CAA Webinar

SUPPORTING ADULTS WITH HEARING LOSS

Keynote Speaker – Esther Oh

Industry Sponsor Presentation – Phonak

Q&A 20 questions - Lorienne Jenstad Sarah Mason and Sarah Mason

Contributed Research Papers

Moderator – Sarah Mason

Oct. 20, 2021

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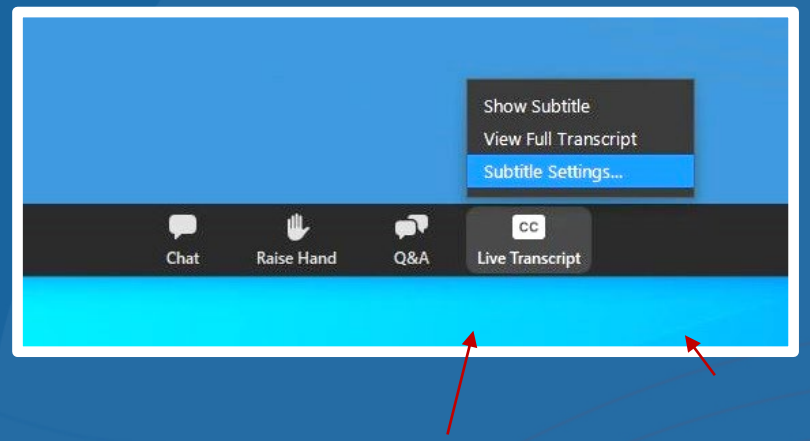

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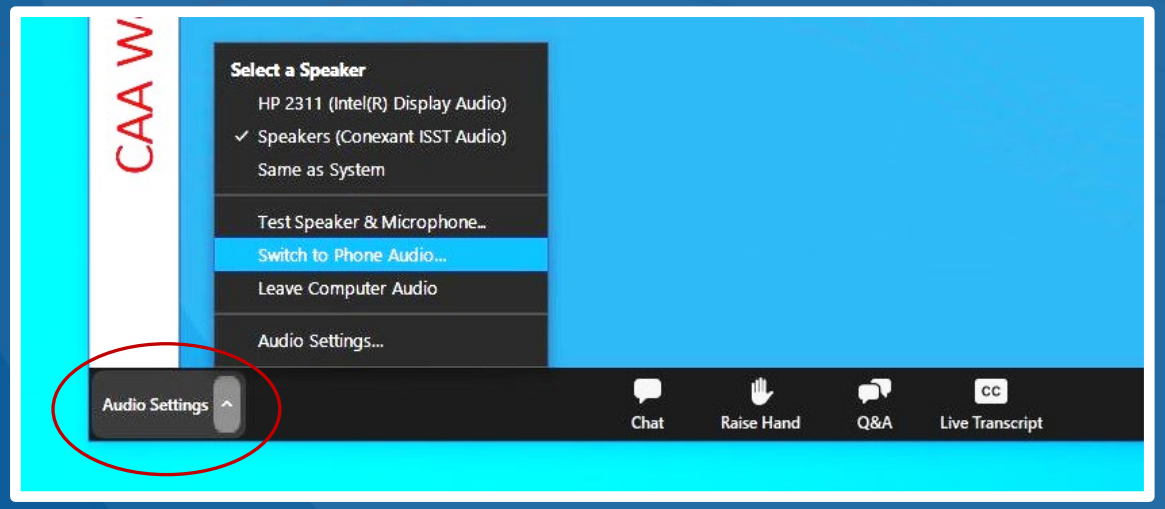

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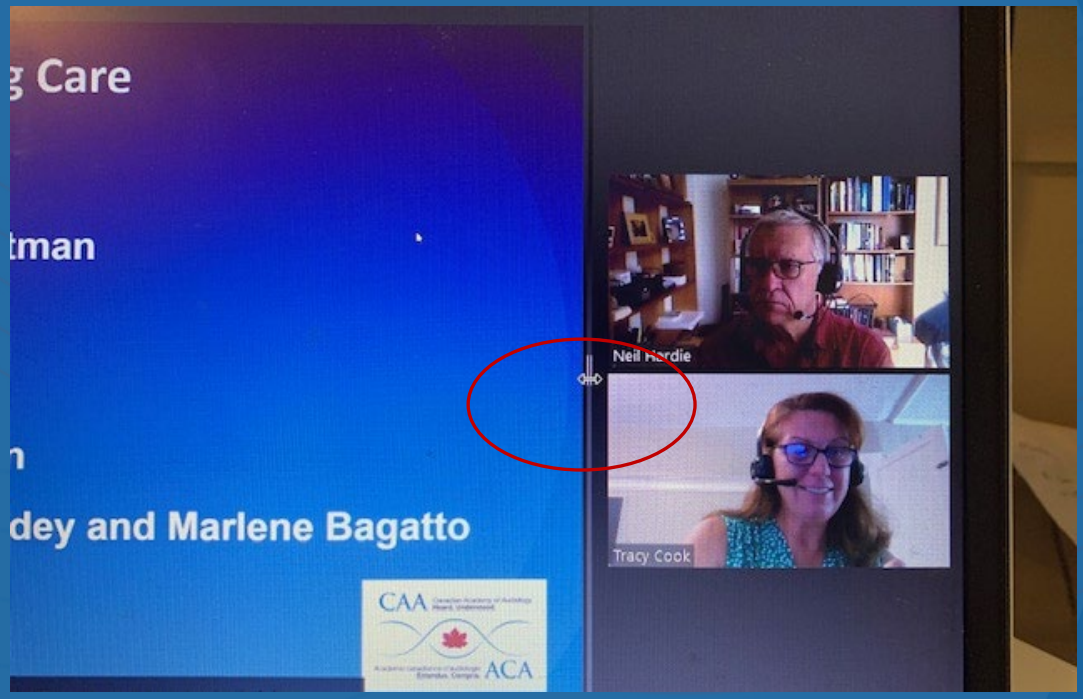

SUPPORTING ADULTS WITH HEARING LOSS – 7PM ET

CAA Canadian Academy of Audiology
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PHONAK CANADA

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www.phonak.com/ca/en/hearing-aids

Moderator – Sarah Mason

Sarah Mason received a Bachelor of Science from Dalhousie University and a Master's of Clinical Science from Western University. She received her Doctor of Audiology from A.T. Stills University. Dr. Mason worked at Children's Hospital in Seattle, Washington for over a decade. She has also worked in the private sector before serving in her role at Dalhousie University.

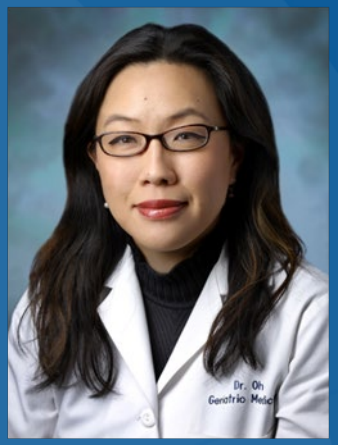
Dr. Mason currently serves as the Academic Coordinator for Clinical Education and is a member of the Advocacy Committee and Practice Education Committee at the School of Communication Sciences and Disorders. She also supervises the Dalhousie Hearing Aid Assistance Program and the on-site Audiology Clinic at the school. Dr. Mason is past president at CAA and is a member of the Canadian Adult Hearing Healthcare Coalition. Her professional interests include special populations, family centred care, student advocacy and mentorship.

Agenda

7 pm	Welcome and Introduction
7:05	Keynote Speaker – Esther OH – Alzheimer's, Dementia and Hearing Loss
8:00	BREAK (5 min)
8:05	Sarah Mason presents the Jean Kienapple Award
8:10	Contributed Research Paper - Mathieu Hotton, Laval University
8:15	Contributed Research Paper - Andreea Hajas, University Western Ontario
8:20	Featured Sponsor Presentation – Stacey Rich, MClAud, AudA, Manager Audiology Leadership and Training, Phonak
8:35	20 questions - Barriers to Hearing Health Care, Lorienne Jenstad / Sarah Mason
8:55	Thanks and Wrap - Sarah Mason

Keynote Speaker: Esther Oh

MD, PhD, Associate Professor, Johns Hopkins University School of Medicine



Dr. Esther Oh is an Associate Professor in the Division of Geriatric Medicine and Gerontology (Department of Medicine) at the Johns Hopkins University School of Medicine. She also holds appointments in the Department of Psychiatry and Behavioral Sciences, Division of Neuropathology, and Cochlear Center for Hearing and Public Health. She is also the Co-Director of the Johns Hopkins Memory and Alzheimer's Treatment Center which is a multi-disciplinary clinic with geriatricians, neurologists and psychiatrists.

Contributed Research Paper:

Mathieu Hotton, Assistant Professor, Laval University & Jean-Pierre Gagné Ph. D.

"First clinical trial of the QAAP, a new protocol and clinical tool designed to assess the audiological needs of individuals with hearing loss."

3 key learning points:

- Participants will be made aware of the existence of a valid, comprehensive, and consistent audiological needs assessment protocol
- Participants will understand the potential impacts of the implementation and use of the QAAP-YOA on their workload and job quality
- Participants will know ways to facilitate the implementation of the QAAP-YOA in their practice and to minimize its impact on their workload.

First clinical trial of the QAAP, a new protocol and clinical tool designed to assess the audiological needs of individuals with hearing loss

Mathieu Hotton, Ph. D. Laval University
Jean-Pierre Gagné, Ph. D. University of Montreal

Centre de recherche iugm Institut universitaire de gériatrie de Montréal
Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal Québec
Université de Montréal Faculté de médecine École d'orthophonie et d'audiologie
Cirris
Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale Québec
Faculté de médecine
Université Laval

Background

Quebec Audiological Assessment Protocol for Younger and Older Adults (QAAP-YOA)

- A needs assessment clinical protocol
- Based on the principles of the ICF, client-centered care and goal setting
- Sections included in the QAAP
  - Audiological needs
  - Living conditions
  - Personal factors
  - Discussion with the client concerning treatment goals and intervention strategies
  - Recommendations

+ What information should be included in the report

+ An accompanying clinical tool (a form)

Background

Quebec Audiological Assessment Protocol for Younger and Older Adults (QAAP-YOA)

https://www.tandfonline.com/doi/full/10.1080/14992027.2021.1947532?scroll=top&needAccess=true

INTERNATIONAL JOURNAL OF AUDIOLOGY
https://doi.org/10.1080/14992027.2021.1947532

The British Society of Audiology · The International Society of Audiology · NAS Nordic Audiological Society · Taylor & Francis Taylor & Francis Group

ORIGINAL ARTICLE

Check for updates

Development of a protocol and a clinical tool to assess the audiological needs of younger and older adults with hearing loss

Mathieu Hotton[a,b,c] and Jean-Pierre Gagné[b,d]

[a]Rehabilitation Department, Faculty of Medicine, Laval University, Québec, Canada; [b]School of Speech-Language Pathology and Audiology, University of Montréal, Montréal, Canada; [c]Centre Interdisciplinaire de Recherche en Réadaptation et Intégration Sociale, Québec, Canada; [d]Centre de Recherche de l'Institut Universitaire de Gériatrie de Montréal, Montréal, Canada

Research objectives

1) Measure the effects of the use of the QAAP on audiologists' workload and job quality
2) Explore the clinical relevance, usefulness, advantages and disadvantages of the QAAP
3) Identify the modifications that may the required to the QAAP

Methods

Participants

- 5 experienced audiologists who work in primary-care settings
- 29 adult hearing-impaired adults

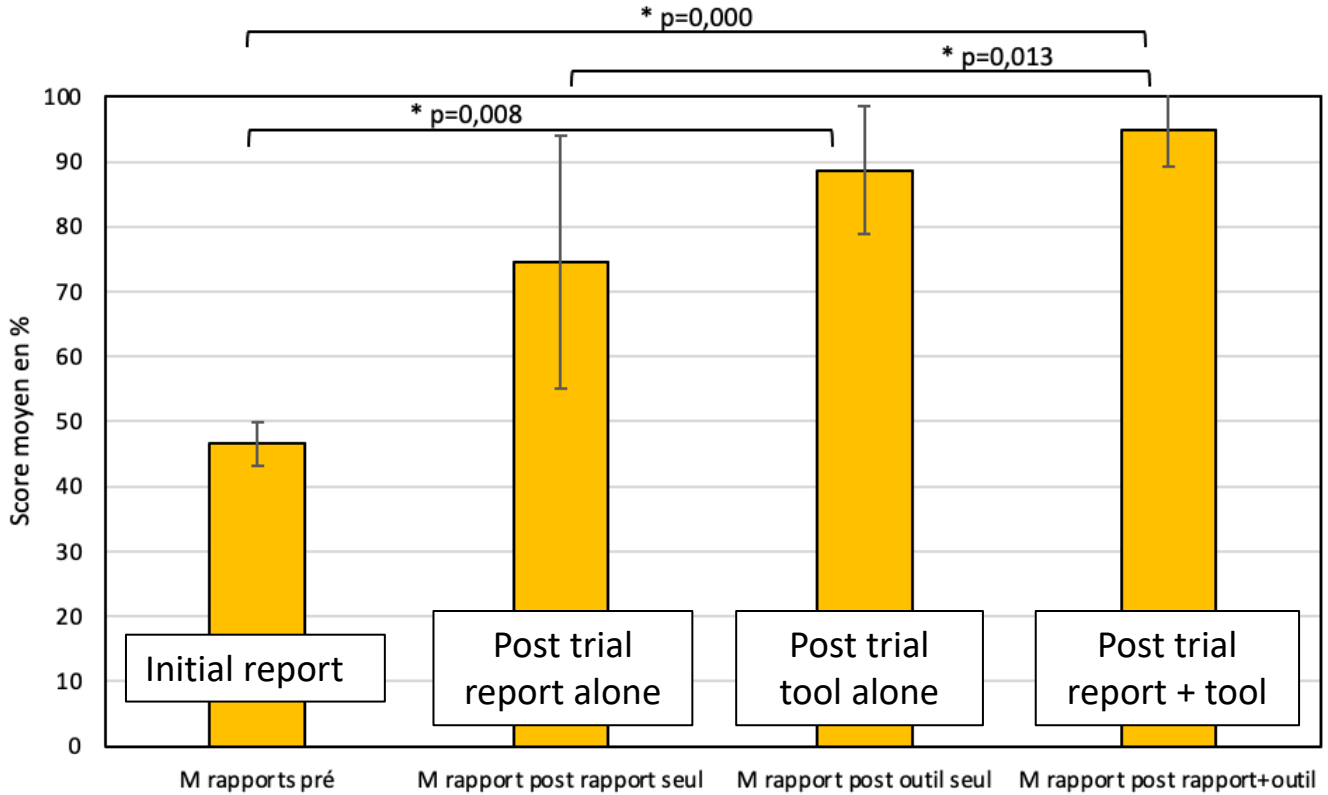
Procedures

- Audiologists participated in a two-hour training session which included a description of the QAAP and instructions on how to use it
- Audiologist applied the QAAP with clients (4 to 8 weeks period)
- Individual semi-structured interviews were done with audiologists and clients

Results

Quality of audiological reports

- Mean compliance rate of the audiological reports with the QAAP requirements significantly better after the trial, with the use of the QAAP accompanying clinical tool (p<0,008)



Results

Time required to apply the QAAP

- The additional time required to administer the QAAP with the client during the trial varied between 5 and 30 minutes per client
- The additional time required to complete the clinical tool that accompany the QAAP varied between 5 and 60 minutes per client
- All audiologists mentioned that the time required to apply the QAAP and to complete the clinical tool was more important at the beginning and that there was a reduction of this time with experience, after a break-in period
  - A realistic mean estimate ≈ 30 minutes total / patient

Results

Semi-structured interviews

- Audiologists
  - Relevant and useful in the clinic
  - Allows for a more comprehensive and consistent needs assessment, and better adapted recommendations
  - The majority of audiologists said they were satisfied
  - Time was seen as the biggest disadvantage
  - Proposed changes mainly to reduce administration time (ex. use of a digital platform) and to facilitate its use with clients in the clinic
- Clients
  - All clients said they were satisfied
  - No specific issue was raised by the clients and they proposed no changes to the protocol

Conclusions

- Audiologists judged it relevant and useful in the clinic because it allowed for the completion of a more comprehensive and consistent needs assessment, which was noticeable in their reports, and which led to better informed recommendations
- In general, audiologists and clients were satisfied of the QAAP
- Additional time was required to administer the QAAP and the clinical tool
- Modifications to the QAAP would be preferable to reduce the time required to apply it in the clinic
- Future work to integrate the QAAP in a digital platform, which would allow, among other advantages, shorter administration time, automated report generation for the audiologist, distance and self-administration

Funding sources:
- Québec Ministry of Health and Social Services
- Fonds de recherche du Quebec en santé
- CIUSSS Centre-Sud-de-l'Île-de-Montréal
- Endowed research Chair of the Fondation Caroline Durand en audition et vieillissement de l'Universite de Montreal, held by J-PG

Thank you !

Mathieu Hotton, Ph. D. audiologist

mathieu.hotton@fmed.ulaval.ca

https://www.researchgate.net/profile/Mathieu-Hotton

Contributed Research Paper:

Andreea Hajas, M.Cl.Sc./Ph.D. Student - Audiology/Hearing Science, Western Ontario

“Development of a case history form for adults with audio-vestibular conditions related to COVID-19”

3 key learning points:

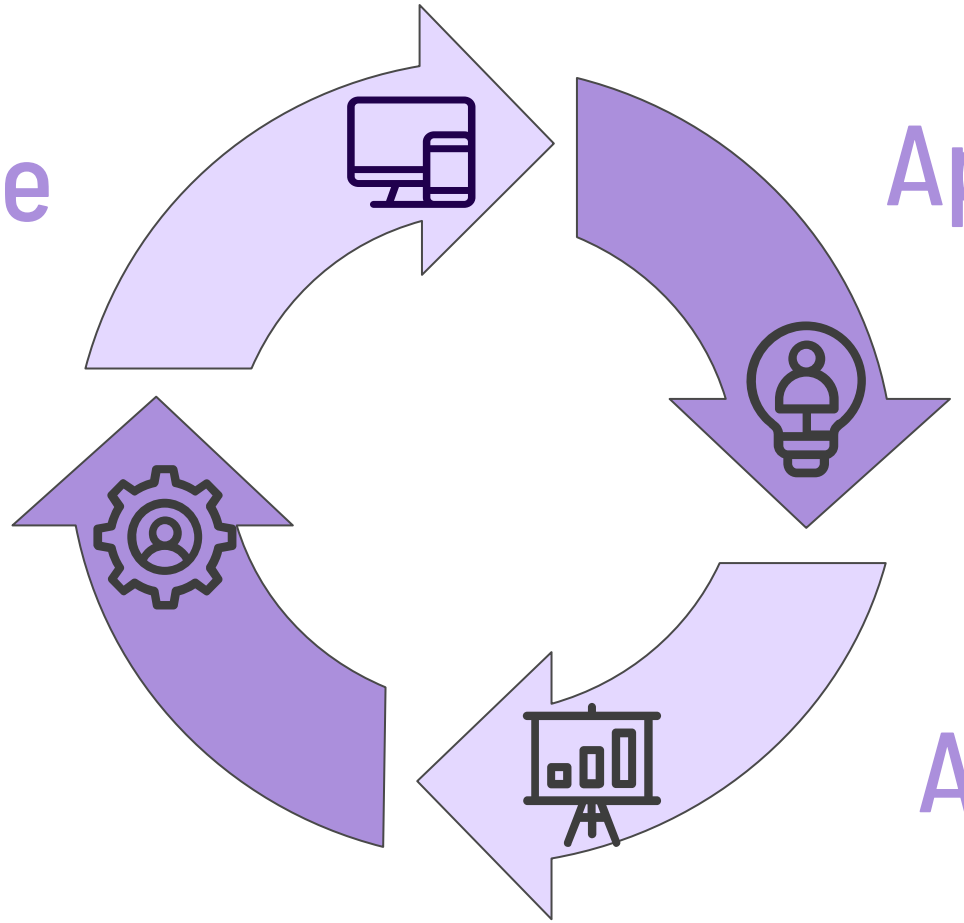
- Engaging an expert panel and reaching consensus
- Developing clinic-ready tools
- COVID-19 and audio-vestibular conditions

Western
National Centre
for Audiology

Development of a Case History Form for Adults with Audio-Vestibular Conditions Related to COVID-19

October 2021

E-Delphi Method



The Expert Panel

Sumit K. Agrawal

B.Sc., M.D.

Sangamanatha Ankmnal-Veeranna

B.Sc., M.Cl.Sc, PhD

Ioan Curca

B.M.Sc., M.Cl.Sc., PhD

Paula Folkeard

B.A. Hons., M.Sc., Au.D.

Roberto Guadagno

B.A. Hons., M.Cl.Sc., Au.D.

Adrian Jennings

Community member

Andreea Hajas

B.H.Sc. Hons., M.Cl.Sc/Ph.D. Student

Sheila Moodie

B.Sc., M.Cl.Sc., Ph.D.

Mohamed Rahme

B.A. Hons., M.Cl.Sc/Ph.D. Candidate

Susan Scollie

B.A. Hons., M.Cl.Sc., Ph.D.

Andreas Seelisch

B.H.Sc. Hons., M.Sc,

Divya Sundaravadivelu

BASLP, M.Sc.

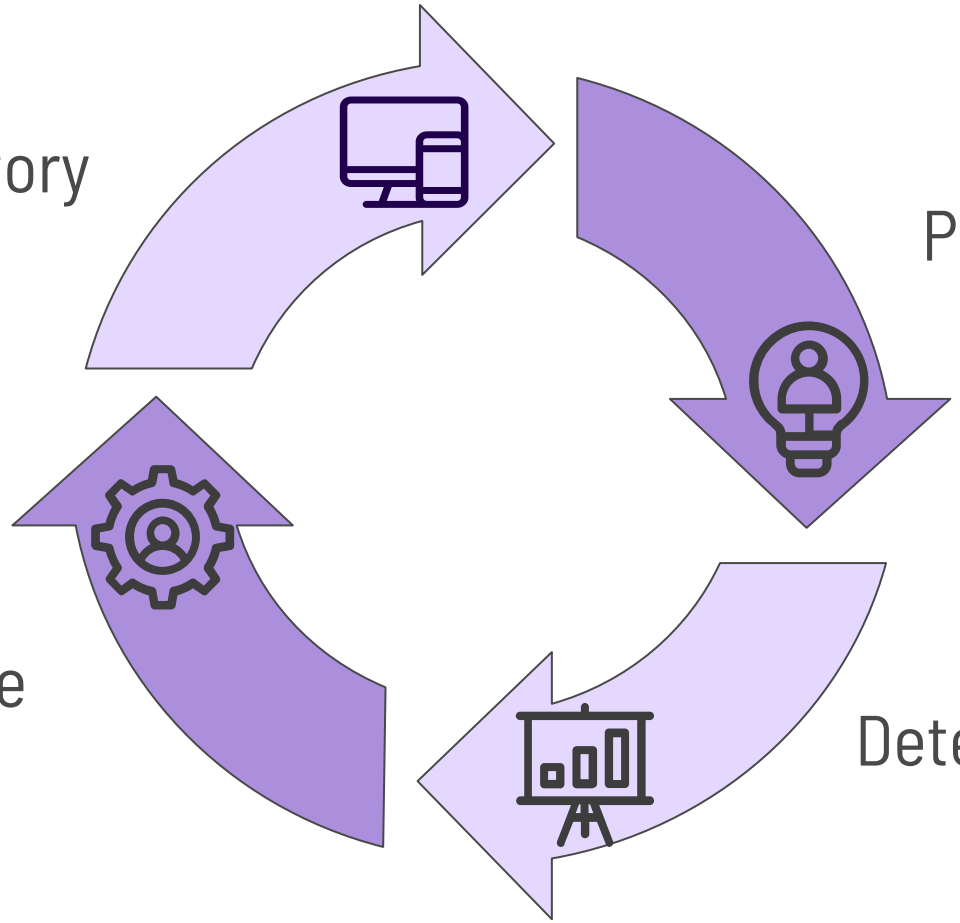
E-Delphi Method

Distribute

Send the updated case history form and appraisal questionnaire to panel

Appraise

Panel evaluates items based on 4 predetermined criteria



Revise

Make changes to the Case History from

Analyze

Determine the consensus for each item

Appraisal Criteria

01

Relevance

Will the information obtained from the item be helpful to direct patient care?

02

Novel

Will the information obtained provide new information for your intake process?

03

Detail

Will the information obtained be detailed enough for decision making?

04

Appropriate Health Literacy

Will the patient understand what the question is asking?

COVID-19 AND AUDIO-VESTIBULAR HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your record.

Name *(Last, First):*	**DOB:**

PART A: COVID-19 INFECTION HISTORY

1. Have you ever received a positive COVID-19 test (PCR, rapid)?		☐ Yes	☐ No
2. If yes, was a variant of concern/interest (ex. Delta) identified? If yes, which one? _____	☐ Yes	☐ No	☐ Don't know
3. If yes, did you have any of the following COVID-19 symptoms? Select all that apply.			
Loss of taste or smell			☐
High fever			☐
Body ache			☐
Skin changes (rashes, hives, bumps, discoloration around fingers or toes)			☐
Confusion			☐
Eye problems (pink eye)			☐
Gastrointestinal symptoms			☐
4. When did you first notice your COVID-19 symptoms? **Date:** _____			
5. Were you admitted to hospital as a result of your COVID-19 infection?		☐ Yes	☐ No
5a. If yes, how long was your stay at the hospital? _____			
6. Were you administered medications that you were told could harm your hearing or balance? If yes, which one _____	☐ Yes	☐ No	☐ Don't know
7. If admitted to hospital, did you require equipment to help you breathe (ex. BiPAP, intubation, respirator)?		☐ Yes	☐ No
8. Do you have lasting symptoms related to COVID-19 (referred to as being a COVID-19 Long-Hauler)?		☐ Yes	☐ No
8a. Describe any on-going symptoms: _____			

PART B: PRE-COVID-19 INFECTION HEALTH HISTORY

9. Prior to your COVID-19 infection, did you ever have your hearing tested?	☐ Yes	☐ No
9a. If yes, did you have a identified hearing, tinnitus, balance, or dizziness problem? Please describe: _____	☐ Yes	☐ No
9b. Do you use hearing aids?	☐ Yes	☐ No

10. Do you have any of the following conditions? Check all the following that apply to you.	
Cardiovascular disease (coronary heart disease, congenital heart disease)	☐
Stroke	☐
High Blood pressure	☐
Diabetes type 1 or 2	☐
Chronic Kidney disease	☐
Chronic Obstructive Pulmonary Disorder (COPD)	☐
Immunodeficiency disease - please specify: _____	☐
Sickle cell disease	☐
Smoking (tobacco, marijuana, vape	☐
Pregnancy	☐
Other: _____	

PART C: POST-COVID-19 INFECTION HEALTH HISTORY

11. After your COVID-19 infection, did you experience any of the following. Check all that apply.	
Pain in ear	☐
Migraines	☐
Increased vocal strain (talking louder than normal)	☐
Aural fullness	☐
Difficulty understanding speech in background noise	☐
Other: _____	

12. Have you noticed changes to your hearing since having COVID-19?			☐ Yes	☐ No
12a. If yes, is the change in:	☐ Left ear only	☐ Right ear only	☐ Both ears	
12b. If yes, please describe the change in your own words: _____				
12c. If yes, were hearing changes sudden?	☐ Within Days	☐ Within Hours	☐ Within Minutes	☐ No
13. Have you noticed changes in any of the following: balance, vertigo, spinning, falls, light-headedness, dizziness?			☐ Yes	☐ No
13a. If yes, were the changes sudden?	☐ Within Days	☐ Within Hours	☐ Within Minutes	☐ No

13b. If yes, select the type of dizziness that best describes your experience:	
Feeling of spinning while lying down or rolling in bed	☐
Feeling of spinning in the head while still, not associated with changing position (standing up from sitting)	☐
Light headedness	☐
Other: _____	

14. If you had buzzing, ringing, other noises (tinnitus) prior to COVID-19, has it become louder or more frequent?			☐ Yes	☐ No
15. Have you noticed any new buzzing, ringing, or other noises (tinnitus) since having COVID-19			☐ Yes	☐ No
15a. If yes, is it in:	☐ Left ear only	☐ Right ear only	☐ Both ears	
15b. If yes, is it:	☐ There all the time	☐ Come-and-go	☐ Not sure	
15c. If yes, was it sudden?	☐ Within Days	☐ Within Hours	☐ Within Minutes	☐ No

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Canada

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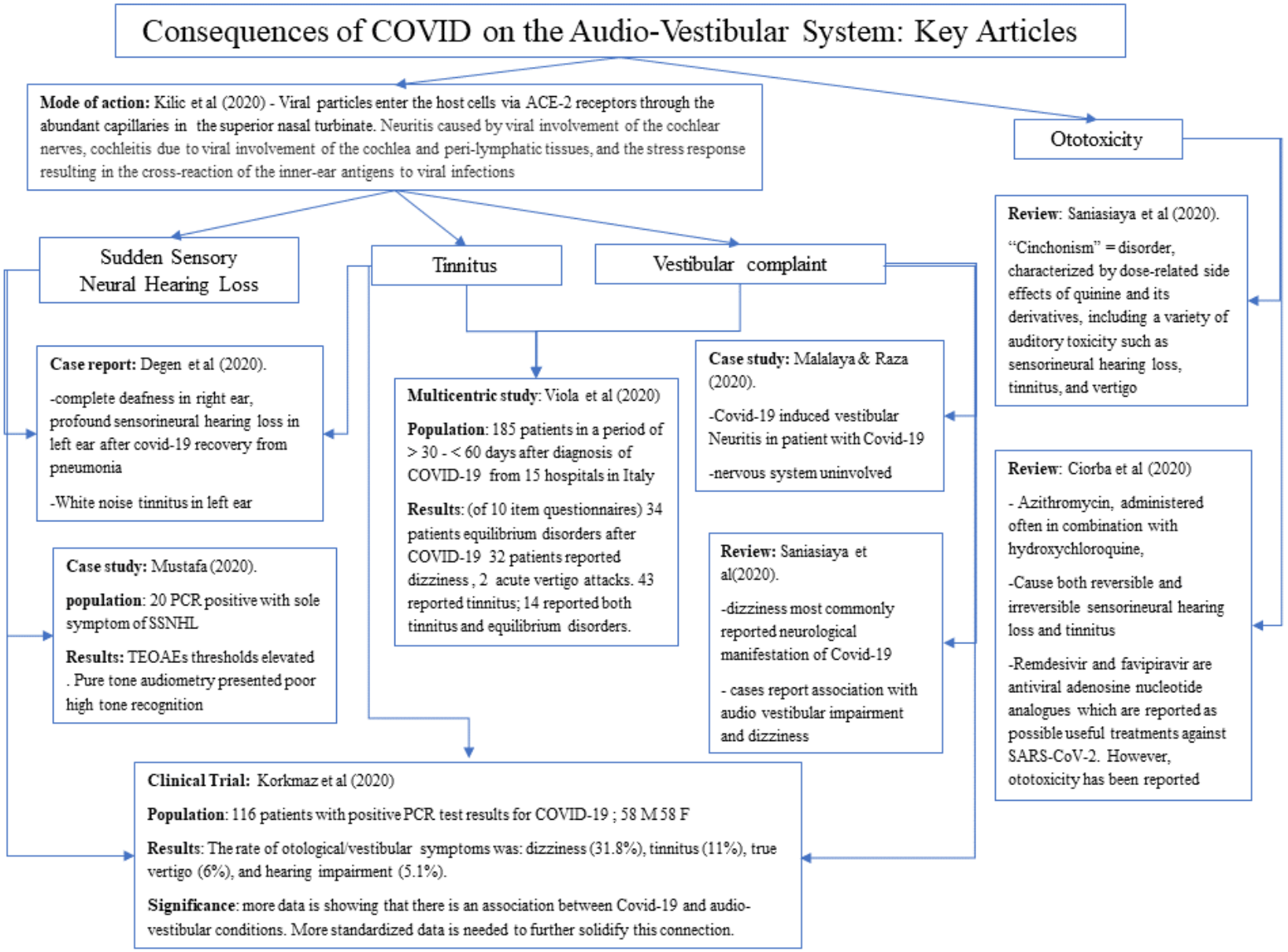
This presentation draws on research supported by the Social Sciences and Humanities Research Council. We gratefully acknowledge support provided by: The H.A. Leeper Speech and Hearing Clinic, Brampton Audiology, Hearing Solutions, and London Health Sciences Centre, Department of Otolaryngology.

Appendix A



Most recent key articles:

Almufarrij I., & Munro K.J. (2021) One year on: an updated systematic review of SARS-CoV-2, COVID-19 and audio-vestibular symptoms. *International Journal of Audiology.* Retrieved from 10.1080/14992027.2021.1896793

Lough M., Almufarrij I., Whiston H., Munro K.J. (2021). Revised meta-analysis and pooled estimate of audio-vestibular symptoms associated with COVID-19. *International Journal of Audiology.* Retrieved from https://doi.org/10.1080/14992027.2021.1962552

Featured Sponsor Presentation

Well-being in Phonak Paradise:
Stacey Rich, MClAud, AudA , Manager Audiology Leadership and Training

Abstract:
The evidence continues to grow in this scientific discussion that one's overall well-being, across multiple dimensions, is critically linked to hearing well. However, integrating this evidence into everyday clinical consultations and technology discussions that are impactful and easy to understand can be difficult. This brief presentation will highlight innovative hearing performance features available in Phonak Paradise that can be leveraged to address specific listening and communication needs and help clients and their families in their journey to hearing well and overall well-being.

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Well-being in Phonak Paradise

Stacey Rich, Manager of Audiology Leadership and Training

What does this mean for clinical practice?

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Taking steps towards hearing well is linked to noticeable improvements in physical, cognitive, and social-emotional dimensions of well-being.

Social-emotional well-being:
Hearing well fosters easier engagement, stronger connections and a more positive outlook.

Cognitive well-being:
Hearing well supports cognitive fitness[1].

Physical well-being:
Hearing well enables people to live a more active and healthy lifestyle.

1. Karawani, H., Jenkins, K., & Anderson, S. (2018b). Restoration of sensory input may improve cognitive and neural function. *Neuropsychologia*, *114*, 203–213.

Call to action

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Prevent
Phonak Hearing Protection

Detect
Phonak Hearing Screener

Treat
Phonak Hearing Solutions

PHONAK
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A world full of noise and loud sound

1.1 billion people
are estimated to be at risk of noise induced hearing loss around the world[1]

40 million U.S. adults
have Audiograms that are consistent with hearing loss resulting from exposure to loud noise[2]

50% of young people
listen to their music or other audio too loudly[3]

22 million (17%) U.S. workers
reported exposure to hazardous workplace noise[4]

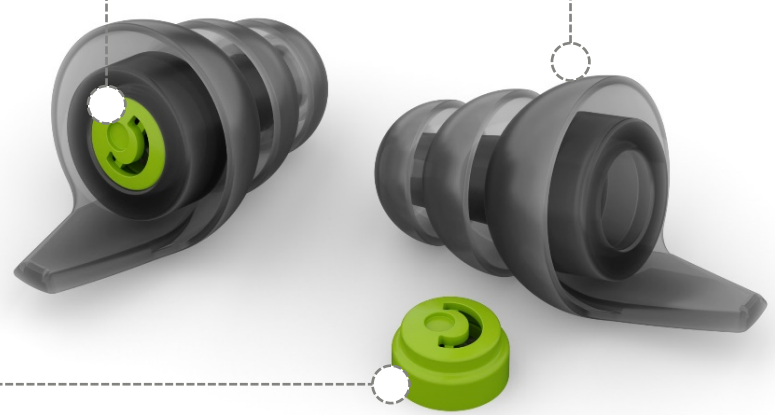
1. World Health Organization (2020, March 1). Deafness and hearing loss: Key facts. Retrieved from https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss.
2. Centers for Disease Control and Prevention (2020, January 6). Vital Signs – Too loud! For too long!. Retrieved from https://www.cdc.gov/vitalsigns/hearingloss/index.html.
3. National Institute on Deafness and Other Communication Disorders. (2017, July 27). Listen Up! Protect Your Hearing (infographic). Retrieved from https://www.nidcd.nih.gov/health/listen-infographic.
4. Centers for Disease Control and Prevention.(2018, February 6). Noise and hearing loss prevention: Preventing hearing loss caused by chemical (ototoxicity) and noise exposure. Retrieved from https://www.cdc.gov/niosh/topics/noise/default.html.

Phonak Serenity Choice™

The high-end hearing protection by Phonak

Keeps relevant sound and speech accessible. Specific solutions for different situations:

- 9 to 16 NRR (Noise Reduction Rating)
- 16 to 24 SNR (Single Number Rating)

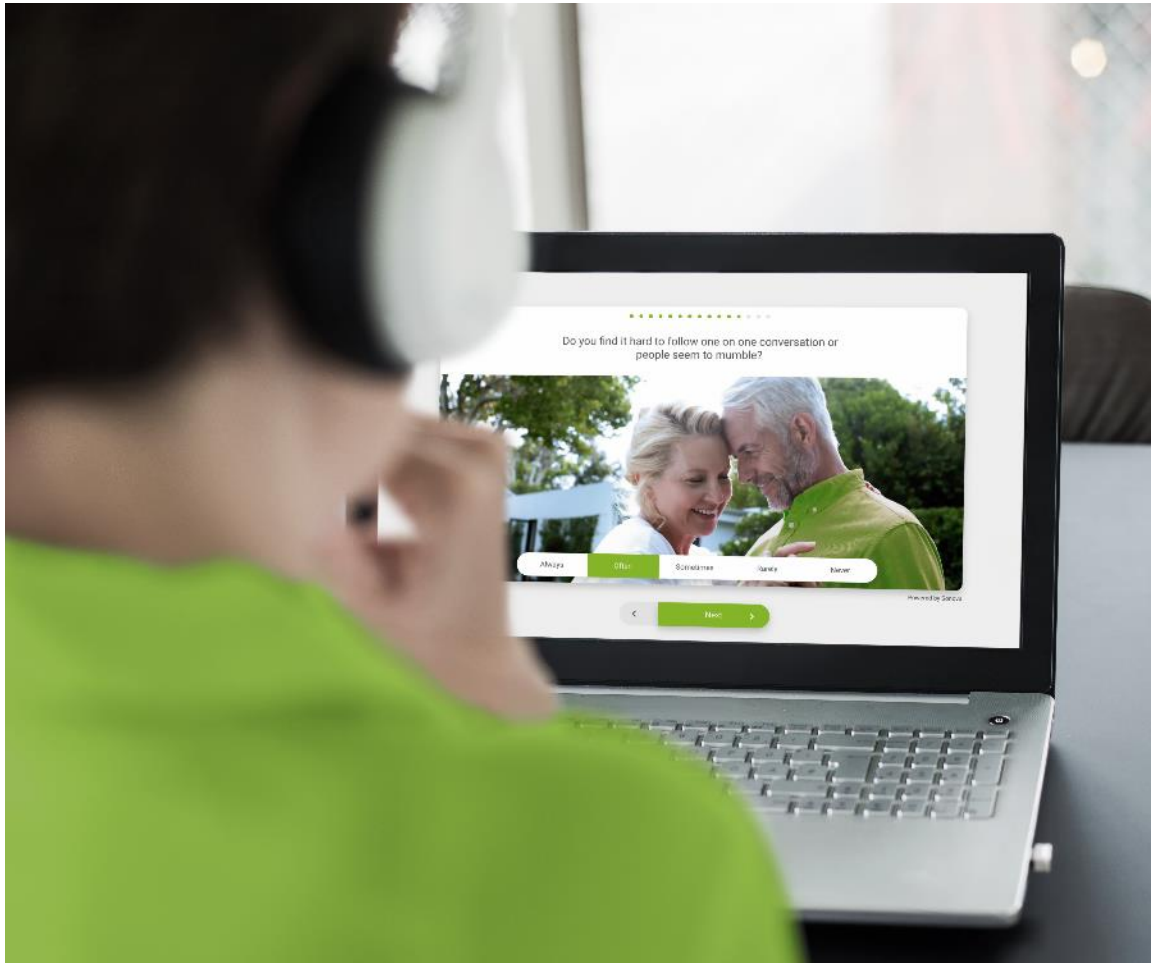


Cancels noise and loud sound

Lets the ear breathe

Hearing Screener 2.0

- Online hearing test
- Ear specific testing
- Hearing loss shown as dBHL estimates
- Can be integrated into the hearing care professional’s webpage
- New features for lead generation and marketing campaigns
- Detailed report



Hearing technologies not only help people hear better…

…they help people **Live** better

Technology

Broad portfolio of hearing aids

Roger

Bluetooth connectivity

eSolutions

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Education and awareness

Hearing and Well-Being

Family-Centered Care

eAudiology

Social-emotional well-being

Impact on social-emotional well-being

- Smaller social networks[1]
- More feelings of loneliness[1]

[1] Kramer, S.E., Kapteyn, T.S., Kuik, D.J., & Deeg, D.J.H. (2002). The association of hearing impairment and chronic diseases with psychosocial health status in older age. Journal of Aging and Health, 14(1), 122–137.

Phonak Paradise and well-being

Social connections matter

Having supportive social ties is linked to better health outcomes:

Longer life expectancy[1]

Better physical health[2]

Better mental health[3]

Better cognitive and emotional health[4]

[1] Holt-Lunstad, J., Smith, T.B., & Layton, J.B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Medicine, 7(7), e1000316.

[2] Eisenberger, N.I., & Cole, S.W. (2012). Social neuroscience and health: neurophysiological mechanisms linking social ties with physical health. Nature Neuroscience, 15(5), 669–674.

[3] Meyer-Lindenberg, A., & Tost, H. (2012). Neural mechanisms of social risk for psychiatric disorders. Nature Neuroscience, 15(5), 663–668.

[4] Malone, J.C., Liu, S.R., Vaillant, G.E., Rentz, D.M., & Waldinger, R.J. (2016). Midlife Eriksonian psychosocial development: Setting the stage for late-life cognitive and emotional health. Developmental Psychology, 52(3), 496–508.

AutoSense OS 4.0 adapts to every sound automatically

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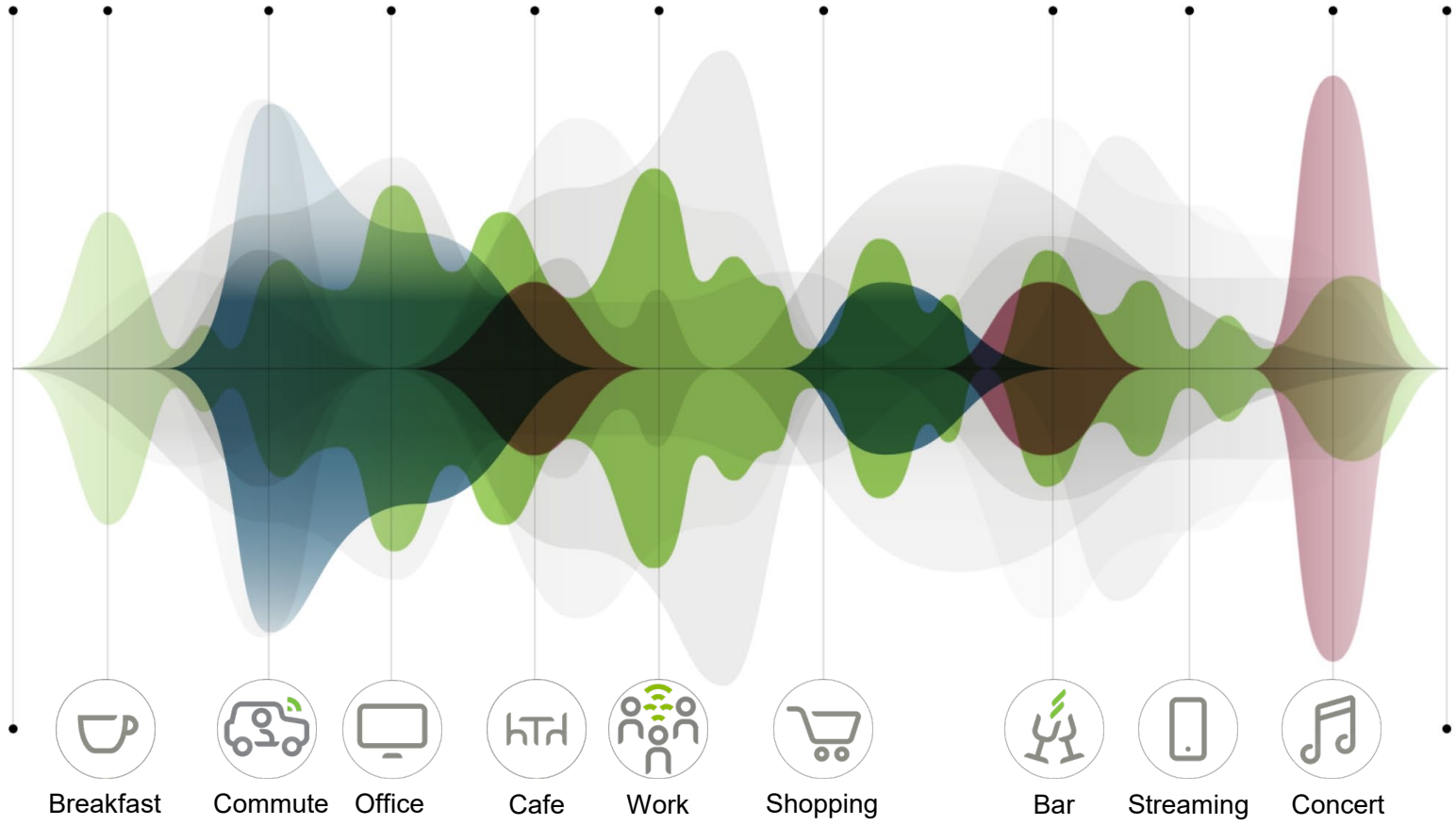


200+ unique setting combinations

to meet the individual needs of your clients

700 scans per second

for real-time adjustment to the environment

22 years of innovation in machine learning

using real-world recordings

Cognitive well-being

The brain plays a crucial role

- Persons with hearing loss are more at risk of developing clinically significant cognitive problems[1]
- Hearing aids may delay the onset of cognitive decline[2,3]

Positive impact of hearing aids on cognition:

- Hearing aid use is linked to improved memory[4]
- Making sounds more audible can make listening easier, and less effortful, and reduce fatigue[5,6]
- Frees up cognitive resources for purposes other than listening[7]

[1] Brungart, D.S., Cohen, J., Cord, M., Zion, D., & Kalluri, S. (2014). Assessment of auditory spatial awareness in complex listening environments. The Journal of the Acoustical Society of America, 136(4), 1808.

[2] Edwards, B. (2016). A Model of Auditory-Cognitive Processing and Relevance to Clinical Applicability. Ear and Hearing, 37(suppl.1), 85S-91S.

Speech Enhancer

Speech Enhancer
for quiet environments

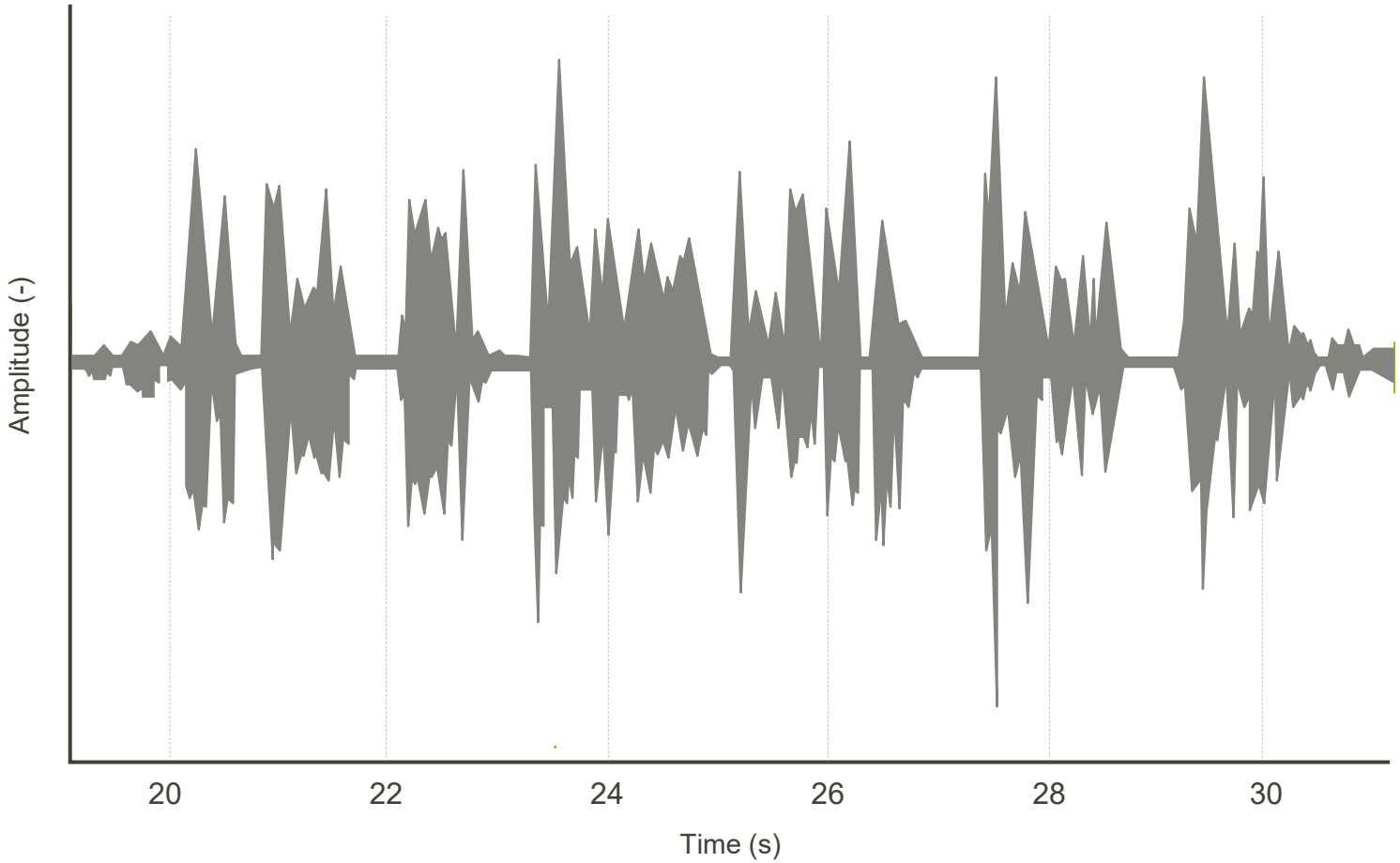
Challenge

Being able to hear family and friends in quiet situations

Solution

Adaptive feature that is designed to enhance the peaks of a speech signal in quiet situations

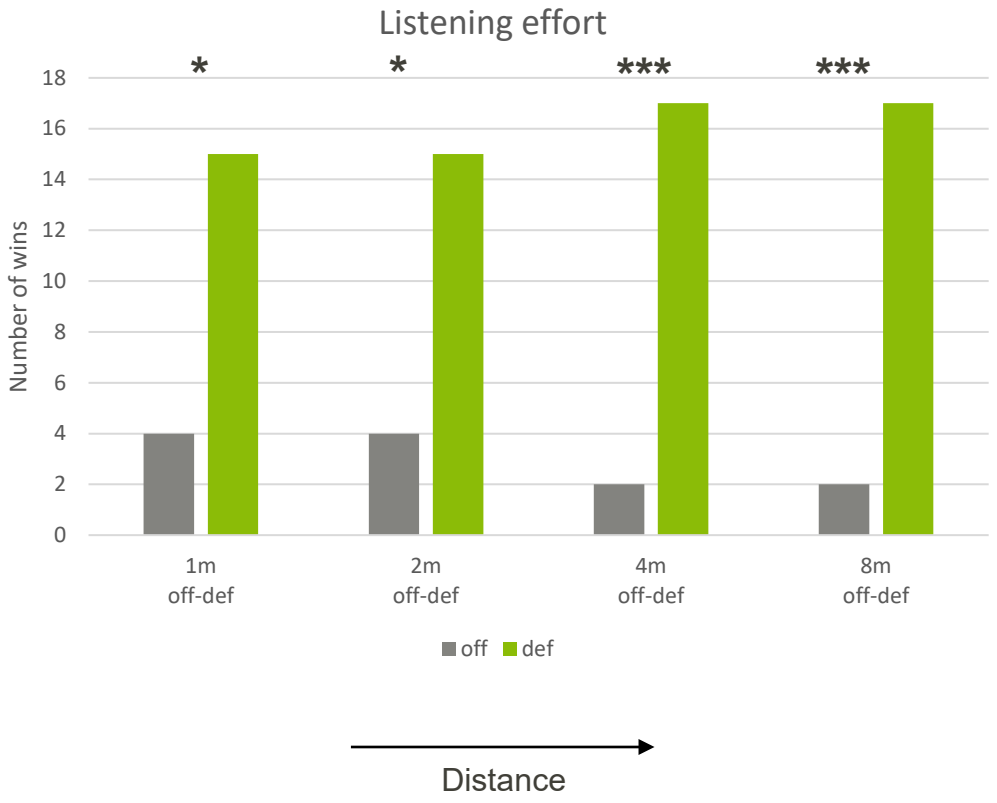
Speech Enhancer: how does it work?



- Available in Calm situation program
- Active with input signals of 30-50 dB SPL
- Requires minimum SNR of 10 dB
- Up to 10 dB gain

Speech Enhancer On Speech Enhancer Off

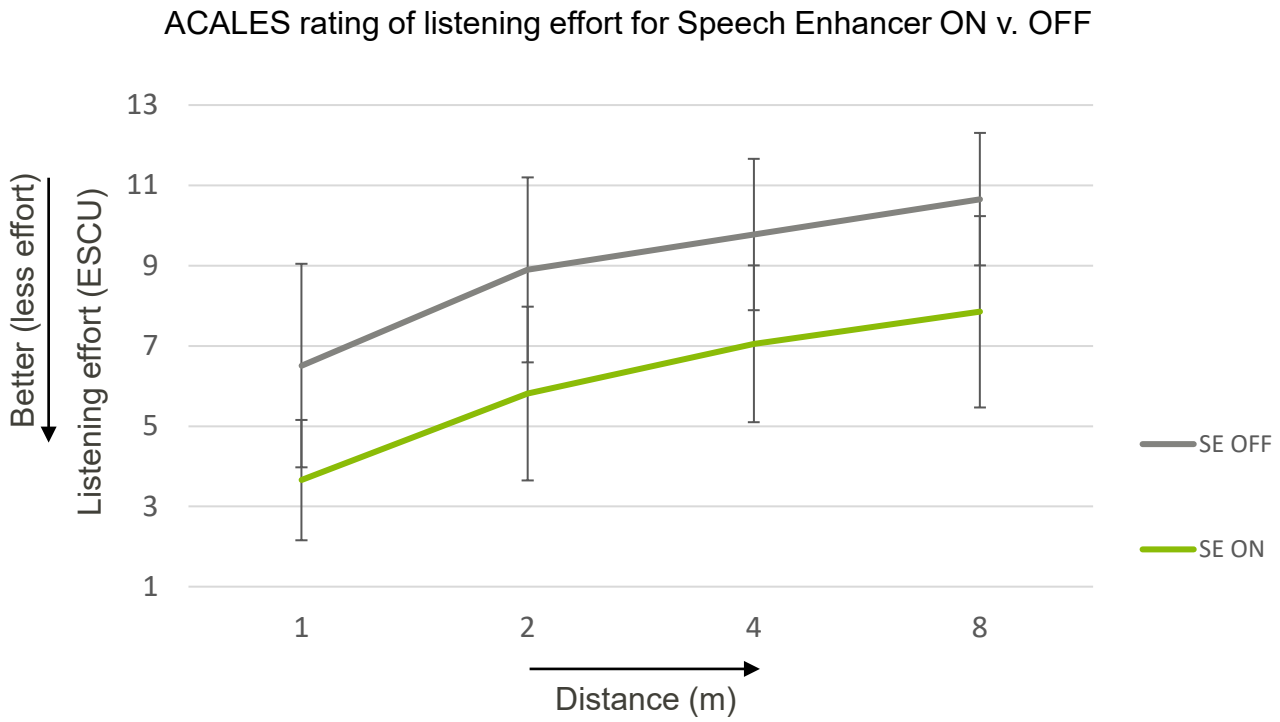
Speech Enhancer is preferred for hearing at a distance



Speech Enhancer
reduces cognitive load
by reducing listening effort
at a distance.

Appleton, J. (2020) AutoSense OS 4.0 - significantly less listening effort and preferred for speech intelligibility. Phonak Field Study News retrieved from www.phonakpro.com/evidence, accessed October 18th, 2021.

Freeing-up cognitive resources



ESCU (y-axis) = Effort Scaling Categorical Unit
1 = no effort, 13 = extreme amount of effort.

Speech Enhancer provides
reduced listening effort
for soft speech in quiet.

Appleton, J. (2020) AutoSense OS 4.0 - significantly less listening effort and preferred for speech intelligibility. Phonak Field Study News retrieved from www.phonakpro.com/evidence, accessed October 18th, 2021.

Dynamic Noise Cancellation

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Dynamic Noise Cancellation
for challenging situations

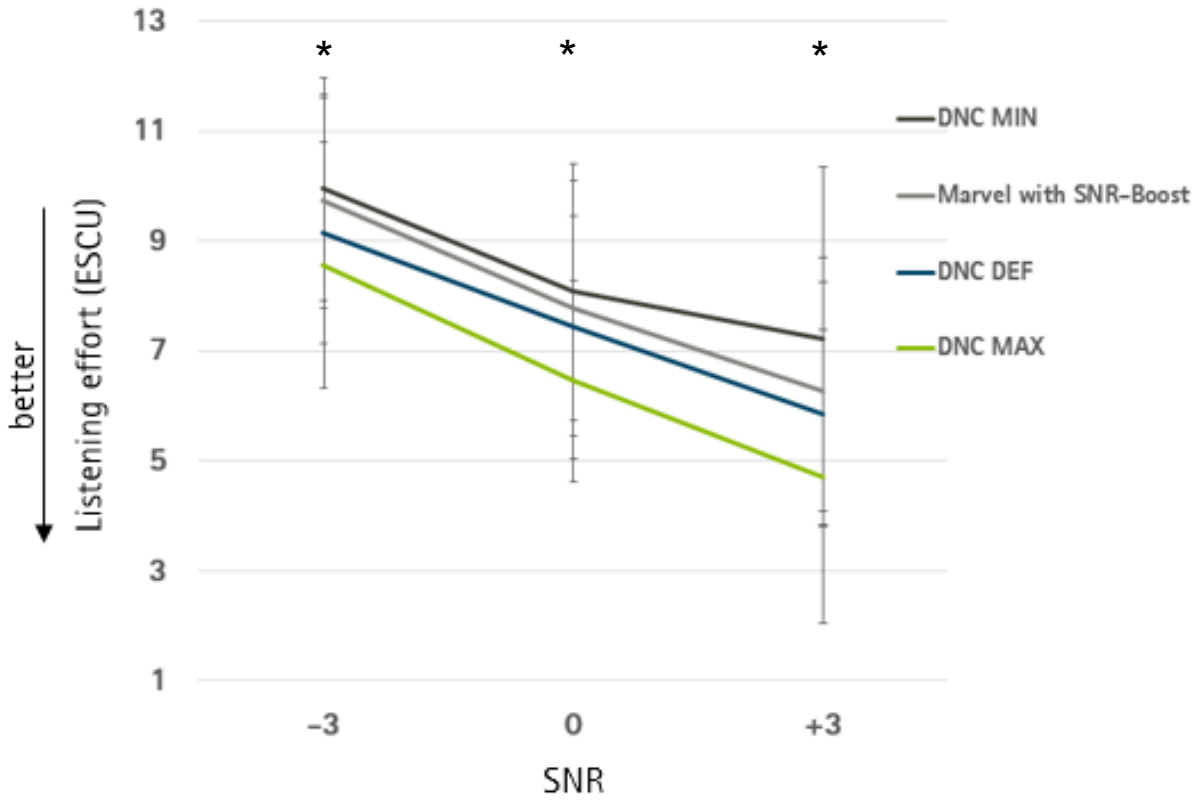
Challenge

Conversing with family and friends in a social gathering when there is background noise

Solution

Spatial noise cancellation system that works in combination with a directional beamformer

Listening effort decreases with increasing strength



Dynamic Noise Cancellation
was shown to **reduce listening effort.**

Appleton, J. (2020) AutoSense OS 4.0 - significantly less listening effort and preferred for speech intelligibility. Phonak Field Study News retrieved from www.phonakpro.com/evidence, accessed October 18th, 2021.

Physical well-being

Environmental awareness & mental effort

Hearing well allows us to monitor changes in the acoustical environment[1]

Listeners with hearing loss likely spend more effort on maintaining awareness of their surroundings[2]

[1] Brungart, D.S., Cohen, J., Cord, M., Zion, D., & Kalluri, S. (2014). Assessment of auditory spatial awareness in complex listening environments. The Journal of the Acoustical Society of America, 136(4), 1808.

[2] Edwards, B. (2016). A Model of Auditory-Cognitive Processing and Relevance to Clinical Applicability. Ear and Hearing, 37(suppl. 1), 85S-91S.

Motion Sensor Hearing

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Motion Sensor Hearing
for listening situations on the go

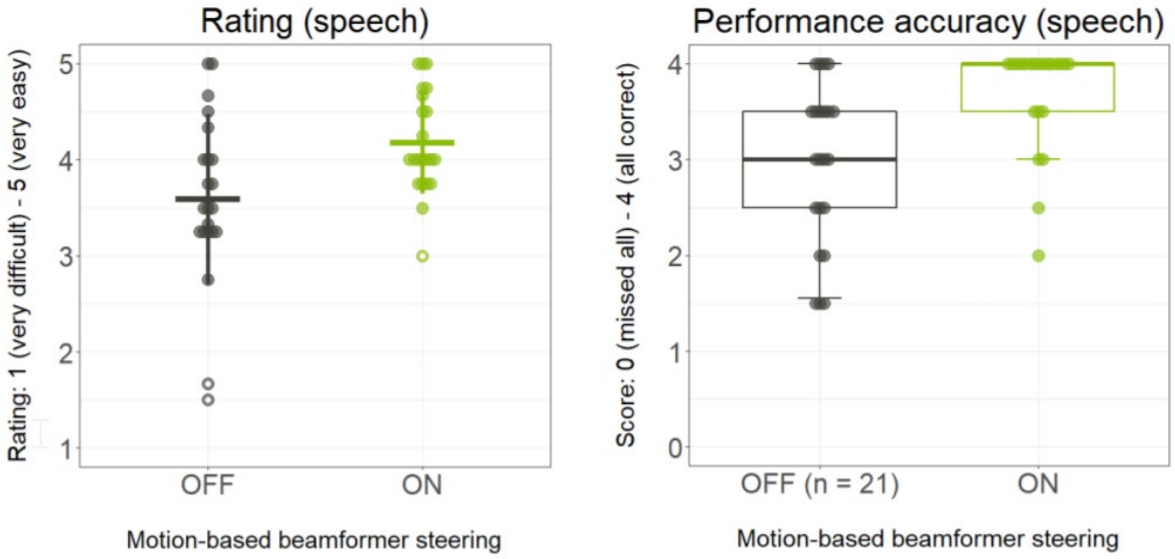
Challenge

Having a conversation with someone while walking (talker is to the side or behind

Solution

3D motion sensor detects movement and enables AutoSense OS 4.0 to steer both the directionality and Dynamic Noise Cancellation.

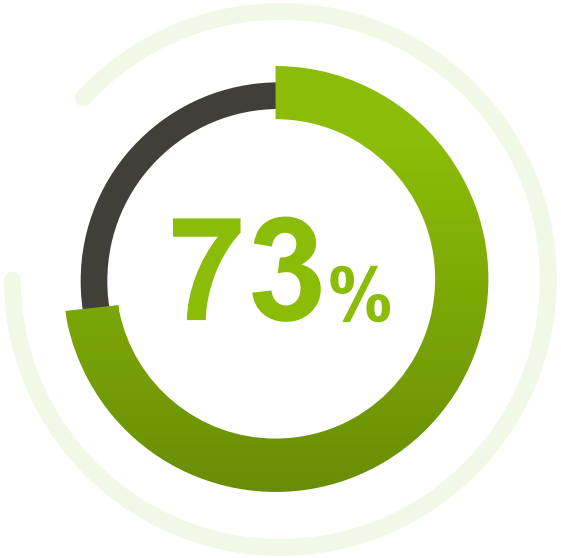
Rated higher for ease of speech



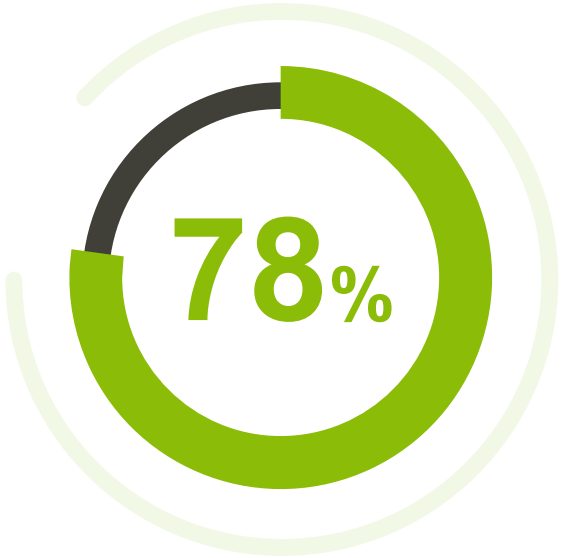
Motion Sensor Hearing
improves speech understanding
while in motion versus a standard speech in noise program.

Appleton, J., & Voss S.C., (2020) Motion-based beamformer steering leads to better speech understanding and overall listening experience. Phonak Field Study News. Retrieved fromwww.phonakpro.com/evidence. Accessed October 18th, 2021..

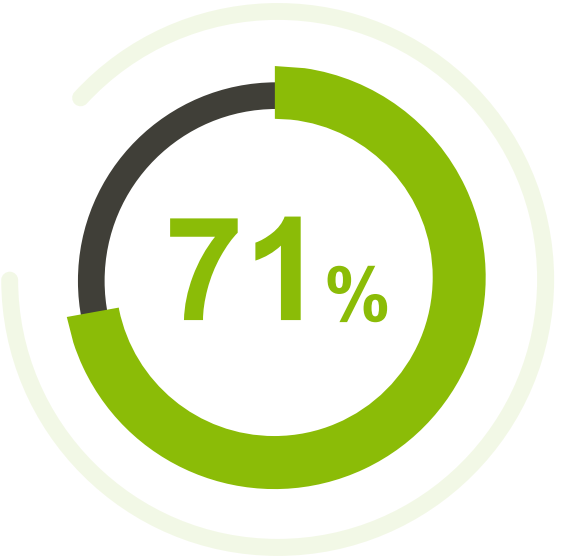
Overall better listening experience



Preferred MSH for speech understanding



Preferred MSH for environmental awareness



Preferred MSH for sound quality

Appleton, J., & Voss S.C., (2020) Motion-based beamformer steering leads to better speech understanding and overall listening experience. Phonak Field Study News. Retrieved fromwww.phonakpro.com/evidence. Accessed October 18th, 2021..

Phonak Paradise and well-being

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Social connections matter

Having supportive social ties is linked to better health outcomes:

Longer life expectancy[1]

Better physical health[2]

Better mental health[3]

Better cognitive and emotional health[4]

[1] Holt-Lunstad, J., Smith, T.B., & Layton, J.B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Medicine, 7(7), e1000316.

[2] Eisenberger, N.I., & Cole, S.W. (2012). Social neuroscience and health: neurophysiological mechanisms linking social ties with physical health. Nature Neuroscience, 15(5), 669–674.

[3] Meyer-Lindenberg, A., & Tost, H. (2012). Neural mechanisms of social risk for psychiatric disorders. Nature Neuroscience, 15(5), 663–668.

[4] Malone, J.C., Liu, S.R., Vaillant, G.E., Rentz, D.M., & Waldinger, R.J. (2016). Midlife Eriksonian psychosocial development: Setting the stage for late-life cognitive and emotional health. Developmental Psychology, 52(3), 496–508.

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Together,
we change lives

20 Questions: Barriers to Hearing Health Care

Lorienne Jenstad, PhD, Sarah Mason

Lorienne Jenstad, PhD, is an audiologist and Associate Professor at the University of British Columbia's School of Audiology and Speech Sciences. Her teaching and research interests include hearing and aging, hearing aid processing, and hearing health care for older adults. She is currently conducting research studies on hearing aids, communication between patients and health care providers, and treatment strategies for workers with hearing loss.

Learning Objectives

- Describe many of the barriers to hearing health in Canada
- Understand the role of audiologists in facilitating access to hearing health by adults
- Articulate the role of physicians in encouraging hearing health uptake

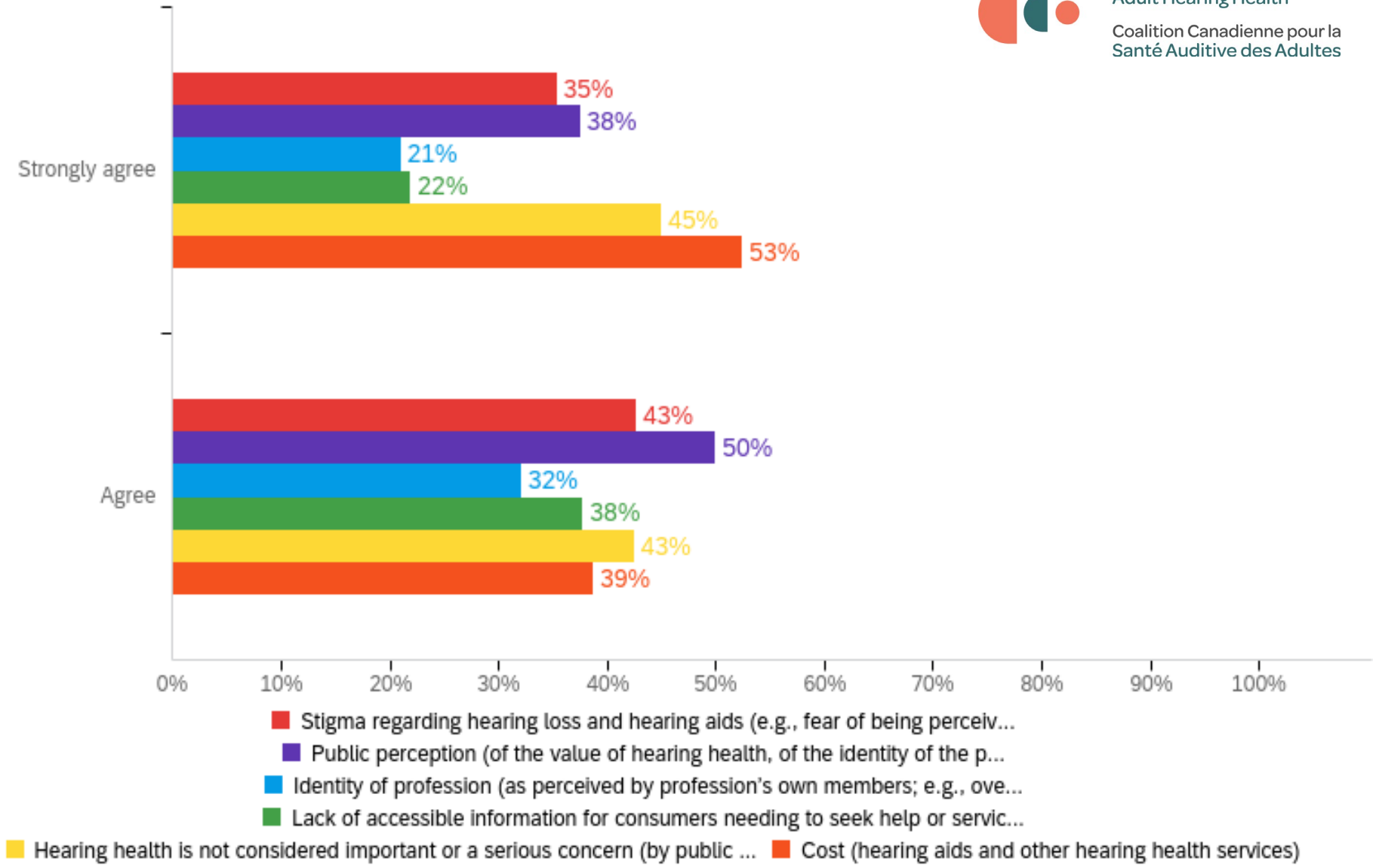
Q&A: HEARING HEALTH ACCESS FOR ADULTS CAA 2021

Lorienne M. Jenstad, Associate Professor,
School of Audiology and Speech Sciences

Results from a nation-wide study of barriers.

Canadian Coalition for Adult Hearing Health

Coalition Canadienne pour la Santé Auditive des Adultes

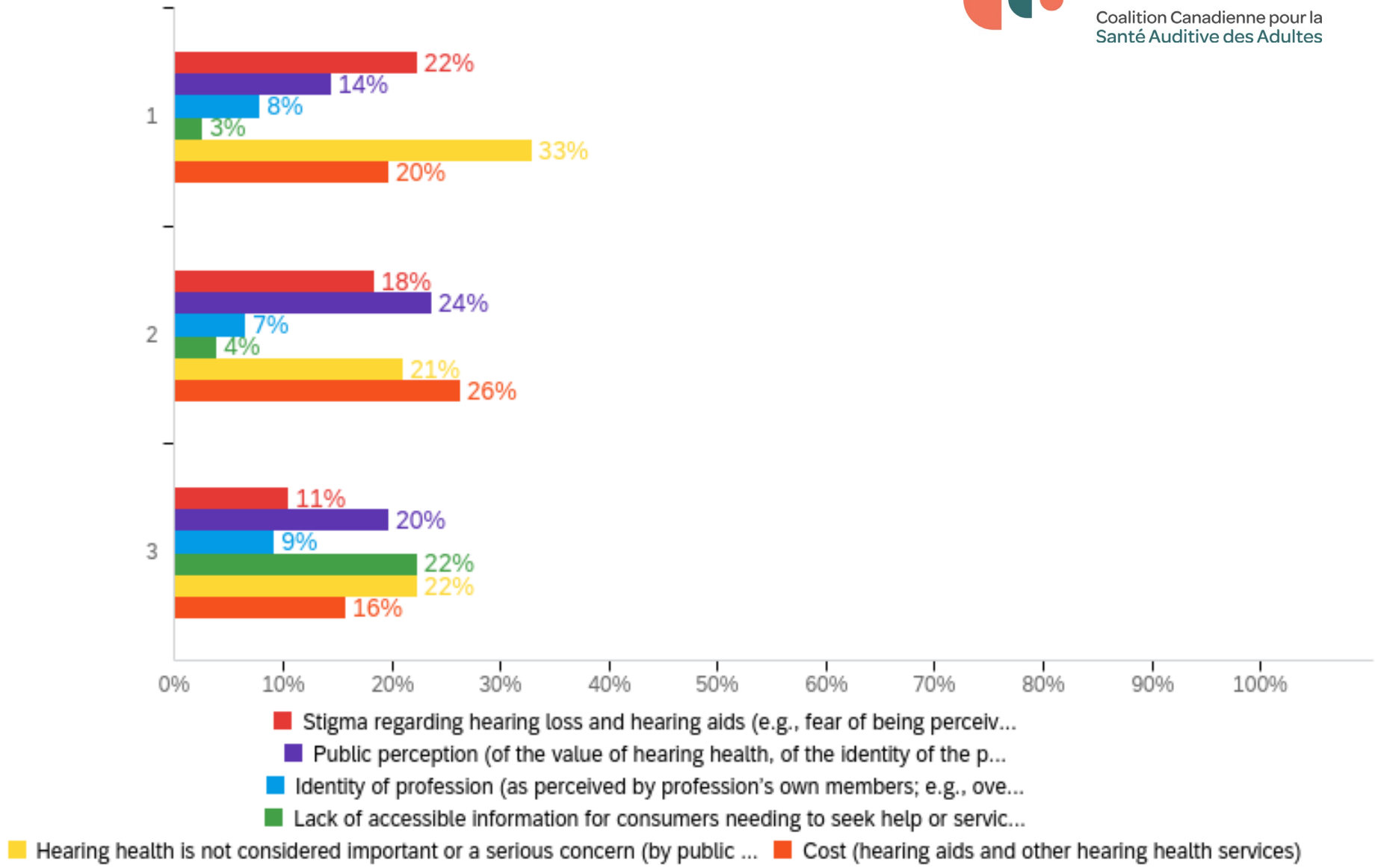


#	Question	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree		Total
1	Stigma regarding hearing loss and hearing aids (e.g., fear of being perceived as “old” or “stupid”)	35.37%	29	42.68%	35	17.07%	14	3.66%	3	1.22%	1	82
2	Public perception (of the value of hearing health, of the identity of the profession as only hearing aid salespeople, of the value of hearing aids)	37.50%	30	50.00%	40	10.00%	8	2.50%	2	0.00%	0	80
3	Identity of profession (as perceived by profession’s own members; e.g., overemphasis on hearing aids)	20.99%	17	32.10%	26	28.40%	23	16.05%	13	2.47%	2	81
4	Lack of accessible information for consumers needing to seek help or services for their hearing health (i.e., many people are not aware of how to seek help or the process for hearing health care)	21.95%	18	37.80%	31	18.29%	15	20.73%	17	1.22%	1	82
5	Hearing health is not considered important or a serious concern (by public or other health professionals)	45.00%	36	42.50%	34	5.00%	4	6.25%	5	1.25%	1	80
6	Cost (hearing aids and other hearing health services)	52.50%	42	38.75%	31	2.50%	2	3.75%	3	2.50%	2	80

Results from a nation-wide study of barriers.

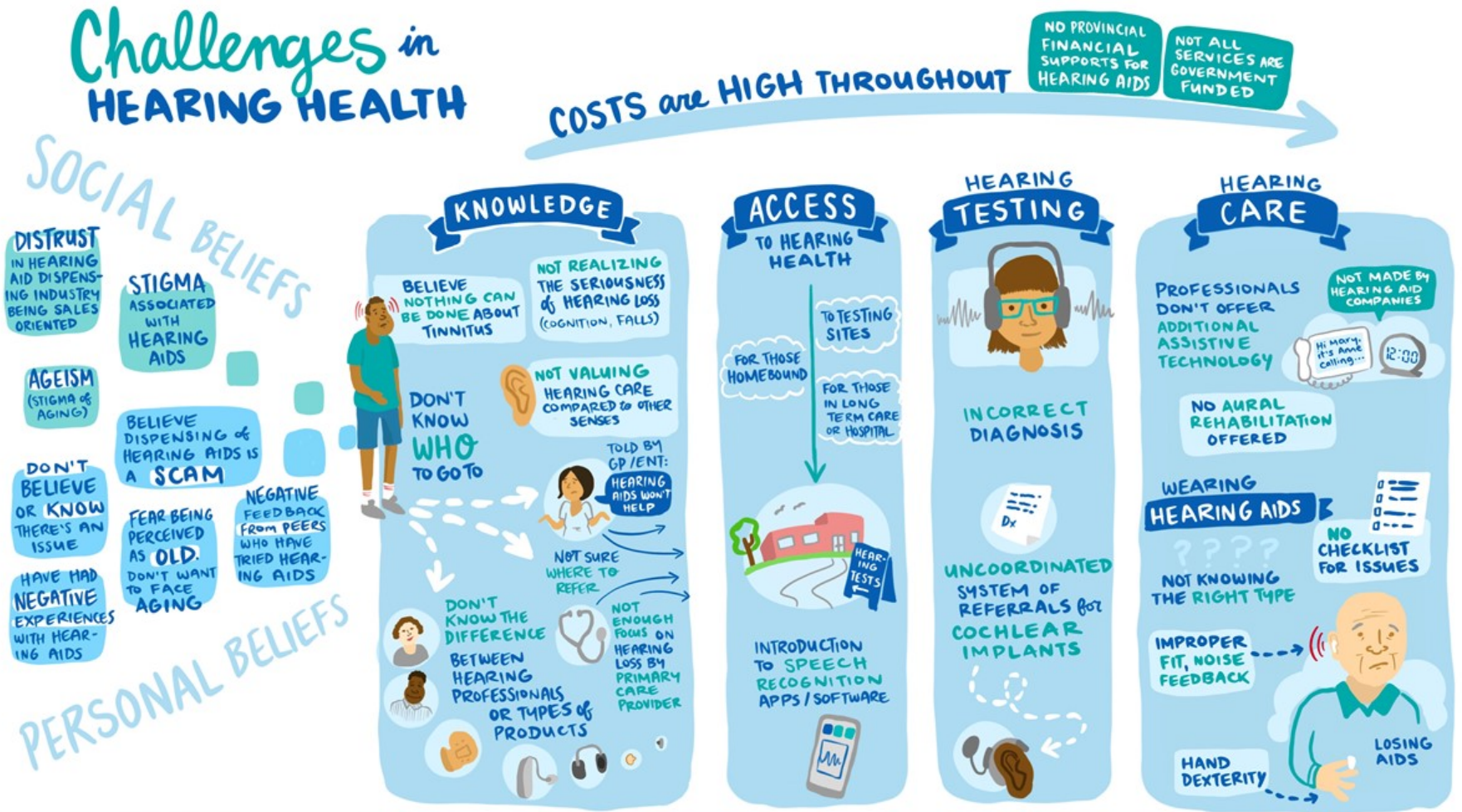
Canadian Coalition for Adult Hearing Health

Coalition Canadienne pour la Santé Auditive des Adultes



#	Question	1		2		3		4		5		6		Total
1	Stigma regarding hearing loss and hearing aids (e.g., fear of being perceived as “old” or “stupid”)	22.37%	17	18.42%	14	10.53%	8	17.11%	13	21.05%	16	10.53%	8	76
2	Public perception (of the value of hearing health, of the identity of the profession as only hearing aid salespeople, of the value of hearing aids)	14.47%	11	23.68%	18	19.74%	15	18.42%	14	15.79%	12	7.89%	6	76
3	Identity of profession (as perceived by profession’s own members; e.g., overemphasis on hearing aids)	7.89%	6	6.58%	5	9.21%	7	17.11%	13	25.00%	19	34.21%	26	76
4	Lack of accessible information for consumers needing to seek help or services for their hearing health (i.e., many people are not aware of how to seek help or the process for hearing health care)	2.63%	2	3.95%	3	22.37%	17	22.37%	17	19.74%	15	28.95%	22	76
5	Hearing health is not considered important or a serious concern (by public or other health professionals)	32.89%	25	21.05%	16	22.37%	17	13.16%	10	2.63%	2	7.89%	6	76
6	Cost (hearing aids and other hearing health services)	19.74%	15	26.32%	20	15.79%	12	11.84%	9	15.79%	12	10.53%	8	76

Results from a BC study of Challenges (barriers)



Live graphic recording: Tanya Gadsby

Results from a BC study of solutions/ facilitators

Action Items

17 - Lack of recognition of the seriousness of hearing loss

24 - Primary care providers not knowing where to refer

19 - Adults with hearing loss don't understand the importance of taking care of their hearing

29 - Not enough attention is given to hearing loss by primary family physicians

10 - No aural rehabilitation provided e.g., additional communication strategies that do where a hearing aid can't

27 - Many adults have been told by their GP / ENT that hearing aids will not help

53 - Accessibility to services while in long term care/ the hospital

22 - Adults with hearing loss not valuing their hearing compared to other senses

12 - Proper fitting of hearing aids

18 - Misleading advertising around the relationship between dementia and hearing

15 - No checklist for consideration about hearing care and testing to determine there may be an issue

23 - Adults with hearing loss don't know who to turn to for help

25 - Many adults believe nothing can be done about their tinnitus

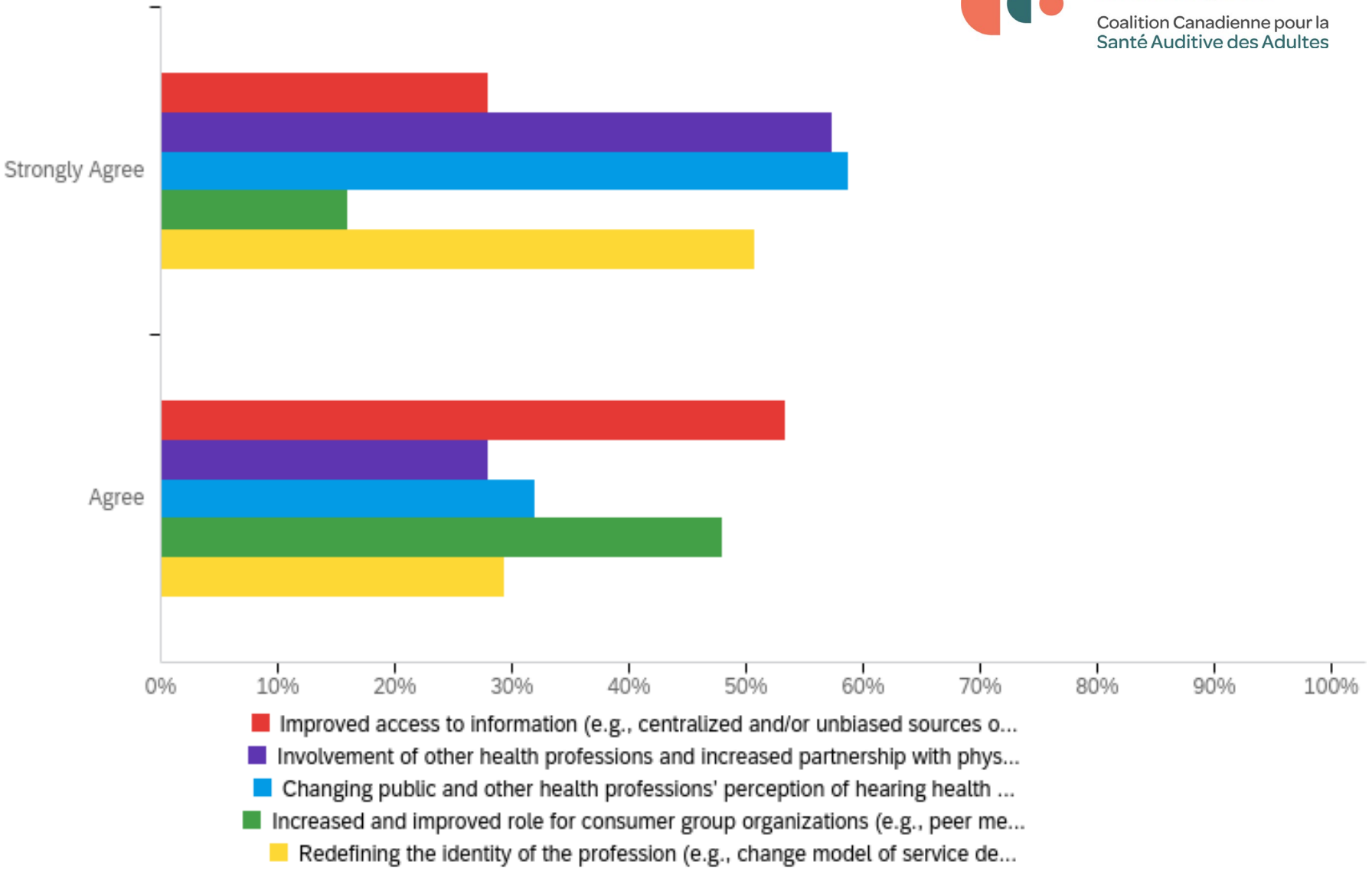
26 - Being introduced to assistive technology

31 - No checklist for consideration about hearing aids to determine there may be an issue

Results from a nation-wide study of facilitators.

Canadian Coalition for
Adult Hearing Health

Coalition Canadienne pour la
Santé Auditive des Adultes

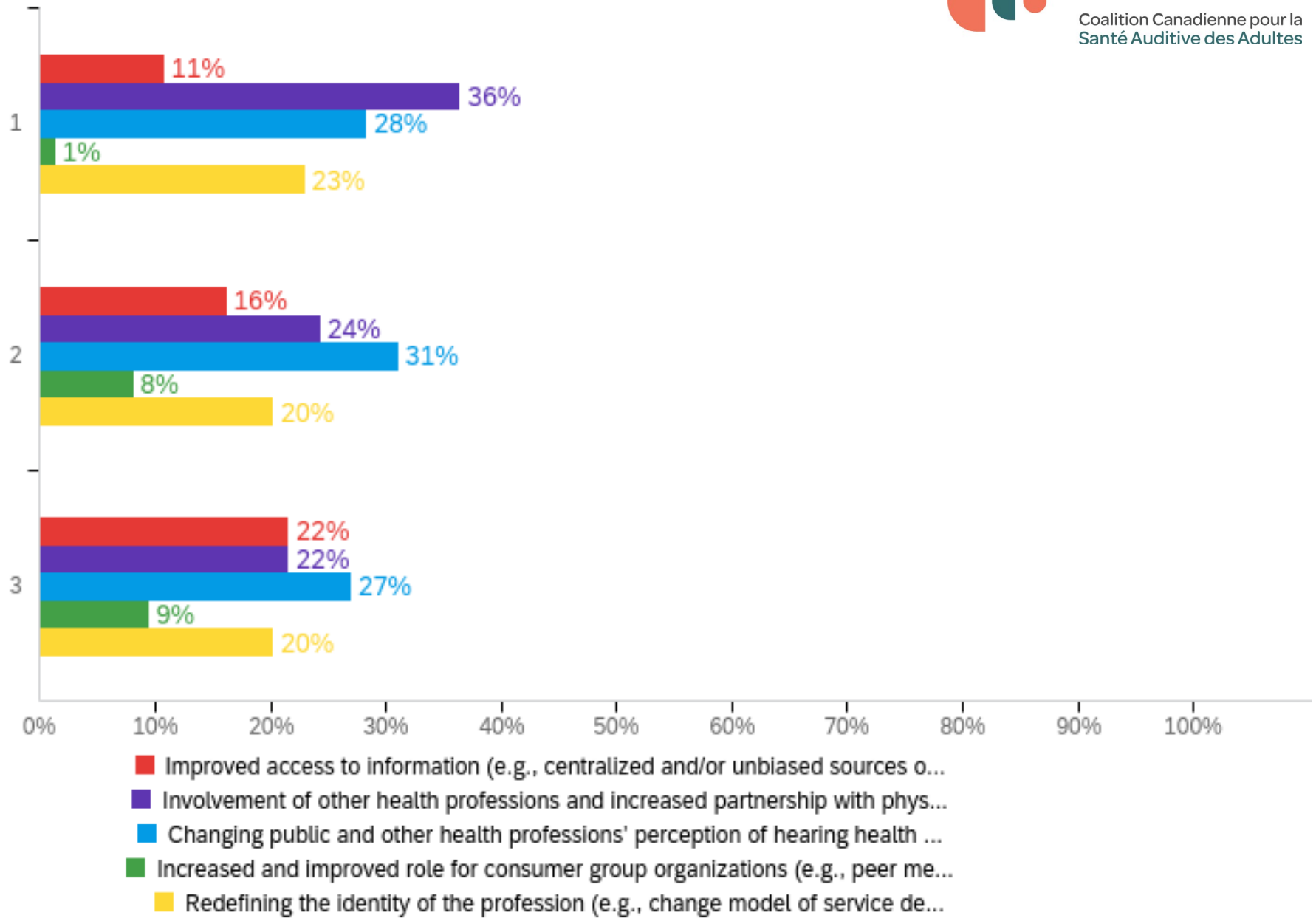


#	Question	Strongly Agree		Agree		Neither agree nor disagree		Disagree		Strongly Disagree		Total
1	Improved access to information (e.g., centralized and/or unbiased sources of complete information)	28.00%	21	53.33%	40	16.00%	12	0.00%	0	2.67%	2	75
2	Involvement of other health professions and increased partnership with physicians in hearing health care	57.33%	43	28.00%	21	12.00%	9	1.33%	1	1.33%	1	75
3	Changing public and other health professions' perception of hearing health care (via messaging or awareness campaigns)	58.67%	44	32.00%	24	6.67%	5	1.33%	1	1.33%	1	75
4	Increased and improved role for consumer group organizations (e.g., peer mentoring, education)	16.00%	12	48.00%	36	26.67%	20	8.00%	6	1.33%	1	75
5	Redefining the identity of the profession (e.g., change model of service delivery; implement person-centred care; refocus our services away from sales and towards health care; broaden rehabilitation options beyond hearing aids)	50.67%	38	29.33%	22	12.00%	9	6.67%	5	1.33%	1	75

Results from a nation-wide study of facilitators

Canadian Coalition for Adult Hearing Health

Coalition Canadienne pour la Santé Auditive des Adultes



#	Question	1		2		3		4		5		Total
1	Improved access to information (e.g., centralized and/or unbiased sources of complete information)	10.81%	8	16.22%	12	21.62%	16	35.14%	26	16.22%	12	74
2	Involvement of other health professions and increased partnership with physicians in hearing health care	36.49%	27	24.32%	18	21.62%	16	10.81%	8	6.76%	5	74
3	Changing public and other health professions' perception of hearing health care (via messaging or awareness campaigns)	28.38%	21	31.08%	23	27.03%	20	9.46%	7	4.05%	3	74
4	Increased and improved role for consumer group organizations (e.g., peer mentoring, education)	1.35%	1	8.11%	6	9.46%	7	25.68%	19	55.41%	41	74
5	Redefining the identity of the profession (e.g., change model of service delivery; implement person-centred care; refocus our services away from sales and towards health care; broaden rehabilitation options beyond hearing aids)	22.97%	17	20.27%	15	20.27%	15	18.92%	14	17.57%	13	74


THE UNIVERSITY OF BRITISH COLUMBIA
Ljenstad@mail.ubc.ca

Upcoming CAA Events

Saturday November 13 , 2021, 11AM-1PM ET - Implantable Hearing Technologies

Moderator – Justyn Pisa with Keynote speaker Dr. Griet Mertens, University of Antwerp

Q&A on **Bone Conduction** with Justyn Pisa and Bill Hodgetts

Saturday December 4 , 2021, 11AM-1PM ET - Industry Roundtable

The Future of Hearing Aid Technology

Moderator – Steve Aiken - featuring international speakers from 5 industry leading companies

Contact Us

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- CanadianAudiology.ca
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- Webinar recording, and PDF will be posted to the CAA website within a few business days.
- For those attending this session live you will receive a thank you for attending email. That is your record of attendance and CEU.

Thank You For Attending

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https://canadianaudiology.ca/virtual-conference-modules-fall-of-2021/