

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

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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 to 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 at the end of this article.)

### 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.

Categories for hearing loss are described as follows:

- **Deaf:** Hearing loss to such a degree that communication and learning is accomplished primarily by manual communication, reading/writing, and gestures
- **Hard of hearing:** 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; derive very little benefit from hearing aids or other assistive listening devices
- **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 Hard-of-Hearing Populations

Culturally deaf and hard-of-hearing persons are two 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 (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 time. Most people who lost their hearing gradually 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**

Studies documented in the *Journal of Aging and Health*, December 2009, and the *Canadian Journal of Psychiatry*, August 2009, validate the negative impact of hearing loss on the mental, social, and psychological health of the individual, especially for people with severe or profound hearing loss. Studies also show that hearing loss 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.

According to *DEAF and Hard of Hearing*, a publication 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. If a deaf person learns a word, that does not mean the person understands the meaning of the word, and understanding decreases significantly when a person is ill or under stress.

## **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. Culture is essential in assessing a person’s health and well-being. Understanding a patient’s practice of cultural norms, making

connections with community members, and recognizing conditions in the community 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.

Deaf and hard-of-hearing patients face unique problems obtaining health care, communicating with health care providers, and understanding their health issues and treatment. According to the American with Disabilities Act, all patients have the civil right to be able to communicate effectively with their health care providers.

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.

## 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.

## 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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