



JCIH 2019 Position Statement Frequently Asked Questions

◀ General Topic ▶

Q: Does a power point presentation exist that highlights the differences from the 2007 Position Statement to the new Position Statement similar to the one that was produced some years back when comparing the 2000 to 2007 Statement as noted below: <http://www.jcih.org/posstatemts.htm>

A: The JCIH members are working on a presentation about the 2019 JCIH Position Statement. It was presented at the 2021 EHDI conference. The plan is to share this material via the JCIH website and other national conferences and outlets. The committee is actively working on learning modules related to the 2019 position statement.

Q: Is the term “hearing loss” no longer recommended for usage in early intervention?

A: We realize the terminology has changed since our 2007 position statement, including increased usage of “deaf and hard of hearing.” JCIH chose to respect culturally sensitive terminology related to hearing status. Please see Page 2 of the 2019 JCIH Position Statement document for clarification and rationale for the new terminology.

Page 2 of the 2019 JCIH Position Statement explains the following:

“In this 2019 Statement, the Joint Committee on Infant Hearing (JCIH) seeks to use terms that: (a) are acceptable to a range of stakeholders, and (b) clearly convey the intended meaning to the entire community. Because of the diversity of the committee’s composition and represented viewpoints, a compromise resulted in choosing currently recognized terms that reflect accepted, person-first language. The commonly used term hearing loss is replaced, when grammatically appropriate to the written English language, with the terminology such as hearing thresholds in the mild, moderate, severe, or profound range, acknowledging that for an infant who is born with hearing thresholds outside the typical (normal) range, no loss has actually occurred. The JCIH recognizes that terms like hearing loss, hearing impairment, and hearing level have different values or interpretations assigned to them depending on one’s cultural perspective. It is the intent of the JCIH to convey audiological concepts using culturally sensitive language whenever possible. However, there are times the term hearing loss is retained to clearly convey audiological concepts/ conditions, including references to late onset and progressive types.”

Q: Does JCIH write letters of support for research?

A: It is not uncommon to have people write to the JCIH to ask for letters of support for applications or funding on related topics. In some cases, we have had our own members applying for grants or related programs. We have not previously provided letters of support as others who engage with JCIH may be applying for the same funding source or program. If your grant is funded, we may be able to participate in information dissemination, however, we have never opted to do that in previous cases. As the JCIH, we are mindful about maintaining neutrality in order to be supportive of everyone who works in areas related to the work of the JCIH.

Q: We would like to ask for your permission to adopt your guidelines as the main source for our country's guidelines. The guidelines would be translated into our national language(s). Is there any required information we need to send to you in order to do this?

A: The [\(2019\). Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Journal of Early Hearing Detection and Intervention, 4\(2\), 1-44. DOI: 10.15142/fptk-b748](#) is simply that, a position statement. You are more than welcome to refer to the information within the statement, but we encourage you to develop your own guidelines that reflect your country's practices and goals and cite our statement if you wish to refer to it.

Q: What do I need to do to become a member of the Joint Committee on Infant Hearing?

A: The mission of the Joint Committee on Infant Hearing (JCIH) is to address issues that are important to the early identification, intervention, and follow-up care of infants and young children who are Deaf/deaf or hard of hearing. At this time, the JCIH consists of 7 national organizations representing audiology, education, otolaryngology, pediatric medicine, public health, and speech-language pathology, Deaf community, and other stakeholders such as parents. The 14 members on the committee are appointed directly from the 7 organizations. To see the list of current members and the names of the organizations, please visit <http://www.jcih.org/members.htm>

Q: Is it possible for me to contribute an article to your site with some tips for families and providers

A: Since there is great diversity among the 7 organizations that make up the Joint Committee on Infant Hearing (JCIH), we do not post articles. We only post the joint Position Statements that come from the collaborative efforts of the JCIH members. <http://www.jcih.org/posstatements.htm>. If you would like to send an article to be shared amongst JCIH members, please feel free to send it our way and we are glad to distribute accordingly.