Meeting Minutes

1. **Welcome Meeting/Opening/Updates/Review of Agenda/Meeting Goals**

   This meeting was co-chaired by Kathleen Arnos, filling in for Irene Leigh and Rose Marie Toscano

**UPDATES:**

*ADARA Conference* April 2011, San Diego, CA

Irene Leigh and Rose Marie Toscano attending

As opening plenary speaker, Alan Hurwitz introduced the health care task force as a new pathway for Gallaudet and deaf people in general.

Irene and Rose Marie presented an update on the Task Force in the concluding plenary session. They:

- Summarized the need for the TF and the charge.
- Gave some statistical information about the demographics of deaf people in college.
- Summarized the barriers faced by D/HH students and health care providers gleaned from interviews and focus groups.
- Previewed the timelines for TF products and some of the possible recommendations.

There was a great deal of interest and enthusiasm about the Task Force work, and many comments at the end of the presentation with good recommendations.

**General Perceptions:**

1. This audience was looking for options for deaf and hard of hearing people within the health care fields so they can advise appropriately.

2. They were seeking best practices, possible training programs and information on access.

3. They were very, very enthusiastic about the potential opening-up of a new employment area for qualified D/HH individuals.
Health Care Summit Career Trends, Best Practices and Call for Action May 2011, Chicago, IL

This summit was organized by Secretary of Labor Solis and Assistant Secretary Martinez. There is a huge push by the Department of Labor for employment of people with disabilities. This summit had a very impressive invitation list with representatives from the insurance companies, pharmaceutical companies, medical device companies, universities and training programs.

Notes from the Summit:
- The recommendations of this task force are identical to the conversations being held nationally throughout the country. They match the goals being set by the White House.
- Secretary Solis emphasized that diversity in the workforce is critical to future success and diversity must include people with disabilities.
- The President has been aggressive in this regard promising 100,000 federal jobs in the next two years for people with disabilities and setting a model of what he’s expecting the public and the private sector to accomplish as well.
- Over $100 million has been allocated to training programs for people with disabilities in the past year and more is expected.
- The National Council on Disability partnered with Manpower, Inc., an international employment company, and produced a report at the request of the President to investigate how to promote policies and practices that guarantee equal opportunity for all people with disabilities and how to use this untapped resource to resolve the challenges of an international “talent mismatch” as well as a projected strain on the disability services infrastructure.
- Panelists at the Summit included representatives from various disability groups, but there were no deaf or hard of hearing panelists.
- One topic discussed by the panelists was changing current standards based on physical abilities and moving towards a functional set of standards.

Other recent activities:
- Some DC folks will be attending a one-day conference in DC sponsored by The Chronicle of Higher Education on the nursing shortage.
- Sam and Mike will be attending the AMPHL conference in Portland, the Association of Medical Professionals with Hearing Loss. They will be presenting on their own topics as well as on the Task Force.
2. Review June Interim Report
   - The June Interim Report will be sent to the four partner organizations: Alan Hurwitz, Gallaudet President, Gerry Buckley, NTID President and Jim DeCaro, PEN-International Director, Thomas Pearson, University of Rochester Medical Center, Janine Schue, Rochester General Health System. The four organizations will be responsible for dissemination to their staff
   - The cover letter will include directions for the partner organizations in terms of timelines, collaboration strategies and leadership for specific recommendations.

   **COMMENTS/DISCUSSION:**

   - There was discussion about whether to elaborate on the access funding issue and actually make recommendations for ways in which the founding institutions can advocate for access assistance. It was decided that this topic and the TF recommendations in this area were more appropriate for the long term recommendations
   - The Writing Subcommittee submitted additions to the education and training recommendations:

     **NEW d.** By the end of March 2012, the four partnering institutions will complete formal program feasibility analyses regarding the following areas:

     1. The establishment of inter-institutional curricular and degree articulations among existing programs in health care careers. In conducting these feasibility analyses, the four partnering institutions should consider as well the involvement of the other institutions represented on the Task Force.

     2. The establishment of new programs in health care careers, both inter-institutionally and intra-institutionally. For example, what is the feasibility of a new joint Gallaudet/RIT Bachelor’s degree in a health related field following the model of the recent UR/RIT joint Master’s program in Health Informatics? Examples of such an initiative would be a joint BS in Social Work specializing in health care settings, or a joint BS in Biomedical Science. Other examples include a new Associate’s degree program at NTID in Physical Therapy Assistant or Medical Assistant, new transferable NTID and Gallaudet AS degree programs in Health Sciences that articulate with bachelor level programs offered by RIT in Biomedical Sciences; or a new RN program at Gallaudet that articulates with advanced nursing degrees at the University of Rochester Medical Center. In conducting such feasibility analyses, the
four partnering institutions should consider as well the involvement of the other institutions represented on the Task Force.

NEW e. By the end of March, 2012, the four partnering institutions will complete exploratory discussions with regional community colleges regarding the establishment of joint associate degree programs and associate/baccalaureate transfer degree programs serving deaf and hard-of-hearing students in high demand health care career fields.

NEW f. By the end of March 2012, the four partnering institutions will complete exploratory discussions regarding the establishment of a jointly sponsored Comprehensive Regional Center of Excellence in health care training and education resulting in various exit points for D/HH students. Such an initiative would build on the initiatives under study in d. and e. above, as well as incorporate ‘pipeline partners’ with select high schools throughout the country.

Such a Northeast Regional Center of Excellence could include for example:
- career awareness and academic skills development related to health care careers for middle school and high school students at summer academies conducted throughout the country
- associate’s level training at NTID and Monroe Community College (nursing, radiology tech, medical assistant, dental hygiene assistant, physical therapy assistant, etc.); at RGH (LPN and Medical Records)
- bachelor’s level training at RIT (sonography, physician assistant, exercise science, biomedical sciences, pre-med, etc.), at Gallaudet (social work, psychology, pre-med, pre-dental, etc.); at Nazareth (audiology, speech pathology, physical therapy, nursing).
- professional level training at Gallaudet (mental health and counseling); at the UR (MD, NP, MPH); at St. John Fisher (Pharmacy); at New York Chiropractic College (Doctor of Chiropractice, MSDI, etc.)

Comments/Agreements
- There was general agreement on the additions to the recommendations. See transcripts for detailed comments
- Writing Subcommittee was charged to incorporate comments and prepare final draft to the founding institutions by due date of June 30th.
Subcommittees Presentations

Introduction: We had an hour and a half for the subcommittee groups to present what they had been doing in the past three months relative to preliminary ideas for long-term recommendations.

3. Educational/Training Subcommittee Report Presentation

Larger Issues to Keep in Mind

- Our initiatives need to be carefully crafted to be successful. Permanent change will come by educating the public primarily through good example.
- The cost of accommodation services needs to be subsidized. Any plan has to consider the current constrained state/federal budget situation.
- We need to open opportunities to a broad array of health care fields and educate students about the opportunities beyond just doctor and nursing positions.
- The long-term nature of our task requires a sustained, very creative effort to manage progress towards our goals. Seeds have to be planted, cared for and the crops harvested.

Charge #1

- Should we be recommending that all institutions across the country become more deaf friendly or do we recommend certain designated centers of excellence that will be both the primary sites for various respective health care careers for deaf and hard-of-hearing and offer assistance to those other educational programs who may be getting students who are deaf?

Strategies

- Take actions to broadly widen access to health care careers.
- Use short-term grants (3-5 year duration) to grow initiatives and educate proposal-writing health care professionals
- Identify Centers of Excellence (COEs) to serve as working models, to provide experimental test beds and to sustain degree programs

Widen Access

- Work though health care professional organizations to change perceptions remove barriers and bring about wide spread changes.
- Identify health care institutions that are supportive of DHH access and find ways to document their experience encourage and support their efforts.
- Find ways to promote education efforts to support deaf-friendly environments across the nation.

Questions

- What general lessons may be learned from the deaf-friendly institutions?
• What is the most constructive way to get the medical profession organizations on our side?

**Short-Term Grants**

• Obtain 3-5 year grant awards to:
  o promote access to health career fields for DHH students
  o conduct research and development to guide future initiatives
  o Attract a broader array of medical professionals to be sensitive to DHH issues

• Administered by traditional health care career grant funding institutions
• DHH initiatives could be incorporated into existing grant awarding and dispersing programs

**Questions**

• What can be learned from the experiences and track record of short term grant programs supporting other underrepresented groups?
• How are the challenges and barriers for DHH different from those facing other underrepresented groups? A big difference is the need for interpreters and interpreting technologies.

**Centers for Excellence**

• COEs would need to make long-term commitments to sustain health care degree programs that incorporate DHH students.
• COEs would become recognized as model institutions and active research sites. They would develop results faster in the short term, document their experiences and inspire other institutions to follow.

**Questions**

• What models do we have for centers of excellence?
• How do you sustain a COE on its long-term mission? Degree programs require a long-term commitment from the institution.

**Charge #2**

• Should we be pursuing pipeline programs in certain areas of health care (i.e. primary care, nursing, dentistry, pharmacy) or keep it more general?

**Questions**

• What are the typical academic preparation paths that health care workers and professionals follow? We need a profile of academic backgrounds required for various positions.

**General Approach**

• To what extent can students use coursework in traditional academic departments to get started towards a health care career?
• What stand-alone courses, oriented towards health care, should be added to the traditional department offerings to:
  o make health care careers more visible to DHH students and
  o facilitate their entry into further professional training?
• These courses would act as a bridge, gateway or transition to more professional or technical training. These courses could be supported by internship opportunities that build relations with nearby health care hospitals and institutions.

**Pipeline**

• What are keystone degree programs in health care that would:
  o attract and retain significant numbers of students
  o offer secure employment opportunities after graduation
  o provide a “trunk” program supporting future growth of more degree options
• What precollege initiatives are needed to keep the pipeline filled?

4. **Governmental/Policies Research Subcommittee Report**

**Activities since the March meeting:**

• Summarization of health status disparity data to further justify the need to have as many D/HH health care providers as possible (incorporated into short term report).
• Summarization of data on SSI and return on investment (incorporated into short term report).
• Meeting with Bobby Silverstein on April 8, 2011 (see meeting summary notes in your packet).

**Opportunities for expanding health care careers for D/HH under programs authorized in the Public Health Services Act (PHSA):**

• National Health Care Workforce Commission – Likely to be unfunded
• Health Careers Opportunity Program (HCOP) – Based on previous GU funding, we are eligible under their definition of “disadvantaged backgrounds”
• Area Health Education Centers
• Scholarships for Disadvantaged Students (SDS)
• State Health Care Workforce Development Grants

**Action plan for this summer:**

• Prepare a 1-paragraph summary of “What the Task Force wants.”
• Meet with Bobby to insert appropriate “inside the beltway” language into this paragraph.
• Decide which opportunity/agency we would like to approach and write a memo to Bobby regarding this.
• GU/TF representatives will meet with agency head together with Bobby.

“Authorizing Language” provided in appropriations bills and “Report Language.”
• Congress “authorizes” an agency or program and then “appropriates” funds.
• A request to change authorization language would necessitate changing the law and thus, is not recommended.
• Agencies can be approached to ask for a change in Report Language, e.g. how “cultural and linguistic competency” or “disadvantaged” language in authorizations is defined.

Summary of long-term goals to date:
• Identify programs of research that could be established to keep data and track progress on the goals of the Task Force.
• Establish a national consortium on policy issues. Use the Research and Education Subcommittees as vehicles for discussion of ongoing policy issues.
• Form concrete links to professional organizations like AMPHL, AAMC, ACE, ANA, AMA etc. and create alliances with them to look for mutually beneficial opportunities to advance our charge.
• Explore funding for the Centers of Excellence model for condensing resources in such a way that other institutions are not precluded from serving D/HH students.
• Develop additional policy/legislative long-term goals that are appropriate based on the goals identified by the other groups.

Feedback from Bobby Silverstein regarding a Central Fund for Accommodations:
• Don’t push this idea at this time since agencies see a Central Fund as a release from their obligation to pay for accommodations.
• Instead, we should work on promoting or lobbying for
  - tax incentives for business and technology to develop new deaf-friendly technologies (that actually end up benefiting everyone in some cases),
  - an ADA amendment for communication options,
  - a major initiative to expand technologies for effective communications (such as remote interpreting) through existing legislation.
AFTERNOON SESSION

5. Discussion of afternoon plan of work
   • Each subcommittee should list research information needed to complete long term planning for research staff.
   • Complete long-term recommendations. Bullet points for recommendations for the long-term draft that would be due by August 15th.
   • Prepare a detailed outline of the white paper

6. Reports from subcommittees and discussion of goals for September meeting
   Writing Subcommittee report
   • Discussed changes to the short term report based on TF feedback
   • Divided up responsibilities for writing early drafts of White Paper.
   • Developed a very rough preliminary outline
   Educational Subcommittee report
   • Developed introductory paragraph
   • Listed research questions
   • Generated ideas for Long Term recommendations
   Accessibility/Technology Subcommittee report
   • Developed several new recommendations
   • Identified areas needing more information
   Policies/Research Subcommittee report
   • Developed a short list of data needed.
   • Developed a paragraph that could be sent to Mr. Silverstein. Proposed letter below:

   “A task force on health care careers for the deaf and hard-of-hearing community has been established by four sponsoring institutions and other collaborators, Gallaudet University, RIT/NTID, The National Center for Deaf Health Research, and Rochester General Health System. One objective is to identify opportunities for deaf and hard-of-hearing persons and institutions which serve them to fairly apply for grants, scholarships and loans related to health care careers through federal and state agencies.

   To advance this objective, we are seeking assistance from three key federal agencies to clarify language commonly used in defining eligibility for requests for proposals applications, in particular with reference to the phrases "culturally" and "linguistically disadvantaged background", culture "and linguistic competency and" disadvantaged background. We believe these
terms need to include explicitly or referred to deaf and hard-of-hearing persons.

Many deaf and hard-of-hearing persons’ native language is American Sign Language, and they think of themselves as a cultural minority. Over all, deaf and hard-of-hearing may have limited English proficiency and therefore are from a linguistically disadvantaged background. Thus, while deaf and hard-of-hearing do fit within these designations, most readers will not consider them as meeting these criteria and therefore we ask that they be explicitly listed. In addition, most Americans and federal agencies do not recognize ASL as a true language and therefore may not consider deaf and hard-of-hearing applicants as eligible for these opportunities.

The deaf and hard-of-hearing applicants themselves may not apply unless they see explicit language certifying their eligibility. Making this inclusion explicit will assist deaf and hard-of-hearing persons at institutions which serve them to be aware that these opportunities are available.

We are therefore asking three specific agencies, Department of Health and Human Services, Department of Education, and the Department of Labor, to issue a formal response to the request for inclusion of more inclusive terms that specifically identify deaf and hard-of-hearing and all requests for applications, request for proposals from their agencies…

Feedback:
- Some recommendations made to wording
- It was decided to include a version of this letter in the short-term recommendation report. In this way, the four founding institutions would be responsible for following up with agency heads and not the TF. We reminded ourselves that we are a recommending body only and not an action group.

MEETING ADJOURNED

Next Meeting date: September 15, 2011
Meeting location: National Technical Institute for the Deaf, Rochester NY