American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

EHDI E-MAIL EXPRESS

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.

JANUARY 2011

In this issue:

FROM YOUR CHAIR

To all of our AAP EHDI Chapter Champions, and to all of you active in the world of newborn hearing screening, please allow me to extend my continuing thanks for your ongoing efforts. As Chairman of the AAP Task Force on Improving the Effectiveness of Newborn Hearing Screening, Diagnosis, and Intervention, I am honored to consider myself a partner in the campaign to assure that every newborn has timely hearing screening performed, and timely follow-up when indicated. Even though identification of hearing loss in infancy can be colored by an initial sadness for the newborn baby and for the child's parents, we have all shared over time the newfound excitement of improved outcomes through early intervention. Even though "intervention" may look quite different for different families, it is the early timing rather than the intervention choices that will result in dramatic improvements in the acquisition of language for the affected child.

But along with this excitement, as we begin 2011 I must once again enlist your help with our remaining challenges. First and foremost, there is much work to be done in ensuring that any child who fails the initial hearing screening can be assured of timely follow-up, retesting, and intervention when needed. Please help us to identify the unique opportunities in your state and in your community to assure that our follow-up rates show rapid and ongoing improvement. Screening every newborn is an exciting advance, but it comes with a critical responsibility; we must now assure that every baby who fails the initial screening has a guarantee of timely follow-up. Physicians all know the sense of individual responsibility for an infant and the child's family, but I implore all of you to extend that same sense of responsibility to the systems we are designing and refining, such that we can better guarantee timely diagnosis and intervention.

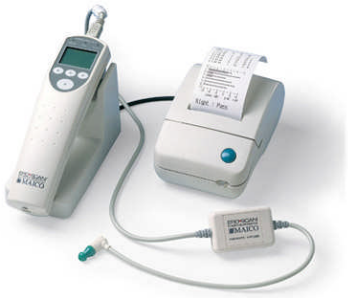
My deepest thanks for your energy and your commitment. Here's to 2011, our new and most exciting year.

Albert Mehl MD

UPCOMING EVENTS

Event	Date	Location	Additional information
San Diego Sound Wave Symposium	February 12—11, 2011	San Diego, California	Web site link
2011 National EHDI Conference	February 20– 22, 2011	Atlanta, GA	Web site link
American Academy of Audiology National Conference	April 6—9, 2011	Chicago, IL	Web site link

Hearing Screening in a Well-Infant Nursery: Profile of Automated ABR-Fail/OAE-Pass



The article titled *Hearing Screening in a Well-Infant Nursery: Profile of Automated ABR-Fail/OAE-Pass*, released on January 24 in *Pediatrics,* examined the prevalence of a screening outcome pattern of auditory brainstem response fail/otoacoustic emission pass (ABR-F/OAE-P) in a cohort of infants in well-infant nurseries (WINs), to profile children at risk for auditory neuropathy spectrum disorder, and to compare inpatient costs for 2 screening protocols using automated auditory brainstem response (ABR) and otoacoustic emission (OAE) screening. The ABR-F/OAE-P outcome was found for 0.92% of infants in WINs in inpatient testing and none in outpatient rescreening. The time for test preparation was 4 times longer and that for test administration was 2.6 times longer for the experimental protocol, compared with the standard protocol. Inpatient costs for the experimental protocol included 3 times greater personnel time costs.

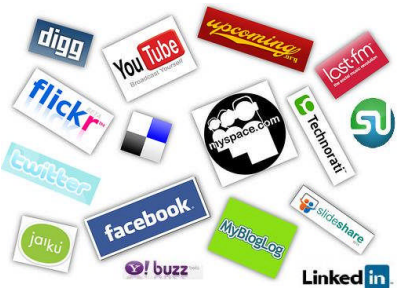
The authors conclude less than 1% of infants in WINs had ABR-F/OAE-P screening outcomes as inpatients and none as outpatients. These results suggest that prevalence is low for infants cared for in WINs and use of OAE testing as a screening tool in WINs is not unreasonable. To access the complete article visit http://pediatrics.aappublications.org/.

NCHAM on Social Media

NCHAM has recently joined the social media revolution! You can now find NCHAM on Facebook and YouTube. NCHAM's goals are to ensure that every parent of a newborn is aware of the importance of knowing their newborn hearing screening result and to follow-up when necessary and to broaden their reach to professionals. Social media such as Facebook and YouTube are excellent ways to disseminate concise and valuable information quickly in a format with which many are quite familiar and comfortable.

Click here to get to NCHAM's Facebook page: http://www.facebook.com/pages/Ncham-The-National-Center-for-Hearing-Assessment-and-Management/109285292471141.

Click here to watch the 50 second video on YouTube entitled, "It's Natural": http://www.infanthearing.org/resources_home/its_natural.html.



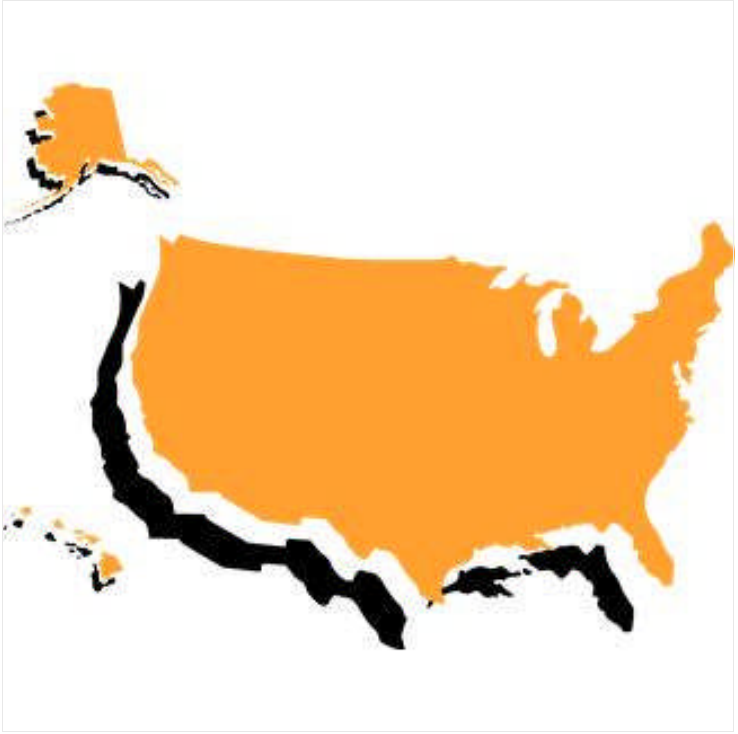
Study Finds, Deaf Adults See Better Than Hearing People

The study published in *Development Science* and funded by the Royal National Institute for Deaf People (RNID), has, for the first time ever, seen scientists test how peripheral vision develops in deaf people from childhood to adulthood. The study tested profoundly deaf children (aged five to 15 years) using a self-designed visual field test, and compared this to age-matched hearing controls as well as to deaf and hearing adult data.

Dr Charlotte Codina, from the University's Academic Unit of Ophthalmology and Orthoptics, led the research and found that children born deaf are slower to react to objects in their peripheral vision compared to hearing children. However, deaf adolescents and adults who have been without hearing since birth can react to objects in their peripheral vision more quickly. Dr Codina concludes that "this research shows that adults who have been deaf since birth may have advantages over hearing people in terms of their range of vision. For example, deaf people could be more proficient in jobs which depend on the ability to see a wide area of activities and respond quickly to situations, such as sports referees, teachers or CCTV operators. On the other hand, the findings suggest that parents of deaf children need to be aware that their child's initially delayed reaction to peripheral movements may mean they are slower to spot and avoid potential dangers such as approaching traffic."

To read the story in its entirety visit: http://www.sciencedaily.com/releases/2010/11/101110205051.htm.

REDUCING LOSS TO FOLLOW-UP, ONE STATE AT A TIME



It goes without argument that the success of early hearing detection and intervention has been tremendous. In 1993, less than 5% of all infants were screened for hearing loss prior to hospital discharge. Today, more than 90% of newborns are screened before hospital discharge. Universal newborn hearing screening (UNHS) prior to hospital discharge is now the standard of care in the United States. However, in some parts of the country timely and appropriate follow-up services for those infants needing further evaluation continues to be a problem.

Loss to follow-up rates range from less than 10% in States with a well developed infrastructure, to as high as 50% in states that do not yet have the infrastructure to track and retrieve infants and families needing further services. States with infrastructure tend to be those with a mandate to screen and report. Forty states have legislative support for the hearing screening program and several additional states are continuing to work with their state legislatures. A summary of the 2008 national EHDI data can now be found on the CDC Web site at: http://www.cdc.gov/ncbddd/hearingloss/ehdi-data2008.html. Overall, in 2008, nearly 43% of infants were lost to follow-up (LTF) or lost to documentation (LTD) for diagnosis. In light of this data, the need to put EHDI efforts towards reducing LTF/D is extremely apparent.

In response to this need, the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) has awarded 53 grants to states and territories supporting statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age and enrollment in early intervention programs before the age of 6 months, with ties to a medical home and family-to-family support services. Some of the programs are supported by state law, others are not. A cooperative agreement was also awarded, to the National Center for Hearing Assessment and Management (NCHAM) for the purpose of providing nationwide technical assistance and consultation to projects in all of the programmatic areas.

In November of 2010 as states geared up to apply for a new competitive grant titled *Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening Grant Program*, AAP EHDI Chapter Champions were encouraged to work with their state coordinator to assist with the reapplication process. As background, this funding announcement solicited proposals for reducing the loss to follow-up of infants who have not passed a physiologic newborn hearing screening examination prior to discharge from the newborn nursery by utilizing specifically targeted and measurable interventions. Champions were urged to assist in preparing and/or reviewing the application to be submitted from their state in order to further strengthen the collaboration between EHDI stakeholders and enhance the success of the EHDI program within their states.

The states will soon be notified of the results of their application and it is hoped that the AAP Chapter Champions will work side by side with their state EHDI coordinator to meet the objectives outlined within their application to reduce LTF/D in their state. LTF/D is a national problem but if broken down and tackled state by state, it can be eliminated. Each state is unique so it is that much more important that stakeholders within each state work within their specific infrastructure to identify their unique needs, gaps, and points of influence for systematic success.

Beginning next month, this section will feature highlights from different states on the progress of reducing LTF/D. Together, we will watch the success of each state, learn from each other, and work as a team to eliminate LTF/D from EHDI.

WORDS OF INSPIRATION. . .

Early intervention makes a world of difference in how quickly and successfully a hearing-impaired child will develop speech and language skills. Newborn hearing screening makes that early intervention possible.

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.