

How many children in your early intervention program have a hearing loss you have not yet discovered?

Hearing loss is one of the most commonly unidentified and misdiagnosed conditions in early childhood. Approximately 1 out of every 300 children in the U.S. is born with a permanent hearing loss. About that same number will also lose their hearing after birth and before entering school. Most unidentified hearing loss eventually manifests as a speech/language delay or behavioral concern. Early intervention providers who use subjective hearing evaluation methods (noisemakers, parent questionnaires, etc.) will be unable to detect hearing loss and will provide ineffective intervention services. The adverse effect is that a correct diagnosis, and appropriate services, are delayed even longer. Fortunately, hearing loss can be identified very early in life through the use of objective screening and evaluation methods.



It would be ideal if every child in early intervention could receive a complete audiological evaluation. Unfortunately, this is rarely feasible.

Otoacoustic emissions (OAE) is a reliable and practical hearing screening approach for children 0 – 3 years of age. An objective method, it is the most appropriate way to screen infants and young children because it does not require a behavioral response from the child, is quick and painless, and can help to detect permanent hearing loss and call attention to many other hearing disorders. It is also an appropriate method to use with children older than 3 who are not able to respond reliably to hearing screening using audiometry.

Are children in your program receiving adequate hearing evaluation?

Although Part C and Part B/619 Regulations require that Evaluation and Assessments must include hearing, no guidelines specify how that should be carried out. A recent survey of 155 Part C providers from 17 states revealed that the most commonly used methods were informal observations of the child's response to sounds/noisemakers and family-completed questionnaires. Similarly, of the 175 Part B/619 providers in 11 states who responded, 45% reported using subjective methods with the majority of the children enrolled. Reliance on these outdated, subjective screening methods makes it likely that children with hearing loss will remain unidentified and will receive inappropriate services or no services at all.

What assistance is available for updating hearing evaluation practices?

We can provide the following services on state and local levels:

State Level

- Needs assessment of how local programs are meeting the hearing screening requirement.
- Information dissemination to key stakeholders on appropriate screening strategies for young children.
- Training and ongoing technical assistance in the use of up-to-date screening methods.
- Quality monitoring of statewide hearing screening/evaluation improvement efforts.
- Linkages with the state Early Hearing Detection and Intervention (EHDI) resources and with Early Head Start programs.

Local Level

- Linkages with local audiologists; educating audiologists on how to provide hands-on training and support to early intervention programs.
- Quality monitoring of hearing screening program activities.
- Linkages with state Early Hearing Detection and Intervention (EHDI) resources and with Early Head Start programs.

FOR MORE INFORMATION ON RECEIVING TRAINING AND TECHNICAL ASSISTANCE CONTACT:

William Eiserman, PhD, Director of Early Childhood Projects
National Center for Hearing Assessment and Management
Utah State University
Logan, Utah 84322



Boulder, CO Office:

1880 Telluride Lane
Boulder, CO 80305
(303)-499-5380

email Hearingheadstart@aol.com
www.infanthearing.org/earlychildhood



Funded by the Maternal and Child Health Bureau as the National Resource Center on Early Hearing Detection and Intervention, NCHAM's multidisciplinary staff has worked for over a decade to help hospitals and states implement and improve universal newborn hearing screening and comprehensive Early Hearing Detection and Intervention (EHDI) systems. Since 2001, NCHAM has also partnered with Early Head Start programs in 20 states to implement up-to-date hearing screening practices. Our work in both of these settings has revealed a significant need to assist early intervention providers in improving hearing screening practices so that children with hearing loss are identified early and provided with the supports and services they need.