



Audiologic Rehabilitation: Solutions to Optimize Accessibility and Participation for People with Hearing Problems

Position

It is the position of Speech-Language & Audiology Canada (SAC) that comprehensive and individualized audiologic rehabilitation (AR) is important for the health of people of all ages who experience hearing-related problems. It is also the position of SAC that audiologists are experts and leaders in designing and providing AR.

Background

Hearing loss has been identified as the second most common impairment world-wide (Vos et al., 2016), affecting over half of the population by 70 years of age (Bainbridge & Wallhagen, 2014; WHO, 2018).

Audiologic rehabilitation (AR) is the evidence-based application of knowledge to practices designed to enable persons with hearing-related problems (hearing loss, tinnitus, balance and other auditory disorders) and their communication partners to improve their quality of life and optimize participation in their daily activities (WHO, 2001; ICF Research Branch, 2017). AR includes prevention, screening and intervention (WHO, 2018). A person- or family-centered approach to AR is recommended (Scarinci et al., 2013) to help ensure interventions are successful.

Interventions in AR may be behavioural, technological or environmental. Behavioural interventions may include training in uni-sensory or multi-sensory (e.g., auditory, visual and/or tactile) perception, the use of strategies to improve communication, assertiveness or self-advocacy training, stress management and counselling to support personal adjustment. Technological interventions may include the provision of information about and the selection, fitting and fine-tuning of personal amplification devices (e.g., hearing aids), cochlear implants and hearing assistive technologies such as specialized warning/alarm signals, devices for use with televisions and telephones, or systems for listening in large areas (e.g., classrooms). Environmental interventions may include recommendations to modify physical environments (e.g., reducing noise or optimizing room acoustics and lighting) or social environments (e.g., training others in how to accommodate the needs of persons with hearing problems).

These interventions may be provided to individuals or groups in public or private settings or through telehealth or eHealth services. Interventions may use a public health approach to promote hearing accessibility on-site at private or community venues (e.g., workplace, commercial, recreational, worship, government or health facilities).

Innovative funding models should be developed to increase access to AR and other audiology services. Demand will likely continue to increase due to rising prevalence of hearing loss as the population ages, initiatives promoting social participation in age-friendly communities (WHO, 2007; PHAC, 2018) and new federal accessibility legislation (Government of Canada, 2017).

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September, 2018