A Residential Care Alternative for Elderly Deaf Persons

By Albert W. Greene and Pearl M. Mosher-Ashley, PhD

Many long-term care facilities have expanded their functions to meet the diverse needs of an increasing elderly population; however, one group that has received little attention of their special residential care needs is the elderly Deaf. Residential care facilities designed specifically for Deaf elderly persons are rare. This article describes an example of one of these facilities, the New England Home for the Deaf, which provides residence and supportive services to the elderly Deaf as well as sponsoring an extensive outreach program to the Deaf community. Strategies to implement Deaf services and equipment in traditional long-term care facilities are also discussed.

During this century, the elderly population in the U.S. has soared to proportions never before encountered in history. At present, there are approximately 26 million Americans age 65 or older, about 5% of whom live in nursing homes (Cavanaugh, 1993). The percentage of Americans spending at least some time in a nursing home rises dramatically to 25% for those older than 85 (Johnson, 1987). Because of this increase, new attention is being focused on the diverse residential care needs of elderly persons in long-term care. While many long-term care facilities have expanded their functions to meet the diverse needs of the elderly population, one group that has received little attention for their special residential care needs is the elderly Deaf. Walsh and Eldredge (1989) estimate that more than 11 million elderly Americans will suffer from significant hearing loss by the year 2000. Approximately 3% of this hearing impaired group are prelingually Deaf, having lost their ability to hear before the age of 3, resulting in an inability to acquire spoken language. The capitalized word “Deaf” has come to be associated with individuals who are usually prelingually deaf, use American Sign Language (ASL), associate principally with other deaf people, and share their common culture (Padden & Humphries, 1988). These people usually learn ASL as their primary language, associate primarily with other Deaf people, and become part of the Deaf community or Deaf culture (Walsh & Eldredge, 1989). The majority of elderly Deaf people considered in this article are members of the Deaf culture. The Deaf community fosters close interdependence among its members, sharing values and a cultural heritage of art, drama, and literature, and most importantly their own language—American Sign Language (Padden & Humphries, 1988).

ISSUES TO BE CONSIDERED IN THE RESIDENTIAL CARE OF DEAF ELDERS

Elderly Deaf people encounter the same age-related problems of loss and isolation as hearing elderly people. Losses such as physical illness, limited resources, declining social status, and approaching death cause age-related stresses and conflict that plague the Deaf as well as the hearing. However, isolation, which is a major problem for many hearing elderly people, is particularly difficult for elderly Deaf people. Everyday personal and social communication that elderly people in the hearing world take for granted, such as calling friends or family on the phone, listening to music, or hearing their children or grandchildren speak, are denied. Separated from the hearing world by their communication bar-

The New England Home for the Deaf.
rier, they may not gain access to or benefit from special programs created for improving the lives of hearing elderly people.

Entrance into a nursing home designed for hearing residents only increases an elderly Deaf person's feeling of isolation. This point can be seen in an example provided by Andrews and Wilson (1991), who described a number of problems a Deaf woman experienced when she was placed in a traditional nursing home. Although possessing the capacity to socialize with other members of the Deaf culture in her own language of ASL, she was essentially isolated from conversations with staff or other residents because they did not understand ASL. Sometimes the staff would treat her like a child, patting her on the head or calling her baby names. Some of the demented residents would mimic her speech or treat her in a hostile manner. In contrast, members of the deaf community from all age groups would frequently visit her and chat with her in ASL. Had these visitors not been able to spend time with her, she would have been virtually isolated. Tragic personal stories such as hers are not uncommon in traditional long-term care facilities. Most are not focused on the special communication needs of the Deaf and lack the proper support equipment.

**THE NEW ENGLAND HOME FOR THE DEAF**

Residential care designed specifically for Deaf elderly persons is rare. There are only nine such homes in the United States and Canada. The New England Home for the Deaf is an example of such a facility. Established in 1901 to provide residence and support for Deaf elderly persons, it is the only Department of Public Health licensed residential care facility for the Deaf and Deaf/Blind in New England. The New England Home for the Deaf is located in a beautiful, recently remodeled, Victorian mansion, which sits on a hill overlooking the Waters River in Danvers, Massachusetts.

The New England Home for the Deaf is a 30-bed boarding home offering residence and supportive services to elderly Deaf persons who do not need skilled nursing care. These individuals are unable to live alone because of advanced age, economic hardship, lack of social support, or physical impairment. Basic health care, nutrition, personal care support, housekeeping, social services, and social activities are offered regardless of the client's ability to pay. Presently, the home provides residence and support for 30 elderly Deaf persons who are all prelingually Deaf, including four who are Deaf/Blind. Many, because of increasing physical disabilities, function below the skill level for a facility of this type but remain as residents because there are no nursing homes available that can meet their needs as Deaf persons.

Operating on a budget of approximately $720,000, the New England Home for the Deaf is a private, not-for-profit charitable corporation. It is governed by a Board of Directors consisting of both Deaf and hearing persons. The operating expenses of the Home are funded by using $186,000 from its endowment income and $504,000 from Medicaid and Emergency Aid to Elderly, Disabled & Children (EAEDC) funding in the form of per-diem residential rates.

The New England Home for the Deaf differs from traditional board and care homes in a number of ways. Traditional board and care homes, as well as nursing homes, share many of the same limitations and problems common to the organizational structure of most long-term care facilities. These facilities provide...
long-term institutional care for a diverse segment of the elderly population with a wide range of physical and mental problems. Generally, they are not suitable residences for the special needs of Deaf elderly persons. In spite of the high occurrence of hearing loss in nursing homes and its often severe impact on the resident’s ability to adjust to the facility and to communicate with other clients and staff, facilitating communication is not a high priority (Office of Technology Assessment, 1986). Efforts and resources are not directed toward training staff to identify hearing loss difficulties or to communicate more effectively with hearing impaired elders.

Priorities remain focused on areas of basic care such as hygiene, nutrition, and medication. Furthermore, few nursing home facilities possess the equipment to facilitate communication with Deaf elderly people, such as assistive listening devices, telecommunications, signaling, and alarm devices. In contrast, the New England Home for the Deaf provides residence and support exclusively to the Deaf community. Communication and Deaf culture are the top priorities in this facility. The New England Home for the Deaf’s major purpose is to assist and support elderly Deaf persons who use sign language as their principal means of communication. It provides the elderly Deaf with a community setting where they can communicate in their own language—ASL—and where they can continue the ways and customs of their visually oriented Deaf culture. All individuals employed by the Home are required to become fluent in ASL. The Home is staffed with 12 full-time and 12 part-time professionals, including four licensed registered nurses, a part-time social worker, a full-time activities director, and a full-time interpreter. All employees are provided training designed to foster an awareness and understanding of the social and psychological stresses, emotional difficulties, and isolation that may be associated with hearing loss. They are also expected to acquire knowledge of adaptive communication devices and strategies to assist the resident in coping with hearing loss, as well as providing solutions that will improve or enhance existing communication abilities. The Home is also a major employer of Deaf persons. Half of its staff are Deaf, as well as many of its professional consultants, including a Deaf dentist, Deaf optometrist, and a Deaf registered nurse.

EDUCATION AND COMMUNITY “DROP IN” CENTERS

The New England Home for the Deaf also sponsors an extensive outreach program. Five Regional Communication Accessible Senior Citizen Centers for the elderly Deaf community are available throughout eastern and central Massachusetts. These Senior Citizen Centers, in coordination with existing community services, provide information, referral, transportation, health and education workshops, social activities, and other support services in ASL for the Deaf community.

Activities and services offered include hot lunches, tours, card/Bingo games, and holiday socials. Assistance with the Telecommunications Device for the Deaf (TDD), which allows Deaf persons to communicate over regular telephone lines to each other, is also offered.

Trained outreach workers, many of whom are Deaf themselves, visit isolated Deaf elderly persons. These outreach workers provide peer counseling, transportation to centers and medical appointments, as well as food shopping and other necessary errands. To increase the elderly Deaf’s independence and ensure access to community programs and services such as housing, health care, mental health and transportation, the program acts as a trainer and resource for community elder service agencies and as an advocate for the elderly Deaf population.

Communication with independent-living Deaf residents is effected through a bi-monthly newsletter featuring information on age-related social and health issues. It is distributed to 800 New England households. The five Senior Citizen Centers receive almost half of their funding from local area agencies on aging, such as the Central Massachusetts Agency on Aging and the Boston IV-Commission on Elder Affairs. The balance is provided by matching funds and services from the New England Home for the Deaf.
THE RIVERBANK CENTER AT DANVERS PROJECT

Elderly Deaf people encounter many difficulties trying to find housing due to their hearing impairment. The primary difficulties involve conducting housing searches by telephone and communicating with potential landlords. Many elderly Deaf persons survive on a marginal income (Benderly, 1980). This marginal income can make it difficult or impossible to pay security deposits or buy furniture or other household goods.

In an attempt to continue fulfilling its goal and mission to provide safe, accessible, low-income housing for the Deaf, the New England Home for the Deaf is expanding its services. It is sponsoring and building a 24-unit, low-income housing facility with a $1.9 million grant from the Department of Housing and Urban Development. The project, known as the Riverbank Center at Danvers, will be the third such facility in the United States. It will create a Deaf cultural community setting in which residents can socialize in ASL and have access to services to improve the quality of their lives and maximize their independence. The housing project will be equipped with special safety and communication devices such as flashing lights to alert the Deaf person to the smoke detector, telephone, or doorbell. Bed shakers and fans will be installed to alert the Deaf person to an emergency. In addition, security will be provided by the use of surveillance cameras and closed-circuit TV.

IMPLEMENTING DEAF SERVICES AND EQUIPMENT IN LONG-TERM CARE FACILITIES

Many of the communication strategies and environmental adaptations used by the New England Home for the Deaf could be implemented in traditional nursing homes and board and care homes without major training of the staff or major equipment expenditure.

An environment oriented toward Deaf culture could be created to decrease isolation and improve well-being. For the Deaf, the need for self-expression through ASL and ties to the Deaf community are important in maintaining emotional health (Becker, 1980; Magilvy, 1985). Nursing home staff could be trained in proper communication strategies. Special attention to non-verbal communications and accompanying gestures as well as taking sufficient time to make sure the elderly Deaf person understands them are important and easy to accomplish. In many cases, personal interaction between caregiver and resident may be limited because health care workers do not know ASL and/or are unaware of the difficulties and strategies for facilitating communication with Deaf persons (Kampfe, 1990). Nursing home staff could be commended for using ASL.

Learning ASL could be facilitated through booklets of commonly used signs and signing workshops. Adequate lighting and a poster with a few basic everyday ASL signs near the client’s bed may improve communication.

Other residents could be encouraged to learn and use some of the more commonly used social signs. Stroke victims, who have lost the ability to speak, would in particular benefit from the use of ASL to communicate with staff and Deaf elders (Wisocki & Mosher, 1980).

Telephone communication and television entertainment, which is so much a part of the hearing world, is difficult or impossible for Deaf elderly persons to use. The purchase of a TDD, ranging in price from $200 to $600, or a computer with a modem would facilitate communication over the phone lines with friends and family.

Televisions equipped with captioning devices would increase enjoyment and understanding of programs, including movies and news. Televisions manufactured after 1994 have closed captioning built in. Older televisions can be equipped with captioning devices at a cost of $140 to $180. Funding for the cost associated with implementing this special equipment could be solicited from charitable organizations. In some states, TDDs may be acquired at a discount or free of charge by Deaf persons through their local telephone company.

NYNEX, in cooperation with the Massachusetts Commission for the Deaf and Hard-of-Hearing, distributes free TDDs to qualifying Deaf individuals.

Elderly Deaf persons adapt well when they are able to keep their social
and self-identity through continued contact with the Deaf community (Becker, 1980). Volunteers from the Deaf community could be invited to visit Deaf residents as well as make recommendations to assist the activity staff in teaching signs to other elders in the unit. Elderly Deaf persons could be placed together in the same unit. Primary care staff could be assigned to this unit based on their ability to communicate with the Deaf. Caregivers who lacked experience with these communication methods should be required to use an interpreter (Kampfe, 1990). Interpreters bridge the gap between Deaf signing persons and hearing non-signing persons. Interpreters can also aid other hearing-impaired persons who do not possess signing abilities but who use speech-reading as their method of communication (Maher & Waters, 1984).

Although implementation of these communication strategies and environmental adaptations by traditional long-term care facilities require some effort and expense, they are essential to the special communication needs of the Deaf elderly population. Geared to meet the challenge of the aging Deaf in long-term care facilities, these communication strategies and environmental adaptations facilitate the creation of a safe and supportive environment and promote the preservation of self-respect and hope in the face of dependency and decline.

REFERENCES


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