

SIG PUBLIC HEALTH

21 SEPTEMBER 2006

TENERIFE, SPAIN

Participants

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“PRE-“FINAL AGREEMENT

Services which are provided for elderly citizens should be equally accessible to Deaf elderly.

In order to obtain this goal extra provisions for Deaf elderly are necessary (e.g. communication assistance, education,...) up to a minimum of a double amount of time.

Deaf elderly people have the same right to choose the service appropriate to their needs.

Deaf elderly people have the right to continued involvement in their cultural community.

This pre-final agreement will be discussed with Deaf Association in the different countries.

Results of the discussions will be reported by e-mail contact.

What has happened in the different countries in the field of Public Health in the last months?

Ireland For one year now a new “home visit service”, like the model in Scotland, at the moment 65 patients in total, Dr. De Feu (Psychologist) visits patients twice a week at home together with an interpreter, they also have a nurse
Aim: more hours for psychological nurse, a hearing therapist for speech therapy

Special evenings organised for seniors (with coffee, Bingo,...)

Holland Big and successful National Day of Deaf Elderly and Project 55+ (more information attached)
For 1,5 years communication rehabilitation service for patients with communication problems (hard-of-hearing or deafened), research results show the effect of communication problems towards psychological problems, 1 day per week, multidisciplinary team, the aim of the service is to learn how to cope, how to accept and to learn new ways of communication (sign language – speed text)

Speech therapy for patients with communication problems is often asked by the relatives, GPs should be informed about this service and should inform.

The abstract about a research which shows the effect of communication problems on psychological problems is attached.

In Gelderhorst 13 from the former 83 caring homes became nursing places (more intensive care), also independent units outside

Day Care Centre in six towns, staff goes from town to town.

In the Netherlands there are 100 new sign language interpreter every year.

**New movement: Moving outside
"We go to the Deaf"**

Belgium In the French part new ambulatory service for the Deaf since 2003, connected with other general ambulatory services.
Mental Health team for outreaching service, they visit deaf associations, hospitals,...for a day, 1:1 service
In Flandern good contacts with politicians, an ambulatory service is planed for 2008, project money

Germany Health reform is discussed in Germany, would mean less money, day care clinic ???, bed places for Deaf with behavior problems will be reduced, allocation of money according to the classification which is made

Austria Recognition of Austrian Sign Language as language of a minority by the Austrian government in 2005

Vienna: small unit with focus on general medicine but 900 patients, try to get a psychiatrist, 26% of the clients are older than 60, no nursing home for the Deaf, a high percentage is from another country than Austria, home support service for the Deaf (by trained and official registered staff

Linz: 3 weeks treatment in a health resorts specially organised every year for deaf patients, yearly Health Day for the Deaf, monthly courses for Deaf parents, start of a service for Deaf elderly, different courses (anti-smoking, stress,...), Camp in Bad Ischl for multidisabled Deaf (Austria, Germany) with the aim to bring multidisabled Deaf together, new class of school where deaf students are trained (3 years) in the field of visual communication assistance for multidisabled Deaf.

A fourth out-patient clinic for Deaf people in the south of Austria (Graz) is about to start, 2008 a special rehabilitation and recreation program (3 weeks) for the Deaf which is implementated in a general health ressort will start in Bad Ischl.

Further movement: "Bring the Deaf together!"

Successful platform in the Netherlands of the Deaf 55+
We see that there are not so many young Deaf in the Deaf associations.

2. Summary of the discussions

Deaf community is getting older, elderly Deaf have multiple needs
Fewer young Deaf – which are different to the Deaf elderly

Two different movements at the same time:

- It is successful bringing Deaf together (PODIA is the best example for that)
- Services local home based are growing (Deaf also like independent living – staying at home with someone who looks after them)

Project for the Elderly in Austria

The Health Centre for the Deaf offers a network

- medical services
 - Deaf staff member visits Deaf elderly at home
 - these elderly come together in the Health Center for meetings
 - work therapy in the Health Centre
- but no residential homes especially for the Deaf.

In Ireland, Netherlands,... caring homes for Deaf elderly have long waiting lists – while nursing homes for Deaf in other countries (e.g. Scotland, Germany) have to be closed.

WHY??

Possible explanations:

- Everything is a question of life cycle
- It is important what the people associate this home with
- Deaf environment is important
- The Deaf population is too small for a perfect service

What is important also for hearings?

- staying at home as long as they want
- trans-disciplinary work

What is additionally needed by Deaf?

- idea: intervenor-model (like personal assistant) used in Canada