



# Michigan's Census and Needs Assessment of the Deaf, DeafBlind and Hard of Hearing Communities

## Needs Assessment Survey Instrument

### **Consent Agreement**

Thank you for taking the time to participate in the Not Without Us Needs Assessment. This survey is a research project sponsored by the Michigan Department of Civil Rights Division on Deaf, DeafBlind and Hard of Hearing and is being conducted by Public Sector Consultants and Madonna University. The survey will take about 30 minutes to complete.

This is a voluntary survey. That means you can refuse to do it or stop at any time. Because some of the questions may not apply to you or your unique place in Michigan, you can skip those questions and move on to the next question.

If you are under the age of 13, your parents or guardians must complete the survey on your behalf. Deaf, DeafBlind or Hard of Hearing persons ages 13 to 17 can respond to the survey with the permission of their parent or guardian. If you need assistance filling out this survey, regardless of age, you can request assistance. For assistance, please contact Jill Steiner at [jsteiner@publicsectorconsultants.com](mailto:jsteiner@publicsectorconsultants.com) or 517-484-4954. Mention that you are calling about the Not Without Us survey.

If you are assisting someone to complete this survey, please make sure to identify what your relationship is with the person you are answering for. Also, please remember to answer the questions as if you are the person who is Deaf, DeafBlind or Hard of Hearing.

All survey answers are confidential; no identifying information, such as your name or email address, is required. Your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study unless you tell them.

Once you have completed the survey, please mail it to:

Public Sector Consultants  
230 N. Washington Square, Ste. 300  
Lansing, MI 48933

Prepaid postage envelopes are available upon request.

If you accept this consent agreement, please proceed with the survey.

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## Consent and Eligibility

1. Please indicate which best describes you and your response to this survey.
  - I am 18 years old or older and completing the survey for myself
  - I am a parent or guardian completing the survey for a child less than 13 years old
  - I am a parent or guardian completing the survey for a child that is at least 13 years and less than 18 years old
  - I am a child that is at least 13 years and less than 18 years old completing the survey with permission from my parent or guardian
  - I am completing the survey on behalf of someone 18 or over that needs assistance
  
2. If you are responding on behalf of another, what is your relationship to that person?  
Please describe: \_\_\_\_\_

**Please respond to survey questions as if you are the person you are responding for.**

## Demographics

3. How old are you, in years?  
\_\_\_\_\_
  
4. What is your zip code?  
\_\_\_\_\_
  
5. What county do you reside in?  
\_\_\_\_\_
  
6. Which of the following best represents your race or ethnicity? Select all that apply.
  - American Indian or Alaska Native
  - Native Hawaiian or other Pacific Islander
  - Middle Eastern or North African
  - Hispanic, Latino, or Spanish origin
  - Black or African American
  - Asian
  - Caucasian/white
  - Other, please describe \_\_\_\_\_
  - Skip

7. What best describes your current living situation?
- I live alone
  - I live with family members
  - I live with roommates, i.e., other unrelated adults
  - I am staying with friends, i.e., couch surfing
  - I live in a shelter
  - I am homeless
  - Other, please describe \_\_\_\_\_
  - Skip
8. If you live with family members, which family members do you live with? Select all that apply.
- Spouse or partner
  - Children
  - Parents
  - Grandparents
  - Siblings
  - Other, please describe \_\_\_\_\_
  - Skip
9. How many people live in your household, including you?
- Record number \_\_\_\_\_
  - Skip
10. What is your estimated combined annual household income, i.e., the combined income from all sources of all people sharing a household or place of residence?
- Under \$10,000
  - \$10,000–\$14,999
  - \$15,000–\$24,999
  - \$25,000–\$34,999
  - \$35,000–\$49,999
  - \$50,000–\$74,999
  - \$75,000–\$99,999
  - \$100,000–\$149,999
  - \$150,000–\$199,999
  - \$200,000 or more
  - Don't know
  - Skip

11. What are the sources of household income? Select all that apply.
- Wages from employment
  - Social security retirement benefits
  - Social security disability insurance, known as SSDI, or supplemental security income, known as SSI
  - Pension
  - Private disability insurance, i.e., short-term or long-term disability
  - Self-employment
  - Student financial aid, e.g., scholarships or student loans
  - Temporary assistance for needy families, known as TANF
  - Other, please describe \_\_\_\_\_
  - Don't know
  - Skip
12. What is your gender identity?
- Male
  - Female
  - Transgender
  - Other, please describe \_\_\_\_\_
  - Skip
13. How do you identify in regard to hearing loss?
- Hard of Hearing
  - Deaf/deaf
  - DeafBlind
  - Other, please describe \_\_\_\_\_
  - Skip
14. Do you use any other words or phrases to describe your hearing loss? If so, please describe.
- 
15. Approximately how old were you when you became deaf or hard of hearing?
- At birth
  - Between birth and two years old
  - Two or over, at age \_\_\_\_\_
  - Don't know
  - Skip

16. Was there a period of time when you had hearing loss but had not been diagnosed or received services? If so, how long was that period?
- No
  - Yes, three months or less
  - Yes, more than three months up to 12 months
  - Yes, more than 12 months up to two years
  - Yes, more than two years
  - Don't know
  - Skip
17. Are other members of your household Deaf, DeafBlind or Hard of Hearing?
- Yes, please indicate how many \_\_\_\_\_
  - No
  - Skip
18. Are there other members of your biological family who do not live with you who are Deaf, DeafBlind or Hard of Hearing?
- Yes, please describe their relationship to you \_\_\_\_\_
  - No
  - Don't know
  - Skip

## Communication Preferences and Supports

19. What languages do you know/use? Select all that apply.
- English
  - Spanish
  - Arabic
  - American Sign Language
  - Other, please describe \_\_\_\_\_
  - Skip
20. What is the primary language used in your home? \_\_\_\_\_
21. In the table below, indicate the ways in which you communicate and how frequently you use each.

	Never	Up to two times per week	Three to four times per week	Five times per week or more
Sign language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lip reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Up to two times per week	Three to four times per week	Five times per week or more
Texting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, describe: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, describe: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. For each of the following communication services or technologies, please indicate if you use it and if so, rate how well it works for you on a scale from very poor to excellent.

	I use this communication service	Very poor	Poor	Fair	Good	Excellent
Hearing aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cochlear implant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal listening devices, such as over-the-counter hearing aids, pocket talker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive listening device or FM, infrared or audio loop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closed captioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication access real-time translation, or CART/live captioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Captioned phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sign language interpreter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video relay services, or VRS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobile or smartphone apps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please describe any other communication services or technologies you use and how well they work for you.

25. If you have hearing aids or a cochlear implant with an external processor, how frequently do you use them?

- Up to two times per week
- Three or four times per week
- Five times per week or more
- Other, please describe \_\_\_\_\_
- Skip

26. If you have hearing aids or a cochlear implant, what is your level of hearing with and without them?

	<b>No or limited hearing</b>	<b>Moderate hearing</b>	<b>Nearly full or full hearing</b>
Without hearing aids or cochlear implant	<input type="radio"/>	<input type="radio"/>	
With hearing aids or cochlear implant, i.e., wearing the external processor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. If you don't use hearing aids, why not? Please select all that apply.

- You can communicate effectively without them
- You cannot afford them
- Insurance does not cover the expense
- They are uncomfortable
- They don't improve your hearing enough
- You don't like how they look
- They make you look older
- You don't wear them for medical reasons
- Other, please describe \_\_\_\_\_
- Skip

28. Below is a list of situations where you might use or would like to use communication real-time translation, known as CART, or other captioning services or assistive listening devices. Please indicate which communications service or technology you would want, if any, in each situation.

	<b>CART or other captioning</b>	<b>Assistive listening devices</b>	<b>Not applicable</b>
Public meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worship services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, describe: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, describe: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Please describe the availability and effectiveness of these technologies or services in the various scenarios.



## Education and Employment

30. What is the highest level of school you completed?
- Did not complete high school
  - Certificate of completion
  - High school diploma
  - Some college
  - Trade school or apprenticeship
  - Associate's degree
  - Bachelor's degree
  - Master's degree
  - Professional degree
  - Doctorate degree
  - Currently in school, indicate grade level or program enrolled in \_\_\_\_\_
  - Skip
31. Which of the following best describes your current employment status?
- Employed by an individual, business or organization
  - Self-employed
  - Homemaker
  - Student
  - Retired
  - Unable to work due to disability
  - Out of work and looking for a job
  - Other, please describe \_\_\_\_\_
  - Skip
32. Below is a list of common workplace situations. Please indicate those that you have experienced. Select all that apply.
- In-service or on-the-job training
  - Interacting with coworkers
  - Attending meetings
  - Receiving instructions or assignments
  - Performance evaluations
  - Interacting with the customers or the public
  - Using the telephone
  - Participating in conference calls
  - Other, please describe \_\_\_\_\_
  - Skip

33. Please describe any challenges or difficulties you have had in these situations.

34. If you have been employed within the past 12 months, how do you feel you were treated compared to other people without hearing loss?

- Worse than others
- The same as others
- Better than others
- Don't know
- Skip

35. Have you ever left employment because of your hearing loss?

- Yes, please describe \_\_\_\_\_
- No
- Skip

36. Have you received vocational rehabilitation services or assistance from Michigan Rehabilitation Services, i.e., specialized employment- and education-related services and training to help persons with disabilities in becoming employed or retaining employment?

- Yes, please describe your experience \_\_\_\_\_
- No
- Skip

## Health and Healthcare

37. Which of these answers best describes the type of health insurance or health coverage plan you have? Select all that apply.
- Insurance through a current employer
  - Insurance through a former employer—continuation of benefits, or COBRA
  - Insurance purchased directly from an insurance company
  - Insurance purchased through a marketplace—Affordable Care Act, or ACA
  - Children’s Special Health Care Services, or CSHCS
  - Medicare—red, white and blue card
  - Medicaid—green card
  - MICHild
  - TRICARE or other military healthcare
  - Veterans’ Health Administration
  - Indian Health Service
  - No insurance coverage
  - Other, please describe \_\_\_\_\_
  - Skip
38. How would you describe your health, in general?
- Poor
  - Fair
  - Good
  - Very good
  - Excellent
  - Skip
39. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not good**? Indicate number 0–30 \_\_\_\_\_
40. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health **not good**? Indicate number 0–30 \_\_\_\_\_

41. About how long has it been since you visited a healthcare professional for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.
- Within the past 12 months
  - Over one year but not more than two years
  - Over two years but less than five years
  - Five years or more
  - You have never had a routine checkup
  - Other, please describe \_\_\_\_\_
  - Skip
42. About how long has it been since you visited a dentist or dental hygienist for a check-up, exam, teeth cleaning or other dental work?
- Within the past 12 months
  - Over one year but not more than two years
  - Over two years but less than five years
  - Five years or more
  - You have never had a dental appointment
  - Other, please describe \_\_\_\_\_
  - Skip
43. Have you ever used telemedicine, i.e., using communication technology such as teleconferencing to receive healthcare services rather than an in-person visit?
- Yes
  - No
  - Skip
44. Within the past 12 months, when seeking healthcare, mental healthcare or dental care, do you feel you were treated worse than, the same as or better than other people without hearing loss?
- Worse than others
  - The same as others
  - Better than others
  - Skip

45. In the past 12 months, was there a time when you delayed filling a prescription or did not take a medication as prescribed because of the cost?
- Yes, once
  - Yes, more than once
  - No
  - Not applicable
  - Don't know
  - Skip
46. Have you delayed getting needed healthcare for any of the following reasons in the past 12 months?
- You couldn't get an appointment soon enough
  - When you arrived for an appointment, you had to wait too long to see the doctor or practitioner
  - The clinic/doctor's office wasn't open when you got there
  - You did not have a way to get there/no transportation
  - The doctor or practitioner refused to provide an interpreter or other accommodation
  - The doctor or practitioner was not sensitive to your communication needs
  - The cost of healthcare services
  - I did not delay getting treatment
  - Other, please describe \_\_\_\_\_
  - Skip
47. How often do you currently use any of the substances listed below, if at all?

	<b>Up to two times per week</b>	<b>Three to four times per week</b>	<b>Five times per week or more</b>	<b>Not at all</b>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chewing tobacco, snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational marijuana/hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription medications not given by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Have you ever sought treatment or addiction services related to use of any substance?

- Yes, please describe \_\_\_\_\_
- No
- Skip

## Housing and Transportation

49. Which of the following best describes your current housing situation?

- You own the place you live in
- You rent the place you live in
- You don't pay for your current housing
- You don't currently have housing
- Other, please describe \_\_\_\_\_
- Skip

50. Please rate the level of satisfaction you feel about where you live.

- Very poor
- Poor
- Fair
- Good
- Excellent
- Skip

51. Which forms of transportation do you use? Select all that apply.

- Your own car
- Rides from friends or family
- Walking
- Bicycle
- Public transportation
- Paid support service provider
- Ride sharing app, e.g., Uber or Lyft
- Other, please describe \_\_\_\_\_
- Skip

52. Please rate how well your current transportation options meet your needs.

- Very poor
- Poor
- Fair
- Good
- Excellent
- Skip

## Access to Services

53. Below is a list of government programs, services or resources that you may have applied for and/or received. For each of the services listed, please check the response that best describes your situation.

	<b>This service does not apply to you</b>	<b>This service might apply to you, but you have not applied</b>	<b>You applied for this service in the last 12 months but are still waiting for a response</b>	<b>You applied for this service but were denied</b>	<b>You are currently receiving this service</b>	<b>You have received this service in the past, but no longer do</b>
Michigan Rehabilitation Services, or MRS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Michigan Bureau of Services for Blind Persons, or BSBP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability Network/Center for Independent Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food assistance, such as Supplemental Nutrition Assistance Program, or SNAP; Bridge Card; or Women, Infants and Children, or WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families—TANF or welfare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid, e.g., Healthy Michigan Plan, MICHild or MI Health Link	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>This service does not apply to you</b>	<b>This service might apply to you, but you have not applied</b>	<b>You applied for this service in the last 12 months but are still waiting for a response</b>	<b>You applied for this service but were denied</b>	<b>You are currently receiving this service</b>	<b>You have received this service in the past, but no longer do</b>
Children's Special Health Care Services, or CSHCS, previously known as Crippled Children's Fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County or local health department services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State unemployment benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social security disability insurance, or SSDI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental security income, or SSI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County/state disability services, such as Michigan Career and Technical Institute, or MCTI; Disability Network Michigan; Client Assistance Program, or CAP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	<b>This service does not apply to you</b>	<b>This service might apply to you, but you have not applied</b>	<b>You applied for this service in the last 12 months but are still waiting for a response</b>	<b>You applied for this service but were denied</b>	<b>You are currently receiving this service</b>	<b>You have received this service in the past, but no longer do</b>
County/state aging services, e.g., Area Agencies on Aging that provide caregiving, transportation, social events, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child welfare resources, e.g., foster care, child placement, child care licensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services, e.g., community mental health, or CMH, services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driver's license or state identification, i.e., secretary of state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Please describe any challenges you have had accessing government programs or services.

55. Have you interacted with any of the following emergency service providers in the past 12 months? Select all that apply.
- 911 operator
  - Police
  - Fire department
  - Paramedics
  - Emergency department doctor
  - Emergency department nurse
  - Utility service personnel
  - Other emergency service providers, please describe \_\_\_\_\_
  - Skip
56. Please describe any challenges or difficulties you had interacting with these service providers.

## State Policy and Program Priorities

57. Have you ever reported a service provider or facility open to the public for failing to provide effective communication or accommodations as required by the Americans with Disabilities Act, or ADA?
- Yes
  - No, I haven't needed to
  - No, I don't know how to
  - Skip
58. Below are activities that the State of Michigan and the Division on Deaf, DeafBlind and Hard of Hearing, or DODDBHH, may perform. Please rate how important each activity is to you.

	Low importance	Moderate importance	High importance
Advocate for persons who are Deaf, DeafBlind or Hard of Hearing, or DDBHH, for any of their concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide information and referral for services for DDBHH persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve quality of services and accommodations for DDBHH persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>Low importance</b>	<b>Moderate importance</b>	<b>High importance</b>
Increase availability of services and accommodations for persons who are DDBHH, e.g., increase number of qualified interpreters and communication access real-time, or CART, providers, number of facilities with audio/hearing loops, etc.	○	○	○
Sponsor local organizations that offer conferences and workshops to educate DDBHH persons and the public	○	○	○
Host conferences and workshops to educate DDBHH persons, service providers and the public	○	○	○
Maintain data on the number, age and degree of hearing loss of persons who are DDBHH	○	○	○
Provide information on different technologies or services that could benefit people who are DDBHH, as well as how these technologies and services function, what their potential benefits are and how to access or obtain them	○	○	○
Provide education to state agencies and the public to ensure communication access for persons that are DDBHH	○	○	○
Educate providers about their obligations to provide effective communication or accommodation for DDBHH clients or consumers	○	○	○
Investigate reports or complaints of providers failing to provide effective communication or accommodation for clients or consumers who are DDBHH and follow up to ensure resolution	○	○	○
Advocate for hearing aid coverage through health insurance	○	○	○
Provide support for accessing hearing-assistive technologies, e.g., host a demonstration room, provide technology assessments or maintain information on providers	○	○	○
Provide an annual report on number of complaints, investigations and resolutions of providers who do not provide adequate services to people who are DDBHH	○	○	○
Promote legislation that protects the rights of persons that are DDBHH and ensures funding for programs and services	○	○	○

59. Are there other things the State should focus on to improve the communication accessibility and/or quality of life for Deaf, DeafBlind or Hard of Hearing persons?



Thank you very much for the time you spent taking this survey and for the information you shared. Your feedback will be combined with that of others to inform program and policy development throughout Michigan. Once analysis of the survey results has been completed, the Michigan Department of Civil Rights Division on Deaf, DeafBlind and Hard of Hearing will conduct a series of community conversations to discuss results and to decide together how best to meet the needs of people who are Deaf, DeafBlind or Hard of Hearing. To get information on these conversations, please visit [www.NotWithoutUsMich.org](http://www.NotWithoutUsMich.org).