Providing health care to patients with hearing loss during COVID-19 and physical distancing

Given that hearing loss currently affects 72.4% of persons over 65\(^1\) and older individuals tend to be hospitalized when affected by COVID-19, it is likely that the global COVID-19 pandemic will impact numerous individuals with hearing loss. Based on these overlapping demographics, we should assume that communication needs will be heightened during this pandemic. The Massachusetts Eye and Ear (MEE) Audiology Leadership Council met virtually to discuss department and hospital policies during the COVID-19 pandemic. The following key points grew from this discussion to ensure optimal communication with people with hearing loss:

- Be mindful of potential negative impacts of “physical distancing” for people with hearing loss who communicate via spoken language.
- Physical distancing (rather than “social distancing”) highlights the importance of remaining socially connected while preventing the spread of the virus via reductions in physical interaction.\(^2\)
  - While important for the public’s health, physical distancing may be particularly harmful for people with hearing loss who communicate via spoken language, as it is associated with social isolation,\(^3\) social and emotional loneliness,\(^4,5\) and social withdrawal.\(^6\)
- Provide all patients with information regarding commitment to clear communication (Figure 1), which includes facing people directly, avoiding noisy backgrounds, speaking clearly, and more. See excellent hearing loss association of America (HLAA) resources as well.\(^7\)
- Limit audiologic care to essential newborn baby hearing screening and follow-up, urgent audiology services (eg, those who depend on their hearing devices to hear) with precautionary measures (eg, drive-up services to fix hearing aids), and other urgent pre-, peri-, and postoperative services.
- Use QR codes to share information for patients to scan and access resources upon entering the building. Access to the “COVID-19” card created by the Massachusetts Commission for the Deaf and Hard of Hearing (Figure 2) with images is excellent.\(^8\)
- Be aware that protective gear hampers communication: While face masks are important measures for reducing the spread aerosolized droplets, clear face masks may assist greatly with lip reading.
- Restrictions on the number of people who can accompany or visit a patient may be difficult for people with hearing loss who communicate with spoken language. Ensure that contact information is collected from loved ones so that patients with hearing loss who are isolated after testing positive for COVID-19 can communicate.
- Make assistive hearing devices such as personal sound amplifiers available to patients who need them.
- Utilize technology to improve communication: Speech-to-text apps (Google Live Transcribe, AVA, Otter), phone call-to-text apps (InnoCaption+), and apps that use built-in microphones (Ear

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Machine, Sonic Cloud) are some of the ways to use apps to help people with hearing loss communicate. These resources are listed on the MEE website.9

The thought of being diagnosed with COVID-19 is a scary one but might be particularly terrifying for a person with hearing loss who communicates via spoken language, as they may be unsure of the quality of communication they will receive while being treated. Physical distancing is necessary still, but may be very challenging for people with hearing loss as they cope with technological challenges to maintain social connection. By employing the communication tips and strategies discussed in this letter, we hope to raise awareness of the challenges faced by people with hearing loss during this global pandemic and to provide means to address them. For more information, visit the HLAA guidelines for communicating with health care workers during COVID-19.10
CONFLICT OF INTEREST
The authors declare no potential conflict of interest.

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