

Connecticut Statewide Needs Assessment Report

February 16, 2023

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1. Executive Summary

A. Purpose of Project

In 2021, the American School for the Deaf (ASD) was awarded funding through the American Rescue Plan Act (ARPA). Through ARPA, state, county, tribal, and local entities were granted federal aid to respond to the public health and economic impacts of the COVID-19 pandemic. ASD contracted with Innivee Strategies to assist with identifying the most pressing needs of the Connecticut Deaf, DeafBlind, and Hard of Hearing (“deaf”) community.

B. Key Observations & Recommendations

Based on the initial findings from the focus groups and surveys, there is general consensus among the various constituents that:

- Communication barriers significantly limit deaf signers’ access to healthcare services and exacerbate disparate healthcare outcomes;
- Appropriate interpreting access in healthcare is required in order to ensure deaf patients who primarily use American Sign Language (ASL) obtain equitable care and results;
- Video Relay Interpreting (VRI) is an inadequate communication solution in healthcare settings, and alternative approaches should be explored and utilized;
- Clear/transparent masks should be made widely available to any and all professionals that may engage with deaf people, along with training about their importance and their use;
- Generally, deaf individuals feel that the level of access to government programs and services offered by the State of Connecticut is unsatisfactory;
- The deaf has expressed a significant need for a government-level office or department that specializes in deaf services; and,
- Similarly, there is a significant need for employers in the state to participate in training on the Americans with Disabilities Act (ADA), sensitivity/awareness training as it pertains to deaf employees, and to improve overall communication access in the workplace.

2. Framework and Approach

To gather the data necessary to develop this report, Innivee Strategies:

1. **Held eight focus groups and distributed an online survey to constituents** to better understand various needs and concerns related to healthcare access, employment, and communication access. Focus groups were held with the following communities/groups within Connecticut:
 - a. DeafBlind individuals;
 - b. Members of the general deaf and hard of hearing community;
 - c. Persons of color who are also deaf;
 - d. Representatives of American School for the Deaf;
 - e. Representatives of Connecticut Association of the Deaf;
 - f. Representatives of Hear Here Hartford;

- g. Senior citizens who are also deaf; and,
 - h. Young professionals who are also deaf.
2. **Analyzed the data**, identified themes and patterns in the data, looked for important outliers and trends, and derived recommendations from the information.

Survey questions were provided in English and ASL; participants, similarly, had the opportunity to respond to open-ended questions in English or ASL. All responses were guaranteed confidentiality. There were a total of 101 unique survey responses, which decreased through the survey; 61 answered the survey in full. We have specified the “N” for each data point below.

3. Data Results, Analysis, & Recommendations

A. Benefits of Being a Deaf, DeafBlind, or Hard of Hearing Resident

Survey and focus group participants both had the opportunity to share what is working well, or what they find beneficial about being a resident of the State of Connecticut. Participants consistently praised Connecticut’s storied history and its contributions to the broader deaf community as a whole. For instance, participants expressed pride that ASD was the birthplace of American Sign Language as it is known today. The state has produced deaf leaders who founded many other institutions and schools for the deaf that still exist today, such as Gallaudet University. Participants were also quick to acknowledge Connecticut’s many other firsts, according to them: the first commission for the deaf nationwide, the first-ever relay service, first provision of TTYs and interpreter services in hospital settings, and the first state to grant deaf women the right to drive.

Participants also acknowledged the many cultural and community events available: interpreted plays at The Bushnell Performing Arts Center and the Hartford Stage, performances delivered by members of the Connecticut Registry of Interpreters for the Deaf, sporting events, coffee social hours, and other events hosted by local organizations. Senior citizens and DeafBlind residents, in particular, recognized Communication Advocacy Network (CAN) for the organization’s provision of transportation and communication services (specific to DeafBlind individuals, the provision of Support Service Providers, ProTactile and Tactile interpreters, and communication facilitators). They shared that these services have contributed to their overall independence and quality of life. Similarly, participants praised Hear Here Hartford (HHH) and Connecticut Association of the Deaf (CAD) for their ongoing advocacy work and collaboration with various organizations and groups throughout the state. ASD was similarly recognized for its ties to the community, its PACES Residential Treatment Program, and its recently-formed Online Academy.

B. Areas of Improvement

Participants were asked about their experience with state services, employment, accessibility and interpreting, healthcare, emergency services, emergency communications, and their experience with COVID-19, as well as what changes should be made going forward.

Healthcare

Attitudes & Provision of Accommodations for Deaf, DeafBlind, and Hard of Hearing Patients

Analysis	Recommendations
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Broadly, deaf patients in Connecticut are not given the same care or consideration as their hearing peers. This is evidenced by the reported attitudes of healthcare providers, if not their outright refusal to provide deaf patients with their preferred accommodations. According to our survey, over 60% of Deaf, DeafBlind, and Hard of Hearing participants (N=101) answered “somewhat” or “no” when asked if they felt their healthcare providers understood how to work with them/met their needs.

More than 40% of deaf, hard of hearing, and deafblind participants (N=101) said they prefer in-person ASL interpreting services as their primary means of communicating with their healthcare provider. These patients, however, are instead provided with VRI (30%), paper and pen writing (22%), lip-reading (18%), and gesturing (11%).

Only 11% of participants always receive the accommodations they requested, while over 60% (N=101) never or only sometimes do. As one individual shared, *“I gave birth in 2013. They forced me to use a TTY to communicate rather than provide an interpreter. That was the second time this happened.”*

Another stated, *“My daughter ended up in the ER, and the doctor couldn’t communicate with me. They asked my daughter to [interpret for] them... Still today, I don’t even know what happened, and she’s still having pain from time to time, and I feel hopeless. I can’t even help her without knowing what’s going on.”* And another: *“Doctors, even audiologists, refuse to wear (or do not have) clear masks. This is a reasonable accommodation that should be available at this point in the pandemic.”*

As a final example: *“I kept asking them to write on the paper, yet they tried to communicate with me with the mask. I was in the ER a few months ago, and they used VRI, but they were struggling to turn it on. There were no directions or anything. I was in so much pain, and they spent so much time trying to figure out the VRI rather than focusing on me... When [they] set up the VRI, EACH doctor signed and logged it off, so the next person struggled with turning it on. Why would they log it off every time? A tech person came in to take me to get an X-ray. I couldn’t understand him, and I asked him to use the VRI. He said he would come back, but he gave up and went to the next patient. They put me in last just because they didn’t want to “communicate” with me.”*

Whether due to a lack of sensitivity or lack of understanding of the accommodation options available and the need to use qualified professionals rather than rely on family members for interpretation, these responses are greatly concerning, as they have a detrimental effect on deaf people’s health and overall quality of life. These issues appear to affect ASL users even more profoundly: of the 24 survey participants who chose ASL as their only primary language, around 21% did not visit a healthcare provider within the past 12 months. Comparatively, out of 14 participants who chose spoken English as their primary language, around 93% had visited a healthcare provider within the past 12 months.

Of the 5 participants who do not have a primary care provider, 100% identify as Deaf and use ASL as their primary language.

When asked how healthcare providers can improve, 51% of 101 participants asked for qualified ASL interpreting services, and 46% asked for deaf and/or disability awareness training and workshops for healthcare staff. Another 37% reported that their communication experience would be improved if healthcare staff were to use clear/transparent masks.

Recognizing that not all deaf individuals benefit from ASL interpreting services or transparent masks, it is vital that healthcare providers have a multitude of communication options on hand. This could be achieved by having multiple ASL agencies on contract, purchasing transparent masks and having them readily available for healthcare staff to use, and ensuring that either pen and paper or electronic means of written communication are available upon request.

Of course, healthcare providers must also be trained on how to use various accommodation tools/resources, as well as receive awareness and sensitivity training so that their patients are treated with respect and dignity.

Our recommendations include:

- Establish expectations for healthcare providers to actively engage and address concerns within the Deaf and hard of hearing community.
- Create a community health advocate program that employs Deaf and hard of hearing people to substantially change the number of Deaf, DeafBlind, and hard of hearing people who utilize healthcare services and have a primary healthcare provider.
- Require regular training for hospitals / medical professionals on how to serve deaf people, similar to the 1998 consent decree from CAD v. Middlesex Memorial Hospital.
- Make clear/transparent masks widely available to healthcare providers and provide education on when, how, and why they should be used.

Use of Video Remote Interpreting (VRI) in Healthcare Settings

Analysis	Recommendations
<p>When participants were asked when the use of VRI would be acceptable, considering that all healthcare providers in their area have Video Remote Interpreting technology, equipment, and Internet connectivity that works smoothly and reliably, 93% said VRI should <u>not</u> be used, and/or only used as a last resort, and/or only until an in-person interpreter arrives.</p> <p>For a deaf individual, the ubiquity of these responses are unsurprising. Even when the technological aspects of VRI work flawlessly, it is important to note that ASL and other signed languages are three-dimensional languages that make significant use of body language and physical space. These grammatical and linguistic components of the language are harder to grasp on a two-dimensional screen. Additionally, VRI equipment may be unwieldy to use or view if the patient is lying prone or on their back. All parties - healthcare providers, deaf patient(s), and the interpreter(s) themselves - generally benefit from in-person as opposed to remote interactions.</p> <p>As one participant shared, <i>“I almost died because of a VRI error. The interpreter from the VRI was not qualified at all. The doctor gave me the wrong medication because of the interpreter. I almost died because of that error.”</i></p>	<p>The use of VRI in healthcare settings must be carefully scrutinized. VRI should not be the default, nor only accommodation option, provided to sign language users. According to CT Gen. Statutes Sec. 19a-906(b)(2)&(e), providers “shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services.” Despite the fact that VRI is, in essence, a telehealth service, deaf patients are rarely informed of the methods and limitations of VRI, nor is it as simple for them to opt out of VRI, and instead, obtain wholly in-person treatment.</p> <p>Our recommendations include:</p> <ul style="list-style-type: none"> • Mandate that medical facilities adopt the National Association of the Deaf Minimum Standards for Video Remote Interpreting in Medical Settings: https://www.nad.org/about-us/position-statements/minimum-standards-for-video-remote-interpreting-services-in-medical-settings/ • Evaluate laws and policies to ensure that direct communication in ASL can occur effectively through telehealth services (e.g. healthcare, education, etc.), while also informing deaf individuals of their rights, the limitations of telehealth, and offering alternatives should they prefer otherwise. • Consider working with associations or coalitions of medical facilities to discuss how to implement uniform policies and processes so the deaf person's experience with medical facilities is consistent throughout the state.

Sign Language Interpretation

Expanding and Improving the Pool of Qualified Interpreters

Analysis	Recommendations
<p>Participants expressed concern about both the quantity and quality of ASL interpreters in the State of Connecticut. Only 50% of deaf, hard of hearing, and deafblind participants (N=84) felt current interpreting standards in the state were satisfactory, while over 65% felt ASL interpreting standards needed to be established.</p> <p>The greatest interpreting challenge identified among deaf, hard of hearing, and deafblind participants (N=82) was the supply of interpreters (54%). This is, at least in part, due to the increased availability of remote interpreting jobs, making interpreters less likely to accept in-person jobs. The perceived lack of availability, according to many participants, is due to the fact that businesses, healthcare providers, and other organizations rarely know where to find interpreters, or may only contact one or two agencies when attempting to fill a job. In the past, interpreter coordination was centralized through the Connecticut Commission on the Deaf and Hearing Impaired (CDHI). After the state cut its ASL interpreting services in 2016, it became significantly more difficult</p>	<p>Qualified ASL interpreters are essential to effective communication between hearing people, especially in education, employment, healthcare, and legal settings. According to the Modern Language Association's Language Enrollment Database (http://apps.mla.org/flsurvey_search), ASL enrollment at US institutions of higher education has increased rapidly, growing by 37% nationwide from 2009 to 2016. As of 2016, eleven institutions in Connecticut had students enrolled in ASL classes. This is an excellent starting point through which to funnel students interested in ASL toward the interpreting profession.</p> <p>Our recommendations include:</p> <ul style="list-style-type: none"> • Conduct an in-depth assessment to identify a path forward for improving the oversight and regulation of the ASL interpreting profession in Connecticut. <ul style="list-style-type: none"> ○ Identify challenges that hamper the professionalization of ASL interpreters.

<p>for deaf people and the businesses/organizations they frequent to find an interpreter when needed.</p> <p>Participants expressed that interpreter training/mentorship programs (54%) would greatly improve the overall quality of ASL interpretation services within the state. This is unsurprising, as there is only one post-secondary interpreter training program (ITP) in the state, at Northwestern Connecticut Community College. Additionally, deaf persons of color expressed the need for more interpreters of color, DeafBlind individuals expressed the need for more interpreters who are trained on how to work with DeafBlind individuals, including those with ProTactile or Tactile training, and participants encouraged the increase of Certified Deaf Interpreters (CDIs) as a whole.</p> <p>Healthcare/medical (80%), mental health (48%), and legal (37%) were identified as the three highest settings that should be ranked as most important when determining where to assign qualified and certified interpreters to work.</p>	<ul style="list-style-type: none"> ○ Establish goals to grow and professionalize the ASL interpreting profession to meet the demand and expectations for quality of services. ● Identify strategies to address these challenges, such as: <ul style="list-style-type: none"> ○ Increase the number of ASL interpreters by investing in programs to enhance the pipeline of potential ASL interpreters (ASL classes throughout K-12 and post-secondary education). ○ Revisit the current ITP program to determine how it can be supported to increase the supply of ASL interpreters ○ Boost the number of ASL interpreters of color through a direct recruiting campaign to bolster their numbers at state IEPs (interpreter education programs).
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Provision of ASL Interpreters in Healthcare Settings

Analysis	Recommendations
<p>Participants expressed that there is a significant lack of qualified ASL interpreters provided in healthcare settings. It appears that UConn Health has several ASL interpreters on staff, while no other hospitals in the state do. Some participants reported traveling over an hour to UConn Health for their medical needs, rather than risk not having an interpreter provided. Several participants shared experiences of arriving at their healthcare provider’s office only to find that the interpreter had canceled, or that interpreters had never been arranged in the first place. Others reported having to wait multiple hours at the emergency room for an interpreter to arrive.</p> <p>One participant claimed the issue is, in part, due to the fact that hospitals do not make an effort to obtain interpreters: <i>“Hospitals will contract with an agency, and when they can’t find an interpreter, they do not call other agencies [to fill the job].”</i> Another implied that hospitals do not have staff members who understand deaf patients’ needs or how to obtain an interpreter: <i>“Especially in hospital settings, there needs to be more qualified ASL interpreters along with a deaf coordinator.”</i></p> <p>There are reportedly a dozen or more interpreting agencies throughout the state. According to several participants, many interpreters, as freelancers, contract with multiple agencies to make ends meet. When interpreters must manage multiple commitments, this often has an adverse effect on deaf patients. As one individual recalled, an interpreter contracted for an appointment through one agency had to leave for a job arranged by another: <i>“The interpreter told my client that they could only stay for an hour when the appointment was scheduled for two. This was the third endoscopy appointment, canceled again because of interpreter issues.”</i></p>	<p>The issues mentioned are exacerbated by the scarcity of qualified ASL interpreters in hospitals. In addition to awareness training for healthcare providers, which could improve overall willingness to arrange for interpreters in the first place, healthcare providers would benefit from a more streamlined interpreter booking process - whether on the healthcare provider’s side (contracts with multiple agencies, a designated staff coordinator, and/or interpreters on staff) or on the agency side (greater collaboration between agencies and/or an inter-agency referral system).</p> <p>Our recommendations include:</p> <ul style="list-style-type: none"> ● Encourage collaboration between Connecticut healthcare facilities and programs to resolve continued challenges faced by Deaf and hard of hearing patients, similar to: https://accesspress.org/consortium-of-minnesota-hospitals-enters-agreement/ ● Explore alternatives to VRI, as previously mentioned above.

Government Services and Communications

Understanding, Sensitivity, and Constituent Relations

Analysis	Recommendations
<p>Nearly 40% of participants (N=95) experienced challenges and difficulties when engaging with state departments because of their lack of cultural awareness and sensitivity. State departments in this question include but are not limited to employment, vocational training and rehabilitation, health and human services, social services, public safety, etc.</p> <p>For instance, one participant said, <i>“There’s no clear way to file a complaint when something is inaccessible. For instance, DHHS and Aging and Elderly Services will not provide interpreters. We have to work our way through from the bottom up.”</i></p> <p>Another participant claimed, <i>“Since October, I have made several attempts to try to find someone to help me relating to Medicaid. It’s been since October; and not even the first step has been made. It’s extremely aggravating to not get the help I need; the lack of sensitivity and awareness of our language and cultural needs; the on-going misplaced calls to the wrong people (I was once directed to a Spanish speaking representative) and how much time and energy that I have to do intense data administration for those who do not know how to help us. We have a very long way to go in improving our statewide services.”</i></p> <p>Unfortunately, this is not unique to constituents; deaf State employees also expressed frustration: <i>“As a state employee, I have had to fight for access for years. I am floored by how unaware or unwilling state agencies are to provide access. Our HR ADA Compliance Officers are uneducated in issues relating to D/HH/DB employees. There needs to be TRAINING for HR and managers in all departments so they are more aware of the obstacles they place or refuse to remove to allow employees who are deaf and hard-of-hearing to do their jobs. The state needs to lead by example; if we don’t provide access in online videos and meetings or in the workplace, why would anyone else feel they need to?”</i></p> <p>Another participant who appears to be a State employee shared, <i>“The unwillingness of the state to provide clear masks years into the pandemic is shameful. For folks with hearing loss, masking (which I believe is essential in combating the spread of COVID) makes communication extremely difficult and in many cases impossible. In a state office building, where masks are required or regularly used, clear masks would allow many to participate. Yet this is considered to be a ‘hardship’ by the Department of Administrative Services (DAS).”</i></p> <p>In addition to the apparent lack of sensitivity and unwillingness to provide specific accommodations, participants also expressed disappointment that the State seemingly does not value their perspective and experience. As one participant shared, <i>“The State perceives deaf people as never being satisfied, but it’s because we have to fight every step of the way. Everything is a battle and our voice is not being heard.”</i></p> <p>Some participants mentioned that they felt the State is not</p>	<p>When asked how the state government could improve, participants (N=91) overwhelmingly recommended the following:</p> <ul style="list-style-type: none"> ● The hiring of more deaf employees at the State level (67%) ● More ASL accessibility across state programs and services (65%) ● More proactive provision of accommodations, without deaf individuals having to request them (62%) ● More community engagement and outreach (55%) <p>Many participants also emphasized the need for a State agency where deaf residents can go or contact to have their needs met and receive various services, such as: self-advocacy training, oversight of interpreting services and enforcement of interpreting standards, the provision of various resources, and ongoing policy change.</p> <p>In addition to the above, our recommendations include:</p> <ul style="list-style-type: none"> ● Given Connecticut’s storied history and roots in the American Deaf community, the state should enhance relations with and celebrate the recognition of the community’s role in the states’ success. ● Provide annual training to state employees on the expectations of the Deaf and hard of hearing community and how to work with deaf people and how to arrange for interpreters. ● Establish a clear mechanism and central location for CT residents to communicate with the state when specific services are needed. ● Audit of the accessibility and cultural sensitivity of state services used by Deaf and hard of hearing community members. ● Align with the efforts of nearly 37+ states that provide an agency to support the needs of other state agencies and the community. <ul style="list-style-type: none"> ○ Carry out a community-driven strategic planning process to determine top priorities for the state agency upon its formation. ○ Explore the concept of forming or expanding on current state agency services to coordinate efforts across agencies to support and serve the community. ○ Understand the risks and benefits of designing the state agency that serves the community’s needs. ○ Devise goals for the agency and gauge the interest and support for the state agency. ○ Collaborate with BESB and other disability focused agencies/services to support multiple needs within Deaf and hard of hearing community (DeafBlind, Deaf+, etc.). ● Establish appropriate complaint/grievance mechanisms: <ul style="list-style-type: none"> ○ Identify the appropriate agency to handle complaints about human/civil rights issues. ○ Ensure that the agency is equipped to handle complaints from the Deaf community, including in ASL. ○ Establish a hotline staffed/monitored by fluent ASL signers to capture issues related to discrimination/inaccessibility.

<p>maximizing its use of the Advisory Board for Persons Who are Deaf or Hard of Hearing or the Deaf-Blind Advisory Committee, and that although legislative progress has been made, <i>“Legislators keep watering down the laws - they are not tapping into Deaf people’s lived experience and wisdom.”</i></p>	<ul style="list-style-type: none"> ● Gather additional data on deaf people and their needs: <ul style="list-style-type: none"> ○ Future state-led efforts on its state’s residents should disaggregate disability data to better understand which needs are unique to or exacerbated among deaf residents. ○ Enhance data collection efforts with respect to deaf infants and children, and track them through both 504 and IEPs.
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Response to COVID-19

Analysis	Recommendations
<p>According to a report by the COVID-19 Consortium for Understanding the Public’s Policy Preferences Across States,¹ approximately “half of American adults report having been infected with COVID-19 at some point, with 35% saying they have tested positive for COVID-19 before.” Comparatively, 60% of Connecticut deaf survey participants (N=101) stated that they have tested positive for COVID-19.</p> <p>This discrepancy may be due to 32% of participants (N=100) stating that it is sometimes or usually very difficult to access and understand COVID, communications, information, and services provided by the state. In fact, only 12% of deaf, hard of hearing, and deafblind participants (N=99) expressed satisfaction with the state government’s response during COVID-19.</p> <p>While the COVID-19 pandemic appears to be waning at the time of this report, it is vital that these gaps be addressed before any future public health emergencies.</p>	<p>When asked what the state or local government could have done to improve during the COVID-19 pandemic, the highest-ranking responses (N=99) were:</p> <ul style="list-style-type: none"> ● Provide ASL access for all emergency broadcasts and press conferences (60%) ● Provide captioning access for all emergency broadcasts and press conferences (50%) ● Create an ASL accessible centralized website page with important information and updates (39%) ● Deaf community liaison(s) between the government and the deaf community (38%) <p>In addition to the above, our recommendations include:</p> <ul style="list-style-type: none"> ● Prepare for future pandemics and state-wide emergencies by looking to other states that successfully supported their deaf communities with better outcomes. ● Engage the Connecticut deaf community in conversations about what the state can do to improve outcomes during the next crisis. ● Consider establishing a state-wide agency to maintain relationships and communication with the Connecticut deaf community.

Emergency Communications

Analysis	Recommendations
<p>Participants indicated that the State of Connecticut could improve the accessibility of its emergency communications. Over 75% of deaf, hard of hearing, and deafblind participants (N=99) do not feel the state government’s emergency preparedness and policies are inclusive nor accessible. In a similar vein, over 50% of participants (N=99) said it was difficult to follow state government announcements and emergency broadcasts via TV, website, and social media.</p> <p>It appears that deaf residents feel the need to check in and ensure access is provided, and do not yet have faith that the State will do so proactively. One participant stated, <i>“Often when we know or hear there is a storm coming, we often have to call the Governor’s office to remind them to hire an interpreter to be sure the interpreter is on the corner of the TV screen... I wish they would do this on their own rather than us having to remind</i></p>	<p>In addition to the COVID-19-specific recommendations listed above, our recommendations include:</p> <ul style="list-style-type: none"> ● Create policies that ensure the hire of ASL interpreters at all government communications that rise to the level where all state residents must be reached (e.g. emergencies, weather, pandemic, or similar situations). ● Consider the establishment of an Office of Language Access or Language Equity to monitor overall language access/equity (such as ASL, Spanish, Portuguese, etc.) throughout all government services and communications.

¹ <https://www.covidstates.org/reports/state-of-the-covid-19-pandemic>

them.”

Emergency Services

Analysis	Recommendations
<p>When asked whether or not they experienced any challenges or difficulties when interacting with emergency service providers over the past year (N=92), 24% of participants stated that they did not interact with an emergency service provider, 28% said they experienced no difficulties, and 26% said the emergency service provider(s) they engaged with lacked cultural awareness and sensitivity. One participant shared a story about a deaf person with cerebral palsy who was approached by police, who, assuming that this person was inebriated, handcuffed the individual’s hands behind their back, making it impossible for them to communicate.</p> <p>Aside from the lack of awareness/sensitivity, were a total of 52 instances of refusal to provide accommodations (such as assistive listening devices, closed captioning, and ASL/CDI interpretation), refusal to engage through relay service with the deaf caller, provision of unqualified interpreters, and discriminatory treatment. Participants felt that their concerns were often trivialized by emergency service providers. As one individual shared, “<i>Someone backed their car into mine. The police refused to provide an interpreter even though I repeatedly asked for one.</i>” This respondent claimed that the officer told him the situation was “not a big deal” while he looked on, frustrated, as the officer spoke at length with the other driver.</p> <p>Participants of color were especially concerned about police brutality, both in light of current events and given the fact that deafness is not visibly apparent; they expressed apprehension with the fact that emergency service providers might not be familiar with how to interact with deaf individuals and that unintentionally ignored verbal commands could escalate into a more drastic situation.</p>	<p>Our recommendations include:</p> <ul style="list-style-type: none"> • Provide regular training to emergency service providers on interacting with deaf individuals, the Americans with Disabilities Act, and where/how to obtain interpreters. • Make transparent masks available to emergency service providers.

Employment

Analysis	Recommendations
<p>Based on participants’ responses, it is evident that deaf individuals in the State of Connecticut experience disparate employment outcomes, including under/unemployment, a lack of sensitivity and accessibility in the workplace, and insufficient training and professional development opportunities.</p> <p>Participants (N=53) were closely split between employment in the private sector (30%), public sector (36%), and non-profit sector (34%). When asked what barriers they face in the workplace, 41% experience communication difficulties, 24% experience discrimination/unfair treatment, and 22% reported limited opportunities for advancement in their workplace.</p> <p>While the majority of participants (N=50) stated they receive accessibility accommodations, 30% reported they do not. Of the</p>	<p>When asked to offer their top recommendations for how employers can improve, participants (N=84) encouraged:</p> <ul style="list-style-type: none"> • Improving communication access (60%) • More ADA awareness and training (51%) • More opportunities for advancement (46%) • More deaf employees (43%) • Greater cultural sensitivity (40%) <p>In addition to the above, our recommendations for enhancing the employment experience of and for deaf Connecticutians include:</p> <ul style="list-style-type: none"> • Establish robust post-secondary transition for learners who seek to continue their education at state community colleges and universities. • Focus on a set of business allies to create incentives for businesses to hire critical masses of deaf people, building

<p>24 participants who work under a hearing employer, 50% said they were treated worse than their hearing co-workers. Participants who were one of, if not the only deaf person in their place of employment reported feeling isolated or not fully included, and 25% of participants reported leaving a past job because of discrimination or an unsatisfactory work environment.</p> <p>Participants expressed concern that there are insufficient deaf teachers, and that Praxis exams are not accessible nor culturally appropriate for deaf individuals. Participants also reported mixed experiences with working from home as a result of COVID-19. Some felt doing so allowed for greater accessibility and inclusion, especially with a shift to text-based over verbal-based communications and the ability to communicate freely without a mask; while others felt that videoconferencing fatigue made it harder for them to participate equally alongside hearing coworkers. This emphasizes the need to tailor communication methods and accommodations to each deaf individual.</p> <p>Lastly, some participants expressed frustration with the Bureau of Rehabilitation Services, claiming that BRS staff - both deaf and hearing - were more interested in closing their cases than placing them in the field/profession of their preference or choice.</p>	<p>such capacity is more effective and successful than advocating for thousands of businesses to support Deaf and hard of hearing employees.</p> <ul style="list-style-type: none"> • Highlight model businesses that successfully hire and employ Deaf and hard of hearing people (e.g. Walgreens) • Offer accessible training in ASL for deaf business owners and entrepreneurs. • Provide training/ASL resources on how to qualify for Connecticut's SBE/MBE Program as a disabled business owner. • Expand funding support for local non-profit organizations to improve their advocacy, and social services, which will in turn also create jobs and improve overall quality of life. • Provide incentives for Deaf people to become Support Service Providers (SSPs) and Communication Facilitators (via organizations such as CAN or the Hellen Keller National Center), which will both improve employment and DeafBlind residents' quality of life. • Survey individuals who have utilized the Bureau of Rehabilitation Services for job placement support, along with employers, to determine how to ensure that individuals are being placed in appropriate and productive positions of employment and have adequate support to thrive.
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DeafBlind Residents

Analysis	Recommendations
<p>DeafBlind participants face some of the most significant barriers to overall quality of life. Based on participants' input, it is clear that more support services and support groups are needed, as are additional resources and funding for technology, Support Service Providers and Communication Facilitators, and training for both DeafBlind individuals and those they interact with (employers, state employees, and so on).</p> <p>DeafBlind participants felt strongly that the State as a whole, as well as the Bureau of Education and Services for the Blind (BESB) is not meeting their unique needs. As one person stated, <i>"The State of Connecticut thinks we are the same as hearing blind [people]; we are NOT! Our communication issues are different. Hearing blind people can hear, DeafBlind people need tactile communication."</i> Another remarked, <i>"BESB is supposed to teach police, emergency services, etc. about our needs and provide accessible alarms, but they do not have enough money for this."</i></p> <p>Participants expressed deep concern that their self-autonomy and overall quality of life are heavily contingent upon CAN, a small organization, and that the State could do more in this area. They reported that there are not enough programs for DeafBlind individuals in the State of Connecticut, and that BESB often will not pay for them to attend out-of-state training provided by organizations such as I Care Connections or the Hellen Keller National Center.</p> <p>DeafBlind residents also reported that there are insufficient numbers of Support Service Providers and Communication Facilitators. As one male DeafBlind participant shared, <i>"Other</i></p>	<p>Our recommendations include:</p> <ul style="list-style-type: none"> • Set aside additional funding for DeafBlind residents, or Deaf people who will eventually become blind, to partake in trainings both in and out-of-state, including but not limited to: how to navigate daily life as a DeafBlind person, communication tools and techniques available, and so on. • Actively expand the pool of DeafBlind employees within the State and cultivate more DeafBlind leadership as a whole. • Ensure that BESB has a signing individual on staff who understands DeafBlind needs, or create a separate department to focus specifically on this population.

<p><i>states have male support service providers who can serve male consumers. Here, it's very limited. There are mostly female SSPs, which makes it hard to go to the gym, doctor's appointments, and so on."</i></p> <p>Lastly, DeafBlind participants felt that the broader community and various professionals they interact with would benefit from awareness/sensitivity training. This includes individuals who work with the broader blind/disabled community: <i>"Para Transit drivers don't know how to communicate with me. They have no patience and tend to rush things. They've taken me to the wrong place before. I wish they could sign."</i></p>	
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Senior Citizens

Analysis	Recommendations
<p>Senior citizen participants shared many of the concerns and barriers listed above. They also identified some unique challenges, for instance: <i>"We want independent living, assisted living, nursing homes, and medical services for deaf senior citizens throughout Connecticut, where all people know ASL. Plus senior citizen services; people who can help clean, mow, and shop."</i></p> <p>Another participant expressed unease about the time she has left: <i>"All the law firms I've contacted refuse to provide interpreters. I haven't been able to develop a will."</i></p>	<p>Our recommendations include:</p> <ul style="list-style-type: none"> • Meet with deaf community representatives and the State Department of Aging and Disability Services to discuss strategies to address this gap in the services available within the state.

Persons of Color

Analysis	Recommendations
<p>Deaf persons of color have also experienced many of the challenges previously mentioned. As stated above, participants indicated the need for more interpreters of color and concerns about police brutality.</p> <p>Participants also emphasized the need to increase the number of professionals who themselves are deaf people of color, such as mental health providers and State employees, who would therefore better understand their unique life experiences.</p>	<p>Our recommendations include:</p> <ul style="list-style-type: none"> • Multicultural and multiracial agencies/ services provided by the state take the necessary steps to engage organizations that service deaf people of color to support their needs.

Young Adults

Analysis	Recommendations
<p>Participants' primary concerns were related to the attitudes of healthcare providers and employers toward Deaf, DeafBlind, and Hard of Hearing individuals. Many participants reported that healthcare providers have treated them differently because of their deafness or because they asked their healthcare provider to use a clear/transparent mask or other form of accessibility accommodations. As one individual stated, <i>"I'm 25 years old, but doctors will ask to talk to my mom instead of me... the doctors can be a little condescending. They don't want to pull down their</i></p>	<p>Participants emphasized the need for employer education; <i>"A requirement for companies, employees or managers to take classes so they can have more knowledge of what it's like to work with a Deaf person or anybody with a disability."</i></p> <p>Our recommendations include:</p> <ul style="list-style-type: none"> • Invite organizations such as Hear Here Hartford and the Connecticut Association of the Deaf to present to graduating high school students so that they have an understanding of

<p><i>mask. They'll yell loudly, which is very, very condescending.</i>" Also in relation to healthcare providers, a participant said, <i>"They kind of treat you as if you're an idiot and that you don't understand."</i></p> <p>In regards to employment, the majority of participants expressed frustration and/or concern about finding and holding jobs. One participant shared, <i>"A few of my friends from college that are Deaf have tried to apply to jobs, and they struggle with getting one."</i> Several expressed concern that they would not be able to find employment in the future. One participant even shared a story about a deaf friend who experienced challenges finding work as a nurse due to the lack of clear/transparent masks in healthcare settings.</p> <p>Participants also agreed that colleges and universities in Connecticut could do more to make deaf students aware of the accommodations available to them. Many expressed having to self-advocate to obtain the accommodations they need.</p>	<p>their rights and a support system available as they enroll in institutions of higher education.</p> <ul style="list-style-type: none"> ● Per above, provide sensitivity and awareness training to healthcare providers, employers, and other professionals.
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Self-Advocacy and Empowerment

Analysis	Recommendations
<p>Respondents were in widespread agreement that Deaf, DeafBlind, and Hard of Hearing residents would benefit from training on their rights and what to do in the face of various forms of discrimination. While Connecticut's former Commission on the Deaf and Hearing Impaired played a significant role in advocating for deaf residents, this advocacy is now largely left to individuals who are not equipped with adequate knowledge or resources to effectively support their rights or needs.</p> <p>Similarly, legal avenues are largely inaccessible to deaf people, either because they do not know how to navigate the system, or because legal representatives are unwilling to provide the accommodations that deaf people need.</p> <p>Deaf residents would also benefit from greater access to technology overall. A 2020 report² shows that 20% of Connecticut residents do not have a computer at home. Comparatively, 36% of survey participants (N=99) do not use a computer to access the internet at home.</p>	<p>Our recommendations include:</p> <ul style="list-style-type: none"> ● Implement or incentivize the provision of training for deaf residents on their rights under the ADA, in relation to interpreting scenarios, and general leadership development/self-advocacy training. <ul style="list-style-type: none"> ○ Regular Deaf Self-Advocacy Training (DSAT) or similar training. ○ Community and youth leadership development program ○ Provide space for the Deaf, DeafBlind, and Hard of Hearing community to understand their role as advocates and develop relationships with legislators to advance their issues. ● Create a funding pool where local attorneys can apply for reimbursement for the cost of interpreters, similar to https://mcba.org/?pg=DEAFund ● Capitalize on funding through NTIA to identify Deaf and hard of hearing people who do not have a computer or access to high speed internet which are critical to ensuring their ability to communicate with the world and identify opportunities for their professional growth, health, and overall quality of life: https://www.internetforall.gov/program/broadband-equity-access-and-deployment-bead-program

² https://www.dalioeducation.org/Customer-Content/www/CMS/files/DigitalDivide_Report_2020_Final.pdf

5. Conclusion

Innivee Strategies wishes to thank American School for the Deaf, Connecticut Association of the Deaf, and Hear Here Hartford for engaging our company on this project. We also wish to thank the many Connecticut residents who participated in our survey and/or focus groups for their time, ideas, and insight.

Focus group participants were asked, “If you could wave a magic wand and change one thing about your quality of life as a Deaf, DeafBlind, or hard of hearing person living in Connecticut today, what would it be?” Whether Deaf, DeafBlind, or hard of hearing, young or old, responses were remarkably similar. Participants stated that they wanted others to understand them and their frustrations, whether by using their “magic wand” to make hearing people, employers, or even legislators deaf for a day, week, month, or for life, or simply by recognizing that they, too, wish to contribute fully as citizens of Connecticut. As one young adult participant succinctly put it, *“I wish the hearing community would see that deaf people are regular human beings, too.”*

In this spirit, it is our hope that this report will assist advocacy organizations, community members, and legislators in advancing the overall quality of life of Deaf, DeafBlind, and Hard of Hearing individuals who reside in the State of Connecticut.

APPENDIX A: SURVEY RESULTS

CT Needs Assessment Survey Results

Total sample size = 101

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1. [Healthcare & Emergency Services](#)
2. [Access to State Services](#)
3. [Employment](#)
4. [Interpreters](#)
5. [Demographics](#)

NOTES

1. The number of respondents have decreased through the survey. Only 61 participants answered all the questions. The N will need to be specified for each data point when writing them in your report.
2. Green highlight = highest response option
3. Yellow highlight = second highest response option
4. Blue highlight = third highest response option
5. Purple highlight = bivariate analysis

QUESTION CATEGORY: HEALTHCARE & EMERGENCY SERVICES

How long has it been since you visited a healthcare provider for a general physical exam? This is a routine check up with a doctor, not a visit for a specific injury or illness.

	Frequency	Percent
Within the past 12 months	79	78.22%
Over one year, but not more than two years	12	11.88%
Over two years, but less than five years	7	6.93%
Over five years or more	2	1.98%
I have never had a general physical exam	1	0.99%
TOTAL	101	100%

Note: Of the 24 participants who chose American Sign Language as their only primary language, around 21% did not visit a healthcare provider within the past 12 months. Out of 14 participants who chose spoken English as their primary language, around 93% visited a healthcare provider within the past 12 months.

Why haven't you visited a healthcare provider for a general physical exam in this time period? Select all that apply.

	Frequency	Percent
I don't have a doctor I regularly go to see	5	22.73%
My doctor/doctor's office refused to provide accommodations for communication access	1	4.55%
I couldn't get an appointment	0	0%
My doctor does not understand how to work with me	2	9.09%
I do not feel comfortable interacting with healthcare providers	2	9.09%

It is expensive to get health care	6	27.27%
I don't have a way to get there/no transportation	0	0%
I am busy and have not had the time to see a doctor	1	4.55%
I don't have health insurance	0	0%
Other	10	45.45%
TOTAL	22	122.73%

Note: All (100%) of the 5 participants who do not have a primary care provider identify as Deaf who use ASL as their primary language.

Do you feel your healthcare providers understand how to work with you and meet your needs as a deaf, hard of hearing, or DeafBlind patient?

	Frequency	Percent
No	13	12.87%
Somewhat	51	50.50%
Yes	31	30.69%
Not applicable	6	5.94%
TOTAL	101	100%

How do you prefer to communicate with healthcare providers? What accommodation or approach works the best for you?

	Frequency	Percent
Video Remote Interpreting (VRI)	16	15.84%
Paper and pen writing	10	9.90%
Speech-to-text/automatic speech recognition captioning	3	2.97%
Typing on an electronic device	2	1.98%
Gesturing	2	1.98%

Lip-reading	12	11.88%
Assistive listening devices	0	0%
CART or other real-time captioning	1	0.99%
ASL/English interpreting (at least one hearing interpreter)	41	40.59%
CDI interpreting team (at least one hearing interpreter and at least one deaf interpreter)	0	0%
Direct communication with a healthcare provider who uses ASL	1	0.99%
Other	2	1.98%
I do not request communication accommodations in healthcare settings	11	10.89%
TOTAL	101	100%

What method of communication or accommodation do you usually receive in healthcare settings? This does not mean what accommodation you request; but what they end up providing you with.

	Frequency	Percent
Video Remote Interpreting (VRI)	30	29.70%
Paper and pen writing	22	21.78%
Speech-to-text/automatic speech recognition captioning	6	5.94%
Typing on an electronic device	7	6.93%
Gesturing	11	10.89%
Lip-reading	18	17.82%
Assistive listening devices	3	2.97%

CART or other real-time captioning	2	1.98%
ASL/English interpreting (at least one hearing interpreter)	22	21.78%
CDI interpreting team (at least one hearing interpreter and at least one deaf interpreter)	3	2.97%
Direct communication with a healthcare provider who uses ASL	2	1.98%
Other	10	9.90%
I do not request communication accommodations in healthcare settings	12	11.88%
They refuse to provide communication accommodations when I request them	1	0.99%
TOTAL	101	147.52%

Generally, how often do you receive accommodations that you have specifically requested for in healthcare settings?

	Frequency	Percent
Never	14	13.86%
Sometimes	48	47.52%
Often	13	12.87%
All the time	11	10.89%
I do not request communication accommodations in healthcare settings	12	11.88%
They refuse to provide any communication accommodations	3	2.97%

TOTAL	101	100%
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What are some ways that your healthcare providers and/or doctor's offices can improve your communication experience? Select all that apply.

	Frequency	Percent
Use of Video Remote Interpreting (VRI) only in specific situations	23	22.77%
Qualified ASL interpreting services	51	50.50%
CDI interpreting team (one hearing ASL interpreter with one deaf interpreter)	4	3.96%
Clear masks for healthcare staff	37	36.63%
Clear masks for interpreters	20	19.80%
Deaf and/or disability awareness training/workshops for healthcare staff	46	45.54%
Availability of patient advocates that are fluent in ASL	14	13.86%
Direct communication with medical providers and staff who use ASL	17	16.83%
Accessible communication on the online portal	18	17.82%
Other	7	6.93%
I do not request communication accommodations in healthcare settings	10	9.90%
TOTAL	101	244.55%

Imagine that all healthcare providers in your area have Video Remote Interpreting (VRI) technology, equipment, and Internet connectivity that works smoothly and reliably. In

which situations would you prefer to use VRI instead of another communication method or accommodation? Select all that apply.

	Frequency	Percent
Until an in-person interpreter arrives	34	33.66%
For a medical appointment/visit	33	32.67%
If my visit/stay is expected to be under 2 hours	17	16.83%
Emergency care situations	19	18.81%
Emergency care situations until an in-person interpreter arrives	29	28.71%
With a Certified Deaf Interpreter (CDI)	6	5.94%
VRI should only be used as a very last resort	23	22.77%
VRI should not be used at all	7	6.93%
Other	1	0.99%
I do not use VRI	17	16.83%
I do not have enough knowledge about VRI to respond	3	2.97%
TOTAL	101	187.13%

Did you ever test positive for COVID-19?

	Frequency	Percent
Yes	61	60.40%
No	35	34.65%
Prefer not to answer	5	4.95%
TOTAL	101	100%

How many times did you test positive for COVID-19?

	Frequency	Percent
One time	38	62.30%
Two times	12	19.67%
Three times	7	11.48%
Four or more times	4	6.56%
Prefer not to answer	0	0%
TOTAL	61	100%

What is your COVID-19 vaccination status?

	Frequency	Percent
I have not received any vaccinations	4	4%
Received one vaccine dose of Moderna or Pfizer	4	4%
Fully vaccinated (1 dose of J&J or 2 doses of Moderna/Pfizer)	29	29%
Fully vaccinated and boosted once	17	17%
Fully vaccinated and boosted twice	42	42%
Prefer not to answer	4	4%
TOTAL	100	100%

Why are you not fully vaccinated against COVID-19? Select all that apply.

	Frequency	Percent
I don't know if it is safe	4	50%
I just don't want to get vaccinated	0	0%
I don't trust who makes the vaccinations	1	12.50%
I don't know where to get	0	0%

vaccinated		
It has been hard to find more information about vaccinations	0	0%
I am not sure if I have to pay for vaccinations	1	12.50%
I haven't had time; I plan to get vaccinated as soon as I am able to	1	12.50%
Other	0	0%
Prefer not to answer	2	25%
TOTAL	8	100%

Generally, how easy is it to access and understand COVID, communications, information, and services provided by the state? (Government press conferences, state COVID testing and vaccination efforts, etc.)

	Frequency	Percent
Usually very difficult	6	6%
Sometimes difficult	28	28%
Fairly easy	44	44%
Very easy	19	19%
I do not have enough information to respond	3	3%
TOTAL	100	100%

What could the state or local government have done to improve your access to communication, information, and services during the COVID-19 pandemic? Select all that apply.

	Frequency	Percent
ASL access in all emergency broadcasts and press conferences	59	59.60%
Captioning access in all emergency broadcasts and	49	49.49%

press conferences		
ASL accessible centralized website page with important information and updates	39	39.39%
Community outreach with state services (unemployment benefits, food stamp services, mental health services, etc.)	28	28.28%
Deaf community liaison(s) between the government and the deaf community	38	38.38%
Social media presence with deaf-friendly resources	28	28.28%
Other	4	4.04%
None of the above; I was satisfied with the state government's response during COVID-19	12	12.12%
TOTAL	99	259.60%

Did you lose your job due to COVID-19?

	Frequency	Percent
Yes, I lost my only job	5	5.05%
Yes, I had more than one job and I lost some, but not all of them	7	7.07%
No	70	70.71%
I did not have a job at the start of COVID-19	17	17.17%
TOTAL	99	100%

QUESTION CATEGORY: ACCESS TO STATE SERVICES

Which of the following electronic devices do you use to access the internet at home?
Select all that apply.

	Frequency	Percent
Laptop or desktop computer	63	63.64%
Tablet (iPad or similar)	11	11.11%
Smartphone (iPhone, Android, or similar)	23	23.23%
Other	1	1.01%
I do not have these devices	1	1.01%
TOTAL	99	100%

How frequently do you experience internet issues accessing information online while at home (can't connect to the internet, ASL videos won't load, etc.)?

	Frequency	Percent
Most of the time	11	11.11%
Sometimes	38	38.38%
Rarely	39	39.39%
Never	11	11.11%
I do not have internet at home	0	0%
TOTAL	99	100%

Where do you usually find/access state government information and services?

	Frequency	Percent
Internet: state government website	32	32.32%
Internet: news articles	18	18.18%
Social media	20	20.20%
TV	13	13.13%

Newspaper	3	3.03%
Family/friends	7	7.07%
State government office(s) in-person	1	1.01%
Other	3	3.03%
I don't actively search for state government information and services	2	2.02%
TOTAL	99	100%

In general, how easy is it to follow state government announcements and emergency broadcasts via TV, website, and social media?

	Frequency	Percent
Usually very difficult	9	9.09%
Sometimes difficult	43	43.43%
Fairly easy	32	32.32%
Very easy	10	10.10%
I don't keep track of state government announcements and emergency broadcasts	5	5.05%
TOTAL	99	100%

Note: 67% of DeafBlind participants (N=3) said it was sometimes difficult to follow state government announcements and emergency broadcasts, while the remaining DeafBlind participant did not keep track of state government announcements and emergency broadcasts.

Do you feel that your state government's emergency preparedness and policies are inclusive of, or accessible to, the deaf, hard of hearing, and DeafBlind community?

	Frequency	Percent
No	23	23.23%
Somewhat	52	52.53%
Yes	14	14.14%
I don't know	10	10.10%

TOTAL	99	100%
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Have you ever filed a formal complaint within your state because of a discrimination you experienced? For instance, a complaint as a result of discrimination in employment, housing, or in receiving disability accommodations.

	Frequency	Percent
No, I have not needed to file a complaint	50	50.51%
No, I don't know where to file a complaint	23	23.23%
Yes, but my complaint was never responded to or solved	15	15.15%
Yes, and my complaint was resolved	11	11.11%
TOTAL	99	100%

Which state services do you feel are working well? Select all that apply.

	Frequency	Percent
Disability services (ex: Connecticut Council on Developmental Disabilities, Department of Developmental Disabilities, Office of Protection and Advocacy for Persons with Disabilities)	16	16.67%
Interpreting services	22	22.92%
Mental health services (ex: Department of Mental Health and Addiction Services)	9	9.38%
Early childhood services (ex: Department of Children and Families, Office of Early Childhood)	7	7.29%
Education services (ex: State Department of Education)	10	10.42%
Medicaid/Husky Health	10	10.42%

services		
Emergency services (ex: Division of Emergency Management and Homeland Security, Department of Emergency Services and Public Protection)	8	8.33%
Rehabilitation services (ex: Vocational Rehabilitation (VR))	14	14.58%
Registration services (ex: Department of Motor Vehicles)	9	9.38%
Child welfare services (ex: Foster care, child care licensing, Temporary Assistance for Needy Families)	3	3.13%
Unemployment benefits services	1	1.04%
Food assistance services (ex: SNAP, WIC, etc.)	8	8.33%
Employment opportunities	4	4.17%
Other	9	9.38%
None of the above	19	19.79%
I did not use state programs and services	23	23.96%
TOTAL	96	179.17%

Which state services do you feel need improvement? Select all that apply.

	Frequency	Percent
Disability services (ex: Connecticut Council on Developmental Disabilities, Department of Developmental Disabilities, Office of Protection and Advocacy for Persons with	37	38.95%

Disabilities)		
Interpreting services	54	56.84%
Mental health services (ex: Department of Mental Health and Addiction Services)	35	36.84%
Early childhood services (ex: Department of Children and Families, Office of Early Childhood)	28	29.47%
Education services (ex: State Department of Education)	31	32.63%
Medicaid/Husky Health services	26	27.37%
Emergency services (ex: Division of Emergency Management and Homeland Security, Department of Emergency Services and Public Protection)	33	34.74%
Rehabilitation services (ex: Vocational Rehabilitation (VR))	20	21.05%
Registration services (ex: Department of Motor Vehicles)	28	29.47%
Child welfare services (ex: Foster care, child care licensing, Temporary Assistance for Needy Families)	22	23.16%
Unemployment benefits services	18	18.95%
Food assistance services (ex: SNAP, WIC, etc.)	23	24.21%
Employment opportunities	28	29.47%
Other	6	6.32%
None of the above	5	5.26%

I did not use state programs and services	12	13.68%
TOTAL	95	428.42%

Did you experience any challenges or difficulties when engaging with state departments, programs and/or services? Select all that apply.

	Frequency	Percent
Lack of cultural awareness and sensitivity	37	38.95%
They did not have equipment to accommodate my assistive listening devices (FM/audio loop)	13	13.68%
They refused to provide closed captioning	10	10.53%
They refused to provide CART/Live captioning	3	3.16%
They refused to talk with me or hung up on me because I use a relay service to communicate by phone	18	18.95%
They refused to provide a sign language interpreter	14	14.74%
They provided a sign language interpreter, but the interpreter was not skilled/qualified	14	14.74%
They refused to provide a Certified Deaf Interpreter (CDI)	2	2.11%
Discrimination/unfair treatment compared to hearing constituents	16	16.84%
Other	5	5.26%
I did not experience any challenges or difficulties	11	11.58%
I did not use state programs	19	20.00%

and services		
TOTAL	95	170.53%

Have you interacted with any of the following emergency service providers in the last 12 months? Select all that apply.

	Frequency	Percent
911 operator	15	15.96%
Police	23	24.47%
Fire department	4	4.26%
Paramedics/Ambulance	15	15.96%
Emergency department doctor	18	19.15%
Utility service personnel (power line outage, gas pipe leak, etc.)	13	13.83%
Other	7	7.45%
I did not interact with any emergency service providers	42	44.68%
TOTAL	94	145.74%

Did you experience any challenges or difficulties when interacting with emergency service providers over the past year? Select all that apply.

	Frequency	Percent
Lack of cultural awareness and sensitivity	24	26.09%
They did not have equipment to accommodate my assistive listening devices (FM/audio loop)	7	7.61%
They refused to provide closed captioning	4	4.35%
They refused to provide CART/Live captioning	1	1.09%
They refused to talk with me	5	5.43%

or hung up on me because I use a relay service to communicate by phone		
They refused to provide a sign language interpreter	6	6.52%
They provided a sign language interpreter, but the interpreter was not skilled/qualified	6	6.52%
They refused to provide a Certified Deaf Interpreter (CDI)	2	2.17%
Discrimination/unfair treatment compared to hearing constituents	12	13.04%
Other	11	11.96%
I did not experience any challenges or difficulties	26	28.26%
I did not use emergency service providers	22	23.91%
TOTAL	92	136.96%

Are there ways the state government could improve to better serve the deaf, hard of hearing, and DeafBlind community in Connecticut? Select all that apply.

	Frequency	Percent
More community engagement and outreach	50	54.95%
More ASL accessibility across state programs and services	59	64.84%
Hire deaf employees	61	67.03%
Provide accommodations without having to request for it	56	61.54%
Other	6	6.59%
What the state government	5	5.49%

has offered is fine as is, no need for improvement		
TOTAL	91	260.44%

If your state government had more deaf employees and/or were more accessible, would you use their programs and services more often?

	Frequency	Percent
No	5	5.49%
Maybe	29	31.87%
Yes	57	62.64%
TOTAL	91	100%

QUESTION CATEGORY: EMPLOYMENT

What is your current employment status?

	Frequency	Percent
Employed full-time	40	45.45%
Employed part-time	10	11.36%
Unemployed	3	3.41%
Seeking opportunities	2	2.27%
Stay-at-home-parent	1	1.14%
Retired	25	28.41%
SSI/SSDI	3	3.41%
Student	3	3.41%
Other	0	0%
Prefer not to answer	1	1.14%
TOTAL	88	100%

Which sector was your current or most recent job in?

	Frequency	Percent
Private sector (i.e. corporation, companies, businesses etc.)	16	30.19%
Public sector (i.e. federal/local/state government agency/department)	19	35.85%
Non-profit sector (i.e. organizations, public schools, hospitals, etc.)	18	33.96%
TOTAL	53	100%

Which working environment was your current or most recent job in?

	Frequency	Percent
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Fully in person	38	71.70%
Hybrid working situation (both remote and in person)	13	24.53%
Fully remote	2	3.77%
I don't have a job	0	0%
TOTAL	53	100%

What is your current or most recent work environment like in terms of deaf accessibility? (An ASL-friendly environment means you have deaf co-workers, are provided accessibility accommodations, and overall feel positive about your deaf identity at your workplace)

	Frequency	Percent
Deaf employer, ASL-friendly environment	22	41.51%
Hearing employer, ASL-friendly environment	11	20.75%
Deaf employer, not ASL-friendly environment	7	13.21%
Hearing employer, not ASL-friendly environment	13	24.53%
TOTAL	53	100%

If you have been employed within the past 12 months, how do you feel you were treated compared to your hearing co-workers?

	Frequency	Percent
Worse than hearing co-workers	18	35.29%
The same as hearing co-workers	29	56.86%
Better than hearing co-workers	1	1.96%
I do not have hearing co-workers	1	1.96%
I have not been employed	2	3.92%

within the past 12 months		
TOTAL	51	100%

Note: Of the 24 participants who work under a hearing employer, 50% said they were treated worse than their hearing co-workers.

Which of these barriers do you face in your current or recent workplace, if any? Select all that apply.

	Frequency	Percent
Communication difficulties	21	41.18%
Discrimination/unfair treatment	12	23.53%
Expectations for the job requirements are disagreed upon	5	9.80%
Employer lacks cultural sensitivity	10	19.61%
Limited opportunities for advancement	11	21.57%
Other	8	15.69%
I do not face any of these barriers in my workplace	10	19.61%
TOTAL	51	150.98%

Does your employer provide accessibility accommodations to ensure you are able to do your job to the best of your ability?

	Frequency	Percent
No	6	12.00%
No, I am actively doing something about this situation (i.e. contact HR, file a complaint, etc.)	9	18.00%
Yes, they contract with accommodation providers	27	54.00%
Yes, they hire accommodation providers	7	14.00%

full-time		
I don't have a job	1	2.00%
TOTAL	50	100%

Have you ever left your job because you experienced discrimination and/or because of an unsatisfactory work environment?

	Frequency	Percent
Yes	21	24.71%
No	61	71.76%
I never had a job	3	3.53%
TOTAL	85	100%

What are the top three recommendations for improvements in the workforce for the deaf, hard of hearing, and DeafBlind community? Select all that apply.

	Frequency	Percent
ADA awareness and training	43	51.19%
Communication access	50	59.52%
Staff engagement and relationships	28	33.33%
Cultural sensitivity	34	40.48%
More deaf employees	36	42.86%
Opportunities for advancement	39	46.43%
Other	7	8.33%
TOTAL	84	282.14%

QUESTION CATEGORY: INTERPRETERS

In general, how would you describe current interpreting standards in your state?

	Frequency	Percent
Not at all satisfactory	12	14.29%
Slightly satisfactory	20	23.81%
Somewhat satisfactory	30	35.71%
Very satisfactory	12	14.29%
I do not have enough information to respond	10	11.90%
TOTAL	84	100%

Do you think ASL interpreting standards need to be established or improved in the state of Connecticut, such as through policy change and/or enforcement of quality standards?

	Frequency	Percent
No	2	2.38%
Maybe	10	11.90%
Yes	55	65.48%
I do not have enough information to respond	17	20.24%
TOTAL	84	100%

In which setting do you use ASL interpreters to communicate? Select all that apply.

	Frequency	Percent
Healthcare/medical	52	61.90%
Mental health	22	26.19%
Human/social services	30	35.71%
Employment/job-related	31	36.90%
K-12 education	21	25.00%
Post-secondary education	13	15.48%

Legal	24	28.57%
Video Relay Service (VRS)	31	36.90%
Video Remote Interpreting (VRI)	22	26.19%
Family/personal matters	12	14.29%
General consumer	14	16.67%
Performing arts	19	22.62%
Religious activities	10	11.90%
Other	6	7.14%
I do not use interpreting services	12	14.29%
TOTAL	84	379.76%

What are the top three settings that should be ranked as most important when determining where to assign qualified and certified interpreters to work?

	Frequency	Percent
Healthcare/medical	66	79.52%
Mental health	40	48.19%
Human/social services	29	34.94%
Employment/job-related	24	28.92%
K-12 education	27	32.53%
Post-secondary education	10	12.05%
Legal	31	37.35%
Video Relay Service (VRS)	10	12.05%
Video Remote Interpreting (VRI)	11	13.25%
Family/personal matters	6	7.23%
General consumer	4	4.82%
Performing arts	7	8.43%

Religious activities	5	6.02%
Other	5	6.02%
I do not use interpreting services	6	7.23%
TOTAL	83	338.55%

Based on your experience and observations of the skills among ASL interpreters in Connecticut, how would you rate the quality of the interpreter pool?

	Frequency	Percent
Poor	3	3.61%
Fair	18	21.69%
Good	44	53.01%
Excellent	6	7.23%
I do not have enough information to respond	12	14.46%
TOTAL	83	100%

What is the greatest interpreting challenge you face as a deaf, hard of hearing, and/or DeafBlind consumer? Select all that apply.

	Frequency	Percent
Lack of professionalism and ethics among interpreters	10	12.20%
Supply of interpreters	44	53.66%
Current quality of interpreters	23	28.05%
Enforcement of interpreting quality	17	20.73%
Education of interpreting for hiring entities (Hiring entities include agencies and companies that hire interpreters to serve you, like government agencies, etc.)	16	19.51%
Other	6	7.32%

I do not use interpreting services	12	14.63%
TOTAL	82	156.10%

What would improve the overall quality of ASL interpretation services within the state of Connecticut? Select all that apply.

	Frequency	Percent
Interpreter training/mentorship programs	44	54.32%
Educational workshops/trainings on deaf culture sensitivity and interpreting standards for hiring entities and state employees	39	48.15%
Enforcement mechanisms	13	16.05%
Expanding usability of the sign language interpreter registration list to be more comprehensive and inclusive	36	44.44%
Establish a multi-tiered system to identify interpreter qualifications before assigning to specific medical, legal, educational, and mental health settings	32	39.51%
Expand programs and recognition of trilingual interpreters	22	27.16%
Remove out-of-state waivers to allow nonresidential interpreters work in the state of Connecticut	22	27.16%
Licensure to maintain interpreter qualifications before allowed to work in the state of Connecticut	26	32.10%
Expand interpreting services to provide communication	30	37.04%

access services outside of normal working hours		
Expand state funding for services geared towards providing interpreting access	25	30.86%
Establish an oversight authority board or agency responsible to manage interpreting quality and enforce standards	21	25.93%
Other	1	1.23%
I do not have enough information to respond	15	18.52%
TOTAL	81	402.47%

Is there anything else you would like to share about your experience with communication accessibility as a resident of the State of Connecticut? (open-ended)

	Frequency	Percent
Frustration with access to interpreting services in medical situations	15	38.46%
Request for equal communication and accessibility in all settings	18	46.15%
Issues with employment advancement limitations	3	7.69%
Concerns with low pay for deaf employees	1	2.56%
Frustration with accessibility in the workplace	3	7.69%
Low supply of interpreters in the state	5	12.82%
Lack of willingness for utilizing clear masks	2	5.13%
Frustration with use of VRI	4	10.26%
Need of a deaf state office	6	15.38%

Lack of collaboration and accountability among interpreting agencies	1	2.56%
Lack of interpreting quality	5	12.82%
Need of a one-stop information center	1	2.56%
Concerns with cultural awareness and sensitivity among emergency service providers	2	5.13%
Need of more deaf employees in various settings	5	12.82%
Frustration with state services	10	25.64%
TOTAL	39	207.69%

Demographics

What is your age?

	Frequency	Percent
18-25	3	2.97%
26-34	8	7.92%
35-49	24	23.76%
50-64	16	15.84%
65-74	8	7.92%
75+	5	4.95%
Missing (no response)	37	36.63%
TOTAL	101	100%

What is your zip code?

	Frequency	Percent
06002		
06002		
06010		
06010		
06013		
06019		
06019		
06032		
06053		
06062		
06074		
06081		
06082		
06105		
06105		
06107		
06107		
06107		
06107		
06107		
06109		
06110		
06111		
06111		

06114		
06114		
06118		
06119		
06119		
06320		
06331		
06401		
06405		
06405		
06410		
06412		
06415		
06418		
06442		
06443		
06470		
06478		
06484 until June now 34949		
06488		
06488		
06489		
06492		
06511		
06790		
06795		
06811		
06811		
06880		
06902		
TOTAL	54	

Please choose the gender identity you currently identify with. (multiple choice checkbox)

	Frequency	Percent
Man	22	21.78%
Woman	37	36.63%
Transgender woman	0	0%
Transgender man	0	0%
Non-Binary/non-conforming	0	0%
Other	0	0%
Prefer not to answer	3	2.97%

Missing (no response)	39	38.61%
TOTAL	101	100%

Which race/ethnicity do you most identify with? (multiple choice checkbox)

	Frequency	Percent
African American/Black	3	2.97%
Asian/Asian American	0	0%
Biracial	1	0.99%
Caucasian/White	47	46.53%
Hispanic/Latino/a/x/e	2	1.98%
Middle Eastern/North African	1	0.99%
Multiracial	0	0%
Native American/American Indian/Alaska Native	1	0.99%
Native Hawaiian/Pacific Islander	0	0%
Other	4	3.96%
Prefer not to answer	3	2.97%
Missing (no response)	39	38.61%
TOTAL	101	100.00%

What is the highest grade or level of schooling you have completed?

	Frequency	Percent
Some high school	1	0.99%
High school	13	12.87%
Bachelor's degree	19	18.81%
Master's degree	18	17.82%
Ph.D. or higher	4	3.96%
Trade school	0	0%

Prefer not to answer	7	6.93%
Missing (no response)	39	38.61%
TOTAL	101	100%

What are the sources of your household income? Select all that apply.

	Frequency	Percent
Earnings from employment	36	35.64%
Social security retirement benefits	10	9.90%
Social security disability insurance (SSDI)	10	9.90%
Supplemental security income (SSI)	5	4.95%
Pension	11	10.89%
Private disability insurance (short term or long term disability benefits)	1	0.99%
Unemployment insurance benefits	1	0.99%
Self-employment	3	2.97%
Student financial aid (scholarships or student loans)	1	0.99%
Temporary assistance for needy families (TANF)	0	0%
Other	8	7.92%
I don't know	1	0.99%
Missing (no response)	40	39.60%
TOTAL	101	125.74%

What is your primary language of use? (multiple choice checkbox)

	Frequency	Percent
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American Sign Language	47	46.53%
Spoken English	30	29.70%
Written English	22	21.78%
ProTactile ASL	1	0.99%
Spoken Spanish	0	0.00%
Written Spanish	1	0.99%
Other	2	1.98%
Missing (no response)	40	39.60%
TOTAL	101	141.58%

I consider myself to be:

	Frequency	Percent
Deaf	40	39.60%
Hard of Hearing	17	16.83%
DeafBlind	3	2.97%
DeafDisabled	1	0.99%
Missing (no response)	40	39.60%
TOTAL	101	100.00%

*Note: Participants who chose both Deaf and Hard of Hearing (3) were grouped into Hard of Hearing.
Participants who chose both Hard of Hearing and DeafDisabled (1) were grouped into DeafDisabled.
Participants who chose both DeafBlind and DeafDisabled (1) were grouped into DeafBlind.*

Other than being a deaf, hard of hearing, or DeafBlind person, do you have a disability or disabilities?

	Frequency	Percent
No	44	43.56%
Yes	12	11.88%
Not applicable	5	4.95%
Missing (no response)	40	39.60%
TOTAL	101	100%

Which communication services or technologies do you use frequently? Select all that apply.

	Frequency	Percent
Hearing aid	34	33.66%
Cochlear implant	10	9.90%
Personal listening devices (pocket talker, etc.)	3	2.97%
Assistive listening device/FM/audio loop	5	4.95%
Closed captioning	49	48.51%
CART/Live captioning	6	5.94%
Captioned phone	7	6.93%
Sign language interpreter	36	35.64%
Certified Deaf Interpreter (CDI)	6	5.94%
Video relay services (VRS)	31	30.69%
Video remote interpreting (VRI)	8	7.92%
Other	2	1.98%
Missing (no response)	40	39.60%
TOTAL	101	234.65%

In total, how long have you lived in Connecticut?

	Frequency	Percent
0 - 3 years	4	3.96%
3 - 6 years	2	1.98%
6 - 10 years	7	6.93%
10+ years	48	47.52%
Missing (no response)	40	39.60%
TOTAL	101	100%

APPENDIX B: QUOTES FROM PARTICIPANTS

Healthcare:

- “I gave birth in 2013. They forced me to use a TTY to communicate rather than provide an interpreter. That was the second time this happened.”
- “My daughter ended up in the ER, and the doctor couldn’t communicate with me. They asked my daughter to [interpret for] them... Still today, I don’t even know what happened, and she’s still having pain from time to time, and I feel hopeless. I can’t even help her without knowing what’s going on.” And another: “Doctors, even audiologists, refuse to wear (or do not have) clear masks. This is a reasonable accommodation that should be available at this point in the pandemic.”
- “I kept asking them to write on the paper, yet they tried to communicate with me with the mask. I was in the ER a few months ago, and they used VRI, but they were struggling to turn it on. There were no directions or anything. I was in so much pain, and they spent so much time trying to figure out the VRI rather than focusing on me... When [they] set up the VRI, EACH doctor signed and logged it off, so the next person struggled with turning it on. Why would they log it off every time? A tech person came in to take me to get an X-ray. I couldn’t understand him, and I asked him to use the VRI. He said he would come back, but he gave up and went to the next patient. They put me in last just because they didn’t want to “communicate” with me.”
- I almost died because of a VRI error. The interpreter from the VRI was not qualified at all. The doctor gave me the wrong medication because of the interpreter. I almost died because of that error.”

Sign Language Interpretation:

- “Hospitals will contract with an agency, and when they can’t find an interpreter, they do not call other agencies [to fill the job].”
- “Especially in hospital settings, there needs to be more qualified ASL interpreters along with a deaf coordinator.”
- “The interpreter told my client that they could only stay for an hour when the appointment was scheduled for two. This was the third endoscopy appointment, canceled again because of interpreter issues.”

Government Services and Communications:

- “There’s no clear way to file a complaint when something is inaccessible. For instance, DHHS and Aging and Elderly Services will not provide interpreters. We have to work our way through from the bottom up.”
- “Since October, I have made several attempts to try to find someone to help me relating to Medicaid. It’s been since October; and not even the first step has been made. It’s extremely aggravating to not get the help I need; the lack of sensitivity and awareness of our language and cultural needs; the on-going misplaced calls to the wrong people (I was once directed to a Spanish speaking representative) and how much time and energy that I have to do intense data administration for those who do not know how to help us. We have a very long way to go in improving our statewide services.”

- “As a state employee, I have had to fight for access for years. I am floored by how unaware or unwilling state agencies are to provide access. Our HR ADA Compliance Officers are uneducated in issues relating to D/HH/DB employees. There needs to be TRAINING for HR and managers in all departments so they are more aware of the obstacles they place or refuse to remove to allow employees who are deaf and hard-of-hearing to do their jobs. The state needs to lead by example; if we don't provide access in online videos and meetings or in the workplace, why would anyone else feel they need to?”
- “The unwillingness of the state to provide clear masks years into the pandemic is shameful. For folks with hearing loss, masking (which I believe is essential in combating the spread of COVID) makes communication extremely difficult and in many cases impossible. In a state office building, where masks are required or regularly used, clear masks would allow many to participate. Yet this is considered to be a ‘hardship’ by the Department of Administrative Services (DAS).”
- “The State perceives deaf people as never being satisfied, but it’s because we have to fight every step of the way. Everything is a battle and our voice is not being heard.”
- “Legislators keep watering down the laws - they are not tapping into Deaf people’s lived experience and wisdom.”
- “Often when we know or hear there is a storm coming, we often have to call the Governor's office to remind them to hire an interpreter to be sure the interpreter is on the corner of the TV screen... I wish they would do this on their own rather than us having to remind them.”
- “Someone backed their car into mine. The police refused to provide an interpreter even though I repeatedly asked for one.”

DeafBlind Residents:

- “The State of Connecticut thinks we are the same as hearing blind [people]; we are NOT! Our communication issues are different. Hearing blind people can hear, DeafBlind people need tactile communication.”
- “BESB is supposed to teach police, emergency services, etc. about our needs and provide accessible alarms, but they do not have enough money for this.”
- “Other states have male support service providers who can serve male consumers. Here, it’s very limited. There are mostly female SSPs, which makes it hard to go to the gym, doctor’s appointments, and so on.”
- “ParaTransit drivers don't know how to communicate with me. They have no patience and tend to rush things. They’ve taken me to the wrong place before. I wish they could sign.”

Senior Citizens:

- “We want independent living, assisted living, nursing homes, and medical services for deaf senior citizens throughout Connecticut, where all people know ASL. Plus senior citizen services; people who can help clean, mow, and shop.”
- “All the law firms I’ve contacted refuse to provide interpreters. I haven’t been able to develop a will.”

Young Adults:

- “I’m 25 years old, but doctors will ask to talk to my mom instead of me... the doctors can be a little condescending. They don't want to pull down their mask. They'll yell loudly, which is very, very condescending.”
- “They [healthcare providers] kind of treat you as if you're an idiot and that you don't understand.”
- “A few of my friends from college that are Deaf have tried to apply to jobs, and they struggle with getting one.”
- “[There should be] a requirement for companies, employees or managers to take classes so they can have more knowledge of what it's like to work with a Deaf person or anybody with a disability.”