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OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

## **Foreword: Pursuing Excellence in Early Hearing Detection and Intervention Programs**

C. Everett Koop

*Pediatrics* 2010;126;S1-S2

DOI: 10.1542/peds.2010-0354C

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# Pursuing Excellence in Early Hearing Detection and Intervention Programs

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*Surgeon General of the United States, 1981–1989*

**ABBREVIATION**

EHDI—Early Hearing Detection and Intervention

[www.pediatrics.org/cgi/doi/10.1542/peds.2010-0354C](http://www.pediatrics.org/cgi/doi/10.1542/peds.2010-0354C)

doi:10.1542/peds.2010-0354C

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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In 1988, while I was serving as the Surgeon General of the United States, the Congressional Commission on Education of the Deaf issued a report that contained a troubling finding: that the average age at which permanent hearing loss among infants and young children was being identified in the United States was 2½ to 3 years of age. Given the importance of language development and communication during those early years, I found this to be unacceptable. Consequently, I issued a challenge in 1989 to researchers, educators, health care providers, and parents to work together to find better ways of identifying very young children who are deaf or hard of hearing. I set a goal that by the year 2000 all infants with permanent hearing loss would be identified before 12 months of age. Although it was an ambitious goal, and many people thought it was unrealistic, I was optimistic and confident that it could be achieved.

Since that time, we have seen remarkable progress. Universal newborn hearing-screening programs are now functioning throughout the United States. With assistance from the federal government, every state has established an Early Hearing Detection and Intervention (EHDI) program as a part of its public health system. In some areas with the most effective EHDI programs, most infants and young children who are deaf or hard of hearing are being identified at less than 3 months of age. And, research is documenting what we always believed to be the case: deaf or hard-of-hearing children who are identified early and given appropriate educational and health care services develop better language and achieve better in school. I believe it is only a matter of time until we document that such children also grow up to have better jobs and are able to participate more fully and effectively in our communities. The seeds we planted in the 1980s are beginning to bear fruit and will continue to do so.

However, there is still a lot of work to be done before we can reap the full harvest. As exciting as it is to see what happens when EHDI programs function to their full potential, it is clear that most EHDI programs need continued improvement and many children and families are not yet enjoying all of the benefits of early identification and timely and appropriate intervention. As is documented by the articles in this supplemental issue of *Pediatrics*, there are still many challenges and barriers that need to be addressed. Lack of funding, shortages of trained professionals, problems with follow-up, poor coordination of services and programs, inadequately informed families, lack of access to or inadequate use of new technology, and many other challenges continue to interfere with children who are deaf or hard of hearing getting the services they need and making the progress of which they are capable.

In addition to documenting some of the areas most urgently in need of work, the articles in this supplemental issue continue to reinforce my optimism that these problems can be solved in the same way that we implemented newborn hearing screening when many people said it could not be done. These articles show how systematically and

thoughtfully collected data can help us focus our quality-improvement efforts. More importantly, they show how such information can be used to develop and implement innovative strategies for achieving systems change, how collaborative efforts can lead to novel and effective solutions, and how creative use of new technology can improve the

EHDI system. As these efforts become better known and more widely adopted, more and more children who are deaf or hard of hearing will benefit.

It is exciting to see how far we have come and satisfying to know that continuing work is significantly improving programs for children who are deaf or hard of hearing and their families.

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