Building a Model of Deaf Equity and Inclusion:
An Assessment Report for
The University of Rochester Medical Center

By Brick Advantage, LLC
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Executive Summary of Study Results

Basis

The University of Rochester Medical Center (URMC) has renewed its commitment to minority language communities as a part of its anti-racism, equity, and inclusion efforts. This shift moves beyond legal compliance to language and culture equity, intending to uplift these groups to be fully included members in the URMC.

The purpose of this report is to provide an overview and analysis of the equity and inclusion process of Deaf[1] people at the URMC. This includes the past and present ASL/English interpreter referral processes and results along with other access and accommodation measures, and provide recommendations for the future as the first steps toward equity for Deaf people. Section 1 of the entire report also serves as its executive summary.

First and foremost is the shift from a department-funded model to a URMC centralized budget coordination and funding model; this shift will remove the financial burden from individual departments. The previous model facilitated the potential for Deaf professionals and learners to be placed in a less than optimal situation related to hiring, opportunities for advancement and professional development. The shift to the new model will improve the retention of talented faculty, researchers, staff, and students, while ultimately improving efficiency and bringing cost savings to the URMC.

> **"The overriding aim of centralizing minority language services is to uplift marginalized Rochester language minority communities as fully included members of the University of Rochester School of Medicine and Medical Center. To accomplish this, we will transition into a national and international model of social justice, practice, and research for language minority use in academic, medical, and education environments."**

Recognizing the need to provide optimal conditions for professionals to do their assigned jobs properly and facilitate a level playing field upon which to learn and thrive, the URMC Office of Equity and Inclusion (OEI) engaged Brick Advantage Consulting to support its goal of establishing the URMC as a model of Deaf equity and inclusion.

URMC seeks a Deaf-centered solution for the provision of interpreting and other services for their professional staff, faculty, students, and visitors. The settings for interpretation range the full gamut of typical URMC needs – classrooms, boardroom, workshops, seminars, staff and faculty meetings, medical services, and more. URMC also wishes to recruit and develop a diverse pool of interpreters - both diverse in talents (to serve the broad needs of the URMC constituency) as well as ethnically and culturally diverse, especially to meet the needs of an ethnically and culturally diverse community that it serves. URMC wishes to have both Deaf and hearing interpreters available for assignments, as needed. URMC is also committed to the professional advancement of these interpreters so that they can serve a dynamic and growing workforce.

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[1] "Deaf" is an all-inclusive term. This includes those who may identify themselves more specifically as hard of hearing or those who are monolingual or primarily English speakers. Those individuals are valuable members of the URMC community and also enhance the success of the University of Rochester Medical Center.

Since URMC's quality and quantity of provisioning is already an industry-leader standard, the URMC has expressed a desire to reach beyond current practices and become a model for the growing community of Deaf professionals and learners.

These are the questions we considered:
1. Who are the current stakeholders?
2. What does it mean to be a model of Deaf equity and inclusion?
3. What are the current practices at the University of Rochester Medical Center?
4. What current practices are working?
5. What current practices could improve?
6. What principles should drive future efforts for improvement?

Conduct of the Review
Review Design
The data collection was through a grounded theory approach. Through surveys, interviews, and document review, we sought to identify emergent ideas and concepts that were then built on with more questions. We allowed the data to lead iteratively, and especially encouraged those who participated in our interviews to be free to share perspectives and concerns in a way that contributed productively to the process.

Time Period Covered
This review lasted from June through October 2021.

Methods of Data Collection
The data collection was in three phases:
1. Initial understanding of the issues, and development of the research questions. This was done through a series of discussions with URMC OEI staff. We asked questions like, "What are you looking for?" "Who should we be talking to?" and "What are some of the issues you are already aware of?"
2. Developing and deploying a series of surveys. Three surveys were developed:
   a. A branching survey of Deaf professionals, and Hearing people that work with them (62 responses, 73% completion rate)
   b. ASL/English Interpreters - these were the Coda/hearing interpreters who worked in both Deaf Professional and Patient Care interpreter pools. (36 responses, 89% completion rate)
   c. Deaf interpreters - who have dual roles of being both Deaf professionals needing services and interpreters providing services. (7 responses, 100% completion rate)
3. Conducting interviews and focus groups. Earlier interviews were more general in nature, as we explored the questions. Later interviews allowed us to confirm earlier findings, and drill down to find out additional details that we did not know to ask about early in the study.
   a. Number of interviews: 27
   b. Number of focus groups: 13 groups with a total of 48 people

Methods of Analysis

Because we used a Grounded Theory approach, analysis was ongoing. Early questions led to preliminary answers from those that we surveyed. These answers in turn were explored in depth with focus groups and one-on-one interviews.

Brief Description of the Program

Multiple Deaf constituencies are being served at URMC:
- Deaf faculty and staff, full- and part-time.
- Deaf learners: these include undergraduate, graduate, doctoral, and post-doctoral students. It also includes those enrolled in specialty programs in the University of Rochester Medical Center, ultimately leading to medical degrees (PA, RN, NP, MD, and other clinicians).
- Deaf interpreters: while these individuals are primarily interpreters working in the Medical Center, they are also Deaf Professionals, and have unique needs that need to be met if they are to do their work effectively.
- Deaf patients at the University of Rochester Medical Center: ranging from Emergency Department walk-ins to outpatients, those needing mental health services, and the University of Rochester Medical Center's Deaf professionals (above) who need medical services.

Within the various constituencies, URMC has established two broad structural/logistical categories for interpreter service provision under the Department of Social Work and Patient and Family Services:
- Deaf Professionals - Deaf faculty, staff, learners, and Deaf interpreters needing individual services for themselves.
- Patient Care - those requiring services under the auspices of URMC and clinical affiliates.

These two groups have their own interpreter pools (although there is regular cross-scheduling). These two groups have separate schedulers and managers. See Exhibit 1.

Exhibit 1

Current Interpreter Services Program
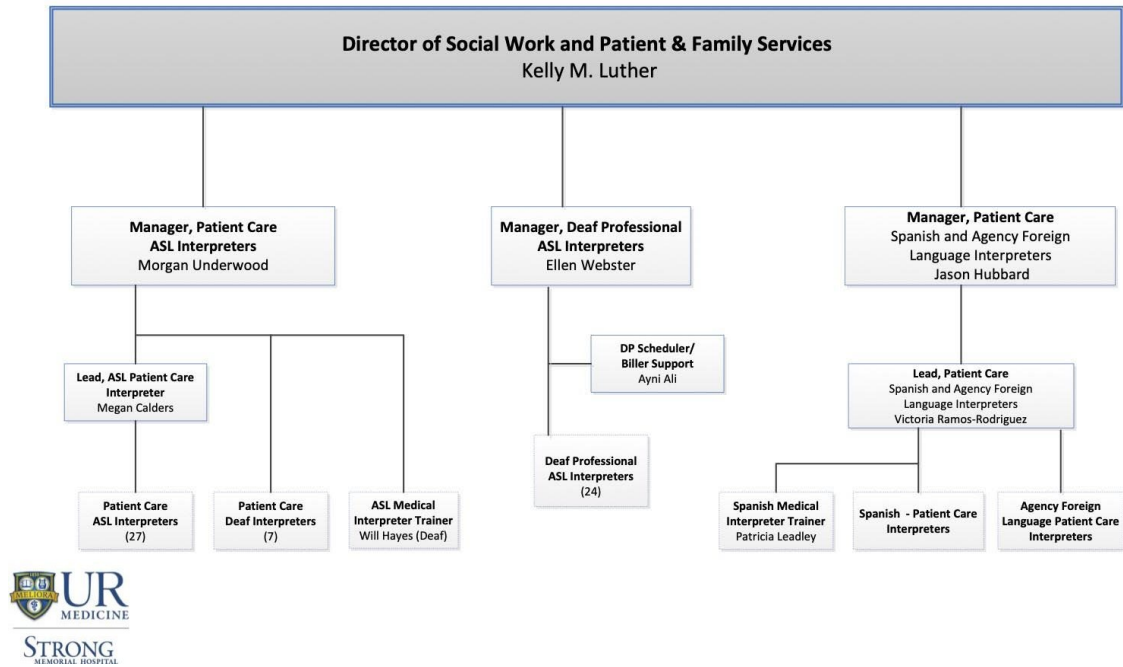
Main Findings

Concise Summary of Findings

The University of Rochester Medical Center's current approach to interpreting provisioning has much to praise. The quality of interpreters overall is relatively high to the everyday community and other settings around the country. The level of content of the work of the current interpreter pool is also high. The group of Deaf professionals that are being served is perhaps the largest, and most highly content-demanding, group of Deaf professionals using interpreters (at least in an academic setting) in the United States, if not the world.

Growth and demand have increased significantly annually for the last few years, slowing down somewhat during the pandemic, but now beginning to increase again. The demand has already started to creep up back to pre-pandemic numbers and we expect URMC to exceed its current numbers of Deaf professionals and overall demand in 2022. At the time of this writing, we were informed that there were 6 to 10 new Deaf professionals coming on board in the late summer and fall of 2021, approximately a 10% increase during just our three months-long review period. URMC also had five new open interpreter positions, ranging from full-time, to part-time, to TAR (Time As Reported).

Across the board, Deaf people at URMC are experiencing wide variances in the quality and

quantity of their service provision. Some Deaf professionals have highly skilled designated interpreter teams, and these Deaf professionals spend little to no time managing the provision of services. This is the ideal setup, because it allows them to focus on their actual work. Other Deaf professionals have minimal provisioning and are reluctant to ask for more; their work is negatively affected by the lack of access and equity. They do not have the necessary support and environment to do their work well and asking for "more", which (which is actually asking for "enough") could contribute significantly to job insecurity. Many Deaf professionals have most of their needs met, but at the cost of spending a significant amount of time managing the requests, training interpreters to understand their content areas, and training their colleagues, mentors, and supervisors on how to work with interpreters. These extra duties are colloquially referred to as the "Deaf Tax". The important point is that Deaf professionals' hearing colleagues do not have this burden and as a result, those colleagues may have time, space, and opportunities to achieve more and benefit from further career advancement. This "Deaf tax" further marginalizes Deaf professionals, and limits their work and productivity.

Another group of individuals under the "Deaf professional" term that uses interpreters are the "learners," which includes undergraduates, graduate students, nursing and medical students, PhD students, and postdoctoral students. While their access needs are being mostly met "on paper" - there is a significant performance gap between where the URMC currently sits, and where it should be.

Implications of the Study
This is a summary of the main implications we have found.
- URMC OEI's establishment of a centralized budget will create equity for the provisioning of access services.
- While some current practices are said to be "Best Practices" or "Industry Standards" - upon closer inspection, they often work in counter-productive ways without people realizing it. It is critical to always be mindful of principles driving practice, rather than practice driving principles.
- Access services include interpreting, note-taking, real time transcription, assistive technology, and other services necessary for ensuring access and equity for Deaf professionals.
- URMC should shift its focus on how Deaf Professionals strengthen URMC as a whole. URMC is sitting on perhaps the largest collection of Deaf biomedical expertise in the world. There is much to brag about and much to build on.

Core principles
We have organized our report and recommendations around ten basic principles and ten specific recommendations.

As URMC moves forward, we recommend that URMC commit to a common consensus on core principles and then ensure that specific decisions and implementation processes moving forward are consistent with those principles. This will allow all stakeholders to operate from a shared foundation of understanding and ensure consistency in decision making moving forward.

Principle Zero
Audism is permanent and pervasive, recognize it and address it. Audism is a discrimination or

prejudice against individuals who are Deaf.
- Do things WITH Deaf people, not FOR Deaf people
- Hire Deaf people into positions of influence - especially over programs and services that serve Deaf People.

Principle One
Deaf people are a unique cultural and linguistic minority. Deaf people are multilingual and multimodal with different equity and access needs which necessitate individualized accommodations. This includes those who may identify themselves more specifically as hard of hearing or those who are monolingual or primarily English speakers.
- Re-establish a University Resource Group (URG) for Deaf professionals/learners.
- Establish a URMC Deaf Professional Advisory Council (DPAC).

Principle Two
Deaf individuals should be essential participants in the decision-making regarding their access to resources. Being Deaf-centered means that the priority is the success of Deaf people. It is not appropriate to suppress access needs to match resources. Access resources should be expanded to meet the need in order to allow URMC to benefit from the work of Deaf individuals.
- When considering access, assume the Deaf person is in charge
- Deaf individuals may show up in other unexpected roles that may require services (for example, parents of a student or prospective student, parents or guardians of hearing children who need medical services, etc.).
- It is okay to discuss the costs of services with Deaf individuals as long as such discussion is separated from the issue of access and possibly addressed separately by separate individuals.

Principle Three
Deaf people experience a "Deaf Tax". Deaf individuals have to do multiple jobs - the job they get paid for, plus they are also commonly expected to arrange and enable their own equity and access. As part and parcel of that process, Deaf individuals also bear the burden of responsibility of constantly advocating for their own communication access.
- Establish Chief Navigator role; see description below.
- Teach a "nothing about me without me" frame for communication and access.

Principle Four
Interpreters are guests in the interpreting relationship. Deaf individuals would prefer to be able to navigate the world on their own. Interpreters are a necessary choice because the world does not sign even though they could. Using an interpreter requires Deaf individuals to be vulnerable to a degree that is not easily explained, nor easily understood. This is a loss of privacy that is not insignificant.
- Always empower the Deaf individual
- As the ones imposing into the lives of Deaf individuals -- even if necessity -- interpreters should remember that they were invited in as service providers.

Principle Five
Assigning appropriately qualified interpreters is critical. Every interpreting situation has at least four criteria: participants, content, communication goal, and setting. An interpreter might be

appropriately qualified for a situation with a certain set of criteria. However, changing a single variable in the situation might result in that interpreter not being appropriate. When the interpreter fails to properly interpret for a Deaf individual and does not make that clear themselves, all the hearing individuals in the room assume that any deficiencies are the fault of the Deaf individual.

- Ask the Deaf individual first what they think is an appropriate staffing level for the assignment.
- Seasoned interpreters should be assigned for larger settings when there are multiple Deaf individuals involved.

Principle Six
Registry of Interpreters for the Deaf (RID) certification is a minimum standard. Certification is ultimately designed to protect the consumers of interpreting services - both the hearing and the Deaf. It is designed to hold interpreters accountable for their work, their profession, and their behaviors. URMC should want to only employ interpreters who are willing to be held accountable.

- Certification should always be listed on job descriptions as a requirement.
- A bigger pool of qualified and certified interpreters, both on-site and virtually, needs to be built out.

Principle Seven
Deaf people serve Deaf people best. When Deaf individuals serve other Deaf individuals, there is significantly less time and resources spent in identifying and understanding individuals' particular needs. The efficiency and effectiveness of such common understanding and experience allows valuable URMC resources to be more focused on core processes such as service, research, and scholarship.

- Make known where Deaf medical professionals are working so other Deaf individuals can seek out care from them directly.
- Identify positions that could be filled by Deaf individuals and highlight that in the job description and advertisement.

Principle Eight
The interpreter is there for all parties. It is a common - and harmful - misconception that the interpreter is there only for the Deaf person. By recognizing that the interpreter is there for all of us, and is working for all of us, it helps prevent isolation and marginalization of the Deaf individual in the room. It also shifts the burden of communication to become a shared responsibility.

- Allow space for the interpreter to step in if they feel something is going awry with communication or need clarification on specific concepts.
- Keep an eye on the interpreter to see if they are keeping up with the jargon, the pace, and if there is any variation in the delivery of communications.

Principle Nine
The profession of interpreting is evolving. Simplistic analogies such as "the interpreter is like a telephone line" are no longer applicable. Interpreters today must also serve as social and professional navigators; they must be proactive in seeking out opportunities for sharing information and knowledge with their Deaf professionals. It is no longer acceptable to be merely reactive; they are an integral part of the team.

- Recognizing that the provision of linguistic translation does not equate to equity and access.
- Empower interpreters to provide cultural mediation as navigators.

Principle Ten
The success of marginalized communities is worthy of recognition. URMC is doing an amazing amount of excellent work that is in many ways pioneering. This work needs to be recognized, celebrated, and shared with the world, so that others may learn and benefit from it.
- Promote and celebrate the advancements and accomplishments of Deaf professionals and their support teams (including interpreters) in a manner that will inspire and encourage others across the nation or even the world to build on the foundational work that has been happening at URMC.
- Seek out Deaf individuals with additional marginalized identities (such as BIPOC Deaf, LGTBQ Deaf, DeafBlind, and others), recruit and grow them as professionals, and build on their successes

Specific Recommendations

1. URMC OEI to establish a Deaf Professional Advisory Council (DPAC)
This council would advise URMC OEI and the URMC community on ways to improve the experience for Deaf individuals. It would provide invaluable guidance towards URMC operations. It could comprise up to approximately nine Deaf professionals/learners from across the institution.

The council may:
a) address various issues such as the development of an understanding of principles, priorities, and criteria for scheduling, assigning, and re-assigning interpreters as noted in the findings
b) come up with specific recommendations and strategies to break down the silos that are currently in place among Deaf professionals
c) advise URMC on how to leverage valuable expertise of Deaf employees in biomedical, clinical, and interpreter spaces
d) seek out ways to remove barriers towards Deaf professionals serving other Deaf people
e) help support operations in the recruitment of interpreters and support URMC in bringing in additional Deaf professionals that will enrich the institution further.

Subcommittee on Interpreting
After the advisory council is formed, we strongly recommend that the DPAC form a subcommittee on interpreting. This subcommittee can have council representatives, as well as selected representatives from the URMC interpreting pool. The purpose of this subcommittee is to address systemic issues that arise that affect interpreting at URMC. (Personnel issues would be handled through normal administrative processes.) This is also a way for the council to solicit input on issues related to interpreting from interpreters themselves.

2. Implementation of the Designated Interpreter/Navigator (DIN) Model

A small team of designated interpreters would be assigned to each Deaf professional/learner - at least two, possibly more depending on the number of hours and type of coverage. Having a minimum of two ensures continuity of coverage, should one become unavailable (such as sickness, vacation, new career opportunities, etc.)

The interpreter/navigator team would be responsible for ensuring interpreting coverage. The Deaf professional/learner would share their schedule (as needs arise) with the primary members of the team. The team would then coordinate with the scheduling office to ensure coverage. In the event that one of the interpreters from the preferred list would not be available, then the team members (the Deaf person, the Primary DIN, and the Secondary DIN) would have a process in place to prioritize what happens next (for example, accept a non-preferred interpreter, reschedule the event, etc.). The interpreter/navigator would work with the scheduling office (and their management) to ensure coverage for all events which may overlap with other Deaf professionals, to ensure coverage, and reduce "collisions" where multiple interpreters could be scheduled. The interpreter/navigator would coordinate off-campus meetings and conferences. If the Deaf professional or learner prefers, then their team would be the choice for the off-campus event. The DIN team would coordinate with the Chief Navigator position for situations requiring their expertise, such as off-site conference planning for interpreters.

3. **New Staff Role: Chief Navigator**
   This role is not limited to, but would support the recruitment, hiring, and development of interpreters; participates in annual interpreter evaluations; lead and support interpreter continuing education (professional development) efforts; facilitate onboarding for new Deaf employees and students; provide administrative support to the University Resource Group (URG) for Deaf professionals and learners; coordinate the Deaf Professional Advisory Council; serve as an advocate/mediator/advisor for access service requests; create and execute appropriate ethics structures and procedures as deemed necessary; ensure that all URMC communications are accessible (for example, PSAs are captioned, MyPath videos captioned/subtitled, website videos captioned/subtitled, etc.); serve as an advocate for Deaf professionals and learners within the URMC system.

4. **Sponsorship of University Resource Group and Other Groups for Deaf Professionals**
   This group can serve as a "resource to provide mentoring and professional development opportunities as well as opening additional communication lines between individuals, the greater Rochester community, and University management. By fostering this group, the University will benefit from the collective knowledge, wisdom, and abilities of the group members, thereby increasing the desirability of the University as a place of employment and learning.

5. **New Model for Conference Interpreting**
   The Chief Navigator position at URMC would lead the effort to develop a working group of stakeholders, with the goal of establishing new national standards for the provision of interpreters at conferences. These stakeholders would include external industry conference professionals and Deaf organizational leaders, as well as others. The publication of an industry-standard paper (or equivalent) would provide specific guidelines for interpreter (and other

access) provisions at conferences. Publication of this standard would result in far more accessible conferences, as well as a relieving of the "Deaf tax" on Deaf Professionals/Learners from having to constantly advocate for equitable access.

6. **Increase Marketing and Exposure of URMC Programs related to Deaf Expertise**

   URMC is sitting on perhaps the largest collection of Deaf biomedical expertise in the world. URMC's expertise in Deaf people and health care has been under-publicized. This is a strength of URMC and should be leveraged. This effort is best led by the individuals at URMC- the Deaf professionals and the interpreters in conjunction with institution media channels prioritizing their stories.

7. **Expand Recruitment, Retention and Professional Development of Bio-Medical Interpreters**
   Efforts should be made to expand recruitment beyond local and state boundaries. Efforts should also be made to increase the diversity of the interpreter pool.

8. **Review of Intake Processes**
   There are multiple processes by which a Deaf professional or learner can become a part of the URMC community. Each of these processes needs to be studied, and "decision points" need to be identified in the processes when the centralized interpreting services office is informed. As an example of a stressful process, apparently six to eight new Deaf professionals/learners arrived on the URMC campus in September of 2021. There was approximately one week's notice of their arrival; information regarding their exact roles, locations, job responsibilities, schedule of need - all of these things needed to be determined extremely quickly. The entire process needs to be examined so that the office providing access services has more advance notice of who's coming, and what their individual needs are. The Chief Navigator and the administration will need to streamline this process in centralizing all Deaf Professional interpreter requests and assignments from initial contact to final departure (whether by retirement or leave).

9. **Implementation of Improved Scheduling System**
   We recommend that URMC consult with Deaf professionals and learners, and develop a Feature Specification Document to address and highlight what an effective scheduling system should have. This document should also include a list of standards that should be met. Perspectives from Deaf, Interpreter/Navigator, and Scheduler/Office should be considered to ensure equity and efficiency. These functions should be available to users (Deaf professionals, learners, interpreters) via their mobile devices.

10. **Recruitment and retention goal for persons in positions that serve Deaf people**
    A review of existing positions indicates there is nothing in their job descriptions or responsibilities that requires hearing. And yet, none of the existing positions that intend to support Deaf professionals, learners, and clients are filled by Deaf persons. There are cultural and linguistic advantages to having those positions filled by Deaf with expertise in serving Deaf individuals. URMC should set a path toward a higher level of competency by ensuring specific open positions in the future be filled by Deaf individuals.

11. **Assign responsibility to URMC OEI for all access and equity services:** interpreting, note-taking, real-time transcription, captioning, and other services as needed.

12. **Transition administrative responsibilities related to ensuring access to URMC OEI from individual Deaf professionals and learners.** To support increased efficiency, as well as more standard practices across URMC. This will help URMC achieve the "model" status it desires.

13. **Adopt a professional development program that requires RID certification** to enhance the current interpreter pool, which is both highly skilled and works at a high content level.

14. **Establish standard recruitment and onboarding processes for interpreters**. Given the challenges of developing and training interpreters across the nation, URMC should consider whether to start developing its own interpreters in order to build a pipeline of quality practitioners. The past process of relying upon current working interpreters and Deaf professionals (at URMC) to recommend interpreters that they know may limit the diversity of the interpreter pool. Given the importance of cultural and linguistic competence as part of the interpreting processes, it is critical that URMC seek out and develop qualified BIPOC interpreters.

15. **Create an infrastructure of support including a University Resource Group for Deaf people.** URMC needs to ensure that there is Deaf representation on all appropriate committees, including: Respectful Learner Environment Task Force, Executive Committee for Diversity and Inclusion, Clinical Cultural Competency Committee, the Faculty Diversity Liaison Committee, and any others that are appropriate.

16. **Implement standardized practices for provision of interpreters at academic and professional conferences.** URMC also has the opportunity to lead this effort nation-wide, bringing further recognition and respect.

17. **Identify and dismantle systems and structures that may cause silo-ing** (isolation) of Deaf professionals from each other need to be identified, and dismantled. Systems and structures that encourage the natural collectivist approach of Deaf people should be sponsored and encouraged.

18. **Task URMC OEI with the provisioning of notetakers and Real-time captioning** (also called CART). While the study initially focused on the provisioning of interpreter services, it is clear that access services are equally as important as interpreting to a number of individuals in the Deaf community. Further discussion and incorporation of these services into URMC practices would be appropriate as the transition proceeds.

Deaf professionals have, as a whole, been working in silos with very limited understanding of the challenges and barriers that are faced by other Deaf professionals. Those who have established a strong accessible model for themselves have shown very little understanding of the challenges of other colleagues within the same institution. Those who face challenges often have no idea that

their challenges are also experienced by other colleagues.

There needs to be a new process where the feedback and review cycle are reviewed independently to ensure full access and equity in a manner that sustains the collaborative professional relationship between the Deaf professional and the interpreter. This process can also be further enriched and empowered by the establishment and use of a URMC Deaf Professional Advisory Council and a University Resource Group (URG) for Deaf Professionals, and other groups as necessary.

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