

**WELCOME! We will start in just a moment.**

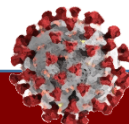
## **Today's training will include information about communication equity.**

**If you are new to these meetings – welcome! We are happy to have you.**

***Thank you for your patience. We will begin shortly.***

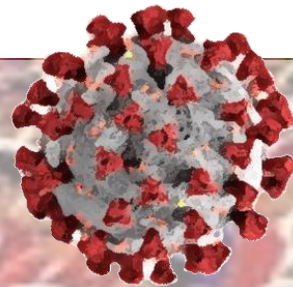
### **Resources for New Users**

- [Troubleshooting CCTO Access Errors Job Aid](#)
- [CD Manual Main Page](#) (general CI/CT resources)
- [Scripts Page](#) (contains links to sample scripts for CI/CT and vaccine outreach)
- [CCTO Training Resources Page](#) (contains job aids, micro-training links, system updates, etc.)
- [AHEC Training Page](#) (contains the recorded CCTO onboarding training, links to previous recorded live sessions – including today's)



# Live Training-Communication Equity

January 12, 2023



Announcements

Communication Equity

Q&A

You were asked this riddle in last training's feedback survey...

Pronounced as 1 letter and written with 3. 3 letters there are, but only 2 in me. I'm double, I'm single, I'm white, black, and sometimes grey. If read from both ends, I'm the same either way. What am I?



The answer is....

An EYE!



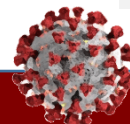
**Honorable Mentions:**

- One
- A one-way street

Number of people who got the answer to this riddle right:

**18**

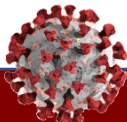
*(about 86% of attendees)*

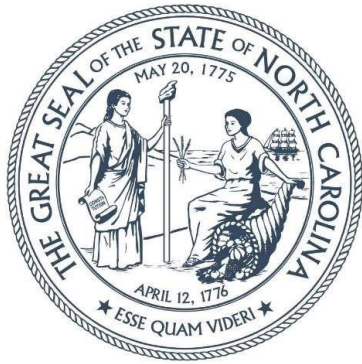


# Agenda for Today's Training

*Q&A will be monitored throughout each module and reviewed at the end of the presentation.*

Topics	Presenters
<ul style="list-style-type: none"><li>• Overview of Communication Equity</li></ul>	<p><b>Tony Davis</b> <i>Accessibility Resources Manager Division of Services for the Deaf and Hard of Hearing</i></p> <p><b>Blaire Johnston</b> <i>Charlotte Regional Center Manager Division of Services for the Deaf and Hard of Hearing</i></p>
<p><b>User Feedback and Q&amp;A – Please use the "Q&amp;A" feature in the control panel</b></p>	<p><b>Elizabeth Murray</b> <i>Contact Tracing Project Manager</i></p>





NC Department of Health and Human Services  
Division of Services for the Deaf and Hard of Hearing

## **Carolina Community Tracing Collaborative Team Training: Communication Equity**

**Tony Davis, Accessibility Resources Manager**  
**Blaire Johnston, Charlotte Regional Center Manager**

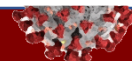
**January 12, 2023**

# Contact Tracing & Case Investigation Training |

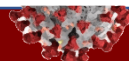
## Pre-Knowledge Check Questions

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1. How many combined Deaf, Hard of Hearing, and DeafBlind people are there in NC?
  - A. 98,000
  - B. 300,000
  - C. 850,000
  - D. 1,200,000
  
2. Do you know any adult personally (whether at work or outside of work) who is Deaf or Hard of Hearing?
  - A. Yes
  - B. No
  
3. **True/False:** Once you learn to communicate with one Deaf person, you can communicate with anyone with hearing loss.
  - A. True
  - B. False



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# Why It Matters To North Carolinians

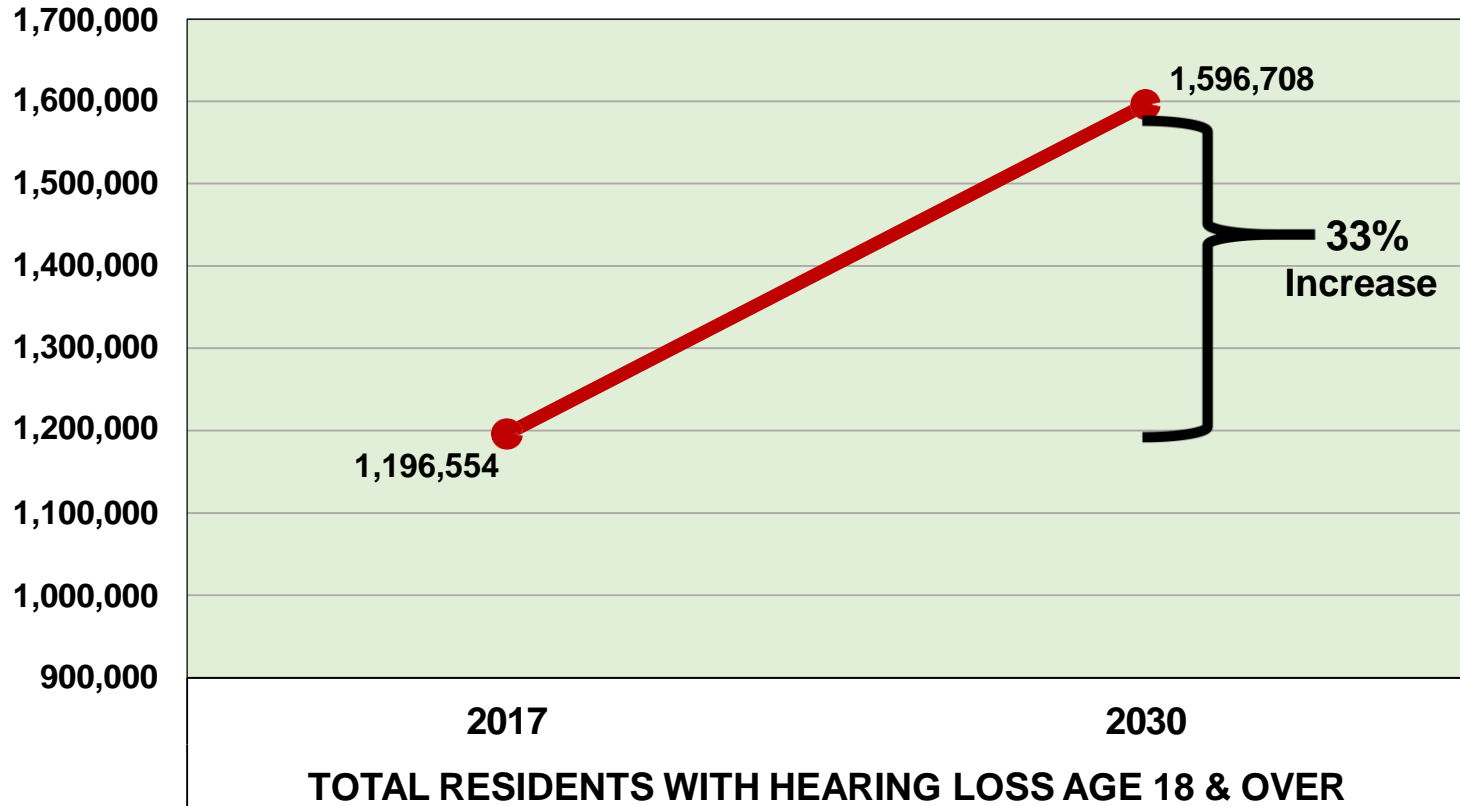
- **North Carolina in 2019**
  - State's total population 10.49 Million
  - Black 2.25 Million
  - Hispanic/Latino: 1.02 Million
  - Deaf, Hard of Hearing, DeafBlind 1.20 Million
  
- **Age groups with hearing loss**
  - 18-64 16.2% Population
  - 65-74 30% Population
  - 75+ 50% Population





## 2017 - 2030 PROJECTED INCREASE IN NC POPULATION 18 & OLDER WITH HEARING LOSS

Source: North Carolina Division of Services for the Deaf and Hard of Hearing  
2019 Demographic Update



SOURCE: Overview of Hearing Loss Populations, Major Issues, Legal Mandates Presentation NCIOM Task Force Meeting (Silver, March 18, 2019)

# Complexity of Communication

- **The Goal is Effective Communication**
  - It's a simple goal but what it takes to achieve it is complicated
- **The complexity comes from the wide diversity in communication and the lack of understanding of the diversity in how people communicate:**

## Deaf

- Most born deaf or became deaf prior to language development.
- Primarily use ASL

## Hard of Hearing

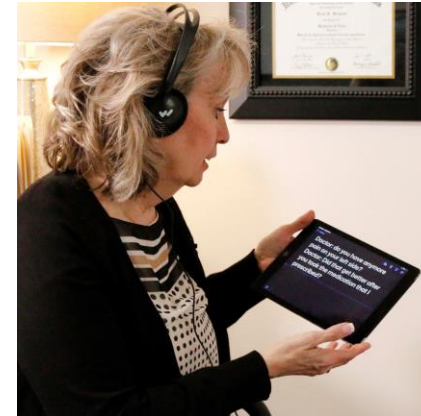
- Most lose their hearing later in life and do not know ASL
- Some born hard of hearing or gradually lost hearing over time.

## DeafBlind

- Various degrees of hearing and vision loss
  - Communication methods will vary significantly depending on the onset, level, and type of hearing and vision loss
-

# Communication Inclusion

People with hearing loss have the right to receive services the same way as offered to other people who do not have hearing loss.



# Auxiliary Aids and Services

**Ensure Every Individual is Fully Included**

**Qualified ASL Interpreter**

**Deaf Interpreter**

**DeafBlind Interpreter**

**Captioned Videos, Trainings,  
Webinars**

**Videophone (VP)**

**CART (Communication Access  
Realtime Translation)**

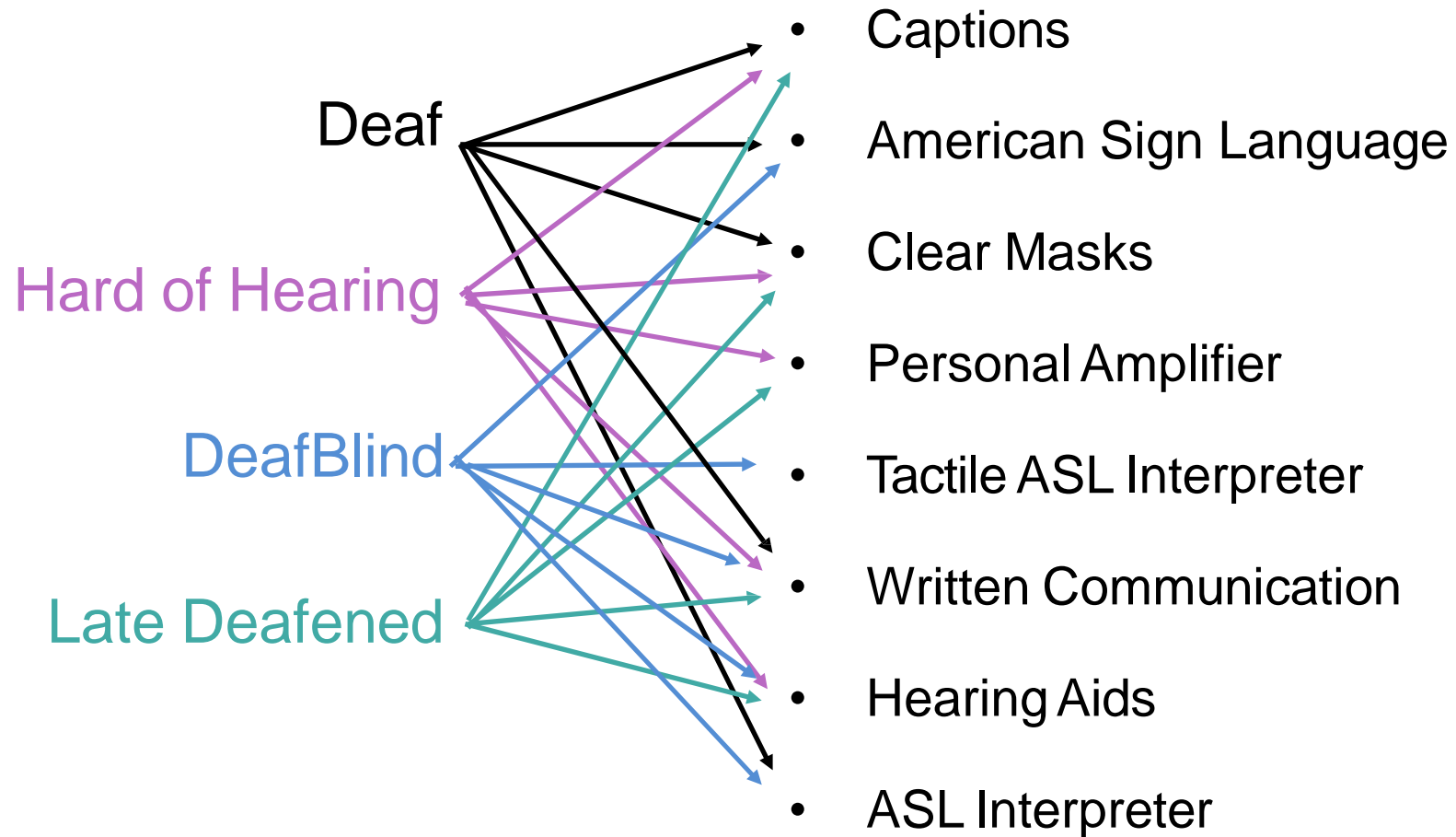
**Written Materials**

**Amplified Telephones**

**Assistive Listening Devices (ALDs)**

**Captioned Telephone**

# One Size Does Not Fit All



# Civil Rights Acts

## Ensure Accessible Communication

Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, Patient Protection and Affordable Care Act

Protects rights:

- Federal laws that mandate equal access on all public (state and local) health care providers and private health care providers
- Mandates equal access for all federal health care services, facilities and health care providers who are also recipients of federal financial assistance
- Protects the civil rights of individuals who access or seek to access covered health programs or activities

Effective communication is the service provider's responsibility.

---

# Deaf Consumers:

## What is American Sign Language?

- **What ASL is not:**

- Written
- Signed English
- Bad English
- Broken English
- ENGLISH



- **What ASL is:**

- A visual language with its own grammatical rules and syntax
- Every bit as precise, versatile and subtle as English. In some ways, more so

Knowledge Check 1

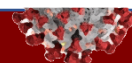
Knowledge Check 2

Knowledge Check 3

**True/False:** If I know some sign language, it's okay for me to interpret a conversation with a case patient.

A. True

B. False





Knowledge Check 1

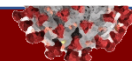
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# Hard of Hearing Consumers: Communication is Complicated!

## Addressing Adult-Onset Hearing Loss

- **7-year delay for the average adult**
  - Unaware of link between adult-onset hearing loss and overall health
  - Hearing loss denial
  - High cost of hearing aids
  - Lack of access to information
- **Longer delays for veterans**
  - Stigma magnified by military culture
- **Slow boil effect**
  - It's invisible and painless, therefore–
  - I'll deal with it later, but later never comes
  - Poor self-advocacy skills
- **Knowledge of accommodations may be limited**



Over 90% of people with adult-onset hearing loss could benefit from hearing aids, but only 16% actually use them.

# Recognizing Signs of Hearing Loss

- Replies “**What did you say?**” or “**What?**”, “**Huh?**” when spoken to
  - If face-to-face appointment, look for head nodding (yes) with a blank look on face
  - Complains that you or others mumble or talk too softly
  - Difficulty communicating on the phone
  - Prefers not to meet on the phone
  - Speaks loudly, dominates conversation, interrupts often
  - Responds to questions or statements incorrectly or completely off topic
  - Seems disoriented, distracted not able to focus
-

# DeafBlind Communication Needs

## May need:

- American Sign Language interpreters  
or
  - Tactile Sign Language interpreters
  - Close-vision American Sign Language interpreters
- Support Service Provider (SSP)
- Large print materials
- Hearing Aids and Hearing Assistive Technology
- Personal amplifier
- Other accommodations as requested by the individual



# When Communication Breaks Down for Deaf, Hard of Hearing & DeafBlind

- The patient:
    - Not aware of responsibilities
    - Is at risk for inaccurate testing
    - Does not understand care plan
    - Not aware of schedule, i.e., future meetings, appointments, tests, check-ins etc.
    - Does not know the process of reporting
    - Unable to give true consent
    - Misses critical deadlines
    - Your patient is left out of vital communication, leading to noncompliance
-

# VRS, Telehealth, VRI: What's the Difference



← **Video Relay Services (VRS)**

**Telehealth** →



← **Video Remote Interpreting (VRI)**

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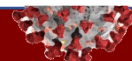
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**True/False:** After this training today, I should go and search for a course on how to use the TTY system.

- A. True
- B. False



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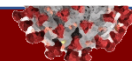
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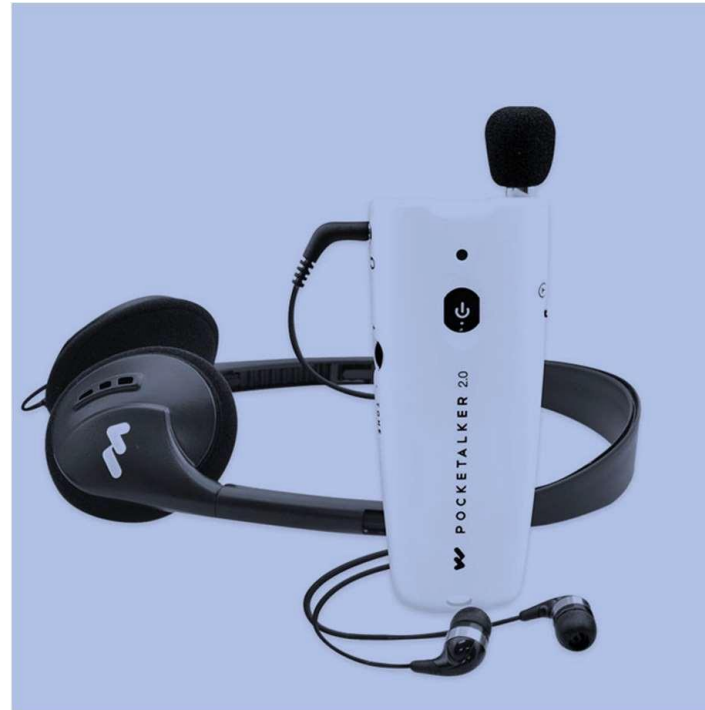




# Personal Amplifiers

**A multi-use solution for those who do not use hearing aids and some that do**

- **For all degrees of hearing loss**
- **Several models of personal amplifiers**
- **Use with headphones or earbuds**
- **Can use with hearing aids that have t-coil**
- **Can be plugged directly into some radios, phones, televisions, tablets**



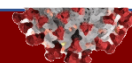
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**True/False:** If a person receives hearing aids or cochlear implants, they will hear normally again.

- A. True
- B. False



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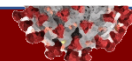
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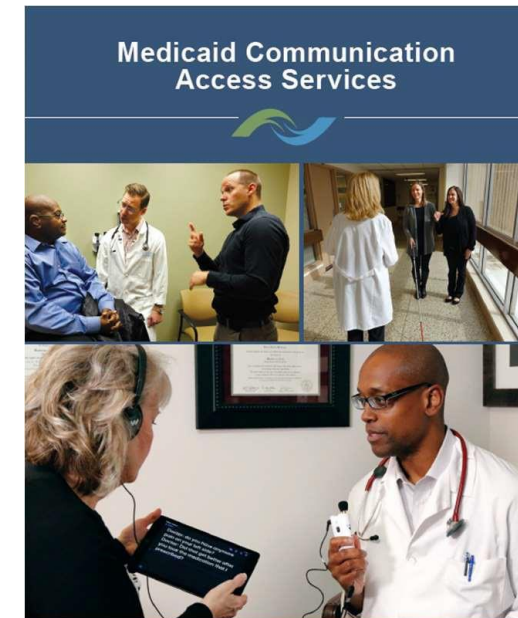


# Helpful DSDHH Resources

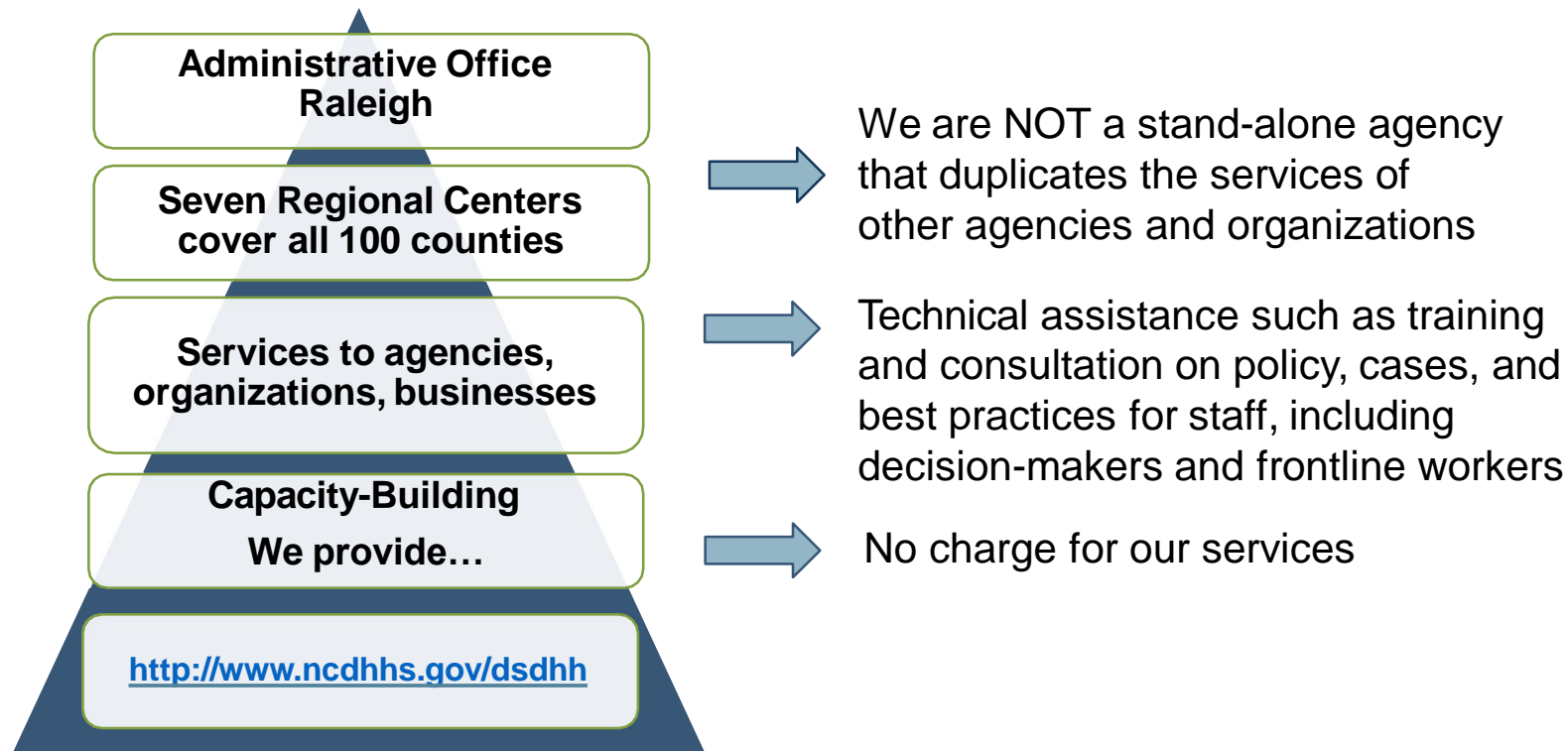
- [How to Communicate with Deaf, Hard of Hearing and DeafBlind Patients](#)
  - [Guidance on Relay Calls](#)
  - [Guidance on Calls with Hard of Hearing Patients](#)
  - [Video-Based Telehealth Guidelines for Healthcare Providers with Deaf and Hard of Hearing Patient](#)
  - [ADA Requirements - Effective Communication Webpage](#)
  - [Sign Language Interpreters](#)
  - [Communication Access Realtime Translation \(CART\)](#)
-

# Medicaid Communication Access Services

- **Supported through Medicaid funding and administered by DSDHH**
  - **Purpose of initiative is to improve communication access in healthcare settings**
  - **Companions are included**
  - **Healthcare providers must register with DSDHH**
- 



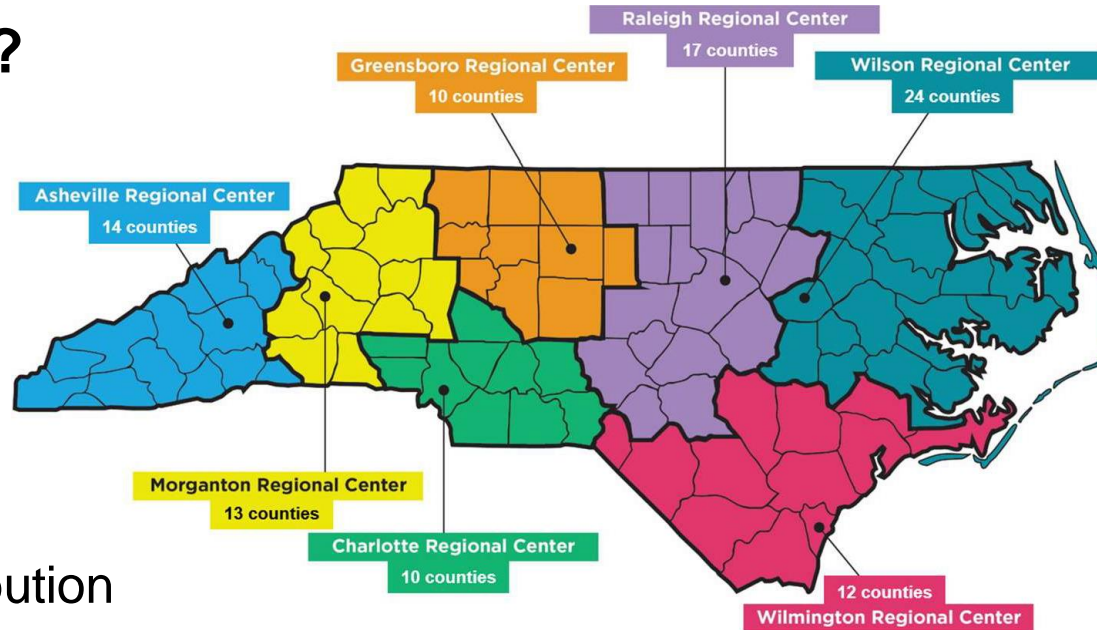
# NC Division of Services for the Deaf and Hard of Hearing (DSDHH)



# DSDHH Regional Centers

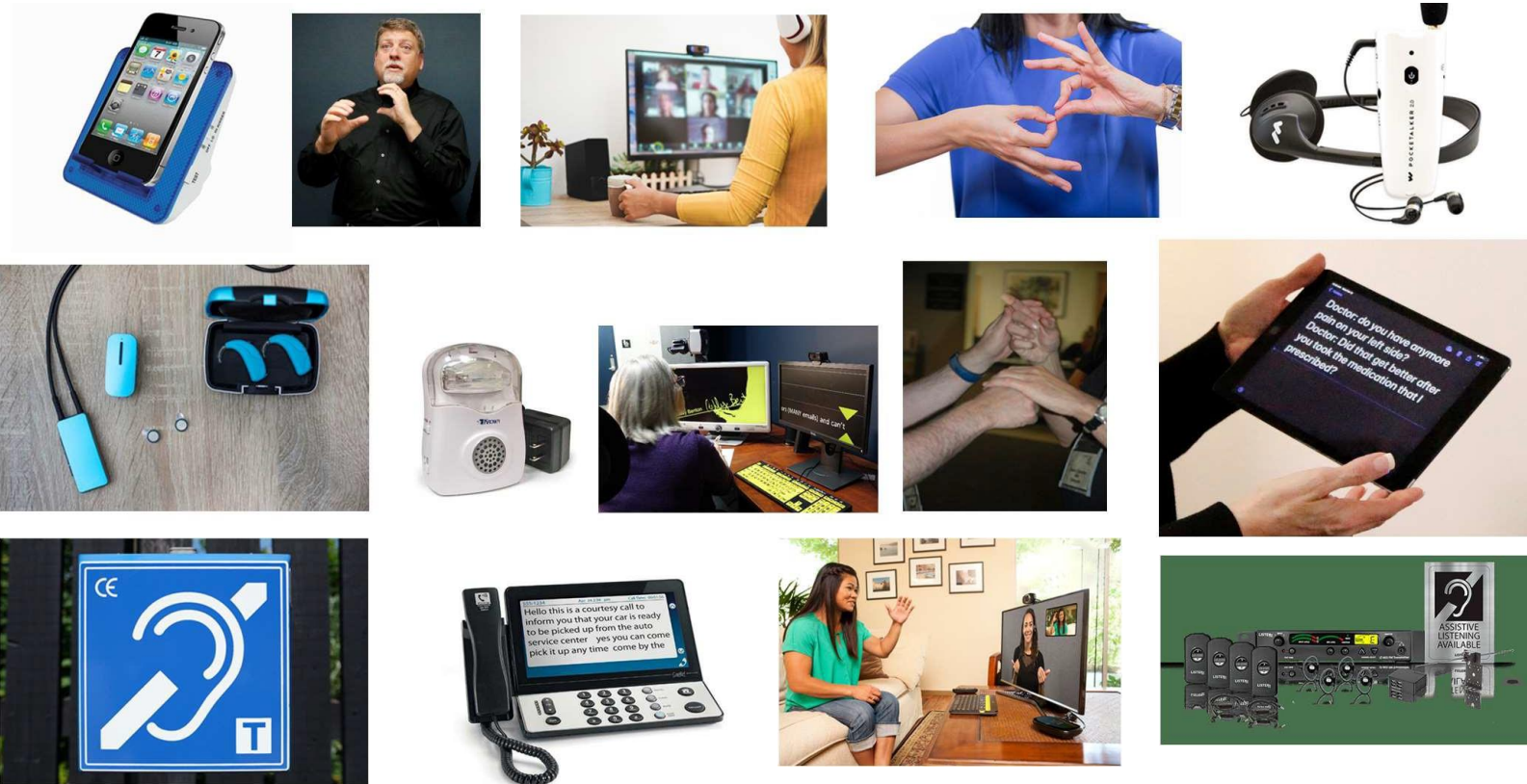
## What do we do?

- Advocacy
- Consultation
- Education
- Information and Referral
- Outreach
- Equipment Distribution
- **We serve all North Carolinians with hearing loss.**
- **We do not charge for our services.**
- **Anyone can ask us questions.**
- **Regional Centers for the Deaf and the Hard of Hearing**



# A Reminder: When You Communicate With Us

## One Size Does Not Fit All





# Contact Us

Tony Davis, MSW

Accessibility Resources Manager

Office: (919) 351-2206

Mobile: (919) 414-8887

[Tony.Davis@dhhs.nc.gov](mailto:Tony.Davis@dhhs.nc.gov)



[www.ncdhhs.gov/dsdhh](http://www.ncdhhs.gov/dsdhh)

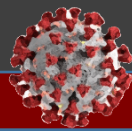
or call us at (800) 851-6099



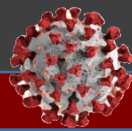
Like us on  
**Facebook**



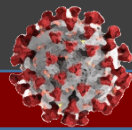
# Participant Feedback



Questions?



# Support Resources



# Where to go for training support

## CT Process Questions: Contact Your Supervisor



- If you have process-based questions about contact tracing workflows, policies, and procedures beyond the CCTO software, **contact your supervisor directly**, as these may vary on local levels

## Access Support: CD Manual & Knowledge Center



- [“CCTO Help Desk & IT Support”](#) on the CD Manual for NCID/ServiceNow/CCTO access support job aids
- [ServiceNow Knowledge Center](#) for job aids on tech issues (login, NCID, password reset, etc.)

## CCTO Tool Help: Training Materials and Office Hours



- FAQs, [Training Resources](#), [System Updates](#), Process Documentation and Scripts (Found on the [NC DPH Communicable Disease Manual Coronavirus Page](#))
- [Patient Education Tools](#), [CCTO trainings and slides](#) and [recorded live sessions](#) posted to the [AHEC](#) Portal
- *Check your email for ongoing CCTO office hours opportunities and regular live trainings*

## CCTO Tool Help & Suggestions: ServiceNow (SNOW)



- [Register](#) for ServiceNow and then visit the [DHHS Contact Tracing ServiceNow Portal](#) to log in using your NCID and submit **CCTO questions and suggestions**

If you have a process-based question on contact tracing requiring specific guidance...

- Consult state CT guidance in the [CD Manual Contact Tracing Instructions](#)
- Consult federal CT guidance on the [CDC website](#)