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# Activities of the Newborn Hearing Screening Advisory Committee

REPORT TO THE MINNESOTA LEGISLATURE 2023

12/28/2023

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

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As requested by Minnesota Statute 3.197: This report cost approximately \$285 to prepare, including staff time, printing and mailing expenses.

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## 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 stakeholders, and state agencies and non-profit 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.

The committee provides an essential forum for communication between varied organizations and individuals. Through the expertise of committee members, the Minnesota EHDI network is able to gather, adapt, and institute 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, educational staff, hearing screeners, the Minnesota Department of Health (MDH), the Minnesota Department of Education (MDE), 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 stakeholders – most importantly parents of children who are deaf or hard of hearing (DHH) and adults who are DHH – can exchange information, and develop policy recommendations and materials, 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 appropriate opportunities to learn language, these children will fall behind their hearing peers in language, cognition, and social-emotional development. Such delays may result in lower educational and employment achievement levels in adulthood.<sup>1,2</sup>

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;

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- 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.

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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 2022, the Committee consisted of 23 members (Appendix A). Of the 23 members, 6 members identified as DHH (26%), and 5 members are parents of a child who is DHH (22%).

The Newborn Hearing Screening Advisory Committee meets quarterly in February, May, August, and November. The full Committee met on seven occasions during fiscal years 2021 and 2022, with the February 2022 meeting being cancelled. Meeting attendance varied between 83-100% during this period. On average, 90% of the committee attended.

Each committee meeting opened with a brief presentation from an Early Hearing Detection and Intervention professional or consumer highlighting strengths and weaknesses of the EHD system. The testimony and data provided 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 EHD data, including EHD system outcome measures that focus on screening, early identification, and important interventions for children who are DHH such as Part C Early Intervention, parent-to-parent support, and amplification (if chosen by the family). The implementation of universal newborn screening for congenital cytomegalovirus (cCMV) was also discussed at numerous meetings. Committee members also regularly had a chance to present on relevant and timely topics affecting EHD 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 EHD system. In 2021, the Minnesota legislature passed a law known as the Vivian Act, which required the Newborn Screening Advisory Committee (NSAC) to review cCMV for addition to the panel of newborn screening tests provided for babies in

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Minnesota. Cytomegalovirus is a widespread virus that is passed from person to person via direct contact with bodily fluids. When a pregnant person develops an infection, it can be passed through the placenta to the unborn fetus. When a baby is born with this infection, it is known as congenital CMV (cCMV). Hearing loss is one of the most common health issues for babies born with cCMV. Approximately 50% of babies with symptomatic cCMV will develop hearing loss.<sup>3</sup>

The NHSAC recommended that NSAC consider the addition of cCMV. Later, the NSAC did recommend the addition of cCMV to the newborn screening panel, and MDH Commissioner of Health approved the addition. The NHSAC then developed a workgroup of audiologists to develop a hearing screening and monitoring protocol for infants diagnosed with cCMV. The committee approved and recommended the following protocol to the Commissioner of Health during fiscal years 2021-2022 and it was adopted by the Minnesota Department of Health:

- SECTION 4: AUDIOLOGY GUIDELINES FOR INFANTS WITH CONGENITAL CYTOMEGALOVIRUS [Section 4: Audiology Guidelines For Infants With Congenital Cytomegalovirus \(https://www.health.state.mn.us/docs/people/childrenyouth/improveehdi/audiogdnccmv.pdf\)](https://www.health.state.mn.us/docs/people/childrenyouth/improveehdi/audiogdnccmv.pdf). This document provides recommended guidelines for audiologic management and early identification of hearing loss in Minnesota infants with a diagnosis of congenital cytomegalovirus (cCMV).

## 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.

Additionally, Committee members participated on workgroups and provided guidance to stakeholders throughout the EHDI System. Committee members analyzed issues and provided guidance to MDH and other EHDI system stakeholders regarding:

- The reduction of disparities for loss to follow-up after not passing newborn hearing screening
- Screening for hearing loss in children up to three years of age
- Improving timeliness of diagnosis
- Education, training, and use of screening related to Congenital Cytomegalovirus
- The improvement in MDH educational materials and resources for parents of children newly identified as deaf and hard of hearing
- Utilization of National Guidelines among Minnesota EHDI Stakeholders including National Association of State Directors of Special Education (NASDSE) Guidelines: Optimizing outcomes for students who are deaf or hard of hearing.
- Application of the *2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs* 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

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committee to guide MDH and MDE policies, so that families of children who are deaf and hard of hearing can reach better outcomes.

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

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## Appendix A: Advisor Biographies December 2022

**Ingrid Aasan** has worked in the field of special education for over 26 years. She is the Director of Special Education at Metro Educational Cooperative Service Unit (ECSU.) As such, she directs the Minnesota Low Incidence Projects (MN LIP) and is the Regional Low Incidence Facilitator (RLIF) for Region 11 (metro area.) As part of her work with the MN LIP, she supervises the Statewide EHDI Specialist, the Statewide DeafBlind Specialist and the staff of the Minnesota DeafBlind Project. She also works in collaboration with the Minnesota Department of Education DHH State Specialist on many state initiatives and projects.

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

**Renaë Allen** is a Public Health Nurse (PHN) at Dakota County. For 20 years she provided nursing home visiting services for families with children with special health needs. Since 2014 she has provided the local public health follow up for EHDI. She enjoys interacting with parents to provide support & connection to community resources. She participated in a MDH pilot project to create a plan of care based on the Omaha system. MDH implemented this plan of care for statewide EHDI follow-up. Her other roles at Dakota County include coordinating follow-up for family health intake, the Follow Along Program, & MDH birth records.

*A representative from the early hearing detection and intervention teams*

**Anne Barlow** 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 - Five 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 MN. 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.

*A parent with a child with hearing loss representing a parent organization*

**Joan Boddicker** 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

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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.

*A consumer from an organization representing cued speech communication options*

**Nicole Brown** is the Children and Youth with Special Health Needs (CYSHN) Section Manager at the Minnesota Department of Health and the state's Title V MCH Block Grant CYSHN Director. She provides leadership, collaboration, and aligns strategic priorities to create an effective system of care designed to meet the needs of CYSHN and their families throughout Minnesota. Nicole's experience working as a pediatric nurse practitioner at a community-based clinic and as a public health professional at both the local and state level has fueled her passion to create optimal health and quality of life for all CYSHN. Nicole received her Master's degree in Nursing from the University of Minnesota. She served as the National Association of Pediatric Nurse Practitioners' liaison to the American Academy of Pediatrics Task Force on Improving the Effectiveness of Newborn Hearing Screening, Diagnosis, and Intervention. Nicole is the parent of two youth who are deaf and were identified through newborn screening.

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

**Mary Cashman-Bakken** has been involved in EHDI since she started her current job in 1992. At that time, she worked with an informal group and feels MN has come a long way since then. Minnesota now has mandated screening, reporting and Regional EHDI teams but there still is much to do! Mary loves the way many people from inside and outside have come together to make this work. Early Hearing Detection and Intervention continues to be one of the highlights of her job.

*A representative from the Dept of Education Resource Center for the Deaf and Hard of Hearing*

**Kirsten Coverstone** 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 MDH EHDI program, she works directly with birth facilities to establish and maintain effective hearing screening programs, audiologists for timely follow-up & confirmation of hearing status, provides education and guidance to PCP clinics, and actively supports outreach to improve early hearing detection and intervention. 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 board member for the Directors of Speech and Hearing Programs in State Health and Welfare Agencies (DSHPSHWA), is a member of the National CMV Foundation's Communications & Public Health Outreach Committee & 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 the MDH EHDI Screening Program Coordinator.

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

**Danelle Gournaris** 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

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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 Manager at Lifetrack, Inc. The Deaf Mentor Family Program (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 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.  
*Representative of the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing.*

**Hannah Herd** is a pediatric audiologist at the University of Minnesota Masonic Children's Hospital – Lions Children's Hearing and ENT Clinic. She earned her undergraduate degree from St. Olaf College where she participated in research on cochlear implant outcomes and had the opportunity to shadow and volunteer in the field of Aural Rehabilitation for children with hearing loss. She earned her Doctorate in Audiology at the University of Minnesota while working 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 from the diagnosis of infants and children with hearing loss to treatment with 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.  
*Audiologist with experience in evaluation and intervention of infants and young children*

**Tina Huang** works as a neurotologist at the University of Minnesota, and often treats children with hearing loss. She is also part of the Lions' efforts to provide care to those children identified with hearing loss during newborn screening. Additionally, at least half of the cochlear implant patients in her fellowship in New York were children. These experiences have impressed upon Dr. Huang the importance of newborn screening and early identification of hearing loss.  
*An otolaryngologist*

**Colleen Ireland** is a pediatric audiologist at the Mayo Clinic Health System in Mankato. She grew up in a rural community and did her doctorate schooling in Madison, WI. She is the coordinator of the newborn hearing screening program at Mayo Clinic Health System- Southwest Minnesota since 2015. This includes training technicians on inpatient screenings, meeting with pediatric physicians, and giving lectures on the importance of screening newborns, especially those that were home-birtherd. She developed an interest in pediatric audiology while fulfilling her externship year through Mayo Clinic. In addition to newborn hearing screening, she is passionate Auditory Brainstem Response testing and cochlear implants.  
*A birth hospital representative from a rural hospital*

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**Joscelyn Martin** is a pediatric audiologist at the Mayo Clinic in Rochester. She developed an interest in pediatric audiology while serving as a faculty member and preceptor at Northwestern University in the late 1990s. She has been coordinator of the newborn hearing screening program at Mayo Clinic since its inception in 1999. In addition to newborn hearing screening, 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.

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

**Abby Meyer** is a pediatric otolaryngologist with Children's Hospitals and Clinics of Minnesota. She also serves in a leadership role at Children's as the Associate Medical Director of Audiology Services. 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 with hearing loss and other ear-related conditions including performing cochlear implant surgery. She has a special interest in improving the evaluation and management of infants and children with hearing loss.

*An otolaryngologist*

**Gloria Nathanson** 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 an adjunct faculty member at Gallaudet and Associate Professor at St. Catherine University. Her passion for teaching and advocacy is reflected in her long- term goals of continuing to work with the state's EHDI and promoting more culturally sensitive practices in the general field of audiology. She also supports families as a mentor through Life Track's Deaf Mentor Family Program.

*A representative of a consumer organization representing culturally Deaf persons*

**Jessica (Jesi) Novak** 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.

*An audiologist with experience in evaluation and intervention of infants and young children*

**Sara Oberg** is a certified speech-language pathologist at Regions Hospital and for over nine years at the University of Minnesota Medical Center, Fairview. She is specialized in evaluating and providing aural rehabilitation and speech–language therapy to children and adults who are deaf or hard of hearing and have hearing aids and/or cochlear implants. She is further specialized in voice disorders and provides evaluations, laryngeal exams (with videoendoscopy and videostroboscopy), and therapy for individuals

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with voice disorders. She previously conducted evaluations and provided therapy for individuals who have had traumatic brain injuries, strokes, and dysphagia. The majority of her time is spent giving aural rehabilitation and speech–language therapy at Regions Hospital. She received her bachelor’s degrees in Vocal Performance and Music Education (grades K-12) and master’s degree in Speech-Language-Hearing Sciences from the University of Minnesota. Sara has also earned a Certificate in Vocology from the National Center for Voice and Speech in Denver, Colorado, through the University of Iowa as well as a Certificate in Vocal Pedagogy from the University of Minnesota. For over five years she evaluated children to see if they were cochlear implant candidates for the Lions Children’s Hearing Center. In 2011, Sara started and continues to lead as a volunteer an 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 involved with the Deaf community since she was born, because her grandparents had accidents and lost their hearing at ages 5 and 14. She considers herself proficient, but not fluent in American Sign Language. Sara has been immersed in the Deaf culture her entire life and is very passionate about this community and making a positive difference in helping all of them reach their full potential.

*A speech-language pathologist with experience in evaluation and intervention of infants and young children*

**Elizabeth Pai** is a board-certified pediatrician currently practicing in Maplewood, Minnesota. She received her medical degree from the 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

*A primary care provider with experience in the care of infants and young children*

**Emilee Scheid** is a Physician Assistant-Certified and has worked in Family Medicine for 10 years. She also has experience in NICU and Pediatrics both as a PA-C and EMT-B. In addition to her professional experience, she is a parent of 8 year old Elizabeth who has moderate-severe bilateral sensorineural hearing loss. She personally has experience with the healthcare system, school system and local resources that have helped her child grow. She is a strong advocate in Family Medicine to guide the providers to educate and promote follow up for the newborn hearing screen.

*A primary care provider with experience in the care of infants and young children*

**Emily Smith-Lundberg** 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.

*A representative for the deaf mentor program*

**Cat Tamminga Flores** 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,

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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 AVEEd, 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 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.

*A Part C Coordinator or designee from the Dept of Education, the Dept of Health, or the Dept of Human Services*

**Katie Warne** is a certified speech-language pathologist at M Health Fairview – Lions Children's Hearing & 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 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.

*A speech-language pathologist with experience in evaluation and intervention of infants and young children*

**Terrence (Terry) Wilding** 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 has also worked as a teacher and administrator at Gallaudet University, the Arizona

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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.

*A representative of the Minnesota State Academy for the Deaf from the Minnesota State Academies staff*

**Jay Wyant** 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.

*A consumer from an organization representing oral communication options*