

HEAR OREGON

IT IS!



SPRING 2020

ISSUE 81

I'll Just Speak Louder

— Stephen O. Frazier,
hearing loss support specialist

Ever been at a meeting where someone shouted to the speaker, "Use the mic; I can't hear you!" and the speaker responded: "I have a strong voice and I'll just speak louder?"

Well, louder won't solve the problem for many with hearing loss, and that's the reason the microphone is there.

In 2010, the Americans with Disabilities Act was revised to require that an assistive listening system (ALS) be provided in any public place of assembly where there is a public address system (PA) in operation.

PA, ALS ... what's the difference?

A PA system has a microphone connected to an amplifier which drives attached loudspeakers.

An ALS is intended to supplement the PA to help those with hearing loss. It can use the same mic and amplifier as the PA, but the sound is sent to a hearing loop, an FM transmitter or an Infra-red transmitter. Any of the three types sends an audio signal that is picked up by a receiver to which headphones are attached. When the ALS is a hearing loop, tele-coil equipped hearing aids are the receiver, so no headphones are needed. Those with

Continued on page 8

Hearing loss, communication in time of covid 19 - from HLAA

During the coronavirus (COVID-19) pandemic, how will you be able to talk to doctors, nurses, and others at the hospital? This guide is to help you get ready for an unexpected hospital visit, which may be very different during the pandemic.

In normal times, hospitals must give services that help you understand what is being said and are supposed to ask you what services you need. This might include in-person sign language interpreters, Video Remote Interpreting, lip reading, written communications, hand-held amplification devices, captioning or CART, or speech-to-text apps.

Now, during the pandemic, most hospitals are seeing a large number of patients and often cannot provide the same services. Many hospitals will not allow in-person interpreters, family members, or visitors to come into the hospital. You may be alone for a long time when you are in the hospital.

Most doctors and nurses in hospitals now wear masks and gloves and may talk to you from behind a window or curtain, so it may be harder for you to understand them.

(Note: Any social distancing right now is somewhat difficult, since standing 6 feet apart makes it more difficult to hear.)

You have the right to decide your care. This means you will need to know a few things and bring your own communication tools to the hospital during the pandemic:

Print out a page/medical plac-

ard saying you are deaf, hard of hearing, or DeafBlind and need hospital staff to communicate with you differently. If you have a smartphone, load the apps you need to communicate, and bring your smartphone with you.



PHOTO BY ISAAC QUESADA ON UNSPLASH

Before you go to the hospital, download several VRI apps and/or speech-to-text apps. Some of those apps are free. Test them at home beforehand. At the hospital, ask the staff about their WiFi, and request an area with good service. Your ability to communicate may depend upon it.

If you do not have a smartphone, bring an emergency bag with items you need to communicate. Label the bag and items with your name. Leave space on the label to add your hospital room number.

The emergency bag can include paper, pens, or markers; plugs and chargers for your smartphone, tablets and/or laptops;

Continued on page 3

NEWS INSIDE

- Hospitalization — page 1-3
- Board members — page 2
- 'Crip Camp' — page 4
- TDAP — page 7
- Shari Eberts — page 12
- HLAA convention — page 15

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.

Well, here we are in an uncertain place — wondering if virus models were too dire or if there is another big round of infections to come. Governors are reviewing plans on when and how to reopen their states. Some are engaged in reopening as I write this article.

There is never a good time — in my mind — to check into the hospital. Being prepared, however, gives you a distinct advantage. Included in this issue is information on having a plan before hospitalization.

HCAA-OR also has a hospital kit that can help. It contains signs and information to help make your needs known. Send a \$4 check payable to HCAA-OR and get your kit in the mail.

To obtain your kit, request our newsletter, or make inquiries contact: Hearing Loss Association of Oregon, P.O. Box 22501, Eugene, OR 97402 or by email to info@HearingLossOR.org.

HCAA, Oregon State Association OFFICERS & BOARD MEMBERS

President - John Hood-Fysh

Vice President - Kathryn Eckert-Mason

Past President - Clark Anderson — Oregon state coordinator- south

Secretary - Vince Portulano

Treasurer - Cathy Sanders

Newsletter Editor - Jeanne Fenimore Levy

Board members: David Baldrige, Karen Brockett, Mark Knecht, Richard Little, and Eileen Marma

HEAR IT IS! #81

Published quarterly by the HCAA, 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.

So the big question we ask — and are asked — is “How are you doing?” This basically means “Are you healthy?” and “Are you doing OK mentally?”

Going out for essentials, we try to maintain a 6 foot distance and wear our masks or scarves. For many, it’s difficult to hear others at that distance and masks make it impossible to read lips. Using pencil or paper or our smartphones to communicate can help.

Walking outdoors and enjoying this beautiful spring we are having is a great way to keep our spirits up.

There’s this from my friend Debby Thompson DeCarlo’s Facebook page: “To add to the list of healthy practices for we old folks while social distancing (esp. for those of us living alone): wear hearing aids.

“I told myself because I’m alone, I don’t really need to wear them. But I did today, and I heard so many more birds on my walk!”

An avid birder who began losing bird sounds 25 years ago, my friend is also an avid walker. With

less motor traffic and not quite so many people out and about there are many reports of our world becoming cleaner and wilder.

Contact me by emailing femminismo@gmail.com. Let me know what sort of articles you would like to see in our newsletter.



Golden crowned sparrow by Debby Thompson DeCarlo

For advertising information and rates, contact Eileen Marma at info@hearinglossOR.org. Deadline for Summer 2020, June 8; Fall 2020, Sept. 8.

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

Hospital stays, *continued from page 1*

and an extension cord power strip in case your bed is far from an outlet.

Bring extra reading glasses to see the speech to text on a phone app and extra batteries for your hearing aid, cochlear implant, or assistive listening device, and a copy of your advance medical directive, if you have one. Instructions on making an advance directive is on AARP's website.

Bring your emergency contact information for family members or friends, and DeafBlind people may need a Braille device and charger, along with extra gloves for an interpreter to use.

If the hospital staff refuses to talk with you or respect your wishes, demand an ethics consultation.

You can also contact Consumer-Groups@DHHCAN.org for help.

DEAF/HARD OF HEARING/ DEAFBLIND MEDICAL PLACARD

I AM DEAF/HARD OF HEARING/
DEAFBLIND.

I DO NOT UNDERSTAND YOU
WITH YOUR MASK ON.

MY NAME IS _____

HERE IS MY IDENTIFICATION
CARD / DRIVER'S LICENSE.

PLEASE SPEAK INTO MY SMART-
PHONE. I AM USING IT TO UNDER-
STAND YOU.

PLEASE RESPECT MY LEGAL
RIGHT TO UNDERSTAND YOU
AND PARTICIPATE IN MY CARE
BY ALLOWING ME TO USE THE
SMARTPHONE.

IF MY SMARTPHONE IS NOT
WORKING WELL OR AT ALL,
PLEASE WRITE DOWN WHAT YOU
ARE TELLING ME.



PHOTO BY HEADWAY ON UNSPLASH

Upcoming HCAA board meetings

The next 2020 quarterly HCAA-OR board meetings will be held July 11, 2 - 5:30 p.m. It is likely the meeting will be held online at Zoom. If you would like to attend remotely, send an email to John Hood-Fysh, jhood-fysh@wwmore.com and he will send you a link.

Get your newsletter by email

The state association is reviewing our methods of sending you the quarterly HCAA-OR newsletter.

It's time to save trees and cut our expenses by reducing the number of newsletters that are mailed to readers. Send your email address to: info@hearinglossor.org.

We need your help to reduce our Hear It Is! publishing costs. Our state association's major expense is printing and mailing this newsletter. It is important to change our way of serving Oregonians with hearing loss and reduce our expenses.

Currently each newsletter is listed on our website: www.hcaa-or.org. That won't change.

If you do not use the internet and want to continue receiving this printed newsletter in the mail, let us know. We want to continue sending this important information to you. Our goal is to reserve the number of copies only for those who are not receiving email.

If you have an email address, and want to receive your newsletter that way, please send your address now to: info@hearinglossor.org

We look forward to sending you this newsletter via email. Thank you for your help in making this financially important change. ■

Join with us to effect change

During the April annual meeting the election of board officers was held. The results are on page 2 of this newsletter.

We are always looking for more people who are interested in advancing the goals this organization believes in.

Our mission — Hearing Loss

Association of America, Oregon State Association — opens the world of communication to people with hearing loss by providing information, education, support, and advocacy.

Contact info@hearinglossOR.org. Leave an address and/or email so we can contact you. ■



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**.

Membership dues are: 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.

Join and become a hearing advocate.

Hello!

Are you still reading?

If you are, send a letter or postcard with your name, address, and telephone number to P.O. Box 22501, Eugene, OR 97402.

We will hold a drawing on Sept. 1 and out of all the names entered, one lucky person will win a \$100 gift card of their choice or a \$100 check from HLAA-OR.

The winner will be notified soon after the drawing. One entry per reader, please.

“Crip Camp,” new Netflix film, documents disability rights movement

Directors James Lebrecht and Nicole Newnham have put together an extraordinary film about the founding and growth of the disability rights movement.



Lebrecht spent a summer at Camp Jened, as a 15-year-old in 1971. He remarked, “The wild thing is that this camp changed the world, and nobody knows the story.”

The camp, after which the film is named, was a summer camp for dis-

abled children where kids were encouraged to explore their identities and passions and were made to feel like valuable members of the community.

Lebrecht’s and Newnham’s film tells the story of how the community and ideology fostered at the free love–era camp helped lay the foundation for the American disability rights movement.

Interviewed by Slate magazine, Newnham said they were supposed to launch the film in theaters, but then Covid 19 happened. “Some have said this is the perfect time for the film to come out. This health crisis is impacting people who are vulnerable, and this film shows how a lot of that vulnerability is systemic. We want people to see that it is possible to change things and make the world a better place for everyone. This film shows that a small committed group of people can make a huge difference. We need to ask ourselves, when this is over, how will we rebuild the society that we want to see?”

During the same Slate interview, Lebrecht said, “We knew using the word ‘crip’ in the title was going to be a bit edgy and controversial. Even within the disability community, not everybody approved of the term. But many of us — especially some of the older guard — feel it is an important piece of slang that we’ve reclaimed. We took that slur back. And it has become, for me and other people, indicative of a certain political and cultural identity as a disabled person. For me, saying crip says ‘I’m prideful of who I am in my community and the larger role we have.’”

The film has captioning in 29 languages, audio description in 17, and a 116-page audio script for the deafblind.

Lebrecht also said, “It’s important to point out that ‘Crip Camp’ is one story about one group of people in one time period. This is not the definitive history of disability rights, or disability justice. There are hundreds and hundreds of other stories out there about the experiences and lives of people with disabilities that are just as compelling and just as important. And we’re really hoping that more of those voices get the opportunity to be heard going forward.”

Hear It Is! encourages you to watch this film if you get the chance and read Slate’s entire interview online: <https://slate.com/culture/2020/04/crip-camp-netflix-documentary-disability-rights-interview-directors.html>

Oregon Relay . . .

Everyone deserves to
communicate by telephone
Just dial 7-1-1



Oregon Relay is a free service that allows individuals who are deaf, hard of hearing, deaf-blind, or who has a speech disability to place and receive calls through specially trained relay operators. There are several forms of Oregon Relay services, depending on the needs of the individual and the telephone equipment that they use.

For more information:

- www.oregonrelay.com
- SprintTRSCustServ@sprint.com (Email)
- 800-676-3777 (TTY / Voice)
- 877-877-3291 (Fax)
- 877-787-1989 (Speech-disabled)
- 866-931-9027 (Voice Carry-Over)
- 800-676-4290 (español)



Hospital stays, continued from page 3

Get “just enough” pain relief. Many hospital patients report that their pain was not adequately managed. Uncontrolled pain increases the risk of long hospital stays and complications, but too much pain reliever can slow recovery and increase the risk of falls. To get the right amount:

- Ask your admitting doctor to leave standing orders for pain medication (as well as for constipation and sleep), so if the need arises you won't face a long wait while the nurse calls your doctor.

- Discuss anesthesia with the surgeon or anesthesiologist well before the procedure. Too much increases the risk of complications during surgery. Also mention your pain tolerance.

- Speak up if pain is bothering you. And don't be afraid of the strongest painkillers after surgery.

Research suggests some self-help steps might provide further pain control. They include listening to soothing music, guided

imagery, or self-hypnosis tapes through headphones; deep breathing; and muscle relaxation.

When you leave

Research shows more than a third of patients fail to get needed follow-up care once they get home. To prevent that, take these steps as you prepare for your hospital discharge:

1. See a discharge planner. You or your helper should try to do this at least a day before you leave.

2. Decide if you're ready to go home. Not ready? Say so.

3. Get a discharge summary. Ask for a clear written statement of what you should do when you get home and when you can shower, drive a car, return to work, and resume your normal diet.

4. Get a discharge list of medication. Ask about drugs you started in the hospital that you should continue when you get home, including their purpose and ask what lingering side effects you might expect.

5. Get late test results. Also find out what follow-up blood or imaging tests you'll need after you leave.

6. Schedule an appointment with your doctor. It should be about a week or two after your stay.

- People who are deaf or hard of hearing use a variety of ways to communicate. Some rely on sign language interpreters or assistive listening devices; some rely primarily on written messages. Many can speak even though they cannot hear. The method of communication and the services or aids the hospital must provide will vary depending upon the abilities of the person who is deaf or hard of hearing and on the complexity and nature of the communications that are required. Effective communication is particularly critical in health care settings where miscommunication may lead to misdiagnosis and improper or delayed medical treatment. ■

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

HAVE YOU HAD YOUR HEARING CHECKED RECENTLY?

Schedule your appointment today with the hearing experts at Pacific EarClinic

(503) 352-2692



PACIFIC earCLINIC

Tuality 7th Avenue Medical Plaza
333 SE 7th Avenue, Suite 4150
Hillsboro, OR 97123
PacificEarClinic.org

Telecommunication Devices Access Program

Options in Oregon, Oregon Public Utility Commission

— kevin.roebke@state.or.us
TDAP and Life Line Oregon

The Telecommunication Devices Access Program (TDAP) loans specialized communications equipment at no cost and with no income guidelines to eligible Oregon residents who have a disability in: hearing, vision, speech, mobility, or cognition.

Specialized communications equipment are devices designed to support the needs of a person with a particular disability. Examples include corded or cordless amplified phones, captioned phones, big button phones, speakerphones, electrolarynxes, cell phones, tablets, speech generating devices, and more.

State law limits one device per applicant, although two devices may be provided if there is more than one eligible person in a given household.

How to qualify

You must be an Oregon resident, at least 4 years of age, and have one of the following professionals certify your disability on the application that is within their scope to participate in the program.

• Licensed physician • Naturopathic physician • Physician assistant • Nurse practitioner • Vocational rehabilitation counselor • Audiologist • Hearing aid specialist • Speech-language pathologist • Optometrist • Ophthalmologist • Rehabilitation instructor of the blind

For example, a speech language pathologist is qualified to certify a speech disability.

TDAP is a program managed by the Oregon Public Utilities Commission. You may contact them at 800-522-4204 or 503-373-7171

You can see the Public Utility Commission advertisement on page 10 of this newsletter. According to the commission's website (<https://www.oregon.gov/puc/Pages/COVID-19-Update.aspx>), as of publication date, the Oregon PUC "is continuing to monitor the COVID-19 situation to protect and support PUC operations, employees, and stakeholders.

"Due to the critical work we do for Oregonians, we will remain open, but have modified our operations with the majority of staff working remotely.

"Our Consumer Services Team will be available during this time, but you are encouraged to contact them via email at puc.consumer@state.or.us if that option is available to you."

Continued on page 9



LNS Captioning

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



www.LNSCaptioning.com

Oregon Health & Science University Ear Center

What We Do:

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

Who We Are:

- Timothy Hullar, M.D.
- Sachin Gupta, M.D.
- Jessica Eggelston, AuD, CCC-A
- Jennifer Fowler, AuD, CCC-A
- Sara Funatake, AuD, CCC-A
- Carrie Lakin, AuD, CCC-A
- Lindsey Schlobohm, AuD, F-AAA
- Jessica VanAuken, MA, CCC-A
- Yael Raz, M.D.
- Sarah Liebler, PA-C
- Brittany Wilson, AuD, F-AAA
- Amy Johnson, AuD, CCC-A
- Jennifer Lane, AuD, CCC-A
- Devon Paldi, AuD, CCC-A
- Alyce Schott, AuD, F-AAA
- Ashley Sobchuk, AuD, F-AAA

Contact Us

Audiology: 503 494-5171
Cochlear: 503 494-8135
Email: cochlear@ohsu.edu



Find Us On

[@OHSUEarCenter](https://www.facebook.com/OHSUEarCenter)
[@OHSUEarCenter](https://twitter.com/OHSUEarCenter)
Online: www.ohsu.edu/ent

I'll Just Speak Louder, *continued from page 1*

hearing loss often need more than just a PA system, because louder is not necessarily better.

Some fundamentals of sound, along with sound processing problems — sometimes unique to the hard of hearing — are key in understanding the problem.

Most people with hearing loss have difficulty with higher pitched sounds or cannot hear them at all, unaided. In human speech, vowels fall into the lower to mid frequency range, whereas consonants fall into the upper range. Consequently, the presence of voices other than the speaker's further exacerbates the problem for the hearing impaired.

A common problem for at least 20 percent of old and young people alike is this inability to focus their auditory attention on a particular stimulus (signal), while filtering out a range of other stimuli (noise). At a party in a noisy room, some of us struggle to understand conversations when there

are multiple voices. Add hearing loss, and little or nothing of what's being said will be understood.

Additionally, our cognitive ability diminishes with age. In particular, we have reduced speech recognition abilities when speech signals are altered or degraded in some way (for instance, a strong foreign accent).

The elderly, and others who are hard of hearing, benefit when speakers slow down and speak clearly.

Assistive-Listening Systems

To address the speech perception problems, the ADA mandates the use of ALS in "each assembly area where audible communication is integral to the use of the space" or "wherever audio amplification is used." The audio signals delivered by an ALS are transmitted via FM, infrared (IR) or magnetic induction. Thus, the sound received is neither weakened by distance nor degraded by noise and reverberation. The speech-to-noise ratio

improves dramatically.

The ADA also requires that new ALS in public venues be hearing aid compatible, which means their signal can be accessed without users having to remove their aids.

All three currently available ALS technologies meet that requirement. FM and IR systems do so by incorporating a neck loop, rather than a headset or earbuds, with some of their receivers.

Users who have telecoil equipped hearing aids access the sound by donning a neck loop and turning on the telecoils in their hearing aids or cochlear implants, avoiding the possibility of damage or loss when removing the devices to use earbuds or headsets.

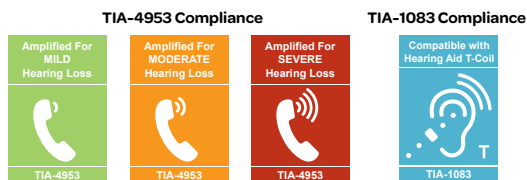
For hearing loop systems, the loop transmits directly to the hearing aids and cochlear implants via their t-coils, and to other users via receivers with headsets or earbuds. Users fitted with

Continued on page 9



CaptionCall is the Gold Standard

CaptionCall is the first and only captioning phone to meet the Telecommunications Industry Association standards for mild, moderate and severe hearing loss amplification and hearing aid compatibility.*



Want to learn more about CaptionCall?
Sign up today at www.captioncall.com or call 1-877-557-2227. Use promo code **MN1136**.

*67T and 67TB models. Learn more about TIA at tiaonline.org.

I'll Just Speak Louder, *continued from page 8*

t-coil equipped hearing aids are not required to borrow a receiver and headset, and their hearing aids provide sound customized to match the unique frequency loss of each individual user.

ALS User Survey

The New Mexico Committee for Communication Access, a nonprofit hearing loss advocacy group, has documented a preference among the hard of hearing for hearing loop technology, as well as the higher rate of use it receives over systems that require the use of headsets or earbuds.

Hearing loop advocates claim loop and telecoil technology is much preferred by the hard of hearing, because it allows users to access an ALS without removing their hearing aids and risk losing or damaging them. Users also express concerns related to hygiene when it comes to borrowed headsets or earbuds.

Do those claims and concerns result in behavioral changes when you transition from headsets to neckloops or to actual hearing

loops in place of FM or IR? According to data gathered in the survey, the answer is most definitely "yes."

When asked about actual use of public receivers with headsets vs neck loops, the "never" response went down from 45 percent to 31 percent.

Telecoil users were asked how often they use them if there's a hearing loop, and the responses were 55 percent "always," 14 percent "usually," 11 percent "sometimes," and only 8 percent "never."

If the purpose of a facility's ALS is to make the proceedings available to as many people as possible, then audio frequency induction-loop systems (AFILS or hearing loops) are the most helpful to the most people.

For that reason, the Hearing Loss Association of America encourages all places of public assembly to consider them. ■



Help by donating time

The Hearing Loss Association of Oregon is seeking additional board members.

We encourage members of local chapters to apply, particularly from areas that are not represented - or are underrepresented - on the board. Examples are southern Oregon, eastern Oregon, Eugene and Portland.

If you are interested contact Clark Anderson (clarkoa@msn.com) or P.O. Box 22501, Eugene, OR 97402.

Hearing loss affects us all



Photo by Kat J. on Unsplash

Hearing loss contributes to isolation and loneliness and can affect the entire family.

Your donations can help us teach and comfort those who feel alone or ashamed. We try also to inform parents, educators, and therapists about the latest in technology by sharing articles from scientists in the audiology field.

Even \$5, \$10, or \$25 will help our organization benefit those in need. Donate through our website <https://www.hlaa-or.org/> and choose "donate" on the drop-down menu. An invoice will open and you can choose your amount, and then pay with PayPal, debit or credit card. Please share your address so we can thank you.

TDAP, *continued from page 7*

There is a second program that offers assistance to Oregonians with low income.

Oregon Lifeline is a federal and state program, also managed by the Oregon Public Utility Commission, that provides a discount of up to \$12.75 on phone service or up to \$9.25 on broadband service (landline or wireless) for qualifying low-income households with participating companies.

A person may qualify if they are already on any of these programs or if the household income is equal to or below 135% of federal poverty guidelines:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (Section 8)
- Veterans or Survivors Pension

There is no disability, such as Deaf or Hard of Hearing, required for eligibility.

Apply at www.lifeline.oregon.gov or call 1-800-848-4442 to request an application. ■



Having trouble hearing on the phone?

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

**Hearing • Mobility
Cognition • Vision
Speech**

Let us help select the technology that will work best for you. Call
(800) 848-4442

Monday – Friday, 9 a.m. to 4 p.m.



Info/application:
www.tdap.oregon.gov



The 15th annual Walk4Hearing event has been cancelled and will be replaced by a virtual walk. Go to the hearingloss.org website and see how you can form a team or support one from May onward, throughout 2020.

Walk4Hearing will:

- Raise public awareness and provide unbiased information about hearing health
- Support federal policies that ensure hearing aid compatible and captioned phones, internet captioning, hearing access in public places and in airline travel, etc.
- Host informational seminars about the latest in hearing technologies and services
- Support those on their hearing journey, including parents of children with hearing loss
- Offer veterans free digital subscriptions to our award-winning magazine, *Hearing Life*, and complimentary HLAA Convention registration*
- Ensure hearing assistive technology and other products are accessible to people with hearing loss
- Provide consumer input to research
- Provide resource toolkits for the workplace and in medical settings
- Make HLAA Chapter meetings accessible through captioning and hearing assistive technology
- Make scholarship opportunities available to college students with hearing loss
- Install hearing assistive technology in public places
- Sponsor seminars on hearing health, hearing technologies, and strategies for coping with hearing loss for families

**first-time attendees*



Archer Captioning

Elizabeth Archer | Captioner

ArcherCaptioning@gmail.com
www.ArcherCaptioning.com
503-319-0122

Chapters in Oregon

Local chapter meetings are open to all. Check ahead of time, due to Covid 19. 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; 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) 10 am, in the Wistar Morris Conference Room in the Main Hospital Building on the Legacy Good Samaritan Campus, 1015 NW 22nd Ave. (at Marshall), Portland 97210. Contact Mark Foster, President; email: hlaportland@gmail.com. Write P.O. Box 2112, Portland, OR 97208-2112; www.hlaa-or.org/portland-chapter.html.

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. Right now all meetings are postponed due to Covid 19. 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

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.

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.

HelpAmericaHear.org

Help America Hear, Inc., was incorporated in 2004 to help raise awareness and provide financial assistance to those with visual and/or auditory impairments (their families and their significant others). This is primarily accomplished by raising funds and providing donations to other charities and organizations that conducted research and/or provided assistance to such individuals.

Recently, HAH has begun to help those individuals with auditory impairments more

directly by providing hearing aids and introducing the Help America Hear scholarship to help fund the educational opportunities of those with auditory impairments.

At the beginning of 2019, the organization changed its name from Foundation for Sight and Sound to Help America Hear, Inc., and focused the scope of its corporate mission on the provision of hearing aids and the Help America Hear scholarship. ■

CAPTIONS, PLEASE!

- by Shari Eberts

<https://livingwithhearingloss.com/2020/04/21/hearing-loss-access-zoom-google-make-free-captions-available-now/>



An Open Letter To Zoom, Google & Microsoft ... and other video conferencing providers:

Please make free Automatic Speech Recognition (ASR) captions available immediately on your platforms for people with hearing loss. In most cases, the technology exists and is integrated into your platform behind a paywall. Providing this service for free for people with hearing loss would not only improve the accessibility of your product, it is also the right thing to do.

Communicating by video call has become the new reality in our COVID-19 world. Video calls are helpful for people with hearing loss because we can see the other person's face, which helps with lipreading. But in meetings with many participants, or even in one on one conversations with people using weak microphones or laggy internet connections, video is not enough for understanding. Captioning is necessary.

The gold standard of captioning is Communication Access Realtime Translation or CART, where a live transcriber types what is spoken in real time. But technology is rapidly catching up and now a handful of high quality automatic speech recognition options do exist. In these times of change, an ASR alternative can be acceptable for most communications.

What can Zoom do today to improve accessibility?

Zoom provides the option to offer CART through its service, but CART requires the availability of a live transcriber in the meeting and is very expensive. This is unrealistic for most people with hearing loss living in this economic crisis

brought on by COVID-19.

Zoom also allows for integration with Otter, a popular speech-to-text app used effectively by many people with hearing loss for its high quality ASR, but only for paid Zoom accounts. Zoom must remove this paywall for people with hearing loss.

What can Google do today to improve accessibility?

Google has long been a leader in providing accessibility tools for people with hearing loss. Its speech-to-text app Live Transcribe is fast and accurate and its Live Caption app brings ASR captioning to digital media.

Google falls short when it comes to its video conferencing product, which limits its ASR captioning to its paid G-suite customers. Google must remove this paywall for people with hearing loss.

What can Microsoft do today to improve accessibility?

Microsoft offers free captioning through PowerPoint, Microsoft Stream and its Skype video chat (up to 50 people), but it restricts access to captioning for larger meetings behind a pay wall. Microsoft must remove the paywall for people with hearing loss.

Readers, what would free auto captions on video platforms like Zoom mean for your ability to stay connected? ■

Shari is 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.



Photo by Altınay Dinç on Unsplash

**“SOME NIGHTS
STAY UP TILL
DAWN,
AS THE MOON
SOMETIMES DOES
FOR THE SUN.**

**BE A FULL BUCKET
PULLED UP THE
DARK WAY
OF A WELL, THEN
LIFTED OUT INTO
LIGHT.”**

- MAWLANA

JALAL-AL-DIN RUMI

#allinthistgether



NEED HELP FINANCING HEARING AIDS?

Northwest Access Fund  CONTACT NORTHWEST ACCESS FUND
nwaccessfund.org | 1 (877)428-5116

DISCLAIMER

Opinions expressed in this newsletter are those of the individual author and are not necessarily those of HLAA-OR. Mention of products and services does not mean endorsement, nor should any exclusion actually indicate disapproval. Personal experiences and diverse opinions related to hearing loss are welcome for publication and should be mailed to HLAA Oregon at the address listed below. Unless otherwise noted, readers interested in duplicating or distributing any or all material found in Hear It Is! have our permission to do so. Please credit the source when using such material. HLAA, Oregon State Association, P.O. Box 22501, Eugene, OR 97402 e-mail: info@hearinglossOR.org.

BUY YOUR AD HERE!

Quarterly or Annually / Sizes:

Business Card

\$175 - \$625 3.5" X 2.000"

Quarter Page

\$250 - \$850 3.5" X 4.375"

Half Page

\$400 - \$1300 7.5" X 4.375"

Full Page

\$700 - \$2000 7.5" X 9.250"

Contact Eileen Marma at
info@hearinglossOR.org.

Thank you to our
HLAA Donors:

Doris Miley 3/5/20

Bill Ennis 3/5/20

Carol Kline 4/16/20

Anonymous 4/16/20

Environmental noise increases public's risk of disease

From *The Quiet Coalition* – thequietcoalition.org

The health and hearing of many Americans are at risk because of regular exposure to excessive and unsafe noise levels in public venues like restaurants, clubs, at sporting events, and in areas of construction and grounds maintenance around schools, neighborhoods, and public parks.

“Nearly 50 million Americans are affected by noise-induced hearing loss, many of whom also have tinnitus and hyperacusis. Many more are at risk for cardiovascular and stress-induced health problems,” says Daniel Fink, MD, Chair of the Coalition.

Researchers at the University of Michigan estimate that over 100 million Americans are exposed to unhealthy noise levels.

“We are issuing a call to action to prompt federal agencies to address noise as a serious health risk,” adds Program Director Jamie Banks, PhD.

A major issue is the widespread misunderstanding that 85 decibels, an occupational noise exposure standard, is a safe noise limit to protect the public's hearing. This standard has been misapplied and widely promulgated throughout the internet as a safe limit for a wide variety of venues and consumer products.

The National Institute for Occupational Safety and Health has recently made clear that 70 decibels is the average safe environmental noise exposure level to protect hearing and that much lower levels

are needed to protect from other non-auditory health problems.

“Using a standard that is not appropriate for the public increases the number of people who will suffer hearing loss and negative health consequences,” adds Fink.

To date, the only source of noise to garner the attention of federal policy makers is transportation — air, road, and rail. But other sources of excessive noise abound in our communities.



MED-EL Portland, OR 2020 Meetings

Reserve a 30 minute time slot with your MED-EL Representative.

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.

Please RSVP as some open houses may be postponed.

May 29, 2020 - 10 a.m. - 1 p.m.
June 26, 2020 - 10 a.m. - 1 p.m.

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

Sign up for a timeslot on www.medelevents.com. Once you register, you will be offered a platform: Facetime, Teams or Go to Meeting.

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 or 919-402-6935.



Some quiet for you –
Casey Horner, on Unsplash

More often than not, the noise that causes sensorineural hearing loss is not one deafening bang but decades of exposure to the high-decibel accessories of daily life: leaf blowers, car horns, highway traffic, movie theater sounds, hair dryers, vacuum cleaners, loud music, and so on.

–Harvard Medical School
Special Report, Hearing Loss: A Guide to Prevention and Treatment

HLAA 2020 CONVENTION

– Barbara Kelley, executive director, HLAA

When the coronavirus hit in early March, we had hopes that we could still hold the HLAA2020 Convention this June. Like you, we were watching the news and listening to guidelines from the CDC. It quickly became clear that cancelling this event that we all look forward to was a real possibility. The worsening situation in New Orleans and other parts of our country made it clear what we should do.

Cancelling this event is a disappointment for our community, but an absolute necessity to protect our health and help our country fight this pandemic.

Hearing loss is isolating enough and now we are further separated with the stay-at-home orders. HLAA is creating online resources and adding free captioned webinars and support sessions to help



Join remotely –
Photo, Brooke Cagle, on Unsplash

our members and constituents through this crisis.

We plan to deliver some of the featured content from the HLAA2020 Convention online in June. We are looking into technology solutions and talking with our sponsors about how best to do this.

While convention fees and sponsorships allow us to put on an engaging event each year, they

also fund staff time, software, and convention programming. The HLAA Convention provides funds we rely on and donations will help continue essential HLAA programs during this challenging time.

COMING SOON: <https://www.hearingloss.org/programs-events/convention/>

We'll have information about *Experience HLAA!*, online June 18-19, where you can sample a HLAA2020 Convention from the comfort of your home. No registration fee required and open to the world of people with hearing loss; their families and friends; hearing care providers; technology experts; and anyone interested in hearing health.

Where is House-passed bill for Medicare coverage of hearing aids?

– From *Hearing Life*, HLAA.org

December 2019 — In an historic achievement, the House of Representatives voted to expand Medicare to cover hearing aids and related hearing health care services. By a vote of 230-192, the House approved HR 3, a bill that allows the federal government to negotiate prescription drug prices and uses the savings from lower drug prices to cover the costs of hearing, dental and vision health services.

HR 3 now goes to the Senate where there is opposition to negotiating drug prices. Many senators, as well as the Trump administration, are exploring other ways to lower the cost of prescription drugs. Whether these alternatives also include hearing aid coverage under Medicare remains to be seen.

While prospects for final action

on HR 3 remain uncertain, the House vote is a milestone achievement on an issue that has been an HLAA top priority for many years. HLAA was among the earliest and most vocal supporters of Medicare coverage for aids, and worked closely with key members of Congress to include the language in the prescription drug negotiation bill.

As the issue moves forward, HLAA staff will continue working with Congress, Medicare experts, an other hearing health care organizations.

When Congress created Medicare in 1965, it expressly excluded hearing aids. More than 50 years later, HLAA is setting the stage to correct that oversight.

• *Hearing loss is associated with depression, social isolation and an increased risk for cognitive decline and dementia in older adults.*

Contact your Oregon representatives to ask about this legislation:

Sen. Ron Wyden, 221 Dirksen Senate Office Building, Washington, DC 20510; 202-224-5244.

Sen. Jeff Merkley, 313 Hart Senate Office Building, Washington, DC 20510; 202-224-3753.

Dist. 1 – **Suzanne Bonamici**, 439 Cannon House Office Building, Washington DC 20515; 202-225-0855.

Dist. 2 – **Greg Walden**, 2185 Rayburn House Office Building, Washington DC 20515; 202-225-6730.

Dist. 3 – **Earl Blumenauer**, 1111 Longworth House Office Building, Washington DC 20515; 202-225-4811.

Dist. 4 – **Peter A. DeFazio**, 2134 Rayburn House Office Building, Washington DC 20515; 202-225-6416.

Dist. 5 – **Kurt Schrader**, 2431 Rayburn House Office Building, Washington DC 20515; 202-225-5711.



P.O. BOX 22501
EUGENE, OR 97402

NONPROFIT
U.S. POSTAGE
PAID
EUGENE OR
PERMIT NO. 471

ADDRESS SERVICE REQUESTED



Hear it! Oregon Spring 2020 newsletter

I would like to receive (or continue to receive) this newsletter.

Name _____

Phone _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

Email _____

I learned about the newsletter from: _____ [] please send my newsletter via email

[] Enclosed is my contribution of \$_____ to support the Hearing Loss Association outreach programs in Oregon. Contributions will be acknowledged in the next issue.

[] I wish to remain anonymous.

[] I cannot contribute but would like to receive the newsletter.

[] I want to join **Hearing Loss Association of America**, the National Organization. Please enroll me as a member. I'm including my membership fee (see page 4 for fee schedule).

Or you can sign up online at www.hlaa-or.org. Click "membership," then "application."

Hearing Loss Association of America, Oregon State Association, Inc. is a 501(c)(3) charity and depends on donations and grants. All personnel are volunteers. Please send your donation to support our efforts to HLAA, Oregon State Association, P.O. Box 22501, Eugene, OR 97402.