Joint Committee on Infant Hearing

The Mid-Years 1980-1994
Early JCIH Emphasis

• The Challenge:
  • Identify, evaluate and apply valid and reliable measures of hearing in infants and toddlers.
  • We do NOT identify 50% of children with hearing loss using high risk registries (Stein and coworkers).
Evolution of Technologies and Pilot Studies

- Audiologists restive about applying new technologies to EI; frustration re late identification and subsequent consequences.

- DOE and Tom Behrens, sowed seeds with HRSA re: development of state projects to assess newborn screening.
Policy Conflicts and JCIH Membership

- AAP—universal hearing screening was conceptually sound, but ... scientific evidence of value was lacking.
- Expense and qualified personnel issues.
- AAP cited barriers to implementation in newborn nurseries.
Policy Conflicts and JCIH Membership

• Council on Education of the Deaf
  • JCIH had an aural-oral emphasis and motivation toward early hearing detection.
  • Opposition to the practice and policy related to the advent of cochlear implants.
JCIH 1982

- Expanded the risk criteria to 7.
- Screening by 3 months and no later than 6 months.
- No endorsement for any specific electrophysiologic procedure.
- Added need for medical treatment and education intervention.
- Screening ‘under the supervision of an audiologist’
Reforming Alliances: JCIH 1990

- AAP representation.
- CED representation.
- Expansion of risk criteria delineating different age groups (birth-28 days; 29 days to 2 years).
- Added ototoxic medications, prolonged mechanical ventilation and head trauma to risk criteria.
- Screening at risk babies at birth prior to discharge or before 3 months.
- Recommended ABR screening, not behavioral screen due to high false positives.
JCIH 1990

- Detailed outline of optimal early intervention services (PL 99-457).

- Caveats about updating risk criteria; need for risk review every 3 years.
JCIH 1994

- Supported the goal of universal detection of hearing loss as early as possible
- All infants should be identified by 3 months of age, intervention begun by 6 months of age.
A BIG THANK YOU!!!

• MARIAN DOWNS
• EVY CHEROW
Lessons in Diplomacy and Science

- **High risk registry =**

  A reasonable *moderate* public health approach to early identification & professional education to administer high risk registries
JCIH 1982

• DEFINED
  • Screening by 3 months and no later than 6 months: no endorsement for any specific objective electrophysiologic procedure
  • Diagnostic procedures: behavioral and objective
  • Management: Audiologic, medical and psychoeducational