



JANUARY 2014

EHDI E-MAIL EXPRESS

The monthly newsletter of AAP Early Hearing Detection & Intervention Program

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.

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FROM YOUR CHAIRPERSON

Friends,

We're off to a great start, this New Year, 2014.

And most of you, like me, find yourselves... overextended.

We depend on so many volunteer efforts in this world of Early Hearing Detection and Intervention that we often take those volunteer efforts for granted. And still, good people continue to recognize a good cause, and then rise to fill the void and meet the need.

Someone once said, "If you want something done... ask a busy person." (Google seems to think it was first said by either founding father Benjamin Franklin, or perhaps American philosopher Elbert Hubbard, or possibly television entertainer Lucile Ball... take your pick.)

And so most of you, like me, say "yes" on occasion, when you know darned well that you are already overextended and should probably say no.

First, I can only say thank you. I thank you, and our EHDI world thanks you.

And, in hopes of helping you out in the future, I offer today the top ten reasons why you should NOT volunteer in the future:

10. Don't worry... Somebody else will do it eventually.
9. You could wait for your efforts to be better rewarded someday with a paycheck. Then taxed...
8. Your colleagues will understand, and they will still show up at your retirement party. Probably.
7. Celebrations of amazing successes that rise magically from the ether are overrated.
6. You will never improve at golf unless you devote much, much more time to it.
5. Rolling up your sleeves mostly just results in wrinkled sleeves.
4. Elbow grease can be purchased at the local big box store, no need to add a little of your own.
3. Television is becoming much more enriching over time, you really should devote more time to it.
2. Your everyday job is rewarding enough. Enriching enough. Fulfilling enough.

And the number one reason that you should NOT volunteer in the future:

Adults know that you can get that nice warm feeling all over from a space heater; eight year olds know you can get that nice warm feeling all over from a cup of hot cocoa; three-year-olds know that you can get that nice warm feeling all over from wetting your pants.

So many options...

Thanks for the nice warm feelings... and thanks to everyone for your volunteer efforts over the years.

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UPCOMING EVENTS

Event	Date	Location	Details
13th Annual National Early Hearing Detection & Intervention (EHDI) Meeting	April 13—15, 2014	Jacksonville, FL	Web site

WATCHFUL WAITING OR EAR TUBE SURGERY?



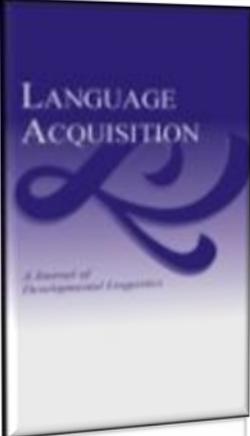
The decision to perform ear tube surgery for children with recurrent or chronic otitis media with effusion (non-infected fluid in the middle ear) is faced by many parents and families every year. A new study published in *Pediatrics* by the RTI-University of North Carolina Evidence-based Practice Center is challenging practitioners to rethink their clinical recommendations to families based on a systematic review of 41 studies that found that implanting tubes in ears of children who have persistent or recurrent episodes of otitis media with effusion improves hearing over a short period of time but is less likely to improve long-term cognitive and functional development.

The objective of the study was to compare the effectiveness of surgical strategies currently used for managing otitis media with effusion (OME). Studies in the systematic review included randomized controlled trials, nonrandomized trials, and cohort studies that compared myringotomy, adenoidectomy, tympanostomy tubes (tubes), and watchful waiting.

The study results were outlined as follows, in comparison with watchful waiting or myringotomy (or both), tubes decreased time with OME and improved hearing; no specific tube type was superior. Adenoidectomy alone, as an adjunct to myringotomy, or combined with tubes, reduced OME and improved hearing in comparison with either myringotomy or watchful waiting. Tubes and watchful waiting did not differ in language, cognitive, or academic outcomes. Otorrhea and tympanosclerosis were more common in ears with tubes. Adenoidectomy increased the risk of postsurgical hemorrhage.

Source: Wallace I, Berkman N, Lohr K, et al. *Surgical Treatments for Otitis Media With Effusion: A Systematic Review. Pediatrics* 2014;133:1-16.

UNDERSTANDING HOW INFANTS ACQUIRE NEW WORDS ACROSS CULTURES



Research on early word learning reveals that verbs present a unique challenge. A new study *Verb Learning in Korean: Doing more with less: Verb learning in Korean-acquiring 24-month olds* conducted by researchers at Northwest University shows strong universals in language acquisition, but also shows some real cross-linguistic differences.

Previous research had shown that in English, 24-month-old infants were better able to learn novel verbs for novel actions if the surrounding noun phrases were explicitly mentioned than if they were dropped from the sentence. In contrast, the new research shows that in Korean (a language in which noun phrases are typically dropped in conversation) 24-month-olds were better able to learn novel verbs for novel actions if the surrounding noun phrases were dropped; in fact, unlike English-acquiring infants, those acquiring Korean struggled if the nouns were explicitly mentioned. In summary results from this study—which provide the first experimental evidence on early verb learning in Korean—indicate that the optimal context for verb learning depends on many factors, including how event participants are typically referred to in the language being acquired.

Source: Arunachalam S, Leddoh E, Song H, et al. *Doing More with Less: Verb Learning In Korean-Acquiring 24-Month-Olds. Language Acquisition.* 2013;20:292-304.

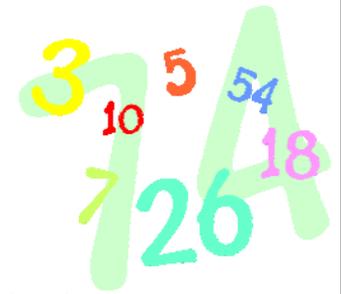
RECORDING OF AAP EHDI LTF/D WEBINAR NOW AVAILABLE

If you were unable to participate in the January 17 *Early Hearing Detection & Intervention: AAP Tools for Medical Home Providers to Address Lost to Follow-Up/Documentation (LTF/D)* webinar presented by Jack Levine, MD, FAAP and Rachel St John, MD, FAAP, the recording is now available online at <http://youtu.be/F3LctwiiEQk>. The webinar outlined the role of the medical home in helping reduce rates of LTF/D and introduced the newly released AAP resources. To access the resources visit www.aap.org/pedhic/ehdi and scroll down to the "Lost to Follow-Up/Documentation" section of the Web page.



WHY DATA MATTERS FOR THE SUCCESS OF EHDI

The mission of the [Centers for Disease Control and Prevention \(CDC\) EHDI program](#) is for every state and territory to have a complete EHDI tracking and surveillance system that ensures children with hearing loss achieve communication and social skills commensurate with their cognitive abilities. CDC and state representatives developed seven national goals that illustrate the comprehensiveness of EHDI programs and reflect the ideal achievement.



For each national goal there is a set of specific program objectives that are essential in accomplishing each national goal. In addition to newborns being screened before 1 month, diagnosis made by no later than 3 months, and early intervention services initiated by 6 months (also known as 1-3-6 guidelines) there are important goals related to tracking and surveillance that are equally important to the success of EHDI and optimal developmental outcomes for children with hearing loss. Those goals are as follows:

- ✓ **Every state will have a complete EHDI tracking and surveillance system that will minimize loss to follow-up.**
- ✓ **Every state will have a comprehensive system that monitors and evaluates the progress towards the EHDI goals and objectives.**

It is because of the careful collection and analysis of state EHDI data that the CDC has been able to demonstrate that as a nation nearly [97%](#) of children are receiving a newborn hearing screening by one month of age. While this success needs to be celebrated, the [current CDC data](#) also indicates that the EHDI system (and stakeholders within that system) needs to address the continued [high rates of loss to follow-up/documentation](#) (LTF/D). Having this data allows federal and state agencies and programs to shift focus, resources, and services towards reducing LTF/D. Without this data, it would seem that EHDI has reached its ultimate success with nearly 100% of children being screened—which is not where the efforts should stop.

While it may seem cumbersome and sometimes difficult to acquire, data is critical in establishing meaningful outcomes and validating measurable impact. Data can help influence policies and services. Data can help identify best practices that can be disseminated broadly to improve areas of weakness. Data is often tied to funding and the allocation of resources. All stakeholders within the EHDI system have a role and a responsibility towards ensuring that documentation and reporting are consistently and regularly occurring at or before 1-3-6. Therefore, in order to help children with hearing loss and their families through the trajectory of optimal development, it is crucial that every EHDI stakeholder prioritizes gathering and reporting consistent, clean, accurate, and timely data. Remember, data makes a difference!

CHANGE IN CDC EHDI PROGRAM LEADERSHIP

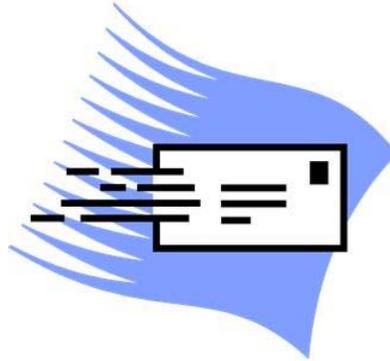


With more than 35 years of experience in pediatric audiology, John Eichwald, MA is now the branch chief of the Child Development and Disability (CDD) Branch at the Division of Human Development and Disability (DHDD) at the Centers for Disease Control and Prevention (CDC). For the past decade, Mr Eichwald served as the team lead for the CDC EHDI Program managing the process of standardizing tracking, surveillance, data collection, and quality assurance in states with respect to newborn hearing screening, diagnosis, and intervention. As Mr Eichwald assumes his new responsibilities, Marcus Gaffney—health scientist on the EHDI CDC team—will serve as acting team lead. Mr Gaffney has worked with the EHDI team for a number of years on key strategic activities, including national data surveillance, epidemiological analysis and providing technical assistance to states.

Words of Inspiration ...

People who are crazy enough to think they can change the world, are the ones who do.

~ *Apple Inc.*



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.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Early-Hearing-Detection-and-Intervention.aspx>. 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.