



CIHAC By-laws subcommittee (4-18-2023)

CDPHE staff present: Leanne Glenn

Colorado Infant Hearing Advisory Committee (CIHAC) members in attendance: Jami Fries, Sara Kennedy, Ashley Renslow, and Arlene Stredler-Brown (Stacey Geisel had planned to be part of this subcommittee but was unable to attend).

Topic introduction: Sara Kennedy reviewed the potential suggestions from the February CIHAC meeting, where a question was asked about whether there should be an amendment to the bylaws to make some positions permanent. She mentioned some positions (not people) that would be important for representation, including the CO-Hears, a representative from the EHDI grant, Colorado Hands & Voices, the largest hospital's audiologist, etc. Three main options were discussed at the CIHAC meeting: creation of a list of permanent members who remain on the CIHAC, the CIHAC could review the list of potential CIHAC members as people cycle off, or there could be ad hoc membership (i.e. non-voting members who can provide information to the CIHAC). Leanne Glenn noted that the subcommittee could propose possibility to discuss with the CIHAC but cannot make any final decisions until the entire CIHAC is present at a meeting.

Arlene Stredler-Brown thought that the subcommittee would be reviewing other articles in the bylaws and would like to suggest edits to Articles II and III. Leanne noted that these articles mostly directly quote from the legislation. Since the discussion at the February 3, 2023 CIHAC meeting focused on gathering potential edits for Article IV, Articles II and III edits were not suggested at this meeting. Sara also noted that Article V will also play into the process since it states that the chair reviews committee membership.

Leanne Glenn mentioned that the legislation says that there should be at least 9 members but no maximum is specified. There was no suggested membership cap discussed during the meeting.

Ashley Renslow asked if the point of the subcommittee meeting was to come up with a list of proposed permanent positions, as well as clean up the list of other potential categories for membership. Sara stated that this could be one approach or CIHAC could discuss positions as members cycle off of the CIHAC. She said a third approach could be ad hoc, non-voting members who could still give input into the CIHAC's work.

Jami Fries asked what would be done if the CIHAC cannot fill a position on the “required” list. Sara stated that we would need to include language to address that, if we had required positions.

Arlene suggested going through the list of categories currently listed and discussing current membership. (Note: Arlene also suggested categories that had been omitted at the end of the discussion of current categories; her suggested additions are included in the order in which they would appear in the bylaws for clarity). Arlene wondered if provider categories that are not part of current CIHAC membership should be required or ad hoc positions (see categories vii, viii, xii, and xv).

Suggested addition at beginning (rural vs urban): The group examined the wording of the original wording of HB 18-1006, Section 6.25-4-1004.7 2.a.(II). Ashley noted that she liked suggesting the idea of including some of this wording in Article IV of the bylaws after the phrase “nine members,” especially the phrase:

“Members appointed to the committee must have training, experience, or interest in the area of hearing loss in children and should include representatives from rural and urban areas of the state.”

CIHAC Membership categories

There was a question as to whether “i. Pediatric Audiologist” should be broken into two categories: audiologist from an urban hospital and audiologist from a rural area hospital. Arlene thought it might just be sufficient to simply add the wording from the legislation regarding members. (Currently, 4 members fit the “Pediatric Audiologist” category). Arlene did not think someone from the Colorado Academy of Audiology (CAA) would fit this category.

Suggested potential edit: Jami noted that ii. uses the term “Pediatrician (AAP Chapter Champion)” and that the current pediatrician on CIHAC is not the AAP Chapter Champion (since that only designates a single person), and Leanne noted that it was hard to engage any pediatricians. Sara suggested adding “e.g.” before Chapter Champion so that it would read “ii. Pediatrician (e.g. AAP Chapter Champion).” (Yes, one current CIHAC member is a pediatrician).

iii. Deaf adult - Yes, one current member (Amanda Sortwell Crane).

iv. American Sign Language (ASL) expert and v. Spoken language expert (Ashley stated that Amanda uses ASL as well as listening and spoken language and she is culturally Deaf, so would this mean that she represents all four categories? There was brief discussion later regarding how many categories a CIHAC member could represent. Jami wondered if CIHAC applicants should check only one box when applying, and Ashley wondered if CIHAC members should only represent one specific role when attending CIHAC meetings).

There was lengthy discussion regarding the term “expert” used for iv and v, especially what the criteria is for an “ASL expert.” Jami wondered if a “Spoken Language expert” was someone who worked for The Listen Foundation because that’s their background or if it’s an SLP. Arlene wonders if she could also count as a spoken language expert because she teaches auditory rehabilitation classes. Arlene also mentioned that she worked as an early interventionist for decades and is a Deaf educator, so would that mean that she counts for those categories too? She would not want to represent four areas on a committee because she had experience in these areas. Arlene also wondered about the exact definition of an ASL expert.

Leanne asked if an ASL expert was someone who is an ASL interpreter, because this definition had been used when adding a past CIHAC member. Leanne suggested bringing this question back to the CIHAC. She read from HB 18-1006 which uses the phrase: “an American Sign Language expert who has experience in evaluation and intervention of infants and young children.” Jami suggested putting an explanation of the definition of an “American Sign Language expert” in parentheses next to the name of the position. Arlene said that it would be hard to find a qualifying member if we went with the wording from the legislation. Ashley noted that there are a small number of providers who can provide early intervention in ASL and an even smaller number who have experience and knowledge of ASL assessments. Ashley noted that some of these are contracted or are not staffed so they are not paid for their time, so it would be hard for them to justify being on an advisory board. Jami asked about the definition of “young children,” and Sara stated that this is birth to 3 legislation, so she assumed that “young children” was referring to children up to age 3. (Leanne noted that she would prefer to come up with the definition of an ASL expert in the CIHAC meeting so that anyone could weigh in on it).

Suggested additional category: Jami also suggested the possibility of adding in wording regarding having a CIHAC member who spoke a language other than English. She did note that it is hard to get them involved in the system. Arlene suggested that this could be added as an additional category since equity, diversity, and inclusion initiatives have come to the forefront.

vi. Otolaryngologist - Yes, one current member.

vii. Registered midwife - None yet. Arlene thinks this category should be represented in the CIHAC membership. She stated that Sara should help midwives get more involved. Leanne noted that there are some midwives who were not interested in being on the CIHAC stakeholder email list. Sara did not think that we should expect midwives to join CIHAC or be a required position.

viii. Neonatal nurse or NICU representative - None yet. Arlene thinks this category should be represented in the CIHAC membership.

Suggested rewording of included category: Under ix. Family Support Organization, Jami wanted to know if it would be appropriate to list an organization's title (e.g. Hands & Voices) or if the wording of this bullet should be changed to better reflect the wording in the legislation of "patient and family support organizations." Sara suggested "Family to Family Support Organization" and Arlene suggested "Family-Based Organization" as potential wording changes. (Yes, one current member).

x. Parents of Deaf or hard of hearing children - Yes, four current members.

Suggested reword or adding a category: xi. Early childhood educators of children who are deaf or hard of hearing - Ashley sort represents this role. Arlene stated that she was also a teacher of the Deaf.

There was a discussion regarding the category; it was discussed whether "xi. Early childhood educators of children who are deaf or hard of hearing" was meant to refer to the CO-Hears/the Colorado School for the Deaf and the Blind as an entity or other early childhood educators. This would either result in a rewording of this bullet, or, if this is referring to a different category, adding a representative of the "CO-Hears/CSDB" as a new bullet point. Arlene wanted to clarify whether this category was referring to the interventionists themselves. Leanne suggested bringing this category to the CIHAC for discussion and clarification.

xii. Leadership Education in Neurodevelopmental and Related disabilities (LEND) program - None yet. Arlene thinks this category should be represented in the CIHAC membership.

xiii. Colorado Commission for the Deaf, Hard of Hearing and DeafBlind - Arlene stated that this would probably be her since they are her employer.

xiv. Colorado Department of Healthcare Policy and Financing (HCPF) - (Yes, one current member).

xv. Representative from an organization representing culturally deaf persons - Arlene asked if that was the commission or another organization?

Suggested additional category: Arlene suggested a potential addition of xvi. A representative of the HRSA EHDI grant as a potential category for the list.

Suggested additional category: Arlene also suggested adding "Part C representative" as a separate category. Ashley agreed that this was an area that was missing from the list (so the suggestion would then be xvii. Part C representative)

Broad editing question: There was also a general discussion as to whether certain organizations should be listed or mostly broad categories. Arlene noted which

organizations were on the list and which were an area of expertise. She was thinking about looking at this in terms of listing organizations, but, for some areas, there might not be a specific organization. Arlene suggested ensuring inclusion of the following organizations: Hands & Voices, CSDB, Part C, and CCDHHDB. Ashley also liked the idea of listing some organizations, but she also likes the idea of listing some categories which may not be linked to an organization. Sara suggested keeping the listing of agencies to a minimum. Arlene wanted to create a list of agencies, with the notion of keeping it impartial and then presenting it to the CIHAC.

Sara did not think the content was ready to present to the CIHAC yet. Leanne thought it would be good to present some of these ideas to the CIHAC, especially if any ideas would be rejected right away (such as listing specific organizations).

Leanne showed Section V of the Board of Health's document on "Board Guidance and Statutory Mandates" and noted that it would be good to be careful of mentioning specific organizations in such a way that it could be viewed as a conflict of interest.

Leanne noted that the organizations listed in the bylaws are government agencies such as the Colorado Commission for the Deaf, Hard of Hearing and DeafBlind and the Colorado Department of Healthcare Policy and Financing (Part C would also fall under a government agency). The exception to this is "xii. Leadership Education in Neurodevelopmental and Related disabilities (LEND) program."

Sara noted that the next subcommittee meeting would have all meeting information posted online, per the guidance document that Rickey Tolliver had shared with Leanne.

The meeting was adjourned at 10:02 a.m.

Summary: Overall comments from subcommittee minutes that could be brought to the CIHAC meeting:

1. Adding a statement on urban vs rural: The idea of including some of this wording in Article IV of the bylaws after the phrase “nine members,” especially the phrase:

“Members appointed to the committee must have training, experience, or interest in the area of hearing loss in children and should include representatives from rural and urban areas of the state.”

Could add two separate category types for “Pediatric Audiologist” category for rural vs urban

2. Should certain organizations be listed or mostly broad categories? Current ones listed mostly government entities.
3. Suggested edits:
 - a. “ii. Pediatrician (AAP Chapter Champion)” -> “ii. Pediatrician (e.g. AAP Chapter Champion)” to indicate broader category
 - b. “ix. Family Support Organization” -> If not listing a specific organization, potential wording edits could be: “Family to Family Support Organization” or “Family-Based Organization”
4. Suggested additional categories:
 - a. Expert in a spoken language other than English
 - b. Representative of the HRSA EHDI grant
 - c. Part C representative
5. Questions:
 - a. What is definition of “expert” for iv. American Sign Language (ASL) expert and v. Spoken language expert?
 - b. Was “xi. Early childhood educators of children who are deaf or hard of hearing” was meant to refer to the CO-Hears/the Colorado School for the Deaf and the Blind as an entity or other early childhood educators? This would either result in a rewording of this bullet, or, if this is referring to a different category, adding a representative of the “CO-Hears/CSDB” as a new bullet point.

Unresolved questions/topics

- Any required CIHAC positions?
- Any ad hoc, non-voting permanent CIHAC positions?
- Arlene’s interest in discussing edits to Articles II and III.