

SHORT COMMUNICATION

Deaf and Hard of Hearing Patients in Dermatology: A Call to Action

Anuk Burli, BS¹, Kathryn E. Somers, MD², Jason M. Rotoli, MD³

¹ University of Rochester School of Medicine and Dentistry, Rochester, NY

² University of Rochester Department of Dermatology, Rochester, NY

³ University of Rochester Department of Emergency Medicine, Rochester, NY

Deaf and hard of hearing (DHH) patients have reported unsatisfying experiences with the healthcare system due to decreased access to care resulting from discrimination and poor experiences with communication in health care settings¹. Dermatology has similar obstacles for DHH patients. We discuss factors creating healthcare disparities affecting the DHH population in dermatology.

The DHH community is composed of people with a range of hearing loss and communication preferences. Some use spoken language and identify themselves as hearing impaired (HI) when hearing loss ensues. Others are members of the cultural deaf community, an ethnolinguistic minority community defined by common life experiences and primary language (American Sign Language) who identify as DHH but not HI. ASL interpreter services are not found in many dermatology practices. Despite federal mandates requiring interpreters (ie. Americans with Disabilities Act), there are financial barriers that limit a dermatology clinic's ability to hire an ASL interpreter as the cost often exceeds provider reimbursement². Additionally, dermatologists see patients in a shorter time period than PCPs and a larger volume of patients in a clinic day³. This disincentivizes dermatologists from seeing Deaf ASL users

with an interpreter as the time needed to involve a third party can limit time with and the total number of patients in a day.

Furthermore, the COVID-19 pandemic has created additional barriers to dermatologic care for the DHH population. In-person dermatology visits are conducted using personal protective equipment (PPE), including a face mask, which impairs communication for DHH patients. For DHH patients, facial coverings block facial expressions (an essential part of ASL), lip reading, and reduces a dermatologist's speaking volume making both visual and audio forms of communications nearly inaccessible⁴. COVID-19 restrictions prevent a family member or friend, who can assist with communication, from joining the visit. Telemedicine has been increasingly used during the pandemic, but can increase the challenges facing DHH patients (i.e. poor visual quality, inconsistent wifi connection, etc). Finally, health literacy has been linked to healthcare disparities within dermatology. Due its visual nature, dermatologic educational/visual aids (pamphlets and emails) can improve health literacy and outcomes for HI/DHH patients⁵.

While there is no universal formula for communication, there are some changes to dermatologic care that can alleviate barriers

July 2022 Volume 6 Issue 4

faced by HI/DHH patients. To lessen financial barriers towards hiring ASL interpreters, there are cost-saving toolkits dermatologists can use to provide affordable accessible medical care, which connect dermatologists with cost-efficient contractual interpreters⁶. During the COVID-19 pandemic, dermatologists can help aid communication for DHH patients by using a Safe'N' Clear mask, which allows HI/DHH patients to read facial expressions and lips to augment communication (Figure 1)⁴. Furthermore, dermatology practices should consider granting exceptions for visitors accompanying HI/DHH patients who can aid with communication.



Figure 1. "Safe'N' Clear mask"

The DHH community is a vulnerable patient population that requires special accommodations to improve access to care. We hope this short communication will bring awareness to factors that affect HI/DHH patients during the COVID-19 pandemic and in the future.

Conflict of Interest Disclosures: None

Funding: None

Corresponding Author:

Anuk Burli, BS
601 Elmwood Avenue
Rochester, NY, 14620
Email: burlianuk@gmail.com

References:

1. Preminger JE, Oxenbøll M, Barnett MB et al. Perceptions of adults with hearing impairment regarding the promotion of trust in hearing healthcare service delivery. *Int J Audiol.* 2015 Jan;54(1):20-8
2. Barnett, S. Studies on health care for deaf patients: "Communication with Deaf and Hard-of-Hearing People: A Guide for Medical Education." *Acad Med.* 2002 Jul;77(7): 694-700.
3. Robert S. Stern, Dermatologists and Office-Based Care of Dermatologic Disease in the 21st Century, *Journal of Investigative Dermatology Symposium Proceedings*, Volume 9, Issue 2, 2004, Pages 126-130, ISSN 1087-0024, <https://doi.org/10.1046/j.1087-0024.2003.09108.x>.
4. Chang MJ, Lipner SR. Caring for deaf and hard of hearing patients in dermatology during the COVID-19 pandemic. *Dermatol Ther.* 2020 Nov;33(6):e14185. doi: 10.1111/dth.14185. Epub 2020 Sep 4.
5. Dhaliwal, A, et al. "Addressing Health Illiteracy in Dermatology: An Evidence-Based Education Framework." *Journal of Academy of the American Academy of Dermatology*, Sept. 2018, [https://www.jaad.org/article/S0190-9622\(18\)30963-0/fulltext](https://www.jaad.org/article/S0190-9622(18)30963-0/fulltext).
6. "Toolkit for Working with the Deaf and Hard-of-Hearing." <https://www.rrf.org/Wp-Content/Uploads/MMW-Deaf-Universal-Toolkit-05-24-12.Pdf>, 24 May 2012, <https://www.rrf.org/wp-content/uploads/MMW-Deaf-Universal-Toolkit-05-24-12.pdf>.