

# **Focusing on the Hearing Needs of the Elderly**

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Statistics compiled by the U.S. Department of Health, Education, and Welfare, as well as information supplied by the major insurance companies in this country, have established that life expectancy of our population has increased appreciably over the past several decades. By the year 2000, it is projected that 12 to 13 percent of the population will be represented by those persons over 65 years of age. Since communication problems involving hearing are often a concomitant component of the aging process, continuing efforts should be made to reassess the hearing and hearing health needs of this ever-expanding segment of the population.

With the support of the Academy of Rehabilitative Audiology and Psi Iota Xi, a workshop was planned and subsequently conducted in Galveston, Texas, a community of approximately 65,000 population. Galveston, an island situated off the Gulf Coast of Texas, has attracted large numbers of retired citizens because of its location in the sun belt and mild temperate year-around climate. Consequently, there is justifiable cause to focus on the unmet needs of this particular age group in this community.

## **SUBJECTS**

Fifteen elderly persons ranging in age from 67 to 84 were invited to participate in the workshop. These individuals were selected to represent a wide range of hearing losses and associated hearing problems within this age group. The majority of the participants were identified and subsequently recruited after reviewing the files of the hearing clinics at the University of Texas Medical Branch. However, several individuals were invited to participate in this project because of their involvement in a psychoacoustic research project which was being conducted concurrently in the aged population.

Eleven of the fifteen participants were using or had owned a hearing aid while the remaining four persons exhibited a hearing loss sufficient to be potential consumers of additional hearing services but for a variety of reasons had

opted not to pursue any assistance with their problem. A letter of confirmation regarding the workshop was sent to each individual who agreed to attend the workshop. In addition to providing an agenda for the workshop, the letter stipulated what was expected of them as consumer-participants. Further, they were informed that they would each receive an honoraria of thirty-five dollars (\$35) for their time and effort in the project.

The group constituting the "providers" in this workshop tended to represent the medical model since they were all recruited from the faculty and staff of the University of Texas Medical Branch in Galveston. Six hearing health care providers were selected as a cadre to present information, to interact with the participants in their discussions, and to provide an atmosphere for the sharing of ideas and concerns. Specifically, the provider group consisted of an audiologist, an audiologist-hearing aid dispenser, an auditory physiologist, an otolaryngologist, a psychiatric nurse, and a psychiatrist with a specialty in gerontology.

### PROCEDURE

A residential retirement facility in Galveston was selected as the site for the program workshop for several reasons. First, the majority of the participants lived in this facility, thus reducing the need for special transportation arrangements. Second, this site possessed facilities to provide the noon meal in a private dining room at minimal cost for the project staff and participants. This factor also permitted informal discussions on a one-to-one and small-group basis between members of the project staff and the participants. Third, this site possessed adequate space to accommodate the group and the videotape equipment which was employed to record the proceedings.

The format for the workshop attempted to follow the protocol suggested in the request for proposals emanating from the ad hoc committee established by the Academy of Rehabilitative Audiology. Utilizing a time frame of six hours, the program was divided into three phases. In phase one, each of the professionals provided stimuli for subsequent discussions by presenting an overview of his/her specialty field as it relates to the elderly. The content of these presentations included insightful discussions on the effects of aging on hearing and communication, the medical management of hearing problems of aging, the psychological impact of aging and mild sensory deprivation, and rehabilitative procedures which can be utilized in coping with hearing loss as a function of the aging process. Several efforts were made to present information on third-party payment for services and to delineate the extent to which financial assistance for obtaining services in this area could be provided from local, state, and federal agencies.

Phase two consisted of small group discussions. For this purpose the participants were divided into three groups of five persons each. Two providers were assigned to work with each group in addressing the issues

related to needs of the hearing impaired. To provide a base from which to discuss the issues and at the same time provide some direction, each group was asked to respond to three primary questions plus a supplemental question. These questions were written on newsprint prior to the conference and each group selected a recorder to write down the responses emerging during the discussion. The three questions common to all groups were:

1. What places in our community have made special efforts to provide better communication with hearing-impaired persons?
2. What are the factors that keep people from seeking help for a hearing problem?
3. What services do we have in our community to help people with hearing problems?

The three isolated questions, each addressed to a different group were:

1. If you had a friend who came to you for advice about a hearing problem, what would you do?
2. What are some of the feelings people have when they do not hear well?
3. What do you think are some of the factors that influence successful use of a hearing aid?

Approximately two hours were allowed to develop responses from the participants to these question sets.

During phase three of the protocol, all of the participants were re-assembled, and each group shared its responses with other groups. This procedure also opened discussion for expansion of ideas, facilitating increased interaction among the participants in the project.

The proceedings of phase I and III of this project were video taped in color in their entirety through the services of the off-site television production staff from the University of Texas Medical Branch. Only one group was selected for video taping during the small group discussion in phase II. These efforts resulted in five hours of live recordings which were subsequently edited into a composite  $\frac{3}{4}$  inch video cassette tape designed to highlight various aspects of the presentations and discussions. (This tape is available to interested persons upon request.)

## RESULTS

The results of this workshop suggest that the problems and needs of the aging hearing-impaired person in Galveston may not be appreciably different from those expressed by similar populations in other communities and areas of the country. Further, it was observed that the responses to the questions shared by each of the small groups were quite similar in nature. Consequently, the responses to the issues which were addressed by each group are summarized for purposes of discussion.

1. In response to the query which attempted to identify the factors deterring people from seeking help for a hearing problem, three major factors emerged. They included money, unrealistic family expectations, and lack of factual information from friends and hearing aid dispensers. Often represented was a lack of knowledge regarding the rehabilitation process thus discouraging further pursuit of the problem. Highlighted through this discussion was the need to have a family member present during the hearing aid evaluation process. It was also noted that unfortunate experiences of friends often influence decisions to pursue help.
2. With regard to services offered by the community, the primary need seemed to be one for public information regarding the availability of services and where they can be received. It was disclosed through these discussions that many hearing-impaired elderly persons have little or no knowledge of professional services which may be available within the community.
3. It was the consensus of the project participants that relatively few places in their community made any effort to accommodate the hearing-impaired persons. There existed a universal request among members of this group for expansion of opportunities to practice and learn to supplement their hearing through additional cues such as might be provided through aural rehabilitation classes. Needs were expressed to increase efforts to insure better amplification facilities in churches and other public meeting places in the community. Extensive and systematic public information was strongly advocated. They all seemed to believe that greater awareness, insight, and understanding by the general public into the hearing problems of the older citizen was desperately needed.
4. Among the factors the participants identified which influence successful use of a hearing aid are: size, regular usage, the cost of repair, comfort, and motivation. While these factors are not unexpected responses, a need was expressed for professionals to continue in their efforts to become involved in hearing aid management beyond the initial evaluation stage.
5. The pattern of group response to the question regarding what advice one would give to a friend was an interesting example of the "halo effect." On the basis of the initial presentations (medical model), everyone agreed that one should first see a physician to determine if any ear pathology was present before seeking help from an audiologist for rehabilitative procedures. The participants, in this case, also agreed they would discuss with the individual the potential cost involved in the evaluation and subsequent purchase of amplification as well as other aural rehabilitative procedures.
6. As a group, participants had little difficulty identifying their feelings as hearing-impaired persons living in a hearing world. They all reported

embarrassment about their problems and subsequent feelings of isolation and withdrawal as a consequence. They suffer from a great deal of frustration when trying to utilize visual cues regardless of training, and several verbalized that at times the energy required to communicate was simply not worth the effort.

In response to some of the needs expressed through this workshop, a public information brochure is being designed for distribution. This publication will include a directory of services in this community that are available to hearing-impaired people. Additionally, specific sections will provide information on hearing, hearing aids, hearing aid maintenance, and techniques which can be employed by the hearing-impaired listener to enhance the communication process. Hopefully, this type of publication will serve as a model which can be adapted to the needs of other communities across the country.

### SUMMARY

This workshop was designed to provide the elderly consumer of hearing services with an opportunity to delineate specific needs. To this end it accomplished its purpose. Noteworthy among those factors identified was that most people in the community lacked information on how to gain access to the aural rehabilitative services which are offered in the community. Specific requests were made for a rather extensive public information campaign to inform the citizens, regardless of age, concerning the kinds of help and hearing services provided by various agencies within the community. Second, but of no less priority, was the need for a systematic program involving education of the public in order to enhance understanding of hearing loss and its effect upon individuals who suffer from impairment involving the auditory modality. It is believed by this target population that attainment of these two goals will ultimately enhance the quality of life for hearing-impaired persons in general and, more specifically, the senior citizens in this country.