>> Good morning again. If you stuck around, I'm Mandy Jay.

We're going to talk about "Maximizing Your Efforts in Educating Parents and Providers About the Importance of Hearing ReScreening." I'm here with Angelina Myers, the co-coordinator for the Guide By Your Side program until Arkansas, and Deanne King, who helped with some of the research with UAMS.

Well, I already told you who we are. So, there we are.

So today we're going to talk about two goals for reaching families and physicians about the importance of hearing rescreening. Identify two ways in your state to reach parents and parents to be and new parents to educate them on hearing rescreening and the importance of it.

And list two benefits knowing how to reach your audience.

So, we had several things going for us. So as part of Arkansas Hands & Voices, which I know you guys are familiar with nonprofits, and that we typically don't have tons of money or time or energy, but we're passionate about what we're doing.

So we had three things kind of come at us that helped us get to this point.

One is that we participated in a community-based parties a tore rip research community, and we talked about that the last half hour. So if you are new this session, I'm not going to spend a lot of time on it, but this opportunity allowed us as a community-based organization to work with an academic partner, and we learned a lot about grant writing and social determinants of health and health equity, and lots of things that were outside our bubble of just deaf and hard of hearing children. So we learned a lot. And we wrote a grant to focus on understanding the barriers to loss to follow-up in Arkansas.

And we received that grant.

Prior, or while we were in the middle of taking these classes, we had some door carryover money for a media campaign, iHands & Voices did. So we were already kind of working on some of the same things that came together to help us, and I cannot stress this enough, we really have great collaborative relationship with our stakeholders in the state. There are some people who are not at the table that we want at the table, and we're still bringing them, but academic partners, Board of Directors, we had some great relationships already going, pediatric audiologists, pediatric SLPs that helped us with this process.

And our main goal was to improve the loss to follow-up rates.

Now, if you were in the last session you heard me say that we did a focus group from a qualitative research plan, and Arkansas had, in 2019, the national average for loss to follow-up, this includes loss to documentation, was 27.5. And Arkansas was 63.5. So we were higher than the national average and not in a good way.

That has improved. 2020, we're now at 44.3. It's still not good enough. And so all of us in this group, we want to change that number dramatically.

So I do want to say from the beginning of this, we are still very much in process. We were awarded the grant in April of last year. We had a lot of administrative hiccups along the way, a lot. So we're still getting the money, but we're still very much in process. I can't tell you the impact. I can tell you what we're doing and what we think and hope, but we don't have the answers yet.

So these were the questions we were asking. What are the barriers to follow-up from newborn hearing screening and how can we improve them in Arkansas? As I said in the last session, we... this is so hard to stay focused on. You get with a group of parents or professionals, any of us, and we chase -- you get on one topic and you chase another one and you want to solve all the world's problems, I mean, we all do, we're all in the same boat, but we were really focused on what are the barriers to loss to follow-up. So it was hard. It was hard to do that.

Our partners in this effort, the infant hearing program, the EHDI program, higher education with UAMS and the University of Arkansas, Arkansas Hands & Voices, and then we had healthcare professionals as well. So this is our logo, "Get in the Routine -- Remember to Screen." We're hoping to get that out more. With some of our funding we had earlier we created some of the things and now our next step is to go and distribute.

So what we have learned that has guided this process is that in all four of the focus groups that we did and experienced by the majority of the participants, it was communication. Time after time these parents from either the survey or the focus groups or just anecdotal conversations, families did not know about newborn hearing screening. Or they did not understand the importance of rescreening. It was minimized. More than one parent in our focus group said that we were just told it was no big deal. And, yeah, you should go, but not -- there was no urgency. There was no -- we changed -- I can't remember who asked the question. We changed the focus group questions about the -- after the first one to include a 1-3-6 question. Did anyone ever teleyou the 1-3-6 timeline? Would that have helped with your sense of urgency? This is the timeline you need to be working on.

So we really recognized that we needed to be reaching more parents, and we needed to create and place materials everywhere that these parents and expectant parents were. And we really, by the end of the work we have done so far felt strongly it doesn't need to be just new moms or dads. It needs to be before that baby is born, let's talk to them about the newborn hearing screening process and what they should do. And not scare them, but make them aware of next steps.

And I want to read this quote directly from one of the parents in the focus groups about why the importance of providers. I need the direct information. We didn't get, we didn't get a sense of urgency, and we didn't understand that we needed to move quickly. I mean, I set everything up, but we still didn't understand exactly what that might mean for us.

So when they said "don't worry about it, it can just be fluid," also sometimes it's not. And that needs to be addressed very clearly. There can't be sugar-coating with this, because it's a time crunch. It just is.

And that's -- that was repeated often, is that too much sugar-coating and not enough urgency. And, again, we're not looking at scare tactics, but just don't act like it's not a big deal.

So through the media campaign and the CBPR, we wanted to target both parents and providers, and then the more we talked, we thought about other opportunities, who else we could target.

So we looked at what other people were doing. And so we know other people communicate, the various ways listed here, so you can see newsletters, mobile apps, websites, etc. So we started thinking about what we could do in Arkansas State specific. And that's what I'm saying. What we're talking about in our state, you may have a different idea, and I think that's great, but one of the things we have... Angelina has -- she's going to talk about the exact references, bun one of the things we have in our state -- I know it's different states too, there is a consignment sale and we have several locations throughout our state, and we thought if we can get note cards in the bags there, these are parents from all over the state who are going to buy new clothes for their expecting baby, or a stroller or whatever they can get at the sale, then that is a great way to allegiance Kate them about newborn hearing screening. So that is one of the places that we thought state-specific, let's get that.

We also want to do things and provide our offices. And Angelina's role in this has been to contact provider offices. Again, we're trying to focus on these five counties when we want it to be a statewide reach. But anyway, that's -- trying to focus on five counties and she's reaching out and having some acceptance, and I'm like, why will you not hang a poster in your office that says "remember to rescreen"?

So anyway, super frustrating for some things, but we're not giving up. I mean, she's persistent. She's got them on a repeated calendar of calling.

So we're also hoping to have a tangible -- again, we know this is going to have some training involved, so that whoever screens the baby and gets the results, that if that baby fails the newborn hearing screening that family will walk away with a bag that has the logo on it and a QR code that takes them to the next step. So we're trying to link it all together.

If you have a baby in a hospital who fails the screen, you walk away with a bag that says this... and then I think... we're fine with other people having it too, if your baby, you definitely want to make sure that those babies who failed get it.

So, this is part of our media campaign. And I hope that I don't mess this up.

We did two videos. I'm going to show them both, because there are differences and I think it's important to recognize the differences.

This one is geared toward parents.

>> As a parent, you are doing everything you can to give your newborn the best possible start. There are so many things to keep track of.

But did you know that hearing is directly connected to your child's language and early learning? Even in infancy?

Well, good news...

If your child has a hearing condition, early detection can help keep their development on track. It's as easy as 1-3-6.

By month 1, make sure your baby has a newborn hearing screening. This screening determines how well your baby can hear sound. It's fast, pain-free, and most babies even fall asleep during the test. If your child doesn't pass the test on the first try, make sure to have them rescreened.

By month 3, if your child doesn't pass the screening test in one or both ears, it's time to get a full hearing test. This test should be performed by a pediatric audiologist who has received special training and equipment.

Results from this test give us a clearer picture how to help your child stay on track with language development and more.

It's also a great time to connect with other parents of children who are deaf or hard of hearing and meet adults who are deaf or hard of hearing

By month 6, if your baby is identified with hearing loss in one or both ears, it's time to connect them with early intervention services or EI for short.

Focusing on language and development skills provided by these services from birth to age three can help your child start kindergarten with skills on track. You can enroll as soon as a hearing condition is identified, and be sure to sign a release of information to help professionals get your baby to the next step.

And these early intervention services are available for children up to the age of three. Even if you have missed the previous milestones, or if your baby's hearing condition is discovered in later development stages.

So, as you are planning for your new arrival, remember, it's as easy as 1-3-6. And for more information, visit arhandsandvoices.org, to make sure your baby gets a great start.

>> MANDY: So that's the video...

That one is geared toward parents. I'm going to show you the next one, provider. I do want to say, these are captioned. I have no idea why they are not captioned in this presentation. I'm thinking it was operator error in downloading.

But anyway, we very much made sure they were captioned before we published them. They're on the Arkansas Hands & Voices YouTube page as well.

So this one is geared -- focused toward providers.

>> As a healthcare provider, you are a crucial link between parents, your patient, and the information they need for healthy development.

There are so many things to keep track of. But did you know that deafness and hearing loss are not that uncommon?

According to the CDC, it is diagnosed in 2-3 babies per 1,000. And 5 per 1,000 in children ages 3 to 5. If your patient is diagnosed with a hearing loss, early detection can help keep their development on track. The good news... it's as easy as 1-3-6.

By month 1, make sure you receive a copy of the infant's newborn hearing screening and discuss the results with the family.

In the event the infant failed the newborn hearing screening, complete a referral for rescreening with a pediatric audiologist before the infant is one month of age.

This screening determines how well your patient can hear sound. It's fast, pain-free, and most babies even fall asleep during the test.

By month 3, if your patient doesn't pass the screening test in one or both ears, it's time to refer the child for a diagnostic evaluation.

This test should be performed by a pediatric audiologist, who has received special training and equipment.

Results from this test give us a clearer picture how to help the child stay on track with language development and more.

It's also a good time to recommend connecting with other parents of children who are deaf or hard of hearing and to meet adults who are deaf and hard of hearing. By month six, if your patient is diagnosed with a hearing condition in one or both ears, it's time to connect them with early intervention services, or EI for short.

Focusing on language and developmental skills provided for these services from birth to age three can help your patient start kindergarten with their skills on track. Parents can enroll as soon as a hearing condition is identified. And signing a release of information will help professionals connect their child to the necessary resources.

And these Earl LeIntervention services are available for children up to the age of three, even if they missed the previous milestones or develop a hearing condition in later development stages.

So, as you guide your patients, remember it's as easy as 1-3-6.

And for more information, recommend that parents visit arhandsandvoices.org to make sure their baby gets a great start.

>> MANDY: So you can see there were differences, but we really tried to have consistent messaging across the board... and I don't want it to play again.

We wanted consist sent messaging. We wanted the providers to hear the same thing the parents are hearing. Let's get that going back and forth. Let's see how it's important.

We had to focus on language, the importance of language milestones. There was something else I was going to say that we...

And Angelina is going to talk about this all kind of came together at the same time. So when they say go to arhandsandvoices.org, she is going to show you what we were working on behind the scenes while this was being made to go to our website so that parents can get the most accurate -- or providers can get the most accurate information

I'm going to hand it over to Angelina.

>> ANGELINA: So as Mandy said, the videos we put out on Facebook for our families and on Google through a Google ad for our providers and this slide here is telling you what the reach was with our funding for the videos. So we were able to reach 3,000 providers, and 129 of them actually clicked on the video and watched it. Which I feel was great.

And statistically from our partners that helped us produce this ad, said that this was a 4% increase in comparison to other ads that -- in their performance. So I feel like that was a really great thing. And this Google ad, and our Facebook, also caused a 27% increase in traffic to our website. So we are getting into the hands of families.

Our website, like I mentioned previously, is we created the "Well CoTo What's Next," and this is based on the 1-3-6 roadmap. So when you look at it, it's going to have an introduction. So it's going to say, this page is designed to help you navigate the process of accessing tools, resources and support at every phase of your child's life.

An then it's going to go through where are you at. And the language we chose wasn't one month. It was one month after a failed hearing screening, because we know that late onset hearing loss happens, and we want this to be transferable regardless of when your child receives that hearing diagnosis.

This is what it looks like. There are these wonderful little bubbles that have drop-downs that allow families to select what they want to see.

So in this it's going to have where the rescreening facilities are, and what the next things are.

So what it looks like. So it takes you to other pages that have that information for them to do the research on their own as well. Because the goal at Arkansas Hands & Voices and Hands & Voices as a whole is to empower our families to take the journey into their own hands and allow them to have the tools necessary to do so.

And here is the cards and flyers that we created. So the rap cards you have all received a sample of those, and this is just going through the message that we're wanting to say.

And as you can see, we have made it visually the same across the board, whether it's a rat card or flyer or poster, because we want the message to be that this is what we are doing and we want it to be seamless across all areas that we are promoting these things. So we are getting into the offices at the hospitals. So you will see them there. At the providers, at birthing centers, at WIC offices and Head Start and other childcare facilities. Also, as Mandy mentioned earlier, we have partnered with our consignment sales that are in our state, and this is the flyer that we have sent out. So if I can show you a copy of it...

It's a mess over here.

So it is just a one-page flyer, and it has our rescreening information on it. But on the back, because we are in consignment sales -- we don't know that every family is going to be fail a newborn hearing screening. So we wanted to make sure that we had information so that it wouldn't just get thrown away. So we included the hospital stay "What to Expect."

So this is just going through very standard things that families are going to experience at the birthing hospitals or birthing centers in our state.

So now we're going into the details of what our packet is going to look like. And I have a sample packet here.

So this is what we are asking all of our providers to send home after a newborn hearing screening. So this is also going to compared with bag that I do not have yet, because they're on order, but they're going to give out this folder, and this folder is going to have information for them.

And in it it's going to have a postcard. This is the postcard. And this directs them to our website. So that theater own pace they can go through what is next.

It will also have our Guide By Your Side brochure. So this is going to obviously just say what our service is and what we do and how we serve families. And what is available to them through us as a resource.

This is the "Meet Your Guide" flyer. So this is each one of us in Arkansas that has partnered with Arkansas Hands & Voices. We have a picture of ourselves and also a little snippet of why did we partner with Arkansas Hands & Voices. So that they have an idea of who is calling. And on the back of this is "What Is Family-To-Family Sup Port," and why is that important to you? Because most of us, I didn't know what to expect or what to even question until I was walking through it. So it's nice to have someone who already has walked through it, so they can tell you, what does that even look like.

And then we used resources that were used from the CDC. So we're not recreating the wheel, we are using the resources that are available to us. And we liked this resource because, again, you don't know what to ask until you have been through it. So we're giving families an idea of questions that they could ask to spark that questioning.

Now, the process of delivery has been -- is that, one, we collaborated with the target areas to create tangibles. Then we created the resources. We have the packets here. And then we gathered the list of birthing hospitals and providers an we worked with our EHDI program to obtain those.

And then I created a list and a checklist and I called them consistently. And we have done emails, we have created ads, and the next phase is we will be delivering the packages. So the idea is that for each provider or birthing center or location, we're going to give 25 of these packets for them to have on hand.

And then after that, our plan is to not just stop at the delivery. We're also going to maintain that relationship so that we can partner with them in the future as we are, you know, navigating things, so that they know that we are a resource for them.

So in summary, we are doing communication and collaboration. We are educating and retraining our providers. Go to where expectant mothers are and be pro active rather than reactive. And to saturate our message, in a variety of ways and in a variety of places, so that we are at the forefront of new families.

Thank you!

Does anyone have any questions?

We have two minutes.

And this is the QR code if you would like to access our resources.

>> AUDIENCE MEMBER: Just two comments. I really like that y'all mentioned signing the release of information form, especially in the parent video. I don't see that come up a lot. So something to consider and that's great.

But one thing I wanted to point out is in your hospital stay what to expect flyer, in the section for the hearing screening, just because y'all really drilled into it in the first presentation about the fluid in the ear piece, just that that sentence on the "What to Expect," can fluid in the ear can affect early test results.

>> The reason we included it is because that's what they're going to hear. It is a possibility, but it's not the end-all possibility, if that makes sense. Yes.

>> We have time for maybe one more comment.

>> I know you haven't taken the bags to the hospitals yet and birthing centers, is that right?

>> Correct.

>> But just working for a large state medical center, they -- I'm expecting there would be pushback for anything hand out that is not branded with our brand? Have you received any pushback in that way?

>> We actually have not received any pushback. They have been very willing to partner with us. And we came at it at a different approach than just that we want to get into the hands of your families. It's that we've surveyed families in our area and communication was their big key, so we created resources, and I just said that I wanted to speak with someone to partner with them to get these in their hands. And they all have been very receptive.

>> That's all we have time for today. Remember to fill out the evaluations.

Thank you so much!