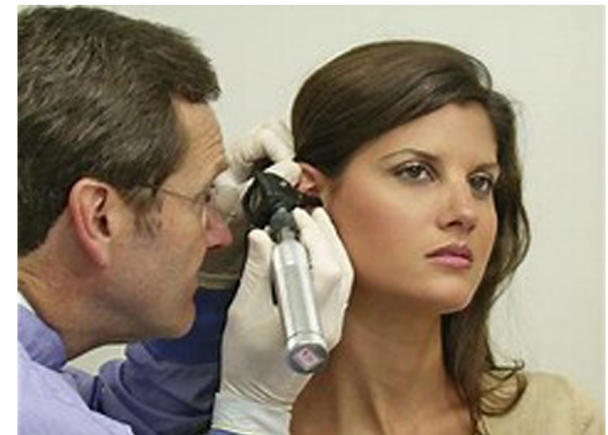


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DEPARTMENT OF DEFENSE
**HEARING CENTER
OF EXCELLENCE**

PATIENT ENGAGEMENT INFORMATION

**FOR HEALTH CARE PROVIDERS
WITH PATIENTS HAVING POSSIBLE
HEARING LOSS**



Address:
DHA/J-9/HCE
Attn: 1100 Wilford Hall Loop, Bldg. 4554
JBSA-Lackland, TX 78236
tel: 210-292-4100
<https://hearing.health.mil>



SCOPE AND POTENTIAL IMPACT OF HEARING LOSS

Hearing loss is a major public health concern estimated to affect approximately 48 million Americans (20% of the population), and its prevalence increases with each decade of life.¹ Knowing when and how to refer your patients to an audiologist when hearing loss is suspected is important for their health and quality of life. Comprehensive hearing health care includes routine discussion of communication concerns to identify difficulties that might provide early evidence of hearing loss not yet diagnosed.

Hearing loss is known to impact daily communication, social/family relationships, professional/workplace interactions, and health literacy.² Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services that are needed to support appropriate health decisions.³ Even mild hearing loss can diminish a patient's capacity to communicate effectively with health care providers that in turn can reduce the patient's ability to share requested personal and health information and to navigate the health care system.

Patient engagement is critical to the effective management of chronic health conditions that need the patient's understanding of, and compliance with, self-care requirements. Patients with chronic conditions (e.g., diabetes) and unhealthy lifestyle habits (e.g., smoking) are at an increased risk for hearing loss. Hearing loss, like depression, is a disability that tends to persist for many years.

TAKING ACTION

Providers should refer patients at risk for hearing loss, as well as those with hearing or communication concerns, to an audiologist for comprehensive examination. Audiologists can be found at many Department of Defense military treatment facilities (MTFs) and within the TRI-CARE network. Also, the Department of Veterans Affairs provides audiology services in its health care facilities and through local community care audiologists. Routine preventive/well-visit hearing checks are recommended to monitor at-risk patients' hearing status.



CHRONIC HEALTH CONDITIONS AND LIFESTYLE HABITS ASSOCIATED WITH RISK OF HEARING LOSS

- Diabetes
- Depression*
- Kidney disease
- Heart disease
- Cognitive decline*
- Fall risk/vestibular impairment*
- Tinnitus
- Cardiovascular disease
- Smoking

*Hearing loss can exacerbate or contribute to the development of these conditions.

WHAT SHOULD I SAY TO A PATIENT WHO REPORTS DIFFICULTY HEARING?

This is an important question because all too often hearing loss in patients can go unnoticed and a “no referral to audiology” decision is made. Overlooking hearing loss can seriously impact a patient's health, morale, and outlook. If a patient reports a possible hearing loss, trouble understanding speech especially when background noise is present, or you observe hearing loss in your patient, a suggested way to begin that discussion can be:

“Audiology services are available to evaluate, treat, and rehabilitate hearing loss. Addressing your hearing abilities and concerns may help ensure you can effectively hear and communicate so your quality of life is maximized.”



HOW SHOULD A PATIENT REPORTING HEARING LOSS BE REFERRED FOR MORE DEFINITIVE CARE?

Knowing how to refer a patient who reports hearing loss is essential. It is generally appropriate to refer to an audiologist especially when no obvious medical pathology is observed or when concerns for hearing loss persist after treatment of medical pathology.