



UTAH SOCIETY OF
HEALTH-SYSTEM PHARMACISTS

Healthcare Interactions with the Deaf Community

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Disclosure

- **Relevant Financial Conflicts of Interest**
 - CE Presenter: Haley Peterson, PharmD
 - None
 - CE mentor: Jessica Carey, PharmD
 - None
- **Off-Label Uses of Medications**
 - None



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Learning Objectives – Pharmacists

Identify healthcare disparities that exist for Deaf and hard-of-hearing patients

Propose various ways to effectively interact with the Deaf community

Describe appropriate techniques when utilizing an interpreter



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Learning Objectives – Technicians

Analyze the requirements for interpreters

Compare different resources that can be utilized to increase effective communication with the Deaf community

Define the importance of interpreters to communicate effectively with patients



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Abbreviations

- ASL – American Sign Language
- HOH – Hard-of-Hearing
- DHOH – Deaf and Hard-of-Hearing
- NAD – National Association of the Deaf
- RID – Registry of Interpreters for the Deaf
- EIPA – Educational Interpreter Performance Assessment
- VRI – Video Relay Interpreter
- BP – Blood Pressure
- PCP – Primary Care Provider
- CDI – Certified Deaf Interpreter
- PSE – Pidgin Signed English
- MCE – Manually Coded English
- UIP – Utah Interpreter Program
- ICB – Interpreter Certification Board
- DSDHH – Division of Services of the Deaf and Hard of Hearing
- FCC – Federal Communications Commission
- CVAA – Communications and Video Accessibility Act
- TTY - Teletypewriters



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Disclaimer

- I am not a Deaf individual
- My experience with the Deaf community comes from my time at Utah State University
- The information presented today is collected from individuals in the Deaf and HOH community and from other Deaf resources
- The information presented today, such as effective ways to interact with Deaf individuals, will not apply to all Deaf individuals
- It is important to personalize care for each patient



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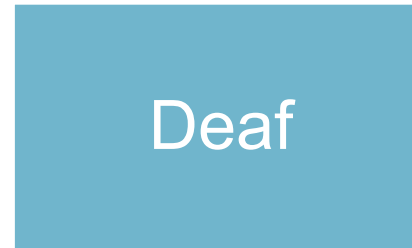
Thank You

- Utah State University
- University of Utah
- Salt Lake Community College
- Utah Schools for the Deaf and Blind
- Division of Services of the Deaf and Hard of Hearing
 - Sanderson Center



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Deaf vs deaf



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Community and culture – frequently asked questions. National Association of the Deaf. Accessed February 15, 2023.

Demographics

- 2022 US Census estimates 11.5M (~3.5%) Americans identify as Deaf or HOH
- American Sign Language is the 3rd most used language in the US
- 2022 study estimates that adult ASL use is 2.8%
 - Includes Deaf, HOH and hearing individuals
- 2021 Utah study reports 5.6% (~187,000) of the Utah population being Deaf or HOH



Mitchell et al. How many people use sign language? A national health survey-based estimate. Gallaudet University, Demographics Research Center. 2022.
National Institute of Deafness and Other Communication Disorders. Quick Statistics about hearing. 2021.
United States Census Bureau. Deaf History Month. 2022.

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Healthcare Disparities

Healthcare Disparities

- Studies dating back to the 1980s discuss healthcare discrepancies for DHOH patients
- Effective communication between a healthcare professional and patient has been called the “heart and art of medicine”
- Language barriers are a significant healthcare problem and can impact patient health
 - Retrospective chart review of 20 Quebec hospitals
 - Preventable adverse events were significantly more likely to happen in patients with a communication barrier (OR 3.00; 95% CI, 1.43-6.27)



Bartlett et al. Canadian Medical Association Journal. 2008;178:1555-1562.
Fong Ha et al. Ochsner Journal. 2010; 10: 38-43.

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Healthcare Disparities cont.

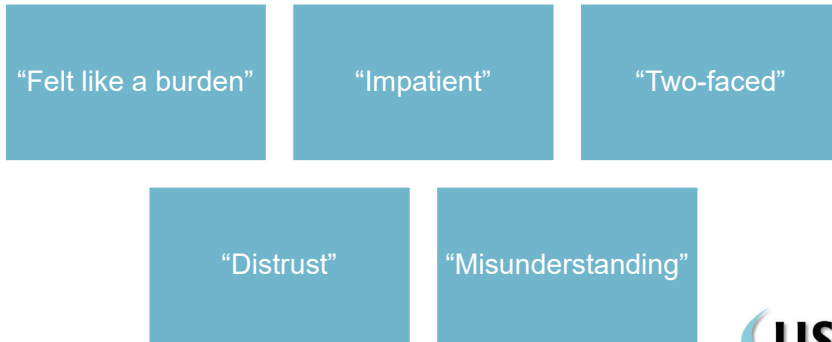
- 2004 survey
 - 77% of ASL users had difficulty communicating with hospital staff
 - 33% left PCP appointments unsure about instructions
 - 30% avoided seeing their PCP because of communication difficulties
- 2011 survey
 - Higher rates
 - Obesity
 - Elevated blood pressure
 - If treated, lower percentage had BP <140/90
 - Elevated cholesterol
 - Only 31% on statin compared to 79%
 - Deaf individuals were 5x more likely to report attempting suicide in the past year
 - About 2x as likely to have a mental illness



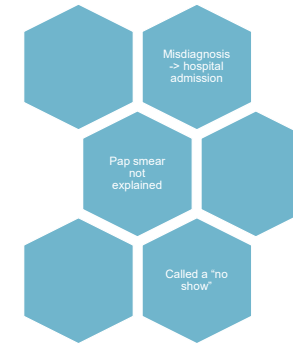
Emond et al. BMJ Open. 2015; 5: e006668.
Abou-Abdallah, et al. Clin Med (Lond). 2021; 21: e380-e383.

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Experiences with Healthcare



Experiences with Healthcare cont



Impact on Preventative Services (2008)

Study Design/Objective

- Cross-sectional study
- From the Deaf Health Survey
- Rochester NY Metropolitan Area
- Association between the participants communication method and preventative services offered
- N=89 Deaf patients between the age of 50-75 years

Results

- Participants who were able to communicate in ASL with provider were more likely receive preventative services
- OR 3.42; 95% CI: 1.31,8.93; p=0.0122
- After adjusting for other social determinants of health
- Also more likely to have received an influenza vaccine in the past 12 months
- OR 4.55; p=0.016



Access to Primary Care and Dental Appointments (2018)

Objective

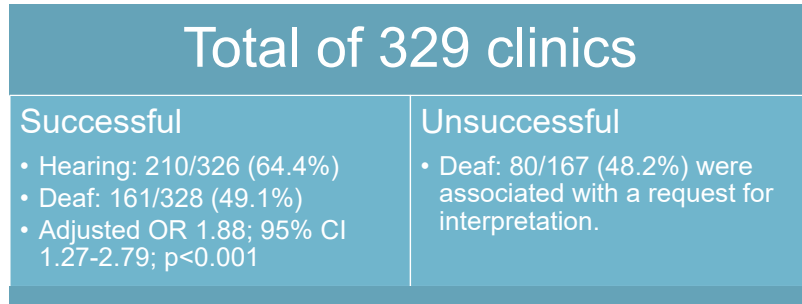
- Compare the rate at which patients who are Deaf or hearing are offered primary medical or dental appointments

Study Design

- Cross-sectional study
- Simulated patient call audit method
- 4 patients who could hear
- 4 Deaf patients
- Call seeking to establish care
- Followed script



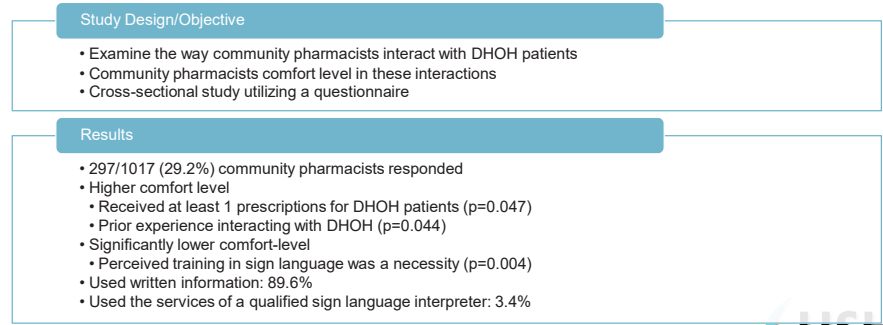
Access to Primary Care and Dental Appointments (2018) cont.



Schniedewind et al. JAMA Netw Open. 2021; 4: e202207.

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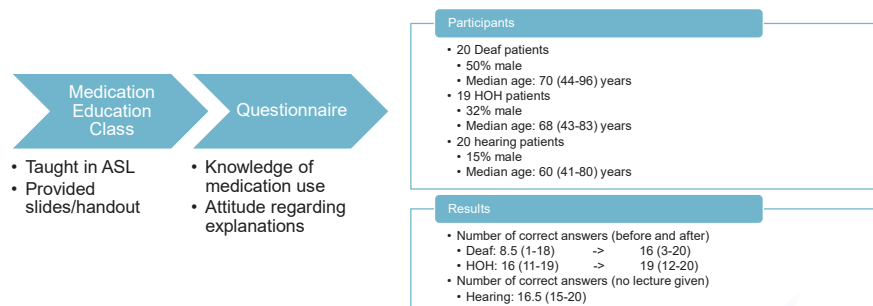
Assessment of Community Pharmacists' Communication and Comfort Levels (2021)



Chong et al. Pharm Pract (Granada). 2021. 19: 2274.

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Effect on Deaf Patients of Medication Education by Pharmacists (2016)



Hyoguchi et al. J Deaf Stud Deaf Educ. 2016; 21: 416-421.

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**Guidance for
Healthcare
Professionals**

NAD – Guidelines for Healthcare Providers

- Clearly identify at-risk individuals who may need interpretation services
- Visual medical aids
 - Charts, diagrams, models, etc
 - Online resources to reinforce teaching
- Providers who know basic sign language
 - Be aware of your limits
 - Might not meet the level of fluency required for effective communication
 - If bilingual staff members are used as interpreters, should be assessed by an accredited body prior to providing services
- Establish an effective communication office policy
 - Frontline staff should ask Deaf patients what their communication needs are and document this in the medical record



NAD – Guidelines for Healthcare Providers cont.

- Provide qualified interpreting services
 - Should be familiar with medical terminology
 - Healthcare provider should avoid medical jargon or acronyms
 - Deaf individuals may vary with their preference of types of sign language or signing styles
 - ASL, English-based sign language or tactile sign language
 - Use of Certified Deaf Interpreter (CDI) may be needed
 - CDI = certified interpreter who is also Deaf or HOH who works in tandem with the ASL interpreter
 - Avoid using the patient's family or friends as the interpreter
 - Look and talk directly to the patient, not the interpreter
 - Do not assume talking loudly will help increase understanding



NAD – Guidelines for Healthcare Providers cont.

- Ineffective methods of communication
 - Lip reading is frequently ineffective
 - Many sounds cannot easily be read on the lips
 - ~30% of English is readable on the lips
 - Do not assume note writing is an effective communication tool
 - ASL is not based on written or spoken English
 - English is often the Deaf patients second language
 - Writing is labor intensive and may be inefficient in a medical setting
 - NAD is able to provide training to hospitals and medical centers on providing access to Deaf individuals.
 - www.NAD.org or (301)587-1788



Writing vs Interpreter

- Pharmacy technician: Welcome to the pharmacy, how can I help you?
- Patient: I have a couple prescriptions to pick up.
- Technician: Of course, what is your name and your date of birth.
- Patient: My name is Jane Doe and my birthday is 1/1/2000.
- Technician: It looks like there are 2 prescriptions ready, an omeprazole and atorvastatin. Does that sound correct?
- Patient: Yes.
- Technician: Sounds good. I will go grab them.

Conversation using written communication:
3 minutes and 25 seconds

Conversation using an interpreter:
1 minute and 23 seconds



Royal College of Physicians - AEIOUs

Ask!

- How does the patient wish to communicate?
- Do their notes or health record indicated their preferred language?
- Do they have hearing aids or cochlear implant? Are they working?
- Is there a cognitive barrier that needs assessment?

Environment

- Minimize background noise
- Ensure the interviewer's face is well lit and unobscured if possible
- Dedicate time to the consultation



Royal College of Physicians - AEIOU cont.

Interaction

- Use an interpreter when possible
- Make sure to address the patient, not the interpreter

Outline

- Prepare the patient for the topic of conversation
- Signpost changes in topic clearly

Understanding

- Check patient comprehension and ask for periodic summaries
- Repeat or rephrase unclear information



What Advice Do You Have For Healthcare Professionals?

24/7 Access to Interpreters

- Have many different licensed ASL interpreters "on call"
- If not possible – at least have Video Relay Imaging options
- Don't want to have to advocate so hard to get an interpreter

Education

- Interpreters – what they are, what they do, how they become licensed, their role in a healthcare setting
- May bang on the table or flicker the lights to get the attention of the healthcare professional – not being rude
 - Also important for privacy
- Large variety of Deafness and hearing loss

Attitude

- Stay calm – miscommunication can easily lead to frustration, anger, anxiety, etc.
- Don't treat DHOH patients as annoyances simply due to their hearing loss
- Being Deaf/need an interpreter does not mean that they are helpless or unable to care for themselves



Saint Alphonsus Medical Center

- Created a Deaf and Hard of Hearing Advisory Council
- Goal: "promote better access to healthcare, effective communication, accurate assessments, diagnoses and treatments, and improved patient/provider satisfaction and trust"
- Implemented:
 - VRI + bedside interpreters
 - Deaf and Hard of Hearing kit provided to patients on admission
 - Annual training about cultural and language differences, and how to access hospital resources
 - Childbirth Preparation, Breastfeeding Education, Newborn Care and Parenting Classes taught by Deaf educators in ASL



Deaf and HOH Kits for Patients

- Patient's rights and responsibilities
- Medical personnel's responsibilities when working with DHOH patients
- Tips/ideas can best communicate with DHOH patients
- Pictures (bathroom, chest pain, etc) in case communication needs to happen ASAP
- Cards to place above patient's bed and door
 - Instructions to flicker the light when entering the room
- Tips and strategies on how to contact an interpreter in that facility – either in-person or virtual
- Plastic bag or container for holding hearing aids or cochlear implant
- Helpful tips for staff regarding hearing aid or cochlear implant care
- Visual pain scale



Meeting the healthcare needs of our Deaf and hard of hearing community. Saint Alphonsus Blog. Accessed February 15, 2023.
Communication kit for patients who are Deaf or hard of hearing. Metro South Health Blog. Accessed February 15, 2023.

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Resources for Healthcare Professionals

- National Association of the Deaf (NAD)
- World Federation of the Deaf
- Association of Late-Deafened Adults (ALDA)
- Deaf Health Communication and Quality of Life Center
- American Association of the Deaf-Blind
- National Deaf Center (NDC)
- POC Resources
 - National Black Deaf Advocates
 - Council De Manos
- Mental Health Services
 - Abused Deaf Women's Advocacy Services
 - National Deaf Therapy
 - Deaf Counseling Center
 - **SAMHSA National Helpline**
 - TTY: 800-847-4889
- LGBTQA+ Resources
 - Rainbow Alliance of the Deaf (RAD)
 - Deaf Queer Resource Center
 - Northwest Rainbow Alliance of the Deaf (NWRAD)
 - Gallaudet University LGBTQA Resource Center
- Language Acquisition for Deaf Children
 - Language Equality and Acquisition for Deaf Kids (LEAD-K)
 - The Nyle DiMarco Foundation
 - Deaf Schools and Programs for Deaf and Hard of Hearing
 - Students in the US
 - Hands & Voices National



Healthcare Language Barriers Affect Deaf People, Too. Boston University School of Public Health. Accessed February 15, 2023.
Disaster Distress Helpline. SAMHSA. Accessed February 15, 2023.
All Resources. National Deaf Center on Postsecondary Outcomes. Accessed February 15, 2023.

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Interpreter Services

Federal Laws

Rehabilitation Act of 1973

- Section 504 - Federal law that mandates equal access for all federal health care services and facilities

Civil Rights Act of 1964

- Title VI - Federal law mandates appropriate access in the healthcare setting to individuals who have limited English proficiency

Americans with Disabilities Act

- Title II – Federal law that mandates equal access on all public (state and local) healthcare providers
- Title III – Federal law that mandates equal access on all private healthcare providers
- Loophole: "...unless the public accommodation can demonstrate that taking those steps would fundamentally alter the nature of goods, services, facilities, privileges, advantages, or accommodations being offered or would result in an undue burden, i.e. significant difficulty or expense"

Section 504 of the Rehabilitation Act of 1973. Code of Federal Regulations, title 28 (2002).
Title VI of the Civil Rights Act of 1964, title 42 (2000).
Title II of the Americans with Disabilities Act of 1990, title 104 (1990).
Title III of the Americans with Disabilities Act of 1990, title 104 (1990).



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Violation of ADA Requirement

Aikins v St. Helena Hospital

- Mrs. Aikins alleged that the provider failed to communicate effectively with her during her husband's (now deceased) medical treatment
- Mrs. Aikins requested interpreter
- Hospital provided an "interpreter" who only knew fingerspelling
- Mrs. Aikins' daughter arrived a few days later and became the interpreter
- St. Helena Hospital reported that providing the finger speller and providing adequate medical care was compliant with ADA requirement

Court Decision: adequate medical treatment is NOT a defense to a claim that a physician failed to provide effective communication



Alli. Innov Clin Neurosci. 2012; 9: 30-33.
Doctor liable for not providing sign language interpreter. Amer Med Assoc. 2009. Accessed February 15, 2023.

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Different Types of Interpreters

Utah Professional Certifications

- Individual who is able to facilitate communication in most situations, including complex, technical, or specialized situation

Utah Novice Certification

- Individual with entry-level skills and knowledge in a variety of situations, excluding complex, technical, or specialized situations
- Must advance certification within 4 years

Utah Certified Deaf Interpreter (CDI)

- Deaf or HOH individuals with native or near native fluency in ASL and understanding of Deaf culture

Educational Interpreter Performance Assessment (EIPA)

- Demonstrated skills in specialized settings (elementary and secondary) and modes of communication (ASL, PSE, MCE)
- Restricted to work in K-12 educational setting



Certification types. Utah Workforce Services Rehabilitation. Accessed February 15, 2023.

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Becoming an Interpreter in Utah

- Utah Interpreter Program (UIP)
- Responsible for certifying and regulating ASL interpreters in the state of Utah
- Maintains a directory of all certified interpreters
- Offers state certification exams and recognizes national certifications from RID, NAD, EIPA
- Certification must be accepted by the Interpreter Certification Board (ICB)



Utah Interpreter Program. Utah Workforce Services Rehabilitation. Accessed February 15, 2023.

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Utah Laws and Policies

Title 35A, Chapter 13, Part 6

Interpreter Services for the Deaf and Hard of Hearing Act

- Individual is required to be certified as a certified interpreter if that individual provides interpreter services and a state or federal law requires the interpreter to be certified or qualified. The director shall issue a certification to an individual who qualifies under this chapter in classifications determined by the director based upon recommendations from the advisory board.



Utah Laws & Policies. Utah Workforce Services Rehabilitation. Accessed February 15, 2023.
Title 35A of Utah Code. Interpreter Services for the Deaf and Hard of Hearing Act. Utah State Legislature (2016).

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Interpreter Licensing Exams

- 1 • Take the Utah Certification Knowledge Exam
• 100 multiple-choice exam
- 2 • Utah Certification Performance Exam
• Measures the ability to interpret in various situations

Ethics – 40%
Interpreting – 20%
Culture – 20%
ASL and English language – 10%
History and Laws – 10%



Utah Interpreter Program. Utah Workforce Services Rehabilitation. Accessed February 15, 2023.
Policies Governing Certification of ASL Interpreters. Utah State Office of Rehabilitation. Accessed February 15, 2023.

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Interpreter Services in Utah

- Division of Services of the Deaf and Hard of Hearing (DSDHH)
- Utah Interpreter Directory
- Interpreter Agency
- University of Utah
- In person interpreters - 5-Star Interpreting; InterWest Interpreting
- Marti System
- Intermountain Healthcare
- Onsite interpreters – 5 different agencies
- iPads with access to ASL interpreters



Utah Interpreter Directory. Utah Workforce Services Rehabilitation. Accessed February 15, 2023.
Interpreter Services. University of Utah Health. Accessed February 15, 2023.
Language Services. Intermountain Healthcare. Accessed February 15, 2023.

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Free Video Relay Services (VRS)

- The 1990 ADA act required the Federal Communications Commission (FCC) to develop and enforce relay service regulations
- 21st Century Communications and Video Accessibility Act (CVAA) established new protections due to new technologies
- Relay services are provided FREE
 - FCC oversees the Interstate Telecommunications Relay Fund
- Many options available:
 - TTY relay services
 - Can be reached by anyone by dialing 711 from a telephone or TTY
 - VRS
 - Internet-based
 - Allows conversations to flow in near real time and in a faster and more natural manner than text-based



Relay Services. National Association of the Deaf. Accessed February 15, 2023.
Telecommunications Relay Service – TRS. Federal Communications Commission. Accessed February 15, 2023.
21st Century Communications and Video Accessibility Act. National Association of the Deaf. Accessed February 15, 2023.

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Utilizing an Interpreter

- Look at and speak directly to the patient
- Use your ordinary language and speaking style
- Avoid phrases like “Tell her” or “Explain to him”
- Don’t ask the interpreter to refrain from interpreting something for you – they must interpret everything that is said
- Provide appropriate lighting
- Position the interpreter so they are in the line of sight of the patient
- Permit only one person to speak at a time during group discussions
- Relax – if you are unsure of the appropriate way to proceed in a particular situation, just ask



10 Tips for Using a Sign Language Interpreter. National Institutes of Health Communities Blog. Accessed February 15, 2023.
Juckett et al. Am Fam Physician. 2014; 90: 476-480.
Jacobs et al. Ann Fam Med. 2018; 16: 70-76.
Hadziabdic et al. Int J Evid Healthc. 2013; 11: 69-76.

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