichwald (CDC), Irene Forsman (MCHB), Karl White (NCHAM), Ada Determan (Parent Representative); and Janet Farrell (Massachusetts State EHDI Coordinator).

The workgroup convenes by conference call monthly and addressed work over email to move the development of the following resources forward: an outline of considerations for the role of the medical home providers in reducing ltf/d; a clinical decision support algorithm to accompany the outline of considerations; and guidelines for rescreening in the medical providers office. The subcommittee met in-person on October 23, 2011 to firm up these resources and begin discussing a plan for dissemination and evaluation. The revised documents will be moved into the design and packaging phase in coming weeks and are anticipated to be available widely in 2012. Further, the rescreening guidelines currently in draft were determine do be best disseminated as an AAP policy statement which would include components of ltf/d. The intent for statement will be submitted later this month and will be prioritized going forward. The larger ltf/d effort will also include developing strategies for better identifying late onset hearing loss.

In the coming months, the workgroup will be working hard to expedite their efforts to disseminate the above noted resources and develop educational strategies to help promote them. Chapter Champions and EHDI State Coordinators will play a critical role in the dissemination, promotion, and evaluation of these tools. This workgroup will continue to prioritize the role of the medical home in reducing ltf/d and will reach out to partners as needed to help forward their efforts.

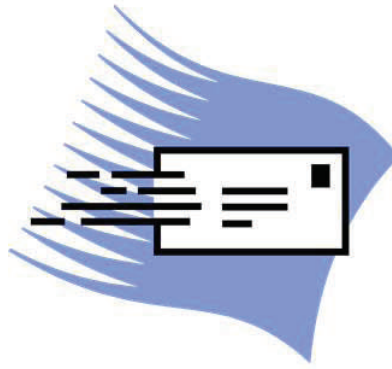
CONGRATULATIONS TO THE AAP CHAPTER EHDI EDUCATION AND TRAINING AWARD RECIPIANTS!

Congratulations to the following chapters that were selected to receive the AAP EHDI Chapter Education & Training Awards: Iowa, Ohio, Minnesota, New Mexico and Hawaii. The purpose of the awards is to empower EHDI Chapter Champions to work with state EHDI stakeholders and their respective AAP chapter to conduct EHDI-specific education and training. The awards will be used to increase knowledge regarding newborn hearing screening and the EHDI system; provide practical strategies for improving systems regarding newborn screening/surveillance; review current screening/surveillance methodologies; address lost to follow up/documentation issues; and link systems within the state. We will include highlights from these events in future issues of the EHDI E-Mail Express.

WORDS OF INSPIRATION...



"Do what you can, where you are, with what you have."
~ Theodore Roosevelt



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.medicalhomeinfo.org/how/clinical_care/hearing_screening/. 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.