Task Force Members January 25 & 26 Meeting  
Gallaudet University, Washington, DC

Minutes Tuesday, January 25, 2011

Meeting was called at 9:00 am

1. Welcome Meeting/Opening
Greetings by Task Force Co-chairs and review of two-day agenda.
Two new Task Force members were introduced: Kristen Waterstram-Rich from RIT's College of Science will be replacing Dr. Richard Doolittle who has become Interim Dean of the newly established Institute of Health Sciences and Technology and Dr. Samuel Atcherson from the University of Arkansas.

2. REPORT FROM ACCESS GROUP by Kathy Miraglia and Gary Behm
During this session, TF members learned about barriers and issues related to interpreting and technology in health care careers for deaf and hard of hearing individuals.
Kathy interviewed 11 individuals involved in interpreting in health care settings. She asked these individuals to comment on a variety of questions to identify barriers and areas needing improvement. Some of the questions and responses are below:

- What elements of learning opportunities do you think are least accessible to D/HH students/health care professionals? (Labs, grand rounds, operating rooms, rounding on patients etc.)
  - Informal conversations with colleagues, office chit chat, lunch conversations.
  - Giving reports between shifts, rounding, noisy environments, conversations while walking in a group, impromptu things you can’t prep for, incidental learning.
  - Operating rooms – Codes.
  - All the information that the interpreter cannot get to because he/she is (necessarily) prioritizing information.

- What are the differences in interpreting for a D/HH healthcare professional from interpreting for D/HH patients?
  - Doctor speak vs. patient speak – Doctors break things down when they talk with patients. When doctors talk to each other they expect to be able to use the same lexicon, unique jargon, with additional “shared experience” knowledge that comes with the colleagueal team.
  - Professional interaction and expectations. The work is more intense, content more advanced, discourse more technical and their interactions therefore more complex.
- Lack of ability to always interrupt to ask for clarification.
- There is no “off” time, you are on the move all the time. Interpreting environmental noises and incidental information is crucial.

- Apart from medical terminology are there other areas in which you need training to be an effective interpreter for a D/HH healthcare professional
  - Hierarchy of Staff, chain of command, expectations of professionals in various roles, power and status, race and ethnicity
  - Goals of the health care team, being a team player. Shadowing working interpreters and hearing healthcare professionals to understand the demands of the specific work environments.
  - HIPAA, medical decision making/interviewing, scrub techniques, dos and don’ts of the operating rooms, specialty specific knowledge
  - Basic Courses of Study: Diseases, Pathology, Anatomy and Physiology, Psychology, Biology and medications
  - Employing case conferencing/supervision methodologies to examine the decision making and effectiveness of the work.

In response to whether there are sufficient numbers of qualified interpreters to meet the needs of D/HH health care students and professionals, 11 interviewees indicated “no.” And many of those interviewed indicated that they experienced budgetary issues associated with providing interpreters for D/HH health care students and professionals

In summary, the overall themes that emerged from this set of interviews are:
- Lack of formal training opportunities in health care interpreting
- Need for further curriculum development in health care interpreting
- Lack of qualified interpreters to meet the growing need
- Administration and supervision of interpreters
- The complexity of the interpreter role and function in DP/DI relationship.
- Budgetary concerns; funding for training interpreters and for paying interpreters
- Attitudinal barriers

3. Report from Technology Group by Gary Behm
Gary interviewed 10 individuals representing Access Service Providers, Accessibility Organizations, Accessibility Educators / Researchers, Deaf Health Care Professionals, Human Resources, Instrument / Device Manufacturer. Some of the questions asked of this group with their responses were:
Which of the following areas represent the most significant barriers to deaf persons employed in the health care industry?

- **Communication with patients**
  - Depending upon interpreters, D/HH professionals may suffer “distance” from patients
- **Communication with colleagues**
- **Access to care information**
- **Use of instrumentation/devices**
- **Access to professional development**
  - Interpreter’s knowledge of medical terms is important
  - Cost of accommodations & quality access services
- **Attitudes of society toward** deaf people & attitudes regarding cost of accommodations
- **Limited numbers** of interpreters with medical / health care knowledge

Which existing technologies do you believe BEST meet the needs of deaf persons employed in the health care industry?

- Low-technology solutions such as pager, computers and internet (SMS texting, emails & video)
- VP, Videoconferencing, VRS, VRI, CC, CART, C-Print
- Visual electronic stethoscope
- Auditory Training for D/HH for using special visual electronic stethoscope
- Primary technologies that provide accessibility in the classroom (note taking, C-Print, CART, interpreters)
- VRI, CART or qualified interpreter with medical knowledge
- Textbook or other assigned readings in iPad, Kindle, or CD – if audio, then include captions
- Captioned DVDs and CDs
- more deaf mentors in health care

What solutions (technological, attitudinal, policy, etc) do you think will improve access for deaf persons working in the health care industry?

- Centralized funding for access services
- All kinds of video technology to meet the need of D/HH people
- All health care professionals need to have training for best communication in workplace
- Communication mobility using VRI, CART, etc.
- Audiology training for D/HH in medical school
- All medical equipment that use high frequency sounds for alerting need to be changed to more visual effect
- Health care companies must use universal design when developing new products
Task Force on
Health Care Careers for the Deaf and Hard-of-Hearing Community

- Is universal design adequate for accessibility of D/HH professionals?
- Medical schools need to understand that access solutions are available to professionals working in healthcare
- See-through face mask
- Attitude – educate about ADA laws and make sure medical schools are accessible
- Need a national campaign to educate about D/HH in health care
- Encourage colleagues / supervisors to use email
- Make use of organizations such as AMPHL and UKPHL
- Find ways to reduce interpreter costs

• What are some future technological improvements that will benefit deaf persons training for careers in health care?
  - Improved HA / CI technology & algorithms to work with stethoscope
  - Improved stethoscope and blood pressure devices
  - Improved quality of interpreters with medical terminology
  - See-through face mask
  - Video classroom capture with auto-captioning at low cost

- High powered mobile devices
- Smartphone with built-in cameras
- Wireless VRI with 4G (for mobiles)
- Handheld CARTs
- Voice recognition applications on smartphone
- Cross-trained interpreters & captionists so medical knowledge can carry over
- Interpreter mobility using portable “hologram interpreters”

- Text-to-voice & voice-to-text handheld technology
- Voice-to-sign & sign-to-voice handheld technology
- Remote delivery of high quality services
- Increased use of robotic surgery, internet based communication, how will these be accessible for D/HH people?

- Smart phone, Tablet and iPad
- Advanced telem medicine technology and visual access to information & communication
- Wireless VRI
- Faster wireless bandwidth
- VRS on mobile devices
- Advanced stem cell therapy to grow nerves & hair cells
4. Panel on Interpreting and Technology within Health Care Fields

The Task Force invited representatives of health care interpreting and technology experts to discuss short and long term solutions to access issues. Invited were:

Richard Laurion  NIC Advanced, External Liaison and Project Manager, CATIE Center, St. Catherine University - Minnesota
Angela Hauser   Interpreter, Access Services, National Technical Institute for the Deaf, RIT - Rochester, NY
Kim Kelstone    BS, CI & CT, National Center for Deaf Health Research, University of Rochester - Rochester, NY
Jon Schull      Interim Director of Center for Student Innovation, Rochester Institute of Technology - Rochester, NY
E. William Clymer  MBA, MS in Ed., Associate Director, NTID Center on Access & Technology, RIT – Rochester, NY

The panel discussed the rapidly emerging applications for iPhone and iPad devices and how the acceleration of consumer and mass technology development will have major implications for deaf and hard of hearing individuals in the workforce. Jon Schull urged the TF to think about ways of harnessing the miraculous convergence of the internet distribution of these technologies, mass market for the dissemination of hardware, and thousands of college students, as well as hobbyists who are in a position to develop things with off the shelf components.

Technical solutions have also been developed to help interpreters in health care settings. In Rochester working with a deaf surgeon forced the issue of borrowing the full body gear used by orthopedic surgeons. They have sterile, clear face masks with a fan in them. Interpreters added an FM hearing aid so that the interpreter could hear what the attending was telling the deaf doctor.

Panelists also urged looking at new technology being used such as video systems (VRI or VRS) and other web-based videoconferencing systems like Adobe Connect.

More details from this panel discussion can be found in the notes prepared by Bill Clymer and Richard Laurion posted on the Minutes section of the website as well as the CART transcripts of this session.

5. REPORT FROM GATEKEEPERS INTERVIEW  (Michael McKee, Vivian Lewis, Gloria Wilder)

This group interviewed a variety of individuals labeled “gatekeepers” to investigate what barriers deaf and hard of hearing individuals negotiate in getting into health care careers.
The interviewees included:

- Scott Swigart, PharmD (Dean of the Pharmacy School at SJF)
- Maureen Garrity, MD (Assoc Dean, U of Colorado School of Medicine)
- Patricia Barrier, MD (Assoc Dean for Student Affairs, Mayo Medical School)
- Marc Kahn, MD (Sr. Associate Dean for Admissions and Student Affairs at Tulane University School of Medicine)

- Craig “Hank” Passi, MS (Vocational Rehabilitation counselor)
- Luci Leykum, MD, MBA, MSc (Hospital Chief and Interim Assoc Dean of Clinical Affairs of the School of Medicine (UT-San Antonio))
- Michael Josias (Centene's Corporate Vice President of Organizational Development and Training)
- Jack Snarr, MD (retired Dean of Student Affairs at Northwestern Medical School)

The themes that emerged from these interviews were:

- Small pool of deaf and hard of hearing applicants
- Lack of guidance and assistance to do it the most cost effective and successful way possible
- Vague guidelines and laws
- Lack of awareness on accommodations
- Communication barriers with hearing co-workers and hearing clients
- Last minute accommodation requests are hard to handle
- "Dead end" positions with little promotion opportunity
- Financial burdens of accommodations

The ‘gatekeeper’ groups asked the TF to address the following questions:

• How to raise low expectations and achievement among many deaf and hard of hearing students, especially at an early age?
• How to provide an easy to access and to learn manual on arranging educational accommodations for deaf and hard of hearing students and workers entering health careers and majors?
• How to encourage greater dialogue between gatekeepers and deaf individuals to more effectively use accommodations and reduce anxiety
• How can we better disseminate information on accommodation types, costs and benefits?
• How can we demonstrate how effective communication strategies can be achieved with as little effect as possible to patients and learning environments
• What are effective communication strategies including use of technology that can be used for this need now and will need to be further developed in the future?
• How deaf and hard of hearing individuals can be better involved and engaged in the workplace (and educational system) as well as work or school sponsored social events?
• How to develop a more equitable system in which accommodations costs are spread more evenly (i.e. creation of a federal funding source for employment and school accommodations)?

6. Presentation by Bobby Silverstein, Esq., former legislative aide to Senator Tom Harkin

Bobby Silverstein gave an insightful presentation on what policies need to be developed related to short term and long term aspects of the TF work. He outlined:
• New opportunities under Affordable Care Act and the Public Health Services Act –he particularly focused on Title VII of the Public Health Services Act (PHSA)
• He also described some offices that might be of help to the TF such as: NATIONAL HEALTH CARE WORKFORCE COMMISSION, OFFICE OF MINORITY HEALTH, OFFICE OF WOMEN’S HEALTH,
• He informed us about:
  - STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS
  - Which is a newly established grant program under ACA,
  - HEALTH PROFESSIONS WORKFORCE INFORMATION AND ANALYSIS grants,
  - CENTER OF EXCELLENCE grants,
  - EDUCATIONAL ASSISTANCE IN THE HEALTH PROFESSIONS REGARDING INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS grants,
  - GRANTS FOR HEALTH PROFESSIONS EDUCATION—
  - CULTURAL COMPETENCY, PREVENTION, AND PUBLIC HEALTH AND INDIVIDUALS WITH DISABILITIES TRAINING,
  - AREA HEALTH EDUCATION CENTERS grants,
  - MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS,
  - GRANTS FOR HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES AND CULTURAL COMPETENCY,
  - WORKFORCE DIVERSITY GRANTS (INCREASING NURSING WORKFORCE DIVERSITY),
  - NURSE EDUCATION, PRACTICE, AND RETENTION GRANTS
• New opportunities under programs administered by
  - Department of Labor - ALLIED HEALTH ACCESS - HOW TO DEVELOP PROGRAMS FOR YOUTH IN ALLIED HEALTH CAREERS [ETA/DOL] JULY 2010
  - Department of Education
  - Department of Justice
  - Equal Employment Opportunity Commission
7. Task Force discussed a platform template/boiler-plate narrative prepared by Jerry Walter, Janet MacLeod and Carolyn Stern. This boiler plate narrative is a summary of TF activities to date as well as background information on the state of deaf and hard of hearing individuals in the health care industry. Included in this preliminary report were short term solutions proposed thus far by TF members as well as focus groups, panelists and interviewees. The TF discussed possible uses of this document and concluded that a clearer understanding of the target audience for this report as well as the two reports required of the TF is needed. Co-Chairs will follow up on this concern.

8. Task Force small groups reviewed short term recommendations generated to date and added to this list. A compilation of all group ideas was produced and distributed to TF members on Friday for further subcommittee deliberation.

9. New subcommittee structure was proposed and discussed. Members selected subcommittee they wished to work on. The new subcommittees are:

   **June Interim Report & Final Report**
   - Jerry Walter
   - Janet MacLeod
   - Carolyn Stern
   - Irene Leigh
   - Rose Marie Toscano
   - Jeff Porter

   **Education Curricula & Training Programs**
   - H. David Snyder
   - Nancy Chin
   - Caroline Pezzarossi
   - Kristen Waterstram-Rich
   - J. Matt Searls
   - Daniel Lundberg
   - Georgia Sadler

   **Accessibility & Technology**
   - Michael McKee
   - Samuel Atcherson
   - Gary Behm
   - Raymond Merritt
   - Robert Pollard
   - Kathleen Miraglia

   **Government Policies & Research**
   - Gloria Wilder
   - Vivian Lewis
   - Kellye Nelson
   - Kathleen Arnos

10. Meeting adjourned at 5:00 p.m.