DEAF PEOPLE AND HEALTHCARE

Background

For those of you who are not aware, there is a significance difference between deaf and Deaf.

deaf=a hearing status

Deaf=a member of the Deaf community-uses sign language

A lot of the information related to healthcare and the patients are mostly estimates because of HIPAA regulations which protects patients' privacy.

There are obviously a lot of different populations that receive healthcare that is not ideal, for this presentation I will be focusing particularly on the deaf and Deaf patients.

Statistics

All of these statistics are difficult to interpret because of HIPAA and a lot of people self report and do not have "definition" of deafness or a line between hard of hearing and deaf in the census reports.

- "The estimated demographic figure has ranged from 22 million deaf and hard of hearing to as high as 36 million deaf and hard of hearing. Of these, only a few million are considered "deaf" and the remainder are hard of hearing "(Simons)
- "One report notes that 22 million Americans have a hearing loss, and of those people 1.8 million are members of the Deaf community" (Harmer).
- "Another study identified 4.3% of the U.S. population as having a severe to profound bilateral hearing loss (this would equate to roughly 8.8 million people)" (Harmer).

Case Study: Ubido

This was a research study done to review the access of care that Deaf and hard of hearing women have

- "Fewer than one in 10 deaf women said that they usually fully understand what the doctor says to them when they visit the doctor on their own" (Ubido, 2002)
- "If the doctor writes down what s/he is trying to say, it is not always easy to read. English is not the first language for many women who were born Deaf. One woman said that she would read the prescription to give her a clue about what the doctor has said" (Ubido, 2002)
- "The doctor may be unaware of the breakdown in communication, because patients who are deaf will frequently nod out of embarrassment, suggesting that they have understood, when no effective communication has actually occurred"
  - Health care providers are unaware of the best way to communicate with these patients.

Case Study: Steinberg

This study analyzed the feelings and attitudes that Deaf women have toward the healthcare they receive.

- "Many times when they [Deaf women] go to the doctors, the doctors often asked if they have any questions. They don't have questions. They don't know what to ask. ... I grew up learning not to ask. Now, and it always bothers me that I am still doing it, I respond, 'No,' without asking any questions" (Steinberg, 2002).
- "It's easy for hearing people to hear information, like radio. They can easily find information related to their needs, even by accident. Deaf women miss information ... when/if I bring up a health issue, they [hearing people] would look at me and think how stupid I am" (Stienberg, 2002).

- Although these studies are a little older, these situations still occur

Issues

- Some deaf people do not read English because there is no written form of ASL and there sometimes is not a direct translation between the two languages.
- Lip reading is an unreliable form of communication
  - Only about 30% of English can be lip read
    - Not ideal for any conversation, especially medical settings
- Hearing aids and cochlear implants do not work for all people.
  - Hearing aids can only help if there is some residual hearing
  - Cochlear implants just amplify all of the sounds so it is not specialized for speech
- Lack of knowledge and understanding
  - "Disability competency is not a core curriculum requirement for (1) accreditation or receipt of Federal funding for most medical and dental schools and other professional health care training institutions; or (2) for hospitals to participate in federally funded medical student internship and residency programs. In addition, applicants who seek either a medical or other professional health care license are generally not required to demonstrate disability competency." (National Council on Disability)

VRI

VRI services are not always a reliable form of interpreting in a healthcare setting.

- The interpreter on the other side may not always meet the linguistic needs of the patients
- People with eyesight problems would have a hard time seeing it
  - The small screen is not ideal for a visual language
- In a medical setting, often the whole body is used to explain what is happening which may not be possible
  - Limited mobility of the patient
- The providers are not required to know how to set up the service.
  - Patient had to set up the VRI system themselves. (Simons)

Interpreters

- Many interpreters work on a volunteer basis.
- Medical facilities are significantly understaffed with interpreters
  - Often interpreters are not available in emergency situations which can be the most crucial.
- In order to make an appointment where an interpreter will be present, the patient must call at least 3 weeks in advance and are at the mercy of the schedule of the doctor and the interpreter.
- Some people my require two interpreters
  - For example one to translate from English to ASL and one to translate ASL into another communication style
    - SEE, PSE, CME, Rochester, etc.

Legal

- Section 504 of the Rehabilitation Act of 1973 – applies to federal health care services and facilities; and health care providers who are also recipients of federal financial assistance, usually provided by direct funding (such as federal Medicaid funds) or by grants (such as a federal research grant).
- Title II of the Americans with Disabilities Act – applies to all public (state and local) health care providers.
- Title III of the Americans with Disabilities Act – applies to all private health care providers.
  - Health care providers have a duty to provide appropriate auxiliary aids and services when necessary to ensure that communication with people who are deaf or hard of hearing is as effective as communication with others.
- Says they do not have to if it is an "undue burden" which could include a number of things including monetary issues. The provider cannot charge the deaf patient more than others because of this service.
  - These terms are very subjective and not regulated in any way so the individual provider decides.

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Possible Solutions

- More federal funding for health care especially for people with different needs.
  - Healthcare in general needs improvement but underserved populations especially need help.
- Education for people in the field
  - Pre-med programs at colleges should have classes about people with different communication abilities and styles.
  - Current professionals should be required to learn about this.
- Better technology for VRI-type products
- Better understanding of different linguistic needs

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