

REALTIME FILE

University of Arizona-Emmett Hassen Presentation  
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>> This meeting is now being recorded.

>> Welcome to today's webinar, part of the Improving Access to Quality Medical Care series, produced by The Southwest Telehealth Resource Center and the Arizona Telemedicine Program. Slide two please.

I would like to extend a special welcome to members of the Southwest region and fellow HRSA grantees. Next slide please. This free webinar series is brought to you by jointly the Southwest Telehealth Resource Center, the Arizona Telemedicine Program and Arizona Commission for the Deaf and Hard of Hearing. It can help you improve quality, safety, and efficiency and access to healthcare. We would love to help you achieve these goals. Next slide please. Before we get started, I would like to remind you to please mute your phone or computer audio. Questions will be answered at the end of the presentation. And you can please use the chat function within Zoom to ask questions. Today's webinar will be recorded and you will have access to this and past webinars on the ATP website, and you can see the URL that is posted on this slide.

We wish to thank Daniel Greene and Lee Bradley from Arizona Interpreting Services and Brook Nunn for the closed captioning. If you would like to use the closed captioning for this webinar, please click on the CC button that you see on the bottom of your screen. Today's presentation is going to be presented by Emmett Hassen. I would like to introduce Emmett Hassen. He has been with the Arizona Commission for the Deaf and Hard of Hearing as their license and coordination counselor for 13 years. He gives guidance in all areas of interpreter licensure and certification. He works on a wide variety of programs and projects to the interpreter and the ASL instructors' community. He also handles interpreter license complaints that involve codes of

professional conduct, ethical issues, and statutes as an investigator. As an advocate for the Deaf in the past, Emmett was involved in interpreter and legal issues. He holds a bachelor's degree as well as other training certifications. He brings his years of experience with ethics, interpreters, deaf-blindness, deafness, technology, political savviness, and management issues to ACDHH's and Arizona Deaf and hard of hearing community. He says strive to enhance the state of Arizona's reputation by developing and implementing the best policies and services for the Deaf/hard of hearing and interpret community. Thank you Emmett. We welcome you and look forward to hearing your presentation.

>> EMMETT HASSEN: Thank you. I want to introduce myself. My name is Emmett Hassen. And my sign name is like this. Part of Deaf culture is to have a name sign. I've never shaved my goatee. It's been 15 years now. That's my name sign. Hello everyone. I want to give you an overview of ACDHH services. We're a nationwide resource for Arizona. We've got referrals. We do empowerment. We do community development. And outreach education, for example, like this webinar we're doing here. This is part of our outreach. We have American Sign Language interpreter licensure, telecommunications relay services, and we also have all the services that we provide at ACDHH. Feel free to look at our website, ACDHH.org, and peruse the website. That has a synopsis of the services that we provide. I want to focus here on the disabled population here in Arizona. People tend to think of disability as blind people or people with canes or people in wheelchairs. It's a very visible disability. However, people don't think about deaf and hard of hearing, people, people with hearing loss. Statistics show about 18% of people have a hearing loss. And ambulatory is about 6.8%. And independent living is 5.3%. Cognitive is 4.4%. Vision is 2.4%. And self-care, and also people who have more than just one disability is about 26.3% of all Arizona have at least one disability, as well. Deaf and hard of hearing population are the largest of the group because we have an invisible group. People don't realize that because we're walking around and people don't realize that we are someone with a disability. Okay?

And statistics as far as hearing loss here in Arizona, specifically we have about 1.1 million people who are hard of hearing, who have a hearing loss. And more than 739,000 Arizonans over the age of 60 are hard of hearing. And about 20-30,000 people in Arizona are culturally Deaf, like myself, for example. About 2.2 out of 1,000 babies are born with a hearing loss. And about 20% of young ones have form of hearing loss. 20%. And that has to do with listening to music. In the old days there were boom boxes and you could hear the sound, but today with Bluetooth earphones and iPods, et cetera, the in-ear headphones that are so close to the ear, they hit the eardrum a lot more significantly. And that's causing more hearing loss. We're trying to educate the public about the earphones, children, family, friends, educate them to make sure they're teaching their children to avoid loud noises in the ear, the high decibels. We're going to talk about decibels later on in the webinar. But that's a synopsis of the disabilities in Arizona.

And our objective for this presentation is to introduce best practices model, providing

service to the Deaf and hard of hearing people, and deaf-blind patients. And address unique needs of people, of hearing loss, to increase knowledge of available resources and to meet specific needs by requesting services.

This course will help you to have a better understanding of unique needs of our people, Deaf, hard of hearing, deaf-blind, for example understanding the applicability of the ADA and some of the 504 and facility laws. To demonstrate and understand auxiliary, a applicability of ADA and Section 504 to the facility, demonstrate understanding of auxiliary aids, interpreting laws and services, and assistive devices.

Okay, as far as disability law, there are three laws. There is the ADA. There is the ADA Amendment Act, and then there is the Section 504 of the Rehabilitation Act of 1973. And these are in place to make sure you have equal access, good services, and it's not just for mobility services. It's also for, it's really focused on effective communication for the Deaf and hard of hearing. That's really the key. Effective communication. And also the provision of auxiliary aids and services. Those are all what the law covers. And the first paragraph mentions those who are covered by the law. I recommend you take your time reading this, that paragraph. But specifically it's an addition to the ADA, the healthcare law. That most industries must follow. For example, providers must provide qualified interpreters to people with low English proficiency and qualified interpreters to people who are deaf and hard of hearing. I want to stress that point. There are other points in the paragraph that cover other areas, as well.

Okay. What's an example of auxiliary aids? Interpreters is one. For example, I have two interpreters here that we recently panned. I have them here for my needs. That's an auxiliary aid.

Also video remote interpreting. That means interpreters who are in another location or state and are connected through webcam. That means the interpreter is not present in the same room.

Also we have what is called Communication Access Realtime Translation. It's similar to captioning. As you can see on the screen now, if you want to experience closed captioning, just hit the closed captioning button on your screen and you'll see the captioning appear.

And then there is assistive listening devices. That's with a person who uses amplified phones or an FM system. There's also TTY, TDD. That's an obsolete technology that most deaf people in the community don't use. They used to use it a lot. But it is now no longer used because we have video phones. That's a newer technology that allows us to use sign language, which is our primary language, mode of communication.

There's also visual signaling devices, for example fire alarms. If you look around your room maybe at the top of the ceiling there is a red box that also has a strobe light

attached. That helps us visually to be independent and to know whenever there is an alarm or an alert alerting the facility, the building.

There is also handwritten notes. That is good for short-term conversations or getting quick information. Like where is the restroom. Where is my doctor's office located? But to have a long discussion, an in-depth discussion with technical vocabulary words, it's not recommended. Just for short communications.

And then there are service animals. We'll talk about that a little bit later. So those are some of the auxiliary aids that are available.

Now I want to explain the differences in communication techniques and needs of patients. There are different groups of people. There's age of onset, prelingual. That means a person who lost their hearing before, I mean early language development. Post lingual means hearing loss after early language development. In other words, a person who was born deaf or a person who lost their hearing later in life. Those are the two different groups. That I'm talking about. And now I want to focus on one group, which is hard of hearing individuals. It's what we would call, we would use a lower-case d. They're functionally deaf, but not culturally Deaf. The clinical definition means you have a hearing loss, but it doesn't preclude hearing and speech ability. There are hearing aids, there are cochlear implants, and other assistive devices which may significantly assist. A person may have permanent loss caused by injury or disease to the auditory nerve.

Now what are some characteristics of a hard of hearing person. For example, they tend to deny their hearing loss to themselves and to others. So they can't accept the fact that they have a hearing loss or they will blame others for not speaking clearly. They'll rely heavily on lipreading and they do not want to be hard of hearing, they're not proud of it. For example, culturally Deaf people are proud of their identity of being Deaf, and really advocate for themselves and others. They're unaware generally of assistive technology. They may not realize there are resources out there to help them. They may use a dog as a service animal. And normally a person with a service dog, an assistive dog means there's an emotional dog, or an emotional animal and a service animal. There are two differences. The emotional animal or service animal is for behavior. That is not covered under the ADA, but the service animal, the hearing dog is. There are two questions that you are legally allowed to ask under the federal laws. Two questions you can ask is this your service animal. And the other question you can ask legally is what does the dog, the service animal do for you? Those are the only questions that are allowed. That way you can't ask what disability do you have? Let me see your certificates and the dog's credentials. You can only ask those two questions legally.

Now in functional terms, they may feel as if they are lost or as if they're not connected the their language community, which means once they've lost their hearing they find it hard to identify themselves in a certain place. They used to be able to talk with their

hearing friends, but now they're hard of hearing and they feel isolated. They don't feel like they belong to that group anymore. So they're no longer a part of that community. Sometimes this can also cause dementia or depression. For example, a hard of hearing person might face these problems all the time.

Now for communication challenges, they may have a hard time hearing in a large room. They may have difficulty following a conversation with many speakers. They might be able to hear a moving car or loud noise, but have difficulty hearing that. They may have difficulty understanding conversations at family gatherings. And noisy backgrounds create more difficulty in these situations. So it might be good for you to move a patient to a quieter place, or to pull over and talk with them outside of the moving car and find a room that doesn't echo too much so the acoustics are better.

Significant challenges for significant others, that is, for a husband or wife, they may what they call selective hearing. It's a common joke that explains a real phenomenon. The partner forgets to speak up for their significant other, or to slow down to help their partner to identify the separate words. They need to pause between words and help the partner understand lipreading better. A lot of times if somebody says "What?" And "Please repeat" that can be frustrating. Or sometimes they don't know what the person said, or they want to turn up the TV or radio too loud and that bothers their partner. They can also feel isolated from friends and family. Or they may not travel or go to new places and instead they tend to stay home all the time. They might have loss of spontaneity and intimacy in their relationship. That helps you to understand how to communicate with them better and helps them to understand how to develop rapport with them.

There are various communication techniques and needs. There are various degrees of hearing loss between mild and profound. For example, you have mild, moderate, and profound. And the pitches can affect comprehension.

Now you see a diagram there. That is an example where you see on the left side what's called decibels. That's from 10 decibels down to 120 decibels. And then on the top, that's the hertz. That's the low pitches to higher pitches. So if for example you look at that gray area, that's called the banana. And that's where general normal hearing people can hear things clearly. But if you see the bottom right, like the airplane, that's really loud. And that's something people with hearing loss might still be able to hear. But birds chirping, hard of hearing people probably can't hear those at all. But if you've noticed in the yellow banana area, most often consonants tend to be for hard of hearing, they tend to catch onto those. But vowels are harder for hard of hearing people to understand. So for example when people are playing a game, you know, Wheel of Fortune, they try to get the vowels first and then fill in the blanks with the consonants. That's kind of how it is for hard of hearing people. You get the idea. They may work harder to hear and it might be better for you to talk at a lower pitch. They tend to have a harder time understanding children and women with higher-pitched voices. So both men and women might want to try to lower the pitch of their voice to

be understood more clearly. Those are some ideas on how to talk with hard of hearing patients.

Now as you can see in the picture, that's Communication Access Realtime Translation. And on the screen you see the words coming up, and there is a court transcriptionist, a court reporter. They're actually trained more hours than a court reporter to provide access like other sounds that hearing people can hear. Background sounds or other auditory environmental information that can help hard of hearing people understand what's going on in the room.

Now if you look at the lower right, you'll see two people in chairs. There is an older woman on the left. She is deaf-blind and she's looking at a braille reader that has little pins that pop up.

And she can feel those in realtime. And the woman on the right, that's her support service provider. And she's helping the realtime captionist fill in some of the blanks for that woman.

And you can see the director, executive director. Her name is Sherry Colins. And that gives you an idea of the whole room and how that all looks when somebody is providing Communication Access Realtime Translation.

Sometimes in your patient's room, you might ask them what's the most effective way to communicate with them. Transcription? Writing notes? Lipreading? Ask the patient what their needs are and provide what's best for them.

Speaking of service animals, we talk about places of accommodation and modified policies for service animals. For example, if a dog's listening appropriately and has appropriate behavior and isn't biting or barking or defecating, then you have a right to, if the dog is doing that, you have a right to ask them to leave. A paper or certification actually is not required, as I explained earlier. You can see the picture of the dog there. That's actually a coworker's dog. Her name is Gracie. She is very cute.

Now I've already explained that there are two different kinds of deaf people, deaf people with a lower case d, and with a capital D. Now a person who identified themselves as Deaf with a capital D may have congenital or they may be congenitally Deaf or have residual hearing, and it may be acquired or congenital. They might not so much look at their decibel or degree of hearing loss, but the individual considering themselves a valid member of a community. And a person who chooses to use American Sign Language as their primary language. I want to point out the use of the word hearing impaired. That's more of a medical perspective, used in the medical field. And that's fine. But for Deaf people who consider themselves proud members of the Deaf community, they consider to be Deaf or hard of hearing. Most people who are Deaf with a capital D just prefer Deaf. Not Deaf and dumb or Deaf and mute, just Deaf. Those aren't politically correct. I want to point that out.

Characteristics of a deaf person. They may not be able to hear you from behind. If

somebody looks away, they may not be able to respond. Sometimes they may be watching a speaker very carefully and you can see that they're straining to understand you. Maybe that's a clue that they're not hearing. Or they'll ask you to write notes with a paper and pen. Deaf people have cultural norms. Attention getting devices, or the strobe lights on the fire alarms that I discussed earlier, or vibration devices that go under pillows or beds to wake them up in the morning. They might also have in a congregation, they might congregate in somebody's house and they tend to go to the kitchen. People always ask why do Deaf people congregate in the kitchen. It's not just for the food, but it's because that's the brightest place in the house and they can see each other clearly. There are conversation regulators. Like for example in a hearing culture, we tend to say "mm" and "uh," which shows you're following the conversation. How do Deaf people show that they're following a conversation? Sometimes there is a twitch of the nose or other facial expressions.

For ear and eye contact, hearing people tend to rely on their hearing. The teacher might turn around and write on the board and hearing people can hear that, but Deaf people can't because they were trying to lip read and they now can't see the teacher's face. Deaf people rely on eye contact. If you are talking with a deaf or hard of hearing patient and let's say the phone rings, try not to look away from that. But try to let them know what you're looking away from or have somebody else do that for you. So the Deaf patient doesn't feel that you've simply turned away from them. You could say um, just a moment, and point to the direction of where some sound is coming from so they know what you're doing and they know what's going on.

Now facial expressions are actually a part of American Sign Language. In English we show emotion through the tone of voice. You can tell on the phone if somebody is happy, sad, or mad. But how do Deaf people tell that? Well we have facial expressions. Hi, I'm happy, or I'm mad or I'm sad. You can see it all in the face. It's not a poker face.

I'll give you some examples. Hi, my name is Emmett, how are you, what's up? You can see there is no facial expression in that. As opposed to hi, my name is Emmett, what's up, how are you? So the facial expressions make a big difference.

Also, pointing. Often your parents tell you as you're growing up don't point to people. But in Deaf culture that's different. Because in Deaf culture pointing is a point of reference. Like see the door there or that person there. Or turn down the hallway, turn to the right, and you'll find the restroom.

Also storytelling. Deaf people love to tell stories. If I have time, I'll tell you a quick story, a joke. There are three men. One is Russian, one is from Cuba and one is Deaf. So the Russian guy opens a bottle of vodka and drinks half of it. And then he decides to open the bottle and throw it out the window.

And the Cuban guy who is Deaf says why did you throw that good bottle out the window. And he says don't worry about it, he says there is plenty of vodka where I'm

from. And the Cuban guy smokes half a cigar and then throws it out the window. And the other two guys say why did you do that? He said there are plenty of cigars where I come from. So the Deaf and Russian man says okay. And then after a while the conductor walks by to take their tickets and the Deaf person decides to grab the conductor and throw him out the window. Now the Russian and Cuban guy say hey why did you throw him out? Oh, don't worry, there are plenty of hearing people where I come from. So that's funny to Deaf people. That's just one example of our cultural experiences and how oppressed we have been and how much we've dealt with discrimination. And we don't say that to offend you. We love you all.

Now also introductions and goodbyes. Introductions may be very long and drawn out. For example, if you go into a party or go into a house, you might look for the kitchen and it might take you an hour to get to your kitchen and when you leave it may take an hour. If somebody just disappears, they may say where do you go. You have to say all your hellos and all your good-byes. That's just an example of Deaf culture.

We have communication consideration. American Sign Language is a visual language. There is no written or spoken form of American Sign Language. It has its own syntax and semantics. It is the preferred language of many Deaf people. And there are nonstandard ASL users, children, foreigners, those with minimal language. They don't necessarily use American Sign Language, ASL. They may use the sign language of their home country or some home signs, or some minimal language features. But those are examples of non-standard ASL users. And you may be confronted with some of those.

Speech does not equal intelligence. You know, Deaf people normally do not use their voice to talk. There are some that can speak pretty well. But it takes a lot of practice and training. A lot of times it requires some hearing to speak. So many Deaf people don't speak. It doesn't mean that they're dumb or not smart. A lot of Deaf people out there are professionals as doctors, lawyers, degrees from an AA degree up to Ph.D. It depends on how they were raised and their family situation.

Next is lipreading does not equal effective communication. It requires a lot of training. I myself am a skilled lip reader. But even still I catch about 30% of what you're saying. And 70%, imagine that, is missing. So I'm having to process and fill in the blanks, the gaps, to figure out just what is being said. So that's why it's very important to avoid using lipreading. It's not very effective. Sometimes people will ask me can you lip read.

And it's hard for me to answer that question. I'll tend to say yes I can lip read, but I don't always understand. I may be able to talk to you, but I can't always understand what you're saying back to me.

And sign language, there are varying levels of proficiency in English. Levels of English proficiency will vary. A lot of times people will say can you read. And if you flip that around, you can say can you read sign language. It's kind of the same idea. There

are differences in language. And again, they may vary. Proficiency in English may vary. It depends on the background and the family situation. About 95% of Deaf people are born into hearing families. And the hearing families typically do not know sign language. And they struggle with sign language. So from 0-3 is a crucial part, an integral part of a child's language development, acquisition. If you miss that window without some language, sign language, or any language, then you miss that and there is a longer learning curve or a steeper learning curve. So it's so important to get that language early on. So a lot of times you may see that happening when you try to write with someone who is Deaf. The English is not really legible or understandable. And that is because a lot of times that crucial time in their life did not have that important language development included.

Sometimes you have to write and communicate with a Deaf person. I recommend if they don't understand, rephrase. For example, intersection. Instead you could use the cross streets. Or draw the actual intersection or cross streets. That way it's easily understood.

Now we're going to focus on Deaf and blind individuals. The definition of deaf-blind is 20 out of 200 in the best eye. And the visual field of 20 degrees or less. I challenge you. Try this. Put both of your hands up like this or like this and if you do that yourself that will help you to see the field of vision or the challenges that people who have vision loss are dealing with. And it varies for each. Chronic hearing loss, it varies for each person. The characteristics of deaf-blind individuals, they may be culturally Deaf. They may use auxiliary aid services. They depend on physical contact for communication. For example, hard of hearing people can rely on some residual hearing. Deaf people rely on sign language. But those who are deaf and blind can't do either. So they rely on physical, tactile touch. You may need to hire, if you have someone who is deaf and blind, and they require services or communication aids, then you may ask them do you need braille? Do you need any services? Specific service to accommodate them? Now accommodations are interpreters, tactile, close vision, sign supported speech. If you can imagine, at the end of your arm at your fingertips are the extent that those with low vision can see at. And sign supported speech, for example. And there is braille reading with captions. For example, the picture that you saw earlier. Assistive listening devices, service animals, and support service providers.

I want to talk about the SSPs now. Support service providers. A support service provider is not an interpreter. They just provide additional services, assistive services, for -- they provide brief facilitation of casual conversation. But they don't possess the skills necessary to interpret in-depth information. They provide normally environmental information, room orientation. For example, the user will sit next to the deaf-blind person and say here at 9 o'clock is another deaf person, a friend. And at 12 o'clock is the presenter. And at 3 o'clock is your enemy.

And behind you is the restroom. That type of thing. That kind of environmental information.

Now as far as interpreters, most commonly there are questions about interpreters. As

you saw on the screen, it said the ADA Title III, that's the definition of what a qualified interpreter is. A qualified interpreter means a person who either in person or on video phone is able to provide effective and accurate and neutral, accurate, and impartial, both receptively and expressively using necessary vocabulary. For example, sign language, oral translation, cued speech. The next paragraph is 28 CFR35.160, that prohibits public entities from requiring a person with a disability to provide their own interpreter and from relying on a minor child to interpret.

For example, a child has no concept of medical terminology or legal terminology. That means they have no concept of the real world and consequences. So you do not want to use them to interpret for Deaf adults. But what about foreign language speakers. You have to understand the spoken language of these people, that's not a disability. Therefore, federal law protects Deaf individuals so they can have communication access needs. So that's why it's codified in the law so they have equal access.

And now you see there are three licenses there. It is for the state of Arizona. It requires that signing interpreters be licensed. ARS36-1946 stipulates three licenses. There is legal and general and provisional. The legal and general are nationally-certified interpreters. Legal interpreters can interpret both legal and general, medical interpreting, and most things. Provisional have passed a written test, but they have not passed the performance test for national certification. I want to emphasize this in the next slide. But I want to show you just briefly the licensure that we have here. It might not be close enough for the camera. On the upper right-hand corner, there is a hologram there. That is how you know that the license is actually a valid license badge. And when you meet with an interpreter on an assignment, you have the right to ask them for their badge for protection.

The next is a cheat sheet to determine whether an interpreter is a good fit for your situation. Provisional B does have restrictions. They can interpret alone, however there are restrictions from working in the medical field, mental health field, and performing arts, and platform interpreting, and legal, unless they are teamed with a general or legal interpreter. If they are, then that's fine. Otherwise they cannot.

A provisional C classification cannot interpret alone at all. They must be teamed with a generally licensed interpreter.

Okay.

And there are license exceptions. It talks about the exemptions here. But I want to emphasize it says here interpreters without licensure can provide emergency basic interpreting in life and death situations. But once a licensed interpreter arrives, they are to take over the interpreting interaction.

Because of time we need to move on. So I need to skip a few slides. This is the basics about interpreters. Licensed and skilled interpreters. They are qualified and

have been through training and know the process of training. They understand the translation of English to ASL and vice versa. They are accurate and impartial and they have to convey the message accurately. If you use a family or a friend, they are not impartial. They all have experience with the interpreting process, and there is a lot of liability that can be incurred on your part. It is important that you get a certified and licensed interpreter.

There are a code of ethics that interpreters must comply and follow. Confidentiality. Especially in the healthcare industry. Because of HIPAA, there are requirements there. It's so important to know that there are those protections there.

Now the most important part is video relay interpreting. Video remote interpreting. This is the most important part. Because today with technology taking off the way it is, more and more services are provided through telemedicine and video conferencing and video remote interpreting. Sometimes the state of Arizona gives doctors on demand. There are apps. But is it accessible to me? I have to have an interpreter on the screen. Keep that in mind. Is your service accessible? And under the state of Arizona law, it requires that any video remote interpreter must be licensed, whether they're working in the state or out of the state. Because sometimes out of state interpreters must be licensed under Arizona when they're providing their service to the state of Arizona resident for their protection.

There is a Department of Justice guideline with four bullet points to make sure your video interpreter services are effective, and considerations for effective communication are high-quality video that does not produce lags or is choppy or gray images, grainy images, irregular pauses in communication. Also, sharply delineate an image that is large enough to display the interpreter's face, arms, hands, fingers, regardless of their body position. And a clear, audible, transmission of voice so you can hear the interpreter or the interpreter can hear you.

Also, training of hospital staff so they may quickly and effectively set up and operate the VRI system. If all those conditions are met, then in the eye of the law, that is effective communication. But even if one out of those four bullet points are not met, that's considered ineffective communication and you have to go to a plan B, and that is hiring an onsite interpreter or rescheduling the appointment if it's not an emergency.

Now situations in which VRI might not provide effective communication, you can see there is a big list there. Lack of privacy, vision impairment, difficulty seeing the television screen, maybe physical limitations. The person is lying on a bed, their neck is broken, they can't move their head to see the TV screen. That would not make it effective communication. It would be more effective if there were an actual interpreter in the room who could move their body to meet the position of the Deaf patient.

Now I'll give you some tips for best communication. Reduce background noise, meet in a well-lit area, look directly at the person, speak more slowly and clearly. Or use

American Sign Language, gestures, simple signs like paper, bathroom, bed, and you can see some other tips down there. Notice the last bullet point says hand-arm restraints eliminate communication. That is actually something very serious. Sometimes when a deaf patient is restrained, they're handcuffed to the bed, they can't communicate, and this has resulted in lawsuits.

It's important to check for understanding. Ask follow-up questions to make sure that they understood you. Deaf and hard of hearing people tend to nod their head as if they understand, but it's most important to find out if they really understand.

Provide interpreters. If you can see here we have two interpreters that are taking turns every 15 minutes. So you need to allow for that and also give CART providers breaks.

You can see as far as assistive listening devices, we have FM systems. Those benefit hard of hearing people and those are not expensive to buy. Those can be a benefit to one on one communication to help them hear better. And if you would like more information, you can contact us and we can give you more in-depth knowledge.

Now assistive devices may mean signaling devices, closed captions, video remote interpreting, video relay services, or what we have here, Arizona Relay. If we get a call from a Deaf or hard of hearing person through a relay service, it's not a telemarketer. Sometimes people hang up and that means the Deaf or hard of hearing person can't get a hold of you. Perhaps they're calling to confirm an appointment. So keep that in mind. You can see a lot of different types of assistive phones on this slide. Arizona Relay Service is something that the Arizona Commission for the Deaf and Hard of hearing provides. And that's also provided in every state, required in every state. If you would like some more information about that, you can contact us. There is an application, if you know somebody who has a hearing loss and needs to borrow a TTY or a captioned phone, those are free of charge. Just contact us and we can help you process the equipment that you need for a Deaf patient.

You can contact us. You can see we have Facebook, Twitter, Youtube, and we're open Monday through Friday, 8-5. You can contact us and we would be happy to help you with resources or even provide training. We do have a healthcare curriculum training that we have taught all over Arizona at no cost to you. We would be happy to come out even to rural areas. If you have policy changes or procedures, we would be happy to help with that.

Now I guess this would be a perfect time for questions and answers.

>> First, I would like to thank you for such a great presentation. This is such a hot topic. And the resources are really going to be very useful for the folks who are attending. We do have a couple of questions.

The first question is actually a comment that you may wish to also comment on. Our viewer Kathleen said you are not allowed to use a child for spoken language interpretation.

>> Yes, that's true.

>> EMMETT HASSEN: Okay. I understand that you're saying that a child is not to be an interpreter for spoken language, as well. I understand what you're saying. A child under 15, I'm sorry, under that particular section of the law, 1557, in the 1557 of the Affordable Care Act. So yes, that is correct.

>> Our next question. Did you say that the licensed interpreter can only provide services in the state in which they are licensed?

>> EMMETT HASSEN: Okay. Under Arizona government, you must be physically within the state of Arizona. If you are physically within the state of Arizona, you must be licensed to interpret in the state of Arizona. So that is a requirement that we have because of a certain Arizona law. And you can allow a provisional C based on some exemptions. But for a hospital, you must always require an Arizona State Licensed interpreter, or somebody who does video remote interpreting from out of state into the state of Arizona must also be licensed to interpret in the state of Arizona.

Next question?

>> Next question. If the SSP is not necessarily 100% proficient in American Sign Language, how can they do their job?

>> EMMETT HASSEN: Okay, that's a good question. We recently just did a deaf-blind pilot program that was July 1st through December of next year. And we provide training to support service providers to make sure that they understand how to address tactile needs of deaf-blind people. So we do a training. We do a training with a badge and it's just like an interpreter license, for example. The SSP will wear a badge that shows that they've been trained by us. And that's one place where you can ask them what training certification or licensure do you have.

>> Okay. Thank you so much. And we have one more question. If a Deaf person is using a virtual care platform from their home, would it be appropriate for a healthcare provider to arrange for an ASL to be present with them at the healthcare facility and to present on the video feed with them to interpret for the patient who is at their home?

>> EMMETT HASSEN: That's an interesting scenario, an interesting strategy. That's very creative. From my understanding, I get my services through the state. And the doctor is required to provide an interpreter. And usually they have to arrange for that at least a day before. I haven't tried this personally myself yet. But if a Deaf person shows up on the screen and there is picture and picture with the doctor with an

interpreter, there's picture and picture with the doctor and then the interpreter on a small screen, or you could become creative and send an interpreter to the patient's location, wherever they are, to the healthcare center, and perhaps there is a remote doctor. So there are various ways you could approach this. If you're not sure, contact me and I would be happy to talk that through with you in detail about providing the service.

>> Well thank you so much for such a great presentation and for offering yourself as a resource. I'm sure you will be contacted by folks in the near future because this is absolutely something that is going to be happening more and more. And we really do want to have the opportunity to maximize these incredible resources. I would also like to thank the disability resources office at the University of Arizona, the Arizona Commission for the Deaf and Hard of Hearing, Arizona Freelance Interpreting Services, and Alternative Communication Services. And I also want to let everyone know that we do have a recording of today's webinar and it will be posted and available. We need about two days to do this. But the webinar recording will be there, along with a PDF of today's presentation. You will have an opportunity to look at the slides, as well. And that will be at [www.southwestTRC.org](http://www.southwestTRC.org). And if you wouldn't mind advancing to the next slide, we have two more days to close out the day.

So our webinar series, if you want to please stop by our website and see what's coming up next, I'm sure you'll find something interesting and this is also where we have a webinar archive, as well. At [www.telemedicine.arizona.edu](http://www.telemedicine.arizona.edu). And next slide please. Your opinion really is very valuable to us and we would like to ask you to please participate in a brief survey. We like to get ideas for topics. We like to get your feedback and we like to know how we can improve and better serve you. We really do appreciate having the opportunity to serve our constituents and again, thank you very much Emmett for such a wonderful webinar. And we're sure to have that as a resource for the future and many years to come. Until you come back and do it again and give us an update. So thanks again. And thank you everyone for participating today!

>> EMMETT HASSEN: Thank you very much for your time. I appreciate it. And again, you can contact us for more information. And remember that free training. Have a great day. And thanks for watching!