

# Community-Based Needs Assessment of Oregon's Deaf and Hard of Hearing Communities: Final Report

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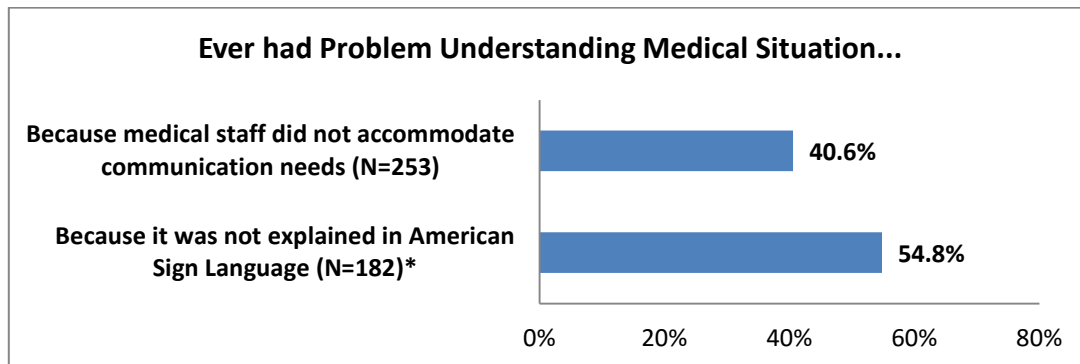
*DHS Interagency Agreement #151333 (DHS-4131-16)  
Western Oregon University  
Regional Resource Center on Deafness*

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Overall, two in five (40.6%; N=253) report they had a problem understanding a medical situation because the medical staff did not accommodate their communication needs. Among those who use ASL (N=332), over half (54.8%; N=182) had a problem because the situation was not explained in ASL.

A sizable portion of all respondents also state their doctor has asked them to bring their own interpreter or a family member to help with their communication needs (17.0%; N=130). Nearly three in four (72.6%; N=599) say their doctor accommodates them by speaking slower or making sure he or she speaks directly to them face to face.

Figure 26. Problem Understanding Medical Situation

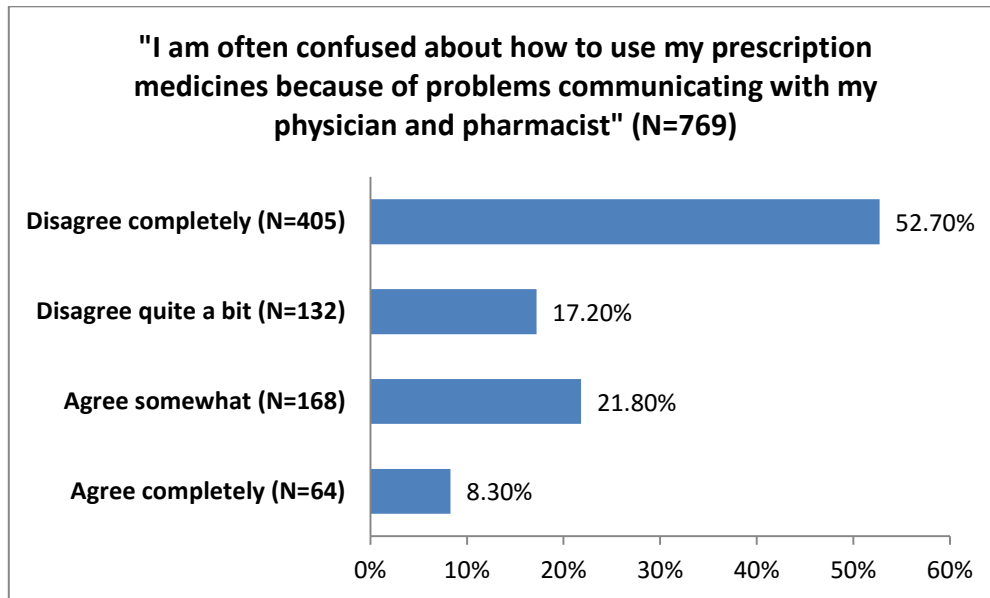


\*Note: the base for the top item is people who mainly use spoken English (N=623) and the base for the lower item is respondents who communicate via American Sign Language, Total Communication, or Tactile American Sign Language (N=332)

A hard of hearing male in his sixties shared his frustration and negative experience with the medical profession, *“The medical profession is really not good at providing assistive listening devices. We [HLAA] worked heavily with medical health and got them at least in the hospital to make some things available to hard of hearing people. But if you go to see a doctor and he’s talking about what he’s going to prescribe for you or what you should do for this condition or that condition and you don’t understand but you think you’ve understood, it can be dangerous. They don’t provide assistive devices.”*

Further, when asked if they have experienced confusion about the use of prescription medicines, one-third (N=232) agree that they have been confused about how to use a prescription because of communication problems with their doctor or the pharmacist. In addition, 9.1% (N=71) say they have gotten sick or had a bad reaction to a prescription medicine because they did not understand the instructions.

Figure 27. Confusion about Prescriptions because of Communication



## Communication Barriers in Medical Settings

A Deaf ASL user who grew up oral [spoken language methodology] and currently lives in Southern Oregon shared a situation that happened to her frequently when attending doctor's appointments, "I call ahead of time and request for sign language interpreter. 'Sure, okay, we'll get one' and then I say 'Thank you.' Then I would show up [at the doctor's office] and ask 'Where is the interpreter? And they would respond, 'Oh there is no interpreter.' They act like they didn't know anything about my request but they do. They've seen me from before but they also know that I can talk. 'You can talk. You don't need an interpreter.' I would tell them that my mouth is not broken but my ears are."

This same woman shared her frustration related to her speaking ability, "People have told me that my speaking ability is awesome and is like a hearing person's ability and I say 'thank you' but really, it is a curse because they don't give me an interpreter because I've been told many times that I speak fine, and that I don't need an interpreter. My mouth does not need an interpreter, my ears do!"

A senior citizen ASL user in Willamette Valley shared her medical setting barrier, "I had a doctor perform surgery on my foot. I asked for an interpreter, and was told they would take care of everything. I showed up, and there was no interpreter. The nurse said, 'Oh, we don't need to. We can write back and forth.' The woman knew a bit of sign, and I was caught off guard. It was okay, better than nothing. ...But for more details, she couldn't understand. I had to repeat myself over and over. I didn't like that, no. I wanted to emphasize certain things, and she couldn't understand. I preferred an interpreter, but they said we didn't need one. I wonder if they were trying to save money by using this woman who worked at the doctor's clinic."

Several participants expressed their struggle using Video Remote Interpreting (VRI). A few expressed that this can be a helpful resource when a live interpreter is not available, however, it should not be used in many medical settings. Several stories were shared:

A Deaf woman who uses ASL from Southern Oregon shared situations where the doctor's office uses the VRI equipment for Spanish-language users and reported that Spanish-speaking patients often get priority: *"I went in [doctor's reception] and signed in. I asked where the interpreter was. The interpreter should have arrived by now. 'Oh, we didn't get one.' I told her, 'I called in advance and requested one.' The person goes to speak to someone else then comes back and says, 'We don't, ah, we have to wait until you're in the back. We can get you VRI from the back, not from the front.' I said, 'Well, you gave me a lot of paperwork to fill out.' And she said, 'You can do that here in the waiting room.' Well, there were a lot of questions on these papers. I go ahead and fill out the paperwork but didn't get it all done in time. Then I go in to the back and there is no VRI. They said, 'We couldn't get it. There is another Spanish family using it.' I notice with VRI, they use it a lot with Spanish families...Spanish-speaking patients...than with Deaf. They get priority over Deaf people. I notice that has happened a number of times. And even in the middle of my using the VRI, someone came in and took away the device saying, 'We have to use this for a Spanish-speaking patient.' They took it away from me. I was left feeling helpless. It has happened to me several times."*

A Deaf woman from Southern Oregon who uses ASL wanted to share her story on VRI barriers: *"My primary doctor was wonderful. I had her for many years. She used to allow live interpreters. Awesome. Until one year ago, Asante made the decision that they would no longer use live interpreters for Deaf patients. Only VRI. Which is hard because sometimes VRI freezes, freezes, freezes. And, sometimes, it's not available which means having to cancel appointments. [A friend told me] this story: They brought the VRI into the room and told the Deaf person to hold the monitor close to his face. They passed it around and then told the Deaf person to hold it. They did not include the stand to hold the monitor. It was a laptop. So, the Deaf person had to struggle with holding the laptop in one hand and signing using the other one hand. It was so ridiculous!"*

Another ASL user reported her struggle with using VRI in an emergency room, *"We need live interpreters. An example is in the ER. I know VRI is a backup for the ER. We need it. That's fine when no live interpreters are available. But, sometimes, it is not convenient. Like, one time, two or three months ago, I went to the ER. I was hit with a terrible migraine. It was a mini-stroke. At that time, I was bent over with my fists clenched. I could not use VRI. I wish at that time, I had a live interpreter to be able to get down to my eye level and sign to me. It would have been perfect. But it was impossible. There were no interpreters."*

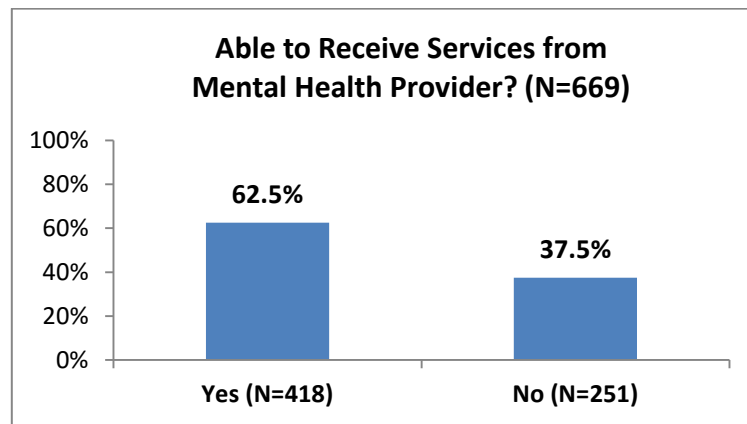
A Deaf person shared an emotional story related to her frustration at the hospital with her family member who is Deaf with vision loss issues. *"My Deaf mother was in hospital and the hospital staff said the VRI must stay at the end of the bed. My mom was sitting up in bed with her legs outstretched. They wanted to put the VRI at the end of the bed just past her feet. She can't see. She can't see. She is blind in her left eye. Her right eye was blurry. She'd just had a stroke. That is why she was in the hospital. My dad...my dad's Deaf. So he told them to adjust the VRI so that it was facing him so that he could sign and could talk for my mom. They said 'No. No.' They said my dad could not touch the screen. They said he would have to direct his comments to my mom. My dad then yelled and said. 'SHE CAN'T SEE! She can't — she's relying on me!' They ignored him and started speaking. The interpreter on the screen is continuing to sign. My dad becomes frustrated. My*

*mom was just sitting there staring at the screen blankly. It just so happened my sister — she's from the area — she came in and saw what was going on. She started telling them how it needed to be done, that the screen needed to be turned to face my dad. They said, 'We can't. It's our policy. We can't turn the screen for others to see. The screen must be facing the patient only.' My dad — oh, he was so angry. We had to appease my dad and tell him, 'We're in the hospital, calm down, calm down.' Then we turned to my mom: 'You need to watch the screen. Do you understand?' Then my hearing sister just started interpreting. She basically just took over."*

## Mental Health

Respondents were asked several questions about their mental health and their use of mental health service providers. Over one-third (37.5%; N=251) of respondents say they were not able to receive services with a mental health provider to help them deal with stress or mental health issues. Among those who were able to (62.5%, N=418), just 60% (N=233) say their provider accommodates their communication needs.

Figure 28. Able to Receive Mental Health Services



Over half of respondents (55.1%; N=468) say they have felt emotionally upset over their treatment due to their hearing loss or deafness in the past year. Another 14.5% (N=123) are unsure if they have felt upset for this reason.