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The attached Interim Report of the national Task Force on Health Care Careers for the Deaf and Hard-of-Hearing Community offers short-term recommendations created in response to the group’s Charge of increasing the number and success of deaf and hard-of-hearing individuals who enter health care career fields. These recommendations set the foundation for long-term recommendations that will be described in the Task Force’s culminating White Paper scheduled for March 2012.

Four founding institutions originally established and now provide ongoing support for the Task Force: Gallaudet University, the Rochester General Health System, the National Technical Institute for the Deaf at Rochester Institute of Technology, and the National Center on Deaf
Health Research at the University of Rochester Medical Center. These founding institutions represent the primary agents in considering and implementing the submitted recommendations.

The Task Force strongly urges these institutions to collaborate with each other as well as to partner, when appropriate, with other institutions, including those represented on the Task Force, in fully realizing the intended impact of these recommendations.

In crafting this report, the Task Force defined short-term recommendations as those that can be implemented over a twelve-month period of time through collaboration among the founding institutions (and national partners as appropriate), primarily by means of reallocating existing institutional funds. These recommendations are based on a thorough review of available data regarding academic and occupational demographics for deaf and hard-of-hearing individuals, as well as extensive discussions with deaf, hard-of-hearing, and hearing individuals representing a variety of roles in health care education and health care professions. Recommendations are organized by the following categories: (1) Information Dissemination, (2) Educational Curricula and Training Programs, (3) Employer Awareness, (4) Promoting Accessibility and Technological Solutions, and (5) Investigating External Funding, Cultivating Governmental Relations, and Creating Programs of Sponsored Research/Policy Development.

The Task Force respectfully requests that the founding institutions collaboratively review these recommendations and then respond to Task Force Co-Chairs Rose Marie Toscano and Irene W. Leigh according to the following timeline:

**By October 1, 2011, please inform the Task Force Co-Chairs:**

- Which short-term recommendations you anticipate implementing by October 1, 2012. Please also advise us as to which founding institution is assuming a leadership role; describe the collaborative nature between the lead founding institution and the other founding institutions; describe the nature of the partnership between the lead founding institution and the other institutions represented on the Task Force; and outline specific tasks constituting implementation as well as the sequence and timeline for these tasks.

- For each submitted short-term recommendation NOT chosen for implementation by October 1, 2012, please explain the rationale for not implementing and offer suggested revisions or reasons to drop these recommendation(s) from further consideration by the Task Force in developing the culminating White Paper.

Should the Recommendations specified below be chosen for implementation, the Task Force requests adherence to the following additional timeline:
By January 1, 2012, please inform the Task Force Co-Chairs:

• The results of Recommendations II- B, 7-9. These recommendations involve the completion of preliminary feasibility analyses on inter-institutional and intra-institutional articulation agreements, preliminary feasibility analyses regarding the establishment of new programs in health care fields, exploratory discussions with regional community colleges about joint degree programs in health care fields, and exploratory discussions regarding a Consortium Center of Excellence on Health Care Education.

• The results of Recommendation V-C. This recommendation requests that the founding institutions determine a model that can be used to establish an ongoing inter-institutional Sponsored Research/Policy Development Committee that focuses on health care careers for D/HH individuals. This Committee should incorporate the two critical dimensions of strong collaboration among the founding institutions in bringing to bear areas of complementary expertise, and strong central leadership in setting timely direction and ensuring efficient follow through.

**NOTE:** The expedited due date of January 1, 2012 with regard to implementing the above Recommendations are based on the need to incorporate resultant outcomes in the Task Force’s long-term recommendations to be detailed in the March, 2012 White Paper.

This Interim Report represents an internal working document and has been crafted without a fuller explication of such background topics as the definition and meaning of deafness, an overall history and trajectory of deaf education, and the employment of deaf and hard-of-hearing individuals. These topics will be more fully addressed by the Task Force in the culminating White Paper to better set an explicit context for the final long-term recommendations. Also, this Interim Report does not delineate short-term recommendations regarding the issue of how to fund access costs discussed in the Findings section of the Promoting Accessibility and Technological Solutions category. Since such funding issues are complex and not amenable to short-term recommendations, these will be addressed by the Task Force in its final White Paper.

The Task Force plans to post the Interim Report recommendations as well as a summary of the founding institutions’ response to these recommendations on the Task Force website (http://www.rit.edu/ntid/hccd). Additionally the Task Force suggests that the founding partners disseminate the Interim Report to faculty/staff at their respective institutions as well as to
selected external individuals and constituencies who are aware of and interested in the Task Force Charge and its eventual outcomes.

We are pleased to submit this Interim Report for consideration and action and believe that it represents a critical intermediate step in fulfilling our Charge of increasing the numbers and success of deaf and hard-of-hearing individuals in health care careers.

Sincerely,

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