

Better Hearing Institute Platform on No Child Left Behind due to Hearing Loss

Optimum access to communication for children, not just in the classroom, is critical for language acquisition, cognitive development, social and emotional well-being, academic competence, and ultimately their development as productive citizens. When communication access is denied through misinformation, minimization, neglect, or stigma, or where there are financial barriers to access, then children with untreated or under-treated hearing loss eventually join the ranks of adults with untreated hearing loss experiencing underperformance in life and broken dreams. With this in mind, the Better Hearing Institute supports the following:



Universal newborn screening. 100% of infants should be afforded the opportunity to be screened for hearing loss at birth. Hearing loss is the most common birth defect among children affecting 3 in 1000 children.

Advocacy for newborn follow-up. Once a newborn child has failed a hearing screening, there should be 100% follow-up by/with parents for more detailed diagnostic tests. Historically, 50% of parents have followed up, but some parents have waited until it became evident that their child was developmentally behind in speech and language skills. We have heard from many parents that they were not referred; in some cases they were not told a hearing test was done; in other cases the parents were not told the results; in other cases no clear follow up was suggested or the follow up was provided by clinicians with little or no experience with babies and hearing loss. Thus programs and clear routes of follow up have to be in place for parents to be able to have 100 % follow up.

Awareness programs. Education is needed for parents, pediatricians, and educators on signs of hearing loss among children. While BHI estimates of hearing loss among children are similar to estimates by the National Institute of Health (1.7-1.8% or 1.4 million children under the age of 18) based on parental awareness, more objective data indicate the actual prevalence of hearing loss may be 6-7 times higher, meaning that parents simply may not be aware that their child has hearing loss.

School-age screening. The implementation of universal school-age screening, as has been done with infant screening, could have a significant impact on further identification of children at risk of hearing loss early enough in their lives to ensure enhanced academic performance and development of speech and language skills.



Enhanced access to technology. Only 12% of America's youth with hearing loss use amplification for their hearing loss. There are a number of obstacles to hearing aid adoption for America's youth. Removal of these obstacles will make more youth competitive with their normal hearing peers. The BHI supports legislation (HR 2329/S 1410) that provides tax credits for hearing aids for dependents as well as for adults 55 or older. BHI also supports insurance coverage to ensure children are given access to technology; many states have taken the lead on this.

Professional education on hearing loss treatment with amplification. Inappropriate advice often misinforms parents that their child's hearing loss is not serious enough to require any intervention other than front row seating, that the child has one good ear and should favor using that and that there is no remedy for high or low frequency hearing loss. Clearly, many professionals require more education about the options available.

Appropriate referral. When a parent, physician, or educator suspects hearing loss in a child, a hearing health professional trained and skilled in the testing and diagnosis of pediatric hearing loss should evaluate the condition. A child with a suspected hearing loss should first see an audiologist or Ear-Nose-Throat (ENT) physician, who will then decide on medical care if necessary, advanced testing and/or consideration for amplification. The pediatrician not skilled in pediatric hearing loss measurement and diagnosis should refer the child to an ENT physician or pediatric audiologist.



Expanded paradigms of treatment of hearing loss. Pediatric protocols and school IDEA educational programs emphasize treatment of children with profound and severe hearing losses. Expanded treatment also should include children with mild, moderate or unilateral hearing losses.

Removal of stigma of hearing loss for children as a reason for non-treatment. A third of parents report that hearing aids were not adopted by their children because the stigma of hearing loss was felt by either the parents, their children or healthcare professionals. Using stigma as an excuse for not optimizing communication access for children will have a deleterious impact on their development. Educational programs to alleviate stigma of the hearing-impaired child are needed.

Availability of hearing assistance technology to all parents of children with hearing loss regardless of income. Half of dependents and children with hearing loss reside in households with income levels at 150% of poverty or less. In a country as financially advanced as The United States, no child should lack equal access to communication due to financial considerations. State and local social service and educational programs (e.g., IDEA legislation), not to mention medical insurance programs, should cover all children with hearing loss; existing programs are designed to take care of the hearing needs of only a minority, those with severe to profound hearing losses.



Cessation of hearing loss minimization among children. Hearing losses requiring treatment should not be minimized by calling the losses “mild”. A mild hearing loss could be the equivalent of stuffing children’s ears with ear plugs, thereby making them noncompetitive with their peers. New, more accurate definitions are necessary for conveying the urgency of early treatment of hearing loss in the pediatric population. An important point here is that what is not handicapping to older adults, who are not working or attending school and learning language as children are, may be seriously handicapping to a young child. Young children must pay attention, in noisy classrooms, to teachers who may speak softly, not enunciate clearly, speak with their backs to the classroom or from far afield in the classroom. Young children do not yet have language fully established and are at risk for language development delay if their hearing is not normal, because while they may hear well one-on-one in a quiet environment, much of the vocabulary and grammar rules children learn are absorbed through overhearing language being used around them, not through didactic teaching of words and structures. Even mild hearing loss can interfere with a young child’s ability to overhear speech and language in their environment

Prevention to protect the hearing of America’s children. Objective data indicate that nearly 13% of America’s youth have early signs of noise induced hearing loss; about a third of hearing loss in America is preventable with safe listening habits. Large-scale educational programs are needed to teach parents and their children how to protect their precious sense of hearing.

Most children in America with hearing loss are not receiving amplification. They are being left behind because they do not fit within existing, overly restrictive paradigms of hearing disability.