

NHPCO Project ECHO *Equity Where It Matters*

Key Takeaways: Breaking Down Language Barriers to Build Connections with Patients June 15, 2023

Key points:

- Key statistics: 80% of people aged 80+ experience hearing loss, 63% of people aged 70+, yet only 20% of people aged 65+ think they have hearing loss.
- ASL is over 300 years old and has its own phonology, morphology, structure, and language rules.
- Closed caption is an accommodation that should be ALWAYS provided as it benefits ALL people, but for some deaf/Deaf people reading captions is a struggle because American Sign Language is their first language. To provide equitable access to information, an American Sign Language interpreter may be required for some of them. Again, be sure to ASK the deaf/Deaf person.
- Don't wait for a late deafened/hard-of-hearing (HOH) patient or PCG to tell you what they need. They have not had time to develop coping skills and may not even know what accommodation to ask for in addition to not wanting anyone to know their hearing status. Assume everyone over 60 is at least mildly HOH as best practice and you can't go wrong with the do's and don'ts recommendation.
- Understanding that being deaf/hard-of-hearing is purely a communication problem, there is no element of culture involved like being deaf/Deaf and that there is no 100% ability to communicate. It's just endlessly not fitting in.

Actionable Steps:

- Often the issue is that the information is inaccessible to deaf people. ASK the deaf person what their accommodation needs are.
- Be sure to apply closed captions to all trainings, including in-house, such as power point. If a video is shown during training, always play the closed captions.
- Consider making printed education (such as admission books) more accessible, such as the QR scan codes. Admission books are printed in bulk but could easily be supplemented with an added sheet of QR scan codes.
- Considering filming hospice instructional/informational videos in ASL on hospice and palliative care, be sure to also include information regarding Medicare as well.

Conversation Starters:

- What would be an effective response from the IDT Team to advocate for patients who are deaf/Deaf and/or experiencing hearing loss?
- What would be appropriate for hospice to understand how their biases could have a negative impact on a deaf/Deaf patient's plan of care?



- How could hospice staff support their patients who are deaf/Deaf and/or experiencing hearing loss?

Participants' Perspectives

- “We do training for all new hires about interpreter services and have staff wear a badge with contacts for services.”
- “This topic is not addressed very often in end-of-life care. This is great information. Thanks for bringing it to us.”
- “There is unequal access to hearing disabilities. Those who have trouble seeing can get glasses but [those who experience] hearing loss can have barriers to getting hearing aid or other assistance, that creates a disparity.”
- “This is also a socioeconomic issue. The cost of hearing aids is expensive compared to glasses.”
- “We are working on implementing an online chat for family caregivers with our triage team to increase accessible methods of reaching our hospice team for help, especially on nights and weekends when other interpreting services may not be available.”
- “In our hospice, we use video interpretation and American sign language interpreters.”
- “I agree, this is an important topic. This was valuable and I will share with members of our team.”

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- <https://www.vera.org/publications/designing-accessible-resources-for-people-with-disabilities-and-deaf-individuals>
- More about captioning: <https://nationaldeafcenter.org/resources/access-accommodations/accomodations101/captioned-media/>
- Finding Deaf communities: <https://www.nad.org/resources/directories/>
- Deaf Ecosystem: <https://convorelay.com/deaf-ecosystem/>
- NHPCO Access and Inclusion - <https://www.nhpc.org/resources/access-and-inclusion/>
- *Hospice Through the DEI Lens: A Research Study Identifying Barriers to Hospice Care in Underserved Communities*, National Hospice and Palliative Care Organization.
- NHPCO Diversity Tools and Resources <https://www.nhpc.org/education/tools-and-resources/diversity>
- Culturally and Linguistically Appropriate Services (CLAS) <https://thinkculturalhealth.hhs.gov/clas>
- CMS Framework for Health Equity <https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity>

