# Health inequalities: Improving the reach and impact of the RNID hearing check

Millions of people do not have the hearing aids<sup>1</sup> which could benefit them, and 38% of people who think they may have a hearing loss have not spoken to a professional<sup>2</sup> about it. Unaddressed hearing loss has an impact on physical<sup>3</sup> and mental health<sup>4</sup>, causing isolation, doubling the risk of mental health problems and is the largest modifiable risk factor for dementia<sup>5</sup>. At RNID we are committed to reaching all sections of society to raise the profile of hearing health.

The RNID online hearing check uses behaviour change methods to encourage people to take a quick and easy check, with a low stakes approach. 250,000 people have completed the check in the 12 months after its relaunch in September 2022 and it was highly commended at the 2023 Third Sector awards in the communication campaign category. However, we want to ensure it reaches a diverse group of people, including those who were more likely to experience health inequalities. We reviewed the evidence around health inequalities and diagnosis of hearing loss. That led us to focus initially on ethnic minority groups.

## HEALTH INEQUALITIES:

Unfair and avoidable differences in health across a population and between different groups within society

#### METHOD

We commissioned ETHNOS to carry out qualitative research with people from Black African, Black Caribbean and Indian groups. We also commissioned an EDI consultant to speak to adults from these groups, who may have parents with undiagnosed hearing loss.

Our objective was to understand any specific factors which may lead to different behaviours in relation to addressing hearing health. Interventions were then designed using behaviour change techniques.



#### RESULTS

Research indicated many of the same barriers to taking action that are widely documented, with some differences such as the importance of family support with health conditions. Views about disability and alternative medicine were also key. However, these groups liked the look of the RNID hearing check and would take it if they knew about it.

We used these insights to create interventions to encourage these groups to check their hearing. Four themes of recommendations emerged focusing on:

01. creative inclusive communication materials



02. piloting a community outreach approach in a place of worship



03. optimising RNID services for people seeking information \ and support



04. developing a long-term approach to better understand ((())) hearing health inequalities.

### DISCUSSION

More research is needed on hearing health inequalities to better understand potential differences between groups in achieving better hearing health outcomes. Existing hearing health studies should consider disaggregating data by different population demographics and behaviours.

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