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Our Evolving Understanding of the Reaction to Aging

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- - [Don] Hello, everybody, this is Don Schum. I'm the Vice President of Audiology at OTICON, and I wanna welcome you to this AO course on our evolving understanding of aging. And let me give you a little background and where this course came from. As an educator, as a presenter, I have been talking about aging as it reflects in the hearing aid field for 20, 30 years now in a variety of different ways. And one of the areas that I am very interested in when talking about aging is the idea of how do adults as they're entering in that age that they would become potentially patients for amplification, how do they react to age-related body change? We, of course, are not the only field, the only discipline who deals with adults who are dealing with body change as they get older. And over the years I've been very interested in how individuals react to this. What's the same about our field, what's different about our field, et cetera?

One of the things about it though, when I sat down and take a look at the material I realized that the material that I've been using for the last couple decades was very much drawn from a lot of literature that was being published around the year 2000 to 2010. That was very reflective of previous generations of older adults, and about 20 years ago in our field we started talking about how the baby boomers were coming. The baby boomers were coming. We knew there was a lot of them and that they were gonna be here. But that time when we first really started to talk about them, they were just in their early 50s. Now the leading age of the baby boomers are in their early 70s, and so they're starting to show up in audiology clinics all over the place. And so, it became time to really take a look at the generational shift from the World War II or the Silent Generation people who were filling up our clinics 20 years ago to the baby boomers who are filling up our clinics these days, and to see if there's anything about baby boomers in the way they react to body change, the way they view their future life, the way they view healthcare, whether or not there are any things changing in those dimensions that would affect the way those of us as hearing care professionals should be thinking about treating them. So that's what this course is about. Let's go ahead and dive in. Let's start with the learning objectives for the course. The first thing I

wanna do is I wanna review just a couple of the themes that I have spoken about before on AO and some other places about how classically adults as they get older will respond to body change. It can be a threat to the psyche as you're getting older and you start to realize that you're body is changing. And there's a lot of classic behaviors that older adults will show. And I'm not gonna repeat all of that material because that's a whole course in and of itself, but I do wanna talk about a couple themes that I think are important to consider when we talk about this generational shift and who the new older adult is. The second thing is I want to identify ways in which these reactions may evolve as the generations change. What is it we know classically about baby boomers, about the mythology built around baby boomers, and how will that change the way we might expect them to utilize our services as healthcare providers? And finally, I will finish off with some ideas about patient counseling and how maybe some small tweaks might be useful in patient counseling when you're trying to motivate a patient to do something positive about their hearing and their untreated hearing loss, and how those tweaks might help to better reflect some of the things that we know at least built up around the mythology of baby boomers.

So let's go ahead and dig right in. Every talk that I've ever heard that dealt with baby boomers starts with the numbers. And so I'm not gonna do that, because there are plenty of other places where you can hear about it. We just know that there is just a lot of baby boomers out there. You know, that's just what we know. But the important thing is that they are now reaching the age in which they are being part of the hearing aid consumer pool. And so by the leading age of the baby boomers being in the early 70s, then that means that for the next 20 years or so this large number of people will be marching through our clinics. And so that is just a reality that we're facing. It has affected a lot of the ways people think about the hearing aid industry. All these disruptive approaches in the hearing aid industry. The OTCs and managed care discussions. And of all of these discussions running around, all these people from the outside who see these large number of patients and saying, "Well, if we have all these

baby boomers out there "and supposedly they have money, what are they gonna need?" Well, they're gonna need better hearing. And so everybody wants to come in, and I think it's easy from the outside just to be influenced by the number, the shear number of baby boomers that are going to be within the system. But I think it's incumbent upon hearing care professionals to really recognize what we know about persons when they're facing the idea of age-related hearing loss and how they react to realize it's not so simple. Just having a lot of different ways to get amplification, it doesn't mean that people are still gonna be motivated to get amplification. And so it becomes a much more complex discussion than just to say that there's a lot of baby boomers out there. That's why the numbers in and of themselves don't do us a lot of good. I will pull out one number, though, that I think is very important and that helps frame a lot of the discussion. That's something that the World Health Organization reports on, and that is something called healthy life expectancy. And these are numbers that are country-specific. And there are two numbers. There is healthy life expectancy, and then there's life expectancy. Life expectancy is what you know as the average age at which a person dies.

And so that varies by country, but we know what that is. But there's another number that the WHO is very interested in. It's called healthy life expectancy, and that's the idea of how long can you expect to live without being significantly restricted by age-related chronic disease or age-related body changes that would somehow make living life as you know it different because you're more dependent on technology or assistance, or medications, or whatever that might really start to affect your lifestyle. So the gap between healthy life expectancy and life expectancy becomes important. And as I said, these numbers are country-specific. But here's what we know about the numbers from the U.S., is that on average according to the most recent WHO numbers the healthy life expectancy is 69 years old, whereas life expectancy in this country is 79 years old. And so what that means and what scares a lot of people in the government and in insurance companies and healthcare providers is that you have this 10-year gap

between when chronic diseases start to become more prevalent in this society to the point where the person passes along. And that is what scares a lot of the people who have to provide the services or have to provide the funding for the services, because since there's gonna be a lot more baby boomers for the next 20 years, then there's just gonna be a lot more demand on services. And that's really not the topic of the talk, but the reason I find these numbers very interesting is if you believe the mythology of baby boomers, meaning kind of like what are some of the classic behaviors they show and things like that, then what you can imagine is that a lot of them are saying, "I can beat 69 years old. "I don't expect to start being limited "on what I can do when I hit 69. "I'm gonna get another good five, 10, 20 years "out of my body before it starts to slow down." That's sort of the mythology around the baby boomers is that they have this expectation of living forever and being healthy forever and things like that. I'll talk more about that as we go on through here. But I think that idea of what's your life gonna be like after retirement?

How long can you do all those things you've always wanted to do? That's where that healthy life expectancy number comes in, and I think there's just a lot of baby boomers out there who believe they can beat the 69 number. Everybody thinks they're above average. Just like the children in Lake Wobegon are all above average, baby boomers all believe that they're above average and they could beat that 69-year-old limit on healthy life expectancy. And again, that's an average. Of course it's an average, but everybody thinks they're gonna be able to beat that. And I think that that actually can serve us well as clinicians to recognize that that that's probably something that more now than in past generations people are looking at and saying, "I'm gonna get more out of my life as I get older." One of the things that we have to deal with in terms of the numbers is that has the average age of first fittings gone down? And the answer is no. It's very difficult to find any evidence that suggests that the age at which an individual gets their first set of hearing aids goes down. It's always been in the early 70s, and it continues to be in the early 70s. So part of the predictions around the baby boomers

from let's say 20 years ago was that oh, they're gonna be so driven to succeed and do all the things that they've always wanted to do. They're not gonna let their hearing get in the way, and they're gonna get hearing aids at a younger age. Well, on average, that's not happening. Now in some pockets, in some people's clinics, they might feel that that's happening, but the overall numbers just don't look that that number is moving much. The other number that's not moving much is our penetration rate. As you know, the penetration rate for hearing aids, in other words, for those who could use hearing aids versus those who actually do wear hearing aids has been somewhere in the 20 to 30% range. And that number doesn't seem to be changing significantly either. So the only reason why there are more people in the hearing care process these days than ever before is simply that there are more people of that age. But it doesn't appear at this point in time that they're entering the process earlier, or that more of the people who are in that age range are going after hearing aids.

So I think the same sort of dynamics about when is the time to get a hearing aid and will I even get hearing aids, that doesn't feel like those changes are occurring in any way that you really see the numbers changing. Now it could be early days. We could see retrospectively that maybe those things are starting to change, but at this point in time it's hard to see that those numbers are changing. But that still means that you still have patients who wanna get amplifications, some want to, but they have to go about it in the right way. And you know that there still could be a lot of resistance of getting amplification. But the question that I'm going to try to at least address in this seminar is does our counseling with these patients change because of the generational shift? About seven, eight, nine years ago we created something called readiness management, and that was a framework in which we would talk about what it takes to get a patient to be really ready to be a successful hearing aid user. In other words, a lot of patients will raise their hand and want to learn about hearing aids or discuss with you about the idea of getting hearing aids, but that doesn't necessarily mean they're ready to get hearing aids or they're ready to have a real positive outlook about getting

hearing aids and be successful with it. And so we thought there were some things that we can identify, some counseling approaches that we can suggest that could help make patients more ready. Again, there's a whole long discussion about readiness management in other AO courses. I don't wanna get into that in a lot of detail now. I just wanna bring up a couple highlights that I think are gonna be important later in this lecture. And one of the things I wanna bring up is two of the classic reaction patterns that people have when they get reluctant about getting hearing aids. The first one is the one that we all know about, and that's denial. The idea that people will dismiss the possibility that they have a hearing loss, or at least they talk about as if they're dismissing the possibility that they have a hearing loss.

They oftentimes, as you know, are very well aware that they're not hearing as well as they used to, but they want to attribute it to other things like people trying to talk room from room or teenagers mumbling all the time, or whatever excuses that you're used to hearing, those are classic denial excuses. One of the things to remember about denial, and it was a lesson we were taught as a company a long time ago, was that denial is a defense mechanism. It is something that a person adopts when they're having trouble adjusting to a new psychological reality. So there's something new that they have to face, and in this case, this is age-related body change specifically, in our case, age-related body change in the auditory system, and they're just not ready to admit the fact that their body is starting to change over the years and it might limit what they can do with their body. And so they go through all the classic denial phases. So defense mechanisms are our natural reaction, and the interesting thing about it is the whole corona thing was settling in. I was watching myself from afar go through all the classic defense mechanisms around corona. It's like first I was denying that could it be happening and denying that it was gonna be a big thing and denying that it could be something that I needed to worry about. And then I was going through the anger phase, and then I was going through the bargaining phase about whether or not I was gonna wear a face mask in public. And I did all those things, and hopefully now I've

been constructively coping with this now that where I live which is Massachusetts I'm allowed to go golfing again. So hopefully I've gotten through this as long as I can get out on the courses and get a little recreation in. I'll continue to make my own martinis at home, but at least I can go golfing. That's a good deal that I worked out with the fates to be able to get to that point in time. But it's just interesting how pervasive defense mechanisms are in human behavior. Another reaction pattern that is very common in our field that maybe a lot of hearing care professionals aren't really consciously aware of very well is the idea of normalization or passive acceptance. And you know it when you see it, but it's maybe something that we haven't put a term on as much as we do denial. Normalization and passive acceptance is something that's very different than denial. In denial the person's trying to convince themselves or convince you that they don't really have a hearing problem. In normalization and passive acceptance, the person is more than willing to admit that they have a hearing loss, but they talk about it as this is just something that happens when you get older. The problem is it's okay to normalize. It's okay to say yeah at my age I should expect some things about my body to be different.

The problem is when it leads to passive acceptance. And with passive acceptance, that's where the person is basically saying, "Well, since it's a natural change "that happens to everybody my age," you really don't have to do anything about it. And that's not necessarily denial. That's just simply a mindset that you can't fix everything that changes about your body. So some things you might have to fix, or you feel you need to. Hearing loss sometimes is one of those things that a person feels that they really don't have to do anything about. And that's where it becomes a problem for us, because these people have sort of lost their passion to hear well, right? They've just accepted the fact that they're not gonna hear well, and oh well, I just don't do the things that I used to do because I just don't hear well. And that can lead to some of that withdrawal from society, some of that just not doing the sort of things that you used to do because hearing loss is standing in the way. Which you shouldn't have to

do, and we all know that, but when you take a look at the penetration rates there's a lot of people who are willing to just let hearing loss go untreated. Normalization and passive acceptance is something important. When we talk about the generational shift around baby boomers, I think that denial is something that's still a big reality. There's nothing about the mythology around baby boomers that would expect that to be any different. But normalization and passive acceptance may be something that's changing. Because one of the things that typifies the baby boomers, and I'll talk about it a little more in just a few moments, but the idea that you just have to accept life the way it comes at you. The baby boomers as a generation were known for defying conventional thought, and they were known for saying no, things don't have to be the way they've always been. They could be different if I decide that they're gonna be different. So this idea of just saying, "Well, I'm getting older, "I just have to get used to it, "I just can't do the things I used to," baby boomers at least classically in the classic mythology around baby boomers are like, "No, that's not good enough. "If I wanna keep on doing these sort of things, "I'm gonna keep on doing these sort of things." The key for us as a profession then is can we help make them see amplification as something that allows them to do all those things they've always wanted to do.

Around the readiness management talk, we talk about what it takes to actually make a patient ready. So we break it down into these different patient behaviors that you might see. One of the patient behaviors that you might see is something called a willing patient but not ready patient. And that is something that's probably more common with the baby boomers, because they research a lot about their health before they come to talk to you. And they think that they have all the answers when they come and talk to you. And you're probably sort of smiling to yourself that you have those patients showing up more than ever before. But just because they've read a lot on the internet doesn't mean that they really understand what hearing loss is really like, and they really understand what hearing aids can and can't do for them, and they don't necessarily have realistic expectations. Things like that where they're educated but not really

educated. And that's where the hearing care professional really comes in and plays an important role. And then in the reluctant patients you have the conflicted patients. That's where you talk about denial and normalization, and even patients who are wary about the economics of the situation. So there's a whole way of kind of breaking them down, and that's something that we've done. But as part of that, we felt that we needed to create this checklist of what it takes to make a patient ready. In other words, if we name something readiness management, then we better have criteria about what makes a patient ready. So we sat down and we put together this sort of mental checklist as I like to think about it that the professional should have in their head so that if they're running into problems with a patient being willing to take the next step about amplification then to run through this list in your head to say okay, what's holding the person back? Do they trust me? Do they trust the product I'm recommending? Do they trust themselves in making good decisions?

That is something that might be shifting with generations. Previous generations of older individuals, there is a lot of concern of the loss of self-confidence because of all the messaging that they would get from society that as you got older you became less valuable to society. The baby boomers are sort of, you know, at least the mythology around the baby boomers is sort of questioning that. So maybe this loss of self-confidence might not be as big of an issue as before. But emotionally feeling the effects of hearing loss, that is pointed towards these people who are doing passive acceptance to say no, you should wanna be able to hear well, because it's part of what allows you to live that life that you've always wanted to live. They need to take ownership of their hearing. That's kind of directed more towards the people who are showing denial behavior, that this is your hearing loss. You have to kind of face that fact and decide what you wanna do about it. And then they have to have realistic expectations. But this is that checklist that we think is very helpful to be able to move them along. But anyway, I've been talking about the mythology around baby boomers. Let's dive into that a little bit more about what is it that we actually know about baby

boomers that separates them out as a different type of older adult than we've dealt with before. Especially those of us who've been in the field for awhile. And a couple of observations. They're not coming anymore, they're here. Like I said, the leading age is in their early 70s, and so they're showing up at your office. That's who you're dealing with these days. The thing about it is part of the mythology around baby boomers is that they're wealthy, spoiled, and vain. And the reality is that's not really true. That's a gross overgeneralization. So throughout this course, I'm gonna be talking about kind of the mythology around baby boomers or some of the characteristics of that generation, but of course they're anybody who on their driver's license was born between 1946 and 1964. And so they're everybody. They're everybody in that age range. And it's that whole cross-section of society. So it's important to recognize some of the trends within that generation, but you'll also recognize how much variability there is within that generation also and that you can't just kind of line them up and make blanket statements that applies. I'm a baby boomer. I turn 60 this year.

But I like to make blanket statements about millennials, just like all baby boomers like to pick on millennials. My kids are millennials, and I feel a right to be able to pick on them, because I paid for their college. So I can go after millennials and make blanket statements kind of on a humorous side note, but I realize that all people in that age range don't act exactly the same way. So I'll try to walk that line throughout this course about making statements about baby boomers, but also always realizing that blanket overgeneralizations are always fraught with danger. So who raised the baby boomers? This is an important part, because to understand the mythology around baby boomers I think it's important to understand who raised them. The parents of the baby boomers, so the World War II generation, sometimes called the Silent Generation, they as children oftentimes lived through The Depression, and they definitely lived through War World II as children or young adults, okay? And those were times of great depravation. If you think going for a couple months without being able to go to your favorite restaurant or without being able to have a ready supply of toilet paper is depravation,

imagine what it was like to grow up during The Depression, or to live through War World II with food rationing and internment camps and all of those things that society needed to do during World War II. That was depravation. So when the war was over and the economy started to rebound and The Depression was long in the rearview mirror, these people who had grown up with that depravation started to experience a great new life. All of a sudden, especially in the United States, things were booming, and they started to have a bunch of kids because now it was no longer a time of depravation. But it was also a time of sort of cultural rigidity in a sense, or this idea that there was a perfect society and that if you had lived through The Depression and World War II now you realize how good you have it. And so just be happy with how good things are, and let's just all do things the same way. We built suburbs and we built cars, and we built all the things that made life kind of the ideal American life. Well once the baby boomers came along, what really characterized that generational shift that was starting to happen in the 60s and into the 70s was the idea of starting to question all of that sort of ideal way of life that their parents had created, and to start saying that we don't all have to do things the same way.

We don't all have to do things exactly the way they are prescribed. We can create our own new society and our own new way of going through things. So the conflict between the baby boomers and the previous generations was probably the most significant conflict we've ever seen in generational shifts in this country, because of that sort of the rebound effect coming out of World War II and the Great Depression and then the rebound effect going into the baby boomers. Those are two really sizable changes in society. And I'm not an expert in generational shifts, but that's some of the standard sort of description of what was going on. So to understand who raised the baby boomers helps a lot to understand why they started acting the way they did kind of overall. So the baby boomers were happy to redefine the world. They thought it was due time to redefine the world, and they created something called, a new life stage called the Third Age. And that's important because if you think about the way in the

animal kingdom the way the generations shift, the purpose of an animal is to propagate the species, create a new generation of animals for the herd, and then once they have created that new generation of animals for the herd and raised them to the point that they're self-viable, then that animal is supposed to stop taking resources from the herd and start fading away and wander off. And the whole idea is that the purpose is to keep on propagating and propagating and propagating. And so you had three stages in life. You had childhood, you had kind of working age or kind of like productive age, and then you had end stage. And you wanted to make the end stage such that you were not unduly burdening the rest of the animal society. And I know we're not animals, I get it, but that was oftentimes the viewpoint of the way human did things too, right? You grew up up until a certain point in time, you became an adult and you had to fend for yourself and go about living your life, and then you got to a point where you retired and you stopped taking resources from society. When I was a young audiologist and was fitting hearing aids and I was dealing with adults who were in this age range, a classic thing that people would come in, they would come in with their grown children, for example, and I would talk to them about hearing aids and they're like, "Oh well, they're so expensive "and I don't really need them. "I wanna save the money for the grandkids. "I don't wanna be spending the money on myself. "I should save it for the grandkids." And then the grown children were saying, "Mom, you have more money than you need. "You should do this for yourself," or whatever.

But it was sort of a classic pattern that a lot of audiologists of my generation would see. Now my belief is that you don't see that quite as often. You still probably see it from time to time, but you don't see it as often as it used to be because these baby boomers are kind of like, "No, I deserve that too." And so they don't necessarily have that same sort of attitude because of this idea of the Third Age. So what's going on in the Third Age is that it could be contrasted with the Fourth Age, which is the loss of functional independence. So I talked early in the talk about that idea of healthy life expectancy. So when you get to a point where you start to become dependent on

technology or caregivers or medications or modifications in lifestyle or whatever, because you're starting to have chronic health conditions. And that sort of defines the Fourth Age, and the idea is to try to stretch out that Third Age as long as possible to get the most out of the world. What's going on in the Third Age? Well, the Third Age is when you kick the kids out of the house finally, right? You had your children, you helped them get through school, you helped them get established as adults and you get them out of the house, and then you turn those rooms into yoga studios, or gymnasiums, or painting studios, or whatever it is you wanna do, and then you start living your life. You start traveling more. Maybe you retire. Maybe you start a new business. Maybe you start a new career. Maybe you go back to college to get a later life degree. Maybe you start volunteering at a high degree. There's a lot of things that is kind of classic of the way baby boomers react to, "Okay, I've worked long enough in this profession, "and I've done my share. "Now I wanna do something different." So it's not necessarily that they go right into retirement and settle down, but they go into a different stage of their life.

Oftentimes it's travel, oftentimes it's something else, but it's more active. Kind of generally it's more active than perhaps previous generations would handle retirement. They have a more positive outlook about their older years. They expect more out of their older years. They have this expectation of no limits. It's called amortality in the literature, not amorality. Amorality has existed for as long as humans have existed, but amortality means that you have the sense that you can go on forever at this stage. And there's a strong desire to maintain independence. This idea that I'm gonna get the most out of my life now that it's my time. The thing about it that works as a negative for us is the idea that they still work hard to hide the effects of aging. Because of this third stage, because of this desire to be independent and healthy and get the most out of life, they also, just like previous generations, are very reactive to the idea of they don't wanna start looking and acting like an older person. Now they might be more comfortable in their body, who knows. That varies a lot by individuals and things like

that. But anything that they would have to start doing that would suggest that they're getting old, including in some people's minds get hearing aids, might be the sort of thing that they start to have issues with. Because when you go into this Third Age, you start taking on new roles. And so, like I said, volunteerism, or a second career, or start a new business, or do this or do that, those are new roles that you're taking on in your life, and you want to make sure that you have the self-belief of being confident in ability to do that. And for some people amplification still could undermine that belief of self-confidence or self-efficacy. How do they respond to the healthcare context? Well, they are healthier and they have a higher health expectancy. They don't wanna start dealing with chronic conditions. And the bane of the existence of the healthcare providers at this point in time are the Internets where somebody will crank up the old Google machine and find out everything they need to know about their body and their condition and their symptoms before they go to talk to a healthcare provider and they think that they have all of the answers when they go in there. And so, yes, it's great that people are taking more care to learn more about their health and do things about it, but it's also very frustrating. I know for healthcare providers that feel like patients are coming in and telling them all the answers already.

And so that's a double-edged sword when you talk about being more informed about health, but that's one of the mythologies around baby boomers is that they tend to take more control of their healthcare and they expect something different out of that healthcare experience. One of the things about baby boomers is that they've witnessed cognitive decline. In other words, cognitive decline has been a real topic of interest in our society for the last 30 years or so, and baby boomers have often seen someone in the previous generation or the generation before really struggle with cognitive decline. And so one of the things about that is that they're fearful of it. When they were young, cancer was the big scary thing, because cancer is out there and we didn't know a lot about it. Cancer still exists today, but we know so much more about it. And it's still a terrible thing when someone gets cancer, of course it is, but we've identified more and

more cancers, and very importantly we've identified more and more treatment for cancers so that it is not as scary as it used to be. It's still a scary thing, but it's not as scary as it used to be. But the new cancer is cognitive decline, because we're still in the early stages of understanding how it happens, and we're still in the early stages of understanding how we can treat it and prevent it. And so the baby boomers who know and expect to live a healthy long life, they are sort of afraid of outliving their bodies. I mean outliving their brains. In other words, they know that their body could be healthy because they've been doing all the right things. They're eating better. They're not smoking. They're exercising more. They're eating more whole foods. All the things that are kind of classic of the way that eating habits have changed in our country to some degree. Bad decisions are made by all generations. But since we don't know what leads to cognitive decline as well as what we know what leads to body decline, they're afraid that they're gonna have a healthy body but their brain's gonna start to go south. And that could be a scary prospect, because they've seen that in earlier generations. So that is something that scares them, but that's also something that can work to our favor as a profession.

And I'm not suggesting that we use it as a scare tactic, but what it means is that more and more older adults are aware of what good brain health is all about, what it looks like, and more importantly, what you can do to maintain it. So they're doing Sudoku puzzles. They're learning second languages. They're doing all those sort of things. And one of the other things that we're learning more than ever before is how important good hearing is to that. So as part of that, this was a very important study that was published in "Lancet." "Lancet" is the British version of "The Journal of the American Medical Association" as the big medical association journal. This was published in late 2017, and what they were looking at were the causes of premature cognitive decline. And one of the things that they pointed out was that there's a whole set of causes that's outside the control of the person that might lead to premature cognitive decline, like genetics, like socioeconomic status, things like that. But there's also a group of

factors that are within control of the patient like diet and exercise, and educational aspects and things like that. And the single largest factor that's in control of the patient is doing something about hearing loss. So untreated hearing loss was the single largest controllable factor that predicted premature cognitive decline. And that's exactly where we step up then as a profession. If we're talking about a generation of older adults who are very aware of brain health and it's something that's very much on their mind, then in a respectful way we need to talk about the sort of things that it takes in order to maintain good cognitive function as long as it's in control of the patient. And one of those things is doing something positive about their hearing loss. Because, again, one of the things that typifies the classic baby boomer then is the emphasis on independence. This idea that I'm gonna live a long and healthy life, and I'm not gonna need help from anybody. And cognitive decline clearly is one of those things where it's clearly a step in the direction of loss of independence.

When you talk about the relationship with the healthcare providers, they expect more of an equal partner relationship with their healthcare providers. In other words, they don't have the old "Marcus Welby" sort of relationship. And I've been told by my colleagues that I can't use that analogy anymore because nobody recognizes it these days, but you can pop it into the old Google machine if you want to and find out about "Marcus Welby," but when I was a kid there was a television show called "Marcus Welby," and he was this very gentle, all-knowing, very calming general practitioner who solved all the problems of all of people in their town. And to show you how long ago that was, he had a young whipper-snapper partner that he brought on who was James Brolin, and James Brolin, as you know, is an old guy now. He's Barbara Streisand's husband. And if you don't know who either of those people are, then you know Josh Brolin, who's the actor, and that's the son of James Brolin who was the young whipper snapper in "Marcus Welby." So I can understand why my colleagues are telling me to stop using the "Marcus Welby" analogy because nobody knows that anymore. But I do, and so I'm gonna use it. But anyway, the "Marcus Welby" idea was that you had a

very paternalistic sort of viewpoint of your general practitioner. He or she, but mostly he back in the day, was your caretaker. He told you what you needed to do to take care of yourself. He knew everything about you, and you just said, "Yes, doctor," and went ahead and did whatever he said. And that's not the way the baby boomers treat it now. They see healthcare providers as equal partners. They are good sources of information, but they're not someone who tells them what to do. They're someone who helps them understand what the options are and can provide the treatments that the person chooses, but the person still is in charge of making those decisions about their own healthcare. These people, like I said, they're researching more. They're taking more control. Interestingly, they want more frequent communication using modern electronic channels. So they don't mind being emailed or being texted from their healthcare provider about things. I have a dermatologist group that I deal with as a patient, and boy they have the Terminator in their system somewhere, because it's been six months now since I had my last derm appointment, and I get text messages, I got emails, and I get phone calls from them reminding me that I need to schedule my next appointment. And good for them.

They understand that this is important. I take dermatology seriously. I'm kind of a fair-skinned Irish American, and so my concerns about skin cancer are probably real, and so I'm happy that they're trying to keep on top of me. It's a little bit annoying when I'm getting all this communication, but I'd rather get too much communication than not enough, and that's kind of a classic sort of reaction for people in my generation. Importantly they're more assertive about patient-defined outcomes. They will decide whether or not they're doing better or not based on the dimensions that they decide. And in our field you have some hearing care professionals who are like, "Well, I can't fit hearing aids on a patient "unless I can prove that I can improve "their word recognitions' noise score by 3DB." Whatever sort of criteria they set up. And it's like that's not the way baby boomers are gonna classically think about it. They're gonna say, "I'll tell you whether or not "the hearing aid is working well for me." And good

hearing care professionals have known that for a long period of time that the bottom line that the ultimate judge of how good a hearing aid fitting is is going to be the patient, 'cause they're the ones that have to get up every morning and put the hearing aids on. But baby boomers now more than ever are the ones who are going to take control of that sort of thing. Interestingly, the baby boomers are much more likely than previous generations to turn to specialists as opposed to general practice physicians. So this is something that definitely is concerning to the healthcare providers about that balance of primary care versus secondary care. So this is data. It's a little bit complex. There's some complexities in this data, but basically it's showing the rate at which people are addressing primary care versus specialty care. And what you're seeing is sort of declining rates historically of going to primary care, but accelerating rates historically when going to specialist care. You see a big gap, and it's one of the reasons it's sometimes hard to read this data is you see a big gap between men and women, and that's because women in childbearing years end up getting a lot more primary care because of OB and GYN concerns and things like that.

But once you get it past childbearing years and you're up into 50 and beyond, then the data between males and females tends to be more similar than in the past. But what you do see is this accelerated use in the more recent generations of specialty care compared to primary care. So the big question that it comes down to is will the baby boomers' drive to be active to get the most out of the third life overpower the denial or vanity concerns that they're gonna have? And we don't really know the answer. The numbers are not saying that they're doing something to change it. Like I said, those numbers, it might be early days of being able to take a look at those numbers. But when it comes down to counseling and considerations of counseling, that's probably something that we have to keep in mind. One interesting way to look at it is something called the identity model, and what the identity model is is that it's basically a way of talking about when a person has to face age-related body changes, how do they deal with that new information? Identity assimilation means that they basically take that new

data and work it into their existing identity. Meaning that they sort of try to explain it away so they don't have to change the way they think about themselves. Identity accommodation on the other side is where you change your self-concept. You change what you believe about yourself, because this new data tells you that you're not as young as you used to be. And both of them are extremes. You don't necessarily go to either extreme. When you talk about identity accommodation, that's passive acceptance. That's where it's basically saying I don't have to do anything because this is just what happens when you get older. Whereas identity assimilation, that's more of the denial sort of response. But one of the things that Whitbourne points out is that that's important for maintaining good self-esteem. That if it's important to you to feel young and to look young, then that denial reaction for whatever body change you're dealing with can be a very self-protecting withdrawal mechanism that people use. She's again making the point that denial serves a purpose in humans, and so you can't dismiss it too quickly. And what you're probably trying to get to is something called identity balance.

Meaning that you are having a realistic understanding about what your body can and can't do at this age, but on the other hand that you're not allowing it to so change how you feel about yourself, what you like to do, how you like to spend your time, such that you change that too dramatically and you find that balance. And again, one of the things where that balance becomes important is probably the new roles that people are playing in their lives. That once they hit retirement age and they're going into this Third Age and they start doing different things, that those new roles could help them at least update their identity so they're still feeling like they're doing useful, fun, interesting things even though they might be dealing with some changes in the way their body works. They're still finding very enjoyable things to do with their time and their energy and their availability. For us it all comes down to what does a hearing aid mean? What does putting hearing aids on mean to the person? And what we've been fighting for years, and I don't think it's any different with this generation, is the

symbolism of hearing aids. That the idea that when I put hearing aids on basically what I'm saying is that my body has failed me and I need this sort of help. Now, what we have been talking about in OTICON for a number of years is the idea of not letting the symbolism slow somebody down. Meaning that yes their initial reaction might be this what does a hearing aid mean about me? What am I saying about myself if I agree to wear hearing aids? But what you need to do is try to move that discussion past that and through that kind of stage of what does a hearing aid mean to the point of what does a hearing aid allow me to do? In other words, how does amplification, how does good hearing allow me to live the sort of life that I want to live in my retirement years? And that's really the big counseling challenge that I think that we're faced with. It doesn't change a whole lot based on what we've had to deal with with the previous generations, but I think very importantly though some of the ways that the baby boomers think about life and think about the Third Age can very much affect kind of our strategy that we use in the counseling process.

A couple of other things to point out that I think are important with this generation is relationships, understanding what relationships are like. One of the things that we know is that as a person get older they have less relationships. That's mostly related to retirement, where they have those work relationships that are now no longer as common with them and other restrictions. But one of the things that I learned by going through this literature on aging and age-related body change is that the depth of relationships will increase as a person gets older in general. In other words, they may not have as many different people that they have frequent contact with, but those that they have frequent contact with they try to keep that contact and they try to have a really good, solid, deep relationships with those people. And it's basically like they're picking and choosing which relationships make most sense for them and which ones bring them the most positive aspects. Because one of the things that has been observed about older adults is that preserving harmony becomes very important for older adults. They've been around long enough. They don't have to put up with this

crap anymore. That's kind of the mindset. You know, I don't wanna hang around people who are bringing me down. I don't wanna hang around people. I don't wanna have relationships with people who are kind of a drag in my life. I want people who I enjoy being with who I can do fun things. I don't have that many years left. I wanna to get the most out of those, and I don't have time for negativity. That's kind of the mindset. I know it's overstating it, but it's sort of the mindset that people are dealing with. And so that is an important part of this idea of understanding relationships and how they might change as people get older. One of the things that's also pointed out in this literature is that in order to maintain strong relationships especially as you get older, expressiveness is very important. Relationships need to be reciprocal. Both sides need to get something positive out of it. I'm not just talking about romantic relationships or spousal relationships. I'm talking about family relationships, friendships, even work relationships and things like that. If you wanna have a strong relationship with somebody, you need to be able to give and take, and expressiveness is part of that. You wanna be a sounding board. You want to be entertainment for a person.

You want to be support for the person, emotional support. You wanna do a lot of things, and being able to be able to have a good conversation with somebody is important. And if expressiveness starts to become under threat because hearing loss is standing in the way, and so you're not as chatty as you used to be, or you just don't spend as much time talking on the phone, or having those deep conversations, then that starts to threaten the relationship because the person is not getting as much from you as they might expect or they may need. And so expressiveness becomes a very important part of trying to maintain good relationships, and part of that is having good hearing, of course. One other thing that comes out of this literature is the warning that there's a difference between family and friends sometimes. Now oftentimes hearing care professionals will talk about family and friends together as framily. Meaning that how's it going with your family and friends? How's communication with your family and

friends? That sort of kind of way of talking about things. But one of the things that gets pointed out in this literature is that family is always gonna be there, unless the relationships are so poor that you have to cut off contact with part of your family. But friendships are voluntary, especially as you get older, because they take effort to maintain, right? As you get older and you're not in the workforce as much as you're not out and about, if you want to develop friendships with people of a similar age or whatever age, you have to put effort into doing that. And so people are only gonna put effort into something that brings them positivity, especially when I said that reducing conflict in relationships is important as people get older. And so to me the implication for hearing healthcare professionals is that it's very important that you consider how the hearing loss is affecting their relationship with friends. Because the older person's always gonna be invited over for Thanksgiving dinner for somewhere in the family. That's always gonna happen because they're family.

But friendships since they're voluntary become very valuable. And if there are friendships that are being threatened because of the hearing loss, that could be something that could be a real action point to get people to maybe take action on doing something about their hearing loss. Another thing about relationships and family structure to also keep in mind is that the sheer numbers. And the classic family tree is now being talked about as the bean pole of organization and no longer the family tree, because there's less children and more siblings. And now I'm about to do something very unfair to you, is I'm gonna show you a group of some very questionable-looking roguish characters who happen to be my brothers. And so I'm a classic sort of baby boomer sort of family where I have six brothers. And you can take a look at them over there on the left. They're not a good-looking bunch. They're not particularly useful for society, but they are my brothers. I have to accept them as they are. I think if you take a look at that picture you could see who Mom's favorite is, because her light is shining down from heaven directly on the heart of her favorite son, and my brothers know that. But the reality is is that's my family structure. I have six brothers, but I only have two

daughters. And I don't know for sure if my daughters are gonna wanna help me when I get older. I'm trying to stay on their good sides at this point in time. I remind them of all the things I've ever done for them. But I don't have a lot to count on. I only have two choices, but what typifies the baby boomers is that they have much larger sibling relationships than previous generations. And so the relationship patterns, the networks that people have are changing shape. So our parents had a bunch of children to sort of look after them. Now as baby boomers get older, they don't have as many children to look after them. My brothers average 2.14 children per brother, as opposed to my parents having seven kids, and so you see how the math changes there. So that means the support networks are starting to look very different.

Actually, I think there's some very positive aspects of that one. The other thing is that there's better late-life marriage satisfaction. Kind of classic of previous generations was kind of the shame of divorce, for example. And what has happened with the change in generations is that divorce has become less shameful. It's still a stressful thing, but it doesn't have that same stigma as it used to have. So more and more people are willing to find the right partner to live out the rest of their life with, and that might not necessarily be someone who they chose when they were 20-something years old, and that changes. It's unfortunate. I'm not saying that divorce is a good thing, but I'm just saying that it's a more acceptable course of action than it ever used to be, which means part of the support network of older adults these days probably includes more often spouses where there's a really solid relationship going on, perhaps more than in previous generations. That doesn't mean that previous generations only have lousy marriages. That's not what I'm saying. I'm just saying that there's more of an out that people have that they didn't have as much in the past. There's something called the convoy model, and the convoy model is something that is talked about from a researcher named Antonucci, and I'm sorry his name isn't on the screen. That was a miss on my part. But the convoy model talks about how your support network can very well, and really good support networks are the sort of things that follow you throughout

your life. So that would be like your siblings and your parents and your children, as they all come in. But also your friends and other people in your life that you carry with you throughout your life. And the better this convoy works for you, the more of a good support network that you have. And the reason I bring up support networks, because it's all about communication and how important communication could be, especially for adults with challenges to their hearing. And a couple of examples that really make me think about this convoy model is, first of all, the Danes. I lived for three years in Denmark when I started working for this company, and something I observed really early with the Danes is that they don't have as much relationships with their work colleagues outside of work as I was used to coming from the U.S.

They would go home at the end of the day on Friday, and then that was it. They had a different support network, a different friendship circle than who they worked with. It's not that they didn't like who they worked with, it's just that they didn't serve the dual purpose of both colleagues and friends as much as it happens in the U.S. Because one of the things that happens is Denmark is a small country. You can't go very far in Denmark without running into a border somewhere. So you can't be Danish and go very far within the country. You're always within about a two-hour train ride of any other part of the country. And so what ends up happening is a lot of the Danes that I knew over there they would spend their leisure time with people that they may have known since kindergarten. A group of friends that have bonded together out of some neighborhood or one of the towns in Denmark that they still maintain really solid contact with. Because it's easy to get around in Denmark, it's easy to see people. You have a lot more leisure time to do that sort of thing, and so that convoy of friendships lasts over the years more in Denmark that it may have happened, for example, in the U.S. with a lot of cases. Except one change that did happen in the U.S. is the hijacking of Facebook, which I think is a really interesting story in and of itself. Remember where Facebook came from. Facebook was developed by millennials to keep track of who was sleeping with who, right? That's what that was all about, until the parents

recognized the value of Facebook and we basically took Facebook away from the millennials. Well, we didn't take it away from them, but we jumped into the party, because we wanted to use Facebook to keep track of our kids, find out what they were up to, keep track of our friends, keep track of our siblings 'cause we have a lot of siblings, right? That's the way it goes. And so all of a sudden Facebook turned into a tool that millennials developed into a tool that baby boomers started to use in a wide way. And so the millennials moved on to something else, they're Insta-snapping, or whatever you guys are doing these days.

But you moved on from that, and we use it. And, for example, one of the nice things about Facebook is that people in the U.S., again, we have a large country and people move around a lot, but they're finding friends from when they were children or in high school or in college, and they're bonding more and they have more groups of people who in the past they wouldn't have had that sort of access to. So part of this convoy I think is changing for a lot of people because they have access to more people than they've ever had before. And the reason I talk about relationships and things like that a lot is because the implication of the support network is changing. In the past I talked about kind of the classic way things would happen 20 or 30 years ago in the audiology clinic where grown children would bring their parents in and say, "Mom or Dad doesn't hear so well. "I need you to help them hear better." And that was sort of the relationship, and then there was a lot of reverse paternalism going on in that case. Now since the support mechanisms are more horizontal with siblings and friends and things like that, there's probably less paternalism going on in those and more shared experiences. So that when people talk about how important communication is and things like that, it's coming from a different perspective, because that support mechanism might change to a good degree in terms of structure. And I think always emphasizing with patients how important communication is to maintain this important structure I think does us well. Because one of the things that we know is that the better support mechanism you have, the better health a person has. The less they feel

isolated, the more they feel supported. The more people they can talk to. The more both physical support, economic support, but mostly emotional support that they can get from people, the better off they're gonna be. And we all know how important good communication is part of that puzzle. But I think also one of the things that we have to keep in mind is how we can start changing the way we talk to our patients to talk about the modern sort of relationships that they're having that might be different from older adults 20, 30 years ago, something like that. So I wanna do in just the last couple minutes is just throw a few thoughts your way on patient counseling. These are all derived from some of the things that I already talked about, so I'll kind of just speed date through these ones. One is one of the things you wanna keep in mind when talking to this new generation of people is that they are very reactive to the idea of aging and getting older. So even though we as audiologists and hearing care professionals talk about age-related hearing loss, that might not be the best term to use with older adults these days, because they may very well have a concept of is this aging that's causing my communication difficulties, or is it a disease process? Because if it's a disease process, then I'll take care of it. I'll go to a specialist. I'll have something done about it. If I need treatment, I'll do it. If I need to get hearing aids I will, because it's something that has happened to me.

But if it's aging, it's sort of like oh, I don't wanna get old. I don't wanna tell people I get old. And I know it's a very overly obvious trick to play with somebody, but I think what it means is that you probably don't want to overemphasize age-related hearing loss. In other words, it could be something like well, it's just over the year that you've had a lot insults to your auditory system. A lot of music, a lot of noises, things like that. That eventually catches up to you. And you could talk about it that way without necessarily saying well this is something that happens when you get older. I think that that is one of the subtleties that you might wanna consider in the way you talk about hearing loss to older adults. Another thing is to talk about the Third Age. Participation without limitations. What role does good hearing play in the ability to do those sort of things

that you've really been looking forward to doing. Hearing loss as a disruptor of socialization, not just communication. Because again, it's about the support network. It's about getting the most out of your relationships, especially with friends and with families and with siblings and things like that. And spouses. I don't wanna ignore spouses. Obviously they're a huge part of everyone's support network for those who have spouses. But the idea of being that you wanna make sure that you talk about the implication of not communicating well, not just that you don't communicate well. That would be part of the issue. Focus on the depth of relationship with friends, not the amount of social activity. There's gonna be some key relationships that people wanna hold onto, and what's holding back from having a good relationship. And if hearing is part of that, then that's a good place to start the discussion with a patient in order to motivate them to move forward. Move the discussion from how they feel about their hearing loss and how they feel about hearing aids to what they miss because of the hearing loss and what they won't have to miss because they got amplification. Again it's all about kind of breaking down that symbolism of hearing aids. You can't fight the symbolism of hearing aids if it's important to somebody, but you can help them move through that discussion into more of a practical discussion about how could their life be different if they did something about their hearing loss.

And it really comes down to the one message that I would bring to the forefront is focus on the who. Focus on who has changed in your life because you don't communicate well. Who is it that you can't have that conversation with? Who is it that you don't spend as much time with that you used to? Who is it that you sort of miss in your life because you find yourself not doing the sort of things you used to do because you don't communicate as well. Your hearing doesn't allow you to get the most enjoyment out of going to the restaurant with friends, or going to a party, or having people over for dinner, or whatever you're going to do. And if you get the conversation about who, then you can really be talking emotionally to the person about their hearing loss. Because I think one of the things that is essential if you're trying to get a person

who is resistant to get amplification to start taking it more seriously is to have an emotional conversation with them, or have a conversation about what's affecting them emotionally about their hearing loss. And not all hearing care professionals are always comfortable in doing that, that we wanna talk to them about our science and what we know about science and technology of hearing. But the reality is that this is a human issue, and this is an issue about relationships and about threatened relationships. I think if you approach it that way that you can maybe strike to the heart of the issue better than ever before. So hopefully you found this information at least somewhat useful. Maybe a slightly new perspective on what this newer generation of older adults look like and how it could be somewhat different than before. Again, there's always a danger in overgeneralization, but hopefully it is something that you can keep in mind as you move forward as a clinician. As always if you have any questions about any of this material, my email's on the screen and you're more than welcome to send me an email. But with that being said, I would like to thank you for your time, and I really hope you have a great, great time. Take care, thank you.

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