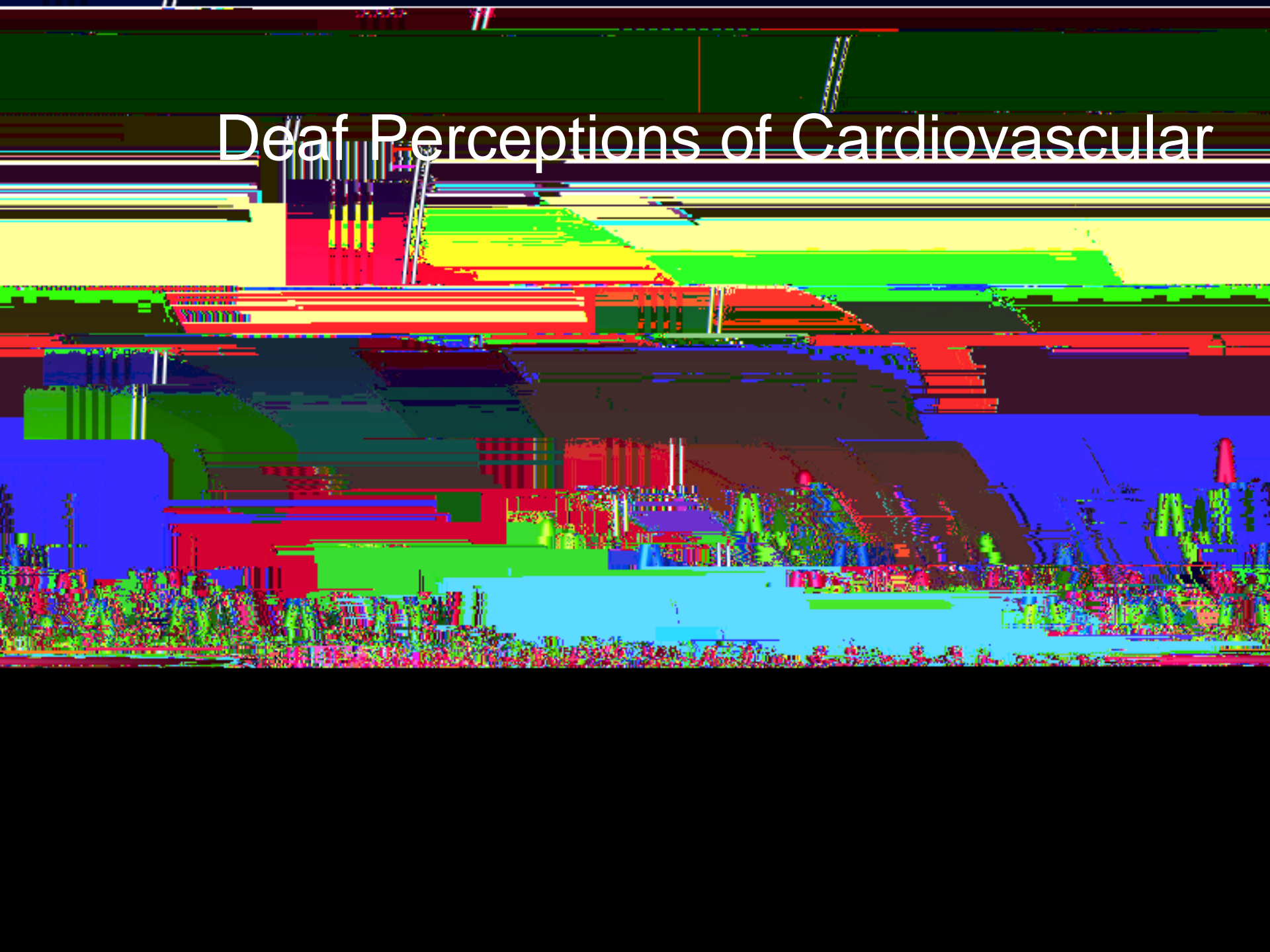# Deaf Perceptions of Cardiovascular

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Purpose of Deaf Perceptions

Goals:

- Contribute knowledge on the perceptions of cardiovascular health among the deaf linguistic minority in Rochester, NY

- Objectives:
  - Conduct focus groups to identify cardiovascular health perceptions
  - Build research capacity among deaf researchers and deaf health
  - Identify where there are possible cardiovascular health perceptions discrepancies
  - Learn about optimal health educational strategies to reduce discrepancies

Methodology: Recruitment

- 4 focus groups (3 to 8 participants)
  - 22 participants
- No hearing researchers used in focus groups
- Recruitment strategies
  - Fliers
  - "Deaf Times" email notification
- Incentives for participants

Methodology: Data Collection

Methodology: Data Analysis

- Previously established domains used:
  - Knowledge
  - Practices
  - Barriers
  - Facilitators
  - Dissemination
- Coding done by researcher and verified by team
- Cultural anthropology model used
- Looked for recurrent themes and patterns among interactions

Study Participants

- Education:
  - college degree: 13 participants (59%)
- Weight:
  - BMI 25: 16 (73%)
- Gender:
  - Females: 13 (59%)
- Age:
  - Mean: 55
- Family History:
  - No knowledge: 5 (23%)

Knowledge

Strengths:
- Heart disease
- Smoking
- Exercise
- Salt
- Stress

Misinformation:
- Stroke
- Illegal drugs
- Anatomy
- Medications
- Stress

Knowledge

- Misinformation:
  - Stroke
    - "I don't know the real cause of stroke. Does eating wrong cause stroke?" -#3-2
  - Medications
    - "I get injections every month to thin my blood. . . When I moved here, I got a new doctor and now I get the medication every month up to nine months."- #5-3

Practices

- Reducing salt intake
- Avoiding cigarette smoking and second hand smoke
- Exercise
- Avoiding stress

Barriers

- Financial
  - Insurance limitations
  - Underemployment/unemployment
  - Costs of healthy foods
- Communication
  - No interpreter present
- Language
  - Lack of ASL accessible educational and support programs

"I see them [Weight Watchers] meeting and sometimes I wish I could join but it might be hard for me to communicate with them if I'm the only deaf one there."- #3-1

Information Sources/Dissemination

- Signing medical websites and videos
  - www.deafmd.org
  - www.deafdoc.org
- ASL fluent medical professionals
  - Rochester, NY
- Health workshops at deaf events and clubs
- Captioned TV shows

Conclusions

- Cardiovascular knowledge seems to be sufficient for heart disease but lacking for stroke

- Language and communication barriers limit access to health information

- Knowledge was mostly superficial and at times distorted possibly reducing effective risk reduction behaviors

Recommendations

- Health educational programs should be provided in American Sign Language to maximize understanding

- Greater access to interpreters should reduce cardiovascular health perceptions discrepancies

- Training deaf health educators should be a priority

Questions?

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Deaf Linguistic Minority

Demographic Results

Demographic		
Education	13 college graduates or higher	9 with no college degree
Weight (BMI)	16 with BMI >25	6 with BMI <25
Gender	13 females	9 males
Family History	17 with knowledge	5 without knowledge

Average age was 55 years old.