Increasing Access to Quality Health and Mental Health Care for Deaf People

Research Background
Special thanks to Michael Reese Health Trust for their support and funding of this project
About this project…

This project is part of a ten year collaboration between Sinai Health System and Advocate Illinois Masonic Medical Center to increase access to quality health and mental health services for Deaf people both locally and regionally.
In the beginning...

- **Phase 1 Objective:** Examine the health status, health care experiences, health knowledge, health behaviors and communication styles of Deaf persons

- **We conducted a face-to-face survey in ASL with 203 Deaf participants.** The survey was conducted in 2002-2003.
In the beginning...

Survey findings¹⁻³ revealed that Deaf participants:

- Demonstrated gaps in health knowledge when compared to the general population.
- Experienced barriers to accessing quality care.
- Experienced a knowledge deficit with regard to the patient role.
Health Education for Deaf Persons
Health Education for Deaf Persons

- Phase 2 Objective: Develop and implement a “deaf friendly” health education curriculum on cardiovascular disease prevention and depression management within the Deaf community.

- Both interventions consisted of six, two-hour education sessions held on a weekly basis over six weeks.

- The research included a Pre- and Post-test design in which health knowledge, self-efficacy and self-reported behaviors were measured the week before classes began and the week after classes concluded.

- 150 Deaf adults completed the cardiovascular disease prevention health education classes and 56 Deaf adults completed the depression management health education classes in 2004-2006.
Health Education For Deaf Persons

- Our data revealed that health education classes that integrate evidence-based practices\textsuperscript{4-15} for cardiovascular prevention and self-management of depression into a linguistically and culturally sensitive model for Deaf persons are effective and well-accepted.
Building Access to Care: Health Education for Deaf Persons

- Phase 3 Objective: Develop a Deaf-friendly Patient Education curriculum to address the knowledge, skills, confidence and motivation associated with Patient Activation.
  - Based on work by Hibbard\textsuperscript{16} and Lorig\textsuperscript{17} with the general population.

- We implemented this 4-week curriculum in partnership with six Deaf-serving social service agencies located throughout the greater Chicagoland area. Professionals from these organizations received formal train-the-trainer instruction.
Building Access to Care:  
Health Education for Deaf Persons

- 214 Deaf adults participated in the 30 series of classes hosted by these community social service agencies in 2009-2012.

- A pre- and post-test design was utilized in evaluating the patient activation class series along with a 6 month follow-up to evaluate sustained effect.
Evaluation Results

- Participants became more “active” participants in their healthcare and health decisions as indicated by:
  - Patient activation scores\(^{16}\) improved significantly between the pre-test and post-test and the significant improvement was sustained at the six-month follow-up evaluation.
Health Education Impact Questionnaire (heiQ) scores improved significantly between the pre-test and post-test, suggesting participants were significantly more confident in their ability to interact with healthcare organizations and professionals, and to work with providers to meet their needs.

heiQ scores were also significantly higher at the six-month follow-up than they were at the pre-test.
Confidence in communicating with a physician improved significantly between the pre-test and the post-test, and continued to improve through the 6-month follow-up, suggesting that participants became more confident in their abilities as they had the opportunity via physician encounters to apply what they had learned.
Participants realized significant and sustained improvements in their behaviors when communicating with a physician. Scores were significantly higher at post-test than at pre-test, and remained significantly elevated at the time of the 6-month follow-up.
Building Access to Care

Changing Hospital and Clinic Culture to Support Deaf Patient Accessibility
Building Access to Care: Changing Hospital and Clinic Culture to Support Deaf Patient Accessibility

The Goal:

To increase

the number of best practice guidelines

at hospitals and outpatient centers

in the Chicago region

related to increasing access

for Deaf patients.
Building Access to Care: Changing Hospital and Clinic Culture to Support Deaf Patient Accessibility

- **Phase 3 Objectives:**
  
  - Develop an assessment tool based on established accessibility standards.
  
  - Conduct an accessibility assessment of 7 hospitals and 7 of their affiliated outpatient centers (clinics).
  
  - Design and implement a plan to increase each institution’s adherence to the guidelines.
  
  - Assess 3-6-month follow-up data and provide feedback to key stakeholders.
Building Access to Care: Changing Hospital and Clinic Culture to Support Deaf Patient Accessibility

- The national accessibility standards on which the assessment tool were based:
  - Delmarva Foundation
  - Gallaudet University
  - Joint Commission
  - CLAS Standards
Building Access to Care: Changing Hospital and Clinic Culture to Support Deaf Patient Accessibility

The Assessment Tool Content & Analysis

- The tool is comprised of 26 questions
- The questions are organized into 6 categories
- Each site was analyzed according to both:
  - The number of categories in which it received and addressed recommendations
  - The number of total recommendations across all categories in which it received and addressed recommendations
Building Access to Care: Changing Hospital and Clinic Culture to Support Deaf Patient Accessibility

SAMPLE QUESTIONS

1. Category: Adopt Policy & Procedures
   
   A. Question: Do you have written policies and/or procedures that address documentation of hearing loss status (Deaf, Hard of Hearing, Deaf-Blind) in a patient’s medical records and at key points of contact (e.g., nursing stations, diagnostic clinic)?
      
      ■ IF YES: How and when do you assess a patient’s hearing loss status?
      
      ■ If YES: Who is normally responsible for this assessment?

   B. Question: Do you have written policies and/or procedures that address how to request qualified staff, contracted or video remote sign language interpreters?

   C. Question: Are staff knowledgeable of the written policy or procedure on how to request qualified staff, contracted or video remote sign language interpreters?
Building Access to Care: Changing Hospital and Clinic Culture to Support Deaf Patient Accessibility

SAMPLE QUESTIONS CONTINUED

2. Category: Provide increased access to effective communication tools
   A. Question: How do you/your staff and a Deaf patient who prefers communicating in sign language communicate with each other when:
      - Discussing the information associated with an informed consent?
      - Gathering that patient’s medical history?
      - Explaining test results, diagnostic impressions, treatment choices and/or treatment recommendations?
      - Explaining discharge plans or medications?

3. Category: Enhance staff education
   A. Question: Does new employee orientation include ADA and Joint Commission requirements?
   B. Question: Are staff expected to complete annual competencies on ADA and Joint Commission requirements?
Evaluation Results:
In 6 Accessibility Categories

<table>
<thead>
<tr>
<th>Recommendation Category</th>
<th># Sites with this Recommendation Category</th>
<th>% Sites Addressing Recommendation Category</th>
<th>Total # Recommendations Made</th>
<th>% Total Recommendations Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adopt policy and procedure</td>
<td>13</td>
<td>85%</td>
<td>24</td>
<td>54%</td>
</tr>
<tr>
<td>2. Enhance staff education</td>
<td>13</td>
<td>85%</td>
<td>27</td>
<td>70%</td>
</tr>
<tr>
<td>3. Provide increased access to effective communication tools</td>
<td>14</td>
<td>86%</td>
<td>22</td>
<td>83%</td>
</tr>
</tbody>
</table>
## Evaluation Results: In 6 Accessibility Categories

<table>
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<tr>
<th>Recommendation Category</th>
<th># Sites with this Recommendation Category</th>
<th>% Sites Addressing Recommendation Category</th>
<th>Total # Recommendations Made</th>
<th>% Total Recommendations Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Make patient education materials available in ASL</td>
<td>14</td>
<td>36%</td>
<td>14</td>
<td>36%</td>
</tr>
<tr>
<td>5. Increase organizational support for access for Deaf individuals</td>
<td>8</td>
<td>50%</td>
<td>10</td>
<td>60%</td>
</tr>
<tr>
<td>6. Improve collaboration with the Deaf community</td>
<td>8</td>
<td>75%</td>
<td>10</td>
<td>70%</td>
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References


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