



ASPR

Telehealth for Community-Based Organizations: Accessibility & Language Access

August 26, 2020

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Liz Palena Hall, Long-Term and Post-Acute Care Coordinator, ONC, HHS

Welcome Back to the Webinar Series

- Cheryl A. Levine, PhD, At-Risk Individuals Program Director, Office of the Assistant Secretary for Preparedness and Response, US Department of Health and Human Services
- Benjamin DeMarzo, Assistant Deputy Secretary for Field Policy and Management, US Department of Housing and Urban Development
- Liz Palena Hall, Long-Term and Post-Acute Care Coordinator, Office of the National Coordinator for Health Information Technology, US Department of Health and Human Services
- Webpage:
 - [Telehealth for Community-Based Organizations](#)
 - <https://www.phe.gov/emergency/events/COVID19/atrisk/CBO-series/Pages/default.aspx>

Webinar Series Resources

- Use chat box to submit questions for the speakers
- Q&A at the end of the webinar
- Recorded webinar posted at a later date
- July 29, 2020 recording available:
- [Telehealth 101: Services, Payment, and Partners](https://www.phe.gov/emergency/events/COVID19/atrisk/CBO-series/Pages/Telehealth-CBOs.aspx)
- <https://www.phe.gov/emergency/events/COVID19/atrisk/CBO-series/Pages/Telehealth-CBOs.aspx>



Telehealth 101: Services, Payment, and Partners

Telehealth for Community-Based Organizations

On July 29, 2020, the Telehealth 101: Services, Payment and Partners webinar provided an overview of telehealth basics for community-based organizations such as public housing authorities, multi-family housing providers, aging and disability network stakeholders, and other social service providers. The webinar highlighted relevant resources and provided examples of telehealth use and lessons from the field.



Webinar Video:
Telehealth 101
Webinar Recording



Transcript:
Telehealth 101
Webinar Transcript



Questions & Answers:
Telehealth 101
Questions from the Audience

Background on Addressing Accessibility and Language Access in Emergencies

- Federal laws, executive orders, and national guidance provide and enforce equitable access to programs and services
- Some federal requirements specific to the emergency context
- Others apply broadly to prevent discrimination against individuals with access and functional needs
 - **Executive Order 13347 – Individuals with Disabilities in Emergency Preparedness**
 - <https://www.govinfo.gov/content/pkg/FR-2004-07-26/pdf/04-17150.pdf>
 - **Executive Order 13166 – Improving Access to Services for Persons with Limited English Proficiency**
 - <https://www.lep.gov/executive-order-13166>

HHS/ASPR Fact Sheet on Communication Access

- [Ensuring Language Access and Effective Communication during Response and Recovery](#)
- <https://www.hhs.gov/sites/default/files/lang-access-and-effective-comm-checklist-for-emergency-responders.pdf>

ENSURING LANGUAGE ACCESS AND EFFECTIVE COMMUNICATION DURING RESPONSE AND RECOVERY: A CHECKLIST FOR EMERGENCY RESPONDERS

As an emergency responder, it is critical for you to be prepared to effectively reach all members of the community during emergency response and recovery efforts. Survivors may include individuals with access and functional needs, such as persons with limited English proficiency (LEP) and persons with disabilities. Access to federally funded emergency response and recovery services must be provided to persons with LEP and persons with disabilities in accordance with federal civil rights laws, including Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.¹ These services may include providing language access services² to provide meaningful access and auxiliary aids and services to ensure effective communication.

Who is a person with limited English proficiency (LEP)?
A person who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English well.

Who is a person with a disability? A person who has a physical or mental impairment that substantially limits one or more major life activities. Note that persons with cognitive, vision, hearing, and speech impairments may have specific communication needs.

The following **recommendations**, **action steps**, and **effective practices for working with interpreters** can assist emergency responders in addressing the needs of persons with LEP and persons with disabilities regarding language access and effective communication:³

RECOMMENDATIONS	ACTION STEPS	
Supporting LEP Individuals and Persons with Disabilities		✓
Identify specific languages/dialects spoken by each major LEP and deaf/hard-of-hearing group in your area.	<ul style="list-style-type: none"> • Access state and local demographic data, available through the U.S. Census Bureau, or interactive maps through the Department of Education. • Identify public gathering spaces that serve persons with LEP, such as schools or local libraries that offer internet access or language access resources. • Identify the type of Sign Language spoken in your area (i.e., American Sign Language, Spanish Sign Language, etc.). 	
Identify persons with disabilities who may need communication support, such as persons with vision, hearing, speech, or cognitive impairments.	<ul style="list-style-type: none"> • Reach out to Centers for Independent Living (CILs), your state Developmental Disabilities Council, your state's Protection and Advocacy Agency, as well as organizations serving deaf/hard of hearing or blind/low vision populations. 	
Identify local partners that connect with and serve persons with LEP and persons with disabilities.	<ul style="list-style-type: none"> • Reach out to hospitals and other health care facilities, community-based organizations, faith-based organizations, legal services. • Connect with Refugee Resettlement and English as a Second Language programs. 	
Coordinate with media in TV, print, radio, and online platforms to share emergency information.	<ul style="list-style-type: none"> • Prepare emergency messaging that is in plain language, short, culturally appropriate, in languages prevalent in the area, and in multiple formats, such as audio, large print, and captioning. See HHS' tips on using plain language. 	

Agenda

- Assistive Technology Access and Accessible Telehealth
- Telehealth and Culturally and Linguistically Appropriate Services
- Promising Practices for Addressing Social Isolation and Loneliness among Adults in Senior Housing

Speakers

- Brian L. Norton, ATP, Director of Assistive Technology, INDATA Project
- Kathy Hsu Wibberly, PhD, Director, Mid-Atlantic Telehealth Resource Center
- Ryan Elza, Social Entrepreneur in Residence for Social Connectedness, AARP Foundation

Assistive Technology Access and Accessible Telehealth

Brian L. Norton, ATP

Director of Assistive Technology

INDATA Project

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State AT Act Program Overview

56 programs across the US and Territories

State Level Activities:

- Device Demonstrations
- Device Loans
- Device Reuse
- State Financing

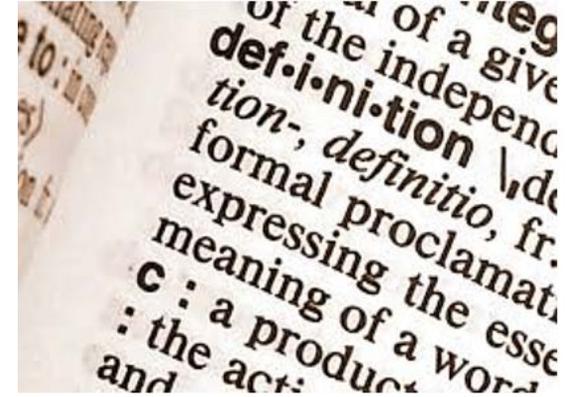
State Leadership Activities:

- Information and Assistance
- Training and Technical Assistance
(includes Information Communication
Technology (ICT) Accessibility)
- Public Awareness



Assistive Technology

- Definition
 - Any device or system that helps someone do something they otherwise would be unable to do
- Purpose and importance
 - Increase efficiency or effectiveness
 - Increase independence



Assistive Technology - continued

- Low-Mid-High Tech
 - Wide range of technologies
 - simple to complex
- One size doesn't fit all
 - Disability affects everyone differently
 - Experiences, preferences, and tolerances vary greatly



Online Meeting Platforms

- So many choices... how to choose?
- Required components
 - Computer, tablet or device
 - Camera
 - Microphone
 - Reliable Internet
- Simple or complex



Online Meeting Platforms - continued

- Program/Platform Features
 - Video
 - Recording
 - Screen sharing
 - Remote control
 - Security
- Works with assistive technologies
 - VPAT – Voluntary Product Accessibility Template
 - Accessibility Helpdesk



Accessible On-line Meeting Tools

Captioning or Subtitles

- Live vs. Artificial Intelligence

Computer and/or phone-based audio

- Make sure it is clear – wear a headset
- Noise cancelling headset for user

Keyboard accessible

High contrast



Accessible On-line Meeting tools

Adjustable Font Size

Small	36px
Normal	44px
Large	64px
Huge	81px
Giant	98px

Proper lighting



Provide Accessible Content beforehand



Positioning for tablets and devices



End-user - Preparing for online meetings

- Prep your technology
 - Know what kind of technology is being used
 - Request accommodations
 - Consider a test run
 - Purchase or make a stand for your phone or tablet
 - Make sure your tech is charged
- Prep your environment
 - Remove distractions and excess noise
- Test your Audio
 - Make sure you can hear well
 - Consider an amplified phone



End-user - Preparing for online meetings

- Prepare your Assistive Technology
 - Have AT “ready to go”
 - Accommodation requests
- Enlist a support person
 - Have someone participate in the telehealth visit
- During the appointment
 - Ask to have information repeated
 - Ask for visit or meeting notes



Success Stories

Eli – 3yr old

- CP with developmental delays
- At home – OT, PT and SpT
- Zoom
- Use of visual aids
- Parents spoke of a partnership
- Increased progress

Cindy – 54yr old

- Dual sensory loss
- Communication assessment
- Wavello – free iOS and Android
- 3-way conversation
- Familiar technology
- Expedited service



Connect with your State AT Act Program



www.at3center.net/stateprogram



Robert Groenendaal

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Additional Resources and Information

www.bit.ly/AccessibleTelehealthResources





Mid-Atlantic
Telehealth
Resource Center



Serving Delaware, Kentucky,
Maryland, New Jersey, North
Carolina, Pennsylvania, Virginia,
Washington DC and West Virginia

Telehealth for Community Based Organizations

August 26, 2020

Telehealth and Culturally and Linguistically Appropriate Services

Culturally and Linguistically Appropriate Services (CLAS)

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard: 1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.



National Culturally and Linguistically Appropriate Services (CLAS) Standards



**Governance, Leadership and Workforce
(Standards 2 – 4)**

**Communication and Language Assistance
(Standards 5 – 8)**

**Engagement, Continuous Improvement and
Accountability (Standards 9 – 15)**



Communication and Language Assistance

- 5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

- 6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.



Communication and Language Assistance

- 7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

- 8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Communication and Language Assistance

Title VI and Department of Health and Human Services regulations, 45 C.F.R. Section 80.3(b)(2), require recipients of Federal financial assistance from HHS to take **reasonable steps** to provide **meaningful access** to Limited English Proficient (LEP) persons.

reasonable [ree-zuh-nuh-buhl, reez-nuh-] [SHOW IPA](#) 

[SEE SYNONYMS FOR reasonable ON THESAURUS.COM](#)

adjective

- 1 agreeable to [reason](#) or sound judgment; logical:
a reasonable choice for chairman.
- 2 not exceeding the limit prescribed by reason; not excessive:
reasonable terms.
- 3 moderate, especially in price; not expensive:
The coat was reasonable but not cheap.
- 4 endowed with reason.
- 5 capable of rational behavior, decision, etc.

meaningful [mee-ning-fuhl] [SHOW IPA](#) 

[SEE SYNONYMS FOR meaningful ON THESAURUS.COM](#)

adjective

- 1 full of [meaning](#), significance, purpose, or value; purposeful; significant:
a meaningful wink; a meaningful choice.

<https://www.dictionary.com/>

Assessment of Reasonable and Meaningful are Based On:



<https://freesvg.org/world-of-languages>

- 1) the number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;
- 2) the frequency with which LEP individuals come into contact with the program;
- 3) the nature and importance of the program, activity or service provided by the recipient to its beneficiaries; and
- 4) the resources available to the grantee/recipient and the costs of interpretation/translation services.



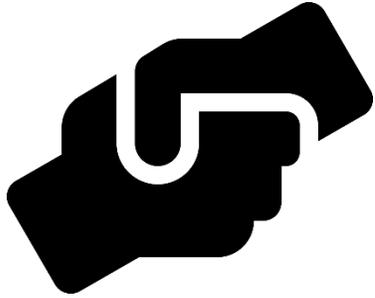
Things to Consider and Navigate:

- Does my client require language assistance?
- If so, is it just language assistance, or is there also a need for a cultural broker?
- What resources are available to you/them? Are these resources on-site or remote?
 - Trained healthcare interpreter?
 - Bilingual healthcare worker?
 - Bilingual staff (non-health care)?
 - Bilingual friend or family member? Is the use of a friend or family member advisable in this particular situation?



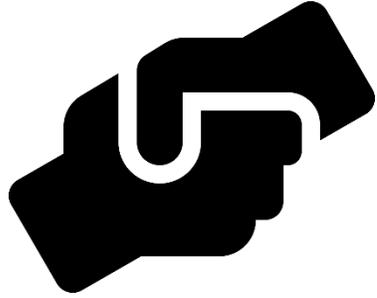
Things to Consider and Navigate:

- Does my client's cultural beliefs impact their acceptance of technology?
- Will my client be able to provide consent for telehealth services without an interpreter or translated consent materials?
- What device will my client be using to connect with his/her healthcare provider? How may video and/or audio connections be possible/feasible?



Things You Can Do To Assist:

- Make sure the provider knows that your client will need language and/or cultural broker assistance and that you and the provider know exactly what language/dialect is needed.
- Find out what language access options the provider might have available. Also find out what platform he/she will be using for the telehealth visit. Will this technology allow multi-point video connections or have integration of healthcare interpreter services? If not, find out if the provider would be willing to use one that does?



Things You Can Do To Assist:

- Assess the best workable options and alternatives
 - Video interpretation, if available, will always be the better option than audio only. Many platforms allow multipoint video.
 - Some telehealth platforms integrate healthcare interpretation services as part of their license agreement.
 - Zoom for Healthcare has a feature for designating an interpreter (<https://support.zoom.us/hc/en-us/articles/360034919791-Language-interpretation-in-meetings-and-webinars>)



Things You Can Do To Assist:

- A trained healthcare interpreter will **almost always** be better than using staff, family or friends.
 - There are remote interpretation companies such as Stratus Video/InDemand Interpreting and LanguageLine Solutions. Make sure you ask for a healthcare interpreter.
- DO NOT use Google Translate for healthcare interpretation!
 - Google Translate has only 57.7% accuracy when used for medical phrase translations
 - If you have no other options and can't reschedule the visit, a somewhat better option is Instant Language Assistant software/app (<https://www.translatelive.com/ilaapp/>) being made available free during the pandemic.

- **National Board of Certification for Medical Interpreters:**
<https://www.certifiedmedicalinterpreters.org/>
- **National Council on Interpreting in Health Care:**
<https://www.ncihc.org/>
- **State Law Requirements Addressing Language Needs in Health Care:**
<https://healthlaw.org/resource/summary-of-state-law-requirements-addressing-language-needs-in-health-care-2/>
- **A Guide to Understanding Interpreting and Translation in Health Care:**
https://www.ncihc.org/assets/documents/publications/Whats_in_a_Word_Guide.pdf
- **A Practice Guide to Implementing the National CLAS Standards:**
<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>

Here to Help!



Regionals

CTRC



gpTRAC



HTRC



MATRC



NETRC



NRTRC



PBTRC



SCTRC



SETRC



SWTRC



TexLa



UMTRC



Nationals

CCHP



TTAC



Funded by the U.S. Health Resources and Services Administration (HRSA), the National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.



For More Information:



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Follow @katwibb

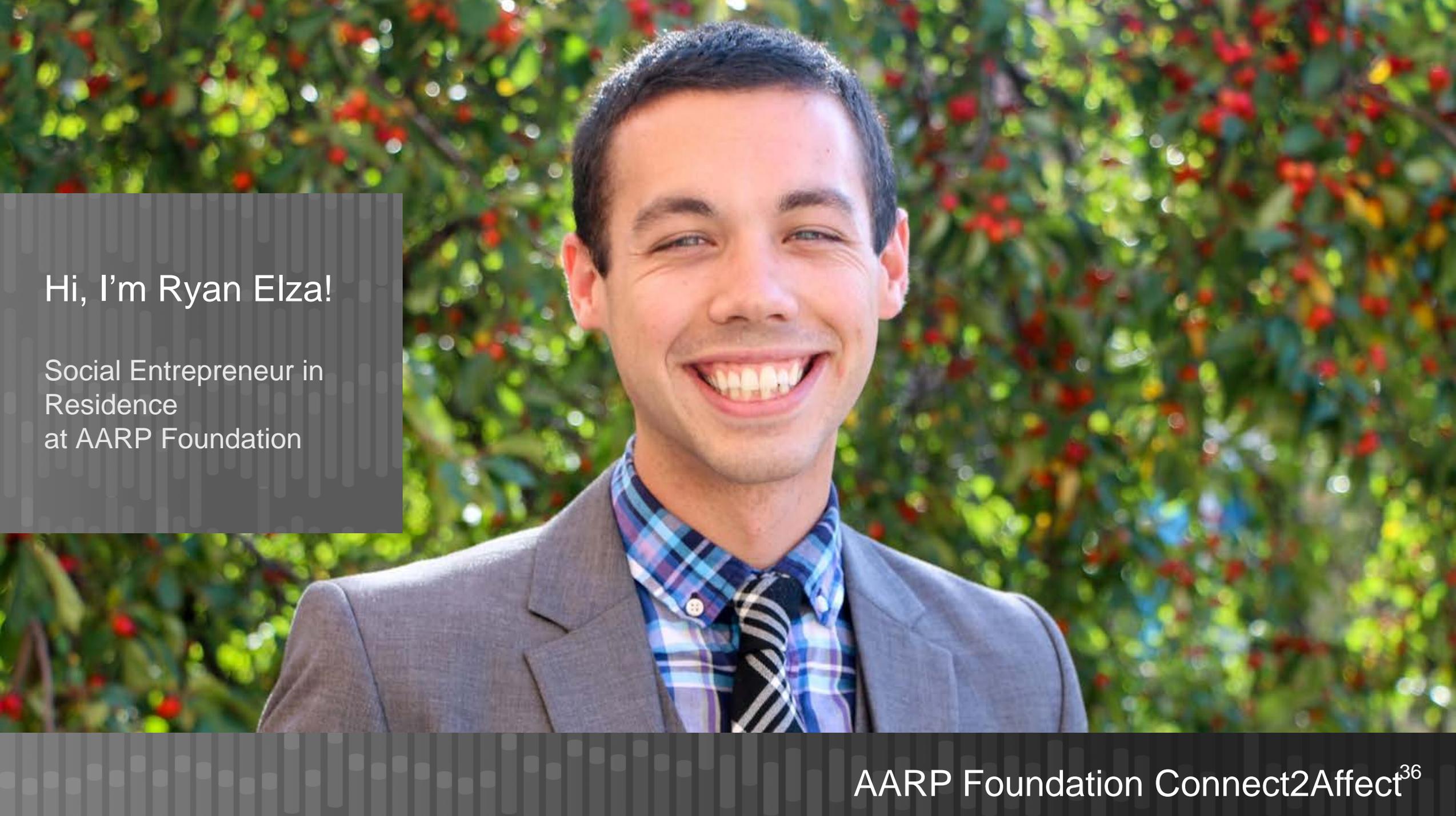
my **LinkedIn** profile

www.facebook.com/MATRC

www.MATRC.org



Mid-Atlantic
Telehealth
Resource Center



Hi, I'm Ryan Elza!

Social Entrepreneur in
Residence
at AARP Foundation

About AARP Foundation

AARP Foundation works to end senior poverty by helping vulnerable older adults build economic opportunity and social connectedness.

As AARP's charitable affiliate, we serve AARP members and nonmembers alike. Bolstered by vigorous legal advocacy, we spark bold, innovative solutions that foster resilience, strengthen communities and restore hope.



Social Isolation & Loneliness

Objective

Social Isolation involves quantifiable measurements, such as the size of one's social network (and the frequency of engagement with it), availability of transportation, and ability to access resources and information.

Subjective

Loneliness (also known as subjective isolation) denotes how people perceive their experience and whether or not they feel isolated.

Isolation is a Health Issue

- Strong social connections are central to our physical and mental well-being
- Research shows the negative effects of chronic isolation and loneliness are especially dangerous for people 50+
- Social isolation and loneliness are associated with
 - Higher blood pressure
 - Increased susceptibility to the flu
 - Greater risk of heart disease
 - Earlier onset of dementia



These Health Impacts Add Up

- Older adults who describe themselves as lonely face risks



greater risk of
functional decline



greater risk of
death

- Medicare spends an additional **\$1,608** each year per older adult experiencing social isolation

So, What Can Cause Social Isolation?

Social isolation is the result of being disconnected from support groups of family, friends and community. **Risk factors of isolation include:**

Societal / Community

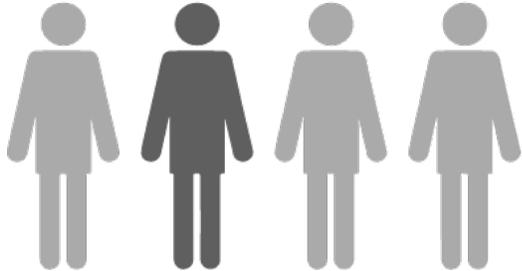
-  Limited/unaffordable transportation
-  Societal barriers (ageism or other forms of discrimination)
-  Rural, unsafe or inaccessible neighborhood

Individual

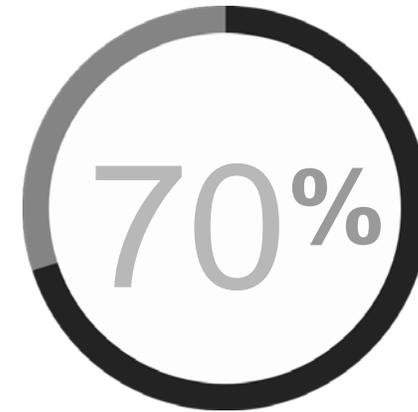
-  A low income
-  Being a caregiver
-  Chronic health conditions
-  Retirement
-  Hearing/vision loss
-  Limited mobility
-  Living alone
-  Loss of memory
-  Loss of a spouse or friend

Adults in Senior Housing Are Particularly Vulnerable

Residents frequently have lower incomes, less social support, and worse health compared to those who continue to live on their own in their community.



Social Isolation May Affect Nearly 1 in 4 Older Adults in Senior Housing



Nearly 70% Of Adults In Senior Housing Are Lonely

Approaches

Assessment & Awareness

Actions

- Person centered holistic assessment of their isolation and technology needs and interests
- Identify barriers impacting individuals well-being and technology access such as home safety, internet access, and affordability
- Raising awareness about the importance and opportunity for social connection

Connecting to Broadband, Technology, & Training

Actions

- Connecting to low-cost internet and technology access programs
- Leverage reserve funds to complete infrastructure upgrades
- Synchronous and asynchronous online classes and education

Virtual Programming & Education

Actions

- Adapting program models to virtual engagements
- Empowering residents to access services and resources
- Online opportunities for connection and continued learning (virtual seniors centers, libraries, museums, etc.)

AARP Foundation Connected Communities

- The result of extensive research and rigorous testing
- Specifically designed for an older population
- Available for Amazon Alexa and Google Assistant

<https://connectedcommunities.aarpfoundation.org/>



Creating an out of the box experience

Our train-the-trainer model allows you to implement voice-activated technology in a sustainable and cost-effective way.



Remote training
for staff and
volunteers



Facilitator guides



Remote Workshop
Presentations &
Guided Recorded
Trainings



Telehealth 101



Explainer videos



Course handouts



CALLING & MESSAGING



ACCESSING ESSENTIALS



EXERCISE & WELLNESS



INFORMATION &
RESOURCES



ONLINE COMMUNITIES &
CLASSES



NEWS



VIRTUAL
VOLUNTEERING



ENTERTAINMENT &
GAMES



BOOKS



TELEHEALTH

Rapidly Deploying Technology



Smart Speakers



4G LTE-enabled
Tablets



Smartphones

Connecting to Faith



Connecting to Neighbors



Connecting Globally

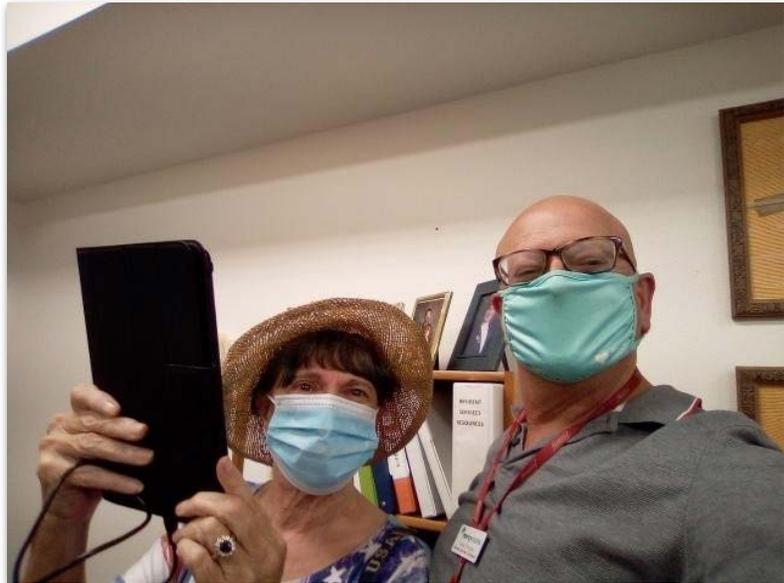


Ella wanted to participate in the bible studies and church services; however, due to gatherings being suspended at her church, Ella has been missing the spiritual connection, until now. After a quick lesson on how to use the tablet and access the internet, Ella was able to participate in her church's bible study and service.

Approximately 4-5 residents living at River Station have enjoyed crafting, exercise and balance class by participating, as a group, remotely. The RSC provides the craft materials and then guides them through crafting – this week was about painting on a canvas tote. First, she guided each resident in how to set-up an email account; and next taught them how to accept the ZOOM/TEAMS invitation to participate. They are very much enjoying the ability to be in remote community.

Dorothy at Marian Park, assisted Avinash with checking out the new tablets. Avinash was born in India and enjoys speaking with his children and other family members who still live in India using the video calling feature.

Connecting to Services



One resident had major abdominal surgery earlier in the year. She used her tablet to video chat with family back east and finalize her travel plans to visit them. She used the tablet to complete all the paperwork for her new driver's license/real ID so that she didn't have to wait so long at the DMV.

Connecting to Resources



Residents have used the tablets to read books, access library programs, email friends and family and play a few games to challenge themselves.

Connecting to Wellness



Yoga classes were something residents at Grayslake looked forward to each Monday morning. A resident who enjoyed attending now has the option to attend online and practice yoga in her apartment following the same Monday morning schedule she had become accustomed to.

“I wish I had your supervisor’s email to tell her how wonderful these devices are and about the great job you are doing for us; you deserve credit”. Candice shared that the use of the tablet and speaking with the RSC has helped reduce her anxiety and depression. She said she feels more energetic and less isolated.

Candace, Mercy Housing Resident

Questions & Answers



Wrap Up

- Webpage for CBO Telehealth Webinar Series (webinar video, transcript, Q&A)
 - **Telehealth 101: Services, Payment, and Partners**
 - <https://www.phe.gov/emergency/events/COVID19/atrisk/CBO-series/Pages/Telehealth-CBOs.aspx>
- Final Webinar in the Series
 - #3 Addressing Barriers: Homelessness and Connectivity (Wednesday, September 30, 2020, 2-3 EST)

Thank you!