

**Cleveland Hearing & Speech Center
Program Evaluation Summary
2025 Audiology Services**

Summary of Services
Executive Summary

The Audiology department showed continued growth in 2025 accounting for the 5th straight year of growth in terms of number of clients served, number of hearing aids dispensed, and revenue generated.

We remain focused on providing high-quality, evidence-based services that are efficient, effective and accessible to all. In 2025, we continued our practice of collecting subjective and objective outcomes and recorded them in a way to better report on them in the aggregate.

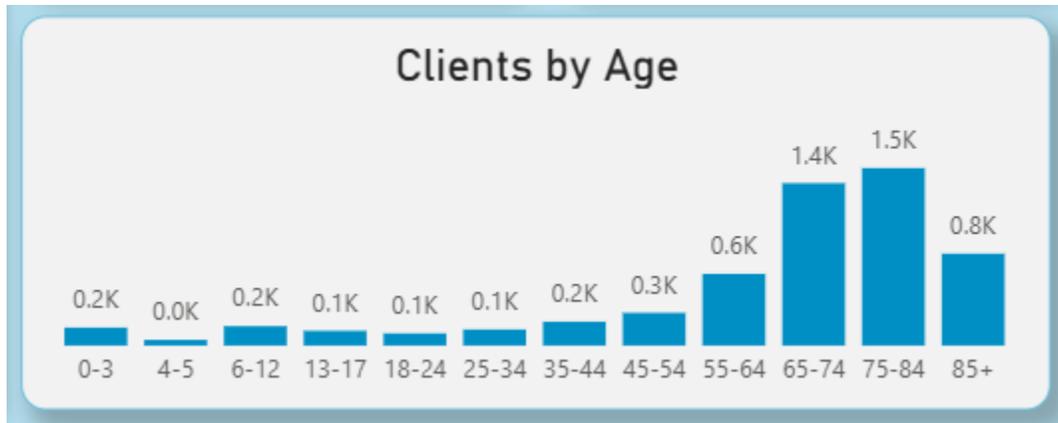
The hard work of our skilled team has continued to provide benefit to clients who are exceptionally pleased with our services.

Who we serve

In 2025, audiology served 4,536 unique clients in our offices with the following demographic breakdown:

58% female	76% White
42% male	20% black
	2% Asian
	1% American Indian/Alaskan Native/Pacific Islander
	1% Multiracial

The overwhelming majority (91%) of clients we served in audiology were over the age of 18 with only 9% being pediatric clients. Amongst the adults, the majority of clients (74%) are over the age of 65 years.



Analysis:

The number of individuals served in-house at CHSC clinics continues to grow each year with a 12% growth since last year. It is not surprising that the majority of clients are adults (especially over the age of 65 years) as hearing loss is more prevalent as we age. We believe the reason we see more women has to do with the fact that many veterans (predominately men) can obtain free services from the VA. We served more white individuals in 2025 compared to census data in Cuyahoga County (approximately 59%). CHSC continues outreach in earnest in communities that have high numbers of people of color including Cleveland Senior Day at Public Auditorium, a health fair at Barton/Westerly senior community and attending the Cleveland Summer Walk Series. However, hearing healthcare in these communities may not be considered a high priority – but we will continue our efforts in these neighborhoods.

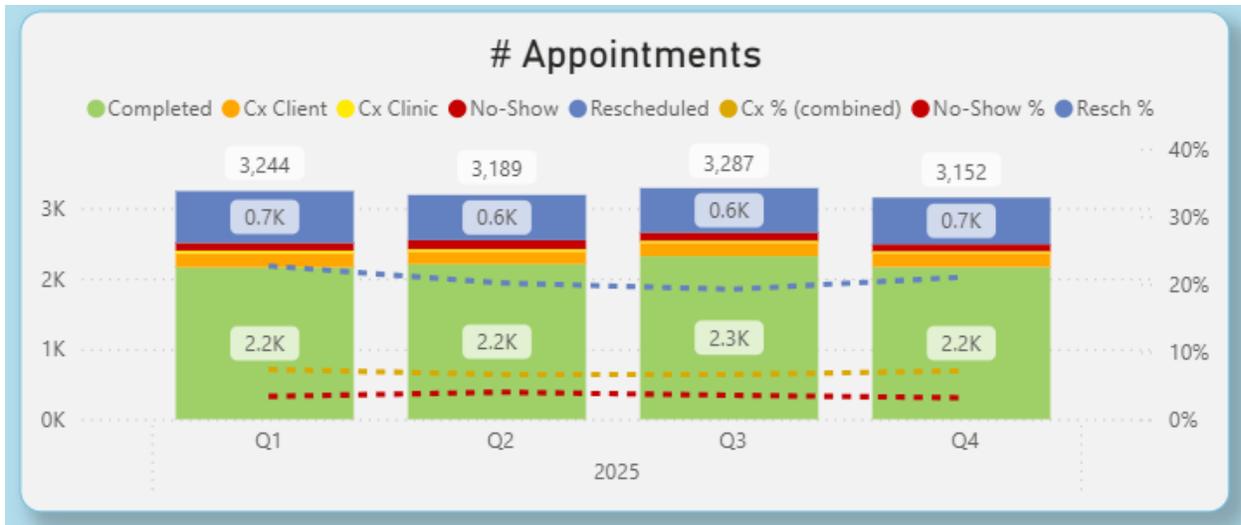
Plan:

We will continue to focus our outreach efforts in the area surrounding our Cleveland office to educate individuals about our services, especially in collaboration with the City of Cleveland’s senior services.

EFFICIENCY

Clinical schedules/Productivity

In 2025, we had 10,198 appointments scheduled in clinic in the audiology department. This is an 11% percent increase compared to 2024. In addition, 8,848 appointments were completed in 2025 (approximately 87% of all scheduled appointments) with a combination of no-shows and canceled appointments accounting for the other 13%. This is a slight increase in the percentage of completed appointments over 2024 (85%) thus a decrease in the no-show/cancelations since 2024. This trend has continued for the past three years.



The breakdown of appointments by office is below. In 2025, our Cleveland (CL) office continued to have the highest no-show/cancellation rate (19%) compared to other offices with Lyndhurst (12.7%), Broadview Heights (11.5%) and Westlake (10.6%). The Cleveland office had a slightly higher no-show/cancellation rate compared to 2024 (19%); however, this office showed an improvement over 2022 (25%).

By Office

Status	BH	CL	LH	WL	Total
Completed	1823	1690	2939	2396	8848
Cx Client	155	140	274	195	764
Cx Clinic	30	42	32	27	131
No-Show	53	216	123	63	455
Rescheduled	537	567	927	643	2674
Total	2598	2655	4295	3324	12872

Analysis:

In 2025 we continued to encourage walk-in appointments for routine hearing clean/check appointments and emergent hearing aid issues instead of scheduling appointments far in advance (typically 6 months). These 6-month follow-up

appointments had high rates of no-show/cancellations, thus reducing those also decreased the number of no-show/cancellations.

Cleveland continues to have the highest rate of no-shows/cancellations, which is not surprising given the low socioeconomic status of the neighborhoods this office serves. Transportation and securing basic necessities are challenges faced by this population.

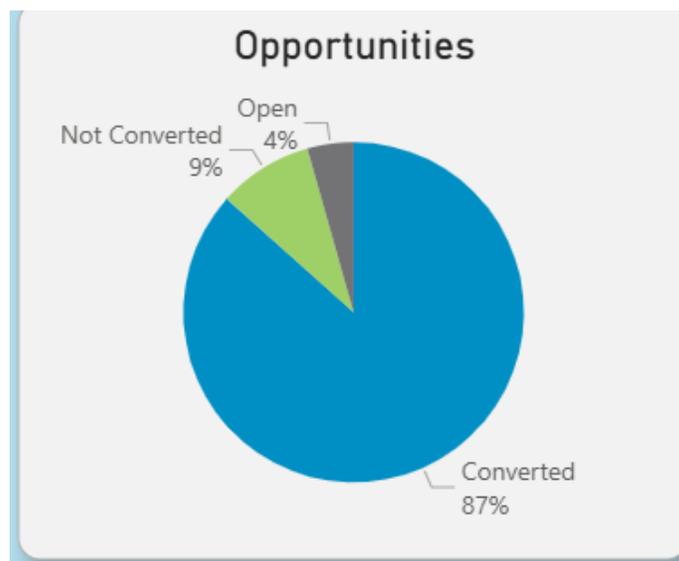
Plan:

We hired another clinician in July 2025 to help reduce the wait time for an initial appointment as national data shows that people are more likely to show for appointments if they are not scheduled too far in advance. Our goal is to work more in real time as this will increase our efficiency.

We are looking to add more functionality to our dashboard in 2026 to help analyze no-show/cancellation rates. We are going to look at the no-show/cancellation rate by appointment type to help us better schedule our block appointments and to see how we can adjust our schedules so that our clinicians remain productive (e.g. reducing the length of an appointment and adding additional appointment blocks due to high no-show/cancellation rates for certain appointment types).

Help/Opportunity Rates

We track the Opportunity rates of providers to assess their level of helping clients who are candidates for hearing aids. Our overall help/conversion rate is very strong at 87%. (National information gathered suggests a help rate of 70% is very good and 80% would be an ideal goal).



Analysis:

We pride ourselves on finding the correct balance between helping a client who needs hearing aids for the treatment of hearing loss with respecting the wishes of clients who are not emotionally ready to take the next steps. Because we have so many funding options for many clients, we can remove the financial aspect from the discussion and are able to focus more on the client's desire to treat their hearing loss (and possibly help them move to a space they are comfortable doing so) versus trying to "make a sale".

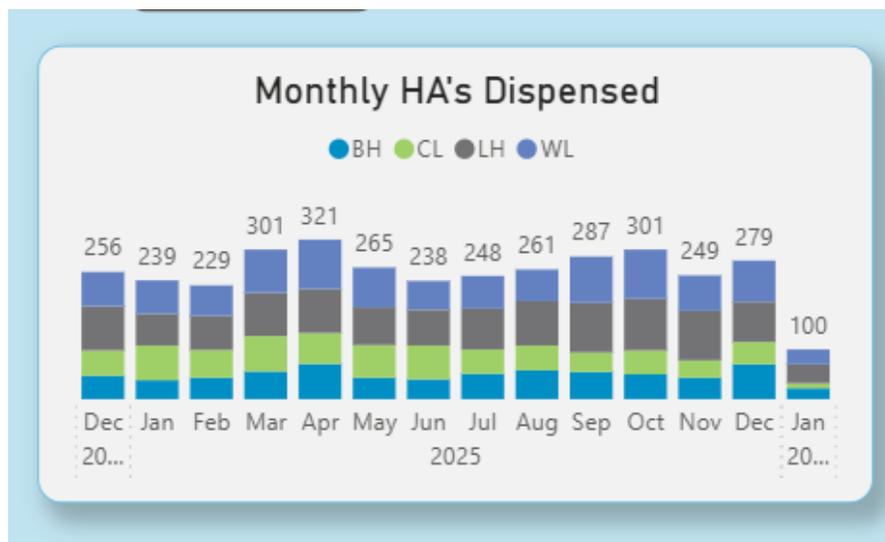
Plan:

We are extremely pleased with our rates of treatment for hearing loss as they are favorable compared to national data. We will continue to monitor.

EFFECTIVENESS

Number of Hearing Aids dispensed

The number of hearing aids dispensed is a strong indicator of the growing impact of our services. In 2025, we set a target to dispense 3,320 hearing aids across all four locations. We fell short of that goal by 3%, dispensing 3,218 hearing aids.



Analysis:

The number of hearing aid units dispensed has been on a rapid incline for the past several years with a 318% increase since 2017. A large portion of this growth can be attributed to the advent of Medicare Advantage plans which provide insurance coverage for hearing aids and the Baby Boomers hitting an age where hearing loss is common. We are cautious about continued growth of hearing aid sales in future years due to

potential changes in Medicaid eligibility, potential changes to third-party administrators (TPAs) who manage the Medicare Advantage hearing aid contracts (i.e. consolidation of TPAs, changes to how often clients are eligible for new hearing aids, increased out-of-pocket costs to clients for hearing aids with their insurance benefit) and the effect of increased tariffs or inflation on client's buying habits (i.e. they may focus their spending on food, clothing, etc. instead of hearing aids).

Plan:

We continue to strive to increase access to hearing healthcare including hearing aids which is the most effective treatment for hearing loss. We continue to vigilantly monitor the political climate and advocate for coverage for our services as it pertains to eligibility for hearing healthcare. Unfortunately, we lost the major funder for our Audiology Patient Assistance (APA) program in 2026. This sliding fee scale program assisted individuals with the purchase of new hearing aids at a significantly reduced cost. While we are still able to offer this assistance program in 2026 due to the generous support of donors, we will have to make changes to the program, including reducing which services and devices are offered and increasing the out-of-pocket expenses for clients, due to a reduction in the funding. We set a goal to dispense 3,482 hearing aids in 2026.

Return Rate

The return rate of hearing aids is one measure to judge the effectiveness of treatment and a client's satisfaction with the treatment.

Analysis:

CHSC's return rate is historically low and was 2.89% in 2025 which is comparable to that of 2024 (2.7%). (Goal was 5% based on national data).

Plan:

We are pleased with our return rate and will continue to monitor as a way of ensuring we meet the expectations of our clients.

Outcomes

CHSC tracks outcomes for hearing aid fittings both subjectively and objectively to ensure effectiveness.



Subjective Measure

Subjectively, we use the International Outcomes Inventory for Hearing Aids (IOI-HA). This 7-question survey is given to new hearing aid users during their trial period and the information gained is used to help guide their treatment.

One question of the IOI-HA is a pointed question, and we use it to obtain aggregate data.

Considering everything, how much have your new hearing aid(s) changed your enjoyment of life? 1=Worse, 2=No change, 3=Slightly better, 4=Quite a lot better, 5=Very much better

There is normative data on the IOI-HA, and we can compare our results to this data. National data is broken down based on mild moderate hearing loss (average score 3.7) vs. severe profound (average score 3.3). We are unable to segregate our data in that manner but have made our overall goal a 3.5 and we have exceeded that with an average score of 3.80 (which exceeds the national averages in both categories of hearing loss). In addition, we are now able to see the subjective measures for different hearing aid technology levels (premium being the most advanced hearing aid technology and standard being the most basic technology) and across hearing aid manufacturers. Our subjective results show that there is not a significant difference across technology levels nor hearing aid manufacturers.

Analysis:

The use of the IOI-HA and the last question, in particular, has been a strong tool in judging the subjective benefit that the hearing aid provides. We are pleased with how our scores compare to national data. Additionally, we consider ourselves leaders the

audiology community in using a data-driven approach to look at hearing aid outcomes in the aggregate.

Plan:

We will continue to use this tool moving forward as we are pleased with the ease of use and the quality of the information it provides.

Objective Measure

Objectively we complete Real Ear measures on every hearing aid fitting. This measure looks at the audibility of speech for each individual and fine-tuning of hearing aids are guided by this measure. We aim for the client to meet “target” at all frequencies in the 500-4000 Hz range (the frequencies most important for hearing speech). We met the target 81.4% of the time with a goal of 75%. In addition, we are now able to see the objective measures for different hearing aid technology levels (premium being the most advanced hearing aid technology and standard being the most basic technology) and across hearing aid manufacturers. Our objective results show that there is not a significant difference across technology levels nor hearing aid manufacturers.

Analysis:

We have established several guidelines to determine if a hearing aid has “met target” when completing real ear testing. These guidelines are based on published data in the field and include meeting or exceeding the target provided by the fitting formula (typically NAL-NL2) at the frequencies of 500-4000 Hz, obtaining an Aided SII (Speech Intelligibility Index)* of 65% or more if the pure tone average (PTA) is 70 dB HL or less) or falling within the Aided SII target range of DSL child/adult targets. *The Speech Intelligibility Index (SII) is a standardized measure that quantifies the proportion of speech information that is audible to a listener. It is used to assess the effectiveness of hearing aids and other amplification devices in improving speech comprehension.

Plan:

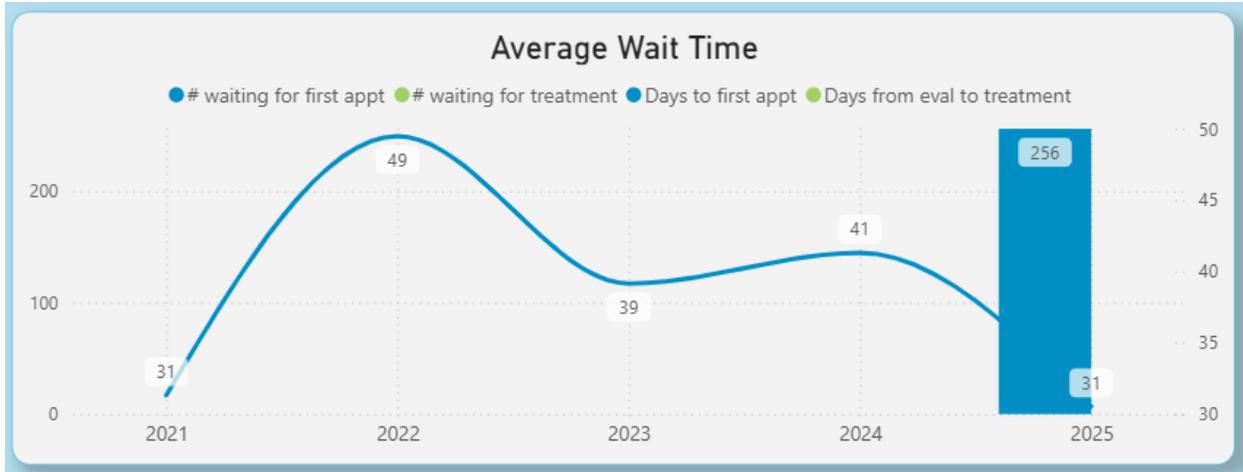
We will continue to monitor this goal as this testing is seen as the gold-standard of evidence-based care in the field of Audiology.

ACCESSIBILITY

Wait time to first appointment

We analyze the accessibility of services in several ways including the wait time to the first appointment. The average wait time in 2025 was 30 days which is lower than the range in 2024 (37-45 days). In addition, we are now able to see our average wait times

by office which show a higher wait time at Lyndhurst and Westlake (33 and 36 days, respectively) than at Broadview Heights and Cleveland (26 and 21 days, respectively).



Analysis:

We have strived to decrease the wait time for appointments at CHSC as we know that the longer a client has to wait for an appointment, the less likely they are to follow-through with the appointment. To address our longer wait times, we hired another clinician in July 2025. With this hiring, we shifted our staffing at our offices to focus on the offices that have higher wait times. In 2025, we added another clinician to the Lyndhurst office 3 days a week. Lyndhurst now is staffed with 2 clinicians on 2 days and 3 clinicians on 3 days. In addition, our new hire is seeing clients at our Westlake office. That office is now staffed with 2 clinicians 5 days a week. In addition, we added walk-in clinic at three of our offices (Lyndhurst, Westlake and Broadview Heights) to

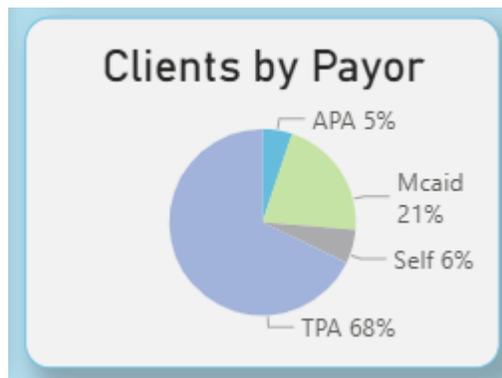
address emergency hearing aid issues so that clients would not have to wait for an appointment.

Plan:

We are pleased with our staffing level at this time and believe we have balanced our staff across the offices to best meet the needs of our clients. We will continue to monitor wait times throughout 2026.

Financial Accessibility

The second way we look at accessibility is financial accessibility. CHSC prides itself on providing services that are financially accessible. This is shown in our payor mix which shows that 94% of clients had low/no cost options for hearing aids.



Analysis:

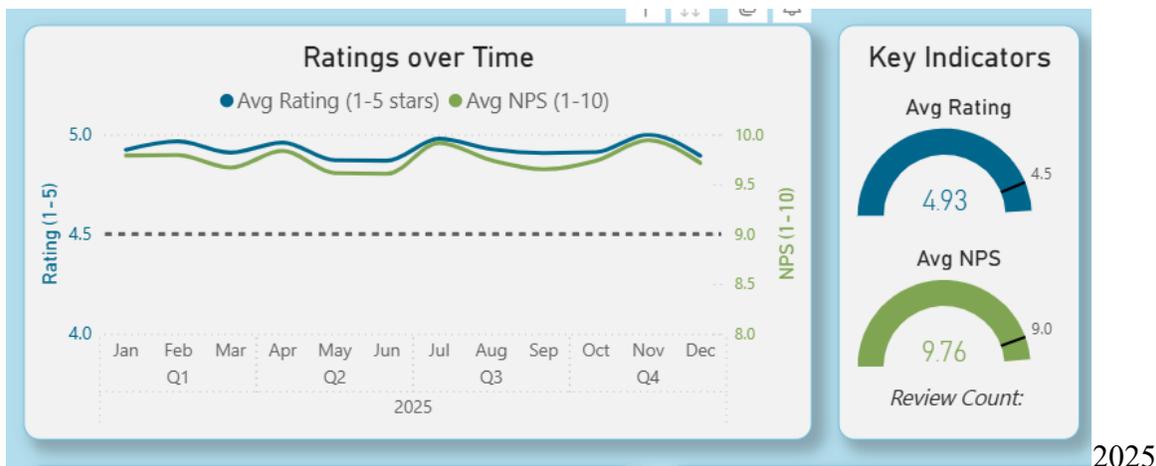
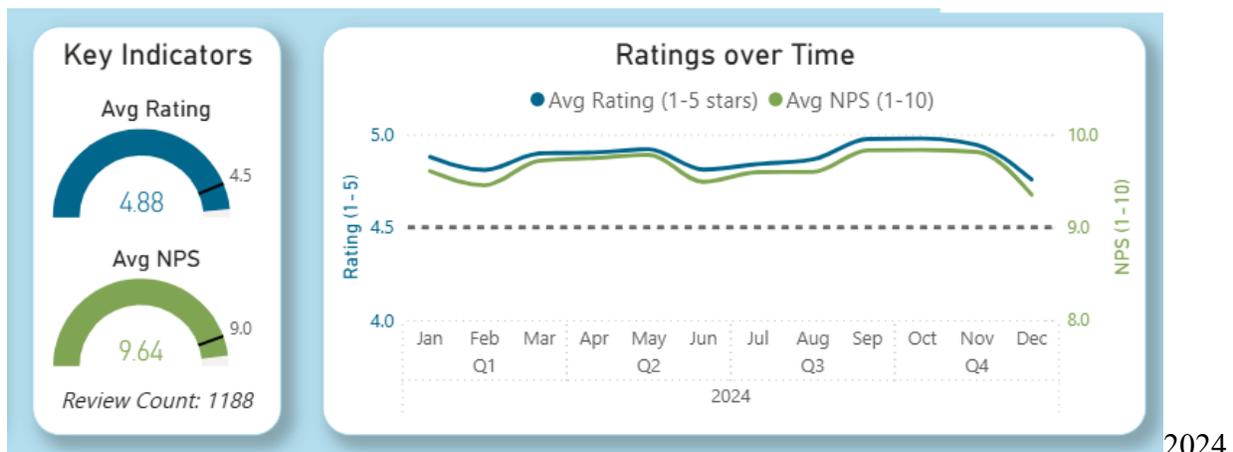
We provide great financial accessibility to the community for hearing healthcare and wish to continue to do so.

Plan:

We plan to continue to accept a variety of insurance plans while continuing to seek out grant funding for our sliding fee programs. As mentioned previously, we had a significant decrease in the funding level for our Audiology Patient Assistance (APA) program in 2026. We will have to make adjustments to this program due to this reduced funding but we are pleased that we are still able to offer a discount on devices and certain services to qualifying individuals. As always, we will also continue to pursue more self-pay clients in 2026 to help provide more financial stability for the organization. We hope to see gains from our comprehensive marketing campaign which launched in 2025.

Client Satisfaction

The department sources feedback through Gather Up. Clients receive an email after their appointment (and not more than one time in a 30-day period). The email request asks them to rate the service they received at CHSC on a scale of 1 - 5 stars and how likely they are to recommend CHSC to a family member or friend on a scale of 1 – 10. The 1 – 10 rating is called a net promotor score (NPS) and indicates the loyalty of our client base. Clients who give a score of 9 or 10 are considered promoters who are loyal enthusiasts of our services and will keep coming back along with referring others to CHSC. Clients who give a score of 7 – 8 are considered passives who are satisfied with our services but may be vulnerable to moving to competitors. Clients who give a score of 0 – 6 are detractors, who are unhappy with services with the potential to damage the brand. Any client who submits feedback that indicates they are not satisfied is contacted by the department director to attempt to rectify the situation, and client complaints are logged.



Analysis:

Overall, our responses have been overwhelmingly positive. A few of the negative responses have been submitted in error (misunderstanding the rating system but

providing written comments that suggest they are very satisfied with our services). However, we do individually follow up on any negative feedback. Themes we have seen include complaints about long wait times or scheduling difficulty, overall dissatisfaction with cost/funding for hearing aids and disappointment with the performance of their hearing aid (e.g. hearing aids needing to be repaired).

Plan:

To address the common issues, we have expanded our audiology team by adding a new audiologist in summer 2025 to decrease wait times as well as continually revamping our schedules to allow for maximum efficiency. In addition, we continue to work with as many managed care plans as possible to allow clients to use their insurance benefit as well as providing our Audiology Patient Assistance Program for those who cannot afford their co-pays or have no insurance. Our clinicians also focus their client counseling on realistic expectations with hearing aids, including the occasional need for hearing aid service.

Audiology in the Community

- CHSC played an integral role this year in assisting in providing on-site educational audiology services in 3 school districts.
- 101 children with hearing loss were served through our home-based early intervention program and 873 visits were completed.
- Completed 11 educational talks to over 200 participants.
- Completed 4 community hearing screenings at several locations reaching over 80 participants.
- Participated in 5 community resource fairs reaching over 600 participants.
- Hosted 9 Laugh, Learn, Grow events for our Early Intervention families.