



CULTURE CARE CONNECTION

Increasing the cultural competence of health care providers serving culturally diverse populations

Summer 2011

Funded by U Care

Do You Know if Your Patients are Deaf or Hard of Hearing?

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 care and outcomes. Effective communication is key to helping your patients understand their health issues and providing them with the proper treatment.

What is your process for identifying patients who are deaf or hard of hearing? What do you do to ensure that they receive the best, most appropriate, and culturally competent care? See Actions for Health Care Providers below.

Deaf and Hard of Hearing Populations in Minnesota

Nearly one-third of people in the state over age 65 have hearing loss. 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 (DHS) estimates. Of that total, 519,000 to 625,000 people are hard of hearing and 11,000 to 117,000 are deaf.

Categories for hearing loss are described as follows:

- ♦ **Deaf:** Hearing loss of such severity that communication and learning is primarily by visual methods (e.g., manual communication, reading/writing, and gestures)
- ♦ **Hard of hearing:** Some degree of hearing loss ranging from mild to profound; may benefit from use of hearing aids or other assistive listening devices; depend primarily upon spoken language when communicating with others
- ♦ **Late-deafened:** Severe to profound hearing loss that occurred after development of speech and language; can benefit from use of visual display technology, but very little from hearing aids or other assistive listening devices
- ♦ **Deafblind:** Combination of hearing and vision loss that affects the ability to communicate with others; not

(Continued on p. 2)



THIS ISSUE

- **Looking at Arthur Kleinman's Eight Questions: A Model for Resolving Conflict between Medical Wisdom and Cultural Beliefs, 4**
- **Using Religion to Reduce Disparities in Cancer Care, 4**
- **RARE: Reducing Avoidable Readmissions Effectively, 4**
- **Resources, 5**
- **Events, 6**

Actions for Health Care Providers

- Investigate hearing loss in the elderly 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.
- When recommending a hearing aid to late-deafened adults, consider their level of hearing disability, expected adherence and outcomes, convenience, and cost.
- Recommend patients for communication programs, peer support, and training in rehabilitation programs provided by deafened people.
- Make the same assistive aids given to deaf patients available to older adults and other patients with hearing loss. (Assistive aids are available through DHS.)

Deaf and Hard of Hearing

necessarily a total lack of hearing and vision; participates in the community and maintains independence

Culturally Deaf and Hard-of-Hearing Populations

Culturally deaf and hard-of-hearing persons are two distinctly different populations with different needs and strategies. The culturally deaf were either born deaf or became deaf at an early age. They 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 (or lip reading). American Sign Language is the most commonly spoken sign language in the U.S. People who communicate verbally as well as through sign language are considered bilingual.

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 hard of hearing population are elderly people who grew up learning language, reading, and writing, who have gradually lost their hearing or have become deaf over the years. Most people who have gradually lost their hearing did not learn sign language.

The late deafened population has steadily increased over the past 20 years and is expected to increase significantly with the aging of the baby-boom generation. Although research has shown that 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.

Impact of Hearing Loss on Quality of Life

Research to validate the impact of hearing loss on the mental, social, and psychological health of the individual indicates that hearing loss is associated with poorer physical and mental health

scores, especially for people with severe or profound hearing loss. In addition, studies show that hearing disability is associated with 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

Compared with a person who is late deafened, people who have grown up deaf are much more likely to claim the identity of being deaf and assert their civil rights. According to Vice President of Programs at Amherst H. Wilder Foundation, Bobbi Cordano, who is culturally deaf, in health care and other settings, the culturally deaf often expect accommodations for their hearing loss. Late-deafened people have not been conditioned to assert these same rights.

Cordano says, "The hard of hearing may become isolated because their lack of hearing impairs their ability to engage in conversation. They may lose energy and stop socializing, resulting in the breakdown of family communication. They may go for years not knowing why they are withdrawing and becoming isolated."

The 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 medication correctly, and relaying accurate, reliable information.

Benefit of Hearing Aids and Speechreading

Studies show 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.

However, due to inferior sound quality, lack of benefit, or a poor fit, many people do not choose to use hearing aids or discontinue their use.

In a study at the University of Manchester, 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. This is a significant improvement. However, if they used their residual hearing and both hearing aids and speechreading, their speech comprehension increased dramatically to 90 percent.

Only 30 percent of the English language is readable on the lips; 70 percent is filled in by knowing the context or guessing. Understanding drops significantly under stress or illness. Learning a word does not mean understanding the meaning of the word. Combining speechreading with use of hearing aids is important.

Culture in Context: Deaf and 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. All patients have the civil right to be able to communicate effectively with their health care providers under the American with Disabilities Act.

(Continued on p. 7)

Deaf and Hard of Hearing

Recommendations for Communicating Effectively with Deaf Patients

To increase knowledge and aid in reducing disparities in health care for deaf people, Nancy Meyers, founder of the Deaf Hospice Education and Volunteer Project, worked closely with infoBits® LLC Deaf Healthcare Products in developing and testing tools with the deaf community for nearly 10 years. Following is a sample of recommendations for health care providers working with this patient population. For more information, go to infoBitsllc@gmail.com.

Deaf people say:

When speaking to me, LOOK at ME, not at our interpreter.

Do NOT start a procedure while you are still explaining it to the patient through the interpreter.

If I wear glasses, ASK me if I need them to “listen” with my eyes and see you clearly.

Why?

Because I cannot hear, eye contact is very important. It is hard to trust you if you cannot look at me.

Information about a procedure can help lower patient anxiety, make your job easier, and build a trusting relationship.

Isolation increases vulnerability, which increases anxiety and fear.

Hearing Loss Train-the-Trainer Program

Director of Senior Services at the West 7th Community Center in St. Paul, Maureen Davidson is working with other organizations on a train-the-trainer program to educate health professionals and the public on how to work with people who have hearing loss.

Program partners include Mark Deruiter, clinical programs director of the Department of Speech and Language Services at the University of Minnesota; Mary Bauer, Deaf and Hard of Hearing Services – Metro, DHS; and Living at Home/Block Nurse Programs.

Volunteers help to provide workshops for the hard of hearing, their families and friends, as well as screenings for hearing loss. Care managers and block nurses conduct home modifications using an assessment tool that looks at the need for aids such as amplified telephones, and visual alarms, doorbells, and clocks.

Davidson, who was recently fitted for a hearing aid says, “In the field, we learned how little we actually knew. We learned a lot about the needs families have. So many elderly people say that they can live without a hearing aid—that they

can’t afford it, and it isn’t going to work anyway.” In these cases, the team tries to break down some of those barriers and find resources for hearing aids people can afford.

The program partners have built their lessons learned and best-practices into the way they work, including their assessment process, home modifications, and community screenings. The team is currently working on a manual that will be shared online so that other organizations can replicate the program.

Deaf Community Health Worker Project (DCHW) www.deafchw.org

Minnesota is the first state to have Community Health Workers (CHW) who are deaf. CHWs come from the communities or cultures of the people they serve. A deaf CHW in the health care setting helps reduce medical errors, improve communication, and increase patient-doctor trust.

The program is similar to those for other non-English speaking and cultural communities that have had dedicated

CHWs for years, such as American Indians, Hispanic/Latinos, and Hmong.

Anita Buel, the first deaf CHW in the U.S., has served the deaf community in this capacity for more than five years. Her work involves serving as a broker who helps Deaf people navigate health systems and health care situations.

According to Buel, building trust with deaf people is key to providing appropri-

ate health care. More time and effort is required to make sure deaf patients fully understand their medical conditions and treatment. “Interpreters are not enough—and sometimes they misinterpret. We miss out on information,” said Buel. In health care, especially, deaf and hard-of-hearing persons must be able to understand everything that is being said.

To request a deaf CHW for your patient, email info@dchw.org.

Looking at Arthur Kleinman's Eight Questions

A Model for Resolving Conflict between Medical Wisdom and Cultural Beliefs

People from different cultural backgrounds often have different ways of understanding illness, its consequences, and how best to treat it. For example, the Western model of medicine differs greatly from other models that view illness more as an imbalance of forces (Chinese - yin-yang, Hispanic - hot-cold) or as being influenced by unseen forces such as spirits, demons, or curses.

Arthur Kleinman and colleagues developed a model with the following eight questions to elicit patients' explanations of their conditions. To understand others, negotiation and compromise are critical. Kleinman recommends asking the following what, why, how, and who questions, and starting your conversations with phrases such as, "I know different people have very different ways of understanding illness... Please help me understand how you see things."

1. *What do you call your illness? What name does it have?*
2. *What do you think has caused the illness?*
3. *Why and when did it start?*
4. *What do you think the illness does? How does it work?*
5. *How severe is it? Will it have a short or long course?*
6. *What kind of treatment do you think the patient should receive? What are the most important results you expect from this treatment?*
7. *What are the chief problems the illness has caused?*
8. *What do you fear most about the illness?*

In the [Providers Guide to Quality and Culture, Techniques for Taking a History](#), Anne Fadiman adds answers for Klein-

man's questions in the patient's medical history. These answers could serve as a starting point for learning about cultural perceptions that impact patient care. Fadiman offers responses, such as the following, that providers might use:

- *We will try to give medication that will not interfere with spiritual healing.*
- *We will respect your wishes.*
- *We will reduce the medication that causes most of the unwanted side effects.*
- *We will work with and cooperate with your spiritual healers.*
- *We will show respect for your beliefs—that seizures are related to spirituality, that an amulet with herbs and spiritual care provides special protection.*
- *In return for our cooperation, we ask you to follow this drug regimen as we prescribe it, and we will help you do so.*

[More >](#)

Using Religion to Reduce Disparities in Cancer Care

Read about a community-based [project](#) that incorporates religion into reaching women who don't traditionally seek preventive care. The study, being conducted by the University of California Berkeley School of Public Health and the Kaiser Permanente Division of Research, focuses on African American and Afghan immigrant communities. A previous study showed that churches were effective in reaching the African American community with information about colorectal cancer screening. Researchers also will work with church committees and leaders to educate consumers about the importance of participating in research, especially research on cancer and genetic and environmental effects on health.



Stratis Health, the Institute for Clinical Systems Improvement (ICSI) and the Minnesota Hospital Association (MHA) are leading the Minnesota campaign to Reduce Avoidable Readmissions Effectively.

Partners are working with MN Community Measurement to engage hospitals and providers across the continuum of care. The campaign aims to

prevent 4,000 avoidable hospital readmissions and decrease health care costs between July 1 and December 31.

This initiative builds upon earlier work conducted by Stratis Health, HealthPartners, ICSI, Minnesota Council of Health Plans, MHA, Minnesota Medical Association, and other medical, health plan, state health agency, and patient advocacy groups.

Resources

Culture Care Connection Web Site

www.culturecareconnection.org

Don't forget to go to the Culture Care Connection website for all your needs related to improving cultural competence in your health care facility. We are a Minnesota-based online learning and resource center for health care providers and staff.

We offer action tools to assist you in implementing culturally competent

care in your organization, including the Office of Minority Health's national standards on Culturally and Linguistically Appropriate Services (CLAS). Resources include health information, assessment tools, community profiles, and information sheets on Minnesota's diverse populations and the health care organizations that serve them.



New Measles Information in Somali, Spanish, and English

U.S. measles cases continue to be reported in higher than usual numbers. Several cases have been reported in the metro area this year. The measles vaccine is the best protection against this highly contagious respiratory disease.

Caused by a virus, measles can result in ear infections, pneumonia, and in some cases, death. Measles can be prevented by the MMR (measles, mumps, and rubella) vaccine, which is recommended at 12

months of age.

Although the outbreak in Minnesota is over, clinicians should continue to assess MMR as well as consider measles in patients with high fever and a red, maculopapular rash that starts on the hairline and face, then spreads down to the rest of the body. A cough, coryza or conjunctivitis may also be present.

Outbreaks also continue to occur throughout the world, including in many European countries. Individuals should review their measles disease and immunization history before traveling. Ask patients about international travel as well as transit through international airports or exposure to international travelers three weeks prior. The uninsured can be vaccinated in a public health immunization clinic.

See the following links for more information about measles, including patient education materials in Somali and Spanish:

- ✦ [Somali Education Forum on Health Issues](#)

Resources from Emergency & Community Health Outreach (ECHO):

- ✦ [Measles Fact Sheets](#)
 - [English \(PDF\)](#)
 - [Somali \(PDF\)](#)
 - [Spanish \(PDF\)](#)
- ✦ [Understanding Vaccines Program in 8 languages](#)

Resources from the Minnesota Department of Health (MDH)

- ✦ [Measles Information for Health Professionals](#)
- ✦ [Measles Update](#)

Dreams and Disappointments: Migration and Families in the Context of HIV and AIDS

[Read](#) about the effects of migration and HIV and AIDS on children and families, particularly those from sub-Saharan Africa. Topics include how families adapt to migration, the changes that take place during and after migration, and the cultural factors that are related to important family decision-making.

Demographic and Social Profile of Immigrants Across the U.S.

Review the state-by-state/national [profile](#) of the foreign born in the U.S., produced by the Migration Policy Institute. One year estimates based on the U.S. Census Bureau's American Community Survey are used to highlight issues related to immigrants, including social issues, demographics, language, education, workforce, income, and poverty. diversityrx@gmail.com

Resources on Refugees and Immigrants

View an interactive [map](#) of refugee and immigrant services and agencies in Minnesota funded by the Office of Refugee Resettlement.

Videos: Talking about Culturally Competent Health Care

Review a [list of films](#) on discrimination, produced by the Cultural Competence Training Center of New Jersey.

Upcoming Events

Karen Memorial Day and Wrist-Tying Ceremony August 5 – 7, 2011 St. Paul, MN

Karen Memorial Day activities will include a three-day soccer and volleyball tournament, with a memorial day event on Saturday, August 6, and wrist-tying ceremonies on Sunday, August 7. The wrist-tying ceremony will include traditional Karen dancing and singing performances. All guests will be invited to participate in the non-religiously affiliated wrist-tying by Karen elders. The ceremony symbolizes unity and the Karen's blessing of health and happiness for the next year. Events will take place at Washington Technology Magnet School, 1495 Rice Street, St. Paul. [More >](#)



and Central and South America. This year's theme is "Heritage, Diversity, Integrity and Honor: The Renewed Hope of America." National Hispanic Heritage Month includes the following notable days:

- ♦ **September 15:** Independence day for Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua
- ♦ **September 16:** Independence day for Mexico
- ♦ **September 18:** Dia de la Raza (day of the people) or Columbus Day, commemorating the first encounters of Europeans and Native Americans

Diabetes Expo October 15, 2011 Minneapolis, MN

Diabetes EXPO hosts medical professionals to answer questions, and provides presentations, free health screenings, cooking demonstrations, activities for children, and exhibitors with the latest diabetes products and services. [More >](#)

National Healthcare Quality Week October 16-22, 2011

National Healthcare Quality Week features the work of health care quality professionals and highlights their influence on improved patient care outcomes and health care delivery systems. Celebrate health care quality in your facility with suggestions for activities and materials from the National Association for Healthcare Quality. [More >](#)



IndiaFest August 13, 2011 St. Paul, MN

IndiaFest is a celebration of the rich culture and heritage of India, held two days before India's Independence Day (August 15). The event, open to all Minnesotans, showcases live music, classical and modern Bollywood dances, cultural entertainment, interactive Yoga, food and heritage exhibits representing various states of India, and merchandise booths. [More >](#)



National Hispanic Heritage Month September 15 through October 15, 2011

Each year, Americans observe National Hispanic Heritage Month by celebrating the histories, cultures, and contributions of American citizens whose ancestors came from Spain, Mexico, the Caribbean,

2011 Many Faces of Community Health Conference October 27-28, 2011 Bloomington, MN

Stratis Health is again a proud sponsor of this two day conference that explores way to improve care, reduce health disparities in underserved populations and among those living in poverty. The conference brings together more than 300 individuals, including physicians, health care professionals and students; community clinic management and staff; professionals from public health, social services, health plans and government; community health workers; policy makers; health activists and others involved in the community.

NOTE: New location this year—the Hilton Minneapolis/St. Paul Airport Mall of America Hotel.



Deaf and Hard of Hearing

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to more 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 conditions in the community. Get to know your patients as individuals. 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.

Resources

- [About.Com Deafness](#)
- [Association of Late Deafened Adults](#)
- [Better Hearing Institute](#)
- [Minnesota Department of Human Services](#), 651/431-5957, TTY: 1-888-206-6513
- [VisionLoss Research](#)
- [Minnesota Association of Deaf Citizens](#)

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