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ACCESSIBLE HEALTHCARE FOR PEOPLE WITH HEARING LOSS

Improving equity in patient communication across Europe

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About EFHOH

The European Federation of Hard of Hearing People (EFHOH), established in 1993, is a non-profit organization representing hard of hearing and late-deafened individuals across Europe. EFHOH advocates for awareness and practical actions to eliminate barriers to access affordable hearing care and rehabilitation and create an accessible society through public services and assistive technologies.

Its main objective is to protect and promote the rights of individuals with hearing loss in Europe, facilitating legislative and social protections through collaboration with members and stakeholders.

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EXECUTIVE SUMMARY

EFHOH has developed this guide to support healthcare professionals in navigating communication barriers experienced by people with hearing loss.

Designed in co-production with hard of hearing people and experts on accessible healthcare, it aims to improve how healthcare systems and professionals respond to communication needs in practice. The goal is to support more accessible, safe, and equitable care, where patients can understand, participate in, and make decisions about their health on an equal basis with others.

The guidance focuses on practical, achievable actions across the patient journey, from booking appointments to consultations, hospital care, and telehealth. It highlights both low-cost solutions, such as clear communication practices and written follow-up, and more structured measures, including professional communication support and assistive listening technologies.

Importantly, the guide is grounded in the principle that removing communication barriers for people with hearing loss improves healthcare for all. Strengthening communication accessibility therefore enhances not only inclusion, but also overall quality of care, patient safety, and health outcomes across the system.

EFHOH encourages healthcare professionals and providers across Europe to use this guide as a practical tool to reduce communication barriers and to contribute to a more inclusive healthcare system, where all patients can access care with confidence, dignity, and full participation.

INTRODUCTION

Hearing loss is one of the most prevalent, yet often overlooked barriers to accessible healthcare in Europe.

KEY STATISTICS

INDICATOR	VALUE	SOURCE
Europeans living with hearing loss	**59 million**	EFHOH, EHIMA, AEA - Getting the Number Right

EMPLOYMENT RATE COMPERSION

INDICATOR	RESPONDENTS	SOURCE
Lack of accessible communication during appointments	**65%**	EFHOH (2024)
Lack of assistive listening systems	**75%**	EFHOH (2024)
Avoiding healthcare due to communication barriers	**20%**	EFHOH (2024)

Communication barriers affect multiple stages of healthcare access. Difficulties arise in navigating services without written or visual support and from the limited availability of assistive technologies to the lack of accessible communication practices. These barriers can lead to delayed or avoided care, repeated misunderstandings, and reduced clarity throughout the healthcare pathway. In emergency settings, this is further intensified by stress, noise, and time pressure.

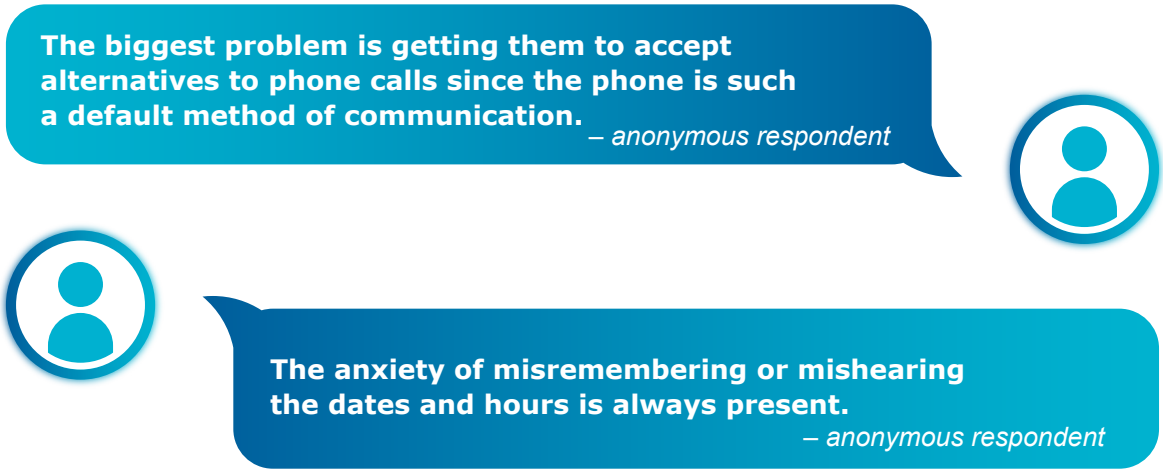
Ensuring accessible communication is not only good practice, but a legal obligation under the UN Convention on the Rights of Persons with Disabilities, in particular Articles 9 (Accessibility) and 25 (Health), which support informed consent, patient safety, and equal access to health care.

At the EU level, the EU4Health Programme promotes the development of inclusive, resilient, and patient-centred healthcare systems. Improving healthcare accessibility for people with hearing loss is directly aligned with these objectives and ensures equal access to healthcare services.

Why Accessible Healthcare Matters

Many hard of hearing people experience communication barriers, uncertainty, and avoidable stress when accessing healthcare because services are not designed with communication accessibility in mind.

Barriers such as phone-only communication, lack of visual information, and limited flexibility in communication methods can make it difficult to access services, understand medical information, and manage appointments. Patients should be able to attend appointments independently, as reliance on family members for communication can compromise privacy, autonomy, and confidentiality.



Because hearing loss is often invisible, these barriers are frequently overlooked. Improving communication accessibility is essential to ensure that people with hearing loss can access healthcare on an equal basis, with clarity, autonomy, and dignity.

Understanding Hearing Loss

The term “Hard of Hearing” refers to people with hearing loss ranging from mild to profound. Unlike pre-lingual Deaf people, hard of hearing people develop and use spoken language (with or without supportive signs). Hard of hearing and late deafened people are reliant on visual text (e.g. captioning) to ensure access to information on an equal basis with hearing people.

They also utilize hearing technology, including hearing aids, cochlear implants, and assistive technology such as hearing loops.

In healthcare settings, communication barriers are often exacerbated, especially when hearing devices must be removed during procedures. Without proper support, patients may be left unable to understand or participate in their own care.

Accessibility measures should be provided regardless of whether patients have official disability recognition, since disability assessments are uneven across countries and may exclude people with hearing loss.

Hearing loss intersects with other factors such as age, gender, migration background, and additional disabilities. Healthcare accessibility must also account for these overlapping forms of discrimination.

10 Key Accessible Communication Practices for Healthcare Professionals

- Face the patient and maintain eye contact
- Ensure good lighting to support lipreading
- Speak clearly at a natural pace - do not exaggerate or over-articulate
- Do not cover your mouth or turn away while speaking
- Reduce background noise and ensure a quiet environment
- In multi-person interactions, ensure one person speaks at a time
- Confirm understanding - do not assume information has been understood
- Provide all key information in written form
- Use available communication support (e.g. captioning, speech-to-text, assistive listening systems)
- Do not rely on family members or companions to interpret

Accessible communication is also essential for informed consent. Patients with hearing loss must fully understand medical procedures, risks, and treatment options before consenting. This requires the use of accessible formats, clear written information, and, when needed, professional communication support. Consent obtained without accessibility cannot be considered fully valid.

Staff Training and Awareness

Healthcare providers and administrative staff must be trained on how to communicate with patients with hearing loss while proactively offering a range of access measures that are available by default, not only when requested.

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Booking Appointments

Easy access to appointments is essential for patients who are hard of hearing. Communication barriers at the first point of contact, booking, can prevent people from receiving timely care. Healthcare providers should ensure that:

01 Online booking systems are accessible, with clear information for patients on how to indicate their communication needs.

02 Alternative contact methods are available, such as SMS, text messaging, or email, with the same response time as other methods.

03 Clinics and reception areas are equipped with assistive listening systems, such as hearing loops.

04 Reminding scheduled visits should be done by message and not by phone call.

05 Patients are informed that if they experience discrimination or denial of accessibility, they have the right to report it through formal complaint mechanisms.

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Access to Communication Support

When a hard of hearing patient requests a speech-to-text interpreter, healthcare providers are responsible for ensuring that appropriate communication support is available, either directly or through referral systems.

It is not acceptable to rely on family members or children to act as interpreters. Doing so can compromise privacy and lead to misunderstandings. Health professionals have a duty of care to ensure that professional communication support is arranged when needed.

The process for arranging communication support varies across EU Member States. In some countries, healthcare providers are responsible for arranging interpreters directly. In others, patients may need to coordinate with regional services.

Healthcare professionals should:

01 Ask patients about their communication needs in advance.

02 Know how to book professional support in their region or refer the patient to the appropriate service.

03 Ensure that support is available at all stages of care, not only during the first appointment.

In addition, it is also essential for each country to have a protocol for the care of hard of hearing people, in order to know how to act in each situation and to guarantee the right to information and communication for people with hearing loss.

Every medical facility must provide up-to-date and fully functional assistive devices for people with hearing loss. To ensure reliability, annual inspections of this equipment should be mandatory, with results documented and available to patients.

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Waiting Rooms Accessibility

In waiting rooms and reception area, healthcare providers should ensure that:

Video intercoms, pagers, or visual display boards (showing names or numbers) are available to call patients without relying on spoken announcements;

- Induction loop systems are installed and tested regularly to ensure they work for patients with hearing aids or cochlear implants.
- Captions are provided for all videos, and transcriptions are available for any audio information displayed in the waiting area.
- Written versions of spoken announcements or audio notices are made available to patients who need them.

Accessibility measures should follow European Standards such as **EN 17210:2021 (Accessibility and usability of the built environment)** and **EN 301 549 (Accessibility requirements for ICT products and services)**. These provide concrete technical guidance for creating inclusive environments and communication systems, including healthcare facilities.

For people who are hard of hearing, this means:

- Good acoustics and sound absorption to reduce background noise and improve speech clarity (e.g., felt pads under chairs).
- Appropriate lighting to support lipreading and facial communication—avoiding glare and ensuring faces are clearly visible.
- Hearing loops at reception and service counters across the healthcare centre, signposted using the international “ear with T”.
- Visual alarm systems alongside sound-based alarms.
- Replacing spoken announcements with visual ticketing systems.

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In-Person Consultation

Clear and respectful communication is crucial for patients with hearing loss to ensure accurate diagnosis, appropriate treatment, and effective follow-up. Healthcare providers should apply the practices outlined above while adapting communication to the clinical context and individual patient needs.

During consultations, healthcare providers should:

- Ensure the patient can follow all key medical information, particularly during explanations of diagnosis, treatment options, and next steps.
- Check understanding throughout the interaction and rephrase information where needed;
- Have a notepad or a digital device ready to support written communication.
- Provide speech-to-text interpreting, especially for medical examinations and treatments when hearing aids and cochlear sound processors cannot be worn, or eye contact for lipreading is not possible.
- In the case of exploratory medical tests requiring the removal of hearing aids, or cochlear implant processors an alternative method of communication, such as portable text devices, must be available.

- For patients using cochlear implants or other hearing devices, healthcare professionals must verify manufacturer-specific precautions before procedures such as Magnetic Resonance Imaging (MRI) scans and apply maximum caution, even when devices are labelled as compatible. Clarify whether special precautions are necessary.
- Healthcare professionals, especially oncologists, need to be aware that chemotherapy and certain treatments can cause hearing loss. Medical staff should make patients aware, proactively check for signs of hearing loss and adapt communication methods accordingly.
- Automatic speech-to-text tools may produce errors, particularly with medical terminology, and should not replace professional communication support in critical situations.

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Staying at the hospital

If a patient with hearing loss is admitted to hospital, ensure that all staff are informed of their communication needs and that agreed support is provided consistently throughout their stay.

Additional considerations include:

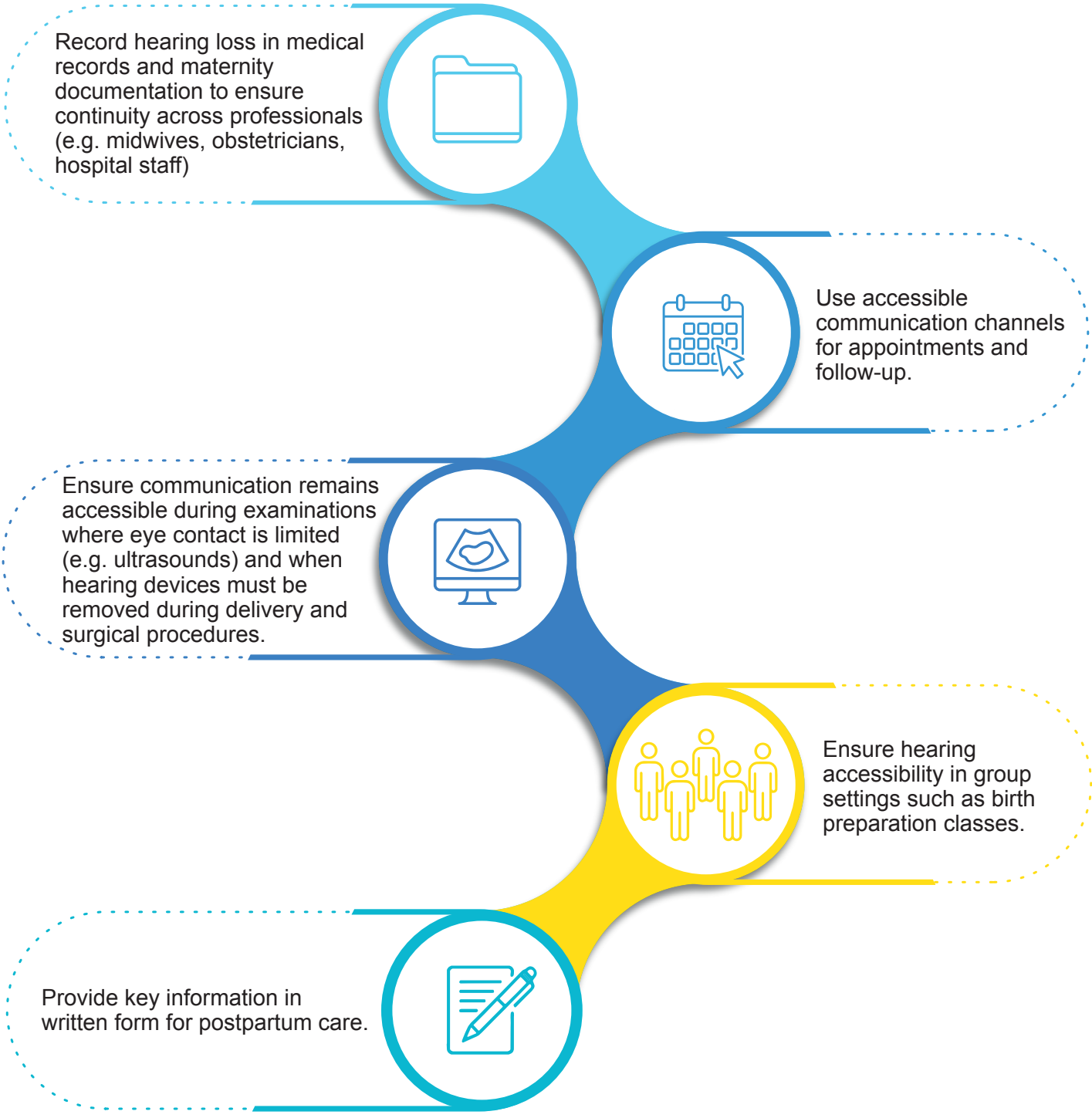
- Hearing aids safety: Make sure that hearing aids or cochlear implant sound processors are stored securely when not in use and are returned to the patient promptly after procedures or treatments.
- Nurse call systems: Many hospital rooms use bedside intercoms for patients to contact nursing staff. Staff must be informed when a patient is hard of hearing and respond by visiting the room directly, rather than relying only on the intercom.
- Television access: Remote controls in hospital rooms often lack a subtitle function. This option must be available, since television is frequently the only entertainment during hospital stays.
- Accessible information: Provide simple visual materials (infographics, captioned videos, easy-to-read text) to explain procedures, using clear language for better understanding.
- Digital Records: Healthcare systems should use a single digital database for scans, test results, and patient records across facilities. This helps avoid unnecessary repeat exams, reduces radiation exposure, and prevents the stress caused by lost or missing paper files. Patient records should also include a clear and visible alert indicating hearing loss, so that healthcare professionals are informed before the consultation.
- Patient satisfaction surveys, complaint mechanisms, and user consultations should include accessibility questions and be available in accessible formats. This feedback loop helps health services identify gaps and adjust practices.

Accessibility measures must be provided regardless of whether patients have official disability recognition, since disability assessments are uneven across countries and may exclude people with hearing loss.

Specialised Care: Pregnancy and Reproductive Health

Gender and hearing loss intersect in reproductive healthcare, where communication barriers can affect access to information, participation in care, and informed decision-making throughout pregnancy and childbirth.

Healthcare providers should ensure that accessible communication practices are applied consistently across all stages of care:



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Accessible Telehealth

Telehealth became a standard part of healthcare during the COVID-19 pandemic and remains widely used today.

The World Health Organization (WHO) defines telehealth as the delivery of healthcare services when patients and providers are separated by distance. It uses digital and communication technologies to exchange information for diagnosis, treatment, research, education, and follow-up care.

For persons with disabilities, telehealth provides care options that are flexible, accessible, and person-centered. It can create new opportunities for hard of hearing patients by reducing the need for in-person visits. However, if not designed properly, telehealth platforms can introduce new communication barriers.

According to the **WHO Accessible Telehealth Guidelines**, healthcare providers should follow these best practices:

- **Offer multiple communication options**: Use platforms that support real-time captioning, text-based chat, and remote sign language interpretation (VRI). Let patients choose their preferred method, and ensure all options are equally quick and reliable.
- **Make video calls easy to follow**: Keep your full face visible in good lighting, use a screen large enough for lipreading, and avoid background noise, distracting sound or visual clutter. Offer accurate captioning, either automated (bear in mind limitations for technical and medical terms) or professional captioning services to provide real-time transcription when necessary.
- **Support patients before and after the consultation**: Confirm appointments using SMS or email instead of phone calls and provide clear written summaries or follow-up notes afterwards.
- **Choose platforms designed for accessibility**: Select telehealth platforms that are compatible with hearing aids and cochlear implants, allow volume adjustment, display high-contrast captions, and always include a text communication backup.

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Communication Accessibility Desk

Hospitals and telehealth providers should establish a Communication Accessibility Desk to ensure patients with hearing loss can access and use the tools available to them.

The desk should provide clear information and guidance on how to use hearing loops, captioning services, speech-to-text tools, and other assistive technologies.

Information should be clearly displayed around the hospital (signage at reception, waiting areas, wards) and integrated into telehealth platforms.

Trained staff should be available to demonstrate how tools work, assist in setting them up, and ensure that patients know their communication options.

The Communication Accessibility Desk should also support accountability by:

- Monitoring the availability and functionality of communication support and assistive technologies.
- Collecting patient feedback on hearing accessibility.
- Identifying gaps and barriers in service provision.
- Supporting continuous improvement of accessibility practices across the healthcare setting.
- This service ensures that accessibility is not only available, but also understood, usable, and consistently implemented.

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Emergency and Urgent Care

In emergencies, patients with hearing loss are at higher risk of miscommunication.

Healthcare providers and emergency services should ensure that:

Visual emergency call systems (e.g., SMS 112 where available) are in place.

Paramedics and ER staff are trained to communicate with people with hearing loss to ensure accurate and rapid information exchange during emergencies.

Hospitals have visual alarm systems alongside sound-based ones.

Emergency protocols explicitly address communication needs of hard of hearing patients.

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Health Campaigns

Public health campaigns often fail to reach hard of hearing people. Citizens receive many health--related messages from national and regional health departments, but accessibility is frequently overlooked. Common barriers include:

1. **Printed and graphic materials** that only provide a phone number as a contact option, without offering accessible alternatives such as SMS, email, or online forms.

2. **Audiovisual materials** that are not captioned, or that fail to follow captioning quality standards for people with hearing loss.

3. **Public health events** (talks, conferences, exhibitions) that do not use acessibility technologies such as captioning or hearing loops.

These gaps exclude a large part of the population from important health information.

Health campaigns must be reviewed and redesigned to ensure accessibility, so that people with hearing loss can receive clear, timely, and reliable information on health through inclusive communication channels.

Conclusion

Communication is central to every stage of healthcare, shaping how information is shared, understood, and acted upon. When communication is not accessible, the burden often shifts onto individuals, requiring additional effort, reliance on others, or leading to delayed or avoided care.

For people with hearing loss, this can restrict autonomy, compromise privacy, and create barriers to independent living. It can also affect how confidently individuals engage with healthcare professionals and make decisions about their own health. For this reason, communication must be considered a core component of care, and healthcare systems should ensure it is accessible by design, rather than expecting individuals to adapt to inaccessible environments.

Accessible healthcare is not only a legal obligation, but a matter of autonomy, independence, and fundamental rights.

ANNEX I: References

- EFHOH, EHIMA & AEA. (2024). Getting the Numbers Right on Hearing Loss, Hearing Care and Hearing Aid Use in Europe
- European Federation of Hard of Hearing People (2024). Accessibility of Healthcare Services for people with hearing loss in Europe Report
- United Nations. (2006). Convention on the Rights of Persons with Disabilities (CRPD) Art. 9, 25 and 26. New York: United Nations
- European Union. (2019). Directive (EU) 2019/882 on the Accessibility Requirements for Products and Services (European Accessibility Act). Official Journal of the European Union.
- World Health Organization. (2025). Universal Health Coverage Policy Overview. Geneva: WHO.
- World Health Organization (2025). Deafness and hearing loss.
- World Health Organization & International Telecommunication Union. (2023). Global Standard for Accessibility of Telehealth Services. Geneva: WHO and ITU.
- European Association of Service Providers for Persons with Disabilities (2020) Access to health services for persons with disabilities in the EU: Review and Commentary. Brussels: EASPD
- CEN-CENELEC. (2021). EN 17210:2021 Accessibility and Usability of the Built Environment – Functional Requirements. Brussels: European Committee for Standardization.

ANNEX II: Legal Frameworks

Across the EU and internationally, multiple frameworks set clear standards for equal access to healthcare for all. Health professionals have both a legal and ethical obligation to ensure that patients with hearing loss can access healthcare on an equal basis with others. Key frameworks which establish those obligations and standards are:

- The **UN Convention on the Rights of Persons with Disabilities (CRPD)**, ratified by the EU and all Member States, requires that healthcare be accessible, non-discriminatory, and inclusive (Articles 9 and 25).
    - **Article 9 Accessibility**: Health services must be accessible, allowing people to participate independently and equally, including access to medical facilities and communication support.
    - **Article 25 Health**: People with disabilities have the right to the highest attainable standard of health, without discrimination.
    - **Article 26 Habilitation and rehabilitation**: require the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.
- The **European Pillar of Social Rights** initiative is about better delivering rights for citizens by building on 20 key principles. Notably, **Principle 16** reinforces that everyone has the right to timely access to affordable, preventive, and curative health care of good quality.
- The **European Accessibility Act (Directive 2019/882)** requires accessibility in products and services, including aspects of digital health and communication systems.
- The **World Health Organization Universal Health Coverage** states that everyone has access to the health services they need, when and where they need them, without hardship or barriers. Communication accessibility is part of this promise.
- The **Oviedo Convention on Human Rights and Biomedicine, specifically Article 5**, states that any medical intervention requires the free and informed consent of the person concerned, after being given

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Checklist

for Accessible Healthcare for Patients with Hearing Loss

This checklist is designed as a quick-reference tool for healthcare professionals. It summarises the key steps needed to make healthcare appointments, consultations, hospital stays, and digital services accessible to people with hearing loss.
Healthcare staff can use this checklist:

- To prepare for patient appointments;
- To review accessibility in clinics, hospitals, and telehealth;
- To ensure compliance with EU and international standards.

By following these points, healthcare providers can reduce communication barriers, improve patient safety, and ensure informed, equal participation in healthcare.

Across All Care Settings

- [ ] Ask patients how they prefer to be contacted (e.g. call, SMS or Email)
- [ ] Ask patients if they require communication support during consultation and list what is available
- [ ] Document these communication needs in a standardised way in the patient file.
- [ ] Make sure these details are visible (with confidentiality) or linked to an electronic alert to prompt staff to act.
- [ ] Pass on communication needs during referrals, discharge, or handover, in line with data protection rules.
- [ ] Guarantee that patients can contact services, communicate during appointments, and understand the information they are given.
- [ ] Ensure healthcare and administrative staff are trained in accessible communication practices and aware of available support measures.

Booking Appointments

- [ ] Make sure patients can indicate their preferred communication method.
- [ ] Provide alternative contact methods (SMS, email, webchat) with the same response time as others.
- [ ] Send appointment reminders via SMS or email.
- [ ] Ensure reception desks are equipped with induction/hearing loops.

Checklist
for Accessible Healthcare for Patients with Hearing Loss

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In-person Consultations

- [ ] Face the patient, speak clearly, ensure good lighting.
- [ ] Do not cover your mouth; rephrase if not understood.
- [ ] Offer written information, notepads, for clarification.
- [ ] Use professional speech-to-text interpretation or sign language support when needed.
- [ ] Always ensure informed consent is given in accessible formats.

Hospital Stay

- [ ] Record communication needs in the patient's file and make sure all staff is informed.
- [ ] Store hearing aids/cochlear processors safely and return promptly.
- [ ] Ensure bedside intercoms are accessible (staff should visit patient in person if needed).
- [ ] Provide TV remote controls with subtitle function.
- [ ] Provide clear visual materials to inform clearly on medical procedures (infographics, captioned videos, easy-read text).
- [ ] Use one shared digital database to reduce repeat tests, radiation, and stress.

Telehealth

- [ ] Use platforms that support captions, chat, and remote interpreting.
- [ ] Ensure good lighting and full visibility of the speaker's face.
- [ ] Confirm and follow up appointments in writing.
- [ ] Check online platform compatibility with hearing aids, captions, and assistive devices.

Emergency & Urgent Care

- [ ] Provide SMS/visual emergency call systems (e.g., SMS 112 where available).
- [ ] Train paramedics/ER staff in visual communication methods.
- [ ] Install visual alarm systems in hospitals.
- [ ] Ensure emergency protocols explicitly cover communication needs.

Booking Communication Support

- [ ] Ask patients about their communication needs in advance.
- [ ] Arrange professional speech-to-text interpreter or sign language interpreters.
- [ ] Ensure support is available throughout the care pathway.
- [ ] Keep communication equipment updated with annual inspections.

Health Campaigns & Public Information

- [ ] Ensure public health materials videos, events are subtitled and materials available in accessible formats
- [ ] Always provide alternatives to phone numbers (SMS, email, web portals).
- [ ] Make sure your events are accessible with captioning and hearing loops

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