

HEAR OREGON

IT IS!



FALL 2019

ISSUE 79

FCC has rules for hearing aids/phones

<https://www.fcc.gov/hearing-aid-compatibility-and-volume-control>

The Federal Communications Commission requires wireless phones and wireline telephones to be compatible with hearing aids, and requires them to provide sufficient volume. Without these Hearing Aid Compatibility rules, someone with a hearing aid might try to make a call and experience substantial unwanted interference or may not receive sufficient volume. When certified under the HAC rules: wireless phones and wireline telephones should provide minimal interference; wireline telephones should offer sufficient volume control; and wireless phones and wireline telephones should be compatible when interacting with the magnetic coils of hearing aids. HAC rules also apply to the use of cochlear implants. The wireline rules apply to wireline telephones connected to the Public Switched Telephone Network and to advanced communications services, such as VoIP. ■

CHILDREN WITH HEARING LOSS PROCESS SOUND DIFFERENTLY

Source: *University of Cambridge* — October 1, 2019

[HTTPS://WWW.SCIENCEDAILY.COM/RELEASES/2019/10/191001160150.HTM](https://www.sciencedaily.com/releases/2019/10/191001160150.htm)

Deafness in early childhood is known to lead to lasting changes in how sounds are processed in the brain, but new research published in *eLife* shows that even mild-to-moderate levels of hearing loss in young children can lead to similar changes.

Researchers say that the findings may have implications for how babies are screened for hearing loss and how mild-to-moderate hearing loss in children is managed by healthcare providers.

The structure and function of the auditory system, which processes sounds in the brain, develops throughout childhood in response to exposure to sounds.

In profoundly deaf children, the auditory system undergoes a functional reorganization, repurposing itself to respond more to visual stimuli, for example.

Until now, relatively little was known about the effects of mild-to-moderate hearing loss during childhood.

A research team led by Dr. Lorna Halliday, now at the MRC Cognition and Brain Sciences Unit, University of

Cambridge, used an electroencephalogram (EEG) technique to measure the brain responses of 46 children who had been diagnosed with



TROY T. ON UNSPLASH

permanent mild-to-moderate hearing loss while they were listening to sounds.

Dividing the children into two groups — younger children (8-12 years) and older children (12-16 years) — the team found that the younger children with hearing loss showed relatively typical brain responses. In other words, similar to those of children with normal hearing.

However, the brain responses of older children with hearing loss were smaller than those of their normally hearing peers.

To confirm these findings,

Continued on page 3

NEWS INSIDE

- Children's hearing loss — page 1-3
- Board members — page 2
- Young Adult Books— page 4
- Memory Loss Or Not— page 6-7
- Wish List - S. Eberts — page 12
- Good Vibrations — page 14-15

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.

I attended my first Hearing Loss Association of America - Oregon meeting in October in Albany and met some of the long distance email friends I've had for a while now. It was a pleasant journey through the countryside, viewing the fall foliage on my way down from Hillsboro and it was good to meet the hard working people in the organization whose goal is to make life easier for those of us with hearing loss.

It was one of the first meetings I've attended where there was a microphone passed around to each speaker so everyone might hear what they had to say. (A welcome change!) There were two members attending the meeting online and Elizabeth Archer captioned the entire meeting so no one would be left out.

If you ever want to attend a meeting, contact John Hood-Fysh, the president, and don't worry that you will feel self-conscious or at a loss during the gatherings.

One article in this newsletter (next page), on **Listening vs. Understanding**, really piqued my interest. At another recent meeting (not one with microphones) I had so much difficulty keeping up with what was going on.

I felt like I just couldn't keep up. All of the talking was much too fast and the speaker was on my left and I could not see her face. That was a big mistake for me. Next time I will sit across the table.

I wondered if there were other people at the table who felt as I did. There is a fellow at the table that I know has trouble, since his wife (another member of the board) often loudly repeats things for him.

I think I'll speak privately with the board president and see if she can introduce each topic with a few words of explanation and speak a little more loudly. And a little more slowly.

Reading about the Hear Coach app (next page), and looking online, I found one I can get for my Android phone. Learning to listen — while using my aids — could be fun. And I will meditate. So much sound recognition occurs in the brain, finding ways to improve concentration is beneficial for hearing. Many different types of meditation exist, but perhaps the easiest way to begin is to sit quietly in a comfortable position, relax with your eyes closed and breathe deeply, focusing on the sound of your breath. Like any new activity, meditation takes practice. Begin with a few minutes every morning and increase by one or two minutes as you become comfortable.

Enjoy the quiet.

Contact me by emailing femminismo@gmail.com.

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HEAR IT IS! #79

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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.

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

Deadline for Winter 2019 edition: November 15, 2019.

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

Children's hearing loss , continued from page 1

the researchers re-tested a subset of the group of younger children from the original study, six years later. In this study, the researchers confirmed that as the children with hearing loss grew older, their brain responses changed. Responses present when the children were younger had either disappeared or grown smaller by the time they aged.

There was no evidence that the children's hearing loss had worsened, suggesting instead that a functional reorganization was occurring.

"We know that children's brains develop in response to exposure to sounds, so it should not be too surprising that even mild-to-moderate levels of hearing loss can lead to changes in the brain," said Dr. Axelle Calcus, lead author of the paper, from PSL University, Paris. "However, this does suggest that we need to identify these problems at an earlier stage than is currently the case."

Dr. Halliday noted that current screening programs for newborn babies are good at picking up moderate/profound levels of hearing loss, but not at detecting mild hearing loss. This means mild hearing impairment might not be detected until later in childhood, if at all.

"Children with hearing problems tend to do less well than their peers in terms of language development and academic performance.

"Detecting even mild degrees of hearing impairment earlier could lead to earlier intervention that would limit these brain changes, and improve children's chances of developing normal language." ■



PHOTO BY HEADWAY ON UNSPLASH

Upcoming HLAA board meetings

The next 2020 quarterly HLAA-OR board meetings will be held January 11, 2 - 5:30 p.m.; April 18, 10 a.m. - 2:30 p.m.; and July 11, 2 - 5:30 p.m., at Albany General Hospital, Reimer Conference Rm Bldg., 1085 6th Ave. SW, Albany, Ore.

To confirm meeting dates and times, and to get directions, please contact: Kathryn Eckert-Mason, k_eckertmason@yahoo.com; or John Hood-Fysh, jhood-fysh@wwmore.com.

HEARING VS. UNDERSTANDING

— SARAH BRICKER • STARKEY HEARING TECHNOLOGIES BLOG •

One of the most difficult problems people with hearing loss face is understanding speech.

Yes, understanding. Notice, I did not use the word "hearing," because with hearing loss it's not really about hearing the speech but being able to discriminate "D" from "G" or "ringing" from "singing."

Each vowel, consonant, word ending and sound corresponds to a specific frequency, and as hearing loss occurs and certain frequencies are lost, the brain simultaneously loses the ability to interpret those sounds correctly anymore.

For example, I have hearing loss between 500 Hz and 4000 Hz of hearing, with an especially noticeable loss of about 70 percent between 500-4000Hz.

As a result of this I have difficulty with the following

letters and sounds: d, b, i, n, o, l, a, r, p, h, g, ch, sh, t, f, th, s and h.

Now consider how many words in the English language use any of the above letters.

Hearing loss isn't simply a loss of auditory capability; it also significantly impacts the relationship between the neurological and auditory pathways by causing the brain to forget, over time, how to interpret certain sounds.

In 2012, researchers Arthur Wingfield and Jonathan Peelle found that the loss of hair cells located on the basilar membrane in the cochlea of the inner ear — in aging patients with hearing loss — impacted the perception of speech. There are 12,000-15,000 outer hair cells that

Continued on page 9

HEARING LOSS ASSOCIATION OF AMERICA — MEMBERSHIP

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.

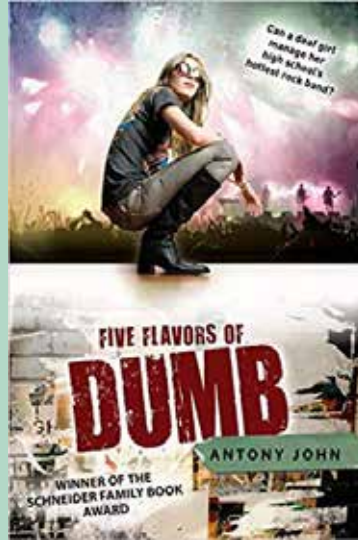
Join and become a hearing advocate.



HLAA
Hearing Loss Association of America

Become a MEMBER: Help yourself & others.

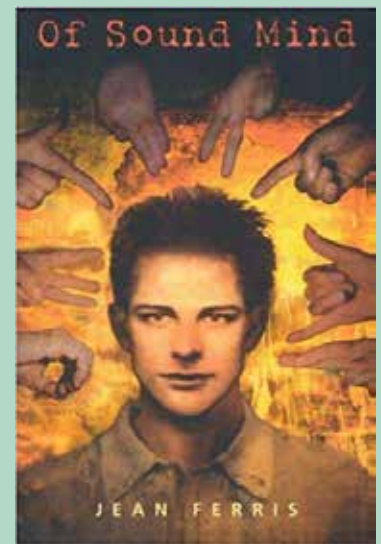
Shopping for young adult books for a hearing impaired youth in your family? Try these.



PIPER is a 17-year-old high school senior, and she's just been challenged to get her school's super-popular rock band, Dumb, a paying gig. The catch? Piper is deaf. Can she manage a band with five wildly different musicians, nurture a budding romance, and discover her own inner rock star, though she can't hear Dumb's music?

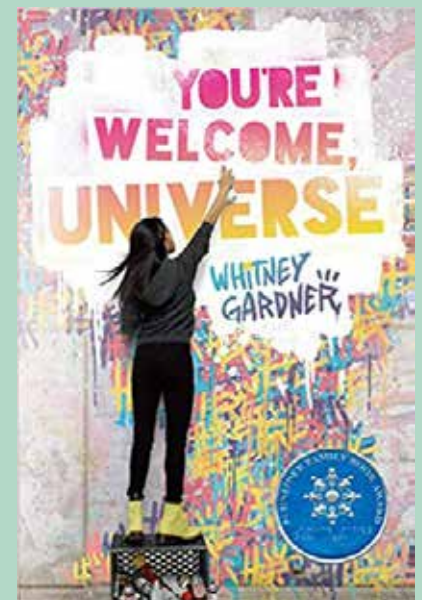
Check with your local book store, library or online merchants.

HIGH school senior Theo is fluent in two languages: spoken English and sign. His parents and brother, Jeremy, are deaf, but Theo can hear, which has over the years cast him in the role of interpreter for his family. Unfortunately, it's not a welcome duty, especially in the case of his mother, Palma. She is a successful sculptor who, being deeply suspicious of "hearies," expects Theo to act as her business manager. And Jeremy relies on Theo for company and homework help. It's become especially frustrating lately because ...



WHEN Julia finds a slur about her best friend scrawled across the back of the Kingston School for the Deaf, she covers it up with a beautiful (albeit illegal) graffiti mural.

Her supposed best friend snitches, the principal expels her, and her two mothers set Julia up with a one-way ticket to a "mainstream" school in the suburbs, where she's treated like an outcast as the only deaf student. The last thing she has left is her art, and not even Banksy himself could convince her to give that up.



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- 800-676-4290 (español)



'Memory loss' may be hearing-related

- BAYCREST CENTRE FOR GERIATRIC CARE - Toronto

Older adults concerned about displaying early symptoms of Alzheimer's disease should also consider a hearing check-up, suggest recent findings.

What might appear to be signs of memory loss could actually point to hearing issues, says Dr. Susan Vander Morris, one of the study's authors and a clinical neuropsychologist at Baycrest.

A recent Baycrest study, published in the *Canadian Journal on Aging*, found that the majority (56 per cent) of participants being evaluated for memory and thinking concerns and potential brain disorders had some form of mild to severe hearing loss, but only about 20 percent of individuals used hearing aids. Among the participants, a quarter of

them did not show any signs of memory loss due to a brain disorder.

"We commonly see clients who are worried about Alzheimer's disease because their partner complains that they don't seem to pay attention, they don't seem to listen or they don't remember what is said to them," says Dr. Vander Morris. "Sometimes addressing hearing loss may mitigate or fix what looks like a memory issue. An individual isn't going to remember something said to them if they didn't hear it properly."

Hearing loss is the third most common chronic health condition in older adults, which is experienced by 50 percent of individuals over the age of 65

and 90 percent of people over the age of 80. It takes an average of 10 years before people seek treatment and less than 25 percent of individuals who need hearing aids will buy them.

Hearing status is not always addressed in neuropsychology clinics, but can impact performance on memory assessments done verbally, adds Dr. Vander Morris.

"Some people may be reluctant to address hearing loss, but they need to be aware that hearing health is brain health and help is available," she adds.

The study analyzed results from 20 individuals who were receiving a neuropsychological assessment at Baycrest. Participants completed a hearing

(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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MEMORY OR HEARING ... WHICH IS IT?

continued from page 6

screening test after their cognitive evaluation.

Neuropsychologists, privy to hearing test results after their initial assessment, altered some of their recommendations. Some clients were referred to a hearing clinic for a full audiology assessment or to consider using a hearing aid, as well as provided education on hearing loss and communication.

“Since hearing loss has been identified as a leading, potentially modifiable risk factor for dementia, treating it may be one way people can reduce the risk,” says Marilyn Reed, another author on the study. “People who can’t hear well have difficulty communicating and tend to withdraw from social activities as a way of

coping. This can lead to isolation and loneliness, which can impact cognitive, physical and mental health.”

This study builds on earlier research that analyzed how addressing memory problems could benefit older adults seeking hearing loss treatment.

“We are starting to learn more about the important role hearing plays in the brain health of our aging population,” says Dr. Kate Dupuis, lead author on the study, a former postdoctoral fellow at Baycrest, clinical neuropsychologist and Schlegel Innovation Leader at the Sheridan Centre for Elder Research.

“In order to provide the best care to our older clients, it is imperative that neuropsychologists and hearing care professionals work together to ad-

dress the common occurrence of both cognitive and hearing loss in individuals.”

Since the studies, Baycrest’s Neuropsychology and Cognitive Health Program and Hearing Services have incorporated general screening for hearing and memory issues into their assessments, as well as provided educational materials to clients.

Next steps for the study will involve optimizing screening strategies for hearing loss in memory assessments and ongoing interprofessional collaborations to create educational tools that counsel clients about the relationship between hearing, memory and brain health.



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>> PA: DAMIAN LILLARD!
FOR THREE!

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the Hearing Loss Association of Oregon
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Living Well with Hearing Loss

HAS BEEN CANCELED
Due to insufficient registration

The Workshop Committee wishes to acknowledge the generous support of these fine organizations.



Silver Sponsors



HELP WITH HEARING AID COST

There are a number of nonprofits that offer hearing aids at deeply discounted prices, or for free. Some good ones to check out include:

HEAR Now: Sponsored by the Starkey Hearing Foundation (800-328-8602), this program provides hearing aids for people with net incomes below a certain amount. Your only costs are a hearing test and an application fee. The foundation has more on the exact cost.

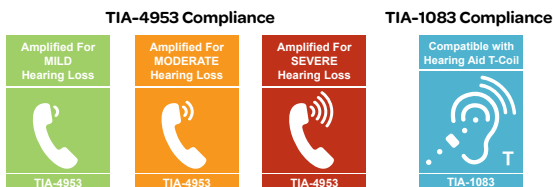
Lions Affordable Hearing Aid Project: Offered through some Lions clubs throughout the U.S., this program provides the opportunity to purchase new, digital hearing aids manufactured by Rexton for \$200 per aid, plus shipping. To be eligible, most clubs will

Continued on page 10



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HEARING VS. UNDERSTANDING

• STARKEY HEARING TECHNOLOGIES BLOG •

CONTINUED FROM PAGE 3

work to amplify sounds to cochlea and another 3,000 inner hair cells that transduce the mechanical vibrations of sound waves into neural impulses that the brain can read through the eighth cranial nerve and identify as specific elements of speech. When hearing loss occurs and these hair cells are lost, it becomes incredibly difficult to understand speech, especially in noise.

In addition to determining that hearing loss and hair cell loss harms the communication pathways between the ears and the brain, the study also recognized that hearing loss can result in poor cognitive performance, slow speech perception, and listening fatigue.

Below is a summary of what Wingfield and Peelle stated in the abstract results of their study:

“This is the finding that successful perception of speech that is degraded by hearing loss can draw cognitive resources that might otherwise be available for encoding what has been heard in memory, or for the comprehension of rapid, informationally

complex speech as often occurs in everyday life.

“Our emphasis here is not on failures of perception, but rather, the effect on cognitive performance even when it can be shown that the speech itself has been successfully recognized. This type of ‘effortful listening’ is associated with increased stress responses, changes in pupil dilation, and poorer behavioral performance (e.g., on memory tests for degraded speech).

“It is thus possible that even a mild-to-moderate hearing loss can inflate the appearance of cognitive decline in the older adult – a cautionary note for the geriatric clinician/diagnostician and family members alike.

“This sensory-cognitive interaction is a reminder that the auditory system may be the conduit to the brain, but it is the brain that ‘hears’.”

So what can you do about it? Hearing aids and games.

The best help for better speech understanding is to combine hearing aids with auditory rehabilitation activities. Hearing aids can help improve the ability to hear various frequencies, but your brain still needs to re-learn how to interpret those frequencies.

Auditory rehabilitation activities such as Hear Coach* can help you to improve your speech perception and achieve better understanding.

Start your journey to better understanding today by learning more about what hearing aids can do for your lifestyle.

– SARAH BRICKER ■


**the Hear Coach app is currently only available for iOS devices*



Archer Captioning

Elizabeth Archer | Captioner

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Info/application:
www.tdap.oregon.gov

Help With Costs, *continued from page 8*

require your income to be somewhere below 200 percent of the federal poverty level. Contact your local Lions club to see if they participate in this project.

Sertoma: A civic service organization that runs a hearing aid recycling program through its 500 clubs nationwide, refurbishes them, and distributes them to local people in need. Call 800-593-5646 or visit sertoma.org to locate a club in your area.

Audient: This program (audientalliance.org, 866-956-5400) helps people purchase new, digital hearing aids at reduced prices. To be eligible, your income must be below a certain level.

For a list of more programs, visit the Better Hearing Institute website at betterhearing.org, and click on “Hearing Loss Resources,” then on “Financial Assistance.”

Or, call the National Institute on Deafness and Other Communication Disorders at 800-241-1044 and ask them to mail you their list of financial resources for hearing aids.

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.

LINN-BENTON CHAPTERS HLAA — In May, our chapter meeting was “Ask an Audiologist,” with Susan Peterson, AuD, answering questions about hearing and hearing aids.

There were no regular meetings during the summer, but in June we were invited by President John Hood-Fysh and his wife, Francey, to a potluck/barbecue at their lovely historic home in Albany.

Our group has been meeting once or twice a month at the Pix Theatre in Albany to see first-run movies with open captioning, which is featured one Tuesday a month. Some that we've seen

are the Lion King, Spiderman, and, most recently, Downton Abbey.

The September meeting had the best attendance ever, with 16 people present, including four who were attending for the first time.

The topic was “Balance and Hearing Loss,” presented by Dr. Lisa Koslicki, PT, DPT. She explained what the vestibular system is and had us practice some exercises that will help with balance.

AUDIOLOGIST WISH LIST

- by Shari Eberts

<https://livingwithhearingloss.com/2019/10/15/a-patient-wish-list-for-the-first-audiologist-appointment/>

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.



That first audiologist appointment can be an emotional experience for people at the start of their hearing loss journey. Finally admitting you have a hearing loss and you need to do something about it can be depressing, shrouded in stigma, and downright scary. Combine this with needing to speak on the phone to make the appointment — a dreaded task for many people with hearing loss — and it is no wonder the average person with hearing loss waits seven-10 years to treat it!

Our trepidation continues as we arrive for the first appointment, but there is also hope. We wonder: Will the audiologist focus on the communication challenges that are most important to me? Will I leave with tools and skills that enhance my ability to live my life fully? Will I find a partner in my hearing care? Employ the tips in this article, and your patients will be answering “yes” to each of these questions.

Ten ways to improve your patient’s first audiologist appointment:

1. Acknowledge the patient’s hearing loss story. Ask us why we are there and listen to the answer. It will provide important details about our lifestyle and the types of communication situations that are most important to us. Your positive response sets the right tone and creates an honest working dialogue from the start.

2. Use communication best practices. Your patients are there because they cannot hear well. Treat them with respect by speaking clearly and at a moderate pace. Face them and keep your mouth uncovered. Train your office staff to follow suit, in person and over the phone. Consider investing in a hearing loop system or other assistive listening technologies for

your office to aid in communication if needed.

3. Practice person-centered care. Work to find solutions to your patients’ specific communication challenges, rather than simply amplification. Some may require assistance for hearing at work, others only socially. Involving the patient in the development of the treatment plan creates buy-in and increased motivation to comply.

4. Make your office “hearing loss friendly.” Many people with a hearing loss miss their name being called, even in a small office. Taking the time to alert the patient personally demonstrates that you understand the challenges they face. Provide relevant reading material in your office, including information about hearing loss support groups. The patients will then know they are not alone in their struggles.

5. Supply a written summary of the visit. Your patients may be missing important details of their care but are too embarrassed to ask for a repeat. Include test results, what they mean and your recommendations for communication solutions. Providing this information in written form will make it easier for patients to share it with their families and to refer back to it if questions arise.

6. Set realistic expectations. Everyone wants hearing aids to work like glasses — you put them on and suddenly your hearing is restored — but this is not the case. Explain the work that will be required from both the patient and the audiologist to get things working smoothly. This will help offset frustration if the first settings need to be fine-tuned.

7. Embrace creativity. Hearing aids work well in many situations, but not all. Combining hearing aids

with assistive listening devices will give your patients a broader toolkit they can access in problematic situations. In some case, hearing aids may not be the best first step in a person’s hearing loss journey. If you suggest creative over-the-counter solutions, they will be back when additional help is needed.

8. Teach communication tips and tricks. Communication best practices like keeping your lips uncovered and facing the person with hearing loss may seem obvious to you, but may not be to someone new to hearing loss or their family. Small changes in behavior can have a big impact in making conversations more satisfying for your patients and their communication partners. Teach them what you know at that first appointment.

9. Invite the family. Family involvement gives you better insight into difficult communication situations from both sides and gives you the opportunity to share best practice communication tips with everyone. Engaging the family in the creation of the treatment plan helps build a support network where your patients need it most.

10. Consider unbundling your fees. Charging for your expertise and time will help your patients understand the value you are providing in addition to the sale of a hearing aid. It may also broaden your practice’s focus to include more aural rehabilitation and others communication enhancing services.

An audiologist is the first stop for most people on their hearing loss journey. The importance of your input cannot be overstated. Setting the right tone and treating your patient as a partner in their treatment will help set them down the path to success. ■



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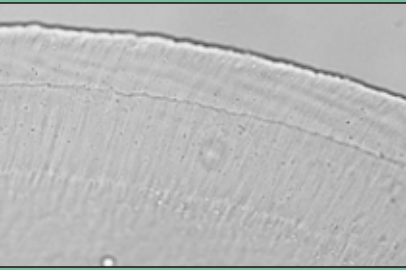


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GOOD, GOOD, GOOD VIBRATIONS



This image, taken through an optical microscope, shows a cross-section of the tectorial membrane, a gelatinous structure that lies atop the tiny hairs that line the inner ear. credit:

Jonathan Sellon, MIT micromechanics group

CAMBRIDGE, Mass. – The human ear, like those of other mammals, is so extraordinarily sensitive it can detect sound-wave-induced vibrations of the eardrum that move by less than the width of an atom. Now, researchers at MIT have discovered important new details of how the ear achieves this amazing ability to pick up faint sounds.

The new findings help explain how our ears can detect vibrations a million times less intense than those we can detect through the sense of touch, for example. The results appear in the journal *Physical Review Letters*, in a paper by visiting scientist and lead author Jonathan Sellon, professor of electrical engineering, and senior author Dennis Freeman, visiting scientist Roozbeh Ghaffari, and members of the Grodzinsky group at MIT.

Both the ear's sensitivity and its selectivity — its ability to distinguish different frequencies of sound — depend crucially on the behavior of a minuscule gelatinous structure in the inner ear called the tectorial membrane, which Freeman and his students have been studying for more than a decade. Now, they have found that the way the gel membrane gives our hearing its extreme sensitivity has to do with the size, stiffness, and distribution of nanoscale pores in that membrane, and the way those nanopores control the movement of water within the gel.

The tectorial membrane lies atop the tiny hairs that line the inner ear, or cochlea. These sensory receptors are arranged in tufts that are each sensitive

Continued on page 15

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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.

Vibrations,

continued from page 14

to different frequencies of sound, in a progression along the length of the tightly curled structure. The fact that the tips of those hairs are embedded in the tectorial membrane means its behavior strongly affects the way those hairs respond to sound.

“Mechanically, it’s Jell-O,” Freeman says, describing the tiny tectorial membrane, which is thinner than a hair. Though it’s essentially a saturated sponge-like structure made mostly of water, “if you squeeze it as hard as you can, you can’t get the water out. It’s held together by electrostatic forces,” he explains.

But though there are many gel-based materials in the body, including cartilage, elastin and tendons, the tectorial membrane develops from a different set of genetic instructions.

The purpose of the structure was a puzzle initially. “Why would you want that?” Sellon says. Sit-

ting right on top of the sensitive sound-pickup structure, “it’s the kind of thing that muffles most kinds of microphones,” he says. “Yet it’s essential for hearing,” and any defects in its structure caused by gene variations can significantly degrade a person’s hearing.

After detailed tests of the microscopic structure, the team found that the size and arrangement of pores within it, and the way those properties affect how water within the gel moves back and forth between pores in response to vibration, makes the response of the whole system highly selective. Both the highest and lowest tones coming into the ear are less affected by the amplification provided by the tectorial membrane, while the middle frequencies are more strongly amplified.

“It’s tuned just right to get the signal you need,” Sellon says, to amplify the sounds that are most useful.

The team found that the tectorial membrane’s structure “looked like

a solid but behaved like a liquid,” Freeman says — which makes sense since it is composed mostly of liquid. “What we’re finding is that the tectorial membrane is less solid than we thought.” The key finding, which he says the team hadn’t anticipated, was that “for middle frequencies, the structure moves as a liquid, but for high and low frequencies, it only behaves as a solid.”

Overall, the researchers hope that a better understanding of these mechanisms may help in devising ways to counteract various kinds of hearing impairment — either through mechanical aids such as improved cochlear implants, or medical interventions such as drugs that may alter the nanopores or the properties of the fluid in the tectorial membrane.

“If the size of the pores is important for the functioning of hearing, there are things you could do,” Freeman says.



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