

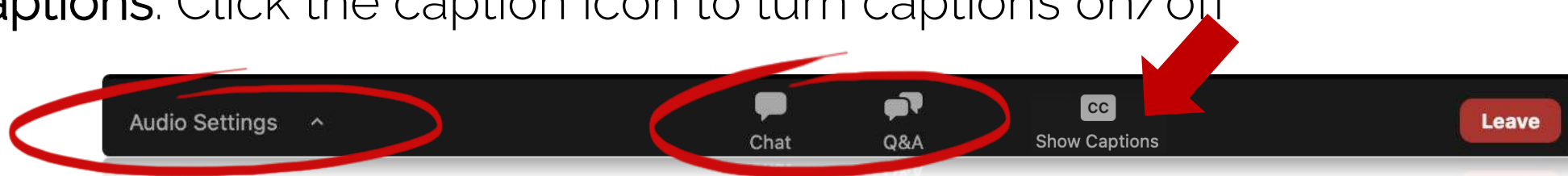
Falling on Deaf Ears: Special Considerations for Deaf Patients in Healthcare

October 3, 2023



Housekeeping

- All participants are muted.
- **Audio Settings:** ability to select your speakers and adjust your volume.
- **Chat:** for sharing of ideas, interacting with speakers and attendees; not for promoting services and products. Make sure you choose '**Everyone**' in the dropdown in the chat box.
- **Q&A:** for submitting questions
- **Captions:** Click the caption icon to turn captions on/off



- Receive follow up email tomorrow with webinar slides, recording and link to survey.

PX Continuing Education Credits

- This program is approved for 1 PXE.
- In order to obtain patient experience continuing education credit, participants must attend the program in its entirety and complete the evaluation within 30 days.
- The speakers do not have a relevant financial, professional, or personal relationship with a commercial interest producing health care goods/services related to this educational activity.
- No off-label use of products will be addressed during this educational activity.
- No products are available during this educational activity, which would indicate endorsement.

This webinar is eligible for 1 patient experience continuing education (PXE) credit. Participants interested in receiving PXEs must complete the program survey within 30 days of attending the webinar. Participants can claim PXEs and print out PXE certificates through Patient Experience Institute. As recorded webinar, it offers PXE for two (2) years from the live broadcast date.



Our Speaker



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ASL Program Manager
North Shore University Hospital

Falling on Deaf Ears: Special Considerations for Deaf Patients in Healthcare

Danielle Davoli
MSHC, CI/CT, NIC,
QHMI



**North Shore
University Hospital**
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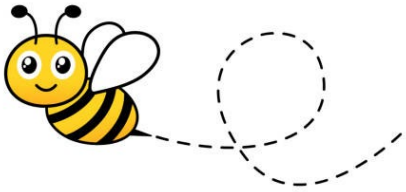
Beryl Institute –
October 3, 2023

Learning objectives

- 1 • Understand the differences between Deaf patients and other hearing LEP patients and its impact on access and health equity
- 2 • “No one size fits all” accommodation - Be aware of language variation within the Deaf community its impact on effective communication.
- 3 • Recognize unconscious biases related to deafness and understand the Deaf community’s cultural and linguistic needs.
- 4 • Q&A – I will leave time for questions at the end of the presentation

The bumblebee cannot fly....

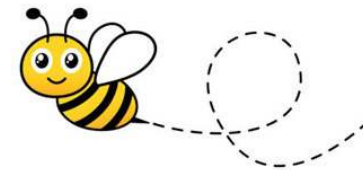
According to recognized aeronautical tests, the bumblebee cannot fly because of the shape and weight of his body in relation to the total wing area.



*But, the
bumblebee
does not
know this,*

*So he goes
ahead...*

*and flies
anyway!*



DEAF HEALTH INSIGHT

What does hearing loss mean?

Mild Hearing Loss:

Hearing loss of 20-40 decibels

Moderate Hearing Loss:

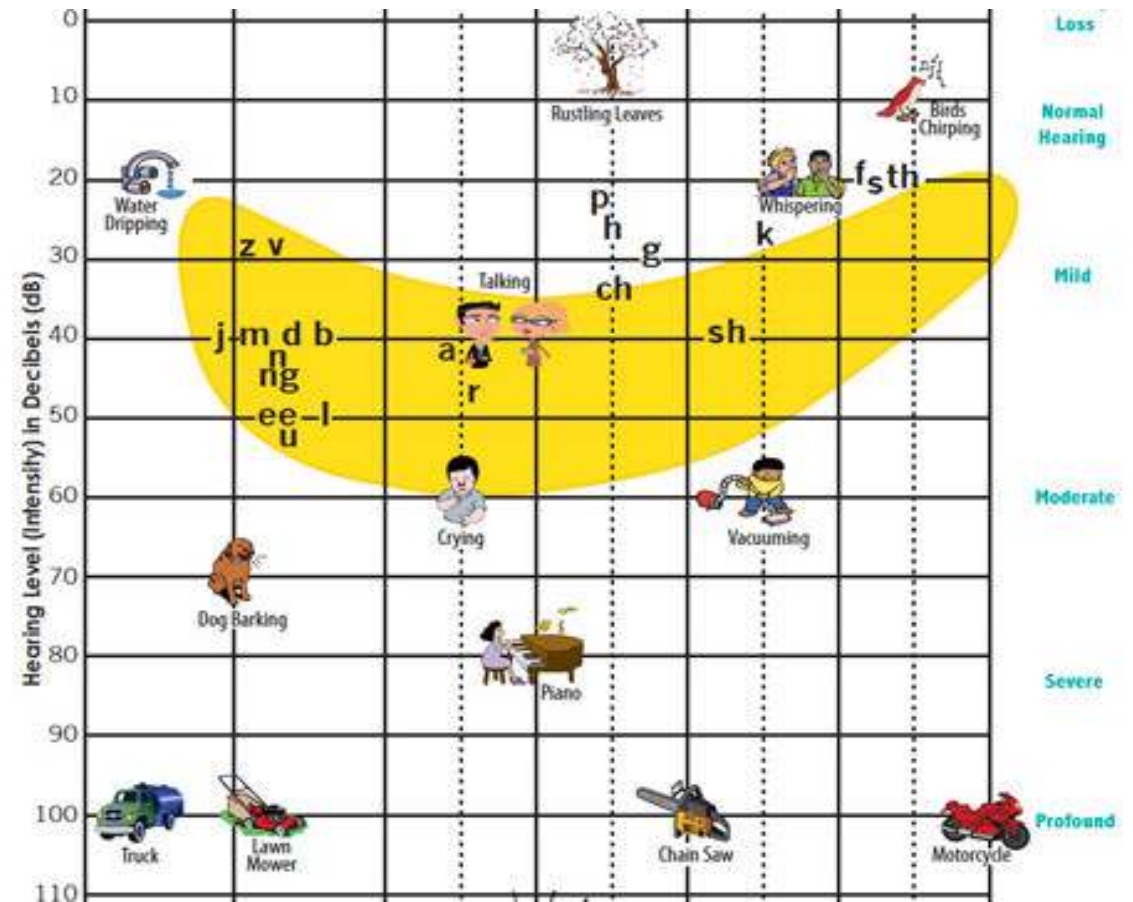
Hearing loss of 41-60 decibels

Severe Hearing Loss:

Hearing loss of 60-80 decibels

Profound Hearing Loss:

Hearing loss of more than 81 decibels



Hearing vs. useable hearing



lipreading

*Not all Deaf people can lipread- only 6%-30% can be read on the lips.
Impacts on lipreading include:*

- Masks
- Accents
- Thin lips
- Facial hair
- Lighting
- Mumbling
- Talking too fast
- Skin color
- Usable Vision



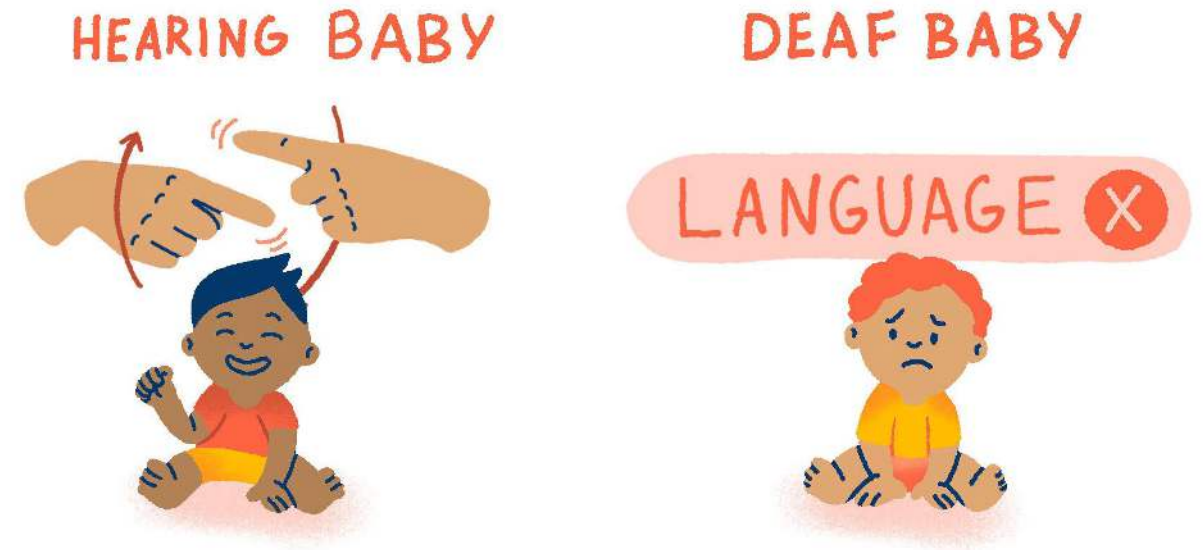
lipreading



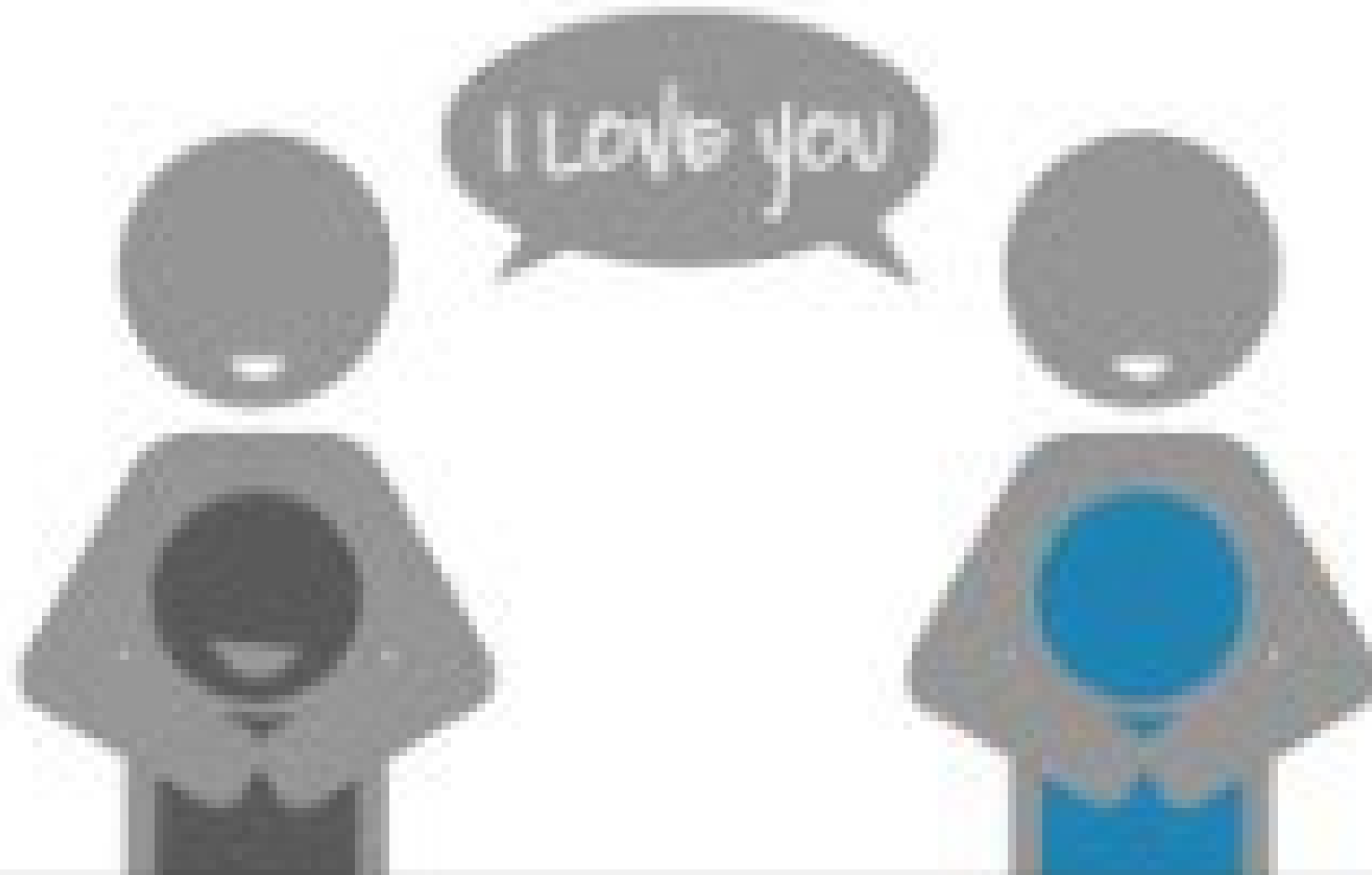
Language deprivation

Language Deprivation Background:

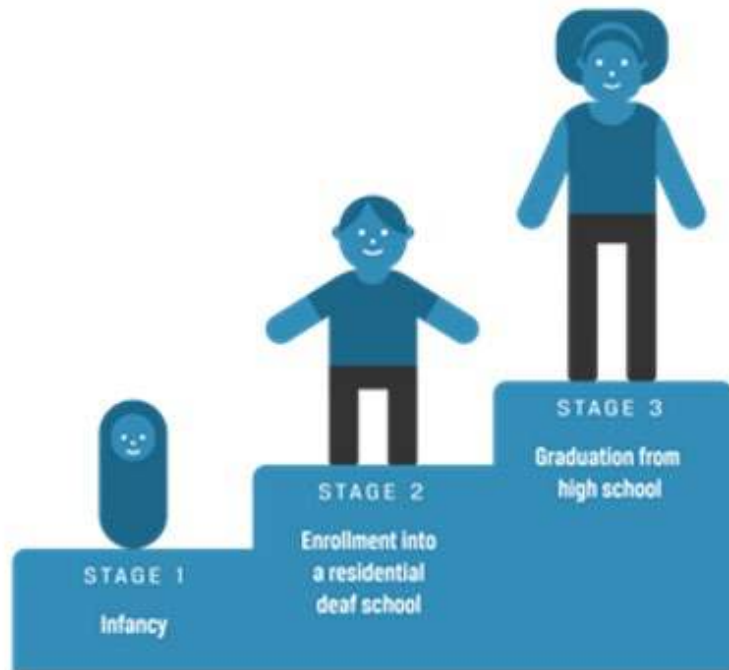
- 90-95% of Deaf people are born into hearing families
- It is estimated that as many as 70% of Deaf children are deprived of language
- At most, 40% of families with school aged Deaf children use sign language at home
- Most Hearing family members cannot effectively communicate with Deaf family members



Language deprivation



Language deprivation critical stages



75% of Deaf children don't get exposed to Deaf culture until stage 3

- 1 Critical stage in language development happens within the first few years of life, when language acquisition is at its peak
- 2 Language deprivation occurs when a child has experienced inadequate exposure & less than full access to language during the critical period.
- 3 Language deprivation in Deaf & Hard of Hearing children occurs due to the delay in language development resulting in insufficient exposure to language (spoken or signed)
- 4 Contrast when children are surrounded by an accessible robust language environment, they have lower their risk for language deprivation & increase their pathways to ensure natural language acquisition
- 5 Language acquisition is more difficult & less successful the older we become

Language dysfluency

Language Dysfluency occurs when one does not have full command of their preferred language- a person's language is not fluent

4 Main Causes for Dysfluency

Language
deprivation

Neurological
challenges related to
etiology of deafness

Aphasias

Psychotic
disorders

Language dysfluency

A Hearing individual's dysfluency is caused only by a neurological event

A Deaf individual's dysfluency is caused by language deprivation



During the critical period of language acquisition – language deprivation can lead to:

Permanent consequences for long term neurological development & language development



A Deaf child's neurological development can be altered so greatly that they are unable to develop language skills sufficient to support fluent communication

Not being fluent in language impacts lifelong learning ability

Incidental learning



**Incidental Learning -
learning that happens
without the intent to learn**

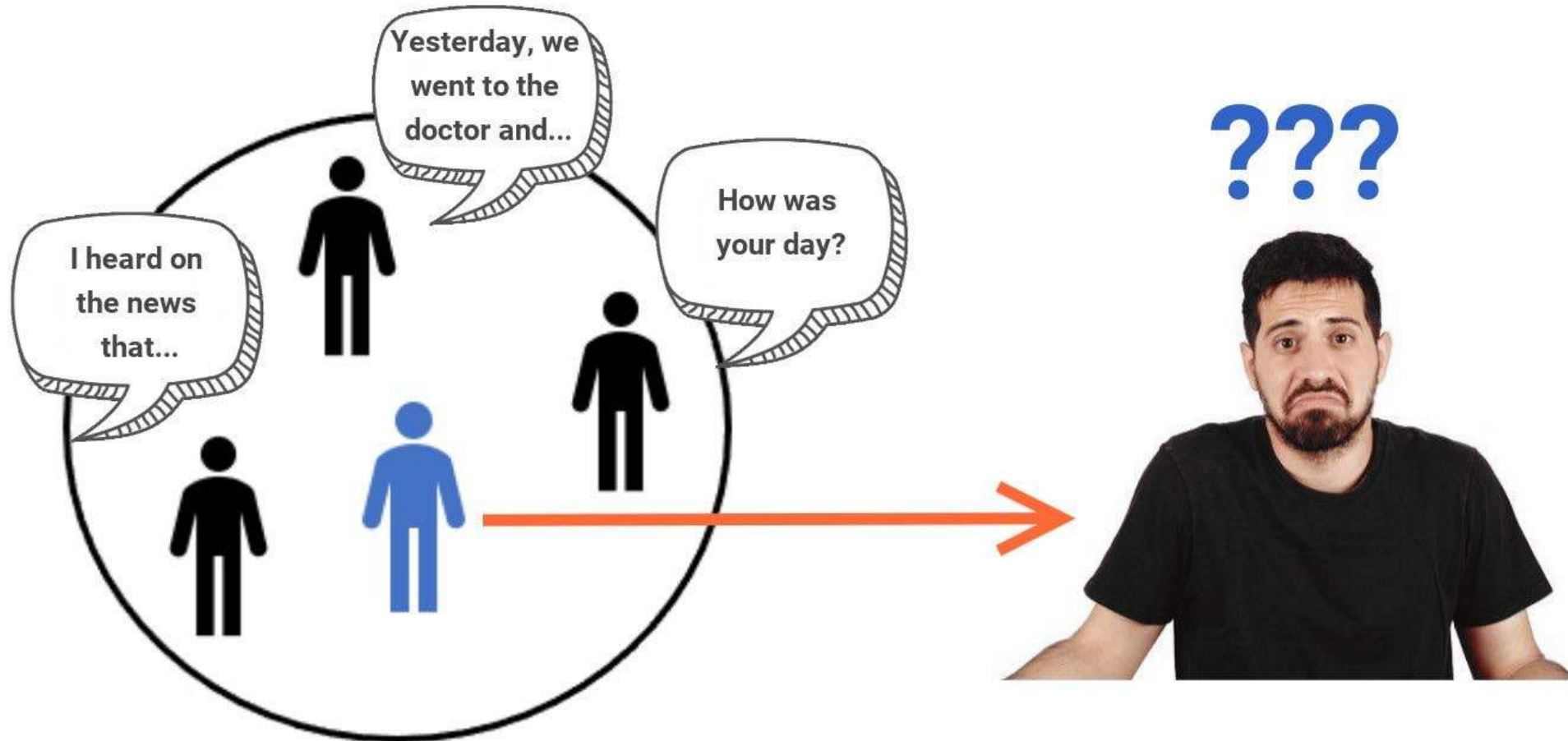


**It happens unintentionally
from activities where learning
is not a conscious goal**



Incidental learning

Incidental Learning: *Fund of Information*



Written materials alone are not effective for most deaf patients.

Comparisons of Deaf and Hearing Patients' Background Knowledge				
	Average Adult Reading Level ^{2,3}	English words known by the age of 5 ¹	Number of body parts children can name ¹	Knowledge of Family History ⁴
Hearing	7 th Grade	5,000-26,000	84	Extensive
Deaf	4 th Grade	10	27	Limited

- Deaf adult sign language users' knowledge of medical information is similar to that of limited English proficiency (LEP) patients.⁵
- In one research study, 31.6% of Deaf participants were found to have low health literacy and 21.7% of Deaf participants with college degrees were found to have low health literacy.³
- A survey of deaf and hearing high school students showed that deaf students had limited understanding of medical terminology, were unable to properly respond to common emergency situations, and were typically unable to interpret prescriptions.¹
- 76% of deaf adults do not know what a normal body temperature is.¹
- In one study, less than half of deaf adults could correctly identify the meaning of *stool*, *sober*, *anxiety*, *erection*, or *nausea*.¹
- In a survey of 87 deaf people, 59% said they understood the doctor 'sometimes' or 'not at all.'¹

Dinner table syndrome

Deaf people are routinely left out of family conversations

Hearing child vs. Deaf child

Hearing families = gatekeepers

“Don’t tell them”

“It’s not important”



Health literacy

Functional health literacy

“The ability to read & comprehend prescription bottles, appointment slips, & the other essential health related materials required to successfully function as a patient”

Personal Health Literacy

- The degree to which individuals have the ability to find, understand, and use information/services to inform health related decisions and actions for themselves and others

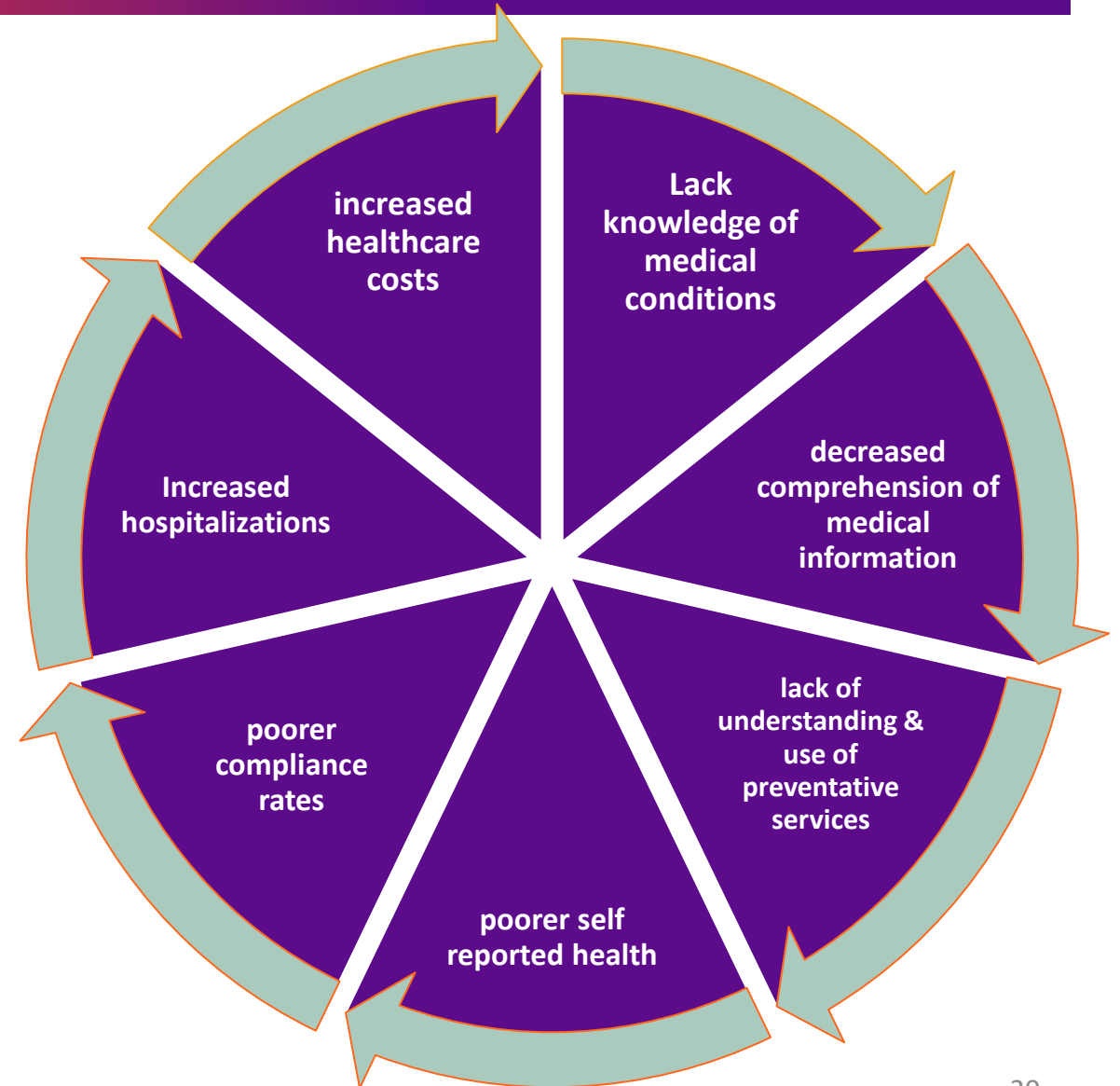
Organizational Health Literacy

- The degree to which organizations equitably enable individuals to find, understand, and use information/services to inform health related decisions and actions for themselves and others



Health literacy

Low health literacy & low access directly correlates to poor health and disease outcomes



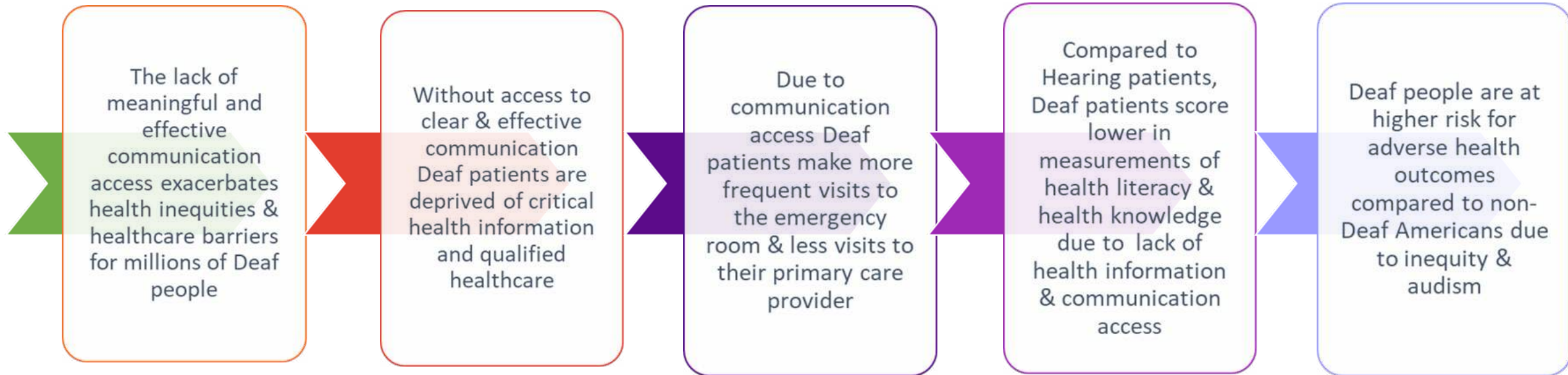
Health literacy Deaf vs. hearing patients



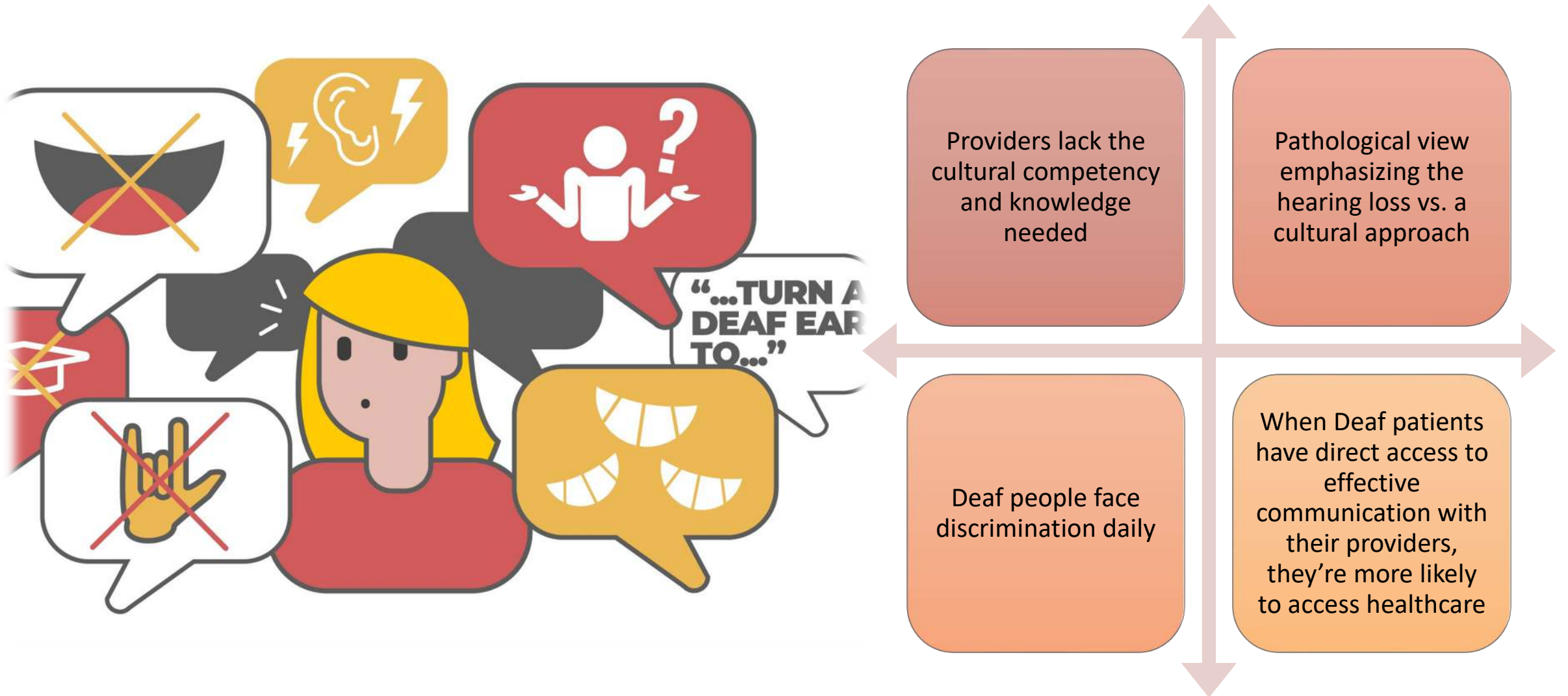
- Deaf Children are left out of conversations between their parents & providers
- Deaf patients have a lack of trust in hearing providers
- They view healthcare as something that happens to them – not as something that they are active participants in.

- 3X more likely to report fair to poor health
- More likely than those with normal hearing to engage in certain health risk behaviors such as: smoking, high-risk drinking, reduced physical activity, obesity, & reduced sleep
- Have higher prevalence of hypertension, diabetes and cancer.

Health literacy: impact on the Deaf community



Barriers Impacting the Deaf Community



What people see

Disabled

Less Intelligent

Can read lips

Fluent in English

What people don't see

Deaf Culture

Cultural Differences

Barriers to Communication

Language Use Variation

Unique Shared
Life Experiences

Federal Regulations & Accommodations

Common Causes of Adverse Events for LEP Patients



Use of Ad Hoc Interpreters

Research confirms that untrained hospital staff who serve as interpreters are more likely to make clinically significant mistakes than qualified interpreters.



Use of Basic Language Skills to “Get By”

Clinicians with basic foreign language skills often attempt to “make do” or “get by” without the use of a competent interpreter, increasing patient risk.

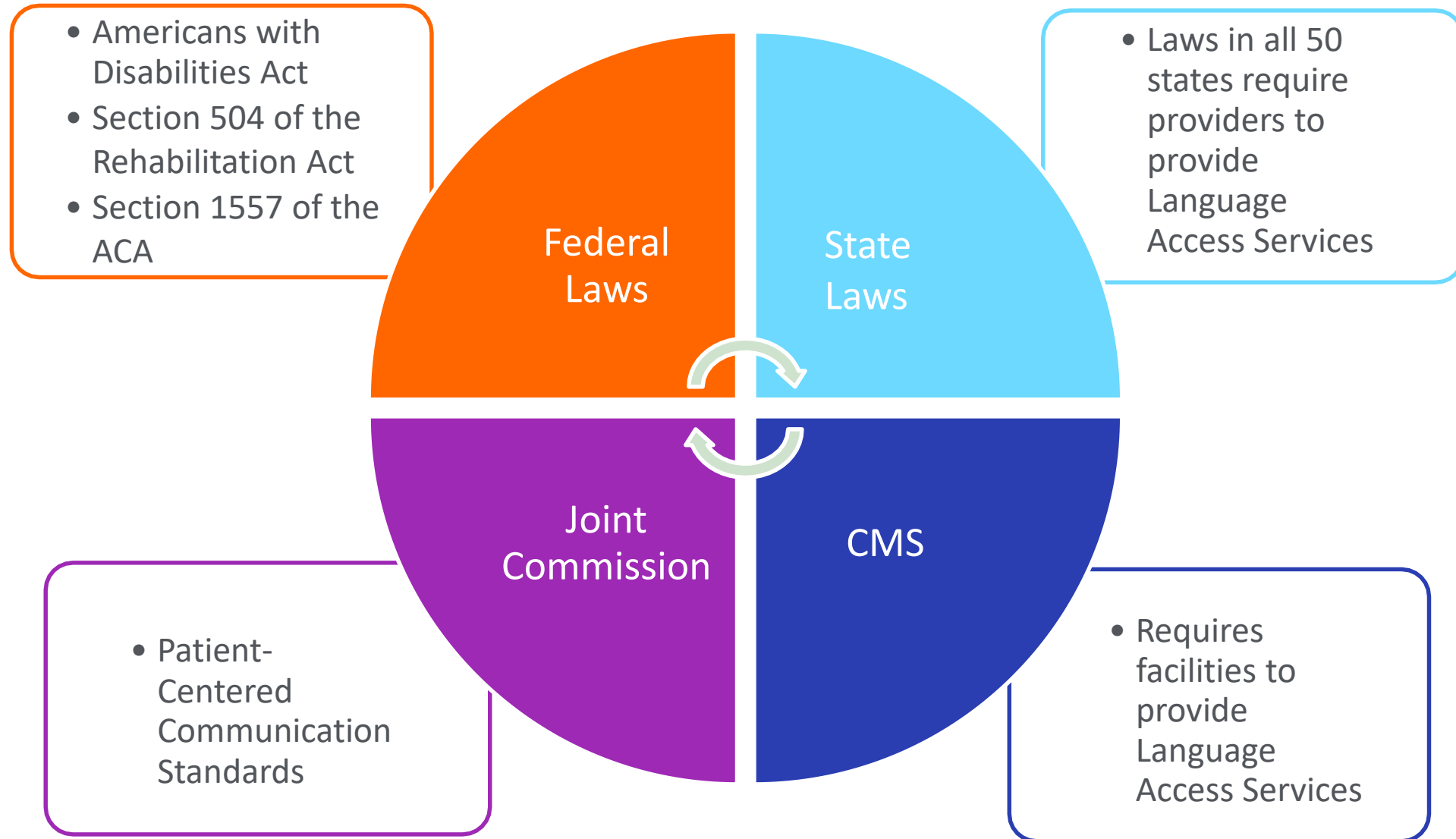


Unconscious Biases Impacting Patient Care

Medical View vs. Cultural view treating Deaf patients like hearing LEP patients, minimizing pain, can influence the medical encounter and increase risk.

8

State & Federal Regulations



Magnitude of the issue

Federal regulations require all reasonable steps are taken to provide meaningful access

Home > Editors' Picks > Deaf man's suit over hospital's lack of interpreter reinstated

Deaf man's suit over hospital's lack of interpreter reinstated

METRO

NYU Langone failed to give deaf woman interpreter during labor: lawsuit

By [Dean Balsamini](#)

5/15/2023 10:00 AM EDT



LOCAL

'I felt like an animal': Deaf woman wins suit against hospital for refusing to provide interpreter

A U.S. judge found Cleveland Clinic in contempt of court for refusing to provide interpreters to deaf people like Seminole Ridge teacher Rose Adams.

[Jane Musgrave](#) Palm Beach Post

Rochester hospital sued over failure to provide interpreter services to deaf patient

Complaint says Frisbie Memorial failed to meet requirements of decade-old settlement

VRI (Video Remote Interpreting) vs. In-Person Interpreting Services



"The single biggest problem in communication is the illusion that it has taken place"

Deaf Patients

vs.

Hearing Patients

Language Disfluency & Deprivation

Language Fluency

Lack of access to Incidental Learning

Access to Incidental Learning

Lack of access to family history

Access to family history

Opposing cultural norms

Understanding of cultural norms

Lower education & literacy levels

Fund of information

There is no "one size fits all accommodation" for Deaf patient's language needs.



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Upcoming Events & Programs

WEBINARS

October 5 | The Sunrise Association Wheels Up Program: Bringing the Joys of Childhood to Hospitalized Cancer Patients

October 10 | Leader Rounding: A Proactive Approach to Improve Experience

October 17 | Virtual Care: How to Turn a Short-term Fix into a Long-term Strategy

CONNECTION CALLS/PX CHATS

October 4 | Ambulatory Care Community Connection Call – Using Measurement and Metrics to Drive Improvement in Ambulatory Care Environments

October 11 | Volunteer Professionals Community Connection Call – Measuring Volunteer Impact

PROGRAMS

October 4-25 (Wednesdays) | Foundations of Volunteer Management



Access our vast library
of on demand patient
experience webinars.

*Webinars are included in membership
with the Institute.*

Thank You

