

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



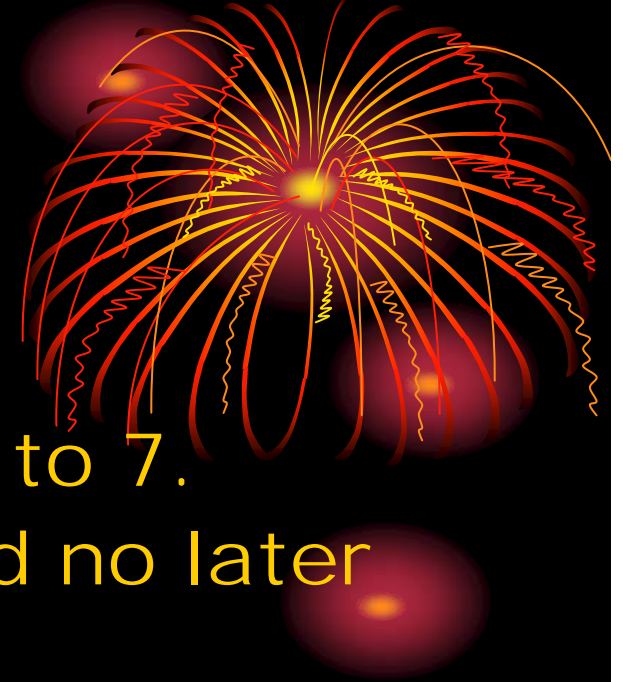
- AAP--universal hearing screening was conceptually sound, but ... scientific evidence of value was lacking.
- Expense and qualified personnel issues.
- AAP cited barriers to implementation in newborn nurseries.

Policy Conflicts and JCIH Membership



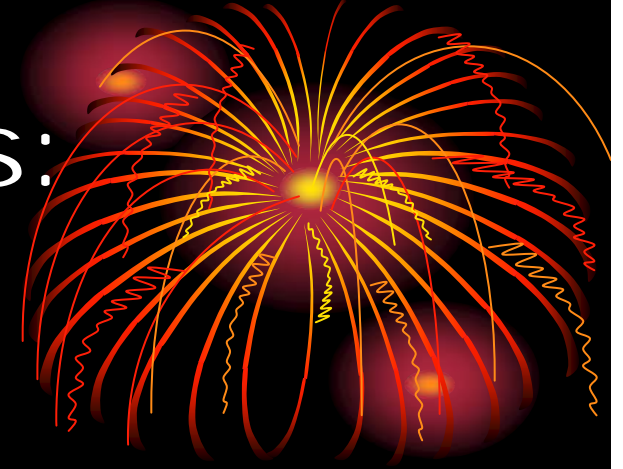
- Council on Education of the Deaf
 - JCIH had an aural-oral emphasis and motivation toward early hearing detection.
 - Opposition to the practice and policy related to the advent of cochlear implants.

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

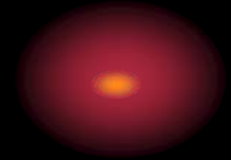
- Supported the goal of universal detection of hearing loss as early as possible
- All infants should be identified by 3 months of age, intervention begun by 6 months of age.



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

