Title: Healthcare Accessibility for Deaf and Hard of Hearing

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Author: Tamara Deem
Seconded by: Jacob Leffler

Problem to be addressed:
Acquiring high quality healthcare is a problem for the deaf, deaf-blind, and hard of hearing community when trying to acquire high quality healthcare and there are also communication barriers with the health providers. The telehealth method uses a phone line where you call in and talk verbally to medical experts, counselors/therapists, social workers, etc. This method does not work for deaf, deaf-blind, and hard of hearing patients. Most health facilities don't have very good internet signals when using VRI. Some healthcare providers don't have or don't want to use clear masks or face shields to be able to communicate with deaf, deaf-blind, and hard of hearing patients.

Not all health providers have the right equipment or understanding of accessibility for deaf, deaf-blind, and hard of hearing patients.

Health providers should be required to acquire a high quality medical certified interpreter for the deaf, deaf-blind, and hard of hearing patients.

Proposed Solution:
NAD should create a task force to resolve the healthcare issues the deaf, deaf-blind, and hard of hearing community is having and enforce medical providers to provide accessibility for the deaf, deaf-blind, and hard of hearing patients. The task force should also develop a best practice (including the requirement of high-speed internet) document for the healthcare providers. NAD should work with national medical organizations to educate providers on how to provide accessibility for the deaf, deaf-blind, and hard of hearing community.

Rationale:
This priority is an important matter and health safety concerns for the deaf, deaf-blind, and hard of hearing community. The current situation has a severe impact on healthcare for us in the community.

Fiscal Impact:
There is no fiscal impact for this priority.

NAD Board/HQ Response:
The NAD already has several position statements regarding access to healthcare, including telehealth.

- NAD Model Policy for Effective Communication in Hospitals (note: the Model Policy for Effective Communication in Hospitals is expected of all hospitals — given the COVID-19 pandemic, we understand that the circumstances may make it difficult to comply and recommend at the very least compliance with the COVID-19: Deaf and Hard of Hearing Communication Access Recommendations for the Hospital)
- NAD-DSA Position Statement on Minimum Standards for Video Remote Interpreting Services in Medical Settings
• Position Statement On Health Care Access For Deaf Patients
  o Exhibit A: NAD Model Policy for Effective Communication in Hospitals

Clarification of the proposal is needed to determine what additional actions are needed beyond these position statements.