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WEDNESDAY, OCTOBER 17–MONDAY, OCTOBER 29, 2012

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• Rehabilitation for Auditory Processing Difficulties in Adults
• Shared Decision Making in Audiologic/Aural Rehabilitation
• Social Psychology of Acquired Hearing Loss
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ASSOCIATION GOVERNANCE
Board of Directors
2012 Audiology Advisory Council
Welcome Message From Audiology Professional Practices

Pamela A. Mason, MEd, CCC-A, Director,
Audiology Professional Practices

Welcome to the latest issue of ASHA Audiology Connections. The Audiology Professional Practices unit has had a busy year engaged in activities to support the audiology community. This magazine shares some of these activities. Within this publication, there are articles written by several National Office staff members because many audiology activities are done in collaboration with other National Office units. Additional authors include members of the ASHA Board of Directors as well as other ASHA members who have provided volunteer leadership on behalf of the audiology profession.

While reading the magazine, you will learn about recent ASHA activities and be alerted to upcoming events to assist you in planning for the year. We hope that you keep the magazine on your shelf and refer to it during the year as a resource. But if you misplace the magazine, you can also find it on our website. Just search: Audiology Connections.

ASHA Audiology Connections is just one of the ways we communicate with our members. Every other month, the electronic newsletter ASHA Access Audiology is sent out to 18,000 subscribers. Each issue has a focus topic and an opening essay often written by experts on the topic. If you missed an issue, past issue essays are archived on the audiology web pages.

Another way we communicate with our fellow audiology members is through our conference exhibits. In this face-to-face opportunity, we are available to answer specific questions, provide you with the most current resources, and inform you of upcoming ASHA opportunities. In 2011, the Audiology Information Booth moved its location at Convention in San Diego to the Exhibit Hall floor, next to the Audiology Row where the audiology exhibitors were located. This made for easy trips to our booth as attendees visited the audiology exhibitors.

In addition, we had the audiology lounge located at the booth, so many audiologists stopped by, collected ASHA resources, and relaxed a few minutes before going on with planned Convention activities.

Should you have a question or need practice/policy advice, we also provide individual professional consultation via e-mail. To access this individualized assistance, e-mail us at audiology@asha.org. All of us in the unit hope that you have had an opportunity to speak with us at a meeting or electronically for professional consultation.

In 2011, we completed an update of our patient education handouts called the Audiology Information Series. These handouts are ideal for consumers and have been written in plain language. They are designed to support counseling and information sharing with patients, and have been formatted as free downloads on the website. Read more about this series and the new Spanish translations in an article on page 24.

In the past year, the Special Interest Groups (SIGs) unit reorganized, and we are very happy to announce that Kerry Chmielenski, an audiologist in the SIGs unit, has joined the Audiology Practices unit. With the reorganization, each of us in Audiology Practices has become an ex officio to one of the four audiology SIGs. Kerry has provided more information on the integration of the SIGs within ASHA on page 13.

Look for us at the ASHA Convention in November as well as the following meetings:
- Academy of Doctors of Audiology (ADA)
- Academy of Rehabilitative Audiology (ARA)
- American Academy of Audiology (AAA)
- American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS)
- American Auditory Society (AAS)
- Early Hearing Detection and Intervention (EHDI)
- Educational Audiology Association (EAA)
- Hearing Loss Association of America (HLAA)
- National Hearing Conservation Association (NHCA)

Kerry Chmielenski, AuD, CCC-A

ASHA is excited to announce that Kerry Chmielenski is now part of the Audiology Professional Practices unit. Some of you may recognize Kerry’s name: For the past 3 years, she worked as an Associate Director to the Special Interest Groups.

Kerry received her master’s degree in audiology from the University of Connecticut in 2000 and her doctorate degree (AuD) from the University of Florida in 2006. Prior to working at ASHA, she was a clinical assistant professor at the University of Florida, specializing in pediatrics and electrophysiological testing. Aside from her clinical experience, Kerry has had the opportunity to serve on several committees, guest lecture, and participate in FDA research trials.

Kerry and her ASHA Audiology teammates will continue the excellent high-quality service and support that their fellow colleagues at ASHA provide.
This has been another busy year and exciting time for me and for the Audiology Practices group at ASHA. They say that time flies when you are having fun, and that has been true for me during my time serving you on the Board of Directors (BOD). This has been and will continue to be one of the most rewarding experiences for me both personally and professionally. Other articles in this issue of ASHA Audiology Connections will provide you with greater detail about many of the things that took place in 2011. I will simply try to provide a few highlights of the things with which I have been involved. I would also encourage you to visit the ASHA website, where you will find a wealth of information for audiologists, including a searchable list of products and equipment (http://buyersguide.asha.org/). The home page for ASHA Audiology is www.asha.org/aud. I am confident you will find some incredible tools there. You may also request professional consultation from ASHA by sending an e-mail to audiology@asha.org or calling the Action Center at 800-498-2071.

I have continued to work with the Audiology Practices group in the ASHA office on a number of projects, some of which were discussed in the last issue of ASHA Audiology Connections and made progress in 2011. For example, the collaborative effort to develop a website that lists facilities providing audiology services for children in the 0–5-year age range is under way. A facility survey instrument is currently being piloted in six states. They have started disseminating information about this project to key stakeholders and are finalizing an FAQ document. (Please refer to the EHDI-PALS article by Anne Oyler and Susan Adams on page 21.)

The Audiology Quality Consortium has continued its work on developing and submitting measures that audiologists can report on for the Physician Quality Reporting System (please see Paul Farrell’s article on page 20). We also convened a meeting of representatives of the various audiology organizations in 2011 to discuss ASHA’s plans to move forward with pursuing comprehensive audiology benefit legislation for Medicare. (The article by Ingrida Lusis on page 8 provides more information on this topic.) Additionally, representatives from the various audiology organizations have been working collaboratively to develop additional codes that may be submitted to the Centers for Medicare & Medicaid Services for consideration. (Stu Trembath, Bob Fifer, and Steve White provide an update from the Health Care Economics Committee on page 10.)

Last year was the transition year for the Special Interest Groups (SIGs) and the inaugural year for two new groups, SIG 17, Global Issues in Communication Sciences and Related Disorders, and SIG 18, Telepractice. It was also the first year for the reorganized SIG 8, Public Health Issues Related to Hearing and Balance, during which their first issue of Perspectives was published. One of the exciting changes related to the restructuring is the availability of all Perspectives to affiliates of any SIG. I encourage you to engage with one or more SIG and to check out the content that is available to you through the SIG publications online. The SIG program celebrated its 20th anniversary in 2011 at the Convention in San Diego. (Kerry Chmielinski’s article on page 13 provides the latest information regarding SIGs.)

ASHA introduced a new affiliation opportunity during the fall of 2011 for audiology assistants and speech-language pathology assistants. In preparation for that introduction, a working group of dedicated volunteers revised the guidance document for the use of support personnel in audiology practice. I suggest that you read the new document, Audiology Support Personnel: Preparation, Supervision, and Ethical Considerations, which can be found on the ASHA website at www.asha.org/docs/html/GLPS2011-00322.html. (Please see the article by Sharon Huntman and Steve Ritch on page 23 for more on this topic.)

There will be a number of meetings in 2012 of interest to audiologists, and the Audiology Calendar of Events on the ASHA website (www.asha.org/aud/AudEvents) is a great place to keep informed about upcoming professional meetings. ASHA’s 2012 Audiology Online Conference: Managing School-Age Students With Hearing Loss takes place October 17–29 and provides an excellent opportunity to obtain valuable continuing education from the comfort of your own home or office. (More information is available on page 26.)

As I mentioned at the beginning of this note, serving you as the vice president for audiology practice for the past 2 years has been an amazing experience, and I look forward to another great year in 2012. During the past year, I represented ASHA at various national association meetings, at the International Congress on the Biological Effects of Noise in London, and at the state association meeting in Louisiana. It is great to have the chance to connect with audiology colleagues and to bring questions or suggestions back to the BOD and the National Office staff. Please feel free to contact me and other members of the BOD through the In Touch link at www.asha.org/about/governance/membersintouch.htm. I also encourage you to consider getting involved in your Association by volunteering. My volunteer experience with ASHA over the years has had a profound positive impact on me personally and professionally. I have met some incredible individuals, have learned many things about the professions and governance, and have developed friendships that will last throughout my lifetime. I am excited about the adventures that 2012 will bring during my third and final year of service in this role on the ASHA BOD.
Thank You, Volunteers for Audiology Professional Practices

Pamela A. Mason, MEd, CCC-A, Director, Audiology Professional Practices

One of the most important things ASHA can do as an organization is to make sure that we thank our volunteers. In the Audiology Professional Practices unit, we invite volunteers to participate in a variety of activities at our request. Our volunteers give freely of their time, energy, and expertise, all for a worthy cause. As a membership organization, ASHA depends on volunteers. They step up and provide unselfish support. They are the backbone of the Association.

Volunteers are critical to us and our ability to create successful projects designed to enhance professional life for ASHA members. Without their time, it would not be possible to accomplish all the goals of the unit each year. Everyone struggles with their own day-to-day time constraints and personal responsibilities, so it is important to remind our volunteers of how special they are and to thank them.

Our volunteer audiologists and students have participated in activities such as the Senate Health Fair; peer review; writing ASHA policy documents, patient education handouts, and articles for ASHA Access Audiology and ASHA Audiology Connections; serving as expert presenters for professional development programs and as representatives on committees; and staffing exhibits.

Finding the right words to express our gratefulness to these folks is not a simple task. However, maybe a simple “thank you” can convey what we truly feel. So, thank you. If we have missed naming anyone here, please accept our apologies.

We make a living by what we get, but we make a life by what we give.

~Winston Churchill

Volunteers Who Assisted Audiology Professional Practices

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Nancy Tye-Murray
Claudia Updike
Kathy Vander Werff
Josara Wallber
Terry Wiley
As I prepared to write this piece for ASHA Audiology Connections, I reflected on the themes I’ve written about over the years, and I was struck with the centrality of the core messages expressed in those pieces.

Long before serving as the Chief Staff Officer for Audiology, I was a professor of audiology at a university and a provider of clinical services. I had the good fortune to have many wonderful students in a nearly 30-year career as a professor, most of whom have had careers as valued and respected clinicians in their communities, and some have gone on to be elected leaders of professional organizations. As I’ve encountered many of these former students—now colleagues—over the years, I’ve been struck with the similarities in their comments—their expressions of sincere appreciation for the discussions we had focusing on contributing to our discipline and to our profession, the idea of giving back, shepherding, and engaging in stewardship. Many took to heart the notion “Who but those who know and love the work we do should be expected to shape the future?”

When the opportunity to take the position of Chief Staff Officer for Audiology at ASHA was offered, some asked me why I would leave the university and the enjoyment of interacting with and challenging students, and others asked why would I leave clinical practice and the satisfaction of supporting patients and their families? Frankly, leaving both was difficult. However, the opportunity to address issues that had an impact on the discipline and profession on a large scale was, and has been, a reward in and of itself. I’ve been fortunate to work closely with some brilliant and caring people who have strived to have the profession of audiology recognized for the wonderful profession it is. Through the efforts of these individuals, more and more of the public knows that an audiologist is the professional to see for hearing and balance symptoms. This awareness has come about through the tireless efforts of leaders from numerous professional and consumer-focused organizations. We strive to work together on issues critical to the profession and, although not always with a common voice, look for common ground on which to develop and implement focused strategies to advance the profession.

It is incumbent upon us to continue to seek opportunities to collaborate, to support as an audiology community evidence-based research that serves as the basis for diagnostic and treatment protocols, and to support as an audiology community advocacy initiatives that advance the autonomy of the profession and value the breadth and depth of the services audiologists are skilled and credentialed to provide. To not do so could place the profession in jeopardy because the changing health care landscape will most assuredly demand that the work we do reveals its value in optimal patient outcomes—outcomes achieved as a result of best practices implemented by audiologists.

One never knows the impact he or she may have on the lives of others. Many years after leaving university and clinical life, I met a fellow audiologist who sought me out at an ASHA Convention. He introduced himself and said he was in private practice, had been for many years, and was proud of the impact he felt he had on his patients and community. He then went on to tell me why he became an audiologist. It turned out that years earlier I had diagnosed his younger sister’s hearing loss and had recommended amplification; after fitting and follow-up, his sister had completed high school and college, and was leading a productive and successful life. He recalled reading the reports I had written that were given to the family, had realized the positive impact an audiologist had on his sister and his family, and had decided to return to school to become an audiologist. He is now, and has been, giving back by making similar positive impacts on his patients, community, and his profession. He wanted to say “thanks” for contributing in some small way to his becoming a member of such a wonderful profession.

Now, as I prepare to retire from ASHA, I am inspired by the energy and enthusiasm I encounter when I speak with audiology students from around the country. I am buoyed by the commitment of colleagues who, by taking action at the national level as organizational leaders or in their communities as grassroots leaders, have the best interests of our patients and our profession at heart. With this spirit, I know the profession is and will remain in good hands.

There are too many individuals to thank for contributing to such a wonderful career—if I tried, I would surely leave some out. However, I must thank the faculty and staff at Towson University for the opportunity to pass on my love of audiology to countless students and for the time to serve the community. I must also thank the outstanding leadership and wonderful staff at ASHA for their support, creativity, and initiative as we engaged the issues facing the communication sciences and disorders discipline and the audiology profession. In particular, I have to thank Hayes Newby, who asked me to join an ASHA committee and begin my years of volunteer service. That committee, as I recall, also included audiology “giants” such as William Melnick, Leo Doerfler, and Allan Feldman. I also have to thank Fred Spahr, who gave me the opportunity to join the ASHA staff and supported our efforts on behalf of the audiology profession.

Good-bye and farewell, dear colleagues and friends.
Online Hearing Tests and Hearing Aids: The Future of Hearing Health Care Delivery?

George Lyons Jr., JD-MBA, Director, Government Relations & Public Policy

In 2011, United Healthcare (UHC), through its subsidiary hi HealthInnovations, publicized to its Medicare Advantage plan members a new benefit of providing hearing tests and the ability to purchase hearing aids at a discounted rate over the Internet. In its October announcement of the new offerings, hi HealthInnovations said it was “completely changing the distribution model and eliminating intermediaries, which can drive up the cost significantly.” According to hi HealthInnovations, the model targets members with mild to moderate hearing loss, who will be able to choose from four preprogrammed hearing aids after self-determining a hearing loss via the online test.

The free hearing test is available to anyone who visits the hiHealthInnovations website. Once on the site, the user is instructed to plug headphones into the computer or mobile device and test in a quiet location. During the test, the user adjusts the volume from high-pitched to low-pitched sounds directed into each ear via a computer rather than in a sound-controlled environment. The user also answers self-assessment questions on topics such as whether he or she has difficulty following conversations or hearing a telephone, or he or she has difficulty following questions on topics such as whether he or she has difficulty following conversations or hearing a telephone.

After the test, the user receives an assessment of his or her hearing based on a self-reading rather than from a hearing professional. If the user believes he or she is experiencing hearing loss, the website refers the user to a page that lists recommended hearing aids manufactured by Intricon, UHC’s distributor of hearing aid devices.

According to the company, comparable devices cost as much as $4,000, but hi HealthInnovations’s aids will cost from $749 to $949 per ear. For some members of UHC’s Medicare Advantage plans, the hearing aids will be available at no out-of-pocket cost.

ASHA has concerns and reservations about the effectiveness of a device-driven model in ensuring proper care for patients with hearing needs. ASHA has communicated its concerns to hi HealthInnovations that its model should focus on patient safety, comply with state licensing laws and federal regulations, and ensure that audiologists play an integral role in the continuum of hearing health care. In addition, UHC should recognize its online hearing test as merely a screen rather than a reliable test. ASHA is emphasizing in its approach that patient safety is paramount and that audiologists must be included in the diagnosis of hearing loss as well as the fitting of hearing aids and postfitting audiologic rehabilitation.

UHC has indicated that it wants to develop a network of audiologists and has advertised for their services in certain locations.

ASHA has been updating members as it has received responses from UHC and has worked with other organizations in crafting a coordinated response, and the Association will continue to keep members informed about new developments. If you have questions for ASHA about this issue, please send an e-mail to audiology@asha.org.

Important ASHA Surveys of Audiologists Coming in 2012

The Audiology Survey will be fielded in fall 2012. Should you be one of the randomly selected audiology members to receive the survey, we encourage you to respond when the survey appears in your mailbox. The information gathered in the survey gives ASHA valuable feedback on issues that are important to members such as salary trends. The data from the survey help us better understand your needs and attitudes and inform ASHA on emerging clinical trends in the profession so that we can provide you with current and useful resources.

The last Audiology Survey took place in 2010, and the results are available on the ASHA website at www.asha.org, search term “Audiology Survey Reports.”

The Schools Survey will take place in spring 2012. Educational audiologists will be included in the survey sample. If you receive a Schools Survey from ASHA, please participate so that your feedback will be reflected in the results.

Look for more information on both the 2012 Audiology and Schools Surveys in the coming months.

Why I’m Glad I’m an Audiologist

I am glad I am an audiologist because most of my clinical time is spent working with patients who are significantly affected by their tinnitus. They come in severely distressed, disappointed, and scared. By the time the treatment is completed, most are remarkably better. Most are married with children, and their relationship with others at home and at work is affected by their tinnitus. I feel very proud to be able to change the quality of their lives.

–Sol Marghzar, AuD, CCC-A
Reining in the national debt and lowering the unemployment rate have been the focus on Capitol Hill for the 112th Congress. Pay-for rules established by the House of Representatives now require an offset for any new program expenditures authorized by Congress. All these pieces have formed a tougher environment in which to introduce and pass any legislation. Additionally, as seen by last-minute negotiations of the Congress, Medicare, while of great concern to congressional leaders, must wait another day to be resolved.

While the political climate does not lend itself to expansions in the Medicare program, ASHA remains committed to ensuring the autonomy of the profession and making sure that audiologists are recognized for both diagnostic and rehabilitation services under the Medicare program. Therefore, this year, the Association has worked behind the scenes in laying the groundwork so that when the political climate has improved, we will work with congressional leaders on the introduction of a bill. In the meantime, ASHA has been working with legal experts to draft a comprehensive legislative bill and is currently working with an actuarial firm to determine what the cost of comprehensive audiology coverage would mean to the Medicare program. The Association is also working to secure other organizations’ support of our legislative efforts.

The decision to support a comprehensive Medicare audiology benefit that would cover audiologists’ professional evaluation, management, and treatment services—rather than direct access—is based on several factors. The most compelling reason is that direct access legislation has the very real potential to codify audiology services as diagnostic-only, thereby defining audiology services as technical (rather than professional) under Medicare.

ASHA leadership believes that the autonomy of the profession is best achieved through a comprehensive benefit that would reimburse audiologists for the full scope of Medicare-covered services for which they are qualified, rather than only for diagnostic testing with or without physician referral.

Under the current health care system, Medicare rates and coverage policies often influence other insurance coverage. Medicare determines its rates based on its classification of audiology services as diagnostic. Pursuing a Medicare direct access bill that codifies this classification is not in the best interest of audiology or the patient.

ASHA believes that audiology services—diagnostic, rehabilitative, and intraoperative neurophysiological monitoring—should be available to the entire Medicare population and not just those who are able to pay out-of-pocket. ASHA will advocate for coverage of diagnostic, rehabilitative, and monitoring services provided by audiologists as part of a comprehensive Medicare benefit. This benefit would not include hearing aids or services associated with the fitting of a hearing aid, because they are not Medicare benefits.

ASHA also realizes that audiologists should have a choice of whom they serve. Therefore, any ASHA-proposed and advocated legislation would include an opt-out provision, so that audiologists may choose whether to provide services to Medicare beneficiaries. 😊
Update on ASHA’s Advocacy for Audiologists Through the Coalition for Patients’ Rights

Janet Deppe, MS, CCC-SLP, Director, State Advocacy

ASHA continues its leadership in the Coalition for Patients’ Rights (CPR), whose mission is to counter efforts by the Scope of Practice Partnership of the American Medical Association (AMA) to limit the scope of practice for nonphysician providers, including audiologists and speech-language pathologists. Representatives from ASHA and seven other nonphysician health care professional organizations in the CPR met with the AMA leadership in May 2011 to discuss the Data Series modules, the recently passed health care reform law and its implications for consumers and providers, the shortage of qualified health care providers, and ways in which the AMA and CPR might work together on health care initiatives. ASHA and other group representatives expressed dismay over the release of the modules, indicating in particular the AMA’s failure to seek input from the affected professional associations and asserting that no one professional group should dictate the scope of practice of another. The AMA acknowledged that additional input would have been helpful.

The AMA also acknowledged that the shortage of physicians and other health care providers necessitates that all groups work together to determine the best strategies to ensure that patients receive timely, quality services. The group agreed to meet again to discuss the development of a more patient-centered health care model.

The CPR has also developed a number of tools for members and consumers to advocate for access and choice of qualified health care professionals. A PowerPoint presentation depicting how to form and sustain a state-based health care coalition is now available on the coalition’s website. State organizations, including state speech-language-hearing associations, are encouraged to reach out to other professional organizations in the state with similar health care concerns.

In Kentucky, the coalition has helped a number of state organizations coalesce around the physician-led campaign “MD ID,” which would restrict the use of the term “doctor” to physician groups only and proposes to restrict the scope of practice of health care professionals. The Kentucky coalition is accessing CPR materials to help create advocacy tools.

Similar efforts may be under way in your state.

For more information about state-based coalitions and other CPR activities, contact me, ASHA’s liaison to the coalition, at jdeppe@asha.org or go to the CPR website at www.patientsrightscoalition.org/default.aspx.

New State-by-State Resources for Clinicians

Susan Adams, JD, Director of State and Regulatory Advocacy, and Eileen Crowe, Director of State Association Relations

Need information about how audiology support personnel are regulated in your state? ASHA now provides state-by-state information on the laws and regulations for audiology support personnel in educational and other practice settings. The web pages also include educational, supervisory, and continuing education requirements for various categories of support personnel.

How about the hearing aid dispenser in your neighborhood? ASHA has similarly developed state-by-state information for the profession of hearing aid dispensing, including licensure and continuing education requirements as well as guidance on whether a licensed audiologist may dispense hearing aids without a separate license, whether a trial period is included, and whether mail order dispensing is allowed. Each state maintains its own standards for licensure, certification, or registration of support personnel and hearing aid dispensers.

Clinicians looking for their state’s regulations for early hearing detection and intervention (EHDI) and school-age hearing screenings can now find these requirements on ASHA’s state advocacy web pages. Previously, ASHA provided brief summaries of applicable EHDI laws with a link to the law. The enhanced web pages comprise individual state pages with specific information on state EHDI programs—including screening, intervention, standards and protocols, and tracking and reporting—as well as school-age hearing screening programs—including ages or populations screened, who is allowed to screen, training for screeners, type of testing, equipment standards, and follow-up protocols and documentation. Links to laws, regulations, and guidelines are also included. Contact information for the state EHDI and school-age hearing screening programs is available on the individual state contact page.

ASHA has also created licensure trends charts to show licensing requirements for support personnel in audiology and speech-language pathology and hearing aid dispensers, as well as teacher requirements for both educational audiologists and school-based speech-language pathologists. These charts can be found at www.asha.org/advocacy/state/StateLicensureTrends/.

This detailed state-by-state information is available at www.asha.org/advocacy/state/info and will be updated annually.
As 2011 drew to a close, the state of health care reimbursement continued to be in flux. Audiologists are still being asked to do more with reimbursement levels that continue to decline. The final rule for Medicare was recently published, showing a decline of more than 27% in reimbursement unless the sustainable growth index (SGR) is deferred again by Congress. In 2011, the SGR was not adjusted until a number of weeks into the new year, and then it was adjusted for only part of the year and revisited. Without a long-term fix to the SGR, we ponder what will happen next and prepare for all eventualities.

The ASHA Health Care Economics Committee (HCEC) is charged, in part, with helping ASHA to anticipate future socioeconomic trends and determine how these trends will affect the professions and the consumers of our services. Given all that has happened in the last 2 years and the changes that we see coming, we must develop strategies that allow us to be proactive in our approach to change. It is imperative that our profession prove its value to the health care system and be seen as a necessary component of hearing and balance health care. Currently, Medicare rewards providers who participate in the Physician Quality Reporting System (PQRS). Thanks to the efforts of the Audiology Consortium (13 different audiology groups; see the list on page 20), audiologists who participated in PQRS in 2011 could receive a 1% bonus for accurately reporting a number of conditions. This percentage bonus will go down in each of the next 3 years to 0.5%. After 2014, penalties will be imposed on those who do not report quality outcomes.

The HCEC realizes that Medicare and other insurers are moving to bundled payment models that demand quality outcomes in exchange for payment for these services. Audiologists can check http://innovations.cms.gov/initiatives/bundled-payments to monitor the Center for Medicare and Medicaid Innovation site for news regarding the bundled payment approach for services. We have concluded that we need to have data demonstrating the importance and quality of the services we provide if we are to be part of a bundled payment system.

On another front, the federal government is establishing essential health care benefits as part of the Patient Protection and Affordable Care Act (ACA). As in a bundling approach to payment, it is imperative that we have data to support the value of the services we provide so that we will be included as an essential health care benefit. ASHA is advocating for audiology services to be part of the rehabilitation and habilitation essential benefits required by the ACA (www.asha.org/Publications/leader/2011/111122/Habilitation-Inches-Closer-to-Essential-Benefit-Status.htm). Primary care physicians will see an increase in compensation under these systemic changes, and all other providers, audiologists and speech-language pathologists included, will see a potential reduction in compensation. Only those who provide efficient care resulting in cost savings and high-quality outcomes will reap the benefits of the changing landscape. The mantra will be “value, not volume.” Moreover, the primary care physician will assume a greater role in the coordination of care for each patient and become a true health care manager. Although this may have some apparent similarities to the old HMO gatekeeper concept, there will be significant differences. The primary care physician will be expected to know the patient as a person, not simply as an illness. Care coordination will involve active participation in the referral process, overseeing all test outcomes, and using that information to provide better, more efficient care to the patient. At the local level, it will be the primary care physician to whom we will need to prove our value in the totality of patient care.

Based on our conversations with Medicare officials, we anticipate the concept of efficiency to be driven in two additional ways. The first is a new ACA program for Medicare called value-based purchasing. Under value-based purchasing, a single reimbursement fee will be rendered for all treatment of a given diagnosis covering a specified period of time (see www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/Health%20Reform%20Issues%20Briefs/US_CHS_ValueBasedPurchasing_031811.pdf). The first diagnostic category to be reviewed is forecast to include diabetes care. Under this model, physicians will receive a single payment that will provide for all care, including medications, for the patient during the defined time interval. The amount of the reimbursement and the length of the defined time period will be based on data mining of claims over the past several years. Medicare intends to use median values to determine reimbursement rates.

The second way in which Medicare will drive efficiency will be the continued development of bundled Current Procedural Terminology codes. The new bundled balance evaluation code and the new bundled immittance codes are examples of this approach that address how payers address what they see as practitioners raising payment by increasing the volume of procedures. Ostensibly, these bundled codes were developed so that Medicare would not overpay for pre- and postservice activities, including review of the patient’s chart and report preparation. In the process of resurveying the combined code, the overall intraservice time value dropped considerably. Medicare’s philosophy is that if two codes are billed together consistently, what is being done is really one procedure rather than two. The balance evaluation and immittance codes were picked up on a 95% coincidence billing screen. Additional screens at the 75% level and the 50% level indicated other coincident billing codes as well. While audiology procedures are down the list when compared to high-volume
and high-valued procedures, we have every indication that our time to develop new combined codes by Medicare directive will be coming soon.

In 2013, the United States will join most of the rest of the world in using the *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM). Audiologists and other health care professionals will have a code set that is much more specific in the diagnosis of diseases, such as the laterality of hearing loss. The increased specificity of diagnosis codes will result in more accurate coding and allow Medicare to look more closely at outcomes of service. We anticipate that the ICD-10-CM, coupled with increased use of the International Classification of Functioning, Disability and Health framework and its emphasis on functional status, will further result in measurement of quality outcomes, with payment only given to those who provide the greatest value to the consumer. Again, how will we be prepared for these changes?

In summary, the reimbursement landscape is changing dramatically. We see this as an opportunity to better define our value within the health care system. We also see it as an opportunity to improve our efficiency and still provide outstanding, high-quality outcomes for the consumers of our services. These anticipated changes in reimbursement patterns will require us to examine every aspect of our clinical practice, the cost of service delivery, and the effectiveness of what we do. Clearly, these changes are intended to eliminate providers who are not efficient or who do not provide quality services.

The HCEC will share with you breaking news and information about anticipated changes. The committee has developed and will continue to develop reimbursement resources to guide practitioners in the ways of correct billing and documentation, and in making good, reasonable, and informed decisions. ☞

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Andrea M. Falzarano, Director, Association Governance Operations

Volunteer leadership is the key to success in nonprofit associations such as ASHA, which relies on its volunteers to fulfill its mission. Many of these volunteers are from the baby boomer generation, and as they begin to retire, ASHA anticipates a shortage.

Four years ago, the Association developed the Leadership Development Program (LDP), which encourages potential leaders to develop their skills in service to the professions through ASHA. The program was curtailed due to the economy but was brought back to life in 2011 and has been very well received by participants. Because of the LDP’s success in 2011, ASHA will once again offer the program in 2012 and has designed an LDP specifically for audiologists.

The Audiology LDP is a yearlong program for ASHA audiologists who would like to develop their leadership skills. The program encourages audiologists to give back to the profession through volunteering—whether with ASHA, at their workplace, or for a related professional organization. It is also a great opportunity to earn CEUs.

The Audiology LDP is limited to 30 participants who are selected through a competitive application process. The program for audiologists will have a kickoff workshop on Saturday, July 14, 2012, at ASHA’s National Office in Rockville, Maryland. Participants must also commit to six webinars on selected leadership topics held during the year and develop an individual leadership project that they will work on during the program.

Participants will also be assigned to a learning team made up of other LDP participants. The team members will meet and work together—face-to-face at the workshop as well as by virtual means throughout the year. The learning team serves as each participant’s project advisory board, providing advice and support and also allowing for deeper interactions and exploration of the content provided by the LDP webinar sessions.

We encourage all ASHA audiologists to consider applying for this important program. To apply, you must be a current ASHA member and have no prior service as an ASHA or Special Interest Group board or council member or committee chair. Leaders in state associations are welcome to apply. Finally, applicants must be able to commit to participate in the yearlong program and complete all program requirements. There is a nominal fee of $350, which covers the 1-day, face-to-face program, 1 night’s hotel accommodation, meeting materials, and webinars.

You owe it to yourself, your colleagues, and your profession to translate vision into reality and apply for a seat in the next Audiology LDP class! Applications for 2012 will be accepted as of Monday, February 6, through Friday, April 13.

For more information on the Audiology LDP, please visit www.asha.org/About/governance/Leadership-Development-Program/or contact Haley Jones, Volunteer Operations Manager, via e-mail (hjones@asha.org) or phone (301-296-5713). ☞
Building Your Professional Brand by Realizing the Value of Your ASHA CCC

Ayana Nickerson, Director of Certification

At some point, you may have asked ASHA about the value of ASHA certification. You would have been directed to the website (www.asha.org/certification), where you were able to read about the value of certification, and also been told the steps and requirements involved in how to earn and maintain the credential. While a potential certificate holder should receive an explanation of how to earn the credential, it’s equally important for him or her to learn why it’s important to be credentialed in the first place.

The value of certification

For the profession

What is the value of certification for ASHA members and the profession of audiology? ASHA’s Certificate of Clinical Competence (CCC) represents quality in professional practice. It means that a professional holding the CCC is keeping up with changes in the scope of practice and adhering to a professional code of ethics. ASHA periodically conducts a practice and curriculum analysis for the profession of audiology under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the Council For Clinical Certification in Audiology and Speech-Language Pathology (CFCC). The results of this study inform the CAA and CFCC about the academic and clinical standards for the profession. ASHA certification, together with the Scope of Practice in Audiology and the ASHA Code of Ethics, holds the profession of audiology to strict standards—standards that translate into quality patient care and professional ethics.

For the employer

Many employers find value in the ASHA CCC because they understand that professional competence leads to quality care and patient satisfaction. For this reason, many employers use the ASHA certification as a deciding factor when making hiring decisions. By having certified employees on staff, an employer is able to demonstrate a commitment to professional competence. Certification also provides verification of compliance with industry standards and, in some cases, licensure agreements.

For the individual

What has your Certificate of Clinical Competence in Audiology (CCC-A) done for you, the credential holder? There are many benefits to the credential holder and the potential credential holder:

- Shows recognition by a third party for achieving an industry credential
- Provides credibility
- Enhances your professional reputation
- Supports your commitment to continued professional development
- Demonstrates a high level of commitment in the field of audiology
- Demonstrates a certain level of knowledge, skill, and ability
- Increases opportunities for career advancement and/or increased earnings
- Is portable, giving you the freedom to pursue your career wherever life takes you

For the public

The CCC-A is of value to consumers because it helps them identify providers who have met rigorous professional standards. This provides them with assurance that an audiologist has the knowledge, skills, and experience needed to provide high quality clinical services for them and their family members.

Build your professional brand

Certification brings value to a community and to the profession as a whole. Certification provides many opportunities to build your professional brand as an ASHA-certified audiologist. Take the opportunity to promote your CCC-A. Market your validated knowledge, skills, and ability:

- List your credentials on your business card and wherever you choose to market your services. ASHA encourages each certified member to download the approved format of the logo with the words Certified Member to promote their ASHA credential. Visit www.asha.org/practice/marketing/logo.htm for more information.
- Introduce yourself as a having a CCC-A to patients, their families, and peers. This can begin with the sign on your door.
- Mention your credentials in your staff bio used on websites and clinic brochures.
- Write a short article to announce your certification achievement and submit it to your employer newsletter, alumni news, or local newspaper.
- If you have any questions about the value of certification or how to build your professional brand with certification, please feel free to contact Ayana Nickerson, Director of Certification (anickerson@asha.org). ☎

### Certification Case Management

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### Certification Operations

To contact the certification maintenance unit, send an e-mail to certification@asha.org. Marva Smith at ext. 5765 handles all certification maintenance inquiries. Sylvia Ngwa at ext. 5787 handles requests for verification letters, requests for copies of documents, and certificate orders.
As a result of the recent restructuring of the Special Interest Groups (SIGs), the four audiology SIGs will now be housed within the Audiology Professional Practices unit. Each audiologist on the team will serve as ex officio to a specific SIG. I will serve as ex officio to SIG 6, Hearing and Hearing Disorders: Research and Diagnostics. Paul Farrell will serve as ex officio to SIG 7, Aural Rehabilitation and Its Instrumentation. The ex officio to SIG 8, Public Health Issues Related to Hearing and Balance, will be Pam Mason. And last, Anne Oyler will be ex officio for SIG 9, Hearing and Hearing Disorders in Childhood.

The audiology SIGs had a very productive 2011. They sponsored and contributed subject matter expertise to the Audiology Online Conference, submitted topics for evidence-based systematic reviews, held Short Courses at Convention, and published several issues of Perspectives, the online publications that are offered for continuing education units. In a combined effort, the audiology SIGs sponsored a seminar at Convention titled “Audiology Affiliates: Exploring Innovation Across SIGs.” This seminar featured well-known, respected individuals within the field, such as Todd Houston, Tamala Bradham, Steve White, Tara Davis, Anne Marie Tharpe, Devin McCaslin, and Sue Ann Erdman.

SIG 8 has been very busy this past year since the approval of the group’s change in name, focus, and mission. The Coordinating Committee worked extremely hard to publish a quality issue of Perspectives that made its debut in December. At Convention in San Diego, the committee put together two well-attended courses—“Traumatic Brain Injury (A Major Public Health Issue): Audiology Perspective” and “Telehealth Technology for Audiologists and Other Professionals.”

As a reminder, here are some of the exciting changes under the new SIG structure:

- Establishment of a Coordinating Committee composed of three to four elected members and one appointed member (the Perspectives substantive editor)
- Creation of the Board of SIG Coordinators as a new standing board of the Association to advise the Board of Directors (BOD) and recommend policies or execute specific undertakings as approved by the BOD
- Free access for SIG affiliates to all issues of Perspectives
- Increases in the number of issues and pages of Perspectives that SIGs can publish
- Affiliate discounts on ASHA Short Courses and ASHA-sponsored conferences

The coordinating committee worked in December. At Convention in San Diego, the committee put together two well-attended courses—“Traumatic Brain Injury (A Major Public Health Issue): Audiology Perspective” and “Telehealth Technology for Audiologists and Other Professionals.”

The new ASHA Community discussions at http://community.asha.org/ are a great way to connect with other SIG affiliates. The ASHA directory now lets you search for members by SIG affiliation, allowing for quick and easy contact with ASHA Community members. Look for correspondence from your respective SIG Coordinating Committee to apprise you of ASHA- and SIG-related activities that may be of interest to you.

Now is a great time to join a SIG. To sample an issue or join a SIG, or for further information, visit the SIG web page at www.asha.org/SIG/.

Kerry Chmielenski joined the Audiology Professional Practices unit as Associate Director in January 2012.

INFINITE POSSIBILITIES: Now that you’ve helped her to hear. Audiology...Learning that touches lives.

At Montclair State, our doctoral program in Audiology is the only one of its kind in New Jersey and offers truly unique real-world experience. Not only will you receive an unsurpassed education in the classroom, but we have working relationships with some of the best research and clinical facilities in the region. These include Hackensack University Medical Center, St. Joseph’s Regional Medical Center, and JFK Johnson Rehabilitation Institute... to name just a few.

Your future could follow the path of a clinician, educator, administrator, or even a researcher...the opportunities are virtually limitless. In addition, you’ll receive an advanced degree that meets all the new requirements now needed to become a fully licensed and certified audiologist.

Montclair State University  1 Normal Avenue, Montclair, New Jersey  973-655-7752  montclair.edu
To help raise awareness about hearing health during ASHA’s May Is Better Hearing and Speech Month (BHSM) campaign, more than 120 free or low-cost resources are available to ASHA member audiologists. These resources can assist in effectively generating hearing health awareness for the public, obtaining referral business from physicians, and promoting the profession to the media. To better assist you with your awareness efforts during BHSM, here is a selection of the resources being offered for BHSM 2012:

Letters to Parents and Physicians (www.asha.org/bhsm/ResourcesPractice)

Available in English and Spanish, these letters provide information on such topics as the importance of getting hearing screenings, protecting one’s hearing, and the services that audiologists provide.

Public Service Announcements for Print and Radio (print: www.asha.org/uploadedFiles/bhsm/2009AUDPSA.pdf)

(radio: www.asha.org/bhsm/bhs_psa/)

(Spanish: www.asha.org/bhsm/bhs_psa.htm?LangType=1034)

Send these messages to local radio stations or newspapers to raise awareness about the profession within your local community.

Resolution and Proclamation (www.asha.org/bhsm/custom-procs.htm)

Getting a proclamation for celebrating BHSM in your city is not too difficult. In many areas, a mayor or governor can issue a proclamation without action from the city council or state legislature.

Press Release and Media Advisory (www.asha.org/bhsm/PRMedia.htm)

Customize a press release and media advisory for your BHSM event. Include your information as the expert to contact for a story on audiology and hearing loss. Then send the press release out to your local media via e-mail or fax.

For more free resources items and ideas, go to www.asha.org/bhsm.

For those of you looking to promote BHSM via a special event or to thank employees or special clients with a memento during the month, ASHA also offers more than 50 low-cost promotional items during BHSM, including:

- wearables;
- bags and totes;
- pens, pencils, and stationery;
- promotional resources;
- and much more!

To learn more about these low-cost items or to order, visit www.bhsmstore.com or call 847-963-8100.

ASHA is dedicated to advancing the profession through increasing public awareness of audiology and the importance of hearing health. Your grassroots efforts during BHSM to educate the public locally will make a profound difference! ☺

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Your Clients Want to Know More!

Two new audiology brochures are now available in easy to understand language for consumers

**Hearing Assistive Technology**

Hearing assistive technology systems, or HATS, can help you communicate with others. You may also hear them called assistive listening devices. HATS can be used with or without hearing aids or cochlear implants to make it easier to hear. This brochure answers common questions about HATS and describes how to find help.

**Noise: How to Protect Your Hearing**

The risk of noise-induced hearing loss is a hazard that affects millions of individuals in a variety of environments. This brochure illustrates the noise levels of common sounds as well as the potential risks to hearing posed by noisy toys, personal audio devices, recreational activities, and job-related noise. It lists warning signs of hearing loss and how to find help from an audiologist.

To learn more about these brochures, or to order, visit www.asha.org/shop or call 888-498-6699.
BHSM Professional Materials From ASHA Get Results!

Greg Weimann, MBA, Public Relations Manager

During May Is Better Hearing and Speech Month (BHSM), members frequently plan major activities that can be useful in raising awareness in their community and attracting the interest of their local media.

One member who had recent success using the BHSM materials to promote his practice and BHSM was Gregory Frazer, PhD, AuD, CCC-A, Director of Audiology at West Coast Hearing & Balance Center in Thousand Oaks, California. Dr. Frazer used the resources found at www.asha.org/bhsm to craft his own proclamation for BHSM. Sponsoring California State Senator Tony Strickland stopped by Dr. Frazer’s practice, had his hearing tested, and helped to promote BHSM by recording several public service announcements.

In many areas, a mayor or governor can issue a proclamation without action from the city council or state legislature. Often, these proclamations or resolutions are reported by the local media. The member introducing the proclamation or resolution may hold an event, and a local politician possibly will attend the event, which often results in media coverage.

Over the years, ASHA members residing in Mississippi, Nevada, Rhode Island, New Mexico, Ohio, California, and Michigan have been instrumental in introducing and having resolutions or proclamations passed on behalf of BHSM in their states.

To review the BHSM resources and all the BHSM Success Stories, go to www.asha.org/bhsm.

The ASHA Better Hearing and Speech Month materials really work! This is the third time our use of ASHA materials has resulted in sponsorship by a state senator. When we e-mail the professional information provided by ASHA, it makes us look exceptionally professional and organized. These are two keys to getting senators to back an agenda.

—Gregory Frazer, PhD, AuD, CCC-A

The ASHA Professional Consultation for Audiologists

Every week, ASHA receives hundreds of questions from both consumers and professionals. Questions usually come in the form of phone calls or e-mails. Our goal is to quickly route your questions to the most appropriate team for a quick and comprehensive answer. ASHA is a large organization with a variety of teams working collaboratively but in different areas of expertise. E-mailed questions and phone calls can easily be routed to the most appropriate team or individual rather quickly. We try to respond within 2 business days and are generally successful in meeting this goal.

A list of our e-mail boxes can be found in “Departmental Contacts” on page 19. It is always best to search our website before contacting us, as the answer to most questions can be found there. So don’t be shy—explore the vast array of resources we have carefully compiled and maintain there. If you do not find your answer on the website, send your question to only one e-mail address. If your question would be best answered by another unit, we will be sure that it is routed appropriately. When e-mails are sent to many different units, we are doing double duty, and it slows down our process. The Action Center is a great place to start if you are unsure where to send your e-mail first or if you would prefer to talk with someone directly. Please see the Action Center box on page 29 for phone, fax, and e-mail information.

Our professional consultation is personalized for each inquiry. We do not render opinions regarding specific programs, products, or services but will direct you to appropriate internal and external resources. Consumers are referred back to their own audiologists for specific management questions or to certified members if they are looking for services.

We look forward to helping you answer your professional questions. Let us hear from you!
Ask OMA: Multicultural@asha.org

Karen L. Beverly-Ducker, MA, CCC-A, CAE, Director, Multicultural Resources

The ASHA Office of Multicultural Affairs (OMA) receives a variety of inquiries from ASHA members, communication sciences and disorders (CSD) students, and consumers. Inquiries include requests for referrals as well as questions related to the influence of cultural and linguistic differences on professional service delivery and training. A growing number of inquiries involve the Americans with Disabilities Act (ADA) and “disability-related” concerns. The following is a sampling of these inquiries and abbreviated responses:

What are the new ADA regulations related to effective communication?

The ADA requires businesses and agencies to ensure effective communication by providing appropriate auxiliary aids and services. The new regulations, which took effect March 15, 2011, include both expanded and additional definitions as well as more examples of auxiliary aids and services. For example, the definition of a “qualified interpreter” now includes sign language interpreters as well as oral transliterators and cued-language transliterators. Requirements for communicating with the companion of a customer or program participant with a communication disability and guidelines about relying on a family member or companion to serve as an interpreter are also provided. Detailed information about the new regulations is available from the Department of Justice (www.ada.gov).

Where can I find relevant statistics to include in my grant proposal?

The Institute on Disability has released the Annual Compendium of Disability Statistics. This web-based tool, available at http://researchondisability.org, pools disability statistics collected by various federal agencies. Information covers topics such as prevalence of disability, enrollment in education, health behaviors, special education enrollment, vocational rehabilitation, and international disability statistics.

A graduate student who uses a wheelchair is scheduled to begin an externship. Is the CSD program or the extern site responsible for making needed accommodations?

According to the ADA (www.ada.gov/taman3.html), qualified students with disabilities participating in student teaching and other externships must receive full access to the educational opportunities afforded by these assignments. If auxiliary aids or services are required, their provision is to be negotiated between the institution and the cooperating agency or organization.

Are there federal tax incentives for making accessibility changes to my professional office?

Subject to Internal Revenue Service rules, federal tax credits and deductions are available to businesses to offset expenses incurred to comply with the ADA. The incentives may not be applied to new construction. All barrier removal must comply with applicable federal accessibility standards. Additional information is available at http://ada.gov/taxincent.htm and www.irs.gov/publications.

What is a service animal? Is it true that miniature horses are now included?

Under Titles II and III of the ADA, service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities, such as guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, or reminding a person with mental illness to take prescribed medications. The work or task that the service animal has been trained to provide must be directly related to the person’s disability.

The revised ADA regulations (www.ada.gov/service_animals_2010.htm) have a new, separate provision about miniature horses. Entities covered by the ADA must modify their policies to permit miniature horses that have been individually trained to do work or perform tasks for people with disabilities, where reasonable. The regulations set four assessment factors to assist entities in determining whether miniature horses can be accommodated in their facility: The miniature horse (a) is housebroken; (b) is under the owner’s control; (c) can be accommodated by the facility based on the horse’s type, size, and weight; and (d) does not compromise legitimate safety requirements necessary for safe operation of the facility due to its presence. ☐

Why I’m Glad I’m an Audiologist

Amy was 5 years old; she failed a pediatric screening and was referred to ENT for a medical and audiologic assessment. Diagnosis: mild to moderate sensorineural hearing loss. She received hearing aids within 2 weeks of diagnosis. On Day 2 of hearing aid use, I received a call from her mom—she was in tears—Amy came in from outdoors and told mom she heard birds making sounds. I still get teary when I remember Amy and her wow moment. I have long since lost track of Amy but am sure she is out there listening to the birds sing.

–Roberta Aungst, MS, CCC-A
I have been providing audiology services in Jinotega, Nicaragua, for the past 7 years under the auspices of Mayflower Medical Outreach (MMO), a charity based in Oklahoma City, Oklahoma. MMO has been providing hearing health and deaf education services in this country of approximately 6 million people since 1998. There is one university-trained audiologist in the country, whose office is in Managua. With an average annual income per person of $1,100, Nicaragua is considered the second poorest country in the Western Hemisphere. Audiology care and hearing aid fittings are off limits to most of the country’s population.

In 2004, an otolaryngologist on staff at the Mount Sinai Medical Center in New York was preparing to go on her second medical mission trip with MMO, and an audiologist was needed to fill in for the founding audiologist who was no longer participating. With some trepidation, I signed on. My involvement began by happenstance but has evolved into a passion and a multidimensional project.

The rural mountain town of Jinotega is located 100 miles north of the capital city of Managua in the coffee-growing region of the country. The local population of 80,000 (with a regional population of 300,000) is largely indigent. MMO has built an otolaryngology and audiology clinic adjacent to the only hospital in Jinotega. Our audiology facility contains a sound-treated booth (built by the organization) and state-of-the-art audioligic equipment, obtained through charitable donations. To date, more than 1,000 diagnostic audioligic tests have been administered, and approximately 500 hearing aids have been dispensed. A hearing screening program for all first graders in Jinotega has been initiated. Hundreds of ear surgeries have been performed. To address the needs of the large number of deaf children in the region who were unable to travel to Jinotega on a daily basis to attend the classroom with instruction in sign language, MMO established a boarding school for these children. A computer lab and a commercial bakery and café have been built, serving as vocational training programs for the deaf teenagers.

Hearing aids and all ancillary audiology supplies are brought to Jinotega on my twice-annual weeklong trips. Our hearing aids are new, digital behind-the-ear models utilizing Trimpot adjustments and are purchased at a discount through a hearing aid purchasing consortium that has been established for developing countries. We follow the World Health Organization guidelines for hearing aid fittings and serve people of all ages. Our custom earmolds come from a lab in Managua. Each patient receives a 1-year supply of batteries, which is replenished annually. Our dry aid kit consists of a plastic bag with 20 kernels of rice. Written instructions for hearing aid use and care as well as optimizing speechreading strategies are provided to each patient.

Recognizing the need for a sustainable program, MMO has trained a Nicaraguan audiometric technician, who staffs the clinic year-round providing basic hearing testing, earmold impressions, minor repairs, and battery distribution. We maintain close contact, and he is instrumental in assisting me in preparing for each trip.

Future goals include the development of an audiometric technician training program that will serve as a model for Central America, regional expansion of ENT clinics, a speech therapy training program, a national hearing screening program for first graders, a neonatal hearing screening program, a national hearing institute, and the strengthening of deaf education.

The achievements in Nicaragua are through a collaborative group effort. The trips generally consist of several audiologists and otolaryngologists who hail from all regions of the United States. The rewards are immense. Knowing that the fruits of our labor are life changing for these people is the greatest gift of all.
The Individuals with Disabilities Education Act (IDEA) Part C final regulations, issued on September 28, 2011 (www.gpo.gov/fdsys/pkg/FR-2011-09-28/pdf/2011-22783.pdf), establish rules to implement changes made to Part C of IDEA. Part C provides early intervention services for infants and toddlers with disabilities ages 0–2 years. The regulatory changes to IDEA Part C affect audiologists particularly in a number of areas, including the following:

**Audiology services** continue to be listed as a type of early intervention service. The definition of audiology services continues to underscore the importance of appropriate audiologic screening techniques and the responsibility of audiologists to determine the range, nature, and degree of hearing loss.

**Cochlear implants and mapping** are both discussed in the final regulations. The Part C final regulations exclude medical devices that are “surgically implanted, including cochlear implants, or the optimization (e.g., mapping), maintenance, or replacement of that device.” ASHA advocated unsuccessfully for the inclusion of mapping services under Part C.

**Sign language and cued services** have a new, separate definition that includes auditory/oral language and transliteration services. The regulations define sign language and cued language services to include “teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.” ASHA advocated for a new definition of sign language and cued language services to be separated from speech-language pathology services because these services are not limited to speech-language pathology.

**Speech-language pathology services** continue to be listed as a type of early intervention service; services included in this definition remain the same, despite ASHA’s recommendation to add dysphagia and aural habilitation or rehabilitation to the list of speech-language pathology services. These services are not, however, precluded.

**Native language** for an individual with limited English proficiency is defined to be the language normally used by that individual, or in the case of a child, the language normally used by the parents of the child, except when conducting evaluations and assessments of the child. When conducting an evaluation and assessment, qualified personnel may determine that it is developmentally appropriate to use the language normally used by the child, depending on the child’s age and communication skills. For children who are deaf, native language is defined as the mode of communication normally used by the individual (including sign language).

For more information, access ASHA’s analysis of the IDEA Part C final regulations and its impact on speech-language pathologists and audiologists at www.asha.org/uploadedFiles/Analysis-2011-IDEA-Part-C-Final-Regulations.pdf. Additional technical assistance materials, including issue briefs on topics, will be developed and made available to further assist members in the implementation of these regulations at www.asha.org/advocacy/federal/idea/. For information on training opportunities provided by the U.S. Department of Education, visit http://idea.ed.gov/part-c/search/new.
Interact With Your Colleagues on the New ASHA Community

Maggie McGary, Online Community and Social Media Manager

ASHA Community, launched in 2011, combines the functionality of traditional e-mail lists, discussion forums, and the member directory with new features such as the ability to build your own network of professional contacts and link to your profiles on public sites like LinkedIn, Facebook, and Twitter.

ASHA Community features privacy controls that let you control what information you share, subscription management that allows you to customize the way you prefer to receive updates, and resource libraries where you can share documents and audio or video files with other ASHA members.

Here are five quick steps to get started once you’re in the new community:

1. Complete your profile. If you have a LinkedIn profile, you can easily import some or all information from that profile—including your photo.
2. Customize your privacy settings. This includes setting your contact preferences.
3. Subscribe to ASHA discussion groups. Customize how you’d like to receive updates, and start posting comments.
4. Browse or post content to the community library. You can share documents, videos, and audio files.
5. Connect with others. Find other ASHA members using the online member directory.

Be sure to take advantage of opportunities to ask and answer questions and follow the hot topic discussions in the Audiology and SIG Communities by visiting ASHA Community frequently.

If you haven’t done so already, log in and check out the ASHA Community, ASHA’s new online community platform for members at http://community.asha.org.

Apply for jobs on ASHA’s Online Career Center

http://careers.asha.org

• Use ASHA’s Online Career Center to match your skills to the right audiology position.
• Target your search by job category, location, and salary level and home in on the job that’s right for you.
Recent Progress on the ANSI AEP Standard

The ANSI S3 Bioacoustics Working Group 71 was formed in the early 1980s to develop a standard that would characterize the acoustic side of instrumentation used in AEPs. In 2008, the Joint Committee on Infant Hearing (JCIH) held a stakeholders meeting at the ASHA National Office to discuss calibration issues with members of ANSI S3 and manufacturers of equipment using transient stimuli. This included equipment such as AEP and otoacoustic emissions used in newborn hearing screening.

With overwhelming support from the stakeholders, ANSI S3 has moved forward in developing a new standard. Standard development takes a long time. Barriers to creating a standard include the following:

- Difficulty with consensus about the appropriate metric to define the level of transient acoustic stimuli
- Limited high-quality normative click and tone burst threshold data in human subjects
- The view by some that the international (i.e., IEC and ISO) standards use suboptimal methods and data
- Lack of any financial support from any party

Many thanks to Robert Burkard, PhD, CCC-A, SIG 6 Affiliate, who has written a detailed description that is available on the ASHA website at www.asha.org/advocacy/audiologyPQRI/ for additional information.

New Dizziness Measure Added to Physician Quality Reporting System (PQRS)

The current audiology measures are referral for otologic evaluation for patients with congenital or traumatic deformity of the ear, history of active drainage from the ear within the previous 90 days, and a history of sudden or rapidly progressive hearing loss. CMS will continue the current audiology PQRS measures and is adding a fourth measure—referral for otologic evaluation for patients with acute or chronic dizziness—that is included in the 2012 Medicare Physician Fee Schedule.

This new measure, along with the existing measures, was developed by the Audiology Quality Consortium (AQC), a coalition of 10 audiology organizations formed to create PQRS audiology measures. (Please see the sidebar for a list of members.)

Providers reporting on claims-based measures need only report on 50% of patients who fit into a measure. For 2012–2014, the incentive payment for satisfactorily reporting on measures is 0.5% of all allowable Medicare charges for that reporting period. Beginning in 2015, eligible professionals who do not satisfactorily report on quality measures will be subject to a payment reduction of 1.5%. See ASHA’s Audiology PQRS page at www.asha.org/advocacy/audiologyPQRI/ for additional information.

AQC Members

Academy of Doctors of Audiology (ADA)

www.audiologist.org

Academy of Rehabilitative Audiology (ARA)

www.audrehab.org

American Academy of Audiology (AAA)

www.audiology.org

American Academy of Private Practice in Speech Pathology and Audiology (AAPPSPA)

www.aappspa.org

American Speech-Language-Hearing Association (ASHA)

www.asha.org

Association of VA Audiologists (AVAA)

www.myavaa.org

Directors of Speech and Hearing Programs in State Health and Welfare Agencies (DSHPSHWA)

Educational Audiology Association (EAA)

www.edaud.org

Military Audiology Association (MAA)

http://militaryaudiology.org

National Hearing Conservation Association (NHCA)

www.hearingconservation.org
The provision of infant and pediatric audiology services for diagnosis and intervention requires specialized knowledge, skills, and equipment. It is recognized that a fully functional and comprehensive Early Hearing Detection and Intervention (EHDI) program must include professional follow-up to confirm diagnoses for newborns who do not pass hearing screening as well as referral and connection of infants and their families to treatment. Based on Centers for Disease Control and Prevention (CDC) 2008 national data from 45 states, two territories, and the District of Columbia, nearly half (46.3%) of the infants born in 2006 who did not pass their final newborn hearing screen did not complete follow-up and were categorized as lost to follow-up (LTF).

One issue related to children being LTF is that parents, physicians, state EHDI coordinators, and other stakeholders in the EHDI process encounter difficulty identifying audiology facilities with the professional expertise and equipment to meet the needs of infants who fail their newborn hearing screening. This challenge creates delays in the diagnostic and intervention process, negatively affecting child outcomes. To address this problem, a CDC task force composed of stakeholders including pediatric audiologists and consumers/parents, with representation from ASHA, the American Academy of Audiology (AAA), the Joint Committee on Infant Hearing, the National Center for Hearing Assessment and Management (NCHAM), the Directors of Speech and Hearing Programs in State Health and Welfare Agencies, the Health Resources and Services Administration, and the CDC, has been meeting to develop a national web-based directory (Smart Tool) to help in the identification of facilities with appropriate pediatric audiology services across the United States and its territories. This online resource has been named the EHDI-PALS Directory—the acronym stands for Early Hearing Detection and Intervention-Pediatric Audiology Links to Services.

This fall, ASHA, along with NCHAM and AAA, sponsored a focus group for parents at the EHDI Partnering for Progress convention in Raleigh, North Carolina. Eight parents participated in the group and were given a preview of the EHDI-PALS. The feedback received from the group was invaluable and will be used to make the site more useful and parent-friendly.

### EHDI-PALS Project Solicits Feedback From Parents

Anne L. Oyler, AuD, CCC-A, Associate Director for Audiology Professional Practices, and Susan Adams, JD, Director, State Legislative and Regulatory Advocacy

![EHDI-PALS Project Solicits Feedback From Parents](https://example.com/ehdi-pals)

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What Private Practice Has Enabled Me To Do in My Life

Patrick M. Murphy, MEd, CCC-A

I still remember when it hit me that I wanted to change the course of my life. I decided to pursue a master’s degree in audiology and enter private practice. I have never looked back.

I had been out of college over 4 years and not satisfied with the jobs I was doing. After I buckled down to nail all the undergraduate core studies and master’s courses, my springboard into audiology began in May 1987. Following the clinical fellowship year, my focus led me to an otolaryngologist’s office, where I worked as a consulting audiologist. Here, I fine-tuned my skills and kept myself financially afloat while building the foundation of my private practice.

The jumping-off point to leave the doctor’s office and work for myself full-time occurred when I realized I would make more in a day and a half for myself than I would in 4½ days in the doctor’s office. I quit the job and told my wife not to worry, everything would be fine. Today, after more than 2 decades as a private practice audiologist, I know the move was about the best thing I have ever done.

Private practice is not for everyone. There are a multitude of professional audiologists who are highly skilled but may not have the three necessary tools to be successful in private practice: self-discipline, business acumen, and drive. The private practitioner utilizes a keen sense with these three interdependent facets to establish, excel, and maintain a practice.

Self-discipline is almost an inherent trait in those who take the road less traveled. These people generally do not subscribe to working for others for a paycheck. They have a mindset to get up every morning to an established routine that propels them into their day to hit that mark. Private practice audiologists look forward to the start of each workday for the variety of unexpected tasks it will bring.

Business acumen is learned from basic work experience. Whether having a newspaper route during high school or working in a store running a cash register and stocking shelves, it all adds up. That understanding of providing the best quality service and product to the public promotes lasting goodwill that will repay tenfold. You know that welcoming a patient into your office with a smile, asking how you can help them with their concerns, handling the problem to the best of your ability, making things better, and thanking them for stopping by to see you can pay benefits of untold enormity. You may not hit a home run every time, but always try.

Drive is personal determination that you will succeed. It is the get-up-and-go attitude to work your practice every day to make it the best it can be. No matter what is on the schedule, full or empty, does not deter a private practice audiologist from making the effort required to work with patients, make phone calls, send e-mails, fax reports, submit claims, bill patients, pay bills, order supplies, contact referral sources, and gain additional clinical knowledge to increase the success of his or her practice.

The field of audiology is changed, updated, and enhanced almost daily without warning. In 2012, exciting technology in amplification, assistive devices, and computers step further into the future. We need to continually learn about these changes and how they positively affect our practice and the patients we serve. Considering the needs of those patients as well as the costs of maintaining a private practice, keeping overhead low, growing our business, making a living, and shifting gears daily between working and time away from work form a critical balance to maintain.

It’s a true challenge, but I would not have it any other way.

For me, being a private practice audiologist is not all about making money. The financial rewards are not the most important thing; rather, it is the daily personal satisfaction that comes from helping others making a positive step to better hearing and profoundly changing their lives.

Patrick Murphy is a private practice audiologist in Doylestown, Pennsylvania. His website is www.murphyhearingservices.com.

Get Listed in ProSearch, ASHA’s Free Referral Service

Don’t forget to register yourself and/or your practice in ProSearch if you are looking for free referrals. ProSearch is ASHA’s online directory of certified audiologists. Every year, thousands of consumers request information about clinicians. ASHA directs them to ProSearch, which allows the consumers to search for clinicians using several parameters: city, state, or zip code; speech-language or hearing difficulty; client’s age; and practitioner’s language.

ASHA-certified clinicians may list themselves, their private practice, or their place of employment on ProSearch at no charge. Registering your private practice or facility at www.asha.org/findpro/join/ publicizes your services to those consumers who need your help. If you are already registered and need to edit your listing, contact the Action Center at actioncenter@asha.org or 800-498-2071.
ASHA Associates Program Successfully Debut in 2011

Sharon Hantman, Director of Membership, and Steve Ritch, ASHA Associates Program Manager

What Were Some Important Milestones for the Associates Program in 2011?

ASHA spent 2011 excitedly preparing for the launch of our newest affiliation category, the Associates Program. Start-up efforts for this program began with the announcement of a free trial offer available from July through September 2011 to let prospective Associates have a “try it before you buy it” opportunity to experience some of the benefits of the new category of affiliation. The free trial offer culminated in a brief online survey sent to the registered participants to get their feedback about the sampling of products and services they were provided. The response was substantial, with approximately 42% of the 409 participants completing the survey.

Finally, the Associates Program enjoyed a successful launch at the ASHA Convention in San Diego, in November 2011. Highlights from Convention for the associates included a First Timer’s Orientation Reception, an Associates’ and Supervisors’ Breakfast Reception, a “Welcome Audiology Assistants and Speech-Language Pathology Assistants” educational session, and other learning opportunities that provided professional development credit for assistants.

Why Create an Associates Program?

The reasons to create the Associates Program were multiple:

- ASHA, as a leading organization in the field of communication sciences and disorders (CSD), is committed to maintaining the highest level of health care services to clients and patients.

- Many school systems and health care institutions are using assistants right now, and the time is right to begin looking at the disparities in their education and regulation.

- We believe it is critical that assistants understand and work within ASHA’s definition of their scope of practice.

- In partnership with assistants and their certified supervisors, ASHA wants to work to create the most productive, reliable, and efficient health care delivery system possible.

- ASHA envisions that support personnel will one day have a more standardized level of education, clinical experience, and state regulatory requirements, and will be utilized as integral parts of the CSD team within their scope of practice as determined and defined by their ASHA certified supervisors.

What Is Next for the Associates Program?

In 2011, the Associates Program created a wealth of informational resources, including the following:

- Articles in The ASHA Leader, Audiology Connections, and ASHA and state association newsletters.

- Several original publications, including the new Associates Insights e-newsletter designed specifically for audiology assistants and speech-language pathology assistants, a special insert in the July issue of The ASHA Leader for audiology assistants and speech-language pathology assistants, an informational flyer detailing the benefits and requirements of the Associates Program, and a new Associates Program brochure.

- Social media groups, including a Facebook page and a Twitter group for ASHA Associates. (Be sure to follow us on Twitter @asha_associates.)

The 2012 calendar promises to be even more exciting for the Associates Program, as outreach efforts will include a direct mail campaign, e-mail marketing events, and exhibitions at various conferences and meetings. New, informative articles are planned for publication in The ASHA Leader and various newsletters. Similarly, 2012 will see an increased production of the Associates Insights e-newsletter, with six issues slated for distribution throughout the year. To subscribe, send an e-mail to associates@asha.org.

Educational opportunities for Associates and their supervisors will continue to evolve throughout the year, and collaborative social networking groups have already been established for the next phase of the program.

How Do I Obtain More Information?

Additional information about the ASHA Associates Program may be found at www.asha.org/associates/. For more information about the audiology practice guidelines for support personnel, you may refer to the newly published Audiology Support Personnel: Preparation, Supervision, and Ethical Considerations, located at www.asha.org/docs/html/GLPS2011-00322.html.

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Offer is valid on online purchases only and cannot be combined with other offers. Offer not valid on volume discounts, Other Publishers’ Products, assessment tools, client education toolkits, Best Buys, Convention and Conference registration, list sales, MyMarket, and gift certificates.
ASHA and AARP Collaborate on National Poll of AARP Members’ Hearing Health

Joseph Cerquone, CAE, ASHA Director of Public Relations

For more than a year, ASHA has advised AARP in the area of hearing education. As a result of that relationship, both organizations agreed to collaborate on a poll about the hearing health of AARP members. With input from audiologists, poll questions were developed, and the poll was fielded in late September 2011.

Approximately 2,200 AARP members responded via the Internet and phone interviews. The results were released in December via a media launch spearheaded by ASHA that included a national satellite television and radio media tour with mainstream and Hispanic outlets. Pam Mason, ASHA’s director of audiology professional practices, and Nicole Duritz, AARP’s vice president of education, took part in the nationwide media tour. Audiology member Ana Anzola provided interviews in Spanish to Hispanic media outlets as well. Deborah Berndtson, clinical supervisor of the Department of Hearing and Speech Services at the University of Maryland, participated in taped interviews that were sent to outlets prior to the media tour. Also, ASHA recruited audiologists in the largest 25 media markets nationwide to serve as subject experts; it then provided their names to stations along with background materials that could be used to develop polling stories featuring the audiologists as sources.

Visit www.asha.org/hearing-health for the complete poll results, plus a variety of information including a podcast series that addresses the results and provides tips to consumers for dealing with hearing difficulties. Visitors can also see the results when African American and Hispanic members of AARP were asked the same hearing-related polling questions.

Generally, the polling indicates that many older Americans are living with untreated hearing difficulties, believe that they are getting by okay, and are reluctant to talk about their difficulties with family and friends. It also found that a significant percentage of respondents who know someone with hearing problems have not suggested that the person get professional help.

However, the polling also found that a large majority of respondents would seek help if they were asked to do so by a loved one. And should they decide to do so, they indicated that it would be critically important to them to find a qualified hearing health provider with a high level of training in hearing loss.

ASHA plans to continue to raise the poll results publicly. Audiology members are encouraged to use the information in their respective localities for conducting outreach to older clients. Meanwhile, ASHA continues to serve as an advisory organization to AARP. In that regard, AARP is producing a Hearing Loss Resource Guide that reflects input from ASHA and other organizations. ASHA’s Pam Mason wrote the opening section, “An Expert Opinion,” in which she notes that “despite the critical nature and early development of hearing, it is an extremely delicate sense that requires awareness, care, and attention to protect it”; she cites as a step in the right direction a decision by the U.S. Department of Health and Human Services to identify hearing and other sensory or communication disorders as a health priority in Healthy People 2020. This is the nation’s 10-year agenda for improving the health of all Americans (www.healthypeople.gov). Other sections of the guide cover the causes and prevention of hearing loss, how to manage hearing loss, developments in hearing-related technology, and a resource guide. A PDF version of the hearing loss guide is available at www.aarp.org/hearingguide.

Audiology Information Series

The new Audiology Information Series of consumer newsletters is available now online. Go to the audiology home page at www.asha.org/aud and click on “Patient Education Materials.” Spanish translations will be available in 2012.

This new series of printable PDFs focuses on the key topic areas covered on the new public web pages and provides consumers easy access to their subject of interest in a plain language format. It would be a great complement to your patient education materials. Here are a few examples of the topics covered:
Continuing education is key to ensuring that audiologists “see” changing demographic patterns, emergent health technologies, and innovations in providing services.

This year, more than 8,000 of your audiology colleagues have used the ASHA CE Registry to earn ASHA continuing education units (CEUs) for audiology-specific continuing education programs addressing such emerging practices as stem cell and gene therapy in the treatment of hearing loss, ethical dilemmas in audiology, advanced hearing aid fitting strategies, and software tools to improve clinical outcomes.

The primary responsibilities of the ASHA CE program include working with ASHA Approved CE Providers on course development and managing the ASHA CE Registry. ASHA now has over 550 ASHA Approved CE Providers.

Transparency in Course Planning, Delivery, and Marketing—Speaker Disclosure

The ASHA Continuing Education Board has strengthened its requirements around CE course planner and speaker disclosure. If you develop a course offered for ASHA CEUs in 2012 and beyond, you’ll be asked to disclose relevant financial and nonfinancial relationships that you have related to the course content. Speaker disclosures will be published by the ASHA Approved CE Provider prior to the course, and speakers must make disclosures at the beginning of the course. Even if you have no financial or nonfinancial relationships to disclose, you must make a statement to that effect. Specifics about what and how to disclose are available from the ASHA Approved CE Provider that you will be working with on the course and at www.asha.org/CE/for-providers/admin/Resources-for-Implementing-Requirement-3/.

ASHA Award for Continuing Education (ACE)—Recognizing Achievement in Continuing Education

In 2011, 720 of your audiology colleagues received an Award for Continuing Education (ACE) by earning 7.0 ASHA CEUs (70 contact hours) within a 36-month period.

The benefits of earning an ACE include recognition on the ASHA website, a discount on professional liability insurance, and documentation for employment/promotion opportunities. For more information, visit www.asha.org/ce/ and click on “ASHA’s Award for Continuing Education (ACE).”

New to the ASHA website is “How I ‘ACE’d ASHA Continuing Education.” You can read about your colleagues’ “ACE stories” and their insights about continuing education by visiting www.asha.org/CE/CEUs/ace-awards/How-I-ACEd-ASHA-Continuing-Education/. ASHA’s Course Search—At Your Service

Find a course that best meets your professional development needs using the ASHA CE Course Search. You can search the course database by key word, subject area, instructional level, course format (i.e., group learning or self-study), date, and location. Go to www.asha.org and click on “Find a CEU Course.”

ASHA CE Registry—Record Keeping Made Easy

Did you know that three quarters of ASHA certified audiologists use the ASHA CE Registry? Join the ASHA CE Registry for a safe, secure, and simple way to keep track of the ASHA CEUs you’ve earned at courses taken from ASHA Approved CE Providers. The registry allows you to conveniently access a cumulative transcript of your ASHA CEUs. For more information, visit www.asha.org/ce/ and click on “What is the ASHA CE Registry?”

“I believe that continuing education is critical, as well as being enjoyable. It’s also relatively easy to participate in continuing education courses. It says a lot about one’s dedication to their work and professional competence. As one who has attended conferences and conventions my entire career for the purpose of staying current in my selected areas, all I need to do is sign up for ASHA CEUs and pay a very minor annual fee.”

—Robert Beiter, PhD, CCC-A

“...”

“The benefit [of earning an ACE] to me is simply a feeling of satisfaction that I am better prepared to meet the needs of my clients and their families.”

—Virginia Berry, MS, CCC-A
As coordinator of ASHA’s Special Interest Group (SIG) 7, Aural Rehabilitation and Its Instrumentation, last year I was invited to be part of a committee charged with planning ASHA’s 2011 audiology online conference on Audiologic/Aural Rehabilitation (AR) in Adults. In addition to ASHA personnel, two other ASHA members were part of the committee: Nancy Tye-Murray and Sue Ann Erdman. The committee held several telephone conference calls to identify topics and speakers for the conference. The goal of the committee was to identify presenters involved in various contemporary AR issues. A high-quality group of persons accepted our invitation to be part of the faculty for the online conference (see the ad inside the front cover).

The conference was held on October 12–24. Faculty members’ presentations were prerecorded, and at pre-determined times during the two-week period the faculty members took part in live chats with participants. That is, participants had the opportunity to ask the faculty member questions or offer comments on the content of the presentation. Also, the participants could view the presenter’s responses online as well as read the comments made by other participants. As a presenter, I found it very valuable and rewarding to have the opportunity to interact with the participants about my presentation. Plus, the feedback I received suggested that the participants also enjoyed the live chats.

This was my first experience at being part of an online conference as a participant, as a faculty member, and as a participant in the live chats. I found the process to be quite convivial, and I did not find that the technology was a significant barrier. I learned a lot from the faculty members as well as from the other participants. Online conferences constitute an accessible learning experience for many members who require some continuing education units and for whom budget constraints limit travel. The 2011 online conference allowed members to brush up on contemporary concepts and knowledge in AR from world leaders in the field. In addition, they had the opportunity to ask questions and discuss important AR issues with the people who actually presented the information.

If you missed Audiology 2011, sessions are available on demand for continuing education through October 24, 2012. Go to www.asha.org/shop and search for “aud11.”

The Audiology Professional Practices unit is seeking volunteers to participate in a variety of activities. Volunteers are critical to us and our ability to create successful projects designed to enhance professional life for ASHA members.

Consider these possible reasons to volunteer:

- to share your expertise
- to demonstrate commitment to serving professionals and consumers
- to gain leadership skills
- to feel satisfaction from accomplishment
- for recognition
- to have an impact
- to learn something new or be challenged
- to feel proud
- to make new friends

Whether you are a new professional or a well-seasoned one, if you have the desire to assist as a volunteer, Audiology Professional Practices wants to hear from you! Contact us at audiology@asha.org.
Audiology 2011 Meets Classroom Needs for Gallaudet Students

Brenda Seal, PhD, CCC-SLP

Efforts to enroll 14 speech-language pathology and 11 audiology students from Gallaudet University’s HSL 826 Adult AR class into ASHA’s Audiology 2011: Audiologic/Aural Rehabilitation in Adults online conference received an enthusiastic response in July from Karen Niles, ASHA Director of Professional Development. Co-instructor Ruth Marin, CCC-A, and I proceeded to build 13 recorded lectures into the syllabus, stressing that the $79 fee was less than most textbooks. We scheduled two discussion groups and two lectures into regular classes, posted “discussion board” questions on Blackboard, and identified six lectures for a postconference writing assignment.

Student response was hesitant at first. A master list of addresses and a single payment simplified their registration concerns. Gallaudet provided captioning, simplifying access concerns for some, and having the lectures on Blackboard for final exam preparation simplified our concerns about retention. Student evaluations at the semester’s end included the following comments:

- “We liked learning the most current information from experts who’ve written our books and articles.”
- “The topics were well researched with insights from business, ethical, clinical, and diagnostic perspectives.”
- “This was highly beneficial to us as AR students; ASHA should consider marketing to students.”

I’ll continue to look to ASHA for state-of-the-science learning opportunities to integrate into my teaching. It was wonderful.

Brenda Seal is a professor and the Director of Speech-Language Pathology in the Gallaudet University Hearing, Speech, and Language Sciences Department and emeritus professor of communication sciences and disorders at James Madison University.

Take Advantage of Your Member Benefits

Being a member of ASHA has its benefits! These benefits can help you professionally and save you money.

**Insurance**
ASHA members are eligible for discounts on high-quality, low-cost insurance tailored to the special needs of audiologists. From professional liability and disability to automobile and homeowner’s insurance, there are a variety of plans designed with you in mind.

- Marsh Affinity: 11 professional insurance products, including liability and disability
- GEICO Insurance: auto, home, and life insurance for your protection

**Auto Purchase/Lease Program**
Members can save more than $3,000 on the MSRP of any new Subaru, for lease or purchase, through the Subaru VIP Partners Program. To take advantage of this offer, you must contact ASHA at 800-498-2071 before visiting a dealership. Certain terms and conditions apply. This is a limited time offer—subject to change without notice.

**Credit Services**
- Bank of America: low interest rates and contributions to the ASHA mission

**Auto Rental**
-AVIS Worldwide: ASHA members receive 10% off SuperValue daily and weekly rates and 5% off promotional rates.

**Credit Card Processing**
- TSYS Merchant Solutions is providing discounted rates for credit and debit card processing. For more information, please call Paul Niss at 800-228-4411 ext. 6897 toll-free. (TSYS has been a national credit card processor since 1953 and does all the processing in-house, lowering the cost to you.)

**Health and Wellness**
- Life Line Screening is offering a new wellness benefit for ASHA members. Through this partnership, Life Line Screening will offer exclusive discounts on preventive health screenings for members and their families. Members, family members, and friends may call 866-579-5074 to schedule a screening.
the profession of audiology—and audiologists themselves—played a prominent role in ASHA’s media outreach this past year. ASHA worked with media outlets including the Associated Press, Washington Post, Wall Street Journal, Philadelphia Inquirer, Chicago Tribune, New York Times, ABC Radio, and Univision, along with scores of regional broadcast outlets in major media markets across the country.

Meanwhile, local audiologists not only staffed ASHA booths at major trade shows like the International Consumer Electronics Show in Las Vegas and AARP’s Convention in Los Angeles but also served as panelists and media sources, in one case appearing on leading technology reporter Dave Graveline’s globally broadcast radio show. Additionally, via conference calls, major technology manufacturers heard audiologists’ presentations about the risk of noise-induced hearing loss from the misuse of personal audio technology, while posts to the Digital Dialogue blog of the Consumer Electronics Association—like one featuring a school-based audiologist’s concern about young people’s unsafe listening habits—proved popular.

As the year closed, with audiologists set to provide expert commentary, ASHA and AARP were collaborating on a national media launch about the results of the organizations’ joint hearing poll of AARP members (see related story on page 24). To complement that, ASHA produced several podcasts aimed at older Americans and their caregivers explaining what audiologists do and giving tips for addressing hearing difficulties.

In other developments, audiologist Janice Trent of Bowie, Maryland, received the ASHA Media Outreach Champion Award at ASHA’s Convention in San Diego (see interview below) for serving as a guest on radio shows in Washington, DC, and New York City, as well as on local NBC and Fox TV affiliates in Philadelphia and Washington, DC.

Also, local audiologists assisted with and were highlighted during Buds In The Schools Week in San Diego, a locally declared observance that promoted the safe listening message of ASHA’s Listen To Your Buds campaign (www.listentoyourbuds.org), as well as a holiday safe listening concert for military families that ASHA sponsored in partnership with USO San Diego.

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An Interview With ASHA Media Source Janice Trent

Janice Trent, AuD, CCC-A, practices in Bowie, Maryland. ASHA honored her with a Media Outreach Champion Award at its 2011 Convention in San Diego. ASHA gives the award to ASHA Certified Members who, among other things, contribute to major stories or coverage that highlight the communications professions; these individuals serve repeatedly in that role and take on media outreach under challenging circumstances.

**Why do you serve as a media source?**

As a long-standing member of ASHA, I have always thought it important to give back to the profession and to the Association. I believe that it is important that we as professionals give a public face to the services and issues that impact healthy hearing. As an audiologist in private practice, I appreciated the great opportunity to gain recognition in my community as a subject expert. My clients were proud to share with their friends that their audiologist was seen on television or heard on talk radio.

**What has your experience as a media source been like?**

Initially, I was nervous about participating as a media source. I was not sure about what to expect. I did not have time to research the topic, study, and then be prepared to speak in a public media. ASHA has an outstanding Public Relations Department that provided all the resources needed. I enjoyed each experience!

**What do you say to other audiologists to encourage them to be media sources?**

Put your fears and anxiety about speaking in public aside, and step out there! The public needs to hear from us! All of the resources needed to be successful are available through the Public Relations Department at ASHA who will walk you through the process. Each anchor person and talk show host expressed an interest in doing more on the topic of hearing. The radio stations were amazed at the number of phone calls that came into the studio with questions and concerns about hearing. The increased attention on hearing loss as it relates to the use of personal listening devices, depression, and other illnesses such as diabetes is an opportunity for the profession of audiology to take center stage in addressing these issues. Whatever your area of specialization, the public needs to hear from you.

Are you interested in helping to promote the profession by becoming a media source? If so, please send an e-mail about your interest to pr@asha.org. See “Tips for Telling Your Story to the Media” at www.asha.org/aud/articles/mediastrategies.htm.
Do you know the many ways that the American Speech-Language-Hearing Foundation is advocating for the future of audiology? If so, you won’t be surprised to learn that the ASHFoundation awarded $238,500 to 47 talented researchers, students, and clinicians to support the best in research, education, and clinical care. Despite turbulent economic times, the ASHFoundation’s focus on advancing knowledge and care on behalf of the 49 million Americans with communication disorders has remained constant and vital.

The following aspiring audiologists and hearing scientists were honored as part of our celebration of giving during 2011. You can learn more about them and all other 2011 award recipients by visiting the ASHFoundation website at www.ashfoundation.org. Plan now to take notice of our charitable resources and funding programs and apply for grant, scholarship, and award opportunities in 2012. This issue of ASHA Audiology Connections contains a reference centerfold for your convenience.

SCHOLARSHIP PROGRAMS

New Century Scholars Doctoral Scholarships

Supports students enrolled in a research/teaching doctoral program (PhD or equivalent) who demonstrate academic excellence and a commitment to a teacher-investigator career in the field of communication sciences and disorders.

Samira Anderson
Northwestern University

Naomi Bramhall
Massachusetts Institute of Technology

Alexandra Parbery-Clark
Northwestern University

AuD Scholarships

Recognizes clinical doctorate students who demonstrate academic achievement and promise.

Imola Major
San Diego State University

Viral Tejani
University of Maryland

RESEARCH GRANT PROGRAMS

Research Travel Stipend

Advances the field’s research training opportunities.

Jason Tait Sanchez
University of Washington

CLINICAL RECOGNITION PROGRAMS

Frank R. Kleffner Lifetime Clinical Career Award

David M. Luterman
Boston

ASHFoundation President Jon Miller presents Alexandra Parbery-Clark, Northwestern University, with a $10,000 2011 New Century Scholars Doctoral Scholarship to support her PhD education in Auditory Neuroscience.

State Clinical Achievement Award

Charles G. Marx
Mississippi

And a final note ... did you know that the ASHFoundation has awarded more than $5 million to more than 1,700 talented individuals? We are delivering results for you through the generosity of individuals, corporations, service organizations, and foundations that contribute to our annual and capital campaigns. You can make a difference and help us meet priority audiology needs by giving as generously as you can. Make your contribution today by contacting the Foundation at 301-296-8700, ext. 8704.
The ASHA Leader in 2011 continued its commitment to bringing members news about the field of audiology. Audiology-related articles appeared in all 16 issues, with even more comprehensive coverage planned for 2012.

A total of 89 audiology-related articles appeared last year, 10 of them features, with a dedicated page 5 “Audiology in The Leader” article in 15 issues. Articles by researchers and clinicians alike covered a wide spectrum of relevant and engaging topics, including:

- Incorporating a client-centered approach to audologic rehabilitation
- Using stem cell and gene therapy to treat hearing loss
- Engaging parents in audiologic habilitation for children
- Audiologic rehabilitation
- Using mobile devices and hearing assistive technology with older adults
- Dual sensory impairment in aging populations
- Cutting-edge implantable hearing technologies
- Amplification for music lovers
- Managing sound sensitivity in people with autism spectrum disorders

Other articles focused on the role of the audiologist in various settings and situations—such as participating in a pediatric oncology or individualized education program team—and highlighted issues of interest in government relations and reimbursement.

Audiologists kept up to date on the latest published research and developments in the field with “Audiology in Brief,” which presented 44 items last year. Topics included the relationship between secondhand smoke and hearing loss, bone conduction via teeth, and the damaging effects of motorcycle helmets on hearing. Multiple items featured new research on tinnitus, dizziness and vertigo, and benefits of proper amplification.

The third annual ASHA Leader Outstanding Contribution Award for audiology was presented to Peggy B. Nelson, associate professor at the University of Minnesota in Minneapolis, and Susan B. Blaeser, standards manager at the Acoustical Society of America, for their September 21, 2010, article “Classroom Acoustics: What Possibly Could Be New?”

The ASHA Leader Live! e-newsletter and expanded ASHA Leader Online continued to grow and thrive in 2011, with more opportunities for reader comments, interaction, and feedback. In 2012, expect to see multimedia features, an enhanced online community, and even a whole new look for The ASHA Leader and the ASHA Leader Online.

We welcome your article ideas and suggestions. Send items of interest or topics you’d like to see highlighted to leader@asha.org. To write an article on an audiology topic, please submit a proposal at www.asha.org/publications/leader/leaderproposalform.htm.

To locate an audiology article, search on the title of the article at www.asha.org/leader.aspx or visit the archive at www.asha.org/leaderissue.aspx.

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ASHA Comments on the USPSTF Recommendations

Anne L. Oyler, AuD, CCC-A, Associate Director for Audiology Professional Practices

On November 1, 2011, ASHA provided comments on the U.S. Preventive Services Task Force (USPSTF) Draft Recommendations Statement on the screening for hearing loss in older adults. The USPSTF has concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults ages 50 years and older. Current evidence does not support the value of hearing screening for older adults who do not yet perceive or admit that they are having significant difficulty with their hearing.

In our comments, ASHA maintained that early hearing detection and intervention are important for individuals in all age groups. Undetected hearing loss is known to have a detrimental impact on quality of life, including social and emotional well-being.

ASHA supported the USPSTF’s call for further research. Studies that evaluate health outcomes as a result of high-quality hearing screenings (including assessment for disorder, impairment, and disability) are needed. Additionally, studies that compare outcomes across different age cohorts would be beneficial in guiding future screening recommendations. As our population ages and older adults remain in the workforce, high-quality hearing health care will be even more important. Routine periodic hearing screening can lead to important patient education opportunities and early management of hearing loss, which ASHA believes will result in an improved quality of life for many.

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Why I’m Glad I’m an Audiologist

As an audiologist, I have been fortunate to positively affect the lives of so many individuals and families impacted by hearing and balance disorders. In addition, I have been able to train and inspire future AuD candidates to continue the work of our noble profession.

—Deborah Lynn, PhD, CCC-A
New Editor for American Journal of Audiology

Mike Cannon, Director of Journals

The Publications Program is pleased to announce that Larry Humes has recently begun his 3-year term as Editor for the American Journal of Audiology (AJA). Although we were sad to see Sheila Pratt’s term come to an end, the journal is in very capable hands with Dr. Humes at the helm through 2014. Dr. Humes is currently a Distinguished Professor in the Department of Speech and Hearing Sciences at Indiana University. He has twice served as Associate Editor and once as Editor for the Hearing section of the Journal of Speech, Language, and Hearing Research. He has also received the Honors of the Association and the Kawana Award for Lifetime Achievement in Publications from ASHA.

His most recent research activities have been focused on age-related changes in auditory perception, including speech-understanding ability, and on outcome measures for hearing aids. For more background and to see a full list of the editors and associate editors for AJA, visit http://aja.asha.org and check out the “Editors and Reviewers” page.

The National Student Speech Language Hearing Association (NSSLHA) Executive Council and ASHA Board of Directors have agreed to an integrated model and recommendations that will establish a formal connection between our student and professional membership organizations. With the proportionately larger number of speech-language pathology students, there is a need to increase NSSLHA’s efforts to provide outreach and involvement of audiology students in particular, as well as PhD students and students from diverse cultural backgrounds. This effort to maximize the participation of all students in communications sciences and disorders is a foundational element in pursuing this integrated model. Through this formal connection and joint ASHA and NSSLHA resources, the intention is to clarify and simplify structure and function so that all communications sciences and disorders students understand the benefits of membership in both associations and the ways to transition from NSSLHA to ASHA membership. NSSLHA and ASHA will be working collaboratively to identify and address issues that affect students’ awareness of the programs, products, and services available through NSSLHA and ASHA, and their ability to take full advantage of available tools and resources. Stay tuned for more details as the new structure is put into place!

Dr. Humes takes over at an especially important juncture for the journal. This summer, AJA will be announcing its first-ever Impact Factor, a ranking of a journal’s overall relevance when compared with other journals in the field.

It is a key metric that researchers consider when deciding where to submit articles for publication. A journal’s Impact Factor is based in part on numbers of citations, so Dr. Pratt’s tenure was instrumental—overseeing publication of a number of high-profile articles as well as the supplement “Using Service Learning to Enhance Undergraduate and Graduate Education in Audiology and Aural Rehabilitation,” which was published in the December 2011 issue.

Under Dr. Humes’s leadership, we look forward to continuing to provide applied audiology and hearing science research. The next 3 years should be “impactful” ones! 🎉

Outreach to Audiology Students Will Be Integral to the New NSLHA and ASHA Relationship

Vicki R. Deal-Williams, MA, CCC-SLP, Chief Staff Officer for Multicultural Affairs, and Dawn Dickerson, Director of Operations, NSLHA

ASHA Access Audiology: Helpful Messages in Your In-Box
Ricki Cook, Audiology Project Manager

ASHA Access Audiology is celebrating 10 years of addressing the needs of professionals and students interested in hearing, balance, and the field of audiology. You will find information relevant to audiologists in a variety of settings. Each issue is e-mailed bimonthly and includes a featured article, headlines, and a featured question.

In 2012, articles will address untreated hearing loss in adults, ethical challenges, cortical plasticity and cochlear implants, dynamic FM, recreational firearms, and apps for audiologic rehabilitation/cochlear implant rehab in school-age children. Past articles are available at www.asha.org/aud/articles.

To subscribe to this e-newsletter, send a blank e-mail with the word “subscribe” in the subject line to Access-Audiology-request@lists.asha.org.

ASHA has even more e-newsletters! Visit www.asha.org/publications/enews/ for a complete listing.
Academic Affairs & Research Education
2011–2012

Loretta Nunez, MA, AuD, CCCA/SLP,
Director of Academic Affairs & Research Education

It’s been another productive year of programs and activities addressing both academic affairs and research education! From higher education data to award and mentoring programs, the Academic Affairs & Research Education unit offers a range of information, resources, and educational opportunities for ASHA members, students, faculty, and researchers.

Highlights of 2011
The Higher Education Data System (HES), an authoritative data source on higher education in communication sciences and disorders (CSD), was updated with a new look and feel to enhance usability:

- A September 2011 fielding of the HES CSD Education Survey in collaboration with the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) collected key data for publication in June 2011 and to populate EdFind (see below). Follow HES announcements at www.asha.org/academic/HES/Announcements.htm.

- EdFind—ASHA’s online academic program search interface—was updated to include searches for both undergraduate and graduate degree programs in audiology, speech-language pathology, and speech, language, and hearing science. EdFind continues to rank among the most viewed ASHA web pages and is the most visited page on mobile devices. Search for academic programs in EdFind at www.asha.org/students/academic/EdFind/.

- Existing HES national and state-by-state aggregate data reports on graduate education in CSD are available on the ASHA website. Visit www.asha.org/academic/ and click on “ASHA HES Data Reports.”

Ongoing award, mentoring, and research education programs helped 260 participants in 2011 with showcasing their research, honing their grantsmanship skills, mentoring in teaching and research, or exploring careers as future faculty-researchers. View all of the available opportunities and 2011 participants at www.asha.org/research/.

Electronic newsletters, new web resources, and a new social community helped to inform and connect members of the academic and research community in 2011:

- Access Academics & Research, ASHA’s bimonthly electronic newsletter for faculty and researchers, featured timely information from guest authors on encouraging undergraduate research, international exchange and study abroad for CSD students, building faculty leadership, clinical practice research, PhD student acculturation and milestones, and working with students with disabilities. Access the archived featured topics at www.asha.org/academic/questions/default.htm.

- Check out the newly developed Researcher Resources on the ASHA website about upcoming events, research databases, grantsmanship, manuscript writing, statistics, and more at www.asha.org/Research/researcher-tools/default/.

- Join the Research Community as part of the ASHA Community to share information, ask for help, and network about research topics in CSD. Post a profile photo, provide information about your areas of interest and specialties, and join the discussions in this professional, members-only community. Log on at http://community.asha.org/Home/.

Events at the 2011 Convention featured discussions about hot topics in academic, clinical, and research education; showcased the latest research; and brought ASHA members together to learn and network:

- The Researcher-Academic Town Meeting engaged more than 300 attendees from the academic and research community in a discussion on “Training the Next Generation of Clinical Researchers.” Mary Pat Moeller, PhD, of Boys Town National Research Hospital, and Melissa Duff, PhD, of the University of Iowa, were the keynote presenters. View their presentations via the Past Presentation section toward the bottom of the page at www.asha.org/academic/acad-res-events.htm.

- The Research Symposium sponsored by the National Institute on Deafness and Other Communication Disorders (NIDCD) brought together more than 200 clinicians and researchers to discuss current research presented by experts in the field of neurobiological bases of auditory and speech perception. These presentations will be published in the Journal of Communication Disorders.

- New Investigator Roundtables provided a venue for individuals in the beginning stages of their research careers to interact with more seasoned investigators. Attendees selected from
Mary Pat Moeller, PhD, CCC-A, addresses attendees at the 2011 Researcher-Academic Town Meeting held during the ASHA Convention.

Among 23 table discussion topics such as developing clinical research collaborations, nontraditional paths to a research career, and obtaining external funding. View the complete topic list at [www.asha.org/Research/New-Investigator-Roundtables-at-ASHA-Convention](http://www.asha.org/Research/New-Investigator-Roundtables-at-ASHA-Convention) and plan to attend this event in 2012.

**What to Watch for in 2012**

- PRomoting the next GENeration of Researchers (PROGENY) paired 29 undergraduate first authors on poster presentations with faculty researchers who attended the presentations and talked with the students about their research and about pursuing an academic-research career.

**Get Involved!**

Engage in ASHA’s efforts to advance education and participate in opportunities for personal and professional growth for faculty, students, researchers, and clinicians:

- Join your colleagues in contributing featured articles or spotlighting your program in Access Academics & Research, the bimonthly e-newsletter for the academic and research community. Join the more than 2,800 subscribers of this free e-newsletter by sending a blank e-mail to Access-Academics-Research-request@lists.asha.org.

- Identify top students and encourage them to participate in the Audiology/Hearing Science Research Travel Award (ARTA), PROGENY, Students Preparing for Academic & Research Careers (SPARC) Award, and the Student Research Travel Award (SRTA). Audiology students are encouraged to apply for these awards to navigate their way to a career in academe and research. Visit [www.asha.org/students/awards.htm](http://www.asha.org/students/awards.htm) for more information.

- Identify emerging scholars and encourage them to apply for the Advancing Academic–Research Careers (AARC) Award, Lessons for Success, Clinical Practice Research Institute (CPRI), and the Grant Review and Reviewer Training programs. Visit [www.asha.org/research/](http://www.asha.org/research/) for more information.

- Mentor a new faculty member or be mentored yourself. The Mentoring Academic–Research Careers (MARC) program matches tenured faculty with PhD students, postdoctoral fellows, and junior faculty to foster academic and research careers. Consider becoming a mentor in 2012. Visit [http://asha.org/students/gatheringplace/marc/](http://asha.org/students/gatheringplace/marc/) to learn how.

- Exhibit your graduate program at the Graduate School Fair in 2012. Meet students up close and in person, and showcase your program to students and professionals seeking graduate degrees. In 2011, 55 programs exhibited, and more than 1,000 students and clinicians attended the fair.

For more information about these programs or any questions related to academic and research education, contact Academic Affairs & Research Education at [AcademicAffairs@asha.org](mailto:AcademicAffairs@asha.org) or [Research@asha.org](mailto:Research@asha.org). ©

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**Why I’m Glad I’m an Audiologist**

I like the fact that I can empower individuals (or parents of children) with hearing loss with information about their capabilities. I think the ear is fascinating and love sharing that with my students.  

—Shalini Arehole, PhD, CCC-A
Audiology/Hearing Science Research Travel Award

Congratulations to the 2011 ARTA awardees! They received complimentary registration and a stipend to attend the ASHA Convention and learn about current research, network with fellow students and seasoned professionals, and learn about careers in audiology and hearing science.

Since 2008, ASHA has sponsored the Audiology/Hearing Science Research Travel Award (ARTA) to provide financial support to students interested in research in audiology and/or hearing science to attend the ASHA Annual Convention.

The ARTA gives students an opportunity to (a) learn more about current research in audiology and hearing science, (b) network with fellow students and seasoned professionals currently conducting research in the area of audiology and hearing science, and (c) learn more about academic-research careers while experiencing the ASHA Convention.

Congratulations to the following 2011 ARTA awardees:
- Ola Alsalman, The University of North Carolina at Greensboro
- Reethee Antony, The Graduate Center, The City University of New York
- Robin Criter, University of Nebraska–Lincoln
- Naomi Croghan, University of Colorado at Boulder
- James Dewey, Northwestern University
- Krista Fitzgerald, University of Connecticut
- Vidal Hinojosa, The University of Texas at Austin
- Erica Hoffer, Long Island Doctor of Audiology (AuD) Consortium
- Benjamin Kirby, The University of Iowa
- Sara Neumann, Illinois State University
- Jennifer Shalles, University of Pittsburgh
- Hillary Trapp, Idaho State University
- Mostafa Youssif, University of Cincinnati

For information about how to apply for the ARTA, please see the web page at www.asha.org/students/ARTA-Award/.

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2012 Student Ethics Essay Award

Linda D’Aloisio, Ethics Program Manager

ASHA is pleased to announce the 2012 Student Ethics Essay Award (SEEA) competition. This award competition is open to National Student Speech Language Hearing Association (NSSLHA) members who are enrolled part-time or full-time in an undergraduate or graduate-level communication sciences and disorders program for the 2011–2012 academic year. Graduate students must be enrolled in a program currently accredited (or in Candidacy status) by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Students who participate must write an essay (see topic below) and submit the essay and completed SEEA application to their NSSLHA Chapter Advisor or Regional Councilor by April 13, 2012. Chapter Advisors and Regional Councilors will review the essays and select up to five for submission to ASHA by April 20, 2012. Cash prizes in amounts to be determined later will be awarded for the first-, second-, and third-place essays.

For the 2012 SEEA, students are expected to write an essay that focuses on the “impaired practitioner” and the ethical issues involved when a practitioner’s ability to carry out his or her professional responsibilities is affected by mental illness, addiction, or substance abuse. For complete topic details, SEEA eligibility and submission rules, and the SEEA application form, visit ASHA’s website at www.asha.org/practice/ethics/essay_award.htm.
As an incoming doctoral student at the University of Nebraska–Lincoln, I was encouraged by my mentor, Julie Honaker, PhD, to apply for the ASHA Audiology/Hearing Science Research Travel Award (ARTA). Prior to attending the 2011 ASHA Convention, and not knowing much about the ARTA program, I had three primary goals in mind for my weekend in San Diego: (a) to expand my knowledge in audiology and hearing science research, (b) to be inspired by current researchers and their work, and (c) to network with other individuals currently in research positions or pursuing research careers. The ARTA program exceeded my expectations in all three areas.

Knowledge. The ASHA Convention offers plenty of opportunities for learning outside of the typical sessions and Short Courses. The 21st Annual Research Symposium on Saturday went beyond my learning expectations by bringing in well-known and respected researchers under the topic “Neurobiological Bases of Auditory and Speech Perception,” with the list of incredible speakers including Sophie Scott, PhD, Gregory S. Hickok, PhD, David R. Moore, PhD, and Nina Kraus, PhD.

Inspiration. As part of the ARTA program, I attended the ASHFoundation Founders Breakfast on Friday morning and the Awards Ceremony on Friday night. It was inspiring to see so many individuals (peers, colleagues, and other professionals) receive ASHA honors. Beyond awards and honors, it was truly inspiring to hear Jill Bolte Taylor tell about her amazing and heartfelt healing journey at the Opening General Session. It is individuals such as these who make me want to be an inspiration to others.

Support. Perhaps my favorite session that I attended as part of the ARTA program was the PhD Information Sharing lunch, which included currently enrolled PhD students from ARTA and the Minority Student Leadership Program. Not only did we have a chance to discuss issues facing PhD students and ask and answer questions, but we also learned about the support that ASHA provides to PhD students interested in pursuing a faculty-researcher career. It was incredibly helpful to meet and converse with other students who have similar hopes and fears for the present and the future.

I would encourage any student interested in research, in either an AuD or a PhD program, to apply for the ARTA program. Not only was I provided with funding to attend the ASHA Convention in San Diego, but I was able to expand my knowledge in audiology and hearing science research, become further inspired to be a leader in the field, and gain support from my peers and ASHA.

Robin Criter is a 1st-year PhD student at the University of Nebraska–Lincoln.
Step Up, Students, and Get Involved

Caleb McNiece

Life as an audiology student often saps every last instant of time from our daily schedules. Classes, clinics, report deadlines, papers, research projects, and stacks of journal articles to read, in addition to finding study time for exams and maintaining some semblance of sanity—these are challenges we all face. Some of us add families or jobs to the equation. We all share a common goal: to graduate our program and take our place as professionals in the field of audiology.

What I am about to do may seem cruel, but I am asking for more! It is very important for students to be aware of current trends in clinical practice, research, and technology, but we must also be aware of market trends and political activity that can affect our livelihood and our ability to provide optimal care.

Advocacy and involvement take place at the local, state, and national level. At the local level, take an active role in your university’s National Student Speech Language Hearing Association (NSSLHA) chapter. Many options exist for your chapter to have an impact on the community. Forge relationships with area professionals. Invite an individual to come speak to your student group. Practicing professionals offer great insight into the issues we will face as we transition from student to professional as well as the daily aspects of professional life. Your chapter could organize a small conference and provide continuing education units (CEUs) to area professionals. ASHA’s Continuing Education division can provide information on the requirements to become a certified CEU provider. Take students to community outreach events and health fairs. Interact with local community members to increase their knowledge about the importance of hearing health care.

Your state association is a critical piece of the involvement and advocacy puzzle. I strongly encourage all students to join their state association. State laws can significantly affect your practice upon completion of graduate school. State governments set your licensure requirements, which vary from state to state. A quick search online will guide you to your state’s licensure requirements. Make sure that as you approach graduation, you are cognizant of the state requirements where you will be practicing.

Earlier this year, I participated with the Tennessee Association of Audiologists and Speech-Language Pathologists in their annual “Day on the Hill,” where students and professionals come together in Nashville to meet with state legislators addressing concerns relevant to the fields of speech-language pathology and audiology. A key issue for audiology students this year was pending legislation that lifted dispensing restrictions on public universities in Tennessee, allowing university clinics to dispense directly to patients, thus improving patient care. Through the “Day on the Hill,” I was able to meet professionals from across the state lobbying on behalf of several pending bills. I also had the opportunity to present our position to state legislators and observe steps in the political process as the bills passed through various committees. Contact your state organization and find out how you can get involved.

Don’t forget the national level of involvement! This is one of the easiest ways in which you can be involved. Maintain your NSSLHA membership (and encourage your classmates to join NSSLHA) while you are a student to ensure that you receive updates on the current events in our field. The ASHA website has an entire section dedicated to advocacy. Here, you can view pending legislation at the national and state levels. ASHA even provides a letter generator that allows you to input your information, look up your U.S. representative or senator, and send an e-mail regarding the issues of your choice. If you ever visit Washington, DC, contact ASHA’s Capitol Hill office. If you schedule visits with any of your legislators, ASHA will provide you information about current legislation and ensure that you understand the issues that you will be discussing. During the spring meeting of the NSSLHA Executive Council, I was able to meet my senator as well as aides to my representatives, and present my position and the first-hand experiences I had relating to the legislation.

You can be involved. It is critical that we are active in the issues related to our profession. Start now. It can lead to great personal and professional growth. Own your field, invest in it, and reap the dividends.

Caleb McNiece is a second-year audiology student at the University of Memphis. He currently serves as the Region 3 representative to the NSSLHA Executive Council.

Why I’m Glad I’m an Audiologist

When I think of why I’m glad I’m an audiologist, I think of the first time one of my early intervention clients with cochlear implants says or does something that indicates they not only heard what was said, but understood it. Whether it is them pointing to their ear when they detect a Ling sound or when they finally verbalize, “I heard that!”—everyday I realize I’m a part of a miracle, the miracle of hearing and connecting!

–Sara Neumann, AuD student, Intern at Hearts for Hearing, Oklahoma City, OK

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**Bilingual Audiology Clipboard**

This clipboard will keep you organized and has important information right at your fingertips. One side features a detailed diagram of the outer, middle, and inner ear. The other side has an illustration of a hearing aid and its components, and features photographs of various devices.

Two-sided, 8.5" × 12" (W × H); clip capacity .25”.

**Item #0113102**

$18

**Bilingual Laminated Diagram of the Ear/Hearing Aids**

This two-sided 8.5" × 11” card is especially useful when counseling patients.

One side features a detailed diagram of the outer, middle, and inner ear. The other side has an illustration of a hearing aid and its components, and features photographs of various devices.

**Item #0113035**

**ASHA Patient Counseling Audiogram**

Use this valuable tool to describe behavioral test results to your patients and their families. Includes a colorful graphic of the anatomy of the ear, and a comments section where you can briefly describe your findings or recommendations. Provided in an easy-to-tear-off 50-page tablet.

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**Anatomical Posters**

18” × 24”

$12  ASHA member

$17  nonmember

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Got Georgia on your mind?

Audiology at the Nov. 15–17, 2012, ASHA Convention in Atlanta

Gregg D. Givens, PhD, CCC-A, Audiology Co-Chair

It is with great expectations that Celia Hooper and I look forward to the 2012 ASHA Convention in the great city of Atlanta. Atlanta is a city that has demonstrated success in building a diverse and world-class environment with progressive leadership and global vision. It is my expectation that this year’s “audiology team” will create a progressive and timely meeting for the profession of audiology. As you can see from the list below, we have assembled some great individuals to steer us forward. It is also my expectation to bring more audiologists to the annual ASHA meeting. Of course, to do this we must offer sessions that meet the needs of audiologists. To be most effective, we will need your input as well. So look for the ASHA Audiology Community site at http://community.asha.org for opportunities to let me and my AuD/PhD student Ellen Poland know what you would like to see and hear at Convention. We have a wonderful group of topic coordinators listed below who will be interested in your input.

- **Steve Kramer** (San Diego State University)—Adult Hearing Assessment
- **John Ferraro** (University of Kansas)—Hearing Science
- **Pat Roush** (University of North Carolina–Chapel Hill)—Infant Hearing: Screening and Assessment
- **Carol Cokely** (University of Texas–Dallas)—Intervention/Rehabilitation for Adults With Hearing Loss
- **Brenda Ryals** (James Madison University)—International Issues and Practices Across the Discipline
- **Melody Harrison** (University of North Carolina–Chapel Hill)—Intervention/Habilitation for Infants and Children With Hearing Loss
- **Sridhar Krishnamurti** (University of Connecticut)—NeuroAudiology and (Central) Auditory Processing Disorders
- **Sherri Jones** (University of Nebraska–Lincoln)—Vestibular/Balance Assessment and Rehabilitation
- **Sue Ellen Krause** (private practice)—Business, Management, and Professional Issues
- **Colleen O’Rourke** (Georgia State University) and **Donise Pearson** (University of Texas–Dallas)—Research Issues Across the Discipline

Please consider submitting a proposal for presentation—it allows you, as members of the audiology profession, to have an impact on this year’s meeting and contribute to the profession in a meaningful way. See you in Atlanta!