

Promoting EHDl Practices

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The mission of the Joint Committee on Infant Hearing is to address issues that are important to the early identification, intervention, and follow-up care of infants and young children with hearing loss.

- Established in 1969
 - Representatives from audiology, otolaryngology, pediatrics, & nursing
 - Make recommendations concerning the early identification of children with, or at-risk for hearing loss and second, newborn hearing screening





a.g.bell
Association for the Deaf & Hard of Hearing

Council on Education of the Deaf

125 YEARS AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY®


American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

AMERICAN ACADEMY OF AUDIOLOGY

ASHA
American Speech-Language-Hearing Association

DSHP SHWA
Division of Speech, Language, and Hearing Programs - State Health and Welfare Agency



Organizations Represented

Position statements have been primary activity

- 1971- need for early detection but not ready for mass screening
- 1973- recommendation to follow children with specific high-risk factors
- 1982 & 1990 - additional high risk factors added
- 1994 - universal detection of hearing loss in newborns and infants endorsed
- 2000 - universal screening before hospital discharge & identifies principles and guidelines for programs
- 2007 - updated & expanded principles
- 2013 (2007 supplement) - establishing strong early intervention (EI) systems with appropriate expertise to meet the needs of children who are deaf or hard of hearing (D/HH)
- 2019 - updating best practices through literature reviews and expert consensus opinion on screening; identification; and audiological, medical, and educational management of infants and young children and their families

Three Key Components of Early Hearing Detection & Intervention Programs



HISTORY

MEMBERS


POSITION STATEMENTS

CONTACT US/ LINKS





*Representatives: American Academy of Audiology,
American Academy of Otolaryngology-Head and
Neck Surgery, American Academy of Pediatrics,
American Speech-language-hearing Association,
Council on Education of the Deaf, Directors of
Speech and Hearing Programs in State Health
and Welfare Agencies.*





www.jcih.org

2019 JCIH Position Statement

Executive Summary [PDF]

Reference List [PDF]

We would like
to hear from you

Please provide comments or
feedback to the JCIH

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Promoting EHDI Practices

- Using JCIH as the basis for educating and improving EHDI
- Collaboratively develop materials
 - Promote 1-3-6+ Parent to Parent Support
 - Educate Providers about EHDI Roles, Timing and Expectations
 - For other EHDI Providers
 - For their own Professional role
 - Empower Parents with knowledge of Roles and Expectations
 - Enhance opportunities for stakeholder collaboration, professional partnerships, inter professional partnerships



PEP Goals

- Remain true to the intent (and wording) of JCIH
- Target materials to specific audiences
- Make materials versatile, shareable and broadly useful
- Use Multi-media approach
- Promote consistency in messaging
 - EHDI-PALS
 - Newborn Hearing Screening Training Curriculum
- Share seamlessly and promote stealing shamelessly
 - Assist EHDl Programs in meeting their federal grant requirements and their state goals



PEP Providers

- Provider Checklists
 - Pediatric Diagnostic Hearing Evaluation
 - Amplification
 - Audiology Oversight
 - Risk Factors
 - Newborn Outpatient Hearing Screen/Rescreen
 - Early Childhood Hearing Screening



Provider Engagement

According to the 2013 supplement to the 2007 Joint Commission on Infant Hearing (JCIH) Position Statement, the success of EHDI programs depends on families working in partnership with professionals as a well-coordinated team. Providers and professionals who interact with families at the time of diagnosis should be providing families comprehensive, evidence-based information as noted in the legislation. In addition, the child's primary care provider, that also serves as his/her medical home, plays an essential role not only in supporting the family, but also in monitoring the child's developmental skills, the coordination of specialty and service referrals, and the assurance of timely follow-up and educational interventions.



PEP

- Parent Education materials
 - Current Pages
 - Newborn Hearing Screening
 - Early Intervention
 - Audiology Evaluation
 - Medical Home
 - QR Codes
 - How did we get to here?
 - FBO's
 - Provide education/Training to FBO's
 - FBO's share resources/information with families they serve
 - Access currently is on Illinois Sound Beginning website



Parent Engagement

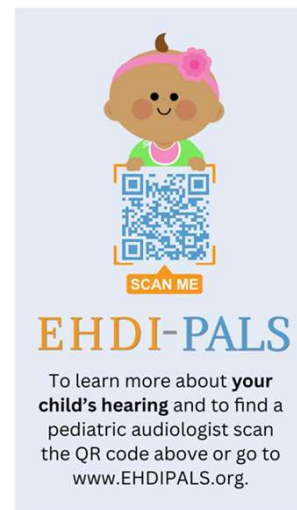
Families need to be empowered and involved in the development of systems to ensure their needs and those of their newborns, infants, and children who are DHH, are addressed. Well-informed families are better able to make decisions to support their family and to lead the healthy development of their children who are DHH. The information provided to families should not only be high quality, accurate, comprehensive, up-to-date, and evidence-based.

- Empower Parents to achieve the 1-3-6 +Parent Support Milestones
- Educate Parents on what to expect
- Reinforce terminology and consistent messaging



PEP and EHDI PALS

- Description of NHSTC/EHDI PALS
- EHDI-PALS
 - Facility Survey
 - Professional Resources
- How PEP fits in
- How to access
 - End of audiology survey
 - Diagnostic
 - Amplification
- New Versions to be added
- **Come to the EHDI Pals presentation...**



How Can PEP Improve EHDI in YOUR State?

- How does this fit into the current and potential Notice of Funding Opportunity?
 - Education
 - Empowerment and communication with stakeholders
 - Parents and Providers
- How can you incorporate PEP materials?
 - Website-Badges Promoting EHDI Practices
 - Social Media
 - Leverage Existing Opportunities
- Share with other professional organizations
 - Templates will be developed for email and social media
 - State Associations
 - Leveraging site visits, conferences, lunch and learns
 - Newsletters



Thank You

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