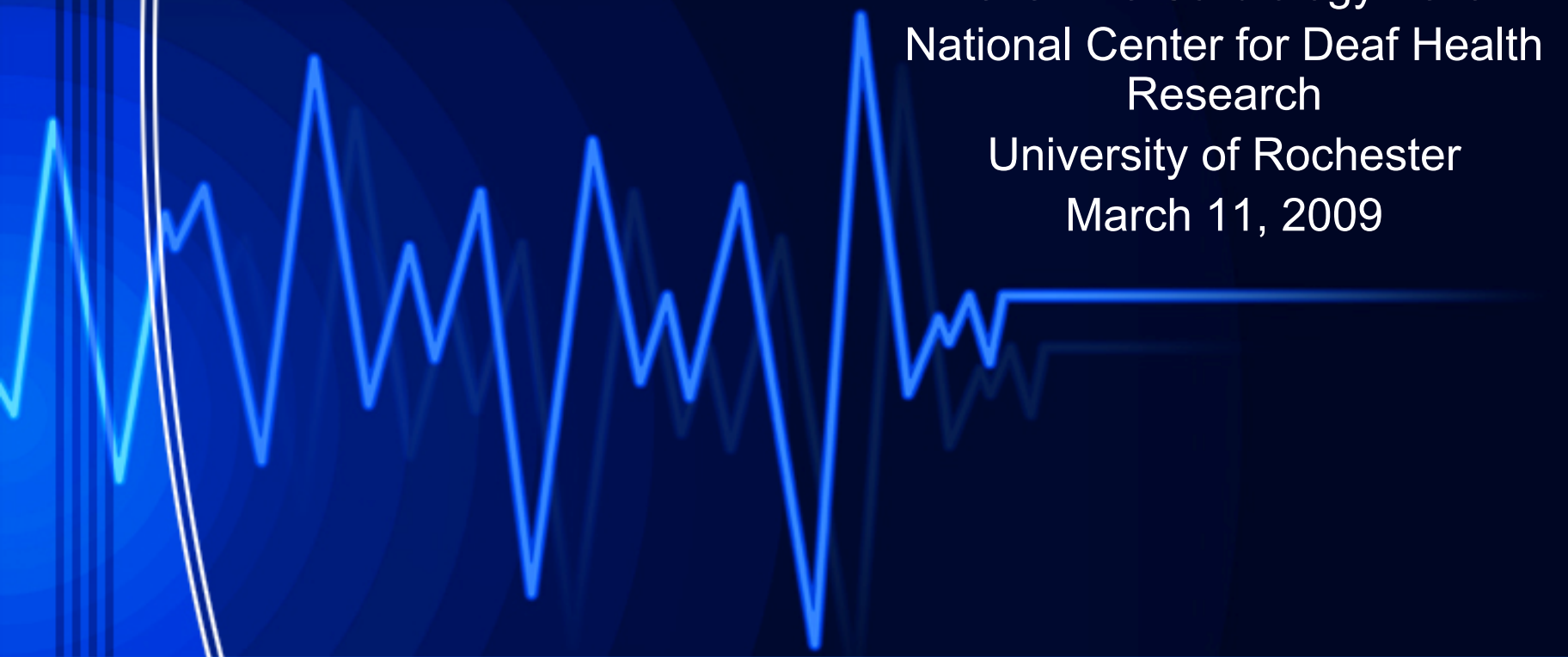


Deaf Perceptions of Cardiovascular Health

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Purpose of Deaf Perceptions

Goals:

- Contribute knowledge on the perceptions of cardiovascular health among the deaf linguistic minority in Rochester, NY
- Objectives:
 - Conduct focus groups to identify cardiovascular health perceptions
 - Build research capacity among deaf researchers and deaf health
 - Identify where there are possible cardiovascular health perceptions discrepancies
 - Learn about optimal health educational strategies to reduce discrepancies

Background: Deaf Linguistic Minority

- Characteristics:
 - American Sign Language (ASL) as preferred language
 - Pre-lingual deafness
 - Hearing loss is a cultural identity not a disability
 - Average English reading level is low -4th grade (Allen, 1986 and Holt, 1993)
 - Similarities to other minority communities in terms of language and culture (Padden & Humphries, 2005)
 - Considered medically underserved
 - Rochester deaf community may not be typical of deaf communities nationally

Methodology: Recruitment

- 4 focus groups (3 to 8 participants)
 - 22 participants
- No hearing researchers used in focus groups
- Recruitment strategies
 - Fliers
 - “Deaf Times” email notification
- Incentives for participants

Methodology: Data Collection

- Brief demographic survey
- Video recording of focus groups
- Translation and transcribing of data (deaf transcriber- bilingual)
- Verification of transcription by research team

Methodology: Data Analysis

- Previously established domains used:
 - Knowledge
 - Practices
 - Barriers
 - Facilitators
 - Dissemination
- Coding done by researcher and verified by team
- Cultural anthropology model used
- Looked for recurrent themes and patterns among interactions

Study Participants

- Education:
 - \geq college degree: 13 participants (59%)
- Weight:
 - BMI \geq 25: 16 (73%)
- Gender:
 - Females: 13 (59%)
- Age:
 - Mean: 55
- Family History:
 - No knowledge: 5 (23%)

Knowledge

Strengths:

- Heart disease
- Smoking
- Exercise
- Salt
- Stress

Misinformation:

- Stroke
- Illegal drugs
- Anatomy
- Medications
- Stress

Knowledge

- Misinformation:
 - Stroke
 - “I don’t know the real cause of stroke. Does eating wrong cause stroke?” -#3-2
 - Medications
 - “I get injections every month to thin my blood. . . . When I moved here, I got a new doctor and now I get the medication every month up to nine months.”- #5-3

Practices

- Reducing salt intake
- Avoiding cigarette smoking and second hand smoke
- Exercise
- Avoiding stress

Barriers

- Financial
 - Insurance limitations
 - Underemployment/unemployment
 - Costs of healthy foods
- Communication
 - No interpreter present
- Language
 - Lack of ASL accessible educational and support programs

“I see them [Weight Watchers] meeting and sometimes I wish I could join but it might be hard for me to communicate with them if I’m the only deaf one there.”- #3-1

Facilitators

- Group and community support
- Interpreters
- ASL fluent medical professionals
- Lower literacy tool/strategies

“I read a lot online from WebMD for more information. I also read Kid Scholar, which is a book that is simple enough for me to understand and sign out to myself.”- #4-3

Dissemination

- Family and friends
 - Overreliance on friends and families for health information
 - Distorted perceptions of cardiovascular risks
- Dangers of distorted dissemination
 - “One thing I’ve learned about onions is that it thins your blood stream... If you have heavy, thick blood, onions help keep the blood flowing.”
 - “To prevent blood clots.” [#2 and 3- 2]

Information Sources/Dissemination

- Signing medical websites and videos
 - www.deafmd.org
 - www.deafdoc.org
- ASL fluent medical professionals
 - Rochester, NY
- Health workshops at deaf events and clubs
- Captioned TV shows

Conclusions

- Cardiovascular knowledge seems to be sufficient for heart disease but lacking for stroke
- Language and communication barriers limit access to health information
- Knowledge was mostly superficial and at times distorted possibly reducing effective risk reduction behaviors

Recommendations

- Health educational programs should be provided in American Sign Language to maximize understanding
- Greater access to interpreters should reduce cardiovascular health perceptions discrepancies
- Training deaf health educators should be a priority

Questions?

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Deaf Linguistic Minority

- No reliable details on population size
- National Census of Deaf Population (NCDP) in 1972 estimated that 0.14% of U.S. population are deaf ASL signers
 - If rate is same- estimate is ~420,000 deaf signers today (in population of 300 million)

Demographic Results

Demographic		
Education	13 college graduates or higher	9 with no college degree
Weight (BMI)	16 with BMI >25	6 with BMI <25
Gender	13 females	9 males
Family History	17 with knowledge	5 without knowledge

Average age was 55 years old.