Providing Accessible Services to Deaf, Deaf/Blind, Hard of Hearing and Deafened Seniors
How Can WE Help?

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Questions?

THE PATIENT / CLIENT WANTS TO KNOW:

- Who will care for me? Will the people taking care of me be equipped to meet my needs? What do they know about Deafness and how to accommodate me?

- Will we be able to communicate?

STAFF SHOULD ASK THEMSELVES:

- If the patient or family member is Deaf how will we manage?

- How will we determine ways to meet their needs because of the disability?

- Where do we go to get the information we need and how do we know it is qualified information?
Nelson Mandela’s Legacy

- The rogue interpreter who interpreted the memorial service for Nelson Mandela demonstrated that ignorance by the organizers, in using an unqualified interpreter, is a liability.

- The health care and police services sectors in Ottawa are doing the same thing.

- This presentation will give you confidence in where to get the services you need.
Goals of Presentation

- To add a “Deaf” perspective if the patient or a family member is Deaf or Deaf/Blind
- To show how to prepare a team to be ready to serve, how to communicate effectively with the Deaf person so he or she is fully involved and informed by removing communication, cultural and institutional barriers that limit access to health care information, assessment, treatment and care
- To look at the crucial role of interpreters and intervenors on the “Team”
- To share information about the progress in hospice palliative care for the Deaf in the USA and Canada, and ideas for the future
- To share the unique approach in Ottawa
- Open discussion
Access to Care

- Senate report (June 2000) demanded better “access for all Canadians” to palliative care

- Supreme Court of Canada’s Eldridge vs. British Columbia Ruling in 1997

- Ontarians with Disabilities Act will be in force by 2015

- Barriers exist for several groups:
  - Persons with disabilities, Aboriginals, Cultural groups, Visible minorities, Marginalized groups
  - Barriers are compounded if more than one exists
ACCESSIBILITY

- How often do you see a ramp, automatic door opener or accessible washroom? These define accessibility for many people.

- Sign Language interpreters and intervenors are the accessibility equivalent for the Deaf and Deaf/Blind.

- The Deaf and Deaf/Blind community need accessible services, whether they are the receivers of care, or family members of those receiving care. This means flexible, easy and greater access to staff and volunteers knowledgeable in their unique communication needs.

- Interpreters/ intervenors as needed.
The Deaf Community
What’s Different??

- What can impact how Deaf or Deaf/Blind people deal with health care, illness, hospitalization, death and dying?
  - Primary Language
  - Discussion on relevant topics
  - Residential school / mainstream experiences
  - Deaf parents/hearing parents
  - “Supper table syndrome”
  - When hearing loss was acquired
  - 90% of Deaf children are born to hearing parents. Few family members become fluent in ASL or LSQ
What’s Different cont’d…..

- Negative attitudes and stereotypes toward people with disabilities in general

- Lack of understanding among professionals about Deaf culture and access needs of Deaf, Deaf/Blind, deafened and hard of hearing individuals

- Limited pool of interpreters/intervenors
INTERDISCIPLINARY TEAM

- Medical Staff
- Social Workers
- Pharmacists
- SLIAO
- CHS
- Dietitians
- Rehab Therapists
- Physiotherapists
- Occupational Therapists
- Deaf Palliative Care/LTC Team
- Spiritual Care Workers
- Nursing Staff
- Family Members
- Deaf Volunteers
- Hearing Volunteers
- CNIB
- PSWs
- Interpreters/Intervenors
- Caregivers

*Patient and family are the unit of care
WHO IS THE PATIENT’S FAMILY?

- Family members are who the patient says they are.
- That is, family members are those closest to the patient in knowledge, care and affection. For the Deaf and Deaf/Blind, it often includes their Deaf Community and friends.
COMMUNICATION

- Important part of care delivery
- Discussion in person, in private, in comfort
- Simple clear language, truth telling
- Medical info, treatment options

**Eldridge (1997)** - Supreme Court of Canada unanimously passed a ruling ordering the government of B.C. – and by implication other provinces – to provide free sign language interpreters or intervenors when Deaf or Deaf/blind people go to clinics or hospitals. The implementation of this decision across Canada, for the most part, has been disappointing.
Communication (cont’d)

- **Ontarians with Disabilities Act** – Ensures decision makers at all levels of service from LHIN to direct service workers accept, as a right, provision of appropriate services to the Deaf and Deaf/Blind.

- **Cultural sensitivity**

- There is a crucial need to include interpreters/intervenors to ensure clear communication
PARTNERSHIPS IN HEALTH CARE FOR THE DEAF AND DEAF/BLIND

- Deaf LTC and Palliative Care Team have trained volunteers ready to help
- SLIAO provides qualified sign language interpreters in many settings
- Canadian Hearing Society (CHS) can help provide ASL/LSQ interpreters
- CNIB provides qualified intervenors

What you need:
- ASL/LSQ
- Working with Interpreters / intervenors
- Cultural facilitation
- Trained Deaf volunteers/support workers
WHY DEAF PROFESSIONALS AND VOLUNTEERS?

- Sensitive to social and cultural issues
- Share language (ASL and LSQ)
- Family involvement variable
- Can help educate Health Care Professionals
- Can be advocate for patient/family
GOAL / MISSION

- In order to provide accessible services to Deaf, Deaf/Blind, hard of hearing and deafened seniors, we must remove communication, cultural and institutional barriers that limit access to health care.
- The key is to communicate effectively with the Deaf person at the “CENTRE” so they are fully involved and informed by removing communication, cultural and institutional barriers that limit access to health care information, assessment, treatment and care.

Equal access for Deaf, Deaf/Blind, deafened, hard of hearing and hearing people to services they need
CANADA

- Supreme Court of Canada’s Eldridge vs. British Columbia Ruling in 1997

- Ontarians with Disabilities Act

- Ottawa – Multidiscipline Palliative Care Program at Algonquin College; Orientation Training at the Hospice at MayCourt, Guest Lectures


- Deaf Outreach Project (under Ontario Association of the Deaf) for Deaf people living with HIV/AIDS
Quebec Deaf AIDS Coalition in Montreal, Quebec

CAD is a member of Quality End-of-Life Care Coalition of Canada since 2001

Memorial University Faculty of Medicine and the Deaf Community in Newfoundland – Production of 6 videos in ASL about palliative care for the Deaf

Various LTC initiatives accommodate the specific needs of the Deaf community
DEAF OUTREACH PROJECT (DOP) IN TORONTO
AN EXCELLENT MODEL

DOP HISTORY

- Established in 1987 by the AIDS Committee of Toronto (ACT) and the Deaf Community in consultation with Deaf organizations and Deaf persons living with HIV/AIDS
- The establishment of DOP was the result of a Deaf person, who learned that he had AIDS and looked for support from ACT
- Primary purpose of DOP is to provide education and support to Deaf people living with HIV/AIDS
- 1990s, the staff consisted of only one Deaf person, one hearing person and one ASL-English interpreter
- DOP was transferred to Ontario Association of the Deaf in 1998
MONIQUE’S EXPERIENCES

Roles with DOP

- Volunteer for several months, part time staff member for 9 years
- Three different positions – 1) Buddy; 2) Volunteer Coordinator; and Deaf Health Advocate
- Supported Deaf HIV/AIDS clients
- As a Deaf Interpreter: Facilitated information between Deaf patients and professionals (nurses, social workers, etc.)
- Recruited volunteers to assist clients at homes, hospitals and hospices
- Trained an interpreter replacement student at DOP
- Trained buddy volunteers (hearing) from ACT. Provided workshops to educate about the needs of Deaf clients
- Served as a team member with other DOP staff
MONIQUE’S EXPERIENCES (CONT’D)

Benefits of Role and Stories to Share

- Partnerships with hearing are very beneficial. My work involved exposing ACT staff, doctors, nurses at hospitals, Casey House Hospice and other professionals in various services about interpreting issues, access issues, Deaf culture, communication, etc.

- It was very beneficial to have an interpreter on DOP staff 4 days weekly. The interpreter was readily available for Deaf clients and hearing service providers. Also, the interpreter was usually available for events, meetings, etc.

- Am now involved in hospice palliative care with the Deaf in hospitals, nursing homes, private homes and hospices in Ottawa

- I believe my involvement benefits both the Deaf and hearing

- I know that Deaf patients are happy to have a Deaf team to support them and their families

- 3 stories to share
VOLUNTEER PROGRAM AT THE HOSPICE AT MAYCOURT: DEAF PALLIATIVE CARE TEAM

- The 13 weeks of training covered topics such as attitudes towards death and dying, infection control, family dynamics, comfort measures and body mechanics, communication challenges, grief, mourning and bereavement, pain and symptom management.

- The Deaf volunteers formed their own discussion group and looked at issues through their experiences.

- Team members have supported Deaf people:
  - in hospitals
  - in hospice palliative care and long term care
  - in active treatment
  - who have family members in hospital, palliative and long term care
INTERPRETERS / INTERVENORS

- Interpreters/Intervenors are crucial to the Team, but often forgotten

- Interpreters/Intervenors bring their background knowledge

- Often interpreters/intervenors are interpreting for someone, who is known to them from other activities and, given their previous relationships, instill confidence in the information communicated.

- Sign Language Interpreting Associates Ottawa (SLIAO) has determined that their philanthropy efforts are directed to LTC initiatives and Palliative Care work within the Deaf community
HOW DO YOU GET READY?

- Provide accessible services to the Deaf and Deaf/Blind community, whether they are the receivers of care, or family members of those receiving care
- Know where to find resources/Whom to contact
- Look for and remove barriers
- Staff and volunteers of service providers need to be knowledgeable of unique communication needs, Deaf culture and access needs of Deaf, Deaf/Blind, deafened and hard of hearing individuals
- Watch the ASL communication videos at [www.donsdream.ca](http://www.donsdream.ca)

CONTACT US
Do These Look Familiar?

- A Panel discussion on Geriatric Mental Health Services in the Champlain LHIN
- “Early Intervention is the Key to Geriatric Assessment: Geriatric Assessment Outreach Teams”
- “Elder Abuse – Knowledge is Power”
- “Neurocognitive and Language Function in Aging and Dementia”
- “Age Friendly Communities: Supporting Aging at Home and Across the Continuum of Care”
Familiar continued

- "Reminiscence Intervention for Depressed Older Adults"
- "Patients, Persons or Participants? A Multidisciplinary Perspective on Partnering in the Care of Older People"
- "Seniors’ Rights through the Continuum of Care – Hospital to Community"
- “Principles of Assessment and Management of Behavioural Problems in Dementia”
- “TRAILS (sic) and Tribulations Choosing fitness-to-drive screening tests for your practice”
Familiar Continued

- "Senior Friendly Hospitals: A Provincial Strategy"
- “A Practical Workshop of Using Tools to Assess Cognition in the Elderly”
- “Partnerships and Integration: Working together to Promote Positive Aging”
- “Principles of Assessment and Management of Behavioural Problems in Dementia”
- "Patients, Persons or Participants? A Multidisciplinary Perspective on Partnering in the Care of Older People"
CONCLUSIONS

BE READY

- Strive to make health care accessible for ALL
- Find out each person’s communication needs
- Educate hearing and Deaf about services
- Attain equal partnership to remove cultural, institutional and communication barriers that limit Deaf people’s access to information in health care
- Remember the Deaf community is culturally distinct
OPEN DISCUSSION

What is happening in your community? comments, suggestions, experiences, questions

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THANK YOU