HOW CAN THE UPTAKE AND OUTCOMES OF HEARING REHABILITATION BE IMPROVED?

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The University of Queensland
and
HEARing Cooperative Research Centre

Academy of Rehabilitative Audiology, 11 Sept, 2012
**BACKGROUND**

- In Australia, 70% of older adults aged 70 years or older have hearing impairment (Chia et al., 2007).

- If worn, hearing aids can:
  - Reduce the communication difficulties associated with hearing impairment for the older person and significant others,
  - Improve quality of life
    (see review by Humes and Krull in Evidence-Based Practice in Audiology, 2012)

- In Australia, 39% of adults with hearing impairment have not consulted a health professional about hearing difficulties AND 58% do not own hearing aids (Hartley, 2005; Schneider et al., 2010).

- Recent study shows improved outcomes with hearing aids (open fit, thin tube, directional mics) but still 13% of adults fitted with hearing aid/s for the first time never or rarely use them post-fitting (Dillon, Hickson & Lloyd, 2012).
SENATE INQUIRY INTO HEARING HEALTH IN AUSTRALIA (2010)

- Recommendation 17
- The committee recommends that Australian Governments prioritise and fund research into the reasons for the under use of hearing aids, and develop practicable strategies for hearing health practitioners to help overcome the under use in the community.
THINKING ABOUT UPTAKE & OUTCOMES

• General consensus that audiological factors do not prompt help-seeking (See Meyer & Hickson review in IJA, 2012)

• Help-seeking for hearing impairment requires a change in behaviour → Health Belief Model
HEALTH BELIEF MODEL

Demographic variables & psychological characteristics
- Hearing - PTA, insertion gain
- Finger dexterity
- Cognition
- Vision
- Life Events
- General Health
- Auditory lifestyle

Perceived susceptibility

Perceived severity

Perceived self-efficacy

Perceived benefits

Perceived barriers

Action

(Locus of Control
Coping style)

(Abraham & Sheeran, 2005)
A TALE OF TWO STUDIES.....

Study 1 (retrospective):
Investigated outcomes for 4 groups of adults:
- Non-consulters
- Consulters
- Unsuccessful HA owners
- Successful HA owners

Detailed assessment of each person.

Aim
- To determine factors associated with consultation and hearing aid uptake
- To determine factors associated with success with hearing aids

Study 2 (prospective):
Investigated predictors of successful hearing rehabilitation outcomes in new adult clients.

Adults assessed on a number of measures and given options for hearing care. Outcomes measured 6 months later.

Aim
- To determine factors associated with higher outcome scores
STUDY 1:
FACTORS THAT INFLUENCE HELP-SEEKING FOR HEARING IMPAIRMENT AND HEARING AID OUTCOMES

- University of Queensland – Carly Meyer, Karen Lovelock, Paul Bunn
- National Acoustic Laboratories – David Hartley, Emma van Wanrooy
- Macquarie University – Michelle Lampert, John Newall

With thanks to....
RESEARCH AIMS

To determine which combination of factors are important for:

- Deciding to seek help for hearing impairment
- Achieving success with hearing aids
INCLUSION CRITERIA

All participants:
• 60+ years of age
• Average PTA threshold (.5, 1, 2, 4 kHz or 2, 3, 4 kHz) >25 dB in 1 or 2 ears
• Functional English abilities
• Residing in the community
• No obvious cognitive impairment (≥ 23 on Mini-Mental State Examination)

Hearing aid owners:
• Hearing aid fitting for the first time in the previous 2 years
DEFINING SUCCESS

1. A minimum of one hour of daily hearing aid use reported on the International Outcome Inventory.

   “Think about how much you used your present hearing aid(s) over the past two weeks. On an average day, how many hours did you use the hearing aid(s)?”

   Response options: none, <1 hour/day, 1-4 hours/day, 4-8 hours/day, 8+ hours/day

   AND

2. At least moderate benefit from hearing aids reported on the International Outcome Inventory.

   “Think about the situation where you most wanted to hear better, before you got your present hearing aid(s). Over the past two weeks, how much has the hearing aid helped in those situations?”

   Response options: not at all, slightly, moderately, quite a lot, very much
### THE BIG PICTURE (N = 308)

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>Non-Consulters</td>
<td>55 (18%)</td>
</tr>
<tr>
<td>Group 2</td>
<td>Consultants</td>
<td>92 (30%)</td>
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<td>88 (28%)</td>
</tr>
</tbody>
</table>

#### PTA - BEA

![Graph showing PTA - BEA for different groups](image)

- **Group 1**: Non-Consulters
- **Group 2**: Consultants
- **Group 3**: Unsuccessful HA owners
- **Group 4**: Successful HA owners

The graph illustrates the hearing threshold levels (in dB) across different frequency bands (0.5 kHz, 1 kHz, 2 kHz, 4 kHz) for each group.
AUDIOLOGIC REHABILITATION IN AUSTRALIA

• **Funding**
  - Those receiving a government pension are eligible for free or subsidized hearing services, including hearing aids. E.g., retirees on a low income and war veterans
  - Those not receiving a government pension pay for their hearing aids. Those with private health insurance can receive some financial contribution.

• **Clinicians**
  - Audiologists have a Masters’ degree
  - Audiometrists have vocational training
### PARTICIPANTS (N = 308)

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>111 (36%)</td>
</tr>
<tr>
<td>Male</td>
<td>197 (64%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>73 years</td>
</tr>
<tr>
<td>SD</td>
<td>7.2 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>25 (8%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>113 (37%)</td>
</tr>
<tr>
<td>Tertiary</td>
<td>170 (55%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired/House Duties</td>
<td>257 (83%)</td>
</tr>
<tr>
<td>Employed (FT or PT)</td>
<td>51 (17%)</td>
</tr>
</tbody>
</table>
### Pension Status

<table>
<thead>
<tr>
<th>Pension Status</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Pension</td>
<td>141 (46%)</td>
</tr>
<tr>
<td>Veteran’s Pension</td>
<td>21 (7%)</td>
</tr>
<tr>
<td>Other Pension</td>
<td>17 (6%)</td>
</tr>
<tr>
<td>No Pension</td>
<td>129 (42%)</td>
</tr>
</tbody>
</table>

### Living Status

<table>
<thead>
<tr>
<th>Living Status</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one</td>
<td>77 (25%)</td>
</tr>
<tr>
<td>Spouse/Family/Friend</td>
<td>231 (75%)</td>
</tr>
</tbody>
</table>

### Degree of Hearing Impairment in Worse Ear

<table>
<thead>
<tr>
<th>Degree of Hearing Impairment (dB HL)</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 – 40 dB HL</td>
<td>157 (51%)</td>
</tr>
<tr>
<td>41 – 55 dB HL</td>
<td>86 (28%)</td>
</tr>
<tr>
<td>56 – 70 dB HL</td>
<td>18 (6%)</td>
</tr>
<tr>
<td>71+ dB HL</td>
<td>14 (4%)</td>
</tr>
</tbody>
</table>

### Hearing Aids

<table>
<thead>
<tr>
<th>Hearing Aids</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilateral</td>
<td>138 (86%)</td>
</tr>
<tr>
<td>Behind-the-ear aids</td>
<td>129 (80%)</td>
</tr>
</tbody>
</table>
Information collected in the clinic:
- Demographic information
- Vision questionnaire
- Schedule of Life Events
- General Health Questionnaire
- Hearing test
- Hearing aid insertion gain
- Cognitive test (Cognistat)
- Manual dexterity test (Grooved Pegboard)

Questionnaires completed by client prior to appointment:
- Hearing Handicap Questionnaire
- Self-Assessment of Communication
- Attitudes Towards Hearing Aids
- Measure of Audiological Rehabilitation
- Self-efficacy for Hearing Aids
- Coping Strategy Indicator
- Locus of Control Scales
- Auditory Lifestyle and Demand Questionnaire
- Social Activities Checklist
RESULTS
HELP-SEEKING FOR HEARING IMPAIRMENT
PLACE YOUR BETS!!! WRITE DOWN THE 4 VARIABLES YOU THINK SIGNIFICANTLY INFLUENCE HELP-SEEKING......

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Level of education</th>
<th>Employment status</th>
<th>General health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of hearing loss</td>
<td>Tinnitus</td>
<td>Living alone or with others</td>
<td>Source of Motivation</td>
<td>Degree of Hearing loss</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locus of control</td>
<td>Coping style</td>
<td>Significant life events</td>
<td>Hearing aid self-efficacy</td>
<td>Finger dexterity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditory Lifestyle</td>
<td>Social Activities</td>
<td>Pension status</td>
<td>Insertion gain</td>
<td>Vision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognition</td>
<td>Self-reported hearing difficulties</td>
<td>Support of Significant Others</td>
<td>Attitude to hearing aids</td>
<td>General Health</td>
</tr>
</tbody>
</table>
VARIABLES SIGNIFICANTLY AFFECTING HELP-SEEKING FOR HEARING IMPAIRMENT

- Attitude to hearing aids
- Hearing aid self-efficacy
- Pension status
- Support of significant others

Explained 26% of variance for Group 1 vs 2, 3, 4 and 36% of variance for Group 2 vs 3 and 4.
ATTITUDE TOWARDS HEARING AIDS

- Based on the Health Belief Model
- 23-item questionnaire (adapted from van den Brink, 1995)

- Perceived benefits (9 items) e.g., My hearing aid makes listening less of a strain

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neither agree or disagree</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>

- Group 3
- Groups 1 & 2
- Group 4
ATTITUDE TOWARDS HEARING AIDS

Based on the Health Belief Model

23-item questionnaire (adapted from van den Brink, 1995)

- Perceived benefits (9 items) e.g., My hearing aid makes listening less of a strain
- Perceived stigma (4 items) e.g., My hearing aid makes me feel old
- Ageism (2 items) e.g., Hearing problems are so much part of growing old that there is no reason to see a doctor about it
- Positive support from significant others (5 items) e.g., The people around me think I hear better with my hearing aid
- Negative support from significant others (3 items) e.g., People around me think a hearing aid has more disadvantages than benefits

1 2 3 4 5
Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

Groups 1 & 2
Groups 4 & 3
How would you rate your general attitude to hearing aids?

<table>
<thead>
<tr>
<th>-5</th>
<th>-4</th>
<th>-3</th>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>very negative</td>
<td>neutral</td>
<td>very positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Groups 1, 2 & 3

Group 4
## Measure of Audiologic Rehabilitation Self-Efficacy for Hearing Aids (MARS-HA) (West & Smith, 2007)

- 24-item questionnaire
- Four factors:
  - Basic Handling (7 items) e.g., I can insert a battery into a hearing aid with ease
  - Adjustment (3 items) e.g., I could get used to the sound quality of hearing aids
  - Advanced Handling (5 items) e.g., I can stop a hearing aid from squealing
  - Aided Listening (9 items) e.g., I could understand a one-on-one conversation in a quiet place if I wore hearing aids

### Table: HEARING AID SELF-EFFICACY

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>50%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain cannot do</td>
<td></td>
<td>Moderately certain can do</td>
<td>Certain can do</td>
</tr>
<tr>
<td>Groups 1 &amp; 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OTHER SIGNIFICANT BUT LESS IMPORTANT VARIABLES...

Self-reported hearing difficulties

Degree of hearing impairment

Cognitive reasoning

Explained less than 10% of variance in both models.
HELP-SEEKING SUMMARY

Demographic variables & psychological characteristics

- Perceived susceptibility
- Perceived severity
- Perceived self-efficacy
- Perceived benefits
- Perceived barriers

Clients and significant others views of benefits and barriers

Action
RESULTS
SUCCESS WITH HEARING AIDS
THE BIG PICTURE (N = 308)

Group 1
Non-Consulters
55 (18%)

Group 2
Consulters
92 (30%)

Group 3
Unsuccessful HA owners
73 (24%)

Group 4
Successful HA owners
88 (28%)

PTA - BEA

Group 1
Group 2
Group 3
Group 4

0.5 kHz 1 kHz 2 kHz 4 kHz

dB HTL
PLACE YOUR BETS!!! WRITE DOWN THE 4 VARIABLES YOU THINK SIGNIFICANTLY INFLUENCE SUCCESS.....

<table>
<thead>
<tr>
<th>Gender</th>
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<th>Employment status</th>
<th>General health</th>
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</tr>
</tbody>
</table>
VARIABLES SHOWING SIGNIFICANT DIFFERENCES BETWEEN GROUPS IN MULTIVARIATE ANALYSIS

- Attitude to hearing aids
- Self-reported hearing difficulties
- Insertion gain
- Support of significant others

Explained 62% of the variance
ATTITUDE TOWARDS HEARING AIDS

- 23-item questionnaire (adapted from van den Brink, 1995)

**Perceived Benefit Item Examples**
- HA makes listening less of a strain
- HA makes it easier to follow group conversation
- HA makes me hear everything again

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</table>

Group 3

Group 4
How would you rate your general attitude to hearing aids?

-5 -4 -3 -2 -1 0 1 2 3 4 5
very negative neutral very positive

Group 3

Group 4
Hearing Handicap Questionnaire (Noble & Gatehouse, 2004)

**Item Examples**

- How often does your hearing difficulty restrict the things you do?
- How often do you feel worried or anxious because of your hearing difficulty?
- How often do you feel inclined to avoid social situations because of your hearing difficulty?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Almost always</td>
</tr>
</tbody>
</table>

Group 3

Group 4
INSERTION GAIN RESULTS FOR SUCCESSFUL AND UNSUCCESSFUL HEARING AID USERS

Graph showing mean gain provided (65 dB) vs. frequency (Hz) for different groups and targets.
SUPPORT OF SIGNIFICANT OTHERS

• 23-item questionnaire (adapted from van den Brink, 1995)

**Positive Support Item Examples**

- People around me say I am not hearing well without my HA
- The people around me think I hear better with my HA
- The people around me think it was wise to obtain a HA

<table>
<thead>
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<td>Agree</td>
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</tr>
</tbody>
</table>

**Group**

- Group 3
- Group 4
HEARING AID SUCCESS SUMMARY

Insertion gain

Demographic variables & psychological characteristics

Perceived susceptibility

Perceived severity

Perceived self-efficacy

Perceived benefits

Perceived barriers

Clients and significant others views of benefits and barriers

Action
RESULTS

HEARING AID SELF-EFFICACY
HEARING AID SELF-EFFICACY

Demographic variables & psychological characteristics

Insertion gain

Perceived susceptibility
Perceived severity
Perceived self-efficacy
Perceived benefits
Perceived barriers

Action
THE SAMPLE (N = 161)

Group 1
Non-Consulters
55 (18%)

Group 2
Consulters
92 (30%)

Group 3
Unsuccessful HA owners
73 (24%)

Group 4
Successful HA owners
88 (28%)

PTA - BEA

<table>
<thead>
<tr>
<th>Frequency (kHz)</th>
<th>dB HTL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

- Group 1
- Group 2
- Group 3
- Group 4
HEARING AID SELF-EFFICACY
FACTORS THAT MAY INFLUENCE SELF-EFFICACY....

- Client demographics:
  - Age
  - Gender
  - Pension status

- Self-reported vision impairment

- Degree of hearing impairment

- Duration of hearing impairment

- Duration of hearing aid ownership

- Hearing aid style

- Presence of hearing aid controls
FACTORS THAT INFLUENCE SELF-EFFICACY

• Basic Handling Item Examples
  • I can insert a battery into a hearing aid with ease.
  • I can tell a right hearing aid from a left hearing aid.

Important factors:
  • Age
  • Self-reported vision impairment
  • Duration of hearing loss

Accounted for **24.5%** of variance in Basic Handling subscale scores.
FACTORS THAT INFLUENCE SELF-EFFICACY

• Adjustment Item Examples
  • I could get used to the sound of my own voice if I wore hearing aids.
  • I could get used to the sound quality of hearing aids.

No influential factors were identified.
FACTORS THAT INFLUENCE SELF-EFFICACY

• **Advanced Handling Item Examples**
  - I can clean and care for my hearing aid.
  - I can troubleshoot a hearing aid when it stops working.

Important factors:
- Female gender
- Self-reported vision impairment
- Presence of hearing aid controls

Accounted for 21.3% of variance in Advanced Handling subscale scores.
FACTORS THAT INFLUENCE SELF-EFFICACY

• **Aided Listening Item Examples**
  • I could understand a one-on-one conversation in a quiet place if I wore hearing aids.
  • I could understand television if I wore hearing aids.

Important factors:
• Self-reported vision impairment
• Degree of hearing loss in the worse ear

Accounted for **14.3%** of variance in Aided Listening subscale scores.
SELF-EFFICACY SUMMARY

- Different factors (demographic and audiological) influence different aspects of hearing aid self-efficacy.

- **Self-reported vision impairment** influences all aspects of hearing aid self-efficacy, with the exception of Adjustment.
STUDY 2: WHAT MAKES ADULTS WITH HEARING IMPAIRMENT TAKE UP HEARING REHABILITATION AND ACHIEVE SUCCESSFUL OUTCOMES?

WHAT IF YOU OFFER NEW CLIENTS OPTIONS?

1. Hearing aids

2. Communication programs

3. No intervention
INTERVENTION ACTION AND OUTCOMES

Research participants  
n = 153

Intervention action (6 months later)

Hearing aids  
n = 66  
(43% of all participants)

Communication programs  
n = 28  
(18% of all participants)

No intervention  
n = 59  
(39% of all participants)

Intervention outcomes (3 months later)

Client-Oriented Scale of Improvement (COSI), International Outcome Inventory (IOI), & Hearing Handicap Questionnaire (HHQ)  
n = 91  
(97% of all participants who completed an intervention)
### Baseline Measures

<table>
<thead>
<tr>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
</tr>
<tr>
<td>• Age</td>
</tr>
<tr>
<td>• Gender</td>
</tr>
<tr>
<td>• Living situation</td>
</tr>
<tr>
<td>• Education</td>
</tr>
<tr>
<td>• Socio-economic status</td>
</tr>
<tr>
<td>• Eligibility to government hearing program</td>
</tr>
<tr>
<td>• Application for government hearing program</td>
</tr>
<tr>
<td><strong>Hearing disability</strong></td>
</tr>
<tr>
<td>• Hearing impairment (Pure-tone audiometry)</td>
</tr>
<tr>
<td>• Time since hearing impairment onset</td>
</tr>
<tr>
<td>• Participation restrictions (Hearing Handicap Questionnaire) (HHQ: Gatehouse &amp; Noble, 2004)</td>
</tr>
<tr>
<td><strong>Self-efficacy</strong></td>
</tr>
<tr>
<td>• Self-Efficacy for Situational Communication Management Questionnaire (SESMQ: Jennings, 2005)</td>
</tr>
<tr>
<td><strong>Readiness to change</strong></td>
</tr>
<tr>
<td>• University of Rhode Island Change Assessment (URICA: McConnaughy, Prochaska, &amp; Velicer, 1983)</td>
</tr>
<tr>
<td><strong>Locus of control</strong></td>
</tr>
<tr>
<td>• Locus of Control Scale (LOC: Levenson, 1981)</td>
</tr>
<tr>
<td><strong>Beliefs and perceptions</strong></td>
</tr>
<tr>
<td>• Intervention Questionnaire</td>
</tr>
</tbody>
</table>
BEST PREDICTORS OF SUCCESSFUL OUTCOMES WITH HEARING AIDS AND COMMUNICATION PROGRAMS

Self-reported hearing difficulties
(HHQ: Gatehouse & Noble, 2004)

Action stage of change
(URICA: McConnaughy, Prochaska, & Velicer, 1983)
I am not ready to do anything about my hearing at this time.

I have been thinking that I might need to do something about my hearing.

I have started to find out what might help me.

I am ready to get hearing aids if they are recommended.

I am comfortable with wearing hearing aids.

Prochaska & DiClemente 1991
• How important is it for you to improve your hearing right now?

The lines go from ‘0 = not at all’ to ‘10 = very much’.
SUMMARY OF RESULTS FROM BOTH STUDIES

- Vision
  - Insertion gain
- Demographic variables & psychological characteristics
- Readiness for Change
- Perceived susceptibility
- Perceived severity
- Perceived self-efficacy
- Perceived benefits
- Perceived barriers

Clients and significant others views of benefits and barriers
Action
HOW CAN UPTAKE AND OUTCOMES OF HEARING REHABILITATION BE IMPROVED?

Need to address important non-audiological factors from the HBM:

- Perceived severity (self-reported hearing difficulties)
- Perceived self-efficacy
- Perceived benefits (attitude)
- Perceived barriers (support of others)

As well as...

- Self-reported vision difficulties
- Readiness for change
- Insertion gain matching target
FUTURE DIRECTIONS

• Evaluating an Intervention aimed at improving self-efficacy – if improved, do uptake and outcomes also improve? (Carly Meyer)
• Do hearing aid user guides optimally designed for health literacy improve hearing aid management? (Andrea Caposecco)
• Family members’ involvement in hearing rehabilitation (Nerina Scarinci)
• Patient-practitioner interaction and its relationship to uptake and outcomes (Caitlin Barr)
• Motivation and hearing rehabilitation uptake and outcomes (Jason Ridgway)
• Spatial processing ability and hearing aid use (Els Walravens and Helen Glyde)
PARTICIPANTS TO DATE

- Four focus group interviews with older people with hearing impairment (n = 24; 6 participants in each focus group)
- One focus group interview with spouses of older people with hearing impairment (n = 4)

Emerging findings …
PEOPLE WITH HEARING LOSS

- Desire for shared understanding and empathy
  - “I think it would be really valuable ... probably what we’re looking for is maybe to build a greater understanding and empathy in other members of your family, so the strategies to do that.”
  - “When you go with the audiologist just for your testing and fitting, just if your partner can come in, I think that just gives a far greater appreciation.”
FAMILY MEMBERS

- **Lack of involvement in rehabilitation**
  - “I didn’t know he was going. That was part of the ‘There’s nothing wrong with me thing’.”
  - “I’ll drive him down but I never go in or anything. I read the books and he just goes in. He’s very private like that.”
  - “It goes back to the husband as to whether he wants you to be involved ... if he doesn’t think you need to be involved, it’s his problem.”
SHARED RESPONSIBILITY

• Shared responsibility

  • “The audiologist ran through everything with me and gave me a list of things that I had to do which I was a bit unchuffed about because I think that it’s his problem, not mine.”

  • “Give the person with the hearing issues some sort of ground rules as well ... there’s a responsibility on the part of the patient themselves and that involves using your hearing aids.”
THANK YOU!

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Future conferences:
- Phonak Advances in Audiology, Las Vegas, 2-5 December, 2012.
- World Congress of Audiology, Brisbane, 3-8 May, 2014.