

Healthy Signs



National Center for Deaf Health Research May 2010

Mission of NCDHR:

To promote health and prevent disease in the Deaf and hard of hearing populations through community-based participatory research.

Come and join us !

Deaf Health Talk Presentations

Skin Cancer - What to Look for? & Obesity and Your Health: The Deaf Weight-Wise Research Project

**Thurs., May 20
7:00 pm - 8:30 pm
RRCDC
1564 Lyell Avenue**

Contact Us:

NCDHR
P.O. Box 278990
Rochester, NY 14627

120 Corporate Woods
Suite 350
Rochester, NY 14623

(585) 758-7804 TTY
(866) 901-0727 VP/Voice
(585) 424-1469 FAX
www.urmc.edu/ncdhr
ncdhr@urmc.rochester.edu

This newsletter was supported by Cooperative Agreement Number U48-DP-001910 from the Centers for Disease Control and Prevention (CDC). The findings and conclusions in this newsletter are those of the author(s) and do not necessarily represent the official position of the CDC.

FAQs about Deaf Weight-Wise Project Matthew Starr, MPH

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 this an accessible weight loss clinic?

DWW is not a weight loss clinic, but a research study. The goal of this research is to find out if this intervention can effectively reduce weight and increase physical activity among Deaf study participants.

What is this "existing program" from UNC?

Researchers from UNC were able to demonstrate the effectiveness (in other words, does it work?) of their intervention to reduce weight among low-income, middle-aged women. More than half of the women who participated in this study lost eight or more pounds in 16 weeks. Rather than "reinventing the wheel," DWW will use the UNC's Weight-Wise project and adapt it to become a more

culturally and linguistically appropriate intervention for Deaf adults. That is, to adapt (convert) their printed and audio-based materials to ASL-based materials. For more information about the UNC Weight-Wise study, visit: <http://www.hpdp.unc.edu/research/current-projects/weight-wise-pilot>.

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.

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.

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/brfss/>.

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>

