Notes: Friday, November 5, 2010

Task Force members convened at 8:30 a.m.

- Task Force Members were reminded of the TF Charge. In summary there are three things that need to be addressed:
  
  • Provide and improve Access Services in order to increase the number of professionals in health careers.
  
  • Recommend new curricula to help more deaf and hard-of-hearing individuals the health care fields.
  
  • Introduce changes in policies and procedures in order to ensure more opportunities for deaf and hard-of-hearing individuals.

1. Further thoughts on Pearson’s proposal

   - Should have someone that will be good at gathering concepts, maybe a project manager or project coordinator. The grant-writer should not have the responsibility of coordinating everyone’s ideas on top of finishing the paper.

   - Should also consider the option of having one person from each institution as the liaison between them and the Task Force. These four people could find others from their institution to add to the accomplishments of our goals. The key is finding people who want to contribute, and they would be key to recruiting others for our group.

2. Discussion of June white paper and discussion on using Focus Groups data

   - After this morning’s meeting, we will a process for the Task Force. In January, we will meet to continue developing ideas. In March, we will begin the actual writing process.

   - The paper must not turn into a marketing campaign for our institutions. The goal is to make a national statement, with the help of other task forces in other parts of the country. In addition, we should decide on how to compile this information- one section from each institution and then putting together as a group?
- Bring out what needs to be addressed and then say what can make an impact to address the issues.

- Address all of the points we heard during yesterday’s focus group sessions, with accessibility issues and how they impact all the institutions.

- This should not become a handbook for parents and teachers. It should show the issues at a national level, and in 18 months, we should have a press conference to announce the progress at a national level.

- The short-term educational strategies should explore the other institutions and what they can offer, if we are making this a national issue.

- The following possibilities were suggested:
  - One group will work on the paper, as part of the short-term solution, and another group will work on the background research. It might not be productive to have a big group work on one paper.
  - Take each focus group and pick a section to write their piece and after everyone has written their piece, merge it together. Have the Task Force read it and shift things around. But focus on a particular section.
  - There could be a group working on the June paper itself. Another group can work on short term solutions and another group can work on the long term policies, curriculum changes, etc.
  - Form a group to work with grants. Four Task Force members proposed themselves to represent their organizations to form the sponsored research committee to explore grants: Richard Doolittle, RIT; Donna Hallagan, RGHS; Kathleen Arnos, Gallaudet; J. Matt Searls, NTID; and Kellye Nelson, Johns Hopkins.
  - Consider the topics that should be included, and consider someone to handle the production of the paper. One person from each institution should focus on their institution’s own health care services.
  - Provide some kind of initiative for other institutions, like Harvard or Berkeley, to develop programs that can benefit the deaf and hard of hearing community. It should say how this issue impacts the nation, both from a cost perspective and how this might be a protected class issue.
- Charge #1: Short-term Recommendation Paper
  - Outline of Sections
    - Rationale/ Background (demographics, etc. of why taskforce was started), national scene (*separate statement*)
    - Current programs of 4 institutions, with national view of programs serving deaf and the hard of hearing community
    - Focus group data
    - How deaf and hard-of-hearing students can be served better for health care careers:
      - Attitudes
      - Accessibility
      - Etc.

[Break]

3. Groups 1 to 4 Working Sessions. Break-out sessions in four different rooms.

4. Tour RIT Health Related Centers / Presentation by Dr. Richard Doolittle on RIT/RGHS Alliance Update - Institute of Health Sciences and Technology – Presentation during lunch.

  - **Introduction and Brief History.**
    Joint affiliation between RIT and RGHS agreement was signed in December 2009. By capitalizing on the special strengths of both organizations to innovate in medical care, education and research, it is expected that health care delivery will improve.

  - **Mission:**
    To prepare the next generation of health care professionals by providing innovative educational and clinical learning experiences, with a strong background in research and discovery and the application of evidence-based practices in community health. Power the collective resources of RIT and RGHS to:
    - Conduct translational healthcare research
    - Invent unique healthcare technology & redefine healthcare quality processes to benefit community
    - Deliver high quality health care education

  - **IHST Structure**
    - Education: College of Health Sciences
    - Research: IHST Research Center
    - Community Collaboration and Outreach Center
• **Existing Programs at RIT**
  - Ultrasound
  - Nutrition/Dietetics
  - Biomedical Sciences/Medical Technology
  - Clinical Chemistry
  - Health Systems Administration
  - Physician’s Assistant
  - Clinical Research Management
  - Medical Illustration
  - Medical Informatics

**Proposed New collaborative programs**
- Exercise/Rehab Science
- Medical Imaging
- Biomedical Sciences (MS)
- PA Post-Grad Surgical Residency

**Future programs?**
- Pharmacy
- Biomedical Ethics
- Physical/Occupational Therapy
- Surgical Technology
- Pathologist Assistant
- Medical Physics
- Medical Devices
- Nursing
- Clinical Psychology
- Medical School

• **Areas of Research Excellence**
  - Infectious Disease and Immunology
  - Neurodegenerative Diseases (deafness)
  - Cardiovascular Disease
  - Bioengineering/Medical Devices/Industrial Engineering
  - Computing and Information Science/Data Management/Telemedicine
  - Cancer, Cancer Vaccines and Blood Disorders

• **Collaborate with community/regional partners to provide a resource for:**
  - Community health initiatives,
Regional workforce development, retraining and continuing education initiatives,
- Career exploration and programs for K-12, underserved populations and displaced workers

Comments, Questions, Answers

Question: Our charge is increasing the deaf and hard-of-hearing in different health care fields. One way to do that is having new programs or new articulation - can you play around with how this new way for RIT might articulate with other higher education colleges and universities?

Answer: We talked about some of that and how important it will be to look at the history. Do an audit of our existing programs and see how many deaf and hard-of-hearing students have come through our programs. We can assess what needs to change. Within that context you can look at a pipeline with NTID and Gallaudet. They have students with interest and don’t have the programs and vice versa. We can pave the way for that population of students to come into these programs that can handle them.

Comment: I would recommend that the definition of community be broader overall and look at the national impact/responsibilities at a time when the system is undergoing so many changes
- Some collaborative efforts in different regions
  - Ex. West Virginia, Kentucky, etc.
  - Where they have less resources and focus in this idea
- Models for training or co-training to offer the opportunity in more rural regions

Answer: When we were making that vision statement we had discussions about just that and that we decided by saying community we could still mean anybody
- I met with 2 people with Public Policy and said we wanted to have a program that focused on Global Health
  - Ex. Such issues as clean water
- There is the desire to do that here and translate that model
  - Ex. Ultrasound and providing those to rural areas where they would normally have to go to urban areas

Question: Develop the infrastructure. How do you take this wonderful base of knowledge and have an impact larger than the regional impact? That will happen, but then if you can give your students the experience of externships in states they maybe never thought of to practice in.

Answer: The community outreach piece can include that. There should be a director for that and if we broaden what “community” means, we are thinking of the Rochester community, but I agree. If we change that nomenclature we can make more impact.
Comment: I am also very impressed on how you proceeded to set up the partnership and alliance. That may be a model of how to look at things. This alliance seems so strong of a commitment with institutions. We are representative of institutions but it does not constitute partnership in a certain way. We need to learn about that and how we will merge that with our work in terms of a future consistent unit.

5. Meeting closing

- Feedback forms were distributed and returned before the meeting ended. Feedback will be used for planning the January meeting in Washington, DC. Task Force was asked to confirm their attendance at the January Meeting in Washington, DC.

Meeting was adjourned at 1:00 p.m.

Next meeting dates: January 25 and 26, 2011
Location: Gallaudet University, Washington DC