# HEALTHY HEARING NEWS-ARKANSAS EARLY HEARING DETECTION AND INTERVENTION



## WHAT IS AR EDHI?

The Arkansas Department of Health's Infant Hearing Program (IHP) serves as the Early Hearing Detection and Intervention (EDHI) program for Arkansas. EHDI programs were created nationwide to support children 0-3 years of age and their families. The CDC reports that approximately 3 of every 1,000 infants are diagnosed with a hearing condition each year, and 90% 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 of age. Infants with undiagnosed hearing conditions are at an increased risk of developing significant delays in language acquisition.



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

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

All infants who are identified as Deaf or Hard of Hearing should begin early intervention services by six months of age.

The Infant Hearing Program is a state coordinated system of care that assists in ensuring infants have documentation of a hearing screening, DHH children are identified early and DHH children are enrolled in early intervention services to promote optimal language development. As of September 2024, 33 birthing hospitals conduct newborn hearing screening before infants are discharged from the nursery, communicate the test result, explain next steps for follow-up to parents and report test results to primary care providers (PCPs) and the state EDHI program.

The IHP facilitates the state's EHDI program by conducting surveillance and providing follow-up to families with children that do not pass the newborn hearing screening to ensure infants are receiving additional evaluation and appropriate connection to intervention services in the recommended 1-3-6 timeframes. Children should receive a screening by 1 month of age, diagnostic evaluation by 3 months of age if they do not pass the screening and enrollment in early intervention (EI) services by 6 months of age if identified with a hearing condition. Additionally, the IHP leads efforts to engage and coordinate all stakeholders (PCPs, audiologists, early interventionists and parents) in providing services for children birth to 3 years of age. The program is pleased to share recent updates and developments. In this edition, you will find information on the latest advancements, ongoing activities and upcoming events aimed at enhancing EHDI statewide. Your continued support and engagement is vital as we strive to improve outcomes for children and their families.

### **EDHI DATA**

In 2022, Arkansas vital records documented a total of 34,628 live births in the Electronic Registration of Arkansas Vital Events (ERAVE) database. Additionally, hearing screening data was reported in ERAVE by birthing hospitals and hearing screening providers.



34,078 infants received a hearing screening of 34,465 records reported to the EHDI Program.



32,721 of 34,078 infants screened were performed by 1 month of age.



32,362 of the 34,078 infants were screened by 1 month of age and did not require further testing.





504 of the 34,078 infants screened did not pass the newborn hearing screen.



187 of 504 infants received a completed diagnostic evaluation indicating normal hearing or a hearing condition.



317 of 504 infants still need a diagnostic evaluation after not passing the screen.





40 infants were diagnosed with a permanent hearing condition. Each infant was referred to El services.



26 of the 40 infants referred were enrolled in EI services.



10 of the 26 infants were enrolled in EI services before 6 months of age.

## **KEY REMINDERS**

## **Healthcare Providers:**

- Early Screening: Ensure all newborns are screened for hearing conditions before 1 month of age.
- Timely Referrals: Refer any infant who does not pass the hearing screening for further evaluation by 3 months of age.
- Family Support: Connect families with DHH children to resources and family-tofamily support throughout the identification and intervention process but no later than 6 months of age.
- Follow-Up: Stay engaged with families for follow-up assessments and interventions as needed.
- Continuing Education: Stay abreast of EHDI best practices. Scan the QR code for more physician information:



#### Parents:

- Screening Awareness: Understand the importance of hearing screening and advocate for your child's screening at birth.
- Monitor Language Milestones: Track your child's development and discuss concerns with their doctor at check-ups. Download the CDC's Milestone Tracker app to assist in preventing developmental delays in language.
- Seek Support: Scan the QR code for support resources:

Contact the IHP at 501-280-4740 for more

information.

#### 2024 ANNUAL BIRTHING HOSPITAL SURVEY

The IHP distributed the Annual Birthing Hospital Survey during July 2024 in accordance with Act 1559 of 1999. The survey identifies current protocols for birthing hospitals providing EHDI services and parent education per the Joint Committee on Infant Hearing's (JCIH) 1-3-6 recommended practice guidelines. At the time of the survey, there were 35 birthing hospitals in Arkansas, and each hospital responded to the survey. This survey allowed the IHP to update the demographic information for each facility and identify opportunities to support EHDI performance improvement. Trending themes from this year's results provided information about the hospitals' EHDI protocols, quality improvement efforts and how effectively they use ERAVE, a web-based database, as a tool to monitor quality assurance (QA).

According to the 2024 Annual Birthing Hospital Survey, approximately 60% of hospitals reported that they monitor their newborn hearing screening (NBHS) performance, but an internal quality improvement (QI) initiative does not exist. ERAVE provides hospitals with on-demand access to reports to assist in monitoring the facility's overall NBHS performance. However, only 29% of birthing hospitals reported using ERAVE reports monthly, 8% use ERAVE reports twice a month, 26% use ERAVE reports weekly and 37% of hospitals report not using these reports at all.

## **QUARTERLY PERFOMANCE RECOGNITION**

The IHP program reviews monthly performance reports with staff at each birthing hospital. Each report is reviewed approximately 30 days after the month ends and addresses:

- Data Quality: Hearing records submitted for each live birth.
- Linkage: Hearing records linked to birth records.
- Reporting Timeliness: Hearing records submitted within two days of testing.
- Initial Screening Validity: Monitoring the facility's failure rate in comparison with recommended failure rates.
- Rescreening: The number of infants who did not pass the initial screening and received an outpatient screening.

These hospitals exhibited an excellent performance rating of 90% or above each month this quarter (July 1, 2024-September 30, 2024):

Baxter Regional Medical Center
Baptist Health Medical Center-Little Rock
Baptist Health Medical Center-Arkadelphia
CHI St. Vincent Hot Springs
NEA Baptist Memorial Hospital
Ouachita County Medical Center
Mena Regional Health System
Johnson Regional Medical

#### AR EHDI OUTREACH

The IHP is committed to supporting families and healthcare providers with comprehensive educational resources to promote healthy hearing for infants. Educational materials such as a prenatal toolkit, list of hearing screening providers and next steps after the initial screening brochure are available for expectant and/or new parents and providers. These materials can also assist hospital staff when communicating with parents during the prenatal and delivery periods. Additionally, toolkits are available for PCPs, audiologists and otolaryngologists to outline best practice recommendations for early detection and intervention.









# Scan the QR code to access these factsheets:



The IHP staff communicates directly with birthing hospitals, physicians, hearing screening providers and parents daily to obtain and enter hearing and intervention data into the IHP's database for each live birth. The IHP staff educates and trains stakeholders in accordance with the JCIH's recommendations to promote optimal outcomes for children at risk or identified with a hearing condition. The IHP strives to increases program awareness through outreach at community events, correspondence with healthcare providers and engaging stakeholders statewide to promote opportunities for collaboration. Contact the IHP Outreach Coordinator at 501-280-4139 or <a href="mailto:nichael@arkansas.gov">nichael@arkansas.gov</a> to learn more about collaboration opportunities.

# **UPCOMING EVENTS**

- December 2024 Language Acquisition Workgroup
- April 22, 2025 Universal Newborn Hearing Screening,
   Tracking and Intervention Advisory Board Meeting

