You Can Say That Again!

Losing more than hearing

Because hearing loss is the third most common affliction among elderly people in the US,[1] affecting more women than men (60%),[2] the chances are high that many residents of your assisted living (AL) facility have hearing deficits. Hearing screening is therefore an essential part of the health care provided within the AL setting.

Both presbycusis (age-related hearing loss) and noise-induced hearing loss result in damage to the hair cells in the inner ear that translate sound waves into nerve impulses, a condition called *sensorineural hearing loss*. Usually, the first sounds to be lost are high-frequency sounds—consonants such as "S" and "F" and children's and women's voices.[2]

Effect on Quality of Life and Health

Loss of hearing is associated with symptoms of depression, dissatisfaction with life, reduced functional health, and withdrawal from social activities.[2] It is also associated with reduced health. Only 39% of people with hearing loss say they are in excellent or very good health, compared to 68% of those who have no loss.[2]

In fact, there may be a connection between hearing loss and heart disease. A study by the Population Health Program Faculty at Wisconsin University found that hearing loss is 54% greater among those who have a history of heart disease than in the general population. Almost 80% of those who had a history of myocardial infarction (MI) also experienced hearing loss.[3] Hearing deficits can also be associated with certain medications, diabetes, circulation disorders, or thyroid problems, common among elderly AL residents.[1]

Symptoms such as confusion, withdrawal, and disorientation—sometimes mistaken for dementia—may, in fact, be caused by hearing loss. Cognitive functioning may also be compromised. Brandeis University reports that older people with hearing loss might also lose the ability to remember spoken language. The researchers found that older adults with mild to moderate hearing loss expend so much energy on hearing accurately that their ability to remember spoken language suffers as a result.[4]

Other problems associated with untreated hearing loss include[5]:

- Irritability, negativism, and anger
- Fatigue, tension, stress, and depression
- Social rejection and loneliness
- Reduced alertness and increased risk to personal safety
- Impaired memory and ability to learn new tasks
- Diminished psychological and overall health

Getting Needed Treatment

Unfortunately, fewer than 1 in 5 elders who could benefit from hearing aids seeks treatment. Up to

65% of nursing home residents have serious hearing loss, but staff members are aware of less than 50% of the problems.[1] In a recent study of hearing loss among nursing home residents, only 30 of the 279 residents had been screened for hearing problems within the most recent year. Thirty-nine percent had been treated for excessive earwax, but 81% had neither earwax removal nor a hearing test.[1]

Most people with hearing loss can be helped with a hearing aid, but only one third of Americans 65 and older use hearing aids. According to a survey of the National Council on the Aging, reasons for not wearing a hearing aid are cost, poor performance, and vanity.[2]

The Better Hearing Institute provides a Quick Hearing Check (see www.betterhearing.org/hearing_loss/quickHearingCheck.cfm) that may be helpful to AL residents who wish to assess their own hearing. For further information on how audiologists can help screen AL residents for hearing difficulties, see *The Role of the Visiting Audiologist in AL Facilities* on page 40 of the September/October issue of *ALC* (www.assistedlivingconsult.com/issues/03-05/alc910-Team-919.pdf). ALC

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Caring for Vulnerable Elders During a Disaster

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- Advocate for NHs to receive advance notice of mandatory evacuations and state police escorts.
- Include LTC facilities in state, regional, and national transportation planning efforts.
- Nursing home providers would benefit from working to establish a network of NHs. Also establish relationships with area churches that might be willing to provide access to church vans and help in the emergency evacuation of NHs in buses during an emergency.

Regulatory Issues

- Consider the length of time it takes to improve the health status of many returning NH evacuees.
- The purpose of a NH survey visit immediately following a disaster should be reviewed and clarified.
- State NH associations and the state's regulatory agency should discuss and clarify mutual expectations for the period immediately following the disaster.
- Federal statutory regulations administered by the Centers for Medicare and Medicaid (CMS) need to be reviewed with regard to reimbursement during a disaster. While resident safety is the first priority for NHs, reimbursement policies during a disaster must be a major CMS priority.
- Amend the federal Stafford Act to ensure that private for-profit NHs affected by a major disaster are eligible to receive assistance.

Power Restoration

- Educate emergency managers of the similarities between hospital and NH populations. Not all emergency managers will be aware of the high-risk health status of today's NH resident.
- Develop a positive and strong relationship with each major power company's disaster response team leader in your state.
- Use of generators takes pre-planning. Generator back-up systems need to be checked regularly and have sufficient fuel for 4 to 5 days or more. Be sure generator fuel is secure and safe from unauthorized use. Generators for NHs are not "off the shelf." They are designed to accommodate the facility's particular power load, as determined by an electrician.

Training and Drills

- Training must be facility based using the facility's own plan, staff, and partners.
- The complexity of the NH environment demands frequent and realistic disaster training. The decisions that NH administrators must make during a disaster are complex. Decisions require integrating information about the structural capacity of the building to withstand wind and the facility's location in the surge and flood zones with information about patient acuity levels, evacuation transportation, and receiving facilities. Conduct realistic and frequent drills that test every dimension of the facility's incident command structure.

Ethical Concerns

The decision to evacuate or shelter in place involves both clinical and ethical elements, and measures to ensure that the basic safety guidelines are followed. The decision also involves a variety of stakeholders. The objective of using an agreed-upon approach through a uniform pathway is to satisfy stakeholders that the decision-making process is sound. In addition, the decision will stand the test of public scrutiny even if the course of action adopted and/or the outcome were to be criticized. ALC

Source: *Caring for Vulnerable Elders During a Disaster: National Findings of the 2007 Nursing Home Hurricane Summit.* St. Petersburg Beach, FL. May 21-22, 2007. Convened by The Florida Health Care Association. Funded by The John A. Hartford Foundation. www.fhca.org/news/summitfinal.pdf