

# Communication Access for People Who Have a Hearing Loss in Health Care and Long Term Care

NCIOM Task Force on Health Services for Individuals who  
are Deaf and Hard of Hearing Meeting, July 19, 2019

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# Communication Access in Health Care and Long Term Care

- Founded in 1979, the **Hearing Loss Association of America (HLAA)** provides information on hearing loss, from technological and medical advances to ways individuals live successfully with hearing loss.
- HLAA advocates for communication access in the home, at the workplace, and in public places such as hotels, schools, court systems, medical, and entertainment facilities.

# Communication Access in Health Care and Long Term Care

NASEM Report on Hearing Health Care for Adults, 2016, Preface, p. ix:

- “Hearing loss is a significant public health problem that requires actions throughout the health care and broader community.”
- “The barriers to [communication] access that have been reported include high costs, lack of insurance coverage, the stigma associated with hearing difficulties and wearing hearing aids, and limited awareness of available options.”



# People with Hearing Loss

Hard of hearing:

Any degree of impairment of the ability to comprehend sound, mild to severe

Late-deafened:

People who become profoundly deaf as adults

# People with Hearing Loss

Someone who is hard of hearing:

- Typically ages into hearing loss
- Takes 7-10 years before seeking treatment or accommodations
- Uses technology, hearing aids and assistive devices, rather than sign language
- Someone who is late-deafened:
  - Post-lingual deafness
  - Typically uses both technology and sign language

# Understanding Hearing Loss

- People with hearing loss might hear well in one situation, but not in another
- Environment can impact hearing
  - Background noise, music, crosstalk
  - Distance from the source
  - Lighting, acoustics
- The typical treatment, hearing aids, are not like eyeglasses: they do not restore hearing

# ADA and Section 504 for Health Care Facilities

- The Americans with Disabilities Act (ADA) and the Rehabilitation Act, Section 504, require full and equal access to health care services and facilities
  - ADA Title II: public facilities
  - ADA Title III: privately owned facilities
  - Section 504: recipients of federal financial assistance, such as Medicaid



# ADA and Section 504 for Health Care Facilities

Must ensure effective communication during each specific interaction


- Required to provide auxiliary services and aids
- The type of auxiliary aid needed to provide effective communication will vary by context and is determined on a case-by-case basis

# Barrier-Free Health Care Initiative

U.S. Attorney General's Office, Eastern District of Virginia settled cases under the ADA involving failure to provide appropriate auxiliary aids or services to people with hearing loss

- Skilled nursing facilities
- Hospitals (including psychiatric hospitals)
- Physician offices

# Effective Communication

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**Different  
Situations,  
Different  
Solutions**

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**What is  
Effective?**

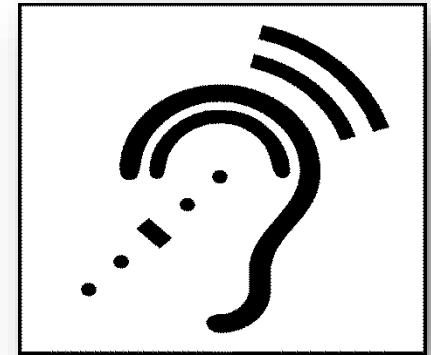
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**How can  
Technology  
Help?**

# Auxiliary Aids and Services

## Wide Area Listening Systems

- Radio Frequency (FM)
- Infrared (IR)
- Hearing Loop (HL)



## Personal devices

- Personal amplifier
- Portable FM



# Auxiliary Aids and Services

- CART: presentations
- Captioning: TV, smartphone
- Captioning: patient education video



# Auxiliary Aids and Services

- Hearing aid compatible telephones
- Captioned telephones, where possible
- Visual alerts for medical testing
- Speech to text apps — if monitored for accuracy
- *Written notes typically **do not** provide effective communication for relaying complex information*

# Going beyond the ADA

## States can support or exceed ADA requirements

- Statewide policies and procedures can ensure auxiliary aids and services are provided
- Consumers are turning to the states to enact laws requiring assistive listening systems, such as hearing loops, in the built environment; telecoil and hearing aid insurance coverage

# Barriers to Communication Access in Health Care

- Lack of top-down prioritization of communication access
- Lack of staff training on communication access
- Lack of understanding about the options for providing effective communication
- Perceived cost of providing accommodations
- Consumer lack of access to affordable hearing technology solutions for consumers
- Lack of awareness by primary care professionals about hearing loss



# Communication Access as a Priority

Policy must be in place that makes it clear to staff and patients that communication access is important to management

- Options to accommodate the full spectrum of people with hearing loss should be well known and easily available to staff and patients
- Accountability: follow up when appropriate accommodations were not provided

# Solutions: Staff Training

- Hearing Loss 101
- Cultural sensitivity
- What kinds of accommodations are available, how to use them and where to find them
- Accountability

# Solutions: Communication Options

- Contracts for services
  - CART, sign language interpreting
- Installed listening systems
  - Auditoria, common areas, help desks, offices, consultation rooms
- Portable systems
  - Exam rooms, help desks, nurses' stations, offices, consultation rooms
- Visual alerts
  - Medical testing areas

# Solutions: Overcoming Perceptions About Cost

Pool funds for accommodations instead of department by department

- Pocketalker \$140
- CART \$100-\$150/hr.
- Captioned videos: \$.10–\$1.00/min.
- Speech-to-text apps: free
- Installed loop systems vary by size and complexity:  
Small installations: \$2,500-\$4,500; Larger venues  
(auditoria, etc.) approx. \$5,000-\$35,000

# Access to Hearing Aids

HLAA's #1 call/email: I cannot afford the cost of hearing aids. What can I do?

- According to *Consumer Reports*, May 2, 2019:
  - \$1,926 for a pair of hearing aids at wholesale clubs
  - \$4,107 for a pair of hearing aids at brand hearing aid stores
  - \$3,909 for a pair at freestanding audiology offices
  - \$3,517 at hospitals and clinics with an audiologist or a hearing instrument specialist on-site.
- Only 16% of people who need them, have hearing aids

# Solutions: Broader Access to Hearing Aids

- NASEM Recommendation #7, OTC Hearing Aid Act, passed and signed into law in 2017
- HLAA supports enactment of state laws that require private insurance for hearing aids
- HLAA supports including hearing aids as part of the state's Essential Health Benefit package under the ACA

# Hearing Health Care in Primary Care Visits

- NASEM Recommendation #6: Public health agencies (including Centers for Disease Control and Prevention and **state health departments**)...should promote hearing health in regular medical and wellness visits...”
- HLAA Position Paper on Screening for Hearing Loss in Primary Health Care Settings

# HLAA Recommendations

1. Meet or exceed minimum requirements under the ADA ensuring effective communication is incorporated into health care policies and procedures for all health care settings
2. Eliminate barriers that impede communication access
3. Training and education for health care staff regarding communication access



# HLAA Recommendations

4. Greater access to hearing aids and cochlear implants through private insurance coverage and Medicaid coverage
5. Promote hearing health care in wellness and medical visits

# Resources

- HLAA Guide for Effective Communication in Health Care: <https://www.hearingloss.org/hearing-help/communities/patients/>
- HLAA Position Papers: <https://www.hearingloss.org/about-hlaa/position-papers/>
- Equal Access to Health Care Services for People with Disabilities, Steven E. Gordon, Assistant U.S. Attorney General: [https://www.hearingloss.org/wp-content/uploads/Gordon\\_Steve.pdf](https://www.hearingloss.org/wp-content/uploads/Gordon_Steve.pdf) and webinar <https://www.hearingloss.org/webinars/equal-access-health-care/>

# Resources

- National Academies of Sciences, Engineering, and Medicine Report: *Hearing Health Care for Adults: Priorities for improving Access and Affordability*, Recommendations  
<http://nationalacademies.org/hmd/~media/Files/Report%20Files/2016/Hearing/Hearing-Recs.pdf>

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