



ADDRESSING THE NEEDS OF DEAF, HARD OF HEARING, AND DEAF-BLIND INDIVIDUALS IN HEALTHCARE

Deaf, Hard of Hearing (HoH), and Deaf-Blind (DB) individuals face numerous barriers to accessing healthcare in Rhode Island. This data brief will provide information on both national and state-level statistics of Deaf/HoH/DB people; discuss the diversity that exists within the Deaf/HoH/DB community; examine the health disparities experienced by this population; and offer recommendations for best practices to ensure that Deaf, Hard of Hearing, and Deaf-Blind people have equitable access to quality healthcare.

Deaf, Hard of Hearing, and Deaf-Blind Individuals

It is important to recognize the diversity within the Deaf, Hard of Hearing, and Deaf-Blind community. Some individuals may view their deafness as a linguistic and cultural identifier and use American Sign Language (ASL) to communicate. Other individuals may rely on residual hearing if they have it and speak or use technology for communication. In discussing recommendations for best practices for the Deaf/HoH/DB community, no one method is universally beneficial to all members. Individuals require their unique needs to be addressed, while communication with members of the Deaf/HoH/DB community is important in understanding how their needs should be addressed.

Health Disparities

Across the United States, Deaf/HoH/DB individuals experience more challenges when it comes to their physical and mental health. In Rhode Island, people who are Deaf/HOH/DB experience higher rates of diabetes, liver and kidney diseases, and mental health disorders compared to the hearing population.¹ These health disparities are caused by numerous complex factors. Barriers to healthcare access, stigma, and other healthcare system gaps put Deaf/HoH/DB people at a higher risk for disease.⁶ There is also evidence to suggest that many of these negative health outcomes are under-reported, as research techniques often survey Deaf/HoH/DB individuals in ways that are not directly accessible.⁶ Understanding the underlying health risks and experiences of this community are vital to ensuring that all individuals in Rhode Island receive equal care and treatment.

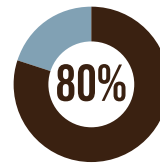
Statistics:

In the United States, **48 million** Americans have hearing loss

1 in 5 people or ~20% of U.S. population



1 in 3 adults age 61-70 have hearing loss



80% of people age 85 and older have hearing loss



2.7 million veterans have service-connected hearing disabilities or receive medical treatment for hearing-related conditions

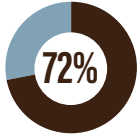


In Rhode Island, **213,671** people have hearing loss in at least one ear (~20% of state population)

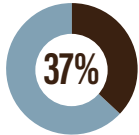


SIGN LANGUAGE

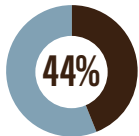
According to a 2020 Survey by the Rhode Island Commission on the Deaf and Hard of Hearing:



of Deaf/HoH respondents were either overweight or obese compared to 63% of the general population in the State of Rhode Island.¹

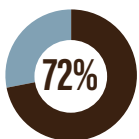


of Deaf/HoH respondents reported being diagnosed with arthritis or rheumatism.¹

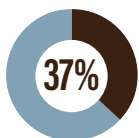


of Deaf/HoH respondents reported being diagnosed with depression or anxiety disorder.¹

According to a 2020 Healthcare Provider Survey by the Rhode Island Commission on the Deaf and Hard of Hearing:



of Rhode Island healthcare professionals did not know how to request a sign language interpreter.²



of healthcare professionals either did not know or did not understand that only up to 30% of the English language can be accurately lip-read, even in optimal conditions.²

Understanding the Barriers

Health disparities experienced by Deaf, Hard of Hearing, and Deaf-Blind individuals are often the result of two factors: communication barriers and informational barriers.

Communication barriers prevent access to necessary health services for Deaf/HoH/DB individuals, resulting in poor patient-provider communication. Communication barriers between medical providers and Deaf/HoH/DB patients can lead to misunderstandings, misdiagnoses, decreased healthcare utilization, and reduced treatment compliance. These barriers can lead to increased negative outcomes for these communities.

In all healthcare settings, Deaf/HoH/DB individuals have legislated rights to effective communication. As a primary consideration, providers can meet the communication needs of all Deaf/HoH/DB patients by offering them their choice of an auxiliary aid and support service.

When healthcare settings do not offer sufficient communication supports and resources, patients who are Deaf/HoH/DB do not receive the same important and complete messages and information as their hearing peers. These breakdowns in communication increase the likelihood of negative health outcomes. While increasing the health literacy of Deaf/HoH/DB individuals is linked to more positive health outcomes, such evidence further demonstrates that the health of the overall population also benefits. This involves targeting messaging related to specific healthcare needs to Deaf/HoH/DB communities and ensuring that health campaigns address disparities in the community.

Multiple communication approaches at the community level and provider level can raise awareness about such health disparities and promote access to culturally appropriate services, resources, and evidence-based health education. To reduce such health disparities affecting Deaf/HoH/DB individuals, a concerted effort must be made throughout the healthcare system to ensure that all provider interactions with Deaf/HoH/DB patients can offer full access to services, supports, education, and information.



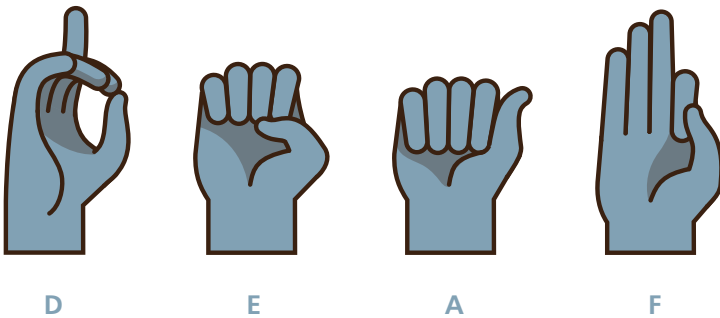
Recommendations for Best Practices

Healthcare providers can take steps to ensure that Deaf, Hard of Hearing, and Deaf-Blind individuals have equitable access to quality healthcare. Strategies for quality improvement primarily focus on improving health access, patient-provider communication, and resources and education.

Improving Health Access

Improving access to healthcare services, information, and education can reduce and eliminate health disparities among Deaf/HoH/DB individuals. Examples of accessibility include providing auxiliary communication aids and services, while ensuring that Deaf/HoH/DB patients can comfortably communicate with providers about their experiences. Such data-driven strategies have demonstrated that:

- Removing communication barriers between Deaf/HoH/DB individuals and their healthcare professionals has shown this empowers individuals to weigh options when making healthcare decisions.⁴
- Giving Deaf/HoH/DB people greater access to learning opportunities, such as health campaigns or public health messaging, can greatly improve Deaf/HoH/DB individuals' understanding of their own health needs and unique experiences.⁴
- Educating and informing hearing communities about how Deaf/HoH/DB individuals communicate has shown to increase empathy and understanding for the experiences of this community in Rhode Island.⁴



Improving Patient-Provider Communication

Deaf, Hard of Hearing, and Deaf-Blind individuals can best advocate for their own healthcare when provided with appropriate communication tools. Similarly, it is important to ensure that physicians have the tools they need to effectively communicate with Deaf/HoH/DB individuals to provide patient-centered care.

In Rhode Island, only 44% of Deaf/HoH/DB individuals surveyed in 2020 gave an acceptable score on a Patient-Provider Communication measure (PCC1).¹ While legal mandates set by the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Patient Portability and Affordable Care Act are intended to prevent discrimination against individuals with disabilities, increasing the ability of physicians to communicate effectively with all patients is essential to increasing health equity and healthcare access.

Data-driven strategies to facilitate communication between patients and their provider include:

- Increasing provider awareness of resources which already exist. This can be performed by developing more trainings and available resources for providers.⁵ (In Rhode Island, 60% of providers are aware of certain accessibility tools for Deaf/HoH/DB patients).¹⁰
- Ensuring proper ethical training for providers regarding their legal obligations to provide effective communication to patients who are Deaf/HoH/DB.⁵ (In Rhode Island, 74% of licensed physicians and nurses are unaware of the legal requirements for effective communication in healthcare for Deaf/HoH/DB patients).²
- Role-playing exercises among pharmacy and medical students, which have been shown to improve health outcomes in the deaf community.⁵

Resources and Education

Healthcare professionals can provide educational materials and resources that address the needs of individuals who are Deaf/HoH. Resources should be made available for patients who identify as Deaf/HoH/DB, as well as for physicians and other healthcare professionals to use as education and training aides. Physicians and other healthcare providers are encouraged to review, download, and share evidence-based resources from these national and local partners:

For Individuals Who Identify as Deaf/HoH/DB

- **Rhode Island Commission for the Deaf and Hard of Hearing:** Resources for accessing interpreting services and other resources to ensure quality care during a healthcare visit
www.cdhh.ri.gov/hstp
- **Rhode Island Medical Home Portal:** Resources for parents supporting family members who are Deaf/Hard of Hearing (e.g., health screenings, school accommodations, care coordination)
www.ri.medicalhomeportal.org
- **General Resource Directory:** Resources, information, and events for Deaf/Hard of Hearing individuals from local, national, and international organizations
www.cdhh.ri.gov/information-referral/resource-directory.php

For Physicians/Healthcare Professionals

- **Rhode Island Commission for the Deaf and Hard of Hearing (CDHH):** Resources for physicians in supporting best practices, including interpreting services and ASL trainings
www.cdhh.ri.gov/hstp/training/
- **More from CDHH:**
 - RI Virtual Spotlight Series on Deaf/Hard of Hearing Healthcare Professionals: www.cdhh.ri.gov/hstp/training/dhh-professionals.php
 - Virtual Trainings for Healthcare Professionals: www.cdhh.ri.gov/hstp/training/training-professionals.php
- **Rhode Island Medical Home Portal:** Resources for healthcare professionals (e.g., assistive technologies and resources for Deaf/Hard of Hearing patients)
www.ri.medicalhomeportal.org
- **DeafDoc:** Resources for healthcare professionals, such as interpreting workshops and community health webinars
www.deafdoc.org
- **Deaf Linx:** Information and resources to gain a better understanding of deaf culture and hearing loss resources for patients
www.deaflinx.com

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