



# Global Report of COVID-19's Impacts on Hard of Hearing People

Authors and Editors

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## **Background**

The International Federation of Hard of Hearing People (IFHOH), with its European and Asia-Pacific regional networks (EFHOH and APFHD), and the International Federation of Hard of Hearing Young People (IFHOHYP) joined together to measure the pulse of hard of hearing persons to the unprecedented COVID-19 challenge. During the months preceding the survey informal feedback was received that the pandemic was taking its toll on communications and well-being, leading to the conclusion that a survey should be conducted to collect views from interested hard of hearing persons.

As a result, a survey was designed and conducted through SurveyMonkey during the later part of June and early part of July 2020. The survey was distributed to those on the mailing lists of IFHOH, IFHOHYP, APFHD and EFHOH and others were also invited to respond through social media and by invitation.

This report is a summary of the results in the five key areas of the survey: public accessibility, face masks and social distancing challenges, online communication, health care, and socio-economic impact, along with a demographic profile.

## **Demographic Profile**

The survey was responded to by 166 persons, 2/3 of whom identified themselves as being hard of hearing, 15% deafened and 12% Deaf with less than 4% hearing. Of the respondents, 74% wear hearing aids and 24% have cochlear implants; 35% use an assistive listening device, 24% use captioning and 19% are sign language users.

In terms of age, 30% are adults 35 years and under and 55% are between 36 and 65 years with 14% being over 66 years.

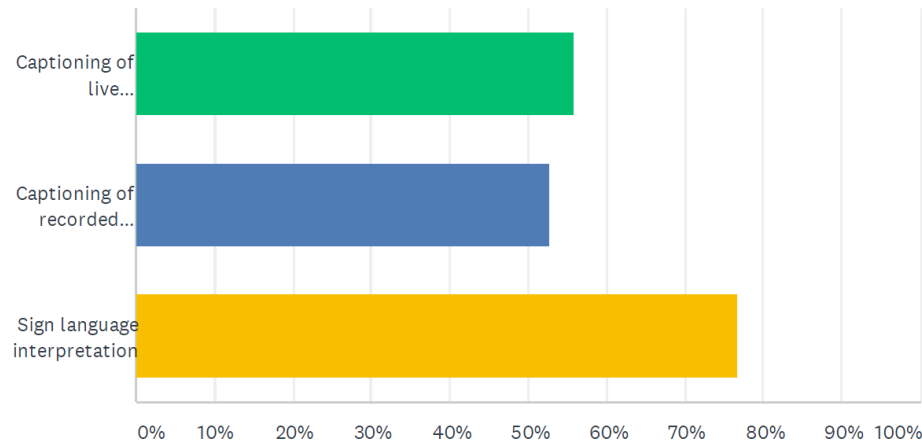
Geographical profile shows the following numerical distribution by continent:

Africa	7
Asia	39
Europe	56
Latin America	1
North America	58
Pacific	5

## Public Accessibility

One of the questions asked whether the respondent's country provides accessibility to public health information on TV or online media. Over three quarters or 76.7% of respondents indicated that they received sign language interpretation (SLI), compared to the 56% and 53% respectively of respondents reporting the use of captioning for live or recorded media (*Figure 1*).

*Figure 1: Does your country provide the following accessibility to public COVID-19 information on TV or online media?*



ANSWER CHOICES	RESPONSES
Captioning of live announcements and programs	55.83%
Captioning of recorded announcements and programs	52.76%
Sign language interpretation	76.69%

The foregoing clearly shows that SLI is more prominently provided than other forms of access, which may not meet the needs of hard of hearing people who rely on oral communication. Regarding the provision of captioning, several respondents noted that the captioning feature for online media (e.g., news website, Facebook, Instagram Live, YouTube) is not made easily accessible, thus requiring some searching on the users' part. Comments from respondents included:

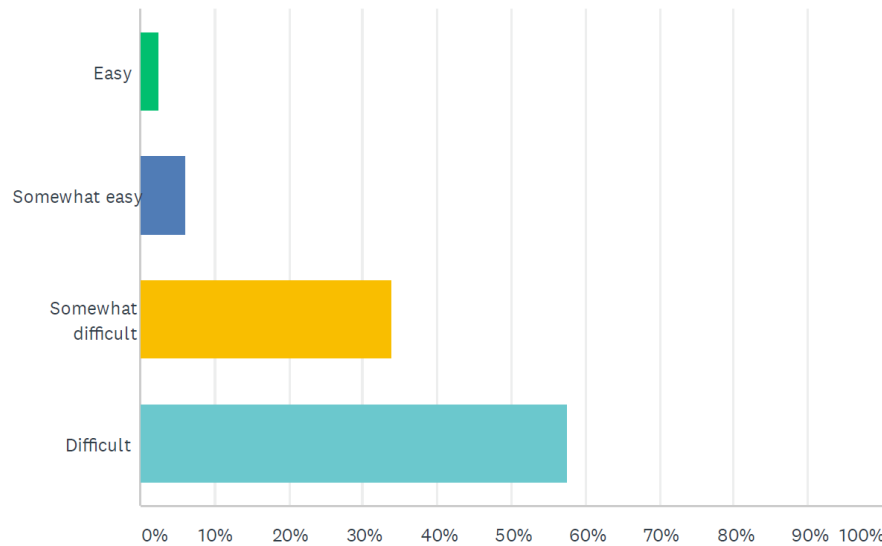
- *"Sometimes need to go to multiple [online media] outlets to find one with captions"*
- *"Available only to certain programmes and only by a public broadcaster"*

While there are various communication options available, such as text via SMS (Short Message Service), WhatsApp, email, video applications, and text/video relay services, the majority of the respondents reported that phone calls are still the norm to access public services. This poses a significant barrier for deaf and hard of hearing persons, particularly when it involves time-sensitive matters, because of challenges hearing over the phone.

## Face Masks and Social Distancing Challenges

In adherence to public health guidelines, there is an increasing trend of people wearing face masks as a form of protection. Over three-quarters of respondents reported that communicating with a person who wears a mask at least one time a week. While face masks keep some of the virus particles out, they also keep the sound in, thus reducing speech clarity. An overwhelming 91.5% of respondents stated they experienced some extent of difficulty in understanding someone who wears a face mask (*Figure 2*).

*Figure 2: On average, how would you rate your understanding of the person wearing a mask, thereby obscuring the face, and blocking sound?*

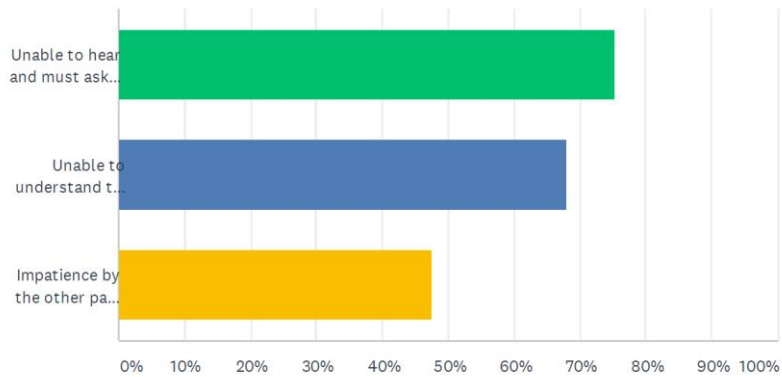


ANSWER CHOICES	RESPONSES
Easy	2.42%
Somewhat easy	6.06%
Somewhat difficult	33.94%
Difficult	57.58%

In normal circumstances when hard of hearing persons request repetition, they are often able to obtain the information; however, during COVID-19 the survey data (*Figure 3*) shows that despite the speaker repeating the statement, 67.9% of respondents still have difficulty understanding the speaker. As well, 47.5% of the respondents encountered more impatience than usual from other persons. Some respondents commented that they do not realize they are being spoken to. Comments from respondents were as follows:

- *“Disbelief that I cannot them leads to anger that I am trying to trick them into removing their mask”*
- *“I am having a very hard time understanding people wearing face masks and behind plexiglass. It’s becoming frustrating to me.”*
- *“Left a conversation in tears.”*

Figure 3: What issues do you experience in communicating with people through face masks?

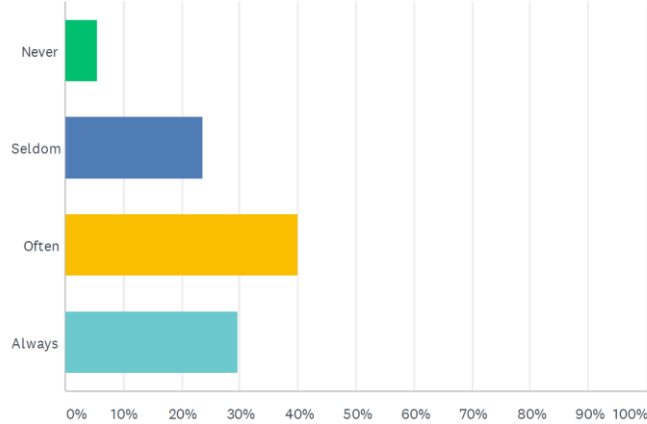


ANSWER CHOICES	RESPONSES
Unable to hear and must ask the person to repeat	75.31%
Unable to understand the repeated statement	67.90%
Impatience by the other party in the communication process to a greater degree than usual	47.53%

One strategy deaf and hard of hearing people when dealing with difficulties in communication with others using face-covering masks is to request temporary removal of the mask so that they can utilize speechreading cues to aid understanding. Naturally, there are valid safety concerns on the provider’s part. The survey results show that 53.4% of respondents are able to be accommodated by the health care provider in removing the face mask, but the other 46.6% were not accommodated.

Social distancing requirements also poses a challenge. The majority of the respondents stated that 2 metre is the standard for distancing in their countries. Figure 4 shows 69.7% of respondents reported being affected in their communication with others due to distancing.

Figure 4: Has physical/social distancing requirements affected your communicating with others?

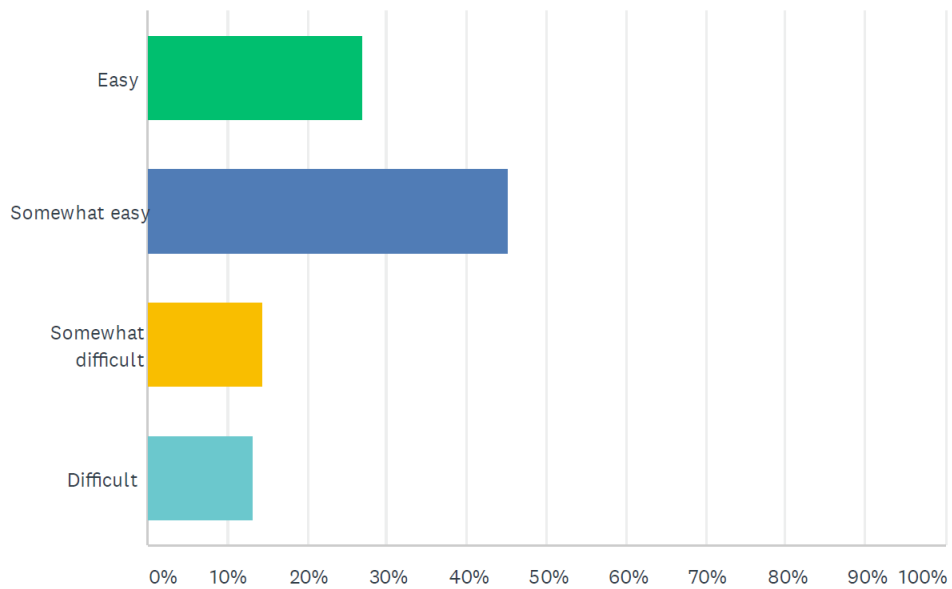


ANSWER CHOICES	RESPONSES
Never	5.45%
Seldom	23.64%
Often	40.00%
Always	29.70%

The survey endeavored to find out the extent to which respondents encounter others using clear, transparent face masks, which has been identified as one solution to overcome communication barriers from face-covering masks. Almost 80% of respondents had not encountered the use of transparent masks. This shows there is a significant lack of awareness about the existence of these masks or a lack of easy availability of them.

Another option explored in the survey was the use of face shields in combination with face masks to provide some form of protection for the speaker when they take off the mask to enable speechreading. Of respondents, 72.2% stated that they are able to easily understand someone wearing only a face shield (*Figure 5*). This compares with only 8.5% of respondents being able to understand someone with a face covering mask.

*Figure 5: On average, how would you rate your understanding of the person wearing a face shield?*

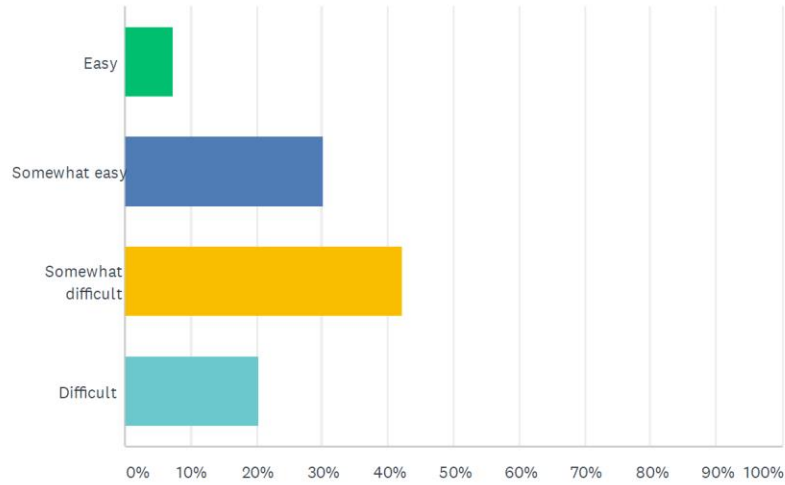


ANSWER CHOICES	RESPONSES
Easy	27.04%
Somewhat easy	45.28%
Somewhat difficult	14.47%
Difficult	13.21%

### Online Communication

Since the implementation of lockdown restrictions at the beginning of COVID-19 pandemic, online communication has become a main part of people’s lives as they continue their learning and work in this new normal. Seventy percent of respondents engage in online meetings at least once a week. Due to the inadequate audio quality of online meetings (due to various factors), 62.6% of respondents reported some difficulty in understanding online speakers as shown in *Figure 6*.

Figure 6: On average, how would you rate your understanding of the online speaker(s)?



ANSWER CHOICES	RESPONSES
Easy	7.36%
Somewhat easy	30.06%
Somewhat difficult	42.33%
Difficult	20.25%

The survey identified many different platforms used to conduct online communication (Figure 7). Zoom is the one most commonly used, followed by Facebook messenger and Skype. Some of these platforms include subtitling features, either automatically generated or through a third-party provider (Figure 8).

Figure 7: Which platforms do you use for video meetings?

Face Time	30.86%
Facebook Messenger	40.74%
Google Meet or Hangout	27.78%
Microsoft Teams	21.60%
Zoom	71.60%
Skype	37.04%

**Figure 8: Do you use the captioning/subtitling feature of the platforms listed below?**

Google Meet	18.62%
Microsoft Teams	12.41%
Zoom	32.41%
Skype	17.24%
Other (please specify)	18.62%

Despite the increasing development of subtitling apps, the majority of respondents reported not knowing about them. This gap is reflected in the following respondent’s comment of having “limited experience/knowledge around subtitling apps.” Several respondents called for education and training on using these apps for day-to-day communication.

Like any technology, there are bound to be technical problems. Feedback from respondents include a recurrent observation that automatic captioning is often not accurate, particularly when the speaker is not positioned to the microphone properly or there is surrounding background noise at the speaker’s end. For important meetings and workshops, respondents emphasized the preference of a “live captioner [to ensure] quality”.

Respondents noted that there are instances where the design of the subtitles (e.g., font, size) make it challenging for users to follow (“words are removed too quickly from the screen”, “letters are too small”) Subtitling apps are also limited by the need to have access to reliable Internet connection. In some cases, respondents do not have access to smartphones in which the apps are utilized.

## **Health Care**

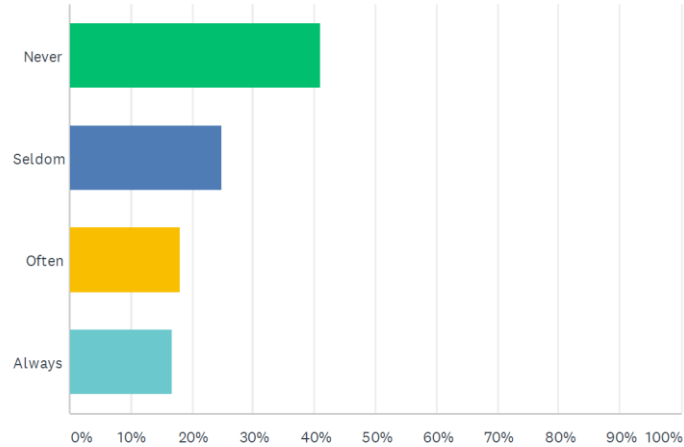
Two-thirds of respondents indicated that access to hearing aid care or cochlear implant care was impacted by COVID-19. The responses are shown in *Figure 9*. Appointments were cancelled or postponed for several weeks or months. Some hearing aid users were unable to get batteries, ear moulds or wax removed from their ears and some were unable to get a broken hearing aid repaired. Cochlear implant users spoke about a delay in their surgery or a delay in after-care in the hook-up and rehabilitation process once they had the CI surgery.

Selected comments were:

- *“My hearing aids have not been working well at all and the office at the hospital was closed to the public until further notice”*
- *“I require new hearing aids and assistance and was just getting started when the pandemic hit and have not been followed up with since”*
- *“My CI mapping appointment was cancelled and postponed 4 months”*



Figure 9: Has your access to hearing aid or cochlear implant care been affected by the pandemic?



ANSWER CHOICES	RESPONSES
Never	40.99%
Seldom	24.84%
Often	18.01%
Always	16.77%

Two-thirds of respondents reported access to general health care was impacted by the pandemic. This question was related to health care in general and not specific to access to hearing care. However, several noted challenges in access due to lack of hearing access; the absence of in-person meetings created challenges.

The telephone was the most common method used in place of in-person meetings but posed challenges in hearing the health provider according to respondents. Only a few persons reported use of alternative methods such as captioned video platforms for meetings. Selected comments were:

- *“Both my respiratory specialist and my GP are refusing to see me in person and insist on doing everything by phone...which is the worst way for discussing anything of importance for someone with my hearing level. Health regulations do not let them use texting or email.”*
- *“Dr.’s appointment is via phone – not the same as in person. Telephone conversation is difficult to understand. Words are blotted out or misinterpreted.”*

Not all of the restrictions regarding meeting in-person meetings were due to health providers changing practises during the pandemic. Some persons reported concerns about restrictions for travel and fear of going out due to the pandemic.

Some respondents reported that their health provider made efforts to be available and adjusted their communications as a result of self-advocacy:

- *“I always let the staff or anyone dealing with me know I have a hearing loss. I was really overjoyed at how my hearing loss was handled at an emergency visit to the hospital. After the long wait the staff member came up to me personally and told me when it was my turn. The attending student doctor asked if I could hear her through the mask and because her voice was very clear I told her all was fine. When the doctor came in the first thing she did for me was take down the mask to make sure that I understood what was going on.”*

### **Socio-economic Impact**

Forty percent of respondents expressed concerns about their income levels as a result of the pandemic. One-quarter or 25% of persons reported either a loss of their job or reduced hours of work. In the comments, some reported other family members lost their job, which was not a category in the survey so the number affected economically could be higher than figures suggest. One group reported stability in their income, namely, those on pensions. However, they expressed concerns about reduced income from investments. They were part of the 15% who expressed such a concern.

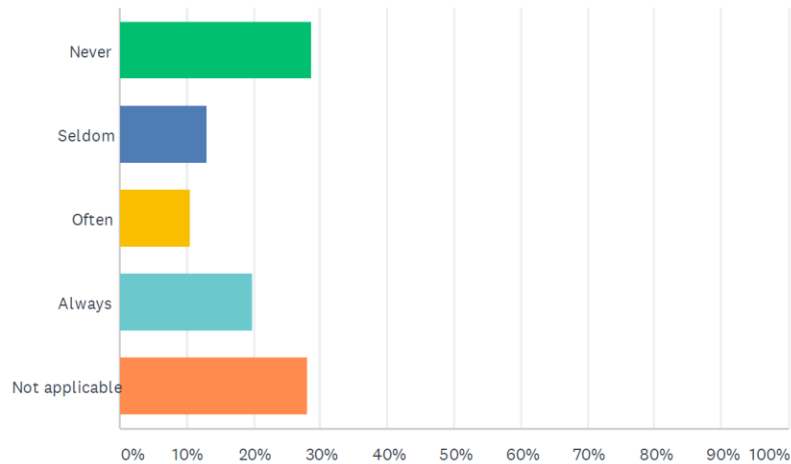
Some respondents reported that a delay in hearing access due to the pandemic, such as getting cochlear implants, impacted on their ability to return to the work force.

There was some suggestion in some countries that hard of hearing persons were less recognized for social assistance and support than other groups in society. One respondent stated that they experienced zero social care from their government:

- *“Hard of hearing people never got any government supplies of food distributed to all people and this affected us very much. Medical supplies are limited compared to time before the pandemic.”*

Another question enquired about whether respondents experience communication problems in the workplace because of the use of face masks (*Figure 10*). When responses were adjusted to eliminate non-responses, 43% of respondents indicate that they always or often have problems on the job because co-workers wear face masks. The problem also relates to understanding customers who wear face masks, making it difficult to understand them.

Figure 10: Do you have communication problems in your job because you and co-worker wear face masks?



ANSWER CHOICES	RESPONSES
Never	28.57%
Seldom	13.04%
Often	10.56%
Always	19.88%
Not applicable	27.95%

One person noted:

- *“My doctor has put me out on stress leave due to my job being stressful already with using walkie talkies, now to add on to that stress customers wearing masks and getting upset with me due to not hearing them, and the plex glass has now muffled out sound. I will probably not be going back to my job.”*

Others reported that they attempted to resolve communication problems on the job due to face covering masks by asking colleagues to write on paper or take off face mask when they communicate at work.

Respondents also cited that the pandemic has taken a personal toll, resulting in loneliness and isolation; some cited being depressed. The stress of economic instability was also noted to be impacting on well-being. These responses were in an open-ended question.

- *“Too much text-based communication - no personal interaction means everything is 24/7 in a second, written language. Losing body language and facial expressions have meant that messages and misinterpreted and misunderstood.”*
- *“Social isolation has been hard because I am in a one-person household.”*

## **Conclusion and Recommendations**

This survey has shown that use of face masks in medical settings, the workplace and other venues are creating communication difficulties for hard of hearing persons. There appears to be a significant lack of awareness about the existence of clear face masks or the option to use face shields in conjunction with masks. If health care workers and the general public are being urged to wear face masks, from an accessibility point of view, the use of clear masks is encouraged so that hard of hearing persons are able to read the other persons' lips and understand them.

The survey also raises the reality that captioning features are not as visible as sign language interpretation in terms of accommodations provided. Efforts must be made to promote the use of captioning, either through a live captioner or automatic subtitling apps to access information.

Hard of hearing persons face socio-economic challenges with many having lost their jobs and struggling financially. Other respondents reported experiencing loneliness and isolation.

Ten recommendations are framed as stated below:

1. Government, medical public services and employers should consider the use of clear, transparent face masks that meet the standards for full inclusion of all clients.
2. The combined use of clear face shields to complement wearing of face masks where clear masks are not available or possible should be considered.
3. Medical professionals should be informed about alternate communication options (e.g., visual or written) for interacting with hard of hearing persons rather than reliance on the telephone; where there are regulatory barriers, these should be changed.
4. Open/closed captioning should be made readily available on all media platforms that broadcast public information (e.g., news website, Facebook, YouTube).
5. All video communication platforms should have automatic captioning features available.
6. More education should be provided to hard of hearing persons about automatic captioning apps.
7. All participants at the online meeting/workshop should follow communication etiquettes including but not limited to:
  - a) Speaking slowly and clearly.
  - b) Mute the microphone when not speaking.
  - c) Ensure the background is well lit to enable speechreading.
  - d) Relocate to an alternate room if the environment becomes loud.
  - e) Ensure that the distance from the mouth to the microphone is 7-8 inches.

8. The use of automatic captioning does not substitute for the provision of captionists or speech-to-text interpreters due to their higher level of accuracy than in automated systems. The use of speech-to-text interpreters should be encouraged for online videos and in-person meetings in health care, employment, and educational settings.
9. Government financial assistance programs should recognize and support hard of hearing persons on the same eligibility basis as other persons with disabilities.
10. Mental health impacts of the coronavirus pandemic should be further examined to better understand the issues and needed supports.

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