

Hear It Is!

Oregon



Summer 2017

Issue 70

HLAA Convention Notes: Leadership

By Chuck Vlcek

On June 20 Vincent Portulano and I flew to Salt Lake City to attend the HLAA convention. When we arrived, the temperature was 99 degrees and climbing. We chose to use the light rail system called TRAX (similar to Portland's Tri-Met) to reach our lodging at Comfort Inn. This entailed more walking in the sun with our luggage than we had anticipated. At least Comfort Inn was only one block from the Little America Hotel, where two of the convention's evening events would be held, and considerably cheaper. We could also use TRAX, free of charge, to get to the main convention center adjacent to the Radisson, another pricey hotel.

As chapter coordinator, Vincent was able to attend thanks to an HLAA scholarship (via the Washington, D.C. Chapter) which covered his registration fee and added \$500 to cover travel expenses. The Oregon State Association (HLAA-OR) chipped in another \$500. As chapter leaders (I am the secretary for HLAA-OR) we attended the State/Chapter Development Workshops rather than the ones on education, technology, etc. The HLAA convention keeps growing which is a good thing but it does make it more difficult to attend all of the sessions that we are interested in.

The workshops were a mix of presentations and brainstorming sessions. All of them were looped and also had real-time captioning. That allowed me to take a few notes, but I still could not scribble fast enough to keep up. Fortunately summaries of the topics covered are available on the HLAA website www.hearingloss.org – just click on the “convention” tab, then “archives”, then “2017”, and navigate from there. There may also be links to documents relating to the actual presentations.

We attended a total of twelve workshops and a symposium on research and development in the field of hearing loss. Obviously there is not enough space to describe everything or even all the important things we learned. The first workshop was “Leadership is Intentional Influence” by J.D. Taylor. In a nutshell we were cautioned not to jump to conclusions or size up a situation too quickly when working with others. Instead we were encouraged to carefully analyze the motivation and abilities of individuals against a background of personal, social, and structural settings. That analysis provides a better vision of what is the likely source of any problems and what needs to be done to solve it. One caveat is that not every problem is simple to analyze and fix – there may be multiple issues at play.

Another excellent workshop was “Confessions of a Reluctant Leader” by Ann Belfiglio, RN, BSN, MSW, and HLAA Colorado Springs Chapter president. Like Moses in the Bible, she did not seek leadership but rather had it thrust upon her. She learned to embrace it and overcome her fears and lack of confidence while strengthening her weaknesses and utilizing the strengths she did have. *[continued on page 11]*

From My Lips to Your Ears

Editorial by Chuck Vlcek

So how is a tick responsible for getting a new chapter member? One burrowed into my chest at the beginning of June, prompting a trip to the clinic and a prescription for antibiotics. While I was waiting to pick up the prescription, a man came up to me and asked about my cochlear implants. He had a large hearing loss and was starting to consider one (he is probably a good candidate for a hybrid). I told him about HLAA and our chapter, then mentioned that I would be attending the HLAA convention in SLC. It turned out that his wife would be attending a genealogical convention in the same building at the same time. He was able to purchase a one-day pass, and was very enthusiastic about it. And yes, he is joining our Douglas County chapter.

The front page article is about my own attendance at the convention, focusing on the workshops. But there was time for entertainment as well. Caption Call sponsored a get-acquainted party at its headquarters with a Western theme. Vince cut quite a rug with the costumed ladies there while a drone took video overhead. There was also a dinner theater featuring comedienne Gael Hannan

and her cranky cochlea. Overall, the convention was well done, and the planning that must have gone into it is mind-boggling.

Check out the tips on page 7 for the times you may need to be a patient at a hospital. The most important ones are listed there, and more will be given in the next issue. We invite readers to share their own experiences and tips which may be included.

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Hear it is! #70, Summer 2017. Published quarterly by the HLAA, Oregon State Association, Inc., PO Box 22501, Eugene, OR 97402. Chuck Vlcek, Editor; and Eileen Marma, Business Editor.

Hear it is! will regularly print your hearing loss-related stories – personal experiences, coping strategies, and evaluations of technology are welcomed. Maximum word count is 500 words. Article contributions should be made to the editor at info@hearinglossOR.org.

For advertising information and rates, contact Eileen Marma at info@hearinglossOR.org.

Deadline for Autumn 2017 edition: Sept. 30, 2017.

Looking for Induction Loop System Information?

Check out <http://hearinglooporegon.com> . It lists public places in Oregon that have loop systems already installed as well as access information on how obtain a new installation. Please be advised that this web page probably needs to be updated. Suggestions for updates, such as additional locations in Oregon that already have a loop system, should be e-mailed to info@hearinglossOR.org with something like "Oregon loop website update" in the subject line.

The next HLAA-OR board meeting will be held Oct. 14, 2017 at Albany General Hospital (Reimer Building). The 2018 meeting dates will be announced in the next issue.

Guests and persons wishing to confirm should contact President Clark Anderson at clarkoa@msn.com or leave a message at (541) 736-4804.

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Within Earshot: News You Need to Know

OTC Hearing Aid Act of 2017

The previous issue of this newsletter reported that both houses of U.S. Congress had introduced bills that would create a new class of hearing aids that could be purchased over the counter. On July 12, the House of Representatives voted to pass this bill. A Senate vote is expected later this summer, and passage is likely.

Since this new category has not yet been created it is unclear how the devices will be defined. However, they should not be confused with products already on the market called PSAPs (Personal Sound Amplification Products). PSAPs cannot legally be marketed to people with hearing loss as a “hearing aid,” only to those with “normal” hearing as an amplification device.

If you think you have a hearing loss, do not wait for over-the-counter hearing aids to come to market. First, there will be an extended rulemaking period where anyone can comment after which the FDA has to evaluate and decide on the standards for an OTC device. Second, not everyone will be able to get help from an OTC device – only those with mild to moderate loss.

Oregon HB3412 Passes

The Oregon legislature recently passed HB3412, which now awaits the governor’s signature. It establishes a task force on assessments of children who are deaf or hard of hearing and directs it to submit a report to an interim committee of Legislative Assembly related to education no later than January 1, 2018. The task force sunsets on June 30, 2019.

Twelve persons of various professional and consumer backgrounds relating to hearing loss in children up to age 8 are to be appointed to the task force. It shall analyze and recommend a framework for assessing deaf and hard-of-hearing children to determine the children’s competencies in language and literacy skills for the purpose of ensuring the children can successfully access the kindergarten curriculum in an equitable manner. When analyzing and recommending the framework, the task force shall be impartial with regard to the language taught to deaf and hard-of-hearing children.

HB3412 was the only legislation of interest to the deaf and hard of hearing community to be passed by the Oregon legislature.

Should Hearing Aids be Larger?

Page 32 of the July-August 2017 issue of Hearing Loss Magazine had a thought-provoking article by Eugen Tarnow who suggested that hearing aids should be larger, not smaller. Why hide your hearing aid only to be encouraged to wear buttons that announce your hearing loss? Larger hearing aids can be turned into fashion statements, as some cochlear implant processors already are. With less need for miniaturization, they can be cheaper. Alternatively the extra size can be used hold a bigger and longer lasting battery, or pack additional processing power. Control switches can be made easier to manipulate by arthritic or fat fingers (when you can’t find the remote). Perhaps manufacturers should offer at least one jumbo-sized model. Do you have an opinion? Send it to us at info@hearinglossOR.org.

Hearing Loss Scenario: Hospitals

By Tashiko Weinstein Polson

Scenario "What do you do?" Submitted by Martha O'Neal in Gresham

Last July I had a massive heart attack. Wasn't expected to live. Spent a month in ICU and Urgent Care. I wasn't aware what was going on. Piece by piece family and friends filled me in. I am bilateral Cochlear Implant and was wearing my medical I D bracelet. But it was removed. We tried writing my replies. But laying down wasn't good position to write. Staff hadn't a clue how processors work and which one went on which ear, or how to turn them on. How to recharge batteries. And when I was aware, visitors would come in and see the processors, "oh what's this", and proceed to fiddle with them. I said PUT them down, it is a prosthesis and each cost \$12,000.00. In rehab one processor stopped working. Panic mode set in. But managed ok with one working processor. Between hospital and rehab was gone three months. Got an appointment at OHSU and started the process for two upgrade processors. One wasn't fixable. I've received them and [they are] working well. While in rehab saw residents with hearing aids packed with wax. No one seemed to know how to clean them. Was so sad to see people not being able to hear due to wax build up.

As a person with hearing loss, how would you handle this situation? Here are some tips:

In case of an emergency always have some form of ID on you that displays your hearing loss. Common things are buttons made by the Hearing Loss Association or a medical bracelet. A "hospital kit" created by Lane County HLAA can be useful. All staff including nurses, doctors, anesthesiologists and recovery room staff should be aware that you have a hearing loss and how you communicate. You may have difficulty hearing when emerging from anesthesia. Hospital personnel may think you appear non-responsive or are not responding appropriately if they are not notified about your hearing loss.

Can a sign noting your hearing loss be posted above your bed? Related to the tip above, this is especially important at night when your hearing aids or devices are removed and the night staff may be unaware of your hearing loss. Hospitals may be reluctant to offer this without your requesting it because of patient privacy rights. The benefits outweigh the privacy issues. Healthcare providers tend to speak before checking your chart so the sign is important even if your chart is noted with your hearing loss.

Are the nurses aware that you may not be able to hear over the intercom? The hospital should place a sticker on the intercom at the nurse's station indicating that you are hard of hearing or deaf. This will alert the staff not to use the intercom if you are unable to hear it. The staff will need to come into your room so the hospital may want to place you in a room near the nurses' station.

Have someone prepared to advocate for you if/when you are unable to advocate for yourself. Discuss this topic in advance with your family and friends, and let them know what your desires and needs are. This can range from running errands for you to helping you communicate with hospital staff.

There are additional tips that will be discussed in the next issue when this scenario is revisited.

Do you have an experience, plausible scenario, and/or tips you would like to share? If so, please e-mail info@hearinglossOR.org with "Hearing Loss Scenario" in the subject line, or write to HLAA-OR, P.O. Box 22501, Eugene, OR 97402.

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Do you have difficulty hearing when someone speaks in a whisper?	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing problem cause you to have arguments with family members?	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing problem cause you difficulty when listening to TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel a hearing problem limits or hampers your personal or social life?	<input type="checkbox"/>	<input type="checkbox"/>

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Chapter Capers

Douglas County Chapter: Chapter president Vincent Portulano, past president Chuck Vlcek, and new member Terry Clark attended the HLAA convention in Salt Lake City in June. Vince and Chuck attended sessions primarily related to leadership and chapter development (see article on the front page). A picnic was scheduled for noon on August 5 at the home of members Ann and Tasha Havens.

Portland Chapter: The next meeting is scheduled for September 18. A chapter newsletter will be sent out prior to that time.

Lane County Chapter: The next HLAA-Lane presentation will be September 14, from 7-9 pm at the Hilyard Center. The speaker will be Eileen Marma, who graduated from a Gallaudet University training program which has equipped her to provide consultation services to those who are hard of hearing. She will speak briefly about the training, highlighting the information that seems most important to hard of hearing individuals. She will then hear and answer your questions. Details are on the Lane County website: www.hearinglosslane.org

Chapters around the nation: HLAA has added a page to their website that puts a spotlight on what various chapters have been doing. Check out [http://hearingloss.org/content/spotlight!](http://hearingloss.org/content/spotlight) If your chapter has something to share, it can be submitted for inclusion on that page.

What is your chapter doing? Please submit your story to the editor at cvlcek@centurytel.net See pages 14-15 for contact information for these chapters and events.

CI Corner

Having a hard time listening to speech in noisy environments? We all do. While some environmental noise can be filtered out, listening to one speaker in a room full of chatter is still challenging. Persons with normal hearing manage to find a way but users of hearing aids and cochlear implants cannot, at least not without additional assistive devices. Why is that?

Normal hearing persons utilize something called "medial olivocochlear efferent effects" to separate the sounds. This technical term involves another technical term called "dynamic compression". Efferents change basilar membrane compression which contributes to mapping a wide range of sound pressure levels onto a narrower range of neural responses.

Processors for cochlear implants operate in a different manner. It compresses the sound pressure onto a narrower range of electrical current, and this compression remains fixed. Thus the efferent effects are lost.

Research has been conducted by Dr. Lopez-Poveda in collaboration with colleagues from the University of Salamanca (Spain), MED-EL GmbH (USA and Austria), the University of Innsbruck (Austria), and Duke University (USA) to devise processor software that would restore the efferent effects. Currently persons with bilateral implants have processors that operate independently from each other, with fixed compression. A new coding strategy, called MOC, utilizes information from the opposite processor to vary the compression and mimic the efferent effect. Tests on subjects have shown promise that this scheme does work.

Persons with just one CI may also benefit as long as the target speaker is on the same side as the CI processor. This approach should also work for hearing aid users, but further research and testing is needed.

It appears that implementation would only require a software upgrade, or at most a processor upgrade.



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HLAA Convention Notes *(continued from page 1)*

She passed along the wisdom she gained through experience with her “on the job training” in leadership roles. These lessons are important because many chapters are small and may not have members who are “natural leaders” (and may also lack persons with other important skills needed to serve as secretary, treasurer, etc.). Thus out of necessity a person may be placed in a role that he or she is not comfortable with. An interesting part of her talk was the analysis of seven styles of leadership – each style had its pros and cons, depending on makeup of the team the leader is working with and the nature of the task at hand. She noted that a really good leader was capable of adapting the style best suited for the personnel and work conditions rather than adhering to the style he/she was most comfortable with.

Not all workshops dealt with leadership roles. Another important issue was attracting and retaining members. Still another was sustaining enthusiasm among members who had been performing certain tasks or assuming certain roles for a long time, and avoiding burnout. HLAA National Chapter Coordinator Erin Mirante led a discussion of these topics in one workshop. Erin is young, outgoing, and enthusiastic, and engaged in a lively discussion with chapter and state association leaders. She is always open to suggestions and can be contacted at emirante@hearingloss.org. Another open forum discussion, “What Makes for a Successful Chapter?” was led by Jerry Lapidakis, HLAA WI State President, and John Kinstler, HLAA Madison Chapter President. This resulted in another lively brainstorming session.

Another workshop that generated a lot of enthusiasm was “Tell Your Story”, which encouraged participants to tell their own stories of coping with hearing loss. This type of program is a good way to draw in visitors and new members at a chapter meeting. All members can learn from each other by sharing experiences. A related workshop expanded on this theme: “Chapter Building Through a Peer Support Focus – How to Build H.O.P.E.” The acronym stands for Hearing Other People’s Experiences. It was presented by Nancy Gilbertson, Vice President of the HLAA Fox Valley Chapter.

“Planning an Educational Expo/Conference in 12 Months”, presented by Eloise E. Schwarz, Hearing Loss Support Specialist and retired RN, drew upon lessons learned while planning the Hearing Loop Expo held in Wisconsin in November 2016. A long checklist of tasks to perform at certain times was provided. It will be useful to other chapters and state organizations which have the manpower and enthusiasm to undertake a project of this magnitude. Based on recent experience, Oregon chapters will have to attract and bring together new members before undertaking another major project, but it is good to know that this resource is out there.

Epilogue: when I returned home I received an electronic newsletter for the Lions clubs of southwest Oregon. Portions of it dealt with clubs facing some of the same problems as HLAA chapters – declining membership, burnout, and difficulty in attracting younger members. It included a 2-page questionnaire on how members would like to see their meetings conducted and when they should be held. It recognizes that flexibility is key in determining the character and mission of a club, which should be tailored to fit the membership while anticipating possible changes to that membership. One club is planning to prune projects that no longer have the manpower and/or the enthusiasm to sustain them, and to ensure that individual members do not get overwhelmed by too many responsibilities. It showed burnout as being the culmination of exhaustion, inefficiency, and cynicism.

Thus it is important to note that HLAA and its chapters are not the only organizations facing challenges in maintaining membership, health, and vitality. While hearing loss itself can provide additional obstacles to bringing and keeping a chapter together, we can learn from the experiences of organizations outside of HLAA.

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HAAA of Salem meets the 4th Tuesday each month (except July and August) - 6:00 PM at the Salem Hospital Community Health and Education (Building D), Creekside Overflow Room, 939 Oak Street SE, Salem, OR.

Contact: Mary Fagan
e-mail: hlasalem@live.com
(503) 409-5491
3253 Dallas Hwy NW Salem, OR 97304-4222

HAAA of Lane County meets 2nd Thursday each month - 7 PM at the Hilyard Community Center, 2580 Hilyard Street - Eugene.

Contacts: Andrea Cabral
e-mail: angora@comcast.net
(541) 345-9432 voice
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HLAA of Portland meets the 3rd Monday each month (except June, July and August) 6:30 PM in "Building 2", 2nd floor, on the Legacy Good Samaritan Campus, 1040 NW 22nd Ave. (at Marshall), Portland 97210

Contact Anne McLaughlin
e-mail: hlaportland@gmail.com
PO Box 2112
Portland, OR 97208-2112
www.hearinglossor.org/portland/

HLAA of Douglas County meets the 4th Monday of each month at 6:30 p.m. at Westside Christian Church, 2712 West Harvard Avenue, Roseburg, Oregon.

Contacts: Vincent Portulano, President:
email: HLAADC@outlook.com

Ann Havens, Secretary (541) 673-3119

HLAA of Linn and Benton Counties meets the last Wednesday of each month (except July, and Dec.) – 6:30 PM at the Reimer Building, Albany General Hospital, Albany.

Contact: John Hood-Fysh
e-mail: jhood-fysh@wwmore.com
(541)-220-8541
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Chapter coordinator contacts:

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PO Box 215, Sweet Home, OR 97386

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15491 Highway 99, Oakland, OR 97462

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