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Hearing Care in Integrated Person-Centered Care for Older Adults: Can Audiologic Rehabilitation Help in Meeting the Key Challenge Areas for Aging Well in Canada?

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In the May 2023 issue of the *Canadian Audiologist*, this column focused on ageism and the imperative for audiologists to emphasize a positive health promotion approach to hearing care for older adults. Following the World Health Organization (WHO) guidance on integrated person-centered care for older adults (ICOPE; WHO, 2019), such an approach would nest hearing care in the broader context of integrated care, aiming to optimize functioning. With increasing age, it is increasingly likely that older adults will experience multiple health issues, including sensory (e.g., hearing, vision), motor (e.g., mobility, falls), vitality (e.g., malnutrition, metabolic disorders, frailty) and psychological (cognitive and/or mental) health issues (Gaussens et al., 2023). As audiologists, we can help people hear better and function better as listeners and communicators. By improving communication function, we also have an opportunity to help people living with hearing loss who face challenges in other health domains that may make it challenging for them to live and age well.

AGEWELL is a Canadian National Centre of Excellence established in 2015 with the aim “to help older Canadians maintain their independence, health and quality of life through technologies and services that increase their safety and security, support their independent living, and enhance their social participation” (https://agewell-nce.ca/). The AGEWELL Network drives research in eight

key challenge areas that were identified in a review of policies across Canada and extensive consultation with older Canadians (https://agewell-nce.ca/challenge-areas). These challenge areas include: Staying Connected, Healthy Lifestyles and Wellness, Financial Wellness and Employment, Mobility and Transportation, Supportive Homes and Communities, Autonomy and Independence, Health Care and Health Service Delivery, Cognitive Health and Dementia.

Note that hearing per se is NOT one of the challenge areas. Audiologists may ask about or administer self-report questionnaires to assess listening (e.g., how well do you understand speech when) or abilities to hear when using devices such as the television or telephone; however, the typical questions asked by rehabilitative audiologists do not rise to the more general level of the eight key challenge areas identified by AGEWELL. Nevertheless, it seems obvious that all of the AGEWELL challenge areas for everyday living would be less challenging if hearing care supported older adults as they engage in these challenge areas. Being able to understand speech and to use communication technologies would be very useful for people who need to stay connected to social networks, remain employed, participate in healthy lifestyles important for physical, mental and cognitive health, gain knowledge to inform wise financial and healthcare decisions, benefit from home and community support services, use transportation and retain independence and autonomy

The challenge to audiologists is to re-imagine audiologic rehabilitation regarding how it might be relevant to and contribute to helping older adults function better in these eight key challenge areas. Audiologists may need to be concerned with the gains provided by amplification. Still, it may be even more important to be concerned about the gains to be achieved by better hearing in these challenge areas for everyday functioning. What if goals for person-centered audiologic rehabilitation were explored by learning about the everyday challenges that were priorities for individuals and their families and then making recommendations for hearing that could help older adults cope with their priority challenges? What if the recommendations for audiologic rehabilitation were integrated with recommendations by other health professionals who have expertise to help with comorbid declines in intrinsic capacities (e.g., vision, mobility, cognitive, mental health or vitality) that also contribute to the higher-level everyday challenge areas? What if audiologists no longer practiced in silos and actually worked in inter-professional integrated primary health care teams so that an older individual’s priority challenges were tackled in a unified plan designed to help them to live well and age well?

References

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