



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.

FEBRUARY 2011

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FROM YOUR CHAIR



Dear EHDI Champions and Colleagues,

As expected, the 10th annual national EHDI Conference was an enormous success! The event drew in nearly 800 participants to Atlanta, GA including state EHDI program staff and coordinators, audiologists, physicians and allied healthcare providers, families of children with hearing loss, early intervention specialists, speech-language pathologists, students, EHDI advocates, various hearing industry exhibitors, and representatives from major organizations working with EHDI programs.

It was truly a pleasure to get together with each of the 48 AAP EHDI Chapter Champions and Task Force members that were also in attendance. Many took the time to personally connect with those that had not seen each other in a long time and many made an effort to extend a warm welcome to our newest network champions. So, I thank you for that.

The EHDI Conference is a time to celebrate our success, a time to reflect on our achievements, a time to prepare for upcoming challenges, and a time to find new motivations for the work ahead. I hope you were able to do all of that and I hope that you have returned home with even more enthusiasm than when you arrived. It is certainly true that we have much work ahead of us but take comfort in the fact that you have a network of experts and friends to help make those strides forward.

As your Chairperson, I take great pride in the work we do and the friends I make along the way. It is apparent that I am surrounded by some of the most passionate and hardworking individuals in the field so I hope to help keep the spirits high and support each of you in your unique challenges. Please feel free to reach out to me, to each other, and to the AAP staff to ensure that you are confident in your role and have everything you need to succeed.

Albert Mehl MD

UPCOMING EVENTS

Event	Date	Location	Additional information
American Academy of Audiology Annual Conference	April 6–9, 2011	Chicago, IL	Web site
Creating Positive Environments for Children with Hearing Loss	April 11, 2011	Warwick, RI	Web site
10th European Symposium on Pediatric Cochlear Implantation	May 12–15, 2011	Athens, Greece	Web site

AAP FUTURE OF PEDIATRICS CONFERENCE CALL FOR ABSTRACTS

The AAP Future of Pediatrics Conference, *Embracing Change: Improving Care for ALL Children* is an exciting AAP conference taking place July 29-31, 2011 in Chicago, IL. The Future of Pediatrics Conference is a great opportunity for medical home advocates, community pediatricians and other community health providers to network and learn from each other as well as from respected clinical and practice faculty. The conference seeks to engage general pediatricians, community pediatricians, pediatric subspecialists, family physicians, nurses, allied health professionals, pediatric office staff, parents of children and youth with special health care needs, and providers of other related services.



The call for abstracts is now open. This conference offers two ways for you to share your work with others: Concurrent Sessions and Posters. **The deadline for submission is March 15, 2011.** All abstracts must be submitted online at: <http://www.aap.org/fop>. Accepted abstract and poster presenters receive a discounted registration.

For more information about the conference, go to <http://www.pedialink.org/cme/FOP>. If you have specific questions, please contact Jean Davis in the Division of Community-based Initiatives, fopabstracts@aap.org or 847/434-4080.

CDC 2008 ANNUAL EHDI DATA NOW AVAILABLE ONLINE



The 2008 CDC state-by-state summaries for EHDI data (in PDF format) are now available online at: www.cdc.gov/ncbddd/hearingloss/ehdi-data2008.html with some new summary reports added as compared to previous years. The summary of the type/severity and demographic data are forthcoming. If you have any questions about this data email the CDC EHDI program at: ehdi@cdc.gov.

HEARING LOSS ON THE RISE AMONG US TEENAGERS

According to the National Health and Nutrition Examination Survey from 2005–2006, approximately 20% of US teenagers have some degree of hearing loss which is up 5% from 1988-1994. As part of the survey, trained technicians conducted audiometry on participants in a sound-isolating room. In the 1988-'94 survey, 2,928 youths ages 12-19 were tested and in the 2005–2006 survey 1,771 were evaluated. Results showed the prevalence of slight hearing loss increased from 11.4% to 14.2% between the two time periods, and mild/ worse hearing loss rose from 3.5% to 5.3%.

Unilateral hearing loss was more common than bilateral, while high-frequency hearing loss was more prevalent than low-frequency in both surveys. To read the study in its entirety, go to <http://jama.ama-assn.org/> and search for *Change in Prevalence of Hearing Loss in US Adolescents*.



KEY HEARING REGENERATION PROTEIN IN THE HUMAN INNER EAR IDENTIFIED



Sound Pharmaceuticals Inc (SPI) scientists in collaboration with scientists from the University of California Los Angeles (UCLA) are developing a proprietary technology for regenerating cells within the inner ear of mammals as a means to restore auditory function to the hearing impaired or deaf. Through their research they have found p27Kip1 to be expressed in the adult and aged human inner ear including the auditory and vestibular sensory organs. In the adult human inner ear, the pattern of p27Kip1 expression was restricted to the nuclei of supporting cells in the organ of Corti, the sensory organ that controls hearing, and the utricle and cristae, two sensory organs that control balance. These findings are consistent to what has been observed and reported in neonatal and adult rodents, which further validates p27Kip1 as a key regeneration target in the deafened mammalian inner ear. The fact that p27Kip1 was expressed in the supporting cells of the aged human cochlea from patients over 80 years old suggests that p27Kip1 is still working to suppress proliferative regeneration throughout life and is an appropriate drug target to stimulate supporting cell and hair cell regeneration. Their findings were presented at the 34th Annual Midwinter Meeting of the Association for Research in Otolaryngology held during the week of February 21. This work was supported by the National Institute on Deafness and Other Communication Disorders and the Office of Naval Research. The ultimate goal of the cyclin dependent kinase inhibitor (CKI) inhibition technology is to restore hearing to the severe or profoundly impaired. To read more about this fascinating work visit: <http://www.medicalnewstoday.com/articles/217503.php>.

REDUCING LOSS TO FOLLOW-UP IN OUT-OF-HOSPITAL BIRTH POPULATIONS

One of the EHDI national goals is for states to have a mechanism in place to ensure that infants born in an out-of-hospital setting receive hearing screening. The AAP invited all state coordinators to participate in a state by state survey of out-of-hospital births and newborn hearing screening. Of the respondents 6 selected state coordinators presented at the EHDI Conference in greater detail. Brief highlights from the survey conducted and live session are below outlining current statistics and steps being taken to reduce LTF/D.



KANSAS



Total percentage of births out-of-hospital: 1.4%

Percentage of births in out-of-hospital setting receiving hearing screen before 1 month: 60%

Steps being taken to reducing LTF/D: 1) Contacting the associations and setting up training. 2) Educating and sending out information. 3) Providing list of facilities that provide the hearing screens. 4) Providing brochure on Children and Youth with Special Health Care Needs that will help with the cost of a hearing screen if families qualify and sending out letters to the parents with the information listed above.



IDAHO



Total percentage of births out-of-hospital: 3.2%

Percentage of births in out-of-hospital setting receiving hearing screen before 1 month: 3.4%

Steps being taken to reducing LTF/D: 1) Contacting and meeting with the midwives while out in their regions. 2) Offering loaner screening equipment and providing training and support. 3) Providing referral forms to be signed by parent before they report all information for refers.



PENNSYLVANIA



Total percentage of births out-of-hospital: 3.9%

Percentage of births in out-of-hospital setting receiving hearing screen before 1 month: 41%

Steps being taken to reducing LTF/D: 1) Increasing contact and communications with the midwife networks. 2) Providing yearly refresher training to midwives. 3) Looking at allowing some networks to do OAE rather than AABR screenings.



UTAH



Total percentage of births out-of-hospital: 2.5%

Percentage of births in out-of-hospital setting receiving hearing screen before 1 month: 96 –97%
(birthing centers), 60% (home births)

Steps being taken to reducing LTF/D: 1) Providing specific training in UNHS for midwives 2) Purchasing screening equipment for midwives 3) Providing technical assistance (with no questions asked, due to some of the more unique populations in Utah such as the polygamist communities)



IOWA



Total percentage of births out-of-hospital: 1.1%

Percentage of births in out-of-hospital setting receiving hearing screen before 1 month: 3.9%

Steps being taken to reducing LTF/D: 1) Conducting a survey of home birth families to get feedback on their refusals and/or why they never take child for a hearing screen (midwife/PCP didn't discuss, have no interest, etc) 2) Continue screening programs in Amish communities to provide hearing screens since the majority deliver at home 3) Identifying and providing education to the midwives about the importance of newborn hearing screening. Some connections that were not readily available including lay midwives have now been accessible by a newly hired midwife.



ALASKA



Total percentage of births out-of-hospital: 6%

Percentage of births in out-of-hospital setting receiving hearing screen before 1 month: 10%

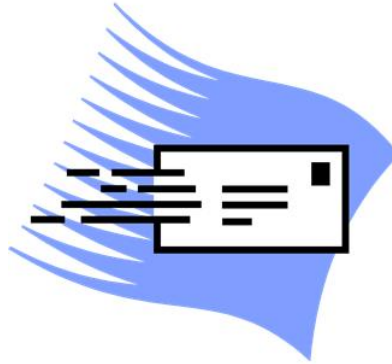
Steps being taken to reducing LTF/D: 1) All parents of infants born out of hospital that do not show a screening are sent a certified letter with the benefits of screening and a hearing milestone checklist. 2) Midwives are sent a quarterly report with a list of infants in their practice and their screening status. 3) Screeners are being placed in two identified communities with a high rate of out of hospital births and limited screening options in the community.

WORDS OF INSPIRATION. . .



You are blind and I am deaf and dumb, so let us touch hands and understand.

~ Kahlil Gibran



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.