Meeting Minutes: EHDI Newborn Hearing Screening Advisory Committee

May 19, 2021

Minutes prepared by: Darcia Dierking (MDH)
Location: Microsoft Teams & Zoom (ASL interpreters)

Attendance

Present:

Ingrid Aasan, Renae Allen, Kathy Anderson, Joan Boddicker, Nicole Brown, Mary Cashman-Bakken, Kirsten Coverstone, Laura Godfrey, Danelle Gournaris, Hannah Herd, Tina Huang, Colleen Ireland, Joscelyn Martin, Abby Meyer, Gloria Nathanson, Jessica Novak, Sara Oberg, Elizabeth Pai, Emilee Scheid, Cat Tamminga, Katie Warne, Terry Wilding, Jay Wyant

Absent: none

Agenda Item Minutes

- **Welcome and Announcements/Abby Meyer (chair)/1:00pm**
  - Logistics – please identify yourself before speaking.
  - Roll Call – from Microsoft Teams and zoom participants
  - Approval of Minutes/Abby Meyer/1:04pm/February 2021 meeting minutes approved
- **Legislative Updates /Nicole Brown/1:05 pm**
  - Newborn screening fee increase in process
  - Vivian Act – legislature continuing to work on budget, provisions not yet finalized
- **EHDI National Conference/Melanie Wege/1:05-1:30**
  - Melanie Wege: EHDI Poster presentation regarding final hearing outcomes after diagnosis of transient conductive hearing loss for newborns that did not pass UNHS. Discussed MDH process for follow-up, final outcomes, and future plans. Questions/Discussion followed.
  - Committee members discussed attending Virtual National EHDI conference:
    - Some technical issues of accessing on-demand content
    - Issues accessing the chat
    - Minnesota had nearly 100 attendees
    - Like in-person better, but understand difficulties given COVID-19 and travel issues

- **MN Hands and Voices – Data/Sonya Giridhar/1:35**
    - Support is an area that is challenging to quantify
    - Presented different ways to quantify/visualize average conversations on radial plot
    - Guides respond dynamically to meet individual needs, build upon client relationships over time, and adapt as needs change
    - Questions from committee: Q: What would the conversations look like pre/post covid? A: looking forward to exploring that data. Q: Communication is important, why isn't it showing on graph as discussed often? A: This data framework will serve well to give basis to quality improvement efforts. Guides see communication as very important and build communication opportunities conversations in near the beginning of conversations with people. Q: How do parent guides collecting the data? A: Parent Guides have a form with discussion topics listed and they go through and check off topics they discussed after the call, as well as a description of the call.
- **Screening up to the Age of 3 Discussion/Darcia Dierking and Committee Members/2:00**
    - Background: HRSA grant activity to expand screening to age 3. Working to convene stakeholders to develop a plan for how this might be done.
    - **Where are children being screened, how, and where is record stored?**
        - Kathy Anderson -- ECHO project (NCHAM) nearly 6 years ago – training provided in school districts for OAE, about 45 people trained from across the state who could talk about OAE screenings in their district. Now, ECHO staff do web-based trainings for OAEs.
        - Kathy Anderson-- In school districts- it is hearing screening for eligibility evaluations. Under IDEA it is required to assess hearing and vision status. IDEA does not require school districts to medically "assess" hearing and vision status. IDEA Part C requires districts and teams to "address/document" hearing and vision status under health and physical development. We have encouraged district teams to utilize OAE screening as one way to help the teams more objectively "document hearing status" for all young children (a) referred for eligibility evaluations and (b) for those receiving Part C or Preschool Special Education services. OAEs would be used instead of simply asking parents if the child passed newborn hearing screening and if they have any concerns about their child's hearing. If there were concerns noted by the district teams through use of OAE screening, children would still need to be seen for more clinical evaluation by medical/audiological professionals for the district to then accurately "document the child's hearing status". Results are stored in child's assessment files and kept by the district.
        - Dr. Pai--PCP offices—under age 3 we are generally limited. At age 3, we try to have the child participate in the hearing screening. Most of the equipment primary care providers have is pure tone screening audiometers. At well-child visits we ask developmental screening questions regarding family history, if there are any concerns about speech and language development for under age 3. This information would be in medical record.

        - Questions from Committee: Q: What is the target population? Everyone under age 3? A. Yes, that is the understanding that HRSA would like to see more screening and reporting in this age group. Q: Will insurance cover it? A: Good question to be asked/addressed in building the plan for screening.
        - Additional Questions from committee: Would day care providers be able to do screening? Could there be a mobile unit where children are going a lot? Could the medical center piece be broadened to include other providers or visit types beyond well-child visits? A: Good questions for stakeholder group TBD.
        - Kathy Anderson: would like to see more reporting of screenings. When a child is identified, currently not a good way to know where they entered the system. Was it a school screen or PCP screen that put the child on the path to identification? Would be good feedback to determine impacts of screening.
- **MDE Program Updates/Cat Tamminga/2:25pm**
    - Covid has affected the way teams can evaluate children. Ongoing work to operate within current executive orders and operate safely.

Next Meeting

Date: Aug 18, 2021
Time: 1:00 – 2:30 pm
Location: Virtual
Agenda items: submit proposed agenda items to ehdi@state.mn.us

Minutes Approved 08/18/2021