

At Health Deafinitions we are most concerned with Deaf Health Inequalities. These range from being at high risk for Cardiovascular Disease to more chronic conditions such as diabetes, and to having historically poor access to NHS services and massively lacking in health literacy. We believe that these health inequalities have the following causes.

Health Literacy	“Just Interpreters” and language provision	Involvement
<p>Most Deaf people in England have the English literacy of a nine-year-old, and consequently they lack interaction with common conversations about health and also possess significant gaps in health knowledge. Conversely adequate health education does not exist in BSL that is both culturally appropriate and accessible, whether digital or otherwise. Many medical terms, such as artery or fibroid, do not have meaningful, or comparative BSL signs.</p> <p>Current provisions in terms of lengthy and esoteric Sign Supported English, or English-BSL translation videos, or ‘Easy Read’ pamphlets do not reach grassroots Deaf patients. Often these materials are confusing and at worst, belittling.</p> <p>Poor health literacy produces woeful self-care, improper use of NHS services, and ignorance about long-term conditions such as heart disease or diabetes.</p>	<p>Increasing interpreter services are often thought of as the best response to Deaf health inequalities actually perpetuates and creates further entrenched inequalities.</p> <p>However, the “Just Interpreter” approach creates a financially inefficient use of personnel and resources. Interpreters, doctors and Deaf patients spend a short 10 or 15 minutes together in a GP surgery, and accomplish very little in terms of relaying symptoms, describing treatments or advice, and understanding well-being.</p> <p>Even worse, it is usually the case that interpreters are significantly under-qualified to interpret in a medical/health-environment. This only creates more confusion for Deaf patients when a translation relay results in utter communication breakdown. When pre-booked interpreters do not arrive, or a provision is not made by GPs’ surgeries, family or friends are often relied on, which again are unable to fully convey the import or seriousness of medical terminology and diagnosis.</p> <p>As indigenous BSL speakers, British Deaf people suffer in a unique and discriminatory way when there is an insufficient language provision in the NHS.</p>	<p>As a result of negative experiences, lack of health education, and communication barriers many Deaf patients do not have the confidence to speak-up, let alone get involved in shaping their NHS services.</p> <p>Minimal involvement and the absence of active responses from the NHS, especially when constructive criticism or outrage is expressed, decrease future prospects of Deaf involvement. This unequal access to participation in having a say in how health and social care services should be run only perpetuates other causes of Deaf health inequalities.</p>



Contact Us:  
[info@healthdeafinitions.org](mailto:info@healthdeafinitions.org)  
 01274 299215  
[@healthdeafinit](https://www.healthdeafinitions.org)

Registered Charity No.: 1144504  
 Company Limited by Guarantee No.: 6464681