

Caring for Patients Experiencing Homelessness: An Audiologist’s Toolkit

The C.A.R.E. Approach to Counseling for Audiologists	
Compassion	<p>Offering a non-judgmental, safe environment for patients and leading with an accepting, empathetic attitude. Creating a culture of inclusivity within your practice.</p> <p>Understanding the circumstances surrounding an individual and their personal needs and how that will affect their decision-making in regards to treatment. Encouraging patient-centered discussions as well as promoting self-efficacy.</p>
Accessibility	<p>Providing a flexible mode of care where possible (i.e. walk-in/drop-in slots, outreach programs, etc.). Eliminating administrative barriers when able. Ideally, coordinating health services when able in one location (i.e. mental health services, cerumen removal, ENT services, etc.).</p>

<p style="text-align: center;">Resources</p>	<p>Having up-to-date resources available in multiple modes (i.e. pamphlets, phone numbers, websites) for a number of services that may be applicable and helpful for patients experiencing homelessness. Understanding the best referrals to make in a given situation.</p>
<p style="text-align: center;">Expertise</p>	<p>Ensuring that you are offering the best possible care for every patient. Accepting that patient priorities may differ from typical expectations, and putting aside any personal biases to give expert-led and evidenced-based professional care. Leading with transparency and establishing patient-provider rapport.</p> <p>Continuing education on comorbidities, medications, complications, etc. as related to people experiencing homelessness.</p>

Diagnostic Audiology and Appointment Considerations for Unhoused Individuals	
<p style="text-align: center;">Case History/Intake</p>	<ul style="list-style-type: none"> 👂 Try to be understanding if the patient is not on time or reschedules. 👂 Help the patient fill out forms/limit the amount of information required on the forms. 👂 Is the patient uncomfortable? 👂 Can they hear and understand you clearly? 👂 Do they have anyone with them at the appointment? Are they helpful and supportive? 👂 Is the patient a reliable historian? 👂 Clarify comorbidities/medications. 👂 Look out for signs of domestic violence (i.e. physical abrasions/bruising, not making eye contact, easily startled, etc.) 👂 Assure patients that you are there to help. 👂 Practice active listening – focus on the patient, not the intake form.

	<ul style="list-style-type: none"> 👂 Ask if they have ever worn hearing aids before/if they have helped. 👂 Ask about dizziness, falls, and head trauma. 👂 Asking about situations in which they have difficulty hearing. 👂 Look for signs of depression, anxiety, dementia, and dexterity issues.
<p style="text-align: center;">During Testing</p>	<ul style="list-style-type: none"> 👂 Explain the tests clearly and simply. 👂 Have multiple headphone options. 👂 Offer cerumen removal services if possible. 👂 Be aware of other disability (if any) and how they affect testing. 👂 Having speech testing word lists in multiple languages. 👂 Offer positive encouragement during testing,
<p style="text-align: center;">Results/Counseling</p>	<ul style="list-style-type: none"> 👂 Be prepared for a range of emotions. 👂 Avoid medical jargon when explaining results. 👂 Counsel beyond the audiogram. 👂 Provide realistic expectations.

	<ul style="list-style-type: none"> 👂 Understand that hearing health may not be a priority for the individual. 👂 Show that you understand financial considerations/offer a range of options. 👂 Ask if they have any questions. 👂 Summarize statements and relate the results back to their initial concerns 👂 Reflect, paraphrase, and restate 👂 Be non-judgmental regardless of what decision they make, even if it not typically considered the “best option”.
<p>Treatment Plan Considerations</p>	<ul style="list-style-type: none"> 👂 Understand that amplification may not be a realistic option 👂 Include lower-cost options and resources (i.e. Costco, over-the-counter hearing aids, personal amplifiers etc.) 👂 Emphasize hearing protection (i.e. offer foam earplugs) 👂 Focus on hearing health and hygiene 👂 Offer hearing aid demo-ing in office

	<ul style="list-style-type: none">👂 Offer flexible follow-up appointments and walk-in times👂 Discuss hearing health and brain health👂 Always provide communication strategies👂 Be a point of trusted contact/communication👂 Make appropriate referrals where necessary👂 Discuss early intervention programs if applicable👂 Advocate for the patient when needed to other medical professionals
--	--

Hearing Aid Style Considerations for Unhoused Individuals	
Hearing Aid Style	Benefits and Limitations for Unhoused Individuals
Behind-the-ear (BTE)	<ul style="list-style-type: none"> ☞ Easier to locate, harder to lose among belongings ☞ Durable with longer battery life for on-the-go lifestyle ☞ Good for individuals with dexterity issues ☞ Must keep track of batteries ☞ Cerumen build-up and wear and tear of the mold may be more prevalent for this lifestyle, resulting in the need to have more visits for re-tubing and cleaning of HA; having new molds made due to damage may be unrealistic
Receiver-in-the-canal (RIC)	<ul style="list-style-type: none"> ☞ Wire receiver is very durable ☞ Comes in rechargeable option – may be a better option for shelter residents but worse for those that do not have access to outlets for charging. Must keep track of charger and cord/plug ☞ Phonak Audeo - waterproof RIC option! ☞ Maintenance included changing wax guards and domes, but may be more self-manageable and would likely require less office visits ☞ Less visible which may be an added benefit to discourage theft

<p>In-the-ear (ITE)</p>	<ul style="list-style-type: none"> 👂 Very visible, may encourage theft 👂 Rechargeable and battery powered options (same concerns as RIC option) 👂 Cleaning and maintenance may be a concern if there are issues with cerumen build-up, but if not, could be a good option due to limited maintenance 👂 Much less durable than BTE and RIC, can crack easily if dropped, which may be a concern for those not using a shelter
<p>Canal hearings aids (ITC/CIC/IIC)</p>	<ul style="list-style-type: none"> 👂 ITC – more visible than CIC/IIC. ITC may be easier to keep track of and see among belongings, whereas CIC/IIC may be much less prone to theft. 👂 Typically battery powered (Starkey offers rechargeable ITC option), but also typically smaller batteries (particularly size 10 battery for CIC), which may be more difficult to keep track of or change on-the-go 👂 IIC option does not typically offer manual volume control adjustment without use of another device which may be unrealistic 👂 CIC and IIC typically have shorter battery lives and may not realistic if the individual has ear-related hygiene concerns

Communication Strategies for Individuals with Hearing Loss	
Be in the same room as and face the speaker	Ask for specific information
Use proper lighting	Ask for important information in writing
Ask people to speak clearly, not loudly	Sit near the speaker
Minimize background noise	Use visual cues and context
Ask people to speak one at a time	Ask for clarification when needed