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# The Highs and Lows of Hearing Healthcare in 2013

By Fan-Gang Zeng, PhD

This year, four million infants were screened for hearing loss in the United States, and four million baby boomers turned 65. Our customer base is growing, but what have we done to meet these needs in 2013?

Let me start with some research highlights. Larry E. Humes and colleagues used nonspeech psychophysical and cognitive tests to reasonably predict an individual's aided speech understanding in noise (*Front Syst Neurosci* 2013;7:55). Their research may lead to a simplified version of a set of variables for clinical prediction of hearing aid outcome, especially in special populations, like those who don't speak English.

Abby McCormack and Heather Fortnum asked why people fitted with hearing aids do not wear them (*Int J Audiol* 2013;52[5]:360-368). They found that the perceived value, or the ratio between the hearing aid benefit and its cost, was too low.

Most interestingly, Piers Dawes and colleagues found that, like drugs, hearing aids produced significant placebo effects (*Int J Audiol* 2013;52[7]:472-477). The researchers called for double-blind standard methodology in hearing aid trials.

There have been exciting technological developments as well. Gerald Kidd Jr. and colleagues designed and tested a novel hearing aid prototype that uses eye tracking to direct the microphone array to focus on the intended speaker (*J Acoust Soc Am* 2013;133[3]:EL202-EL207).

In addition, the new iPhone includes a Hearing Aid Mode, and a search for "hearing aid" in the App Store found 89 apps. A cell phone with an embedded hearing aid chip debuted in Germany and China. This integration trend between smartphones and hearing aids will likely revolutionize not only the hearing aid industry, but also the entire consumer electronics market.

There have also been interesting trends in service delivery. The number of Costco stores with hearing booths reached almost 500 in 2013, as *Bloomberg Businessweek* reported. Wal-Mart and Sam's Club sold plenty of hearing aids, too.

In *Missouri Medicine*, Silverstein even called for integration of hearing service into an ophthalmology practice (2013;110[1]:41-43)—a topic *The Hearing Journal* explored in our July cover story.

Silverstein's first argument made sense: patients, particularly the elderly, have both sight and hearing problems that could be addressed simultaneously in the same office. His second argument raised a concern and several eyebrows: patients trust their ophthalmic physician and know that they receive quality care. We in the hearing field need to do a better public relations job to raise our profile.

When I was writing this editorial, the U.S. government had just ended its 16-day shutdown. Although the shutdown itself had little effect on hearing care, its long-term



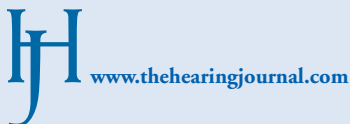
effects, together with the previous sequester cuts and future uncertainties in debt ceiling and health insurance reform, can be devastating. The 10-percent National Institutes of Health funding rate is already a historic low.

While it is encouraging to see the formation of the Hearing Industry Research Consortium by the six largest hearing aid manufacturers, the extent of cooperation and the level of funding aren't high. This year, the consortium received 24 "excellent" proposals but was only able to fund two—a dismal eight-percent success rate.

To help support investigator-initiated projects and train the next generation of researchers and practitioners, the hearing industry needs to step up to the plate. **HJ**



**Dr. Zeng** is chairman of *The Hearing Journal* Editorial Advisory Board, as well as director of the Center for Hearing Research and professor of anatomy and neurobiology, biomedical engineering, cognitive sciences, and otolaryngology at the University of California, Irvine.



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