Last year, Healthy Signs (April 2009) reported that the Centers for Disease Control and Prevention (CDC) awarded NCDHR a second five-year grant to conduct research that promotes healthy weight behaviors. This new research study is called, “Deaf Weight-Wise,” which involves taking an existing program that helps people lose weight and be more active, and adapting it for the Deaf community. The existing program, “Weight-Wise”, was developed by the Prevention Research Center at the University of North Carolina at Chapel Hill (UNC).

The Deaf Weight-Wise (DWW) research study has generated great interest from the community with several frequently asked questions. Answers and explanations are provided here to some of the questions being asked:

**Why do a research study about obesity?**
High obesity rates among Deaf adults were confirmed from the findings of the NCDHR Deaf Health Survey and, after consulting with members of the Deaf Health Community Committee and the Deaf community, reducing obesity became a top priority. This academic-community decision to do obesity research in the Deaf community fits well with the national goal of reducing obesity among Americans, which is now a national public health crisis.

**Is DWW similar to a clinical trial?**
Yes. A clinical trial is health-focused research involving individuals that follow a study plan. The purpose of a clinical trial is to discover new and/or effective therapies to prevent disease and improve quality of life. All participants will go through an informed consent process to learn what is involved in the study plan before deciding to participate or not.

**What is an intervention?**
An intervention is a process such as counseling, training or treatment to change a person’s thoughts, feelings or behaviors. For example, participating in a smoking cessation program, which has been shown to have a certain degree of effectiveness backed by scientific evidence, is a form of a behavioral intervention to quit smoking. An intervention provides knowledge, motivation, tools and/or skills for a person wishing to improve his or her health.

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**Why should I become a study participant?**
According to www.clinicaltrials.gov, study participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical or public health research.

**If DWW really works, what happens next?**
Usually, when an intervention has demonstrated its effectiveness, it often becomes a program or clinic afterwards. If DWW works, then it would be packaged as “kits” to be shared and implemented by Deaf communities throughout the country to battle the rising obesity.
Mike McKee, MD, MPH receives the Saward Award

The Department of Community and Preventive Medicine gives the Saward Award each year in recognition of outstanding MPH student achievement in leadership, scholarship and dedication to community service.

The Graduate Program Director, Nancy Chin, MPH, PhD, announced, “I am delighted that this year’s award winner is Dr. Michael McKee His master’s thesis, entitled “Relationships between Emergency Room Utilization and Modes of Communication among Deaf Adults who Communicate in American Sign Language,” involved investigating communication with a primary care physician as a determinant of deaf persons’ use of emergency rooms and their receipt of preventive care services. This thesis has particular public health importance since one of our goals is to the determinants of prevention behaviors in underserved communities.

One of Mike’s mentors noted that Mike has proposed career development grants on the subject of health literacy in deaf persons. He has received outstanding scores for both these highly competitive awards and his scores for the KO1 were nearly perfect, as recognition of the quality of his proposal.

Mike McKee’s commitment to community service and engagement is apparent from his actions, wrote another one of his mentors. While pursuing his MPH, Mike continued to see patients in his family medicine practice – the only practice in Rochester for people who want a deaf ASL-fluent physician. In addition to working to maintain some healthcare access for this underserved community, Mike also worked to address health knowledge gaps. Mike conceived and implemented a series of accessible health-related presentations, often conducted in the community at the Rochester Recreation Club for the Deaf.

Mike serves on several community boards, including the Deaf Health Community Committee and the Rochester School for the Deaf. Mike is a physician for the Deaflympics, supporting an organization that builds community strengths and encourages physical activity.

Finally, Mike has always had a positive demeanor and has been a superb colleague and collaborator in all his projects.”

From all of us at NCDHR and DHCC, congratulations, Mike!

NCDHR Happenings

Steven Barnett, MD, presented 2 scientific posters at the 27th Annual Behavioral Risk Factor Surveillance System (BRFSS) Conference in San Diego on March 20-24. The NCDHR Deaf Health Survey was based on the CDC’s BRFSS survey but was adapted into a sign language version. One poster, “Adapting the BRFSS to survey deaf sign language users: Experience and findings,” described the Deaf Health Survey development and key findings. These findings were also compared to findings from the 2006 Monroe County Adult Health Survey, which is the local BRFSS administered via telephone by the Monroe County Health Department.

The second poster, “Identifying people who are deaf and hard of hearing for inclusion in public health surveillance: Experiences piloting a BRFSS telephone module,” described a series of questions that NCDHR researchers had added to the 2006 Monroe County Adult Health Survey. These questions helped us to determine whether this telephone survey could identify households with a deaf or hard-of-hearing person or ASL user. Of 2,546 respondents, none reported ASL use, and only five respondents indicated having a household member who is an ASL user. Nineteen respondents (0.6%) reported severe hearing loss or deafness for themselves and 19 other respondents reported severe hearing loss of deafness for another household member. The telephone module did not adequately identify people who are deaf or hard of hearing, and was unable to identify ASL users, even in a metropolitan area with many ASL users. These findings demonstrate the need for public health researchers and deaf and hard of hearing people and ASL users to work together to devise new strategies and survey methods to include these populations in future public health surveillance.

For more information about BRFSS, visit: http://www.cdc.gov/bfrss/.

Steven Barnett, MD, Deirdre Schlehofer, EdD, and Erika Sutter, MPH attended the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Users Group Meeting in Baltimore on April 19-21. The CAHPS survey asks patients about their recent experiences with health care and health care providers. NCDHR is currently adapting the CAHPS survey to be administered in sign language. Steve Barnett presented a conference session titled, “Deaf consumers’ healthcare experiences: The need for an accessible CAHPS.” The presentation generated great interest among conference attendees and conference planners about Deaf health issues and methods of adapting surveys for Deaf participants.

For more information about CAHPS, visit: https://www.cahps.ahrq.gov/default.asp