

Difficulty Hearing Is Associated With Low Levels of Patient Activation

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BACKGROUND/OBJECTIVES: Patient activation encompasses the knowledge, skills, and confidence that equip adults to participate actively in their healthcare.

Patients with hearing loss may be less able to participate due to poor aural communication. We examined whether difficulty hearing is associated with lower patient activation.

DESIGN: Cross-sectional study.

SETTING/PARTICIPANTS: A nationally representative sample of Americans aged 65 years and older (n = 13 940) who participated in the Medicare Current Beneficiary Survey (MCBS) during the years 2011 to 2013.

MEASUREMENT: Self-reported degree of difficulty hearing ("no trouble," "a little trouble," and "a lot of trouble") and overall activation based on aggregated scored responses to 16 questions from the MCBS Patient Activation Supplement: low activation (below the mean minus 0.5 SDs), high activation (above the mean plus 0.5 SDs), and medium activation (the remainder). Sociodemographic and self-reported clinical measures were also included.

RESULTS: "A little trouble" hearing was reported by 5655 (40.6%) of respondents, and "a lot of trouble" hearing was reported by 893 (6.4%) of respondents. Difficulty hearing was significantly associated with low patient activation: in analyses using multivariable multinomial logistic regression, respondents with "a little trouble" hearing had 1.42 times the risk of low vs high activation (95% confidence interval [CI] = 1.27-1.58), and those with "a lot of trouble" hearing had 1.70 times the risk of low vs high activation (95% CI = 1.29-2.11), compared with those with "no trouble" hearing.

CONCLUSIONS: Nearly half of people aged 65 years and older reported difficulty hearing, and those reporting difficulty were at risk of low patient activation. That risk rose with increased difficulty hearing. Given the established link between activation and outcomes of care, and in view of the association between hearing loss and poor healthcare quality and outcomes, clinicians may be able to improve care for people with hearing loss by attending to aural communication barriers.

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