

### ✓ PHONAK US NAMES NEW CEO

Mike Orscheln was appointed president and chief executive officer of Phonak US, effective January 1. He



Mike Orscheln

succeeded Cathy Jones, who has been named executive director of corporate relations for the company.

Orscheln joined Phonak as chief operating officer in October 2007 after spending more than 25 years in various management, sales, and marketing functions in the health-care industry. Most recently, he was senior vice-president of Cardinal Health, Inc.

In her new role, Jones will manage the Hear the World Foundation in the United States, overseeing fundraising and public relations efforts and continuing to represent



Cathy Jones

Phonak US at customer and industry events. She joined Phonak in 1996 as director of education and customer services and was promoted to president and CEO in 2002. Under her leadership, Phonak became one of the leaders in the U.S. hearing industry.

Jones is prominent in the hearing industry, having served for many years on the board of the Hearing Industries Association, including as chairperson

from 2006 to 2008. She recently became president of the Better Hearing Institute.

In announcing the appointments, Valentin Chapero, PhD, CEO of Sonova Holding AG, Phonak US's parent company, said, "We thank Cathy for her commitment to Phonak and are very pleased to have her move forward with Sonova in this new role. We congratulate Mike on his new leadership role and look forward to many successful years ahead."

### ✓ AARP/HearUSA PROGRAM DELAYED

When AARP and HearUSA announced last August that they were teaming up to offer an inclusive package of hearing care benefits to AARP's members, they expected to begin rolling out the program by the end of 2008. However, the drastic economic downturn has forced the parties to revise their timeline and now the program is expected to start in the second or third quarter of 2009.

Cindy Beyer, AuD, senior vice-president of HearUSA, told *HJ* on January 12, "Interest in the program remains high and we are confident that the program will be well received by the AARP membership. AARP remains committed to the concept and wants to ensure that, current

economic climate notwithstanding, we take a measured approach to advance a program that can meet the needs of members going forward."

Under the program as originally described, AARP's approximately 40 million members age 50 and above would be eligible for a hearing care package that included a binaural hearing aid fitting with a 90-day full-price return and a 3-year warranty on the hearing aids, a 3-year supply of batteries, and a formal rehabilitation component. The package would cost a fixed amount, ranging from \$1280 to \$2600 depending on the hearing instruments' level of technology. Any experienced, licensed, multi-line dispenser with a clean record could offer the package.

### ✓ BHI ASKS, HOW CAN WE MAKE SURE NO CHILD IS LEFT BEHIND?

*"If someone really powerful or really rich called me and asked, 'How can I help in your campaign to assure that no child is left behind in America due to hearing loss?' what would you ask for?"* That was the question posed recently by Sergei Kochkin, PhD, executive director of the Better Hearing Institute, to BHI's Pediatric Advisory Committee. While no one rich or powerful enough to grant all the wishes that the question elicited has yet appeared, the responses from a dozen or so members of the committee offer valuable guideposts for all those seeking to enable the nation's hearing-impaired children to achieve their full potential.

Thanks to the advent of universal newborn hearing screening programs coast to coast, hearing loss is being identified much earlier than it was 10 or 20 years ago. Hence Arla Melum, an educational audiologist in Portland, OR, for one, urged that such screening be "mandatory in all states."

There were also calls to improve and expand pediatric screening. Alyssa R. Needleman, PhD, manager of the Audiology Department at Rady Children's Hospital in San Diego, advocated "more thorough hearing screenings so fewer kids would be missed." She said, "We're seeing a lot more auditory neuropathies, who may refer on AABR then get re-screened with OAE and pass, and so get missed."

While newborn screening is essential, it misses hearing loss that develops in childhood. That's one reason why Gail M. Whitelaw, PhD, director of clinical instruction and research in speech and hearing science at Ohio State University, wants "standardized school-aged hearing screenings" supervised by an audiologist, with follow-up. On a similar note BHI Director Kochkin recommended "mandatory universal hearing screening at entry to kindergarten."

### *Improving follow-up*

A flaw in many screening programs is that many infants who fail the screen are lost to follow up. Eileen Cornetta Rall, AuD, an audiologist at the Center for Childhood Communication at the Children's Hospital of Philadelphia, listed steps to prevent that from occurring, including:

"Improve access for follow-up testing. Fund training and equipment for screening and diagnostic testing to increase centers where testing can be completed and reduce travel time for families.

"Involve parents in assisting with follow-up to screening.

"In areas with poor follow-up, make it meaningful. If that means 'rewarding' families for follow-up, find out what incentives would work, even gift cards, baby items."

Kochkin advocated the "development of a model follow-up program for infants who fail hearing loss screening and passage of state legislation requiring follow-up."

### *On to intervention*

Early identification of hearing loss is valuable only if it leads to early intervention. Therefore, several of BHI's pediatric advisors urged actions to ensure more timely and effective intervention. One obstacle is cost, as Dawna Lewis, PhD, senior research associate at Boys Town National Research Hospital in Omaha, pointed out. She said, "No family should be denied technology for their child because of cost or be unable to provide their child with appropriate communication access." Therefore, she urged "funding for hearing aids (binaural) and additional hearing assistance technology for all children."

Lynn Spivak, PhD, director of the Hearing & Speech Center at Long Island Jewish Medical Center in New Hyde Park, NY, said, "To my mind, the most effective thing that can be done to prevent hearing-impaired children from being left behind is to ensure that [they all] get hearing aids and FM systems. There is a real need for legislation that will require reimbursement for hearing aids by third-party payers."

The technology that children receive should be of top quality and provided in a timely manner, added Jane Auriemmo, AuD, manager of the Pediatric Partnership Program at the Widex Hearing Aid Company. She called for "every child to have equal access to the highest level of hearing aid technology as soon as the child is diagnosed."

The technology that is needed is not limited to personal devices. For example, Jackie L. Clark, PhD, a clinical assistant professor in the School of Behavioral & Brain Sciences at the Callier Center, University of Texas-Dallas, said that school classrooms should be equipped with amplification systems "for *all* students" and with personal FM systems for those with hearing impairments. Ohio State's Whitelaw said, "Classroom acoustics should

be addressed, [starting] in pre-school, and for all kids not just kids with hearing loss.

Hearing protection was also on the committee's wish list. Whitelaw said, "If we could get the word out about hearing loss prevention on every day products, that would be wonderful."

Another suggestion for preventing hearing loss came from Kochkin: Musician's earplugs for all children in school bands and orchestras, paid for by local school districts.

### *Means to the end*

Since wishing alone won't make things happen, the BHI committee suggested various means of gaining the funds and public support necessary to turn their wishes into reality. Kochkin would like to recruit "six cause marketing corporate partners with a vested interest in children and families" to help BHI promote improved hearing healthcare for children. He also called for passage of the federal hearing aid tax credit bill and universal insurance coverage for hearing aids for all dependents.

Several members called for educational initiatives targeted at key populations. One target should be educators themselves, said Karen Anderson, PhD, an audiology consultant with the Florida Department of Health. She said, "As cochlear implants and hearing instruments improve and children are early identified, their potential to hear to learn is growing exponentially. Yet, in the U.S. some 70% of training programs for teachers of the deaf and hard of hearing focus on sign language for self-contained deaf students, virtually a thing of the past." Among ways "to change the tide of education," she said, are foundation grant programs targeted at universities to provide an updated, balanced approach to serving children with hearing loss who are primarily educated in the mainstream."

Reaching physicians is also crucial, several members said, including Lynn Spivak, who believes such efforts should be especially targeted at pediatricians. She explained, "The pediatrician sensitized to the urgency of early amplification and habilitation will be a powerful ally to those of us who struggle to get families to comply with follow-up from screening programs, diagnosis, and recommendations for management."

Briana Kelly Dornan, an audiologist at Children's Hospital Boston, urged "placement of at least one tympanometer in every pediatrician's office."

It's also important to raise public consciousness. That's why Kochkin's wish list for BHI includes "ten famous people who will allow us to use their reputation and likeness to promote hearing healthcare for America's children."

Finally Gordon Walker, vice-president and general manager of Knowles Electronics, suggested a grass-roots program driven by parents of children with hearing impairment. He said, "It would increase awareness of hearing loss as a problem, its causes in children, the costs of non-treatment, and the awesome solutions available today."