

**CHHA B.C. Conference 2001  
Sheraton Guildford, Oct. 26 & 27**

Interested in helping? Ideas for sessions, panel, Kidz Konnection?  
Please call Teresa Kazemir at 604-552-2254, or email:  
tkaz@lightspeed.ca

**Details in September newsletter** - If you're not receiving this  
newsletter by mail, please let us know so we can add you to our mailing  
list... newsletters received through professionals may be dated.

Parent meeting: June 14  
Elks Family Hearing  
Centre, Surrey

**Boys Outdoor Adventure**

Calling all school age boys!

**Saturday, July 7, 12 pm to 3 pm**

Come and play on the jungle gym  
and walk in the woods down to the  
creek. Lots of room to run around  
and get to know other families.

Bring a plate of goodies to share.

R.S.V.P. by June 30<sup>th</sup>

Teresa Lonn

20058 Fernridge Crescent  
Langley, BC Phone: **533-9878**

**Mother & Daughter Tea**

Calling all school age girls!

Bring your Mom for a time  
of "Fun & Fancy" Tea Party.

**Saturday, July 14, 12 pm to 3 pm**

We will be having finger  
sandwiches, tea and scones.  
Activities will include croquet and a  
craft center with lots of socializing.

Bring a plate of goodies to share.

R.S.V.P. by June 30, 2001

Kathy Manuel

8138 168B Street  
Surrey, BC Phone: **575-3200**

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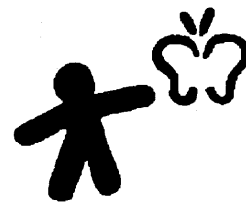
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May 2001



**C**anadian

**H**ard of

**H**earing

**A**ssociation

**B.C.**

**Parents'  
Branch**

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**Membership:** \$20 annual  
includes subscription to  
*Listen/Écouté* magazine and  
*The Loop* newsletter

## Hearing Aid Funding...

Buying hearing aids is a major expense for families of children with a hearing loss... at least in B.C. it is! I was shocked to learn how much more coverage for hearing aids is provided in other provinces compared to British Columbia (see examples in box). We have the B.C. Hearing Aid Plan, which provides aids at a slightly lower cost than through a private clinic, but the savings do not seem to be substantial. In several other provinces hearing aids are provided at wholesale cost, are partially funded, or are even provided free of charge to children who need them!

We sent a letter in an effort to bring this matter to the attention of the Premier and various ministers in the B.C. Provincial Government . We received a response from the premier's office (dated April 9, 2001) informing us that the letter had been forwarded to the Minister for Children and Families. We are now waiting for a more detailed response from that office.

Our chances of bringing about change with one letter are not great. In order to successfully lobby the government, we need *many* families to write letters with their individual stories and reasons why there should be coverage for hearing aids for our children. Other parent groups (such as parents of children with autism) have been very vocal and very effective in fighting for the rights of their children.

So if you agree that there should be an increase in coverage for hearing aids for children in B.C., please join us and send in a letter. It's one way that families all over the province can work together.

Teresa Kazemir, President

### Please write:

Honourable Gordon Campbell  
Office of the Premier of B.C.  
PO Box 9041 Station Prov Govt  
Victoria, B.C. V8W9E1

Minister of Children and Families  
PO Box 9057 Station Prov Govt  
Victoria, B.C. V8W9E2

For up-to-date email, fax or phone numbers, please call Enquiry B.C. at:

In Vancouver call: **660-2421**  
Elsewhere in BC call: **1-800-663-7867**

**ALBERTA:** Hearing aids are funded through Alberta Aids To Daily Living Program which funds 75% of basic hearing aids (100% to low income families) every five years. For upgraded hearing aids, clients are responsible for the difference. The Program provides the same cost-share benefit for repairs after warranty and 2 replacement ear molds per year per child.

**SASKATCHEWAN:** Hearing aids can be purchased through the Saskatchewan Hearing Aid Plan at a lower cost than is typically possible through private practice dispensing clinics. Audiologists employed by the SHAP fit the hearing aids. A \$50 fitting fee applies.

**MANITOBA:** The government of Manitoba will subsidize 80% of the cost for purchase of two hearing aids up to a maximum of \$1800 per aid (minus a \$75 fee). Replacement period is every four years until the age of 19. Dispensing fees are not included.

**ONTARIO:** The Assistive Devices Program (ADP) will pay 75% up to a maximum of \$500 of the cost per hearing aid, and the dispensing fees. If there is bilateral hearing loss, ADP pays 75% up to a maximum of \$1000. If the cost of the hearing aid exceeds \$500, the patient pays the difference. If the hearing aid cannot be repaired at a reasonable cost, ADP will help replace it once every 3 years.

**QUEBEC:** For children under 12 years of age the full cost of hearing aids is covered if the child has any loss of hearing that interferes with speech and language development. From 12 - 19 years of age, the full cost of hearing aids is covered if there is an average loss of hearing of at least 25 db. Only certain models of hearing aids are covered. Hearing aids will be replaced when repairs are no longer cost effective.

**NEW BRUNSWICK, NOVA SCOTIA :** Hearing aids are provided at wholesale cost through the Atlantic Provinces Special Education Authority.

**NEWFOUNDLAND:** Hearing aids are provided free to all children who present with hearing loss requiring amplification. There are a wide variety of hearing aids available on a tendered list. Hearing aids are replaced when the audiologist deems it necessary.

**PRINCE EDWARD ISLAND:** Hearing aids are provided at wholesale cost through the Atlantic Provinces Special Education Authority. Full or partial financial support in the purchase of hearing aids is available for children up to age 16 years from the Family Support Program.

Source: CASLPA Communique - Oct 1999., AADL web site

**Check it out!** The Ministry of Education has an excellent web site: **Hard of Hearing and Deaf Students: A Resource Guide to Support Classroom Teachers**

<http://www.bced.gov.bc.ca/specialed/hearimpair>

Sections include:

Preparing to Teach Students Who are Deaf or Hard of Hearing, Communication Tip Sheets, Equipment Needs, Trouble Shooting Tip Sheets...

## March 29 Parent Evening

We were fortunate to have Susan van Gulp, Ph.D. come and speak to a group of us in March. Dr. van Gulp is the outreach consultant for the B.C. School for the Deaf. She has an extensive background in the education of children who are deaf and hard of hearing.

Dr. van Gulp shared information about education for deaf and hard of hearing children in B.C., and answered many of our questions. The following is an excerpt from her handout:

### Supporting Your Child's Schoolwork

- Maintain contact with your child's teacher
- Ask the teacher to let you know as soon as problems arise (e.g. homework not being done in time)
- Ask how long your child should spend on homework. If it takes much longer, discuss with the teacher.
- Have a homework workspace with all the necessary supplies and no distractions.
- Have your child keep an agenda book for homework.
- Keep homework on a calendar - especially for assignments that are due in the future.
- Develop the habit of daily homework time.
- Ask your child daily what homework is due tomorrow.
- Go over it to make sure your child knows what to do but encourage independence.
- Encourage your child to READ, READ, READ!
- Read with and to your child. Try to do it daily. Let your child see you reading - be a good model.
- To develop thinking skills and improve reading, go beyond the facts. Ask questions like, "What do you think will happen?" "How does ---- feel?" "Why do you think he did that?" "Was that a good decision?" etc.

## Communication Contest for Deaf and Hard of Hearing Students in British Columbia

The 2001 Communication Contest for Deaf and Hard of Hearing Students - British Columbia was held on Monday, March 12th in the Michael J. Fox Theater at Burnaby South Secondary. This annual public speaking contest for oral and signing d/Deaf and hard of hearing students from around B.C. is sponsored by the Optimists Clubs (community service clubs whose motto is "Friend of Youth") and the B.C. Provincial School for the Deaf. This year, thirteen students gave inspiring presentations on the topic "We Are The Future". Many family members, teachers and other students, as well as members of the media, attended and the story was broadcast on VTV on the evening news March 12th.

The first place winner will receive a \$1000. scholarship for post-secondary education, the 2nd place winner a \$500. scholarship and the third a trophy.

The 2001 winners were:

first - Tod Krohman from Mountain Secondary in Langley

second - Yetiani Lacayo from Caribou Secondary in Burnaby

third - Dalong Houang from B.C. School for the Deaf in Burnaby

There are many benefits to this event, aside from the experience of public speaking. Most of the students who present are fully mainstreamed in their local school districts and do not have much opportunity to socialize with d/Deaf or hard of hearing peers so the participants and their guests were provided with some social time at lunch. Apparently quite a few friendships were initiated and some of the students got together over the spring break and are now communicating with each other through e-mail.



There is a committee working on making this a national event, with the goal of sponsoring competitions across Canada within the next few years.

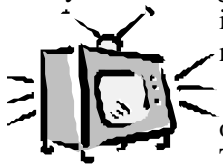
The students worked very hard to prepare their speeches and we would like to congratulate all the participants for the wonderful job they did writing on the topic and presenting before an audience!

*Submitted by Susan van Gulp, contest committee*

## Parent to Parent. . .

### So you want a Loop in your House...

Most hard of hearing Children and Adults have used the T-switch on their hearing aids to talk on the telephone. Many people have tried the T-switch in a "Looped" room as well - possibly at CHHA conferences, or in some theaters. The T-switch/Loop system offers great advantages to a hearing aid wearer in some situations: cuts out background noise, eliminates echo's, etc.



You can set up a loop system in your own house, to listen to your CD player, TV, radio etc. You can buy loop systems readily for \$300 to \$600. These are professionally designed systems that may have extra features such as Automatic Gain Control and frequency compensation. These systems work very well, but can be costly.

Someone with a little electronics know-how, and a some "do-it-yourself" ability can make their own loop. This loop may not be quite as effective as a purchased system, but will be useful, and a lot less expensive. If you are interested in looping a room yourself, you can get a "how to" flyer from the CHHA parents branch...or if you're Internet savvy, you can e-mail me and I will e-mail you a .pdf file of the flyer (kazemir@pde.com).

Steve Kazemir - Port Coquitlam, BC

### Cochlear Implant Magnet

We have recently come across some information regarding magnets in the Cochlear Implant (CI) coil (external). Grace's external equipment came with a magnet of strength "2". I had on occasion noticed reddening of the implant area and so loosened the magnet a bit. However recently, while in Vancouver for a Mapping, the audiologist was concerned enough to change the magnet to at first a strength of "1" and then down to "1/2". Grace uses the 1/2 mostly but for active sports some may need a 1 or 2 strength. Apparently the kit from the implant company comes with a magnet strength of "2".

What is concerning is that if a 2 is used and the skin site becomes red and raw, the person/child will need to stop wearing the CI coil. If infection arises at the site then sometimes plastic surgery needs to be performed. This is often not successful and then you are faced with removing the implant or re-implanting the other side. I would encourage parents and adults to watch for skin irritation, have the audiologist see it and even the ENT to make sure you are using the weakest magnet possible on the external implant site.

Lynn Straw - Terrace, B.C.

### Developing Technology: Middle Ear Implants

A middle ear implant (MEI) is basically a hearing aid, but one in which the receiver or the entire hearing aid is surgically inserted into the middle ear. Access to the middle ear is accomplished by a postaural approach, similar to that of cochlear implants. At least six such devices are being developed, though only one has received FDA approval.

Candidates for middle ear implants must have a sensorineural hearing loss and a normally functioning middle ear. Unlike cochlear implants, these devices are designed for people with significant residual hearing. The MEI has several stated advantages. One is the elimination of acoustic feedback, a particularly salient advantage for those hearing aid users who have continual and unresolved problems with acoustic squeal. An MEI eliminates feedback because it outputs a vibration rather than sound.

Another advantage is that no earmold needs to be inserted into the ear canal. This can be particularly advantageous to those for whom an earmold produces an allergic reaction. The elimination of an earmold will also eliminate the occlusion effect where ones own voice sounds muffled, as though one was "talking in a barrel." People wearing hearing aids frequently make this complaint because their ear canal is blocked by an earmold.

The third advantage is said to be cosmetic, though this might not be quite so clear-cut. Although there is nothing visible in the ear canal, for most MEIs it is necessary to use an external signal processor located behind the ear, which connects to an internal component. However, two of the systems being developed are totally implantable and invisible. One uses the eardrum as a microphone, while the other actually implants a small microphone in the wall of the ear canal. The rest of the necessary electronics are surgically implanted within the temporal bone behind the ear.

**Unlike cochlear implants, these devices are designed for people with**

Considering the number of MEIs being developed--some now engaged in the FDA approval process and some still in the preliminary stages--it seems that this type of hearing aid will find a useful niche within the armamentarium of personal amplification devices now available. Of course we would hate to have someone decide to use an MEI solely for cosmetic reasons, but still, this is a decision that people must make for themselves. From a technological viewpoint, there is no doubt the MEIs are a noteworthy demonstration of the scientific capabilities of the modern era. The technological/surgical package that researchers have been able to combine is truly impressive.

This report was excerpted from a column by Dr. Mark Ross and Dr. Harry Levitt "Developments in Research

## 5 Things to Teach Your Deaf or Hard of Hearing Child

by Paula Rosenthal

Hearing loss may make your child's journey of education and eventual employment bumpier than most, but it doesn't mean your child cannot reach the same goals as a hearing child. Below, are some of the lessons I'm teaching my hearing impaired preschooler. These are the same lessons my parents taught me, for I was also a hearing impaired child.

**1. Teach your child to educate.** Give your child the words to explain her disability in age appropriate language. From the time I could talk, I told other children that I needed hearing aids to hear better just like people needed glasses to see better. Hearing aids no longer seemed so foreign and children found it easier to accept me as I was.

**2. Teach your child to advocate.** Your child should understand that it is her responsibility to ensure that her needs are met. Teach her how to ask a teacher for assistance. She should learn to tell the teacher as well as her peers that it is necessary to get her attention first and to face her when speaking. As your child grows up, you won't always be there. Help her establish early independence so that when she needs to speak for herself she will have the experience and confidence to do so.

**3. Teach your child to focus.** Children and adults alike pick up conversational clues with the use of visual cues such as facial expressions and body gestures. Teach your child to face the speaker and be attentive. Focusing is an important skill that is more easily learned at a young age and it will reap great rewards.

**4. Teach your child the power of humor.** Humor is a truly wonderful thing. Growing up, I experienced many embarrassing and difficult situations because of my

disability. But I usually managed to find the humor in them. By laughing at myself I was able to turn uncomfortable situations around, thus earning respect from my peers.

**5. Teach your child that no one is perfect.** While many people don't have physical disabilities or problems that you can see, their lives are far from perfect. Realizing this, I've never felt sorry for myself and I've always been open about my disability. It may not be easy, but your child has everything to gain by telling people that she's deaf or hard of hearing when they first meet. People are much more understanding and patient when they know you have trouble hearing. By exhibiting this kind of self-confidence, it also sets the tone for how people will view and react to your child.

While being a hearing impaired child is not easy, it is important for parents to teach the child skills and coping strategies and instill self-confidence at a young age. By doing so, the roads of education, employment and relationships will be a lot smoother.



Paul Rosenthal, J.D., her husband and daughter are all hard of hearing. Her son has normal hearing. Paula is the founder and publisher of

<http://www.HearingExchange.com>, an online community for people with hearing loss, parents of deaf and hard of hearing children and professionals who work with them.

Visit this excellent web page for further resources.

Source: March/April 2001  
VOLTA VOICES

### Definitions of Modern Hearing Aid Circuitry

**Conventional hearing aids** are analog signal processing instruments that amplify, filter, and limit the maximum power via on-instrument screw-set controls, switches, or rotary wheels.

**Digitally programmable hearing aids** are hearing aids that are programmed for the individual wearer using computers or other devices. With these instruments, signals remain processed by analog components as with conventional amplification. This type of amplification is considered a hybrid (a combination of analog and digital) because a computer (digital technology) is used to program the hearing aids.

**Digital hearing aids** are computer-controlled devices employing digital technologies. Digitization means that incoming sounds are converted to numbers that are then analyzed and manipulated via a set of rules (algorithms) programmed into the chip controlling the hearing aid.



for deaf & hard of hearing kids  
& their pals

## Free Health and Safety Guides

The HiP Publishing Group has developed an educational program for deaf and hard-of-hearing children and teens in conjunction with the California Department of Education.

**HiP Health and Safety Guides** for Grades K-4, Grades 5-8, and Grades 9-12 are available for download and printing on the Internet. Check them out at <http://www.hipworks.org/hiponhealth/>. If you do not have Internet access and a colour printer, ask a friend who does to provide your family with this excellent **FREE resource**.

The publisher is supplying us with of their extra copies -- **contact us to receive one**. **FIRST** come, **FIRST** served! *The Guides are in full colour with stories, Kid Quotes, word definitions, etc. Highly recommended.*

### **HiP on Health and Safety for Deaf or Hard-of-Hearing Students in Grades K-4**

is a 20 page booklet with sections on Staying Healthy, Paying Attention, Who Am I?, Touching, Helping Devices, Accidents and Emergencies.

#### **From the "Paying Attention" section:**

Sounds can warn people of danger. Fire trucks and police sirens make loud sounds,. Train horns and bicycle bells tell people to get out of the way. Deaf or hard-of hearing kids may not always hear warning sounds. You need to pay attention all the time. People, animals and cars can sometimes hurt you. Use your eyes to look around. Smell the air. Feel things. If you pay attention, you **CAN** stay safe.

#### **Paying Attention Tips**

- ◆ Keep your hair out of your eyes. Keep hats away from your eyes. You need to see well.
- ◆ Look in front and behind you. Look on the side and up, too.
- ◆ Always stop before crossing a street. Always stop before a driveway. Cars, trucks and bikes may not see you.
- ◆ Only cross the street at a crosswalk.
- ◆ Strange smells like gas or smoke could mean danger.
- ◆ Do you feel something? Watch out! A car, person or animal may be next to you.
- ◆ Use common sense. Common sense means you know something **IS RIGHT**.

### **HiP on Health and Safety for Deaf or Hard-of-Hearing Students in Grades 9-12**

*A Sample from the "Being Aware" section:*

#### **Web Tips**

- ◆ Don't give away personal information like your name, phone number, address or password. Make up a name to use in chat rooms. And don't give out information like the name of your sports team, uniform number, what you look like, or where you are.
- ◆ Be careful in chat rooms. It's easy to meet people who like to bother teens.
- ◆ Be careful about reading e-mail from someone you don't know. Never think someone is who he or she says they are.
- ◆ Never agree to meet someone in person based on a friendly online chat. Talk with your parents first.
- ◆ Never buy anything online. Talk to your parents about this, too.

#### **Web Protect #1: Misunderstandings**

It is easy to be misunderstood on the Internet. Sometimes a joke comes across as an insult on e-mail. Read over anything you write before you send it. Don't send "chain letter" e-mails and jokes. Some people think they are annoying. They can clog up the system.

#### **Web Protect #2: Copyright**

Material on the Internet can be copyrighted, which means you can't use it or copy it without permission from the author. Sometimes it is okay to use this material for a school project. Always check with your teacher first. And name the source and where you found it.

#### **Web Protect #3: Correct Information**

There's a lot of information on the Internet. Some of it is true and some is not. Don't always believe what you read or find on the 'Net.

#### **Web Protect #4: Free Service Offers**

Be aware that some service providers may let you use their Internet service for free for a short while. Service providers like America Online (AOL), Earthlink and others will let you try their service for 30 days or more. They may not tell you when the free service is over and begin charging you a fee.

# Advancements in Cochlear Implant Technology and Expanding Candidacy Criteria

A one day conference held in March at the Vancouver Oral Centre focused on recent developments in cochlear implant technology and, in particular, their implications for infant and child users. Key-note speaker, Cochlear Corporation's Service Representative for Canada, Paula Ferguson discussed the new-wave of mapping strategies and implant design to a large audience of parents, users, educators, physicians, audiologists and, notably, representatives of the Ministry of Health and Children and Ministry of Education. WIDHH and CHHA execs were also present .

The principal of the VOC, Dr. Marietta Paterson, said that the purpose of the conference was to share access to the information Paula Ferguson had previously presented exclusively to professionals of Vancouver's cochlear implant programs. In addition, three speakers from the VOC shared case studies and discussed recent research and theory on the use of cochlear implants for infants and children and a panel of parents, child and adult users described their experiences.

**Latest models of Nucleus 24 offer: a choice of coding strategies, faster sound processing, more pitch and timing information, a smaller, easier to insert device with better electrode placement, lower electrical emissions and a "behind the ear" model ...**

**Choice of 3 Coding Strategies: SPEAK, CIS and ACE**

- Research shows individual differences, preferences and high level of performances with all 3 strategies. Significant improvement in performances using individual's "best" strategy is especially seen in difficult listening environments
- Many subjects used different strategies for different listening purposes.

## **ACE - Advanced Combination Encoders**

- Cochlear Corp's "fastest", most complex strategy available so far.
- Up to 20 roving sites of stimulation- simulating the inner ear's natural pattern, placement and intensity of frequency information.
- Emphasizes **pitch and timing** cues. (Other strategies offer timing aspects of speech **or** give frequency information).
- **Faster Rate: 500- 2400 HZ/channel.** Compare to SPEAK's stimulation rate of only 250 Hz/channel!  
*Traditionally, both hearing aid and cochlear implant users experience a significant delay in receiving auditory information "second hand" through the various electronic processes of their listening device. The advanced rate of ACE virtually eradicates this troublesome delay.*

## **Implant Design- Nucleus 24 Contour- natural curves, smaller, easier placement.**

- Pre-curved electrode array. Malleable, "spring -load" design safely hugs inner wall of cochlea for easier insertion and insuring optimal placement.
- **Smaller implant.** *The tiny sample passed around room elicited sighs of approval for it's slim, naturally curvy modeling designed to conform to delicate bone contours- a far cry from the clunky "silver dollar size" model this parent dis-believably consented to having inserted in her 3 year old's bird-like mastoid bone....*
- **Preserves cochlear structures-** addresses trends moving toward implanting patients with more residual hearing and concerns parents have about being able to

make use of possible future advances.

- **More efficient, less electricity-** because electrodes connect more closely to the "right" places lower electrical emissions are required to produce the same, or better, result. *For parents considering a lifetime of electrical stimulation to their child's head area this is an important development...*
- **Behind the Ear** – a light-weight BTE model is now available for Nucleus 24 and 22 .

## **Expanded Criteria:**

**Infants: 12 – 24 mos.-** Profound, bilateral, sensorineural loss and a plateau in development of auditory skills after appropriate intervention with hearing aids.

**Older Children: 25 mos.- 17 yrs.-** Severe-to-profound bilateral, sensorineural loss, plateau in development of auditory skills (given history of appropriate intervention), MLNT or LNT word recognition < 30% in best-aided condition.

**Potential:** All speakers stressed that the cochlear implant provides the sound not the meaning. Aside from the unique quality of sound each child will receive, educational placement and parental involvement are considered key. **"Learning to listen is an all-day, life long journey that requires the support and commitment of the entire family."** As well, **"educational programs must provide the implanted child with the (longterm) auditory emphasis necessary for success."**

As 10 year old Evan Franey said, speaking of his gradual process and eventual breakthrough in learning spoken language with an implant, "I started to get really interested in words and what they mean...and I'm still like that!"

By: Donna Chisholm



# CHHA - B.C. Parents' Branch

Canadian Hard of Hearing Association



**Membership** is open to any individual or organization who supports our objectives. Annual membership fee is \$20. Donations are welcome and needed by CHHA - BC Parents= Branch.

**Membership** in the Canadian Hard of Hearing Association entitles you to vote on any CHHA matter, and to receive a subscription to LISTEN magazine, CHHA-BC=s newsletter *The Loop* and the Parents= Branch newsletter.

_____		Parent(s)	Professional	Other
NAME				
_____		H of H Child(ren)		
MAILING ADDRESS				
_____		Name	Birthdate	
PHONE	FAX - if applicable			
	New Membership	Renewal	Donation \$	_____

**Thank you! Your support benefits deaf and hard-of-hearing children in BC...**

Payable to: CHHA - B.C. Parents= Branch - c/o 10150 Gillanders Road; Chilliwack, BC V2P 6H4 - Phone: 604-794-3772

## New-born hearing screening

Significant hearing loss is one of the most common major conditions present at birth and occurs more frequently than any other condition requiring new-born screening. Two methods are used to perform new-born hearing testing. Automated Auditory Brainstem Response (ABR) testing assesses hearing by measuring the brain waves or EEG waves generated in response to clicks via several electrodes temporarily placed on the infant's scalp. Evoked Otoacoustic Emissions (OET) testing assesses hearing by measuring the sound waves generated in the cochlea in response to clicks emitted and recorded by small microphones placed in the ear canals of the infant. Both methods use portable instrumentation and give a pass or fail determination automatically. The procedures are non-invasive and take less than five minutes to perform.

In the United States, most states have passed mandatory infant hearing screening legislation. Canada still lacks a systematic approach to universal screening. A year 2000 survey of birthing hospitals in Canada indicates that less than 10 percent reported a hearing screening program of any kind.

Several Canadian provinces are initiating programs in 2001. The Ontario government announced implementation of an infant screening program effective Spring 2001. All infants will be tested during the Ontario *Healthy Babies Healthy Children* post-partum home visit by nurses using OAE testing units. If a home visit is declined, parents will be asked to visit a community screening clinic by the time their baby is six months old. Infants who fail the first screening will be referred for ABR testing to regional centres. The new initiative also includes increased funding for programs to accommodate children identified with hearing loss.

Alberta is also currently initiating a pilot program for province-wide hearing screening under the direction of Dr. Joseph Dort. His aim is to test 85 percent of new-borns before hospital discharge. Initial screening will be done by nurses in hospital nurseries by OAE testing. Positive tests will be followed by repeat tests, and cases of OAE screening failure will be referred to regional centres for ABR testing. Dr. Dort says the epidemiological management is more daunting than the medical challenges,

and he continues to work on data management and the logistics of implementation in Alberta health districts with variable needs.

In B.C., the Infant Hearing Loss Group is meeting every two weeks to work on a universal screening proposal for the Ministry of Health. Group member Laurie Usher, Lower Mainland Co-ordinator for Public Health Audiologists, predicts that in two years most new-born babies will be screened for hearing loss in British Columbia.

Reports from screening programs in the United States which have been underway for several years indicate that early diagnosis is possible, valid, reliable, and cost effective. Gordon-Langbein observes, "Common sense dictates that a health condition that is present at birth and detectable at birth should be treated at birth."

*References used in this article are available.*

Excerpted from "**Paediatric Cochlear Implantation in British Columbia: Decision and Delivery**" March 2001, by Janet Les. For a copy of this research paper, call Janet at 604-794-3772.