Discrepancies between Parental Reports and Data logging Reports of Hearing Aid Use for Children in a Diverse, Underserved Demographic: Identifying Factors to Facilitate **Better Counseling Methods**



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BACKGROUND

Approximately 15% of children with hearing loss use their hearing aids less than 30 minutes per day (Wolfe et al., 2013). Several factors have been found to influence the amount of time children use their hearing aids including child's age, age of diagnosis, and degree and laterality of hearing loss (Gustafson et al., 2019; Moeller et al., 2009; Walker et al., 2013). Studies suggest that parents of pediatric hearing aid users reportedly overestimate their child's hearing aid use time by about 2 to 3 hours per day when compared to data logging records (Walker et al., 2013).

To date, there is limited research documenting factors that influence the discrepancies found between a parent/caregiver's estimation of their child's hearing aid use time compared to objective measures, such as data logging technology, in a diverse demographic. This study will examine the unique population of the RFK Children's Evaluation and Rehabilitation Center, which is a multidisciplinary clinic that specializes in the diagnosis and treatment of children with intellectual and developmental disabilities. A goal of this study is to identify factors to facilitate better counseling methods for audiologists working with a diverse pediatric population in order to improve hearing aid use and patient/family-centered care practices.

METHODS



-Committee for Children of New York, Inc. (n.d.). Keeping Track Online. Retrieved December 18, 2019, from https://data.cccnewyork.org/data/map/96/child-poverty#96/a/2/146/40/36005.

-Gustafson, S. J., Ricketts, T. A., & Tharpe, A. M. (2017). Hearing Technology Use and Management in School-Age Children: Reports from Data Logs, Parents, and Teachers. Journal of the American

Academy of Audiology, 28(10), 883–892. doi: 10.3766/jaaa.16042

-Moeller, M. P., Hoover, B., Peterson, B., & Stelmachowicz, P. (2009). Consistency of hearing aid use in infants with early-identified hearing loss. American journal of audiology, 18(1), 14–23. doi:10.1044/1059-0889(2008/08-0010)

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- Cross sectional survey of hearing aid usage amongst pediatric patients
- **Data collected**: Parental report via questionnaire and data logging of
- **Exclusion criteria**: Patients with bone-anchored hearing aids, cochlear

• To identify factors that lead to discrepancies between data logging records and parent reports of pediatric hearing aid use time

• To determine which factors negatively affect daily HA use in a diverse

 To facilitate better counseling methods that address these factors and improve hearing aid use and patient/family-centered care practices

LIMITATIONS

This study has limitations within which the findings

• Personal factors (i.e. sick, vacation)

Table 1: Patient Characteristics

Category	Number (n=20)	% of total
Children followed for amplification at CERC	~384	-
Male	14	70%
Female	6	30%
Average Age	6	-
Laterality	Unilateral: 5 Bilateral: 14	75% Bilateral
Hearing Aid Fitting	Monaural: 8 Binaural: 11	55% Binaural

Fig. 1: Parent Report versus Data Logging (Bilateral Hearing Loss)



Fig. 2: Parent Report versus Data Logging (Unilateral Hearing Loss)



* patient (19 & 20) has separate set of HA for school ** not included in the overall average as the parent of patient (7) left the hearing aid battery door closed all the time

-Walker EA, Spratford M, Moeller MP, Oleson J, Ou H, Roush P, Jacobs S. (2013) Predictors of Hearing Aid Use Time in Children with Mild-to-Severe Hearing Loss. Language, Speech, and Hearing Services in Schools 44.

Vontefiore



Fig. 4: Factors to promote hearing aid(s) usage



health E: Nothing

LET'S LISTEN!

"more information about specific hearing loss and areas that both patient and parent should work on to improve his hearing with hearing aids"

"it would be helpful if earmold impressions were done in the same place as the hearing aid dispensing'

> "...meeting other parents like myself and sharing tips about how they keep the hearing aids on their kid.."



- A: Difficulties with
- B: Discomfort
- C: No perceived benefit
- D: Sound quality
- E: Cosmetic concerns
- F: N/A: full time usage
- appointments with
- B: Additional counseling sessions regarding the use of the hearing aid(s)
- C: Organized patient/parent support groups
- D: Access to additional educational materials about hearing loss and hearing

"high chairs for children with autism spectrum disorder or who do not like to be touched for the booth and for when doing earmold impressions"