



State of Vermont
Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council

REPORT TO THE GOVERNOR AND GENERAL ASSEMBLY
January 2021

The Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council

Act 107 of 2016

Submitted to

The Honorable Governor Scott
House Committee on Human Services
House Committee on Health Care
House Committee on Government Operations
Senate Committee Government Operations
Senate Committee on Health and Welfare

Submitted by

The Vermont Deaf, Hard of Hearing and DeafBlind Advisory Council
Spenser Wepler, Chair
William Pendlebury, Vice Chair

January 15, 2021

Dear Governor Scott and Vermont Legislature,

As outlined in Bill S-66 and Act 107 of 2016, the Vermont Deaf, Hard of Hearing and DeafBlind (D/HH/DB) Advisory Council was established in the spring of 2016 and is required to submit an annual report to the Legislature and Governor's Office. The Council is made up of members that bring a unique blend of experience and knowledge from the professional, community and personal perspective. The Council is guided by its mission statement which is as follows:

The mission of The Vermont Deaf, Hard of Hearing, and DeafBlind Advisory Council is to improve the lives of all Vermonters who are Deaf, Hard of Hearing or DeafBlind by recommending policy that promotes diversity, equality, awareness and access.

The role of the Council is to make recommendations to the Legislature and the Governor's office in order to shape policy implementation and quality improvement initiatives for those individuals who are D/HH/DB and are in need of services and resources in Vermont. We are also required to identify services and resources which are currently lacking.

Without question, 2020 has been one of the most difficult years Vermonters have faced in our state's storied history. The Covid-19 Pandemic knows no boundaries and spares no-one. It has affected every corner of our state, impacted every age group and possible demographic, to include those who are Deaf, Hard of Hearing and DeafBlind. The D/HH/DB Council was immediately impacted by the pandemic in March, cancelling our second meeting of the year due to the recently declared state of emergency. Like all Vermonters, the D/HH/DB Council had to adjust to a new way of doing business and living during a pandemic. We were able to successfully schedule the remainder of our Council meetings remotely.

In the early days of the pandemic the D/HH/DB population were essentially left stranded, unable to get the necessary medical information and state updates due to communication barriers. Additionally, there was no emergency crisis plan specific to these populations and their unique communication needs. These gaps were compounded by the fact that we were unable to successfully hire the Director of Services for the D/HH/DB prior to the start of the pandemic. We are proud and humbled by all the members of the D/HH/DB Council, because like the true Vermonters they are, they rolled up their sleeves to figure out solutions to the immediate issues facing the D/HH/D populations due to the pandemic. You will read about these accomplishments later in our report.

Even though we managed to find successes in this very tumultuous year, the D/HH/DB populations continue to face issues and we have identified priorities that need to be addressed. Those priorities are also outlined in this report. We were recently able to re-open the recruiting process for the D/HH/DB Services Director which will become our top priority over the next few months. As noted above, we conducted interviews for this position but were not able to fill it successfully. We thank the Administration and Legislature for their continued support of this critical position.

The Director will help to prevent children and adults who are Deaf, Hard of Hearing or DeafBlind from falling through the cracks at any stage in their lives. Their quality of life, and in many cases overall health, should improve as we create easier access to supports and resources. Moreover, this centralized point for resources and information will enable and empower individuals to be contributing members of their communities, impacting our Vermont economy in a positive way and potentially incentivizing the D/HH/DB populations outside of Vermont to consider relocating to the state.

As we know, our state population continues to age, and with aging comes the increasing likelihood that individuals will develop some level of hearing loss. It is a public health crisis and one that the Council is looking forward to addressing, working in concert with the Department of Disabilities, Aging and Independent Living and their State Unit on Aging, developing an even more coordinated approach across state government agencies, health providers and community service providers.

While we know there is a light at the end of the tunnel, it may be quite some time before life in Vermont returns to normal. Our Council will keep their sleeves rolled up and continue to work hard to address the ongoing issues affecting the D/HH/DB population due to the pandemic as well as continuing with a forward focus on improving services for Vermont children, adults and older Vermonters who are Deaf, Hard of Hearing and DeafBlind.

Sincerely,

Spenser Weppler, Chair

William Pendlebury, Vice Chair

Deaf, Hard of Hearing, and DeafBlind Advisory Council Annual Report January 2021

The Advisory Council met in person in January, and then remotely by Zoom in May, September and November of 2020. This annual report is a culmination of background and demographic information, overview of organizations and agencies that serve the D/HH/DB, accomplishments over the past year and recommendations for analysis or action to improve the services across the spectrum of service providers for individuals who are Deaf, Hard of Hearing and DeafBlind. Please see the Appendix for a list of the current Council members and their affiliations.

Background:

Hearing loss can take many forms: it can be mild or severe, present at birth or begin later in life, occur gradually or suddenly, result from a health condition or accompany aging. The potential impact of hearing loss on health, employment and health care costs is profound.

Untreated hearing loss poses barriers to communication, acquiring language, much of daily life, and access to health care. Hearing loss can be associated with negative health outcomes, including cognitive decline, dementia, falls, depression, reduced quality of life, an increased number of emergency department visits and hospitalizations (Reed et al. 2018), falls with injury; and inability to work, travel, or be physically active (PCAST 2015). Hearing loss has also been correlated with multiple issues including social isolation, depression and communication misunderstandings.

It is critical that children receive access to sound and language when they are very young; the brain cannot remake neural pathways later in life. New research is showing that even mild hearing loss causes permanent changes in a child's brain (Calcutt 2019). According to Golub (2019), "the association between hearing loss and impaired cognition may be present at earlier levels of hearing loss than previously recognized; the current 25dBHL threshold for defining adult hearing loss may be too high". Hearing loss affects more than individuals, it is a public health crisis, per multiple national reports by the National Academy of Science (2016, 2017) and President's Council of Advisors on Science and Technology (2015).

The cost of hearing aids, their exclusion from most health insurance plans, and racial and socioeconomic disparities are barriers to being able to hear. 64% of people with severe hearing loss reported that they could not afford a hearing aid and over 75% identified financial factors as a barrier (Kochkin 2007). White and higher socioeconomic individuals (Bainbridge 2010) are more likely to wear hearing aids, even when Black individuals were more likely to have had a recent hearing test (Neiman 2016). Adults in rural communities cite lack of easy access to hearing healthcare, in addition to lack of insurance coverage and high cost of hearing aids (Powell 2019). Heightening the problem, people with untreated hearing loss earn as much as \$30,000 less annually than do people with normal hearing. There is a \$14,100 income differential between people with mild and severe hearing loss (Kochkin 2007).

People with more severe hearing loss may require more advanced models of hearing aids, whereas people with more mild hearing loss may succeed with more basic models (Cho 2019). The level of hearing aid support needed by individuals with hearing loss may vary depending on their degree and the nature of their hearing loss, as well as speech discrimination abilities.

We are also aware of increasing research which links hearing loss to earlier onset of dementia. As a state, it is critical that we recognize the impact of these correlated conditions, both in terms of their impact on the lives of Vermonters but also on the costs of health care, particularly long-term care, across the state.

Current research shows:

- Mild hearing loss **doubles risk of dementia**.
 - Source: [Johns Hopkins Medicine](#)
- Untreated hearing loss increases **risk of falls by 50%**.
 - Source: [Journal of American Medical Association](#)
- 1 in 10 people with untreated hearing loss suffer from **depression**.
 - Source: [National Institute on Aging/National Institute of Health](#)
- People with hearing loss are often unaware that they have a hearing loss. Self-assessment surveys of hearing loss are often incorrect and should not be relied upon.

Hearing aid use was positively associated with improved memory scores after using hearing aids (Maharani 2018). Use of hearing aids is associated with delayed diagnosis of Alzheimer's disease, dementia, depression, anxiety, and injurious falls among older adults with hearing loss (Mahmoudi et al. 2019). Additionally hearing comprehension with remote microphone technology may be 61% better than only using a hearing aid or cochlear implant. (Thibodeau L. 2020)

Hearing loss is a global health concern as outlined by the [World Health Organization](#). Nationally it has been deemed public health concern, the scope of which is outlined in three major federal reports below:

- "[Hearing Health Care for Adults: Priorities for Improving Access and Affordability](#)". National Academy of Science 2016
- "[The Promise of Assistive Technology to Enhance Activity and Work Participation](#)". National Academy of Science 2017
- "[Aging America & Hearing Loss: Imperative for Improved Hearing Technologies](#)". President's Council of Advisors on Science and Technology 2015

History:

The only school for the deaf in Vermont, the Austine School, was founded in 1904 in Brattleboro. Due to significant declines in enrollment, from 145 students in the 1970's to just 25 during the 2013-2014 school year, and the prohibitive costs to operate the school full time, the school had to close its doors in June of 2014. The decline in enrollment did not reflect a reduction in the number of students who are Deaf, Hard of Hearing or DeafBlind but rather an increasing use of mainstreamed educational services. While the mainstream approach continues and is more prevalent, families continue to anecdotally report challenges in creating and maintaining social connections for their children who are Deaf, Hard of Hearing or DeafBlind. The Deaf Community also reports anecdotally and with regularity that families with children who are born profoundly deaf are more likely to leave the state in order to find settings capable of offering both educational and social connections to individuals and communities who are culturally Deaf and who utilize American Sign Language.

Additionally, since 1998, the Vermont Center for the Deaf and Hard of Hearing which ran the Austine school, also provided an array of services to deaf individuals and families throughout the state. The school's funding crisis ultimately impacted the Center, which was forced to close as well. The result of these closings, in part, led to the creation of the Vermont Deaf/Hard of Hearing/DeafBlind Council to examine available resources and services for these populations in Vermont.

Demographics:

It is estimated that approximately 400-600 Vermonters are culturally Deaf according to Dr. John Pirone from the University of Vermont, utilizing general statistical formulas to estimate the portion of our population who have some form of hearing loss. Culturally Deaf individuals typically use American Sign Language to communicate and interact with each other regularly. Immersing in culturally deaf traditions related to education, social events and ways of life at home are other common traits of this population.

There are approximately 12 to 20 Vermonters who are DeafBlind. This small group has extensive needs when it comes to mobility, communication, and access to normal activities of daily life.

70,000 or more Vermonters are hard of hearing. It is estimated that up to age 65 15%, or 1-2 in 10 people have some degree of hearing loss. Fully a third of those over the age of 65 are affected and for those older than 85, more than half have hearing loss. Although deafness is readily recognized, the invisible nature of a loss in the range "hard of hearing" is all too often ignored, misunderstood, and misdiagnosed for all age groups. People who are hard of hearing tend to minimize the problems and are not aware of how much their communication, relationships and lives are being harmed. The adverse impact of untreated hearing loss on health and quality of life is significant. Untreated hearing loss has been implicated in:

- Social Isolation and withdrawal

- Depression
- Frustration, exhaustion and poor self esteem
- Stress and hypertension
- Relationship difficulties due to communication problems
- Impacts on school performance and educational achievement
- Problems on the job due to misunderstandings and errors
- Lack of communication access in medical, legal and public settings
- Even mild untreated hearing loss in older people doubles the risk of developing dementia
- Greater risk of falling (all ages).

Entities across the state exist to support the needs of individuals who are Deaf, Hard of Hearing and DeafBlind. Beginning with infants and children, they extend through connections to children in school and finally into adult organizations. Traditionally, services and supports tend to be more robust for school-aged children, working in concert with Individualized Educational plans (IEP) and leveraging mandated instruction. As individuals age, services tend to be targeted at specific issues but are more limited in scope and depth. The following is a brief synopsis of entities across the state that support the Deaf, Hard of Hearing and DeafBlind communities.

Children:

The Vermont Early Hearing Detection and Intervention Program (VTEHDI):

The Vermont Early Hearing Detection & Intervention Program (VTEHDI) works with hospitals and other community providers, such as early head start, homebirth midwives and primary care professionals to provide newborn and early periodic hearing screenings. The program provides support, training, and care management to families and their babies, and to community providers. These partnerships ensure timely referrals for diagnostic testing and early intervention services.

As part of Children with Special Health Needs, VTEHDI provides support, training, and care management for families and their babies, hospitals, and community providers. VTEHDI works with state and national agencies and organizations to achieve the National EHDI goals.

2020 Accomplishments

- HRSA Grant - VTEHDI program awarded 4-year grant \$235,000 annually. The HRSA Grants supports the VTEHDI Staff and projects related to national goals. Additionally, the funding provides sub grant agreements to support VT Hands & Voices and special projects for the Parent Infant Early Intervention P to support program at Nine East Network.
- CDC Grant - VTEHDI program awarded 4-year cooperative agreement \$160,000 per year that supports the VTEHDI database enhancements and staffing.
- 2019 Birth data submitted to CDC in November of 2020- 5193 births. Forty-four infants referred for diagnostic evaluation. Seventeen infants diagnosed with permanent hearing loss. All infants identified were in the mild to moderate range. There were no infants identified with severe to profound hearing loss in 2019. All infants identified were

referred to early intervention. Fourteen of the seventeen infants are currently enrolled in early intervention.

- Covid-19 Pandemic has presented many challenges for the VTEHDI program, along with all 50 states and territories. VTEHDI is grateful for the partnerships with primary care providers, hospitals, home birth midwives, audiologists and early intervention providers. Together we are making a difference for the infants and families we serve during this challenging and unprecedented time.
- On 11/20/2020 Vermont EHDI and North Carolina EHDI partnered with The Care Project for a virtual workshop for professionals on "Empathy."

Nine East Network:

The Vermont Deaf and Hard of Hearing program (VDHHP) is hosted by Nine East Network, with funds from a variety of State and Community agencies. The Agency of Education, local school districts, and Medicaid provide for the services of children aged three to High School graduation. Federal EHDI grants administered by the VT Department of Health pass to us to supplement the Medicaid funds received for providing our family-based services for Infants and Toddlers with hearing loss. Some years additional funding is received from Children's Integrated Services. These grants help make the services accessible to families, as well as affordable to schools and they allow us to be current and innovative with services and their delivery.

Our Parent Information Program (PIP) served 46 children and their families in 2019 (through September 30). Once the children reach age 3, they are no longer eligible for these services and often receive services through their local school district. Twenty-six (26) children and families currently receive the benefit of the PIP program and 10 children aged out of those services this year.

Our School Age Services reach approximately 370 students statewide, with Teachers of the Deaf and an Audiologist consulting with schools about instructional accommodations, needed advocacy skills, and equipment selection and troubleshooting. Informal and formal assessments, classroom observations, and team training for families and other educational team members are part of this consultation. This year, 35 pre-Kindergarten children receive our services. Additionally, we process approximately 50 new referrals in a typical year.

There are approximately 54 students who rely on American Sign Language to participate in school or are learning this linguistic mode to improve their comprehension and expressing during early development. Eight students have Interpreters, Communication Facilitators, to accommodate their access to instruction. An additional 46 children (Birth to graduation) and their families receive sign language instruction for two primary reasons: significant hearing loss and significant developmental disabilities, each affecting language development.

2020 Accomplishments:

- We have streamlined our intake system, with fewer points of entry prior to referral activities. This has ensured that all necessary consents and documents are available

before moving on to the Educational staff. This process also results in piloting a matrix to assess the educational impact of hearing loss.

- We have moved toward a fee for service model and identified and described **ten** service categories. These are specified in service agreements which provides more transparency and accountability for us to the contracting school districts.
- We have three people enrolled in Granite State College to earn their license or endorsement as a Teacher of the Deaf. This makes great strides in our struggle to maintain qualified staff for the children we serve.

2020 Challenges:

- Staff recruitment and retention. Four Consultants left in 2020 for a variety of reasons.
- Increased funding of Birth to 3 programs. Medicaid does not cover the costs of these services. We have reduced staff and subsidized this program. We anticipate losing \$30,000-40,000 in the Birth to 3 program for 2020.
- Impact of COVID 19 – March and April saw a disruption in services, with a staff furlough and then 80% of operations continued. Reduced revenues of \$250,000. Payroll Protection loan helped weather that burden.
 - This experience also resulted in:
 - Rapid immersion into techniques for remote instruction
 - New consultation required to ensure access to remote instruction
 - Some benefits are noted with remote services especially for teens, who are more open to advocacy training remotely, than in-person.

Additionally, some school districts decide to hire their own interpreters and teachers of the deaf and opt not to contract with Nine East Networks.

Private Entities:

Additionally, there are outside, private consultants in Vermont that are available to work with parents of children who are Deaf and Hard of Hearing. One of those is *Vermont Hears, LLC*, a private organization offering educational audiology consultation for school teams which serves 58 students ages 3-22 in 9 public school districts in the Northwest portion of Vermont.

Department for Children and Families- Children's Integrated Services Program (CIS):

CIS offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. Services are available at low or no cost to families.

Adults and Older Vermonters:

Vermont Vocational Rehabilitation:

VocRehab Vermont, in the Department of Disabilities, Aging and Independent Living, offers free, flexible services to any Vermonter or employer dealing with a disability that affects

employment. We partner with human service providers and employers across Vermont to help people with disabilities realize their full potential.

Vermont Center for Independent Living:

The Vermont Center for Independent Living (VCIL), a nonprofit organization directed and staffed by individuals with disabilities, works to promote the dignity, independence and civil rights of Vermonters with disabilities. Like other independent living centers across the country, VCIL is committed to cross-disability services, the promotion of active citizenship and working with others to create services that support self-determination and full participation in community life. Founded in 1979, VCIL is the only center for independent living (CIL) in Vermont and was the first organization in the state with a majority of board and staff with disabilities. At the close of 2003, all members of the board and 95 percent of VCIL staff were individuals having personal experience with disabilities.

Vermont Association for the Deaf

The Vermont Association of the Deaf (VTAD) is a membership organization and a partnership among individuals who are deaf, members of the deaf community, including parents of deaf children, and professionals working in various deaf-related fields and endeavors, organizations of, for, and by the deaf, and businesses at large.

Their mission is to promote the welfare of deaf Vermonters in all areas of life, to advance our educational, vocational, and economic status, and to enhance our intellectual, recreational, spiritual, and social standards. We accomplish this mission by ensuring that only deaf individuals hold leadership positions within the VTAD, that parents of deaf children become aware of, and involved in, all facets of deaf life, that professionals, deaf or not, working in our field are of the highest caliber and competency, that employers at large are made aware of the abilities and capabilities of deaf employees, and that a comprehensive, coordinated system of services, public and private, is accessible to parents of deaf children and to us.

Hearing Loss Association of America, VT Chapter:

The Hearing Loss Association of America (HLAA) was established in 1979 and is a national organization that provides information, advocacy and support for the over 48 million Americans with hearing loss. (www.hearingloss.org) It hosts national virtual meetings, educational webinars, chat forums for several communities such as students and young adults with hearing loss, parents, employees, patients and a virtual Chapter for Veterans with hearing loss. There is an active Vermont Chapter.

The Vermont Chapter of HLAA established in 2012 continues to operate virtually. There is a Steering Committee. The Chairs maintain and monitor a Facebook page. The Communications officer monitors a separately designated email address. She also maintains an email list of members and responds to all inquiries herself and/or refers questions to other members of the steering committee. Advocacy, education, support, encouragement and referral to resources is provided on an individual basis. Information and support is offered for local access

issues. People are also referred to the national HLAA organization webpage, webinars etc. The Vermont Chapter is involved in a number of projects and initiatives:

- Strives to make the public, organizations and government agencies aware of the prevalence and adverse impact of hearing loss on the health and quality of life of hard of hearing Vermonters.
- Advocates for insurance coverage for hearing aids.
- Works with movie theaters to encourage open captioning events
- Advocated with local news media to ensure captioning is available for the Governor's COVID 19 reports and other emergency announcements.
- Maintains and regularly sends out an e-newsletter to the membership.
- Hosts a Facebook page for sharing articles about hearing loss research, technology and items of interest related to hearing loss.
- Posts an email contact address where individuals can seek help.(vthlaa@yahoo.com)
- Provides consultation to individuals or organizations via email or phone to troubleshoot hearing loss or technical issues.
- Advocates for equal accessibility through ADA compliance for hard of hearing people. i.e. Clarify How accessibility (CART, captioning, FM Loops) for hard of hearing people is different than access needs for Deaf people (ASL Interpreters).
- Offers testimony regarding legislation that affects people with hearing loss (such as the Older Vermonters Act H611)
- Explores resources for mental health services with practitioners who are knowledgeable in the unique needs of those who are hard of hearing.
- Networks with other organizations

Vermont Hands and Voices:

Vermont Hands & Voices, an organization dedicated to supporting families with children who are D/deaf or hard of hearing without bias to communication modes or methodology. Hands and Voices is a parent-run, non-profit providing families with the resources, networks, and information they need to improve communication access and educational outcomes for their children. Outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling D/deaf or hard of hearing children to reach their highest potential academically, socially and emotionally.

Challenges Identified by the Council (Pandemic Related and Ongoing):

Pandemic Related:

1. Accessibility of the Governor's COVID19 updates was initially an issue. The Governor and his team have done an excellent job of creating access through the consistent use of interpreters. The use of both of ASL Interpreting and live captioning has kept the Deaf and hard of hearing communities well informed.
2. Masks present a difficult challenge for the hard of hearing. They muffle speech sounds and prevent lip reading. Clear masks are not commonly available. In addition, they tend

to fog up. VT HLAA has been recommending that people download live captioning apps on their smartphones, use remote microphones, or request written materials or CART.

3. Hard of hearing people continue to report that in medical settings they are offered remote interpreting services despite the fact that they do not know sign language. Medical staff sometimes unwisely remove their masks to communicate. (Use of a clear face shield or smartphone captioning app is a better option.) This is also now becoming an issue for other daily acts of living including for example, grocery shopping.
4. The pandemic has exacerbated the isolation and stress that comes with living with hearing loss. The need for mental health professionals who understand the unique psychological impact of hearing loss is even more crucial.

Non Pandemic Related:

- 1) The position of Coordinator for the D/HH/DB needs to be filled as soon as possible. The need is clearly evident.
- 2) Hearing loss in the Hard of hearing population is largely invisible so it is often not recognized as a serious issue. This is particularly problematic with elderly people where confusion, isolation and depression caused by HL can be misdiagnosed as dementia and not treated appropriately.
- 3) The use of the common term: “Deaf and Hard of Hearing” causes confusion when arrangements are being made for communication accommodations. Most people who are hard of hearing (97%) do not know sign language. While ASL interpreters are widely recognized by the general public and organizations, the requirements for hard of hearing communication access (FM Loop systems, captioning and CART) is not well understood and too often refused in favor of interpreting services. This is a violation of ADA. Advocacy for the Deaf and advocacy for the hard of hearing needs to be clearly differentiated.
- 4) Data on demographics across the three populations and access to it.

The D/HH/DB Council Accomplishments and Recommendations:

Accomplishments:

Over the Past year the Council members in, and as their capacity allowed, have undertaken various projects in order to alleviate the difficulties that the D/HH/DB populations faced on a daily basis. Below are some examples of successes the Council and its members were able to achieve in collaboration with fellow council members, and s with other Government Agencies, both within Vermont and with other states.

1. Vermont was one of a few states that did not have a Deaf/Hard of Hearing driver’s Visor Card. Council members representing the Vermont Association of the Deaf and the Vermont Chapter of the HLAA worked in collaboration with the Vermont Department of Motor Vehicles as well as soliciting feedback from the Department of Public Safety and the VT State Police in order to finalize a Visor Card which was then available free of charge through the DMV and other community resources and was highlighted on

multiple local news channels as well as garnering the most views for a post by the DMV on its social media sites. The Council thanks all agencies for their help and feedback.

2. In the absence of a Director, the Chair and the DAIL Commissioner participated in monthly video conferences with fellow New England State Departments for the Deaf and Hard of Hearing along with a representative from the Federal Emergency Management Agency (FEMA) to discuss and share ideas, barriers and ongoing issues facing the Deaf and Hard of Hearing and DeafBlind populations during the pandemic, especially those who lived in rural and under-developed areas across all of New England. The FEMA representative was helpful in providing information with regards to issue around broadband funding and clear mask production issues.
3. Working with the Vermont Department of Health, the Council created a State specific COVID/Health Communication for the Deaf and Hard of Hearing for use at COVID pop-up testing sites, Emergency Rooms and Hospital/Provider offices visits. The tool mirrors those used in other New England States to remain consistent and standardized for use across state lines.
4. Council members worked tirelessly with the Commissioner of DAIL and local news networks to make sure that there were always Interpreters at Governor's Press Conferences and that they were always visible on camera to make sure the Governors press conference and information from his administration were accessible going forward.

Recommendations:

Our work over the past several years has positioned the Council to make recommendations that can shape policy implementation, quality improvement initiatives, and service delivery across the state for the D/HH/DB populations. Our recommendations for the coming year are detailed below.

Policy implementation

1. Hiring of a Deaf/Hard of Hearing/DeafBlind Coordinator
2. Equity in Hearing Health
 - a. Hearing health care must be accessible to all Vermonters.
 - b. Hearing health care equity means hearing aids are covered by insurance and available to those without insurance.
 - i. Improved hearing aid access would directly impact quality of life, communication access, education, and employment of Vermonters.
 - c. The return on investment is high when considering estimated cost. Currently, Vermont is the only state in New England that has not passed legislation requiring some sort of hearing aid coverage for commercial insurance plans for its residents. The Council will continue to support passage of a legislative bill to create that equity.

3. Emergency Preparedness Plan
 - a. Develop a concise emergency preparedness plan, to include communication, for individuals who are Deaf, Hard of Hearing, and DeafBlind.

Quality improvement initiatives

1. Routine Hearing Screening for Adults
 - a. Meet with primary care physicians, the VT Medical Association and other state healthcare organizations, to discuss the recommendation of a hearing screening for everyone age 50 or older.
 - b. Establish protocols to routinely screen for hearing loss in senior services and care facilities and train staff in accessible communication and technology.
2. State Plan on Aging
 - a. Work actively with the Department of Disabilities, Aging and Independent Living to ensure that hearing health, based on current science and best practice, is included in their State Plan on Aging and in the development of the State's Plan for Aging Well
3. Mental Health Professional Registry
 - a. Establish a registry for professionals who are trained to effectively provide mental health services for the unique psychological issues of a hard of hearing client.
 - b. Establish a separate registry of mental health professionals who are fluent in ASL.

Access and service delivery

1. Better and more affordable access to Assistive Hearing Devices such as Hearing aids, FM systems and other technology.
 - a. Until legislative action is taken on hearing aid coverage, explore and conduct outreach on ways to make purchasing hearing aids more affordable, perhaps including using the State's contract with Hearing Aid Vendors.
2. Other Assistive Technology Access
 - a. Identify and disperse funds to provide emergency alerting devices such as flashing/vibrating smoke alarms, CO2 detectors and doorbells for low income, older hard of hearing and Deaf Vermonters.
3. Services for Children
 - a. Children in Vermont must have routine access to hearing accommodations and staff trained and experienced in serving hard of hearing children. Work will need to continue with the Agency of Education to identify the currently available workforce and resources to determine adequacy of available staff and resources to meet the current need. Further discussion will need to occur with AOE to

determine their oversight role with multiple service providers now being available to parents and children who are D/HH/DB. More globally, robust exploration of the needs of children across the age spectrum and at educational transition points should occur.

Conclusion:

2020 has proven to be a challenging year for all Vermonters but more specifically those who are disadvantaged including the Deaf, Hard of Hearing and DeafBlind. While there is an end in sight to our current crisis, it remains abundantly clear that in order to meet the ongoing needs of individuals who are Deaf, Hard of Hearing and DeafBlind, we will need to leverage existing and available resources and weave them into a cohesive system of care.

From infants to the elderly, from minor ringing or hearing loss to profound deafness and blindness, there continues to be serious gaps in services and supports; those gaps were exacerbated by the public health crisis. We as Vermonters CAN make a difference in the lives of impacted individuals who have often been marginalized by improving opportunities for social connection, education, and employment. We can only do this if we are willing to put aside our differences and work together.

The members of the Vermont Deaf, Hard of Hearing and DeafBlind Advisory Council stand ready to support the Deaf, Hard of Hearing and DeafBlind Services Director upon their hire, as well as the administration and the legislature, to create a more cohesive and integrated system that helps to address the needs of this population in hearing health, access to hearing aids, improved educational supports, better data collection and improved mental health supports.

Appendix and References

Membership of the Vermont Deaf, Hard of Hearing and DeafBlind Council

Last	First	Association
Baker	Deb	Hard of Hearing Community Member
Briggs	Amelia	Community Member Parent DeafBlind Child
Chalmers	Rebecca	Parent Member
Vacant		Deaf Vermonters Advocacy Services
Gallo	Ralph	Deaf Community Member
Gifford	Alan	Deaf Community Member
Hazard	Linda	VTEHDI Program Director
Henry	Sharon	Parent Member
Howes	Danielle	Children's Integrated Services Designee
Hudson	Bill	Deaf Community Member
Parrish	Kate	Statewide Coordinator of Deaf/Hard of Hearing Services for VocRehab Vermont
Hutt	Monica	AHS Designee
Kimmerly	Susan	Nine East Network Assistant President

Langevin	Katy	AOE Designee
Nease	Brigid	Superintendent
Pendlebury	Will	DeafBlind Community Member
Siegel	Laura	Vermont Association of the Deaf
Sousa	Sherry	Special Educator
Stefanski	Julie	Audiologist
Van Tassel	AJ	Hard of Hearing Community Member
Vacant		Deaf Education Specialist
Wepler	Spenser	Hard of Hearing Community Member
Williamson	Amy	Professional Interpreter

Citations:

“Hearing Health Care for Adults: Priorities for Improving Access and Affordability”. 2016. National Academy of Science: Report in Brief ([PDF](#)) Report Recommendations ([PDF](#));

“The Promise of Assistive Technology to Enhance Activity and Work Participation” National Academy of Science. 2017 Available at: <https://www.nap.edu/catalog/24740/the-promise-of-assistive-technology-to-enhance-activity-and-work-participation> Chapter 5

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