**SCREENING AND DIAGNOSTIC** 

# Involving the community to increase access to cochlear implantation for ethnically diverse populations



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#### **Abstract**

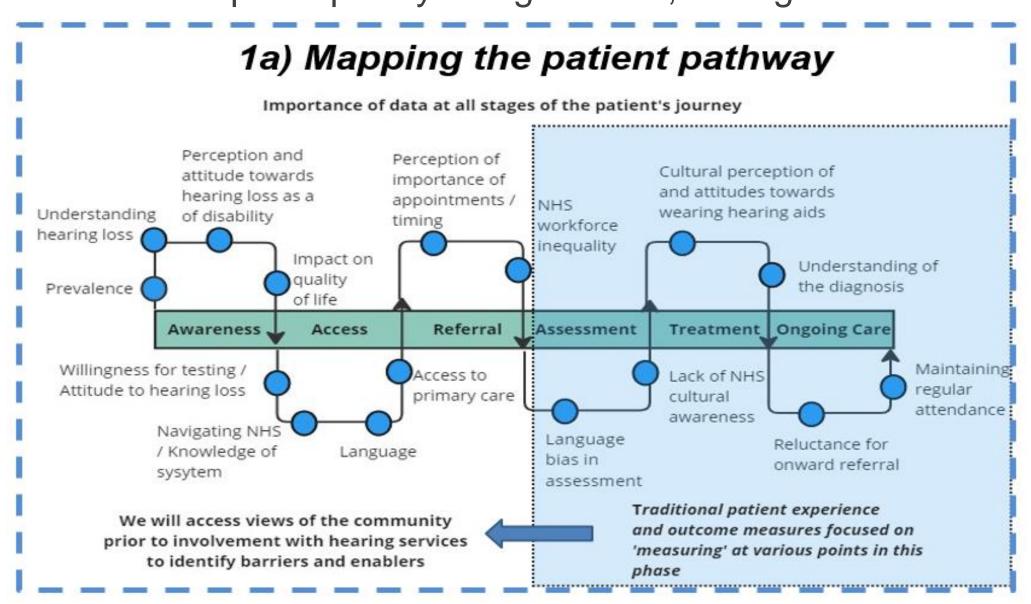
Incidence of deafness is higher in Black, Asian and Minority Ethnic (BAME) populations. Research into ethnicity and hearing aid use [1] found that people from ethnic minority communities in the UK are:

- less likely to report hearing difficulties compared to White British and Irish counterparts
- 1/2 as likely to use a hearing aid compared to White British and Irish groups

This demonstrates a lack of hearing healthcare equality for ethnically diverse populations in the UK. This disparity is also seen in referral for cochlear implantation [2] and highlights the need for more research into overcoming barriers to accessing services

### Study 1: Understanding the enablers and barriers to access

We will use a participatory design model, linking with community groups and settings to examine barriers and cochlear implantation in the UK for minority ethnic groups.





## 1c) Audiologist Survey

To understand - Referral patterns, loss to follow up rates, assessment or other clinical adaptations, cultural barriers, identification of novel interventions to improve access



**Study 2: Novel Interventions to improve access** 

# **Population Hearing Screening**

Whole population community-based hearing screening for the over 55 population will be piloted throughout Scotland in 2024 and compared to targeted screening within ethnically diverse communities.

We will develop an App specific for screening. This App will include Pure Tone Assessment, Digit Triple Test (DTT) and a non-linguistic auditory assessment – Language Independent Test (LiT test) [3]. We will also collect patient experience measures and demographic information.





# Reducing Language Barriers

We will validate use of a non-linguistic speech perception assessment and compare to traditional measures (AB Words, DTT and translated BKB sentences)



#### Références

[References: 1] Sawyer, Armitage et al. 2019, [2] Swords C, Ghedia R, Blanchford H, Arwyn–Jones J, Heward E, et al. 2024, [3] Ching et al. 2022









