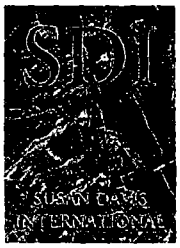

WASHINGTON, DC ■ LOS ANGELES

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May Babies
Test Newborns for a Lifetime of Hearing

- **Every year in the US, 12,000 children are born with hearing impairment – one in 300**
- **4,000 of these children are born with *profound deafness – one in 1,000***
- **Hearing impairment in newborns – the number one birth defect in the US – occurs more often than all other health problems identified at birth**
- **Each year, only one-fourth of all newborns are screened for hearing impairment, leaving thousands at risk for significant language and learning delays**

In an effort to reduce these alarming statistics, the National Campaign for Hearing Health has launched a new initiative – *May Babies*. In conjunction with Better Hearing and Speech Month, and in time for some of the newest arrivals of the next millennium, *May Babies* encourages all expectant parents to have their newborns screened for hearing impairment – with today's new technology – before leaving the hospital. The tests are safe, reliable, inexpensive and non-intrusive – babies can sleep through the process.

Have your baby screened for hearing impairment at birth.

Become a *May Babies* partner. Ask your physician about the availability of up-to-date newborn hearing screening, or contact:

The National Campaign for Hearing Health
1225 Eye Street, NW, Ste. 500
Washington, DC 20005
1-800-829-5934
www.hearinghealth.net

Hear US

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Frequently Asked Questions

FAQs About The Campaign

- ***What is the National Campaign for Hearing Health (NCHH)?***
  The NCHH is a five-year campaign launched by the Deafness Research Foundation to put hearing health on the national agenda. Guided by four main tenets – detection, prevention, intervention and research – the Campaign is designed to promote awareness, advocacy, education, and legislation on the number one birth defect in the United States: hearing loss. The Campaign's first initiative is to establish universal newborn hearing screening to accurately detect hearing loss in newborns. We have the technology to end deafness, but because so few infants have their hearing tested, we are unable to use it effectively, and thousands of children live without sound. Other goals of the Campaign include raising the awareness on "toxic noise," a term coined by the Campaign for everyday noises that can harm hearing, emphasizing the importance of regular hearing testing and promoting breakthroughs in research that can benefit everyone, regardless of age or income level.

- ***Why a five-year campaign?***
  Because of the very broad audiences the Campaign must reach, a five-year period is needed to accurately and effectively promote awareness and treatment of the many different aspects of hearing loss and impairment. To do this, a broad national audience that includes parents, pediatricians, legislators and educators must be reached.

- ***What specific audiences does the Campaign target?***
  The primary targets of the Campaign are parents and medical professionals. Parents are vital to the Campaign, and can request and push for universal newborn hearing screening most effectively. Doctors, especially pediatricians and ob-gyns, are also an important part of the effort, and can educate their patients about hearing health and the importance of regular testing for children and adults. On other issues, such as toxic noise, employers and businesses become target audiences – organizations that can help create and maintain a protective and healthy hearing environment.

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- ***Why is universal newborn hearing screening important?***
  Universal newborn hearing screening is crucial because the brain and the ability to communicate are rapidly developing in the first six months of a child's life. If hearing loss is not detected immediately and intervention steps taken, children are at risk of falling behind in language development and education.

- ***Why should regular hearing testing take place?***
  Regular hearing testing is a preventive measure to detect any deterioration of hearing. Like going to the dentist or getting your eyes checked, people should have their hearing tested on a regular basis -- we recommend testing every year. It is an easy, cheap and non-invasive way to insure healthy hearing, to prevent further deterioration if possible and to seek remedies or treatment quickly.

- ***Where does funding for the NCHH come from?***
  The Campaign is receiving financial support and in-kind donations from several major corporations including Beltone Electronics Corporation; Xomed, Inc.; Chermayeff & Geismar, Inc.; Daiichi Pharmaceuticals; Sony Music Entertainment; Smith & Nephew and Mead Johnson, as well as the general fund of the Deafness Research Foundation. As the Campaign advances, funding is also expected to come from other corporations, individuals and private foundations.

- ***What is NCHH's legislative and regulatory action?***
  NCHH encourages support of national legislation requiring mandatory infant screening. NCHH is supporting *The Newborn and Infant Screening and Intervention Act of 1999* (HR 1193), sponsored by Representative James Walsh (R-NY), a bill that would allocate funds to the states to enact universal newborn hearing screening. While the focus of the Campaign is to bring the issue of hearing health to the national spotlight and make mandatory universal newborn hearing screening a reality, its immediate goal is to educate parents on the importance of early intervention. Other legislative goals include: encouraging the Federal Aviation Administration (FAA) to strengthen its standards regarding toxic noise; working with the Food and Drug Administration (FDA) to have hearing aids reclassified as medical devices to encourage more insurance companies to include them in coverage plans; and working to reinstate the Office of Noise Abatement at the Environmental Protection Agency (EPA).

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FAQs About Hearing Loss

- ***Can hearing impairment be ended?***
  If mandatory newborn hearing screening becomes a reality nationwide and proper intervention occurs, the technology exists to allow every American to have the choice of a "hearing" life.

- ***What causes hearing loss?***
  There are several different causes of hearing loss and impairment. A few examples include: birth defects, genetics, an expectant mother contracting a virus while pregnant, or "toxic noise" -- noise in the environment, such as sirens, airplane engines or lawn mowers, that can ruin the tiny, irreplaceable hair cells in the inner ear.

- ***How do you recognize signs of hearing loss?***
  The NCHH has developed a Hearing Checklist that gives parents simple, common sense methods to test their child's hearing. Infants should be able to react to loud sounds, respond to changes in tone of voice, and respond to the word "no." Toddlers should be able to recognize common words such as "bye-bye," imitate simple words and sounds, and enjoy games like peek-a-boo. These are just some signs that could indicate hearing loss; a complete list can also be obtained by logging onto the Campaign's web site (www.hearinghealth.net) or by calling its 800 number (800/829-5934).

- ***How many people/children are deaf or hearing impaired?***
  Today, 28 million Americans are coping with serious forms of hearing loss. Three in every 1,000 newborns leave the hospital with profound deafness or some degree of hearing loss.

- ***What are the available treatment options?***
  There are many methods for treating hearing loss; choosing the "right" one depends on the individual, and circumstances such as the severity of the impairment and the person's age. For example, a hearing aid can help the moderately impaired or those with gradual loss. A cochlear implant can treat profound deafness and restore some or all hearing. Some people choose to learn sign language and lip reading to communicate. The key to coping with hearing loss is early intervention -- hearing loss detected early on can be treated far more effectively.

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- ***How are you making assistive devices, such as hearing aids and cochlear implants, available to those with limited resources?***
  A comprehensive approach to coverage must be established. As with other kinds of compensation for health benefits, it is very complex and varies from state-to-state. In some states, for instance, deaf persons are eligible for state disability which can help with medical expenses that may not be covered by private insurance. And some private companies will offer low-interest rate loans to people in need.

  The National Campaign for Hearing Health's goal is to ensure that assistive devices and therapies are accessible to and affordable for everyone in need, regardless of their ability to pay. By working with national and state legislators to ensure that Medicaid and Medicare cover the costs of receiving a cochlear implant, as well as encouraging corporations -- through human resources directors and employee groups -- and insurance companies to cover assistive hearing devices and treatments in their coverage plans and options, we are committed to creating solutions for parents and individuals who are often left without a voice on this matter. For more information about federal assistance and private support, please call the Campaign at 800-829-5934.

FAQs About Cochlear Implants

- ***How does the cochlear implant work? Does the implant need to be replaced with growth? What is the lifespan of the implant?***
  A cochlear implant is a small device, no bigger than a pea, which is implanted in the ear. This device bypasses the damaged hair cells in the ear (cells which provide hearing) and produces a digitally coded electrical signal that is transmitted directly into the auditory system to produce sound. After the surgery is complete, the patient undergoes auditory rehabilitation to better acquaint themselves with the world of hearing. The cost of a cochlear implant is approximately $40,000 over a lifetime, including surgery, rehabilitation, and follow-up sessions.

- ***What is the financial benefit of promoting this surgery over deaf education?***
  Special education and lost lifetime productivity costs in people who live with deafness or hearing loss are so significant that it is estimated that the savings from receiving a cochlear implant and appropriate auditory rehabilitation ranges from $30,000 - $200,000. In addition, cochlear implantation and use of assistive technology allow deaf and hearing impaired children to learn at mainstream schools and advance at levels comparable to that of their hearing peers. With early detection and intervention we can completely end hearing impairment for the next generation.

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FAQs About Toxic Noise

- ***What do you mean by "toxic noise"?***
  Loud noises that can injure the sensory cells in the ear, cause permanent hearing loss and tinnitus (a permanent ringing sensation in the ears) are considered "toxic noise." Toxic noise is produced by things such as jack hammers, fire crackers, rock concerts and overexposure to headphones at a high level. Symptoms of hearing damage due to toxic noise include ringing in the ears, muffled sound perception, and difficulty hearing quiet sounds. To protect hearing from toxic noise, the Campaign offers free earplugs through its web site at www.hearinghealth.net or by calling 1-800-829-5934.

# # #

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Facts and Quotes About Hearing Health in America

Deafness is the most common disability in the United States.
Hearing Health Magazine

Infant Hearing Statistics:

- Hearing loss in newborns occurs more often than all other health problems that are screened for at birth.

  Linda Van Dyke, MA,MBA,CCC-A in *The Hearing Journal*

- 1 in 1,000 children suffer severe or profound deafness at birth or during early childhood. Another 2-3 in 1,000 children are born with some degree of hearing loss.

  Donna Wayner, PhD., Director of Science and Education, Deafness Research Foundation

- 80% of profoundly deaf children who receive cochlear implants are able to move out of special education training and into ordinary neighborhood schools. The 20% that cannot integrate are children who receive the implant after age four.

  Dr. John K. Niparko, Johns Hopkins University

- The ability to hear within the first six months of a child's life has a profound impact on his or her ability to develop language and continue learning at an appropriate age level.

  University of Colorado Study published in *Pediatrics*

Otitis Media (Middle Ear Infections)

- Otitis media is the most frequent diagnosis recorded for children who visit physicians for illness. It is also the most common cause of hearing loss in children.

  American Academy of Otolaryngology – Head & Neck Surgery

- It is estimated that as many as 5 percent of all children will lose hearing due to otitis media.

  Donna Wayner, PhD., Director of Science and Research, Deafness Research Foundation

-more-

- Nearly 15% of young people 6 to 19 years old show signs of hearing loss
  Journal of the American Medical Association

Adult Hearing Statistics

- Approximately 10% of the adult population in the United States (28 million citizens) suffer from some form of hearing loss or impairment.
  Donna Wayner, PhD., Director of Science and Research, Deafness Research Foundation

- Between 1971 and 1990, hearing problems among people ages 45 to 64 rose by 26%; among those ages 18-44, they grew by 17%; and for men between 50 and 59, rose by 150%.
  National Health Interview Survey; results reflect a study conducted on the population of Alameda, California

Financial Statistics:

- Each year, $115 million of public money is dedicated to hearing research. That's only one-tenth to one-fifth of the funding dedicated to blindness, heart or cancer research.
  Deafness Research Foundation

- Only $10 million in private funding is spent on hearing research each year.
  Deafness Research Foundation

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THE NATIONAL CAMPAIGN FOR HEARING HEALTH

The National Campaign for Hearing Health was launched in March, 1999, by the Deafness Research Foundation, America's largest voluntary health organization devoted to research and public education related to hearing loss and hearing health. The National Campaign for Hearing Health is a five-year initiative designed to put hearing health on the national agenda by promoting awareness, advocacy, education and legislation on the number one birth defect in the United States -- hearing loss.

The National Campaign for Hearing Health is guided by four main pillars:

- **Detection:** To ensure that birthing hospitals nationwide administer standard hearing tests to all newborn babies and discuss appropriate treatments/remedies with parents/caregivers immediately, and that physicians throughout the country encourage regular hearing tests for people of all ages.

- **Prevention:** To raise the awareness of the harmful effects of "toxic noise" -- a term coined by the Campaign to describe noises that destroy and irreversibly damage hearing.

- **Intervention:** To make the means of restoring hearing loss, from hearing aids to cochlear implants, available, accessible and affordable to everyone.

- **Research:** To fund important research in science, technology and language to ensure that everyone has the opportunity to live and communicate independently and successfully.

By marshalling the strengths of individuals, legislators, health and policy advocates, health care providers, corporations, the media and individuals, the National Campaign for Hearing Health can ensure everyone the opportunity to hear. For more information call 1-800-829-5934 or visit www.hearinghealth.net.

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RESEARCH ON THE IMPACT OF HEARING LOSS ON COGNITIVE SKILLS

The National Campaign for Hearing Health is mobilizing America to put hearing health on the national agenda. Through education and advocacy it promotes Detection, Prevention, Intervention and Research of hearing loss to ensure everyone the opportunity to hear. The Campaign is sponsored by the Deafness Research Foundation, the leading private funder of research in hearing science since 1958.

The National Campaign for Hearing Health's objective to make universal newborn hearing screening mandatory in the United States is based on the findings of several recent studies that highlight the impact of hearing loss on a child's ability to develop language and cognitive skills. Results indicate that significantly better language development is associated with early identification of hearing loss and early intervention. Additional studies support the cost of interventions, such as cochlear implants, as significantly lower than cost for special education and support services.

The journal *PEDIATRICS* published a study by Christine Yoshinaga-Itano, PhD, Allison L. Sedey, PhD, Diane K. Coulter, BA, and Albert L. Mehl, MD in its November 1998 issue.[1] The study compares the language abilities of earlier- and later-identified deaf and hard-of-hearing children and concludes that children whose hearing losses are identified by six months of age demonstrate significantly better language scores than children identified after six months of age. The average child experiencing hearing loss is not currently identified until approximately 30 months of age.

According to the study, despite advances in hearing aid technology, improved educational techniques, and intensive intervention services, there has been virtually no change in the academic statistics of the population of children who experience both mild, moderate and severe hearing loss or deafness since the collection of national data more than 30 years ago. In response, the study concludes that: "Many professionals in both health care and special education have supported early identification of hearing loss and subsequent intervention as a means to improving the language and academic outcomes of deaf and hard-of-hearing individuals."

A 1999 study by Lori A. Van Riper, MS, and Paul R. Kileny, PhD published in *THE AMERICAN JOURNAL OF OTOLOGY*[2] supports auditory brain response (ABR) hearing screening as a clinically efficient and cost effective approach to early detection of significant hearing loss for newborns at risk for hearing loss. The study, conducted at the Department of Otolaryngology, Head and Neck Surgery at the University of Michigan Medical Center, tested 2,103 newborns presenting one or more risk indicators for significant congenital hearing loss or delayed onset/progressive sensorineural hearing loss.

Of the 2,103 newborns tested, 114 (5.4%) were diagnosed with bilateral hearing loss, and 23 (1%) with unilateral hearing loss. Of the 137 infants diagnosed with hearing loss, 67 (49 %) presented with greater than moderate hearing loss. Nine (13.4%) of those 67 infants were diagnosed with delayed onset hearing loss at appointments subsequent to the initial screening.

With the current move toward universal hearing screening, these statistics are significant. As the study notes, in this era of managed care, cost effectiveness is in the forefront more than ever. This is of concern when many medical centers are attempting to contain costs while continuing to provide quality, state-of-the art care. Effective referral protocols, experienced and well-trained staff, as well as closely monitored follow-up, can provide a cost-effective hearing screening program that identifies and manages infant hearing loss in a timely fashion such that the impact on language and cognitive skills is minimal. But follow-up components and considerations for associated indirect costs must be made (in this study, the cost of above noted diagnosis and treatment protocol resources per each diagnosed infant was approximately $3,000).

These findings are supported by a number of organizations that have adopted positions on universal infant testing. In 1994, the Joint Committee on Infant Hearing[3] released a position statement "endorsing the goal of universal detection of infants with hearing loss as early as possible, preferably by 3 months of age." This priority is in concert with the national initiative Healthy People 2000,[4] the National Institutes of Health Consensus Statement,[5] and the position statement of the American Academy of Audiology.[6] All of these position statements support the need to identify all infants with hearing loss. Both the Joint Committee on Infant Hearing and the American Academy of Audiology recommend accomplishing this goal by evaluating all infants before discharge from the newborn nursery.

A study by Howard W. Francis, MD, Mary E. Koch, MA, Robert Wyatt, MD, MBA and John K. Niparko, MD in the journal *ARCHIVES OF OTOLARYNGOLOGY -- HEAD & NECK SURGERY*[7] examines the effect of cochlear implantation, a treatment for hearing loss and deafness, on academic performance and mainstreaming of children in education settings.

The study finds that "children with greater than 2 years of implant experience were mainstreamed at twice the rate or more of age-matched children with profound hearing loss who did not have implants. They were also placed less frequently in self-contained classrooms and used fewer hours of special education support."

A cost-benefit analysis based on conservative estimates of educational expenses from kindergarten to 12th grade show a cost savings of cochlear implantation and appropriate auditory rehabilitation that ranges from $30,000 to $200,000.

The study concludes that cochlear implantation accompanied by rehabilitation increases access to spoken language, leading to higher rates of mainstream placement in schools and lower dependence on special education support services. According to the study: "the cost savings that results from a decrease in the use of support services indicates an educational cost benefit of cochlear implant rehabilitation for many children."

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1. Christine Yoshinaga-Itano, Allison L. Sedey, Diane K. Coulter, Albert L. Mehl, "Language of Early- and Later-identified Children With Hearing Loss," *Pediatrics* Vol. 102 (1998): pp 1161-1171.

2. Lori A. Van Riper, Paul R. Kileny, "ABR Hearing Screening for High-Risk Infants," *The American Journal of Otology* Vol. 20 (1999): pp 516-521.

3. American Academy of Pediatrics, "American Academy of Pediatrics Joint Committee on Infant Hearing" 1994 position statement, *Pediatrics* Vol. 95 (1995): pg 1.

4. US Department of Health and Human Services, Public Health Service, *Healthy People 2000* DIIHAS Publication No. 91-50213 (1990).

5. NIH, "Identification of Hearing Impairment in Infants and Young Children," *NIH Consensus Statement* Vol. 11 (1993): pp 1-24.

6. American Academy of Audiology, "American Academy of Audiology position statement: early identification of hearing loss in children," *Audiology Today* Vol. 1 (1988): pp 1-2.

7. Howard W. Francis, Mary E. Koch, Robert Wyatt, John K. Niparko, "Trends in Educational Placement and Cost-Benefit Considerations in Children With Cochlear Implants," *Archives of Otolaryngology – Head & Neck Surgery* Vol. 125 (1999): pp 499 – 505.

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THE NATIONAL CAMPAIGN FOR HEARING HEALTH
NEWBORN SCREENING FACT SHEET

Testing Statistics/Procedures

- Less than 20% of the 4,200 birthing hospitals in the U.S. have Universal Newborn Hearing Screening Programs.

- Only 35% of infants born in the U.S. are screened for hearing problems.

- There are two main automated testing devices -- both of which are simple, cost effective (between $35 - $50) and non-intrusive (the baby can sleep through the procedure):
  - ⇒ Auditory Brainstem Response (ABR): wires placed on head and neck detect levels of brain activity generated in response to an auditory stimulus
  - ⇒ Otoacoustic Emissions (OAE): soft rubber probe placed within ear canal that measures sounds produced by ear in response to a stimulus

State and Federal Legislation

- U.S. Rep. James Walsh (R-NY) reintroduced bill HR 1193 to Congress on March 18, 1999 to establish programs to fund early detection, diagnosis and interventions for newborns and infants with hearing loss. The bill has been referred to the House Committee on Commerce.

- As of March 2000, 24 states have passed legislation providing policy guidance on Universal Newborn Hearing Screening (AR, CA, CO, CT, GA, HI, IL, IN, KS, LA, MA, MD, MO, MS, NY, NC, OR, RI, TX, UT, VA, WI, WV, WY).

- Several states have infant screening legislation pending, including Maine and Pennsylvania.

- The U.S. Public Health Service's Division of Mental and Child Health has awarded a four-year, $1.2 million grant establishing the Marion Downs National Center in Colorado offering resources and assistance to 17 states

participating in voluntary screening programs (AL, AR, AZ, CO, HI, KS, LA, MA, MI, MN, NM, OK, RI, TN, TX, VA, WY).

Treatments

Advances in hearing health care technology have produced more effective hearing devices, including:

- Digital Hearing Aids
  - ⇒ Designed for a precise fit, resulting in a more comfortable, less obtrusive device than earlier generation instruments
  - ⇒ Amplify sound acoustically and rely on the responsiveness of healthy hair cells in the cochlea

- Cochlear Implants
  - ⇒ Bypass damaged hair cells to produce digitally coded electrical signals that are transmitted directly to the auditory system
  - ⇒ Cost approximately $40,000 for prosthesis, surgery, hospitalization, fitting and follow up
  - ⇒ There are currently 200,000 to 500,000 potential cochlear implant candidates in the U.S.
  - ⇒ Only 2,000 people per year receive cochlear implants

Impact

If a child's hearing loss goes undetected or untreated, the impact on language development and learning is significant. It is important that children receive treatment for diagnosed hearing loss within the first six months of life. The results of a recent University of Colorado study, entitled "Language of Early- and Later-identified Children with Hearing Loss," published in *Pediatrics* support this assessment.

Study Findings

Out of a group of 150 children with hearing loss:

- Those children identified with hearing loss by six months of age who received hearing aids were using language at age level by age three.

- Those children who went undetected for hearing loss until six months of age, as well as those who did not receive treatment for hearing loss, tested below normal for language development by age three.

  - ⇒ Implication -- The ability to hear has a profound impact on the child's ability to develop language and continue learning at the appropriate age level.

A child's understanding and use of spoken language is almost complete by 24 months. Unfortunately, most hearing impairments go undetected until the child is almost 30 months old. If a child's hearing is impaired and remains undetected or untreated for an extended period, the child faces difficult learning challenges.

- Hearing loss costs our nation $2 billion annually in welfare and disability costs.

- An additional $2.5 billion is the estimated cost for unemployment and underdevelopment of the deaf and hearing impaired.

- Special education and lost lifetime productivity costs are so significant that it is estimated that the savings from providing these interventions are on the order of 7-10 times the cost of the hearing device.

Free Home Test and Guidelines

The National Campaign for Hearing Health provides free Infant Hearing Checklists for new parents, grandparents, other caregivers and consumers. Call 1-800-829-5934 or visit www.hearinghealth.net.

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The National Campaign for Hearing Health
Urges Parental Action for Newborns
By Elizabeth Foster, Director, The National Campaign for Hearing Health

Imagine, for a moment, not being able to hear. Not being able to hear music, a phone ringing, a train's whistle, a baby crying, laughter, voices or conversation. For 28 million Americans, not being able to hear is an everyday reality.

Hearing loss does not discriminate — it can affect anyone at any age. For infants, the impact of hearing impairment is startling. Each year, 12,000 babies are born with some form of hearing impairment — or one in 300 — making it the most common birth defect in the US. Despite this, only one quarter of babies are currently screened for hearing impairment at birth. While research has proven that critical language and learning skills develop during the first 24-months of life, nearly three quarters of all babies born with a hearing impairment that remains undetected are left vulnerable to developmental setbacks well into their toddler and pre-adolescent years, impacting their educational and vocational potential.

The good news is that with increased access to new infant hearing screening tests and cutting-edge technology, from digital hearing aids to cochlear implants, the outlook is beginning to change. The first critical step to a lifetime of healthy hearing, however, is to ensure that every infant has his or her hearing screened at birth.

The fact that science and research have developed safe, affordable and reliable newborn hearing screening methods — with today's new technology — means more and more newborns will benefit from early identification of hearing impairment. Approximately half of the states in the US have made universal newborn hearing screening mandatory, and several others have legislation pending. While the technological advances and legislative measures are positive, thousands of children are still at risk of falling through the cracks.

As a result, the National Campaign for Hearing Health — a multi-year national education and advocacy campaign — is launching a new

program called *May Babies*. In conjunction with Better Hearing and Speech Month and just in time for the newest babies of the next millennium, *May Babies* aims to raise public awareness of the need to screen all newborns for hearing impairment, starting with those children born in May 2000. The overall goal of the program is to increase the number of newborns screened nationwide for hearing impairment by 50 percent.

The National Campaign for Hearing Health is working with business leaders, members of Congress and state governments, key health and advocacy organizations, health professionals and others to raise awareness of *May Babies* and its mission. We encourage you to join our efforts to ensure all babies have an early and fair chance to benefit from the gift of hearing.

- **If you are an expectant parent, ask your obstetrician, pediatrician or midwife about having your newborn's hearing screened before leaving the hospital/birthing center.**

- **If you are a grandparent or friend of an expectant parent, encourage newborn hearing screening.**

- **Confirm access to infant hearing screening, using today's new technology, through your hospital/birthing center.**

- **If your hospital/birthing center does not conduct infant hearing screening, check www.hearinghealth.net for infant hearing screening facilities in your area.**

For more information on how to become a May Babies partner, contact:

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May Babies
The National Campaign for Hearing Health's Infant Hearing Screening Year 2000 Initiative

Background: Every year, more than 12,000 babies leave U.S. hospitals with a hearing impairment -- that's one in 300! Of these, approximately 4,000 are profoundly deaf. In fact, hearing impairment is the number one birth defect in the United States. Despite this, only 35 percent of babies are currently screened for hearing impairment at birth. However, with access to new, reliable infant hearing tests and cutting-edge technology, from digital hearing aids to cochlear implants, the outlook is beginning to change. The first step is ensuring that every infant is screened for hearing impairment at birth.

As a result, the National Campaign for Hearing Health -- a multi-year national education and advocacy campaign -- is launching a new program called *May Babies*. In conjunction with Better Hearing and Speech Month and just in time for the newest babies of the next millennium, *May Babies* aims to raise public awareness of the need to test all newborn hearing, starting with those children born in May 2000.

Goal: The goal of the program is to increase the number of newborns nationwide screened for hearing impairment by 50 percent.

Resources: The National Campaign for Hearing Health is working with business leaders, members of Congress and state governments, key health and advocacy organizations, health professionals and others to raise awareness of *May Babies* and its mission.

Evaluation: With the assistance of the National Center for Hearing Assessment and Management at Utah State University, the Campaign will conduct a base-line audit of newborn hearing screening across the nation in December, 1999, as well as research the number of newborns screened in May, 1999. Results from a follow up examination will be announced in June, 2000.

For more information:
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sponsored by the
Deafness Research Foundation

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FOR IMMEDIATE RELEASE
March 2000

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NATIONAL CAMPAIGN FOR HEARING HEALTH LAUNCHES UNIVERSAL NEWBORN HEARING SCREENING PROGRAM

Capitol Hill Event to Attract Attention to Legislative Issues Surrounding Infant Hearing Screening

Washington, DC -- The National Campaign for Hearing Health announced recently the launch of ***May Babies***, a broad-based public awareness campaign designed to increase the number of newborns who have their hearing screened by 50 percent, starting first with those children born in May 2000.

On April 5, the National Campaign for Hearing Health will host the "National Update on Universal Infant Hearing Screening," a panel discussion on Capitol Hill focusing on the *May Babies* initiative. Members of Congress will join Campaign representatives, celebrity supporters, and members of the medical and hearing health communities in a dialogue on infant hearing screening issues and legislation. Congressional host committee members include Senators Bill Frist, Tom Harkin, Edward Kennedy, Olympia Snowe, Arlen Specter, and Representatives Michael Bilirakis, Sherrod Brown, John Porter and James Walsh.

According to initial research conducted on behalf of *May Babies*, only 35% of all newborns in the United States are currently screened for hearing problems at birth. Yet, 12,000 infants are born with some degree of hearing loss each year, and nearly 4,000 of these babies are profoundly deaf -- making hearing impairment the number one birth defect in the country. Because of the lack of newborn hearing screening, most children born with a hearing impairment are not diagnosed until 30 months of age. If hearing loss is left undetected after six months of age, a child may risk serious delays in speech and language development.

"It is our hope that *May Babies* can help us achieve universal newborn hearing screening -- a critical first step to eliminating or dramatically reducing the negative consequences associated with the most frequent birth defect in the United States -- hearing impairment," said John Wheeler, president and CEO of the National Campaign for Hearing Health.

Currently, twenty-four states have legislation that supports universal newborn hearing screening. As the *May Babies* program extends its reach across the nation, follow-up research will be conducted to track changes in the number of children screened as a result of increased awareness, legislative and policy changes. Results will be announced in June 2000.

Research for the May Babies program is being conducted by Karl White, Ph.D., from the National Center for Hearing Assessment and Management (NCHAM) at Utah State University. As Director of NCHAM, which provides technical support and training to hospitals and departments of health, Dr. White has devoted much of his career to examining the policy and public health issues of universal newborn hearing screening.

"Although we have known for decades how important it is to identify congenital hearing loss during the first few months of life, researchers, clinicians, and public health officials have been stymied in their efforts to do anything about it, " Dr. White said. "Recent technological advancements enable us to identify

babies with hearing loss during the first few weeks of life and help them achieve normal developmental outcomes. The frustration is that so few hospitals have implemented universal newborn hearing screening programs, despite the evidence supporting its feasibility, efficacy, and need."

With the assistance of a variety of child advocacy organizations, corporations and associations, the National Campaign for Hearing Health's *May Babies* program is disseminating information about the importance of early screening to parents, consumers, doctors, hospitals and elected officials. Campaign supporters are distributing the *May Babies*' message through internal and external publications, Web sites, posters and insertions into paycheck envelopes.

May Babies' supporters include: The National Center for Hearing Assessment and Management; Proctor and Gamble; Johnson and Johnson; Lamaze Institute; Pfizer; Avon Corporation; Glaxo Wellcome; Bayer USA; Briston-Myers Squibb; Cigna; Sprint-NY region; Fort James Corporation; Schering-Plough; Abbott Laboratories; Alcon Laboratories; Respironics; Global Surgical; the American Academy of Otolaryngology; the National Perinatal Association; the American Speech Language Association; Beginnings for Parents of Children who are Deaf; Healthy Mothers Healthy Babies Coalition; Cochlear Implant Club International; Zero to Three; and the New York State Department of Health.

The National Campaign for Hearing Health, launched by the Deafness Research Foundation, is a multi-year public outreach, professional education, government relations and advocacy initiative to place the issue of hearing health on the national agenda. Founded in 1958, the Deafness Research Foundation is the nation's largest voluntary health organization devoted to research and public education as related to hearing loss and hearing health, and is a member of the WISE EARS! Coalition.

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BIOGRAPHIES

Tom and Laura Miller

Tom and Laura Miller of Long Island, New York, are the parents of two profoundly deaf children. Their oldest daughter, Veronica, age five, had undiagnosed hearing loss until she was 14 months old. Diagnosed by an audiologist, Veronica received a cochlear implant at the age of two. While her cognitive and social skills are now at age level, Veronica receives speech development tutoring daily and is still behind her peers in language development. Their second daughter, Samantha, age five months, was diagnosed immediately and received hearing aids at the age of one month. While Veronica was quiet and non-responsive as an infant, Samantha is a babbling, alert baby. She receives speech development training twice weekly and is a candidate for a cochlear implant at age 18 months (the youngest age approved by the FDA for the surgery). Tom and Laura have no hearing problems themselves.

Heather and Rob Young

Heather and Rob Young of Denver, Colorado, are the parents of three children with severe hearing impairment. Their two oldest daughters hearing loss was undiagnosed until they were one and two-and-a-half years old, repsectively. At age three, the oldest could not say her name, and had a very limited vocabulary. They missed 50 percent of what was said to them during critical years of development and, as a result, still struggle in school. Their youngest son received a newborn screening hearing test, and was fitted with hearing aids when he was eight weeks old. He had hearing aids before he knew he had hands. He was a babbling, alert baby and, when he turned three, was at the head of his pre-school class. According to the Youngs, "Mandatory newborn hearing tests are the only way to ensure that every child has the chance to experience the pleasures and benefits of hearing."

Angie and Mark King

Angie and Mark King of Selina, Ohio, discovered that their daughter Erica was profoundly deaf when she was nine months old. After meeting some success through the use of hearing aids, Erica's hearing was further damaged, and she became a candidate for a cochlear implant. After their insurance company refused to cover the cost of the surgery, the Kings went ahead with the surgery and have been fighting ever since for coverage through the Americans with Disabilities Act (ADA), claiming that the insurance company is "forcing deaf people to remain deaf." Their second daughter was also born profoundly deaf, and they are contemplating cochlear implant surgery when she reaches the age of three.

Deborah Campbell, M.D., FAAP

Dr. Campbell is the Director of the Division of Neonatology at the Montefiore Medical Center and Associate Professor of Pediatrics at the Albert Einstein College of Medicine in the Bronx, New York. She has been involved with infant hearing screening and the Universal Hearing Screening Initiative in New York State since 1995. Montefiore Medical Center was one of seven regional perinatal centers selected to evaluate the feasibility and efficacy of universal newborn hearing screening in New York. Over the course of three years approximately 88,300 newborns were screened, 55,000 of whom were from the NYC and Long Island regions. Dr. Campbell is a member of the American Academy of Pediatrics Sections on Perinatal Pediatrics and Behavioral Pediatrics. Since 1998, she has served on the Perinatal Section Practice Management Committee and, this month, begins a three -year term as a committee member on the Section on Perinatal Pediatrics, representing District II-NYS. Within New York, Dr. Campbell actively works on behalf of a number of health organizations, including the New York State Perinatal Association, New York City March of Dimes Health Professional Advisory Committee, the Local Early Intervention Coordinating Council for New York City and the Infant Child Health Assessment Program Advisory Committee. Dr. Campbell's advocacy activities have been closely aligned with her research efforts which include the implementation and evaluation of a program of high risk follow up care for very low birth weight (VLBW) infants, psychosocial support interventions for mothers of VLBW infants and universal hearing screening.

Karl R. White, Ph.D.

Dr. White is the Director of the National Center for Hearing Assessment and Management (NCHAM) at Utah State University, where he is a Professor of Psychology. He was the Principal Investigator for the first large-scale clinical trial of universal newborn hearing screening (the Rhode Island Hearing Assessment Project from 1989 through 1995). The results of that project contributed substantially to the conclusions of the National Institutes of Health Consensus Development Conference that all babies should be screened for hearing loss prior to discharge from the hospital. Dr. White has conducted numerous research projects and has published extensively about the issues and evidence related to universal newborn hearing screening. He also supervises NCHAM's activities related to the provision of technical support and training to hospitals and state departments of health interested in implementing newborn hearing screening programs. Dr. White has significant experience with policy issues related to providing services to children with special needs. Prior to his work at NCHAM, he was the Director of Research and Development at the National Technical Institute for the Deaf, the Director of Research and Evaluation at the Center for Persons with Disabilities, and the Director of the Early Intervention Research Institute. He continues to consult with many state departments of health on issues related to early identification of hearing loss and early intervention programs for children with disabilities.

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JOHN WHEELER
President and CEO
DEAFNESS RESEARCH FOUNDATION

John Wheeler, President and CEO, joined the Deafness Research Foundation in June 1997. His previous charitable work includes serving as Chairman of the Board of the Vietnam Veterans Memorial Fund, heading the drive to build the Memorial Wall in Washington, D.C., and co-founding the Vietnam Children's Fund, which builds elementary schools in Vietnam. He also was Chairman and CEO of Mothers Against Drunk Driving (MADD) during its formative years, helping to develop it into a national organization.

In government, Mr. Wheeler helped plan and implement the President's Commission on World Hunger for former President Jimmy Carter. Under former President Ronald Reagan, he served as the Secretary of the U.S. Securities and Exchange Commission and as the first National Director of the Vietnam Veterans Leadership Program, which helps locate career opportunities for veterans. With former President George Bush he organized the Earth Conservation Corps, a forerunner of Americorps.

In business, Mr. Wheeler specializes in crisis management, most notably working as part of the team that rescued Macy's from bankruptcy.

Mr. Wheeler served in Vietnam from 1969 to 1970 and is a graduate of West Point, Harvard Business School, and Yale Law School. He is a member of the District of Columbia Bar.

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ELIZABETH FOSTER
Campaign Director
THE NATIONAL CAMPAIGN FOR HEARING HEALTH

Campaign Director Elizabeth Foster manages all aspects of the National Campaign for Hearing Health including national public education, government relations, grassroots advocacy, media relations, and outreach to corporate, and medical communities. This multi-year campaign, sponsored by the Deafness Research Foundation, seeks to put hearing health on the national agenda and to raise awareness that deafness can now be conquered.

Prior to joining the Campaign, Ms. Foster was a Vice President with Fleishman-Hillard International Communications (F-H) in Washington, D.C. At F-H she provided expertise in managing state and community relations programs, coalition building, public education and awareness campaigns, grassroots lobbying, special events, and corporate image enhancement. During her tenure, Ms. Foster served as the COO for the agency's $9.4 million anti-drug social marketing contract with the Office of National Drug Control Policy, the agency's second largest account.

Ms. Foster has received a long list of prestigious awards during her 14-year career in public affairs. Most recently she received Inside PR's 1998 national *Creativity In Public Relations Award* for her work with the President's Commission on Critical Infrastructure Protection. Ms. Foster managed this White House commission's nationwide public outreach campaign investigating our country's "cyber" terrorism and Y2K vulnerabilities. The program also received the National Capital PRSA *Thoth* award. Ms. Foster has been honored twice with the public relations industry's prestigious *Silver Anvil* award, receiving a 1998 *Award of Excellence* for the "Internet Online Summit: Focus on Children" where she served as Chief of Staff, and a 1996 *Silver Anvil* for The Prudential Helping Hearts Program.

Before joining Fleishman-Hillard, Ms. Foster served as director of mobilization at Citizens for a Sound Economy, a grassroots advocacy organization, where she directed all grassroots and "grasstops" education, mobilization, and lobbying efforts for federal and state legislative campaigns. She directed campaigns on healthcare, tax, telecommunications, trade, environment and regulatory reform, worker's compensation and property rights issues. While at CSE, Ms. Foster developed and managed field operations in 34 states.

From 1987 to 1991, Ms. Foster worked for Nelson Communications in Orange County, Calif., managing public affairs, membership and grassroots programs for non-profit, corporate and trade association clients. She served as campaign manager for several local political candidate campaigns and helped run statewide ballot initiative campaigns.

Ms. Foster has a BS in political science and international relations from the University of California, Irvine.