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Lifestyle Medicine Toolkit

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ADA

SEPTEMBER 25-28, 2025 • WASHINGTON HILTON HOTEL, WASHINGTON, DC

Bridging Lifestyle Medicine & Hearing Health

Audiologists: Uniquely positioned to integrate hearing health into lifestyle medicine

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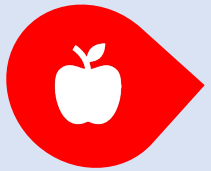
Audiologists' Role in Lifestyle Medicine



Optimal Nutrition
- Metabolic health impacts hearing
- Diet linked to inner ear function

Physical Activity
- Vestibular care prevents falls
- Improves mobility, balance, and safety

Restorative Sleep
- Untreated hearing loss disrupts sleep
- Tinnitus linked to poor rest

Stress Management
- Noise & tinnitus elevate stress
- Hearing solutions improve coping

Social Connectedness
- Hearing support reduces isolation
- Promotes engagement & healthy relationships

Risky Substance Avoidance
- Link between smoking and hearing loss
- Awareness of ototoxic substances

Hearing health touches every part of wellbeing—audiologists help tie it all together!

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Introducing Your Lifestyle Medicine Toolkit

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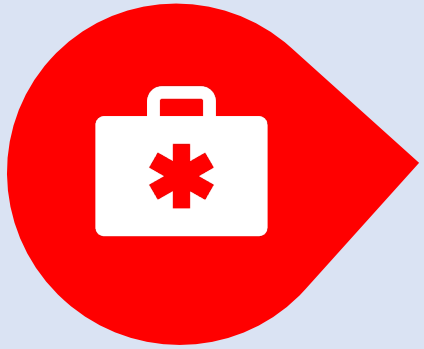

A comprehensive resource package designed to help audiologists:

- Position yourself as the go-to **hearing health experts** for lifestyle medicine practices (LMPs)
- Effectively market your **specialized services** to medical professionals
- Educate LMPs on **critical hearing health topics**, including:
  - ✓ Hearing health's role in overall wellness
  - ✓ Comorbidities and interconnected health conditions
  - ✓ Prevention strategies and protocols
  - ✓ Early intervention approaches and benefits

FREE TO ADA Members or Signia Customers!

Your Lifestyle Medicine Toolkit

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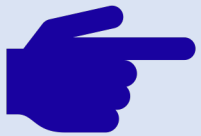
What's Included?

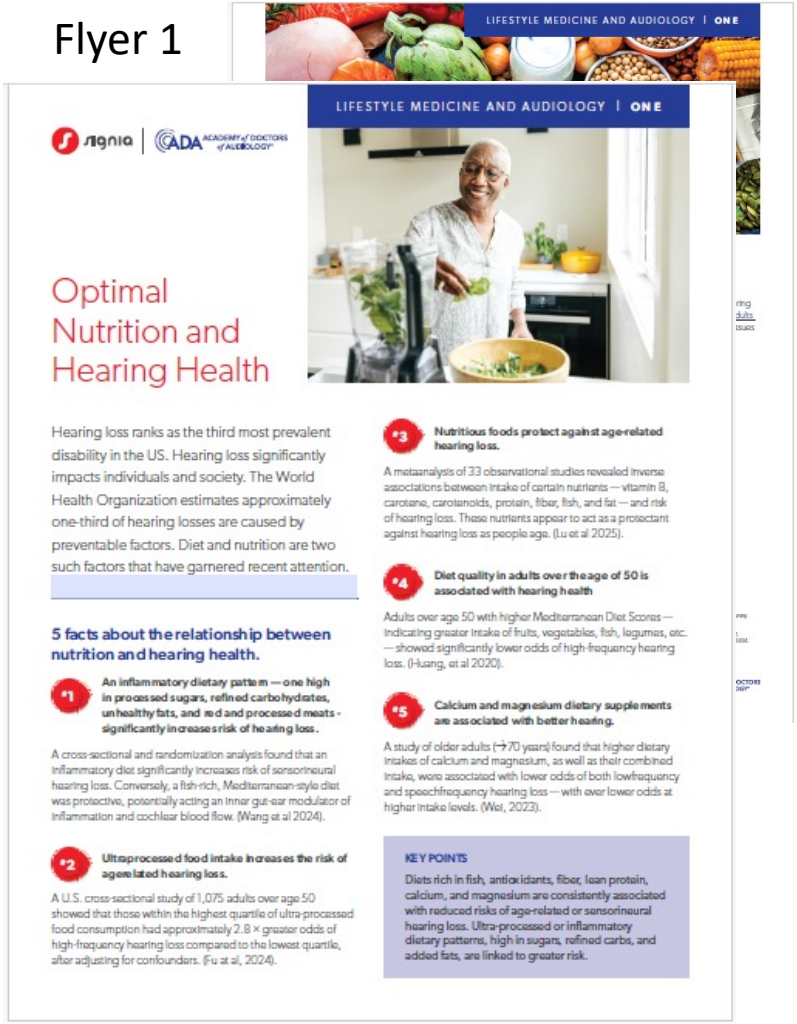
- **Program presentation** including a guide and a brochure leave-behind for engaging Lifestyle Medicine Partners (LMP)
- 8 ready-to-use **Hearing Health flyers** for LMPs and their patients
- 1 **Risk Checklist** sheet



- ✓ All toolkit materials are **customizable to include your practice branding**
- ✓ Supports practice outreach and referral conversations
- ✓ Designed to build partnerships with lifestyle medicine professionals and help grow your practice!

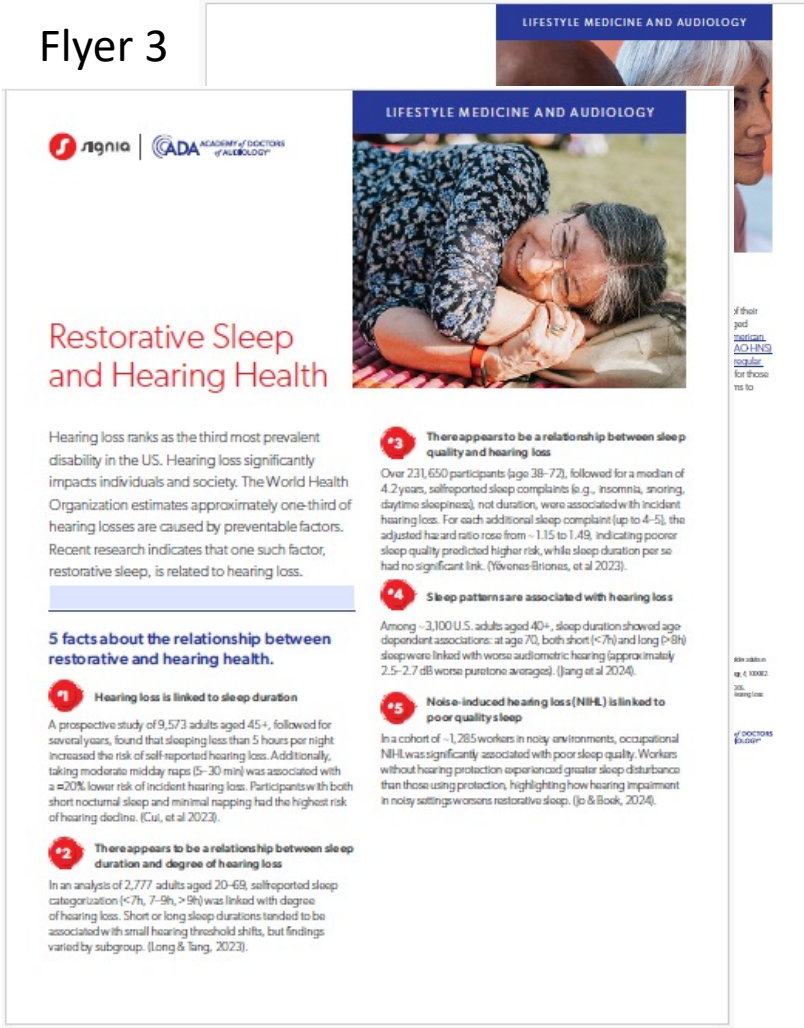
What's in your toolkit?

Flyer 1



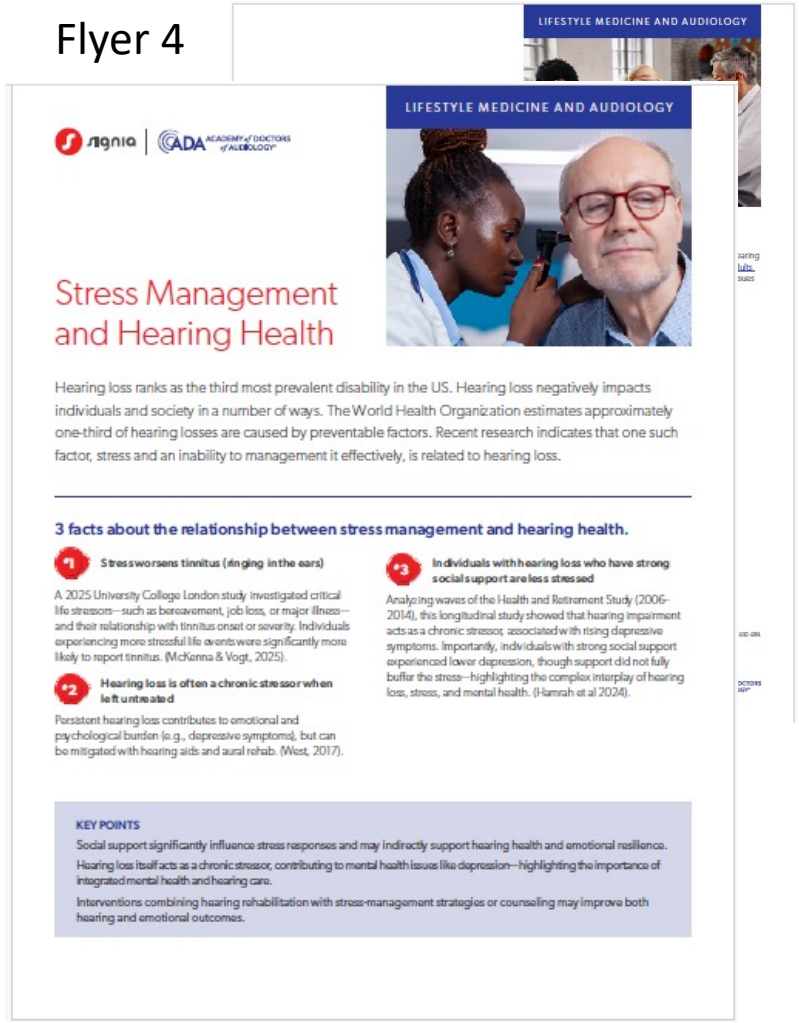
Flyer 2

Flyer 3



What's in your toolkit? (continued)

Flyer 4


LIFESTYLE MEDICINE AND AUDIOLOGY

Stress Management and Hearing Health

Hearing loss ranks as the third most prevalent disability in the US. Hearing loss negatively impacts individuals and society in a number of ways. The World Health Organization estimates approximately one-third of hearing losses are caused by preventable factors. Recent research indicates that one such factor, stress and an inability to management it effectively, is related to hearing loss.

3 facts about the relationship between stress management and hearing health.

1 Stress worsens tinnitus (ringing in the ears)

A 2025 University College London study investigated critical life stressors—such as bereavement, job loss, or major illness—and their relationship with tinnitus onset or severity. Individuals experiencing more stressful life events were significantly more likely to report tinnitus. (McKenna & Vogt, 2025).

2 Hearing loss is often a chronic stressor when left untreated

Persistent hearing loss contributes to emotional and psychological burden (e.g., depressive symptoms), but can be mitigated with hearing aids and aural rehab. (West, 2017).

3 Individuals with hearing loss who have strong social support are less stressed

Analyzing waves of the Health and Retirement Study (2006-2014), this longitudinal study showed that hearing impairment acts as a chronic stressor, associated with rising depressive symptoms. Importantly, individuals with strong social support experienced lower depression, though support did not fully buffer the stress—highlighting the complex interplay of hearing loss, stress, and mental health. (Hamrah et al 2024).

KEY POINTS

Social support significantly influence stress responses and may indirectly support hearing health and emotional resilience.

Hearing loss itself acts as a chronic stressor, contributing to mental health issues like depression—highlighting the importance of integrated mental health and hearing care.

Interventions combining hearing rehabilitation with stress-management strategies or counseling may improve both hearing and emotional outcomes.

Flyer 5


LIFESTYLE MEDICINE AND AUDIOLOGY

Social Connectedness and Hearing Health

Hearing loss ranks as the third most prevalent disability in the US. Hearing loss negatively impacts individuals and society in several ways. The World Health Organization estimates approximately one-third of hearing losses are caused by preventable factors. Recent research indicates that one such factor, social connectedness, is related to hearing loss.

4 facts about the relationship between social connectedness and hearing health.

1 Older adults with hearing loss tend to have more difficulty maintaining relationships and participating in activities

This meta-analysis comprised of 41 studies concluded that hearing loss was a significant barrier to social participation and relationship quality. To better promote the social participation of older adults, early detection of hearing loss, holistic assessment, and interprofessional collaboration must be considered. (Prior Chaintré, et al 2024).

2 Individuals with hearing loss tend to have weaker social networks

The self-reported hearing loss and social network size of 5888 adults was analyzed. Findings suggest that older adults with hearing problems may be more at-risk for weaker (poorer quality) social networks and depression. (Dobrota et al 2022).

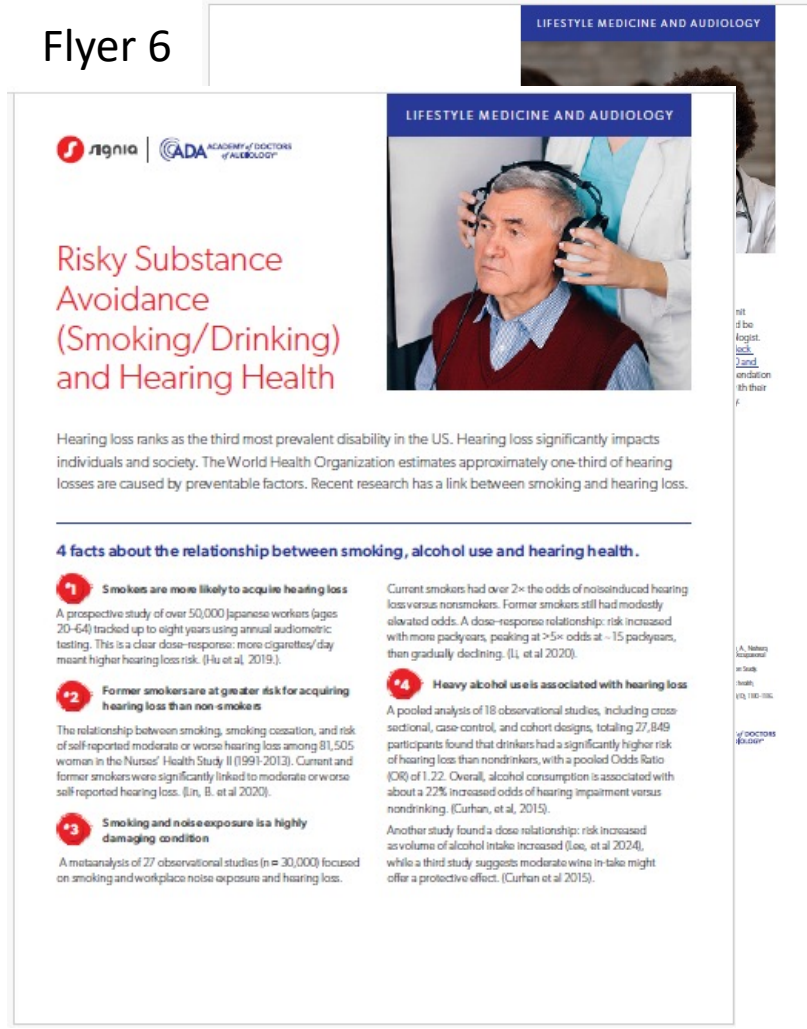
3 Older individuals with hearing loss tend to have reduced social network sizes

This secondary analysis of a multicenter randomized controlled trial with 3-year follow-up was completed in 2022 and conducted at 4 field sites in the US. Participants included 977 adults (aged 70-84 years who had untreated hearing loss without substantial cognitive impairment) recruited from the Atherosclerosis Risk in Communities study and newly recruited. Participants were randomized (1:1) to hearing intervention or health education control and followed up every 6 months. Social isolation and loneliness were measured at baseline and at 6 months and 1, 2, and 3 years post-intervention. Results showed that hearing intervention (vs health education control) reduced social network size and reduced loneliness. These findings suggest hearing intervention (hearing aids/rehab) is a low-risk strategy that may help promote social connection among older adults. (Reed et al, 2025).

4 Individuals with hearing loss are more likely to experience loneliness and depressive symptoms

Among 5,948 participants (25-86 years), loneliness was reported by 9.5% of the participants and the prevalence of significant symptoms of depression was 9.9%. The risk of loneliness was found to be significantly higher in participants with severe to complete hearing loss. In addition, the odds ratio (OR) for depressive symptoms was significantly higher in those with a mild to severe hearing loss compared to those with normal hearing. (Doge, et al 2025).

Flyer 6


LIFESTYLE MEDICINE AND AUDIOLOGY

Risky Substance Avoidance (Smoking/Drinking) and Hearing Health

Hearing loss ranks as the third most prevalent disability in the US. Hearing loss significantly impacts individuals and society. The World Health Organization estimates approximately one-third of hearing losses are caused by preventable factors. Recent research has a link between smoking and hearing loss.

4 facts about the relationship between smoking, alcohol use and hearing health.

1 Smokers are more likely to acquire hearing loss

A prospective study of over 50,000 Japanese workers (ages 20-64) tracked up to eight years using annual audiometric testing. This is a clear dose-response: more cigarettes/day meant higher hearing loss risk. (Hu et al, 2019.).

2 Former smokers are at greater risk for acquiring hearing loss than non-smokers

The relationship between smoking, smoking cessation, and risk of self-reported moderate or worse hearing loss among 81,505 women in the Nurses' Health Study II (1991-2013). Current and former smokers were significantly linked to moderate or worse self-reported hearing loss. (Lin, B. et al 2020).

3 Smoking and noise exposure is a highly damaging condition

A meta-analysis of 27 observational studies (n = 30,000) focused on smoking and workplace noise exposure and hearing loss. Current smokers had over 2× the odds of noise-induced hearing loss versus nonsmokers. Former smokers still had modestly elevated odds. A dose-response relationship: risk increased with more pack-years, peaking at >5× odds at ~15 pack-years, then gradually declining. (Li, et al 2020).

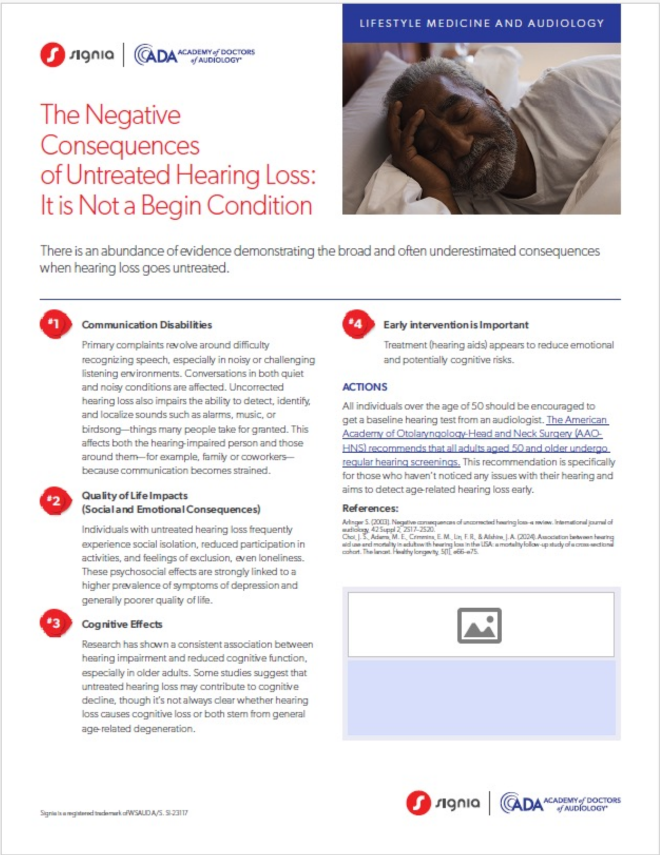
4 Heavy alcohol use is associated with hearing loss

A pooled analysis of 18 observational studies, including cross-sectional, case-control, and cohort designs, totaling 27,849 participants found that drinkers had a significantly higher risk of hearing loss than nondrinkers, with a pooled Odds Ratio (OR) of 1.22. Overall, alcohol consumption is associated with about a 22% increased odds of hearing impairment versus nondrinking. (Curhan, et al, 2015).

Another study found a dose relationship: risk increased as volume of alcohol intake increased (Lee, et al 2024), while a third study suggests moderate wine in-take might offer a protective effect. (Curhan et al 2015).

What's in your toolkit? (continued)

Flyer 7



LIFESTYLE MEDICINE AND AUDIOLOGY

The Negative Consequences of Untreated Hearing Loss: It is Not a Begin Condition

There is an abundance of evidence demonstrating the broad and often underestimated consequences when hearing loss goes untreated.

#1 Communication Disabilities

Primary complaints revolve around difficulty recognizing speech, especially in noisy or challenging listening environments. Conversations in both quiet and noisy conditions are affected. Uncorrected hearing loss also impairs the ability to detect, identify, and localize sounds such as alarms, music, or birdsong—things many people take for granted. This affects both the hearing-impaired person and those around them—for example, family or coworkers—because communication becomes strained.

#2 Quality of Life Impacts (Social and Emotional Consequences)

Individuals with untreated hearing loss frequently experience social isolation, reduced participation in activities, and feelings of exclusion, even loneliness. These psychosocial effects are strongly linked to a higher prevalence of symptoms of depression and generally poorer quality of life.

#3 Cognitive Effects

Research has shown a consistent association between hearing impairment and reduced cognitive function, especially in older adults. Some studies suggest that untreated hearing loss may contribute to cognitive decline, though it's not always clear whether hearing loss causes cognitive loss or both stem from general age-related degeneration.

#4 Early intervention is Important

Treatment (hearing aids) appears to reduce emotional and potentially cognitive risks.

ACTIONS

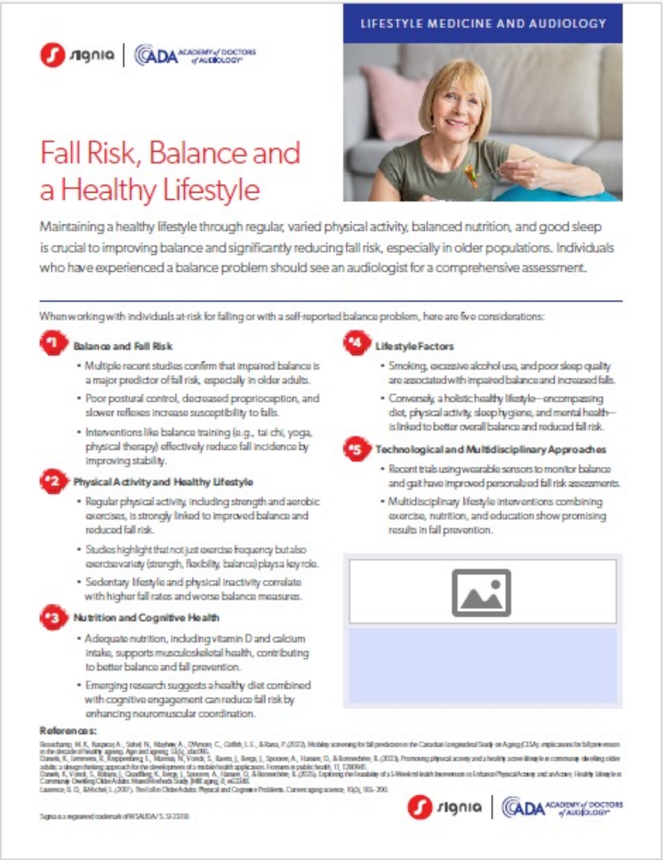
All individuals over the age of 50 should be encouraged to get a baseline hearing test from an audiologist. The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) recommends that all adults aged 50 and older undergo regular hearing screenings. This recommendation is specifically for those who haven't noticed any issues with their hearing and aims to detect age-related hearing loss early.

References:

Arlinger S. (2003). Negative consequences of uncorrected hearing loss–a review. International journal of audiology, 42 Suppl 2, 2S17–2S20.

Choi, J. S., Adams, M. E., Crimmins, E. M., Lin, F. R., & Ailshire, J. A. (2024). Association between hearing aid use and mortality in adults with hearing loss in the USA: a mortality follow-up study of a cross-sectional cohort. The lancet. Healthy longevity, 5(1), e66–e75.

Flyer 8



LIFESTYLE MEDICINE AND AUDIOLOGY

Fall Risk, Balance and a Healthy Lifestyle

Maintaining a healthy lifestyle through regular, varied physical activity, balanced nutrition, and good sleep is crucial to improving balance and significantly reducing fall risk, especially in older populations. Individuals who have experienced a balance problem should see an audiologist for a comprehensive assessment.

When working with individuals at-risk for falling or with a self-reported balance problem, here are five considerations:

#1 Balance and Fall Risk

- Multiple recent studies confirm that impaired balance is a major predictor of fall risk, especially in older adults.
- Poor postural control, decreased proprioception, and slower reflexes increase susceptibility to falls.
- Interventions like balance training (e.g., tai chi, yoga, physical therapy) effectively reduce fall incidence by improving stability.

#2 Physical Activity and Healthy Lifestyle

- Regular physical activity, including strength and aerobic exercises, is strongly linked to improved balance and reduced fall risk.
- Studies highlight that not just exercise frequency but also exercise variety (strength, flexibility, balance) plays a key role.
- Sedentary lifestyle and physical inactivity correlate with higher fall rates and worse balance measures.

#3 Nutrition and Cognitive Health

- Adequate nutrition, including vitamin D and calcium intake, supports musculoskeletal health, contributing to better balance and fall prevention.
- Emerging research suggests a healthy diet combined with cognitive engagement can reduce fall risk by enhancing neuromuscular coordination.

#4 Lifestyle Factors

- Smoking, excessive alcohol use, and poor sleep quality are associated with impaired balance and increased falls.
- Conversely, a holistic healthy lifestyle—encompassing diet, physical activity, sleep hygiene, and mental health—is linked to better overall balance and reduced fall risk.

#5 Technological and Multidisciplinary Approaches

- Recent trials using wearable sensors to monitor balance and gait have improved personalized fall risk assessments.
- Multidisciplinary lifestyle interventions combining exercise, nutrition, and education show promising results in fall prevention.

References:

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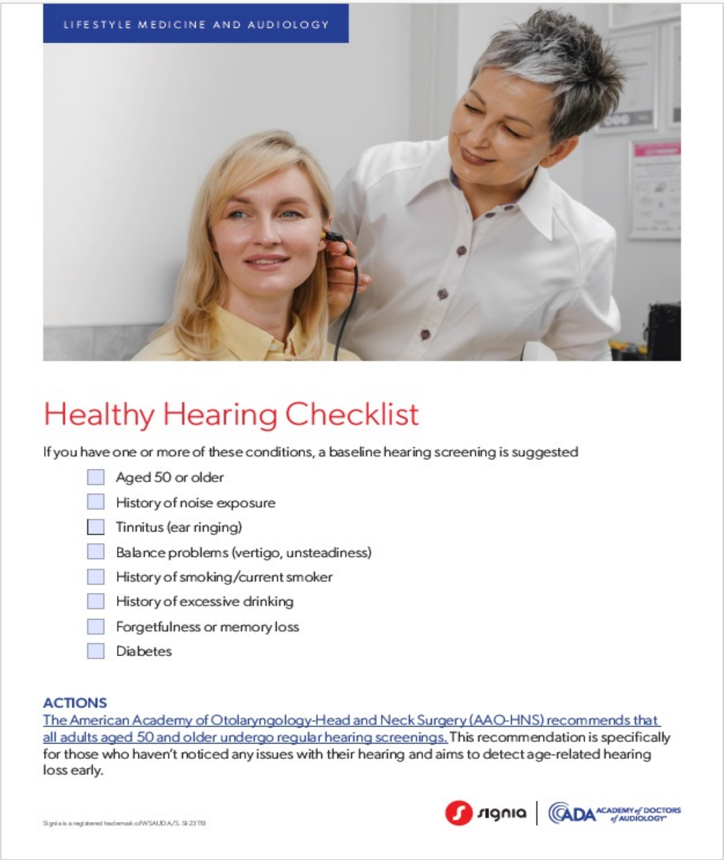
Risk Checklist



LIFESTYLE MEDICINE AND AUDIOLOGY

Healthy Hearing Checklist

If you have one or more of these conditions, a baseline hearing screening is suggested

- [ ] Aged 50 or older
- [ ] History of noise exposure
- [ ] Tinnitus (ear ringing)
- [ ] Balance problems (vertigo, unsteadiness)
- [ ] History of smoking/current smoker
- [ ] History of excessive drinking
- [ ] Forgetfulness or memory loss
- [ ] Diabetes

ACTIONS

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) recommends that all adults aged 50 and older undergo regular hearing screenings. This recommendation is specifically for those who haven't noticed any issues with their hearing and aims to detect age-related hearing loss early.

What's in your toolkit? (continued)

AuD to LMP Presentation

Companion Leave Behind/Brochure

Ready to bridge Audiology & Lifestyle Medicine?

Download the Lifestyle Medicine Toolkit!

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Pillars in Practice: Building Physician Connections That Last

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Mission:

- To integrate routine hearing screening into lifestyle medicine practices and create streamlined referral pathways to local audiologists for early intervention and comprehensive hearing and balance care.

- My role today is to show you practical ways to take these tools and activate them in your community, with your physician partners.

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What is ACLM and Who Are the Providers?

American College of Lifestyle Medicine (ACLM)

What is ACLM?

- National professional society
- Practitioners are trained to integrate evidenced-based lifestyle interventions into clinical practice to prevent, treat, and often reverse chronic disease.
- Focuses on 6 Pillars:
  - Optimal nutrition
  - Physical activity
  - Restorative sleep
  - Stress management
  - Social connectedness
  - Risky substance avoidance

ACLM Providers

Physicians (MD, DO)	• Family medicine, internal medicine, cardiology, endocrinology, pediatrics, geriatrics, psychiatry, and more.
Nurse Practitioners (NPs) & Physician Assistants (PAs)	• Often work in primary care and are well-positioned for lifestyle counseling.
Nurses (RNs)	• Provide patient education, coaching, and chronic disease support.
Dietitians (RDNs)	• Focus on the nutrition pillar and often collaborate across specialties.
Pharmacists (PharmDs)	• Support deprescribing and lifestyle-focused alternatives when appropriate.
Health Coaches & Psychologists	• Specialize in behavior change, stress management, and social connectedness.
Physical Therapists, Occupational Therapists, Exercise Physiologists	• Address the movement and activity pillar.

- **13,500 members in 2024 including 7000+ certified professionals worldwide**

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Why Should Audiology Partner with ACLM?

Shared Mission

Shared Focus on Whole-Person Health

- Whole-person health focus aligns with audiology's role in aging, cognition, and connectedness.
- Hearing health is closely tied to many of these pillars.
  - Stress and poor sleep can worsen tinnitus
  - Physical activity and nutrition improve cardiovascular health, which protects hearing
- ACLM provides an evidence-based, whole-person framework that aligns naturally with audiology's role in healthy aging, cognition, and social engagement.

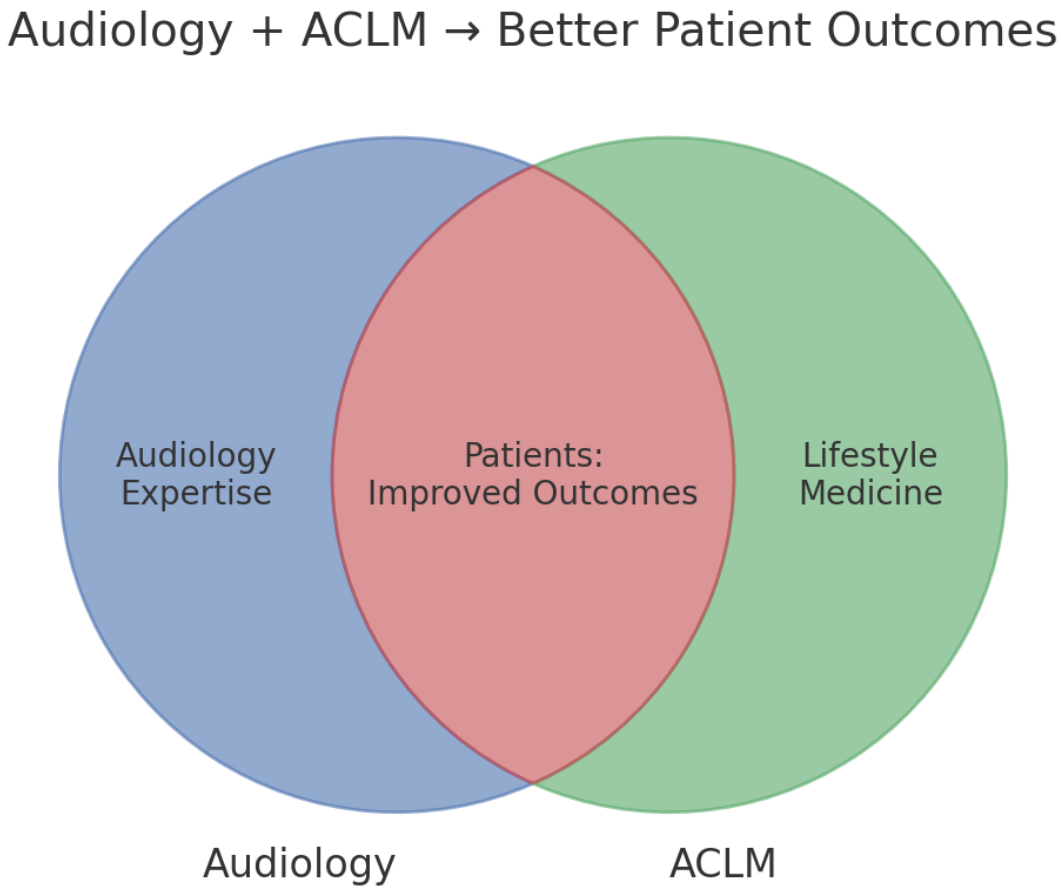
Benefits of Partnership

Expanding Physician Collaboration & Referrals

- ACLM has 13,000+ members, primarily physicians and advanced practice providers. By partnering, audiologists gain a direct channel to physicians who are already primed to think preventively and value interdisciplinary teamwork.
- Audiologists can position themselves as specialists who reinforce the pillars (esp. social connection and stress management).
- Increases referral opportunities, especially in primary care, cardiology, neurology, and geriatrics.

Patient Outcomes & Value-Based Care

- Healthcare is moving toward value-based models. Lifestyle Medicine providers care deeply about reducing chronic disease burden.
- Untreated hearing loss is linked to depression, dementia, falls, and social isolation
- Partnering shows audiology's role in lowering healthcare costs and improving quality of life.



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Why Focus on Hearing Loss Prevention?

Hearing Loss Prevention

- Hearing loss is the third most common chronic condition in people over 50 (NIH and CDC)
- Hearing loss is linked to several other harmful conditions (cognitive decline, depression, social isolation)
- Untreated hearing loss costs the US ~133 billion a year
- AAO-HNS recommends all people aged 50 and older receive a hearing screening

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Hearing Screening with ACLM Providers

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Integrated Approach:

- This program leverages automated self-screening and validated self-reports (questionnaires). This ensures the program is not taking valuable “face-time” from patients

SHOEBOX

Hearing Handicap Inventory Screening Questionnaire for Adults

1) Answer No, Sometimes or Yes for each question.

2) Do not skip a question if you avoid a situation because of a hearing problem.

3) If you use a hearing aid, please answer according to the way you hear with the aid.

	No	Sometimes	Yes
1. Does a hearing problem cause you to feel embarrassed when you meet new people?	0	2	4
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	0	2	4
3. Do you have difficulty hearing / understanding co-workers, clients or customers?	0	2	4
4. Do you feel handicapped by a hearing problem?	0	2	4
5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?	0	2	4
6. Does a hearing problem cause you difficulty in the movies or in the theater?	0	2	4
7. Does a hearing problem cause you to have arguments with family members?	0	2	4
8. Does a hearing problem cause you difficulty when listening to TV or radio?	0	2	4
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	0	2	4
10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	0	2	4
Totals:			

* Adapted from: Ventry, I., Weinstein, B. "Identification of elderly people with hearing problems" American Speech-Language-Hearing Association. 1983, 25, 37-42. *

Interpreting the Raw Score:

0 – 8 = 13% probability of hearing impairment (no handicap)

10 – 24 = 50% probability of hearing impairment (mild-moderate handicap)

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Leveraging National Awareness Campaigns

ACLM frequently aligns with national health observances (Nutrition Month, Stress Awareness Month, etc.). Audiologists can plug into these campaigns to:

- Deliver **themed newsletters** to physicians.
- Run **Lunch & Learns** around relevant topics (e.g., “Stress Awareness → Tinnitus & Stress”).
- Share **toolkits** physicians can use with patients.
- Deliver **educational** content to patients.
- Built-in marketing **calendar** and credibility to tie audiology into larger public health efforts.

Marketing Calendar

Month	National Awareness	Primary Pillar	Headline	Outreach Idea
January	New Year Wellness	Physical Activity & Hearing Health	Step Into Better Hearing: The Movement-Hearing Connection	Partner with gyms/PTs for a joint talk on exercise's role in hearing and cognitive health.
February	American Heart Month	Cardiovascular & Hearing Health	Heart Health = Hearing Health: The Cardio-Audiology Link	Co-present with a cardiologist on vascular health and its impact on hearing loss.
March	National Nutrition Month	Nutrition & Hearing Health	Fuel Your Ears: The Sound Science of Nutrition	Bring a registered dietitian to talk about diet and inner ear health.
April	Stress Awareness Month	Stress Management & Hearing Health	Stress Less, Hear More	Introduce relaxation techniques for tinnitus; provide stress-reduction referral pathways.
May	Better Hearing Month	Hearing Awareness & Prevention	Better Hearing, Better Health	Offer baseline screenings at age 50; host a community 'hearing check' event.
June	Better Sleep Month	Restorative Sleep & Hearing Health	Better Sleep, Better Outcomes	Host a 'walk and talk' with physicians; add a sleep hygiene mini-session.
July	Social Wellness Month	Social Connectedness & Hearing Health	Hear More, Connect Deeper	Partner with senior centers or libraries for talks on communication strategies.
August	National Wellness Month	All Six Pillars & Hearing Health	The Whole-Body Approach to Hearing Health	Launch a 'Wellness & Hearing' challenge across social media and clinic waiting rooms.
September	Healthy Aging Month	Fall Risk & Hearing Health	Steady Steps, Strong Hearing	Collaborate with PTs on balance screenings and discuss hearing's role in fall prevention.
October	Substance Abuse Prevention Month	Avoiding Risky Substances	Breaking the Cycle: Hearing Loss and Substance Use	Invite addiction specialists to discuss multidisciplinary approaches.
November	Alzheimer's Awareness Month	Hearing Loss & Cognitive Decline	Stay Sharp, Stay Connected	Co-present with neurologists on hearing health and dementia prevention.
December	Seasonal Stress & Social Connection	Stress & Social Connectedness	Holidays & Hearing: Staying Calm and Connected	Share strategies for managing social fatigue and stress in noisy environments.

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Marketing Calendar: Consistency is Key

- For each monthly campaign, provide:
  - **One social post media**
  - **One patient handout**
  - **One community/physician idea**
  - **One quick physician script**

1. Stakeholder Identification

- Find local Lifestyle Medicine Providers (LMPs): Physicians, nurse practitioners, health coaches
  - https://www.lifestylemedpros.org/home
- Patients: Adults aged 50+, plus high-risk groups (diabetics, cardiovascular conditions, persons exposed to noise, etc.)

20. Have you experienced episodes of social isolation? (required)
- ○ Yes
- ○ No

21. Have you been treated for clinically diagnosed depression? Yes = 2 and No = 0 (required)
- ○ 2
- ○ 0

22. Have you become more unsteady on your feet and fallen in recent years? Yes = 2 and No = 0 (required)
- ○ 2
- ○ 0

23. Has your short-term memory decreased in recent years? Yes = 2 and No = 0 (required)
- ○ 2
- ○ 0

24. Have you or a family member been diagnosed with Dementia or Alzheimer's? Yes = 2 and No = 0 (required)
- ○ 2
- ○ 0

25. Do you have diabetes? Yes = 2 and No = 0 (required)
- ○ 2
- ○ 0

26. Do you have a family history of diabetes? (required)
- ○ Yes
- ○ No

27. Do you have any form of heart disease? Yes = 2 and No = 0 (required)
- ○ 2
- ○ 0

28. Do you have high blood pressure or a family history of heart disease? Yes = 2 and No = 0 (required)
- ○ 2
- ○ 0

29. Do you have kidney disease? Yes = 2 and No = 0 (required)
- ○ 2
- ○ 0

30. Is your doctor concerned about your kidney function or do you have anemia? (required)
- ○ Yes
- ○ No

31. Do you have thyroid disease? Yes = 1 and No = 0 (required)
- ○ 1
- ○ 0

32. Do you have sleep apnea? Yes = 2 and No = 0 (required)

2. Meeting with Stakeholders (LMPs)

- Materials to review (in PPT format)during this meeting…..
  - Create urgency – prevalence and consequence of untreated hearing loss
  - Offer solutions – the value of screening and audiological interventions
  - Educate on discussing hearing loss and screening with patients
  - Share your patient satisfaction and outcomes data.
  - Introduce workflow
  - Provide details on kit and how to use it

3. Program Components

A. **In-Clinic Hearing Screenings**

- Use validated digital hearing screening tools (e.g. Shoebox) and/or validated questionnaires (R-HHI) during routine wellness visits.
- Screens take <5 minutes and flag patients for referral.

B. EHR Integration

- Add hearing screening as a vital part of annual wellness checkups.
- Embed prompts in the EHR for patients >50, or with risk factors (smoking, noise exposure, etc.).

C. Referral Network

- Build a local lifestyle medicine/primary care directory (within a 15 to 20-mile radius).
- Auto-generate referrals and appointment scheduling links from the screening platform.
- Include tele-audiology options in rural areas.

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4. Education and Awareness (kit)

- The most critical program component is education and awareness of lifestyle medicine practitioners
- Provide LMPs with toolkits: “Hear Well and Connect with Others” brochures, risk screening checklists.
- Host quarterly webinars on the links between hearing loss and chronic diseases (e.g., cognitive decline, depression, social isolation).
- Establish a feedback loop: Audiologists send consult reports back to the LMP. EHR reminders for LMPs to follow up on hearing health during next visits.

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Implementation Phases

- Phase 1: Pilot in your practice
- The first 100 days
  - Select 2–3 lifestyle clinics.
  - Introduce during meeting the process: screening + referral process.

Implementation Phases

- Phase 2: Expansion
- The next 6 months
- Train more LMPs
- Launch community outreach events (e.g. “Hearing & Health” fairs).

Integrate with Medicare Annual Wellness Visits.

Implementation Process

- Phase 3: Spread the Word in the Community
- Partner with local employers, senior centers, and gyms.
- Collaborate with LMP's on "hearing awareness/healthy lifestyle" events (e.g., health fairs)
- Patient workshops:
  - Cooking classes with local chefs that focus on whole foods
  - Walking clubs that promote social interaction and physical activity

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Metrics

- Track:
  - % of patients screened annually
  - % referred who complete audiology consult
  - Time from screening to audiologist visit
  - Patient-reported outcomes (hearing satisfaction, quality of life)
  - % receiving treatment from audiologist
  - Changes in chronic disease outcomes post-intervention

Sample Workflow

1. Patient Visit at Lifestyle Medicine Clinic
2. Digital Hearing Screening/Self-report Administered
3. Screening Results Reviewed by LMP
4. If needed, Referral Sent to Local Audiologist
5. Audiologist Completes Diagnostic Evaluation
6. Care Report Shared with LMP
7. Lifestyle Plan Adjusted (if applicable)

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Thank you Signia

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