

## Short Communication

# Deaf People, Access to Care, and Sign Language: Creating Momentum

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## Abstract

Several medical, linguistic, cultural and social factors are known to affect care for deaf people who communicate in sign language, hampering their understanding of their own state of health. A nationwide network of specific structures has been developed in France to facilitate access to care in sign language.

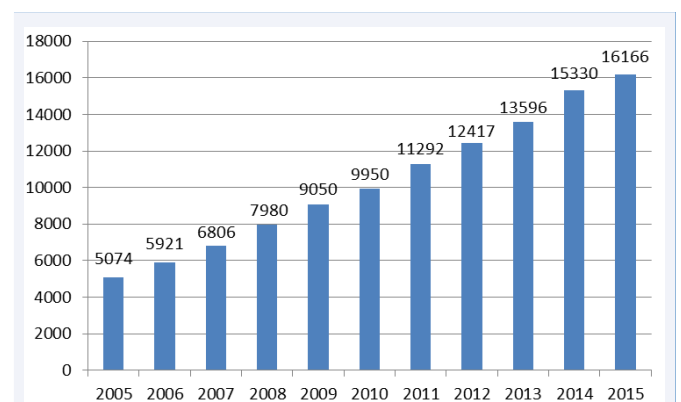
## INTRODUCTION

Access to care for deaf sign language users (approximately 1/1000<sup>th</sup> of the French population) has been the object of many publications [1,2], and although it still remains difficult, initiatives have been taken to improve the situation. In the United Kingdom, the NHS organises access to care in sign language for psychiatric disorders and in many countries interpretation services are available and financed by various modalities. In some countries, programmes organised to address this issue have essentially involved local actions. The French model offers a promising nationwide alternative. Financed by the public authorities, a dynamic network of on-site and ambulatory units has created an environment favouring access to care in sign language for somatic problems.

The starting point was the creation of acute-care units for deaf people in general hospitals in different parts of the country. These units were financed as part of the global budget devoted to the general interest missions of both public and private health care institutions. The decree from the Ministry of Public Health published in 2007 defining these units stipulated that their mission was to “guarantee equal access to care, as in the general population. The patient shall no longer have to adapt to the language of health care professionals; it is the duty of the team in charge of care to adapt to the patient’s communication abilities” [3]. This decree detailed the proficiency level in sign language required for health care professionals, emphasising the need for deaf practitioners on the care team. Deaf practitioners act as mediators, using their perfect fluency in sign language to adapt the care narrative to the patient’s linguistic or cultural context. Certified French-sign language interpreters offer further assistance.

These early initiatives incited the creation of an entire series of new sign language units implemented in hospitals nationwide. By the end of 2013, there were 20 units distributed throughout France<sup>4</sup>, reaching a total of 23 by the end of 2015. Each of these units organises recruitment in its region, with consultations proposed in other institutions or by ambulatory teams. The first units were created in the early 2000s then progressively spread throughout the country, leading to a growing recruitment of sign language users. By the end of 2015, the recruitment population reached 25% of sign language users (Figure). In regions with no specific offer, actions are being taken to create new units so that in the upcoming years the entire national territory will be covered.

Considering all of the units operating in France, the



**Figure 1** Cumulative number of deaf people seeking care in special sign language units in France. As the estimated number of sign language users in France is 66,000 (1/1000<sup>th</sup> of the general population), the recruitment rate reached 25% in 2015.

cumulative active recruitment reached 16166 deaf persons at the end of 2015 (Figure). All of these units offer at least general medicine consultations in sign language (19,795 visits in 2015). Many of these consultations were referral or explanatory visits designed to enable the deaf person to make knowledgeable decisions about his/her own health care. French-sign language interpretation was organised for visits with non-sign-language user consulting physicians (10,234 visits in 2015). Certain units also propose consultations with a psychologist or a social assistant. This care offer is in no way a substitution for care in regular units, but rather a complementary service enabling sign language users to access the entire range of available health care. In the Nord-Pas-de-Calais region (4 million inhabitants) where there is a dense network that developed from the Lille hospital unit, 58% of the sign language user population sought care in one of these special units in 2015 (53% at the end of 2013) [4].

The momentum created by these nationally coordinated units has had a significant impact, enabling dozens of sign language users to complete training in various fields of health care and

greatly increasing awareness of several problematic issues. For instance, the lack of appropriate housing for old deaf people led to the first nursing home in France specifically devoted to the deaf population; the health care personnel includes a number of deaf practitioners [5]. Specific recruitment of deaf people also offers an occasion to identify and explore new avenues of research.

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