

Jackson Care Connect 2026 Virtual Learning Series

**Advancing Health Equity, Access & Quality
Care**



Jackson Care Connect™

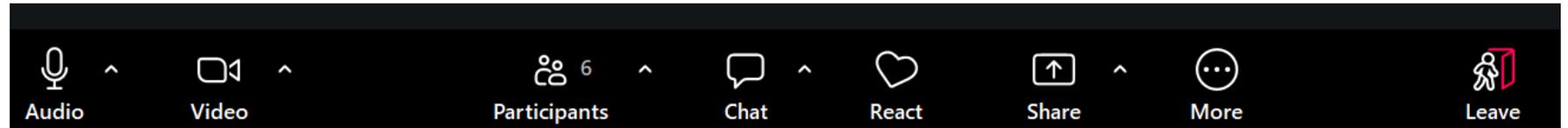
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A dynamic, free virtual learning series designed to empower professionals in physical and behavioral health and community-based organizations. Enhance your skills and **earn Continuing Education Units (CEUs) and Continuing Medical Education credits (CMEs)** in support of providing members with high-quality, compassionate, informed care

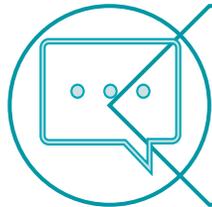


Joining us via Zoom today!

Using the toolbar



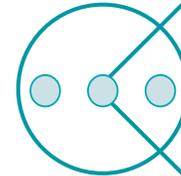
Please mute yourself, during the session



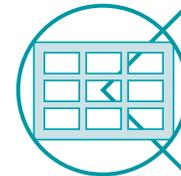
You can pop questions for the presenters into the chat.



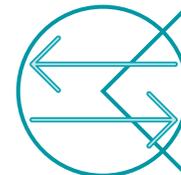
You can visually signal a question by using the reactions and "raise your hand"



Use the three dots to access captions and the session transcript.



Click on **VIEW** on the top right to change your personal view of the screen.



Hover over the powerpoint image to increase or decrease the size of the presentation and/or presenters.

CEUs Requirements



- ✓ Participate in the entire length of the session.
- ✓ By doing so, your name will be included in a session roster that will be submitted to NASW.
- ✓ Complete the required evaluation within 10 days of the session. You will receive this via email.

CE Evaluations

JCC 2026 Virtual Learning Series
CEU Evaluation



- CEU credits require a completed evaluation.
- Evaluations must be completed by February 27th.

Setting the space

- Speak from your own experience
- Engage – use chat, raise hand, ask questions
- Listen for understanding, be open to new perspectives
- Speak appreciations

Making the invisible visible: Understanding and supporting Deaf and Hard of Hearing communities in health care and beyond

Danica Alexander, MLIS, and Erica Patino, MA
Feb. 18, 2026

jacksoncareconnect.org



Danica Alexander, MLIS



Danica is Deaf, an ASL-user, Vice-Chair for both Jackson Care Connect's Community Advisory Council and Oregon Deaf and Hard of Hearing Services' Advisory Committee, and founder of Deaf Activities of Southern Oregon (DASO)

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Hard of Hearing advocate Erica Patino, MA



Erica has lived with moderate-to-severe genetic hearing loss since the age of 5, and wears hearing aids. She is also the founder [Hear2Tell.com](https://www.hear2tell.com).

[jacksoncareconnect.org](https://www.jacksoncareconnect.org)



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About hearing loss and Deafness



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Spectrum of hearing loss and Deafness

Red:

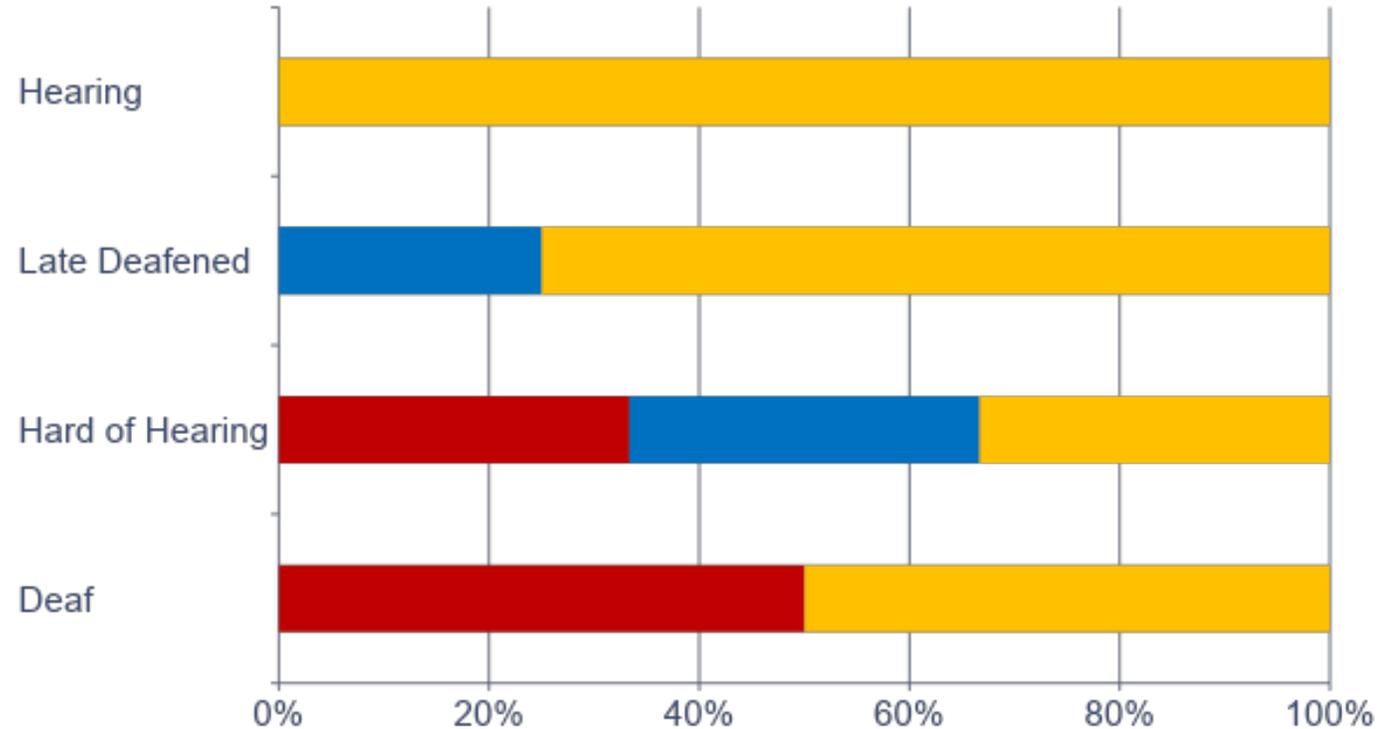
Culturally Deaf

Yellow:

Ability to hear

Blue:

Choose not to belong to Deaf Culture



People who are Hard of Hearing or Deaf have a variety of ways to communicate with the hearing world. What works for one may not for another.



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Hearing loss and Deafness: More common than you may think

- More than 10% of the population have some level of hearing loss or Deafness
- Don't assume that because someone is young, they have typical hearing
 - 1 in 5 teenagers has hearing loss; 18% of adults 45-64 has hearing loss
 - 1 out of 3 people over 65 have some degree of hearing loss; 2 out of 3 people over 75 have hearing loss

Hearing loss and Deafness: More common than you may think

- There are two models of Deafness, the medical and the cultural.
 - The medical model places overt emphasis on their perspective that Deafness needs to be "fixed," while the Deaf believe there is nothing wrong, and have a rich culture, identity and way of life which is strongly tied with the use of sign language.
 - This cultural model and perspective is the term "Deaf," with the capital "D."
 - The Deaf community has a high level of mistrust with health care providers, often due to bad experiences.

How are “Hard of Hearing” and “Deaf” different?

Hard of Hearing

- **Degree of loss:** Mild to severe
- [Hearing Loss Simulation - What's It Like?](#)
- **Communication:** Primarily spoken language, benefiting from hearing aids, cochlear implants and captioning
- **Example:** Someone who can hear some sounds, but may struggle with conversation, with or without amplification
 - Some Hard of Hearing people may not even accept their hearing loss.
 - People who identify as Hard of Hearing may choose not to participate in the Deaf world, may never learn to sign and choose to live entirely in the hearing world.
 - Or they may come to identify with the Deaf world.

How are “Hard of Hearing” and “Deaf” different?

Deaf

- **Degree of loss:** Mild to profound, or identifying with Deaf culture
- **Communication:** ASL, gesturing, speaking, lip reading, hearing aids, video relay interpreting, cochlear implants, speech-to-text devices, FM devices, pen and paper (not recommended unless specifically requested), or a combination
- **Example:** Someone who requests ASL interpretation at a health appointment, asks to lipread, asks for pen and paper, or simply tells you they are Deaf
 - Written conversation is not a fair or equivalent way to communicate
 - Ask the Deaf person how best to communicate with them

Common misconceptions about Deafness and hearing loss



Common misconceptions about Deafness

- ASL is not “signed English” and is its own language (including poetry, art, music).
 - For Deaf people with ASL as their first language, learning English can be like learning Mandarin Chinese in a glass sound-proof booth.
- “Deaf people can do anything that hearing people can do, except hear.” – Dr. I. King Jordan, 1988

Common misconceptions about hearing loss and Deafness

- Hearing aids or cochlear implants do not give hard of hearing or Deaf people “normal” hearing or turn them into normally hearing people. They are not like glasses.
- Deaf and Hard of Hearing people are not stupid or slow. They just don’t hear typically, which has nothing to do with intelligence or cognitive ability.
 - Language deprivation is common
 - Cognitive ability varies, just like with the normally hearing population.

Common misconceptions about hearing loss and Deafness

- Communication barriers are real; they are not “made up” by Deaf/HoH people to be difficult.
 - E.g., asking you to lower your face mask for lip reading.
- Shouting (speaking louder) at a Deaf/HoH person, or over-enunciating your words is not an effective way to accommodate hearing loss or Deafness.
 - It makes lip reading more difficult.
 - Only 30% of spoken dialogue is lip-readable.

Effective communication for Deaf and Hard of Hearing patients



What is “effective communication” in health care?

- Effective communication is the process of exchanging information between two or more people and asking for clarification until all parties are able to fully understand.
 - ➔ Effective communication results in the patient being able to make informed decisions, and the health care team providing safe and responsible care.

What is “effective communication” in health care?

- Hearing loss and Deafness are highly stigmatized, so patients may not always disclose they have it.
 - This may be due to denial of their hearing loss, or fear of being treated differently, or fear of not being taken seriously.
- Rather than focus on their hearing loss, address the communication needs of the patient, but most importantly, **why they are seeing you.**

What is “effective communication” in health care?

- Some D/HoH people may feel embarrassed that they don't understand something.
 - Pay attention to body language and facial expressions to see if your patient is confused or missing something.
 - They may also think they understand, but don't.
 - **Ask your patients to repeat back to you what they need to do, in their own words.**

Communication strategies



People who are Hard of Hearing or Deaf are so used to **not being accommodated well, they may not even know what works well for them.**



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Communication strategies

- Give your name and discipline, and show the patient your ID badge.
- Maintain eye contact when speaking with your patient.
- Be sure patient can see your mouth clearly. Do not chew gum, bite on a pen, or cover your mouth with your hand.
- Speak clearly and at a moderate pace, and do not exaggerate words. This distorts the mouth and can make lipreading difficult.
- Reduce background noise.
- Minimize visual distractions.

Communication strategies

- Do not oversimplify, abbreviate, or dilute information.
- Be sure room is well lit. The light source should be in front of the person speaking, not behind.
- Provide as much information as possible before putting on a surgical or face mask.
- If the patient does not understand what is being said, rephrase using different words, rather than repeat the same words or sentences.
- Inform the patient when you are changing topics or context (i.e., diagnosis, treatment, follow-up, medication).
- Use diagrams, models, illustrations, and other visual aids to augment communication.

Communication strategies

- Use teach-back to encourage questions and ensure the patient's understanding.
- Be sure all clinical discussions are directly with the patient (and interpreter, if present), and not with a family member, friend or caregiver.
- Be sure patient leaves with clearly printed instructions or discharge plans.
 - If ASL is their first language, make sure you have worked with the Deaf person to ensure they understand your instructions using whichever communication method they prefer.

Thank you!

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JCC 2026 Learning Series Resources

Interested in future sessions?

- Check the JCC Learning Series webpage for announcements and registration links

[JCC Learning Series](https://jacksoncareconnect.org/providers/jcc-learning-series)

<https://jacksoncareconnect.org/providers/jcc-learning-series>



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Advancing health equity, access and quality care

Join us for this dynamic, free virtual learning series designed to empower professionals in physical and behavioral health community-based organizations. Enhance your skills and **earn Continuing Education Units (CEUs) and Continuing credits (CMEs)** in support of providing members with high-quality, compassionate, informed care.

Audience: Providers and care teams, behavioral health professionals, community-based organizations staff, health-care providers, and anyone else committed to improving care for the communities we serve.

When: Every other month starting February 2026.

Can't make a live session? No problem. Each session will be recorded.

What to expect

- Sessions grounded in **advancing health equity**
- **Virtual format** (attend from anywhere!)
- Sessions prioritized for **CEU and CME credit**
- **Interpretation** to ensure inclusive participation

Series core values

- **Valuable, timely sessions**
- **Practical tools and strategies** to improve access, outcomes and culturally connected care
- **Cultivating network connections** to build collaboration across systems of care

Upcoming sessions



Learning Series Evaluation

Your feedback is valuable:

Help us improve and ensure we are offering meaningful learning sessions.

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Advancing Health Equity, Access
and Quality Care



RESOURCES

- <http://www.lifeprint.com> – Learn ASL, and learn about cultural practices in the Deaf/HoH community
- Deaf President Now! – Film on Apple TV
- <https://www.nad.org/resources/american-sign-language/community-and-culture-frequently-asked-questions/> – Frequently Asked Questions from the NAD
- <https://www.nad.org/resources/how-to-file-a-complaint/> -- How to File A Complaint – for Deaf and Hard of Hearing people
- <https://www.nad.org/resources/advocacy-letters/> -- Advocacy letters – Note: Healthcare Providers and video about providing ASL interpreters and things to know
- [Healthcare with Hearing Loss](#)
- [Communication Access in Health Care - Hearing Loss Association of America](#)

RESOURCES-For Providers

- [D-PAN: Waiting on the World to Change](#)
- [Hearing Loss Simulation - What's It Like?](#)
- [How to communicate with people who have hearing loss](#)
- [Top tips for communicating with deaf patients \[from the UK, but other than ASL instead of BSL, everything applies\]](#)
- [Communication Aids and Services: Providers](#)
- [Guide for Effective Communication in Health Care: For Providers](#)

RESOURCES-For Deaf/HoH people

- [Communication Aids and Services: Patients](#)
- [Guide for Effective Communication in Health Care: For Patients](#)
- [How to Advocate for Yourself in Hospital Settings](#)
- [HLAA-OR Hospital Kit - Hearing Loss Association of Oregon \(HLAA-OR\)](#)

RESOURCES-For Organizations

- [Hearing Loss Association of America \(HLAA\)](#)
- [Association of Late-Deafened Adults](#)