

Meeting Minutes: Newborn Hearing Screening Advisory Committee

November 19, 2025

Minutes prepared by: Keeley Yang

Location: BrightWorks, 2 Pine Tree Drive, Suite 101, Arden Hills, Minnesota, 55112

Attendance

Present: Ingrid Aasan, Anne Barlow, Joan Boddicker, Kirsten Coverstone, Darcia Dierking, Kathleen Geraghty, Danelle Gournaris, Hannah Herd, Colleen Vitzthum, Calla Kevan, Joscelyn Martin, Abby Meyer, Jess Moen, Jessica (Jesi) Novak, Sara Oberg, Katie Warne, Jay Wyant, Garrett Petrie

Absent: Tina Huang, Elizabeth Pai, Terry Wilding, Cat Tamminga Flores, Gloria Nathanson, Emily Smith-Lundberg

Minutes

Welcome and announcements

- Jesi Novak called the meeting to order. Roll call was conducted. Garrett Petrie introduced himself. He is attending as the representative of MN Department of Education, in place of Mary Cashman-Bakken, who has retired, until her replacement is hired.
- Colleen Ireland made a motion to approve the minutes from the August 2025 meeting. Kirsten Coverstone seconded; Committee voted to approve.
- Jess Moen was nominated for Vice Chair and accepted. The Committee voted to approve Jess Moen as the 2026 Vice Chair.

EHDI family story – Tram

- Tram presented her family's experience with a child who is deaf and hard of hearing, who is now school age. At the time of her child's birth, both mother and baby had significant health concerns and were hospitalized for multiple weeks. She had a very supportive family.
- When discharged from the NICU, they realized on the discharge papers that she had referred on her hearing test. They were unaware there were scheduled audiology appointments, so they missed her appointments by accident. They attended an audiology appointment four months after birth. She remembers the moment she was told that her child has severe hearing loss. At the time her child had appointments with eight different specialists and had many developmental concerns.

- There have been many resources that have helped her family. Help Me Grow – early intervention teachers were very supportive. They gave her guidance and resources the family needed. Additionally, the DeafBlind Project and the DeafBlind State of Minnesota Family Services connected the family to a community intervener and school intervener. She realized the connection to have these resources and language is very important, and she was given the tools to do so early. They also connected with the audiology visit/sound booth with the community intervener and the Deaf and Hard of Hearing Teacher. In the sound booth, it would be difficult to decipher whether she was hearing a noise or moving out of habit. They recognized that her child needed more time to process the sounds.
- Currently, her child wears hearing aids and is learning hand under hand American Sign Language (ASL), object cues, and the communication matrix with the help of the Minnesota DeafBlind Project and her IEP team.
- Helpful tools that she has utilized was going to her child’s class to answer questions from her child’s classmates. She felt that using photos to explain what someone can hear on the audiogram has been helpful. The Deafblind Project staff taught her about the importance of sharing her child’s impact statement. This would help translate the clinical words in a simpler language that others can understand and helps her IEP team understand what best helps her learn. Additionally, she connected with other mothers with similar experiences. Working with Partners in Policy Making has also taught her to learn about policies on the governor's council on disabilities.
- Questions:
- An advisory committee member asked if she learned about any combined vision and hearing loss resources from health care providers as well as educational teams. Tram shared that no single health care provider drew all the pieces together, she had a lot of support from educational teams and many resources since they lived in the metro area.
- An advisory committee member asked if there would be anything to be helpful for her to remember appointments since it was in the discharge papers. She said it would have helped to sign up for patient portal and receive text messages for reminders.
- An advisory committee member asked, at what point could she engage with the information regarding the hearing diagnosis due to her child’s other health concerns. Tram shared that it was when she talked to other parents who have medically complex children. Talking to others on the phone to learn about resources would have been helpful. She felt overwhelmed at the time but tried to find the moments of joy to reflect on.

Collaborative Plan updates – Danelle Gournaris

- Danelle shared updates on the [Minnesota Commission of the Deaf, DeafBlind, & Hard of Hearing Collaborative Plan 2025-2030 \(https://mn.gov/deaf-commission/assets/MNCommission_CollaborativePlanReport_8-2025_tcm1063-706624.pdf\)](https://mn.gov/deaf-commission/assets/MNCommission_CollaborativePlanReport_8-2025_tcm1063-706624.pdf). Updates included an overview of the process for developing the 2025-2030 Collaborative Plan. This included evaluating data from 2019 to 2024, hosting community events to gather feedback, working with the five Collaborative Workgroups, and creating a report on the trends and gaps with collaboration of the Wilder Foundation. They have been working with the community for a year.
- Danelle presented the six priorities included in the 2025-2030 Collaborative Plan.

- An advisory committee member asked about how decisions were made about which data to include in their summary (for example, early literacy and numeracy data from MDE was highlighted but expressive and receptive language data was only mentioned.) Danelle responded that they are waiting for the work groups to work on the language acquisition key priority. Once they look at the system and see it is robust- then they are able to start tracking and this can lead to how they evaluate the data.

MDH EHDI Benchmark data – Sara Lammert and Kirsten Coverstone

- Sara presented on the current EHDI Benchmarks which were updated and approved by this Committee in 2024. Benchmarks are related to hearing screening, diagnosis, enrollment in early intervention, family support and access to educational supports and medical care.
- Committee members had the opportunity to ask questions. Questions were mostly focused on what data is available for early intervention referrals and enrollment. The data presented are focused on enrollment data officially received through a data sharing agreement with the Minnesota Department of Education. There is some data on referrals, however referral data is collected from multiple sources (i.e. audiology reports, local public health, etc.) and can be incomplete. Data from more recent years (i.e. 2024) are still preliminary as more data is still likely to be collected. Right now, medical specialty appointments about vision are focused on ophthalmology. Committee members would be interested in looking deeper into how children from greater Minnesota are able to meet some of these benchmarks compared to children in the metro area. Committee members discussed that waiting for medical clearance or earmolds can affect timely amplification.

Updates to Guideline for Pediatric Amplification – Bridget Walde and workgroup members

- Bridget first introduced the workgroup, including workgroup members and the timeline for updating the Guideline for Pediatric Amplification.
- Proposed updates to the guideline were discussed page by page by Bridget and Joscelyn Martin, who participated on the workgroup.
- An advisory committee member requested an update regarding visual access to language on page five. She wanted to add details regarding cued language as a visual access to language. Following a discussion by the advisory committee, it was agreed to add the following to page 5: *“The use of amplification does not preclude the use of a visual language like ASL or a visual access to a language such as cued American English,...”*.
 - Joan motioned to accept the sentence and Sara seconded.
- Committee discussed adding “and linguistic” to the following sentence on page 11: “In addition to helping parents feel confident in their skills, it is also important to help them understand their vital role and enlist them as partners in improving the quality and quantity of their child’s auditory experience...”).”
 - Jay motioned to accept, Danelle seconded.
- Advisory committee members voted on approving the Guideline for Pediatric Amplification, with the edits that were brought forth and agreed upon during the meeting. The vote passed and the updates to the guideline were approved.

Congenital CMV Conference share-out

- Advisory committee members shared what they learned and enjoyed at the Congenital CMV Public Health and Policy Conference. They enjoyed attending different presentations and sessions such as the parent panel, how to be supporting each parent along the same journey, positive or not positive experiences with the diagnosis, ophthalmology findings, vestibular testing for children, as well as the professional and the clinical research-based sessions.
- Kirsten was awarded the Professional Impact Award of 2025 at the conference.

Closure/adjournment

- Looking for possible sites to host the May 20th, 2026, in person meeting.
- Kirsten motioned to adjourn, Joscelyn seconded, meeting adjourned.

Next Meeting

Date: February 18, 2026

Time: 1 -3pm

Location: Zoom

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

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