

# INFLUENCES OF SOCIOCULTURAL FACTORS ON PERCEPTIONS OF HEARING HEALTH CARE

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## Introduction

Individuals from racial and ethnic minority backgrounds are underrepresented compared to white individuals in the utilization of hearing health care (HHC) services. Researchers have identified several factors that are influential for individuals who are considering seeking HHC services. However, members of distinct racial and ethnic groups might be influenced differently by these and other sociocultural factors. This research determined the sociocultural factors that influenced African American, Caucasian and Hispanic participants' perceptions of HHC.



*This poster represents the extent to which four selected factors that have been identified in the literature as significant for the general population's perceptions of HHC were identified by 12 culturally-diverse participants.*

## Preliminary Results

**PROBLEM AWARENESS.** This factor was observed in the data, but perceptions differed for participants across racial/ethnic groups.

**Caucasian: occasionally observed**

*"If you have difficulty understanding what people are saying to you, that would be a— certainly a reason to, uh, go in and get tested."*

**Afr. Amer.: frequently observed**

*"A lot of us don't go to the doctor. We'll sit up and hurt from certain things ... and we won't do anything about it until it gets critical. Like, 'I can't hear nothing, I gotta go.' But other than that if we think we can hear a little something, we ain't going."*

**Hispanic: frequently observed**

*"That's part of not seeing this as an important issue ... If there's no physical pain....we don't pay attention to it."*

**NEGATIVE IMAGE OF HEARING AIDS.**

**Appearance.** Negative perceptions of hearing aid appearance emerged most frequently for participants of racial/ethnic minority background. Negative perceptions were often limited to "older" hearing aids.

**Caucasian : seldom observed**

*"They have hearing aids now that are barely visible. I mean the technology has improved so much."*

**Afr. Amer.: frequently observed**

*"The whole device is ugly. It's sitting on the side of your head. It's never close to an African American skin tone. "...I don't want a prehistoric hearing aid if I get one. I want a 21<sup>st</sup> century mechanism, okay?"*

**Hispanic: occasionally observed**

*"Hispanics believe that hearing aids look bad. Especially (for) women. 'Poor thing ... look at that ugly hearing aid that she has to wear.'"*

**Effectiveness.** Participants across racial/ethnic groups more or less shared positive expectations of modern hearing aid effectiveness. Negative expectations of device performance were seldom observed.

**Caucasian : seldom observed**

*"In the past, hearing aids have been difficult and sometimes they can hear with them, sometimes they can't. But they've gotten so much better now."*

**Afr. Amer. : seldom observed**

*"It would be sound as clear as surround sound...even better than normal hearing."*

**Hispanic: seldom observed**

*"I guess it would be wonderful. I am sure that the day I start using a hearing aid, I will get to hear things that I could not hear before... sounds that were once lost."*

**"LOCUS OF CONTROL".** This factor was observed in the data, but perceptions differed for participants across racial/ethnic groups.

**Caucasian : seldom observed**

*"If I was having difficulty understanding what they were saying, am I not paying attention? Am I too far away?"*

**Afr. Amer. : frequently observed**

*"If they wanted me to hear what they were saying, they would open their mouth. You didn't speak up, so you didn't want me to hear you. And that's it."*

**Hispanic: occasionally observed**

*"You isolate yourself from others, not voluntarily but because of what is happening. Hearing loss forces me to do this."*

**STRUCTURAL/ENVIRONMENTAL FACTORS.** Factors such as cost, lack of health insurance, and language barriers were perceived as barriers to seeking HHC services most frequently for participants with racial and ethnic minority backgrounds.

**Caucasian : occasionally observed**

*"Now (modern hearing aids) are really cool. Yeah, they're very, very, very expensive."*

**Afr. Amer.: frequently observed**

*"Cost. No insurance. [Hearing aids] are expensive. If Black peoples had insurance ... they'd feel more comfortable, they won't have to worry about, you know, 'Oh, Lord Jesus, how am I going to pay this big monthly payment?' It's a difference."*

**Hispanic: frequently observed**

*"The first thing that you experience is fear. Fear because of the language, mainly, (because of) the economic factor... Because there are clinics for us Hispanics but the visits cost a lot of money. One endures as much as possible."*

## Observations So Far



Some perceptions from the literature were shared more or less equally across participants of differing racial and ethnic identities:

- Social stigma attached to hearing loss was perceived as a significant barrier to HHC seeking.
- Expectations about the effectiveness of modern hearing aid technologies were generally positive.



Other perceptions of HHC were shared, but were more important for participants of specific racial/ethnic groups:

- Structural/environmental factors and appearance of hearing aids were given greater importance or identified more frequently by participants with racial and ethnic minority backgrounds.



Some perceptions were observed for participants of certain racial/ethnic groups but not for others:

- Hispanic participants emphasized a lack of trust in low-income health care clinics; fear of a language barrier; and a lack of knowledge of where to obtain assistance from hearing-healthcare practitioners as greatly influencing their perceptions of HHC.
- African American participants and Hispanic participants identified a "wait and see" attitude and reliance on informal health care practices (e.g., home remedies) as factors that prevented individuals from seeking HHC services.

## Conclusions/Implications

Based on these preliminary findings, it appears that differences in race and ethnicity play a significant role in the decision to obtain HHC services.

**CLINICIANS CAN USE THIS INFORMATION TO...**

...improve marketing strategies and informational materials; assess needs in a more culturally-relevant manner; and improve counseling techniques so that they are equally relevant for African American, Caucasian and Hispanic clientele.

**RESEARCHERS CAN USE THIS INFORMATION TO...**

....improve recruitment strategies for, and retention of, racially and ethnically-diverse research subjects; and improve assessments so that they are relevant for their culturally-diverse participants.

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A pdf version of this poster can be found at:  
[www.memphis.edu/ausp/harl](http://www.memphis.edu/ausp/harl)

