

December 21, 2010

CLAS Standards  
c/o HHS Office of Minority Health  
1101 Wootton Parkway, Suite 600  
Rockville, MD 20852

Submitted through the Internet also.

Dear Sir or Madam:

The undersigned organizations hereby comment on the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), 75 Fed. Reg. 57957, September 23, 2010).

At the outset we thank the Department of Health and Human Services for its promulgation of CLAS standards. As the notice points out, there are significant health care disparities among cultural and linguistic groups. Ensuring that health care systems are culturally and linguistically appropriate is one avenue through which these disparities can be reduced.

We strongly agree generally with the CLAS Standards and would particularly like to focus on Standard 2:

Health Care Organizations Should Implement Strategies To Recruit, Retain, and Promote at All Levels of the Organization a Diverse Staff and Leadership That Are Representative of the Demographic Characteristics of the Service Area

We firmly support this standard and would like to cite a particular instance where families would greatly benefit from hospitals' and clinics' improvement – in the area of early hearing detection and intervention (EHDI).

Today around 97 percent of newborns have their hearing screened before they leave the hospital, and nearly 3,500 babies are identified annually as being deaf or hard of hearing (CDC, 2007), allowing them to receive early intervention services from the start. Studies show that early identification combined with appropriate early intervention by qualified providers can mitigate language delays previously experienced by deaf and hard of hearing children (Yoshinaga-Itano, 1998).

Despite this emphasis on finding these babies and supporting them and their families, EHDI systems are virtually void of deaf and hard of hearing professionals. Standard 2 would seem to support the presumption that systems serving deaf and hard of hearing babies and their families should include deaf and hard of hearing professionals. According to the Joint Committee on Infant Hearing, "The deaf and hard-of-hearing community includes members with direct experience with signed language, spoken language, hearing-aid and cochlear implant use, and other communication strategies and technologies. Optimally, adults who are deaf or hard-of-hearing should play an integral part in the EHDI program" (Joint Committee on Infant Hearing, 2007). The Joint Committee also states "Intervention programs should include opportunities for

involvement of individuals who are deaf or hard of hearing in all aspects of EHDI programs.” Further, a national consensus conference report recommends “Early intervention programs should recruit trained adults who are deaf or hard of hearing to serve on the coordinated service team” (Marge & March, 2005). Research supports the positive effect on families provided by interacting with deaf individuals (see, e.g., Hintermair, 2006).

Beyond the United States, the International Congress on Education of the Deaf appeals to all nations to involve their deaf citizens in assisting parents of deaf infants, children, and youth (ICED 2010), and the United Nations Convention on the Rights of Persons with Disabilities requires signatories to include deaf and hard of hearing individuals (persons with disabilities) in all aspects of society.

We respectfully request that the Department of Health and Human Service highlight this issue in its CLAS activities and to take steps to ensure that EHDI systems train, recruit, and retain deaf and hard of hearing professionals. If we may be of assistance please do not hesitate to contact us. (Contact: Barbara Raimondo, Government Relations Liaison, Conference of Educational Administrators of Schools and Programs for the Deaf, [baraimondo@me.com](mailto:baraimondo@me.com), 301/792-2884)

Thank you for consideration of our views.

ADARA

Alexander Graham Bell Association for the Deaf and Hard of Hearing  
American Academy of Audiology  
American Association of the Deaf-Blind  
American Society for Deaf Children  
American Speech-Language-Hearing Association  
Association of Late Deafened Adults  
Conference of Educational Administrators of Schools and Programs for the Deaf  
Council of American Instructors of the Deaf  
Hands & Voices  
Hearing Loss Association of America  
National Association of the Deaf  
National Court Reporters Association  
Registry of Interpreters for the Deaf  
Telecommunications for the Deaf and Hard of Hearing, Inc.

## References

Centers for Disease Control and Prevention (2007). Annual EHDI data. <http://www.cdc.gov/ncbddd/EHDI/data.htm>.

Hintermair, M. (2006). Parental resources, parental stress, and socioemotional development of deaf and hard of hearing children. *J. Deaf Stud. Deaf Educ.* (2006) 11(4), pp. 493-513. (<http://jdsde.oxfordjournals.org/content/11/4/493.full>)

International Congress on Education of the Deaf (2010). A New Era: Deaf Participation and Collaboration. Vancouver, B.C. (<http://milan1880.com/Resources/iced2010statement.pdf>).

Joint Committee on Infant Hearing (2007). Year 2007 position statement: Principles and guidelines for early hearing detection and intervention programs. *Pediatrics*, 120(4), pp. 898-921. ([www.jcih.org](http://www.jcih.org))

Marge, D.K. & Marge, M. (2005). Beyond newborn hearing screening: Meeting the educational and health care needs of infants and young children with hearing loss in America. Report of the National Consensus Conference on Effective Educational and Health Care Interventions for Infants and Young Children with Hearing Loss, September 10-12, 2004. Syracuse, New York: Department of Physical Medicine and Rehabilitation, SUNY Upstate Medical University. ([http://www.upstate.edu/pmr/beyond\\_newborn.pdf](http://www.upstate.edu/pmr/beyond_newborn.pdf))

United Nations (2006). Convention on the Rights of Persons with Disabilities. New York. (<http://www.un.org/disabilities/default.asp?navid=13&pid=150>)

Yoshinaga-Itano, C., et al. (1998). Language of early- and later-identified children with hearing loss. *Pediatrics*, 102(5), pp. 1161-1171. (<http://pediatrics.aappublications.org/cgi/content/abstract/102/5/1161>)