

**DEPARTMENT OF COMMUNITY AND PREVENTIVE MEDICINE
RESEARCH PROPOSAL**

**Relationships between emergency room utilization and modes of
communication among deaf adults who communicate in
American Sign Language**

Michael McKee, MD

Objective:

The goal of the proposed study is to quantitatively analyze the findings of the Deaf Health Study (an adapted Behavioral Risk Factor Surveillance System accessible for deaf individuals) to evaluate if there are reductions in the reported utilization of emergency room services among deaf American Sign Language (ASL) users who report that their doctor signs directly to them in ASL when compared to deaf ASL users who reported other modes of communication with their medical providers (e.g. write notes). A secondary aim will evaluate how mode of communication with health care provider impacts usage rate of preventive health services.

Background:

Preliminary information from the Deaf Health Survey (DHS) shows that rates of emergency room use appears higher among deaf respondents than what is seen among the general public. This is likely due to a number of causes such as communication barriers and poor foundation of health knowledge among the deaf respondents. No known studies exist reviewing emergency room utilization by deaf ASL users with regard to communication modes. Deaf ASL users comprise a linguistic minority group in America that historically has been excluded from health educational outreaches and is understudied by health researchers. This population has been considered to be one of the non-English speaking minority groups at greatest risk for miscommunication with their health providers.

Methods:

As a secondary quantitative analysis of an existing dataset, the study will be limited to previously sampled respondents for the proposed study. To minimize geographical bias, we will only use DHS respondents who report they are from the greater Rochester area (n=339).

Significance:

The proposed study will address for the first time the possible effect that different modes of communication with health care providers have on emergency room use and preventive health service patterns among deaf ASL users. If there is suggestive evidence showing an association, this would encourage further research to evaluate possible interventions to improve health care communication to deaf linguistic minority members.

Committee Chair:

Thomas Pearson, MD, PhD, MPH

Committee Members:

Robert Block, MD, MPH

Steven Barnett, MD

Monday, February 22, 2010

12:00PM – 12:30 PM

Helen Wood Hall, Room 4W301

EVERYONE IS WELCOME