

Rowan University

## Rowan Digital Works

---

Stratford Campus Research Day

27th Annual Research Day

---

May 4th, 12:00 AM

### Addressing the Health Needs of the (D/d)eaf and Hard of Hearing Community

Zainab Krayem  
*Rowan University*

Rachel Jeff-Macauley

Nicolette Falco

Vanesa Pizutelli  
*Rowan University*

Follow this and additional works at: [https://rdw.rowan.edu/stratford\\_research\\_day](https://rdw.rowan.edu/stratford_research_day)



Part of the [Communication Sciences and Disorders Commons](#), [Health Communication Commons](#), [Medical Education Commons](#), [Otorhinolaryngologic Diseases Commons](#), [Pathological Conditions, Signs and Symptoms Commons](#), [Patient Safety Commons](#), and the [Quality Improvement Commons](#)

Let us know how access to this document benefits you - share your thoughts on our [feedback form](#).

---

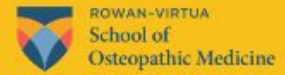
Krayem, Zainab; Jeff-Macauley, Rachel; Falco, Nicolette; and Pizutelli, Vanesa, "Addressing the Health Needs of the (D/d)eaf and Hard of Hearing Community" (2023). *Stratford Campus Research Day*. 163. [https://rdw.rowan.edu/stratford\\_research\\_day/2023/may4/163](https://rdw.rowan.edu/stratford_research_day/2023/may4/163)

This Poster is brought to you for free and open access by the Conferences, Events, and Symposia at Rowan Digital Works. It has been accepted for inclusion in Stratford Campus Research Day by an authorized administrator of Rowan Digital Works.

# Addressing the Health Needs of the (D/d)eaf and Hard of Hearing Community

Zainab Krayem (OMS-I), Rachel Jeff-Macauley, Nicolette Falco, Vanessa Pizutelli (OMS-II)

Health Careers Opportunity Program (HCOP) – Rowan-Virtua School of Osteopathic Medicine, Stratford, NJ



## Background

The needs of the (D/deaf) and hard of hearing population (D/d/HOH) continue to grow every year.<sup>1</sup> Currently, there are 850,000 members within New Jersey, with the majority utilizing American Sign Language (ASL) as a primary means of communication.<sup>2</sup> Communication barriers for this community creates deficits in access to resources.<sup>3</sup> For instance, health education access is often limited for the d/Deaf community due to lack of Deaf cultural training among healthcare providers.<sup>4</sup>

This review explores the dynamics of the patient-provider interaction, and how it might be altered for d/Deaf identifying patients.

## Objective

- Identify how communication barriers within healthcare for the d/Deaf community in New Jersey impact health
- Examine sources of deaf cultural training among healthcare providers
- Contact stakeholders to learn more about the specific needs of this community

## Methods

To determine health access among members of the D/d/HOH community, and cultural competency among health providers, articles from PubMed, Scopus, Google Scholar were examined. Data was also taken from the World Health Organization (WHO), the Center for Disease Control (CDC), New Jersey Association of the Deaf (NJAD), and New Jersey Division of Deaf and Hard of Hearing (NJDHH).

## Results

- Deaf individuals are less likely to trust physicians, as well as less likely to understand diagnosis/treatment.<sup>5</sup>
- D/d/HOH individuals often experience lack of eye contact when consulting with healthcare providers.<sup>4</sup>
- 60% of Deaf adults in the U.S. could not list a common stroke symptom vs. 30% of hearing adults. Similar statistics were reported for symptoms of heart attacks, STIs, etc.<sup>5</sup>
- 52% of d/D/HOH women could not clearly define a pap smear.<sup>5</sup>
- Women often feel embarrassed when communicating through an interpreter about their health.
- Panels held at Stanford University demonstrated newly improved understanding of effective communication with this population.<sup>6</sup>

## Conclusion

In conclusion, the D/d/HOH community has identifiable gaps within health knowledge compared to the hearing population, and members of this population face obstacles in attaining resources that are readily available to the hearing population.<sup>4</sup>

Interventions can be done to implement D/d/HOH cultural training within health curricula. Initiatives can be put forth to enhance communication between providers and patients who identify as d/D/HOH.<sup>6</sup> Lastly, supplying health education resources in ASL to local organizations can benefit the target population.

## Limitations

There was limited research in proposed interventions to raise awareness for d/Deaf culture. Additionally research was limited in contrasting different sub-groups of the d/D/hoh community.

## References

