

**REPORT OF THE
DEPARTMENT FOR THE
DEAF AND HARD OF HEARING**

**A Study On The Special
Needs Of Persons Who
Are Hard of Hearing**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 35

**COMMONWEALTH OF VIRGINIA
RICHMOND
1990**



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December 22, 1989

TO: The Honorable Gerald L. Baliles
Governor of Virginia

and

The General Assembly of Virginia

The report contained herein is pursuant to House Joint Resolution No. 289 of the 1989 General Assembly of Virginia.

This report constitutes the response by the Virginia Department for the Deaf and Hard of Hearing to the directive to study the special needs of persons who are hard of hearing and to make recommendations for ways to improve services.

Respectfully submitted,

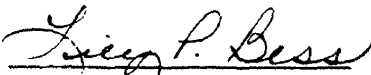

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HOUSE JOINT RESOLUTION NO. 289

Offered January 18, 1989

Requesting the Department for the Deaf and Hard of Hearing to study the needs of the hard of hearing and evaluate available services.

Patrons—Van Landingham, Crouch, Crenshaw, Plum, Cohen and Thomas

Referred to the Committee on Rules

WHEREAS, an estimated 372,000 Virginians are hearing impaired;
and

WHEREAS, nearly eighty-seven percent of these Virginians are hard of hearing, suffering hearing loss which does not preclude language development but may require accommodation; and

WHEREAS, many of these Virginians are older and live on limited incomes; and

WHEREAS, the number of Virginians who are hard of hearing is expected to increase as life expectancy increases; and

WHEREAS, Virginians who are hard of hearing experience frequent frustrations in daily life as a result of their hearing loss and service providers are often unaware of the special needs of this population; and

WHEREAS, assistive devices and services which may improve the quality of life are of prohibitive cost to those with limited financial aid available; and

WHEREAS, many Virginians who are hard of hearing have sought the assistance of the Department for the Deaf and Hard of Hearing for identification of and access to services; and

WHEREAS, the Department has been concerned with the unique needs of Virginians who are hard of hearing; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department for the Deaf and Hard of Hearing is requested to study the specific needs of persons who are hard of hearing and evaluate services available to them.

The study shall examine the issues of access to public accommodations, public awareness, employment, education, and assistive devices and health care services. The Department in its deliberations shall seek the participation of other relevant state agencies, Self Help for the Hard of Hearing (SHHH), groups representing the hearing impaired and public and private service providers. The Department shall recommend ways to improve services to persons who are hard of hearing and determine the funding necessary for the delivery of such services.

The Department shall complete its work in time to submit its findings to the Governor and to the 1900 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for processing legislative documents.

Executive Summary

In agreeing to House Joint Resolution 289, the 1989 General Assembly authorized the Virginia Department for the Deaf and Hard of Hearing (VDDHH) to study the needs of persons who are hard of hearing and to evaluate available services. Specifically, the resolution called for the study to examine issues of access to public accommodations, public awareness, employment, education, assistive devices and health care services. VDDHH was instructed to seek participation of other relevant state agencies and organizations in preparing recommendations for improved services and funding to achieve those improvements.

The hard of hearing population is composed of those persons whose hearing is impaired to an extent that makes hearing difficult but does not preclude the understanding of spoken communication through the ear alone, with or without a hearing aid. This population includes persons who were born with some degree of hearing loss, those who lost their hearing as a result of accident or illness after the acquisition of language and, increasingly, elderly persons. It is estimated that more than thirty-five percent (35%) of all persons over fifty-five (55) years of age experience some degree of hearing impairment, with that percentage increasing with age.

After establishing a Task Force composed of consumers and professionals serving persons who are hearing impaired, VDDHH (with the assistance of the Task Force) developed and disseminated a survey for consumers and professionals. The survey was designed to prioritize issues affecting the hard of hearing population and rate the impact of various actions on those issues. Approximately 400 surveys were distributed

and 140 of these were completed and returned. Based on an analysis of the responses, the issues identified were ranked as follows:

1. Hearing Aids and Medical Issues - including financial aspects of hearing aid purchase, audiological services, service and repair of hearing aids, and cochlear implants.
2. Public Awareness and Education Issues - including the need to build awareness of the implications of hearing impairment among the general public and to build awareness of programs, devices, and legal rights among persons who are hearing impaired.
3. Assistive Devices and Other Communication Issues -including cost and availability of devices such as assistive listening systems, closed caption decoders, and alerting devices, the quality of available devices, and awareness among hard of hearing persons of the availability of these devices.
4. Educational Opportunity Issues - including the availability of quality educational programs from early childhood through adulthood, early identification, adult education opportunities, and higher education support.
5. Employment Issues - including underemployment, equal employment opportunities, workplace relations, and legal rights.
6. Social and Mental Health Issues - including accessibility in recreational programs, mental health programs, senior citizens programs, and family support.
7. Public Accommodation Issues - including assistive devices in public buildings such as courtrooms, enforcement of legal requirements for accessibility, and publicity of accessible facilities.

While the survey responses provided valuable, practical information, VDDHH also conducted a study of current literature and other resources. The results of this research were supportive of the data collected in the survey. Some critical information is summarized in the following outline.

1. VDDHH estimates that approximately 380,000 Virginians experience some degree of hearing impairment. Of these approximately 329,000

would be considered hard of hearing, or moderately hearing impaired. However, some research indicates that these estimates may be low. The National Center for Health Statistics states that up to nine percent (9%) of the general population, or 517,870 Virginians, experience some level of hearing loss. (Population estimates are based on 1986 Population Projections developed by the Tayloe-Murphy Institute. Of this nine percent (9%), approximately one percent (1%) may be considered deaf. The remaining eight percent (8%) are hard of hearing, yet proportionally fewer dollars are spent on programs for persons who are hard of hearing.

2. Assistive device demonstration centers provide consumers with the opportunity to determine the benefit of particular devices to their lives prior to purchase of those devices. The devices which are available on the market today allow hearing impaired consumers to live more independent lives. While many states have such centers established in hospitals, speech and hearing clinics or other appropriate locations, no such centers exist in Virginia.

3. The average cost per person of hearing aids, including evaluation and fitting, is approximately \$1000. Current sources of financial assistance for the purchase of hearing aids are limited to certain eligible clients of the Department of Health's Children's Specialty Services and the Department of Rehabilitative Services. Additional aid is available on a limited basis from local civic organizations, but this does not represent a stable and uniform source of assistance.

4. Medicaid regulations offer states the option of providing coverage for audiological services, including the fitting and purchase of hearing aids. Currently, twenty-one (21) states offer this coverage. Virginia does not.
5. Several of the twenty-one (21) states which have offices for the hearing impaired are currently studying the service needs of this population in hopes of developing programs and many are awaiting notice of Virginia's final action resulting from this study.

VDDHH currently provides a number of services which may benefit hard of hearing persons, including information and referral, Telecommunications Assistance Program (whereby amplified handsets and audible ring signalers are available to qualified applicants), and advocacy. Unfortunately, staffing and budgetary limitations have restricted the agency's ability to provide specialized programs to this large population. While the agency does respond to the needs of persons who are hard of hearing, a more pro-active stance would allow the agency to address the needs of a larger portion of this population.

Conclusions

Based on the analysis of the information compiled in this study, the following recommendations are offered:

1. Establish a program of services for persons who are hard of hearing with a full time program manager within the Department for the Deaf and Hard of Hearing.

2. Provide Medicaid coverage for the purchase of hearing aids for children and adults. In addition, pilot a program of financial assistance through VDDHH for the purchase of hearing aids for non-Medicaid eligible persons.

3. Establish assistive device demonstration centers through grants administered by VDDHH.

INTRODUCTION

In agreeing to House Joint Resolution 289, the 1989 General Assembly authorized the Virginia Department for the Deaf and Hard of Hearing (VDDHH) to study the needs of persons who are hard of hearing and to evaluate available services. Specifically, the resolution called for the study to examine issues of access to public accommodations, public awareness, employment, education, assistive devices, and health care services. VDDHH was instructed to seek participation of other relevant state agencies and organizations in preparing recommendations for improved services and funding to achieve those improvements.

The impetus for the study comes from an increasing awareness that, while persons who are hard of hearing represent from seven (7%) to nine percent (9%) of the general population, specialized services for this segment of the population lag behind services for persons who are deaf, approximately one percent (1%) of the population. A number of factors influence this imbalance in service needs and provision, including the process of identification and the impact of the hearing loss on daily life. A severe to profound hearing loss, as experienced by most persons considered to be "deaf", is more readily identified and the implications of such a loss are much more obvious to those involved. Persons experiencing moderate or gradual hearing loss, persons who are "hard of hearing", often deny the loss or develop coping mechanisms which may or may not be of assistance. These processes of denial or coping create unique problems in client identification and service delivery.

This report will offer an analysis of the current environment in services for hard of hearing persons, including service gaps, and will present recommendations for addressing the service delivery needs of this group, which may represent nearly ten percent (10%) of the population of the Commonwealth.

Background

The Virginia Department for the Deaf and Hard of Hearing is mandated to serve deaf and hard of hearing citizens of the Commonwealth. As defined in the Code of Virginia, §63.1-85.3:1,

Deaf persons are those whose hearing is totally impaired or whose hearing, with or without amplification, is so seriously impaired that the primary means of receiving spoken communication is through visual input such as lipreading, sign language, fingerspelling, reading or writing.

Hard of hearing persons are those whose hearing is impaired to an extent that makes hearing difficult but does not preclude the understanding of spoken communication through the ear alone, with or without a hearing aid.

While hearing loss is classified medically according to the decibel level of the loss and there are accepted definitions for ranges of loss (mild, moderate, severe and profound), VDDHH has not traditionally differentiated between persons who are deaf and those who are hard of hearing for purposes of service delivery. Rather, VDDHH has relied upon the consumer's self-identification, recognizing that some persons with profound hearing loss by definition prefer the label "hard of hearing". It is this group, the self-identified "hard of hearing" population, which will be the focus of this report.

Statistically, hearing impairment is the single most prevalent physical disability in the United States today. (Gallaudet University Encyclopedia of Deaf People and Deafness, Volume I , p.276, McGraw-Hill, 1987). While no recent formal demographic studies on the hearing impaired population are available, the National Center for Health Statistics (1985) estimates that approximately nine percent (9%) of the general populace experiences some degree of hearing loss. This represents a slight increase over the six and six-tenths percent (6.6%) prevalence rate reported by Schein and Delk in the Deaf Population of the United States (New York University, 1974). There is wide agreement that the increase in the prevalence rate is directly connected to the increased life expectancy of the population in general. It has been estimated that thirty-five percent (35%) of persons over the age of sixty-five (65) experience some level of hearing loss. (Gallaudet Today, 1988)

VDDHH relies on the prevalence rates from Schein and Delk when estimating numbers of persons in the Commonwealth who may have some degree of hearing loss. The more recent estimates are not clearly defined as to age of onset of loss or degree of loss while Schein and Delk address these factors. Based on application of Schein and Delk prevalence rates to Virginia population projections for 1986, VDDHH estimates that approximately 380,000 Virginians experience some degree of hearing loss. Of these, an estimated 329,000 would be classified as hard of hearing. Until further data can be gathered through the VDDHH Register of Persons who are Hearing Impaired and extrapolations of that data completed, VDDHH feels that the Schein and Delk extrapolations provide a fair, albeit potentially low, estimate of the number of persons in the Commonwealth who experience hearing loss. The lack of

precise data and the ever-increasing number of older Virginians experiencing hearing loss make it difficult to provide accurate assessments of the number of persons requiring assistance.

As previously noted, VDDHH provides services for the benefit of persons who are deaf or hard of hearing. Programs within the department include:

LOCAL AND STATEWIDE OUTREACH SERVICES - Outreach specialists throughout the state provide services at the local level, working with hearing impaired persons and others to resolve problems or improve access to services.

TRAINING AND TECHNICAL ASSISTANCE - Provides training about hearing impairment and related topics. Technical assistance is given to service providers. Includes an orientation to deafness.

ADVOCACY - Provides information about the rights of deaf and hard of hearing consumers and assists with individual problem resolution on a case by case basis in situations related to equal access to services. Advocacy activities permeate all programs of the agency.

INTERPRETER SERVICE PROGRAM - Maintains a roster of interpreters. Interpreters are either nationally certified by the Registry of Interpreters for the Deaf (RID) or state screened through the Virginia Quality Assurance Screening administered by VDDHH. VDDHH assigns qualified interpreters requested by deaf people or service providers, establishes a recommended fee schedule and pays for interpreters when Section 504 of the Rehabilitation Act of 1973 as amended does not apply.

INFORMATION AND REFERRAL - Provides specialized statewide information and referral services on issues related to hearing impairment. VDDHH publishes a quarterly newsletter for hearing impaired consumers, service providers and interested citizens.

TELECOMMUNICATIONS PROGRAM - The telecommunications assistance program (TAP) assists hearing impaired persons in procuring telecommunication devices for the deaf (TDDs), amplified handsets, and other telecommunication devices. The Dual Party Relay Service Support provides grants to established dual party relay services to aid in expansion of services.

REGISTRY OF HEARING IMPAIRED VIRGINIANS - Maintains a mandated registry of persons who are identified as hearing impaired.

This registry is confidential and may be used for needs assessments and research purposes.

Of these programs, the most visible, Interpreter Services and TAP, generally serve persons who are deaf. Ninety-eight percent (98%) of interpreter requests are for sign language interpreters, while the remaining two (2%) of requests are for oral interpreters. Persons requesting the services of an oral interpreter identify more closely with persons who are hard of hearing than with the deaf community, regardless of the level of hearing loss.

TAP is another program in which a preponderance of the recipients are deaf. As of June 30, 1989, only fifteen percent (15%) of the 439 persons receiving equipment under the program were identified as hearing impaired as opposed to eighty-four percent (84%) identified as deaf. The remaining one percent (1%) were identified as speech impaired. While TAP participation by persons who are hard of hearing has not been high, the program does include devices which would benefit these persons. Both amplified handsets and audible ring signallers are designed to improve the telecommunications access for hard of hearing persons. Over the next several years, the number of handsets available through TAP will increase to accommodate the anticipated demand as awareness of the program spreads.

Funding for these two programs represents fifty-one percent (51%) of the total agency budget. Other programs, such as Information and Referral and Outreach Services, are utilized frequently by persons who are hard of hearing and persons who are deaf as well as by non-hearing impaired persons. Certain aspects of several other programs described above are of specific benefit to persons who are hard of hearing. For example, the Resource Library, maintained as part of the Information and

Referral Program seeks and acquires materials designed to address the needs of the hard of hearing population. Appendix IV lists some of these specialized materials available through the Resource Library. The quarterly newsletter, which is designed to reach a diverse audience, includes at least one article specifically addressed to the hard of hearing population, in addition to other features within the newsletter which may be of value to this group.

Another feature of the Information and Referral program which, while not specifically designed to serve hard of hearing persons, benefits this segment of the VDDHH constituency, is the Resource Directory. This collection of local, regional and statewide services which are accessible to hearing impaired persons includes information on facilities with group amplification systems, organizations such as Self Help For Hard of Hearing Persons (SHHH), and civic groups which may be able to offer some financial assistance for the purchase of hearing aids.

Through VDDHH advocacy activities, persons who are hard of hearing may benefit from legislative actions which result in improved mandates to protect the rights of persons with disabilities. Additionally, VDDHH can provide individual advocacy services for persons faced with particularly difficult situations related to their hearing impairment.

VDDHH fully recognizes the importance of maintaining and expanding services for persons who are deaf and can provide documented justification for the costs associated with these services. However, in order to ameliorate the discrepancy between program benefits for persons who are deaf and those who are hard of hearing, an assessment of service needs and cost effective resolutions was necessary.

Research Design

After preparing a work plan (see Appendix I) to guide this study, VDDHH established a Task Force composed of hard of hearing consumers, representatives of the Departments of Aging, Education, Visually Handicapped, Health, Rehabilitative Services, other professionals and parent group representatives. (A complete membership roster is included in Appendix II.) This group was charged with the task of assisting VDDHH in the development and dissemination of a survey instrument and reviewing findings and recommendations of research efforts.

The agency determined that a survey tool, appropriate for consumers and professionals, should collect data on how people perceive certain issues. Based on a preliminary review of current literature and comments received during the General Assembly session when the study resolution was being considered, major issues were identified and defined within the survey tool. Once the issues had been identified, agency staff and the Task Force brainstormed possible actions to address the issues. Respondents were asked to review these issues and recommended actions, assigning an impact value (major impact, moderate impact, limited impact, no impact or don't know/not sure) to each possible action. In addition to impact ratings, respondents were asked to rank the identified issues and to provide anecdotal descriptions of personal experiences related to each issue. (A sample survey is included in Appendix III.)

Once finalized, the survey was mailed to approximately 400 persons, including members of Self Help for Hard of Hearing Persons (SHHH), local representatives of relevant state agencies, parents, and persons who had requested an opportunity to

participate. Persons receiving the survey were encouraged to share the information with other interested persons, thus it is difficult to determine the exact number of surveys distributed.

To support and supplement the data collected in the survey, VDDHH staff reviewed available literature and researched existing services which address the identified issues in other states.

Findings

Review of Literature - A major source of information used in this study was the national organization of Self Help for Hard of Hearing People (SHHH). This organization, which has local support groups and chapters nationwide, publishes SHHH, a bi-monthly journal about hearing loss, as well as a series of technical articles, booklets and brochures. SHHH is considered the leading authority on issues of interest to persons who are hard of hearing and works in conjunction with other organizations, such as Gallaudet University, to educate the public and address the issues.

In November/December 1986, SHHH presented "Research and Service Priorities for SELF HELP FOR HARD OF HEARING PEOPLE (SHHH)", prepared by Jerome D. Schein and Howard E. Stone, Sr. This article outlined thirteen priority issues selected by a Task Force comprised of SHHH representatives and agreed to by the membership. The priorities are as follows:

1. Public Attitudes Toward Hearing Impairment - Using demographic data to support its assertions, this priority calls for increased funding to "alter public attitudes and to improve services for hard of hearing people...."

2. Access to Public Accommodations - This item considers the limited availability of assistive listening systems in auditoriums, theaters and meeting rooms and recommends increasing the availability of such systems through enforcement of existing legislation and passage of improved legislation.

3. Hearing Education - Noting the general lack of information about hearing impairment among people who experience it, SHHH recommends increased resources for efforts to educate this group about their condition, services available, legal rights and social responsibilities.

4. Employment - Employers often have limited knowledge about the impact of hearing impairment in the workplace and, as a result, frequently discriminate against persons who are hard of hearing. SHHH asserts that employer education is needed on the true impact of hearing loss and accommodations which can be made to improve the work environment for all employees, not only for those who are hearing impaired.

5. Statistics on Hearing Impairment - SHHH and other organizations and agencies serving persons who are hearing impaired experience difficulty in estimating demographic data on the population they serve. The most recent national data on this population was collected in 1977. SHHH recommends urging the National Health Survey to provide annual estimates and to increase the frequency of detailed studies of this segment of the population.

6. Family - The impact of hearing impairment on family members is often significant, ranging from frustration to anger and resentment. SHHH recommends on-going support for family members through printed materials and support groups in the community.

7. Health Services - Physicians and hospital staff are not fully aware of or sensitive to the effects of hearing impairment on their patients. This lack of awareness often leads to frustration for both the patient and the staff. A program of training for medical personnel, as recommended by SHHH, should be an on-going effort.

8. Institutionalized Persons - Communication is critical in treating institutionalized persons, yet the very nature of hearing impairment limits active participation. In addition to staff lacking background in the area, facilities often lack personal or group hearing aids for hearing impaired persons. To improve services to affected persons, efforts to provide in-service training to staff and increased availability of devices is essential.

9. Personal Hearing Aids: Distribution - According to the National Health Survey, only twelve percent (12%) of persons who report they have

impaired hearing use a hearing aid. SHHH reasons that this low rate is the result of a lack of awareness of the devices, inability to pay for them, dissatisfaction with performance or some combination of reasons. The recommended action for this issue is three-fold: study the reasons for low percentage usage; develop programs to address negative factors; consider the current and future technology and educate the public.

10. Counseling - Again, SHHH emphasizes the impact of hearing loss on service delivery and recommends education as a means to relieve problems in the counseling situation. SHHH points to pre-service training for professionals as a key factor in dealing with hard of hearing clients.

11. Leisure Time - Social and recreational activities demand communicative interaction and, without assistive listening systems (in auditoriums, theaters, etc.) and education (for hard of hearing persons in coping with social situations), the sense of isolation and associated depression for hard of hearing persons increases.

12. Design of Personal Hearing Aids - Current hearing aid technology has not met the needs of many consumers, resulting in limited usage of the devices. SHHH supports research efforts in the area of personal amplification systems.

13. Early Education - SHHH underscores the need for early diagnosis and appropriate instructional procedures to enhance the educational opportunities afforded to hard of hearing children. Recommendations include frequent and professionally supervised screening for hearing impairment and assistance to educators in handling hearing loss within the curriculum.

Using these priorities as a basic structure, VDDHH examined other sources, including the Gallaudet University Encyclopedia of Deaf People and Deafness (McGraw-Hill, 1987) and unsolicited correspondence from consumers and professionals, to determine categories of issues to be addressed in the study. After consultation with the Task Force, VDDHH established seven (7) fundamental issues, as follows:

1. Assistive Devices and Other Communication Options - A variety of assistive devices have been developed to provide improved communications access for hard of hearing persons. These include: closed caption television decoders; amplified telephone handsets; signaling and alerting devices, such as flashing doorbell signals or alarms; and assistive listening systems which deliver a signal directly to the ears or

hearing aids of the listener, alleviating problems of environmental interference. In addition to the devices, services to develop alternate methods of communication are available, including speechreading, sign language and cued speech development. As presented in the SHHH priorities, problems associated with this issue include cost and availability of devices, quality of available devices and awareness of availability.

2. **Educational Opportunity** - This issue focuses on the availability of quality educational programs for hard of hearing persons from early childhood through adulthood. Concerns identified include the availability of audiological services and assistive technology, early identification and intervention, parental involvement, teacher attitude and training, adult education opportunities and higher education support.

3. **Employment** - Many adults who experience hearing loss, whether at an early age or during adulthood, also experience employment related problems. Underemployment, equal employment opportunities, training opportunities, workplace relations (employer/employee and peer relations) and legal rights awareness are just a few of the obstacles faced by the hard of hearing employee.

4. **Hearing Aids and Medical Issues** - Because hearing aids can be of tremendous benefit to a person experiencing moderate to severe hearing loss, and because of the problems associated with attaining and maintaining hearing aids, this issue is presented separate from "Assistive Devices". In addition to hearing aids, this issue addresses audiological services (evaluation and follow up) and cochlear implants (a medical operation in which an electronic implant is placed in the inner ear, and using computer technology, is tuned to provide direct auditory input for persons with hearing loss). Primary concerns related to hearing aids and medical issues are the cost of hearing aids (the Hearing Aid Society indicates that the average hearing aid costs \$1000, including evaluation and fitting), proper selection and fitting of hearing aids, and service and repair of aids.

5. **Public Accommodation** - While assistive device issues have been handled as a separate issue, the availability of such devices in public buildings such as court rooms and public auditoriums merits inclusion as an independent concern. Section 504 of the Rehabilitation Act of 1973 requires that any facility or program receiving public funding be accessible to persons with disabilities. Unfortunately, most hard of hearing persons are not aware that this includes communication accessibility and most public officers are not aware of the availability of devices to provide access for hearing impaired citizens. Chief among the problems associated with this issue are enforcement of legal requirements and publicity of accessible facilities.

6. **Public Awareness and Education** - All of the available literature stresses the importance of public awareness campaigns, addressed to the general public to build awareness of hearing impairment in other people and addressed to hearing impaired individuals to build awareness of programs, devices and legal rights. Throughout this report, frequent reference is made to the need for education of service providers, family members and individuals. Current efforts such as Better Speech and Hearing Month (May) and Deaf Awareness Week (late September) serve as valuable models but without on-going, long term efforts, the impact is limited.

7. **Social and Mental Health** - As demonstrated in the anecdotal comments provided in survey responses, family and friends of hard of hearing persons often question the extent of the impact of a hearing loss. One respondent wrote " My family really doesn't believe I've always had a hearing problem.... Most people think that I am intentionally ignoring them - not true...." Problems of accessibility in recreational and mental health programs are prevalent, particularly in programs for senior citizens where late onset hearing loss is often un-aided.

Survey Analysis - As previously noted, approximately 400 surveys were disseminated statewide (because of the possibility of duplication and further dissemination, an actual count is not available). One hundred forty (140) surveys were completed and returned. Section III, Ranking the Issues, was used as a validation check. This section required respondents to assign a ranking from one (1) (lowest) to seven (7) (highest) to the issues presented. All responses were screened on this item and any response assigning equal ranking to more than one issue was deemed invalid. As a result of this validation check, one hundred and seventeen (117) surveys were found to be valid and were included in the tabulation.

Section V of the survey included questions related to employment status, hearing loss and identification, age, and residence. An analysis of information provided in this section reveals the following profile of respondents:

71% hearing impaired

- 45% employed full-time
- 49% of those with hearing loss identified themselves as "hearing impaired"
- 44% identified themselves as "hard of hearing"
- 35% over 60 years of age

Issue Ranking - Having been provided explanations of the seven targeted issues and recommended actions, respondents ranked the issues as follows (rankings represent the percentage of responses indicating "most critical"):

- | | |
|---|---------|
| 1. Hearing Aids and Medical Issues | (26.5%) |
| 2. Public Awareness and Education Issues | (20.5%) |
| 3. Assistive Devices and Other Communication Issues | (16.2%) |
| 4. Educational Opportunity Issues | (15.4%) |
| 5. Employment Issues | (12.0%) |
| 6. Social and Mental Health Issues | (5.1%) |
| 7. Public Accommodation Issues | (4.3%) |

Action Impact Analysis - For each issue, respondents were provided with a selection of recommended actions and asked to assess the potential impact of those actions on the associated issue. The analysis of this section focused on those actions with the highest impact rating, (most frequently ranked as having major impact). Overall, across issues, the action most often identified as having potential for major impact (57% high impact rating) was "increased quality and availability of assistive devices in the workplace" (Issue- Employment).

Within the top three (3) issues (Hearing Aids and Medical Issues, Public Awareness and Education, Assistive Devices and Other Communication Options), items with the highest impact rating were as follows:

Hearing Aids and Medical Issues

1. Grants for research for better technology for hearing aids. (52% high impact rating)
2. Financial assistance for audiological testing and hearing aid purchase. (51% high impact rating)

Public Awareness and Education

1. Public information campaigns through all media on the causes and consequences of hearing impairment including information on resources and services available. (54% high impact rating)
2. Workshops for persons who are hard of hearing (topics ranging from service accessibility to coping skills). (51% high impact rating)

Assistive Devices and Other Communication Options

1. Programs of financial assistance for purchase of assistive devices. (46% high impact rating)
2. Increased information on types, uses and availability of assistive devices. (46% high impact rating)

It is interesting to note that six (6) of the ten (10) recommended actions receiving highest impact ratings could be accomplished through training and public awareness efforts. In contrast, only one (1) of the eight (8) recommended actions requiring new regulations, new legislation or stricter enforcement of existing regulations or laws received a high impact rating of forty-five percent (45%) or higher. This would indicate that any actions resulting from this study should focus on intensive public awareness campaigns and that Code changes are not necessary at this time.

Other Findings- Financial Assistance for Purchase of Hearing Aids- Through its central office information and referral service, VDDHH annually receives

approximately seventy-five (75) requests for financial assistance for the purchase of hearing aids. These requests are received from individuals requiring hearing aids, their family members or social service agencies serving such individuals. Currently, such assistance is available for qualified clients of the Department of Rehabilitative Services and Children's Specialty Services in the Department of Health. For persons not qualifying for assistance through either of these programs, VDDHH usually recommends contacting local service organizations such as Lions or Sertoma clubs.

The Department of Health reports that during Fiscal Year 1988, Children's Speciality Services (CSS) provided two hundred and ninety five (295) aids for one hundred and ninety nine (199) eligible children. The total cost for this assistance was \$102,799.56. Similar information for Fiscal Year 1989 was not available as this report was being prepared.

Three hundred and eight (308) clients of the Department of Rehabilitative Services (DRS) received hearing aids through that agency during Fiscal Year 1989. The total cost to DRS was \$167,366.98.

In preparing this report, VDDHH contacted the Department of Medical Assistance Services (DMAS) to determine the status of hearing aid assistance for Medicaid clients. Federal Medicaid Regulations allow states the option of providing coverage for hearing aids, but such coverage is not mandatory. The American Speech-Language and Hearing Association reports that twenty-one (21) states do provide coverage for audiological services, including hearing aids. DMAS reported that Virginia does not currently cover hearing aids but that agency has submitted two (2) addenda proposals for consideration by the 1990 General Assembly. The first

proposal requests \$261,000 in General Fund dollars (\$523,000 total with Federal Match) to provide Medicare coverage for children's hearing aids. The second, alternate, proposal requests \$2,722,000 General Fund (\$5,445,000 total with Federal Match) to provide hearing aid coverage for all Medicaid eligibles. Funding for these proposals is being sought beginning in Fiscal Year 1992. (See Conclusions.)

Other Findings- Assistive Device Demonstration Centers - The National Information Center on Deafness (NICD) at Gallaudet University defines an assistive devices demonstration center as:

a place where hearing impaired individuals, and those professionals and family members who are concerned for them, can see demonstrations of various kinds of technical devices and aids which may help in coping with a hearing loss. While some centers actually sell devices, others do not, focusing instead on demonstrating their use, describing their benefits and limitations, and providing information about where they can be purchased. Hearing aids may or may not be available for demonstration, evaluation, and sale at an assistive devices center. Some centers are staffed with certified audiologists while others are not.

A listing of assistive devices demonstration centers identified by NICD does not include any in Virginia. Efforts to identify centers in Virginia for this study proved fruitless.

Despite the lack of a demonstration center in the Commonwealth, a review of the anecdotal remarks relating to the survey issue of Assistive Devices and Other Communication Options indicates that consumers and professionals are aware of the benefits of previewing devices and support the establishment of centers in Virginia.

Some of the comments received include:

"I don't know what is available. I think anyone with a hearing problem should be able to get good advice...."

"Someone I knew who had a severe hearing impairment was seeking assistive devices. The only place he knew to look was in the back of the SHHH magazine...."

"I have been misled by what some of the various commercial assistive devices can do for one with impaired hearing. A factual impartial demonstration center is needed."

"...Centers should be available in Richmond, Norfolk, Arlington, (other?) where devices can be observed by the hard of hearing and tried out."

Contacts with assistive device demonstration centers outside of Virginia revealed a range of devices and services available. Many centers have designed a separate office area where devices may be examined and tried by hard of hearing persons. Staff trained in proper use of each device can provide insight as to benefits of each device, including assistive listening devices (as described elsewhere in this report), telecommunications devices, alarm/alerting systems, closed caption decoders, and others. Some centers are available by appointment only while most are open during regular office hours since they are housed in speech and hearing centers, hospitals or community centers. The preferred mode of operation appears to be providing information on sources for purchase, but not to promote particular vendors.

Other Findings- Survey of State Commissions for the Deaf and Hard of Hearing -

The National Information Center on Deafness at Gallaudet University has identified twenty-one (21) state offices on deafness (including Virginia). VDDHH contacted these agencies to identify any existing or developing programs specifically designed to serve the hard of hearing population. A state-by-state summary of the information collected appears in Appendix V. Arizona, Arkansas, Massachusetts, Texas and Wisconsin report that they currently provide services targeted for persons who are hard of hearing. The Tennessee Council for the Hearing Impaired operates regional centers, one of which provides lipreading classes and a support group for hard of hearing persons. The range of services offered by the other states includes specialized information packets, training programs, grants to SHHH groups, and financial assistance for assistive devices. Currently, two states, Massachusetts and Arizona, have designated hard of hearing program staff to meet the program needs of this population.

The information gathered through this telephone survey of other state agencies for the deaf and hard of hearing indicates that several states are currently scrutinizing their service to the hard of hearing population and plan to either establish or expand specific services to this constituency. Many of the agencies indicated an eagerness to receive the results of this study, as Virginia is the first state in the Union to conduct a legislative study to evaluate current service levels and develop strategies for addressing service gaps.

Conclusions

Based on the analysis of information compiled in this study, the following alternatives are offered:

1. Program Development- Establish within VDDHH the position of Hard of Hearing Programs Coordinator to be responsible for the development of public awareness efforts, informational materials, and service provider training in the special needs of persons who are hard of hearing. As indicated in the survey analysis, consumers and service providers support public awareness efforts and training programs. Current staffing patterns provide for Program Managers for the Telecommunications Assistance Program, Outreach Services, Interpreter Programs and Information and Referral Programs. Each of these programs demands full time attention and while, as noted previously, each provides some services to persons who are hard of hearing, none provides dedicated attention to this large constituency. Under current staffing, VDDHH is unable to provide the pro-active planning of specialized programs for the hard of hearing population.

Impacts: By establishing a staff position to develop targeted programs, hard of hearing consumers, their families and the professionals serving them would benefit. The agency would be able to serve, directly or indirectly, more citizens of the Commonwealth and, through increased contacts, would be able to gather data for the Register of Hearing Impaired Virginians for use in future planning efforts. No new legislation is required for this alternative.

Expenditure Increase: A budget addendum request for \$32,000 for Fiscal Year 1991 and \$34,00 for Fiscal Year 1992 has been submitted for consideration. This would fund one (1) FTE to manage the Hard of Hearing Program.

2. Financial Assistance for the Purchase of Hearing Aids- With the support of VDDHH, the Department of Medical Assistance Services (DMAS) has submitted budget addenda to enable that agency to provide Medicaid coverage for the evaluation and purchase of hearing aids. One of the DMAS proposals would fund hearing aids for children and the other would provide this coverage for all Medicaid eligible clients. The results of this study indicate a strong need for funding of the second addenda request. Currently, some assistance is available for children's hearing aids (through Department of Health, Children's Speciality Services) but for the general adult population, particularly the elderly who are not normally eligible for rehabilitative services, funding of this addendum for DMAS is critical. While VDDHH fully supports the DMAS proposals, additional funding is being requested to provide assistance to non-Medicaid eligible individuals. As previously noted, an average hearing aid evaluation and purchase costs \$1000. The DMAS proposals, based on numbers of persons eligible under Medicaid, would provide assistance to approximately 24,000 adults and 7,000 children during the biennium. This represents fewer than ten percent (10%) of the estimated 380,000 hearing impaired Virginians.

Under this recommendation, VDDHH would pilot a program, similar to the Telecommunications Assistance Program, which would provide assistance to

at least one hundred (100) persons who are not Medicaid eligible each year during the 1990-92 biennium. As with TAP, regulations and income guidelines would be established prior to implementation.

Impacts: The impact of this proposal for consumers would be substantial in that it would provide amplification to persons who would not otherwise be able to afford it, while allowing the State an opportunity to develop a full-scale program to be implemented incrementally. The agency is fully prepared to implement this program. No Code amendments would be required.

Expenditure: The pilot program of Hearing Aid Assistance would require \$100,000 per year for the biennium. This amount would allow for full assistance to one hundred individuals or partial assistance for up to three hundred individuals per annum.

3. Grants for Assistive Devices Demonstration Centers- This proposal would allow VDDHH to administer grants awarded on a competitive basis to qualified service providers, such as speech and hearing centers or centers for independent living, to establish assistive devices demonstration centers within existing service facilities. The grants would be awarded to seven (7) qualified offerors, one in each of the VDDHH Outreach regions. In order to qualify, offerors would be required to provide adequate, accessible space in which to house a variety of devices for demonstration purposes. The offerer would be required to provide assurances of qualified staff available to assist persons interested in devices and evaluate the appropriateness of a device for the

individual. The centers would not serve as distributors of equipment, though information on potential sources for purchase would be required. Prior to issuing the Request for Proposals for assistive device demonstration centers, VDDHH would fully evaluate existing assistive device centers in other states to determine "best practices".

Impacts: As demonstrated in the survey conducted for this study, consumers would greatly benefit from this proposal. Agencies receiving grants under the program would have an opportunity to improve client service. VDDHH would be able to directly assist more consumers per year. No Code amendments are required to implement this program.

Expenditures: VDDHH is requesting \$70,000 for Fiscal Year 1991 and \$105,000 for Fiscal Year 1992 to initiate regional assistive device demonstration centers.

Full information on the budgetary requirements for all recommendations is included in Appendix VI.

OVERVIEW OF VDDHH HARD OF HEARING STUDY

- FALL 1988 - DRAFT LEGISLATIVE PROPOSAL FOR THE HARD OF HEARING STUDY.
- WINTER 1988-89 - TESTIFY ON HARD OF HEARING RESOLUTION.
- REQUEST INPUT FROM HARD OF HEARING COMMUNITY AS TO SCOPE/NEEDS OF STUDY.
- WINTER-SPRING OF 1989 - RESEARCH EXISTING INFORMATION/OPINION ON NEEDS/ISSUES FACING THE HARD OF HEARING (BACKGROUND RESEARCH FOR STUDY/SURVEY).
- MARCH 1989 - DEVELOP TASK FORCE/SURVEY ON HARD OF HEARING.
*INVITE PERSPECTIVE MEMBERS TO MEETING (3/17/89).
*DISTRIBUTE INFORMATION TO MEMBERS ON BACKGROUND OF STUDY (3/17/89).
*DRAFT/DISSEMINATE TO TASK FORCE A SURVEY ON ISSUES AND PROPOSED ACTIONS FOR THE HARD OF HEARING (3/28/89).
- APRIL 1989 - REFINE SCOPE OF STUDY.
*HOST TASK FORCE MEETING WHEREIN STUDY ISSUES AND ACTIONS ARE DISCUSSED AND PRIORITIZED AND SURVEY INSTRUMENT/DISSEMINATION PLANS ARE FINALIZED (4/5/89).
*DISSEMINATE SURVEY/CONTINUE RESEARCH ACTIVITIES (SAMPLE ATTACHED) (4/14/89).
- MAY 1989 - ANALYZE SURVEY AND DEVELOP STUDY RECOMMENDATIONS.
*ANALYZE INPUT FROM SURVEYS AND OTHER RESEARCH FINDINGS.
*PRESENT INITIAL RECOMMENDATIONS AT A PUBLIC MEETING FOR REVIEW/DISCUSSION/ASSESSMENT. (5/24/89)
- JUNE 1989 - FINALIZE STUDY REPORT TO GENERAL ASSEMBLY.
*PRESENT DRAFT OF FINDINGS/RECOMMENDATIONS TO TASK FORCE FOR REVIEW AND DEVELOPMENT (6/15/89).

JULY 1989

FINALIZE REPORT BASED ON THE PRECEDING AND FORWARD TO SECRETARY OF HEALTH AND HUMAN RESOURCES, LEGISLATIVE SERVICES, ETC.

SUMMER 1989

DEVELOP LEGISLATIVE AND/OR BUDGET PROPOSALS BASED ON STUDY, AS APPROPRIATE.

Persons Invited to Participate As Members of HJR 289 Task Force

James E. Nicely
President SHAV
Radford, VA

Lillian Beasley
Audiologist (SHAV)
Roanoke, VA

Dr. Robert Hinkle
Audiologist, Hearing Aid Dealer (SHAV)
Harrisonburg, VA

Theresa Staples
Audiologist
Midlothian, VA

Wilda Ferguson,
Director
Dept. for the Aging
Richmond, VA

Sue Goode, Pres.
Capital Area Assoc. for Hearing Impaired
Children
Richmond, VA

Marshall Dietz,
President
HEAR NOVA
Herndon, VA

Bob Gonsoulin
Tidewater Assoc. for Hearing Impaired
Children
Virginia Beach, VA

Betty Wiley
Self Help for the Hard of Hearing
Purcellville, VA

Mary Duncan
Self Help for the Hard of Hearing
Virginia Beach, VA

George Woods
Self Help for the Hard of Hearing
Charlottesville, VA

Donald Barr
Self Help for the Hard of Hearing
Fredericksburg, VA

Meg Duarte
Self Help for the Hard of Hearing
Centreville, VA

Betty Bonvillian
Self Help for the Hard of Hearing
Arlington, VA

Allyn W. Gemerek
Executive Director
Northern Neck - Middle Peninsula Area
Agency on Aging
Urbanna, VA

Robert Galusha, President,
SHHH NOVA One
South Arlington, VA

Frank Huppert
Acting Director
American Assoc. of Retired Persons in
Virginia
Danville, VA

Pat Dewey
Children's Specialist Serv.
Dept. of Health
Richmond, VA

Philip Bellefluer
Superintendent
VSDB at Hampton
Hampton, VA

Sharon Altman
Dept. of Education
Richmond, VA

Russell Cutchins
Dept. for the Rights of the Disabled
Richmond, VA

Paige Berry
Dept. for the Visually Handicapped
Richmond, VA

Maureen Heck
Consumer Empowerment Project
Disability Research Assoc.
Richmond, VA

Craig Crenshaw
Chairman
Commission on Aging
Fairfax, VA

Brenda Talley
Fairfax Resource Center for the Hearing
Impaired
Fairfax, VA

Bonnie Borenstein-Rounds
Dept. of Rehab. Services
Richmond, VA

Penelope L. Lassiter
VDDHH Advisory Board Member
Galaz, VA

Marjorie Boone
Self Help for the Hard of Hearing
Arlington, VA

SURVEY ON NEEDS OF PERSONS WHO ARE HARD OF HEARING**Introduction:**

During the 1989 session of the General Assembly, the Department for the Deaf and Hard of Hearing (VDDHH) successfully sought the authorization of a study on the special needs of persons who are hard of hearing. The impetus for the study comes from an increasing awareness that persons who are hard of hearing are not receiving services in proportion to their needs and numbers. While persons with losses which could be categorized as "hard of hearing" represent nearly 98% of all hearing impaired persons, funding for programs for hearing impaired persons is almost exclusively allotted for persons who are deaf. VDDHH fully recognizes the importance of maintaining and expanding services for persons who are deaf, however, in order to ameliorate the discrepancy between these services and services for persons who are hard of hearing, an assessment of service needs and cost effective solutions is necessary.

After a careful review of the available literature, VDDHH has identified a number of primary issues for consideration. The study will poll hard of hearing consumers, organizations representing this population and service providers (including audiologists, hearing aid dealers and relevant state agency representatives) to determine levels of awareness of existing problems, areas of critical need and possible actions to address areas of need.

The Survey:

What follows is a survey designed to determine the current environment of hard of hearing persons, perceived gaps in needed services and programs and recommended solutions for the issues identified. This survey is designed in a manner such that persons representing various perspectives can provide responses based on their experiences. VDDHH will analyze the results both by category of respondent and as a whole.

Your Role:

You have been identified as a person with an interest in the special needs of persons who are hearing impaired, either because of your own hearing impairment or your work on behalf of persons who are hearing impaired. Please take a few minutes to respond to the following questions. Your answers will assist VDDHH in reporting the current circumstances and recommendations for service development and funding to the 1990 General Assembly.

SECTION I - ISSUES

VDDHH is aware of the scope and magnitude of issues facing persons who are hard of hearing. In order to most effectively conduct this study, we have identified seven (7) major categories of issues based on an extensive review of current literature in the field. What follows is a summary of these issues, presented in alphabetical order, with examples of particular concerns within each. Please review this information before completing Section II of the survey.

ASSISTIVE DEVICES AND OTHER COMMUNICATION OPTIONS

ISSUES include:

- selecting assistive devices
- availability of assistive devices
- assistive listening device centers
- quality of available assistive devices
- availability of hearing aid compatible and amplified telephones
- telecommunications access
- availability and quality of message relay services
- availability of closed caption television
- availability of oral interpreters
- speechreading classes
- sign language development
- device repair and service

EDUCATIONAL OPPORTUNITY ISSUES include:

- classroom accommodations
- peer relations
- audiological services available
- speech/language services available
- parent involvement in educational planning
- technology available
- teacher attitude and perception
- evaluations (education, audiological, psychological, vocational)
- acoustical environment
- early diagnosis and intervention
- adult education opportunities
- higher education support

school to higher education or employment transition

EMPLOYMENT ISSUES include:

employer/employee relations
co-worker relations
underemployment
job accommodations
equal employment opportunities
employment training
employer perceptions of disability
workplace accessibility
employment benefits awareness
income/earnings
noise level/acoustical environment
interview process
employee/employer legal rights awareness
assertiveness training

HEARING AIDS AND MEDICAL ISSUES include:

availability of professional medical and audiological evaluation
proper selection and fitting of hearing aids
proper follow-up for hearing aid users
licensing of hearing aid dispensers
cost of hearing aids
use and care of hearing aids
service and repair of hearing aids
cochlear implants
auditory trainers for classrooms

PUBLIC ACCOMMODATION ISSUES include:

assistive listening systems in public meeting rooms, court rooms, and other public facilities
legal requirements for accommodation
telecommunication device for the deaf accessibility
publicity of accessible public accommodations
incentives for installation of assistive listening systems
enforcement of accessibility laws and regulations
data base resource for procurement, availability, etc.

PUBLIC AWARENESS AND EDUCATION ISSUES include:

causes of hearing impairment
impact of hearing impairment on daily living

legal rights of persons who are hard of hearing
resources and services available
educational information for affected population
educational information for public at large
physician education
educational information for service providers
early identification

SOCIAL AND MENTAL HEALTH ISSUES include:

recreation accessibility
communication in social situations
mental health services
maintaining relationships
family relationships
availability of support groups
training for all service providers
assertiveness training
enforcement of legal requirements

SECTION II - RECOMMENDATIONS FOR ACTION TO ADDRESS ISSUES

Using the scale provided, consider the impact of the following actions on the associated issues.

- SCALE - 5 = major impact
4 = moderate impact
3 = limited impact
2 = no impact
1 = not sure/don't know

Issue: Assistive Devices and Other Communication Options

Recommended

Actions:

- _____ programs of financial assistance for purchase of other assistive devices
- _____ assistive device demonstration centers
- _____ increased closed caption hours on television
- _____ increased availability and quality of message relay services
- _____ increased information on types, uses and availability of assistive devices
- _____ requirements for all county and city buildings to be equipped with devices
- _____ other (specify) _____

Issue: Educational Opportunity

Recommended

Actions:

- _____ in-service training provided to all teachers and administrators to increase awareness of special needs
- _____ regulations developed concerning acoustical environment
- _____ grants to develop curriculum materials to build awareness of issues related to hearing impairment
- _____ increased enforcement of regulations concerning parent participation in educational planning
- _____ regulation of assistive equipment to be provided by all schools with students who are hard of hearing enrolled
- _____ modify reimbursement formulas for public programs serving students with disabilities
- _____ provide audiologists at Department of Education Technical Assistance Centers
- _____ other- (specify) _____

Issue: Employment

Recommended

Actions:

- _____ stronger legal requirements for accommodation
- _____ increased employer education on general issues related to hearing impairment
- _____ increased technical assistance to employers making accommodations for hearing impaired employees
- _____ increased educational information for employers and employees about legal rights
- _____ increased quality and availability of assistive devices
- _____ incentives for employers to employ hard of hearing persons
- _____ assertiveness training for hard of hearing persons
- _____ career planning seminars
- _____ increased requirements for attention to acoustical environment/hearing conservation programs
- _____ other- (specify) _____

Issue: Hearing Aids and Medical Issues

**Recommended
Actions:**

- _____ financial assistance for audiological testing and hearing aid purchase
- _____ educational programs on proper evaluation and fitting of hearing aids
- _____ grants for research for better technology for hearing aids
- _____ increased information on hearing aids
- _____ legislation or regulations requiring proper follow up
- _____ other (specify) _____

Issue: Public Accommodation

**Recommended
Actions:**

- _____ increased monitoring and enforcement of existing laws
- _____ clarification of legislation and/or regulations as related to accessibility for persons who are hard of hearing
- _____ regulations and grants to provide for assistive listening systems in public facilities not covered by legislation
- _____ awareness campaigns aimed at designers and owners of facilities (such as hotels, theaters, etc.)
- _____ regulations requiring long-term health care facilities to provide assistive devices for persons who are hard of hearing
- _____ other - (specify) _____

Issue: Public Awareness and Education Issues

**Recommended
Actions:**

- _____ increased availability of and publicity of speechreading training
- _____ workshops for persons who are hard of hearing (topics ranging from service accessibility to coping skills)
- _____ workshops for families of hard of hearing persons
- _____ public information campaigns through all media on the causes and consequences of hearing impairment including information on resources and services available
- _____ grants to organizations to sponsor public awareness campaigns
- _____ other - (specify) _____

Issue: Social And Mental Health

**Recommended
Actions:**

- _____ increased availability and/or publicity of specialized mental health services, including specially trained staff and assistive devices
- _____ increased availability of support groups such as Self Help For Hard of Hearing
- _____ increased sensitivity of general public through public education
- _____ increased availability of recreation and/or social facilities equipped with assistive devices
- _____ training on the special needs of hard of hearing persons for all service providers
- _____ other - (specify) _____

SECTION III - RANKING THE ISSUES

Now that you have had an opportunity to consider the issues and the potential impact of actions to address those issues, we ask that you once again consider the issues. We have intentionally presented these issues in alphabetical order in order to prevent establishing bias as to which issue is most critical. At this point, we would like for you to rank the issues from most to least critical.

Using a scale with "7" being the most critical issue and "1" being the least critical issue, rank the following issues:

- _____ Assistive Device And Other Communication
Option Issues
- _____ Educational Opportunity
- _____ Employment Issues
- _____ Hearing Aids and Medical Issues
- _____ Public Accommodation Issues
- _____ Public Awareness and Education Issues
- _____ Social and Mental Health Issues

SECTION IV - PERSONAL EXAMPLES

In order to demonstrate the true nature of these issues, please take a few moments to provide information on experiences you have had related to each of the major issues identified in this survey. If you need additional space, use the back of these pages.

Assistive Device and Other Communication Option Issues-

Educational Opportunity Issues-

Employment Issues-

Hearing Aids and Medical Issues-

Public Accommodation Issues-

Public Awareness and Education Issues-

Social and Mental Health Issues -

SECTION V - DEMOGRAPHIC INFORMATION

Please respond to the following questions to assist us in analyzing the data collected. All information will remain confidential and will be used only for purposes of analysis.

1. Are you: (check the most appropriate)
 Hearing Impaired
 Family member with Hearing Impaired relative
 Professional working in field related persons who are hard of hearing
 Other (specify) _____
2. Where do you live? _____
(city or county)
3. What is your current employment status?
 employed full-time
 employed part-time
 unemployed
 retired
 other (specify) _____
4. If you are hearing impaired, please answer the following questions:
 - a. At what age did you begin to lose your hearing? _____ years
 - b. Do you consider yourself: (check all that apply)
 deaf
 deafened (after age 19)
 hard of hearing
 hearing impaired
5. Do you use a hearing aid? _____
6. Please indicate your age group:
 under 19
 20 - 30 years
 31 - 40 years
 41 - 50 years
 51 - 60 years
 over 60 years

**PLEASE RETURN SURVEY FORM BY
MAY 4, 1989 TO : VDDHH**

**ATTN: SURVEY
101 N. 14TH ST. 7TH FLOOR
RICHMOND, VA 23219**

THANK YOU FOR YOUR ASSISTANCE!

VDDHH INFORMATION AND REFERRAL PROGRAM

**MATERIALS OF INTEREST TO HARD OF
HEARING PERSONS**

General Information

Books

Becker, Gaylene. Growing Old in Silence. Berkeley: University of California Press, 1980.

Carmen, Richard. Positive Solutions to Hearing Loss. Englewood Cliffs, New Jersey: Prentice-Hall, 1983.

Davis, Hallowell and Silverman, S. Richard. Hearing and Deafness. 3rd edition. New York: Holt, Rinehart and Winston, 1970.

Mueller, H. Gustav and Geoffrey, Virginia, editors. Communication Disorders in Aging. Washington: Gallaudet University Press, 1987.

Ramsey, Joanne H. A Study on the Needs and Problems of Elderly Deaf and Hearing Impaired Persons in Virginia. Virginia Council for the Deaf and Virginia Office on Aging, September 1977.

Rezen, Susan V. and Hausman, Carl D. Coping with Hearing Loss: A Guide for Adults and Their Families. New York: Dembner Books, 1985.

Conference Proceedings

Virginia Office on Aging. Governor's Conference on Aging, October 16-17, 1979.

Virginia Polytechnic Institute and State University. Extension Division. Proceedings: Issues of Concern in Gerontology.

Brochures

"Answers to Your Questions about Hearing Loss." National Technical Institute for the Deaf.

Cherow, Evelyn. "Have You Ever Wondered about...the Ear and Hearing." Gallaudet College, 1986.

Craine, Michael. "Your Hearing--The Second 50 Years." New York League for the Hard of Hearing, 1978.

"Hearing Loss: Some Warning Signs." Better Hearing Institute, n.d. McFarland, William and Cox, Patrick B. "Aging and Hearing Loss Some Commonly Asked Questions." National Information Center on Deafness/American-Speech-Language-Hearing Association, 1987.

"National Organizations & Centers of and For Hearing Impaired People." 1988 Directory. National Information Center on Deafness.

"National Resources Concerned with Hearing Impairment and the Church." National Information Center on Deafness, 1988.

"A Resource Listing: Inexpensive Informational Brochures on Hearing Loss and Deafness." National Information Center on Deafness, 1987.

"Services for the Hearing Impaired." Communication Center for the Deaf, [1989].

Self Help for Hard of Hearing People, Inc. "I Think I have a Hearing Problem! What Should I Do?" Bethesda: Self Help for Hard of Hearing People, Inc., 1989.

"Sources of Financial Aid for Hearing Impaired Students." National Information Center on Deafness, 1984.

"Travel Resources for Deaf and Hard of Hearing People." National Information Center on Deafness, 1988.

Wax, Teena, and DiPietro, Loraine. "Managing Hearing Loss in Later Life." National Information Center on Deafness/American-Speech-Language-Hearing Association, 1987.

Williams, Peggy S. "Hearing Loss: Information for Professionals in the Aging Network." National Information Center on Deafness/American-Speech-Language-Hearing Association, 1987.

Adapting to Hearing Loss

Brochures

Kaplan, Harriet. "Communication Tips for Adults with Hearing Loss." National Information Center on Deafness/American Speech-Language-Hearing Association, 1987.

An Unobscured View: Meeting the Service Needs of Hearing-Impaired Seniors.
Gallaudet University.

Videotapes

Trychin, Samuel. Communication Rules for Hard of Hearing People. Bethesda: SHHH, 1987. [videotape and workbook].

Ibid. Did I Do That? Washington: Gallaudet University, 1987. [videotape and manual].

Assistive and Alerting Devices

Brochures

"Alerting and Communication Devices for Hearing Impaired People." National Information Center on Deafness.

"Assistive Devices Demonstration Centers." National Information Center on Deafness, 1987.

"Barrier Free Educational Environments for Hearing Impaired Individuals." National Information Center on Deafness, 1987.

Compton, Cynthia L. and Brandt, Fred D. "Assistive Listening Devices: A Consumer-Oriented Summary." Gallaudet University, n.d.

"Hearing Aids and Other Assistive Devices: Where to Get Assistance." National Information Center on Deafness, 1988.

"Telecommunication Devices for Hearing Impaired People." Virginia Department for the Deaf and Hard of Hearing, n.d.

Williams, Peggy S. and Jacobs-Condit, Linda. "Hearing Aids: What Are They?" National Information Center on Deafness/American Speech-Language-Hearing Association, 1987.

Technical Articles

Cutler, William B. "Audio Induction Loop: What Why and How." SHHH. May 1987.

Ibid. "Budget Assistive Devices: the 'Rube Goldberg' Approach." SHHH. 1987.

Ibid. "A How-To-Do-It...How-To-Use-It Guide to a Personal Assistive Listening Device." SHHH. 1985.

Ibid. "Large Room Listening Systems for Hard of Hearing People." SHHH. April 1986. Revised 1989.

SHHH. "Assistive Listening System Typical Configurations." SHHH. March 1988.

Employment

Books

Crammatte, Alan B. Meeting the Challenge: Hearing Impaired Professionals in the Workplace. Washington: Gallaudet University Press, 1987.

Fritz, Georgene and Smith, Nancy, editors. The Hearing Impaired Employee: An Untapped Resource. College Hill Press, 1985.

Brochures

"Access: Including Hearing Impaired People in Meetings. Gallaudet University, n.d.

Medical Needs

Brochures

"Caring for Hearing-Impaired Patients." The National Academy of Gallaudet College, n.d.

"What is an Otolaryngologist?" American Academy of Otolaryngology Head and Neck Surgery, Inc., n.d.

Speechreading and Cued Speech

Books

Broberg, Rose Feilbach. Over-Fifty Nifties: Lipreading Practice Material for Senior Citizens.

Kaplan, Harriet. Speechreading: A Way to Improve Understanding. 2nd edition. Washington: Gallaudet College Press, 1985.

Marcus, Irving. Your Eyes Hear for You: A Self Help Course in Speechreading. Bethesda: Self Help for Hard of Hearing, Inc. 1985.

Ordman, Kathryn Alling and Ralli, Mary Pauline. What People Say: The Nitchie School Basic Course in Lipreading. 5th edition. Washington: Alexander Graham Bell Association for the Deaf, 1976.

Brochures

"Cued Speech: A Visual Representation of Spoken Language." Gallaudet College, n.d.

Videotapes

Greenwald, Audrey B. Lipreading Made Easy: See the Shape of the Sound. Alexander Graham Bell Association for the Deaf, 1984. [videotape and manual].

I See What You Mean. [videotape]

Telephone Training Materials

Books

Castle, Diane L. Telephone Strategies: A Practical Guide for Hard-of-Hearing People. Bethesda: Self Help for Hard of Hearing People, Inc., 1988.

Ibid. Telephone Training for Hearing-Impaired Persons: Amplified Telephones, TDD's, Codes. Rochester: National Technical Institute for the Deaf, 1984.

Hard of Hearing Survey

State Commissions for the Deaf and Hearing Impaired

State: Arizona

Name of Agency: Council for the Hearing Impaired

Specific Programs for hard of hearing persons

- Information and referral services
- Community Contact (speak to organizations, employers, etc. on accommodations needed for hard of hearing persons)
- Information packets on assistive and alerting devices are distributed to political entities, key agencies with hard of hearing clientele, and self-interest groups.
- Currently researching the needs of hard of hearing persons and identifying what resources are available to them statewide.
- Consumer workshops
- Currently only distribute TDDs.

Portion of Funding for hard of hearing programs

- Lump sum funding, not separated for hard of hearing.

State: Arkansas

Name of Agency: Office of the Deaf and Hearing Impaired

Specific Programs for hard of hearing persons

Until 2-3 years ago programs concentrated on the profoundly deaf. Now additional funding is available and agency provides

- extensive audiological testing and evaluation
- speech pathology services
- purchase hearing aids if client is income eligible
- administer 4 hearing aid banks outside of Little Rock
- support services for SHHH groups (including clerical and mailing assistance, meeting places
- information and referral

Portion of Funding for hard of hearing programs

- No specific amount earmarked for hard of hearing.
- Staff does not specialize. Currently have 11 independent living counselors who provide services to hearing impaired clients from age two to death.

State: Connecticut

Name of Agency: Commission of the Deaf and Hearing Impaired

Specific Programs for hard of hearing persons

- None
- Provide information on lipreading classes.

Portion of Funding for hard of hearing programs

None

State: Iowa

Name of Agency: Deaf Services Commission

Specific Programs for hard of hearing persons

- None
- Office coordinates interpreters services, has a consultant who assists both deaf and hard of hearing persons, provides information and referral services and has a library on issues related to deafness.

Portion of Funding for hard of hearing programs

- No separate funding for hard of hearing programs.
- Most clients are deaf.

State: Massachusetts

Name of Agency: Commission for the Deaf and Hard of Hearing

Specific Programs for hard of hearing persons

- Hard of Hearing specialist on the staff to do training
- Assistance Program for equipment (Assistive listening devices and alerting devices)
- Have Hard of Hearing Subcommittees which meets every 3 months (composed of SHHH members and general consumers)
- Also have formed task forces (made up of deaf and hard of hearing individuals)

Portion of Funding for hard of hearing programs

- Lump Sum Funding

State: Michigan

Name of Agency: Division of Deaf and Deafened

Specific Programs for hard of hearing persons

- Currently provide information and referral services, advocacy and interpreter services.
- They have recently published a survey of the deaf and hard of hearing population of Michigan. Currently in the preliminary planning stages for requesting a new position responsible for the development and coordination of hard of hearing programs. It would be 1991 before money would be available for any new programs or positions

Portion of Funding for hard of hearing programs

- None

State: North Carolina

Name of Agency: Council for the Hearing Impaired
Division of Vocational Rehabilitation

Specific Programs for hard of hearing persons

- None. Have Vocational rehabilitation programs and community services centers which coordinate community activities, provide interpreter services and counseling.

Portion of Funding for hard of hearing programs

- No separation of funding for any disability.
- Financial needs tests required for medical assistance (hearing aids and surgery). Counseling, vocational guidance and placement, diagnostic services and interpreter services needed for job training are not based on economic need.

- Virtually no financial assistance for adults for the purchase of hearing aids, assistive listening devices, etc. is available in N.C.

Comments:

- In North Carolina deafness and hard of hearing are defined in the Code. 40-50% of clients are signing deaf persons.

State: New Hampshire

Name of Agency: Office of Deaf and Hearing Impaired
(Office is part of the Rehabilitation Agency)

Specific Programs for hard of hearing persons

- No special programs for hearing impaired. Two of the Vocational Rehab. Counselors are hard of Hearing and have personally tried to raise the awareness of the needs of hard of hearing persons.
- Planning to expand TTY and alerting device loan program to include amplified handsets and assistive listening devices.

Portion of Funding for hard of hearing programs

- No separate funding
- No statistics on number of hard of hearing clients
- As part of vocational rehabilitation program, hearing evaluation, fitting and mold and orientation to the use of hearing aids is provided by the agency. The client pays for the hearing aid.

Comments: Currently in the process of developing a state plan which addresses the need for public awareness programs and expanded equipment assistance. Office is working closely with SHHH in developing this plan.

State: New Jersey

Name of Agency: Dept. of Labor - Division of the Deaf and
Hard of Hearing

Specific Programs for hard of hearing persons

- None
- Agency programs are limited to providing interpreter services and publishing a newsletter.

Portion of Funding for hard of hearing programs

- Lump sum funding.

State: Tennessee

Name of Agency: Council for the Hearing Impaired

Specific Programs for hard of hearing persons

- No formal programs. Have five regional centers, each receiving \$100,000 a year, to provide direct services (TDDs, relay services, interpreter services, employment assistance and information and referral).
- Currently one of the centers offers lipreading classes and has developed support groups for severely hard of hearing persons. Eventually hope to replicate these programs at the other centers.
- Regional centers have helped to establish SHHH groups, and SHHH chapters meet at the regional centers.
- In an effort to aggressively reach the hearing impaired population who do not actively seek out services, the Council worked out an agreement with the Department of Safety to put a condition code for hearing impairment on both application and renewal forms for driver licenses. The condition code for hearing impairment is voluntary. The Council obtained a printout from the Department of Safety with 11,100 names. The Council then developed a cooperative agreement with the State Senate. The Senators

wrote letters to each of the hearing impaired drivers in their district informing them of the programs and services of the Council for the Hearing Impaired. The printout is the most accurate demographic information on the hearing impaired population ever available. The Council received an overwhelmingly positive response to the Senators' letters. Police and paramedic officers are immediately aware of the communication needs of these drivers. Hearing impaired persons requesting additional information were given a statewide directory of services that is published every two years. Most requests were from rural areas.

- Tennessee provides TDDs and ring signallers through their TAP program. Amplifying equipment is available through Southwestern Bell. The local NBC affiliate is currently raising funds for the distribution of decoders to low income families. The Council is actively involved in helping to obtain corporate sponsorship for this program.
- The need for hearing aid assistance is the most critical unmet need of the hard of hearing population. The regional centers have interest free loan programs for the purchase of hearing aids. The Council is actively working with the State Department of Insurance to have hearing aids covered under Medicare, Medicaid and through private insurance carriers.

Portion of Funding for hard of hearing programs

- Currently not earmarked for hard of hearing programs.
- Plan to revise contracts with the regional centers so they will more aggressively serve the need of the hard of hearing population.

State: Texas

Name of Agency: Commission for the Deaf

Specific Programs for hard of hearing persons

- Mostly information and referral.
- Contract with local community based organizations (10); Services for Older Hearing Impaired Texans (SOHIT) to coordinate social activities, provide nutritional information, transportation assistance, improve access to community services and resources.

- One week summer camp for Hearing Impaired (deaf and hard of hearing)
- Provide no assistance for alerting/assistive devices or for hearing aids.

Portion of Funding for hard of hearing programs

- No separate funding for hard of hearing programs.
- SOHIT program currently distributes \$78,000 annually.

Comments: Currently involved in researching the needs of deafened adults and preparing a proposal for funding to improve coping skills and information resources

State: Wisconsin

Name of Agency: Department of Health and Social Services
 Bureau of Sensory Disabilities
 Office for Hearing Impaired

Specific Programs for hard of hearing persons

- \$30,000 is distributed annually by the Office for Hearing Impaired to SHHH for workshops on coping with hearing loss, aging, new technologies, and for parents of hearing impaired children
- TAP program includes amplified handsets and signalling devices. Available only to the very poor. Maximum amount expended per TAP client is \$600.
- By July will no longer provide interpreter service programs through their office, instead it will be handled by a private contractor. The removal of these responsibilities will then allow space and staff time to establish a device demonstration center.
- Agency is becoming more client oriented, especially in the area of mental health.
- In addition to the new demonstration center, will expand equipment assistance program to include the loan of assistive listening devices, such as loop systems for meetings.

- Hearing aid assistance is not available from this agency. The Bureau for Children assists indigent families.
- Agency has 6 district offices.
- Future plans include hiring of sign language interpreters in vocational schools. Any available time that these interpreters had could be requested by other community organizations who would then reimburse the school systems.
- A bill has been proposed requiring loop systems in classrooms, but no money has been appropriated.

Portion of Funding for hard of hearing programs

- None.

I. ADDENDUM REQUEST JUSTIFICATION

ADDENDUM NUMBER 1

HARD OF HEARING PROGRAM

A. PROPOSED SERVICES

This proposal requests funding and increased MEL for the establishment of a full program of services to benefit persons who are hard of hearing. The proposal includes a request for one additional FTE to serve as program coordinator and funding for that position as well as funding for assistive device demonstration centers, a program of financial assistance for the purchase of hearing aids and a pilot program of real time telecaptioning of public meetings.

In response to House Joint Resolution 289, agreed to by the 1989 General Assembly, the Department for the Deaf and Hard of Hearing (VDDHH) has conducted a study of the special needs of persons who are hard of hearing. As a result of the information gathered, VDDHH has determined that program development and service provision in the area of hard-of-hearing persons is essential.

The Department is mandated to serve deaf and hard-of-hearing citizens of the Commonwealth, yet proportionally, more dollars are spent per capita for persons who are deaf than for persons who are hard of hearing. This may be because services needed by deaf persons are more easily identified and provided than are those required by the hard-of-hearing population. In addition, the disability of deafness is more readily identified than a less profound hearing loss, though the latter presents different, albeit no less complex, challenges to individuals.

Service needs for this population are expected to increase as the general population ages. One of the most frequently reported chronic ailments of the elderly is hearing loss. For these older Virginians the problems associated with hearing loss are baffling and frustrating. Without readily available information about coping with this loss, many adults will simply "get by", negatively impacting their quality of life.

While VDDHH services are available to all citizens of the Commonwealth, regardless of hearing impairment, and while VDDHH staff responds to the needs of persons who are hard of hearing upon request, current staffing and funding levels do not allow for pro-active planning of specialized programs for this population.

This proposal would provide VDDHH with one FTE, designated Hard of Hearing Program Coordinator, to be responsible for development of public awareness efforts and advocacy on behalf of this population, administration of proposed grants for assistive device demonstration centers and administration of the proposed program of financial assistance for the purchase of hearing aids. In conducting the study, a survey of persons who are hard of hearing was administered. When presented with options for actions to improve services, the respondents indicated that the most critical issues of service need are: Hearing Aids and Medical issues; Public Awareness and Education issues; and Assistive Devices and Other Communication issues.

Program Coordinator - In consideration of the size of this population (over 350,000 Virginians experience some hearing loss) and the general lack of knowledge among the public (including hearing-impaired persons themselves) about causes of hearing impairment, and assistive devices that are available, the survey response indicates that full-time attention to this area is required. It is anticipated that initial responsibilities of the Coordinator would focus on identification of hard of hearing consumers, general public awareness campaigns and administration of the other components of the Hard of Hearing Program, including development of regulations (as necessary) and requests for proposals.

Assistive Device Demonstration Centers - As a result of the information gathered through the study, one area that has been identified as critical is a lack of information about assistive devices for persons who experience hearing loss.

A variety of devices are available to assist hard-of-hearing persons. These devices may serve as security systems, alerting the person to disturbances normally undetected due to hearing impairment, or they may assist in daily living by alerting the individual to telephone or doorbell rings, baby cries or by flashing lights indicating wake-up time. Other devices enhance the quality of life, such as close-captioned decoders, which allow access to television programs. The benefits of assistive devices are broad, ranging from assisting a hearing-impaired mother in knowing when her infant is crying to encouraging independence in older citizens who may be able to remain in their own homes with the assistance of a visual signaler and alarm system.

While all of these devices are valuable aids, not every device is appropriate for every hearing impaired person. Some people will benefit

from flashing alarm clocks while others will prefer an alarm that vibrates the pillow at the appointed time. In order for a hearing-impaired person to determine which devices may be of greatest benefit to him, it is necessary to be able to experiment with the devices in a non-sales oriented environment, assisted by professionals skilled in assessing needs related to assistive devices. Currently, no such environment exists in Virginia. There are no demonstration centers and most hearing impaired consumers purchase devices, untested, from catalogs.

Many of the devices available are not extremely expensive and are within the financial grasp of many hearing-impaired persons. The investment in these devices is considered well worth the benefits. Unfortunately, without prior experience with a particular device, which may seem by description to be most appropriate, many devices purchased are useless to the consumer because they are not appropriate to that individual's need.

VDDHH proposes to provide grants to qualified service providers, such as Speech and Hearing Centers or Centers for Independent Living, to establish Assistive Device Demonstration Centers within existing service facilities. The grants would be awarded through the Request for Proposal (RFP) process to seven qualified offerers, one in each of the VDDHH Outreach Regions. In order to qualify, offerers would be required to provide adequate, accessible space in which to house a variety of devices for demonstration purposes. The offerer would be required to provide assurances of qualified staff available to assist persons interested in devices and evaluate the appropriateness of a device for the individual. In addition, the centers would have equipment available for short-term loan to individuals and agencies interested in the purchase of equipment. The centers would not serve as distributors of equipment, though information on potential sources for purchase would be required.

Financial Assistance for Purchase of Hearing Aids-Currently, formal financial assistance for hearing aids is available only to qualified clients of Children's Specialty Services (CSS) in the Department of Health (available only to persons under age 21) and the qualified clients of the Department of Rehabilitative Services. Some assistance may also be available through local civic organizations such as the Lions Club or Sertoma Club, but this assistance is dependent upon the presence and the resources of those groups.

As reported by the Hearing Aid Society of America, the average cost of a hearing aid is \$1,000. This represents a significant investment for persons who are hearing impaired or their families. An estimated 350,000 Virginians could benefit from the amplification provided by a hearing aid, yet many of these citizens are elderly persons living on fixed incomes, or young children whose parents would not qualify for assistance from CSS because of income levels but still cannot afford the expense of such a device.

Many service providers and consumers assume that Medicaid will fund the purchase of hearing aids. At this time, Medicaid in Virginia does not cover hearing aids or audiological evaluations. Even if such coverage were to be provided, many people who need hearing aids would not qualify under income limitations of Medicaid, yet because of the extremely high cost of the devices, these people would still require assistance.

In the consumer survey conducted by VDDHH in the HJR289 study, respondents were asked to prioritize issues faced by persons who are hard of hearing. The most critical issue was identified as "Hearing Aids and Other Medical Issues". In reviewing anecdotal comments accompanying the prioritization, most respondents indicated the problem is the high cost of hearing aids and suggested either financial assistance or price controls.

VDDHH proposes a pilot program to offer such assistance to approximately one hundred (100) persons per year during the 1990-92 biennium. This program, which would be similar to the agency's Telecommunications Assistance Program (TAP), would establish more lenient income guidelines than those used by Medicaid, though qualification would be dependent upon income eligibility. Unlike TAP, which has established state contracts for the purchase of telecommunications assistance devices, the Hearing Aid Assistance Program would require a mechanism to allow for the individual needs of qualified applicants. While telecommunications equipment is standardized and individual needs do not preclude the provision of one model to all qualified applicants, hearing aids are selected based on the type, frequency and severity of an individual's hearing loss. It is because of this uniqueness, which eliminates the possibility of a contract agreement with one vendor to provide equipment to all qualified applicants, that VDDHH proposes a pilot program to explore the intricacies of such specialized assistance.

Real-time Telecaptioning Pilot Program - Real-time telecaptioning is a system which provides immediate display of captions which communicate the spoken message in a written form. Usually, real-time captioning is used during live, unscripted events such as public hearings, trials or meetings. This is different from the closed-captioning of pre-recorded television shows. In situations where persons who are hard of hearing will be present and information will be presented in a spontaneous, unscripted format, real-time captioning provides full information for these persons who would ordinarily not have access to it.

The pilot program proposed by VDDHH would require the purchase of the equipment necessary to provide real-time captioning at VDDHH board meetings and public hearings. This would allow greater access by clients of this agency to the activities of the agency. In addition, the equipment would be made available to other state agencies for public

hearings or public meetings, allowing those agencies to be more accessible to the hearing impaired community.

B. RESOURCE REQUIREMENTS

Program Coordinator - Funding of \$32,455 for the first year of the 1990-92 biennium and \$33,830 for the second year is required for the FTE. This corresponds to salary and associated payroll costs for a Human Resource Developer C.

Assistive Device Demonstration Centers - VDDHH is requesting \$70,000 for FY91 and \$105,000 for FY92 to initiate regional assistive device demonstration centers with devices available for loan as well as demonstration. Funds would be used for the purchase of demonstration devices as well as to develop information packets and to publicize the existence of the centers and services available. No funding for personnel or space rental would be needed. Based on information gathered during the study, the following list represents items which may be available through the centers and the estimated cost for the purchase of individual items:

<u>Item</u>	<u>Cost</u>
Alerting System	\$300
FM Amplification System	700
Infrared Amplification System	400
Tactile Devices	500
Individual Loop System	120
Receivers for Loop	50
Closed Caption Decoder	200
Television for Decoder	200
VCR for Decoder	300
Portable telephone amplifier	25
Amplified telephone handset	90
Telecommunication Device for the Deaf	250
Flashing Alarm Clocks	30
Other Equipment	300
Books and Pamphlets	<u>200</u>
Total	\$3665

The total represents the cost of individual devices, however in order to allow for institution of the loan program, more than one of each item would be required. First year funding would provide for purchase of three of each device, providing for limited loan capability. Second year funding would allow for expansion of loan and demonstration programs.

Financial Assistance for the Purchase of Hearing Aids - The pilot program of Hearing Aid Assistance would require \$100,000 per year for the biennium. This amount would allow for full assistance to one hundred individuals or partial assistance for up to 300 individuals, based on an average cost of \$1,000 per hearing aid and using a sliding fee scale.

Real-time Telecaptioning Pilot Program - This portion of the proposal would require real-time closed-caption equipment at a one time cost of \$10,000.

C. SOURCE OF FUNDING

This proposal would be 100% General Fund.

D. ALTERNATIVES

No other sources of funding for these programs are available at this time. If not funded, the stated objectives could not be met. Services to persons who are hard of hearing would remain one component of the overall VDDHH program and specialized services for this population would be developed only as current staffing and funds allowed.

RESOURCE SUMMARY TABLE

	<u>1988-90</u>		<u>1990-92</u>	
	FY 89	FY 89	FY 89	FY 89
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 1</u>	<u>Year 2</u>
POSITIONS (MEL)				
General Fund	---	---	1.00	1.00
Nongeneral Fund:				
0200	---	---	---	---
0300	---	---	---	---
0400	---	---	---	---
0500	---	---	---	---
0600	---	---	---	---
0700	---	---	---	---
0800	---	---	---	---
0900	---	---	---	---
1000	---	---	---	---
Total Positions	---	---	1.00	1.00
PERSONNAL SERVICES	---	---	32,455	33,830
NONPERSONAL SERVICES	---	---	70,000	105,000
1200	---	---	100,000	100,000
1300	---	---	---	---
1400	---	---	---	---
1500	---	---	---	---
2100	---	---	10,000	---
2200	---	---	---	---
2300	---	---	---	---
3100	---	---	---	---
Total Nonpersonal Services	---	---	180,000	205,000
TOTAL EXPENSES	---	---	212,455	238,830
General Fund	---	---	212,455	238,380
Nongeneral Fund	---	---	---	---
0200	---	---	---	---
0300	---	---	---	---
0400	---	---	---	---
0500	---	---	---	---
0600	---	---	---	---
0700	---	---	---	---
0800	---	---	---	---
0900	---	---	---	---
1000	---	---	---	---

RESOURCE SUMMARY NARRATIVE

A. PERSONAL SERVICES

Current agency staffing does not include any specific positions for the administration of hard-of-hearing activities. The recent study of special needs of the hard of hearing was conducted as ancillary duties of existing staff with the support of a temporary wage position. Personal service resources requested have been proposed at \$24,240 for salary and \$7,995 for associated payroll costs for fiscal year 1991, and \$25,575 for salary and \$8,255 for associated payroll costs for fiscal year 1992, assuming a performance increase is given to the employee. An explanation of these associated payroll costs appears on the respective DPB Form E-2 for the Addendum Request.

B. NONPERSONAL SERVICES

As previously described in the Section I of this Addendum Request, Nonpersonal Services resources for this proposal include the contracting of Assistive Device Demonstration Centers and the Financial Assistance for the Purchase of Hearing Aids. The contracting of these centers, subobject 124 6, to provide the necessary public information, demonstration, and loan program has been projected at \$70,000 for the first year of the biennium and \$105,000 for the second year. The financial assistance for the purchase of hearing aids, subobject 1342, has been projected at \$100,000 for each year of the biennium.

C. OPERATING FIXED ASSETS

The provision of Real-Time Telecaptioning for agency task force and board meetings, public hearings, and for the use by other agencies would require a \$10,000 expenditure, subobject 2233, in the first year of the biennium only. This investment will benefit persons with all levels of hearing loss from mild to profound to severe.

D. DEBT SERVICE

No debt service obligations or debt retirements are associated with this Addendum Request.

E. INTERAGENCY RECOVERIES

No interagency recoveries are planned for this Addendum Request.

