

Montana Newborn Advisory Screening Committee Meeting Transcript

February 25th, 2025

1

00:00:02.780 --> 00:00:04.527

Mikaela Miller, Yarrow, She/Her/Hers: Perfect. Thank you.

2

00:00:06.200 --> 00:00:26.900

Mikaela Miller, Yarrow, She/Her/Hers: Thank you all for just being flexible and being here today. This is an additional meeting that we decided to kind of pop in the schedule. So thank you all for your availability. If anyone, like, I said, is having zoom issues. You can email Stephanie. She should be watching the chat and her email throughout the meeting.

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00:00:27.170 --> 00:00:32.100

Mikaela Miller, Yarrow, She/Her/Hers: I'm going to go ahead and share my screen so you can all see the slides.

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00:00:39.780 --> 00:01:00.250

Mikaela Miller, Yarrow, She/Her/Hers: So we're going to start with our introductions, as always, we do have to do a little bit of a roll call. If you could just share your name, the organization that you work with, your role and your physical description as a reminder, we do have to do this physical description just for those who are joining that may be visually impaired. And then after that, we'll kind of run through the agenda.

7

00:01:03.610 --> 00:01:23.290

Mikaela Miller, Yarrow, She/Her/Hers: and I will go ahead and get started here. My name's Mikaela Miller. I work for Yarrow, which is a small public health consulting company based in Montana. My role is facilitating this meeting, and my physical description is long brown hair, and I'm wearing a gray pullover sweater.

8

00:01:23.700 --> 00:01:30.659

Mikaela Miller, Yarrow, She/Her/Hers: I'll go ahead and pass it to Stephanie. Stephanie, if you want to just say your name, organization, role, and quick physical description.

9

00:01:31.740 --> 00:01:39.810

Stephanie Burkholder (she/her): Yep. My name is Stephanie Burkholder. I also work for Yarrow. I'm going to be assisting Michaela today with facilitating the meeting.

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00:01:40.283 --> 00:01:45.739

Stephanie Burkholder (she/her): I have brown and gray hair, and I'm wearing a gray sweater and a scarf.

11

00:01:46.320 --> 00:01:51.449

Mikaela Miller, Yarrow, She/Her/Hers: Perfect. Thank you, Stephanie. Let's see. I'll just pop it over to Jacqueline.

12

00:01:54.560 --> 00:02:07.920

Jacqueline Isaly: Hello! I am Jacqueline Isley. I'm the family and Community Health Bureau Chief at Dphhs. I have blonde, longish hair, blue eyes. I'm wearing a

13

00:02:08.020 --> 00:02:11.300

Jacqueline Isaly: black shirt and gray sweater.

14

00:02:12.220 --> 00:02:15.460

Mikaela Miller, Yarrow, She/Her/Hers: Thank you, Jacqueline. Next on my list. I've got Nikki.

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00:02:17.720 --> 00:02:24.129

Nikki Goosen: Hey? I'm Nikki Gossen, I do the short-term follow up for newborn screening here in Montana.

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00:02:24.857 --> 00:02:31.190

Nikki Goosen: I am a Caucasian female. I've got brown hair that's pulled back.

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00:02:31.923 --> 00:02:35.460

Nikki Goosen: And I'm wearing like a little white cardigan thing.

18

00:02:36.900 --> 00:02:42.329

Mikaela Miller, Yarrow, She/Her/Hers: Thank you. Okay, I've got Jeannie is. Next I see her cameras off, though, so let's see.

19

00:02:45.430 --> 00:02:46.930

Mikaela Miller, Yarrow, She/Her/Hers: Oh, here she is.

20

00:02:49.770 --> 00:03:03.530

Jeanne Lee: Hi, I'm Jeannie Lee. I'm the supervisor of newborn screening in the Montana Public Health Laboratory, and I have brown hair, and today I'm wearing a navy top. Thanks.

21

00:03:04.460 --> 00:03:18.490

Mikaela Miller, Yarrow, She/Her/Hers: Great. Okay, it looks like we have Amanda Osborne here. She stepped away to take a call. We also have Dr. Lynn Wood, her connections a little bit unstable right now. Lynn, feel free if you wanna come off mute and share your introduction.

23

00:03:23.390 --> 00:03:24.560

Mikaela Miller, Yarrow, She/Her/Hers: If you're able.

24

00:03:24.930 --> 00:03:38.869

Lynne Wood: I'll do my best. I'm Lynn Wood. I am a neurologist at Billings Clinic, and I am a Caucasian female, with medium length, blonde hair in a braid, wearing a black shirt.

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00:03:39.730 --> 00:03:40.480

Mikaela Miller, Yarrow, She/Her/Hers: Great.

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00:03:40.830 --> 00:03:46.239

Lynne Wood: And then, if it's okay, I may shut my video off for the rest, so that it's not using up the bandwidth.

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00:03:47.910 --> 00:03:51.509

Mikaela Miller, Yarrow, She/Her/Hers: Yeah, that's a good idea. I run into that issue often

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00:03:51.620 --> 00:04:04.579

Mikaela Miller, Yarrow, She/Her/Hers: For those of you just joining, we're just running through our roll call quickly here, sharing our name, organization role, and a physical description. Next on my list, it looks like I've got Chelsea

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00:04:13.960 --> 00:04:16.279

Mikaela Miller, Yarrow, She/Her/Hers: and we can't hear you very well, Chelsea.

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00:04:20.519 --> 00:04:27.080

Mikaela Miller, Yarrow, She/Her/Hers: That's okay. Well I'll finish my rounds, but you're welcome to put in the chat, your description, if you'd like.

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00:04:27.940 --> 00:04:30.829

Mikaela Miller, Yarrow, She/Her/Hers: Next, I've got it looks like Shelly Egan.

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00:04:31.650 --> 00:04:46.900

Shelly Eagen: I am Shelly Egan. I am a pediatric nurse, practitioner, and chair of the committee, and I am a Caucasian female, with a little longer than shoulder length, dark brown to reddish hair, and I have on a gray sweatshirt today.

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00:04:47.890 --> 00:04:50.679

Mikaela Miller, Yarrow, She/Her/Hers: Thank you. Shelly. Next we have Jenn.

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00:04:51.890 --> 00:05:06.580

Jenn Banna: Hi! I'm Jenn. I work for Montana's Family to Family Health Information Center. I am the vice chair. I have brown hair with some blue mixed in, and I'm a white female, and I have a snowy background today.

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00:05:07.780 --> 00:05:08.960

Mikaela Miller, Yarrow, She/Her/Hers: Thank you.

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00:05:09.490 --> 00:05:12.010

Mikaela Miller, Yarrow, She/Her/Hers: Up next. I've got Amber Bell.

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00:05:12.640 --> 00:05:31.370

Amber Bell: Hi! I'm Amber Bell. I'm with Children's Special Health Services here at the Department of Public Health and Human Services, and my physical description is. I am a white female. I have dark brown hair that's pulled back, and I'm wearing a teal vest with a white, long sleeve shirt under it.

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00:05:32.780 --> 00:05:35.589

Mikaela Miller, Yarrow, She/Her/Hers: Okay, and I see Chelsea put in the chat.

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00:05:36.500 --> 00:05:46.100

Mikaela Miller, Yarrow, She/Her/Hers: her description. Thank you. And then next I have. Oh, there's a note here. It looks like Douglas Harrington will be back.

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00:05:46.330 --> 00:05:48.430

Mikaela Miller, Yarrow, She/Her/Hers: Debbie Gibson.

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00:05:51.100 --> 00:05:52.239

Mikaela Miller, Yarrow, She/Her/Hers: Oh, there you are!

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00:05:53.380 --> 00:05:54.120

Mikaela Miller, Yarrow, She/Her/Hers: Maybe.

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00:05:54.120 --> 00:06:06.719

Debbie Gibson: Sorry. My name is Debbie Gibson. I'm with the Laboratory Services Bureau. I'm the bureau chief here, and I'm a female Caucasian long blonde hair.

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00:06:07.152 --> 00:06:09.969

Debbie Gibson: I've got a striped black and white shirt on.

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00:06:10.700 --> 00:06:12.050

Mikaela Miller, Yarrow, She/Her/Hers: Thank you.

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00:06:12.550 --> 00:06:14.740

Mikaela Miller, Yarrow, She/Her/Hers: Next. I have Shaunalea.

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00:06:17.040 --> 00:06:25.989

Shawnalea Chief Goes Out: Hello! I am the Perinatal Health Program Officer at the Health Resources Division at DPHHS, and a representative on this call for Medicaid. My physical description is brown hair, brown skin, brown eyes, female. My hair is pulled back, and I have a dark blue cardigan.

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00:06:41.210 --> 00:06:46.850

Mikaela Miller, Yarrow, She/Her/Hers: Thank you, Shawnalea. It's good to see you here next. I've got Dr. Elias.

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00:06:49.370 --> 00:06:59.189

Abe Elias: Yeah. My name is a Abe Elias. I'm with Shodair Children's Hospital. I'm a medical and laboratory geneticist, and my physical description is

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00:07:01.110 --> 00:07:08.880

Abe Elias: a white male, with kind of black and gray hair, mustache, and gray shirt. Today, with a

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00:07:09.000 --> 00:07:10.530

Abe Elias: blue jacket.

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00:07:11.920 --> 00:07:14.210

Mikaela Miller, Yarrow, She/Her/Hers: Wonderful. Thank you for being here.

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00:07:14.470 --> 00:07:26.170

Mikaela Miller, Yarrow, She/Her/Hers: and I think last, but not least, I believe you all met Dr. Wood and Shawnalea at our last meeting. But we do have a 3rd new member is Steven Shapero. Steven. Go ahead and introduce yourself.

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00:07:26.360 --> 00:07:29.579

Steve Shapero: Yes, Hi, I'm Steve Shapero.

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00:07:30.260 --> 00:07:42.489

Steve Shapero: I represent families with kids that have genetic diseases. And I am a white male with almost no hair, and I'm wearing a black shirt.

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00:07:43.140 --> 00:07:43.950

Mikaela Miller, Yarrow, She/Her/Hers: Perfect.

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00:07:44.410 --> 00:07:47.349

Mikaela Miller, Yarrow, She/Her/Hers: Thank you to all the new members who are here.

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00:07:47.620 --> 00:07:54.930

Mikaela Miller, Yarrow, She/Her/Hers: Next, I'm going to go ahead and just run through our agenda quickly. We do have all of our introductions finished.

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00:07:55.390 --> 00:08:06.600

Mikaela Miller, Yarrow, She/Her/Hers: I've got a section here up next where we're just gonna kind of review the background or the purpose of this meeting today, since it's a little abnormal. We did schedule this as an additional meeting.

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00:08:06.950 --> 00:08:11.560

Mikaela Miller, Yarrow, She/Her/Hers: I also have an acknowledgement that we'd like to share with you all.

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00:08:11.760 --> 00:08:24.890

Mikaela Miller, Yarrow, She/Her/Hers: And next, for the bulk of this meeting around 12:20, we're going to go through a chunk of time where we go over a committee self self assessment. You'll all kind of be able to have an open discussion, some brainstorming. And then last 10 min of the meeting, we will have a public comment period, and then we'll briefly go over some next steps and what to expect for some upcoming items.

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00:08:42.970 --> 00:08:56.429

Mikaela Miller, Yarrow, She/Her/Hers: Alright as always, we're just gonna go through the ground rules quickly here. Especially since we have some people joining us that maybe haven't been able to see these. We do

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00:08:56.990 --> 00:09:22.609

Mikaela Miller, Yarrow, She/Her/Hers: follow these ground rules just in order to facilitate an effective and respectful meeting. These include making sure you're muting yourself when you're not talking, just to help with background noise. You're welcome to have your video on. Unless there are distractions in the background, the chat will be used for asking questions during the meeting. A moderator, so either Stephanie or I will see those, and we'll read them out loud.

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00:09:22.770 --> 00:09:42.309

Mikaela Miller, Yarrow, She/Her/Hers: Committee members may ask clarifying questions in the chat. If you don't understand something, you're also able to come off mute and ask those if you would like. Please avoid talking over or interrupting other speakers. However, be clear and

avoid acronyms when you're discussing anything, just so that everyone is aware of all the relevant information.

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00:09:42.500 --> 00:09:53.660

Mikaela Miller, Yarrow, She/Her/Hers: Try using specific examples when you're explaining any points. Remember to focus on the collective interests and goals of the committee rather than your individual positions or opinions.

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00:09:53.840 --> 00:10:00.855

Mikaela Miller, Yarrow, She/Her/Hers: Due to the time bound nature of these meetings, not all disagreements may be able to be solved within the time.

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00:10:01.830 --> 00:10:09.850

Mikaela Miller, Yarrow, She/Her/Hers: We've also got options for additional meetings or communications that we can always schedule in the future to continue that conversation.

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00:10:10.910 --> 00:10:18.580

Mikaela Miller, Yarrow, She/Her/Hers: Next steps or action items are also going to be assigned to individuals, just so that we can ensure accountability.

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00:10:18.850 --> 00:10:27.539

Mikaela Miller, Yarrow, She/Her/Hers: In order to ensure fairness and voice of engagement, facilitators may call on attendees for their individual input.

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00:10:27.770 --> 00:10:36.500

Mikaela Miller, Yarrow, She/Her/Hers: Lastly, just to make sure everyone's aware, this meeting space is intended to be a safe space as a way to help guide the determination or screening for the newborn conditions. We aren't going to be reviewing any conditions today. We will have some time for discussion, like I stated later in the meeting.

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00:10:57.770 --> 00:11:24.359

Mikaela Miller, Yarrow, She/Her/Hers: If you don't feel comfortable sharing your opinions within this meeting space, just feel free to let the facilitators, Stephanie or I know, and we can always communicate with you another way. For those of you that jumped in late, at the very beginning of the chat you can find Stephanie's email. So that is for zoom issues, or you can always feel free to share anything that you would like with her during the meeting as well.

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00:11:28.125 --> 00:11:50.590

Mikaela Miller, Yarrow, She/Her/Hers: So next, like, I said, we'd kind of briefly go over the background or the purpose of this meeting. So we did receive some feedback from some of the committee voting members that they would like some time to discuss as a committee how the engagement portion is going during the discussions when we are meeting on a condition or prior to a meeting vote.

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00:11:50.640 --> 00:12:11.499

Mikaela Miller, Yarrow, She/Her/Hers: It was determined by all of you, we held a vote that we would like to just hold this additional 1 h meeting which brings us all here today. So some of the topics we're going to discuss include committee engagement. We are going to kind of talk about how facilitating those meetings is going and meeting procedure which includes scheduling and length of the meetings.

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00:12:21.540 --> 00:12:50.909

Mikaela Miller, Yarrow, She/Her/Hers: Next up we do have this acknowledgement slide. So this was created with some guidance with the internal committee based on, we had a general discussion on the importance of acknowledging just the general nature of these meetings, and often the difficult decisions that voting committee members must make, and a lot of times this is in front of members of the public. These are recorded formal public meetings.

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00:12:50.910 --> 00:12:59.420

Mikaela Miller, Yarrow, She/Her/Hers: So, going forward, we would just like to read this acknowledgment at the following meetings, where a vote will be held.

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00:12:59.490 --> 00:13:06.440

Mikaela Miller, Yarrow, She/Her/Hers: I'll go ahead and pass this off to our co-chair. Jen Banna, if you'd like to read this acknowledgment for us.

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00:13:06.850 --> 00:13:14.290

Jenn Banna: Thank you. And I just want to thank everybody who helped put this together. It really speaks to some of the reasons I've struggled to sometimes participate.

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00:13:14.440 --> 00:13:39.240

Jenn Banna: We would like to thank the families and caregivers who bravely share their stories. The committee members who bring their expertise and lived experience, and the advocates and members of the public who are committed to the important work of informing the Montana

newborn screening program. We recognize that every condition that is recommended for review by this committee represents children and families in Montana, who have been, or may be, affected by the condition in the future, holding space for the experiences, emotions, and vulnerabilities shared by families, presentations of subject matter, experts, and the discussion on logistics, finances, etc. All at the same time, is a difficult balance to find. We recognize that this process of reviewing conditions to potentially be recommended to be added to the newborn screening panel requires in-depth consideration and potentially uncomfortable discussion. It is our priority to ensure a process that is public and accessible. Thank you.

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00:14:06.230 --> 00:14:20.749

Mikaela Miller, Yarrow, She/Her/Hers: Thank you for reading that for us, Jenn. So just keep this in mind. This is an acknowledgement that, like I stated, we'll be reading at each of those biannual meetings. They have been 4 h in the past. We're gonna discuss that a little bit more later.

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00:14:21.060 --> 00:14:45.689

Mikaela Miller, Yarrow, She/Her/Hers: Which kind of brings us to this discussion portion of our meeting today, which was the primary goal of this meeting. So what we're going to do here is I'm going to go ahead and hold the next about 20 min or so for this discussion, and just kind of general committee self-assessment, and then brainstorming some improvements for member engagement.

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00:14:45.690 --> 00:14:58.299

Mikaela Miller, Yarrow, She/Her/Hers: I do have a couple of questions for the voting members just to kind of help kickstart this discussion, but I will ultimately default to the chair and co-chair, Shelly and Jen to go ahead and lead this, since it is

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00:14:58.300 --> 00:15:22.440

Mikaela Miller, Yarrow, She/Her/Hers: really committee focused. So for those of you who are able to take the survey that I sent out. Thank you. We're hoping it gave you a little bit more time to consider these questions in advance, and I can also anonymously share any feedback we receive that doesn't get mentioned during your discussion today. Or if there's any members who provided feedback in there that weren't able to be here today.

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00:15:23.020 --> 00:15:26.339

Mikaela Miller, Yarrow, She/Her/Hers: So my 1st question for all of you.

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00:15:26.340 --> 00:15:36.649

Jacqueline Isaly: Kaela. Sorry to interrupt you. I'm trying to find the hand raised thing, and I'm just not able to find it before we move into all this other stuff. I just wanted to say

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00:15:37.350 --> 00:15:42.059

Jacqueline Isaly: I wanted to like, take a pause and check in about the acknowledgement piece

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00:15:42.733 --> 00:15:49.080

Jacqueline Isaly: and hear from committee members. Is this something that feels like it would be helpful, does it.

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00:15:49.610 --> 00:16:08.636

Jacqueline Isaly: Is it useful? Do you have suggestions? This was really developed by our internal planning committee like Mikaela said in response to hearing some like, you know, some challenges and maybe barriers to discussion and and participation, and

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00:16:09.580 --> 00:16:13.669

Jacqueline Isaly: intended just to kind of put that out all on the table in the beginning.

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00:16:14.243 --> 00:16:28.686

Jacqueline Isaly: But also totally open to just hearing from members real quickly. Does this feel like it would be helpful to even just be saying in meetings and saying out loud, is there things that we missed in this or

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00:16:30.940 --> 00:16:33.829

Jacqueline Isaly: or something that doesn't make sense potentially

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00:16:35.980 --> 00:16:39.259

Jacqueline Isaly: and sorry. I was like trying to find the hand raised thing.

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00:16:39.480 --> 00:16:41.199

Mikaela Miller, Yarrow, She/Her/Hers: I'm glad you hopped in. Thank you.

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00:16:47.430 --> 00:16:51.730

Jenn Banna: I can't find the hand raise either. You click on the

99

00:16:51.730 --> 00:16:58.560

Jenn Banna: part where it says react. I've been digging for it, too, and when you click on the heart where it says, react, raise hand is in there.

100

00:16:58.560 --> 00:17:02.260

Abe Elias: Okay. So I was like, I don't want to just heart it. I saw that, and.

101

00:17:02.260 --> 00:17:05.841

Jacqueline Isaly: I checked it out. Jacqueline, while you were talking.

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00:17:06.849 --> 00:17:10.470

Abe Elias: It has a lot of things. No, the hand raise it doesn't. Oh, okay.

103

00:17:11.450 --> 00:17:12.349

Abe Elias: I see that.

104

00:17:19.190 --> 00:17:25.547

Amanda Osborne: I guess if you're looking for comments on this acknowledgment specifically, I guess I might just throw out there that if

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00:17:26.762 --> 00:17:34.500

Amanda Osborne: brevity of meetings is a barrier to engagement, then this could be something that is just shown, and not having to be read through.

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00:17:34.880 --> 00:17:37.949

Amanda Osborne: If if the committee feels like brevity

107

00:17:38.630 --> 00:17:41.670

Amanda Osborne: or long meetings are one of the reasons why they can't attend

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00:17:42.090 --> 00:17:49.209

Amanda Osborne: just trying to make it a more productive meeting. To get stuff that needs to get done in the shortest amount of time frame. We can do it.

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00:17:51.230 --> 00:18:05.969

Abe Elias: Yeah, I would echo Amanda. I mean, I think one reason why this is a good why I think this is is a good idea to bring this, maybe at the beginning of the meeting that everybody has access to, because these are some implicit, you know, implicit

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00:18:06.390 --> 00:18:13.710

Abe Elias: things. I think that we all, I think, share here. But you know, during the

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00:18:14.960 --> 00:18:36.930

Abe Elias: there's the actual participation in terms of the public, too, will be different each time. And so I think, realizing for everyone that this is kind of the basis we're operating on without having to really go into this every time, perhaps in detail, to make space really for more. Kind of specific discussions, I think. Is this really helpful.

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00:18:41.140 --> 00:19:04.509

Jenn Banna: This is Jen, and I think we could shorten it a little bit. I was just finding as a parent when I was trying to talk about some of these things that were like all the things that we need to consider like funding and all those different things. I was just finding myself feeling really emotional for the other families that were in the room, and wanting those families to understand that we are taking this very seriously, and that we have to have these hard discussions in front of them because it was making it hard for me to be open in some of the discussions, because I felt like they might not understand how how we really felt about the work that we're doing here, and that we're not just part of the State just coming up with things and doing things, but that there really is this harder piece about it, and I think we might be able to shorten it a little bit. It just really helped me to be able to have that said to the public that's sitting there for at least for me, as a parent.

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00:19:36.350 --> 00:19:50.379

Jacqueline Isaly: Yeah. And I think if it feels long, we can certainly think about how to consolidate it a little bit. It is a lot of words, and I just think about accessibility. And if we just put it up on the screen, those who, you know.

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00:19:51.520 --> 00:19:54.790

Jacqueline Isaly: might have some either reading or

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00:19:55.620 --> 00:20:05.609

Jacqueline Isaly: visual challenges. They're not gonna get the same information. So I do think it's important for us to say it out loud, just for accessibility and inclusive

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00:20:06.253 --> 00:20:12.969

Jacqueline Isaly: aspects of it, but I but we could certainly shorten it down to if it feels long.

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00:20:18.880 --> 00:20:26.479

Jacqueline Isaly: Well, thanks for the feedback and for stopping, I just wanted to check in and on this piece specifically before we go through the rest. So thanks, Mikaela.

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00:20:26.780 --> 00:20:39.290

Mikaela Miller, Yarrow, She/Her/Hers: Yeah, thank you. We'll definitely work on shortening that, and then I'll send it out to all the voting members for approval as well, just to make sure that we kind of have a finalized version that everyone is happy to move forward with.

122

00:20:40.510 --> 00:20:57.942

Mikaela Miller, Yarrow, She/Her/Hers: Alright. Well, like, I was saying, that really leads us into these discussions here. I think this acknowledgment was like, Jenn was saying, created as a way to help kind of facilitate some of that, or at least acknowledge

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00:20:58.420 --> 00:21:21.439

Mikaela Miller, Yarrow, She/Her/Hers: some of the things that everyone is discussing. So the 1st question is, what do you see as some barriers that prevent you from participating in discussion during a meeting where conditions are being reviewed, and I think I can also throw out there as well in times where there was good discussion about the particular condition being voted on. What helped you participate or be engaged?

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00:21:21.610 --> 00:21:37.300

Mikaela Miller, Yarrow, She/Her/Hers: And I think I'd just also like to kind of add the caveat. If you are a new member that hasn't attended one of our Biannual advisory meetings in the past, just please consider some potential factors that you may see

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00:21:37.780 --> 00:21:43.230

Mikaela Miller, Yarrow, She/Her/Hers: that may inhibit your participation or have an influence on that participation from you.

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00:21:45.630 --> 00:21:52.099

Mikaela Miller, Yarrow, She/Her/Hers: and anyone can feel free to come off mute and kind of share some of the things that they're thinking.

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00:22:00.250 --> 00:22:20.770

Shelly Eagen: I'm happy to kind of get the conversation started here, I know, for me in particular, some of the disorders may be unfamiliar with, but there have been some where I'm not as familiar with it. And so, just like all I'm hearing is kind of what's presented at the meeting and trying to retain all of that information, to make what I feel is the best decision that I can, and so I think that the lack of familiarity sometimes I have to do some digging on my own to get more familiar with it, and be able to come up with questions, and so it may just take a little bit of time.

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00:22:37.550 --> 00:22:39.179

Shelly Eagen: From that standpoint.

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00:22:44.410 --> 00:23:00.070

Jenn Banna: I could follow up on what Shelly was saying, like, I think some of the times that we've had good discussions for me. It's because there's either people on the committee or people in the room who could help explain some of the complicated words because we're talking about complicated scientific things sometimes.

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00:23:00.070 --> 00:23:15.780

Jenn Banna: And so then I feel like I can participate better when I can say to somebody like, Okay, is that what this means. Or is that what you're actually saying about that? So I've appreciated the opportunity to have experts in the room who could help us? Bring it down to the level that I can understand.

132

00:23:21.440 --> 00:23:26.070

Abe Elias: Yeah, so to both points. You know. I thought Shelly was just to follow up, and Shelly, too. I mean, I agree. I think we have one of the I think the format that we have currently is that we, you know, we, we just we have that info. Get that information, and then next time we'll discuss it, and and then and then decide on it and

134

00:23:45.120 --> 00:24:12.559

Abe Elias: And I wonder if it's worth to consider. If that's the optimal format. When you think overall, you know. Sometimes it actually takes some time to, especially for conditions. We had some conditions that are not necessarily mainstream in terms of. They are not part of other

newborn screening programs. And so there, it's especially difficult because there's not a lot of information available. So

135

00:24:12.750 --> 00:24:29.206

Abe Elias: question is really, is it? Is this the best format? To have? It sometimes feels a little rushed, perhaps to get to a decision. That's 1 thing. The other thing is just to follow up on Jen, too. You know, I think

136

00:24:34.820 --> 00:24:48.910

Abe Elias: So on the one hand, getting maybe some information ahead of time. There is a lot of information on the national RUSP on the national page. That, however, is not. I don't think it's the most

137

00:24:49.410 --> 00:25:03.109

Abe Elias: user friendly for navigation that side, but one can get it in terms of publications. And so, you know, maybe it's something that Michaela, that you know, Yarrow could actually facilitate to kind of look at what we're discussing

138

00:25:03.580 --> 00:25:30.959

Abe Elias: and get extracting some of the important information and sending that to members long ahead of time before we had that. On the other hand, I also think you know about newborn screening? The nice thing is that the newborn screening advisory committee is not really an expert committee. To begin with, I think of simple questions. Sometimes those are the most important ones. The really basic questions are really important to ask.

141

00:25:35.120 --> 00:25:48.799

Abe Elias: I think some of the best discussions we have were really when people asked some of the really basic questions that maybe that then actually opened up and said, Oh, okay, so I think that that can be helpful, too. So.

142

00:25:54.680 --> 00:26:23.710

Amanda Osborne: I'm gonna try not to echo what you guys have said. I also don't typically have an in-depth understanding of these conditions and like, I can appreciate having someone present on that. Sometimes the level of the technical presentation is possibly less relevant to the decision that we need to make. And so, if we were to look at the what have we been chartered to do, and what criteria have we been given and offered to do it

143

00:26:23.880 --> 00:26:40.779

Amanda Osborne: with, and that is kind of outlined in the chart, which, you know says things like, can the State even test for this? And how much is this going to cost? And is it even treatable? And how soon do we have to detect it? So I think sometimes just pairing up the information. The chart is.

144

00:26:41.040 --> 00:26:48.829

Amanda Osborne: We're asked to do that very specifically. If it's a condition that has no treatment whatsoever, it may not fit that criteria, even though we would like to see

145

00:26:49.100 --> 00:26:59.669

Amanda Osborne: we'd like to treat for everything. Maybe that's not what we're being asked to do. So I think maybe bringing it back to our charter, or what the community purpose is.

146

00:27:06.410 --> 00:27:16.280

Jacqueline Isaly: Amanda, do you? Do you mean in terms of like what's being presented, making it align more with what

147

00:27:16.690 --> 00:27:19.419

Jacqueline Isaly: our sort of decision points are.

148

00:27:20.100 --> 00:27:27.900

Jacqueline Isaly: because I think we do kind of leave it pretty open for the SMEs when they create their presentations on what they're

149

00:27:28.520 --> 00:27:29.920

Jacqueline Isaly: presenting.

150

00:27:31.940 --> 00:27:39.819

Amanda Osborne: I think maybe it would help for us in our discussion to be using those criteria to lead our discussion.

151

00:27:40.040 --> 00:27:45.870

Amanda Osborne: And then that particular expert could be available. When we do start to need to get into the weeds.

152

00:27:47.460 --> 00:27:52.389

Amanda Osborne: they always do a great job, and I always learn a lot, but it can be pretty technical.

153

00:27:53.055 --> 00:28:00.439

Jacqueline Isaly: So not necessarily trying to kind of drive what the presentation looks like. But moreso

154

00:28:00.760 --> 00:28:08.820

Jacqueline Isaly: what the committee is focused on and maybe asking questions about to them after the presentation.

155

00:28:10.120 --> 00:28:35.070

Amanda Osborne: That's my opinion, because we get kind of pulled in directions when we hear information. And then we need some, some at some point kind of be brought back to what's what we are supposed to be doing here? How are we supposed to be making this decision and be reminded of that. So because it does get emotional. And we, you know, it's babies and families. And so we need to do this from a standpoint of

156

00:28:35.180 --> 00:28:37.090

Amanda Osborne: what we're being asked to do

157

00:28:37.830 --> 00:28:41.010

Amanda Osborne: in light of all those emotions involved.

158

00:28:48.020 --> 00:28:55.059

Jenn Banna: Jacqueline, this is Jen. I actually think that even taking it a step further and letting them know that those are the questions we're trying to answer

159

00:28:55.711 --> 00:29:24.079

Jenn Banna: because sometimes it is interesting to learn about some of the scientific stuff. But it's really hard for me to stay focused on what they're talking about, and then sometimes take that information and use it to answer the questions. So I like both those pieces like having our discussion guided by answering those questions we need to answer. But also, the experts know these are the questions we're trying to answer, like the other information is helpful. I love

data. But these are the questions we really need to answer at the end of that presentation by the family and the expert. We need to be able to answer those questions.

160

00:29:30.204 --> 00:29:35.065

Abe Elias: Jen, I wonder even if one could. I think that one could even

161

00:29:36.900 --> 00:29:53.201

Abe Elias: give these subject matter experts these questions ahead of time to perhaps prepare something that we could actually review even prior to that, and then ask other questions. Follow up questions. You know I'm

162

00:29:55.760 --> 00:30:00.044

Abe Elias: It is an ask, of course, for them, and and and it's a but

163

00:30:00.700 --> 00:30:02.220

Abe Elias: I wonder if that's a possibility.

164

00:30:18.770 --> 00:30:27.449

Jenn Banna: Steve, can I put you on the spot, since I know you did submit a condition? And then you were here for that whole process. How did that? How was that for you?

165

00:30:32.770 --> 00:30:34.300

Jenn Banna: I'm really putting him on the spot.

166

00:30:34.300 --> 00:30:35.499

Steve Shapero: And let me unmute.

167

00:30:36.131 --> 00:30:50.179

Steve Shapero: I thought the process was really good because we had experts there who could answer any question that you know? Medical question you could that popped up, and and the committee was well informed on what

168

00:30:50.490 --> 00:30:54.150

Steve Shapero: what the issue was, and with this particular condition.

169

00:30:54.760 --> 00:30:57.440

Steve Shapero: And it was really a matter of discussing what's available in terms of treatments and what's available in Montana. And what can we do? And how would this work? And you know, kind of the logistics of everything. And you know, it was easy for me to kind of follow along and watch the process go through, hoping that it would come out. You know the way I wanted it to come out, but it was just it was an easy thing to to

171

00:31:25.470 --> 00:31:33.250

Steve Shapero: to engage with everybody I had questions about, and got my answers, and we moved forward fairly, fairly easily.

173

00:31:46.160 --> 00:32:04.950

Steve Shapero: I really can't. I can't think of too many things that we could do to make it better, except that to ensure that we do have the experts available, that we understand the questions that are being asked and and why we're asking them and having the people in the room to make the decision.

174

00:32:10.430 --> 00:32:10.960

Jenn Banna: Thank you.

175

00:32:11.620 --> 00:32:12.240

Steve Shapero: Sure.

176

00:32:33.090 --> 00:32:35.303

Amanda Osborne: Can you remind me where I find the

177

00:32:36.060 --> 00:32:41.090

Amanda Osborne: kind of our charter? I mean? I've seen it in our agendas, but now I'm digging for it, and I'm

178

00:32:41.190 --> 00:32:42.329

Amanda Osborne: not finding it.

179

00:32:47.210 --> 00:32:55.809

Amanda Osborne: I see kind of I mean, there's bylaws. We have a chart that we look at, and the State goes ahead through at a time, and kind of marks. Yes or no.

180

00:32:56.030 --> 00:32:58.410

Amanda Osborne: Those are the criteria I was trying to dig up.

181

00:33:01.210 --> 00:33:04.679

Jacqueline Isaly: The like application, the stuff that has to.

182

00:33:05.480 --> 00:33:12.910

Amanda Osborne: Does it come on that? Maybe it's the application I'm looking for? I mean, I'm looking, you know. I'm just trying to take a 40,000 foot view of what we're doing.

183

00:33:13.930 --> 00:33:14.780

Amanda Osborne: And so we're supposed to play a crucial role in improving the long term health of Montana babies and their families. That's what we're supposed to be doing right? So that. So we're going to hear testimony. And we're going to look at stuff and vote on it, but we have criteria that we vote on it, and maybe I need to be more familiar with that. I see it when you guys send it out, and you've already pre-marked the chart, and then we briefly go through it. I think maybe that's just how my brain works when I'm trying to make a decision. I have to, maybe not. And I'm trying to be as unbiased as possible, and just do what I'm being asked to do so.

186

00:33:47.190 --> 00:33:51.320

Amanda Osborne: seeing that, or being able to easily access that ahead of time.

187

00:33:51.980 --> 00:33:59.530

Amanda Osborne: And that's my bad for not having that on hand. But I don't appear to. Maybe it's in the application, and that's maybe the best place for me to find it.

188

00:34:03.780 --> 00:34:10.930

Abe Elias: You know it. It's a good point, though, you know, just like you know, we talked earlier to have maybe a general statement.

189

00:34:11.929 --> 00:34:14.760

Abe Elias: you know, displayed and

190

00:34:15.350 --> 00:34:28.580

Abe Elias: orated too, I mean, would it be helpful just to before we start the meeting? Or before we start the agenda, or as part of the agenda, to briefly list those criteria too.

191

00:34:32.050 --> 00:34:44.699

Lynne Wood: Speaking as one of the people that hasn't been through this. I don't know how the meeting's gonna go, but I would picture that being helpful if we have, like a refresher on what the actual rubric is before we're hearing all the information it might help.

192

00:34:55.770 --> 00:34:58.760

Lynne Wood: I think Douglas Harrington has his hand up too.

193

00:34:58.760 --> 00:35:04.634

Douglas Harrington: Yeah, thank you. So I do a lot of these meetings. And

194

00:35:05.260 --> 00:35:11.279

Douglas Harrington: I'm the senior medical director where I review all the algorithms for

195

00:35:11.870 --> 00:35:18.390

Douglas Harrington: these sorts of things and treatment protocols and prior authorizations. And

196

00:35:18.920 --> 00:35:24.220

Douglas Harrington: one of the things that is really helpful is that we have a policy of

197

00:35:24.370 --> 00:35:29.349

Douglas Harrington: 1st of all having an introductory section. It's it's actually a format where

198

00:35:30.013 --> 00:35:34.116

Douglas Harrington: the things that are really important like, how? What is the

199

00:35:34.740 --> 00:35:45.799

Douglas Harrington: incidence of this particular disease? What are the clinical consequences? What's the natural history? Are there existing treatments? What are the cost of those treatments

200

00:35:45.920 --> 00:35:49.629

Douglas Harrington: and various things like the cost benefit ratio and

201

00:35:50.110 --> 00:35:55.099

Douglas Harrington: but the part that seems to be most helpful because we have a lot of lay people that are involved in

202

00:35:55.560 --> 00:35:59.980

Douglas Harrington: advising as well is that we have a part that basically explains things.

203

00:36:00.240 --> 00:36:02.869

Douglas Harrington: I like acronyms and terms

204

00:36:03.050 --> 00:36:08.529

Douglas Harrington: and very simple, plain language, and it's kind of the format we follow every time.

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00:36:08.900 --> 00:36:13.700

Douglas Harrington: And so I I heartily support whoever said that earlier is to

206

00:36:14.260 --> 00:36:22.530

Douglas Harrington: have some structure to it, but also let the experts know ahead of time, so they can come prepared, and and it might even be valuable

207

00:36:22.860 --> 00:36:32.770

Douglas Harrington: to have a little introductory presentation. I've only been to a few of these so far, so I may be speaking out of turn here, but I think that would be really helpful.

208

00:37:01.030 --> 00:37:14.399

Jacqueline Isaly: Because we've automated this, which is great. I can't see each piece of the application in the application form anymore. And I don't have, like a, you know, a word copy of what's in it. But I think we can definitely work on just putting together for the committee those those components that we are really reviewing for. And we've modeled really all of this off of other States. And the process for review by the RUSP as well. So I think that we can certainly provide that and that framework both to the committee, but also to the presenters and sort of

build that into the process for review each time because it is easy to lose track of those specific components with all the information provided.

217

00:38:08.200 --> 00:38:35.389

Jenn Banna: That also might be helpful to the audience. Jacqueline, like it, kind of goes back to like right? We're trying to answer certain questions when we're having our discussion. But the public isn't actually seeing those questions. Only the person that turned in the request, so it might be helpful to be like. This is the thing we need to talk about and discuss, because this is how we make our decisions. So that might help with that, too. Because then we know that they're understanding why we're talking about how much it cost when they're thinking about the babies.

218

00:38:36.770 --> 00:38:44.976

Lynne Wood: I think it lends to a little bit more transparency, too. So the public understands why we make the decisions, you know, going back to your initial

219

00:38:45.560 --> 00:38:55.650

Lynne Wood: acknowledgement about like, Hey, we know this is really tough. There's a lot that goes into this. And we, you know, don't want to invalidate any experiences you have based on some of the criteria we have to evaluate against.

220

00:38:59.620 --> 00:39:24.019

Amanda Osborne: I think this. All this may help us stay on point and be more efficient in meetings, because as a you know, clinician, I know there's a number of clinicians on the committee. I think brevity may be a barrier to participation in that. It's just really hard to carve out 4 h sometimes on a clinic day. Certainly so if we can keep those objectives in mind and keep our speakers in the loop on those objectives

221

00:39:24.730 --> 00:39:32.928

Amanda Osborne: so that it doesn't. I'm not trying to be insensitive to the situation, but I am thinking about how much this costs. So it may lead to a more productive meeting in a shorter timeframe.

223

00:39:43.940 --> 00:39:56.440

Jacqueline Isaly: So what I'm hearing from you all is building into the way that the meetings are facilitated, especially the the discussion after the presentations is is sort of prompting through the pieces that we really need to be, considering that we're also a part of the application or the

nomination process to help guide the committee back to those points. And we can. We can certainly do that.

228

00:40:26.920 --> 00:40:38.300

Jacqueline Isaly: We don't want to be really direct to the committee in any way, because this is a committee, you know, advisory committee to the State.

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00:40:38.750 --> 00:40:45.340

Jacqueline Isaly: and so we want to also keep a lot of that kind of process, and

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00:40:45.470 --> 00:40:50.294

Jacqueline Isaly: and communicate or just discussion left to you all.

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00:40:50.970 --> 00:40:55.789

Jacqueline Isaly: But if this is what the committee wants us to do in terms of facilitation, then

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00:40:55.920 --> 00:40:57.930

Jacqueline Isaly: then we can certainly do that.

233

00:41:05.970 --> 00:41:15.699

Mikaela Miller, Yarrow, She/Her/Hers: Thank you for everyone. Who shared during that. That was really helpful. We do have some notes to kind of

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00:41:15.900 --> 00:41:31.429

Mikaela Miller, Yarrow, She/Her/Hers: look over again as we go back, but just with time in mind here feel free to always email us any additional thoughts that you had. And I can also resend that survey as well. If you didn't get a chance to share something today that you would like

235

00:41:31.902 --> 00:41:47.130

Mikaela Miller, Yarrow, She/Her/Hers: if we could take just a couple of minutes here to kind of discuss. Briefly, if everyone feels that the meeting scheduling is enough time in advance. We normally schedule those about 8 weeks out.

236

00:41:47.160 --> 00:42:14.650

Mikaela Miller, Yarrow, She/Her/Hers: but I know some people prefer around a 12 week timeline. So I just wanted to make sure those timelines work for everyone. And then also in the past. We've always had 4 h meetings, but we have had some requests to shorten it to 3 h, so we just wanted to get everyone's kind of feedback on that as well, and how they feel about the meeting scheduling, and then the length of the meetings feel free to come off mute to share your opinion as well.

237

00:42:21.500 --> 00:42:42.121

Shelly Eagen: I think if we can, if we're able to get more time. I think that helps as far as those who are in clinic being able to potentially block time or request time off with extra notification or to try and schedule around. It would be great if that's a possibility.

238

00:42:42.920 --> 00:43:03.589

Shelly Eagen: but I understand it's also hard looking at everybody's schedules and trying to find a time where we can try and have a quorum as well. So I definitely understand that aspect of it as well. If we feel like we're able to sufficiently get through the agenda and through all of our objectives in that 3 HI would be okay with shortening it to 3 h as well.

239

00:43:07.790 --> 00:43:09.359

Lynne Wood: Second Shelley said.

240

00:43:13.520 --> 00:43:30.080

Abe Elias: Terms of the you know how long ahead of time. To plan one of the difficulties that has come up in the past is to actually, when you try to recruit subject matter experts. 8 weeks is often not enough for them and so.

241

00:43:30.700 --> 00:43:38.559

Abe Elias: having a longer lead in for them to be able to participate may help.

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00:43:56.970 --> 00:44:13.400

Mikaela Miller, Yarrow, She/Her/Hers: Okay, thank you. Everyone. We'll take all that feedback into consideration. As we kind of. And as we go into potentially scheduling this next meeting here very soon. I do wanna just

243

00:44:14.500 --> 00:44:22.759

Mikaela Miller, Yarrow, She/Her/Hers: kind of make some time here for the public comment period. I don't see anyone on the meeting today from the public

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00:44:24.480 --> 00:44:26.670

Mikaela Miller, Yarrow, She/Her/Hers: at this time.

245

00:44:28.570 --> 00:44:36.989

Mikaela Miller, Yarrow, She/Her/Hers: so we do have a few minutes here. If anyone wanted to share anything during this next 10 min. That we may have missed during the discussion.

246

00:44:39.680 --> 00:44:45.920

Mikaela Miller, Yarrow, She/Her/Hers: but just so that new members are aware we do always hold that public comment period at the end of each meeting.

247

00:45:00.430 --> 00:45:01.720

Steve Shapero: I have a question.

248

00:45:03.440 --> 00:45:16.699

Steve Shapero: Where would I go? Or who should I ping to get an update on status of a particular test that I'm interested in is that something that

249

00:45:16.980 --> 00:45:21.149

Steve Shapero: I mean the public has access to that information. It's internal

250

00:45:21.620 --> 00:45:28.010

Steve Shapero: that's going on with, I presume, within this, the state labs and everything. But

251

00:45:28.320 --> 00:45:35.510

Steve Shapero: I'm not hearing any real feedback on how things are moving along or not moving along. How do I get an update on that information?

252

00:45:50.290 --> 00:45:51.019

Jacqueline Isaly: Is it.

253

00:45:52.010 --> 00:45:59.960

Shelly Eagen: Sorry. Is this a condition that was already nominated? And you're just wondering what the status is, cause that should be on the website. Correct.

254

00:46:00.960 --> 00:46:12.000

Steve Shapero: Status I know the status of the nomination. I just don't know what's happening now, because I looked at a spreadsheet that was sent out, and it shows it's pending.

255

00:46:12.120 --> 00:46:22.629

Steve Shapero: Wisconsin lab pending, and I don't know what that really means, or how long it will be pending, or if what? What's really happening? So that's what I'm referring to.

256

00:46:30.590 --> 00:46:39.870

Steve Shapero: Or maybe it's not, you know. No one can talk about it, you know, or you, or it's not appropriate to talk about it. I don't. I don't know but I'm just curious. If there was someone I could talk to at the lab, or something to or or should I just wait and see what happens?

259

00:46:53.940 --> 00:46:57.325

Jacqueline Isaly: The lab could probably answer that.

260

00:47:00.580 --> 00:47:03.540

Steve Shapero: Okay, so to reach out to them, you're saying, Okay.

261

00:47:04.440 --> 00:47:05.090

Jacqueline Isaly: Yeah.

262

00:47:05.090 --> 00:47:11.889

Debbie Gibson: This is Debbie, too? I wondered. Yeah, he could either reach out directly to us. Or you guys have. There's a general email correct that we're.

264

00:47:13.460 --> 00:47:18.110

Jacqueline Isaly: For the Advisory Committee. But if it's now like a lab question, I would say, reach out to the lab.

265

00:47:20.560 --> 00:47:21.829

Steve Shapero: Okay, I can do that.

266

00:47:22.120 --> 00:47:24.160

Steve Shapero: I just wasn't sure. Thank you.

267

00:47:24.160 --> 00:47:24.710

Jacqueline Isaly: Yep.

268

00:47:33.960 --> 00:47:53.480

Nikki Goosen: I think that's a good clarification point, though, and I can ask this question later. You can answer later as to what we are allowed to answer, and what we are allowed to talk about with people or not, I guess from the State lab perspective. If that makes sense, would we? We're allowed to answer that question right?

269

00:47:59.550 --> 00:48:08.321

Jeanne Lee: Yeah, I mean, of course we would be able to answer that question. We do have that spreadsheet available on our newborn screening advisory committee. Page and we do try to keep that up to date.

272

00:48:23.260 --> 00:48:29.450

Jeanne Lee: so. But yes, we can. We can answer any of those questions.

273

00:48:32.150 --> 00:49:01.270

Jenn Banna: This is Jen, and it might be worth clarifying, Steve. The reason that most of us are being quiet is because we were involved in the decision to move it up the line, and then once it gets up there, like the actual committee members, we know that it's in that whole process. But we don't actually know exactly where it is. So that's why a lot of these people are giving you that quiet look. It's not because we know something that you don't know. That we can't talk about. We don't know the reason we were being quiet. I think I just want to clarify that the silence is because we don't have the answer to that question.

274

00:49:01.270 --> 00:49:02.460

Steve Shapero: That's what I figured.

275

00:49:11.170 --> 00:49:16.979

Mikaela Miller, Yarrow, She/Her/Hers: All right. Well, thank you for your question, and thank you to the State staff for hopping in to help with that a little bit.

276

00:49:17.240 --> 00:49:44.730

Mikaela Miller, Yarrow, She/Her/Hers: I just wanted to go ahead, as we have just a few minutes left here. Let everyone know of some of the follow-up steps that we're going to do. We will send out the meeting minutes from this meeting. The recording, the presentation slides and the feedback survey. If you want to go ahead and put that in the chat. Now, Stephanie, I can send that out later on as well.

277

00:49:45.270 --> 00:50:01.590

Mikaela Miller, Yarrow, She/Her/Hers: A doodle poll will be sent out to determine the dates for our next meeting. It should be sometime this spring. It sounds like that. 8 to 12 week. Timeline works for most of you, so you'll hopefully be getting that poll from us very soon depending on that vote from today. The spring meeting should include a discussion on Niemann-pick disease, which is also sometimes called or referred to as acid sphingomyelinase deficiency, and that'll be an SME presentation in the spring with a vote held in the fall.

279

00:50:21.230 --> 00:50:29.569

Mikaela Miller, Yarrow, She/Her/Hers: I hope you all are just aware and know that we do read all of your responses from that feedback form that Stephanie just posted in the chat.

280

00:50:29.610 --> 00:50:56.229

Mikaela Miller, Yarrow, She/Her/Hers: It's 1 of the reasons why we have this additional meeting today. So please do fill out the survey form. If you have the time to. It's really helpful for us to just get all the feedback from you that we can. I'll also in that follow up email that you'll see from me include that discussion survey again, just so that anything that wasn't brought up during the meeting today. It'll give you an opportunity to submit any information you'd like to us again as well.

281

00:50:57.110 --> 00:51:03.090

Mikaela Miller, Yarrow, She/Her/Hers: I'll go ahead and just pass it off to Shelly to wrap it up for today.

282

00:51:05.050 --> 00:51:10.109

Mikaela Miller, Yarrow, She/Her/Hers: Oh, I think I can't tell Abe. Are you? Waving goodbye or raising your hand.

283

00:51:10.110 --> 00:51:12.440

Abe Elias: Yeah, I just have a quick one question.

284

00:51:12.440 --> 00:51:13.150

Mikaela Miller, Yarrow, She/Her/Hers: Oh, yeah.

285

00:51:13.150 --> 00:51:33.160

Abe Elias: To that. And I. So I think it's really important, because if we really want to try to schedule these meetings as early as possible to get that. You get our dates as early as possible, and I myself have been very guilty in being late. In responding to these Doodles.

286

00:51:33.160 --> 00:51:54.530

Abe Elias: Part of it is. Sometimes you get that you know notification, and then you have to figure something out, and then, you know, it gets lost or so would it be possible? And I also don't want to, you know, maybe the group doesn't want to be over, but maybe to have really regular, maybe close, follow ups to like a reminder or so. Would that be something that would be helpful? Or maybe you don't want to get those. I'm fine either way. It's just. It would help me sometimes that I don't have to be. I sometimes make sure I know I leave it unread. And so but then it just a way to organize your message.

289

00:52:13.650 --> 00:52:20.410

Mikaela Miller, Yarrow, She/Her/Hers: Yeah, I'm happy to do that. So you're asking me just when I send out that doodle poll to follow up with it quickly. Within a few days after.

290

00:52:20.410 --> 00:52:31.469

Abe Elias: Yeah, maybe. Yeah, like, you know, weekly or so give a or after, you know, just if I'm not sure what the group thinks. Maybe you don't want to get these messages, but it's just yeah, sometimes it can be helpful.

292

00:52:34.900 --> 00:52:49.769

Mikaela Miller, Yarrow, She/Her/Hers: Yes, I will definitely do that. I usually try to wait a week before I send it again, and then I'll wait a few days, and then, if I still haven't heard back, I'll start giving phone calls because I know emails aren't exactly ideal, stuff tends to get buried as well.

293

00:52:49.770 --> 00:53:14.040

Mikaela Miller, Yarrow, She/Her/Hers: So if anyone gets a phone call from me, that's just another method that I'm just trying to get some doodle pull feedback from you all with. But yeah, definitely, I'm happy to do that, at least for you, Abe. If anyone feels like it's too much. I usually

try to only send those reminders out to members that I haven't received a response from yet to just kind of help limit some of that bombarding as well.

294

00:53:14.600 --> 00:53:16.280

Mikaela Miller, Yarrow, She/Her/Hers: Thank you for sharing that

295

00:53:18.696 --> 00:53:27.019

Mikaela Miller, Yarrow, She/Her/Hers: alright. Well, let's see. So Dr. Elias chipped in with some of that. Did anyone have anything else you wanted to share about

296

00:53:27.160 --> 00:53:29.240

Mikaela Miller, Yarrow, She/Her/Hers: what's helpful with that doodle poll.

297

00:53:33.070 --> 00:53:36.099

Mikaela Miller, Yarrow, She/Her/Hers: Okay, all right, Shelly.

298

00:53:36.570 --> 00:53:59.649

Shelly Eagen: So yeah, thank you. Everybody for taking time out and joining us, and welcome to the new committee members as well. And from here be on the lookout for that. Follow up, email, please try and get the doodle poll filled out as soon as possible, so we can get that spring meeting scheduled with as much lead time as we can, and look forward to chatting with you all in the spring.

299

00:54:02.990 --> 00:54:18.180

Mikaela Miller, Yarrow, She/Her/Hers: Yes, thank you, Shelly, and thank you all so much for coming. We will keep in touch. And then for those new members as well, we're hoping to schedule that orientation meeting soon. So just keep an eye on your emails. But that concludes the meeting for today, so we can go ahead and stop the recording.