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Title	Assessment of hearing status in children with non-syndromic cleft lip and/or palate in China
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disorders at low priority. Provision of primary health care is further challenged by chronic and endemic diseases, high rates of teen pregnancy, and low rates of immunization. Widespread poverty, inadequate island infrastructure, and vast geographical distances between islands confront efforts to develop needed medical and therapeutic services.

The good news is that, because of U.S. national interest and legislation for identifying deaf babies at birth, federal funds have become available for newborn hearing screening in these small nations. Through the establishment of screening programs, diagnostic services, and visiting specialists, after services are provided to the babies identified by the program, these expanded resources provide access to hearing health for older children and adults. Further the newborn hearing screening program is utilized as a venue for raising awareness of the importance of good hearing among the local population and policy makers.

Assessment of Hearing Status in Children with Non-syndromic Cleft Lip and/or Palate in China — Xiaoran Ma, Bradley McPherson & Lian Ma (Hong Kong S.A.R. (China))

Non-syndromic cleft lip and/or palate (NSCL/P) is a common congenital craniofacial malformation worldwide, and there are a large number of babies born with CL/P every year in China. Children with NSCL/P often have a high prevalence of middle ear disorder because of Eustachian tube dysfunction. However, the degree of possible conductive hearing loss and distribution of affected frequencies of pure tone test thresholds in school age children with NSCL/P have been rarely reported in China or other developing countries. In addition to peripheral hearing loss, children with NSCL/P may have a higher than typical prevalence of (central) auditory processing disorder [(C)APD] reflected in their poor academic performance and delayed speech or language development. This study aimed to use a medical history survey and routine hearing tests to evaluate the prevalence of peripheral hearing loss and how the hearing abilities were affected on different frequencies in a large sample size of school age children with NSCL/P. Also, an auditory questionnaire for parents was utilized to determine whether children with cleft and normal peripheral hearing function have potentially more auditory processing difficulties compared to craniofacially normal children.

The routine hearing tests included tympanometry, acoustic reflex threshold measures, and pure tone audiometry. The questionnaire used was a Chinese version of Fisher's Auditory Problems Checklist (FAPC), which was completed following bilingual translation work. All of the participants were 6 to 15 years old native Mandarin speakers, and they were visiting the outpatient department of the Cleft Lip and Palate Clinic Center, Beijing Stomatology Hospital at the time of data collection. They were divided into three subgroups by cleft type: isolated cleft lip (CL), isolated cleft palate (CP), and combined cleft lip and palate (CLP). Initial findings from the current study are presented and their implications for the future study in this area are outlined.