Hear It Is!

Oregon

Hearing Loss Association of America
Oregon State Association

Winter 2019 Issue 76

Working in a Hearing World

By Jody King

Working in an office setting has its rewards and challenges. A challenge for me, with late onset hearing loss, was communication. Background noise, mumbling, or the lack of face to face communication can easily affect one's career. I worked in varied office settings over forty five years adapting to changing locations, new co-workers and a variety of acoustics, but not without a bit of anxiety and a little ingenuity.

The acoustics in a working environment are crucial. We know that speech travels as sound waves across the room to the listener's ears. Some speech reaches the ears directly but some bounces, (reverberates) off the walls, ceiling, floor and other surfaces of the room before reaching the ears. That makes it much more difficult to understand speech since this creates an overlapping of sound that smears or blurs what we are trying to hear.

Quality of listening will depend on:

1. How clearly and loudly the speaker speaks
2. The distance we are from the speaker
3. The way the sound waves travel across the space
4. Any background noise that masks or covers the speech
5. My own ability of hearing the listener.

A company I worked for moved to an office that had lower ceilings, carpeted floors, and carpeted noise absorbent panels between cubicles. This atmosphere greatly reduced echoes and sounds ceased to reverberate or bounce. The drawback was being inside a cubicle. Oftentimes, conversations can spring up informally and it may become difficult to take advantage of bits of knowledge that could enhance our roles or to join in office banter to grasp the "mood" of the office. If possible, ask managers to place your desk in or near a traffic area or close to the manager's office. This can provide ample avenues for keeping up to date on banter or impromptu gatherings.

A previous employer had an area that was used for formal and informal gatherings with the main intent being a lunching area. It was a beautiful space for chatting on phones and lively conversations, with the high ceilings, gorgeous dark gray laminate flooring and comfortable seating, this room was often used an as impromptu meeting area. However, sounds were blurry and smeared and the background noises of echoed footsteps made it impossible for me decipher what was being spoken. To remedy, when I knew I would be in this meeting area, I would position myself next to or directly across from the speaker. This would enable sound to flow directly to my ears and it enabled me to lip read. Lipreading.org provides easy and entertaining online lessons.

Email is the best thing that ever happened to me. It was an excellent avenue to gain better understanding of vital information. If I needed confirmation following an impromptu conversation I would ask business partners or phone callers to follow up with me via email.

Many of my colleagues were supportive and I'm thankful to those who helped me in my career. However, I learned to be proactive and take responsibility for my own solutions along with asking for help if necessary in implementing them.

Oftentimes, in my career I met people who had never known a deaf person; so my approach was to openly explain the best methods of communication and invite questions in hopes of educating about deaf awareness. And I never forgot to add a sprinkling of humor to ease tension and make effective communication a breeze.

From My Lips to Your Ears

Editorial by Chuck Vlcek

This is the last issue that I will be editing, thus this is my last editorial. The natural inclination is to look back over the last few years to see what has been accomplished. Since I was born with a severe bilateral hearing loss, I could review what has transpired during my lifetime as well as during the fourteen years that I have been editor.

My first hearing aid was a boxy body-worn instrument that squealed insanely if I turned up the volume too much. A cord that liked to tangle up behind my neck connected to an earpiece which caused real pain if something hit me on that side. It was also expensive, considering that it was just a simple amplifier, but at least I could hear.

My first year of school was at Bruce Street School in Newark, NJ for children with hearing loss. Later the family moved to Oregon, and I "mainstreamed" thereafter. I later learned that I was more fortunate than most children with hearing loss in terms of accommodations and acceptance at that time, but there were some issues. I compensated by doing lots of reading, and having above average intelligence.

Technology has certainly come a long way since then. It is still expensive but the quality of aided hearing has improved greatly. Hearing aids no longer squeal and now partially filter out noise. They are also programmed to fit an individual's audiogram curve. The most recent ones can connect wirelessly to other devices. Cochlear implants are a boon to those whose hearing loss is too great to benefit from a hearing aid, and the external processors that gather and transmit sound to the cochlea have all the bells and whistles that hearing aids do.

On the social and educational side, there is much more acceptance and accommodation, much of it required by law and regulations. For example, students can now have FM systems and note takers. There are now support groups, most notably HLAA and its chapters.

There are still challenges ahead, primarily due to financial constraints, denial, and procrastination when it comes to an individual doing something about his hearing loss. But hopefully there will also be more successes. HLAA will be there to help, by educating and advocating, and bringing people together.

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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 Spring 2019 edition: March 31, 2019.

The next HLAA-OR board meeting will be held April 6, 2019 at 10 a.m., at Albany General Hospital (Reimar Building).

Other meeting dates in 2019 are July 6 and Oct 5.

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

Board Election Notice

Elections will be held at the April 2019 meeting. Since there are no new candidates and since board members whose terms are expiring have declined to run again, there will be no election of board members. However, there will be an election of officers by the remaining board members at this time. Also note that the president may appoint someone to fill a board vacancy at any time, subject to confirmation by a majority vote of the board of directors. Appointees shall complete an unfinished term or serve until the next election. After the April meeting there will be 8 board members remaining, and up to 9 board positions may be filled by appointment. Persons interested in joining the board should contact President Clark Anderson at clarkoa@msn.com .

New Editor Needed

After 14 years of editing this newsletter, the editor plans to retire this spring but will remain available for mentoring and contributions. This is and has been a volunteer position, taking approximately 32 hours per quarterly issue. The new editor will begin with the Spring 2019 issue which should be submitted to the publisher prior to May 15, 2019. Duties include gathering content from contributors and other sources and arranging them in a neat presentable format, and ensuring that ads are correctly placed, up to date, and of good quality. To achieve this the editor should be able to communicate with contributors to solicit articles, the business editor (Eileen Marma) to coordinate ads, the ad sponsors to ensure quality control, the publisher (Shelton Turnbull) to submit the newsletter for printed publication in black and white, and the webmaster (John Hood-Fysh) to have the color document posted on the HLAA-OR website. The editor should also work with volunteers to help with proofreading. It should be noted that the business editor will solicit ads and receive payment for them, and handle other financial issues so the editor is not responsible for them. The new editor may choose to alter the layout if that will improve the appearance and/or the functionality of this newsletter, but is constrained to keep the length at 16 pages. The new editor may also change the editing software used (currently Word converted to pdf) if that is feasible.

Interested candidates should contact President Clark Anderson at clarkoa@msn.com or leave a message at 541-736-4804.

Next HLAA Convention: Join us in Rochester, New York June 20 - 23, 2019. Some details are available on: http://www.hearingloss.org/content/convention

HLAA Membership

Individual Membership in HLAA is $35 for 1 year, $95 for 3 years, or $140 for 5 years.

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Membership includes the award-winning bi-monthly magazine, *Hearing Loss.*

Write to HLAA, 7910 Woodmont Ave., Ste. 1200, Bethesda, MD 20814

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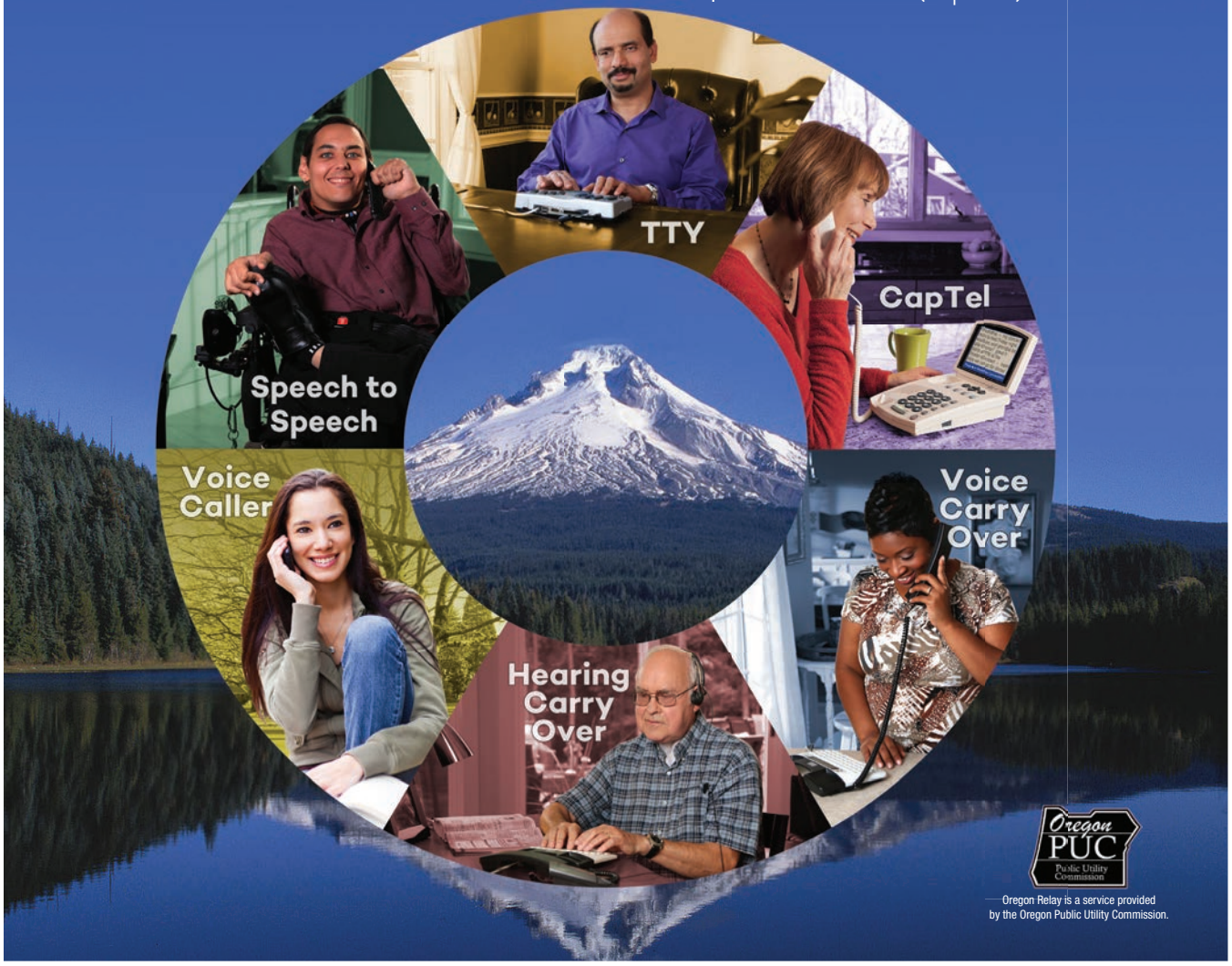

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Within Earshot: News You Need to Know

Coaxing Someone to Get a Hearing Test

If you suspect that a family member or friend needs to have his hearing tested but are perplexed about how to get him to do it, Margery D. Rosen has some suggestions.

First, show respect and concern, and bring the topic up gently. You might first suggest a screening by a local Lions Club in Oregon which would indicate whether a full test is needed. Then introduce him to people who are coping well with hearing aids. Let him know that he can try one out for 30 to 45 days and return it for at least a partial refund if it is not satisfactory. Hearing aid technology has improved greatly over the past few years and background noise can be mitigated to some degree. In the meantime stop acting as an oral interpreter which would put you in the role of enabler, causing the person to put off confronting his hearing problem. Finally, explain how his hearing loss affects you. That could well be the deciding factor.

Margery D. Rosen is a New York City-based writer specializing in health and psychology. These tips were extracted from an article which recently appeared in AARP online.

Hot Topic: Genetics and Hearing Loss

Much has been spoken and written about the role genetics play in hearing loss, and a full symposium will be devoted to this topic at the upcoming HLAA Convention in Rochester in June. Now the latest (Jan.-Feb. 2019) issue of HLAA's magazine "Hearing Life" has two articles devoted to it. One was written by former HLAA executive director Brenda Battat searching for the cause of hearing loss in three generations of her family. The other article, written by Dr. Hela Azaiez, describes the history and future prognosis of genetic testing and research. She is a senior research scientist at the Molecular Otolaryngology and Renal Research Laboratories (MORL) at the University of Iowa. A rough summary of that article is given below.

Only 20% of hearing loss is due to "environmental" causes such as exposure to noise, injury, ototoxic drugs, etc. The other 80% is due to some genetic malfunction. The genetic causes are classified as syndromic (30%) and non-syndromic (70%). The non-syndromic causes could be due to either a recessive gene (80%), dominant gene (19%), or X-linked and mitochondrial (1%). Parents with the same faulty recessive gene may have normal hearing because they also have a normal gene but each of their children have a 1 in 4 chance of inheriting both recessive genes and thereby suffering from hearing loss. A parent who has a defective dominant gene has hearing loss and has a 50 per cent chance of passing that gene to a child, who will also suffer hearing loss. So far 110 genes have been identified to be responsible for non-syndromic hearing loss. Genetic testing used to be sequential, time-consuming, and expensive. Now all genes known to cause hearing loss are tested simultaneously. An audiogram may have a unique "signature" suggesting a certain type of genetic loss. Research in correcting defective genes is so far limited to animal trials, but human testing may not be too far in the future.

Hearing Loss Threatens Mind, Life and Limb

By Jane E. Brody

The earsplitting sound of ambulance sirens in New York City is surely hastening the day when I and many others repeatedly subjected to such noise will be forced to get hearing aids. I just hope this doesn't happen before 2021 or so when these devices become available over-the-counter and are far less expensive and perhaps more effective than they are now.

Currently, hearing aids and accompanying services are typically not covered by medical insurance, Medicare included. Such coverage was specifically excluded when the Medicare law was passed in 1965, a time when hearing loss was not generally recognized as a medical issue and hearing aids were not very effective, said Dr. Frank R. Lin, who heads the Cochlear Center for Hearing and Public Health at the Johns Hopkins Bloomberg School of Public Health.

Now a growing body of research by his colleagues and others is linking untreated hearing loss to several costly ills, and the time has come for hearing protection and treatment of hearing loss to be taken much more seriously. Not only is poor hearing annoying and inconvenient for millions of people, especially the elderly. It is also an unmistakable health hazard, threatening mind, life and limb, that could cost Medicare much more than it would to provide hearing aids and services for every older American with hearing loss.

Currently, 38.2 million Americans aged 12 or older have hearing loss, a problem that becomes increasingly common and more severe with age. More than half of people in their 70s and more than 80 percent in their 80s have mild to moderate hearing loss or worse, according to tests done by the National Health and Nutrition Examination Survey between 2001 and 2010.

Two huge new studies have demonstrated a clear association between untreated hearing loss and an increased risk of dementia, depression, falls and even cardiovascular diseases. In a significant number of people, the studies indicate, uncorrected hearing loss itself appears to be the cause of the associated health problem. In one of the studies that covered 154,414 adults 50 and older who had health insurance claims, researchers at Johns Hopkins found that untreated hearing loss increased the risk of developing dementia by 50 percent and depression by 40 percent in just five years when compared to those without hearing loss. An analysis of the voluminous data by Nicholas S. Reed and colleagues linked untreated hearing loss to more and longer hospitalizations and readmissions and more visits to an emergency room. Within 10 years, untreated hearing loss accounted for 3.2 percent of all cases of dementia, 3.57 percent of people significantly injured in a fall, and 6.88 percent of those seeking treatment for depression. The percentages may seem small, but given how common these conditions are, they affect a very large number of individuals, resulting in great personal, financial and societal costs.

About 85 percent of those with hearing loss are untreated, Dr. Lin said. For older adults alone, this increased health care costs by 46 percent over a period of 10 years, compared with costs incurred by those without hearing loss, the authors reported in November in JAMA Otolaryngology Head and Neck Surgery. One of the authors, Jennifer A. Deal, an epidemiologist and gerontologist at the Johns Hopkins Bloomberg School of Public Health, said that while "hearing loss itself is not very expensive, the effect of hearing loss on everything else *is* expensive." Unfortunately, people tend to wait much too long to get their hearing tested and treated with hearing aids, and the longer they wait, the harder it is to treat hearing loss, Dr. Lin told me. [*continued on page 11*]

Chapter Capers

Douglas County Chapter: Meeting dates have changed to the third Tuesday of each month except August (picnic) and December (Christmas party). The change was due to availability of the meeting room; the time and location remain the same. However, new locations are being considered so it would be a good idea to check with the contact person (page 15). Everyone enjoyed the Christmas party but recent attendance has been somewhat restricted due to illness and schedule conflicts. One member is enjoying his new cochlear implant and another member is scheduled to get one in April.

Portland Chapter: The chapter has changed its meeting date and time but not its location. It now meets on the 3rd Saturday of each month (except during summer) at 10:00 a.m. The location, as before, is the 2nd floor conference room in Building 2, 1040 NW 22nd at Marshall Street (Legacy Good Samaritan campus). It is hoped that the date and time change will result in better attendance. The January meeting was held on the 12th (2nd Saturday) and was an open forum for members to share important hearing loss topics where support and resources were needed.

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.

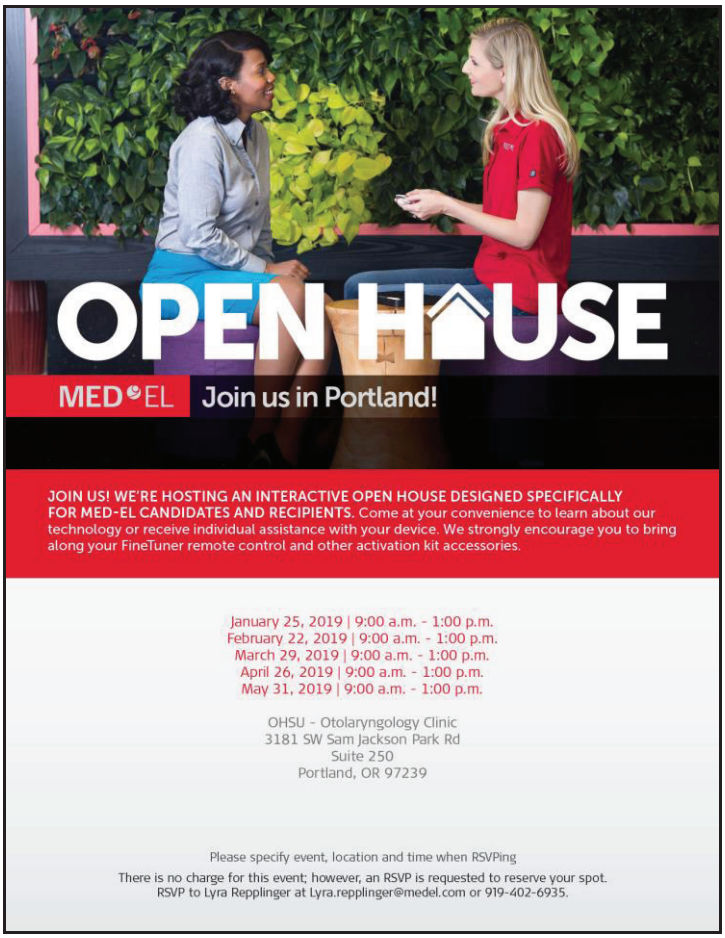
CI Corner

CI vs ABI – what's the difference?

Most people know that CI stands for cochlear implant, that coil of wire that electrically stimulates the auditory nerve on the cochlea, thus replacing non-functioning cochlear hair cells and bringing sound to the deaf. But what if the auditory nerve is not functioning either? That is where the auditory brainstem implant, or ABI, comes in. As the name suggests, the auditory brainstem is where the implant goes, and it is connected to the same external processors that a CI uses. But how good is it? So far, not great, but it is better than nothing.

A unique comparison is provided by one person who has a CI in one ear and an ABI in the other. The recipient is the subject of a fascinating article by Barbara Chertok in the Jan.-Feb. 2019 issue of HLAA's magazine, Hearing Life. Jessica Toews was born with a genetic disorder called neurofibromatosis type 2 (NF2) which caused non-malignant tumors (neuromas) to form in the nervous system. The tumors formed on the auditory nerve of each ear (a common outcome). The tumor on her left side grew large enough to be life-threatening and had to be surgically removed, a delicate operation that severed the auditory nerve on that side. The tumor on her right side was smaller, and while it caused hearing loss, it still permits a CI to work there.

That is how Jessica wound up with a CI in her right ear and later, an ABI on her brainstem on the left side. She was 36 years old at the time, and had learned to lip read and some signage. She did very well with the CI, achieving a 98% comprehension score for sentences while using Cochlear's N7 processor. With the ABI and Cochlear's N6, she still hears mainly beeps and buzzes and has no speech comprehension, at least not yet. It still has value in alerting her to environmental sound. It remains to be seen (or heard) whether her brain can adjust to the ABI and learn to distinguish sounds, or whether mechanical and/or technological upgrades are needed or even possible. Her experience is valuable to those conducting research on this topic. HLAA recently conducted a webinar on her experience, and a transcript may be available.



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Hearing Loss Threatens Mind, Life and Limb

(continued from page 7)

Age-related hearing loss comes on really slowly, making it harder for people to know when to take it seriously, he said. He cited two good clues to when to get your hearing tested: Family members or close friends say you should, or you notice that you often mishear or don't know what others are saying. But even when people are tested and spend thousands of dollars to purchase needed hearing aids, the devices often sit in a drawer. People may complain that the sound quality is poor, too static-y or otherwise annoying, and that the aids merely amplify all sound, making it still hard to hear in a noisy environment. All aids are not created equal, Dr. Lin said, and even expensive, properly fitted aids can require multiple adjustments. Some people give up too readily to get the best results. "Unrealistic expectations are a big part of this problem," Dr. Lin said. "It's not like putting on a pair of glasses that immediately enables you to see clearly," he said. "Hearing loss is not fixed as easily as eyesight. The brain needs time — a good month or two — to adjust to hearing aids. And the earlier hearing loss is treated, the easier it is for the brain to adapt."

The new studies give ample cause for taking hearing loss seriously. Consider, for example, the link to dementia. People who can't hear well often become socially isolated and deprived of stimuli that keep the brain cognitively engaged. As input lessens, so does brain function.

There's also a heavier load on the brain when it's forced to use too much of its capacity to process sound. Despite what you may think, our brains are not designed for multitasking. "Hearing loss is not a volume issue," Dr. Deal said. "It's a quality-of-sound issue. Certain parts of words drop out and speech sounds like mumbling. A garbled message is sent to the brain that it has to work harder to decode." In addition, when information is not heard clearly, it impedes memory. "A good clear auditory signal is more easily remembered," Dr. Deal said. "The key to memory is paying attention. The brain can't stay focused on the words when it is working overtime to decode the signal."

With respect to falls, she said, hearing loss often goes hand-in-hand with balance issues. "Even when we don't realize it, we're using our ears to position ourselves in space," she explained. Also, when people can't hear well, they are less aware of sounds around them. They may fall when startled by someone or something that seems to come silently from behind.

Dr. Deal said she and her co-authors were surprised to find a link between poor hearing and cardiovascular disease. "It could be that vascular disease is common to both," she said, but added that social isolation and stress resulting from hearing loss are also likely to play a role.

There's good news for New York City residents, among whom noise pollution is the leading municipal complaint. By 2011, all of the more than 10,000 police department vehicles were switched to lower-frequency "rumbler" sirens, which are 10 decibels quieter, and the fire department has begun using them too. The next step is to get less shrill sirens for the more than 2.5 million ambulance calls in the city every year. The Mount Sinai Health System is testing the two-tone sirens that make an "ee-aw" sound commonly heard in Europe, and the Greater New York Hospital Association has begun testing rumbler sirens for its ambulances.

Jane Brody is the Personal Health columnist, a position she has held since 1976. She has written more than a dozen books including the best sellers "Jane Brody's Nutrition Book" and "Jane Brody's Good Food Book." Published in the NYT 12/31/2018.

We ask for Your Support!

If you benefited from reading this edition, got a pearl of wisdom, or found a new resource for yourself or others, please make a donation to support this newsletter.

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

HLAA, Oregon State Association, PO Box 22501, Eugene, OR 97402

The following persons have contributed since the last issue:

Carmela Brow **Sylvia Eckles** **Fred Peters**

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*

Hearing Loss Association of America
Oregon State Association

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. Following is a list of the current chapters and contact people in Oregon.

HLAA of Salem has disbanded and is no longer meeting. Try contacting HLAA of Lane County, Linn-Benton counties, or Portland (see below).

HLAA of Lane County meets quarterly: 2nd Thursday in March, June, Sept., and Dec., at 7 PM at the Hilyard Community Center, 2580 Hilyard Street - Eugene.

Contacts: Andrea Cabral
e-mail: angora@comcast.net
(541) 345-9432 voice
PO Box 22501
Eugene, OR 97402

Clark Anderson
e-mail: clarkoa@msn.com

DID YOU KNOW

That more than 6000 genetic changes among 110 genes have been detected and linked to hearing loss?

Source: www.deafnessvariationsdatabase.org

HLAA of Portland meets the 3rd Saturday each month (except June, July and August) 10:00 AM 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 3rd Tuesday 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 June, July, & Dec.) – 6:30 PM at the Reimar Building, next to Albany General Hospital, 1085 6th Ave. SW, Albany, OR 97321.

Contact: John Hood-Fysh
e-mail: jhood-fysh@wwmore.com
(541)-220-8541 (cell – call or text)
818 Broadalbin St. SW
Albany, OR 97321

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Chapter coordinator contacts:

Oregon: Vincent Portulano
e-mail: vportulano@hotmail.com
15491 Highway 99, Oakland, OR 97462

HLAA:
e-mail: chapters@hearingloss.org
(301) 657-2248 - voice
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