

# Deaf and Hard-of-Hearing Minnesotans

Do you know if your patients are deaf or hard of hearing?

In order to provide equitable and effective health care, clinicians must be able to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities. Deaf and hard-of-hearing patients face unique problems obtaining health care, communicating with health care providers, and understanding their health issues and treatment.



Communication challenges between the deaf and hard-of-hearing and their health care providers is a significant issue and has a direct effect on patient health and outcomes. According to the Americans with Disabilities Act, all patients have the civil right to be able to communicate effectively with their health care providers. What is your process for identifying your deaf or hard-of-hearing patients? What do you do to ensure they receive the best, most appropriate, and culturally competent care?

## Deaf and Hard-of-Hearing Populations in Minnesota

Minnesotans with some hearing loss represent 10 to 14 percent of the general population, or 530,000 to 742,000 people, according to Minnesota Department of Human Services estimates. Nearly one-third of people in the state over age 65 have hearing loss. Although some categories may overlap, people with hearing loss are often described as follows:

- ♦ **Culturally deaf:** Born deaf or became deaf at an early age. May have grown up with deaf parents, lived within a deaf community, learned to communicate using sign language, and/or developed the skill of speechreading (lip reading)
- ♦ **Deaf:** Hearing loss to such a degree that communication and learning is accomplished primarily by manual communication, reading and writing, and gestures
- ♦ **Hard-of-hearing:** Hearing loss ranging from mild to profound; depend primarily upon spoken language when communicating with others; may benefit from use of hearing aids or other assistive listening devices
- ♦ **Late-deafened:** Profound hearing loss that occurred after development of speech and language; derive little benefit from hearing aids or other assistive listening devices



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.

## Actions for Health Care Providers

Assess hearing loss in older adults using a combination of functional and psychological assessments.

Invite older adults with hearing loss to be actively involved in their rehabilitation and selection of hearing aids.

Consider level of hearing loss and discuss expected adherence, outcomes, convenience, and cost when recommending hearing aids to late-deafened adults.

Recommend peer support and communication/rehabilitation programs to older adults that are provided by deafened people.

Make the same assistive aids provided to deaf patients available to late-deafened patients.

- ♦ **Deafblind:** Combination of hearing and vision loss that affects the ability to communicate with others; not necessarily a total lack of hearing and vision; participates in the community and maintains independence

## Culturally Deaf and Late-Deafened or Hard-of-Hearing Populations

Culturally deaf and late-deafened or hard-of-hearing persons are distinct populations with different needs and strategies. Those who have been deaf since birth or early childhood represent a small percentage of the combined deaf and hard-of-hearing population. The majority of the late-deafened and hard-of-hearing population are elderly people who grew up learning language, reading, and writing, and who have gradually lost their hearing or have become deaf over time.

The late-deafened population has steadily increased over the past 20 years with the aging of the baby-boom population, and is expected to increase significantly during the next 10 to 20 years. Although research shows nearly half of Americans age 65 and older have hearing loss—with one-third having significant hearing loss—most people over age 60 are not screened for hearing loss.

American Sign Language is the most commonly spoken sign language in the U.S. People who communicate verbally and with sign language are considered bilingual. If a deaf person learns to sign a word, it does not mean the person understands the meaning of the word, and understanding decreases significantly when a person is ill or under stress. Most people who lose their hearing gradually do not learn sign language or speech reading. According to the publication *DEAF and Hard of Hearing*, produced by infoBits® LLC Deaf Healthcare Products, only 30 percent of the English language is readable on the lips, which means 70 percent is filled in by knowing the context or guessing.

Compared with a late-deafened person, people who have grown up deaf are much more likely to claim the identity of being deaf, assert their civil rights, and expect accommodations for their hearing loss. Late-deafened people have not been conditioned to assert these same rights.

## Impact of Hearing Loss on Quality of Life

Studies documented in the *Journal of Aging and Health*, December 2009, and the *Canadian Journal of Psychiatry*, August 2009, as well as multiple other sources, validate

the negative impact of hearing loss on the mental, social, and psychological health of the individual, especially for people with profound hearing loss. Examples of the negative impact of hearing loss include the following:

- ♦ Reduced quality of life
- ♦ Increased isolation, loneliness, and depression
- ♦ Decreased cognitive function
- ♦ Somatization, a psychiatric condition expressed in multiple medically unexplained physical symptoms that interfere with work, school, or family and social life
- ♦ Denial of hearing loss
- ♦ Insufficient support from general practitioners

According to Vice President of Programs at the Amherst H. Wilder Foundation, Roberta Cordano, who is culturally deaf, “Many people who lose their hearing gradually over time become isolated because their lack of hearing impairs their ability to engage in conversation. They lose energy and stop socializing, resulting in a breakdown of family communication. They may go for years not knowing why they are withdrawing and becoming isolated.”

Breakdown in communication within the family and between a patient and health care provider has a direct effect on all aspects of health, including receiving appropriate care in the home, taking medications correctly, and relaying accurate, reliable health care information.

## Benefit of Hearing Aids and Speechreading

Research shows that a hearing aid is beneficial for treating moderate hearing loss, when appropriately fitted and when the patient is willing, motivated, and able to use the device. It can aid in communication, social interaction, and cognition. Yet, due to inferior sound quality, lack of benefit, or a poor fit, many people choose not to use hearing aids or to discontinue their use.

In a University of Manchester study, researchers found that hard-of-hearing people using their residual hearing only understood 21 percent of speech. If they combined residual hearing with either a hearing aid or speechreading, they understood 64 percent of speech—a significant improvement. If they used their residual hearing along with hearing aids and speechreading, their speech comprehension increased dramatically to 90 percent.

## Resources

- [About.Com Deafness](#)
- [Association of Late Deafened Adults](#)
- [Better Hearing Institute](#)
- [Minnesota Department of Human Services](#)
- [Minnesota Association of Deaf Citizens](#)

## Sources

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Stratis Health has a long record of success in reducing health disparities among communities of color and underserved populations. Our efforts to reduce health disparities include increasing the cultural competence and effectiveness of providers serving culturally diverse populations, improving health literacy in the community, and working with specific populations on targeted clinical conditions.

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to quickly build rapport and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing social and health conditions in the community.

Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

## WWW.CULTURECARECONNECTION.ORG

Culture Care Connection is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their ongoing efforts to provide culturally competent care. Funding to support Culture Care Connection has been provided by UCare.

Contact us for assistance with your quality improvement and patient safety needs related to reducing health care disparities.



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