

Deaf Community's Experience of COVID-19

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COVID-19's Global Impact



COVID-19 has impacted the world as it has spread all over the globe.

Minority groups have less accessibility to health information and healthcare

Black and Latino Hispanic communities are 1 in 3 at risk for in-hospital
COVID-19 deaths (Okoh, 2020)

Deaf people's limited access to health information

Deaf people are 7x more likely to have inadequate health literacy (McKee, 2015)

Health Literacy

Skills, knowledge, and social resources needed *to access, understand, and use* information to make decisions about their health (Beauchamp, 2015; Brabers, 2017, Dodson, 2014).

Research Question

What impact does COVID-19 have on the deaf community?

The goal is to find out, regarding the virus, the participant's:

Experience

Knowledge

Information-seeking
behaviors

Research Sample

Over 500 participants of our larger study were contacted

178 responded and participated

63% female

Deaf participants	$n = 104$ age: $M = 44.1$ ($SD = 15.5$)
Hearing participants	$n = 74$ age: $M = 36.9$ ($SD = 17.8$)

Method

- Participants are contacted through their email that our lab obtained through a previous study
- If available, they are interviewed through their preferred choice of Zoom, FaceTime, phone call or Video Phone.
- Participants are asked 11-17 questions about their experiences with COVID-19
- Field notes are taken during the interview to be coded later
- This study was approved by RIT IRB

RESULTS

- Deaf and hearing individuals are *not* different in their ability to identify the CDC official COVID19 symptoms ($p = 0.76$)
- Deaf individuals mention more preventative strategies, particularly hand hygiene ($p = 0.005$) and cleaning and disinfecting ($p = 0.006$)
- Deaf individuals tend to get their information more often from TV and social media than hearing individuals ($p = <0.001$)

However,

- Deaf are 7x more likely to seek immediate health care (vs. stay home and call medical provider) as well as POC (6.3) or individuals with low health literacy (3.8) regardless of hearing status
- Deaf experience 4.7 times more difficulty accessing COVID information

RESULTS

Question: What challenges have you had getting information about Coronavirus?

	Deaf (n=104)	Hearing (n=74)	X ² p-value *exact test
Information is difficult for me to access	27 (26.0)	2 (2.7)	<0.001*
Information is not available in my language	37 (36.6)	0 (0.0)	<0.001*
Information is hard to understand	27 (26.0)	14 (18.9)	0.271
Information is too scary	80 (76.9)	20 (27.0)	<0.001
I don't trust the information	64 (61.5)	31 (41.9)	0.010
Other	23 (22.1)	22 (29.7)	0.249
None	4 (3.9)	26 (35.1)	<0.001

Conclusion

- This is a public health issue because Deaf more likely to have come in contact with COVID19+ person (24.3% vs. 10.8%, $p = 0.023$)
- Health information is not seamlessly reaching the deaf community
- Effort needs to be placed on discovering the best ways to disseminate health information the the deaf community and producing accessible resources

Future Directions

We hope to gain insight on how a pandemic impacts the deaf community and learn how to prepare them for a possible future pandemic by:

- Improving accessibility to information
 - Ex: Captioning services, qualified Interpreters
- Offering insight on role and use of personal protective equipment (PPE) that accommodate a deaf person's needs
 - Ex: Clear masks for lip reading





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THANK YOU

RIT

National Technical Institute for the Deaf

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References



SCAN ME

Dinner table syndrome (Meek, 2020)



Medical Writing (Stossel, 2012)



Minorities with COVID
(Okoh, 2020)



Language Deprivation (Hall, 2018)



NVS (Weiss, 2005)



7x more likely (McKee, 2015)

Link to Presentation

