

**Early Childhood
Access to Language
Acquisition Services
in Arizona:
Improving Equity for
Deaf and Hard of
Hearing (DHH)
Children**

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Why Early Language Access Matters



- **Language exposure in early childhood is critical for:**
 - **Cognitive development**
 - **Social-emotional growth**
 - **Academic readiness**
- **Delayed access = long-term impacts**
- **DHH children are at higher risk for language deprivation**

Arizona



- **Arizona has:**
 - **Large rural regions**
 - **Early intervention coordinated through AzEIP (IDEA Part C)**
 - **ASDB Early Learning Program = designated DHH Part C provider**
- **Families must navigate:**
 - **Multiple service systems**
 - **Limited certified providers**
 - **Geographic and funding barriers**

Project Purpose



Why this project began:

- Parent and provider concerns raised in early 2023
- Identified gaps in:
 - Listening & Spoken Language (LSL)
 - American Sign Language (ASL)
- Need for coordinated, community-based solutions

This project aimed to:

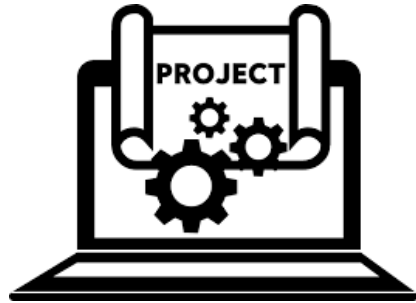
- Identify current language acquisition methods for DHH children
- Assess service gaps and workforce needs
- Develop community-driven recommendations to improve equitable access

Community Partnership & Leadership

- Statewide engagement across rural, urban, and metro areas
- Two participation roles:
 - Core Participants** (design, analysis, recommendations)
 - Review Participants** (feedback at milestones)
- Phase I: 14 core, 5 reviewers
- Phase II: 8 core, 2 reviewers (emphasis on Deaf/ASL voices)
- ASDB Early Learning Program
- Arizona Hands & Voices
- Ear Foundation of Arizona (facilitation)
- Phoenix Children's Hospital
- Funded by Arizona Community Foundation



Project Design: Two Phases



- **Phase I (2023 - 2024): Listening & Spoken Language (LSL)**
- **Phase II (2024 - 2025): American Sign Language (ASL)**
- **Phase I findings informed Phase II**

- **Participants:**
 - **Parents of young DHH children**
 - **Early childhood providers across Arizona**

Survey Development & Accessibility



- Parent and provider surveys developed collaboratively
- Organized by:
 - Communication approach (LSL / ASL)
 - Age group (birth–2, ages 3–5)
- Accessibility features:
 - Spanish translation
 - ASL interpretation
 - Paper and interview options

Participation Snapshot



- Majority of responses from Maricopa and Pima counties
- Limited rural and Indigenous participation
- Providers primarily served children 0-5

Phase I: LSL Focus



Parent-reported communication approaches:

- **63% primarily used LSL as an approach to acquire language**
- **35% used a combination of LSL and signing**

Professional practices:

- **Many used auditory-verbal or auditory-oral techniques**
- **Few held formal LSL certification**

LSL Workforce Findings



- **Only a small number of providers were LSL-certified**
- **86% of professionals expressed interest in LSL training**
- **Barriers included:**
 - **Cost**
 - **Time**
 - **Limited access to training programs**

Phase II: ASL Focus



Parent responses:

- 68% used both signing and speaking with their children
- 13% used signing only
- 19% listening and speaking

Provider data:

- 56% of ASL providers had not completed proficiency testing
- Many learned ASL informally or “on the job”

ASL Workforce Needs

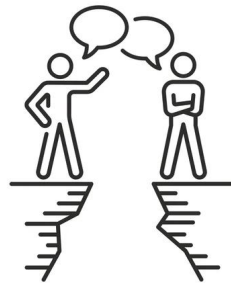
URGENTLY NEEDED



Providers identified key needs:

- **More native and fluent signers (Qualified Instructors)**
- **Improved access to ASL training**
- **Deaf mentors**
- **Employer-supported training**

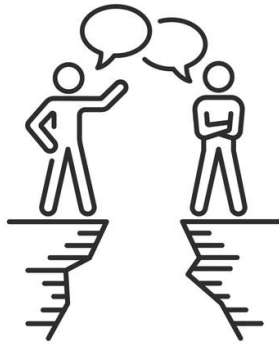
Key Service Gaps Identified



-vector-

- **Limited certified LSL professionals**
- **Inconsistent ASL fluency assessment**
- **Limited number of native signers**
- **Rural services**
- **Fragmented systems of care**

Geographic Service Gaps



–vector–

- **Both phases revealed:**
 - **Stronger services in urban areas**
 - **Significant gaps in rural regions**
- **Families outside cities face:**
 - **Long travel distances**
 - **Fewer opportunities to support modality choices**
 - **Fewer qualified providers**
- **Barriers include:**
 - **Cost**
 - **Travel**
 - **Insurance acceptance**

Cross-Phase Themes



Across LSL and ASL:

- Service gaps exist regardless of communication approach
- Families often use and benefit from multiple communication approaches
- Workforce training does not match family needs
- Geography strongly influences access
- Providers *want* more training but lack opportunities

Recommendation 1: Workforce Development



Recommendations

- **Expand access to:**
 - **LSL certification pathways**
 - **Identify professionals interested in LSL training**
 - **Assess training needs and preferred formats**
 - **ASL proficiency assessments**
 - **Support training and certification for native signers and ASL providers**
 - **Increase access to qualified instructors and Deaf mentors**
- **Offer:**
 - **Scholarships**
 - **Paid training time**
 - **Continuing education credits**

Recommendation 2: Community- Based Approaches



Recommendations

- **Partner with:**
 - **Local early intervention programs**
 - **Deaf community organizations**
 - **Parent-led networks**
- **Support:**
 - **Family mentorship**
 - **Language-rich community spaces**

Recommendation 3: Improve Rural Access



Recommendations

- **Expand outreach to rural areas**
- **Expand services to include both in-person and virtual**
- **Mobile service models**
- **Incentives for providers serving rural areas**

What Worked:

- First statewide collaboration focused on DHH children 0-5
- Strong parent engagement across both phases
- Early identification and service entry for many children
- ASDB identified as a critical resource, including the Deaf Mentor Program
- Framework established for ongoing evaluation



Challenges:

- Urban-skewed responses
- Online survey barriers
- Limited rural and Indigenous participation
- Persistent workforce shortages
- Stronger provider network



- **Early identification is working; access remains inequitable.**
- **Workforce shortages remain a limiting factor**
- **Families benefit from multimodal communication approaches**
- **Arizona families are navigating complex systems**
- **Providers are motivated but under-supported**
- **Improving early language access requires:**
 - **Investment**
 - **Collaboration**
 - **Community-driven solutions**

Implications for Policy & Practice



- **Language access should be treated as:**
 - **A developmental necessity**
 - **A human right**
 - **An equity issue**
- **Policies must:**
 - **Support multiple modalities**
 - **Reflect family realities**
- **Moving Forward:**
 - **Continued collaboration is essential**
 - **Rural and Indigenous access must be prioritized**
 - **Data-informed planning can sustain progress**

*Thank
you!*

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All of these findings will be in the upcoming JEHD Article:

*Early Childhood Access to Language Acquisition Services in Arizona.
Journal of Early Hearing Detection and Intervention (JEHD).*