



**FLORIDA COORDINATING
COUNCIL FOR THE DEAF AND
HARD OF HEARING**

**BIENNIAL REPORT
2025**



INTRODUCTION

The Florida Coordinating Council for the Deaf and Hard of hearing (FCCDHH) is overseen by the Florida Department of Health (FDOH), under section 413.271, Florida Statutes. The FCCDHH is comprised of 17 positions, representing various organizations. FCCDHH is a resource for persons with hearing loss who need assistance to overcome challenges in areas such as hearing devices, education, employment, health care, legal services, public safety and emergencies, communication technologies, communication access, and accommodations.

This report highlights topics such as over-the-counter (OTC) hearing aids, communication access services, issues for senior citizens, health care, and public safety and emergencies.

Florida law authorizes the FCCDHH to provide technical assistance, education, and advocacy regarding the needs of deaf, hard of hearing, late-deafened, and deafblind persons. The following is an update of some activities since the last report:

- Conducted in-person quarterly meetings (Tallahassee, FL and Largo, FL) to maximize outreach. During 2023 and 2024, the council met via online conferencing, as needed.
- Participated in meetings with community partners and others presenting on pertinent issues facing Florida's deaf, hard of hearing, late-deafened, and deafblind communities.
- Published announcements of public meetings and encouraged individuals to share their thoughts, experiences, and concerns.
- Exhibited at various statewide events related to people with hearing loss to gather feedback and promote awareness of the FCCDHH.
- Provided resources and referrals to state and public stakeholders to maximize support for Florida's deaf, hard of hearing, late-deafened, and deafblind communities.
- Provided technical assistance on information gathered from public inquiries to FDOH regarding issues that impact individuals who are deaf, hard of hearing, late-deafened, or deafblind.

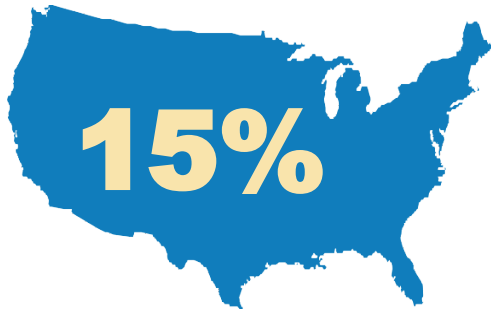
FDOH has a full-time program coordinator who serves as a liaison between the public and FCCDHH. The coordinator responds to correspondence, inquiries through the main telephone line, updates website content, and facilitates the scheduling of quarterly meetings.





Florida Coordinating Council for the Deaf and Hard of Hearing

STATISTICS AT A GLANCE



15% of the adult population is considered to have a significant hearing loss.

Due to a higher concentration of older adults in Florida, it is estimated that at least **3 to 4 million** Floridians have significant hearing loss.



In **K–12** education programs, there is a growing number of students identified with hearing loss.

Florida School for the Deaf and Blind is one of the largest state schools in the nation with **500** deaf and hard of hearing students, in addition to more than **500** served through outreach programs.



2-3 out of every **1,000** children born in Florida have a detected hearing loss.

National Institute on Deafness and other Communication Disorders, NIDCD, Epidemiology and Statistics Program

Among Florida veterans, **14.5 percent (0.3 million)** reported being deaf or having serious difficulty hearing compared to **6.7 percent** of non-veterans.

Florida Department of veterans' Affairs



HEARING AIDS

It has been one year since Over-the-Counter (OTC) hearing aids became a reality.

When the OTC hearing aid category was developed, the idea was to improve access to hearing aids and make them affordable. These are for adults with “perceived mild-moderate hearing loss”. They do not require an Ear Nose and Throat (ENT) doctor or an audiologist or a hearing instrument specialist. Regulations are very different. There is no personal fitting, personal training, or any interaction with a hearing health care professional, and it is based upon self-perceived needs. What was just known as hearing aids are now called prescription hearing aids. According to ASHA, “in some respects, the first year of OTC hearing aids has not met expectations”.

ASHA stated that there has been a low adoption rate and there continues to be many misconceptions. It is too soon to tell how these OTC hearing aids will last in the long run. There have not yet been any studies from independent companies on consumer satisfaction and long-term satisfaction.

At the time of this report, some audiologists have seen many individuals who purchased OTC hearing aids but were unhappy and did not notice improvement. Some possible reasons are as followed:

- As a rule, the hearing loss is greater than those the OTC devices were intended to help. If the loss is more severe then prescription hearing aids are needed.
- Not all older adults are computer savvy. They are not going to go online with a QR code and watch videos or read instructions. Additionally, many do not have smart phones to use for adjustment.
- Not all individuals can learn how to handle these devices and apps without someone to monitor and help.
- If an ear is impacted with wax, no hearing aids will help them hear.
- If there are other more severe problems, OTC devices will not assist, such as if there is a problem understanding due to a benign tumor on the nerve.

People should visit their primary care provider, ENT doctor, or audiologist to check for possible medical issues that could be addressed before considering OTC devices.

References

1. https://doi.org/10.1044/2024_PERSP-23-00279
2. <https://www.asha.org/news/2023/over-the-counter-hearing-aids-otcs-1-year-later/>

FINANCIAL AID

Often financial aid is income-based. It is recommended to first check an organization's requirements for obtaining assistance.

- Health care insurance providers may carry hearing aid coverage in varying amounts via employer plans, Affordable Care programs, Medicare Advantage Plans, or Medicaid.
- Children may be eligible through different targeted programs varying by age group.
- People preparing for work, and youth 16 and older may be eligible for assistance as a participant of Vocational Rehabilitation agencies.
- There may be hearing aid banks or local community service organizations such as Optimist, Sertoma, Kiwanis, or Lions.
- Veterans may qualify for services through the US Department of Veterans Affairs.
- There may be charities or foundations such as the Starkey Hearing Foundation provides hearing aid assistance for persons with low incomes in the U.S. The Hear Now Program is focused on children and teens.
- Florida Telecommunications Relay Inc. (FTRI) provides free specialized telephones and alerting devices. Applications can be found on FTRI's website (www.ftri.org).

Free specialized telephones and alerting signals are available from FTRI, Inc. (www.ftri.org)

OLDER ADULTS

According to the National Institute on Deafness and Communication Disorders (NIDCD) Epidemiology and Statistics Program, 22 percent of adults aged 65 to 74, and 55 percent of those who are 75 and older, have disabling hearing loss. The Hearing Loss Association of America (HLAA) reports that people with hearing loss wait an average of seven years before seeking help. Among adults who could benefit from hearing aids, less than 30% (1 in 3) of those 70 and older and nearly 16 percent of those 20-69 have used them. Hearing loss is the third most prevalent chronic health condition facing older adults in the U.S.

Hearing loss in older populations has a far-reaching effect beyond not hearing well. It impacts brain health, mental health, memory, balance, and energy levels. These individuals need to incorporate strategies, therapies, support systems, and technology to become adaptive, empowered, and proactive; thereby providing a new way of both social interactions and accessible communication.



The advent of OTC hearing aids may be a cost-savings for some, but it only benefits those with mild to moderate hearing loss. In addition, some individuals may require additional assistance to choose a device properly.

Medicare does not cover routine hearing care or the cost of hearing aids. Medicare may cover one audiologist diagnostic hearing and exam a year. Any additional exams may require a physician referral. Medicare Advantage plans may offer coverage on hearing exams and hearing aids. However, the plans vary greatly in the amount of assistance. Medicaid may cover the following hearing services: diagnostic audiological tests, hearing aids, and cochlear implants.

NIDCD National Institute on Deafness and Communication Disorders: <https://www.nidcd.nih.gov/>.

HEALTH CARE

For the Deaf, Hard of Hearing, Late-Deafened, and DeafBlind populations in Florida, inadequate communication causes medical errors leading to patient morbidity and mortality as well as an increase in overall health care costs. Floridians with hearing loss are protected under the Americans with Disabilities Act and have the right to full communication access with their health care providers.

The National Association of the Deaf (NAD) issued a position statement indicating health care access should ensure the rights of Deaf, Hard of Hearing, Late-Deafened, and DeafBlind individuals to determine for themselves the appropriate communication mode in the health care setting. This means patients have the right to the use of a qualified sign language interpreter (American Sign Language, signed English, oral, cued speech, qualified deaf interpreter, Communication Access Real Time Translation, or tactile sign language interpreter for deafblind). The same issues of quality communication and properly functioning technology apply to the use of Virtual Remote Interpreting and captioning services.



The U.S. Department of Health and Human Services has developed the national standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care. The CLAS standards are intended to advance health equity, improve quality, and eliminate health care disparities.

Health insurance plans, private or government, are starting to address the financial issues with obtaining appropriate hearing devices such as hearing aids, cochlear implants, and personal amplifiers.

In addition to ongoing communication challenges, mental health is a rising issue even within the wide range of the deaf and hard of hearing communities. Accessibility includes direct communication with qualified mental health professionals.

The National Association of the Deaf: [Statement on Healthcare Access for Deaf Patients](#).

U.S. Department of Health and Human Services:

[National standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#).

PUBLIC SAFETY AND EMERGENCIES

Effective communication in public safety and emergency situations is a civil right under the Americans with Disabilities Act and other federal laws. The FCCDHH is working diligently to provide information about public safety issues impacting Florida's deaf, hard of hearing, late-deafened, and deafblind communities. The FCCDHH has provided information about the importance of using qualified interpreters, captioning, and other necessary communication strategies at the state, county, and local level during times of emergencies.

With the uptick of natural disasters including hurricanes continuing to affect Florida, it continues to be a matter of "when" and not "if" that every area will be affected. For the deaf and hard of hearing community, communication barriers continue to be an issue. This includes the lack of qualified interpreters, use of unqualified interpreters, poor captioning services, and the inability to access first responders in times of emergencies such as a medical crisis, domestic violence, or other incidents. The Coordinating Council continues to provide education and information as needed to all government agencies about the need for effective communication. Efforts to use Certified Deaf Interpreters at public information briefings continue and most importantly, use of qualified interpreters seen clearly and consistently on the screen with a speaker, along with consistent captioning.

The FCCDHH continues to work with public safety officials to provide education about the needs of Florida's citizens who are deaf, hard of hearing, and deafblind regarding effective communication strategies. The FCCDHH supports the implementation of the Communication Video and Accessibility Act of 2010 by moving from legacy or E-911 to next generation or NG-911 that allows more advanced methods of communication to a public safety access point. Generally, many citizens who are deaf and hard of hearing have no direct access to 911 through voice calls. Part of the implementation of NG-911 allows texting to 911.

Texting to 911 has been successfully implemented in 64 of 67 counties as of January 2024.

Federal Communication Commission (2017): [21st Century Communications and Video Accessibility Act \(CVAA\)](#).

Federal Communication Commission (2018): [Text to 911, What You Need to Know](#).

INTERPRETERS

Florida is one of a handful of states that does not have licensure or some type of legal requirement for working American Sign Language (ASL) interpreters. There are several Florida organizations that have tried to encourage the Legislature to pass a bill that recognizes certification or licensure. The Americans with Disability Act (ADA) defines a 'qualified interpreter' as one, "...who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary" ("ADA Requirements: Effective Communication," 2024). A qualified interpreter can be determined by the certification system provided by the National Registry of Interpreters for the Deaf (NRID) in general, education, and legal settings.

The absence of a clear system in Florida for identifying qualified interpreters leaves hiring entities in a difficult position. This lack of guidance allows individuals to work in crucial situations such as education, legal, medical, and mental health without the necessary skills or training. There are a few interpreter training degree programs offered by Florida colleges and universities to prepare students for interpreting and for NRID certification. These programs need to be more strongly supported in funding and growth.

ADA Requirements: Effective Communication. ADA.gov. (2024, March 8).
<https://www.ada.gov/resources/effective-communication/> Auxiliary Aids and Services Section.

Registry of Interpreters for the Deaf, Inc. <https://rid.org>

VIDEO REMOTE INTERPRETING

Video Remote Interpreting (VRI) has become more common with technological advances. While the use of VRI has been applicable in many different settings, one area has often been problematic - the health care settings, especially in hospitals. There is a lack of understanding of the proper usage of VRI – not only how but when, where, with whom.

National Association of the Deaf (NAD) and Deaf Seniors of America (DSA) spelled out in detail the minimum requirements for successful use of VRI in their standards paper. Technology needs to be of the highest quality and quantity in high-speed broadband width, high video definitions, connections, endpoints, and security. Equipment should have high quality clear cameras, screens, audio, and sufficient lighting and computer. Both the technology and equipment should be tested regularly. Video interpreters seen on VRI must be highly qualified or licensed, be knowledgeable of the operation of VRI to help with troubleshooting, be well-versed in medical terminology to effectively communicate, and follow all rules applicable in professional and medical settings (Registry of Interpreters for the Deaf (RID) code of ethics, HIPAA, etc.).

All staff that interact with patients and/or their family members should be provided with training, written instructions, and access to technical support in setting up and using VRI quickly. There are other factors to consider that may preclude using VRI and require an on-site live interpreter such as the patient's refusal or condition or technology/equipment problems that impedes effective communication via VRI. Sadly, there have been several lawsuits regarding misuse of VRI or failure to provide interpreters.

Communication Access

Realtime Translation

Communication Access Realtime Translation (CART) provides a verbatim transcript of all spoken words and environmental sounds at the setting. A highly trained captioner has a steno machine, a computer laptop, and real-time software that requires an Internet/broadband connection. A projector screen, computer, laptop, or smart phone is used by the participant to read the transcript produced instantly. Sometimes a follow up printed transcript will be sent.

Common places that CART is provided include conferences, workshops, training, educational settings, business settings, and community events. A captioner must go through rigorous training to attain high speeds and high accuracy. Ideally, they would be certified by passing an exam given by the National Court Reporters Association (NCRA). CART is covered by the Americans with Disabilities Act (ADA) and other relevant laws and regulations. Further information is available at www.NVRAPLink.com and www.CaptioningMatters.org.

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