



Rochester Joins CDC Prevention Research Centers Program

By Matthew Starr, Director of National Center for Deaf Health Research

The University of Rochester Medical Center brings an exciting new element to the Centers for Disease Control PRC network: It is the first institution to study the deaf and hard of hearing community, with the mission to improve the overall health of individuals, not to correct hearing loss.

The CDC funded the UR National Center for Deaf Health Research on Sept. 30, based

partly on the university's ability to form community partnerships with advocacy groups, other academic institutions such as the National Technical Institute for the Deaf, and health-care providers who already have a keen understanding of the unique needs of deaf and hard of hearing people.

The university is well poised to carry out this project. Rochester, N.Y., has one of the largest concentrations of deaf people in the United States and a reputation for being "deaf friendly." Nationally, more than 28 million people have some degree of hearing loss, and about 4.8 million cannot hear or understand speech at all. Yet in Rochester and elsewhere, little is known about disease trends among deaf people, or underlying attitudes or health behaviors.

"Even rudimentary data on risk factors for common diseases is simply unavailable," says project leader Thomas A. Pearson, M.D., Ph.D., MPH, and chairman of the UR Medical Center's Department of Community and Preventive Medicine. "This research will allow us to discover and prioritize health needs in this underserved community. We also hope to serve as a national model for engaging people who are deaf or hard of hearing in participatory health research."

Initially the PRC will convene deaf community focus groups to establish a research agenda; plan the best methods to survey men, women and children and carry out research projects; raise awareness among deaf people of opportunities to get involved in voluntary health studies; and build programs that will train doctors and break down existing communication barriers. The center will also publish its research findings for the benefit of the deaf and hard of hearing community locally and worldwide, and look for ways to apply its findings to other cultural or disabled communities.

Many challenges lie ahead. Traditionally, hearing people in medicine view deafness as a disease or condition

that should be "fixed." But for many deaf individuals, especially those who were born deaf, this idea is at the root of a cultural divide and misconceptions about deafness. To a deaf person, being unable to hear is simply a fact of life, a characteristic that shapes and enriches them, not something that causes shame. In fact, one survey statistic often cited in the deaf community is that 86 percent of deaf adults say that they would refuse a cochlear implant, even if it were free.

But deafness does create certain problems in the medical setting. Many deaf people communicate through American Sign Language (ASL), which has different grammar and syntax than English. Others communicate through speech-reading, writing, speaking and other English-based methods. And few health care providers are proficient in ASL, or understand how

to appropriately communicate with deaf patients.

Deaf and hard of hearing people also have less access to information from the ambient environment, information that hearing people often take for granted. So, for example, deaf youngsters do not benefit from overhearing the advice pediatricians give to their hearing parents; they also do not get health information through radio or TV.

The UR project aims to blend cultural awareness with the important job of promoting better health. Luckily, Rochester has a strong history of examining these difficult issues, including language and access barriers. An August 2004 report from the Deaf Health Task Force in Rochester is the most recent example. This collaborative group conducted an exhaustive review of the health status of deaf individuals and offered several recommendations. Among them: qualified interpreters should be available in all health-care settings, and more training and education is needed among doctors and nurses regarding how to interact with deaf patients and their families. The reported notes, for example, that most doctors do not have TTY phone lines, or a place on a deaf patient's chart to note TTY numbers or other critical patient-contact information. No doubt, other communities in the United States with sizeable deaf populations face similar problems.

In a sense, the Task Force research was the impetus for the UR National Center for Deaf Health Research. Led by Steven Barnett, M.D., the Task Force was funded by the CDC and the Association of Teachers of Preventive Medicine. And Barnett's focus on deaf health throughout his career as a UR Family Medicine physician formed the basis for the expanded role into deaf research.

The UR has made other important strides in promoting health and training in the deaf community. The university's Deaf Wellness Center (DWC) has offered clinical ser-

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NCDHR



You've just been in a car accident, now what?

By Brenda Palmigiano - Certified Defensive Driving Instructor

#1 REPORT IT TO THE POLICE

#2 REPORT IT TO YOUR INSURANCE COMPANY

#3 REPORT IT TO DMV (if required)

If you are involved in a traffic crash involving a fatality or personal injury in New York State, you must report it to the DMV. You must also report any traffic incident or crash involving \$1,000 or more in damage to any one person's property. The form Report of Motor Vehicle Accident (MV-104) is available at any motor vehicle office, from most insurance agents, or online at DMV's website (<http://www.nydmv.state.ny.us/forms/mv104.pdf>)

Reporting a crash or incident to

your insurance company DOES NOT fulfill your legal obligation. YOU must file a report with DMV within 10 days of the event. Your license may be suspended and fine of \$250 if you don't.

If other driver is injured and unable to complete the report, a passenger or the vehicle owner may do so.

Here's a handy guide to help you after an accident. Keep it in your glove box for easy reference.

Accident Report Guide

DO

- Notify police immediately.
- Exchange the information such

as Driver's name, address, phone, driver's license, vehicle information (year, make, model, and color), license plate, state, insurance company, agent name and phone number, policy number, location and time of accident, any passenger's name (if involved), witness, police name and report number if any, and any ambulance involved.

- Report accidents to your auto insurance promptly within as soon as possible.

DON'T

- Admit fault and do not discuss your accident with anyone except your insurance representative or the police.

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vices, teaching and research on topics pertaining to the deaf community since 1990. Under the direction of Robert Pollard, Ph.D., the DWC will continue to play a key role in training health professionals to better serve the deaf community.

Using its teaching, research and clinical resources to improve society is at the heart of the UR Medical Center's mission. In recognition of this long-standing commitment, the Association of American Medical Colleges honored the UR with its prestigious 2004 Outstanding Community Service Award. The establishment of the National Center for Deaf Health Research is further evidence of that commitment. Although it may be years before a clear understanding of the special health needs of this community emerges, Rochester researchers will be at the forefront of promoting the issue and solving problems.



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Euchre

Trump Club (Division II) plays every other Wednesday

Where: RRCD

Players NEEDED!

Euchre League starts September 6th, 2006

Please contact:

Paula @ poliwollies@yahoo.com ASAP

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Euchre

WANT TO LEARN HOW TO PLAY EUCHRE?

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