



Toward a Hearing Healthcare Initiative for Ontario

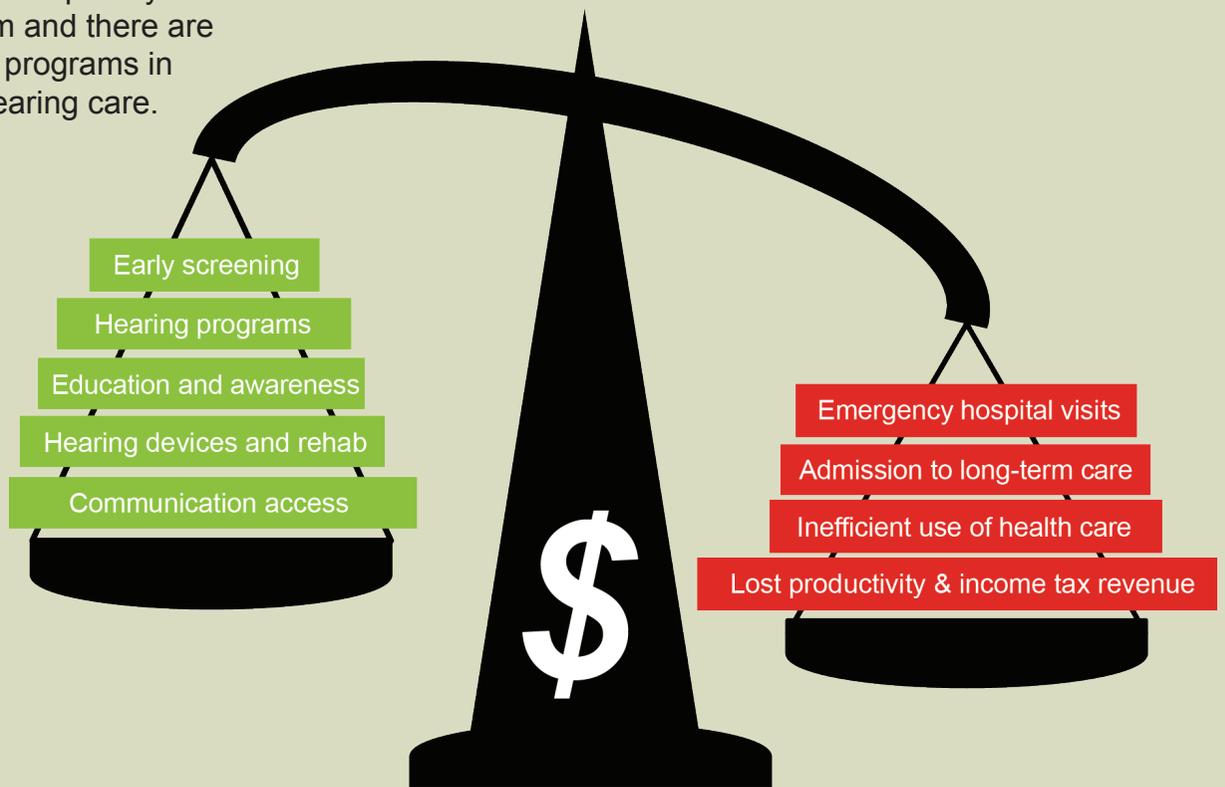
As the number of older adults in Ontario increases, evidence shows that the incidence of hearing loss is becoming more widespread. Hearing loss among youth is also growing – mostly caused by exposure to loud noise such as through headphones or from live music concerts.

Hearing loss can have a major impact on quality of life and its impacts create a large burden on the Ontario economy and government funding. It can be managed.

In spite of research and evidence, hearing loss continues to be a low priority in Ontario's healthcare system and there are limited education programs in our schools on hearing care.

The Hearing Healthcare Initiative for Ontario, led by The Canadian Hearing Society (CHS) in partnership with six other organizations and researchers from Canadian universities, is dedicated to promoting hearing health in Ontario.

Managing hearing loss will improve access to family health care and quality of life. It will contribute to reduced emergency visits, hospital readmissions and admission to long term care facilities. Long term damage to income will be eliminated with successful programs for conserving hearing in youth.



Why a Hearing Healthcare Initiative for Ontario?

When it comes to older adults...

The number of older adults aged 65 and over in Ontario is projected to be 4.1 million, or 23.4%, by 2036. Aging is the number one cause of hearing loss, with the severity of that hearing loss usually increasing over time. A recent U.S.-based Epidemiology of Hearing Loss Study found that 46% of people aged 48-87 had hearing loss, including 90% of those 80 years old.

Big personal impacts...

With unmanaged hearing loss, people become withdrawn and socially isolated which can lead to breakdown of support networks and risk of depression.

Older adults with unmanaged hearing loss are at an increased risk of cognitive decline and developing Alzheimer's disease and other forms of dementia. There is encouraging evidence that hearing assistance – potentially something as simple as a hearing aid – can improve the lives of even those with significant dementia.

Research has revealed that there is a greater risk of falling with hearing loss and that this relationship is present when the impact of age, gender, race, cardiovascular disease and vestibular function is removed. The risk of falling increases with the severity of the hearing loss.

Avoidable impact on government spending...

Admission to long term care facilities

Social isolation, Alzheimer's disease and other dementias, and falls are all linked to hearing loss and are three of the top four reasons for admission to long term care facilities. All these conditions have a large economic impact on our health system.

Emergency hospital visits and readmissions to hospitals

Falls are one of the leading causes of injury among seniors, and often result in avoidable Emergency Department visits, hospitalizations and admission to long-term care homes. Ontario's annual costs for falls by seniors have been estimated at \$962 million. Unmanaged hearing loss is a risk factor for falling.

The probability of miscommunication between patient and caregiver increases dramatically as hearing loss increases. Canadian research shows that patient communication problems (including hearing loss) are significantly related to the presence of preventable diagnosis and treatment mistakes. Behaviours of people with unmanaged hearing loss are often mistaken for mental health disorders. Misdiagnosis may lead to treatment for a mental condition they do not actually have.

Access and efficient use of health care services

Isolation, reduced motivation to seek health services due to depression, and difficulty accessing health services are noted in research studies of the impact of hearing loss in aging adults and substantially reduce the effectiveness of managing health conditions and preventing health deterioration. When seniors do not access the health system, our health care investment is rendered ineffective and inefficient. There are accessibility services for people who have a hearing loss or are culturally Deaf. They include sign language interpreting and captioning services.

When it comes to young adults...



1 in 5

youth have signs of hearing loss

Recent studies in Canada and the U.S. report that 1 in 5 youth have signs of hearing loss. Hearing loss in young people can often be attributed to what is referred to as noise-induced hearing loss (NIHL) – having frequently experienced high levels of sound from music devices of all kinds. NIHL is irreversible so the damage lasts a lifetime. However, it is preventable!

Hearing loss negatively impacts household income by an average of approximately \$11,000 per year.

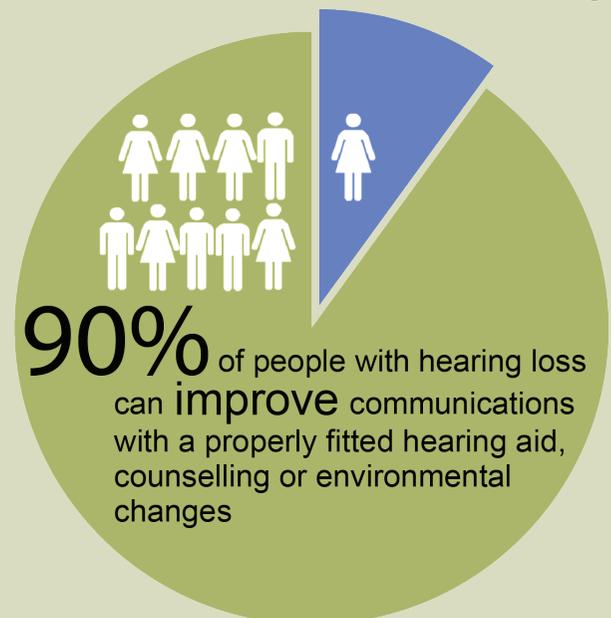
Young people who experience severe hearing loss often disengage socially, are exposed to reduced educational and income opportunities, and often have an increased dependence on social support services.

Overall

Unassisted hearing loss costs Canada approximately \$17.6 billion per year (extrapolated from cost of unmanaged hearing loss in the European Union). In Australia hearing loss has an \$11.75 billion impact on the economy.

The annual cost of falls in Ontario is approximately \$962 million. The burden of Alzheimer's disease in Canada is projected to be \$872 billion by 2038. Any reduction in the economic burden of these conditions by reducing the incidence or delaying the need for long-term care will help. Reducing all of the previously discussed impacts of hearing loss would potentially more than offset the cost of testing, preventing and managing hearing loss.

Despite these impacts and risks, older patients are often not assessed or treated for hearing loss.



What Needs to Happen Next

How the Ontario Government and the Hearing Healthcare Initiative can work in partnership...

ADULTS

Top 3 Ways to Make a Change in Ontario for Adults

1. Integrate hearing loss detection and management into the existing Ontario strategic health programs; LHIN Health Links, senior's health, chronic disease management, and prevention programs (Note: hearing loss has a higher incidence among people who have diabetes, cardiovascular diseases, chronic kidney disease, and dementia and Alzheimer's disease)
2. Improve hearing healthcare programs in long-term care facilities and homes for the aged
3. Increase public awareness and improve the understanding of hearing loss and its impacts for primary healthcare professionals who manage the care of older adults who routinely require hearing assessment

YOUTH

Top 2 Ways to Prevent Hearing Loss for Youth

1. Build awareness of the importance of preventing hearing loss by routine use of existing outreach programs in schools to educate youth on methods to conserve hearing and the importance of hearing healthcare
2. Screen to diagnose hearing loss at an earlier age with regular re-testing

Of people with hearing loss, 90% can improve communications with properly fitted hearing aids, rehabilitative counseling and/or environmental changes.

The Hearing Healthcare Initiative

Founded in 1940, The Canadian Hearing Society (CHS) is the leading provider of services, products, and information that remove barriers to communication, advance hearing health, and promote equity for people who are culturally Deaf, oral deaf, deafened, and hard of hearing.

The initiative, led by CHS, is in partnership with six other organizations dedicated to promoting hearing health in Ontario:

- Association of Hearing Instrument Practitioners (AHIP)
- Canadian Academy of Audiology (CAA)
- Canadian Hard of Hearing Association (CHHA)
- College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
- The Hearing Foundation of Canada (HFC)

The information in this document is supported by extensive research in high quality publications that are listed in full on the CHS website: chs.ca.

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