Editorial
Measuring Hearing Aid Outcomes: Part 1

The decade of the 1990s has witnessed a conceptual realignment that has permeated the entire health care system, including our own domain of hearing health care. In the past, objective, technical measures have been the main yardstick against which the success of service provision has been judged. In more recent times, there has been a widespread acceptance of the idea that evaluation of the merit and end results of rehabilitative services should include a consideration of the patient's opinions and point of view whenever possible. This approach has gained a strong foothold in audiologic rehabilitation, especially for assessing the outcomes of hearing aid provision.

This special two-part issue of the Journal of the American Academy of Audiology has given us the opportunity to review some of the latest ideas and approaches to outcome measurement with special emphasis on hearing aid fittings. There are different philosophical positions about the best way to document hearing aid fitting outcomes. The clearest distinction arises between objective and subjective outcomes, that is, between acoustic/psychoacoustic data obtained by the hearing professional in the clinical setting, and attitudes/opinions of the patient, elicited through the use of systematic techniques such as questionnaires or interviews. In the subjective outcomes realm, there is a further dichotomy between standardized and personalized approaches. In the two sections of this special issue, we find presentations illustrating each kind of approach.

Humes presents an extensive body of data that illuminates the relationships between subjective and objective outcomes in adult hearing aid wearers. This work illustrates that the many potential measures of hearing aid outcome frequently operate in different content domains. There is clearly a need for continued explorations of the validity of different measures so that we can select appropriately among them. Stelmachowicz takes up the cause of outcome measurements in the pediatric population. She reminds us of the special requirements of fitting amplification to children and the limitations in collecting subjective outcome data in this group of patients. Like Humes, Stelmachowicz demonstrates the application of joint objective and subjective outcome assessment. If you are seeking information on outcome measurement options for children, this article will be very useful.

Articles from my laboratory by Cox et al and by Schum explore the extent to which personality and/or prefitting expectations might have systematic effects on self-assessed benefit. Our data show that certain aspects of personality are somewhat predictive of hearing aid fitting outcome. For example, extroverted individuals tend to report more benefit from their hearing aids. Schum introduces a new self-report measure, the Hearing Aid Needs Assessment (HANA). The HANA can be used to measure individual communication needs by determining how often situations occur, how much difficulty they cause, and how much help the patient expects from the hearing aid. Schum's data show that patients tend to expect more than they obtain from hearing aids but that expectations are not strongly related to the final outcome of the fitting.

Finally, the article by Gagne et al draws attention to the need to use outcome measures that encompass the entirety of the patient's situation and experience rather than focusing too narrowly on one aspect. Examples by Gagne et

Visit the JAAA web site at http://www.audiology.com/jaaa/jaaahome.htm
al demonstrate that an intervention program has impacts and consequences that go beyond the effects of the hearing aid and that these can be positive or negative. This paper also makes the argument that standardized questionnaires, administered in the time-honored randomized clinical trials format, can actually impede the ability of clinicians and researchers to demonstrate the true value of their services. This data warrants careful consideration by all clinicians.

*Robyn M. Cox*

*Guest Editor*