NEEDS ASSESSMENT OF HEARING ASSISTIVE AND RELATED TECHNOLOGIES

1ST INTERNATIONAL CONFERENCE ON ADULTS WITH COMPLEX HEARING NEEDS PHOENIX, AZ, USA DECEMBER 5-8, 2015

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THINKING ABOUT NEEDS

- If you have hearing loss, what's your biggest frustration?
- If you experience hearing loss for the first time, what's your biggest fear?
- What do we take for granted?

- It's not just a noisy world
- Sometimes it's too quiet (bedtime), sometimes things sound "crappy," and sometimes it has nothing to do with sound
- Great stuff out there, but we've got to think BEYOND hearing aids and implantable devices...

THINKING ABOUT NEEDS

- "I think hearing aids are wonderful. I hate to think what my life would be like without them. But sometimes, and in some situations, either you're not wearing them (like when you're in bed, coming out of the shower, etc.) or they need to be supplemented by another type of assistive device. That's where hearing assistance technologies come in. Keep in mind that the devices I'm talking about are not hearing aids and they are not used instead of hearing aids."
 - Mark Ross, Ph.D. (Dr. Ross on Hearing Loss, RERC, n.d.)

MY SOCIAL EXPERIMENT

- Week 1 No hearing technology whatsoever
- Week 2 Hearing aids only
- Week 3 Bimodal



> Week 4 – Bilateral Cochlear Implants

WHAT PATIENTS TELL OR ASK ME...

- "I'm having trouble finding a cell phone that works for me."
- "Does my hearing aid have a telecoil?"
- "I can't use the phone like I used to."
- "I wait until movies come out on TV or video."
- "I wish my smartphone could _____."

WHEN AUDIOLOGISTS CONTACT ME...

- "My patient is not interested in a cochlear implant, yet is struggling more than ever before. Can you help?"
- "Do you know anything about setting up a loop system for living room?"
- "An international student with cochlear ossification needs a variety of technologies for college. What do you recommend?"
- "I want to send someone to you who was just diagnosed with bilateral acoustic tumors."
- "I have a patient with a RIC and needs to use a stethoscope"

HEARING HEALTH

POORER HEALTH

- Reduced psychosocial functioning leading to:
 - Increased feelings of isolation, depression, loneliness, fear, frustration, and disappointment (Crandall et al., 1998; Bess et al., 1989)
 - Poorer physical health (Lichenstein et al., 1998; Mulrow et al., 1990)
- Hearing loss can be mistaken for dementia, or co-exist

BETTER HEALTH

Noted improvements seen with hearing aids and cochlear implants on health and well-being (Cohen et al, 2004; Mo et al., 2005; Lin et al., 2012)

 Wearing hearing aids may delay the onset and effects of dementia (Lin et al., 2013)

AGE-RELATED HEARING LOSS

MULTI-FACTORIAL

Aging and Speech Understanding Difficulties

Brain Volume Changes Vascular and Metabolic Changes

Neural Changes

Cognitive Changes

Lin et al (2014)

Mills et al (2006)

Anderer et al (1998); Bellis et al (2000); Temblay et al (2002, 2003); Atcherson (2009)

Craik (2007); Schiff et al (2008); Lin et al (2011; 2012; 2013)

Poorer Temporal Processing

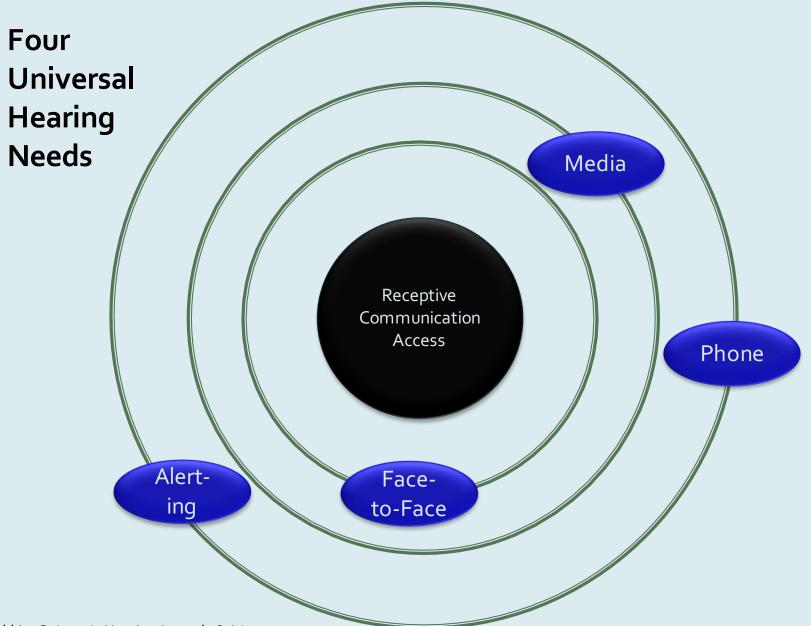
Lister & Tarver (2004); Price & Simon (1984); Strouse et al (1998) Noise Interference on Speech Cues

Rajan & Cainer (2008); Schneider et al (2007)

ADULTS WITH COMPLEX HEARING NEEDS

- Generally speaking...
 - Faster, noisier, busier, distracted world

- More ways to connect, for better or for worse
- Changing and merging technologies

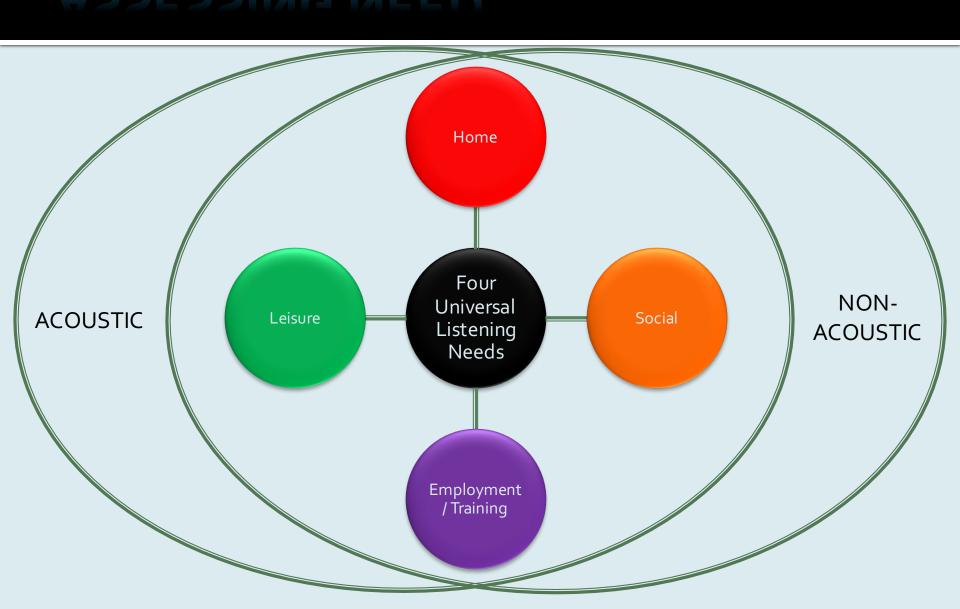


Kochkin, S. (2010). Hearing Journal, 63(1), pp. 11-19.

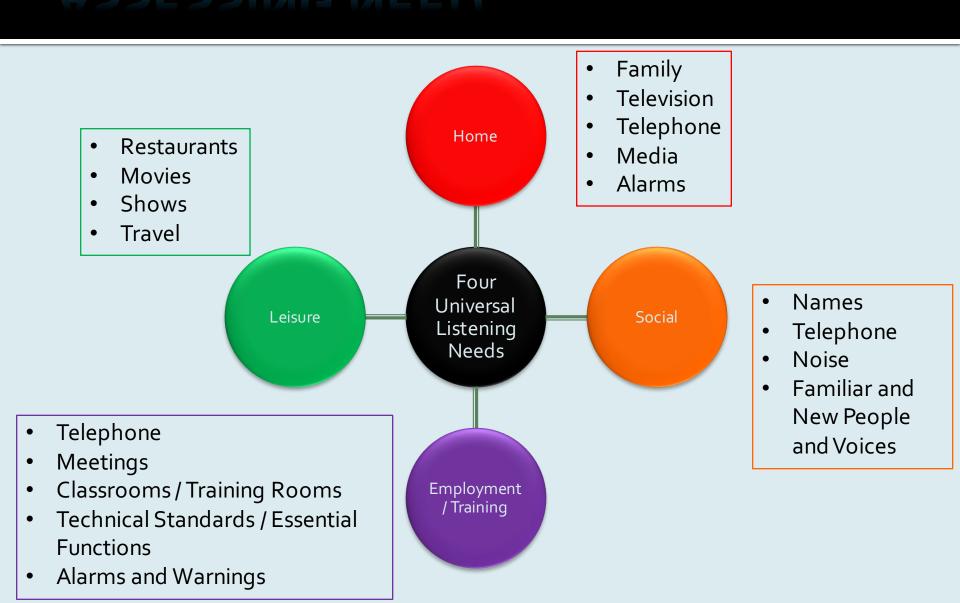
Compton-Conley, C. (2011). Perceived difficulty with face to face communication by adult DMHA users with mild to moderate SNHL. Presentation at the American Auditory Society Convention.

Compton-Conley, C. (2014, Jan). Technology Overview. Presentation at the Institute of Medicine.

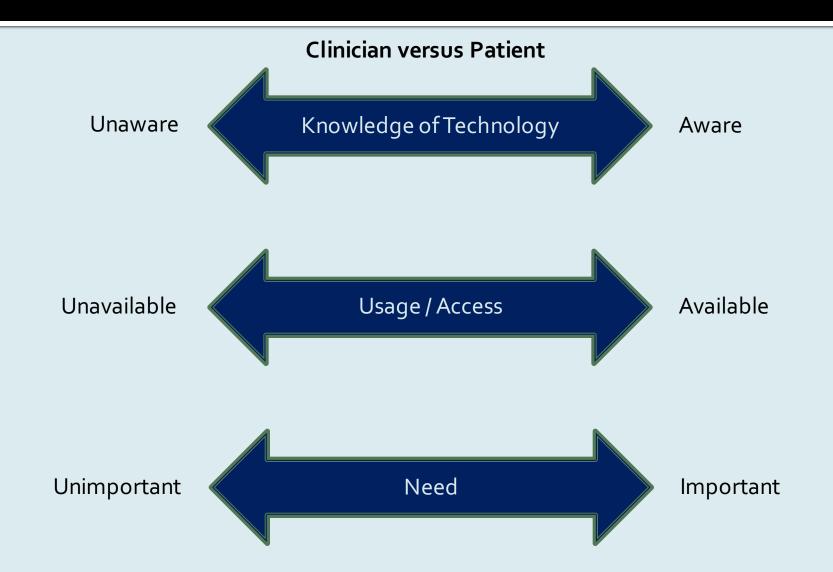
ASSESSING NEED



ASSESSING NEED



FOOD FOR THOUGHT



ASSESSING NEED

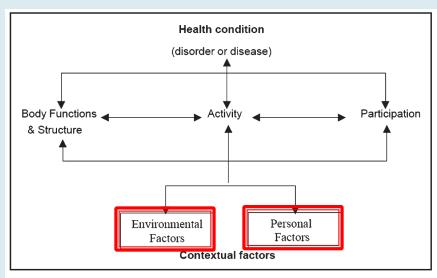
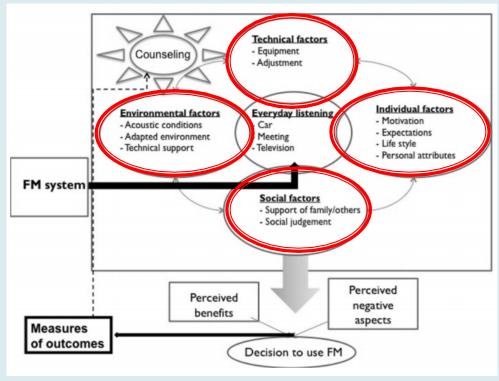


Figure 5–1. ICF model of health and health-related domains. Reproduced, with the permission of the publisher, from *Towards a Common Language for Functioning, Disability and Health: ICF The International Classification of Functioning, Disability and Health.* World Health Organization (2002). Retrieved from http://www.who.int/about/en/

WHO (1997)

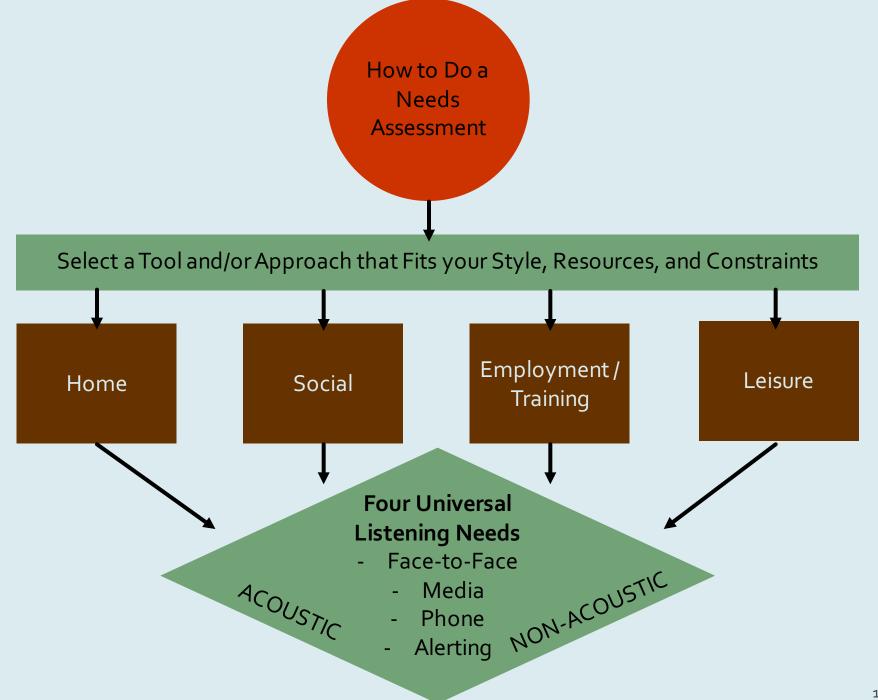


Fitzpatrick et al. (2010), 49(1),44-53, IJA Fornier et al. (2012), 36(2),150-167, CSLPA

TECHNOLOGIES I'VE USED TO DATE

- Hearing aids (analog, digital analog, frequency compression, digital)
- FM system (auditory trainer)
- Cochlear implant (body worn, BTE)
- Telecoils
- Sony Entertainment Access Glasses
- Vibrating alarm clocks
- Timers set to lamp
- TTY (Teletypewriter)
- VCO (Voice Carryover)
- Infrared systems
- Induction loop systems

- Closed caption decoder
- Subtitles/open captions
- Smartphone vibrating and flashing alarms
- Internet
- Soundfield systems
- E-mail
- Messenging
- Texting
- Speech-to-text translation
- Videoconferencing
- CART/TypeWell/C-Print



Home

ACOUSTIC

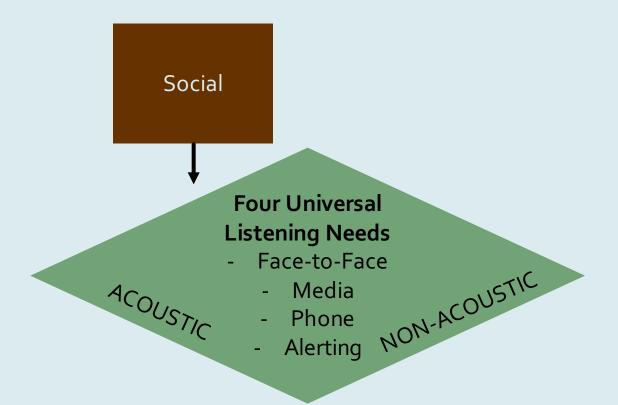
Four Universal Listening Needs

- Face-to-Face

Alerting NON-ACOUSTIC

- Streamer to Television
- Amplified Phone w/ **Tone Controls**
 - **Emergency Alert** Systems

- Vibrating Alarm Clock
 - Flashing Alerts
- Closed Captions/Subtitles
 - Captioned Phone
- **Emergency Alert Systems**



- Assistive Listening
 Devices / Remote
 Microphone Technology
- Video Communication
 - Smartphone M4/T4
- Audible Notification

- Text Messaging
 - E-mail
- Vibrating Notification

Employment/ Training **Four Universal Listening Needs** Face-to-Face Alerting NON-ACOUSTIC ACOUSTIC

Assistive Listening
 Device / Remote
 Microphone Technology
 Amplified Stethoscope

- Text Messaging
- Chat Messaging
- Speech-to-Text Systems
 - Captioning Systems
 - Videophones
- Emergency Alert Systems

Leisure

Four Universal Listening Needs

Face-to-Face

Alerting NON-ACOUSTIC

 Assistive Listening Device / Remote Microphone Technology

ACOUSTIC

- Messaging and E-mail **Notifications**
- Captioning Systems
- **DURATEQ System**
- Alerting Systems

MOTIVATION AND SUPPORT

- Patients will have to be motivated to use the technology; counsel if necessary
- Patients may require/desire support of their family members, friends, and/or coworkers to use the technology
- Clinicians can motivate by showing their support and helping to locate resources

CHALLENGE

Assuming you have the knowledge, why do a needs assessment for hearing assistive and related technology if you don't know what's available?

Your Task(s):

- Expand your current needs assessment strategies to go beyond hearing aids and implantable devices
- Get familiar with assistive technology companies and their products
- What technologies and resources are already in your area?
- What's government supported vs. what's out of pocket vs. what's free?
- Partner with, or form, advocacy or support groups / organizations
- Build up the hearing assistive and related technology side of your practice up (showcase and demonstrate products; consider simulations)

RESOURCES FOR YOU

- Morris, R. (2007). On the Job with Hearing Loss.
 Hidden Challenges. Successful Solutions. Morgan
 James Publishers. (nice "Communication
 Questionnaire" is included)
- Ida Institute Toolbox (http://idainstitute.com/toolbox/)
- Professional and Consumer Courses (http://www.hearingloss.org/content/courseofferings)
- Atcherson, S.R., Franklin, C.A., Smith-Olinde, L. (2015). Hearing Assistive and Access Technology. Plural Publishing.

"Knowing is not enough;
we must apply.
Willing is not enough;
we must do."
(Johann Wolfgang van Goethe)





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