

## **Deaf and Hard of Hearing Canadians' Work and Health**

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This analysis used data from the Canada Community Health Survey 1.1, a cross-sectional survey conducted by Statistics Canada with a total of 131,535 respondents. In the full sample, approximately 4% of respondent were deaf or hard of hearing, as hearing loss increases in prevalence with age. There were 66,373 respondents within the age range from 25-54 for whom both the age and hearing status could be determined. In this age range, approximately 2% reported deafness or hearing loss.

Among those aged 25-54, the deaf or hard-of-hearing respondents, compared with other respondents (controlled for age, sex) were:

- significantly less likely to report having greater than a secondary school education.
- more likely not to have worked at all in the previous 12 months (also controlled for province, other chronic conditions)
- if working, less likely to be in managerial/professional occupation (also controlled for education)

Among those who were aged 25-54 and working, the deaf or hard-of-hearing respondents, compared with other respondents (controlled for age, sex) were:

- particularly for men, more likely to have had a work-related injury (restricted to respondents who had worked in the past year; also controlled for obesity, alcohol consumption and physical activity)
- particularly for women, more likely to have been injured in the past 12 months (also controlled for working status, obesity, alcohol consumption and physical activity) and to have been diagnosed with upper extremity RSI (controlled for working status)
- less satisfied with current job
- more likely to report high levels of work stress

In addition, among all respondents aged 12 and older, compared with normal-hearing respondents, deaf and hard-of-hearing (adjusted for age and sex) respondents reported a higher prevalence of depression, along with greater prevalence of other health conditions including heart disease, diabetes, high blood pressure, and some other chronic conditions (but not cancer) and obesity. While deaf and hard-of-hearing respondents aged 12 and older were not more likely to report more smoking or alcohol consumption, they were more likely to report low physical activity.

Unfortunately, Statistics Canada has not collected information on the communication strategy or strategies used by the respondent in the CCHS. As a result, it is difficult to know the relative role played by discrimination in hiring and placement versus lack of access to oral communication for those relying on sign language or text transcription. It is customarily estimated that only 30% of English can be discriminated correctly from lipreading in the absence of other cues, and much workplace communication takes place under less than optimal conditions. Difficulty understanding essential communication can contribute to errors and injuries, as well as to isolation and sense of exclusion, which is consistent with the reported rate of depression and stress.

These results do, however, underscore the need to equalize access to employment and assure the accessibility to workplace safety and wellness for this minority that constitutes 2% of the Canadian labour force in this age range.

This study was carried out with funds from the Social Sciences and Humanities Research Council of Canada through Ryerson University. While the research and analysis are based on data from Statistics Canada, the opinions expressed do not represent the views of Statistics Canada.

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