THE ANNUAL EHDI MEETING—A REFLECTION BY DR BRAD GOLNER

The Annual EHDI Meeting is here!

This is an exciting time of the year for EHDI! The annual EHDI meeting takes place during the first quarter of the year and is a great way to begin the upcoming year for all of us. This is a meeting that energizes and invigorates everyone who attends. It is designed to meet the needs of every participant, including parents of children who are deaf or hard of hearing (deaf/hh), audiologists, early intervention (EI) providers, primary care physicians (PCPs), state agency staff and EHDI coordinators, and more. Attendees will learn about the latest trends, research, protocols, data, and much more.

This is also an opportunity for each state’s EHDI team to meet together. Time has been scheduled specifically for each state EHDI team to convene and discuss plans for 2015. State stakeholder meetings will take place on Monday, March 9. The goal of the stakeholder meetings is to offer an opportunity for EHDI colleagues to work together as a state EHDI team and to understand your state’s EHDI goals and to develop strategies towards reaching those goals. Prior to arriving in Louisville, contact your EHDI coordinator to review ideas to potentially be included in your annual chapter champion work plan to get a head start.

The meeting agenda/schedule is diversified to meet everyone’s needs, so plan with your state EHDI team to divide and conquer! This will offer an opportunity for your state team to learn about as many topics as possible and share all the information with one another. The meeting is also an excellent chance to collaborate and learn from EHDI teams in other states. It provides an excellent opportunity to network with others to find out what works and what does not in each state’s program.

I look forward to seeing everyone in Louisville March 8-10!

Brad Golner MD, FAAP
Arizona EHDI Chapter Champion
AAP EHDI Leadership Team Member
2015 EHDI MEETING—CHAPTER CHAMPION PRESENTATIONS

The EHDI program at the American Academy of Pediatrics (AAP) plays a vital role in educating and supporting pediatricians and other pediatric medical care providers in order to strengthen the role of the medical home within the state EHDI programs. The AAP EHDI program is led by its Chapter Champions, who are experts in the field and passionate about improving screening, diagnosis, and timely care for children who are deaf/hh.

At the upcoming EHDI meeting, many AAP EHDI Chapter Champions will play a critical role in some of the presentations and instructional sessions either as presenters, original authors, or both. The following sessions—which will be facilitated by Chapter Champions—will cover topics that are relevant to the work of all champions in their respective chapters, such as: strengthening the role of the medical home, meeting the needs of children who are deaf/hh plus, and addressing the EHDI needs of a diverse population, among others.

- **Meeting the Needs of Children with Hearing and Vision Loss**, presented by Susan Wiley, MD, FAAP, March 8, 8:30am – 12:30pm.
- **A Cross Cultural Approach: The Path to Addressing Health Disparities and Accessing and Benefiting from Early Intervention Services** Authored by Dana Suskind, MD, FAAP; March 8, 2:00 – 4:00pm.
- **Using the 2012 Physicians Survey to Improve the Medical Homes’ Contribution to Hearing Services** Authored and co-presented by Brenda Balch, MD, FAAP; March 9, 11:05am – 11:35am.
- **Participatory Action Research With the Women, Infant and Children (WIC) Program for Improving Loss to Follow-up in Newborn Hearing Screening** Co-authored by Susan Wiley, MD, FAAP, March 9, 2:00 – 2:30pm.
- **The Impact of Language on Social and Communication Functioning in Children with Cochlear Implants** Presented by Susan Wiley, MD, FAAP; March 10, 9:40 – 10:10am.
- **Considerations in Assessment of Autism Spectrum Disorder with Children who are Deaf or Hard of Hearing** Co-presented by Susan Wiley, MD, FAAP; March 10, 1:45 – 2:15pm.
- **Family Experiences and Improvement Recommendations regarding the Delaware EHDI Program** Authored and presented by Carlos Duran, MD, FAAP; March 10, 1:45 – 2:45pm.

For Chapter Champions who are able to attend the 2015 EHDI meeting, we encourage you take this opportunity to learn from your colleagues and experts in the field. If you are unable to attend the 2015 EHDI meeting and would like more information on any of the presentations given by AAP Chapter Champions, please let AAP staff know and we will work to connect you to this important information.

For more meeting information, visit the [2015 EHDI meeting website](#).

**UPCOMING EVENTS**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>2015 National EHDI Meeting</td>
<td>March 8-10, 2015</td>
<td>Louisville, KY</td>
<td>Website</td>
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<tr>
<td>2015 American Society for Deaf Children Conference</td>
<td>June 25-28, 2015</td>
<td>Indianapolis, IN</td>
<td>Website</td>
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The 2012 NCHAM physician survey identified that nearly one-third (29%) of respondents perform hearing screening in their pediatric offices and of these, more than half (52.4%) frequently use the Otoacoustic Emissions (OAE) hearing screening technique.

The Early Childhood Hearing Outreach (ECHO) Initiative has developed tools to help relay OAE screening results to parents and families, including to those whose primary language is Spanish. Among these tools are sample scripts that can be used to help explain hearing screening results to caregivers, as well as sample letters that can help introduce OAE hearing screening and help explain why it is necessary. Additionally, the ECHO website also includes tools to help train screeners whose primary language is Spanish, including follow-up forms and Spanish language training videos.

To access these tools and more, visit the materials and tools library on the ECHO Initiative website.
The National Center for Hearing Assessment and Management (NCHAM)—along with support from state EHDI coordinators and the American Academy of Pediatrics (AAP)—conducted a self-report survey with pediatricians and other clinicians who provide care for infants and young children. The purpose of this survey, conducted in 2012, was to:

- Understand the degree to which medical homes are engaged in EHDI activities
- Update our understanding of physician attitudes and knowledge regarding EHDI since the 2005 survey conducted on this topic
- Drive strategies to support physicians in their role within EHDI systems

In upcoming editions of the EHDI E-Mail Express, we will review some of the questions presented in the survey and the results that pediatricians provided. We hope to identify and examine what gaps in understanding and practice, if any, still persist.

**Question: Which of the following conditions puts a child at risk for permanent late onset hearing loss?**

Results: Percentage of Physicians Reporting by Year

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2005</th>
<th>2012</th>
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<tbody>
<tr>
<td>Meningitis</td>
<td>94.1%</td>
<td>94.5%</td>
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<tr>
<td>NICU (5+ days)</td>
<td>49.2%</td>
<td>55.3%</td>
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<tr>
<td>Congenital Heart Disease</td>
<td>21.3%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Family History of Childhood HL</td>
<td>88.5%</td>
<td>89.0%</td>
</tr>
<tr>
<td>Frequent Colds</td>
<td>22.0%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Cleft Palate</td>
<td>63.8%</td>
<td>60.8%</td>
</tr>
<tr>
<td>History of Cytomegalovirus</td>
<td>80.9%</td>
<td>80.8%</td>
</tr>
<tr>
<td>Hypotonia</td>
<td>27.6%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Mother Age 40+</td>
<td>16.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>64.0%</td>
<td>63.2%</td>
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The conditions known to cause increase risk of childhood hearing loss are meningitis, a stay in a neonatal intensive care unit (NICU) for five days or more, a family history of childhood hearing loss, cleft palate, history of cytomegalovirus, and congenital syphilis. As shown in the table, the conditions that are known to put a child at increased risk of hearing loss were identified more frequently by physicians than were conditions that have no effect on hearing loss.

However, between 18 and 29.6% of physicians also indicated that other conditions not associated with hearing loss could lead to increased risk for permanent late onset hearing loss. This shows a gap in understanding of the risk factors. Also surprising was that only 55.3% of physicians identified a NICU stay of five days or more as risk factor for childhood hearing loss.

Chapter Champions should be aware of these results and can tailor education efforts to ensure that physicians are aware of the various conditions that increase risk for permanent late onset hearing loss. More information on risk factors for permanent late onset hearing loss can be found in the [Joint Committee on Infant Hearing 2007 Position Statement](#).
This study analyzes the spatial and hospital-based distribution of children who did not pass newborn hearing screenings and those who have been diagnosed with permanent congenital hearing loss (PCHL) in Kentucky from 2009 to 2011. Children in rural regions have been found to be at greater risk of delayed diagnosis and treatment in comparison to urban children due to social determinants including poverty, educational achievement, and scarcity of community resources. As such, with a population of approximately 1.8 million and 85 of 120 counties in Kentucky considered rural, the authors sought to identify population disparities in screening, follow-up, and diagnosis of hearing loss in the state.

The authors used SaTScan 9.1.1 to identify counties and birthing hospitals that had a higher than expected rate of failed newborn hearing screenings and PCHL. The study was able to identify four different clusters of 3 to 12 counties with increased rates of failed newborn hearing screenings and PCHL. For at least one of these clusters, limited pediatric hearing aid fitting centers and no cochlear implantation services were available.

The authors recommend using this study—which identifies areas with increased incidence of PCHL—to better target screening and intervention services for these populations. Additional recommendations include further studies examining the etiology of PCHL and the barriers to accessing intervention services in the clusters identified within Kentucky to improve preventative and intervention services in these areas for children who are deaf or hard of hearing.