Caring for Deaf and Hard of Hearing Patients

Deaf and hard of hearing (DHH) encounter a variety of health care barriers, notably access, communication and even language barriers. Thus, they struggle with worse health outcomes and lower health care satisfaction (see list of publications below). Health care providers and staff can do a lot to help reduce these barriers. Below is a list of key strategies to improve health care for this group.

Communication Tips

1. Ask the patient the best way for them to achieve effective communication. Everyone with a hearing loss is different. For some, it may require sign language. For others, it may be simply lipreading.
   a. Use in-person sign language and/or video remote interpreting agencies, if requested by the patient, when there are no sign language fluent health care providers. Services need to be arranged ahead of time to ensure availability. For more information, check out the Registry of Interpreters for the Deaf.
   b. Two-way devices can be useful for hard of hearing individuals who are not able to communicate effectively by other means (e.g. UbiDuo2 or Interpretype®)
   c. Look directly at the patient. Avoid looking towards the interpreter or other hearing family members/friends. And don’t have a window or light behind you as those make it harder to read lips.
   d. Avoid overenunciating or talking too loudly. Speak clearly and slowly.
   e. Use visual cues, educational materials and pictographs. This can include use of Web-based images (e.g. Google images) to help the patient understand what is being discussed.

2. Set up patient rooms to minimize communication barriers.
   a. Place computers, laptops and tablets to the side rather than in between the health care provider and the patient.
   b. Consider using a scribe to reduce the need for providers to type into a medical record. This can allow providers to look directly at the patient.
   c. Avoid bright lights (e.g. sunlight from window) or loud background noises that can affect the ability of the DHH to see or understand you.

3. Avoid stereotypes
   a. DHH patients are no more or less intelligent and capable than hearing patients. It is the barriers that places them at a disadvantage.
   b. Avoid talking down or dumbing down the topic. The use of interpreters, relay systems, or two – way devices can help here.
   c. Ask about the DHH patients’ views on their hearing loss. For some, hearing loss may be a form of a cultural identity instead of a disability they want addressed.
**Patient Accessibility Tips**

1. **Appointments**
   a. Provide resources and/or helpful information to help patients with making appointments and to know what they should expect when they arrive at the clinic. For example, this may include old medical records, medications currently used, and their insurance coverage.
   b. Inform patient of any accommodations that are being arranged.
   c. Send instructions on any arrival information such as special parking instructions, location of ramps, doorways, elevators, where to sign-in to minimize communication breakdowns.

**Clinic Accessibility Tips**

1. Help identify DHH patients
   a. Consider using hearing loss symbols on any rooming charts to alert everyone that patient has a hearing loss.
   b. Place appropriate hearing loss diagnostic codes in the problem list and insert any communication and language needs into the electronic health records.
   c. Use alerts to notify staff if any accommodations are needed when appointments are scheduled.

**Resources**

For more resources and information, see below (need to put them in a JAMA reference format).

1. [https://www.bmj.com/content/341/bmj.c4672](https://www.bmj.com/content/341/bmj.c4672)
5. Registry of the Interpreters for the Deaf ([https://rid.org](https://rid.org))
7. [https://www.nad.org/resources/health-care-and-menthal-health-services/](https://www.nad.org/resources/health-care-and-menthal-health-services/)