

Come to our Spring Workshop...

## " Educational Options for High School Kids "

March 8, 2005 - 7 to 9pm

Burnaby South Secondary School - 5455 Rumble Street

**An evening for students, parents, teachers. . .**

To answer questions such as: What services are available in my school district for my HoH child? What do I do if services are not adequate? Would a provincial program be suitable for my child? Where do I get information?

Are you thinking "I don't need to go to this -my child is too young?" Think again! You'll be there in no time!?! **See page 2 for additional information. . .**

### **Time to reserve your camp-site!!!**



Third Annual family camping weekend - July 22 to 24, 2005

Monck Park Provincial Campsite - on Nicola Lake

*See page 3 for all the details... and contact information...*

## National CHHA conference

Grand Okanagan Resort – Kelowna, BC

June 2 – 5, 2005



Thursday, June 2 - Welcome Reception and Trade Show

Friday, June 3 - Opening session, workshops, Trade Show and Silent Auction

Saturday, June 4 - Workshops, Silent Auction and Awards Banquet

Sun, June 5 - Natural Sounds Tours (not included in the cost of the conference)

FIRST National CHHA conference with complete Children's Programs!

**Information:** [www.chha.ca/conference](http://www.chha.ca/conference) or call 1-800-263-8068

Early registration deadline is February 28, 2005...

## CHHA - BC Parents' Branch "FAMILY WEEKEND"

Parent sessions, Teen Konnection, Kidz Konnection, Kiddie Care

- ALL at the beautiful Surrey Family YMCA

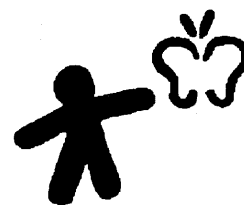
**October 21, 22 2005**

Early notice - More info in May and September newsletters

### EVENTS CALENDAR

March 8	Spring Workshop
June 2 – 5	CHHA National Conference - Kelowna
July 22 – 24	Family Camp – Monck Park at Nicola Lake, Merritt
August	Family picnic – hosted by Lonn family
Oct 21, 22	CHHA Family Weekend, AGM, children's programs...

January 2005



**C**anadian

**H**ard of

**H**earing

**A**ssociation

**B.C.**

**Parents'**

**Branch**

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**Membership:** \$30 annual  
includes subscription to  
*Listen/Ecouté* magazine and  
*The Loop* newsletter

# Report from the Pres

## Family Weekend

Our first Family Weekend last October, by all accounts, was a tremendous success.

We set out to try and achieve our core goals – getting parents together to share their wisdom, questions, worries and joys; learning from professionals in the field; and creating a safe, fun and welcoming environment for our children, some of whom have a hearing loss – and hoped that 30 people would attend. We held it at a YMCA so that it would be affordable and accessible, and we held our breath. Over 80 showed up. The speakers were knowledgeable. The technology worked. Many people pitched in to help. The kids complained on the way home that it was over already. The evaluations convinced us that this format is a keeper, and we've booked October 2005 for the second annual Family Weekend. Please let us know if you have any ideas or want to join our planning group, you are most welcome.

## CHHA-BC AGM

As president of the Parents' Branch, I attended the CHHA-BC annual meeting in October. Maggie Dodd has stepped down as President of CHHA-BC. Maggie is a true advocate for people who are hard of hearing, and she included our children in her tireless efforts. We send Maggie our thanks, and wish her well in the next path she chooses. Our biggest thanks to Maggie, I believe, is to raise children who will become advocates for the hard of hearing, and who become the next members and leaders of CHHA-BC.

## Future Vision of CHHA-BC

Laurie Renwick, the new President of CHHA-BC, is seeking our input:

- How can CHHA-BC help our branch?
- What role do we see CHHA-BC playing in BC?
- What issues face us as a Branch?

The Parents' Branch core group will respond to this request for consultation, but to represent you we need your ideas. We need to nurture our Branch, and CHHA-BC, so our children will be part of a strong and vibrant organization. We need everyone's help to achieve this.

## Spring Workshop for Parents, Students and Resource Teachers

On March 8, the Parents' Branch will be hosting an evening at Burnaby South High School to inform parents about some of the choices available for high school education for children with a hearing loss. Learn about educational options for high school--Itinerant Services and Provincial Programs. Experts like Susan van Gorp, the Vice-Principal of the Provincial School for the Deaf, and Karen Taylor, the Outreach Administrator at the School for the Deaf and coordinator of

the Provincial Educational Review Committee, and teachers in the Oral Program at Burnaby South will be available to share their knowledge and answer your questions. This is your opportunity to see the classrooms and fabulous learning environment of the Provincial Oral Resource Program at Burnaby South.

Students who are in grade six or higher are invited to come to the spring workshop. They can check out the high school, learn about some of their options, meet some of the students in the Oral Program, and then hang out with the other students. Ask your Hearing Resource teacher to join you and your child.

My daughter is having such a positive experience in the Oral Program at Burnaby South. I would have loved a night such as this one to learn the ropes. Find out what's available...Knowledge sure beats worry. Please plan on attending.

## 2005 Spring Workshop

**WHEN:** Tuesday, March 8 from 7 to 9pm

**WHERE:** Burnaby South Secondary School

(directional signs will be posted at the school)

**WHO:** Students (Grade 6 +) Parents, Teachers

**WHAT:** Discussion of educational options in high school for hard of hearing students in British Columbia - provincial programs and itinerant services

**CONTACT:** RSVP and questions - Leila Lolua (604) 433-2702 or leilalolua@telus.net

**REFRESHMENTS - COME & MEET OLD FRIENDS AND NEW!**

## CHHA National Conference in Kelowna

Finally, I hope to see many of you in Kelowna in June for the CHHA National conference. We're infusing our *BC Parents' Branch* 'culture' by including a thoughtful program of interest to parents, and a fun program for kids and teens. See [www.chha.ca](http://www.chha.ca) or call 1-800-263-8068 for information, registration, etc.

The conference keynote speaker is Dr. Mark Ross, whose writings have frequently been featured in this newsletter. As a long-time audiologist and professor with significant hearing loss himself, he always has something interesting to share.

See page 6 for a sample... As well, there will be exciting workshop presenters and a trade show featuring all the latest products.

A national conference of this caliber does, unfortunately, cost a lot to put on. Consider sharing a hotel room with another parent and child, camping or billeting to reduce family cost to attend. If cost is the only factor preventing you from coming, please contact our treasurer Janet Les (see page 1 for contact info.)

# 2004 Family Weekend

The Family Weekend was a success by all accounts with over 80 people attending. For those unable to attend we still have handouts, on request, of the Annual Meeting and mini presentations, as well as from speakers Maureen Clarke, Christina Perigoe, Dan Paccioretti and Ruth Warick.

At the risk of forgetting someone, I do want to thank the team who made this event enjoyable for all.

- Cathy Chow for hosting planning meetings at BCFHRC, organizing Friday potluck, etc.
- Nicole Grazier for coordinating the Teen Konnection component
- Steve Kazemir – event photographer, sound system and ALD coordinator
- Teresa Kazemir for fund raising, family night organization, arranging captioning, FM systems, etc. etc.
- Leila Lolua for planning Friday program, organizing and conducting AGM sessions, planning and preparing Saturday lunch, acting as event MC, etc.
- Teresa Lonn – for again organizing the awesome Kidz Konnection, organizing coffee breaks, providing registration package handouts, etc.
- Linda Ramsey – for putting us on to the YMCA and acting as liaison

Thanks to ALL parents who attended – contributed to the potluck, meetings, and children's programs – it was the feeling of TOGETHERNESS that made the weekend such a treat for us all!

## Monck Park Camping Weekend

For the past two years the B.C. Parent's Branch has held a camping weekend for families of kids who are hard of hearing at Monck Park, on beautiful Nicola Lake. There's a nice sandy beach, warm water for swimming or boating, washrooms, big flat grass area for games, interesting terrain for hiking. This year the campout will be held from Friday, July 22 to Sunday, July 24.

Each year so far has been a little different. But typically we start out Friday night with an informal potluck dinner which people can check in at when they arrive. After dinner there's the traditional soccer game, during which the kids traditionally make their goal really small so that the adults have a slightly more difficult time scoring.

Saturday tends not to be too organized. Many adult laze around in lawn chairs, nursing cold beers, and work really hard at not thinking about what their kids are getting into. Deep in their subconscious they are actually asking themselves questions like: "Is that toy *really* inflatable?" or "I wonder if he'll remember to take his hearing aid out?"

Thanks also to the following contributors:

- Bank of Montreal Fountain of Hope Employee's Foundation for donation of \$500
- CAEDHH – Canadian Association of Teacher of the Deaf and Hard of Hearing for sharing cost of key-note speaker, Dr. Christina Perigoe
- CHHA – BC for loan of Infrared system
- Entific Medical Systems for donation of \$500
- Jeremy Chiao Foundation for grant to assist parents with travel and registration costs
- ReMax Corney Les Realty for donating all brochure printing, stationary, photocopying
- Sensory Institute for loan of sound field system, and Joe Coelho who stayed through the conference to assist and answer questions
- Unitron for donation of \$500
- Widex for donation of \$250 and conference handouts

Thanks to parents who completed evaluation of the conference. The highest praise was for the conference speakers and the socializing - the only problem noted was with the acoustics. A different room for parent sessions will be used at the next event to avoid the noise from children's programs interfering with parents' hearing ability – some of us don't have the best hearing either! Overall, you gave the conference high marks and also submitted good ideas for future speakers, etc. Any further suggestions most welcome – please call or email.

Sincerely, Janet Les  
2004 Family Weekend coordinator

One year there was water skiing for the kids on Saturday afternoon. Last year there were water-rockets, frizbees, shared watermelons and cherries, and much conversation.

Saturday night usually includes a campfire at a different campsite. And a few games for the kids.

If you aren't campers, feel free to stay in Merritt and join us during the day.

In any event.....sign up now using the handy application form included in this newsletter. It's always good to have folks register early so that we can reserve an appropriate number of sites. Hamish Plommer is taking the registrations. He can send you directions to Monck Park or answer any questions that you have via e-mail or phone. This year he promises to do a better job of contacting you and confirming that your registrations have been received. He will also keep contact with 2005 campers via later newsletters, e-mailings or mailings (for those who don't have e-mail).

Join us. It's fun!

**Registration form – see page 7!**

## HEAR at HOME's TOP 10

Dr. Perigoe's *Family Weekend* presentation included this list of 10 strategies for parents of young children which was developed by Jill Bader of the Denver HEAR AT HOME program.

1. Make your point (Listen! I hear...)
2. The yardstick (keep within a yard of your child - he will hear much better than from across the room)
3. Keep the yardstick level (get down to your child's level)
4. Radio commentator (talk about everything!)
5. The cheap hotel (even if your child does not understand your words he will learn from your voice pitch, intensity, timing...)
6. The one, two, three
7. Three ring circus (avoid it! Control background noise)
8. Bore me to death (repeat, repeat, repeat – it's what made Dr Seuss a millionaire!)
9. The brass ring (your expectation – let it be "he will listen, he will succeed!")
10. Where you lead, I will follow (talk about what the child is focused on – not adult's interest)

## New Crisis Resource for Youth

Youth have another way of accessing help when they need it. The Crisis Centre in Vancouver has developed a new Internet resource for youth, called Youth in BC ([www.youthinbc.com](http://www.youthinbc.com)). The website includes a list of youth-preferred resources available in the Lower Mainland; information and facts about common problems that youth face, such as issues like bullying, stress and teen pregnancy; an email address to write about problems, ask questions and receive a guaranteed response within 48 hours; as well as direct links to chat with someone on-line, in real time if they are facing crisis or just need to talk. The chat is an alternative to the 24-Hour Distress Line and is a comfortable and confidential way for youth to express themselves and issues they may be facing at school, at home and in the community. If you have any questions about Youth in BC or any of the programs offered by the Crisis Centre, please call 604-872-1811.

## Left and right ears process sound differently

Belting out a few notes on key might take years of practice, and perfect pitch the right genetics, but when it comes to something as simple as telling noise from symphony, speech from music, all ears are created equal - or so it was once thought.

But in a new study, scientists have found that the left and right ears process sound differently. From birth, the right ear responds more to speech, while the left ear is more attuned to music, according to the study, published in *Science Magazine* on September 10, 2004.

The findings could have substantial implications for deaf people who need cochlear hearing devices, which are implanted in only one ear, said Dr. Yvonne Sininger, a visiting professor of head and neck surgery at the David Geffen School of Medicine at the University of California, Los Angeles and lead author of the study.

While the idea that the left and right ears are not identical is new, scientists have known for decades that the two sides of the brain sort out sound in different ways. Speech is processed primarily in the left hemisphere of the brain, while music is handled largely by the right, hence the tendency to associate creativity with "right- brain" dominance and analytical thinking with "left-brain" supremacy.

But until now, most researchers overlooked the possibility that differences in auditory processing originated in the ear. "I think everyone just assumed that the two ears were essentially interchangeable," Dr. Sininger said.

With help from researchers at the University of Arizona, Dr. Sininger tested hearing ability in thousands of infants using miniature microphones that emitted sounds in the subjects' ears and measured amplification. Tiny cells in the ear respond to sound by expanding and contracting to enhance vibrations, which are then converted to nerve impulses that travel to the brain. But some of those vibrations bounce back in the opposite direction, allowing scientists to analyze the extent of amplification, a measure of how well the ear is responding.

Dr. Sininger found that a series of rapid clicks - resembling the rhythm of speech - produced a greater response in the right ear. The left ear seemed more attuned to tones representing music.

In other studies, researchers have found that children with hearing loss in the right ear tend to have more problems in school than children who are deaf in the left ear. The new findings suggest that the right ear is critical for learning situations.

*September 10, 2004 – Science Magazine*

**Announcing NEW web-site! Visit [www.agbell.org](http://www.agbell.org)**

# 8 Tips for Encouraging Self-Esteem in Children who are Deaf or Hard of Hearing

by Paula Rosenthal, J.D.

**1. Let the child speak.** Let the child speak for himself as often as possible even if their language is limited. Be patient and listen attentively. By doing this, you are validating that what the child wants or needs is important and that he is capable of communicating for himself. You will also be demonstrating important skills, attentiveness, listening and interacting.

**2. Treat the child the same.** Treat the deaf or hearing impaired child the same as you would a child with normal hearing. Children are very perceptive. Giving in to a child, pitying him or making things easier for him can all backfire later. Never use the child's hearing loss as an excuse for inappropriate behavior. Other children in the family or classroom may also become resentful for any "special" treatment that is given to a deaf or hearing impaired child. Or, they may learn by example and treat the child differently than their other friends and acquaintances.

**3. Teach the child manners.** Teach the child about manners and forming friendships as early as possible. As soon as your child is able, make sure he can properly introduce himself and be able to ask other children, "What's your name?" While younger peer friendships are often comprised more of physical activities than language interaction, children may be wary of approaching your child to play because he wears hearing aids, has a cochlear implant or doesn't speak as well as others. Help your child learn how to initiate contact with other children by role modeling and practicing often. By preparing your child, he will become comfortable making new friends. This is an important skill that will serve him well both personally and professionally throughout his lifetime.

**4. Teach the child about hearing loss.** When your child is able to understand, explain why he wears hearing aids or a

cochlear implant and possibly an FM listening system and what these devices do for him. When a peer in-service is done for his class or camp group, include the hearing impaired child. Let him demonstrate the devices he uses to the other children. Your child should feel proud of what is a necessary part of his life. By participating in the demonstration with his peers, your child will be setting the tone for how he expects others to treat him.

**5. Discover the child's interests and develop them.** Introduce the child to a variety of activities and find the ones he enjoys. Help him cultivate his interests by signing him up for classes, joining clubs or doing the activities as frequently as possible. This can be athletics, music, dance, writing, photography, art, cooking, etc. Children's self-confidence soars when they learn a new skill or hobby. Both you and your child will be proud of his accomplishments.

**6. Avoid labeling.** Do not use a child's hearing loss as a descriptive term unless it is necessary to the discussion. Some children and their parents may be offended by having them referred to by their physical challenge. Remember, the child is many things, not just deaf or hearing impaired

**7. Teach the child self-acceptance.** Don't hide the hearing aids, cochlear implant or assistive listening device. Make these devices a natural part of the

child's daily life. It is important for both his self-esteem as well as his hearing benefit. If you try to protect the child by covering up his assistive devices, he will come to believe that they should always be kept hidden and they are something to be ashamed of. A child who cannot accept his hearing loss will encounter much more difficult obstacles as life goes on.

**8. Acknowledge both success and attempts at success.** One of the best ways to boost your child's self-confidence is to acknowledge his academic and social efforts whether they are successful or not. By doing this, you are showing him that your love is unconditional and not based on the outcome of his efforts. Motivation to try should not be inspired by the possibility of a reward from the parent or teacher. Offer the child praise, not money or gifts, for both his efforts and his achievements. This way, the child will not feel that he deserves praise or love only when he accomplishes what he set out to do.

Children with hearing loss often face many obstacles growing up. Early development of self-esteem, self-confidence and self-acceptance are instrumental to their success. Use these tips at home and share them with the professionals who work with your child. Together you can ensure a bright, confident future for your child.

**Paula Rosenthal, J.D.** is married and has two children. She, her husband and daughter are all hard of hearing. Her son has normal hearing. A law school graduate, Paula is the publisher of <http://www.HearingExchange.com>, an online community for people with hearing loss, parents of deaf and hard of hearing children and professionals. She is also a writer and speaker on hearing loss and related issues. Visit this excellent web-site for further resources.



# Some Reflection on Early Childhood Deafness

(excerpts from presentation by Dr. Mark Ross)

*Dr. Mark Ross will be speaking on Friday, June 3 at 9:00am at the "Natural Sounds" conference in Kelowna. As an audiologist, teacher, writer, and speaker with severe hearing loss, Dr. Ross brings a unique perspective on many topics. A number of Dr. Ross' papers and speeches can be accessed at <http://www.hearingresearch.org/ross.htm>*

## Management Issues

Even though the children we see in our clinics are younger than we've ever seen them before, the management issues they present are exactly the same as they were 40 years ago. We still have to ask why we are doing this? Why are we so focused on early detection and early management? What do we hope to accomplish? What are our goals?

These are not trivial questions. They embody an implicit assumption that an untreated hearing loss will have a profound impact on a child's development, but that the usual consequences can be ameliorated with an early and effective management program. Essentially, we are denying the point of view that a profound hearing loss is a "normative" condition akin to ethnicity - else why provide such programs? Rather, what we are implying through our clinical efforts is that a hearing loss is a condition that society has a responsibility to address. Which leads me to my next point, which may appear to be simplistic, but isn't really.

In every area where some sort of therapy is conducted, it is necessary that the clinician define the condition as precisely as possible. In this case, because we are working with children who have a hearing loss, we have to address the fundamental fact that this condition varies widely in a number of dimensions. It follows, therefore, that we need to know as much as we can about the type and configuration of the hearing loss because much of our therapeutic efforts are grounded on - or should be - on this information.

Of course every child is unique with different personalities, aptitudes and possibilities. And of course, we must "tailor" our approach to an individual child; all this is understood. Too often, however, we seem to deal with such children as if they were a homogenous group in the one dimension that has brought them to our attention in the first place - the extent and nature of their hearing loss. Obviously, therefore, one major component of any early management program has to be a focus on maximizing the use of the residual hearing. Indeed, it's my contention, that one of the most important capabilities a child brings to the therapy process is the extent of residual hearing she or he possesses...

## Cochlear Implants and Hearing Aids

After saying all these nice things about implants, what I have to say now may be a bit confusing. And that is, I resent them. Or rather, I'm a bit envious of all the attention they're getting.

After working with hearing aids for more than forty years, I find myself a bit overwhelmed by a focus on implants that we never saw with personal amplification, our more conventional mode of providing auditory access for children with hearing loss. In the entire world, there are perhaps 5000 children wearing cochlear implants. Anybody want to hazard a guess on how many children use hearing aids? I don't know, but if I said about one hundred times more I don't think I'd be too far off. If we look at the literature in the past ten years, I would also be willing to bet that articles concerning children with implants are at least as numerous as those dealing with children wearing personal hearing aids. This is quite an imbalance.

Does this paucity of professional literature concerning children wearing hearing aids mean that we've answered all the questions regarding personal amplification? That we know what to do and how to do it? That we're able to ensure that every child who receives any type of personal amplification is making the most use of his or her residual hearing? It would be the brave and foolish person indeed who would dare make that assertion! So how do we explain the popularity of cochlear implants? Part of its current popularity is well understood: they can do things for some people that hearing aids cannot. In that, they are a truly new and, to my mind, almost miraculous device. They can make the deaf hear! But another part of the reason is that the process includes and is fostered by high-status individuals in our society, the surgeons, rather than traditional clinicians, educators and parents. The medical community has adopted the implant as a legitimate extension of its usual responsibilities for patients.

What I'd like to see is all care that goes into their selection, all the frequent follow-ups for mapping and for assessing performance status, all the careful longitudinal research, all the organized programs available to parents, also be applied to children wearing hearing aids. And that's why I'm so envious. Not to deny the need for a comprehensive therapy and follow-up program for children with implants, but to assert that children wearing personal amplification require the same services. In my optimistic moods, I keep thinking that we're going to see a "trickle down" effect, where children wearing hearing aids will begin to receive the same attention as those wearing implants. In my more pessimistic modes, which unfortunately I also think more realistic, I believe that we're still going to be facing the same battles we always did in regards to ensuring appropriate amplification for children. Which is sad, considering how much more we know now about providing amplified sound for young children.

# QUOTATIONS

<http://www.voicefordeafkids.com/clouds/fun.htm>

- "Adolescence is a period of rapid changes. Between the ages of 12 and 17, for example, a parent ages as much as 20 years." *Anonymous*
- "Children are natural mimics who act like their parents despite every effort to teach them good manners." *Anonymous*
- "Pretty much all the honest truth telling there is in the world is done by children." *Anonymous*
- "Every adult needs a child to teach, it's the way adults learn." *Frank A. Clark*
- "The characteristic of a normal child is that he doesn't act that way very often." *Franklin P. Jones*
- "A child of five would understand this. Send someone to fetch a child of five." *Groucho Marx*
- "You know children are growing up when they start asking questions that have answers." *J.J. Plomp*
- "By the time a man realizes that maybe his father was right, he usually has a son who thinks he's wrong." *Charles Wadsworth*

**YOUR INPUT needed!**

**2005 FAMILY WEEKEND**

Surrey YMCA

October 21, 22

Please suggest speakers, topics, activities, sponsors for this year's conference!

Call Janet at 604-794-3772

or email

[janetles@canada.com](mailto:janetles@canada.com)

Thanks!

## CHHA-BC Parents Branch Family and Friends - Camping Weekend 2005

Monck Park Provincial Campground at Nicola Lake (about 10 miles from Merritt, B.C.)

2 nights: Friday July 22 to Sunday July 24 - \$25.00 per campsite per night per family grouping to 8 people

**We have to have registrations in on time so that we can reserve the appropriate number of sites on the very first morning that reservations are accepted !!!!**

Please send in your registration by **April 15** to:

**Hamish Plommer**

#12 – 1697 Greenfield Avenue,  
Kamloops, B.C. V2B 4N5

Work: (250) 554-9453 (best weekday afternoons)

Cell: (250) 319-9796 (best weekday afternoons)

Home: (250) 554-9616 (evenings, weekends, messages)

### Cancellation Policy

If you have to cancel, and we are able to fill the site with another family, we will likely refund the total amount of your camping fees. If there is not another family to take your place, and we have to cancel the reservation altogether, you will likely receive a partial refund. If you cancel less than 7 days after July 15, you may not receive any refund.

**For more information** please call (250-554-9616) or email ([hplommer@theobc.org](mailto:hplommer@theobc.org)).

Names of All Campers: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number E-mail: \_\_\_\_\_

Type of vehicle/trailer you will bring \_\_\_\_\_

Nights camping: Friday \_\_\_\_\_ Saturday Night \_\_\_\_\_

Cost: \$25.00 per night per family (\$50 for both nights) Enclosed \$ \_\_\_\_\_

**Membership** is open to any individual or organization that supports our objectives. Annual membership fee is \$30. 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.

NAME

Parent(s)     Professional     Other

MAILING ADDRESS

Hard of Hearing Child(ren)

PHONE

Name

Birthdate

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

## WHY B.C. Needs Universal Newborn Hearing Screening

*By: Early Hearing Detection and Intervention- B.C*

### Hearing loss in newborns is significant.

Researchers have consistently suggested that the incidence of hearing loss among newborns ranges from 3-6 per 1000 births. This makes hearing loss much more common than other disorders for which babies are routinely tested such as hypothyroidism, cystic fibrosis, and phenylketonuria.

Each year in British Columbia, from 120 to 240 babies are born hard of hearing or deaf. Selective assessment or screening based on at-risk criteria fails to detect over half of the babies born with hearing loss. The average age of identification of congenital hearing loss in B.C. has been estimated at age 44 months, well past critical language development milestones.

There are accurate screening tests available and treatment for hearing loss (hearing aids/ cochlear implants, medical treatment) and development of communication (speech and auditory training, sign language) is **most** effective when identification occurs early.

### Are there UNHS Programs in Canada?

Yes, Ontario launched a provincial UNHS program last year for all babies born in the province. Alberta is screening about a third of their newborns with plans to screen all in the near future. In British Columbia, the Vancouver Island Health Authority – South Island screens all babies. Some individual hospital sites elsewhere in B.C. are implementing or moving toward newborn hearing screening.

### Why a Provincial Program?

- Equitable access to earliest possible age of identification;
- Opportunity to influence the best possible outcomes for children with congenital hearing loss;
- Cost saving over lifetime of the child, less support services over time needed;
- Consistent and unbiased information is given;
- Consistent standards and guidelines for care;

- Uniform sharing of new knowledge across the Province; reducing repetition of effort as local authorities struggle with individual planning and implementation;
- Local and provincial outcome data is gathered to continually influence decision making;
- Development of accurate incidence and prevalence data for congenital hearing loss in B.C.

### When should the test be done?

Babies who have hearing loss and begin intervention **before** six months of age will have significantly better speech, language, and cognitive development than babies who begin treatment **after** six months of age. Early identification of the hearing loss is the key to appropriate treatment. The tests to determine hearing are easy to use and inexpensive to do on newborns.

### How do we screen hearing in babies?

There are two types of automated screening tests available: Otoacoustic emissions screening (OAE's) and Auditory Brainstem Response screening (ABR). These tests involve placement of a soft rubber probe in the baby's ear canal and measurement of signals produced by the inner ear. Screening is typically done by trained technicians, supervised by Audiologists.

### What would it cost?

It is estimated that the cost for screening newborns is \$35 per infant, or 1.4M for B.C.

*It continues to look promising for the Ministry of Health Services to fund a B.C. provincial program for newborn hearing screening, but no formal announcement has been made to date. We'll keep you posted*