

**MINUTES | Community Advisory Group | Meeting 19**

## February 2, 2023

**Meeting:** 3:30 pm – 5:30 pm

**Location:** Virtual, Zoom Meeting

**Present**:
Brayden Walterhouse\* (Youth), Craig MacLeann (Lower Mainland),Dan Braun (Lower Mainland), Jenine Harris\* (Indigenous), Jessica Niemela\* (Interior), Kirsten Ward\* (Northern), Leanor Vlug (Lower Mainland),Monika Lane (Vancouver Island), Vinu Abraham Chetipurackal\* (BIPOC), Kiran Malli (Provincial Language Services), Christian Vasquez (Provincial Language Services)

\*New members

**Facilitator:** Scott Jeffery (Provincial Language Services)

**Note-Taker:** Judy Hsiao (Provincial Language Services)

**Regrets:**

1. **Opening remark**
* **Welcome and Land Acknowledgement**

**This is the first meeting of a new three-year term of Community Advisory Group (CAG). There are five new members with diverse backgrounds. Provincial Language Services (PLS) also welcomed the new Sign Language Service Coordinator.**

* **Introductions**

**PLS representatives and CAG members took turns to introduce themselves.**

1. **Community Advisory Group (CAG) Meeting Dates**

**Quarterly meeting invitations will be sent out for April, June, October, and January. This schedule is to follow the fiscal year from April 1st to March 31st of the following year. Kindly respond to the invites so that PLS can track attendance.**

1. **Review Action Items and Approve CAG Meeting Minutes**
* **CAG meeting #18 minutes were discussed.**
	+ **A member brought up that the discussion about intervenor services was not included in details in the last minutes.**
	+ **Despite not part of Medical Interpreting Services (MIS), intervenor services are important support for the Deaf-Blind community and it is worthwhile mentioning that CAG had discussed it during the meeting.**
	+ **Scott clarified that meeting minutes are meant for large-scale main points discussed rather than word-to-word. Also any personal identifiers e.g. names are not to be included due to confidentiality.
	The concern was valid and PLS will look into how to amend the minutes.**

**Action Item:** PLS to review Term of Reference (ToR) to discuss possibility to include **intervenor services if it is beneficial to the community.**

* **Abbreviations –**
	+ **Member was concerned that extensive usage of abbreviations throughout meetings and minutes may be confusing and misleading, especially to the new members who will have difficulty understanding. Spelling out acronyms / terminology slowly and clearly may help newcomers get accustomed to them.**
	+ **Scott agreed that the standard practice is to spell out full terminology first time, then use abbreviation for the rest, otherwise documents may become too long. He also confirmed that PLS had discussed about this internally.
	PLS will create a lexicon, listing and spelling out all acronyms, to be included at the bottom of the minutes for easier reference.**
1. **Updates**
* **PLS valued the feedback from last meeting that CAG member would appreciate more time allocated for the Roundtable discussion; therefore, PLS will keep the presentation section brief to allow more opportunity to hear more from the members.**

* **There will be a guest speaker presenting in the upcoming meeting in April.**
	+ **Speaker is a patient experience consultant from Fraser Health Emergency Department.**
	+ **It will be an hour and half presentation and guest speaker is also interested in your opinions and experiences about Fraser Health Emergency Department.**
	+ **PLS will look forward to hearing inputs related to other areas of BC as well.**
* One of the PLS projects in progress is to develop a course for PHSA staff and looking for valuable insights from the CAG members as you know where the gaps are and what should be included in the training.
	+ Tight timeline; small group of people for discussion
	+ Currently intended for PHSA; hoping to expand to province-wide in future
	+ If interested in being involved in this project, please email Scott
* VRI deployment has continued to expand. To save time for Roundtable, Scott will email out summary of VRI updates.

* PLS is excited to expand its staff with more members from the Deaf Deaf-Blind and Hard of Hearing (DDBHH) community. A Deaf Customer Service Representative (CSR) has been hired to mainly be responsible for ASL requests, communicating with Wavefront and Health Care Providers (HCP).
* Scott provided update on an action item: creating more awareness for the Deaf-Blind community
	+ Having both Deaf Interpreter (DI) and Intervenor will bring optimal experiences for Deaf-Blind individuals to attend medical appointments so that they may be more aware of the surrounding environment.
	+ The DB member shared his amazing experience attending a medical appointment with both DI and intervenor which made him feel well supported and fully benefited from the therapy.
	+ However most of the Deaf-Blind community are not aware of the availability of intervenor service.
	+ One good way to spread the word is through engagement; a mini townhall may be good idea.
	+ Scott will drop in the group meeting and introduce this extra support for the Deaf-Blind community.
1. **Round Table:**
* Comment:

Similar scenario happens to the Deaf Senior community as well. Many seniors are disconnected - not going out that much physically and not going on internet or social media, which may prevent them from getting access to information. There is weekly meeting at the Wavefront Senior Program Advisory Committee and it can be a good place for PLS/PHSA to do warm introduction as well as sharing information on access to services. Looking to different ways to get information out there to Deaf Senior citizens.

Response:
Definitely another great idea to go into the community to introduce services available from Provincial Medical Sign Language Interpreting Services (PMSLIS), to increase awareness. Happy to drop in to one of the sessions.

* Comment:

The Deaf Plus community faces more challenges as they require additional support. However, the experiences with interpreters have been very inconsistent. Some have different usage of signs, some have difficulty understanding or catching up, and others just simply don’t get it. Many Deaf Plus individuals not only have physical challenges but also mental health or behaviour issues. Many interpreters don’t know how to communicate the differences in signing when the Deaf Plus individual expresses himself/herself differently in order for the mental health professionals to be able to distinguish and understand. How can we support interpreters to get specialized to enhance their skills to work with Deaf Plus community?

Response:

Member’s concern and frustration was totally understandable. As a matter of fact, as a condition of the contract with Wavefront, all the interpreters are required to complete a minimum of 8 hours of professional development annually. If you know of any training for interpreters to get more specialized in certain fields, please do share; we should always encourage them to take trainings, especially how to work with Deaf Plus community to provide additional support.

* Comment:

We understand that there may not always be interpreters available as much as we’d like. In my experience at work I often use video remote interpreting on my phone to help reduce some of that frustration and to help better understanding mutually. It is not easy to become a Deaf Interpreter (DI) or intervenor. But if there are workshops available, maybe we can encourage Deaf individuals to take training and become one. This may be something PLS can look into.

Response:

Ideally we should pair up DI with hearing ASL interpreter, which was in practice remotely for a while during COVID. There are different ways to provide accessibility but sometimes can be situational. There are restrictions; for example, intervenor is not PLS’s responsibility but we would like to provide the extra support.

* Comment:

Some people in the DDBHH community still don’t know they can request MIS for their medical appointments; they’ve only used gesturing with family member’s help so far. It would be nice to have a Deaf Interpreter, not just relying on hearing interpreters. Also brought up the topic of displaced Ukrainian Deaf families and individuals.

Response:

Kiran was involved in discussion about displaced Ukrainian refugees a while back and mentioned the Red Cross Wellbeing program is taking responsibility for that.

Scott reiterated that please feel free to connect people to PLS if they don’t know about our services at PMSLIS@phsa.ca

* Comment:

International sign language may not be all the same. One sign from an international sign language may mean differently in another. That’s why it is important to have a BIPOC interpreter from the same cultural background for a BIPOC Deaf person so there is no barrier in communication.

Response:

Yes ideally that should be the case and requirement. However we all know there is a interpreter shortage in general, and Wavefront is working hard trying to grow the pool, preferably with more diversity.
Alternatively, you can always try to request for your preferred DI when booking and they will try their best to accommodate.

* Comment:

The member from the North expressed her surprise when learning that there is one Virtual Remote Interpreting (VRI) equipment existed in Vanderhoof which none of her acquaintances knows about it either so she would like to know more details.

Response:

Yes PLS is excited that VRI is spreading out across the province gradually. The goal is to have at least one VRI device in each Emergency Room (ER).

A few points to take cautions though:

* + VRI is used not only for ASL, but also for 200+ spoken languages.
	+ It is good for the community to be aware of VRI but also need to keep in mind that it may also be being used at the same time, hence not always available.
	+ VRI also depends on Wifi connection
* Comment:

Another member also wanted to learn more about VRI. Is it available in Interior area too?
Will CAG be discussing captioning services as well?

Response:

Video Remote Interpreting (VRI), often also referred as Interpreter on Wheel, is a device or iPad that is connected with interpreters – ASL on videos and 40 languages available on video while 200 languages available on audio.

So far many have been deployed to Interior areas. Scott can send a link of locations.

Yes CART service is also part of PMSLIS and Hard of Hearing community is welcome to request for it.

* Comment:

One member inquired how many VRI in each area in terms of numbers?

Can Deaf individuals download the app on their phone?

Response:

* + Fraser Health: at least one VRI in each ER
	+ Vancouver Coastal Health: one VRI in each ER
	+ PHSA: one VRI in each hospitals and BC Cancer Centre; all BC paramedics have VRI on their iPhone
	+ Vancouver Island and Northern Health: one in ER with large cities being priority
	+ The app is only available on authorized VRI devices, each with its unique authenticate codes etc. for usage tracking and billing purposes.
* Comment:

To echo another member’s comment about different signs used in different sign languages, perhaps we can use another VRI to connect with sign language interpreter from another country since it’s all remote anyway.

Also, to reiterate that there should be interpreters who are trained to understand different disorders including mental health. Right now it seems that there is no standard and no accountability of who will make sure there will always be interpreters there for the appointments.

Response:

PLS truly understood the frustration and assured that it’s monitoring trends of gaps and will work on areas of improvement where needed the most.

It is a big system and we have to look for incremental changes that will lead to bigger changes in the long run.

* Comment:

Concern was brought up from the news that some Emergency Rooms (ER) in remote areas are being closed due to inadequate staffing. If that is the case, what will happen to the only VRI device in the remote area? How to get access to interpreter when needed?

Response:

In Northern Health and Interior Health (where mentioned in the news), the VRIs have been placed in selected and bigger hospitals. The ER being closed are definitely not those main hub in larger cities.

Also, each health authority has Virtual Health Lead and they will be responsible for that situation. PLS is responsible for deployment and training and ultimately it’s each health authority’s responsibility to manage the devices.

1. **Wrap-up**

Scott appreciated all the important inputs from the diverse CAG members. PLS will take all the feedback and discuss how to improve the Provincial Medical Sign Language Interpreting Services.

Feel free to email questions to PMSLIS@phsa.ca and Scott or Christian will respond.

Meeting adjourned at 5:29 pm