



---

# **Activities of the Newborn Hearing Screening Advisory Committee**

**REPORT TO THE MINNESOTA LEGISLATURE**

03/20/2025

## **Activities of the Newborn Hearing Screening Advisory Committee**

Minnesota Department of Health  
Early Hearing Detection and Intervention (EHDI)  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-4989  
[health.ehdi@state.mn.us](mailto:health.ehdi@state.mn.us)  
[www.health.state.mn.us/improveEHD1](http://www.health.state.mn.us/improveEHD1)

As requested by Minnesota Statute 3.197: This report cost approximately \$195 to prepare, including staff time, printing and mailing expenses.

*Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.*

# Contents

Executive summary .....	4
Background.....	4
Activities of the Newborn Hearing Screening Advisory Committee .....	5
Recommendations and protocols .....	6
Quality improvement initiatives.....	6
Conclusion .....	7
References.....	7
Appendix A: 2024 Advisor Biographies.....	8

## Executive summary

The Minnesota Newborn Hearing Screening Advisory Committee, (hereafter “committee”) was established in 2007 through [Minnesota Statute §144.966](#). The committee is comprised of medical and educational professionals; various community partners; and state agency and nonprofit representatives. It serves as a central source of dialogue, medical and educational recommendations, and oversight for Early Hearing Detection and Intervention (EHDI) activities throughout the state.

Through the expertise of committee members, the Minnesota EHDI network gathers, adapts, and implements system-level advances as they emerge in national discourse. The committee provides the capacity and expertise needed for Minnesota to not only respond to, but also anticipate national trends in hearing screening and hearing loss interventions.

Clinicians, families, and professionals throughout Minnesota utilize the many guidelines and recommendations produced by the committee. These guidelines inform the procedures and activities of clinicians like audiologists; speech language pathologists; otolaryngologists; primary care staff; educational staff; hearing screeners; state agency staff at Minnesota’s Departments of Health (MDH), Education (MDE), and Children, Youth, and Families (DCYF); and others. Input from the committee’s experts allows the development of guidelines in a timely fashion. Most importantly, the committee provides a framework within which all partners – including, parents of children who are deaf or hard of hearing and adults who are deaf or hard of hearing – can exchange information and develop policy recommendations with the goal of better outcomes for Minnesota infants and children.

## Background

In May 2007, Minnesota enacted [Minnesota Statute §144.966](#), which mandated reporting of newborn hearing screening results and added hearing loss to the panel of more than 50 rare conditions for which every newborn in Minnesota is offered a screen.

The goal is to provide early hearing detection and intervention in order to maximize linguistic and communicative competence and literacy development for children who are deaf or hard of hearing. Without EHDI, infants who are deaf or hard of hearing are immediately at risk of experiencing delays in a variety of developmental areas, including vocabulary, articulation, intelligibility, social adjustments, and behavior (Joint Committee on Infant Hearing [JCIH], 2007; Yoshinaga-Itano et al., 1998). Without appropriate opportunities to learn language, these children will fall behind their hearing peers. Such delays may result in lower educational and employment achievement levels in adulthood.

The legislation established an advisory committee to advise and assist the Departments of Health and Education in:

- developing protocols and timelines for screening, rescreening, and diagnostic audiological assessment and early medical, audiological, and educational intervention services for children who are deaf or hard-of-hearing;
- designing protocols for tracking children from birth through age three that may have passed newborn screening but are at risk for delayed or late onset of permanent hearing loss;

## ACTIVITIES OF THE NEWBORN HEARING SCREENING ADVISORY COMMITTEE

- designing a technical assistance program to support facilities implementing the screening program and facilities conducting rescreening and diagnostic audiological assessment;
- designing implementation and evaluation of a system of follow-up and tracking;
- evaluating program outcomes to increase effectiveness and efficiency and ensure culturally appropriate services for children with a confirmed hearing loss and their families.

In 2013, Minnesota amended [§144.966 \(subdivision 2\(d\)\)](#) requiring the Commissioner of Health to report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and data privacy on the activities of the Newborn Hearing Screening Advisory Committee that have occurred during the past two years.

In 2019, [§144.966](#) was again amended to include a representative from the deaf mentor program and a representative of the Minnesota State Academy for the Deaf from the Minnesota State Academies staff. The Committee expiration date was amended from June 30, 2019, to June 30, 2025.

In 2024, [§144.966](#) was again amended to include the newly formed Department of Children, Youth, and Families. The Part C coordinator representative may be from the Department of Education; the Department of Health; the Department of Children, Youth, and Families; or the Department of Human Services or the department's designees.

## Activities of the Newborn Hearing Screening Advisory Committee

Per [M.S. §144.966](#), the Commissioner of Health shall appoint members from various professional, community and parent groups with no less than two of the members being deaf or hard of hearing. In December 2024, the committee consisted of 24 members ([Appendix A](#)). Of the 24 members, about one third identified as deaf or hard of hearing or a parent of a child who is deaf or hard of hearing.

The Newborn Hearing Screening Advisory Committee meets quarterly in February, May, August, and November. The full committee met on eight occasions during fiscal years 2023 and 2024. Half of the meetings were held virtually, and half were in-person. Meeting attendance varied between 63-100% during this period. On average, 84% of the committee attended.

Each committee meeting opened with a brief presentation from a family, caregiver, or professional with experience in the EHDI system, highlighting its strengths and weaknesses. The provided testimony set the stage for further agenda-based committee discussion; identification of system gaps and barriers; disparities; and the development of committee priorities. MDH regularly presented on EHDI data, including EHDI system outcome measures that focus on screening, early identification, and important interventions for children who are deaf or hard of hearing – such as Part C Early Intervention, parent-to-parent support, and amplification (if chosen by the family). Updates on the implementation of universal newborn screening for congenital cytomegalovirus (CMV) was also discussed at numerous meetings. Congenital CMV is the leading infectious cause of hearing loss. Committee members regularly had a chance to present on relevant and timely topics affecting EHDI and the deaf or hard of hearing community.

## Recommendations and protocols

Reflecting on system gaps and opportunities for improvement, the committee recognizes the need for and prioritizes the development of recommendations and protocols to improve the EHDI system. Between 2023 and 2024, the committee updated numerous EHDI guidelines for professionals. Workgroups of committee members, MDH staff, and community members were formed for each workgroup, as appropriate. The committee updated the following protocols during fiscal years 2023-2024:

- [Guidelines for the Organization and Administration of Universal Newborn Hearing Screening Programs in the Well-Baby Nursery \(www.health.state.mn.us/docs/people/childrenyouth/improveehdi/guidewbn.pdf\)](http://www.health.state.mn.us/docs/people/childrenyouth/improveehdi/guidewbn.pdf)
  - Adopted by committee in August 2023.
  - This document provides recommended guidelines for newborn hearing screening programs for infants in the well-baby nursery.
- [Guidelines for the Organization and Administration of Universal Newborn Hearing Screening Programs in the Special Care Nursery and Neonatal Intensive Care Unit \(NICU\) \(www.health.state.mn.us/docs/people/childrenyouth/improveehdi/guidenicu.pdf\)](http://www.health.state.mn.us/docs/people/childrenyouth/improveehdi/guidenicu.pdf)
  - Adopted by committee in August 2023.
  - This document provides recommended guidelines for newborn hearing screening programs for infants in the neonatal intensive care unit (NICU).
- [Guidelines for the Organization and Administration of Universal Newborn Hearing Screening Programs for Out-of-Hospital Births \(www.health.state.mn.us/docs/people/childrenyouth/improveehdi/guideooh.pdf\)](http://www.health.state.mn.us/docs/people/childrenyouth/improveehdi/guideooh.pdf)
  - Adopted by committee in November 2023.
  - This document provides recommended guidelines for newborn hearing screening program for midwives delivering newborns in out-of-hospital birth settings, including home births and non-hospital/freestanding birth centers.

## Quality improvement initiatives

The EHDI program continually works to improve the EHDI system and looks to reportable benchmarks each year to determine areas of improvement. A focus of the committee is to address disparities within the EHDI system.

In summer 2024, a workgroup of committee members and MDH staff was formed to update the [Early Hearing Detection and Intervention Goals, Indicators and Benchmarks \(www.health.state.mn.us/docs/people/childrenyouth/improveehdi/ehdiindbenchmarks.pdf\)](http://www.health.state.mn.us/docs/people/childrenyouth/improveehdi/ehdiindbenchmarks.pdf). 10 workgroup members were from the committee, three were deaf and hard of hearing adults, and all represented a wide range of professions and experiences. In August 2024, the committee approved the updated EHDI Goals, Indicators, and Benchmarks.

Additionally, committee members participated in workgroups and provided guidance to partners throughout the EHDI system. Committee members analyzed issues and provided guidance to MDH and other EHDI system partners regarding:

- The reduction of loss to follow-up after not passing newborn hearing screening.
- Screening for hearing loss in children after the newborn period.
- Improving timeliness of diagnosis.
- Education, training, and use of screening related to congenital CMV.

## ACTIVITIES OF THE NEWBORN HEARING SCREENING ADVISORY COMMITTEE

- The improvement in MDH educational materials and resources for parents of children newly identified as deaf and hard of hearing.
- Language acquisition for infants and children who are deaf and hard of hearing.
- Application of the [Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs \(www.audiology.org/wp-content/uploads/2021/06/JCIH-2019.pdf\)](https://www.audiology.org/wp-content/uploads/2021/06/JCIH-2019.pdf) from the Joint Committee on Infant Hearing to Minnesota's EHDI system.

## Conclusion

The care and education of children who are deaf and hard of hearing motivate the members of the committee to advance Minnesota's EHDI system. Adults who are deaf and hard of hearing and the parents of children with hearing differences join with professionals from all points in the network of care to realize the best possible outcomes for these children. The knowledge and experience that committee members bring allows the committee to guide MDH, MDE, and DCYF policies, so that families of children who are deaf and hard of hearing can reach better outcomes.

Committee activities are important for the continued functioning of Minnesota's EHDI program. This work includes the sharing of valuable knowledge and experiences to MDH, MDE, and DCYF staff and providing technical expertise and assistance in the development of best practice recommendations and protocols.

## References

American Academy of Pediatrics, Joint Committee on Infant Hearing (2007). Year 2007 position statement: Principles and guidelines for early hearing detection and intervention programs. *Pediatrics*, 120(4), 898–921. <https://doi.org/10.1542/peds.2007-2333>

Yoshinaga-Itano, C., Sedey, A. L., Coulter, D. K., & Mehl, A. L. (1998). Language of early- and later-identified children with hearing loss. *Pediatrics*, 102(5), 1161–1171. <https://doi.org/10.1542/peds.102.5.1161>

# Appendix A: 2024 Advisor Biographies

## NEWBORN HEARING SCREENING ADVISORY COMMITTEE

### Ingrid Aasan

#### Department of Education regional low-incidence facilitator representative

Ms. Aasan has worked in the field of special education for over 30 years. She earned her bachelor's in Elementary Education and Special Education from Augustana University, Sioux Falls, South Dakota. She holds an MA in Curriculum and Instruction; and administrative licensure from the University of Minnesota. Ms. Aasan is the director of Special Education at BrightWorks (formerly Metro Educational Cooperative Service Unit [ECSU]). As such, she directs the Minnesota Region 11 Centers of Excellence for Young Children with Disabilities, Region 11 Help Me Grow Interagency Early Intervention Committee (IEIC), Metro Regional Implementation Project of Positive Behavioral Interventions and Supports Minnesota (PBIS) and is the Region 11 Low Incidence Facilitator (RLIF). Ms. Aasan also directs the Minnesota Low Incidence Projects (MN LIP). As part of her work with the MN LIP, she supervises the statewide Early Hearing Detection & Intervention (EHDI) specialist, the statewide DeafBlind specialist, and the staff of the Minnesota DeafBlind Project. As the RLIF partner to the Minnesota Department of Education (MDE) Deaf/Hard of Hearing state specialist, she works collaboratively on many state initiatives, state projects and with the Minnesota Collaborative Plan for the Deaf, DeafBlind and Hard of Hearing. She has served on the Newborn Hearing Screening Advisory Committee for two terms.

### Anne Barlow

#### A parent of a child with hearing loss representing a parent organization

Anne is a mother of two highly successful young adults, the older of whom is a son who was born with a profound bilateral sensorineural hearing loss. Anne is currently part of the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing serving on the Birth – 5 Collaborative Workgroup and the Language Acquisition Workgroup. She participated in a national learning community to develop an evaluation survey to assess family outcomes. She was part of the development of Metro Deaf School (public charter); her son was in the first class in its inaugural year and the first high school graduating class. Her journey exemplifies how goals and paths may change over time as parents learn more about their child and their unique needs. She has a passion for ensuring that all families with children that are Deaf or Hard of Hearing (DHH) feel confident and empowered when making choices for their child. Anne has been involved with Minnesota (MN) Hands & Voices for over 10 years and currently serves as the director of MN Hands & Voices at Lutheran Social Service of Minnesota. The primary focus of MN Hands & Voices is to provide support and unbiased information by trained Parent Guides and DHH Adult Role Models to families just learning their child is deaf or hard of hearing, as well as supporting families with children of all ages.

## **Joan Boddicker**

### **Consumer from an organization representing cued speech communication options**

Joan is the parent of a child who was diagnosed as being deaf at 10 months and received her first cochlear implant at 18 months. The difficulties arising from the late diagnosis were compounded by her daughter's additional learning disabilities. Believing that literacy was going to be her daughter's main challenge, Joan and her husband researched multiple communication methods before deciding to use Cued Speech. She is a strong advocate of early hearing loss detection and supports intervention to assist families in assessing the communication options available. Joan joined the board of the Cued Speech Association of Minnesota (CSAM) in 2004. CSAM works to educate families about the literacy benefits of using cued speech and to provide training to families and school professionals.

## **Mary Cashman-Bakken**

### **Representative from the Minnesota Department of Education Resource Center for the Deaf and Hard of Hearing**

Mary has been involved in early hearing detection and intervention (EHDI) since she started in 1992. Mary instigated EHDI teams of an educational audiologist, teacher of the DHH, and an early childhood teacher. This practice continues today with additional team members like speech clinicians, regional partners, and others (depending on identified needs). Minnesota now has mandated screening, reporting, and cytomegalovirus screening—we still have lots to do! Mary loves the way many people from inside and outside agencies have come together to make EHDI work.

## **Kirsten Coverstone**

### **Department of Health early hearing detection and intervention coordinator**

Kirsten is an audiologist specializing in early hearing detection and intervention. Kirsten has worked at the local, state, and national levels to promote universal newborn screening, timely follow-up for hearing, and early access to intervention. As part of the Minnesota Department of Health (MDH) EHDI program, she works directly with birth facilities to establish and maintain effective hearing screening programs; audiologists for timely follow-up and confirmation of hearing status; provides education and guidance to primary care provider clinics; leads quality improvement initiatives; and actively supports outreach to improve early hearing detection and intervention systems. In addition, Kirsten implemented a statewide hearing instrument loaner program for infants and young children in Minnesota. She serves as a member of the Joint Committee on Infant Hearing (JCIH), a member of the Directors of Speech and Hearing Programs in State Health and Welfare Agencies (DSHPSHWA) and is co-chair of the Center for Disease Control (CDC) EHDI Data Committee. She is dedicated to making a difference in the lives of children and their families as an MDH EHDI screening program coordinator.

## **Darcia Dierking**

### **Department of Health early hearing detection and intervention coordinator**

Darcia is a pediatric audiologist and MDH EHDI co-coordinator. Darcia has more than 20 years of experience as a clinical and research audiologist, with research projects primarily focusing on otoacoustic emissions and hearing devices. Darcia has worked in four states and has experience teaching hospital staff and Early Head Start staff about hearing screening. As a part of the MDH EHDI program, she works in longitudinal follow-up after identification. She works with many grant recipients and stakeholders in government, healthcare, education, and family organizations to make EHDI system improvements.

## **Kathleen Geraghty (she/her/hers)**

### **Representative from the early hearing detection and intervention teams**

Kathleen is a licensed and certified speech-language pathologist specializing in pediatrics and currently practicing in Early Intervention (Help Me Grow). She received her MS in Speech-Language Pathology (SLP) from Northwestern University and MSc in Developmental Linguistics from the University of Edinburgh. Kathleen has experience as an academic researcher in areas of early conceptual, cognitive, and linguistic development at the Infant and Child Development Center at Northwestern University. Her clinical experience includes providing therapy services in pediatric outpatient clinics as well as public schools. Her expertise includes child language and child development, alternative and augmentative communication (AAC), routines-based intervention, evidence-based practice, and pediatric feeding disorders. She is qualified to supervise graduate SLP clinicians and Clinical Fellows (CFs). With her current Early Intervention/Birth to Three team, she completed the Evidence-Based Qualify Intervention Practice (EQIP) training and implementation cycle in 2022. Kathleen has also taught adult learners of English from a wide variety of world language backgrounds. She currently completes intake and evaluation for children referred to Birth to Three (Part C) through the Stillwater Area Public Schools in northern Washington County, MN. In this role, she works directly with children and families navigating early identified hearing loss, or families who are seeking additional support for suspected hearing concerns.

## **Danelle Gournaris**

### **Representative of the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing**

Danelle is the Collaborative Plan program director with the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing. As the program director, Danelle manages the Collaborative Plan goals, responsibilities, and workflow established by the stakeholders. The Collaborative Plan is a network of agencies, schools, and organizations that work together to create positive, systemic changes to achieve better education and career outcomes for students who are deaf, deafblind, and hard of hearing from birth to age 21. Previously, Danelle served as the Deaf Mentor Family Program (DMFP) manager at Lifetrack, Inc. The DMFP is a statewide program that provides Deaf Mentors who are language role models to hearing families with deaf and hard of hearing children. Deaf Mentors and Teachers of the DHH have worked together in several instances to track their

## ACTIVITIES OF THE NEWBORN HEARING SCREENING ADVISORY COMMITTEE

students' language milestone benchmarks. Danelle has been working in the EHDI system for 18 years. Danelle is passionate about the collaborative work necessary to further advance EHDI for children and families.

### **Hannah Herd**

#### **Audiologist with experience in evaluation and intervention of infants and young children**

Hannah is a pediatric audiologist at M Health Fairview – Lions Children's Hearing and ENT Clinic. She received her doctor of audiology degree from the University of Minnesota and completed her clinical externship at Boys Town National Research Hospital in Omaha, Nebraska. While in graduate school, she worked as a research assistant for the multi-disciplinary Lions Children's Hearing Center, where she was able to observe complex cases and explore the wide range of outcomes for children with varying degrees and etiologies of hearing loss. As an audiologist, she engages daily with patients and families, applying evidenced based practices and providing family centered care through newborn hearing screenings; diagnostic testing of infants and children; and evaluation and fitting for hearing aids and cochlear implants. Additionally, she has dedicated time to collaborate on research projects exploring the identification, management, and outcomes of childhood hearing loss.

### **Tina Huang**

#### **Otolaryngologist**

Tina is a neurotologist, an ear subspecialty of Otolaryngology, at the University of Minnesota, who works with both adult and pediatric patients with hearing loss. She completed her fellowship at New York University. She is the director of the Lions Children's Hearing and ENT Center which focuses on children with all degrees and types of hearing loss. She has been part of EHDI since the beginning and is honored to continue serving on the committee, working to improve identification and treatment of pediatric hearing loss.

### **Calla Kevan**

#### **Representative from the Department of Human Services Deaf and Hard of Hearing Services Division**

Calla is a Deaf and Hard of Hearing specialist with the Minnesota Department of Human Services, Deaf and Hard of Hearing Services Division. In this role, Calla works with individuals, families, and businesses, helping them to learn more about hearing loss. This includes showing them how assistive technology can help. She also teaches people about communication access. Calla has a master's degree in rehabilitation counseling for the deaf. Before joining the Deaf and Hard of Hearing Services Division, she worked as a vocational rehabilitation counselor. Calla also mentored families with deaf or hard of hearing children.

## **Joscelyn Martin**

### **Audiologist with experience in evaluation and intervention of infants and young children**

Joscelyn is a pediatric audiologist at the Mayo Clinic in Rochester, Minnesota, where she has practiced for over 20 years. She received her master's degree from Northwestern University and her doctor of audiology degree from Central Michigan University. She holds Pediatric Audiology Specialty Certification (PASC) from the American Board of Audiology. Dr. Martin developed an interest in pediatric audiology while serving as a faculty member and preceptor at Northwestern University. She has been coordinator of the Mayo Clinic Early Hearing Detection and Intervention (EHDI) program since its inception. In addition to early intervention for children with hearing loss, she is passionate about child and family centered counseling and the positive effect that it has on the diagnostic and re/habilitative process for the families with whom she works. She also enjoys participating in research and quality improvement projects.

## **Abby Meyer**

### **Otolaryngologist**

Abby is a pediatric otolaryngologist with Children's Minnesota. She also serves in a leadership role at Children's Minnesota as the medical director of ENT and Audiology Services, and in the American Academy of Pediatrics as the Minnesota Chapter Champion for EHDI. She completed residency training in otolaryngology-head and neck surgery at the University of Minnesota followed by a fellowship in pediatric otolaryngology at Seattle Children's Hospital and the University of Washington in Seattle, Washington. In her practice at Children's Minnesota, she cares for many children who are deaf or hard of hearing and is one of the cochlear implant surgeons at Children's Minnesota. She has a special interest in optimizing the care of infants and children who have been identified as being deaf or hard of hearing.

## **Jess Moen**

### **Department of Education regional low-incidence facilitator representative**

Jess works as the statewide Early Hearing Detection and Intervention specialist under the MN Low Incidence Projects, in addition to working at the Minnesota Centers of Excellence for Young Children with Disabilities. Before her current roles, Jess worked as an itinerant teacher for the Deaf/Hard of Hearing in Northern Minnesota, serving children and families birth through age 21. Together with the Minnesota Department of Education Part C coordinator and Minnesota Department of Education state Deaf/Hard of Hearing specialist, Jess provides support, information resources, and staff development activities for professionals and early intervention programs serving children who have hearing loss and their families statewide.

## **Gloria Nathanson**

### **Representative from a consumer organization representing culturally Deaf persons**

Gloria is a Deaf audiologist and a parent of four children, two of them Deaf. She obtained her self-directed B.S. degree in Language Development with emphasis on those with Hearing Loss from University of Minnesota and doctorate of audiology (Au.D) from Gallaudet University. She is employed as an educational audiologist at Minnesota State Academies. She is a Certified Deaf Interpreter and a professor at Saint Catherine University's ASL and Interpreting department. She is also an adjunct faculty member at Gallaudet and McDaniel College. Her passion for teaching and advocacy is reflected in her long- term goals of continuing to work with the state's EHDI program and promoting more culturally sensitive practices in the general field of audiology. She also supports families as a mentor through Lutheran Social Service of Minnesota's Deaf Mentor Family Program.

## **Jessica (Jesi) Novak**

### **Audiologist with experience in evaluation and intervention of infants and young children**

Jesi is lead pediatric audiologist at Children's Minnesota. She has been involved with the hearing screening process in many different aspects. While in graduate school in the Houston, Texas area, she worked as a newborn hearing screener at two of the area's largest birthing hospitals. Here in Minnesota, she continues to see infants for follow-up newborn hearing screenings. She also completes diagnostic testing, fitting and evaluation for hearing aids and cochlear implants, and provides re/habilitation services for children of all ages. Jesi strives to be family and child-centered, focusing her treatment to meet the family's goals, no matter what they may be.

## **Sara Oberg**

### **Speech-language pathologist with experience in evaluation and intervention of infants and young children**

Sara achieved a bachelor's degree in music (B.M.) in Vocal Performance and Vocal Music Education (2003) and a master's degree (M.A.) in Speech-Language-Hearing Sciences (2007) from the University of Minnesota, Twin Cities. She is a speech-language pathologist; clinical voice and aural rehabilitation specialist; received a Certificate in Vocology (from the National Center for Voice and Speech, Dr. Ingo Titze, director, through the University of Iowa) and a Certificate in Vocal Pedagogy (from the University of Minnesota) in 2007; singer; and musician. The majority of her time is spent giving aural rehabilitation, voice and speech-language therapy at Regions Hospital. She has been a clinical aural rehabilitation specialist for over 16 years. She is extremely passionate about working with people (children and adults) who are deaf or hard of hearing, making a positive difference and helping them speak, hear, and communicate with their full potential with their hearing aids and/or cochlear implants. She doesn't let it stop them from pursuing their dreams! She passed the proficiency

## ACTIVITIES OF THE NEWBORN HEARING SCREENING ADVISORY COMMITTEE

exam in American Sign Language (ASL) at the University of Minnesota Twin Cities and considers herself proficient, not fluent in ASL. For over five years, she evaluated children to see if they were cochlear implant candidates for the Lions Children's Hearing Center at M Health (University of Minnesota, Fairview). In 2011, Sara started and continues to lead as a volunteer for the Minnesota Adult Cochlear Implant Social Group, because many individuals expressed feeling isolated and/or the desire to connect with others who have hearing loss or have lost their hearing and have received a cochlear implant. Sara has personally been immersed in the Deaf culture since she was born, as her grandparents were born hearing and lost all their hearing at ages five and 14 years old. She is very passionate about this community and making a positive difference in helping everyone reach their full potential.

### **Elizabeth Pai**

#### **Primary care provider with experience in the care of infants and young children**

Elizabeth is a board-certified pediatrician currently practicing in Maplewood, Minnesota. She received her medical degree from Ohio State University and subsequently completed her pediatric residency at Nationwide Children's Hospital in Columbus, Ohio. She has been practicing in the field of general pediatrics for the past 15 years, with a special interest in early childhood care and development.

### **Emily Smith-Lundberg**

#### **Representative for the deaf mentor program**

Emily serves as the director of Deaf Mentor Family Services at Lutheran Social Service of Minnesota. Prior to becoming director, Emily was a Deaf Mentor in the same services for nine years. Emily also has been a camp director for the last two decades and is currently running Camp UBU - You Be You, a youth camp for campers who are deaf, deafblind, and hard of hearing in the Midwest. Emily has a bachelor's degree in Deaf Studies and a master's degree in Sign Language Education, both from Gallaudet University in Washington, DC.

### **Cat Tamminga Flores**

#### **Part C Coordinator**

Cat is the Part C Coordinator in Mni Sota Makoce ("Minnesota" in Dakota). Cat supports infants and toddlers with dis/Abilities and whom we may have worries about and their families, as well as the providers and systems that support them. Prior to moving to Minnesota in 2016, Cat served children and families in natural and tele-environments as lead early intervention specialist for St. Joseph Institute for the Deaf (SJID) and helped collaborate into law the Indiana statewide Center for Deaf and Hard of Hearing Education (CDHHE), working to ensure that each and every child with various hearing levels has access to quality supports that align with their and their families' communication wants and needs. Cat is a Listening and Spoken Language Specialist, LSLS Cert AVEd, and serves on the AGBell board for mentors. Cat was the recent Secretary-Treasurer for the Infant and Toddler Coordinators Association (ITCA). She is also on the planning teams for the Part C Racial Equity

## ACTIVITIES OF THE NEWBORN HEARING SCREENING ADVISORY COMMITTEE

Community and the Family Outcomes community of practice with the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy). Cat is a member of various professional and community organizations, a textile artist, a native plants gardener, an emerging Spanish-speaker, and an ally.

### **Colleen Vitzthum**

#### **Birth hospital representative from a rural hospital**

Colleen is a pediatric audiologist at the Mayo Clinic Health System in Mankato and New Prague. She has her specialty certification in pediatrics through the American Board of Audiology. She grew up in a rural community outside of Mankato, MN. She earned her undergraduate degree from Minnesota State University in Mankato and earned her doctorate from the University of Wisconsin, Madison. She has been the coordinator of the newborn hearing screening program at Mayo Clinic Health System – Southwest Minnesota since 2015. This includes training technicians on inpatient screenings, ensuring proper referral rates, testing in an appropriate timeline, meeting with pediatric physicians, and giving lectures on the importance of screening newborns. She developed an interest in pediatric audiology while fulfilling her externship year through Mayo Clinic. In addition to newborn hearing screening, she is passionate about Auditory Brainstem Response testing and cochlear implants.

### **Katie Warne**

#### **Speech-language pathologist with experience in evaluation and intervention of infants and young children**

Katie is a certified speech-language pathologist at M Health Fairview – Lions Children's Hearing and ENT Clinic and works full-time with infants and young children with hearing loss and their families. She received her master's degree from the University of South Carolina with a specialization in auditory-verbal therapy and cochlear implants in 2012. She took advanced coursework related to hearing loss and cochlear implants and completed a 10-week internship at the Auditory-Verbal Center, a clinic in Atlanta, GA that provides therapy services to infants and children with hearing loss. She has also worked with the Colorado Home Intervention Program, an early intervention program for children with hearing loss, by providing home-based auditory-verbal therapy and speech therapy services. In November 2017, she received her Listening and Spoken Language Specialist (LSLS Cert. AVT) certification through the Alexander Graham Bell Academy, which allows her to provide specialized care to children with hearing loss learning to listen and use spoken language. Katie has dedicated her career to providing quality and specialized services to infants and young children with hearing loss and she is excited to continuing supporting children and families as a member of the EHDI Newborn Hearing Screening Advisory Committee.

## **Terrence (Terry) Wilding**

### **Representative of the Minnesota State Academy for the Deaf from the Minnesota State Academies staff**

Terry is the 14th superintendent of the Minnesota State Academies, overseeing two campuses – the Minnesota State Academy for the Deaf and the Minnesota State Academy for the Blind. Both campuses are located in Faribault, Minnesota and serve a total of about 150 students from different parts of the state. Superintendent Wilding was born into a large deaf family, consisting of nine deaf siblings. Both of his parents are also deaf, and he has numerous deaf relatives on both sides of his family tree. Mr. Wilding attended the Idaho School for the Deaf and the Blind from kindergarten through his graduation with honors in 1986. Afterwards, he acquired degrees from Gallaudet University, Western Maryland College, and Northern Arizona University. Mr. Wilding's career in education began in 1991, teaching transition skills at the Texas School for the Deaf, and prior to his start at the Minnesota State Academies, he also worked as a teacher and administrator at Gallaudet University, the Arizona Schools for the Deaf and Blind, and the New Mexico School for the Deaf. His passion lies in incorporating his life experiences with full language access, encouragement, and high expectations into educational programming, ensuring that all students have full access to learning, language, and communication in all aspects of their lives, allowing them to reach their goals in life. Mr. Wilding has presented on deaf education, language, learning, and full inclusion, both in the USA and internationally. Mr. Wilding is married to Lisa Boren-Wilding and they have three deaf children. In his spare time, Mr. Wilding enjoys outdoor activities, woodworking, and reading.

## **Jay Wyant**

### **Consumer from an organization representing oral communication options**

Jay is a past president of the board of the Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell), Northern Voices, and the Hearing Society, a non-profit audiology clinic. For over a decade, he wrote a monthly technology column for AG Bell's national magazine, *Volta Voices*. Passionate about accessibility and maximizing opportunities for people with disabilities, Jay has presented on self-advocacy and communications technology, among other topics. Since 2012, Jay has served as the State's first chief information accessibility officer, or CIAO! Profoundly deaf since birth, Wyant was mainstreamed in first grade and wishes CART had been around when he was in college.