Ample evidence worldwide suggests hearing aid use increases with greater access to hearing health care. In the U.S., access may be related to individual- and community-level socio-economic factors. We investigated associations between current hearing aid use and socio-economic status, access to general health care, and insurance coverage in a nationally-representative sample of 706 adults aged 70 years or older. The 2005-2006 National Health and Nutrition Examination Survey queried hearing aid use for 25 hours per week in the past 12 months. Health care access was assessed by the number of outpatient visits during the past year and type of facility for routine care. Insurance providers were classified as Medicare, private payer, or both. We classified participants by income-to-poverty ratio quintiles. Persons ≥60 years of age and those of low-income were oversampled. 706 participants (85.4% of 827 eligible) aged 70 years or older completed the questionnaire and had valid audiometric data.

553 participants with bilateral, low-mid or high frequency PTA ≥ 40 dB HL were included in this analysis. Determinants of hearing aid use are not well-understood. A recent review of multiple logistic regression models and correcting for low/mid- and high-income were oversampled. Among 553 participants with bilateral pure tone average thresholds exceeding 40 dB HL, adults in the highest income-poverty quintile had a three-fold greater odds of current hearing aid use (OR=3.12 (95% CI 1.3, 7.9)) compared to those in the lowest quintile. Persons reporting no health care visits were half as likely to report current hearing aid use (OR=0.51 (95% CI 0.28, 0.91)) compared to those reporting 1-3 visits. Place of health care and insurance provider were not associated with current hearing aid use.

The objective of this analysis was to use a nationally-representative sample of adults aged 70 years and older to determine whether hearing aid use varied by socio-economic status, access to general health care, and type of insurance provider.

The outcome of this analysis was to use a nationally-representative sample of adults aged 70 years and older to determine whether hearing aid use varied by socio-economic status, access to general health care, and type of insurance provider.

OBJECTIVE

METHODS

BACKGROUND

SUMMARY

RESULTS

LIMITATIONS

CONCLUSIONS

REFERENCES

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