

Needs Assessment for Access to Healthcare in the Deaf Community

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BACKGROUND

In the United States, there are an estimated 26.9 million Deaf and hard of hearing individuals. This vulnerable population has been identified as being at risk for marginalization of healthcare due to communication challenges. What is not known based on a literature review is whether the Deaf population experiences barriers to their ability to access healthcare; what technology Deaf patient utilize when they consider accessing healthcare; what resources are provided by healthcare facilities to improve Deaf patient access; what safety concerns the Deaf community has when seeking care; along with their accessibility to receive healthcare services via Telehealth and Video Remote Interpreting (VRI) based on geographical location.

METHODS

A needs assessment survey has been sent through Qualtrics to each state's respective Deaf council for distribution to their state's Deaf members. Pre-survey consent has been obtained from the following states:

1. Alabama
2. Alaska
3. Arizona
4. Delaware
5. Idaho
6. Indiana
7. Maryland
8. Minnesota
9. Nebraska
10. Nevada
11. New Mexico
12. Oklahoma
13. South Carolina
14. Texas
15. Utah
16. Vermont
17. Washington

Participation in the survey implies consent from the Deaf individual. Data will be analyzed using SPSS version 25.

EXPECTED FINDINGS/RESULTS

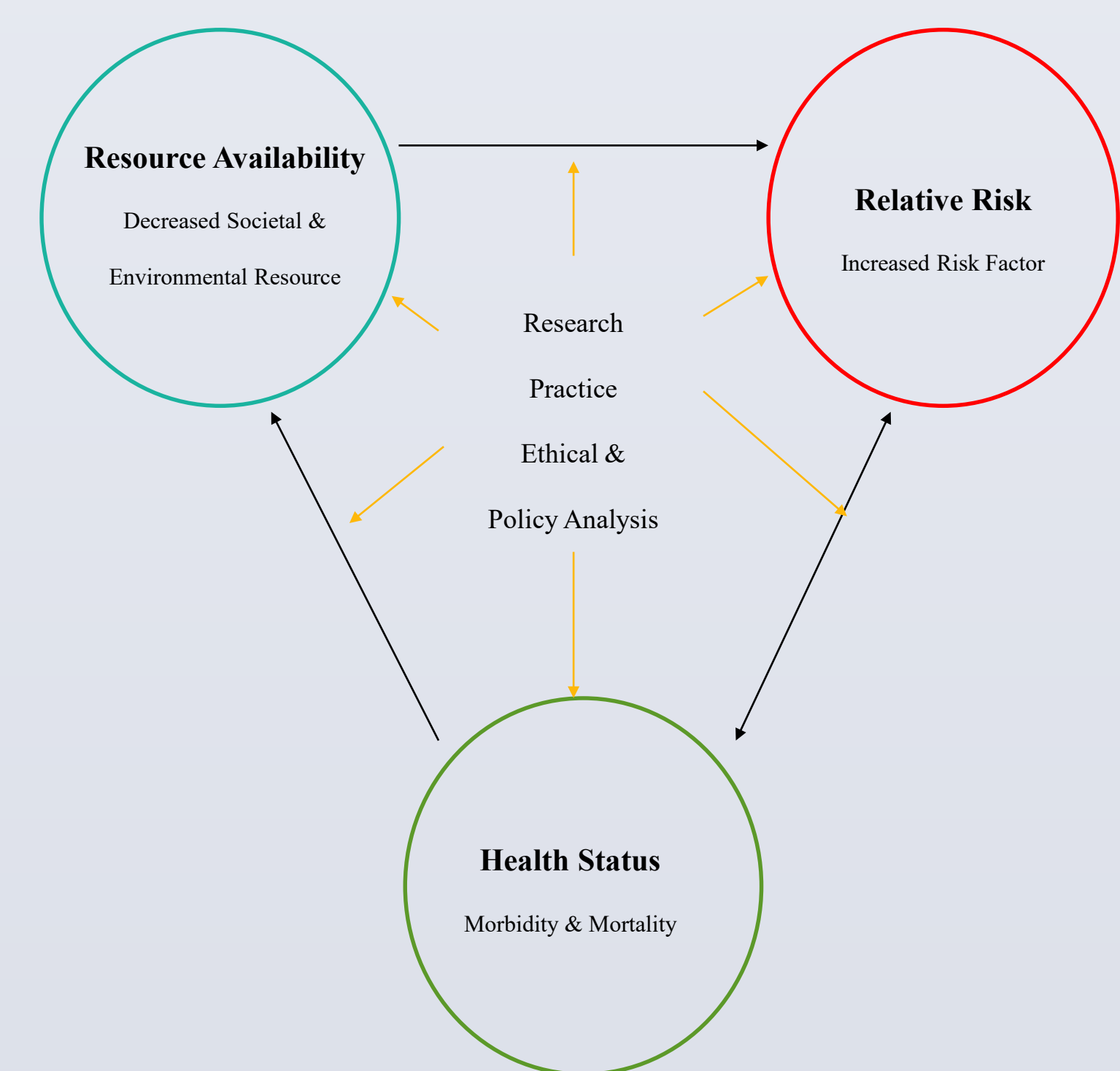
Data Collection is currently occurring and is expected to conclude by the end of November 2018.

PRELIMINARY DATA (N = 25)

- Sex: Female 72%
- Sex: Male 28%
- Average age: 54 years old (range 31-77)
- Average miles traveled one way for care: 8 (range 1-45)
- 4% have used **Telehealth** previously during a medical appointment
- 0% would use **Telehealth** again: internet, provider, awkward
- 56% have used **Video Remote Interpreting**
- 21% would use **Video Remote Interpreting** again

MODEL

Vulnerable Populations Conceptual Model (Flaskerud & Winslow, 1998).



CONCLUSIONS

Currently, state Deaf Councils have indicated that they believe more Deaf would have responded if the survey questions had been signed by medical interpreters and imbedded into the survey.

Anticipated Outcomes:

- 1) Deaf Respondents will be able to identify and define barriers, including technological, experienced when accessing healthcare,
- 2) A relationship between the use of technology and access to healthcare may be established, and
- 3) Determinations whether there is a correlation between urban and rural residing Deaf residents and their preference for a specific level of provider.