



Arkansas Department of Health Infant Hearing Program

**EARLY HEARING DETECTION AND
INTERVENTION**

2025

ANNUAL REPORT



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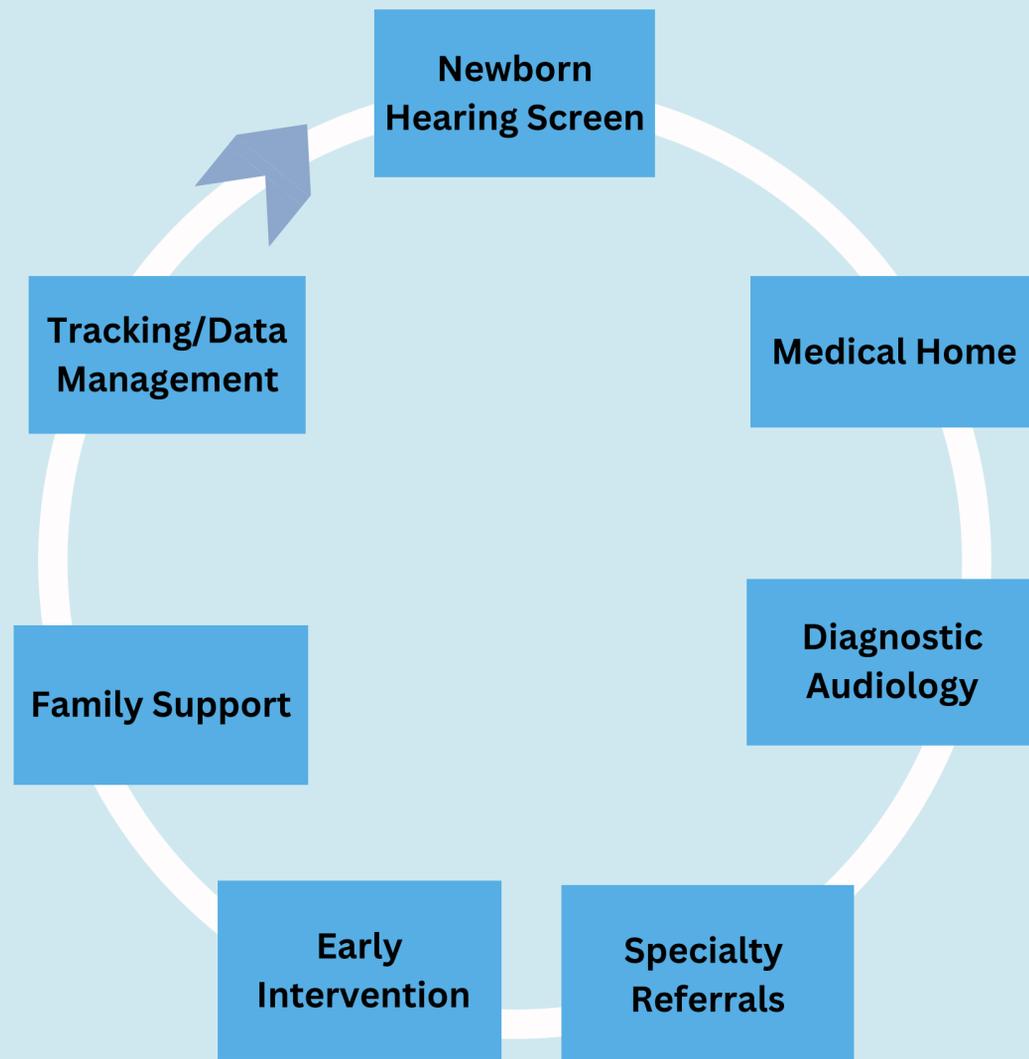
16 Upcoming Activities

The annual report disseminates the most recently released data and programmatic activity information, including 2023 calendar-year datasets and an overview of 2024 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 zero to three 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 development.



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.

Strengthen the infrastructure to coordinate services across the statewide EHD system for DHH children to improve language.

Increase the number of families with DHH children that are enrolled in FSS, and educate service providers about 1-3-6 recommendations.

Engage EHD stakeholders to improve language acquisition outcomes for DHH children.



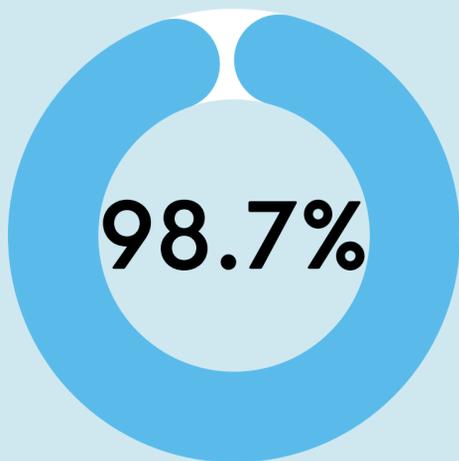
The IHP strives to increase the number of children receiving early identification and enrollment in intervention services to decrease the risk for developmental delays in learning language by conducting surveillance of all EHD data reported in the ERAVE database. The program follows the Centers for Disease Control and Prevention (CDC) guidelines to reach this goal through **Data Optimization** by improving the collection, management and efficient use of diagnostic and intervention data in accordance with EHD Functional Standards. **Stakeholder Engagement** is conducted to promote and support collaboration with partners to support surveillance activities within the state in addition to providing technical assistance during the reporting process. Lastly, **Data Submission and Dissemination** occur to develop data reports and disseminate information amongst internal and external stakeholders.

SCREENING



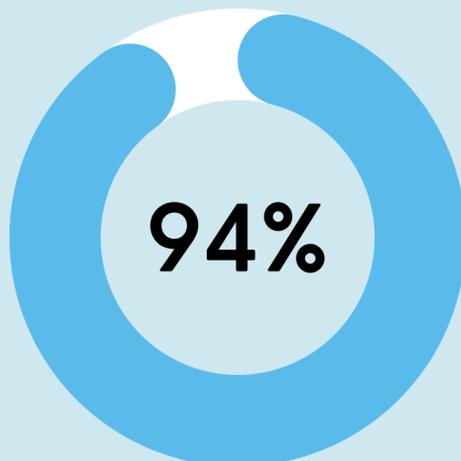
Per the recommended guidelines from the Joint Committee on Infant Hearing (JCIH), the IHP works to ensure all infants receive a hearing screening and rescreening, if necessary, by one month of age. According to vital records, a total of 34,403 babies were born in the state of Arkansas in 2023.

PERCENT OF INFANTS SCREENED



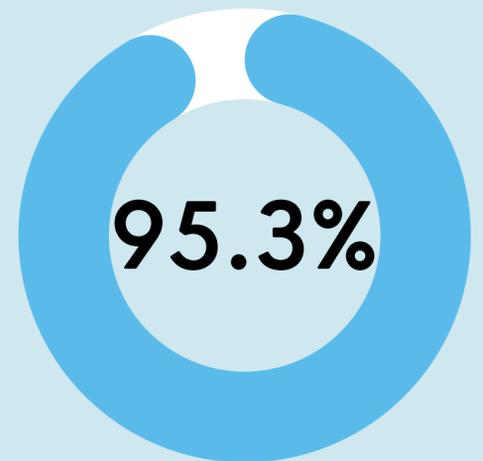
34,090 hearing records were reported to the IHP, documenting 33,662 infants receiving a hearing screening.

PERCENT OF INFANTS SCREENED BY 1 MONTH



32,352 infants received a hearing screening by 1 month of age.

PERCENT OF INFANTS THAT PASSED BY 1 MONTH

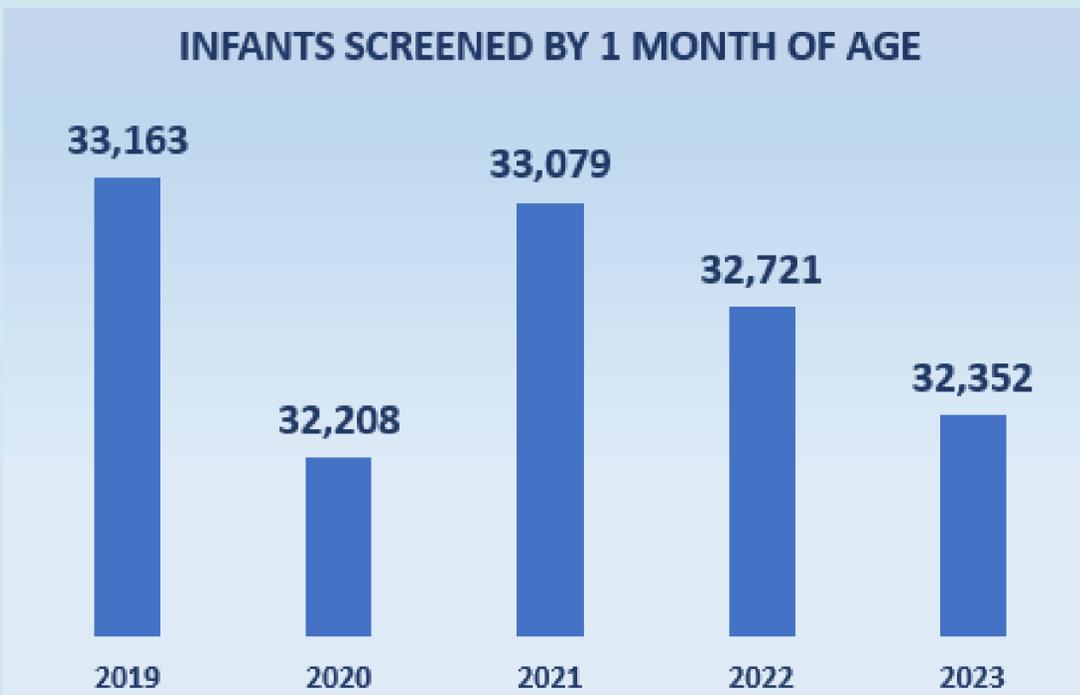
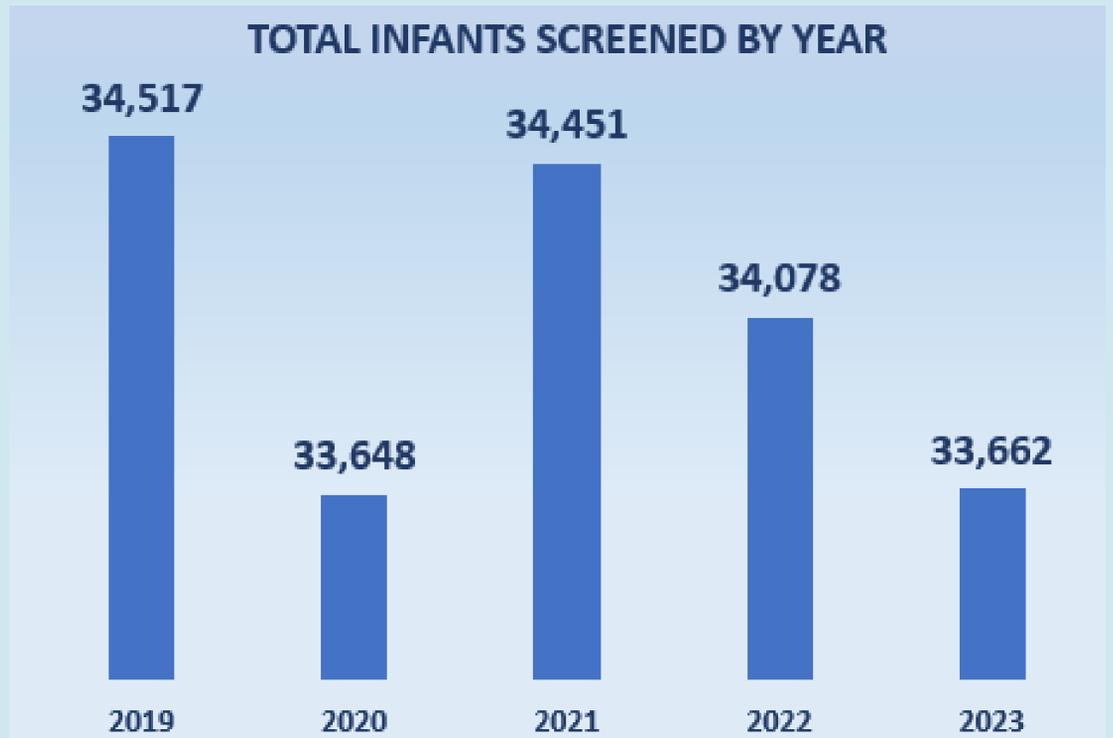
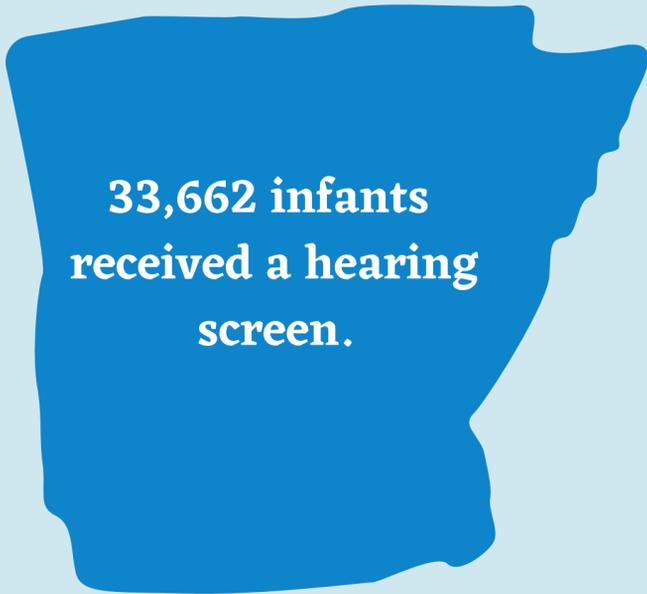


32,107 infants received a screening by 1 month of age and did not require further testing.

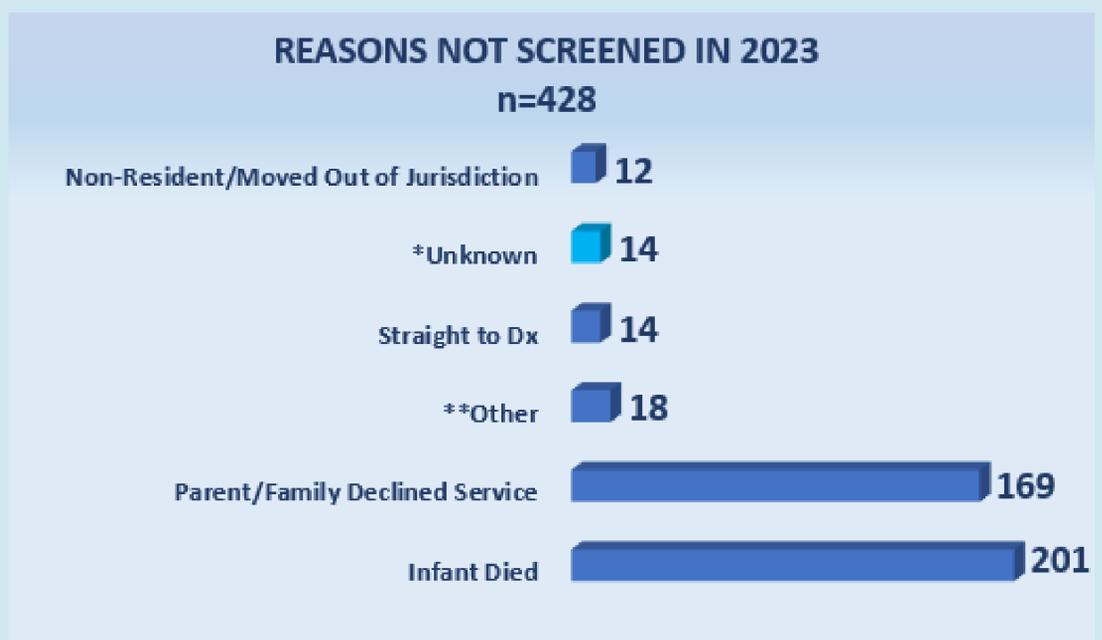


Quick Facts

According to the Arkansas 2023 ERAVE Hearing Screening and Follow-up Survey report, 33,662 infants received a screening, 33,314 infants received a passing result and 32,107 infants passed by one month of age.



In 2023, 428 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.

**Other includes infants unable to be screened due to medical reasons.

What Are We Doing To Progress?

The program continued monitoring the number of infants that received a newborn hearing screening by one 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 one month of age by 1%, or to achieve a 95% screening rate, whichever is less. In 2023, ERAVE reports indicated that 94% of infants received a newborn hearing screening by one month of age.

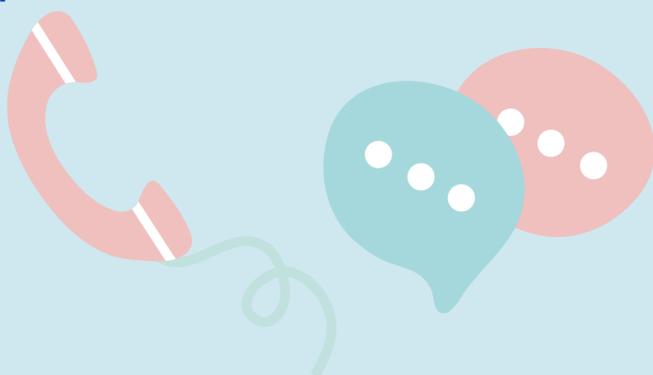
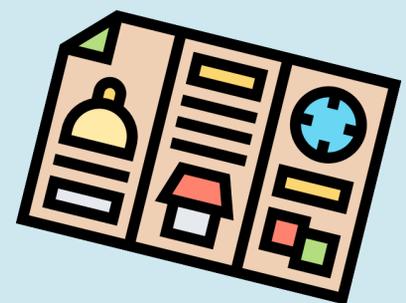
In 2024, the IHP implemented several activities to promote performance improvement for the one month measure, such as:

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



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

Reviewed and revised educational materials to strengthen consistent messaging. Materials were shared with providers and families.



Conducted weekly communication with healthcare providers to reiterate JCIH 1-3-6 recommended practice guidelines.

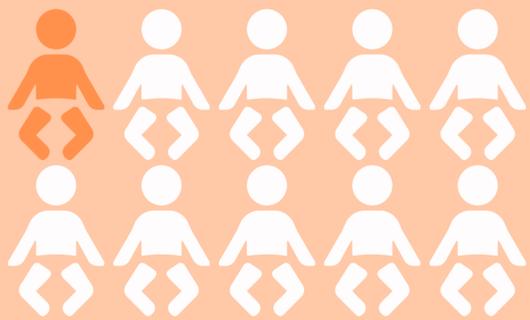
Revised IHP follow-up actions to increase effectiveness when communicating with families and providers.



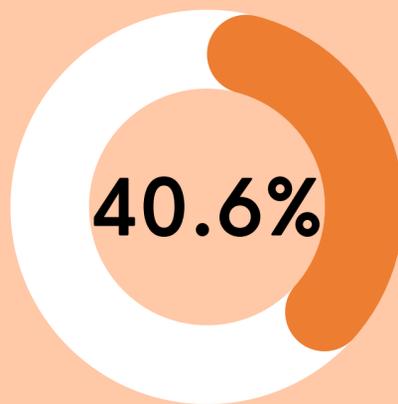
DIAGNOSTIC

3

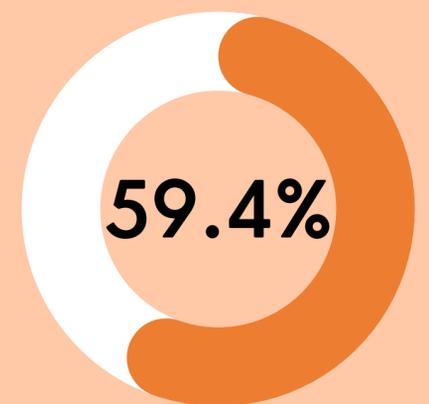
Following the recommended guidelines from the JCIH, the IHP strives to ensure all infants who do not pass the newborn hearing screening receive a diagnostic evaluation by three months of age.



362 infants did not pass the newborn hearing screen.

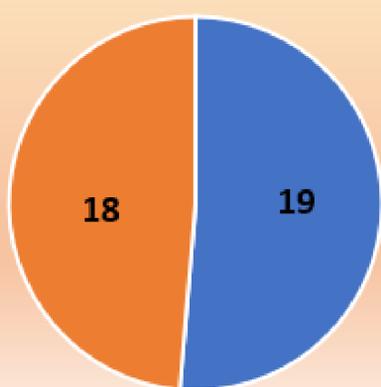


147 infants received a completed diagnostic evaluation indicating normal hearing or a hearing condition.



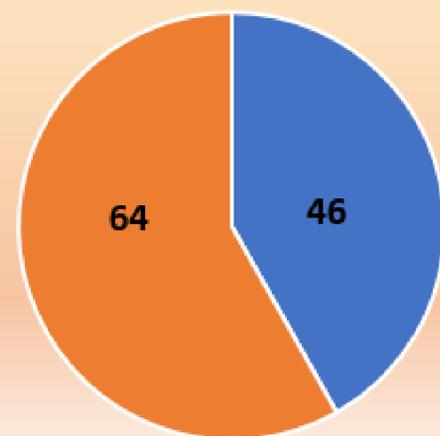
215 infants did not receive a diagnostic evaluation after not passing the screen.

DIAGNOSED WITH PERMANENT HEARING LOSS IN 2023
n=37



■ Before 3 Months of Age ■ After 3 Months of Age

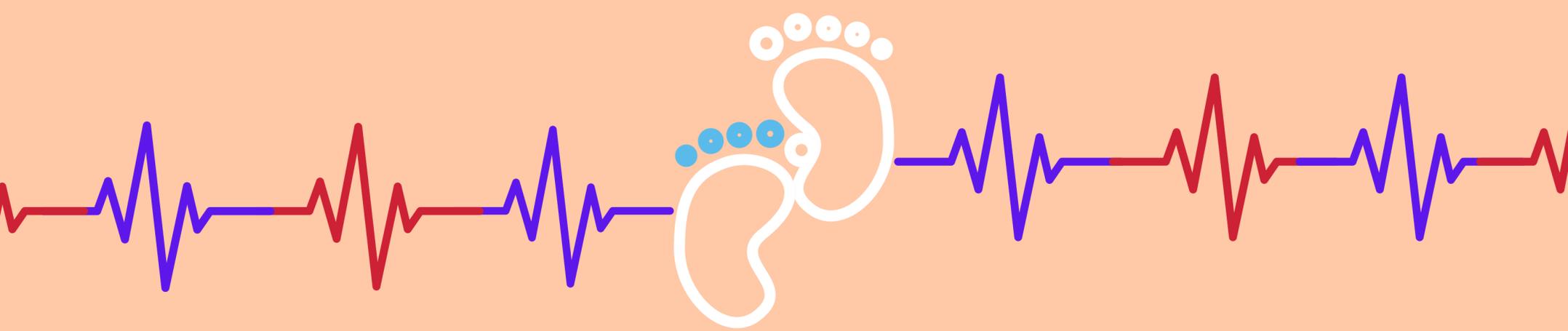
DIAGNOSED WITH NO HEARING LOSS IN 2023
n=110



■ *Before 3 Months of Age ■ *After 3 Months of Age

*No hearing loss includes cases of normal hearing and transient loss.

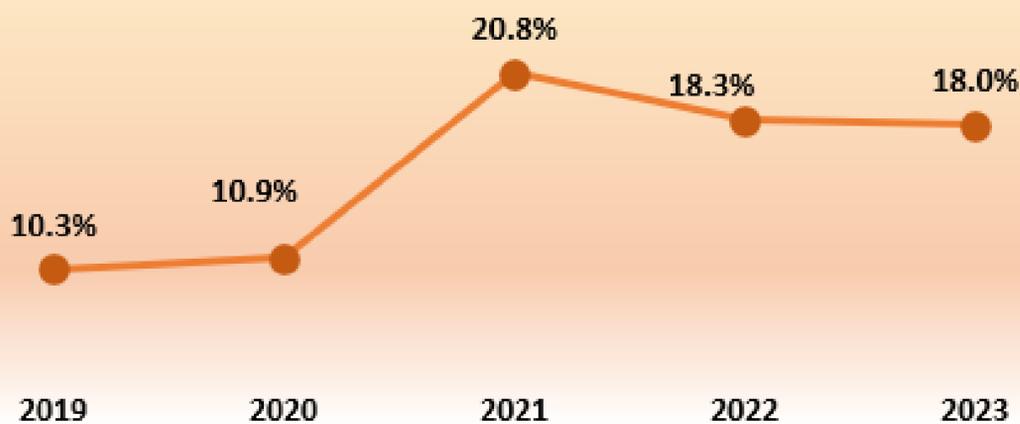
According to the 2023 diagnostic data, 110 infants were identified as having normal hearing or a non-permanent hearing condition. Of those 110 infants identified, 46 infants were diagnosed within the recommended guidelines. Additionally, 37 infants were identified as having a permanent hearing condition and 19 of those infants were diagnosed by three months of age.



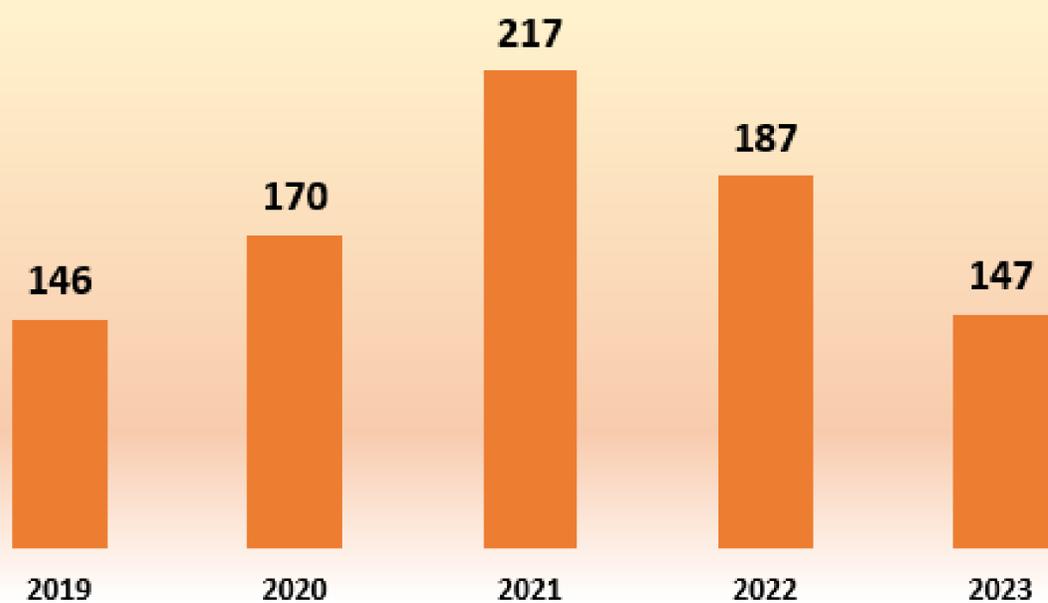
QUICK FACTS

In 2023, 18% (65/362) of the infants that did not pass the screening received a diagnostic evaluation by three months of age. A completed diagnostic evaluation confirms normal hearing or a hearing condition whereas a diagnostic visit only identifies an inconclusive evaluation result. This data indicates a slight reduction in the number of children diagnosed in 2023 in comparison to 2022.

PERCENT OF INFANTS THAT RECEIVED A DIAGNOSIS BY 3 MONTHS OF AGE



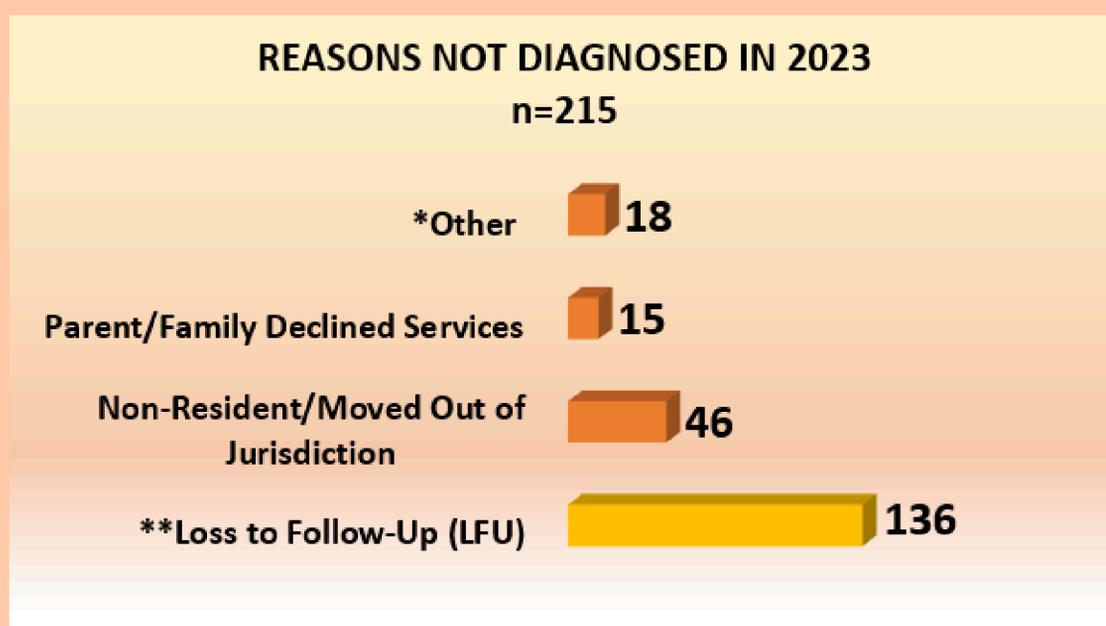
TOTAL INFANTS THAT RECEIVED A DIAGNOSIS BY YEAR



What Are We Doing To Progress?

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

In 2023, the state reported a total of 215 infants without a completed diagnostic evaluation after not passing the newborn hearing screening. Of those infants, few did not receive a diagnostic evaluation due to the infant expiring, medical reasons, awaiting an audiologic diagnosis or other undocumented reasons at the time of the report. A moderate number of infants that did not receive a diagnostic evaluation moved out of the state and some families declined to receive services for their infant. Lastly, the majority of these infants were documented as lost to follow-up after not passing the screening due to their parents being inaccessible or unresponsive to contact attempts 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 worked to improve the capacity of the state EHDI system by engaging health professionals through the distribution of educational materials to promote consistent practices. The IHP implemented activities to decrease loss to follow-up and improve timely communication with families and providers, including:

Collaborated with state associations to increase awareness of 1-3-6 recommendations.



Implemented a performance monitoring plan to promote additional evaluation after an inconclusive evaluation result.



Established a protocol for targeted follow-up with families of infants that did not pass the newborn hearing screening.



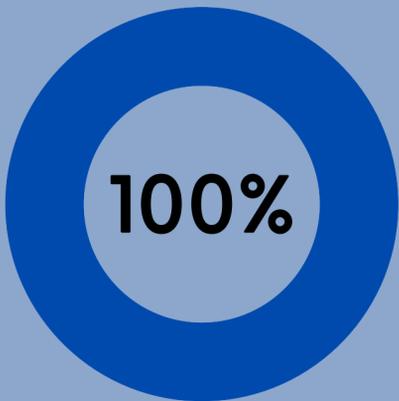
EARLY INTERVENTION

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.

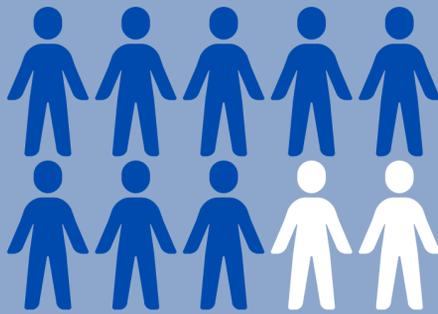


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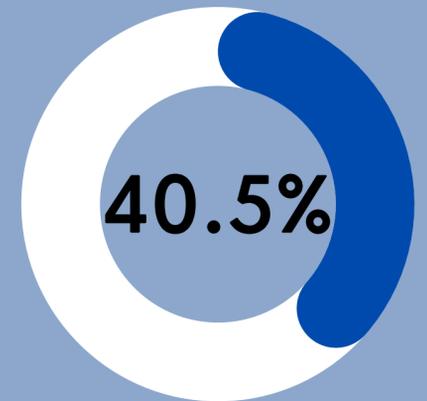
In 2023, 37 infants were diagnosed with a permanent hearing condition in Arkansas.



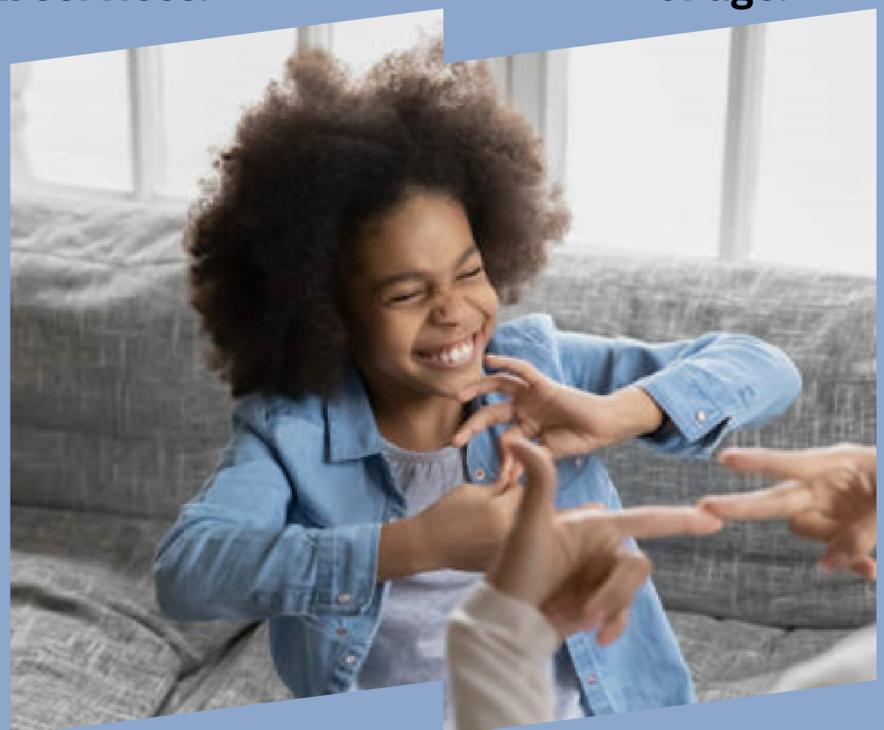
37 infants were referred to EI services, and 27 infants were referred before 6 months of age.



Of the 37 infants referred, 31 (83.8%) infants were enrolled in either Part C or Non-Part C EI services.

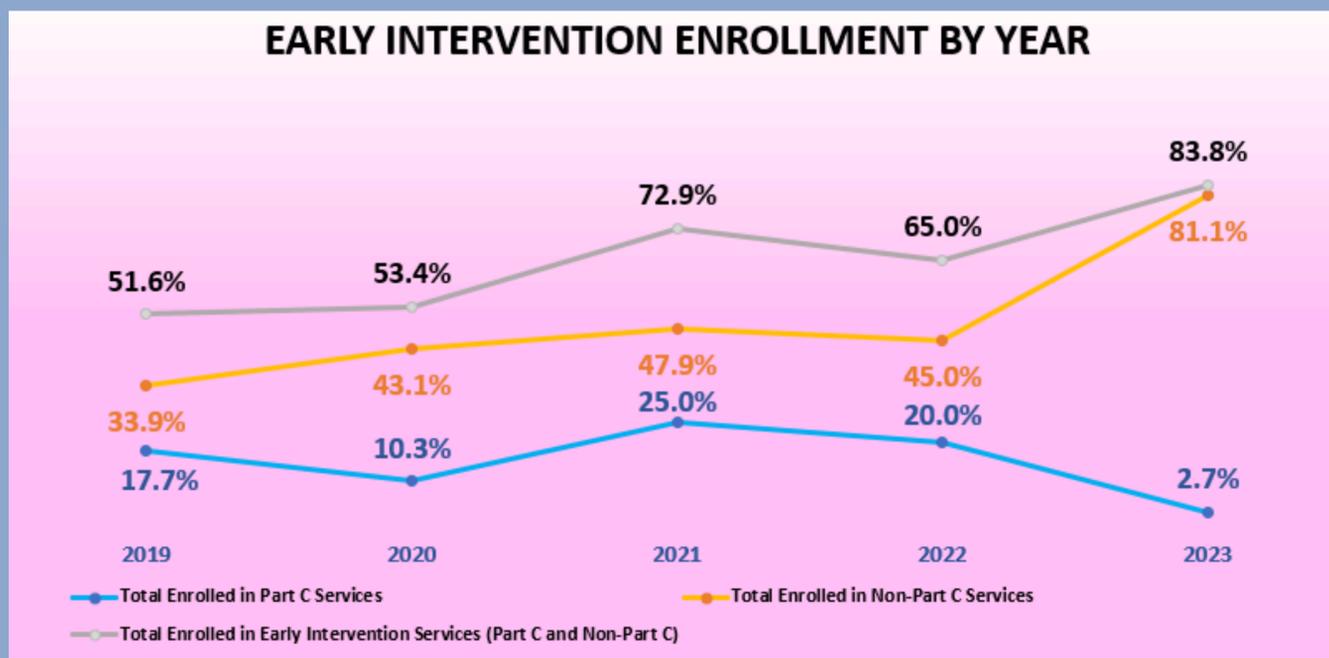
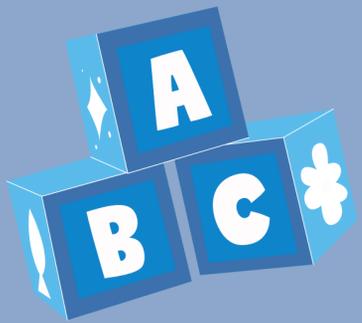


15 infants were enrolled in Part C or Non-Part C services before 6 months of age.



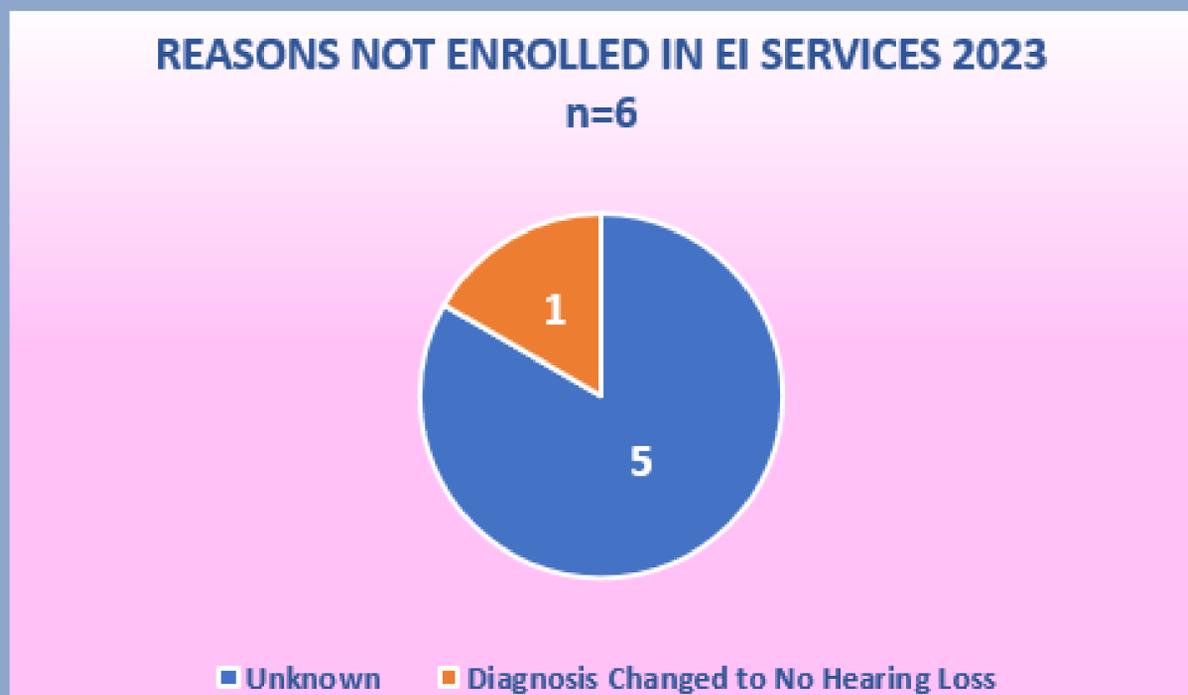
QUICK FACTS

In 2023, 83.8% of DHH children were enrolled in EI services. The IHP saw an increase in EI enrollment from the previous year's report of 65%. 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 in an early childcare or clinical setting. ERAVE data consistently shows higher enrollment in Non-Part C services when compared to enrollment in Part C services.



REASONS NOT ENROLLED

In 2023, the program reported six children without documentation of enrollment in EI services.



What Are We Doing To Progress?

The IHP continued partnerships with stakeholders such as Arkansas Hands and Voices (AR H&V) to encourage families with DHH children to enroll in early intervention services by six months of age. Additionally, the program continues efforts to identify Non-Part C service providers to support timely documentation of enrollment in EI services.

In 2024, the IHP implemented several activities to promote performance improvement in the six month measure, such as:

Enhanced ERAVE's capacity to collect additional EI data from providers.



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



Obtained technical assistance from the national family leadership resource center to assess and improve IHP protocols for conducting follow-up after diagnosis to promote timely enrollment.



Facilitated family-based support through AR H&V programs and semi-annual events.

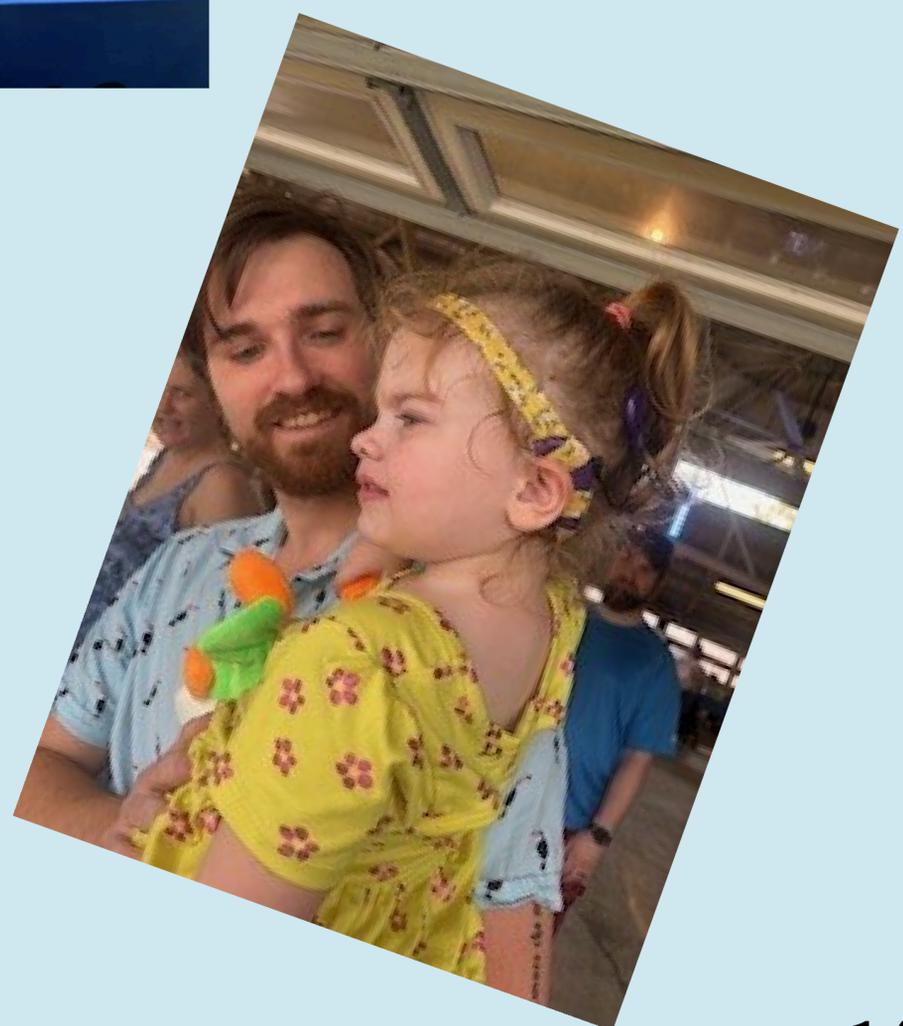
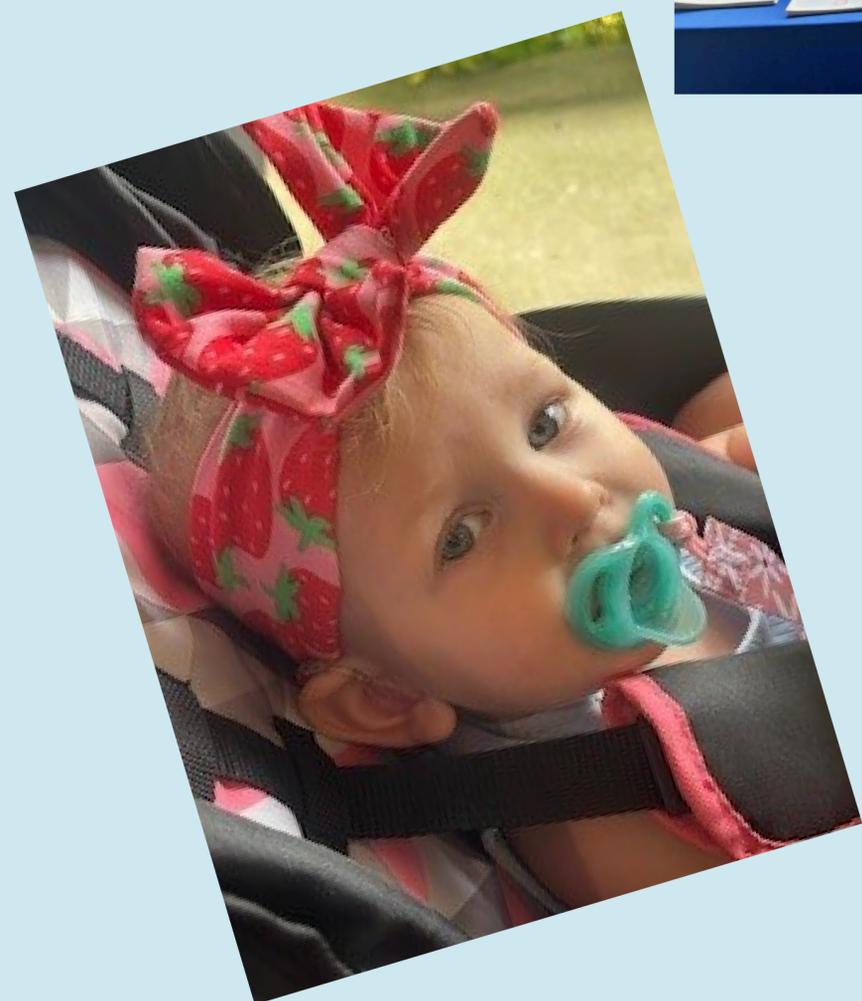


Provided ERAVE training to Non-Part C providers.

FAMILY ENGAGEMENT

The IHP sustained collaborative efforts with AR H&V to increase enrollment in family-to-family support services (FSS) amongst families with DHH children. The program completed referrals for DHH children and those at risk for becoming lost to follow-up due to the caregiver's unresponsiveness. AR H&V facilitated the Guide By Your Side (GBYS) program to connect families with peers and DHH adults. The GBYS guides provided parent-to-parent support and the DHH adults served as a role model or guide as the family navigated the system. AR H&V provided the following additional FSS activities during the project period to allow families with DHH children to gather and connect with one another in various areas of the state:

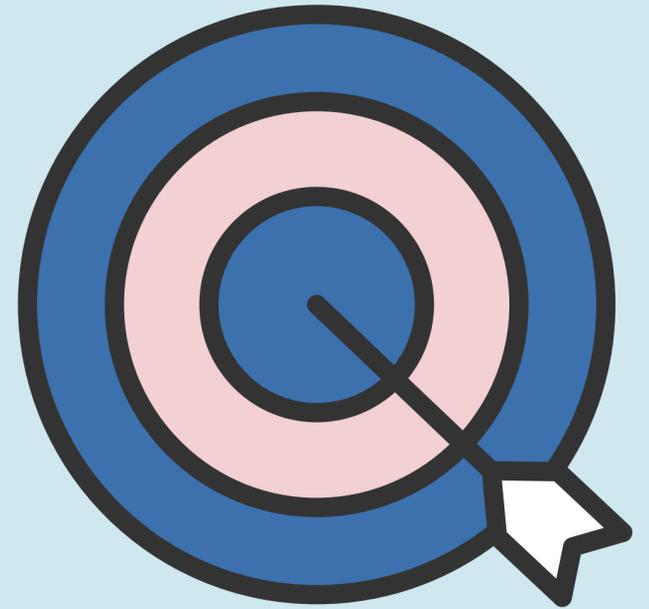
- Zoo Day
- Sign, Speak, Run
- Virtual educational webinars
- Advocacy, Support, and Training (ASTra) Program



LANGUAGE OUTCOMES

The IHP initiated activities to develop a plan to collect, analyze and report language outcome data for DHH children. The program plans to collect language outcomes for DHH children that are three years of age by 2029. The following activities occurred during the project period:

Recruited EHDI stakeholders to participate in a language acquisition workgroup. Conducted workgroup meetings to identify key strategies to develop the plan to collect language outcomes.



Identified assessments to be used to measure and report language outcomes and key elements to develop the data collection and reporting infrastructure.

Developed protocols outlining how assessments will be conducted and reported and how language outcomes will be monitored.



UPCOMING ACTIVITIES

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



Next steps for the upcoming project period include increased collaboration with non-traditional partners, promotion of EHDI best practices and continued implementation of quality improvement projects to monitor the performance of the state EHDI system. The IHP will work collaboratively with stakeholders to complete the following activities:

- Establish new partnerships with maternal health providers and early childhood organizations.
- Increase engagement with EHDI stakeholders, such as primary care providers, audiologists and early interventionists (Part C and Non-Part C providers).
- Develop resources/tools for professionals serving DHH children to increase awareness of EHDI best practices to remove barriers delaying follow-up care after not passing the newborn hearing screen.
- Conduct detailed analysis of patient-level data to identify trends and gaps.
- Disseminate data analysis findings and educational materials.



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