

# IMPACTS OF COVID-19 ON COMMUNICATION ACCESSIBILITY FOR ADULTS WITH HEARING LOSS

Overview of Survey Results

JUNE 2021



# ACKNOWLEDGEMENTS

The survey on the *Impacts of COVID-19 on Communication Accessibility for Adults with Hearing Loss* was conducted by the community research division of the Wavefront Centre for Communication Accessibility in partnership with the Canadian Hard of Hearing Association (CHHA) and researchers from the University of British Columbia (UBC).

**Wavefront Centre for Communication Accessibility:** Established in 1956, Wavefront Centre for Communication Accessibility is a BC based, charitable not-for-profit organization operating as a social enterprise. Wavefront Centre delivers innovative services in Audiology and Communication Devices, Counselling, Seniors Outreach, and Accessible Communication Services that assist people who are Deaf, Deafblind and Hard of Hearing achieve full communication accessibility.

**Canadian Hard of Hearing Association (CHHA):** The Canadian Hard of Hearing Association (CHHA) was established in 1982 and is Canada's leading consumer advocacy organization representing the needs of the nearly 4-million people living with hearing loss. With a network across Canada, CHHA works cooperatively with hearing loss professionals, service providers, government and provides life-enhancing information, support, and advocacy to ensure people with hearing loss are able to overcome barriers in all aspects of their lives.

The partner organizations are grateful to all the individuals who took the time to complete the survey and who shared their experiences and perspectives about the impacts of COVID-19 on communication access in their day-to-day lives.

## Project Sponsor

Canadian Hard of Hearing Association (CHHA)

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Report formatting by Janee Yang.

For more information about Wavefront Centre's research division, please visit [www.wavefrontcentre.ca/services/hearing-clinicv1/community-research-division](http://www.wavefrontcentre.ca/services/hearing-clinicv1/community-research-division)

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(In Canada Only)



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## EXECUTIVE SUMMARY

The survey on the *Impacts of COVID-19 on Communication Accessibility for Adults with Hearing Loss* was designed to gather information about the impact the pandemic has had on the daily lives of people who are Deaf, Deafblind, or Hard of Hearing, with particular focus on communication accessibility and access to information.

The survey was made available online for a 10-day period in March and April 2021 and was completed by 656 adults who self-identified as Deaf or Hard of Hearing and were located in Canada. Each survey question was in written English with an embedded link to video with translation in American Sign Language (ASL).

### Key Findings:

- More than 75% of respondents access information about COVID-19 through news briefings in video format. Approximately three-quarters of these respondents indicated that it is easy to understand information in video format. More than 20% of those with profound hearing loss experienced difficulty understanding information in this format.
- 64% of respondents access information about COVID-19 through media releases written in English. More than 90% of respondents reported that it is easy to understand COVID-19 related information in this format.
- About three-quarters of respondents used published guidelines by a provincial health ministry to access COVID-19 management resources.
- Across information sources, respondents indicated the need for 1) straightforward, timely, up-to-date, easy to find information that is widely accessible; 2) better communication access, including through use of captioning across all live and recorded sources; and 3) multiple modes of information delivery.



- Over 80% of respondents reported difficulty with understanding others who are wearing face masks.
- Over 60% of respondents reported difficulty in understanding others who are behind plexiglass barriers.
- About 45% of respondents with severe hearing loss understand 50% or less of a video call with family or friends and understand 50% or less of a virtual event.
- More than 60% of respondents indicated that improvements to microphone quality and having captioning available would help while communicating with others through video calls and also with understanding other people at virtual events. Other key recommendations are to use strategies that facilitate a speaker to be heard (e.g., one speaker at a time) and also clearly visible (e.g., speaker directly faces the camera).
- 78% of respondents used remote medical care; one in four respondents with severe or profound hearing loss reported difficulty accessing remote medical care. Some respondents recommended that video meetings should be consistently offered as an option for virtual medical appointments.
- 60% of respondents reported that their mental health has been negatively affected as a result of the pandemic, though only 19% of respondents reported using virtual mental health services.
- Only 16% of respondents reported obtaining hearing or hearing aid services remotely from a specialist such as an audiologist or hearing instrument practitioner. Almost half of respondents (48%) indicated that making captioning available is a key way to improve remote hearing or hearing aid services.
- Many respondents indicated key areas of difficulty in their day-to-day lives as a result of the pandemic:
  - One quarter of respondents reported reduced employment hours
  - 22% of respondents experienced reduced educational opportunities
  - One third of respondents reported difficulty obtaining groceries or food
  - 42% of respondents experienced difficulty travelling on public transit
- Respondents also noted feelings of isolation as a result of disconnection from social networks.
- A number of recommendations for supports were described, including improved enforcement of COVID-19 health and safety measures in public settings, use of clear face masks to help with communication, more staff training about communication with masks/plexiglass, and more visual and written cues for customers using public transit and shopping in grocery stores.



## PROJECT OVERVIEW

The rapidly evolving coronavirus (COVID-19) situation has been unsettling, changing the daily lives of people around the globe. There is a great deal of uncertainty as guidelines for best practices in infection prevention and management have changed over time as new knowledge about the virus has become available. In order to stay informed with the most current health updates, we are all relying on news briefs, social media, and information provided electronically. This information is being updated on an hourly basis, and it is important the content reaches all Canadians. For Canadians who are Deaf, Deafblind, and Hard of Hearing, information about COVID-19 may not be easily accessible.

To better understand the extent that these communities are receiving accessible information to keep themselves and their social networks safe and healthy, adults who are Deaf, Deafblind, and Hard of Hearing were asked to complete an online survey using a computer or mobile device. Broad topics included: 1) the extent that information about COVID-19 is accessible and ways that access could be improved; 2) ways that COVID-19 health and safety measures have influenced communication accessibility; and 3) ways that participants have been affected in their day-to-day lives.

This survey is a Canadian Hard of Hearing Association (project sponsor), Wavefront Centre for Communication Accessibility and the University of British Columbia partnership project that will help us better understand ways to create accessible content and guidelines for Canadians that require accessible communication.

This report summarizes the key findings from the survey. A video recording of our webinar outlining selected survey results is [available here](#).

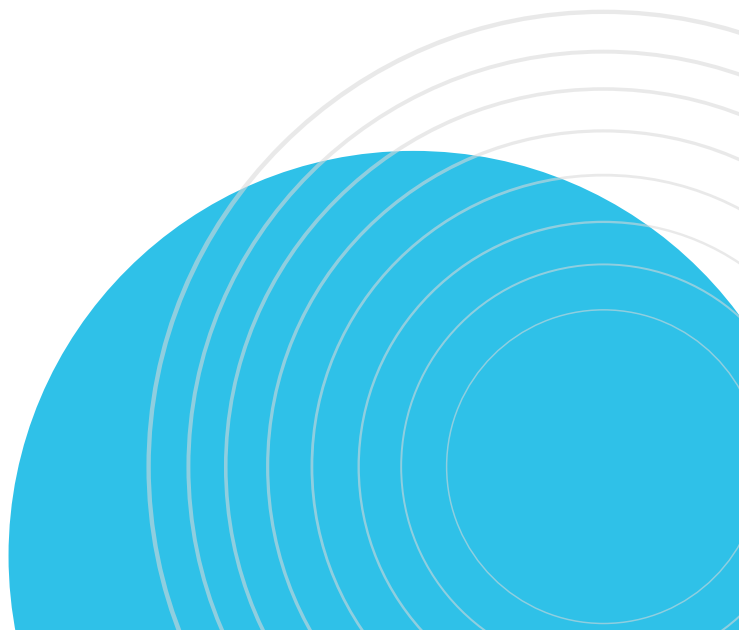
## Project Goal

Our aim was to collect information on the impact the pandemic has had on the daily lives of people who experience hearing loss and deafness, with particular focus on communication accessibility and access to information. We hoped that this survey would help us better understand how the pandemic has been experienced, how accessible the information about the virus and disease has been, and how COVID-19 related information could best be delivered to individuals who are Deaf and Hard of Hearing.

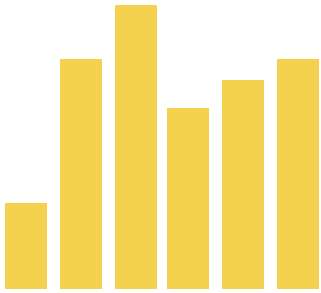


This survey asked participants about:

- the extent that information about COVID-19 is accessible and any barriers encountered
- their level of confidence about the accuracy of the information received
- ways that information about COVID-19 has been accessed
- ways that access to information about COVID-19 could be improved
- the extent that COVID-19 health and safety protective measures have influenced communication accessibility
- the extent that participants have been affected socially, mentally, and financially by COVID-19 and the COVID-19 response



## How Did We Do the Study?



- Our research team developed a questionnaire that included a combination of closed-ended and open-ended questions, which was reviewed with input from our project partners.
- To develop and administer the online survey, we used the UBC Survey Tool, Qualtrics Survey Software, which complies with the British Columbia Freedom of Information and Protection of Privacy Act, because the data are kept secure and safely stored and backed up in Canada.
- Prior to survey distribution, research ethics approval was obtained from the University of British Columbia's Behavioural Research Ethics Board.
- Two project partners, the Canadian Hard of Hearing Association (CHHA) and the Wavefront Centre for Communication Accessibility, supported the dissemination of the information about the survey to their respective user groups.
- Each participating organization was provided with the questionnaire cover letter, including link to the online survey, that they then distributed to their member and client networks who self-identified as Deaf or Hard of Hearing and were located in Canada.
- Individuals needed to be over the age of majority and needed access to either a computer or mobile device with an internet connection in order to access and complete the questionnaire.
- Questionnaire content was in written English with an embedded link to video with translation of each question in American Sign Language (ASL). All participation was voluntary with full informed consent.
- The survey link was open for 10 days in late March/early April 2021.
- Survey data were analyzed using a combination of descriptive analyses and qualitative thematic analysis.

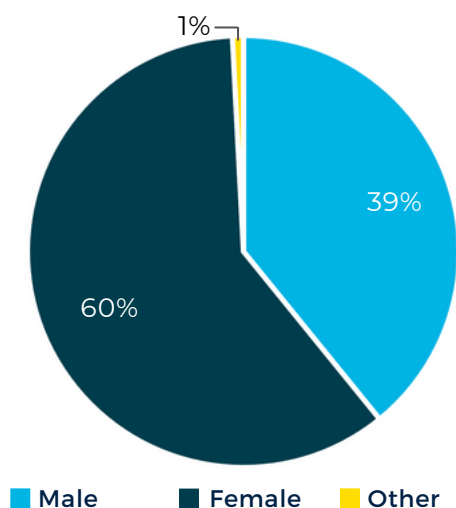
# WHO RESPONDED?

## PART 1: Information about survey respondents

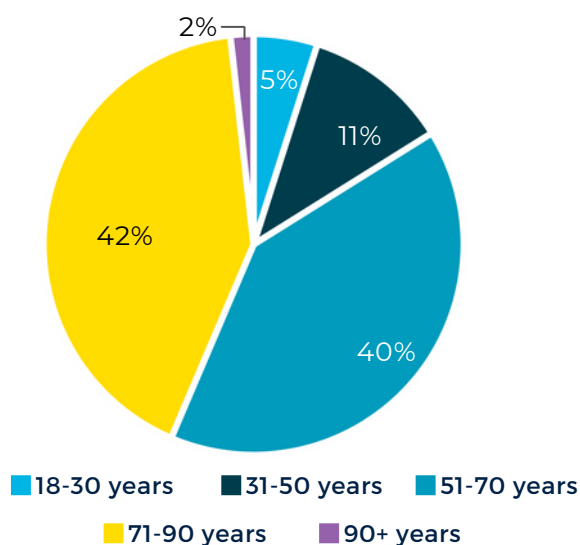
### 1.1 Demographic background

We received 656 completed surveys. Of those adults who responded, 60% self-identified as female, 39% male, and 1% as other (Figure 1). The majority of respondents (82%) were between 51 and 90 years old (Figure 2), very fluent in written English (87%; Figure 3), and resided in a large urban population centre (69%; Figure 4).

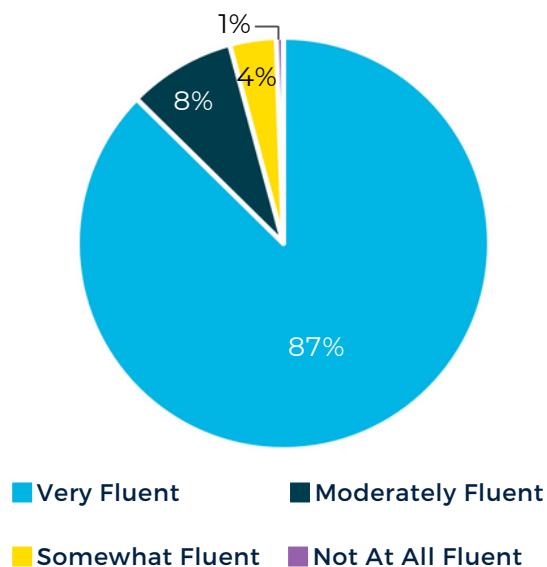
**Figure 1. Gender identification**



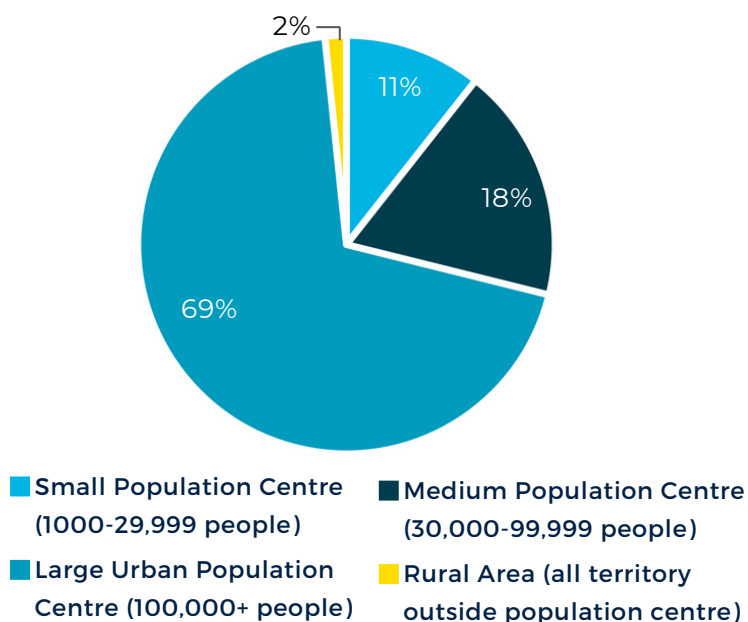
**Figure 2. Age category**



**Figure 3. Fluency in written English**

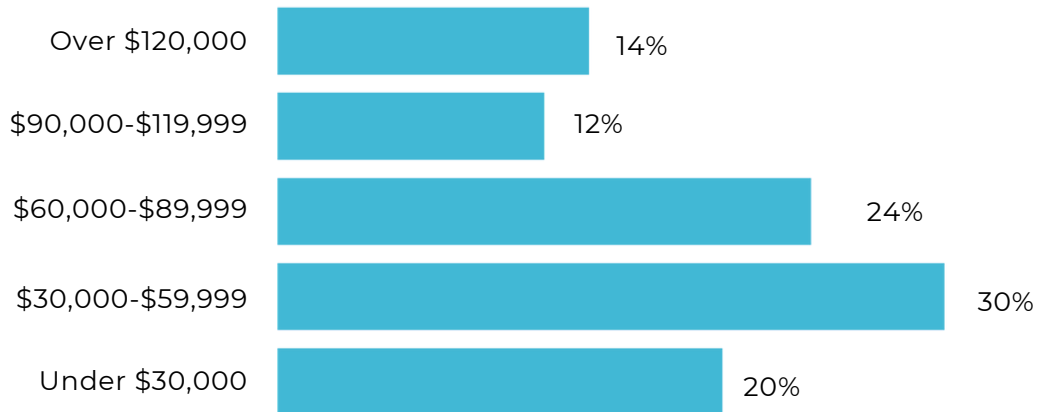


**Figure 4. Estimated population size of area of residence**



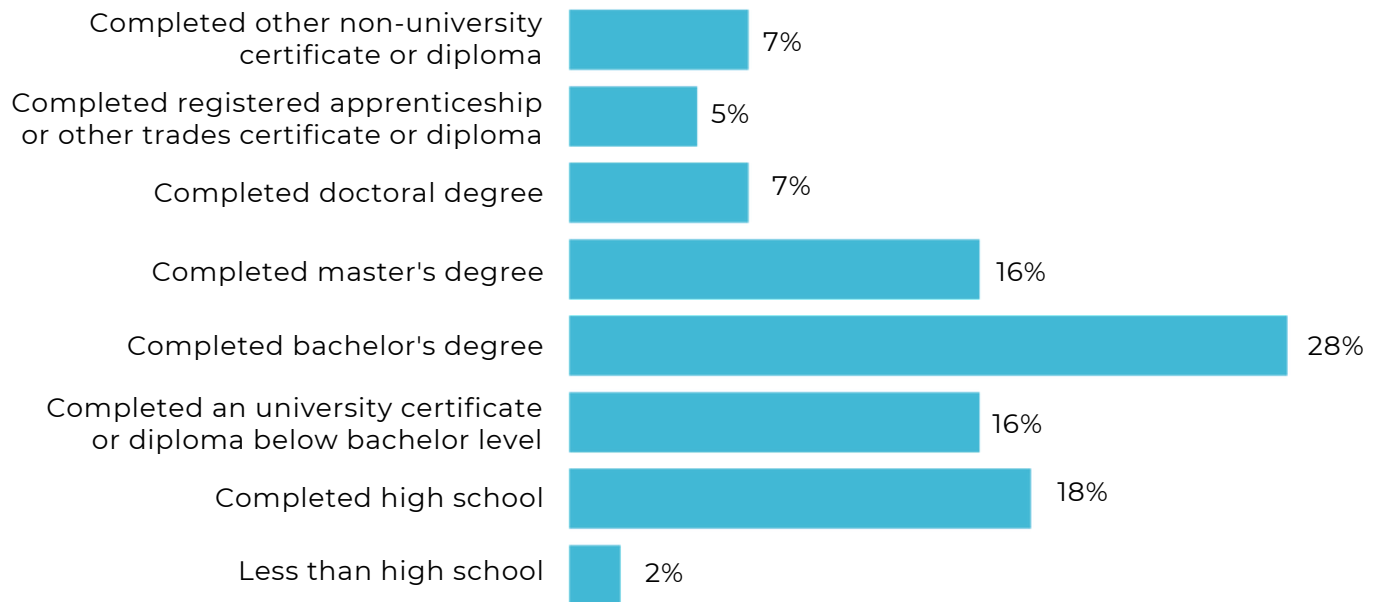
A range of socio-economic backgrounds was represented with 20% reporting a household income of under \$30,000; 30% between \$30,000 to \$59,999; 24% with \$60,000 to \$89,999; and 26% with \$90,000 and above (Figure 5).

**Figure 5. Household income (%)**



With respect to highest level of education, approximately half of respondents held a university degree (51%), with either a Bachelor’s degree (28%) or postgraduate degree (23%) (Figure 6).

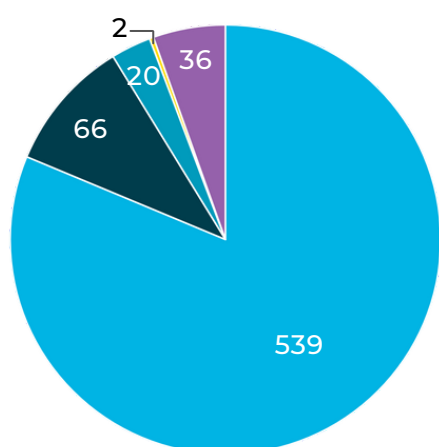
**Figure 6. Highest level of education (%)**



## 1.2 Hearing status of respondents

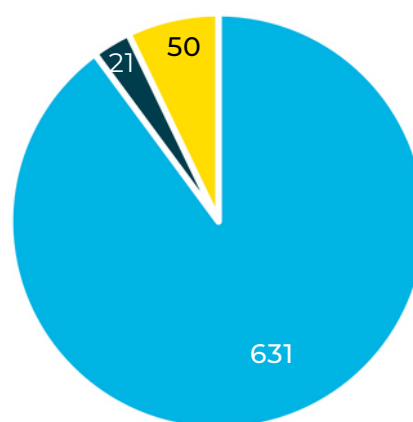
The majority of respondents self-identified as “Hard of Hearing” (Figure 7) with “Speaking” indicated as the primary mode of communication (Figure 8). Ninety-one percent of respondents reported hearing loss in both ears. Of all respondents, 65% reported an initial onset of hearing loss in adulthood (i.e., age 19 years and above; Figure 9). Respondents reported varying severity of hearing loss: 10% mild, 38% moderate, 28% severe, and 24% profound (Figure 10).

**Figure 7. Self-identification of hearing loss (#)**



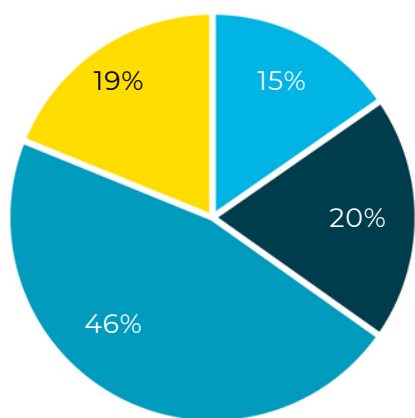
■ Hard of Hearing ■ Deaf ■ Oral Deaf  
■ DeafBlind ■ Other

**Figure 8. Primary mode of communication (#)**



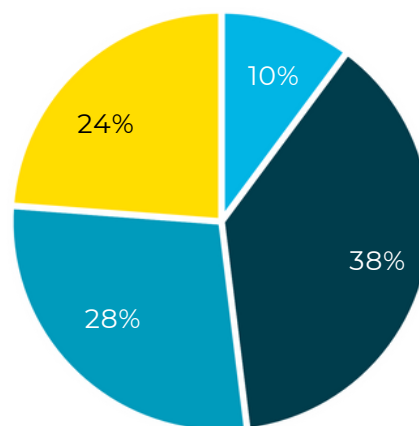
■ Speaking ■ Sign language ■ Both speaking and sign language

**Figure 9. Initial onset of hearing loss**



■ At birth ■ Childhood (1 yr to 18 yrs)  
■ Adulthood (19 to 64 yrs) ■ Senior (>65 yrs)

**Figure 10. Severity of hearing loss**



■ Mild ■ Moderate  
■ Severe ■ Profound

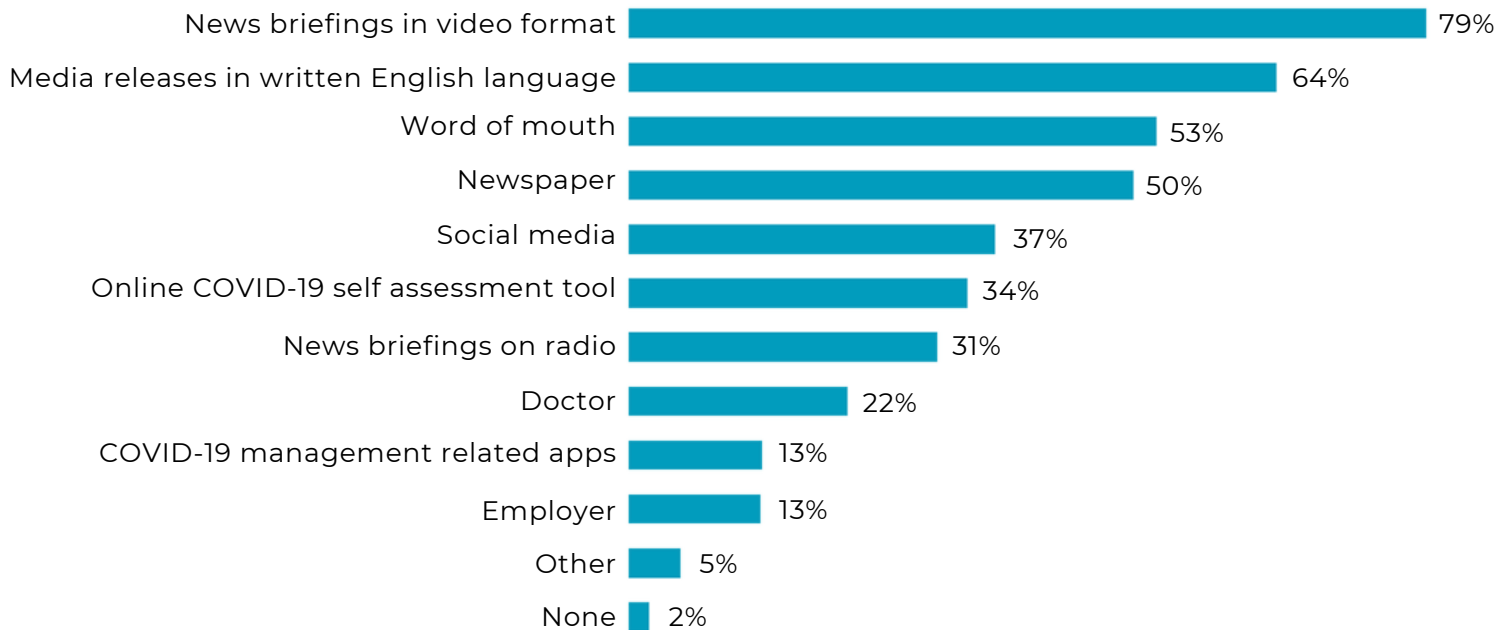
# WHAT DID PEOPLE SAY?

## PART 2: Getting information about COVID-19

### 2.1 How is COVID-19 related information accessed?

The ways to access COVID-19 related information (Figure 11) are primarily through news briefings in video format (79%) and media releases in written English (64%).

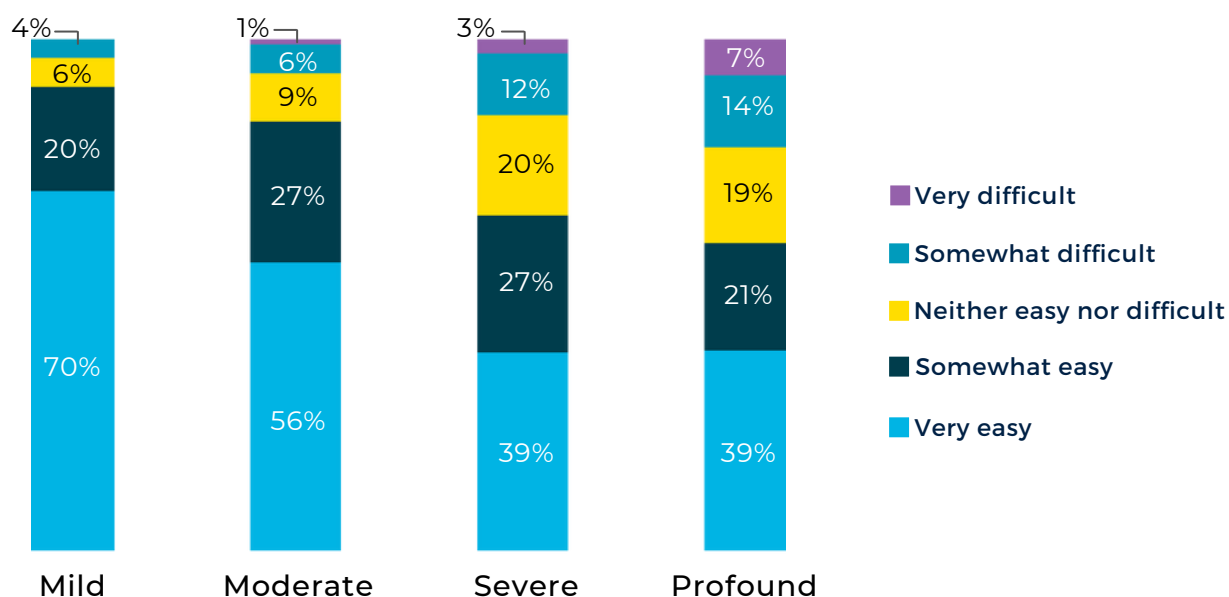
**Figure 11. Ways to access COVID-19 related information (%) (n = 704)**



### 2.2 How easy is it to understand COVID-19 related information?

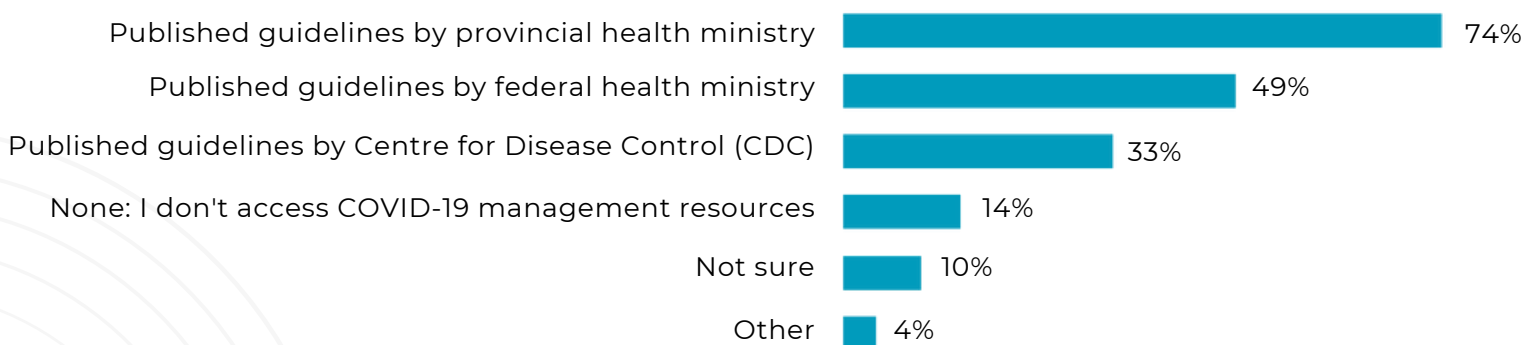
- Three-quarters of respondents reported that information in video format is easy to understand
- 21% of those with profound hearing loss find it difficult; less difficulty was experienced by those with lower severity hearing loss (15% difficulty with severe hearing loss; 7% for moderate; and 4% for mild) (Figure 12)
- 9 in 10 respondents reported that information through media releases in written English language is easy to understand
- Of the 233 respondents who use online COVID-19 self-assessment tools, 87% find it easy to understand the COVID-19 related information

**Figure 12. Ease of understanding COVID-19 related information through news briefings in video format by severity of hearing loss (%) (n = 535)**



With respect to types of COVID-19 management resources accessed, the majority of respondents (about three-quarters) reported use of published guidelines from a provincial health ministry, with close to half using published guidelines from the federal health ministry, and fewer (one-third) using guidelines from the Centre for Disease Control (Figure 13).

**Figure 13. Types of COVID-19 management resources accessed (%) (n = 692)**



- Of those respondents who refer to published guidelines by the provincial health ministry about COVID-19 management resources (n = 506), approximately three-quarters of respondents find this information easy to access
- Approximately three-quarters of respondents (n = 330) reported that it is easy to access published guidelines by the federal health ministry about COVID-19 management resources
- 73% of respondents (n = 224) reported that it is easy to access published guidelines by the Centre for Disease Control (CDC) about COVID-19 management resources
- For each of these sources, most respondents — at least 80% — reported feeling somewhat or very confident about the accuracy of the information

## 2.3 How easy is it to apply for COVID-19 related benefits or disability supports?

About one-quarter of respondents (189 of 691 respondents) applied for COVID-19 related benefits or disability supports.

- Of those who applied for these benefits/supports,
  - 20% reported experiencing difficulty applying for benefits/supports through online portals. The difficulties most frequently reported relate to clarity of the information, access, eligibility to receive the supports available, and difficulties with technical aspects
  - Many (62%) did not seek assistance to apply for these benefits/supports. Those who did seek assistance tended to use phone call (15%), online chat (11%), or other means such as support from one's social network or email/mail communications
  - For those who used assistance by phone call (n = 27) or online chat (n = 19), more than one-third reported experiencing difficulty



## 2.4 What could be done to improve access to published guidelines about COVID-19?

Across information sources for published guidelines about COVID-19 management resources (i.e., provincial and federal health ministries and CDC), respondents indicated that there are three areas where improvements could be made that relate to 1) improving the nature of and ways to access information; 2) enhancing communication accessibility; and 3) optimizing multi-media information dissemination.

**97% of respondents use captioning to support communication accessibility**

### 1. Nature of information and ways to access information

- Timely and updated regularly
- Easy to find, widely accessible
- Centralized resource needed
- Streamline federal-provincial-local information
- Clear cut, accurate, straightforward, concise

### 2. Communication accessibility

- Captioning needs to be accurate, easily visible, and consistently and widely embedded across all live and recorded sources
- Sign language interpreters should be present and clearly visible on screen
- Use plain, direct language
- Ensure websites are communication accessible

### 3. Multi-media information dissemination

- Multiple modes (mailout/print, online, email, face-to-face through providers); massive media campaigns
- Consistent information across sources and platforms
- Easy to navigate websites
- Emphasize key messages



***Mandate all television broadcasters and news outlets online to provide 100% accurate closed captioning and always have the Sign Language Interpreters visible without any overlay covering them.***

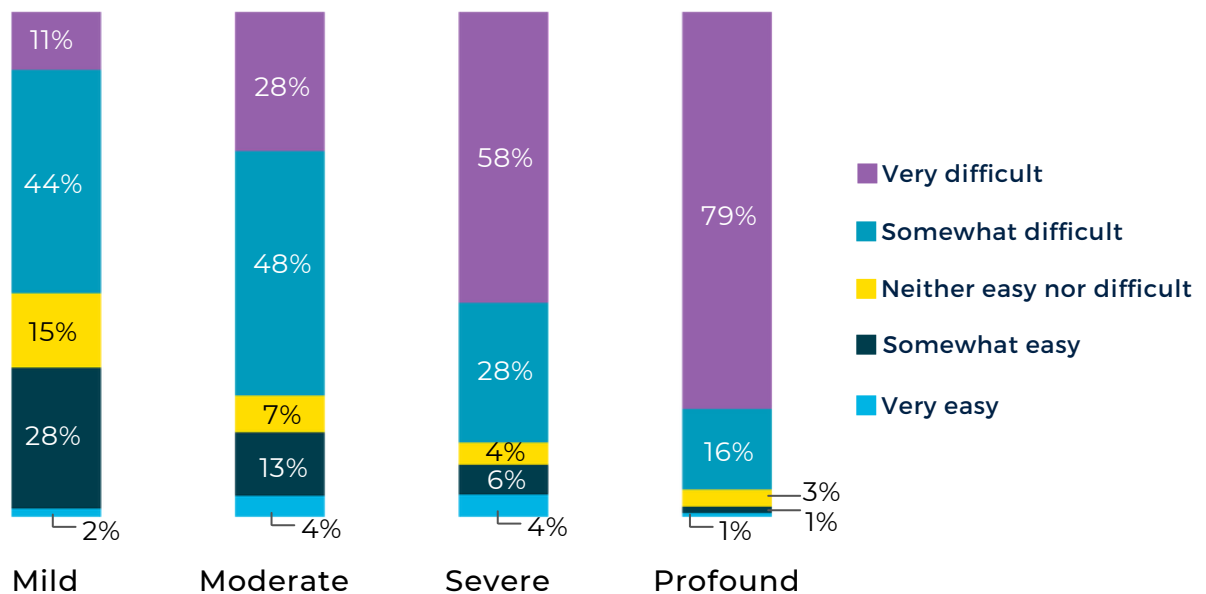


## PART 3: Communication accessibility

### 3.1 How do face masks affect communication?

- More than 80% of respondents reported difficulty with understanding others who are wearing face masks
- The proportion of those experiencing difficulty increased with increasing hearing loss severity (Figure 14):
  - 55% of those with mild hearing loss experience difficulty;
  - 76% of those with moderate hearing loss;
  - 86% with severe hearing loss; and
  - 95% with profound hearing loss
- More than three-quarters of respondents with profound hearing loss find it very difficult

**Figure 14. Ease of understanding others who are wearing face masks by severity of hearing loss (%) (n = 641)**



### 3.2 What could help make communication easier with others wearing face masks?

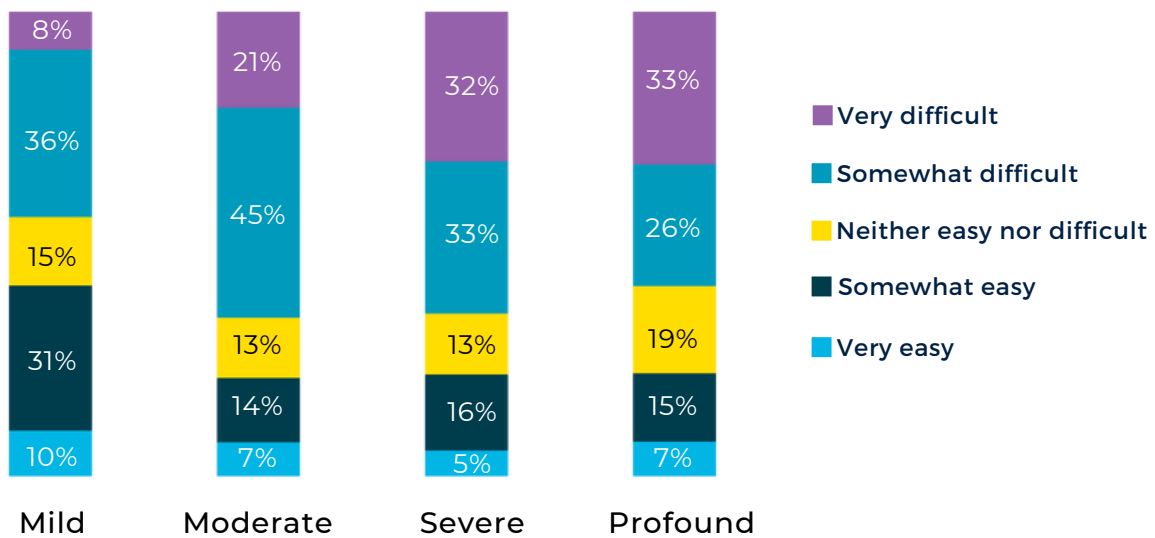
When asked to consider a situation where there was difficulty understanding a person wearing a mask, respondents indicated their preferences for what *others* could do to make it easier for a respondent to hear or understand them. Three top-ranked strategies that respondents (n = 609) prefer others to use to make communication easier include:

- Speak more clearly (71%)
- Step back and lower mask (61%)
- Speak louder (55%)

### 3.3 How do plexiglass barriers affect communication?

- 62% of respondents reported difficulty in understanding others who are behind plexiglass barriers
- Highest rates of difficulty were reported among those with moderate (66%), severe (65%), or profound (59%) hearing loss; 44% of those with mild hearing loss experience difficulty (Figure 15)
- Approximately one-third of those with severe or profound hearing loss find understanding others behind plexiglass barriers very difficult

**Figure 15. Ease of understanding others behind plexiglass barriers by severity of hearing loss (%) (n = 639)**



### 3.4 What could help make communication easier with others behind plexiglass barriers?

When asked to consider a situation where there was difficulty understanding a person behind a plexiglass barrier, respondents indicated their preferences for what *others* could do to make it easier for a respondent to hear or understand them.

“

***Clear masks, flexibility around masks/plexiglass barriers, willingness for staff to write down questions, more public education as I was judged a lot for not understanding.***

”

Three top-ranked strategies that respondents (n = 582) prefer others to use to make communication easier include:

- Speak more clearly (80%)
- Speak louder (61%)
- Step out from behind barrier and speak from a safe distance (56%)



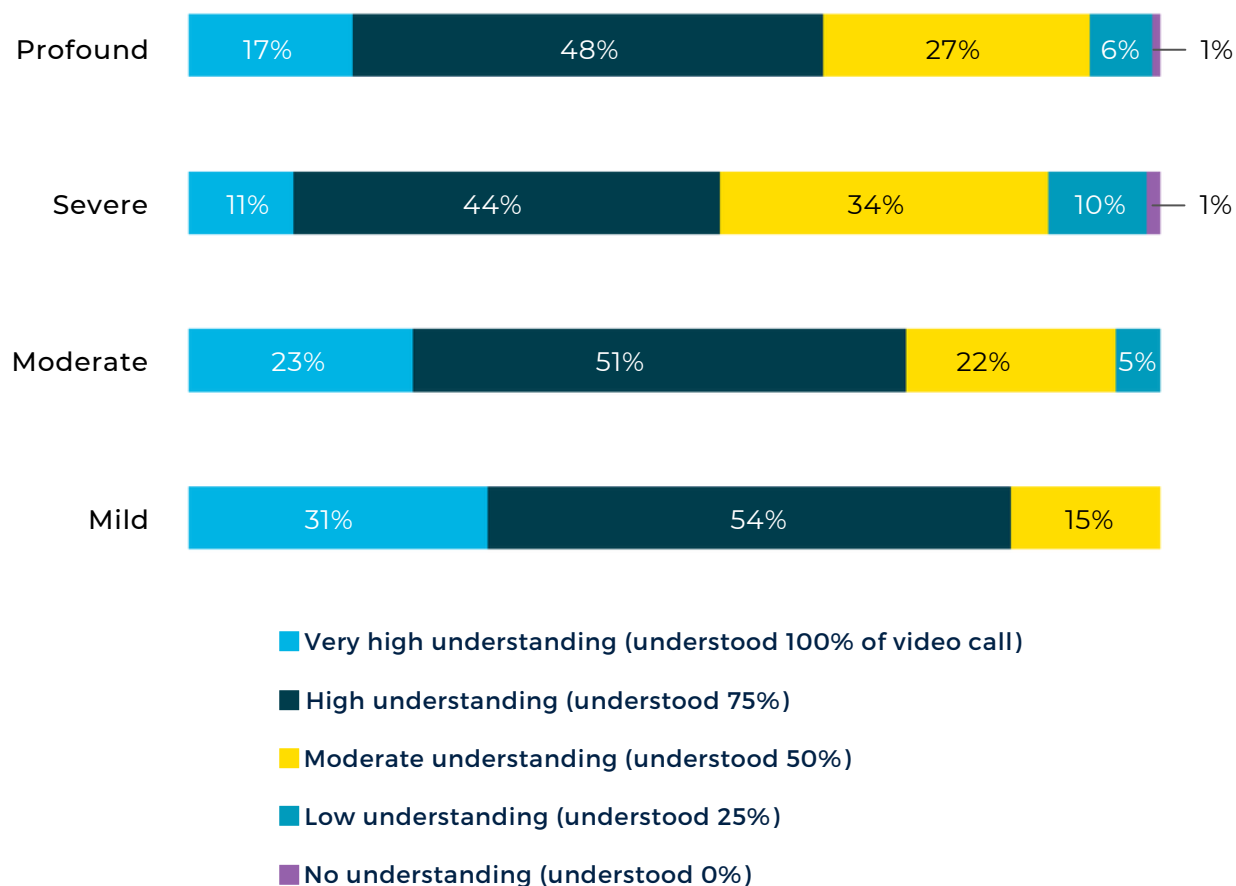
### 3.5 How easy is it to understand others during video calls?

- 64% of respondents made at least 3 video calls in the past month with friends or family (Table 1)
- 19% of respondents (130 of 669 respondents) did not use any video calls in the past month
- 45% of respondents with severe hearing loss; 34% of those with profound hearing loss; and 27% of those with moderate hearing loss understood 50% or less of a video call (Figure 16)

**Table 1. Frequency of video calls with friends or family in past month**

Number of calls	Percent	Count
None	19%	130
1 to 2	17%	112
3 to 5	19%	128
>5	12%	79
>10	15%	100
>20	18%	120
Total	100%	669

**Figure 16. Extent that understand others during video calls by severity of hearing loss (%) (n = 510)**



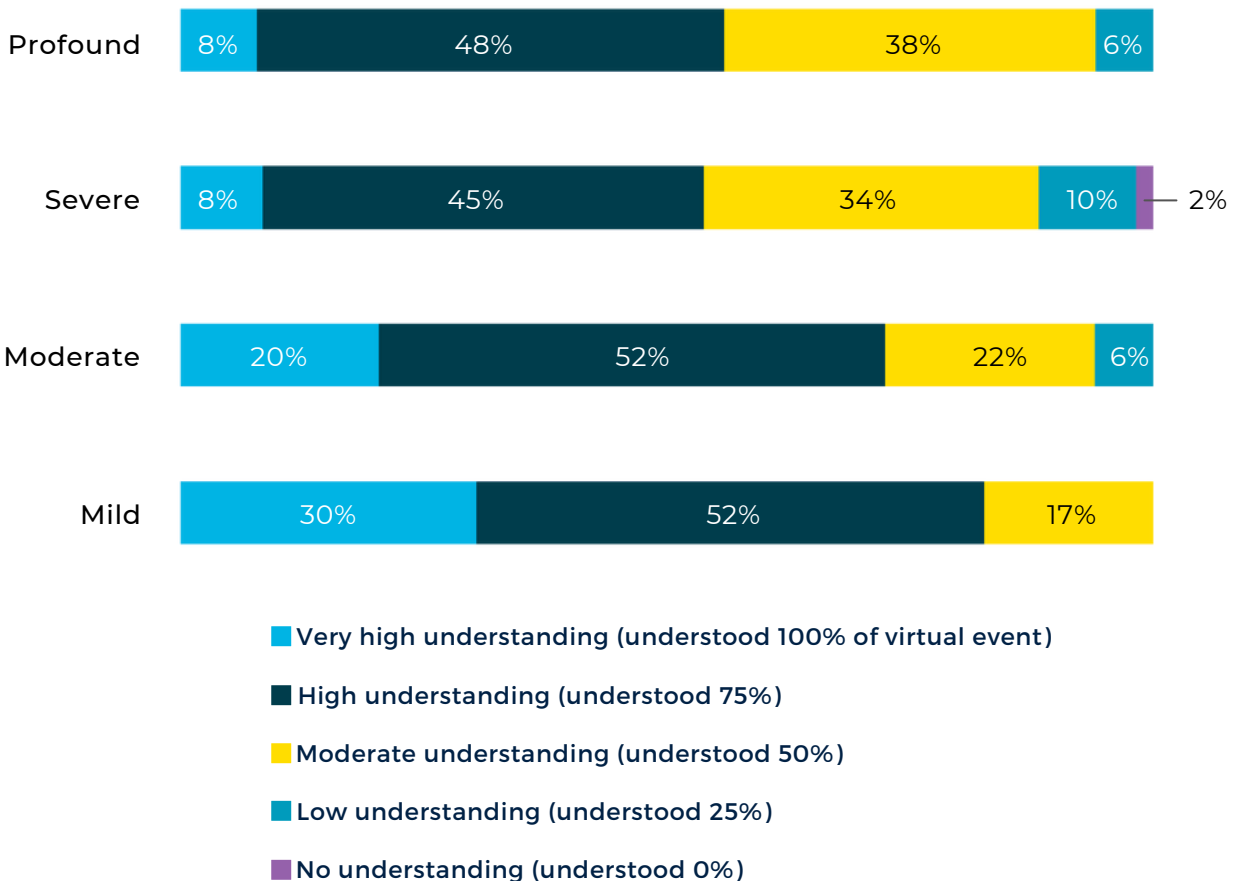
### 3.6 How easy is it to understand others at virtual events?

- 47% of respondents attended at least 3 virtual meetings, workshops, or webinars in the past month (Table 2)
- Nearly one-third of respondents did not attend any virtual events in the past month
- 44% of respondents with profound hearing loss; 46% of those with severe hearing loss; and 28% of those with moderate hearing loss understood 50% or less of a virtual event (Figure 17)

**Table 2. Frequency of virtual events attended in past month**

Number of calls	Percent	Count
None	32%	212
1 to 2	21%	142
3 to 5	17%	114
>5	30%	198
Total	100%	666

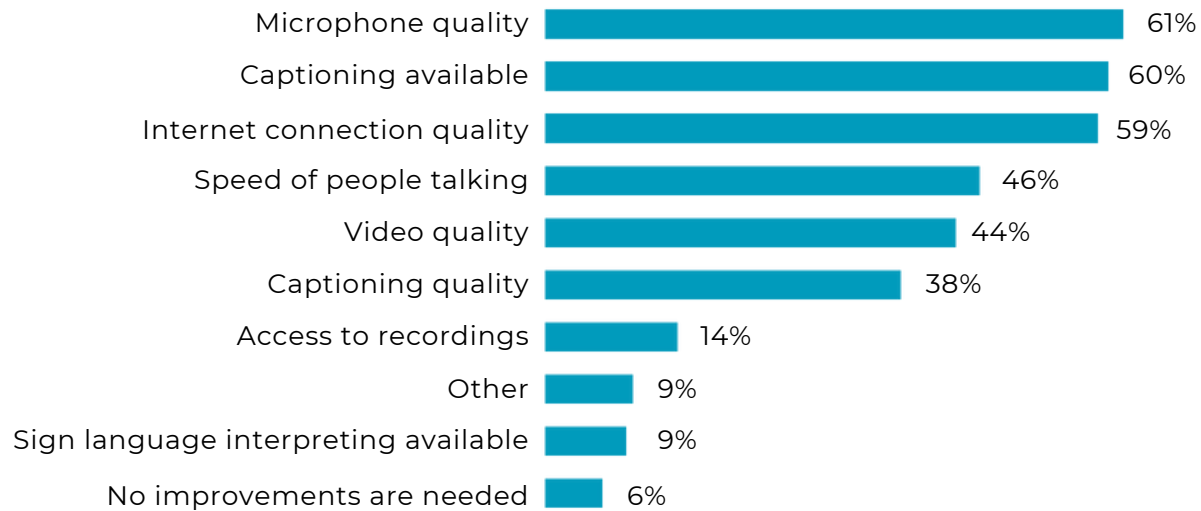
**Figure 17. Extent that understand others at virtual events by severity of hearing loss (%) (n = 434)**



### 3.7 What could be improved when communicating with others through video calls?

Respondents reported that three key areas for improvement include: Microphone quality (61%), Captioning available (60%), and Internet connection quality (59%). Areas for improvement are summarized in Figure 18.

**Figure 18. Ways to improve communication with others through video calls (%) (n = 526)**

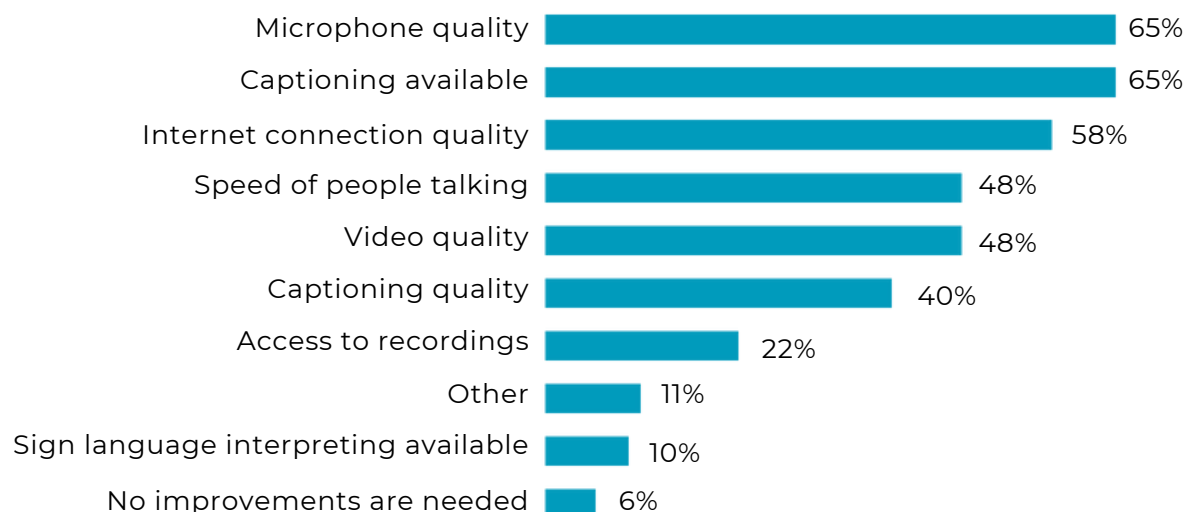


### 3.8 What could be improved to make it easier to understand other people at these virtual events?

Similar to our results on video calls, respondents indicated that key areas for improvement to facilitate understanding of others at virtual events (Figure 19) include: Microphone quality (65%), Captioning available (65%), and Internet connection quality (58%).

Other areas for improvement for video calls and virtual events are summarized in Table 3.

**Figure 19. Ways to improve virtual events to make it easier to understand other people (%) (n = 448)**



**Table 3. Respondents' "other" recommendations for communication at video calls and virtual events**

General Areas for Improvement	Specific Strategies
1. Foster greater public awareness about ways to promote communication accessibility	<ul style="list-style-type: none"> <li>• Event organizers and participants promote and facilitate use of best practices and etiquette for communication at virtual events</li> </ul>
2. Ensure speakers speak and can be heard as clearly as possible	<ul style="list-style-type: none"> <li>• Speakers speak one at a time</li> <li>• Speaker is in good position with computer microphone</li> <li>• Speaker speaks clearly</li> <li>• Have moderators at the event facilitating speaker-audience interaction</li> </ul>
3. Improve clear visibility of the speaker	<ul style="list-style-type: none"> <li>• Speakers always face the camera</li> <li>• Good lighting on speaker's face</li> <li>• Speaker is not covering face (e.g., with hands or by wearing a face mask)</li> <li>• Speaker controls amount of movement while speaking</li> <li>• Ensure the event moderator clearly and quickly identifies a speaker (use raise hand as visual cue)</li> </ul>
4. Reduce background noise	<ul style="list-style-type: none"> <li>• Mute one's microphone if not speaking</li> <li>• Limit speaker movement/shuffling while talking</li> </ul>
5. Use visual and text-based supports of speakers' talk at virtual events	<ul style="list-style-type: none"> <li>• Real-time chat functions</li> <li>• Captioning that is up-to-speed with speech</li> <li>• Provide supporting materials to audience (e.g., transcripts)</li> </ul>
6. Improve video quality	<ul style="list-style-type: none"> <li>• Reduce video lags</li> <li>• Address technical glitches</li> <li>• Have technical supports on hand</li> </ul>

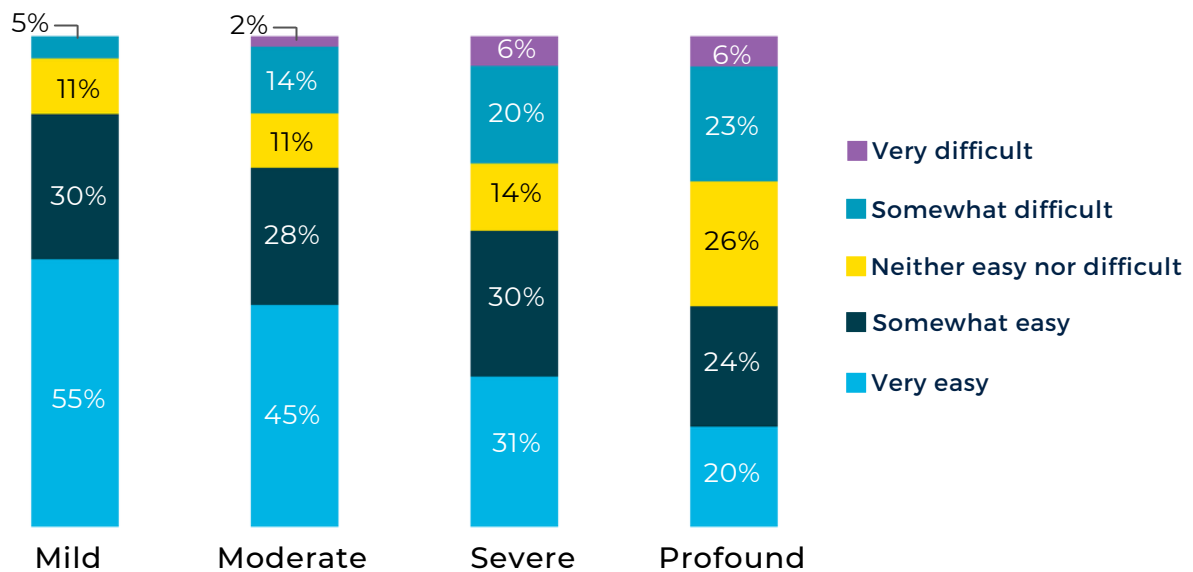


## PART 4: Remote health service use

### 4.1 Remote Medical Care

When considering communication accessibility, we also asked questions about respondents' experiences and use of remote (i.e., virtual) health services. One type of remote health service that was widely used was remote general medical care.

**Figure 20. Ease of accessing medical care remotely by severity of hearing loss (%) (n = 463)**



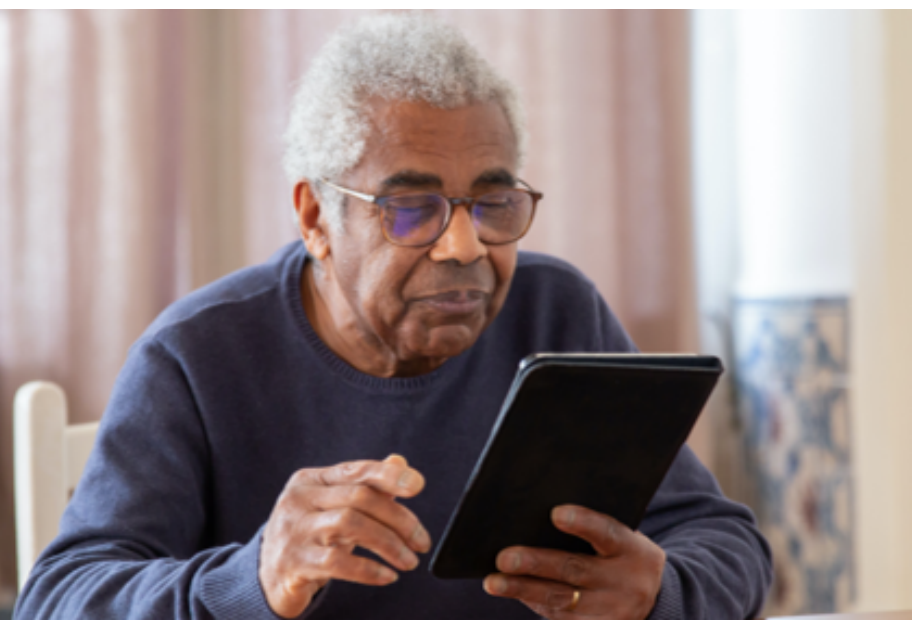
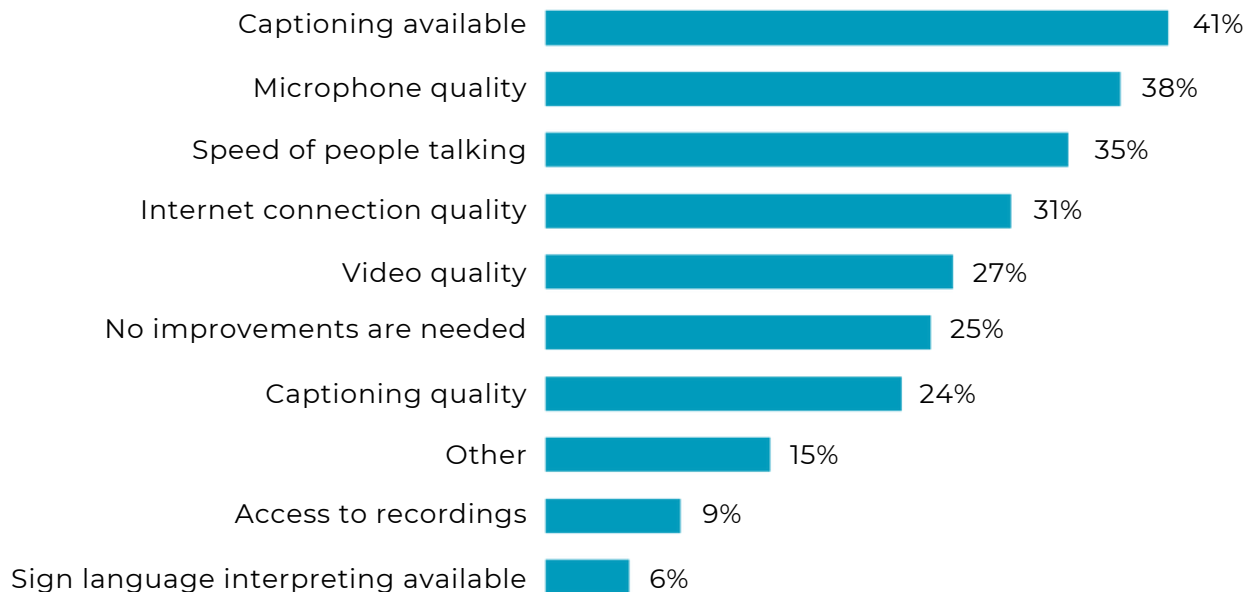
- About one-third of respondents reported that COVID-19 restrictions prevented them from obtaining medical care in their area
- 78% of respondents used remote medical care (via a video call or phone call)
- Almost two-thirds (65%) of respondents find it somewhat or very easy to access medical care remotely
- More than one-quarter of respondents with severe or profound hearing loss report difficulty accessing remote medical care (Figure 20)
- Although many of the respondents (70%) could see themselves using remote medical services in the future post-pandemic, there was variation by hearing loss severity
- Whereas close to 40% of those with mild or moderate degrees of hearing loss indicated they are very likely to use remote general medical services again after the pandemic is over, only 25% or less of those with severe or profound degrees of hearing loss indicated a similar high likelihood for future use of these services

## 4.2 What could be improved in remote general medical services?

Respondents indicated through their comments that some offices only offered remote medical appointments by telephone, which made clear understanding of the talk with the doctor much more difficult. According to respondents:

- Video meetings should be consistently offered as an option for virtual medical appointments, if they can be done securely and reliably and with appropriate follow-up appointments
- Key areas for improvement are similar to those for video calls, with the top two improvements being to have Captioning available (41%) and better Microphone quality (38%). Areas for improvement are summarized in Figure 21.

**Figure 21. Ways to improve remote general medical services (%) (n = 471)**

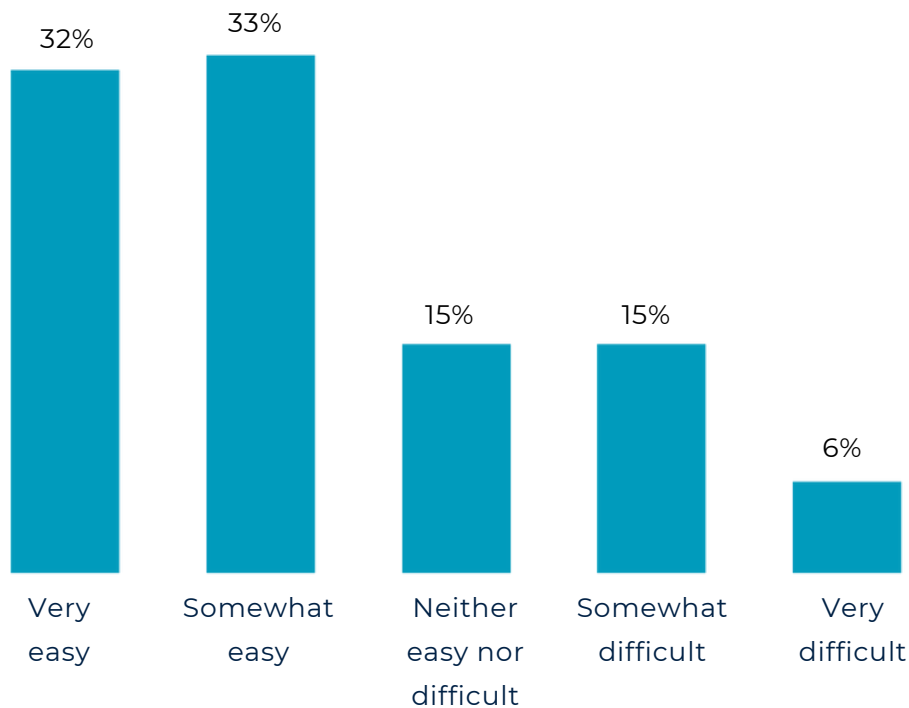


***"All the virtual medical appointments (10+) I had were telephone... Video option would be much easier for a lip reader, telephone appointments were almost impossible and I can't exactly be sure what was said..."***

### 4.3 Remote Mental Health Services

- 334 of 553 respondents (60%) reported that their mental health had been negatively affected as a result of the pandemic
- This did not translate into use of remote mental health services, however, as only 19% of respondents reported using virtual mental health services through a video or phone call
- 21% of respondents who accessed mental health services remotely (n = 103) find it difficult (Figure 22)
- 69% report they are somewhat or very likely to use remote mental health services again after the pandemic is over

**Figure 22. Ease of accessing mental health services remotely (%) (n = 103)**



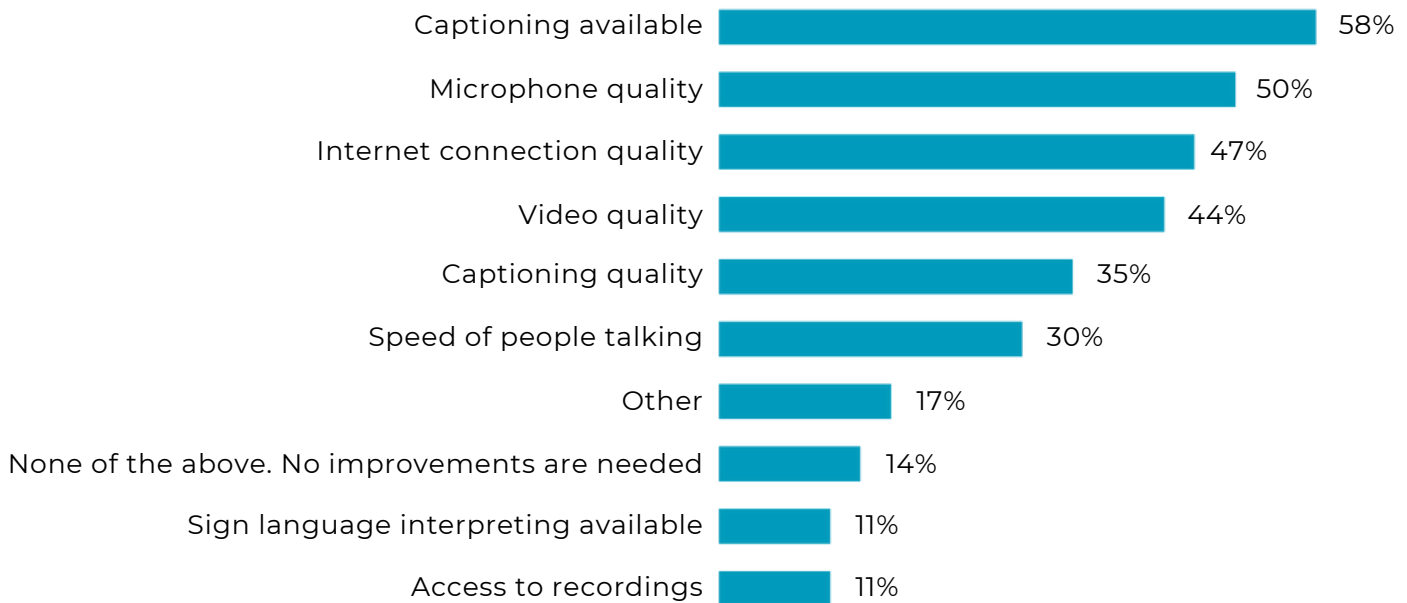
## 4.4 What could be improved in remote mental health services?

The ability to access remote mental health supports was noted as a challenge for some respondents, including the ability to find available counselors. With respect to areas for improvement, respondents recommended to:

- Improve ease of access to and availability of remote mental health services
- Enable face-to-face contact, with some preferring video calls over phone. For some, virtual appointments do not effectively substitute for in-person services
- Improve Captioning available (58%) and Microphone quality (50%). Areas for improvement are summarized in Figure 23

***"Clarity of how to access help, still waiting for response from request for help."***

**Figure 23. Ways to improve remote mental health services (%) (n = 101)**



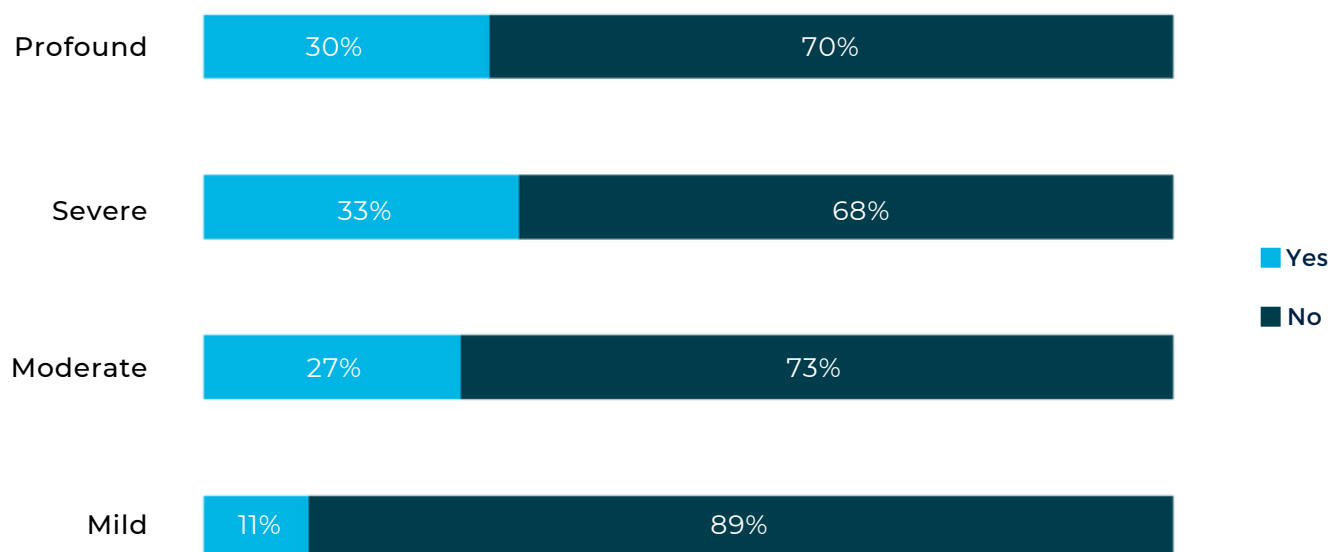
***"Was only on the phone; would have preferred Skype to make it more personal."***



## 4.5 Remote Hearing or Hearing Aid Services

- At least one-quarter of respondents with higher severity of hearing loss (moderate or more) reported that COVID-19 restrictions prevented them from obtaining hearing health care services (Figure 24)
- Only 16% of respondents reported obtaining hearing or hearing aid services remotely from a specialist such as an audiologist or hearing instrument practitioner
- 72% of respondents who accessed hearing or hearing aid services remotely (n = 93) find it somewhat or very easy to access these services; 14% reported difficulty
- Approximately 80% of these respondents could see themselves using remote hearing or hearing aid services again post-pandemic, with 47% indicating that it is very likely

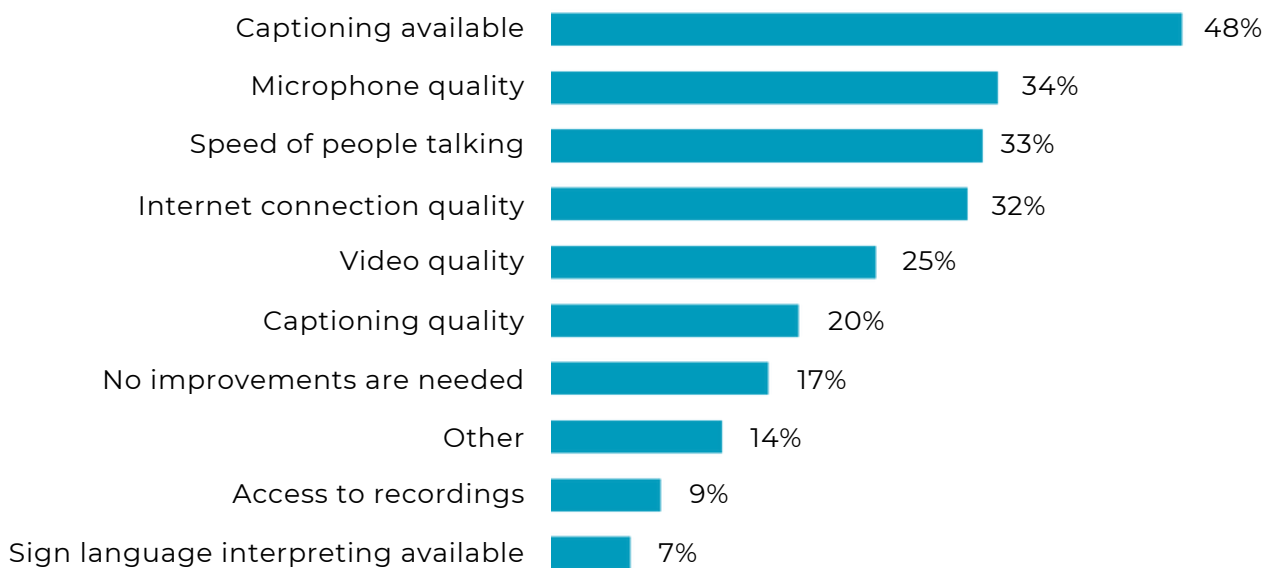
**Figure 24. Proportion indicating COVID-19 restrictions prevented them from getting hearing health care services by severity of hearing loss (%) (n = 550)**



## 4.6 What could be improved in remote hearing or hearing aid services?

- Close to half of respondents (48%) indicated that making captioning available is a key way to improve remote hearing or hearing aid services (Figure 25)
- About one-third indicated that additional areas for improvement relate to Microphone quality, Speed of people talking, and Internet connection quality
- Respondents also mentioned some other challenges including:
  - Involvement of multiple clinicians in supporting different devices, and
  - Some professionals do not offer remote hearing services

**Figure 25. Ways to improve remote hearing or hearing aid services (%) (n = 87)**



***"Different clinicians for each device - one device didn't pair to the other, therefore was without connected devices for several months."***

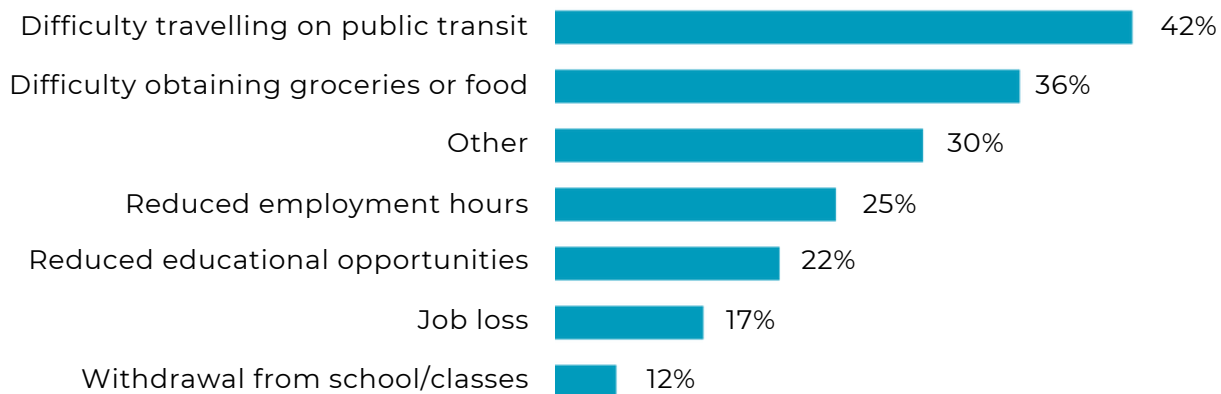
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## PART 5: Impacts on employment, education, and day-to-day experiences

### 5.1 Impacts of the pandemic on daily living

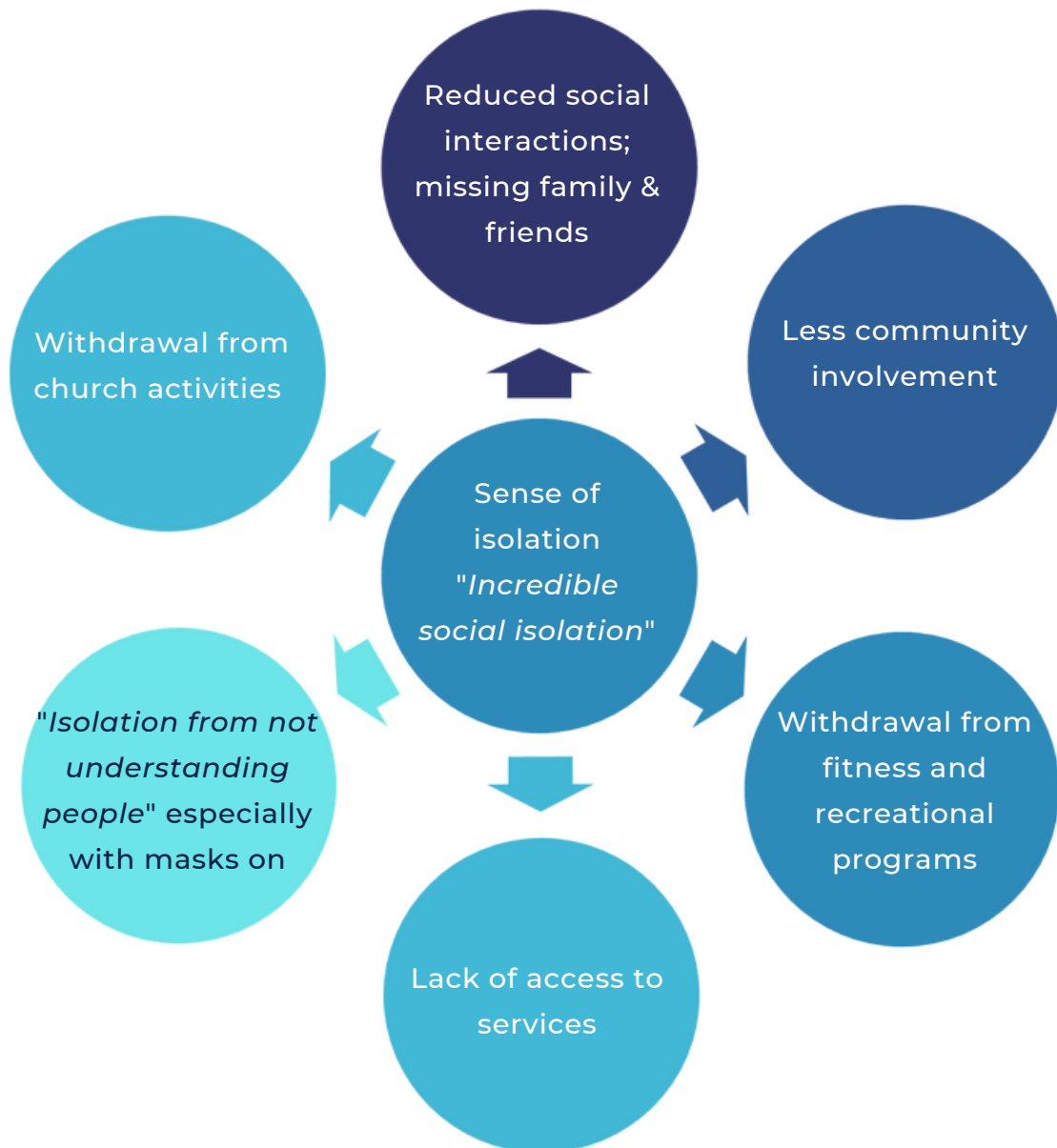
We asked participants questions about impacts of the pandemic on various aspects of their day-to-day lives. Many respondents indicated that some key areas of difficulty (Figure 26) related to travelling on public transit (42%) and obtaining groceries or food (36%).

**Figure 26. Types of experiences as a result of the pandemic (%) (n = 336)**



Thirty-percent of respondents also indicated "Other" types of experiences as a result of the pandemic, many of which relate to impacts on social connection (Figure 27).

**Figure 27. "Other" social impacts of the pandemic**



In each of the next sections, we further describe what we learned about:

- 1) Difficulties that respondents experienced, and
- 2) What could have helped them through these difficulties.



## 5.2 Employment experiences during the pandemic

In terms of impacts of the pandemic on employment experiences,

- One-quarter of respondents reported reduced employment hours
- 17% of respondents reported job loss

***"Stress of not being able to lip read"***

### Reasons for difficulty

#### Business slowdown or shutdown

- Employers reduced employment hours
- Lay-offs/terminated contracts

#### Changed needs and hiring practices of employers

- Lack of hiring and retention
- Shifts to part-time or casual work status
- Mode of work shifted to more phone communication (challenging)

#### Stress or difficulties in workplace

- Communication with co-workers wearing masks
- Workplace not using clear masks

***"I cannot understand my co-workers with their masks on"***

***"Workplace refused to obtain clear masks"***

### What would have helped

**Table 4. Respondents' recommendations for employment supports**

<b>Job-related supports</b>	<b>Health and safety measures in the workplace</b>
<ul style="list-style-type: none"> <li>• Income supports (e.g., CERB)</li> <li>• Improved communication access and support (e.g., captioning, better FM system)</li> <li>• Supportive legal council</li> <li>• Adjustments to workplace pacing</li> <li>• Presence of virtual workplace supports (e.g., IT setup)</li> </ul>	<ul style="list-style-type: none"> <li>• Clear face masks, social distancing</li> <li>• Mandatory national safety protocols</li> <li>• Timely communication of guidelines to businesses</li> <li>• Employers with timely implementation of guidelines</li> <li>• Employers with better enforcement of measures</li> </ul>

### 5.3 Educational opportunities

As a result of the pandemic, respondents reported various impacts on learning opportunities, with experiences of

- Reduced educational opportunities (22%)
- Withdrawal from school/classes (12%)

#### Reasons for difficulty

**Reductions to in-person programming**

- Cancellations of classes or programs
- No in-person educational and recreational classes

**Increases in virtual learning**

- Virtual learning not always suitable for topic
- Harder to follow audio-focused classes
- Difficult to understand teachers
- Overwhelming, stressful, bored more easily
- No captioning or interpreting services
- No recordings or transcripts

***“I am in classes online and to read my CART services, the chat, take notes and see the instructor's lips was overwhelming. There should be no chat box use in classes”***

***“It’s too difficult to understand teachers online”***

***“Poor captioning services (or none) and no access to recordings or transcripts”***

#### What would have helped

**Table 5. Respondents’ recommendations for educational supports**

Learning supports	Virtual learning
<ul style="list-style-type: none"> <li>• Provide more face-to-face learning; in-person if possible</li> <li>• Make tutors available</li> <li>• Provide local supports; accessibility services</li> </ul>	<ul style="list-style-type: none"> <li>• Provide more remote learning course options suitable for online formats</li> <li>• Improve communication accessibility in both real-time and recorded formats</li> <li>• Use captioning</li> <li>• Reduce the overwhelming nature of multiple, simultaneous communication channels during sessions</li> <li>• Ensure good audio/video quality; address technical issues</li> </ul>

## 5.4 Getting food or groceries

- More than one-third of respondents (36%) reported difficulty obtaining groceries or food as a result of the pandemic

### Reasons for difficulty

#### Fear of infection while shopping in grocery store

- Stores were too crowded; line-ups
- Fear of being around unmasked people; people not social distancing
- People being ignorant about virus and health and safety measures

#### Communication difficulties

- Unable to understand people wearing masks and behind plexiglass
- Can't hear PA announcements clearly
- Lack of understanding from others when self-identify as Deaf or Hard of Hearing and indicate that unable to hear them

#### Challenges with online shopping

- Delivery services expensive; lack of affordable options available
- Not easy to arrange delivery; navigating online apps is a challenge
- Limited selection/variety available online
- Difficulty with payment options; not all options for payment accepted
- Not receiving what was ordered

#### Challenges shopping if elderly or with mobility issues

- Reduced shopping hours for elderly or shoppers at high risk for infection
- Seniors' hours were early morning in the dark
- Difficulty finding transportation to get to the grocery store easily

***“Fear of being around unmasked shoppers and not being able to understand staff who were masked”***

***“I am reluctant to go into stores for safety and hearing reasons and the cost of delivery is prohibitive”***

### What would have helped

**Table 6. Respondents' recommendations for supports with getting food or groceries**

<b>Expand and improve online shopping &amp; delivery</b>	<b>Better support for clear in-store communication with customers</b>	<b>Ensure stores meet public health guidelines</b>
<ul style="list-style-type: none"> <li>More businesses should offer online grocery and delivery services</li> <li>Increase capacity for delivery services (serve more people)</li> <li>Improve affordability and quality (easier to use, more reliable, more options for payment)</li> </ul>	<ul style="list-style-type: none"> <li>Provide more visual/written cues to guide customers</li> <li>Provide more staff training on               <ul style="list-style-type: none"> <li>1) Ways hearing/understanding is impacted by safety measures</li> <li>2) Strategies for safe, clear communication with masks/plexiglass</li> </ul> </li> <li>Staff wear clear face masks: no-fog, wide display for lip-reading</li> </ul>	<ul style="list-style-type: none"> <li>Stronger enforcement of public safety measures</li> <li>Limit number of customers in store</li> <li>Ensure proper mask wearing, sanitization, more aisle space</li> <li>Offer more reserved shopping times for seniors</li> </ul>

## 5.5 Travelling on Public Transit

- 42% of respondents reported difficulty travelling on public transit

### Reasons for difficulty

#### Fear of becoming infected; Not feeling safe

- People not wearing masks
- Fear of others not respecting guidelines
- Lack of/inconsistent enforcement of safety measures
- Social distancing not possible on crowded rush hour buses
- Minimizing risk of exposure

#### Difficulty understanding others

- Driver behind a plexiglass and wearing mask; other transit staff wearing masks
- Hard to hear PA announcements

#### Reduced transit service with reduced capacity

- More wait times for service
- Passenger number limits

***"I can't read lips with masks on. People still talk to you when you say you don't understand."***

***"I was not allowed to use my clear masks. And I couldn't understand people"***

***"Passenger limit restrictions caused a lot of time waiting, with a disability this was painful"***

### What would have helped

**Table 7. Respondents' recommendations for supports on public transit**

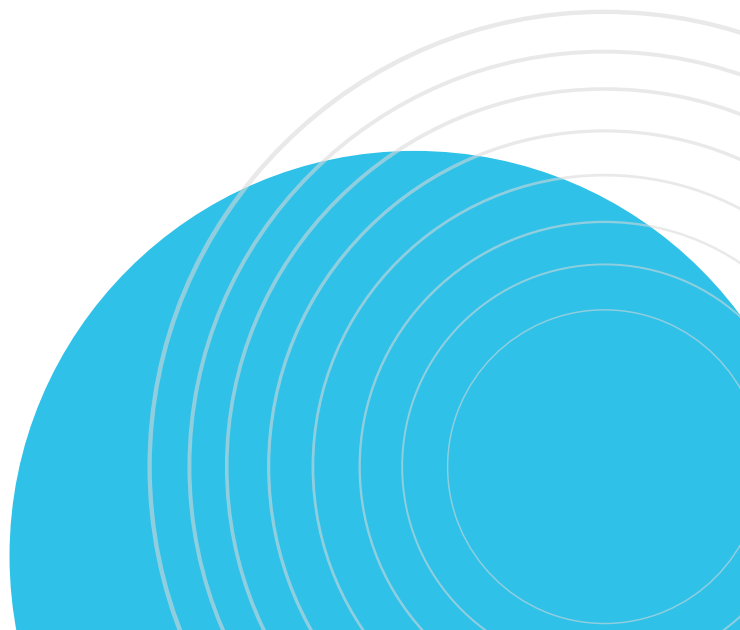
General Areas for Improvement	Specific Strategies
1. Promote cooperation, enforcement, and understanding of need for safety measures	<ul style="list-style-type: none"> <li>• Mandatory masks, social distancing</li> </ul>
2. Improve communication access with clear face masks	<ul style="list-style-type: none"> <li>• Increased use, anti-fog, full visibility</li> </ul>
3. Use of visual and written cues to provide guidance	<ul style="list-style-type: none"> <li>• More signage</li> </ul>
4. Facilitate social distancing	<ul style="list-style-type: none"> <li>• Reduced number of riders on bus at one time</li> </ul>
5. Expanded transportation options	<ul style="list-style-type: none"> <li>• More special buses/vehicles for those with disabilities or mobility issues</li> </ul>

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## PART 6: Conclusion

The findings from our survey on the *Impacts of COVID-19 on Communication Accessibility for Adults with Hearing Loss* indicated that the pandemic has greatly impacted the daily lives of respondents with respect to reduced social connections with friends, family, and service provider networks; feelings of isolation; and ongoing fears of becoming infected with COVID-19 while grocery shopping, on public transit, or at work. Although the survey results indicated that many respondents with hearing loss or deafness are able to get information about COVID-19 and generally feel confident about the accuracy of the information, there are still a number of respondents who experience difficulties accessing this information, particularly adults who have more severe hearing loss.

Survey respondents highlighted a number of opportunities for improving the accessibility of information about COVID-19, such as the use of plain straightforward language, widespread use of captioning in both live and recorded formats, and consistent use of sign language interpreting. While the COVID-19 health and safety measures are viewed as important to enforce in public settings and workplaces, consistent use of these measures, such as face masks and plexiglass barriers, also make communication very difficult on a day-to-day basis. The survey findings highlighted several opportunities for improving communication access with others wearing face masks and behind plexiglass barriers, during video calls and virtual events, and also when using remote health services. The survey findings point to possible ways to enhance communication access through implementing specific solutions, such as wider use of clear face masks, and also, more generally, building greater public awareness, patience, and understanding about the communication difficulties experienced by adults with hearing loss, particularly as a direct result of the pandemic and pandemic measures.





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Canadian Hard of Hearing Association  
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