

The Commission of Deaf, DeafBlind & Hard of Hearing Minnesotans: Testing for hearing loss launches

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St. Paul, Minnesota (December 14, 2017) – The Commission of Deaf, DeafBlind & Hard of Hearing Minnesotans announced today a first of its kind pilot program to turn up the volume on age-related hearing loss across Minnesota.

In December, the Commission, in collaboration with University of Minnesota researchers will commence the program that will take place at nearly a dozen senior care facilities across the state. Each site will use specially designed training kits to help understand, test and collect proprietary data about the consequences of untreated age-related hearing loss.

In 2015, the Commission formed a task force to examine and make recommendations addressing age-related hearing loss and its impact on healthy aging for Minnesotans. The task force included various stakeholders from Leading Age Minnesota, Minnesota Department of Veterans Affairs, Minnesota Council of Health Plans, Minnesota Department of Health, Minnesota Board on Aging, the Minnesota Medical Association, and others. This pilot program comes out of recommendations from this task force.

“This initiative puts Minnesota on the leading edge of this type of research,” said Emory David Dively, Deputy Director, Commission of Deaf, DeafBlind & Hard of Hearing Minnesotans. “We aim to promote healthy hearing for our older population because hearing loss has been proven to be a major factor in the overall health of seniors.”

According to research performed by Dr. Frank Lin of John Hopkins University, the

average adult waits 15 years to take action about their hearing loss. In addition, Lin determined that nearly two-thirds of all adults over the age of 70 have some form of hearing loss. If left untreated, it can obstruct basic, verbal communication with family members, friends, and coworkers. Lin's research also states that a loss of hearing can enhance brain diseases such as dementia.

The kits used in the program provide the senior care facilities involved the ability to test, understand and discuss the impacts of hearing loss. Senior care facilities in the following markets have been targeted by the Commission to launch the pilot program: Duluth/Cloquet, Zumbrota/Rochester, Bloomington/Twin Cities, Blaine/Fridley, Faribault, St. James/Mankato, Grand Rapids, Bemidji, and the Greater Grand Forks Area.

"We want to start the discussion to better meet the needs of Minnesota's older adults," said Dively. "We believe that understanding how prevalent hearing loss is will help us better plan for treatment and enhanced education in the future."

Dively credits the University of Minnesota's involvement in this program for its ability to conduct research specific to the goals of the program.

"Working together we can create a starting point to improve communication and understanding among this population," he said. "Minnesota is an aging state, and we believe the research we conduct now will help protect future generations from experiencing untreated age-related hearing loss and all of the other health-related issues that go with that loss."

Dr. Peggy Nelson, Ph. D., Professor of Speech-Language-Hearing Sciences at the University of Minnesota says that hearing loss among older adults isn't just an annoyance. Loss of hearing can speed an elderly person's natural decline by making them withdraw from conversations and activities that used to keep them active and productive.

"Our goals are to help people with hearing loss understand the problem and to help keep them involved in life with coping skills and possible treatment," said Dr. Nelson. "We hope that working with health care workers that we can reach a good cross-section of the older population and learn how we can improve quality of life for these people."

Dr. Nelson said the tipping point to initiate this program was the research of Dr. Lin

and how the hearing loss of older adults is strongly connected to other health issues among the population.

“We are looking for answers in phase one of this project,” said Dr. Nelson. “The next steps are follow up and seeing if outcomes improve, eventually leading to a bigger investment in improving the hearing health of the elderly.”

John Wodele, a Minneapolis-based communications executive and current board member for the Commission of Deaf, DeafBlind, & Hard of Hearing Minnesotans and co-chair of the Commission’s Age-Related Hearing Loss task force, believes that this program is a game changer.

“I was diagnosed with hearing loss at the age of 35,” he said. “I understand how hearing loss can make you feel isolated and extremely frustrated. My first hearing aids cost \$6,000. Most insurance doesn’t cover hearing aids, which I think is despicable. It’s hard to understand why hearing loss isn’t focused on more. We hope to change that attitude.”

Wodele said that this initiative is a welcomed addition to the fight against hearing loss among older adults.

“The first step is recognizing the issue and raising awareness,” he said. “It’s a significant point in time for this issue, and we hope it can be beneficial for generations to come.”

Dively said that research has concluded that men are twice as likely as women to experience hearing loss.

“These are things we want to find out with this program,” he said. “Having more answers allows us to build future treatment models that can significantly improve hearing health among all Minnesotans.”

About the Commission

The Commission of Deaf, DeafBlind & Hard of Hearing Minnesotans is a Governor-appointed Commission that advocates for communication access and equal opportunity with the 20 percent of Minnesotans who are deaf, deafblind and hard of hearing. For more information about the Commission, visit our website at www.mncdhh.org or join us on Facebook and Twitter. You can also reach us by calling 651-431-3211 or via email; Emory.David.Dively@state.mn.us.