Title
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Permalink
https://escholarship.org/uc/item/48q9m05g

Journal
Hearing Journal, 66(12)

ISSN
0745-7472

Author
Zeng, FG

Publication Date
2013-12-01

DOI
10.1097/01.HJ.0000441056.78666.13

Peer reviewed
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 reason 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 turned 65. Our customer base is growing, but what have we done to meet these needs in 2013?