Introduction

- Although the number of sign language users in the United States has not been measured by census efforts, estimates range between 500,000 and 2 million users.
- 17.1% lost their hearing before age 19 and 6.6% lost their hearing before age 3.
- Compared with the hearing population, they have poor health knowledge and inequitable access to medical and behavioral care in our health system due to cultural and language barriers. The deaf populations are at high risk for health disparities.

Purpose

The purposes of this literature review are to synthesize current literature on health risk behaviors of deaf and hard-of-hearing youth and to summarize health risk preventive interventions that have been used in deaf and hard-of-hearing youth population.

Search Strategy

- The CINAHL, PubMed, Google Scholar, and Proquest were used to obtain evidences and unpolished students’ dissertations and theses.
- Keywords included deaf, hard of hearing, health needs, risk behaviors, health promotion.
- The Limits included date of publication no earlier than 2000, English language, peer reviewed journals, and opinions of authorities or expert committees.

Results

- The search resulted in 16 articles that met inclusion criteria.
- The level of evidence ranged from level 3 to 7 with no systematic literature review and no randomized controlled trials.
- Studies have found that previous studies focused on health risk behaviors of deaf and hard-of-hearing which include mental health (suicide), physical abuse, unintentional injuries, alcohol, tobacco, and other drug use; risky sexual behaviors; HIV prevention, overweight; and physical inactivity.

Conclusions

- This population is clearly in need of linguistically and culturally accessible health risk prevention interventions.
- Synthesis of evidence supported that deaf individuals have higher rates of suicide and mental disorder, higher rates of obesity, higher rates of unintentional injury risk, higher rate of substance abuse (alcohol, tobacco, and other drug use), and increased rates of HIV and sexually transmitted infections than those who are hearing.

Implications

- Limited evidence has emerged to support health preventive interventions for deaf and hard-of-hearing youth.
- It’s suggested that further research using a variety of study designs is needed to close gap in our understanding of health risk prevention issues in this population.
- Understanding needs of health risk prevention interventions is critical to developing interventions for this culturally and linguistically unique population.