

**North Carolina Council for the Deaf and Hard of Hearing
Quarterly Meeting Minutes
May 7, 2021
9:00 am – 12:00 Noon
Virtual Meeting**

Members Present:

Linda Amato
Craig Blevins
Timothy Boyd
Antwan Campbell
Dr. Kathy Dowd
Kevin Earp
Rebecca Freeman
Dr. Erika Gagnon
Pattie Griffin
Meredith Kaplan
Mike Lupo
Dr. Robert Nutt
Dr. Claudia Pagliaro
Daphne Peacock
Meghan Pender
Laurie Ann Rook
David Rosenthal
Donald Tinsley Sr.

Ex Officio:

Jan Withers (Present)

Liaison:

Kimberly Harrell (Present)

Members Absent:

Rep. Hugh Blackwell
Brad Trotter
Judy Stout Cummings
Rep. Carla Cunningham
Lorita Xavier Moore
Betty Kelly
Denise Nelson
Senator Bill Rabon
Elizabeth Strachan

Call to Order: The meeting was called to order at 9:00 a.m. by David Rosenthal, Chair

Welcome; Introductions; Ethics Reminder; Approve Minutes from February 5, 2021

Motion: Dr. Nutt (Linda Amato) moved to approve the minutes from the February 5, 2021 Council meeting. **Motion passed.**

None of the members acknowledged having a conflict of interest or appearance thereof on matters listed on this agenda

Council Term Expiration, Reappointments, Vacancies, and Vice Chair Election

David Rosenthal, Chair

14 Council members terms will expire June 30, 2021

2 Council members resigned

11 Council members are eligible for reappointment

- 5 are eligible for reappointment by the governor
- 4 will be reappointed or filled by the Secretary of DHHS
- 1 will be reappointed or filled by the Superintendent of DPI
- 2 will be filled by the Speaker of the Arizona House of Representatives
- 2 will be filled by the President of the Arizona Senate
- 2 vacancies on the Board will be filled by the governor

David Rosenthal nominated Linda Amato for Vice Chair of the Council.

Motion: Kevin Earp (Donald Tinsley) moved to appoint Linda Amato as Vice Chair. **Motion passed.**

NCCDHH Committee Reports

Audiology-Erika Gagnon

Disability/Diversity-Donald Tinsley

Education- Mike Lupo

Health-Rob Nutt M.D.

Audiology by Erika Gagnon

Personal sound amplification products are not regulated by the FDA and do not require a license to dispense. Regional Centers are supporting these devices and you can get them online but they're recommending hearing tests prior to purchase. There is a lot of general concern that people might be getting these products without appropriate hearing assessments which would result in less than positive results or essential care that is overlooked.

Dr. Patricia Johnson will attend the June Audiology Committee meeting to highlight her knowledge on these topics and provide more information and points moving forward.

The hearing loss imbalance testing was added to standard of care. We are working to educate primary care and internal medicine providers to follow new standards of care for diabetes.

Another big topic that we discussed was supporting children with IEP and 504 plans in the virtual school setting. There have been concerns about the video quality for access to interpreters in a virtual platform and students aren't consistently trained on the virtual learning technology- how to access remote mics or roger systems plugged into the computer. There are concerns that insight from deaf professionals was not sought in some of the DPI trainings for some of the more successful virtual platforms to have good quality for interpreter access.

Follow up points:

- Mike Lupo is going to contact the eastern representative for DPI to discuss some training options
- We're going to partner with the Education Committee to see how we can support students moving forward because virtual learning will resume in the fall

Next committee meeting topics:

- Social isolation of aged deaf and hard of hearing persons. This is a multi-committee topic- further discussion of over the counter hearing aids
- The IEP process and who plays what role in the decision making

Disability/ Diversity by Donald Tinsley

Exploring the issues of:

- Disability Rights
 - We have been discussing information from the North Carolina Institute of Medicine and that task force to identify the source of issues
- Systemic Racism & Social Injustice in NC Deaf Community
- Diversity, Inclusion & Sensitivity Training
 - DHHS divisions have DEI counsels
 - Would like council approval to contact Chris Egan about trainings and potential partnership
- Hiring of Black Deaf Teachers
 - PRAXIS certification is difficult for deaf test takers. It is possible to wave this teaching requirement in NC
 - Pairing with HBCU with the goal of increasing the amount of Black Deaf educators in the field
- Socially Isolated Deaf and HOH Seniors

Education by Mike Lupo

- Focusing on virtual learning
- Deaf/ HOH children struggle with access normally and virtual education can worsen this problem

- We developed a survey to ask professionals and teachers of Deaf/ HOH children to see what they are doing that has proved helpful for those students in coping with virtual learning. Ex., written descriptions, tutorials, etc.
- The information from the surveys will be in one place for teachers and professionals to access
- We are developing resources for parents of Deaf/ HOH children to support them in working with their children while their children are at home

Health by Rob Nutt, M.D.

- Socially Isolated Deaf, HOH and DB Seniors
 - Start with identifying what programs, initiatives North Carolina currently has in place to address the issues of social isolation in the aged community
- Access to Services
 - Try to improve healthcare access circumstances with insurance and affordability that may affect deaf and hard of hearing and deaf/blind members of our state
 - Looking at access in terms of language services
 - Try to inform and educate persons so they are aware that item E under the masks executive order that item A represents an exception for face mask use when interacting with individuals who are deaf and hard of hearing and require them for communication as well as health clinics
- Diabetes
 - To improve and implement and assure compliance with the updated standards of care from the North Carolina Diabetes Advisory Council for the standards of care
- COVID
 - To ensure that the deaf and hard of hearing community is well educated, informed, reassured about COVID vaccination programs that are in our state currently
 - At-home COVID testing kits

Accessible Communication at North Carolina Vaccination Sites

Donna Platt, Emergency Preparedness Coordinator, DSDHH

Lee Williamson, Community Access Manager, DSDHH

Shawn Lane, Community Accessibility Specialist, Morganton Regional Center

Several State/County- operated vaccination sites were contacted and asked what they were doing to provide communication access. We shared this information with other vaccination locations to encourage them to provide the same accessibility. Greensboro Regional Center (GRC) went to FEMA vaccination sites to provide loaner devices for vaccination purposes to assist in their communication

FEMA selected Greensboro to be the third FEMA operated vaccination site in the country. They focus on historically marginalized communities that are often overlooked. We worked hard to incorporate communication equity at these vaccination sites. GRC encouraged Deaf community members to go to FEMA sites because we knew they would have communication access. On

DSDHH's website under COVID/Telehealth, resources are listed including a training video posted on tips for effective communication.

Personal Sound Amplification Products, Personal Amplifiers, and Over-the-Counter Hearing Aids

Tony Davis, Accessibility Resources Coordinator, DSDHH

Katie Franklin, Hard of Hearing Services Specialist, Greensboro Regional Center

Personal sound amplification products (PSAPs):

- OTC products, fewer features
- Not regulated by the FDA
- Cannot replace the sophistication of hearing aids
- Can fill the needs of those with mild hearing loss
- Ex., Hearables, Hearing Helpers, OTC Hearing Devices

Four primary concerns with unsupervised use of a PSAP:

- Providing more amplification than is necessary and potentially causing damage to residual hearing
- They may provide less amplification than is necessary
- May provide gain without regard to the type of hearing loss a person has
- Fail to identify any underlying medical conditions related to hearing loss

Benefits of a PSAP:

- Lower cost entry for hearing loss sufferers
 - It has been reported that higher-end models in the \$200 - \$350 range are more helpful to people with mild to moderate hearing loss
 - Cheap models in the \$20 - \$30 range do not work and many have caused problems
- Ranging from simple volume amplification devices to more sophisticated devices that can do many of the simpler tasks that hearing aids can perform
- Self-fitting and can be self-programmed using a smartphone and app

Hearables:

- Essentially smart ear buds
- Are often seen as more mainstream and be an alternative for individuals who are not ready for the stigma of hearing aids

Have some built in high-end technology that hearing aids have, such as noise cancellation, feedback cancellation and directional microphones

Are they safe:

- Certain models can overamplify sounds and that can be harmful
- It is recommended that consumers avoid models that are under the \$50 range and the built-in technology

Personal Amplifiers:

- A small assistive listening device that captures sound from a distance while reducing background noise
- More durable than a PSAP
- Easy volume control
- Filter out background noise
- Not regulated by the FDA
- Most personal amplifiers Run in the \$100 - \$200 range

OTC hearing aids do not exist yet. Though they may have potential benefits as well as potential issues. Benefits include access to affordable hearing healthcare for millions of people who might not otherwise seek help. Leading to more people wanting to address hearing loss early, and it leads to the ability for the consumer to get unbundled services from any provider they choose. It leads to safe and effective over the counter devices that are regulated and leads to more consumer choices of included technology such as blue tooth. It leads to the development of tools needed to compare products such as surveys and reviews. Some of the potential issues are those with severe hearing loss utilizing over the counter hearing aids that are meant to treat mild to moderate hearing loss. There is possible negative financial impact on audiological and hearing aid dispenser practices and missed opportunity for instruction and counseling by hearing professionals, and the potential for medically or surgically treatable issues to be missed.

To clarify: DSDHH does not dispense or have PSAPs as a consumer choice option on our equipment distribution services list.

At-Home COVID-19 Test Collection Kit Program

Tony Davis, Accessibility Resources Coordinator, DSDHH

This program provides 35,000 no cost at-home testing kits to people who cannot make it to COVID-19 testing sites. All populations served at DSDHH- deaf, hard of hearing, deaf/blind and late deafened- or homebound persons are eligible for this program. To get a COVID-19 testing kit, a person can go to the website and apply for the kit. The kit will then be overnighted to their house and they can administer a very simple swab test. They must then register the kit and sent it back via mail and in one to two days the person would be notified by mail, text, or phone of their results.

Our website provides a video on how to administer the kit. The video is captioned and in ASL. We also have a full audio/ visual text description available. This video was created to give all the information that a person would need to learn about the at-home covid-19 testing kit.

Round Robin

Motion: Donald Tinsley (Craig Blevins) moved to send a Letter to Chris Egan about what their DEI (Diversity, Equity, Inclusion) councils are doing and how to partner with them.

During discussions, Jan Withers recommended sending the letter to Janet Sullivan instead of Chris Egan since she is Senior Director for Human Capital, Diversity and Inclusion for DHHS and sets expectations as well as provides support for all of the division DEI councils that are within each agency and division. Chris Egan is responsible for only a few of the divisions within DHHS.

Motion: Kevin Earp (Craig Blevins) moved to table the original motion to write a letter to Chris Egan. **Motion Passed.**

Ashley Benton commented that if people in the DeafBlind community need an SSP to get their vaccination DSDHH will provide that. DSDHH has been providing SSP services for deaf/blind individuals who need access to a vaccination site. Providing transportation, human guiding around the vaccine site and basic communication. If they're using FEMA VRI the SSP can provide tactile access to that interpreted information.

There being no further business and announcements, the Council meeting was adjourned at 11:58 a.m.

Future 2021 Meetings: August 6, November 5

<https://www.ncdhhs.gov/divisions/dsdhh/councils-commissions>