



Meeting Minutes: Newborn Hearing Screening Advisory Committee

May 21, 2025

Minutes prepared by: Bridget Walde and Sara Lammert

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

Attendance

Present: Ingrid Aasan, Anne Barlow, Mary Cashman-Bakken, Kirsten Coverstone, Darcia Dierking, Cat Tamminga Flores, Danelle Gournaris, Kathleen Geraghty, Hannah Herd, Jessica Novak, Calla Kevan, Joscelyn Martin, Abby Meyer, Jess Moen, Gloria Nathanson, Sara Oberg, Colleen Vitzthum, Jay Wyant

Absent: Joan Boddicker, Tina Huang, Emily Smith-Lundberg, Elizabeth Pai, Katie Warne, Terry Wilding

Agenda item minutes

Welcome and announcements

- Jesi Novak called the meeting to order, and initiated roll call.
- Cat Tamminga Flores moved to approve minutes from February 2025 meeting, Jay Wyant second, February 2025 meeting minutes approved.
- Minnesota Department of Health (MDH) Early Hearing Detection and Intervention (EHDI) staff shared a funding update.

National EHDI Conference highlights share out – all who attended National EHDI Conference

- Participants indicated that they enjoyed the collaboration, time spent with others in-person, and the conversations they had with other attendees. Committee members enjoyed attending many conference sessions, included the panel with children who are deaf and hard of hearing (DHH), sessions on children in foster care, a presentation on financial barriers, a presentation on sickle cell disease, and the pre-conference session on cued speech, among others.

Updates to the Primary Care Provider Guideline and Otolaryngologist Guideline – Bridget Walde and workgroup members

- Bridget introduced the workgroups, including workgroup members and the timeline for updating the guidelines.
- Proposed updates to both guidelines were discussed first. Examples of updates that were made to both guidelines include:
 - Updated language throughout to align with terminology used by the Joint Committee on Infant Hearing (JCIH) 2019 Position Statement and other best practices.
 - Updated Introduction and Background sections to align with other recent updates.
 - Added a section on congenital cytomegalovirus (CMV).
 - Updated References sections and Selected Links to align with other updates and ensure relevancy.
- The floor was opened for discussion from workgroup members. Discussion included:
- The importance of emphasizing the urgency of EHDl in the Introduction & Background sections of each Guideline.
 - The Committee discussed two options for the Respect for Identities Statement.
 - Ingrid made a motion to use “deaf and hard of hearing/deafblind (DHH/DB)” throughout the documents, instead of “deaf and hard of hearing (DHH)”. Gloria seconded motion.
 - Jay made a motion to use two paragraphs for the Respect for Identities Statements. The longer version of the statement will be used with the second paragraph reading, “For the purposes of this guideline, MDH uses deaf and hard of hearing/deaf blind (DHH/DB) in an all-inclusive manner. The term ‘hearing loss’ may be used when talking about a medical diagnosis.” Colleen seconded motion.
- Proposed updates specific to the Guideline for Primary Care Providers (PCPs) were presented. Updates included:
- Removed “Medical Home” from the title of document.
 - Added the Child and Family Centered Communication section.
 - Added additional context to the complete work-up section in the “After diagnosis of permanent hearing loss” section.
 - Updated and reorganized the “Referrals” and “Early intervention” sections for clarity and to align with current best practices.
- The floor was opened for discussion from workgroup members. Discussion included:
 - Kirsten made a motion to start the paragraph on early intervention referrals with “Help Me Grow MN – Young children 0 – 5 years of age...” so it is like other referrals. Sara seconded.
 - Cat made a motion to amend it to “Help Me Grow MN/Early intervention”. Mary seconded.
 - Joscelyn made a motion to title “Audiology” paragraph “Pediatric Audiology”. Jess seconded.
 - Darcia made a motion to include a paragraph from page four of the Guideline for Otolaryngologists that starts with “It is important to note that almost half of children with unilateral hearing loss...” in the PCP guidelines. Colleen seconded.

- The Early Intervention Section on pages six and seven was discussed. MDH will consult with Cat and Jess to ensure all wording is accurate and reflects best practices.
 - Anne made a motion to start the Background section of both guidelines with “Without EHDI, infants who are deaf or hard of hearing...”. Gloria seconded.
 - Hannah made a motion to remove “not receiving or responding to medical treatment” from page six. Jess seconded motion. MDH will further consult with Cat to clarify language.
- Advisory Committee members voted on approving the updated Guideline for PCPs, with the edits that were brought forth and agreed upon during the meeting. The vote passed.
- Proposed updates to the Guidelines for Otolaryngologists were presented. Updates included:
 - Replaced ENT with otolaryngologists throughout the document.
 - Aligned recommendation for when appointment with otolaryngology should occur with updated benchmarks.
 - Updated “Referrals” and “Discussion with family” sections.
 - In the Referrals section, this included adding the Minnesota DeafBlind Project and adding “Review the Guidelines for Referral... “
 - Mary made a motion to copy the Help Me Grow/Early intervention paragraph from the Guideline for PCPs to this section. Sara seconded motion.
 - In the Discussion with Family Section, a paragraph on family choice for language and Exploring Communication Opportunities was added.
 - Joscelyn made a motion to add the sentence from the Guideline for PCPs that starts with “For infants with persistent conductive loss lasting more than 6 months...” to page eight of the Guideline for Otolaryngologists as a new bullet. Abby seconded motion.
 - Advisory Committee members voted on approving the updated Guideline for Otolaryngologists, with the edits that were brought forth and agreed upon during the meeting. The vote passed.

Committee member/Partner updates – All committee members

- Committee members were asked to send updates to health.ehdi@state.mn.us to be shared with the broader committee.

MDH EHDI infrastructure planning and discussion – MDH EHDI team

- MDH EHDI’s infrastructure plan that is being developed for HRSA was introduced, and feedback was gathered from the advisory committee on main plan priorities. Committee members were asked to weigh in on questions from the MDH EHDI team.
- Committee members shared that families are concerned about privacy and logistical barriers (such as cost and transportation) can decrease a family’s willingness to enroll in early intervention.
- Members also shared that if families are not choosing early intervention, they might not be receiving any services, or they could be hiring private services.

- Committee members shared that parents get overwhelmed with all of the information shared with them, and some resources are very text heavy. Families also find information online, including on social media. Using the teach-back method with families is effective.
- A member asked who was included in professional development and if it included day care providers. MDH EHDI staff clarified that it could include health care providers, early intervention providers in schools, and that day care providers could be considered.
- Members also shared that professional development around clear milestones and benchmarks might be helpful. Messaging should be clear and easy to remember, and existing professional development pathways should be used or explored. Professional development is especially important when there are not enough people trained specifically to work with children who are DHH.

EHDI family story – Jennie Karnish

- Family shared personal story. After passing newborn hearing screen with no risk factors, experienced an early childhood with many ear infections. They shared that their diagnostic process was prolonged by surgeries and several ABR tests with mixed results. Finally identified around three and a half years old. Faced a long process of qualifying for cochlear implants (CI) and insurance appeals and was implanted around age five. The family did not know any other families going through this.
- Started kindergarten out of state and qualified for 45 minutes of deaf and hard of hearing services per week. Family engaged private speech and occupational therapy (OT). Family had to travel 4+ hours for appointments for second CI and decided to relocate to an urban area in Minnesota and interviewed school districts. Family found and enrolled in a dedicated DHH school program, where she currently attends eight hours a day. Daughter uses cued speech, American Sign Language (ASL), and spoken English, and she has interpreters all day in ASL and cued language.
- Daughter will return to home district mainstreamed for fourth grade. Now reading at grade level and is in general education for majority of academics. Participates in extracurricular activities. It has been a learning journey for all. Family is fortunate for the move to Minnesota and the impact it has had on family.

Next meeting

Date: August 20, 2025

Time: 1:00-3:00pm

Location: Zoom

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

Early Hearing Detection and Intervention
Minnesota Department of Health
625 Robert Street N.
PO Box 645975

St. Paul, MN 55164-0975
ehdi@state.mn.us
www.health.state.mn.us/improveEhdi

08/06/2025

To obtain this information in a different format, call: 651-201-3650.