

INFANT HEARING PROGRAM

Maryland Department of Health and Mental Hygiene
Family Health Administration

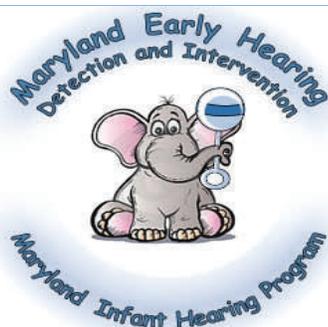
Office for Genetics and Children with Special Health Care
Needs

201 West Preston Street, Room 423 A, Baltimore, MD 21201

Martin O'Malley, Governor

Anthony G. Brown, Lt. Governor

John M. Colmers, Secretary



Infant Hearing News May 2008

Web-based data tracking is here

The Infant Hearing Program is pleased to announce the implementation of OZ Systems' eSPT™ Information System. Our beta test sites, St. Agnes Hospital, University of Maryland Medical Systems, Chester River Hospital, and Civista Medical Center, will complete their training and implementation this month. We plan to have all birth hospitals online by the end of the summer. After that, we will begin offering access to Level 2 and Level 3 facilities, medical home providers and other entities involved in Universal Newborn Hearing Screening across the state.

Bringing your site online

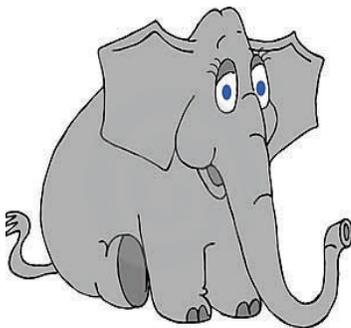
The eSPT™ Information System is subject to all federal and state privacy laws and access to this system is restricted to individuals and facilities involved in Maryland's Early Hearing Detection and Intervention programs. It is intended to facilitate communication between service providers to ensure the most rapid identification of infants with hearing loss and the most timely enrollment of these infants into appropriate intervention programs. If you wish to register for access to this system, please contact Linda Vaughan, Director, Maryland Infant Hearing Program by phone at 410-767-6432 or by email at LSVaughan@dhmh.state.md.us.

Inside this issue:

Mild and Unilateral Hearing Loss	2
Better Hearing and Speech Month EHDI Act of 2007	3
Guest Author Contribution: <i>The Deaf Community in Maryland</i>	4
<i>The Deaf Community in Maryland</i> (continued)	5
Continuing Education Opportunity NPI Number	6
Basics in Newborn Hearing Screening	7
Infant Hearing Program—resources and contact information	8

Mild and Unilateral Hearing Loss

Have you ever been in a conversation where you just couldn't quite make out what was being said? Maybe you smiled and nodded anyway, hoping to catch on eventually? That can be a daily occurrence for people with mild and unilateral hearing loss. But what do mild and unilateral hearing losses mean to an infant? One of the greatest impacts of these types of losses may be on their incidental learning. Incidental learning is defined as the passive absorption of information from the environment. As much as 90 percent of the knowledge acquired by a young child is learned incidentally, i.e., by overhearing conversations. It is through this type of learning that infants come to understand and speak the language of the culture in which they live. For the infant with normal hearing, this occurs naturally and easily. For the infant with hearing loss, even mild or unilateral hearing loss, incidental learning is more of a challenge. A distance of just three feet from the speaker will cause those with mild hearing loss to miss 10 percent of what is said. Adding in a noisy environment and/or greater distances will cause them to miss even more of the message. Horton would not have heard the Who if he had had a mild or unilateral hearing loss!



As these infants mature, there is also a social/emotional and academic impact to mild and unilateral hearing loss. When they are rated with a tool to assess their functional status, children with mild sensorineural hearing loss exhibit significantly greater dysfunction than children with normal hearing in the areas of behavior, energy, stress, social support, and self-esteem. When teachers are asked to rate children on the SIFTER (Screening Instrument for Targeting Educational Risk), those with mild and unilateral hearing loss are given scores that are significantly lower in all five areas of the evaluation: academics, attention, communication, participation, and behavior. (Dancer, Burl, Waters Am Ann Deaf 1995 Jul; 140(3):291-4) Often the symptoms of a hearing loss are mistaken for an attention deficit problem. Based on research by Roeser, R.J., & Downs, M.P., E.D. (1981) and the U.S Dept of Education (1994), Phonic Ear Corporation published the chart below to show the similarities:

Similarities Between Mild Hearing Loss and Attention Deficit Disorder

Mild Hearing Loss	Attention Deficit Disorder
Inappropriate responses	Blurting out answers before questions are completed
Difficulty following directions	Difficulty following through on instructions and organizing tasks
Difficulty sustaining attention during oral presentations	Difficulty listening to others without being distracted or interrupting
Impulsive	Acts on the spur of the moment
Frequently asks for repetition	Focuses only with frequent reinforcement or is under very strict control
Academic failure	Multiple problems with schoolwork and social activities
Poor self-concept	Isolated and low self-esteem
Doesn't complete assignments	Frequently fails to finish schoolwork, or works carelessly
Doesn't seem to listen	"Can't sit still and listen"

As with all hearing loss, the impact of mild and unilateral hearing loss can best be minimized when it is identified early, and intervention is provided to the infant and their families at the earliest possible time. Treatment for mild and unilateral hearing loss can take many forms, and may consist of parent education, language enrichment, and the use of auditory trainers and/or hearing aids.

May is Better Hearing and Speech Month

In May, VOICES (Victory Over Impairments of Communication, Expression, and Speech) will begin broadcasting on its new online radio station, “1 2 3 Talk! Radio” on the Live365.com network. The station will feature a weekly talk show devoted to speech, language, and hearing issues. On the days and times between live show broadcasts, the station will play children’s music.

The ASHA (American Speech-Language and Hearing Association) Better Hearing and Speech Month 2008 Coloring Contest will be accepting entries until May 31, 2008. Children can design a poster on topics related to Better Hearing and Speech month and the 2008 theme “Helping People Communicate.” Prizes include \$50—\$150 worth of 2008 Better Hearing and Speech Month products. For more information see ASHA’s website at: www.asha.org.

EHDI Act of 2007

The Early Hearing Detection and Intervention (EHDI) Act was originally enacted in 2000. Congress is currently considering reauthorization of this legislation (H.R. 1998, S. 1069). The EHDI Act of 2007, co-sponsored by Reps Lois Capps (D-California) and Jim Walsh (R-New York), provides funding for early hearing detection and intervention programs nationwide. On Tuesday, April 8, 2008 the EHDI Act of 2007 passed in the US House of Representatives and now moves to the Senate Health, Education, Labor and Pensions committee for consideration. **Please contact your senator to encourage their support of this legislation.** Maryland’s senators can be contacted at:

cardin.senate.gov/contact/ or mikulski.senate.gov/mailform.html

Did you know?

May was established as Better Hearing and Speech month in 1927

The Deaf Community in Maryland: A Gold Mine for Maryland Families of Deaf and Hard of Hearing Young Children and Professionals Working with the Deaf and Hard of Hearing Population

One can learn about challenges and accomplishments experienced by deaf and hard of hearing adults during their life by interacting with them. The Deaf community provides a living testament of actual experiences. The deaf community is extremely diverse, coming from all socioeconomic levels, educational backgrounds, and ethnic groups. Deaf individuals may use different types of technology such as hearing aids or cochlear implants - or they may not use any technology at all. They may use sign language, spoken language, or both. They come from all walks of life.

Families whose infants are identified as deaf or hard of hearing can seek guidance from experienced families and deaf adults to talk with and to assist them with making choices for their deaf or hard of hearing child (Chute & Nevins, 2002; JCIH, 2007; Meadows-Orlan, Mertens & Sass-Lehrer, 2003). These families need to be informed about the support they can get from the Deaf community.

Below are some of the best places to contact Deaf community in Maryland:

- Communication Services for the Deaf, Inc. (CSD), a service organization providing E-news of Deaf community events and lists of various services for the Deaf community and other interested individuals. Web address: www.c-s-d.org or contact Karen Sheffer-Tucker, Branch Director of Maryland CSD, kstucker@c-s-d.org.
- Maryland Association of the Deaf (MDAD), one of the largest networks for the Deaf community in Maryland, offers families and professionals opportunities to participate in social events, workshops and biennial state-wide conferences. Web address: info@mdad.org.
- Maryland Governor's Office of the Deaf and Hard of Hearing (ODHH) exists to provide expertise related to deaf and hard of hearing issues to Maryland citizens and to facilitate their ability to access resources and services. Web address: www.odhh.md.gov.
- Maryland School for the Deaf (MSD) employs many members of the Deaf community and provides opportunities for families and professionals to participate in the school events. Web address: www.msd.edu.
- Nancy McIntosh, Au D., a late-deafened audiologist with bilateral implants, provides audiological services for students at Columbia campus. She is an excellent resource person for audiologists and families to contact for advice and support. Web address: nancy.mcintosh@msd.edu.

- Family Support and Resource Center, this non-profit organization is a statewide support service for families with children who are deaf or hard of hearing and the professionals who support them. Web address: partners@msd.edu.
- MSD Family Education and Early Childhood Department offers a wide array of services to families with deaf, hard of hearing and implanted children from birth to age 5. To get more information about the services offered by this program, contact Maryann Swann, Director of MSD FE/EC Department: 410-480-4540, Web address: maryann.swann@msd.edu.
- National Association of the Deaf (NAD) established in 1880, NAD is the nation's oldest and largest consumer-based national advocacy organization safeguarding the civil and accessibility rights of deaf and hard of hearing individuals in the United States of America. NAD's headquarter is located in Silver Spring, MD. Web address: www.nad.org.

For further information about the Deaf community in Maryland, and how to involve the Deaf community in your practice/services working with the families of deaf or hard of hearing children, contact info@MDAD.org.

Mary Ann Richmond

**Maryland Universal Newborn Hearing Screening Program Advisory Council member
representing the Maryland Association of the Deaf**

References:

Chute, Patricia & Nevins, Mary Ellen (2002) *The Parents' Guide to Cochlear Implants*. Washington, D.C.: Gallaudet University Press.

Joint Committee on Infant Hearing (2007). Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs by Joint Committee on Infant Hearing. *American Academy of Pediatrics* (pages 898-921) Vol. 120, Number 4, October 2007.

Meadows-Orlans, K. P., Mertens, D. M., & and Sass-Lehrer, M. (2003). *Parents and Their Deaf Children - The Early Years*. Washington, D.C.: Gallaudet University Press.

Did you know?

Researchers estimate that 28.6 million Americans had an auditory disorder in the year 2000.

The Hearing and Speech Agency 2008 Pediatric Audiology Conference

The Hearing and Speech Agency (HASA) is sponsoring a conference at their Baltimore facility on May 22, 2008. The agenda includes sessions on pediatric hearing loss diagnosis and management with the opportunity to participate in hands-on Real Ear training. Course presenters include Jay Hall, PhD; Dave Smirga, MS; and George Cire, AuD. The course is approved for continuing education credit by both ASHA and AAA. For more information, contact Denise DeMonte, AuD at ddemonte@hasa.org or Stephanie Adamovich, MS, CCC-A at sadamovich@hasa.org.

The National Provider Identifier NPI Number

The Health Insurance Portability and Accountability (HIPPA) Act of 1996 mandated the adoption of standard, unique identifiers for health care providers, and for health plans. The purpose of these identifiers is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare and Medicaid Services (CMS) have developed a process by which all providers may be assigned a unique identifier. It is the law that all health care providers, including audiologists, register through the National Plan and Provider Enumeration System (NPPES) by May 23, 2007. The CMS is allowing contractors to continue to process claims without audiologists' NPIs until a deadline of October 1, 2008 to allow time for audiologists to obtain a Medicare Provider Identifier number.

There is no charge to register for the NPI, and applications can be completed online at <https://nppes.cms.hhs.gov>. The online registration process takes about 20 minutes. If preferred, registration can also be accomplished by mail. If you have questions or need help in applying for your NPI, contact the NPI Enumerator, Fox Systems Inc. at:

NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059
Phone: 1-800-465-3202
E-mail address: customerservice@npienumerator.com.

The general public can also access the NPPES site (<https://nppes.cms.hhs.gov>) to search the NPI Registry for individual or organizational providers without charge.

Basics in Newborn Hearing Screening



ALWAYS:

- Be sure that parents are informed by a well-trained staff person,
- Explain that permanent hearing loss can only be confirmed by further testing,
- Provide educational materials as appropriate – brochures are available for downloading at <http://www.fhamd.org/infanthearing>,
- Provide a written plan for any follow-up services required, and
- Stress the importance of the next test, and the importance of timely evaluation. **Delays in testing may cause delays in intervention that can impact the infant's communication development and future academic success.**



NEVER:

- Minimize the significance of a fail result, as this may prevent the parent from believing in the need for follow-up,
- Say to the parents it was *only* one ear; stress that while many children with hearing loss in one ear develop normal communication, one-third of them experience communication, language and academic delays,
- Generalize screening results to indicate permanent hearing loss; e.g., the baby is deaf because he did not pass the hearing screening, etc., and
- Delay forwarding the screening results to the pediatrician and DHMH. **Delays in reporting will delay the follow-up and referral process.**



REMEMBER:

Approximately three in 1000 of the infants who pass the hearing screening at birth will go on to develop hearing loss by their fifth birthday. **All parents should be encouraged to monitor their child's language development and to have their child retested by an audiologist if any concerns arise.**



Resources

We have a number of resources available to assist you on our website:

http://www.fhamd.org/infant_hearing

Here you will find:

- Infant Hearing Newsletters – past and current editions
- Informational pamphlets and brochures – some available in Spanish
- Patient Education forms
- Level 2 and 3 screening forms
- Guidelines and Checklists
- Links to other helpful sites

Please also note our toll free phone number 800-633-1316 and our toll free TTY number 866-635-4410. The office fax number is 410-333-5047.

As always, the staff at Maryland DHMH would be happy to assist you in any way we can.

We can be reached by phone:

- | | |
|---|--------------|
| • Linda Vaughan, Program Director | 410-767-6432 |
| • Erin Filippone, Program Audiologist | 410-767-6762 |
| • Theresa Thompson, Follow-up Coordinator | 410-767-5093 |
| • Stephanie Hood, Follow-up Coordinator | 410-767-6659 |
| • Hope Wharton, Administrative Assistant | 410-767-5803 |

Or by mail: Infant Hearing Program
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Room 423A
Baltimore, MD 21201

This newsletter is intended to serve as a communication vehicle for all UNHS stakeholders. If you have any patient interest stories, photos, announcements, helpful hints, questions, or any information you would like to share with your Maryland colleagues, please e-mail them to Erin Filippone at EFilippone@dhhm.state.md.us.

***WORKING TOGETHER... EARLY HEARING DETECTION AND INTERVENTION
THE KEY TO COMMUNICATION SUCCESS***

The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.