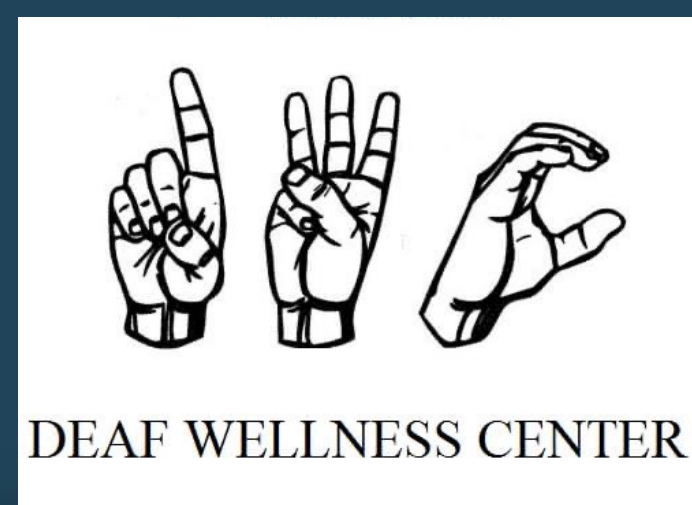


Advancing Access: A SWOT Analysis for the Deaf Wellness Center

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Introduction

The Deaf Wellness Center (DWC)

The DWC is devoted to enhancing the lives of individuals who identify as Deaf or hard-of-hearing. The DWC mission revolves around three pillars:

1. Clinical service
2. Education
3. Research

Background

The Deaf Wellness Center (DWC) is undergoing significant changes with recent staff adjustments, opening opportunities for growth. A key challenge is expanding services to diverse Deaf communities in Rochester amid increasing demands, as well as integrating our services into the larger Department of Psychiatry and medical center. A comprehensive needs assessment is crucial to inform the DWC's evolving mission.

Method

- Recruited key URMCC department leaders and conducted two separate focus groups.
- Initiated recruitment of referral organizations and facilitated one focus group.
- Performed a SWOT analysis on transcripts from the three focus groups. Findings from these focus groups are presented in the results section.

Results: SWOT Analysis

STRENGTHS +	WEAKNESSES –
<ul style="list-style-type: none"> • Provides access to an underserved population locally, regionally, and nationally. • Smooth referral process. • Facilitates access for patients across the hospital. • Created a board of Deaf patients and family members that advise the hospital about best practices for working with deaf patients. • Faculty willing to supervise trainees in the Psychology Doctoral Internship Program. • Provide educational presentations to faculty in the department about how to work with deaf colleagues, patients, and interpreters. 	<ul style="list-style-type: none"> • “Siloed” – DWC is viewed as a specialized clinic, not fully integrated. • Insufficient visibility and awareness of DWC's services across the medical center and potentially the community at large. Infrequent updates on DWC's activities. • Absence of child or family services with ASL-fluent therapists at DWC. • No of formal testing or consultation services for deaf patients in medical or psychiatric units. • Lack of comprehensive data on Deaf patient demographics, health disparities, service gaps, etc. • No identified case manager for Deaf resources, insufficient ASL assessment tools.
OPPORTUNITIES +	THREATS –
<ul style="list-style-type: none"> • Formal partnerships with medical training programs. • Provide clinical training: students interested in Deaf mental health; ASL and Deaf culture education for URMCC staff. • Expand clinical services: consultations, family services, recruitment of Deaf healthcare providers, and creation of a collaborative care wellness division for the hospital. • Potential revenue: external consultations, psychological testing, and training opportunities. • Broaden research: specializing in deaf mental health. Promote interdisciplinary research collaborations. • Develop assessment tools for the Deaf community • Positioning DWC as a national model for Deaf mental health service provision. 	<ul style="list-style-type: none"> • Challenges associated with logistics and regulations in creating new clinical services. • Complexities in recruiting suitable staff for new roles. • Risk of overloading current DWC staff in meeting broader hospital needs. • Resource constraints, including financial and time limitations.

Discussion

- DWC: Strong resource for deaf mental health, needs greater visibility and integration within URMCC.
- Gaps: Lack of child/family services, formal testing, comprehensive patient data, and case management for Deaf resources.
- Potential: Expansion of clinical services, research, community engagement, and revenue opportunities.
- Challenges: Regulatory hurdles, recruitment complexities, risk of staff overload, and resource constraints.

Future Directions

- Focus Groups from referral organizations.
- Focus groups from the community (e.g., past patients, BIPOC, LGBTQIA+, Deaf Refugees, DeafBlind).
- Focus group results will be coded and analyzed, looking at feasibility of implementation and impact.
- The summary results will then be presented to the Department of Psychiatry Advisory Council of Consumers (DPACC) and department leadership.
- The DWC will hold a town hall meeting conducted in American Sign Language, where results will be shared with the Rochester's Deaf and Hard of Hearing Community.

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