

Coping with the pandemic: ensuring persons with hearing loss are included



Siân Tesni
CBM's Senior Advisor for Education, United Kingdom



Sally Harvest
Cochlear implant user, Aural Rehabilitation Therapist & Tinnitus Retraining Therapist, CBM EHC Core Advisory Team, National Cochlear Implant Support Programme Organiser, Ireland

The impact of the COVID-19 pandemic has been felt by all people in low-, middle- and high-income countries, and people with disabilities are no exception. However, qualitative research carried out by the UN Stakeholder Group of Persons with Disabilities for Sustainable Development shows that the pandemic has created new barriers for persons with disabilities and warns that: 'Inclusion has been disrupted by the COVID-19 pandemic and we are at risk of going backward.'¹ The most common barriers identified by this research were:

- Lack of access to COVID-19-related information for persons with disabilities
- Difficulties in accessing social protection measures and employment difficulties (first to lose employment; accessibility barriers in virtual working environment)
- Lack of disability inclusion in COVID-19 response efforts at all governmental levels.

Although all persons who are vulnerable or have a disability are particularly affected by the pandemic,² this article focuses specifically on barriers encountered by people who are deaf, hard of hearing or deafblind.

Communication about the pandemic: including persons with hearing loss

People who are hard of hearing, deaf or deafblind report that the biggest challenge they face is a lack of access to information at all levels. In some settings, deaf people were unaware of the virus and of what they needed to do to protect themselves.³

Official information about the pandemic is continuously evolving and is often first communicated via emergency televised briefings. Briefings provide essential information about the virus, current measures to limit infections, where to get social protection support, and where to get essential care when some hospitals have been designated COVID-19 treatment centres and the usual services have been transferred elsewhere.

Although many countries have recognised the need to provide sign language interpretation during all



Trainer of deaf persons using a face shield without a mask to enable lip-reading. LAOS

briefings, there are also many who have not. Even when sign language interpretation is available within a country, this may not be widely available in rural and remote places. All information needs to be available in a variety of formats in order to reach the whole population.

Communication needs are an individual choice, but the following are essential considerations to ensure the inclusion of persons who are deaf, hard of hearing or deafblind:

- 1 Liaise with organisations of persons with disabilities (OPDs) at national as well as local level. OPDs have played a crucial role in addressing communication gaps during this pandemic.⁴
- 2 Offer sign language interpretation (international, national, local, tactile).
- 3 Provide closed captioning on television, video footage intended for social media, and for online group meetings.
- 4 Set up Text helplines, not just phone helplines.
- 5 Provide the information in a variety of visual formats appropriate for all ages and settings:
 - written materials, including 'easy read' format
 - illustrated materials, in print or video.
- 6 Provide information in accessible formats for deafblind persons (braille, tactile sign language).
- 7 Make use of social media that do not rely on voice (e.g Facebook and WhatsApp groups).
- 8 Ask about communication needs or carry a card explaining one's own communication requirements.
- 9 Put up posters on the Dos & Don'ts of good communication with people with hearing loss:
 - Face the person when you speak to them
 - Ensure there is good light on the speaker's face
 - Get the person's attention before speaking
 - Make sure there are no distractions – especially loud noises
 - Speak clearly and more slowly – repeat if needed
 - Do not shout or make exaggerated movements
 - Use gestures, drawings, pictures – point at things
 - Do not over protect the person – they should be included



Cochlear implant user wearing a face shield. UK

TESTIMONIAL

Devin Rajapaksa, Sri Lanka

I'm 60 years old and have suffered from severe hearing deficiency for 20 years. This has made me reluctant to go out and interact with people, because hearing-impaired persons are treated in an insulting manner. People may speak loudly in an ironic manner and even laugh when the wrong answers are given to the questions they ask. During the pandemic, I could not purchase new batteries or service my hearing aids. I had to wait until the pandemic was controlled and shops reopened. The pandemic did not affect access to the Internet. WhatsApp and Facebook were good platforms because they are not directly associated with verbal communication: communication needs could be fulfilled by texts. I did not rely on any type of phone calls (audio or video), as they were difficult to manage.

- Point to your lips to encourage lip-reading (if you are not wearing a mask)
- Use and encourage the use of transparent face masks or shields when appropriate to infection risk level
- If the person has hearing aids, they should be encouraged to wear them.

10 Carefully explain the need for physical distancing and have a system in place to manage it that includes visual reminders (e.g. tape).

11 When in groups, speak one at a time, have a system in place for indicating understanding.

Consider how public health measures affect persons with hearing loss

Confinement

Many have been asked to stay at home to stop the spread of the virus. In some countries, this lockdown has been very strict and there is little understanding or compassion for persons with disabilities. This can lead to feelings of isolation, fear, confusion, as well as mental health problems. This is especially the case if a person does not have access to public health messages; persons living alone may have no access to a telephone or a television, and radio messages may not be understood.

When support systems exist (e.g. delivery of medicines, mental health support), it is important to communicate about them in an accessible way (e.g. face to face, written note, or social media).

Persons with hearing loss can also indicate their needs (e.g. by carrying a card indicating communication needs, or by putting notes in their windows e.g. 'need shopping'). Local OPDs have played a very important community support role.⁴

Physical distancing

This has been adopted in many countries and has created barriers for people living with hearing loss:

- Distance between people makes listening (or hearing) and lip-reading more difficult.
- Restricting the number of people allowed in the same space, e.g. during a hospital visit, has meant that many hard-of-hearing and deaf people were unable to take their sign language interpreter with them to their appointments.
- Such restrictions will also affect a person who is deafblind and requires both assistance with mobility and tactile signs for communication. It is advisable that people living with deafblindness carry a card with them explaining their need to have communication support during hospital visits, with personal protective equipment (PPE) made available to them and their interpreter.

Face masks

The requirement to wear face masks drastically restricts communication for people who are hard of hearing or deaf, because voices may sound muffled and it is impossible to lip-read and see facial expressions.

The following can help minimise poor communication and misunderstanding:

- Using masks with transparent windows, which allow lip-reading (N.B: these may not meet safety criteria in clinical situations)

HOW TO IMPROVE COMMUNICATION WITH A HARD-OF-HEARING PERSON WHILE PHYSICALLY DISTANCING AND WEARING A MASK

Wayne Gidden, vocal coach, London, United Kingdom

- Whenever possible, stand in a place where background noise and distractions are reduced.
- Face the person and make sure you have their attention before you speak.
- Be clear about what you are going to say. Do not start speaking without thinking, do not ramble.
- Speak every word very clearly. Keep sentences short and to the point. Make sure that you complete your sentences and do not trail off mid-sentence.
- Keep eye contact and check the person's understanding by watching their face (even if you can only see the top half of it) and movements (e.g. nodding). Repeat if you need to.
- Increase the volume of your voice appropriately, without shouting. If you find this difficult, the following tips will help:
 - Focus only on the person you are speaking to and imagine your voice travelling exactly the distance between you.
 - Make sure you do not run out of breath, as otherwise your voice will lose volume.

This way of speaking requires more concentration than we are used to in casual conversation (even with masks) but it will very much improve communication with a person who is hard of hearing. This will go some way towards overcoming the extra difficulties posed by distancing and wearing a face covering.

- Using transparent plastic face shields, even if homemade
- Having pens and paper available to ease communication by writing or drawing to get the message across
- With some mobile phones, speech-to-text apps can be used.

The Box on this page also details communication tips when wearing a mask.

Note: Persons wearing hearing aids or cochlear implants need face masks that do not 'knock off' their aids, e.g. face coverings with longer ties at the back of the head. They should take their aids off, put the mask on, then put their aids back on.

Low- or no-touch preventive measures

Preventing the transmission of the virus has meant reducing direct contact with objects or people in public spaces. This reduces opportunities for offering a helping hand and creates accessibility barriers for deafblind persons (who may need guidance to get around, and need tactile or sign language for communication).

Conclusion

In many countries one of the most important aspects of the COVID-19 story so far is that communities have gained a new respect for people who work in health and social care and are willing to risk their own health and wellbeing so that those in need can receive care, support and treatment.

We need to be compassionate in all aspects of our lives as we learn to support each other through the current crisis, in our personal and professional lives. Compassion should be an essential part of service delivery and of public health messages, to ensure that no one is left behind.



Clear face masks enable lip-reading. GUATEMALA

References

- ¹ Stakeholder Group of Persons with Disabilities for Sustainable Development. The experience of persons with disabilities with COVID-19. May–June 2020: page 11. www.cbmk.org.uk/blog/a-global-case-study-persons-with-disabilities-covid-19/
- ² M Mörchen et al. Disability and COVID-19. Community Eye Health Journal vol 33 issue 109 (2020):10.
- ³ The experience of persons with disabilities with COVID-19. May–June 2020: pages 21–22.
- ⁴ Ibid: page 11.