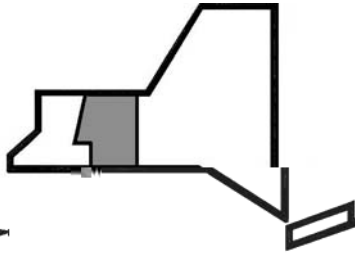


Deaf Health Task Force Report

Finger Lakes Health Systems Agency
August 2004

Acknowledgment:



FINGER LAKES HEALTH SYSTEMS AGENCY

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August 2004

On behalf of the FLHSA's Deaf Health Task Force, we are pleased to present their report to the community. This report describes barriers to health care experienced by the Deaf population in Monroe County. It also presents a series of ambitious recommendations which, if implemented, will improve the quality of health care for the Deaf population.

We would like to thank each of the Task Force members for their contributions of time,

Handwritten signature of Susan Barnett.

Handwritten signature of Bonnie Dunne.

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EXECUTIVE SUMMARY

Beginning in December, 2003 and completing its work in June, 2004, the Deaf Health Task Force met to examine issues related to the health and healthcare of Rochester's Deaf population, including access barriers. Composed of both Deaf and hearing persons, the Task Force identified various issues faced by Deaf patients and family members, and then developed recommendations and strategies.

Although hearing loss is one of the top ten chronic conditions in the United States, comparatively little attention has been directed towards the Deaf, and health care utilization of this population has not been well-examined. Additionally, demographics about the deaf population are limited, and in Rochester, considered one of the most "Deaf friendly" communities in the country, there are no good estimates of the size of the population.

The report focuses on Deaf persons who use American Sign Language, ASL, as their primary language. The Deaf community shares certain characteristics with other populations for whom English is not the first language; Deaf persons face barriers to health care that are increased by the language barrier. For example, there are few providers who use ASL; health promotion materials and health communications, in general, are not geared to ASL users; many providers do not understand the provisions of the American with Disabilities Act (ADA), which are applicable to the Deaf; hearing health professionals are not familiar with assistive listening devices and do not understand how to appropriately use qualified interpreters.

The Task Force made a series of recommendations as follows:

- Training and education should be provided to physicians and other patient care personnel that will enable them to understand the roles of hearing and Deaf patients and their family members and, thus, to provide effective and appropriate care.
 - Education and training should be provided to physicians and other patient care personnel about communications with Deaf patients and the legal rights of Deaf patients.
 - Qualified interpreters should be available in all health care settings. Physicians and patient care personnel should work collaboratively with the interpreter.
 - Physicians and other patient care personnel should ensure patients' understanding of treatment, instructions, orders, etc.. Additionally, they should make information available
-

and refer Deaf patients to outside resources that will facilitate patient education and understanding of their health condition. Educational opportunities should be provided for Deaf patients regarding medical care and treatment, prevention, patient responsibilities, etc..



**A Report to the Community about Barriers to Health Care
Faced by Deaf Patients who Communicate Using American Sign Language**

INTRODUCTION

I. NATIONAL DEMOGRAPHICS

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II. FINGER LAKES REGION/MONROE COUNTY

Democrat and Chronicle

III. DEAF CULTURE

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V. DEAF HEALTH TASK FORCE—IDENTIFICATION OF BARRIERS TO HEALTH CARE

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VI. RECOMMENDATIONS



1. Problem Statement: Communications with Deaf patients and their family members in the healthcare setting is difficult because physicians and other healthcare professionals do not understand the roles of hearing and Deaf members in a family.

Local interventions:

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Global interventions:

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2. Problem statement: Physicians and Deaf patients do not understand each other's communication needs, rights or methods

Local interventions:

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4. Problem statement: Deaf patients do not understand the doctor's instructions regarding prescriptions, follow-up treatment or other medical issues, need for preventive care, etc..

For physicians and other patient care personnel:

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For patients:

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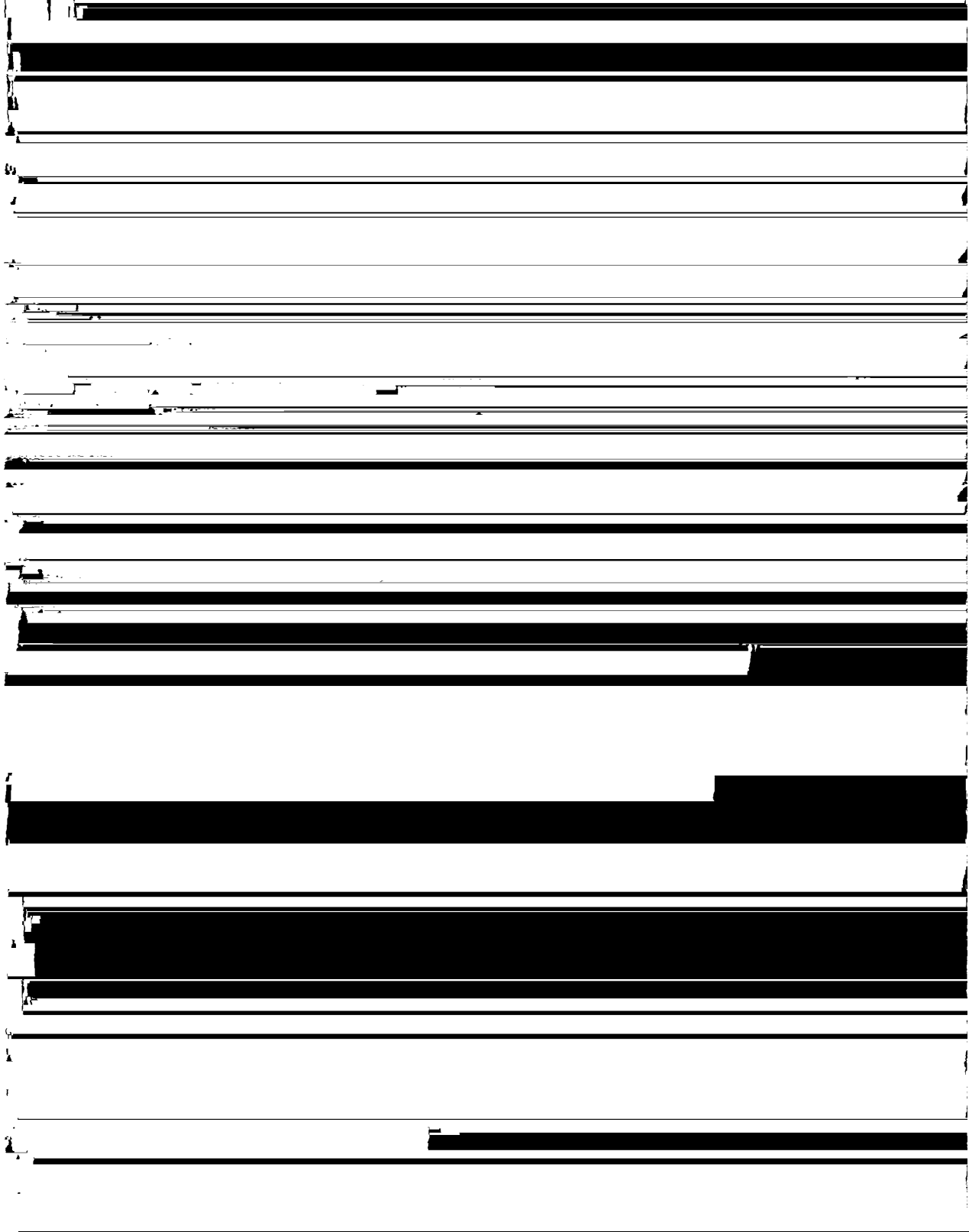
Appendix I

Abbreviations and Terms





To verify an individual interpreter's current certification status, contact the Association's national office.

The Association has played the leading role in establishing a national standard of quality for interpreters and is committed to continued professionalism in the practice of sign language interpretation. Local interpreter service agencies, individual



Registry of Interpreters for the Deaf

 [Search the RID Web Site](#)  [RID Home Page](#)

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