

Developing Diabetes Education Videos for Deaf Populations Who Communicate Using American Sign Language

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BACKGROUND

Deaf populations experience diabetes at higher rates than hearing populations.

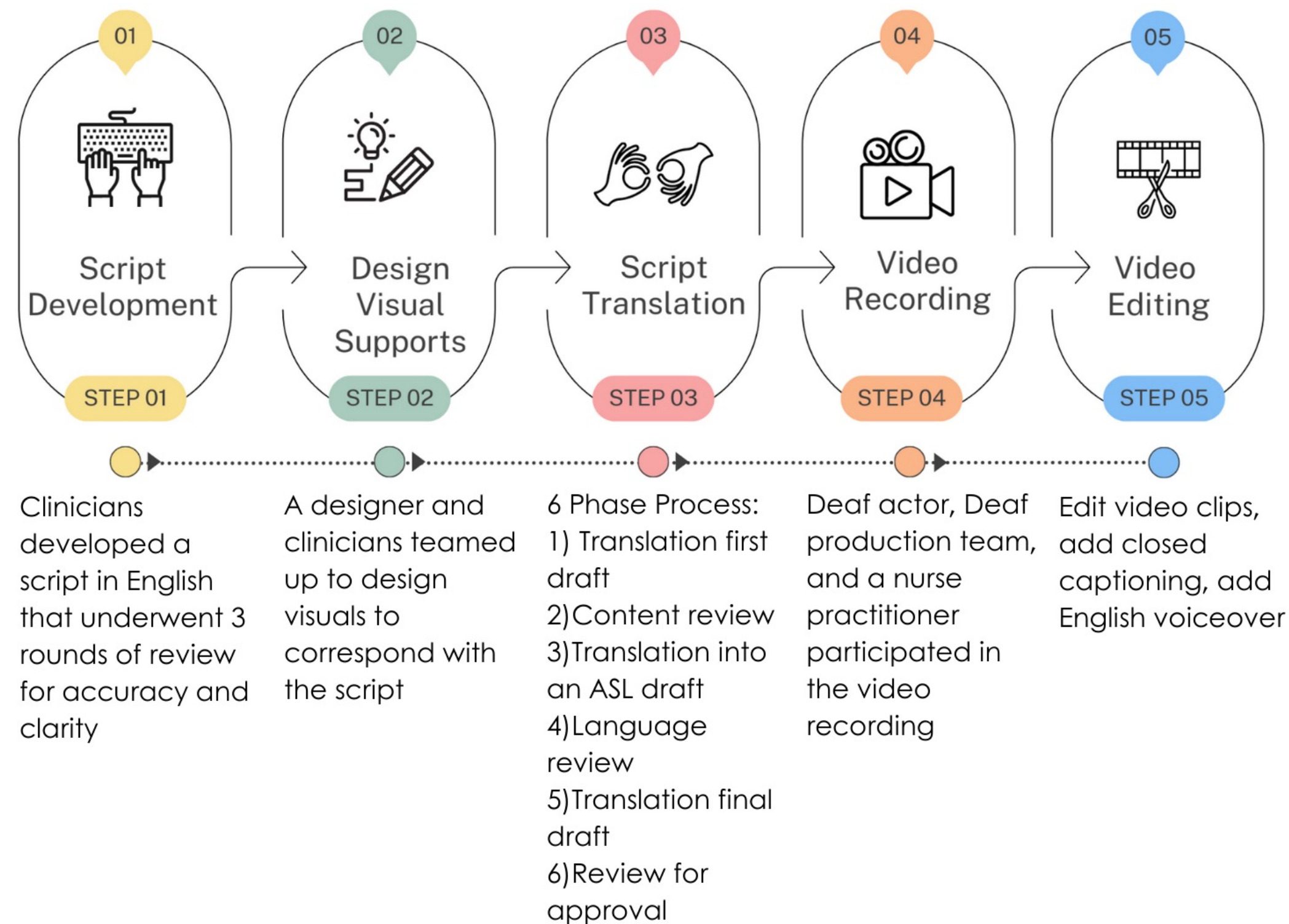
Many DSMES programs provide written educational handouts.

American Sign Language (ASL) is a visual language, and not text based. Therefore, written resources do not support Deaf and hard of hearing (DHH) populations who communicate using ASL.

METHODS

Videos went through a 5 step process, Figure 1.

Figure 1. Steps of ASL Translation



RESULTS

Seven diabetes education videos have been fully developed and meet the WebAIM guidelines for accessibility. See figure 2 and 3 for the process.

Figure 2. Video Recording

- A. Deaf language reviewer
- B. Hearing bilingual videographer
- C. Deaf actor who is native ASL signer
- D. Deaf teleprompter
- E. Hearing bilingual nurse practitioner
- F. Certified Deaf Interpreter (CDI)

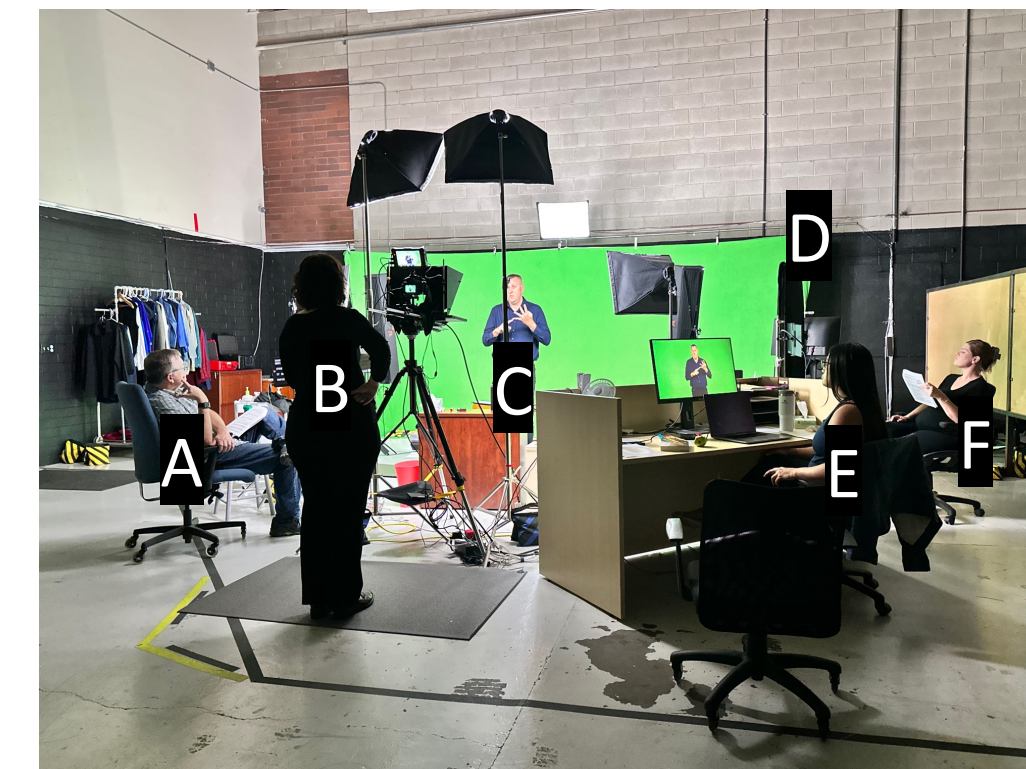
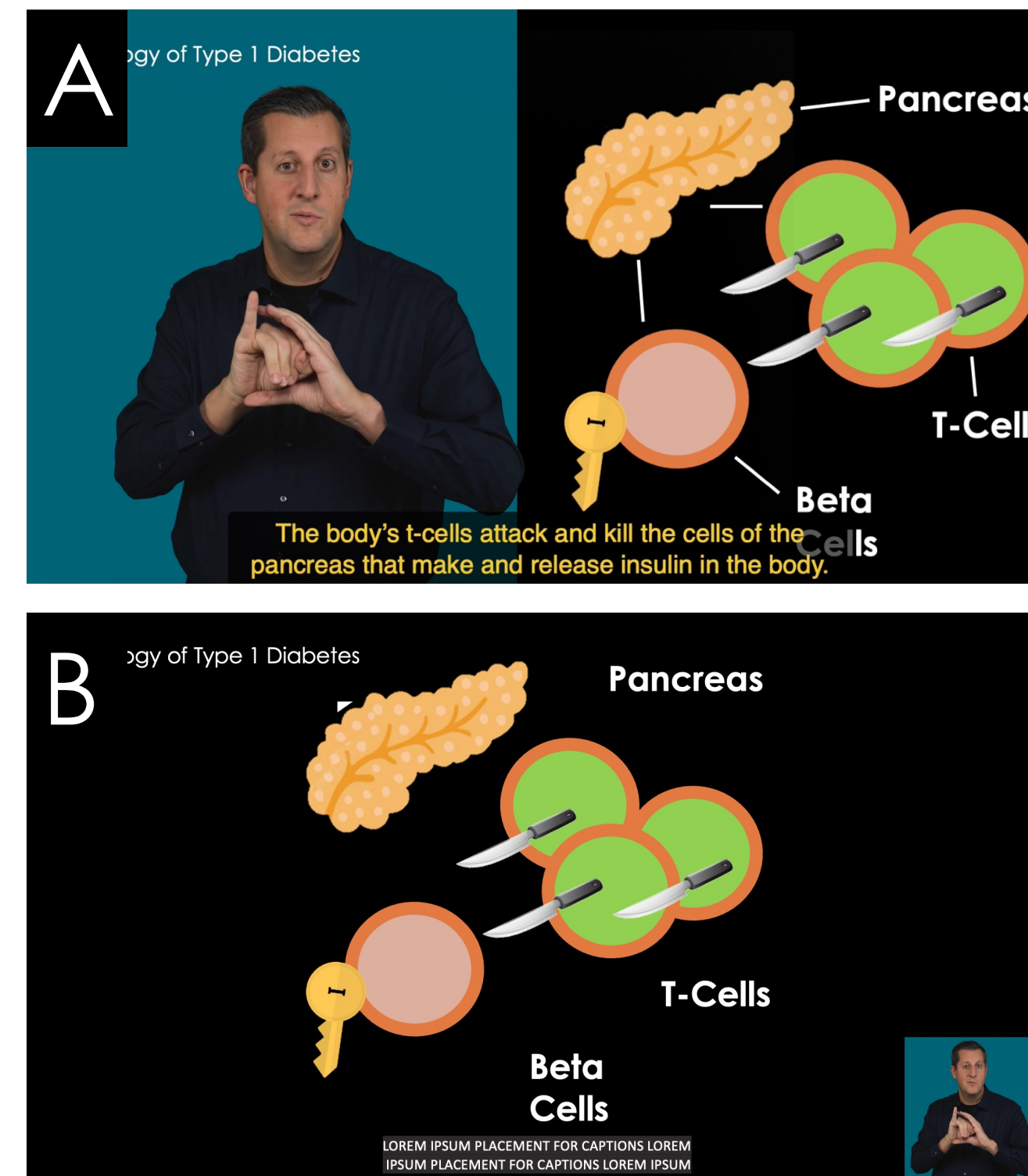


Figure 3. Diabetes Education Videos

A. Videos designed with a split screen. The left side is a native signer who takes up half of the screen allowing the viewer to clearly see what is being said. The right side includes visuals that change with every word or sentence to match the content to support knowledge attainment and retention. The bottom has closed captioning that corresponded with the English voiceover.

B. An example of the common videos designed for the general population with smaller captions and small box for ASL.



3 KEY TAKEAWAYS

Accessibility

This work highlighting the need for accessible diabetes education resources for Deaf and hard of hearing (DHH) populations who use American Sign Language (ASL).

Cultural and Linguistic Match

Through this process, we emphasize the importance of creating diabetes education materials in ASL that align with the language and culture of DHH populations.

Native ASL Engagement

It is important to stress the significance of involving native ASL users in the translation and creation of diabetes education videos to ensure accuracy and effectiveness.

CONCLUSION

Diabetes education videos were developed to prioritize ASL and DHH culture, while still being inclusive for family members who may not know ASL. Visual aids help provide full accessibility to complex diabetes content. There are 13 additional diabetes education videos in development. The series of videos will be used to support a DSMES program delivered in ASL and a future website for DHH population.