Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2015 - 2016, 21 October 2015

Ref No: SQ15-000947

OUTCOME: 3 - Access to Medical and Dental Services

Topic: Research Regarding Up-selling of Hearing Aid Devices.

Type of Question: Hansard Page 39, 21 October 2015

Senator: Moore, Claire

Question:

Can we get a little bit more detail about the research you have done, with whom you have spoken and what has come out of that?

Answer:

The University of Memphis Hearing Aid Research Laboratory (see links below) compared the difference in client outcomes using basic hearing aids and premium hearing aids in the domains of:

- Speech understanding (in environments with background noise);
- Listening effort;
- Localisation (detecting the direction from which sound is coming);
- Sound (non-speech) acceptability; and
- Quality of life.

The research was conducted on English speaking older adults (61 to 81 years) with uncomplicated, mild to moderate sensorineural hearing loss.

Using exemplars of basic and premium hearing aid technology from two major hearing aid manufacturers, the research found that speech understanding, listening effort, sound acceptability and quality of life in the laboratory and in real-world situations were not improved with the premium hearing aids compared to basic.

In only one laboratory contrived situation, localisation of high frequency filtered speech in a quiet setting, did the premium technology demonstrate better performance, noting that this did not translate to perceived benefit in the real-world.

For individuals with uncomplicated hearing loss, whose main goal is improved speech understanding, basic hearing aids can have the same benefits as premium hearing aids. 1.Cox et al., 'Does premium listening require premium hearing aids?' *International Adult Aural Rehabilitation Conference*, Florida, June 2015

2. Johnson et al., 'Impact of Advanced Hearing Aid Technology on Speech Understanding for Older Listeners with Mild to Moderate, Adult-Onset, Sensorineural Hearing Loss', *Gerontology*, Vol. 60, No. 6, 2014