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Title

Access to health care and services for the Deaf: A scoping review of reviews

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: The Deaf experience many barriers when accessing health care and services. A growing number of research has been published on the subject, but the Deaf community remains underserved in health care and under-represented in health research. Objective: This review aimed to describe the breadth, scope, and nature of the available literature on access to health care and services for the Deaf. Study Design and Analysis: A scoping review of reviews was conducted according to Arksey and O'Malley's (2005) methodological framework, completed by Levac et al. (2010) and adapted by Schultz et al. (2018). A patient partner from the Deaf community collaborated on each step of this project. Reviews were identified through a search of scientific electronic databases: MEDLINE, CINAHL, PsycInfo, AMED, Healthcare Administration Database, ABI/INFORM Collection, Cochrane Database of Systematic Reviews, Epistemonikos, and Scopus. Additional searches included searches on Google Scholar, manual searches, citation tracking and reference list screening. Popay et al.'s (2006) narrative synthesis was used to analyze and report the results. A consultation was conducted with eight members of the Deaf community to complete the results. Setting: Any context of health care or services. Population Studied: Deaf adults. Intervention/Instrument: Access to health care and services as conceptualized by Levesque et al. (2013). Outcome Measures: All were included. Results: Thirteen reviews published in English from 2010 to 2023 were included. The context of the reviews were: general health care and services (n=8), HIV/AIDS prevention and treatment (n=2), maternity and primary care (n=1), maternity and antenatal care (n=1), and oncology (n=1). All dimensions of access according to the conceptual model were represented in the reviews. Ability to perceive and appropriateness were the most represented (n=10), and acceptability and affordability were the least represented (n=3). No reviews mentioned involving members of the Deaf community. A community consultation identified the evaluation of the cost of providing sign language interpreters (or not) as a top research priority. Conclusions: This review identified several areas of access to health care and services where further research is needed to

address the health disparities experienced by the Deaf community. There is an urgent need to include the Deaf community in shaping the research on their access to health care and services.

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