

Date: October 29, 2024

To: Legislative Task Force on Aging
Representative Ginny Klevorn, Chair

From: Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing

Thank you for including in the draft report the Commission of the Deaf, DeafBlind & Hard of Hearing's December 2023 recommendations on resources, caregiving, healthcare, technology, and housing.

We have continued to attend most task force meetings and have additional observations to share. Unlike our previous recommendations, those insights are overarching concepts that we suggest integrating into all aging-related initiatives.

Assume communication access needs will always be present—and be intentional in planning for them.

Many with hearing loss do not view themselves as disabled, especially those with age-related hearing loss. For example, during this task force's meetings, the automatic speech recognition (ASR) captions generated by the videoconferencing platform were shown on TV displays, which happened to be placed where the audience could not comfortably view the captions. We witnessed people quietly turning and putting themselves into awkward positions or standing for extended periods of time to better see the captions, rather than requesting better access. Because of the evolving identity journey that we all undergo as we navigate aging, we encourage viewing communication access with a broader lens that includes *and* extends beyond the disability umbrella.

Destigmatize communication access needs. Recognize that any communication access request puts the requestor at risk of experiencing stigma, and when possible, plan so that a request is not necessary. Had the TV displays been placed where the audience could more comfortably read the captions, more people would have had greater communication access.

Additionally, be aware of how communication access needs may interact and potentially even conflict with other needs. Those conflicts, if not properly managed, can further stigmatize those who need communication access.

The chair did an excellent job of reminding everyone to use the microphones so that livestream viewers could follow along, and this also had the incidental benefit of ensuring clear audio for those using hearing aids or assistive listening devices, plus greater accuracy of the ASR captions. Some difficulties arose, however, when participants could not easily get to a microphone. In one instance, we witnessed a participant with mobility challenges being urged to come to the table where the microphone was. Their hesitation was clear. This person was being asked to choose between communication access for others

vs. putting themselves at risk for injury. Had a portable microphone been on hand, this conflict between needs could have been avoided altogether.

We want to emphasize that though our examples are from this task force's meetings, those examples are *not* unique to this task force. We witness them in countless other settings. We receive reports such as that an assisted living facility hosts frequent enrichment activities but, as a matter of policy, doesn't bring out the microphones unless someone requests them. Residents, unsurprisingly, feel uncomfortable requesting them. The examples from this task force are but a small (and honestly, mild) reflection of the issues we see across the larger system.

As a starting point for reframing communication access needs on a broader scale, we suggest reviewing the National Culturally and Linguistically Appropriate Services (CLAS) Standards from the U. S. Department of Health and Human Services. Though these CLAS standards are specific to the healthcare field, the underlying principles can and should be applied to any field that provides services.

Promote representation at every level. Create opportunities for deaf, deafblind, and hard of hearing people to be represented throughout the aging-related infrastructure. These people, with their lived experiences, will be your most sensitive communication access guides, and their expertise will particularly impact those who do not yet advocate for their own communication access needs. Partner with state agencies such as the Commission and DHS' Deaf, DeafBlind & Hard of Hearing State Services Division to identify and recruit representatives of this community.

Once again, the Commission appreciates the opportunity to contribute to this important discussion on our vision for a Minnesota where we all thrive as we age. We look forward to continued collaboration.

Signed,



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