DeafHealth

Post-Pandemic Findings Through Cross-Cultural Exchange Workshops in New Zealand

At DeafHealth, cross-cultural exchanges and information sharing are critical in developing stronger connections between our communities and deepening understanding of our diverse healthcare needs.

In New Zealand, DeafHealth and Deaf Aotearoa came together to address common pressure points in healthcare across the lifespan faced by our deaf and hard of hearing communities post-pandemic, such as emergency preparedness, telehealth accessibility, quality data collection, community engagement strategies, and health communication methodologies.
The exchange highlighted several key takeaways:

1. **Need for centralized expertise pertaining to deaf healthcare needs.** A Subject Matter Expert (SME) providing services for deaf communities can be conducive for building relationships with key stakeholders, such as government agencies and corporate partners. This structure where the SME is recognized as the primary authoritative guidance and support for deaf communities was observed in New Zealand, in which Deaf Aotearoa has had success building close relationships with government entities, such as its FEMA counterpart, which was and is critical to ensure emergency preparedness and effective response, including the COVID-19 pandemic.
2. **Importance of consistent relationship building with stakeholders**. Building relationships at both local and federal levels, for example, with the Department of Health and Human Services (HHS), is critical to support public policy advocacy efforts. Normalizing exposure of our deaf communities, such as consistently showing a sign language interpreter on screen during public health briefings can help establish authority, reputation, and support while ensuring access that our communities deserve.
3. **Lack of healthcare education and training on deaf patient needs. Cultural** competency remains a top priority for three distinct areas: medical professionals, medical students, and organizations that serve deaf and hard of hearing patients. Accreditation standards for clinics and hospitals were discussed as an option.
4. **Telehealth inaccessibility and barriers.** Telehealth platforms continue to be inaccessible for many communities, including deaf and hard of hearing patients across the globe, impacting their health and wellbeing if they are unable to effectively participate in telehealth. Possible exemptions from HIPAA regulations may be necessary to allow the use of accessible platforms like Zoom for deaf and hard of hearing patients. High quality and accessible data collection was discussed as a critical need to show the dire gap in healthcare services and health outcomes of deaf and hard of hearing patients.
5. **“Nothing about us without us.”** Working closely with deaf and hard of hearing communities and including deaf voices at the table is paramount. Community engagement is critical to effectively advocate for the community’s healthcare needs. Several community engagement and health communication strategies and techniques were shared. The introduction of video mail and direct video calling services were identified as significant advancements, facilitating improved communication within the community.