

# HEAR OREGON

# IT IS!



SUMMER 2019

ISSUE 78

## Hearing aid care in hot, humid weather

There are a lot of different things that can harm the delicate technology that makes a hearing aid work the way it does, but not many have the impact of water. In fact, you could call moisture “kryptonite” for hearing aids. Taking that into consideration, humidity is a huge problem.

Permanent damage is done by invisible moisture. It’s essential to educate yourself about why humidity harms hearing aids. Oddly enough, electronics are not only sensitive to high humidity but low levels as well. When vapor percentages are high, condensation can collect on the delicate elements. Low humidity can result in brittle core material.

Consider buying a dehumidifier designed for hearing aids. There is one out there for every budget. ■

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WWW.HLAA-OR.ORG/

## PROTEINS MAY HOLD KEY TO INNER EAR HAIR CELL RESTORATION

Source: Johns Hopkins University School of Medicine  
August 6, 2019

BALTIMORE, MARYLAND — Researchers at Johns Hopkins Medicine, report they have identified a pair of proteins that precisely control when hair cells (sound detecting cells) are born in the mammalian inner ear. The proteins (described in a report published June 12 in eLife) may hold a key to future therapies to restore hearing in people with irreversible hearing loss.

An estimated 90% of genetic hearing loss is caused by problems with hair cells or damage to the auditory nerves that connect the hair cells to the brain. Hearing loss due to exposure to loud noises or certain viral infections arises from damage to the sensitive hair cells.



PHOTO BY CHRISTOPHER CAMPBELL  
ON UNSPLASH

*“Scientists in our field have long been looking for the molecular signals that trigger the formation of the hair cells that sense and transmit sound. These hair cells are a major player in hearing loss, and knowing more about how they develop will help us figure out ways to replace hair cells that are damaged.”*

*—Angelika Doetzlhofer, Ph.D., Associate Professor of Neuroscience at JHU School of Medicine*

Humans, unlike some other animals and birds, cannot regenerate their hair cells once damaged. Once hair cells are damaged, hearing loss is likely permanent.

### The Key to future Hearing Restoration Therapies?

Scientists have known that the first step in hair cell birth starts at the outermost part of the spiraled cochlea. Here, precursor cells start transforming into hair cells. Then the pre-

Continued on page 3

## I'M ALL EARS ...

Editorial by Jeanne Fenimore Levy



*Jeanne is a Hillsboro, Ore., resident who lost a significant portion of her hearing in the 1970s and despaired for her future. Hearing aids helped, though, and eventually she realized that coping with hearing loss was possible and, in fact, the only way to go.*

One of my favorite journeys is the short drive to the 635-acre wetland preserve near my home. I began walking there this past winter when the land was gray, cold, leafless, and flooded from time-to-time.

Now, in August, the month I think of as nearly the end of summer, there have been a number of changes. Ground that was flooded is now much drier and plants and flowers hidden for months underwater have emerged. Blooming wapato, with long stemmed flowers similar to orchids, make me wonder if some of the women of the Pacific Northwest tribes kept bouquets of them in their lodges. (Photo at right.)

Although the fields are dry, the flowers are blooming — daisies of all sorts, Queen Anne's lace, and others I don't recognize. The smell of these fields brings back so many memories of my Oregon childhood and exploring the

woods and fields where I lived.

I feel a little odd sending out the summer issue of this newsletter at nearly the tail end of the season. However, this is always a busy time of year, and hopefully I'm forgiven for falling behind. There is this one thing to be said for volunteering: It's very difficult to get fired.

It is also time for me to make my yearly trip to my otolaryngologist and the audiologist. (How about you?) My ENT doctor has retired — just found out — and so for me the search is on for another. I want to know how my ears, hearing, and Meniere's are doing and if I still need to take one of the medications the (retired) doctor prescribed.



And if there is a theme to this newsletter, it appears to me it is one of advancing medical treatments for those of us with hearing loss — and until there is a total cure, it's also enjoying the life we have been given.

SAVE THE DATE, Nov. 2 in Albany for the Living Well With Hearing Loss, with Sam Trychin and Tina Childress. See page 8.

Contact me by emailing [femminismo@gmail.com](mailto:femminismo@gmail.com). Thanks!

## HLAA, Oregon State Association OFFICERS & BOARD MEMBERS

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## HEAR IT IS! #78

Published quarterly by the HLA, Oregon State Association, Inc., P.O. Box 22501, Eugene, OR 97402.

Jeanne Levy, 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](mailto:info@hearinglossOR.org).

For advertising information and rates, contact Eileen Marma at [info@hearinglossOR.org](mailto:info@hearinglossOR.org).

Deadline for Fall 2019 edition: September 1, 2019.

Website: <https://www.hlaa-or.org/>.

## Hair cell regrowth,

continued from page 1

cursor cells along the spiral shape of the cochlea turn into hair cells along a wave of transformation that stops when it reaches the inner part of the cochlea.

Knowing where hair cells start their development, Doetzlhofer and her team went in search of molecular cues that were in the right place and at the right time along the cochlear spiral.

Of the proteins the researchers examined, the pattern of two proteins, Activin A and follistatin, stood out from the rest.

*Along the spiral path of the cochlea, levels of Activin A increased where precursor cells were turning into hair cells. Follistatin, however, appeared to have the opposite behavior of Activin A. Its levels were low in the outermost part of the cochlea when precursor cells were first starting to transform into hair cells and high at the innermost part of the cochlea's spiral where precursor cells hadn't yet started their conversion. Activin A seemed to move in a wave inward, while follistatin moved in a wave outward.*

“In nature, we knew that Activin A and follistatin work in opposite ways to regulate cells,” said Doetzlhofer. “And so, it seems, based on our findings like in the ear, the two proteins perform a balancing act on precursor cells to control the orderly formation of hair cells along the cochlear spiral.”

### **Understanding Hair Cell Development**

To figure out how exactly Activin A and follistatin coordinate hair cell development, the researchers studied the effects of each of the two



PHOTO BY HEADWAY ON UNSPLASH

## Upcoming HLAA board meetings

The next quarterly HLAA-OR board meeting will be held Oct. 12, 2019, from 2-5 p.m. at Albany General Hospital (Reimar Building). Guests and persons wishing to confirm should contact President John Hood-Fysh at [jhood-fysh@wwmore.com](mailto:jhood-fysh@wwmore.com) or leave a message at 1-800-413-0691.

proteins individually. First, they increased the levels of Activin A in the cochleas of normal mice. In these animals, precursor cells transformed to hair cells too early, causing hair cells to appear prematurely all along the cochlear spiral.

In mice engineered to either overproduce follistatin or not produce Activin A at all, hair cells were late to form and appeared disorganized and scattered across multiple rows inside the cochlea.

*“The action of Activin A and follistatin is so precisely timed during development that any disturbance can negatively affect the organization of the cochlea. It’s like building a house — if the foundation is not laid correctly, anything built upon it is affected.” – Angelika Doetzlhofer, Ph.D.*

Looking more closely at why overproduction of follistatin results in disorganized hair cells, the researchers found that high levels of this protein caused precursor cells to divide more frequently, which in turn made more of them convert into inner hair cells in a haphazard way.

Doetzlhofer noted her research in hair cell development, although fundamental, has potential applications to treat deafness caused by damaged hair cells: “We are interested in how hair cells evolved because it’s an interesting biological question,” she says. “But we also want to use that knowledge to improve or develop new treatment strategies for hearing loss.”

The research was supported by the National Institute on Deafness and Other Communication Disorders (DC011571, DC013477, DC012972 and DC016538) and the David M. Rubenstein Fund for Hearing Research. ■



## HEARING LOSS ASSOCIATION OF AMERICA — MEMBERSHIP: UPDATE

HLAA is one organization — national office, state offices and associations, and HLAA chapters — all working to open the world of communication to people with hearing loss through information, education, support and advocacy.

In a December 2018 survey the No. 1 reason for belonging to HLAA was its history of advocacy for those with hearing loss.

Now, after more than 10 years, membership dues increased as of July 1, 2019. New prices are now: individual, \$45 per year (online, \$35); and a couple/family is \$55. Professionals and nonprofits pay \$80. Membership includes the award-winning bimonthly magazine, *Hearing Life*.

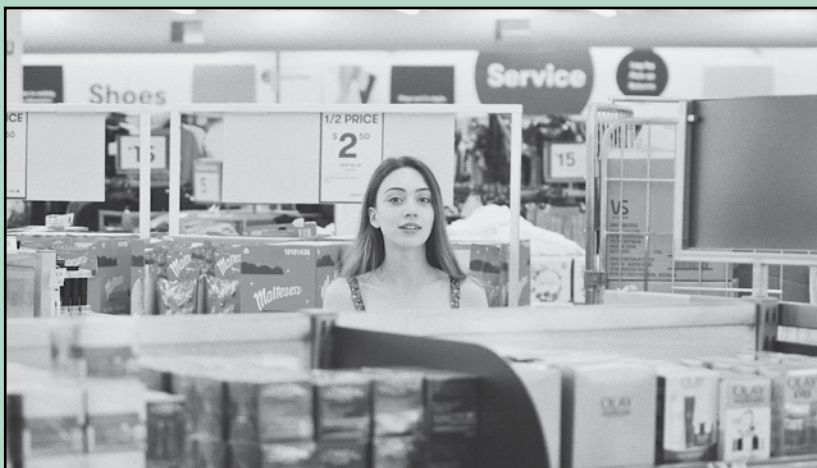
Write to HLAA, 7910 Woodmont Ave., Ste. 1200, Bethesda, MD 20814. Or you may call 301/657-2248 (voice), 301/913-9413 (fax) or online at [www.hearingloss.org](http://www.hearingloss.org).

Join and become a hearing advocate.

Become

a member

today!



NICHOLAS JEFFRIES ON UNSPLASH

## OVER-THE-COUNTER (OTC) HEARING DEVICES

From Hearing Loss Association of America website

Since the passage of the Over-the-Counter Hearing Aid Act of 2017 the Food and Drug Administration (FDA) has been working to create regulations regarding this new category of hearing device. OTC devices — specifically for people with hearing loss — are not yet on the market. If you are considering purchasing a device that claims to be in this new category, buyer beware.

The next step will be a Notice of Proposed Rule Making (NPRM) issued by the FDA, followed by an open comment period and then the final rules. After the final rules are in place, you still need to be an educated consumer: learn all you can about the device before you make that purchase.

### Over-the-Counter Hearing Aids — The Consumer View

The ability to effectively communicate is the foundation for nearly all of our daily life activities. For the 48 million Americans who have hearing loss, affordable and accessible hearing health care services and technology that meet their individual needs are critical.

In 2016, the National Academies of Sciences, Engineering, and Medicine (NASEM) published *Hearing Health Care for Adults — Priorities for Providing Access and Affordability*.

The NASEM made a clear, evidence-based case that over-the-counter hearing devices should be available for adults with mild to moderate hearing loss through its Recommendation #7: Implement a New Food and Drug Administration Category for Over-the-Counter Wearable Hearing Devices. As a result, the Over-the-Counter Hearing Aid Act of 2017 was signed into law as section 709 of the FDA Reauthorization Act of 2017 (the OTC Hearing Aid Act). HLAA welcomed and supported the passage of this legislation.

The next step will be a Notice of Proposed Rule Making issued by the FDA, followed by an open comment period and then the final rules. The FDA has up to three years from the time the law is passed to publish the final rules. After the final rules are in place, you still need to be an educated consumer — learn all you can about the device before you make that purchase. ■

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- 800-676-3777 (TTY / Voice)
- 877-877-3291 (Fax)
- 877-787-1989 (Speech-disabled)
- 866-931-9027 (Voice Carry-Over)
- 800-676-4290 (español)



# Common risk factors for falling

-From HearingHealthMatters.org

- 1. Vestibular (inner ear) Disorders – Vestibular disorders can cause dizziness, vertigo, or loss of balance with certain movements.
- 2. The use of multiple prescription medications – With four or more prescription medications, the chance of an adverse reaction increases.
- 3. The use of anti-depressant or anti-anxiety medications – Some of these medications can affect reaction time, which is crucial when one is faced with a potential fall.
- 4. A drop in blood pressure when standing – Some medical conditions such as diabetes, as well as many medications used to treat high blood pressure, irregular heart rate and bladder problems, can cause a sudden drop in blood pressure upon standing. This causes

temporary lightheadedness and loss of balance.

- 5. Weakness or numbness in the feet or lower legs – Numbness, tingling, or feet that feel unusually hot or cold may be a sign of decreased nerve sensation in the feet and legs, a condition known as Peripheral Neuropathy. The sense of touch is an important contributor to balance and orientation.
- 6. Degeneration of the Cerebellum – The cerebellum is the part of the brain mostly responsible for balance and coordination. Stroke, medications or aging can compromise the cerebellum's efficiency and, therefore, the balance system in general.
- 7. Visual disorders – Vision is an important contributor to balance, so any visual

compromise can increase the risk of falling. Vision plays an important role in balance, and patients with visual deficits (visual acuity less than 20/50, asymmetric vision impairing binocular vision and depth perception, slow pupillary reaction causing increased adaptation time when going from a lighted to a dark room and vice versa, impaired peripheral vision) have greater risk for falls.

- 8. Depression – The use of anti-depressants increases the risk of falling. Depressed patients may be more internally (therefore less externally) aware. The use of antidepressants and anxiolytics increase the risk of falling.
- 9. Impaired Cognition – Lack of awareness of surroundings

(continued on page 7)

## DID YOU KNOW?



people over the age of 60 have hearing loss

HEARING LOSS IS ABOUT

# 2X

AS COMMON  
IN ADULTS  
with diabetes



A recent study suggests that for every 10 DB LOSS in your hearing, your risk of Alzheimer's increases by 20%

\* Hearing Loss Statistic: American Academy of Audiology. Alzheimer Statistic: John Hopkins University National Institute on Aging Study Arch Neurol. 2011 Feb, 68(2):214. Diabetes Statistic: American Diabetes Association

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## FALL RISKS, continued from page 6

### can increase risks for falling. **Management options for high risk of falling:**

For most patients there is no magic bullet or single intervention.

Identified risk factors may be treated, medications may be reviewed and adjusted, balance retraining therapy can improve stability, living quarters can be modified to reduce exposure to fall hazards, and the patient can be educated to avoid fall risks. Your primary care doctor should coordinate any assessment or treatment plan.

— Drs. Gary Jacobson and Devin McCaslin, Vanderbilt University, pioneered work in developing fall risk assessment techniques.

**The tightrope walk** is a highly-recommended exercise for boosting balance, posture, and core strength. It's also a pretty simple activity for seniors.

This exercise requires no equipment at all. All you need to do is hold your arms out straight from your sides, making sure they are parallel to the floor. Walk in a straight line, pausing for one to two seconds each time you lift a foot off the ground. Focus on a spot in the distance to help you keep your head straight and maintain your balance. Take 15 to 20 steps with these instructions before moving on to another exercise.

**The flamingo stand** is the most senior-friendly exercise. All you need to do is stand on one leg. While in this state, place one of your hands on a chair or a supporting frame and stretch the other leg forward.

Initially, you can stand on one leg for 10 to 15 seconds, then try repeating this for about five times before moving to the other leg. Although simple, this exercise should also be supervised. It ensures that you're maintaining the right posture when performing the Flamingo stand. By right posture we mean keeping your shoulders, back, and head straight and the ears above your shoulders.



Thanks to Our Friends in  
the Hearing Loss Association of Oregon  
for Your Support!

## Oregon Health & Science University Ear Center

### What We Do:

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- Hearing Aids
- Hearing Screening
- BAHA Implants
- Vestibular Testing
- Assistive Listening Devices
- Research and Education
- Aural Rehabilitation

### Who We Are:

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- Jennifer Fowler, AuD, CCC-A
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**Save  
The Date**  
November 2, 2019  
**Albany,  
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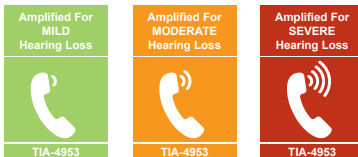
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\*67T and 67TB models. Learn more about TIA at [tiaonline.org](http://tiaonline.org).



# 7 creative ways to stay mentally, socially active

— by Shannon Rose



People are living longer than ever before, so preserving memory and cognitive function should be a priority for everyone. This is especially true for people with hearing loss.

A 2013 study by the University of California at Los Angeles (UCLA) showed that those with hearing loss had higher levels of loneliness, which, in turn, has been shown in several studies to contribute to dementia.

There are other ways you can remain mentally and socially active that are comfortable for those who wear hearing aids.

## Crossword or other “brain-training” puzzles -

Whether you’re a crossword or Sudoku lover, solving puzzles has been proven to improve cognitive function and memory. Add a social element by getting a friend or family member to join the fun! As an added bonus, one study showed that the long-term benefits of puzzles can last up to 10 years.

## Game night -

While noisy dice games may be uncomfortable or worse, by heightening feelings of loneliness), card and board games allow you to flex your mental muscle while also enabling conversation. Make this a weekly or monthly gathering that the whole group can look forward to.

## Sharing your gifts with neighbors -

Whatever your hobbies are, presenting them to those around you has a myriad of benefits. Baking cookies, picking a bouquet of flowers or a basket of vegetables, or gifting a handmade treasure not only allows you to share your abundance, these little micro-interactions can help you feel more connected to your community and more appreciated, as well.

## Book club -

If you’re a reader, joining or starting a book club is a great way to find people with similar interests. Many clubs have a theme or genre they stick to, and the weekly meetings tend to be as much about the socializing and refreshments as they are about the books.

## Take a walk -

A study at the University of British Columbia showed that getting regular aerobic exercise, like walking or swimming, actually increases the size of the hippocampus, a part of the brain associated with memory. Find an exercise buddy so that you can keep each other accountable to your commitment to staying healthy while adding a social aspect, too.

## Support a worthy cause -

Multiple studies have shown that volunteering for an organization you believe in can

reduce feelings of anxiety and depression, lower blood pressure, and even help you live longer. Volunteering also offers a great way to make new friends while you’re contributing.

## Stay in touch -

You’re never too old for a pen pal. With today’s technology, smartphones, tablets and other devices help us to communicate in previously unheard of ways. But autocorrect technology allows us to forget even simple spelling and punctuation rules. Keep yourself sharp by hand writing notes and letters to friends or family members near and far. Not only will it keep your mind engaged, it will preserve the fine motor skills used in writing, as well as the creative aspect of storytelling.

Whatever activities you choose, committing to these healthy habits can have benefits not just for you, but also for the friends and family you include.

*Shannon is a Hillsboro real estate broker, local school supporter, and a skilled home remodeling do-it-yourselfer.*



# Having trouble hearing on the phone?

Specialized telephone equipment or tablets are available at no cost to Oregon residents who have a loss in:

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## Clarifying some misconceptions

*from TheMighty.com*

1. Ninety percent of Deaf or hard of hearing children are born to hearing parents.
2. Deafness is a spectrum, much like autism. A person who has a mild hearing loss may identify as Deaf, and a person with severe hearing loss may identify as hard of hearing. It depends on the individual's experiences.
3. Not all school districts offer Deaf and hard of hearing services. Often, to obtain the educational services by a teacher certified in Deaf Education, students must be sent outside of their home district for services.
4. Not all school districts are forthright with parents about their child's educational needs and options. In most situations, it costs the student's home district tuition and transportation costs to send that child to another district that does offer the appropriate services and accommodations.
5. The Individual with Disabilities Education Act (IDEA) clearly defines the unique educational needs of Deaf and hard of hearing students in Section 504, titled, "Special Considerations for Deaf and hard of hearing students" which all parents of a DHH Child should read and understand as it is Federal Law.
6. Many, if not most Special Education professionals are not trained in Deaf education, as most states re-

*Continued on page 14*

Our wish for you: Don't miss a single one of life's moments.

If you found value in this publication, gained insight, or found a new resource for yourself or another, please make a donation to support this newsletter.

If you have not contributed in the last 12 months and are able to do so — in whatever amount — please use the form on the back of this newsletter and mail your tax deductible gift to:

HLAA, Oregon State Association, P.O. Box 22501, Eugene, OR 97402.

Thank you!



John-Mark Smith - Unsplash

# Chapters in Oregon

Local chapter meetings are open to all. Family, friends, and professionals are encouraged to attend and become involved.

Through chapter meetings and newsletters you'll find:

- Insights into effectively living with hearing loss
- Support/Referrals/Information
- Information about the latest technology
- Coping strategies & tips
- An opportunity to make a difference
- Diminished feelings of isolation and aloneness
- Opportunities to share concerns and hear from others

We believe in education — for those who hear well and those who cannot — so that both may understand the causes, challenges, and possible remedies for hearing loss. At our meetings, you'll find a comfortable place where hearing loss is accepted and not a problem. Many people report that being a part of a Hearing Loss Assoc. group has made a major difference in their lives.

Your participation benefits not only you, but others who attend as well.

Below are some of the current chapters and contact people in Oregon. ■

HLAA of Portland meets the third Saturday each month (except June, July, and August) at 10 a.m. in Building 2, 2nd floor, on the Legacy Good Samaritan Campus, 1040 NW 22nd Ave. (at Marshall), Portland 97210. Contact Anne McLaughlin; email: hlaportland@gmail.com. Write P.O. Box 2112, Portland, OR 97208-2112; hearinglossor.org/portland/

HLAA of Lane County meets quarterly: second Thursday in March, June, Sept., and Dec., at 7 p.m. at the Hilyard Community Center, 2580 Hilyard St., Eugene. Contacts: Andrea Cabral; email: angora@comcast.net; 541/345-9432, voice. Mail: P.O. Box 22501, Eugene, OR 97402 Clark Anderson; email: clarkoa@msn.com

**Note:** HLAA of Douglas County no longer meets the requirements for a 501(c)(3) nonprofit. Reinstatement may occur, but right now this group meets as a support group. Contacts: Vincent Portulano, president, email: HLAADC@outlook.com; or Ann Havens, secretary, 541/673-3119. Check with them for location for meetings and time.

HLAA of Linn and Benton counties meets the last Wednesday each month (except June, July, & Dec.) at 6:30 p.m. at the Reimar Building, next to Albany General Hospital, 1085 6th Ave. SW, Albany, OR 97321. Contact: John Hood-Fysh, email: jhood-fysh@wwmore.com; 541/220-8541 (cell – call or text), 818 Broadalbin St. SW, Albany, OR 97321.



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## Update:

**Oregon's Senate Bill 1033** (providing for "an option to include information on the registration card that the registered owner, or a person who may operate the vehicle, is deaf or hard of hearing") In the Joint Committee on Transportation, testimony was heard on May 6. It is now in committee upon adjournment.



# LIVING YOUR DREAMS

- by Shari Eberts

<https://livingwithhearingloss.com/2018/08/07/dont-let-hearing-loss-keep-you-from-your-dreams/>

Shari an active hearing health advocate and writes frequently on related topics on her blog and elsewhere. She also serves on the Board of Trustees of Hearing Loss Association of America. You can share your comments and suggestions with her on her blog or reach her at [shari@livingwithhearingloss.com](mailto:shari@livingwithhearingloss.com).



She took the stage shoeless, her back slightly turned to the audience as she used visual cues to coordinate with her band. She smiled slightly in anticipation of her performance, as if she were about to share a secret with the audience. The music started and she began to sing — her voice sweet and lyrical, gaining in strength as the song built energy. I couldn't believe her skill and finesse — especially because she was doing it all without hearing a thing.

Mandy Harvey is deaf, but also an accomplished singer, songwriter and musician. Her performance was one of the highlights of this year's Hearing Loss Association of America (HLAA) convention. She is living proof that hearing loss does not need to keep you from pursuing your dreams.

You may remember Mandy Harvey from Season 12 of America's Got Talent (AGT). Her AGT audition earned her a golden buzzer from Simon so she moved automatically to the live shows and finished in fourth place in the competition. You can watch her AGT performances [here](#).

Between songs at the convention, Mandy shared her hearing loss journey. She grew up as a hard of hearing child, getting by in school by always sitting in the front of the classroom. Shy and

awkward with peers due to her hearing loss, she retreated into music, which she was still able to enjoy despite her hearing difficulties. She had hopes to become a music teacher.

After high school, she enrolled in music school, but once there, her hearing loss took a sudden turn for the worse. She could no longer hear the music she loved so much and had to leave school. She was now functionally deaf.

After a period of despair, Mandy decided to learn American Sign Language (ASL) and get involved in the deaf and hard of hearing communities. Meeting others who had overcome adversity, she found the courage to try music again. While she cannot experience music the way she did before her deafness, she has learned to enjoy it differently. She hopes her story will inspire others with hearing loss to find new ways to pursue their passions. I think she is a great role model for us all, hearing loss or not.

Mandy's performance at the HLAA convention was incredible! She cannot hear but sang beautifully — on tune and in time with the accompanying music. She used the vibrations in the music and eye contact with her band's musicians to stay in sync. Mandy's repertoire was varied, including covers of popular songs and original songs she has writ-

ten about her life experiences.

Often Mandy accompanied herself on the ukulele or piano, but when she didn't, she would sign the lyrics as she sang them. I do not know much sign language, but I could feel the meaning as she sang. The combination was extraordinarily expressive and quite exquisite. If you haven't seen her perform, visit her website to experience it yourself.

Mandy Harvey is living proof that with hard work and passion you can accomplish anything. We need to remember her example so that we never let our hearing loss keep us from pursuing our own dreams, whatever they may be.

HLAA's annual convention is always one of the highlights of my hearing loss year. I enjoy seeing friends, making new ones, exploring innovative products in the exhibition hall, and learning at the presentations and workshops. I always leave feeling inspired by all we can accomplish as people with hearing loss. This year even more so because of Mandy Harvey.

Readers, are you letting your hearing loss get in the way of your dreams? ■

Assistive devices are available for rent from HLAA-OR. Portable room loops, FM systems, and more. For more information and prices, contact: [info@hearinglossor.org](mailto:info@hearinglossor.org)

Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world.

Harriet Tubman



## NEED HELP FINANCING HEARING AIDS?

Northwest Access Fund  **CONTACT NORTHWEST ACCESS FUND**  
[nwaccessfund.org](http://nwaccessfund.org) | 1 (877) 428-5116

### DISCLAIMER

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 e-mail: [info@hearinglossOR.org](mailto:info@hearinglossOR.org).

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[info@hearinglossOR.org](mailto:info@hearinglossOR.org).

## GET YOUR HEARING CHECKED!

The Basics: Signs of Hearing Loss

How do I know if I have hearing loss? If you do, you may have trouble hearing or understanding family members, friends, or coworkers. It may also help to ask yourself these questions:

- Do I often ask people to repeat themselves?
  - Do I hear ringing in my ears?
  - Do I have trouble hearing the TV or radio when others don't?
  - Do I have trouble hearing when there's noise in the background?
- If you answered yes to some of these questions, you may have hearing loss. Ask your physician where you can get a hearing checkup.

# 'TICKLING' MAY HELP SLOW AGING

University of Leeds. (2019, July 30). [www.sciencedaily.com/releases/2019/07/190730083706.htm](http://www.sciencedaily.com/releases/2019/07/190730083706.htm)



Bruno Aguirre - for Unsplash

**Tickling the ear** with a small electrical current appears to rebalance the autonomic nervous system for those over 55, potentially slowing down one of the effects of aging, according to new research conducted at the University of Leeds.

Scientists found that a short daily therapy delivered for two weeks led to improvements, including a better quality of life, mood, and sleep.

The therapy, called transcutaneous vagus nerve stimulation, delivers a small, painless electrical current to the ear, which sends signals to the body's nervous system through the vagus nerve.

The new research suggests the therapy may slow down an important effect associated with aging. This could help

protect people from chronic diseases which we become more prone to as we get older, such as high blood pressure, heart disease and atrial fibrillation. The researchers, who published their findings in the journal *Aging*, suggest that the tickle therapy has the potential to help people age in a more healthy way, by recalibrating the body's internal control system.

Lead author Dr. Beatrice Bretherton, from the School of Biomedical Sciences at the University of Leeds, said: "The ear is like a gateway through which we can tinker with the body's metabolic balance, without the need for medication or invasive procedures. We believe these results are just the tip of the iceberg.

*Continued on page 15*

**OPEN HOUSE**  
MED•EL OHSU- Portland, OR

JOIN US! WE'RE HOSTING AN INTERACTIVE OPEN HOUSE DESIGNED SPECIFICALLY FOR MED-EL CANDIDATES AND RECIPIENTS. Come at your convenience to learn about our technology or receive individual assistance with your device. We strongly encourage you to bring along your FineTuner remote control and other activation kit accessories.

June 28, 2019 | 10:00 a.m. - 1:00 p.m.  
July 26, 2019 | 10:00 a.m. - 1:00 p.m.  
August 16, 2019 | 10:00 a.m. - 1:00 p.m.  
September 27, 2019 | 10:00 a.m. - 1:00 p.m.  
October 25, 2019 | 10:00 a.m. - 1:00 p.m.

OHSU- Otolaryngology Clinic  
3181 SW Sam Jackson Park Rd.  
Suite 250  
Portland, OR 97239

Please RSVP and schedule a time slot to meet with your MED-EL representative.  
There is no charge for this event; however, an RSVP is requested to reserve your spot.  
RSVP to Lyra Repplinger at [lyra.repplinger@medel.com](mailto:lyra.repplinger@medel.com) or 919-402-6935.

## Misconceptions,

*continued from page 10*

quire specific requirements for those teachers.

7. Due to the lack of knowledge about Deaf and hard of hearing students, some children are wrongly labeled as cognitively impaired. They just lack access to a key component of learning and communication.

8. ASL is the third most commonly used language in North America and can often be taken as a foreign language requirement.

9. Many hard of hearing individuals have a "slow processing speed." It takes them longer to comprehend directions and begin a new task. Processing speed does not coordinate with intelligence.

10. Cochlear implants do not provide "realistic sound." In fact, it can take up to a year of training with an audiologist for a Deaf or hard of hearing person to be able to interpret the sounds they are hearing.



# HLAA 2020 CONVENTION NEW ORLEANS - JUNE 18-21



**SAVE THE DATE!**  
The 2019 convention is over, which means it's time to put the 2020 meeting on your calendar. Next year, we will gather in New Orleans where you can meet other people with hearing loss, learn in the most communication accessible environment, and enjoy the sights of New Orleans, LA. More details will be available in forthcoming issues of this newsletter.

## Tickling,

*continued from page 14*

“We are excited to investigate further into the effects and potential long-term benefits of daily ear stimulation, as we have seen a great response to the treatment so far.”

### What is the autonomic nervous system?

The autonomic nervous system controls many of the body's functions that don't require conscious thought, such as digestion, breathing, heart rate and blood pressure.

It contains two branches: the sympathetic and the parasympathetic, that work against each other to maintain a healthy balance of activity. The sympathetic branch helps the body prepare for high intensity 'fight or flight' activity, while the parasympathetic is crucial to low intensity "rest and digest" activity.

As we age, and when we are fighting diseases, the body's balance changes — so that the sympathetic

branch begins to dominate. This imbalance makes us more susceptible to new diseases and leads to the breakdown of healthy bodily function as we get older.

Clinicians have long been interested in the potential for using electrical currents to influence the nervous system. The vagus nerve, the major nerve of the parasympathetic system, has often been used for electrical stimulation and research has studied using vagus nerve stimulation to tackle depression, epilepsy, obesity, stroke, tinnitus and heart conditions. However, this kind of stimulation needs surgery to implant electrodes in the neck region, with its associated expense and the small risks of side effects.

Fortunately, one small branch of the vagus nerve, located in the skin of specific parts of the outer ear, can be stimulated without surgery.

In Leeds, previous research has shown that applying a small electrical stimulus to the vagus nerve at the ear, which some people perceive as a tickling sensation,

improves the balance of the autonomic nervous system in healthy 30-year-olds.

In their new study, scientists at the University of Leeds wanted to see whether transcutaneous vagus nerve stimulation (tVNS) could benefit over 55-year-olds. They recruited 29 healthy volunteers, aged 55 or over, and gave them each tVNS therapy for 15 minutes per day, over a two week period. Participants were taught to self-administer the therapy at home during the study.

The therapy led to an increase in parasympathetic activity and a decrease in sympathetic activity, rebalancing the autonomic function toward that associated with healthy function. In addition, some people reported improvements in measures of mental health and sleeping patterns.

*Read more about this fascinating therapy by following the Science Daily online link posted on page 14.*



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Or you can sign up online at [www.hearinglossOR.org](http://www.hearinglossOR.org). Click "membership," then "application."

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