MESSAGE FROM THE CHAIR
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Anyone remember the fleeting moments of the 2008 Step Brothers movie opening scene where Will Ferrell’s stepfather gave a CI lecture on the new BTE model of the “RTI Cochlear Implant”? I was in the early years of my career as a CI audiologist then, and I couldn’t believe they referenced a CI in the movie. I believe Will Ferrell may have threatened his stepfather with the “hearing device” later in the film; but, nevertheless, at least cochlear implants were mentioned!

Film and news reports often impact people’s perceptions of hearing loss, technology, and communication mode. Sadly, not all portrayals of deaf and hard of hearing individuals are accurate in media, and at times producers and directors have their own agenda. This was true for the 2020 release of an Amazon Studio movie Sound of Metal, which follows the life of a heavy-metal drummer as he loses his hearing and travels through the CI process. The acting in the movie is phenomenal, and the Hollywood Oscar buzz suggests lead actor Riz Ahmed is a strong contender for Best Actor.

However, I should tell you—I was not terribly impressed with the negative slant on the CI process and the persistent bias for ASL as a required means of communication when the character experiences sudden deafness. Multiple inaccuracies in the movie regarding the CI journey were also concerning (i.e., CI surgeries ARE covered by the majority of insurances, most CI surgeons are NOT standing during surgery, audiologists ARE a major player in the CI after-care, and no one uses a 5-inch J-shaped incision anymore). We believe that people have enough difficulty negotiating the process without being faced with a misrepresentation of their options. As an organization, we work hard at not denigrating others’ choices, but the reverse is often not the case.

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We believe accurate depiction of the CI process is warranted—even in a drama such as this. Consumer websites cautioned their followers exploring CI for themselves or family members not to watch this film. It was evident from the information portrayed in the film as well as the multiple news articles that followed that the media’s take further supported the film’s slanted interpretation of choices in deafness.

Fortunately, multiple members of the deaf and hard of hearing community have recently stepped up to help spread CI awareness through various positive performances on mainstream media. In the first two months of 2021, a young professional and a rapper have inspired many of us. Abigail Heringer is the first deaf contestant on *The Bachelor*, and she is using her platform to advocate for herself and her hearing loss. Abigail’s debut on national television placed Google searches for the words “cochlear implant” at an all-time high as she disclosed on the show that she uses bilateral cochlear implants. Another CI recipient, deaf rapper Warren “Wawa” Snipe, stole the show at Super Bowl LV with his beautiful ASL performance of the national anthem and *America the Beautiful*. Snipe is also known as the originator of “Dip Hop,” a new genre of hip hop as seen through deaf eyes. And, coming soon on a long-running soap opera “Neighbours,” Nathan Borg will debut as the first actor on Australian TV to wear a CI. I am shocked that in a country where CI is a culture, this is the first time an actor with a CI will be featured. I am equally as perplexed that it took 19 years for a relationship reality series to include a contestant with hearing loss. Nonetheless, both “firsts” are a step in the right direction. Each of these CI advocates put themselves and their hearing loss on display and I applaud their awareness efforts!

Regardless of the portrayal of the character with hearing loss or your opinion of the movie or show they are on, the fact that we are seeing an uptick in awareness of hearing loss and cochlear implants in mainstream media is encouraging. This is especially true now as we are in a time when many people are at home and spending increased hours watching TV and movies. The more people who know about hearing loss and the more often cochlear implants are discussed at the dinner table, the better chance we have of increasing our CI utilization rate. Awareness is key for improved CI access, and I hope the media will work harder in the future to portray hearing loss and hearing technology more accurately.
CI2021 Virtual: It Takes a Village

Matthew L. Carlson MD
Co-Chair, CI2021 Virtual Program Committee
Professor of Otolaryngology and Neurologic Surgery
Medical Director, Cochlear Implant Program
Mayo Clinic

Sarah A. Sydlowski AuD, PhD, MBA
Co-Chair, CI2021 Virtual Program Committee
Associate Chief Improvement Officer
Audiology Director, Hearing Implant Program
Cleveland Clinic

Ask any audiologist, surgeon, therapist, educator, psychologist, parent, or implant recipient and they'll all agree: Cochlear Implantation—It takes a village! Challenges associated with this past year—operating room restrictions, redeployments, distance-programming, and therapy though Plexiglas—offer us all a new appreciation for what it means to pull together to meet our patients’ needs, rely on colleagues, and to celebrate team successes.

What a perfect year to organize a meeting by bringing together diverse perspectives. New for CI2021, this year’s meeting is not being organized by a single center, but instead has been planned by a geographically and specialty diverse program committee comprised of audiologists, surgeons, therapists and educators from 15 distinct programs from across the country. (See page 4) Further, the virtual format enables greater collaboration from centers around the world. Chaired by Matthew Carlson MD from Mayo Clinic and Sarah Sydlowski AuD, PhD, MBA from Cleveland Clinic, CI2021 connects all of us in exciting new ways for a common purpose—to share advances in basic, translational, and multidisciplinary clinical research to better serve the patients who entrust us with their care.

Despite some challenges, the last year hasn’t slowed down the tremendous work being done around the world and we were thrilled to receive and blindly review over 350 high-quality abstract submissions. Due to our entirely virtual format, we do not have the space limitations that come with an in-person conference center, so we gladly accepted over 100 high quality podium presentations and over 200 posters. At a time when continuing education credits are more difficult to come by, we are pleased to offer on-demand session viewing with CEUs for audiologists and speech-language pathologists, so you can watch and claim credit for all the great sessions this meeting will offer! No more deciding between two outstanding sessions or lamenting that you can’t be in two places at once! This offering is in addition to the customary CME and CEU offering for virtual meeting attendance.

Also new this year, we are celebrating the strongest submissions in a highly competitive pool—the nine highest-ranked podium presentations will be acknowledged with Top Abstract Awards and the 30 top-ranked poster abstracts will be presented as 3-minute podium talks in three Poster Highlight sessions. These awards are not to be confused with the student poster competition which had 69 submissions (nearly double the normal submission!) and will highlight the outstanding efforts of the up-and-coming experts in implantable technologies.

This year’s scientific program includes several invited featured sessions that promise to offer exciting new perspectives:

John K. Niparko Memorial Lecture: Degeneration and Regeneration of the Inner Ear, presented by Konstantina Stankovic MD, PhD

Keynote Address: Improving CI Access with a Spanish Test Battery, presented by Alejandro Rivas MD

Featured Panel: Social Justice and Hearing Health Care, Addressing Equity in Cochlear Implantation, moderated by Matthew Bush MD, PhD

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Featured Panel: *Cochlear Implant Futures: How the Past Shapes the Future and What to Do about It*, moderated by Howard Francis MD, MBA

Featured Panel: *Climbing the Ladder to Success: Audiology Professional Development*, moderated by Meredith Holcomb AuD

Don’t miss the three-session *(Re)Habilitation Connect Forum*, which will highlight (1) the complexities of family-centered intervention, (2) maximizing reading potential in children with cochlear implants, and (3) the challenge of transitioning to life beyond high school [https://cdn.ymaws.com/www.acialliance.org/resource/resmgr/ci2021/rehab_connect_flyer_final.pdf](https://cdn.ymaws.com/www.acialliance.org/resource/resmgr/ci2021/rehab_connect_flyer_final.pdf) Also sure to be relevant to many attendees: two full sessions devoted to the telepractice experience for audiologists, surgeons, and therapists.

The conference will wrap with an innovative peek into the exciting practices that are challenging the status quo with creative solutions to conventional problems in a session entitled *Cochlear Implant Cribs: Multidisciplinary Cochlear Implant Team Video Series*. We can’t wait to welcome you in just a few months to CI2021 (April 28 – May 1)… it’s virtually here!!

**CI2021 Program Committee Members**

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Two Awards for Lifetime Contributions will be given at the Opening Session on Thursday, April 29.

We are excited to recognize two giants of our field who will be recognized for their lifetime contributions.

Ann Geers PhD, 2020 Lifetime Contributions

The award had been scheduled to be awarded in 2020 but was held over with the cancellation of last year’s CI meeting. We note Dr. Geers’ work in advancing cochlear implant care and follow-up for deaf children over her more than 40-year career in research on language development in children with hearing loss.

Richard T. Miyamoto MD, 2021 Lifetime Contributions

With this award, we recognize Dr. Miyamoto’s extraordinary clinical and research achievements in cochlear implants over nearly five decades. Dr. Miyamoto contributed importantly to major institutions in the field holding leadership positions within his own university, medical societies, and the National Institutes of Health.

Cochlear Implant Benefits” will feature presentations by CI clinicians as well as therapy professionals and offer consumers the opportunity to participate in “Ask me anything: Pose the questions you’ve always wanted to ask of a CI surgeon or audiologist.” The reasonably priced workshop includes a membership in ACI Alliance and allows family members to participate on the same registration. Please share details of the opportunity with patients, parents, and others.

https://www.acialliance.org/event/CI-2021consumerworkshop

Workshop for Hearing Aid Specialists

In addition to encouraging hearing aid specialists to attend the CI conference to gain greater understanding about cochlear implants, we will be offering a special workshop on Saturday afternoon (May 1) for hearing aid specialists featuring sessions by a CI surgeon, an audiologist, an adult recipient, and a hearing aid specialist who regularly refers patients to a CI practice in his community.

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Social (Half) Hour with Musician and CI Recipient Richard Reed

After the close of Thursday afternoon sessions at 5:30, grab your family for an entertaining intermezzo with Rhode Island Music Hall of Famer Richard Reed: Embracing Your Inner Distortion: A CI Musician Plays and Demonstrates. Richard will share his experiences and play, demonstrating how getting a CI changed the way he played and listened to music. His music career included playing Hammond organ with Junior Walker & the All Stars and many other R&B, Blues, and Rock and Roll artists.

Virtual Exhibit Hall

The exhibit hall will allow attendees to visit each booth to learn about new technology, the latest research and development, and connect with industry representatives in real time. Attendees will be able to engage in live chats, participate in badge hunting and gamification activities to win prizes, watch tutorial and product videos, and download resources. A listing of exhibitors is available on the conference website at https://ci2021.org/site/index.php/exhibit-sponsors/current-exhibitors-sponsors

CI2021 Virtual in Orlando in Brief

Registration

Conference Registration for CI2021 is open at https://ci2021.org/site/index.php/registration

Early Bird rates end March 24, 2021

Discount Rates for Members

CI2021 Member Discount Codes were mailed to each Member Organization’s point of contact or directly to professional members. If you need your code, contact Jessica Houk at jhouk@acialliance.org.

CEUs

CEU and CME are offered from the same providers that have been available in the past and the opportunity for CEUs will be similar or greater. Scientific sessions will be available for viewing for 30 days, allowing conference registrants to view courses at their convenience after the official conference closing and to do so for CEU credit. Tier One hours for audiologists will be offered. CE for hearing aid specialists will be offered.

Certificate of Participation

Offered for all registered attendees.

Interactive Features

The virtual platform used by the conference will allow attendees to chat with one another and to pose questions to presenters (via chat). The Poster Session will facilitate interaction with poster presenters via a virtual platform. (Re)Habilitation Connect Forum participants will have the opportunity to meet with presenters via small group virtual discussion sessions to “Continue the Conversation” after the formal talks.

Full Conference Program

As in prior years (of in-person CI meetings), there will be plenaries as well as three concurrent sessions to allow attendees to pursue a wide array of cochlear implant and related content. To view the conference program (which is being constantly updated), go to: https://www.acialliance.org/page/CI2021
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ACI Alliance Partners with International Hearing Society

Jessica Houk MBA / Manager of Information Technology and Membership Services / ACI Alliance / jhouk@acialliance.org

We are excited to announce our partnership with the International Hearing Society (IHS), a membership association representing hearing healthcare professionals worldwide. IHS members are hearing aid dispensers engaged in the practice of testing hearing and selecting, fitting, and dispensing hearing instruments as well as counseling patients.

The partnership was an outcome of ongoing efforts by Board Chair and Audiologist Meredith Holcomb, who has been working with IHS chapters and individual hearing aid specialists providing educational presentations on when to refer patients for a cochlear implant evaluation. Dr. Holcomb has found great interest by this group of hearing care professionals in learning more about CI and how they can better serve their patients.

The staff of ACI Alliance contacted IHS headquarters leadership and began a conversation as to how we could work together to advance our joint interest in improving support of adults who may benefit from cochlear implants. The process we followed, and offerings we are providing, are:

- IHS communicated with its members on the new program with ACI Alliance.
- IHS members were offered the opportunity to have a one-year complimentary membership in ACI Alliance.
- IHS members who have become ACI Alliance members were encouraged to attend the upcoming CI2021 Virtual conference at a discounted rate. ACI Alliance will offer IHS CEs.
- A special 2-hour workshop for hearing aid specialists will be held on Saturday afternoon, May 1 after the official conference close for individuals who have registered for CI2021. There is no additional cost to participate for those registered for the CI Conference. The workshop may also be taken as a “stand-alone” by those hearing aid specialists who prefer that option (at $15). Sign up at https://www.acialliance.org/event/CI101IHS. The program will include a Hearing Aid Specialist who regularly refers adult patients to a local CI surgeon allowing attendees to hear directly from one of their colleagues as well as a CI surgeon, an audiologist and a CI recipient.

IHS members are welcome to join ACI Alliance for a one-time discount. If you are interested in taking advantage of this opportunity, please contact Jessica Houk: jhouk@acialliance.org.
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Yes, You Can Change Medicaid

Nichole Westin MA / Governmental Affairs Manager
ACI Alliance / nwestin@acialliance.org

In 1965, Medicare and Medicaid were created as part of Lyndon Johnson’s Great Society programs. These two key governmental insurance types are separate programs although the Centers for Medicaid and Medicare (CMS), a division of the Department of Health, oversees both of them. We will focus today on Medicaid, which is the single most important source of cochlear implant funding for children. Medicaid is health care for persons of all ages whose income and resources are insufficient to pay for healthcare. It is jointly funded by federal and state governments but is managed by the states.

What is EPSDT and what is its role in Medicaid coverage rules?
The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services. The acronym stands for:

- Early: Assessing and identifying problems early
- Periodic: Checking children’s health at periodic, age-appropriate intervals
- Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found.

EPSDT rules set the guardrails for how children receive benefits under Medicaid, including cochlear implants. Essentially if treatment of a disease or condition helps a child to develop, it must be covered. Cochlear implantation is covered by Medicaid for children in all 50 states. When children age out of the system (somewhere between age 18 and 21 years, depending upon the state), states set their own coverage rules for adults. Reimbursement levels are also determined by each state. Hence individuals whose initial implant(s) were covered by Medicaid, may not have coverage when they move to the adult side of their state’s Medicaid program.

Thanks to EPSDT, all children whose families are covered by Medicaid and meet specific state candidacy criteria, are eligible for cochlear implantation equipment and services including speech and auditory therapy, equipment replacement, batteries and parts. An estimated 60% of states cover CI services for adults who meet income and candidacy guidelines. But hope is not lost as steps can be made to advocate that your state cover this medical intervention. In 2018, Maryland changed its rules allowing for CI coverage for adults due to pressure applied by Disability Rights MD with support from the ACI Alliance and other local institutions including the Johns Hopkins Cochlear Implant Program. We provided the staff with CI background including research findings on quality of life, impact on employment, and lower overall health care costs. This was done through the regulatory process vs legislation with the Maryland Medicaid office publishing new rules on which ACI Alliance commented and provided guidance. Since its implementation in Maryland, surgeries on adults and parts/equipment for those over 21 have been covered.

But how do you make changes in your own state? Before undertaking this project, consider the following questions:

- What is the current environment for Medicaid within my state government? Would an enhancement in the program be considered right now?
- Who might I partner with to help organize and advocate? Other hearing health organizations? General disability groups? Local parent and consumer organizations?
- How large is the population that may be served with any changes? Young adults who received a CI under the pediatric Medicaid program and have now aged out? What about continued on page 12
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an individual adult not covered by Medicare but eligible for Medicaid coverage?

After you have pondered those questions, we suggest the following steps forward:

1. **Get your talking points in order.** Highlight the cost and possible savings such a change would have but also the impact on quality of life. Discuss the impact for people who turn 22 (or 19 or 20 in some states) and no longer have access to equipment or replacement parts and what that means long term.

2. **Contact key people at the State Medicaid office such as the Director, Deputy Director, or a manager of policy.** Explain what our goal is and if this is something they are interested in discussing and addressing. If they are willing to consider it, they might be able to make the changes through the regulatory process without legislative input.

3. **If that route is a dead end, then the legislative route is your best bet.** If you work for a large university or hospital system that has a government relations office, we strongly suggest discussing changes to Medicaid with them. Not only can they connect you with key politicians and staff, but there is a chance they ask you to not move forward for any number of reasons.

4. **Finding a sponsor to carry the bill (i.e., introduce and support it) is vital.** We suggest contacting someone who sits on the appropriate committee in one of the Chambers or someone who has been amenable to Medicaid changes in the past. They can help draft the legislation to fit your ask and the current law. When/if the bill is heard before a Committee, be prepared to provide testimony in support and ask your partners to do the same. ACI Alliance can also help gather support through State Champs and CI CAN.

5. **Be patient.** While states often pass legislation far faster than the federal government, it can still take a few years for a variety of reasons.

If you decide you wish to pursue a process such as this, ACI Alliance is here to support our members interested in changing Medicaid in their state. Our advocacy networks—both State Champs and CI CAN—are able to help increase the number of voices calling for change. The stories from consumers and families are essential in personalizing the discussion such as the young adult implanted as a child, still in school but no longer receiving batteries and parts or the late deafened adult on Medicaid who hopes to work again after being implanted. ACI Alliance staff can also provide research, data, and talking points to support the argument for change. If you are interested in trying to change Medicaid in your state, please contact Nichole Westin at nwestin@acilliance.org.
CI CAN Update

Nichole Westin MA / Governmental Affairs Manager
ACI Alliance / nwestin@acialliance.org

In our most recent (November 2020) issue of Calling, we discussed the rollout of our new advocacy initiative: Cochlear Implant Consumer Advocacy Network, or CI CAN. Since then, we have steadily increased our CI CAN members and held three successful training sessions for network members. We still have a long way to go to reach the numbers we need to have a vigorous impact. We need your help in reaching out to consumers, parents, family members and others interested in advocating to grow CI CAN and share the importance of advocating for better hearing health for all.

Kelly Flodin is one of our newer members, hailing from South Carolina. In his application to join CI CAN, he noted, “I had hearing aids for years with limited results and was kind of discouraged from getting implants by my audiologists. By accident I was referred to Medical University of South Carolina for a candidacy evaluation by an interim audiologist filling in at one of my appointments. She told me I would likely be a good CI candidate and I decided to go through with it. That was 6/12/2020. The difference with cochlear implants is life-changing. My grandparents, parents, and 5 of 7 sibs wore or wear hearing aids and nobody ever recommended checking into CIs for any of us. The reason I would be interested in participating is just to help get the word out that CIs are an option with tremendous upside for hard of hearing people who struggle with hearing aids.”

Flodin’s comments highlight that advocacy is not only aimed at politicians, but also those active in hearing healthcare. Please help us grow this network by sharing information on CI CAN with your patients, colleagues, students, and friends. Information, including a printable flyer, is available on our website by clicking here: https://www.acialliance.org/page/CI_CAN.

Coming Soon from ACI Alliance!

Advocating for Cochlear Implant Access: ACI Alliance Toolkit for Action

With chapters on:
- What is Advocacy?
- Constructs for Cochlear Implant Advocacy
- The Legislative Process
- The US Regulatory Process: Putting Laws to Work
- Building Relationships with Key Officials and Staff
- Framing Your Story
- ACI Alliance Advocacy Networks
My parents began to suspect that I had a hearing loss when I was two years old. My younger sister had just arrived, and she was already responding to sounds that I seemed to miss as a toddler. My speech and language development at that point was still considered “normal;” yet, something seemed amiss. I was seen by an Audiologist at Ann & Robert H. Lurie Children’s Hospital of Chicago (formerly Children’s Memorial Hospital) and my behavioral testing suggested a bilateral hearing loss. An auditory brainstem response (ABR) evaluation subsequently confirmed my parents’ suspicions. I was diagnosed with a bilateral moderate to severe sensorineural hearing loss and was quickly fit with binaural hearing aids. In the early 90s, pediatric hearing aids were not available in “kid friendly” colors; my guess is I would have rocked bright pink aids if given the chance.

Following my hearing aid fitting, my mom still vividly recalls my initial reactions to many sounds in the house. I immediately began to shout “WHAT’S THAT?!” in response to the dishwasher and the doorbell. I quickly adapted to my hearing aids and attended a speech and language focused preschool at age three. The bus driver, Miss Marva, stopped at the end of my driveway, and I eagerly hopped—or rather, climbed—into the bus each day, screaming “BYE MOM!” without hesitation.

I was enrolled in a mainstream classroom beginning in Kindergarten. Fortunately, another girl my age who also wore hearing aids and I were paired in the same classroom for many years. We formed a special bond—a bond I’ll always cherish. We both utilized an FM system in the classroom, and over the years, our teachers would inevitably forget to turn off the microphone when having a private conversation, or visiting the restroom. My friend and I would glare at each other from across the room and share a secret grin.

My passion to become a pediatric Audiologist began when I was nine years old. Following my initial diagnosis at Children’s Memorial Hospital, I bounced around a couple of different Audiologists over the first few years. I ended up meeting an Audiologist closer to home for a quick earmold check. I remember the Audiologist attempting to connect with me, saying that she “understood how I felt.” Immediately, my usual happy demeanor changed, as I thought to myself: how could she possibly understand? She has normal hearing, and I do not.

Within minutes of leaving that appointment, I announced that I wanted to be an Audiologist and work with kids. I have never looked back.

Following high school, I left Chicago and headed to the University of Iowa. Iowa has a renowned speech and hearing science program. I initially thought I would perhaps stay at Iowa for eight years and complete my doctorate as well. I double majored in speech and hearing sciences as well as Spanish. And, if I wasn’t busy enough, I also was on the women’s rowing team. Becoming a Division I athlete wasn’t necessarily part of the plan when I was 9; but, at 19, plans had changed. I met so many incredible women who had the same drive to be successful on and off the water—many were studying nursing, pre-med, or engineering. As chance would have it, a teammate of mine also had a hearing loss—and we are still dear friends to this day.

At the end of my undergraduate career, I decided to return to Chicago to complete my graduate degree at Rush University Medical Center. My passion to become an Audiologist was further solidified as I began my rotations in various clinics and hospitals. Finally, the opportunity arose to complete my fourth-year externship at Lurie Children’s Hospital. I was fortunate enough to have other externship offers, and my dad was pressing for me to “spread my wings” and experience a new city. But my decision was made; I would return to the place that changed my life.

My externship was an incredible blur. I was finally home. I was determined to absorb anything and everything that I saw in clinic. I completed the pediatric battery at Lurie Children’s for outpatient as well as inpatient children. Each patient truly left their mark on me. At the conclusion of the year, the department had an open position. I quickly applied and was hired. I’m happy to report that after almost six years as a full-fledged pediatric Audiologist, I am even happier now than I was my first day as an extern. Connecting with patients and their families has been such a joy. I can actually see the relief wash over parents’ faces when they notice that I,
too, am hearing impaired and ask me to share my story.

My hearing loss remained relatively stable following initial diagnosis, with small decreases in hearing noted over the years. I began to notice that my hearing was changing more significantly while in grad school. Lucky for me, I had an entire cohort of classmates that could help monitor me in the sound booth. At the conclusion of my graduate program, I had a severe to profound hearing loss in both ears. I began to contemplate next steps. Once I joined the cochlear implant team at Lurie Children’s and reveled in the success of my young patients, I knew it was time. After almost three decades of bilateral hearing aid use, I underwent surgery for right cochlear implantation.

Recovering from surgery was admittedly much more challenging as an adult, compared to my pediatric patients who sometimes run around effortlessly within hours after the procedure. It was an uncomfortable feeling, solely listening with my left ear for the few weeks prior to initial activation. My activation was also a strange experience—I was unable to discriminate between speech and non-speech stimuli, as all I heard were “dings” that sounded like keys on a piano. Over the course of the next few weeks and months, everything began to make sense. Now, I am able to hear my patients and their families with increased clarity and much better than before I was implanted.

I was recently featured in Child’s Voice All Ears podcast regarding my personal experience growing up with a hearing loss and now working as a pediatric Audiologist. The recurring theme throughout the episode was the perception of identity. Naturally, my hearing loss has pushed me to overcome adversity and become my best advocate. But my loss doesn’t define me. I would describe myself as a mother, a wife, a sister, a daughter, an Audiologist, a triathlete—prior to mentioning my hearing loss. However, it is paramount that society allows for individuals to describe themselves as they see fit, and I believe it’s important to remember that people can have multiple aspects to his or her identity.

When I was applying to grad schools, I would sometimes write that I was born hearing impaired, but I was destined to be a pediatric Audiologist. Having now achieved that dream, I firmly believe that it was always true. Especially given my life experiences, I try and see and interact with my patients for who they are and encourage them to be everything that they can be. With many patients I see in the hospital, their hearing loss is secondary to other, often life-threatening conditions. These young patients and their families need support not just from me, but from the larger communities in which they live. And the same is true for the young kiddos I see who are not inpatients at the hospital. Whether they are budding ballerinas, young artists, baseball phenoms or actors in residence, my young patients and, indeed, everyone with a hearing loss needs to be seen, appreciated and accepted for the entire person they are and that they choose to be.

Katie works with a young patient in the program.
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