

DeafHealth.

healthy. empowered. supported. extraordinary deaf communities.

deafhealthaccess.org

Media Contact

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The Status Quo of Deaf Health Access is **Severe.**

Access to equitable healthcare for deaf communities is simply not a reality. The problems are both pervasive and systemic, and as a result Deaf people experience higher rates of adverse outcomes than hearing people do. The situation is dire, and we are here to take it on.

We at DeafHealth are on a radical mission to break down barriers to healthcare. We are advocates. Deaf ourselves and passionate about equal and accessible health reform efforts. we promote new ideas to strengthen healthcare, bridge access, and work towards culturally responsive medical care. Our vision is crystal clear: Healthcare is a human right, and deaf people are human.

What ignites our radical drive for change? We are not outsiders looking in; and we are prepared to shake up the status quo. We're here to challenge, and inject audacious ideas into the healthcare arena, making it resonate and equitable for deaf communities. Deaf individuals deserve access to own their well-being in a healthcare system that speaks their language, both literally and culturally.

Moreover, we brought heavyweight backup - Communication Service for the Deaf, Inc. (CSD), a trailblazing nonprofit with a 50-year legacy of championing Deaf movements. They've been rewriting the rules since 1975, and we're proud to stand with them.

Join us as we revolutionize health access for deaf communities, impacting everyone along the way.

Jessica Kennedy, Esq.
President, DeafHealth



DeafHealth: Tireless Advocates for Access

Founded in 2022, the DeafHealth team has been leading insightful community needs assessments, and applying innovative design thinking approaches to maximize its social impact. DeafHealth is taking a novel approach to advocacy. Deaf communities are already self-advocates, but it's exhausting and sometimes impossible work. We are here to empower, inform, and support our extraordinary deaf communities, and advocate for change alongside them.

Through our work, we focus on three key areas:

- **Resource Development:** Establishing accessible video hotlines to provide improved health literacy, direct healthcare information, bilingual support, advocacy, and navigation assistance.
- **Educational Outreach:** Addressing Deaf patient needs for virtual healthcare engagement through comprehensive educational initiatives.
- **Patient Advocacy:** Launching impactful public awareness campaigns, expanding health outreach efforts, and providing on-demand ASL training to enhance understanding, assistance, and support for Deaf individuals facing health challenges.

Our Mission Is Simple, But Profound:

Break down barriers to health access for extraordinary deaf communities.

Empowerment and advocacy are at the core of our operations. We empower deaf communities and their self-advocacy by providing greater access to linguistically and culturally appropriate knowledge and resources. We further advocate by culturally educating and training industry participants and promoting public policy and legal innovations and solutions.

Our Vision

We envision healthy deaf communities; empowered, informed, and supported in navigating the healthcare system autonomously and equitably.



It's Time to Take Action

Disparities in access to healthcare are not new. These problems are systemic and pervasive and the consequences are devastating. Deaf communities deserve access and autonomy when it comes to our health and we can no longer wait for the situation to improve on it's own.

97%

Deaf ASL users are 97% more likely to use the Emergency Room ¹

1/3

Over 1/3 of physicians surveyed said they know little or nothing about the Americans with Disabilities Act ²

70%

Nearly 70% of physicians recognized that they are at risk of lawsuits under the ADA for problems in providing accommodations ²

We need you to help spread and amplify our message and our cause. There are lives on the line, and we know that the media is a powerful change agent. Let's work together to find ways to maximize our impact and demand change.



This has been a systemic problem for a very long time.

> [Lawsuit: Deaf people deprived of ASL interpreters in state-funded programs](#)

Many people in the deaf community believe the health care system still operates in the Dark Ages when it comes to meeting their needs.

> [Deaf Caregivers, Healthcare, Communication Challenges, ER](#)

We deserve equal access to health care too.

> [Lack of Interpreters, Lawsuit, Who should cover the cost?](#)

The health-care workers spoke to me, not to my father, the [Deaf] patient, although he was right in front of them.

> [Cancer treatment, caregivers, & limited trials opportunities for Deaf/HOH](#)

It is the responsibility of the medical community to be informed on the cultural needs of deaf patients.

> [Black Culture, Black American Sign Language, & disparities in healthcare](#)

Health care providers make assumptions about what our wants and needs are without even asking.

> [Accessibility after COVID-19 & myths behind cochlear implantation, lipreading, & speech-to-text](#)

Our Team: Small, But Mighty



JESSICA KENNEDY, JD

7 years start-up
experience, 10 years of
healthcare leadership



ALLYSA DITTMAR, MPH

Forbes 30-under-30, PPE
manufacturer founder, public
health policy expert



AYLAH CADWELL

Entrepreneur, recognized
expert in communications

Join Us: Writing Inclusively

Writing About Deaf Communities

- Do not use victimizing language such as afflicted, restricted, stricken, suffering, and unfortunate
- Avoid using the language of disability as metaphor, which stigmatizes people with disabilities, such as lame, paralyzed, crazy, insane, moron, crippling, disabling, etc
- People who are Deaf, DeafBlind, and hard of hearing have a broad range of backgrounds, languages, and hearing levels

Deaf vs. deaf

- Generally, we use “deaf communities” as all-inclusive phrase to include Deaf, DeafBlind, DeafDisabled, and Hard of Hearing. However, be specific with intersectional identities.
- Capitalize “Deaf” when referring to the people or culture.
- Lowercase “deaf” when referring to the medical condition or hearing level of an individual. Be especially mindful of how your subject wants to be identified.
- Identity first, “Deaf person” or person-first, “person who is deaf.” Always ask the subject which identity they prefer.

Join Us: Leading an Accessible Interview

Go Straight to the Source

Address your questions directly to the Deaf individual, and let the interpreter facilitate the communication. For example, say, "Tell me about your role at DeafHealth."

Use Non-Verbal Cues

If necessary, employ non-verbal cues like raising your hand to maintain the natural conversation flow.

Exercise Patience

Wait for the interpreter to finish before speaking again. Your patience ensures a smooth and respectful conversation flow.

Ensure Accuracy

Always provide the Deaf person the opportunity to review the information for accuracy. This step guarantees that nothing is lost in translation before finalizing the interview or publication.

Deaf individuals rely on non-verbal cues and visual cues to communicate effectively. Instead of speaking loudly, opt for visual communication methods such as writing or using voice-to-text on your phone. Avoid assuming that all Deaf individuals can read lips and make sure to face them and maintain eye contact while conversing. If you need to get their attention, a simple wave will do. When in doubt, writing it down is always a good idea. Don't give up if you initially struggle to convey your message - Deaf individuals appreciate the effort and teamwork required to ensure mutual understanding.

This approach not only guarantees effective communication but also demonstrates your commitment to inclusive and respectful interactions with Deaf individuals using ASL interpreters.

Citations

1. McKee, M. M., Winters, P. C., Sen, A., Zazove, P., & Fiscella, K. (2015, October). Emergency department utilization among Deaf American Sign Language Users. *Disability and health journal*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4570852/>
2. Iezzoni LI;Rao SR;Ressalam J;Bolcic-Jankovic D;Agaronnik ND;Lagu T;Pendo E;Campbell EG; (n.d.). US physicians' knowledge about the Americans with disabilities act and accommodation of patients with disability. *Health affairs (Project Hope)*. <https://pubmed.ncbi.nlm.nih.gov/34982624/>