Canadian Hard of Hearing Association
Association des malentendants canadiens

Hear More, Live More:

An update on national CI advocacy in Canada through partnership between patient groups and clinics

Presented by Bowen Tang
Canadian Hard of Hearing Association
October 2026

About Me

Hearing History

- Identified with progressive hearing loss at age 2
- Cochlear implant recipient since 2001, implanted at the age of 10
- Received the second side in 2023

Professional Profile

- Teacher of the Deaf and Hard of Hearing
- Coordinator, BC Cochlear Implant Support Group
- Hearing Health Advocate



About CHHA Spend to Save Initiative

- Founded in 2024
- Includes national industry leaders, educators, researchers, manufacturers, and people with hearing loss
- Started and lead by the Canadian Hard of Hearing Association (CHHA), along with stakeholder partners and sponsors
- Goal is to address issues related to adult cochlear implant access, barriers and inequalities in Canada
- Virtual launch event was held on February 25th , 2025 – International Cochlear Implant Day

Funders and Sponsors

CHHA / AMEC

Canadian Hard of Hearing Association Foundation

La Foundation de l'Association des Malentendants Canadiens

Cochlear®
Hear now. And always

Stakeholder Partners

AB ADVANCED BIONICS
POWERFUL CONNECTIONS

MED EL

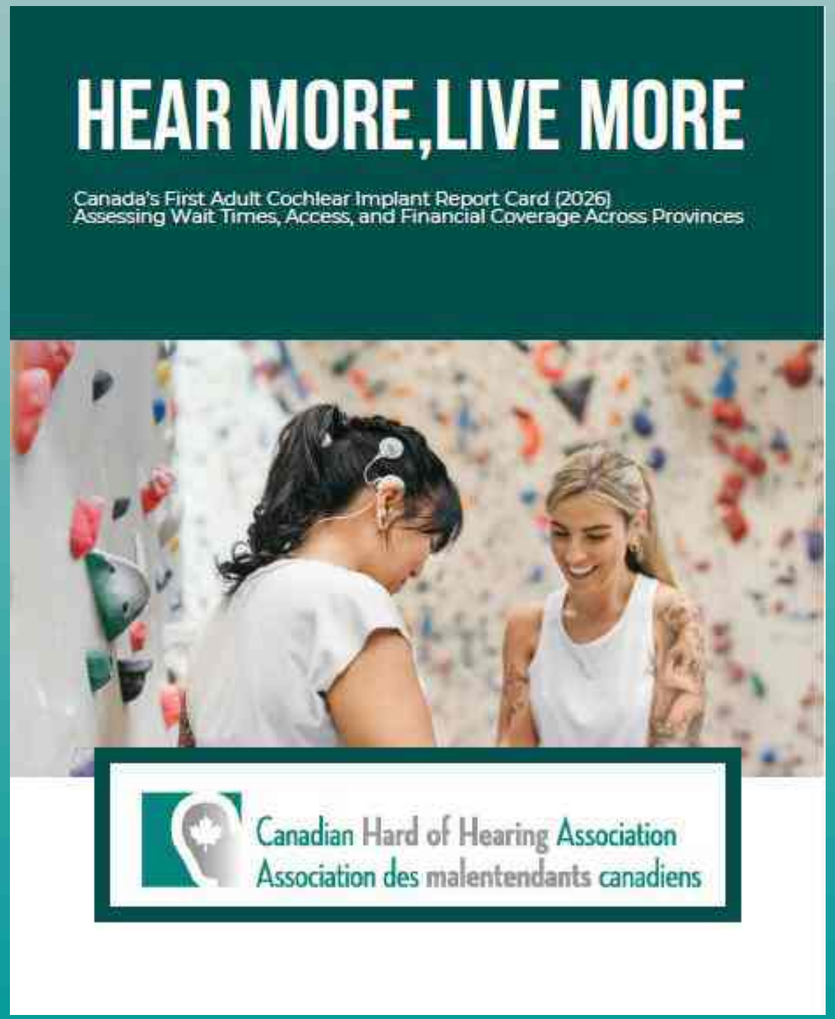
Western
National Centre for Audiology

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Our Work & Advocacy Strategy

- Develop a national report card that assigns a “grade” to each province for the current state of adult cochlear implant care
- Highlight specific areas of government support across all provinces, contrasting high-scoring provinces with those where improvement is needed
- Report card designed to educate & attract attention from CI community, media and government politicians

Canada’s First Adult CI Report Card



- Soft launch on May 1, 2026 aligned with Speech and Hearing Month
- Press Release
- Advocacy Platform (New Mode)
- Updates to Spend to Save Website

Strategically Selected Metrics

	Metrics	Reason for Selection
✔	Wait times from referral to surgery	Easily measured determinant of long-term hearing outcomes
✔	Geographical inequalities	Uncovers & shines a light on underserved locations across a large country
✔	Financial support for maintenance & upgrades	Inclusive of past implant recipients still facing overwhelming burden for hearing

HEAR MORE, LIVE MORE

Canada's First Adult Cochlear Implant Report Card

Why This Matters

- Untreated or undertreated hearing loss impacts overall health
- Communication
- Social and mental well-being
- Brain Health

Goals For Improvement

- Reduce Wait Times
- Expand Access
- Improve Financial Coverage

How Does Your Province Rank?



Recommendations

Increase funding to reduce wait times, expand geographical access, and improve coverage for out-of-pocket replacement proccesors.

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ADVANCED BIONICS

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The Provincial "Postal Code Lottery": Where you live determines how long you wait to hear.

National Inconsistency in Wait Times (Referral to Surgery)



British Columbia:
40–48 months (F)
- The Crisis in BCI Longest wait times, exceeding 4 years.

Scan for full report and references.

Advocacy in Action

New Mode Subscription for six (6) months

Allows for:

- Email campaign
- Letters to the Editor
- Social media sharing

Live and Pending Campaigns:

- English Email /French Email
- Letters to the Editor by Province



BC Cochlear Implant Wait Times Reach 7 Years Due to Provincial Funding Cap

British Columbians with severe hearing loss are being denied timely access to medically necessary cochlear implants because of an outdated provincial funding cap system.

Despite growing demand, BC funds only 70 publicly covered cochlear implant surgeries per year, resulting in a surgical backlog and wait times of up to seven years. This falls far short of the physician-recommended benchmark of treatment within six months.

The consequences of needlessly delaying these addressable hearing disabilities are significant, given the strong correlation between hearing loss and loss of employment, social isolation, cognitive decline, dementia, traumatic falls, and the associated but preventable strain on the healthcare system. Solutions are clear, evidence-based, and achievable: remove the surgical cap, align funding with demand, and meet the six-month standard of care already recognized in Canada.

Links

- BC Adult Cochlear Implant Program (shows the current wait times): https://www.providencehealthcare.org/en/clinics/bc-adult-cochlear-implant-program
- CBC Radio The Early Edition with Stephen Quinn, July 21: "A doctor and patient are sounding the alarm over wait times for adult cochlear implant surgery"
- CBC news article, July 26: "B.C. woman faces 'disheartening' 5-year wait for cochlear implant. She's not alone"

BC Cochlear Implant Access Report and Advocacy Update

BC Cochlear Implant Support Group published a report, "Access to CI in BC," that has been shared with more than 10 MLAs in the province.

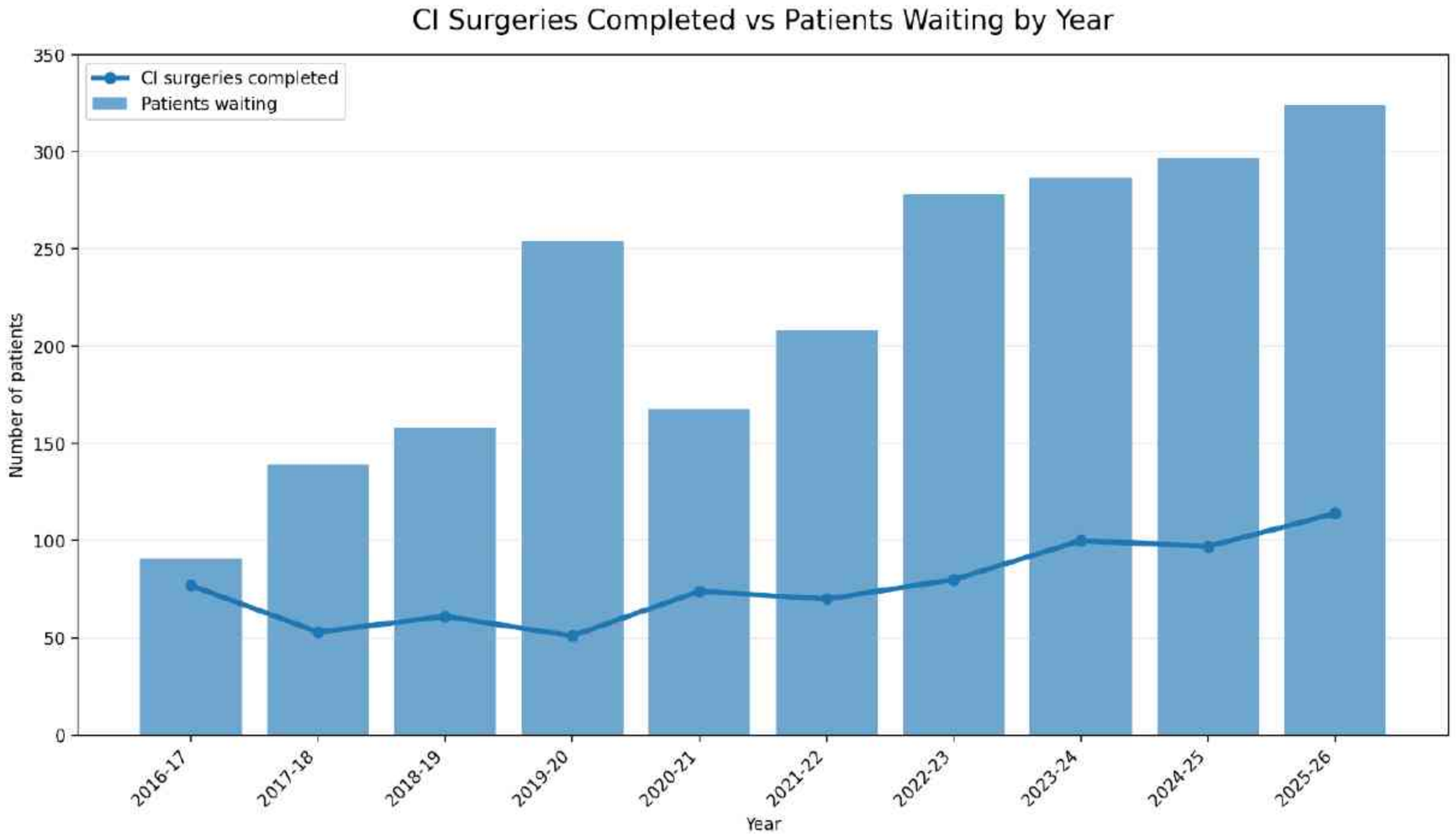
A joint press statement will be released in the first week of October 2026. Stay tuned.

Estimated Wait Times in B.C. (as of July 1, 2026)

- **CI Candidacy Assessments:** ≈ 31 Months (from post intake)
- **CI Surgery - Priority 2 (Traditional) :** ≈ 40 months (from Candidacy)
- **CI Surgery - Priority 3 (AHL and Seq Bilateral):** ≈ 47 months (from Candidacy)
- **CI Surgery - Priority 4 (SSD/UHL):** ≈ 54 months (from Candidacy)

Note: Posted wait times are a best estimate with available information at a given moment in time and may change. Factors such as: staffing, OR availability, budgets, and medically urgent cases can affect the listed times.

Source: https://www.providencehealthcare.org/en/clinics/bc-adult-cochlear-implant-program

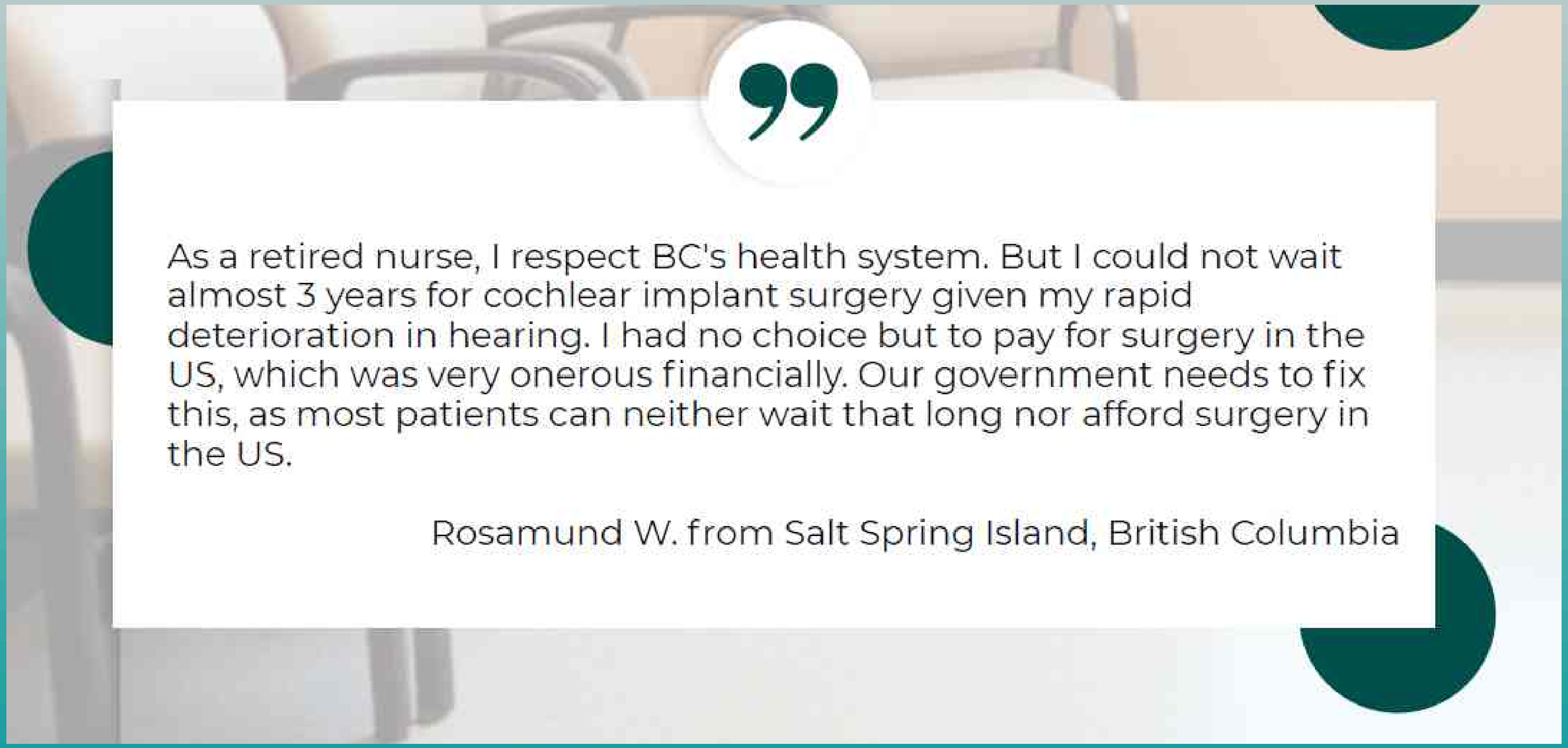


The gap in access to cochlear implants in B.C. is not due to lack of evidence or solutions. It is the result of an outdated funding model that has not kept up with patient needs.

“I want my patients to understand that waiting years to receive a cochlear implant after they have been deemed a candidate is not normal. The only reason they are forced to wait so long is that they live in BC and not in another jurisdiction.”



Dr. Paul Mick, MD, MPH, FRCSC
Division of Otolaryngology
Neurotologist & Cochlear Implant Surgeon
University of British Columbia



As a retired nurse, I respect BC's health system. But I could not wait almost 3 years for cochlear implant surgery given my rapid deterioration in hearing. I had no choice but to pay for surgery in the US, which was very onerous financially. Our government needs to fix this, as most patients can neither wait that long nor afford surgery in the US.

Rosamund W. from Salt Spring Island, British Columbia

British Columbia Advocacy Results: Early Wins from the Adult CI Report Card

Turning Awareness into Action

450+

Emails Sent

to local and provincial officials

10+

MLA Meetings

in-person and virtual

3 outlets

Media Reach

1000+ audience reached

Key

Champions

professional, patient & political

100+ New

Advocates

joined BC CI support group



The Adult CI Report Card has become more than a measurement tool. It is creating momentum, building relationships, and strengthening the case for improved access to cochlear implant care in British Columbia.

Partnerships between patients and professionals

Province	Patient Groups	Clinical Partners	Key Issue
BC	• BC CI Support Group • CHHA-BC	• Dr. Paul Mick • St. Paul's Hospital	• Excessive wait times
AB	• CHHA Edmonton	• Dr. Justin Lui	• Excessive wait times
SK		• TBD	• TBD
MB	• CHHA Manitoba	• Dr. Jordan Hochman • Jacob Sulkers	• Excessive wait times
ON	• CHHA Networks • CI Support Groups	• Dr. Vincent Lin • Sunnybrook Hospital	• Insufficient replacement funding
QC		• Tamara Mijovic	• Excessive wait times
PEI/NB/NS		• TBD	• Insufficient replacement funding
NL	• CHHA Newfoundland	• TBD	• Insufficient replacement funding

Working Together for Equitable Access

We know what cochlear implants make possible. Our collective responsibility is to ensure that timely access becomes the standard, not the exception.

The Report Card gives us the evidence.

The Coalition provides the voice.

Now we need collective action to turn awareness into access through partnership between patient groups and clinics.

