Healthcare experiences of adults deaf since childhood: Implications for people who work with deaf children

> Steven Barnett MD University of Rochester

Take Home Messages

- Childhood healthcare experiences
 influence adult perspectives
- Adults report limited access to health information
- Adults report limited access to healthcare communication
- Disparities exist in research and health

Acknowledgements

- AHRQ
- CDC/ATPM
- CDC PRC
- Bayer Institute for Health Care
 Communication
- colleagues and collaborative partners

Outline

- Describe the population(s)
- Research on healthcare and health
- Implications

Why health & healthcare?

- Evidence of health disparities
- Frequently overlooked group
- "Rubella bulge"

Research is limited

• PPP80n- al9]

Research in ASL

- US Census does not measure ASL use
- Different definitions for "deaf"
- Signed communication is not all ASL

Adult ASL users

- Most ASL users became deaf as children
- Many adults deaf since childhood use ASL

The math

US deaf

- 3.8M 4.8M
- Prevocational deaf (18%)
- Prelingual deaf (8%)

684K – 864K 304K – 384K

ASL users

350K – 500K

Demographics

	General pop. adults	Prelingual deaf adults
Age	44.0 ± 0.2	44.5 ± 1.5
White	85.1 ± 0.6	91.0 ± 2.4
Married (not separated)	66.1 ± 0.4	49.8 ± 4.3

Demographics

- Less education
- Lower income

• Downwardly mobile?

Health

General population 0.85 ± 0
Prelingual deaf adults 0.68 ± 0.2

HP2000 YHL measure (1=good health)

Healthcare services

- Less likely to have seen a physician
- Fewer physician visits

 Similar to other groups with difficulties with healthcare communication

Healthcare services

Accessible facilities record more visits with deaf adults and their families

- NTID/RIT
- URMC
- Folsom Family Medicine
- Baltimore

Health Insurance

Health Risk Behaviors

Smoking Less likley to be current smokers

Prelingual deaf Postlingual deaf AOR= 0.48 (0.23, 0.99) AOR= 1.07 (0.86, 1.33)

Health Risk Behaviors

?

?

?

?

?

- Seatbelts
- Helmets
- Alcohol
- Drugs
- Sex
- Impaired driving ?
- Combinations ?

Health Disparities Retinitis Pigmentosa

120-240 times higher

• Prevalence (general population) = 1/4000

• Prevalence (childhood deafness) = 3-6%

Health Disparities Prolonged QT Syndrome

15 times higher

• Prevalence (general population) = 1/5000

Prevalence (childhood deafness)= 3/1000
 Jervell and Lange-Nielsen syndrome

Health Disparities

Diabetes

Prevalence (general population) = ~7%
 Prevalence (childhood deafness) = ?

 Congenital rubella syndrome
 Mitochondrial inheritance
 Lifestyle issues

Healthcare Communication

Frustration

- Face masks
- Automated telephone systems
- Limited email and internet access
- Writing
- Interpreter services
- Direct communication
- Low satisfaction

Healthcare Comml2ci >>B13• P

Healthcare relationships

Trust

- Communication
- Life experience issue
- Implications for self advocacy

Health Information

Family Health History

- Little information
- Often don't know it is important
- Embarrassing
- "adoption model"
- Implications with genomics

Health Knowledge

>70% said deaf people could <u>not</u> get HIV

 >50% did <u>not</u> know the meaning of "HIV positive"

From Goldstein MF, Eckhardt EA, Joyner P, National Development and Research Institutes, NYC presented at APHA November 2004.

Health Information

Cardiovascular Health

- 40% could <u>not</u> identify signs of heart attack
- >60% could <u>not</u> identify signs of a stroke

Health Information

- Desire for information about children's health and development
- Public health messages

Health Literacy

- Associated with health outcomes
- No tools for use with adults deaf since childhood

Health Literacy

- <u>Rapid Estimate of Adult Literacy in</u> <u>Medicine</u>
- Modified REALM
- 61 deaf adults, 48 had a college degree
- 57 completed m-REALM
- 38 scored in the HS grade level (highest)

Promising Future

- Physicians with childhood onset deafness
- Agency for Healthcare Research & Quality
- CDC
- National Center for Deaf Health Research

What to do

Health Knowledge

- Facilitate access to health information
- Teach children family health history
- Directed teaching

What to do

Foster Self Advocacy

- Nurture self advocacy skills (self/families)
- Access to adult deaf role models

Take Home Messages

- Childhood healthcare experiences
 influence adult perspectives
- Adults report limited access to health information
- Adults report limited access to healthcare communication
- Disparities exist in research and health

Steven Barnett, MD Assistant Professor, Department of Family Medicine Co-Associate Director, National Center for Deaf Health Research University of Rochester

Family Medicine Research Programs 1381 South Avenue Rochester, NY 14620 tel: (585) 506-9484 ext 110 tty: (585) 461-4902 fax: (585) 473-2245 Steven_Barnett@URMC.Rochester.edu

Presented at the Early Hearing Detection and Intervention Conference, Atlanta (March 3, 2005).