



Arkansas Department of Health Infant Hearing Program

**EARLY HEARING DETECTION AND
INTERVENTION**

2024

ANNUAL REPORT



INFANT HEARING PROGRAM

Contents

3 Program Overview

4 Program Goals

5 Screening

8 Diagnosis

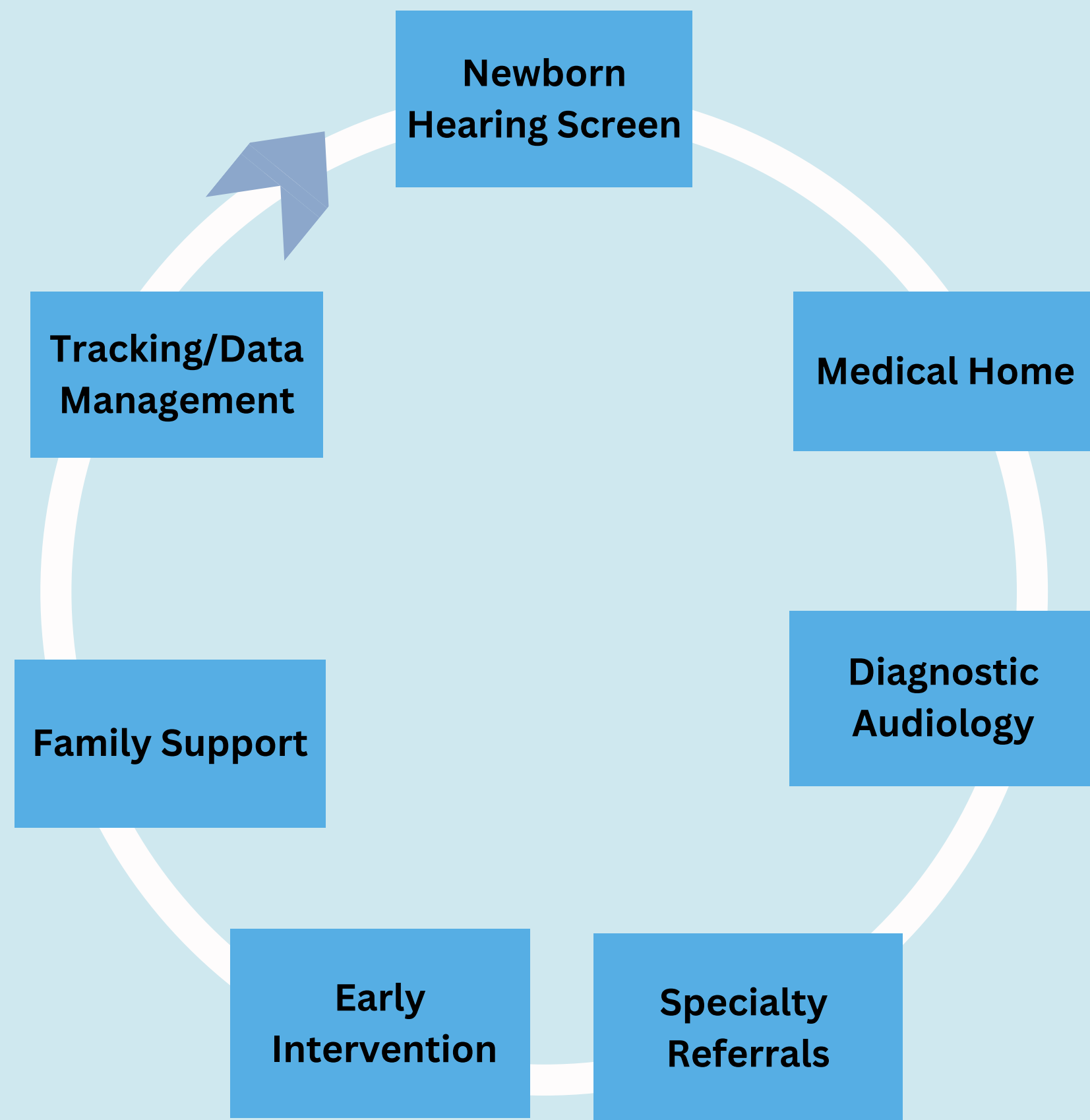
11 Early Intervention

14 Family Engagement

15 Upcoming Activities

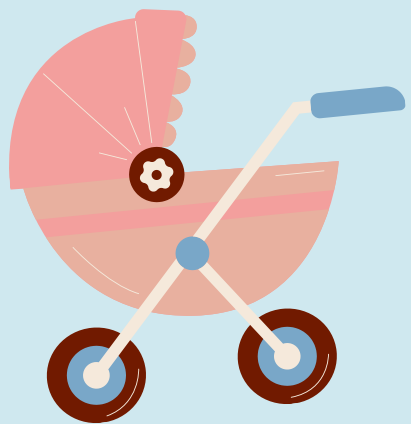
PROGRAM OVERVIEW

The Arkansas Department of Health's Infant Hearing Program (IHP) serves as the Early Hearing Detection and Intervention (EHDI) program for Arkansas. EHDI programs were created to support children 0-3 years of age and their families. Approximately 3 of every 1,000 infants are diagnosed with a hearing condition each year. Ninety percent of Deaf/Hard of Hearing (DHH) children are born to hearing parents. Many of these infants do not have risk factors or signs indicating a hearing condition. As a result, identification of hearing conditions are often delayed until the child is as old as three years. Infants with undiagnosed hearing conditions are at an increased risk of developing significant delays in language acquisition.



1

All infants should receive a hearing screening before one month of age.



3

All infants who do not pass the screening should receive a diagnostic evaluation before three months of age.



6

DHH infants should begin early intervention services by six months of age.

PROGRAM GOALS

Ensure all infants receive a newborn hearing screen no later than 1 month of age.

Increase the number of infants receiving a diagnostic evaluation no later than 3 months of age.

Increase the number of DHH infants enrolled in early intervention (EI) no later than 6 months of age.

Increase the number of families enrolled in family-to-family support services no later than 6 months of age.

Connect families to DHH adults for guidance and mentorship no later than 9 months of age.

Increase IHP's capacity to lead efforts and engage all stakeholders in the state EHDI system.

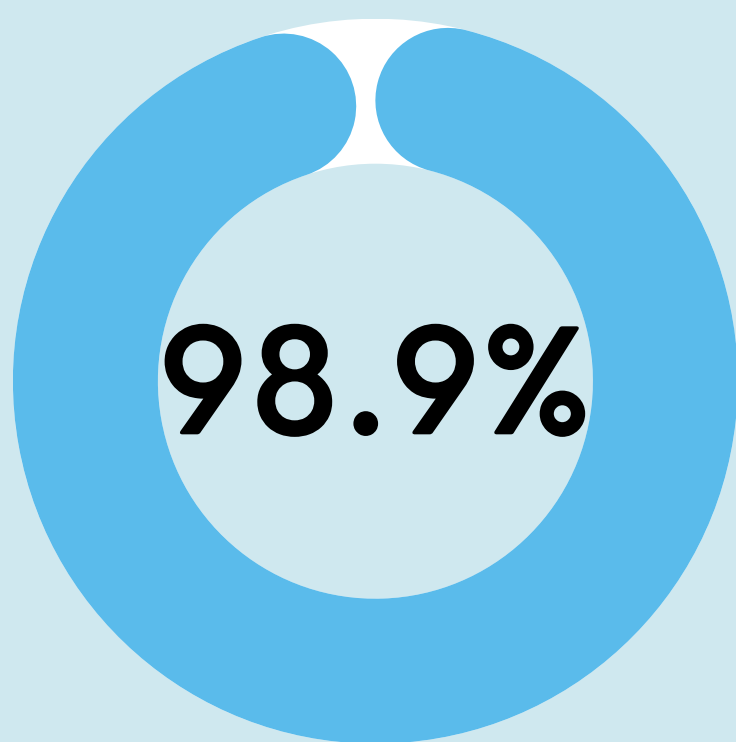


The IHP strives to increase the number of children and families receiving early identification and appropriate intervention to decrease the risk for developmental delays in learning language. The program follows the Centers for Disease Control and Prevention (CDC) guidelines to reach this goal through **EHDI-IS Optimization** by improving the collection, management, and efficient use of diagnostic and intervention data in accordance with EHDI-IS Functional Standards. **Stakeholder Engagement** is conducted to promote and support collaboration efforts with partners to support tracking and surveillance activities within the jurisdiction in addition to providing technical assistance during the reporting process. Lastly, **Data Submission and Dissemination** occurs to develop data reports and disseminate information among internal and external stakeholders.

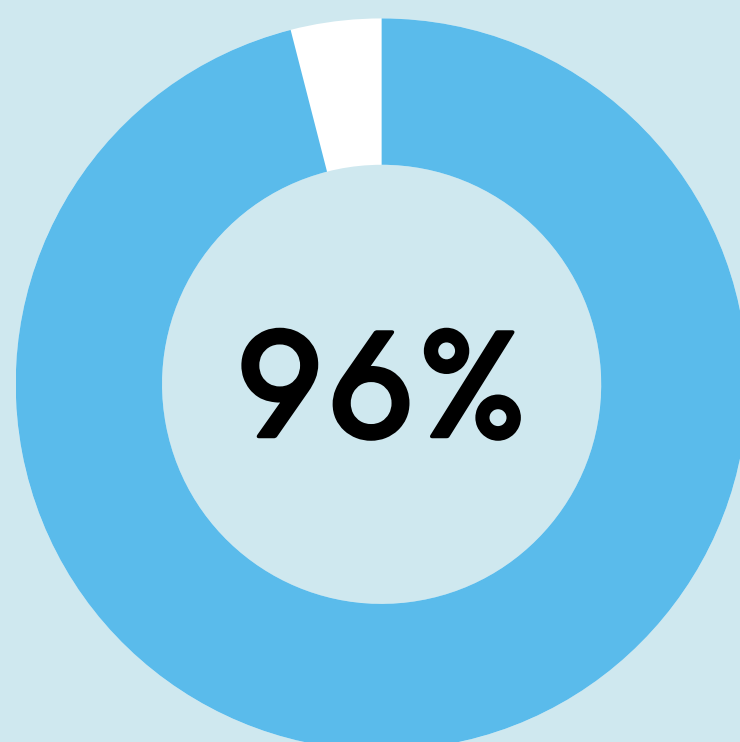
SCREENING



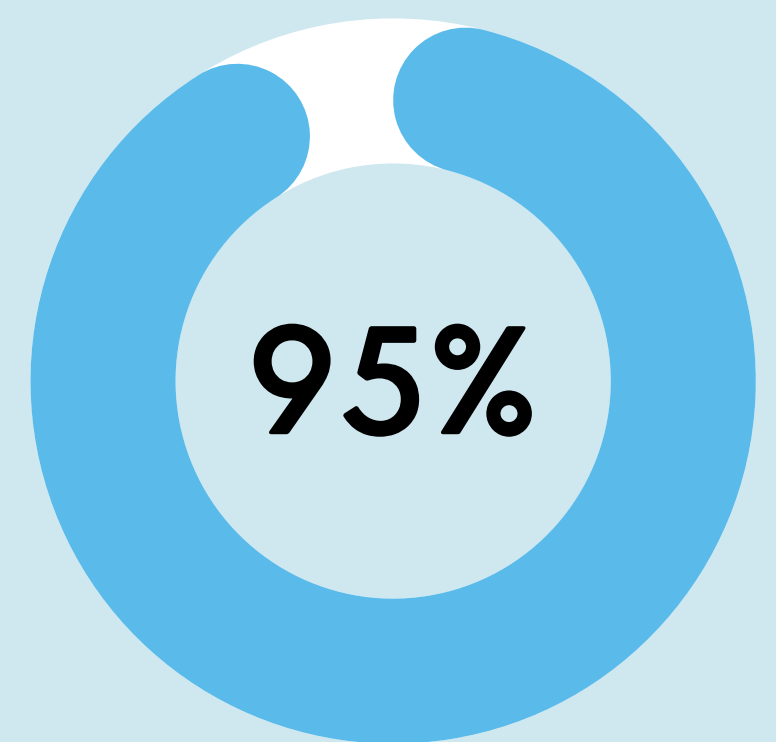
Per the recommended guidelines from the Joint Committee on Infant Hearing (JCIH), the IHP works to ensure that all infants receive a hearing screening and rescreening, if necessary, by one month of age. According to vital records, a total of 34,628 babies were born in the state of Arkansas in 2022.



34,465 hearing records were reported to the EHDI Program, documenting 34,078 infants receiving a hearing screening.



32,721 infants received a hearing screening by 1 month of age.

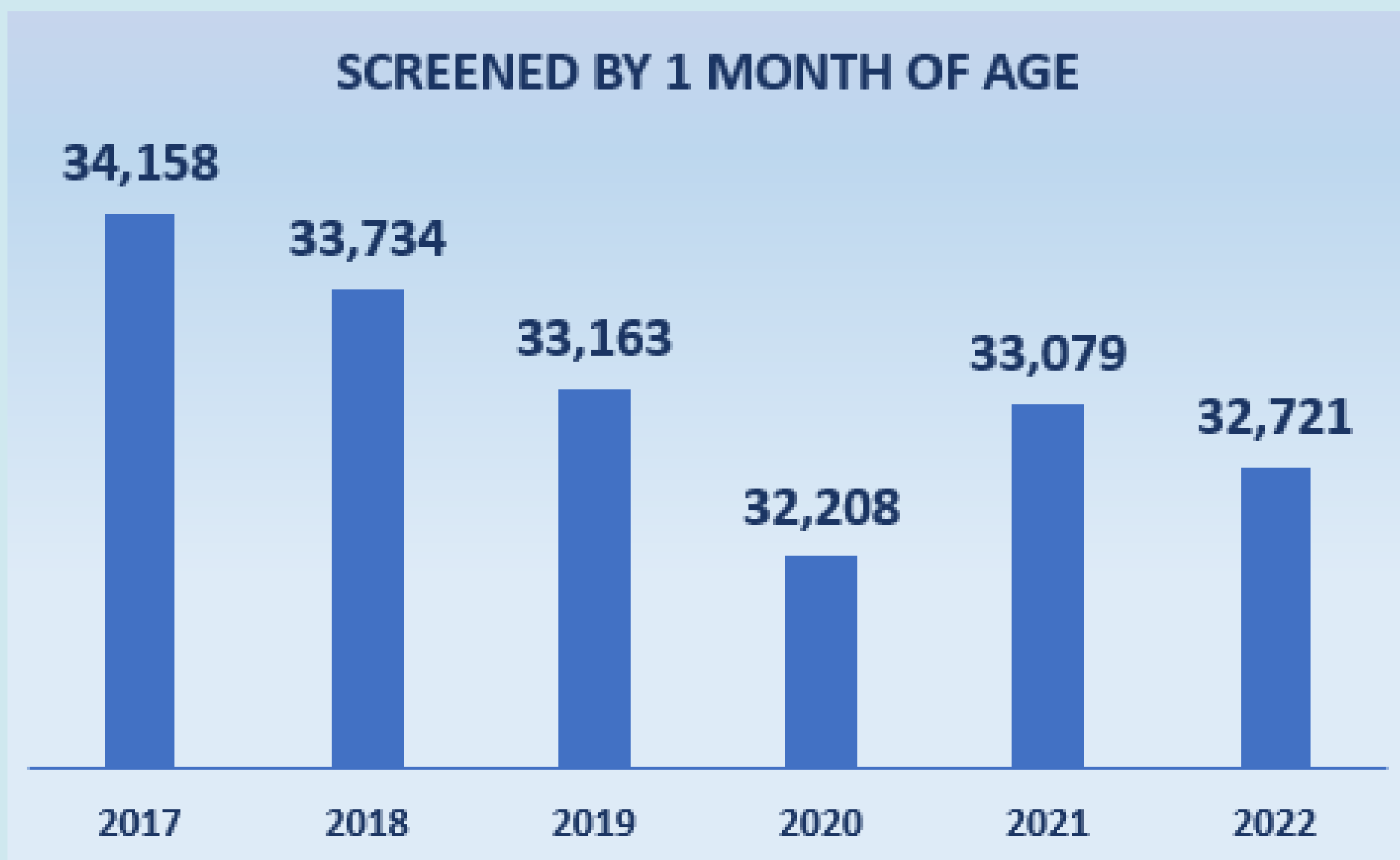
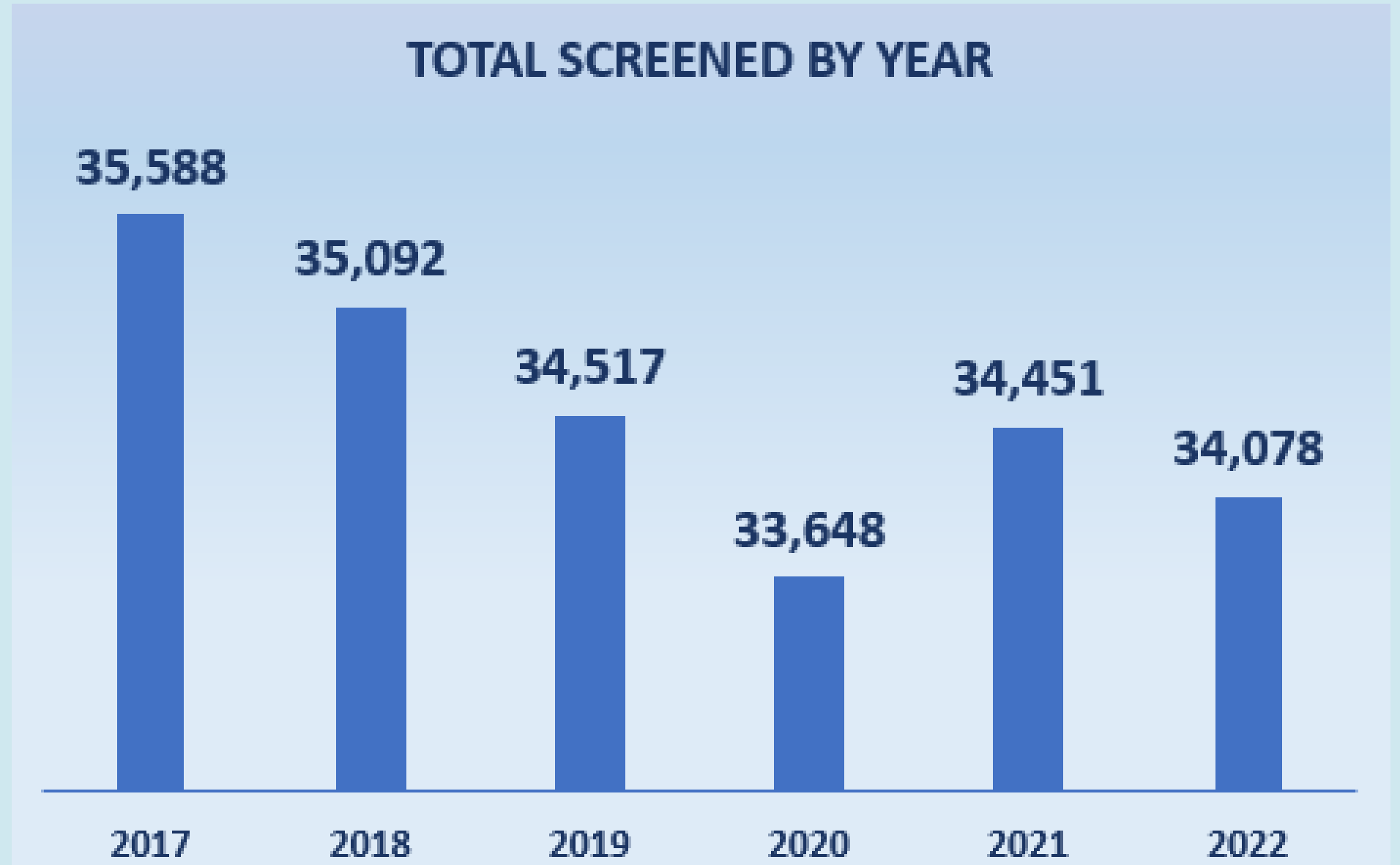
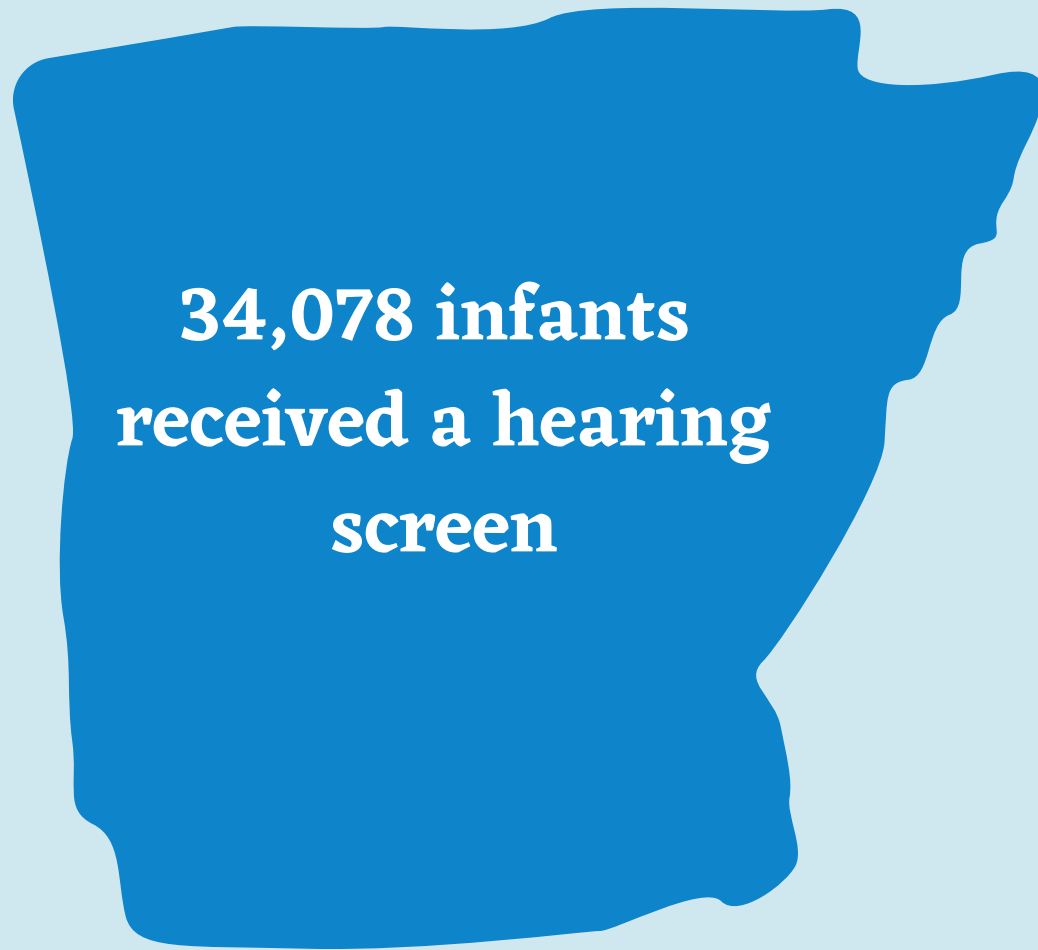


32,362 infants received a screening by 1 month of age and did not require further testing.

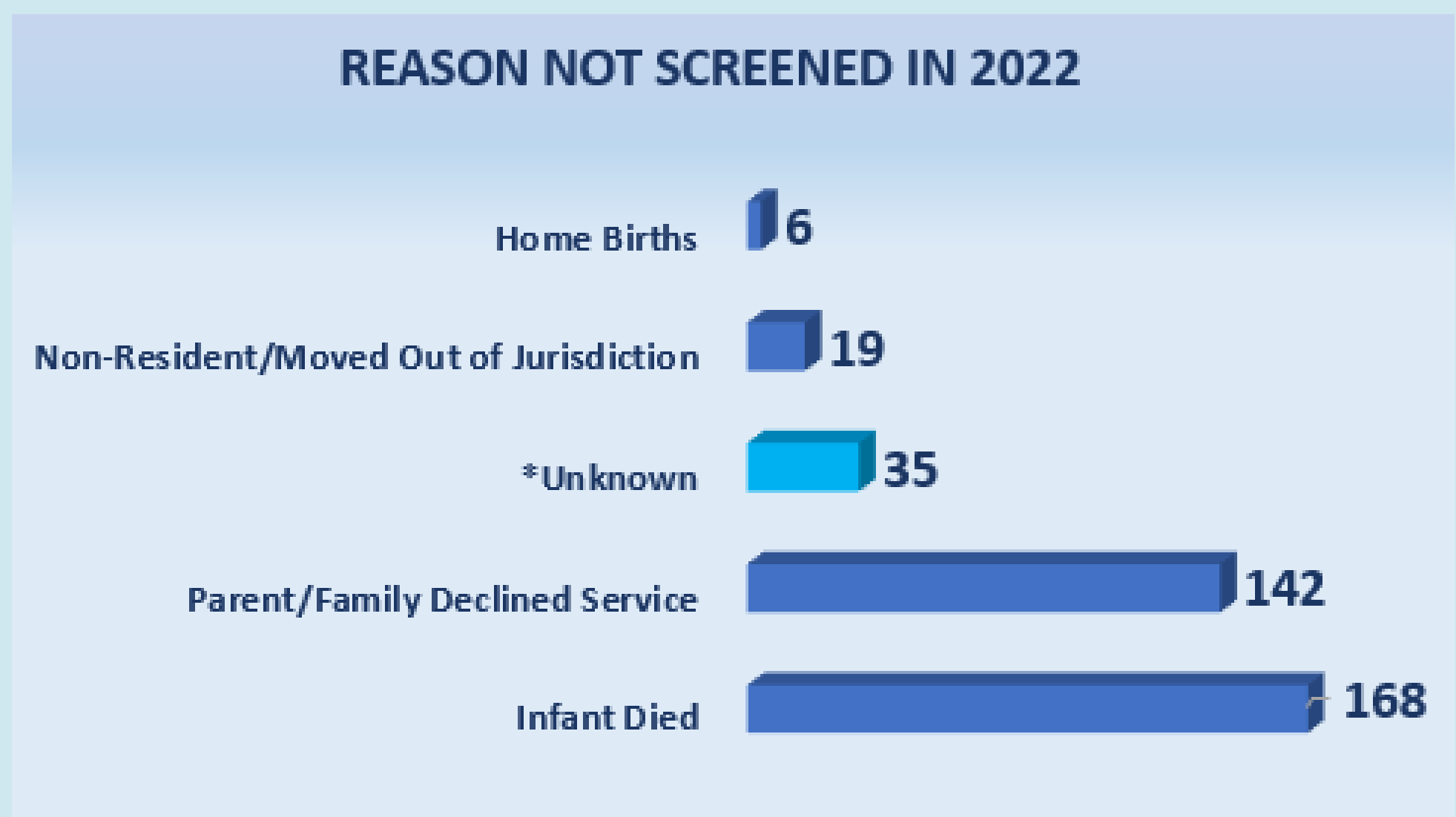


Quick Facts

According to the Arkansas 2022 ERAVE Hearing Screening and Follow-up Survey report, there were 34,078 infants that received a screening, 33,574 infants received a passing result and 32,362 infants passed by one month of age.



In 2022, 387 infants were documented as not receiving a newborn hearing screening.



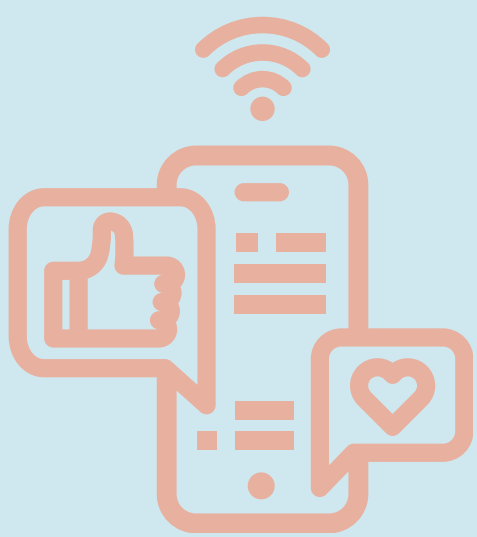
*Unknown includes infants without a documented reason for not receiving a hearing screening and parents that were unable to be contacted or unresponsive.

What Are We Doing To Progress?

The program continued monitoring the number of infants that received a newborn hearing screening by 1 month of age, using the Health Resource Services Administration (HRSA) performance goal: to increase the number of infants receiving a hearing screening no later than 1 month of age by 1%, or to achieve a 95% screening rate, whichever is less. In 2022, the IHP met that goal with 96%, indicating that 32,721 infants received a newborn hearing screening by 1 month of age.

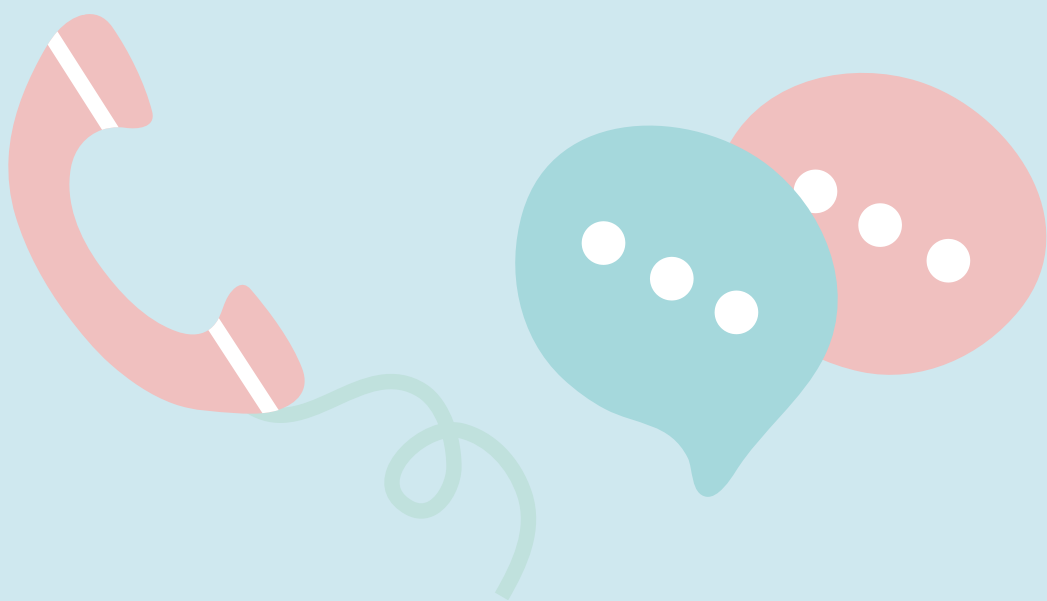
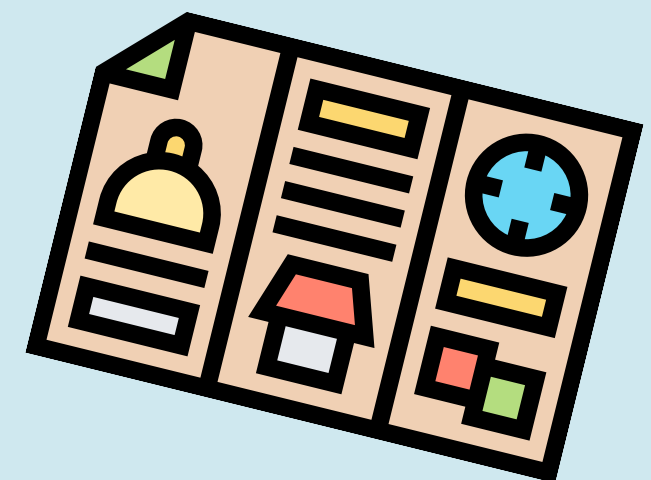
In 2023, the IHP implemented several activities to promote performance improvement for the 1 month measure, such as:

Surveyed birthing facilities to identify current protocols for providing hearing screening practices and parent education.



Conducted media campaigns to increase awareness of the IHP as the state EHDI system and JCIH 1-3-6 recommended guidelines.

Assessed current educational materials and guides to share with providers and families.



Provided weekly communication with healthcare providers outlining JCIH 1-3-6 recommended practice guidelines.

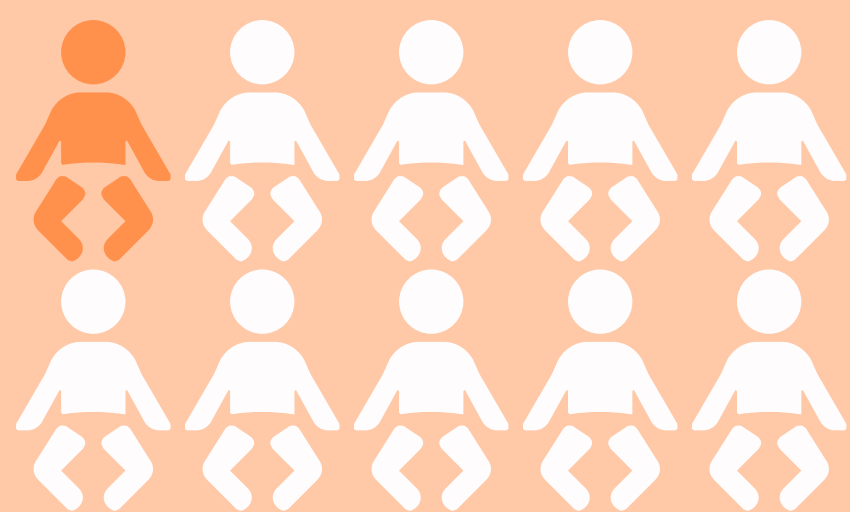
Revised IHP follow-up actions to increase effectiveness when communicating with families and providers.



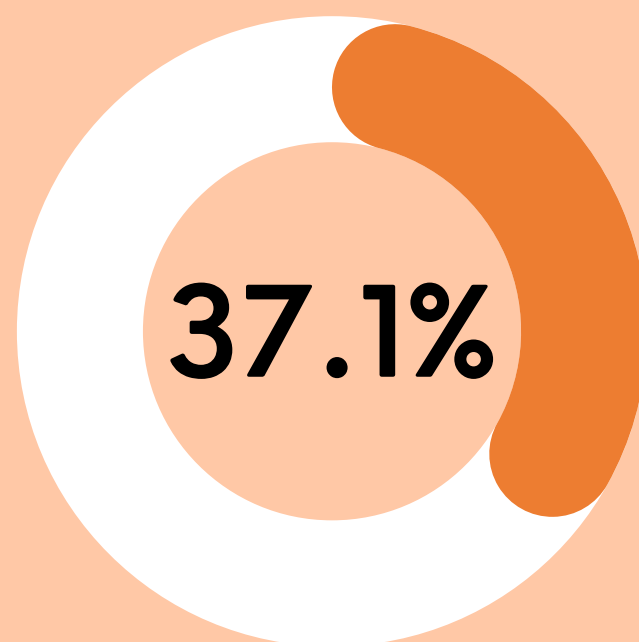
DIAGNOSTIC

Following the recommended guidelines from the JCIH, the IHP strives to ensure all infants who do not pass the newborn hearing screening receive a diagnostic evaluation by three months of age.

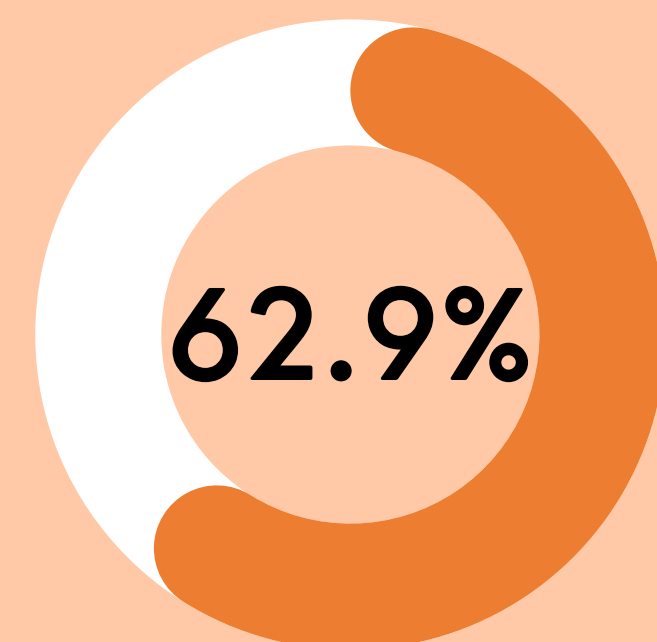
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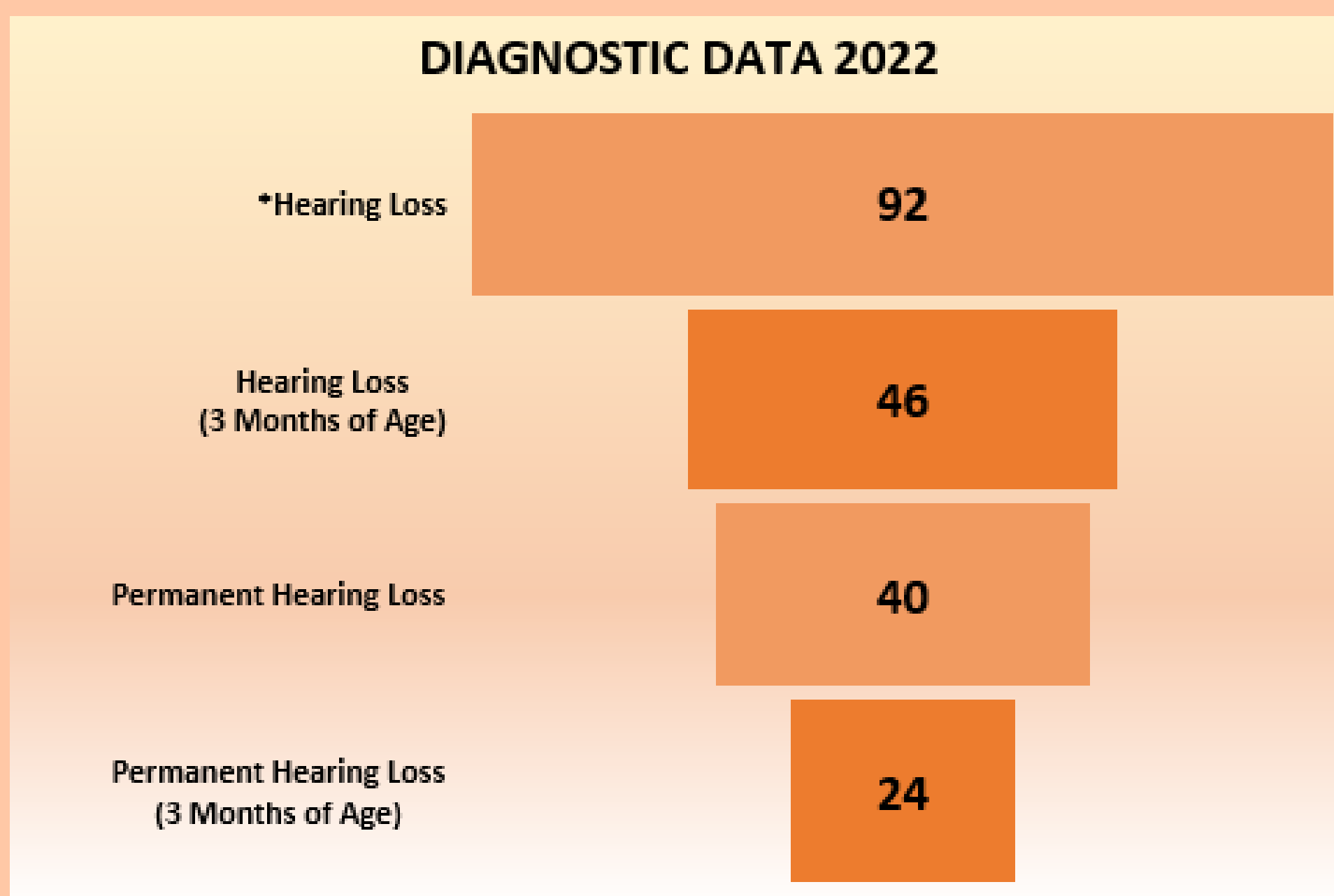
504 infants did not pass the newborn hearing screen.



187 infants received a completed diagnostic evaluation indicating normal hearing or a hearing condition.

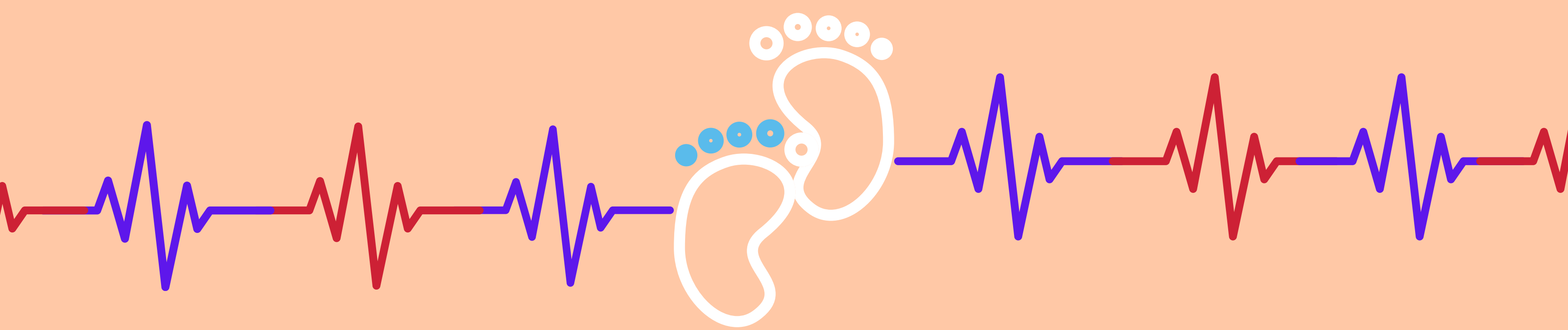


317 infants did not receive a diagnostic evaluation after not passing the screen.



*Hearing loss includes cases of permanent and non-permanent loss.

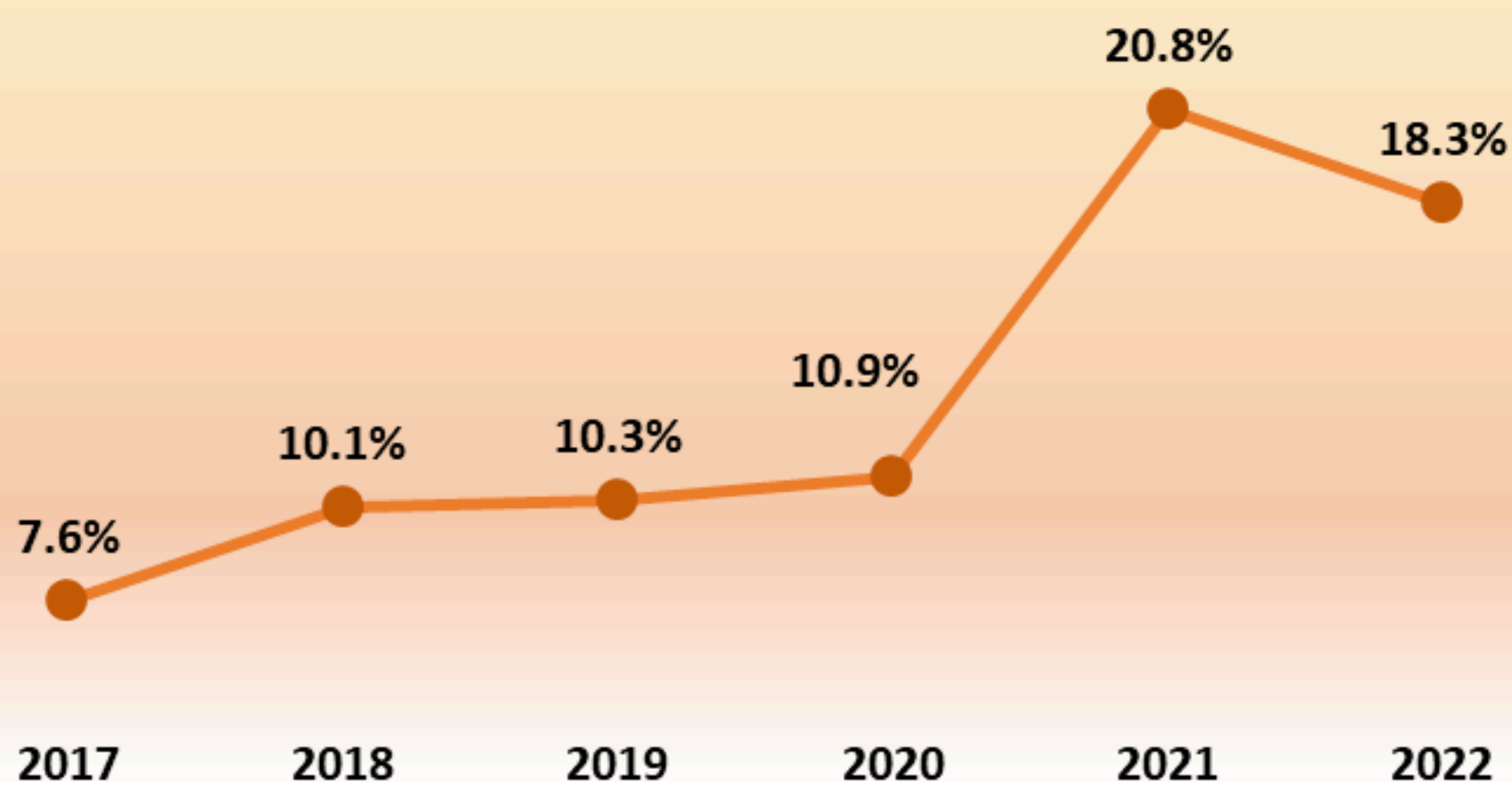
According to the 2022 diagnostic data, 92 infants were identified as having a hearing condition. Of those 92 infants identified, 46 infants were diagnosed within the recommended guideline of three months. Additionally, 40 infants were identified as having a permanent hearing condition and 24 of those infants were diagnosed within the recommended guideline of three months.



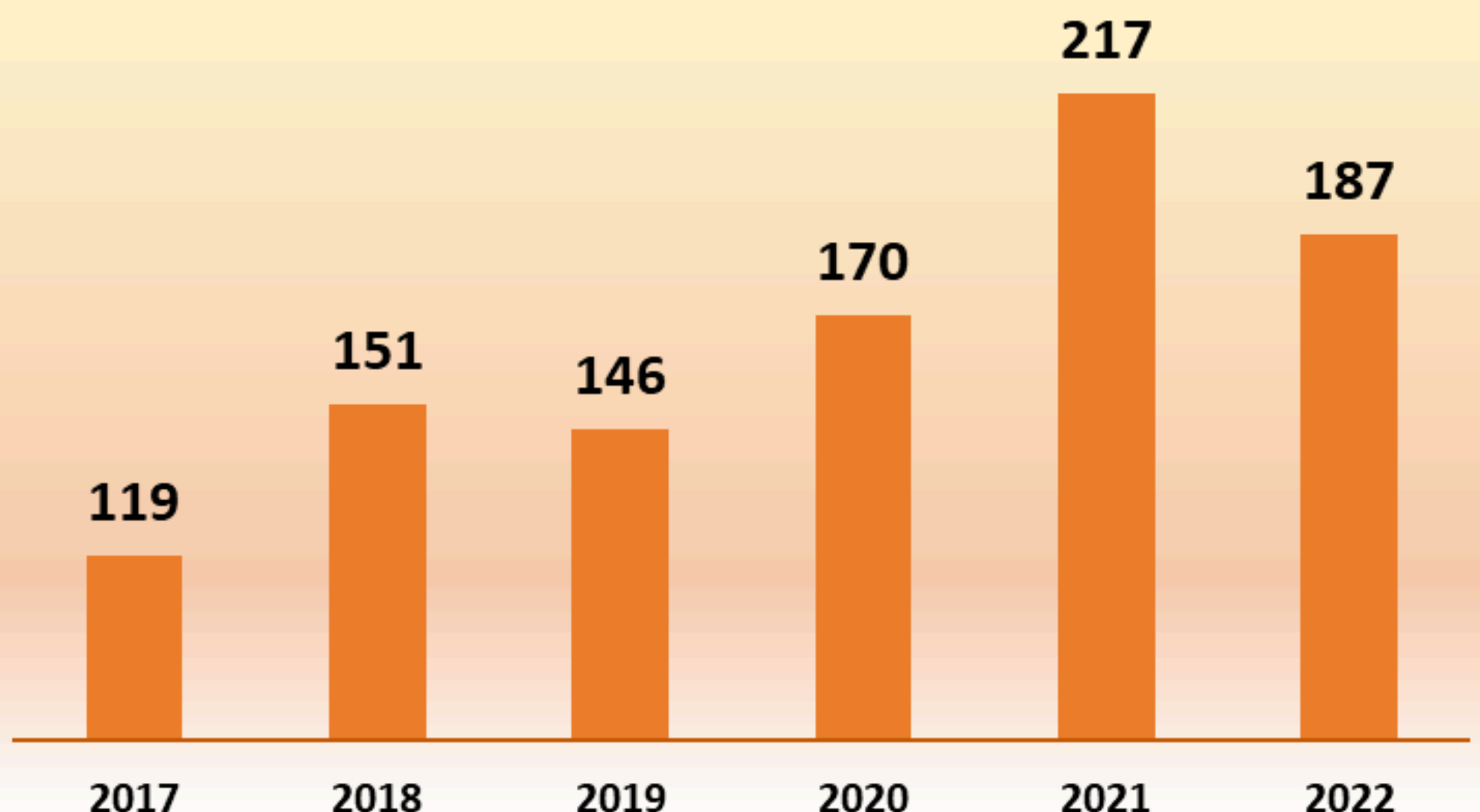
QUICK FACTS

In 2022, 18.3% (92) of the infants that did not pass the screening received a diagnostic evaluation by three months of age. This data indicates a slight decrease in the number of infants receiving a completed diagnostic evaluation in comparison to the 2021 data where 21% (217) of the infants received an evaluation by three months of age.

PERCENT DIAGNOSED BY 3 MONTHS OF AGE



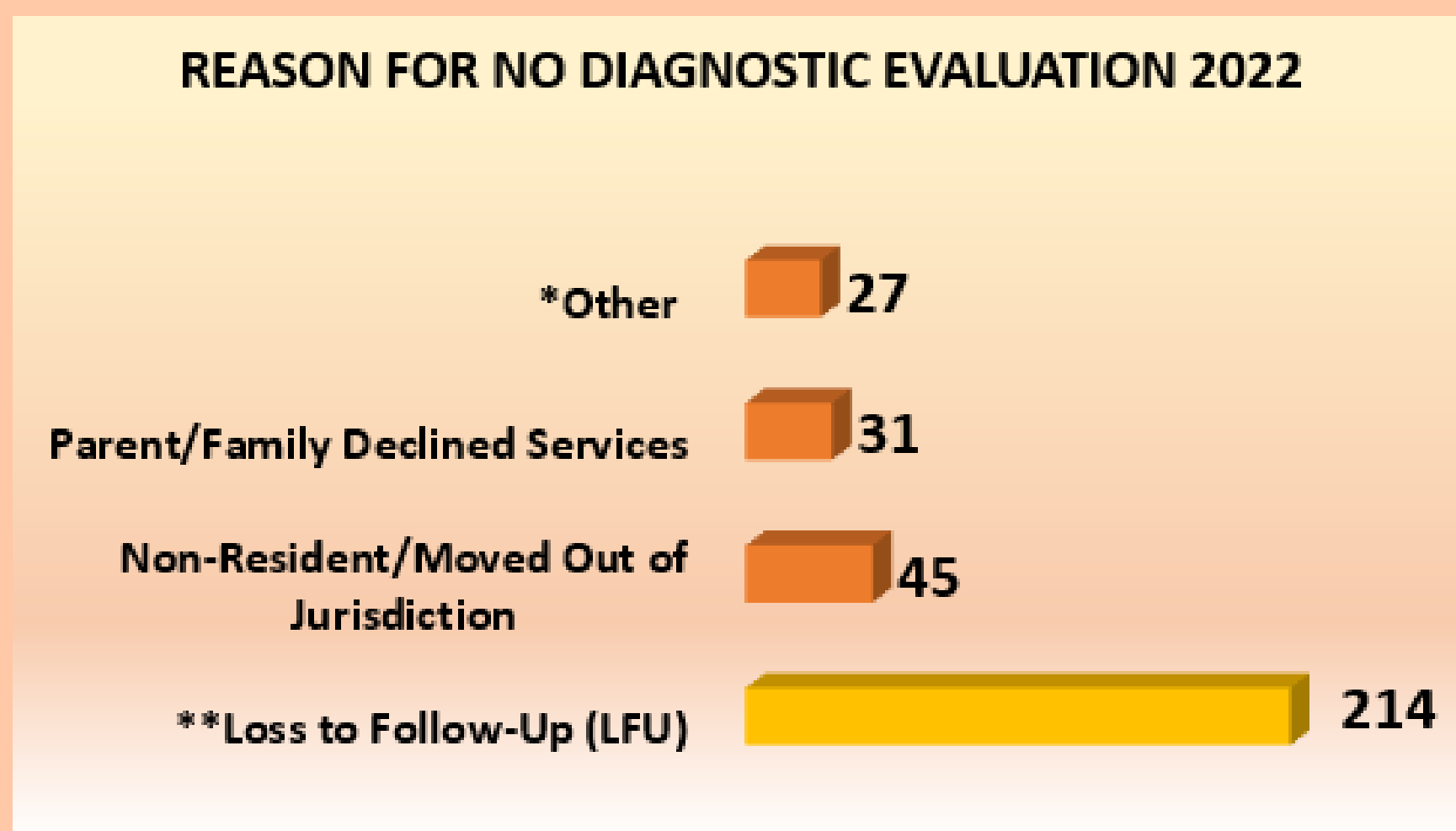
TOTAL DIAGNOSED BY YEAR



What Are We Doing To Progress?

WHAT ARE THE REASONS INFANTS DO NOT RECEIVE A DIAGNOSTIC EVALUATION?

In 2022, the state reported a total of 317 infants without a diagnostic evaluation after not passing the newborn hearing screening. Of those infants, 9% received no diagnostic evaluation due to the infant expiring, medical reasons, were awaiting an audiologic diagnosis, or other undocumented reasons at the time of the report. Fourteen percent of the infants that did not receive a diagnostic evaluation moved out of the state and 10% declined to receive services for their infant. Lastly, 68% of these infants were documented as lost to follow-up (LFU) after not passing the screening due to their parents being inaccessible, unresponsive to attempts of contact, or other unknown reasons.



*Infant expired, unable to test due to medical reasons, awaiting diagnosis, or other.

**Unknown, unable to contact, or parents/family contacted but unresponsive.

Throughout the project period, the IHP and partners worked to improve the capacity of the state EHDI system by engaging health professionals. The IHP implemented activities to decrease loss to follow up and improve timely communication with families and providers, including:

Developed a non-permanent hearing loss work group



Implemented a performance monitoring plan



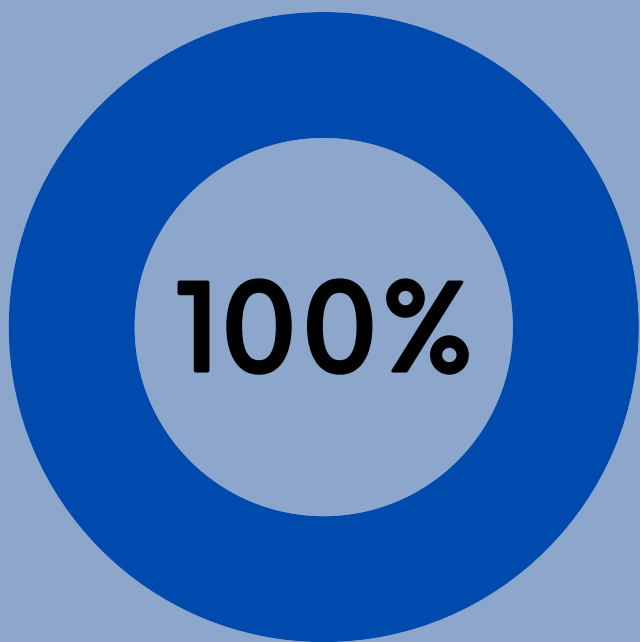
EARLY INTERVENTION

Following the recommended guidelines from the JCIH, the IHP strives to ensure all DHH infants are enrolled in EI services by six months of age.

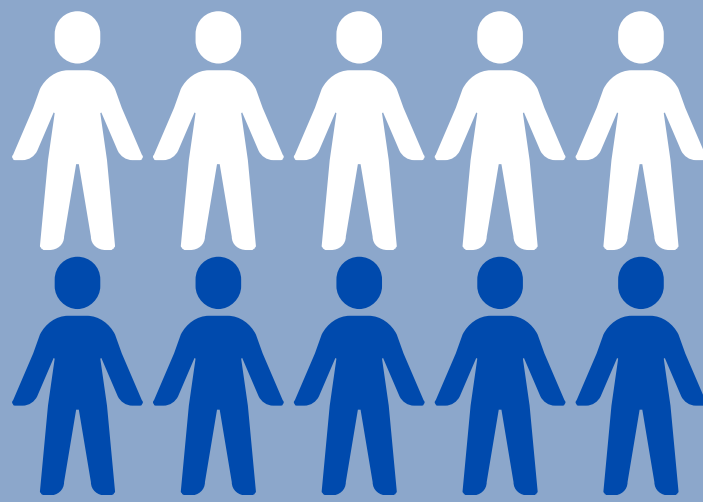


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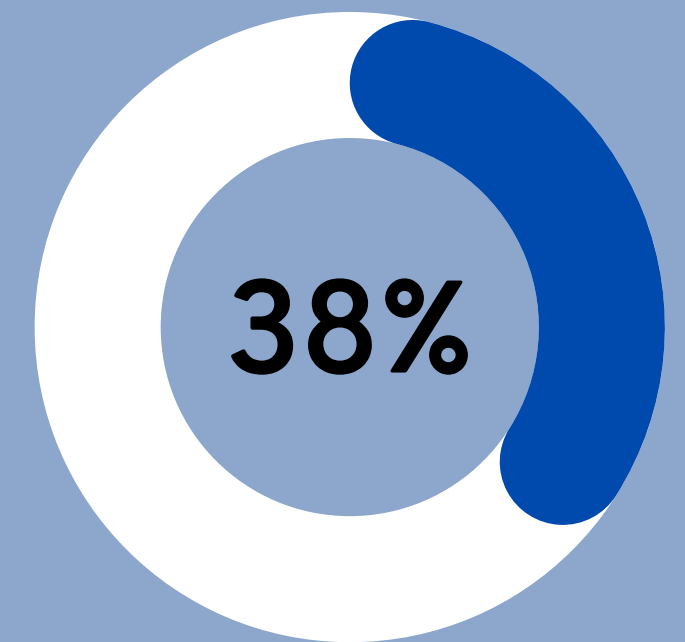
In 2022, 40 infants were diagnosed with a permanent hearing condition in Arkansas.



40 infants were referred to EI services, 22 infants were referred before 6 months of age.



Of the 40 infants referred, 26 (65%) infants were enrolled in EI services.



10 infants were enrolled in EI services before 6 months of age.

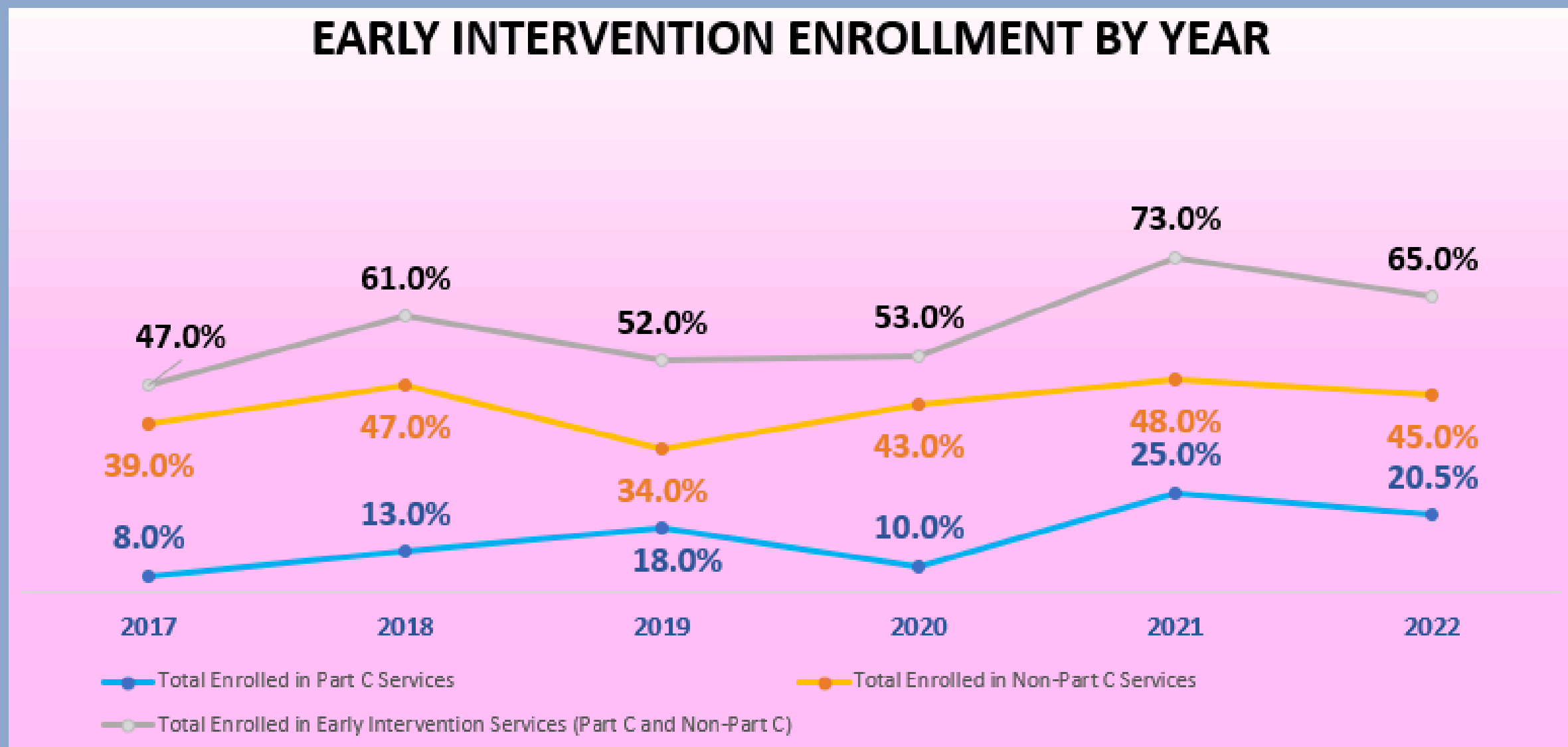
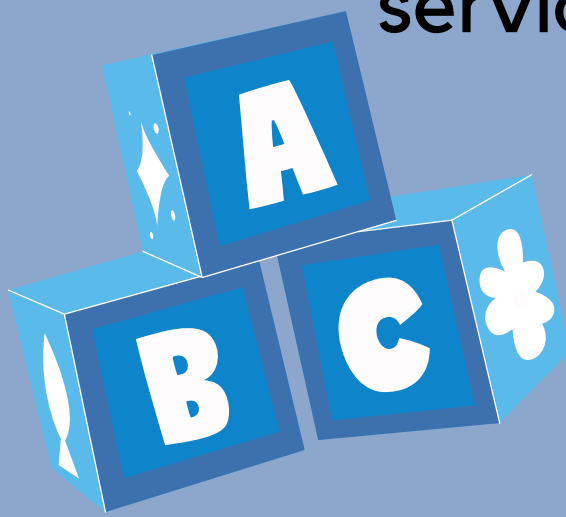


Totals include Part C and Non-Part C data

Source: ERAVE Hearing Screening and Follow-Up Survey, run 2-8-2024. [CDC EHDI Annual Data.](#)

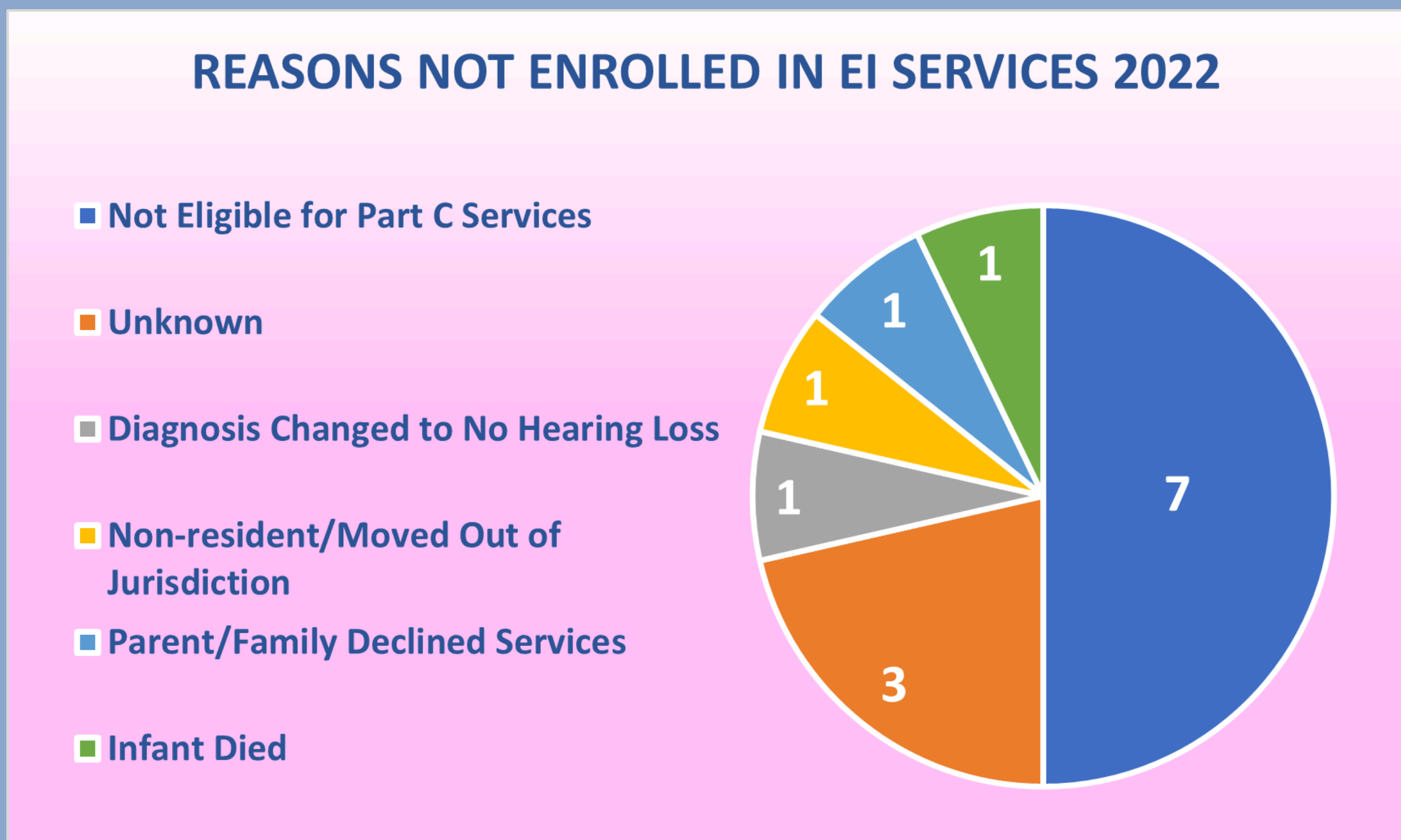
QUICK FACTS

In 2022, 65% of DHH children were enrolled in EI services. The IHP, saw a decrease in EI enrollment from the previous year's report of 73%. Arkansas' EI network includes Part C and Non-Part C providers. Part C providers deliver comprehensive services in the natural environment in accordance with guidelines outlined in the Individuals with Disabilities Education Act, and Non-Part C providers deliver services and/or therapy in an early learning environment or clinical setting. EHDI data from recent years consistently shows higher enrollment in Non-Part C services when compared to enrollment in Part C services. The program continues efforts to identify Non-Part C service providers to collect documentation of enrollment in EI services.



REASONS NOT ENROLLED

In 2022, the program reported 14 babies without documentation of enrollment in EI services.



What Are We Doing To Progress?

In continuing efforts to increase the number of infants that are enrolled in early intervention services by 6 months of age, the IHP continues to maintain professional relationships with stakeholders such as Guide By Your Side (GBYS) and Hands and Voices to encourage families with infants that did not pass the newborn hearing screening and have been diagnosed with having a hearing condition to enroll in early intervention services no later than 6 months of age.

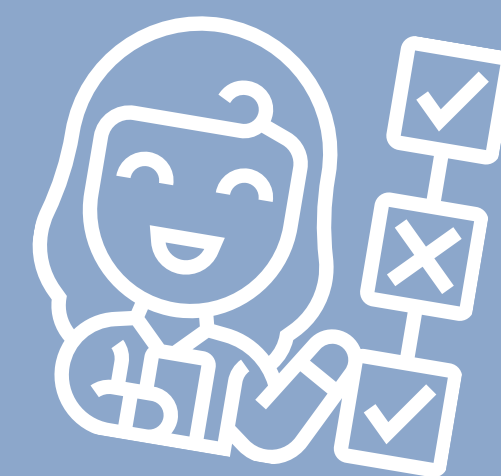
In 2023, the IHP implemented several activities to promote performance improvement in the 6 month measure, such as:

Enhanced ERAVE, enabling EI providers to report more EI services.



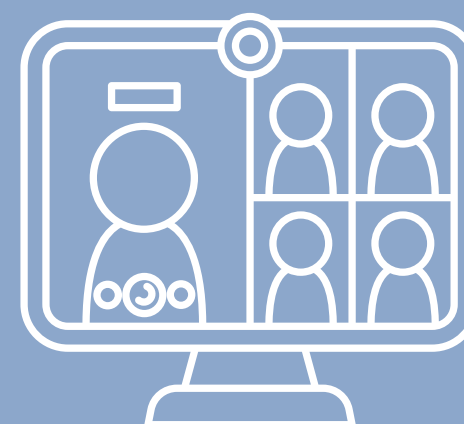
Distributed "What Happens Next" flyers to all families with a newly diagnosed infant/child.

Assessed IHP protocols for conducting follow up after diagnosis to promote timely enrollment.



Facilitated family-based support through the GBYS program and semi-annual events.

Provided ERAVE training to Non Part C providers.



FAMILY ENGAGEMENT

The IHP sustained collaborative efforts with Arkansas Hands and Voices (AR H&V) to increase enrollment in family-to-family support services (FSS) amongst families with DHH children. The program completed referrals for children who are DHH or at risk for a hearing condition or hearing loss. AR H&V facilitated the Guide By Your Side (GBYS) program to connect families with peers and DHH adults. The GBYS guides provide parent-to-parent support and the DHH adult serves as a role model or guide as the family navigates the system. AR H&V provided the following additional FSS activities during the current project period allowing families with DHH children to gather and connect with one another in various areas of the state:

- Zoo Day - Little Rock Zoo
- Sign, Speak, Run
- Virtual educational webinars
- Advocacy, Support, and Training (ASTra) Program



UPCOMING ACTIVITIES

- Prenatal Education
- Provider Education
- Data Analysis Supporting Quality Improvement
- Innovative Partnerships



Next steps for the upcoming budget year include increased promotion of EHDI best practices, collaboration with non-traditional partners and the continued implementation of quality improvement projects to track changes promoting the effectiveness of the state EHDI system. The IHP will work collaboratively with stakeholders to complete the following activities:

- Obtain an accurate number of audiology diagnostic facilities that serve children 0-3 statewide.
- Maintain and improve connection and collaboration with audiologist
- Maintain and improve connection and collaboration with early intervention programs (Part C and Non-Part C providers).
- Partner to provide trainings and presentations to professionals serving DHH children and their families.
- Increase engagement with primary care physicians to remove barriers delaying follow-up care after not passing the newborn hearing screen.
- Establish new partnerships with early childhood organizations.
- Revising/Creating new educational materials.



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Infant Hearing Program**

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