# The DeAF and Hard of hearing Community In California\*

Background

The Deaf and Hard of Hearing (DHH) community in California like the larger DHH community in the United States, has a deep-rooted history and diverse culture. It represents people from every racial, ethnic, religious and cultural background, including LGBTQ, African American, Latina/o, Native American, Asian Pacific Islander, deaf plus (deaf plus other disabilities), deaf-blind, deaf from hearing families and deaf from deaf families. Individuals who identify with Deaf culture often share common values, behavioral norms and expectations, experiences, and communication styles. Many DHH people value their Deaf cultural heritage, history and institutions and show strength and resiliency through a common movement on a national and global level to attain equal rights and recognition of their experiences and languages (like American Sign Language and other sign languages from countries around the world).

Demographic information

According to the National Center for Health Statistics there are approximately 37 million DHH people living in the United States.  It is estimated that 1 in 10 live with some degree of hearing loss and over 2.2 million are considered deaf. The Office of Deaf Access of California estimates three million DHH people reside in California alone. The greater Los Angeles and surrounding counties are home to over 800,000 DHH people. The National Deaf Children’s Society states that 90% of deaf newborns are born to hearing families.

It is important to understand that the way census forms are constituted does not specifically establish figures concerning a group in particular. Census data include all individuals with disabilities in one category, information on the DHH population is not disaggregated. Further, the manner in which a person identifies themselves in terms of their hearing loss is personal and may reflect identification with the deaf community or merely how their hearing loss affects their ability to communicate. Thus, quantitative estimates of DHH population size, health, and mental health needs are scarce and may reflect inconsistencies in data collection.

In BRIEF

CMMC Presentation

2015

The California MHSA Multicultural Coalition (CMMC) is a project of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) and is one of seven partners in the California Reducing Disparities Project (CRDP), funded by the California Department of Public Health, Office of Health Equity. For more information visit www.remhdco.org

\*The information provided in this fact sheet was obtained through a qualitative study conducted by the CMMC. For more information see the *“State of the State II: 2011-2012. Reducing Disparities in Mental Health. Armenian and Deaf and Hard of Hearing Communities.”*

 

Community Concerns

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| Access to Care and Services  | * Individuals who are DHH lack access to mental health services as well as other social programs. Barriers include a shortage of qualified, culturally competent mental health providers, a lack of DHH providers, and inadequate interpreting services.  Due to language barriers, DHH individuals also have difficulty accessing social services and programs.
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| Mental Health Needs and Experiences | DHH persons face significant challenges and oppression in expressing their voice, creating a sense of identity, and gaining access to the dominant hearing world. The DHH child often feels left out, frustrated, and culturally misunderstood. Key informants described the feelings of frustration, anger, isolation, and despair that many DHH individuals experience when their opinions, needs, and rights are ignored and denied by those in the hearing population. Other mental health concerns include depression and family conflict (due to communication barriers stemming from misinformation and assumptions about Deaf culture). Further, many DHH individuals receive inaccurate diagnoses from providers who are insufficiently prepared to work with the DHH community. |
| Community Assets Concerns | A key strength identified by key informants was found within the family.  Families’ commitment to their children, their bond, and their persistent advocacy on behalf of their DHH family members was viewed as an important asset within this community. In addition, DHH culturally competent providers who have served as active and passionate advocates for their community were identified as a key asset. |

Recommendations

To increase access to services and improve the mental health of the DHH community, key informants recommended:

* Enhancing the workforce to include providers that are proficient in meeting the needs of a diverse DHH community and that use a wide array of languages to communicate including ASL and other sign languages from around the world.
* Providing increased funding for programs for DHH individuals with mental health problems, improving interpreting services and providing increased access to schools for the Deaf.
* Implementing programs that build on existing assets, providing support for parents and caregivers in advocating for their DHH children.

In BRIEF (cont.)

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