



THE AMERICANS
FOR BETTER HEARING
FOUNDATION



Americans for Better Hearing Foundation
7630 S. County Line Rd, Suite 1, Burr Ridge, IL 60527

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- Non-Profit Hearing Health Foundation
 - 501(c)(3) charitable organization.
- Organized in 1992 as a private Foundation to raise funding for research into hearing healthcare.
- Reorganized and incorporated in 2011 as a 501(c)(3) non-profit to provide hearing healthcare and educational services.



MISSIONS

- Provide hearing healthcare for low-income and underserved people.
- Educate the public that
“Hearing Loss Is Not a Harmless Condition”.
- Advocate for primary care physicians to become more involved with diagnosing hearing loss.
- Provide Auditory Therapy for people with a hearing loss.



Personal Background

- Veteran (14 yrs Active & Reserves) –
Various Armor Units & 12th Special Forces Group
- Hard of Hearing
Military Injury – M60A1 Tank Explosion
Long time denial of hearing loss
- Business Executive – 30 Years
Burroughs Corporation – Regional Manager Healthcare Systems
Bell Atlantic Healthcare – Regional Manager
VP HITEC Group – Assistive Technology Distributor
Owner Beltone Hearing Aid Store
VP ClearSounds Communications – Assistive Tech Manufacturer
- ABHF Executive Director – 6 Years



ABHF FOCUS

- ABHF is not a research organization. Comments here are based on experiences with the consumer
- ABHF does minimal fund raising activities.
- Delivery of hearing healthcare services and hearing aids is primary focus.



ABHF Services Delivery

- Mobile Audiology teams visit contracted Nursing Homes, Supportive Living Centers and Independent Living Centers on a scheduled basis – usually monthly. Currently providing services to 84 facilities
- Walk-in hearing health clinics
- Walk-in Auditory Therapy clinics
- Do not try to compete with retail audiology



ABHF Services Delivery

- Since 2011, ABHF has provided Audiology testing for over 12,000 low-income & underserved individuals.
- ABHF has dispensed over 5,000 hearing aids.



Challenges to Accessibility

- Facilities not interested in providing hearing healthcare services.
- Primary Care Physicians show little interest in hearing healthcare. Difficulty in receiving timely physician orders for especially for hearing aids.
- Facility staffs providing inconsistent assistance to residents with hearing aids.
- Consumer's use of hearing aids.



Observations & Opinions About Accessibility

- Most significant barrier to hearing healthcare access is the primary care physician.
- We do not see hearing aid cost is as a barrier.
- Hearing aids alone are not enough for the consumer to receive maximum benefit



Primary Care Physicians

- Rarely check for hearing loss on a proactive basis
- If the patient does not complain – hearing loss is not checked
- Patients do not know what they are not hearing – most do not complain
- Ear wax problems



Physicians Amplified

- An ABHF program to get PCPs more involved with diagnosing hearing loss.
- Endorsed by the IL Academy of Family Physicians
- Has the physician doing efficacy testing of the inner and middle ear during the vitals capture process – OAE & Tympanometry
- Middle ear problems referred to ENT
- Inner ear referrals to ABHF & Auditory Therapy



Auditory Therapy

- PCPs are comfortable referring to therapy
- Many if not most PCPs are not comfortable referring to hearing aids.
- A hearing evaluation is an initial part of the therapy
- Therapy teaches patient how to listen more effectively – with and without hearing aids
- Patients accept hearing aids and use them more effectively.



Recommendations

- More research into the comorbidity of hearing loss and other disease states
- Accelerated consumer education on the impact of untreated hearing loss
- Accelerated efforts to inform PCPs about the impact of hearing loss with other disease states
- Accelerated efforts to have PCPs involved with diagnosing hearing loss.



Recommendations

- Educate government and private insurance payors that treating hearing loss is an excellent business investment.



Costs of Restricted Accessibility

Costs of other disease states linked to hearing loss over a ten year period.

ALZHEIMER'S:	\$71,000/year	\$710,000
FALLS:	\$35,000/fall @ 3/10 yrs	\$105,000
HOSPITALIZATION:	\$12,300/stay @ 1/yr	\$123,000
MENTAL HEALTH:	\$22,600/year	\$226,000
DEPRESSION:	\$22,960/year	\$229,600

If treating hearing loss has a reasonable probability of reducing or eliminating any of the above, it is a very good investment.