

Meeting Minutes: Newborn Hearing Screening Advisory Committee

February 19, 2025

Minutes prepared by: Amanda Pavan

Location: Zoom

Attendance

Present: Ingrid Aasan, Anne Barlow, Joan Boddicker, Mary Cashman-Bakken, Kirsten Coverstone, Darcia Dierking, Cat Tamminga Flores, Danelle Gournaris, Kathleen Geraghty, Hannah Herd, Tina Huang, Jessica Novak, Calla Kevan, Joscelyn Martin, Abby Meyer, Jess Moen, Gloria Nathanson, Sara Oberg, Emily Smith-Lundberg, Elizabeth Pai, Katie Warne, Terry Wilding, Jay Wyant

Absent: Colleen Vitzthum

Agenda Item Minutes

Welcome and Announcements

- Darcia Dierking called the meeting to order, and Jesi Novak initiated roll call.
- Committee members each introduced themselves during roll call and shared their role within the Early Hearing Detection and Intervention (EHDI) system.
- Emily Smith-Lundberg moved to approve minutes, Ingrid Aasan second, minutes approved.

EHDI Family Story – Carlee White

- Carlee presented her family's experience as a parent of child who is deaf and hard of hearing. Her child referred on hearing screening and later went to diagnostic audiology but faced challenges with limited information on what a refer on a hearing screen means and when they were expected to see an audiologist. They chose hearing aids for their son and described the process of getting the correct hearing aids. They enrolled their child in an auditory oral program, which significantly helped in developing his speech and developing self-advocacy skills. He attended the program from 18 months through kindergarten. At 18 months, the child received cochlear implants. A recall of cochlear implant devices required replacements, but the new ones are functioning well. Now in second grade, their child is doing great in school and communicates well. The family initially pursued speech for their son,

however, he recently showed an interest in ASL, so the family reached out to Hands & Voices. The family is learning ASL together as another communication style. Their child continues to thrive.

Hearing Screening in Schools Project – Dr. Asitha Jayawardena

- Dr. Jayawardena, a pediatric otolaryngologist with Children's Minnesota, presented high rates of loss to follow-up after not passing school hearing screen as a key issue. Dr. Jayawardena discussed the critical role of school hearing screening in identifying children with educationally significant late onset hearing loss who would otherwise rely on parental concern to identify these kids and move forward with further examination and care. However, it is not always easy for parents to notice hearing loss in their children.
- He discussed his team's study, funded by a Lions Hearing Foundation Grant, which included more than 450 first graders from six different elementary schools in one district. Using a HearX cell phone app with headphones and endoscope connected to the phone, school nurses conducted initial screenings, followed by audiometry and otoscopy reviewed remotely by an otolaryngologist. They used the Stepwise Technology-based Audiometry with Rapid Results (STARR) Protocol. The screening process was highly efficient, with a team of six screeners screening a class of 30 students in just 30 minutes. Results were sent home with students, including graphs of the screening/audiometry outcomes, pictures of child's ear canals and additional action steps (i.e. visit pediatrician for ear wax removal, etc). Using this individualized, patient-centered screening resulted in 27% time savings for nursing staff and follow-up with a hearing healthcare provider increased six to seven times using this STARR protocol. Their research team is applying for additional grants to continue to research to better understand lost to follow-up and scale up improvement in patient outcomes.
- Audience shared their interest in and asked questions about the STARR Protocol study and inquired about the future studies planned.

Early Childhood Screening Program Hearing Data Trends – Margaret Chresand

- The focus of the early childhood screening program is to create a welcoming environment for both children and parents. For many families, this screening program is their first interaction with the school district. All districts and 11 charters officially recognized by Minnesota Department of Education (MDE) provide screening. The required components of early childhood screening include vision and hearing screens, as well as other health and developmental assessments. Data summaries on the number of children screened, referred, and missed each year were presented, along with data on the high percentage of families who become lost to follow-up. An eight-year average of 5% of children screened are referred for hearing to primary health care. The [Early Childhood Education Outcomes Screening Report \(https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=500\)](https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=500) has more details. Annually 12,000 children miss screening (by the end of kindergarten) in the [Early Childhood Screening Kindergarten Report \(https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=290\)](https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=290). Of those 12,000 kindergarteners, it is believed many are also served in special education where they may have received a comprehensive evaluation. For those special education students who did not receive a comprehensive special education evaluation, an early childhood screening is still recommended to be offered.

- The group also discussed strategies for addressing barriers to missed screenings and improving follow-up efforts. Potential collaborations were explored, including strengthening connections between public health nurses and early intervention specialists, as well as ensuring proper calibration of audiometers.

MDH Data Update and Discussion – Sara Lammert

- Presented the number of children reported to the Minnesota Department of Health (MDH) EHDI program over time, as well as 2023 data on permanent hearing loss cases, including congenital or late onset, the laterality and degree, and regions where they live. About 75-85% of families choose hearing technology or amplification over the past 10 years. Data show that children with bilateral hearing loss are fit with amplification more quickly than those with unilateral hearing loss. The median time between permanent diagnosis and initial fitting for amplification has been increasing over time, from 50 days in 2015 to 85 days in 2022. Additionally, data on early intervention for infants and children with congenital onset between 2018 and 2022 were presented – of those with congenital onset, about 75% enrolled in early intervention. This analysis aimed to determine whether there are differences between families who enrolled in early intervention within six months and those who did not. Evaluated variables included location of residence, maternal race, maternal education, preferred language, and degree of hearing loss.
- Future happenings in the MDH EHDI program were shared. This included training support for EHDI professionals to attend the National EHDI Conference and the Early Childhood Education Summit, and preliminary analysis of an early intervention provider survey to better understand current practices and professional development needs around language assessment tools for children who are deaf and hard of hearing. Data for the new Minnesota EHDI Benchmarks which will be reported at a future meeting.

Next Meeting

Date: May 21, 2025

Time: 1:00-4:00pm

Location: Lutheran Social Service, 1605 Eustis St, Saint Paul, MN 55108

Agenda items: submit proposed agenda items to ehdi@state.mn.us

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