



# Aging in Minnesota: Hearing Loss and Communication Access

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**MINNESOTA**

COMMISSION OF THE DEAF,  
DEAFBLIND & HARD OF HEARING

# A Brief History

# Minnesota Commission of the Deaf, DeafBlind & Hard of Hearing (MNCDDHH)

- Founded in 1985, overseen by a governor-appointed board.
- Collaborate with hundreds of organizations and agencies to effect legislative and policy change.
- In addition to contacting us directly, community members participate in our task forces, focus groups, town halls, and annual Lobby Day.
- Our board includes representatives from statewide advisory councils for our sister agency DHHSD (Deaf and Hard of Hearing Services Division).

# MNCDHH Age-Related Hearing Loss Task Force

- Convened in 2014 and 2018
- Included representatives from organizations such as:
  - University of Minnesota
  - Minnesota Medical Association
  - Hearing Loss Association of America
  - Deaf and Hard of Hearing Services Division Minnesota Department of Veterans Affairs
- Minnesota Council of Health Plans
- Office of the Ombudsman for Long Term Care
- Minnesota Department of Health
- Minnesota Department of Human Services Deaf and Hard of Hearing Services Division
- Minnesota Board on Aging

# Task Force Recommendations Completed

- ✓ Age-related hearing loss awareness campaign, via TPT  
<https://mn.gov/deaf-commission/hearing-loss-matters/>
- ✓ Mandated hearing aid insurance coverage for all ages
- ✓ Information on low-cost hearing aids (OTC hearing aid information from DHHSD)
- ✓ Provider training on age-related hearing loss (developed by DHHSD)
- ✓ Acoustic and hearing loop requirement for all state-funded construction

# Hearing Loss as Part of the Aging Experience

- Nearly 2/3 of Americans older than 70 years old have a clinically significant hearing loss.

*(Lin FR, 2011 Archives of American Medicine.)*

- Yet as a society, we do not discuss hearing loss as a part of the aging experience. Why?
  - Because of its prevalence?
  - Because hearing loss can sneak up on people?
  - Because it's easily masked?

24  
%

more likely to  
experience  
cognitive  
decline

Lin FR, et al. Hearing loss and cognitive decline in older  
adults. *JAMA Intern Med.* 2013 Feb 25

# Hearing Loss + Dementia – Why?

- Certain causes of hearing loss may also impact the brain, potentially lowering cognitive reserves in the long term. (e.g., meningitis, rubella, cCMV)
- Unaddressed hearing loss and societal barriers for deaf, hard of hearing and deafblind people can increase the risk factors for dementia.
  - Social isolation
  - Diminished access to healthcare for management of risk factors such as high blood pressure and diabetes
  - Depression resulting from isolation and diminished access to mental health resources



# Existing Resources for Aging Minnesotans

- Deaf and Hard of Hearing Services Division (DHHSD)
- Hearing Loss Association of America, Twin Cities Chapter
- Minnesota Deaf Senior Citizens

# HLAA-Twin Cities

- Interaction with peers
- Educational presentations at chapter meetings
- Resources page on the website for Hard of Hearing/tech/hearing aids.  
<https://www.hlaatc.org/links-and-resources-for-more-information-of-hearing-aids-and-help-products/>
- Phone number for direct 1:1 peer-to-peer support
- Support for friends and family members of those with hearing loss.
- Presentations, events, and conferences to educate the general public about hearing loss.

# Deaf and Hard of Hearing Services Division

- DHHSD was founded in 1980 as a state mandate to address communication access, developmental and social-emotional needs of persons who are deaf, deafblind and hard of hearing. (Minnesota Statutes § 256C.21 – 256C.30)
- Focused on statewide network of regional services system for deaf, deafblind, hard of hearing and late-deafened individuals through direct client services and grants and contracts management

# DHHS Resources for Aging Minnesotans

- Age-Related Hearing Loss Resources  
<https://mn.gov/deaf-hard-of-hearing/hearing-loss/adults/age-related-hearing-loss/>
- Its Telephone Equipment Distribution Program provides telephone equipment including captioned phones, amplified phones, visual ring signalers, loud ringers, interconnectivity devices, and hands-free speakerphones.  
<https://mn.gov/deaf-hard-of-hearing/communication-access/ted/>  
<https://mn.gov/deaf-hard-of-hearing/communication-access/ted/ted-deaf.jsp>

# DHHSD's presentations and trainings

- Noise Induced Hearing Loss with target audience: Age 55+ Adults with Hearing Loss
- 55+ Assistive Technology Classes – using accessibility features on your phone/tablet/laptop
- DHHSD Webinars: Living Independently with Hearing Loss and Hearing Loss Basics
- Fire safety and Prevention
- presentations for people with hearing loss
- Supporting Seniors with Age-Related Hearing and Vision Loss  
<https://mn.gov/deaf-hard-of-hearing/learning-center/trainings/?id=1121-410745>
- Age-Related Hearing Loss Training  
<https://mn.gov/deaf-hard-of-hearing/learning-center/trainings/?id=1121-575027>
- Training for Providers  
<https://pathlore.dhs.mn.gov/stc/dsd/psciis.dll?course=dsd&code=%20HRDHHS18>

# Gaps for Aging Minnesotans: Information

## Information on Age-Related Hearing Loss

- Many state resources for older adults or for hearing loss do not include or refer viewers to information on age-related hearing loss.
- Some examples that do not yet mention ARHL:
  - [Hearing Loss - MN Dept. of Health](#)
  - [MinnesotaHelp.info Senior section](#)
  - [Senior Linkage](#)

# Recommendations: Information

- State agencies partner with MNCDHH and DHHS to review and update all statewide older adult resources:
  - Hearing health
  - Communication access
  - Protective measures to mitigate the increased risk for cognitive decline associated with hearing loss with information about hearing health and communication access
  - Culturally and linguistically competent information
- Review all ongoing statewide data collection efforts on seniors and update to include questions on hearing loss and accommodations needed.

# Gaps for Aging Minnesotans: Housing

- Minnesota has no housing community that prioritizes deaf, deafblind, and hard of hearing residents
- Deaf, deafblind, and hard of hearing seniors are often in an environment with minimal communication access
- Caregivers often are not fluent in ASL or trained on communication access





DEVELOPED BY THE

# National Association of the Deaf and Deaf Seniors of America

This document is to help ensure physical and communication accessibility as you explore your housing options.

## Residential Facilities

### Assisted Living, Memory Care, Nursing Home



#### For Meals

- Have closed captions on the TV?
- Have deaf people in the cafeteria or in the room to chat with?
- Have a video phone or a computer that has video chat capability?



#### Semi-Private or Private Room

- Have a designated person to work with a deaf person?
- Have direct communication?
- Have an alert system?
- Have fire alarm lights?



#### Medication Management



#### Activities

# Recommendations: Housing

- Develop an ASL-fluent caregiver workforce.
- Create culturally and linguistically competent policy to support housing communities that prioritize deaf, deafblind, and hard of hearing residents.
  - Assisted living facilities
  - Independent living facilities/communities
- A sampling of other states with these specialized communities:
  - Arizona  
<https://www.apacheasltrails.com/>
  - Ohio  
<https://columbuscolonyelderlycare.org/>
  - New Mexico  
<https://www.pahhiland.com/>
  - North Carolina  
<https://www.aldersprings.org/>

# Gaps for Aging Minnesotans: Technology

- Our community partners continue to report challenges with supporting seniors in adapting to new hearing and communication access technology.
- Affordability of accessible safety and alerting technology.

# Recommendations: Technology

- Explore ways to raise awareness of DHHSD's TED Program
- Include information on hearing and communication access technology in any technology resources offered to Minnesota seniors

# Gaps for Aging Minnesotans: Healthcare

- Hearing loss is not part of standard screening protocol and often goes undetected for long times.
- Hospice/palliative care workers and volunteers are often not fluent in ASL or trained on communication access.

# Recommendations: Healthcare

- Screen all adults age 55 and older for hearing loss. (In accordance to Minnesota Statutes 256C.233, subd. 3.)
- Make it possible for ASL-fluent hospice workers and volunteers to work at multiple facilities statewide. Ideally, they would go where they are needed without having to repeat complex screening at each facility.
- Minnesota Department of Health collaborate with MNCDHH in their health equity initiatives.
- Continue collaboration between Minnesota Board of Aging and MNCDHH.

# Gaps for Aging Minnesotans: Hearing Aid Access

- Access to high-quality hearing aid services is becoming difficult for Medical Assistance beneficiaries due to clinics increasingly declining MA coverage.
- Clinics reportedly are declining MA because of issues with reimbursement rates.
- The base Medicare plan does not cover hearing aids.

# Recommendations: Hearing Aid Access

- Rates study of hearing aid service reimbursement rates
- Work with Minnesota delegation to include hearing aids coverage in Medicare.



# Questions?

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