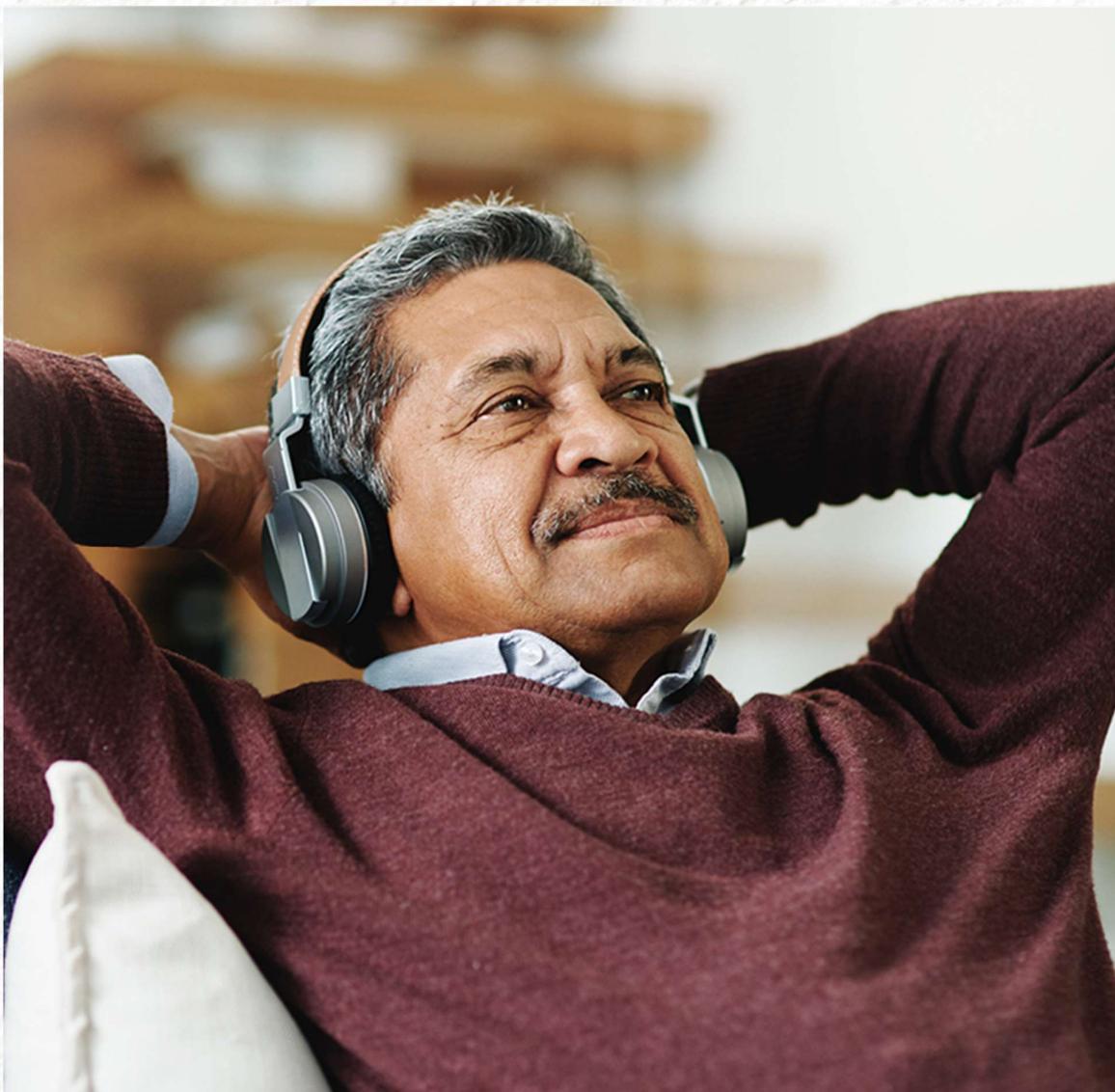


HEARING

Facilitator Guide: Module 12



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Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
 - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. The ‘Say’ sections are simply indications; you can use them as a script when you feel the need to, but you can and should adapt it to suit your natural training style. Add your own personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your own good judgment to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Draft Version for field testing

Module 12: Hearing

	Session Title:	Hearing
	Timing:	10 min
	Session Objectives:	<ul style="list-style-type: none">• Explain the care pathway to manage hearing loss in older people.• List the tests for hearing assessment.• Outline the communication strategy of family and caregivers when speaking to a person with hearing loss.

Hearing



Time: 10 min



Do:

- *Formal welcome*
- *Introduction of facilitator*



Show: Slide 1



Say:

Welcome to the 'Hearing' module. Today, we'll explore the significance of hearing and its impact on our health, especially as we age.

Age-related hearing loss is common in older people and can lead to communication issues and social isolation. It is linked to cognitive decline, dementia, depression, poor balance, falls, hospitalisations and early death.

Assessing hearing is crucial for monitoring older people's health and social care needs.

Let's get started.

Learning Objectives



Show: Slide 2

World Health Organization

IC O P E
International Collaborative Programme
Draft version for field testing

Learning Objectives

By the end of this module, you will be able to:

- Explain the care pathway for managing hearing loss in older people.
- List the various tests used for hearing assessment.
- Outline effective communication strategies for family members and caregivers when interacting with a person who has hearing loss.



Say:

Let's review the learning objectives for this module on hearing. By the end of this module, you will be able to:

- Explain the care pathway to manage hearing loss in older people.
- List the tests for hearing assessment.
- Outline the communication strategy for family and caregivers when speaking to a person with hearing loss.

These objectives will guide our discussion and help us focus on key areas to support hearing health in older people.

Understanding Age-Related Hearing Loss



Show: Slide 3




Understanding Hearing Loss

- Hearing loss is one of the most common sensory losses in older people.
- When left untreated, hearing loss can hinder communication, leading to social isolation.
- Hearing loss can be associated with other health issues (e.g., cognitive impairment, depression, anxiety, balance disorders), exposing the individual to increased risk of adverse events.
- Hearing is essential for intrinsic capacity and designing care interventions responsive to the person's needs.





Ask:

Let's start with a quick question: How many of you know someone who has experienced hearing loss as they've aged?



Say:

Today, we will delve into an important topic affecting a significant portion of the older population—age-related hearing loss. Hearing impairment may represent the most common sensory loss in older people, which often goes untreated. When hearing loss is not addressed, it can severely interfere with communication, leading to social isolation and loneliness.

Beyond communication difficulties, untreated hearing impairment can be associated with various other health issues, such as cognitive impairment, depression, anxiety and even balance disorders. These associations increase the risk of adverse events for older people, such as those due to misunderstandings in the care prescriptions or limited adherence to interventions.

Therefore, assessing hearing is critical. It allows us to monitor intrinsic capacity and design care interventions that are responsive to the person's unique needs. Today, we will explore the impacts of hearing loss, discuss the importance of early detection and review strategies for effective intervention.

Assessment of Ear Problems and Hearing Capacity



Show: Slide 5



Assessment of ear problems and hearing capacity

IC O P E
assessment questions
 Draft version for field testing

Ear exam using otoscopy

1. Pull the pinna back and upwards to straighten the ear canal, while gently pulling the tragus forward.
2. Shine a light into the ear canal to check for earwax, pus, swelling, redness, or foreign bodies.
3. Earwax can be removed by washout.
4. A hearing test should be repeated after earwax removal.

Hearing loss according to severity
(in the better-hearing ear)

Normal hearing	<20 dB
Mild hearing loss	20-34.9 dB
Moderate to severe hearing loss	35-79.9 dB
Deafness	≥80 dB

In-depth hearing assessment

- Pure tone audiometry (PTA)
- Speech audiometry
- Tympanometry



Say:

To assess ear health and hearing capacity an ear exam using otoscopy can be used. To conduct it, we need to gently pull the pinna back and upwards to straighten the ear canal while simultaneously pulling the tragus forward. We then shine a light into the canal, checking for earwax, pus, swelling, redness, or foreign bodies. If earwax is present, it can be gently washed out.

The hearing test should be conducted after earwax removal, as earwax can affect results.

In-depth hearing assessments typically conducted by audiologists or ENT specialists include:

- Pure Tone Audiometry (PTA) for measuring hearing thresholds.
- Speech Audiometry for understanding speech at various volumes.
- Tympanometry to evaluate middle ear and eardrum function.

The slide also presents a classification of hearing loss severity based on the better-hearing ear's threshold. This classification helps determine appropriate interventions, from hearing aids to specialist referrals or rehabilitation services.

Health and Lifestyle Advice



Show: Slide 6

World Health Organization

Health and lifestyle advice

For all older people

- Clean the outer ear with a soft cloth.
- Avoid inserting objects into the ears.
- Avoid contaminated water in the ears.
- Do not share earphones or earplugs.
- Protect your ears from loud sounds; use earplugs in noisy areas.
- Get regular hearing check-ups; seek help for ear pain, discharge, or hearing issues.

See a health worker if hearing loss is suspected:

- Frequently asking others to repeat themselves.
- Increasing volume on devices.
- Difficulty following conversations in noise.
- Trouble understanding phone calls.
- Ringing in the ears (tinnitus).
- Missing sounds like a doorbell or alarms.
- Being told you speak loudly.

ICOPE
International Collaborative Programme
Draft version for field testing



Say:

Now, let's explore some health and lifestyle advice to help preserve hearing capacity. There are general ear care recommendations suitable for all older adults. These tips are simple to follow and can prevent common ear problems:

- Clean only the outer ear with a soft cloth; never insert objects like cotton swabs into the ear canal.
- Avoid exposing your ears to contaminated water, as this can lead to infections.
- Refrain from sharing earphones or earplugs, since this can spread bacteria.
- Protect your ears from loud noises by using earplugs in noisy environments.
- Most importantly, get regular hearing check-ups and seek medical attention for any pain, discharge, or hearing difficulties.

The slide also highlights several signs that may indicate hearing loss and suggest referral to a healthcare professional. These signs include:

- Frequently asking others to repeat themselves.
- Increasing the volume on TVs or phones.
- Struggling to follow conversations in noisy settings.
- Difficulty understanding phone calls.
- Experiencing ringing in the ears (tinnitus).
- Missing everyday sounds like doorbells or alarms.
- Being told you speak loudly without realizing it.

These signs can be subtle and may be dismissed as a normal part of aging. However, early recognition and intervention can make a significant difference.

Community-based Health Care



Show: Slide 7



IC O P E
International Campaign for Older People
 Draft version for field testing

Community-based health care

- Give the person your full attention.
- Let them see your face when you speak.
- Ensure there is good lighting on your face.
- Get the person's attention before speaking.
- Reduce background noise or move to a quieter location.
- Speak clearly and at a slower pace. Do not shout.
- Allow the person time to speak.
- Be patient and respectful.
- Use nonverbal signals
- In groups, encourage people to speak one at a time.
- Do not stop communicating with a person with hearing loss.
- If the person has difficulty speaking, use visual aids.
- Be mindful of reasons for communication challenges that are not related to hearing loss, such as cognitive decline.

Communication strategies





Say:

This slide presents a set of practical communication strategies aimed at facilitating effective interactions with older adults who may experience hearing loss or other communication challenges.

For efficient communication, presence and attention are critical. Always provide the person with your full attention and ensure they can see your face when you speak. Good lighting on your face enhances lip reading and helps with recognizing facial expressions.

Before speaking, it is beneficial to gain the person's attention; a gentle touch on the arm or calling their name can help prepare them to listen. Additionally, try to reduce background noise or move to a quieter space to minimize distractions.

When speaking, use a clear and slower pace, but avoid shouting, as this can distort speech. Allow time for the individual to respond, and be patient and respectful throughout the conversation. Incorporating nonverbal signals, such as gestures or facial expressions, can also reinforce your message.

In group settings, encourage only one person to speak at a time to help those with hearing difficulties follow the conversation more easily. Importantly, never cease communication with someone simply because they have hearing loss. If they have trouble speaking, consider using visual aids or written communication.

Lastly, be aware that not all communication challenges stem from hearing loss. Cognitive decline, for example, may also affect how someone processes or expresses information. Being mindful of this will help you tailor your approach with empathy and effectiveness.

Interventions to Manage Hearing Loss



Show: Slide 8

World Health Organization

ICPE
International Collaborative Programme
on Ear and Hearing Health
Draft version for field testing

Interventions to Manage Hearing Loss

- Normal or mild hearing loss**
 - Advice on caring for ears
 - Regular hearing check-up (every 1-3 years)
- Moderate to severe hearing loss**
 - Refer to a trained health worker
 - Provide hearing aids
 - Inform about communication strategies
- Deafness**
 - Refer to specialized hearing care
 - Evaluate and provide hearing aids or cochlear implants
 - Inform about communication strategies



Say:

What interventions can we consider to manage hearing loss?

Interventions should be defined based on the severity of the condition.

In individuals with normal or mild hearing loss, the emphasis should be on prevention and early detection. It is important to encourage regular hearing check-ups every 1 to 3 years, particularly for older adults or those exposed to risk factors such as loud noises or ototoxic medications. Additionally, basic ear care advice should be provided, including the recommendation to avoid using cotton swabs inside the ear and to protect ears from loud sounds.

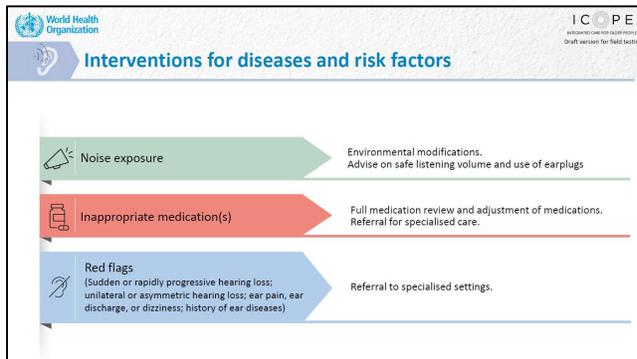
For those with moderate to severe hearing loss, it is advisable to refer them to a trained health professional. These specialists can evaluate the degree of hearing loss and, when appropriate, provide hearing aids. Educating individuals and their families about effective communication strategies is also crucial. This includes speaking clearly, minimizing background noise, and using visual cues.

In the case of someone with deafness, specialized hearing care is necessary, which may involve assessment for hearing aids or cochlear implants. As with moderate hearing loss, effective communication strategies remain essential and may include sign language or other augmentative methods tailored to the individual's needs and preferences.

Interventions for Diseases and Risk Factors



Show: Slide 9



Say:

Now, let us examine the interventions that can address underlying diseases and risk factors potentially affecting hearing capacity.

First, it is crucial to consider noise exposure, a common yet often underestimated cause of hearing damage. Interventions in this area include modifying environments to reduce exposure to loud sounds, whether at home, in the workplace, or in the community. Individuals should also be advised on safe listening practices, such as keeping volume levels moderate when using headphones and wearing earplugs in noisy settings like concerts or construction zones.

Another critical issue involves the use of inappropriate medications. Certain medications, known as ototoxic drugs, can damage the inner ear and impair hearing. Therefore, a comprehensive medication review is essential. Adjustments to medications should be made as necessary, and in complex cases, referral to specialized care, such as a pharmacist or otolaryngologist, may be required.

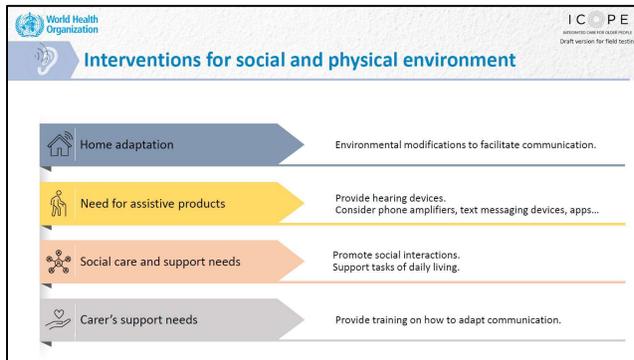
Finally, certain red flags warrant urgent attention and referral to specialized settings. These include:

- Sudden or rapidly progressive hearing loss
- Unilateral or asymmetric hearing loss
- Ear pain, discharge, or dizziness
- A history of ear diseases.

Interventions for Social and Physical Environment



Show: Slide 10



Say:

This slide highlights the need to adapt both the physical environment and social support systems for individuals with hearing loss.

Home adaptations, such as improving lighting for lip reading, reducing background noise, and using visual alert systems (like flashing doorbells), can enhance accessibility and reduce frustration.

Assistive products are also key in managing hearing loss. Besides hearing aids, tools like phone amplifiers, text messaging devices, and specialized mobile apps can aid communication.

Addressing social care is essential, as hearing loss can lead to isolation. Promoting social interaction and assisting with daily tasks—such as organizing group activities in hearing-friendly environments—can help.

Finally, caregivers should receive training on effective communication strategies, such as speaking clearly and using gestures or written notes. This support not only improves communication but also strengthens the caregiver relationship.

Summary



Show: Slide 11

Summary

- Simple household and community actions can lessen the impact of hearing loss through effective communication strategies.
- Trained health workers can fit hearing aids, but some individuals may need specialist guidance for optimal use.
- Community stakeholders can support older people with hearing loss by offering information, adapting communication styles at events, and creating peer support groups.



Do:

Go through the slides and recap the points discussed during the session.

References



Show: Slide 12

World Health Organization

ICD H P E
Instruments for the assessment of hearing loss
Draft version for field testing

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