HEAR IT IS!
OREGON

HLAA Hearing Loss Association of America
Oregon State Association

WINTER 2021 ISSUE 84

Measuring sounds of tinnitus

— Originally on Science Alert.com

Some experiences in life are hard to describe, but that doesn't make them any less real. Around the world, up to 20 percent of people experience a chronic phantom ringing or buzzing in their ears, known as tinnitus.

The sounds — often high-pitched — are not connected to any known acoustic stimuli, and today, diagnosis depends solely on subjective experiences relayed by patients. Now, scientists in Australia think they have devised a method to "see" the perception of tinnitus in the brain.

It could be the first objective clinical tool for measuring someone's tinnitus, and a step towards finding ways to treat this widespread and incurable condition.

In recent years, brain imaging studies in both animals and humans have shown tinnitus is linked to an increase in neural firing as well as changes in connectivity within certain brain regions. Still, it's only with the advent of new technology that we've come closer to a proper assessment based on this relationship.

Functional near-infrared spectros-

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NEWS INSIDE

Hearing loops help in multitude of ways, situations — *Ginevra Ralph*

Of the three most common assistive listening systems used in public spaces, people with hearing loss prefer a hearing loop for many reasons.

A hearing loop (sometimes called an audio induction loop) is a type of sound system used by people with hearing aids. The hearing loop provides a magnetic, wireless signal that is picked up by the hearing aid when it is set to "T" (telecoil) setting. *The ear with a "T" above, right, indicates to everyone they are in a telecoil area.*

The four critical parts of a hearing loop system of any size are: 1) a copper wire in the shape of a loop which serves as an electro-magnetic antenna and creates the loop's field; 2) one or more microphones to pick up the desired sound; 3) an electronic "driver" to transmit that sound into the loop; 4) a tiny coiled wire, called a telecoil (or t-coil), inside a listener's hearing aid, cochlear implant, or special earphone receiver.

Note: A hearing specialist must activate the telecoil program in a listener's device to directly receive the sound from the hearing loop.

A loop can be large and complex enough to fill a basketball arena or small enough for their ticket kiosks and more and more are being installed every week.

Loop users, however, actually spend most of their time in personal, intimate settings — up to 5,800 waking hours per year — and they obviously want to hear everywhere they are, all that time. A small, portable, personal loop can help a person hear better at work, at play, at a doctor's appointment — everywhere; and right through today's Plexiglas panels. (See below.)

The loops are usually permanently fixed in place, where the copper wire literally encircles the listeners in large room-sized areas such as houses of worship, concert halls, airport departure gates, courtrooms, or in smaller spaces such as living rooms, cars, trains, bus-

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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.

This time around I want to let you know that our national organization, Hearing Loss Association of America, has made the September-October Hearing Life magazine completely accessible online. In the past you have been able to access portions of Hearing Life on the website, hearingloss.org. You will still be able to do so, but "leafing" through this magazine and reading Matt Hay's inspiring story "Nowhere Man" was especially rewarding.

You will find the magazine at https://www.hearingloss.org/magazines/2020-sept-oct/

I hope everyone out there reading this newsletter is in good physical and mental shape. It seems we will need everything we have to get through 2021 and persevere. Having a hobby, good friends, and a positive attitude has helped me. I hope you have inspiration and love as well.

I have read that during this pandemic we need to take care when we remove our masks (if we wear behind the ear hearing aids). Several people have had their hearing aids go flying. I usually check behind my ears to make sure they haven't come off before I exit certain locations. Retracing my steps can get old real fast!

Our Oregon hearing loss groups are meeting virtually. If you haven't been on Zoom, Facetime, or Facebook's virtual messaging, you should try it.

Downloading Zoom and using it is free and pretty easy to use, especially if you are just joining a meeting that someone else sets up. All you do is click a link on the invitation you get via email, and then "allow" audio and video to begin.

It is definitely not as good as a real face-to-face meeting, but it will suffice until we can all get together in "real time."

Last week I needed to get my left hearing aid checked to see why it sounded "dead." It didn't seem to be working and a new battery wasn't the solution.

I no more than got home from dropping it off when I got a call it was ready to pick up. This made me realize again how important it is to find a good hearing aid provider. If you decide on an over the counter provider make sure you will have continuing access to free or low cost maintenance.

I hope 2021 is good to you all!

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

HEAR IT IS! #84

Published quarterly by the HLAA, 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.

For advertising information and rates, contact Eileen Marma at info@hearinglossOR.org. Deadline for Spring 2021, March 8; Summer 2021, June 8.

Website: https://www.hlaa-or.org/. ■

Hearing loops,

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es, reception desks, or elevators.

Hearing loops can also be temporarily installed, such as for "looping" conference rooms, or compact personal units designed more for one on one or small group communication and social settings.

Smaller, portable loops are also available. A listener simply turns it on, places it in the correct proximity to both the speaker and the listener, and then activates his/her telecoil program to be able to hear through the loop. This device is marketed as a "counter top" loop, and is very good for that use. It can function even more powerfully with an added external microphone on a long cord for greater reach.

At the Shedd Institute in Eugene— a nonprofit performing arts company, educational institute, and venue management company— we use the Williams loop. It can remain plugged into an electrical outlet or operate for six-seven hours on rechargeable batteries. *(Note: There are other portable systems on the market, but we have found this setup to be the most affordable and readily available on Amazon, easiest to use, and to have the best sound quality.)*

To maximize utility and creative applications:

1) Proximity & location: To "be in the loop" the listener must be within 2-3 feet of either flat side of the device. (The internal loop is vertical.) The listener should experiment with the best placement.

If the volume seems lower than usual, change the proximity or orientation of the portable loop for best sound. Trust that this system works, but you need to adjust it depending on your immediate setting and needs. For example, if you are very tall and standing up, try placing the device higher. If you are playing on the floor with a grandchild, move it lower.

Although this is designed as a 1:1 device, we have found that two or three people can use it simultaneously, such as for a small meeting. (Non t-coil users should sit to the narrow sides of the device which is out of the loop.)

2) A built-in microphone is on the back side, toward the top of the device, and should be facing the person whose voice needs to be picked up by the loop. Thus, the front of the unit should face the listener.

Because the mic is "omni-directional," it will pick up all sounds within a certain distance.

Again, experiment where it is best to place both the listener and the device, given the venue. Restaurants are notoriously difficult to hear others.

A listener may find switching sides of the table might actually work best when using the loop — so that the mic faces his/her companions and not the voices from other tables.

The listener can try using their "t-coil only" setting on their hearing aid/CI, rather than the "t-coil+mic" setting, to prevent the hearing device's

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PHOTO BY HEADWAY ON UNSPLASH

Upcoming HLAA board meetings

The first three 2021 quarterly HLAA-OR board meetings will be held April 10, July 10, from 10 a.m.-12:30 p.m. by video conference. 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.

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.

Hearing loops, *continued from page 3*

microphone from picking up that clatter too!

3) Portability: Put the device in a little carrying bag and take it with you on all of your appointments – anywhere that you want to hear accurately and better. These people appreciate your business and want you to understand what is being said.

After a couple of visits from you, they may get smart and purchase their own devices. You are likely not their only client who uses hearing aids.

If they resist using your loop with you, take your business elsewhere.

At the Shedd Institute we have found an inexpensive, flat, table microphone with good audio quality that can be placed as far away as 8-10 feet from the speaker and still picks up the sound.

Others have used these at the dinner table and in the living room while watching TV with others. Grandkids can actually whisper into the mic and tell you secrets!

For more information, questions, and/or to send us your feedback about how you have used your portable loop: Contact Ginevra Ralph, The Shedd Institute – gralph@theshedd.net; 541-434-7000.

Ginevra co-founded Eugene's John G. Shedd Institute for the Arts in 1991 with her husband and currently serves as director of education and development.

She has served on many civic and nonprofit boards, is currently a trustee of Shedd Aquarium in Chicago, and a member of the International Women's Forum. ■

New movie, series concerns deaf community

Netflix has a new reality show/documentary series, **Deaf U**. Labeled as irreverent, intimate, and emotional, it may not be for everyone. It concerns a tight-knit group of friends at Gallaudet University. They are Deaf and hard of hearing.

Another film, shorter at 36-minutes, is **Audible**. It documents the journey of Maryland School for the Deaf high school athlete Amaree McKenstry-Hall. He and his closest friends face the pressures of senior year while grappling with the realities of venturing off into a hearing world.

An Amazon Prime movie, **Sound of Metal**, stars Riz Ahmed and Deaf actors in other key roles. Ahmed is not deaf. Audiences get a chance to understand hearing loss and the crucial support of a tight-knit deaf community through the eyes and ears of a young man whose entire life changes overnight. Seven months of study at signing gave him a unique perspective into the passion and intimacy of "speaking" in this way.

Ahmed recently won the Gotham Award's best actor honor, a prelude to the Oscar's in April.

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QUARTERLY ISSUES

DID YOU KNOW?

1 in 3 people over the age of 60 have hearing loss

HEARING LOSS IS ABOUT **2X** AS COMMON IN ADULTS *with diabetes*

20%

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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Hear It Is! is going digital soon

This Winter issue of Hear It Is! will be *one of the last* to be mailed out to everyone on our mailing list.

Beginning this spring 2021, you will only receive a mailed copy if you have requested one. If you sent us your email address as your preferred method of receiving your copy, it will be delivered to your inbox. This is necessary due to the ongoing cost of printing and mailing a paper edition to our members.

Please look for your postcard in the mail and respond to it. Let us know if you NEED a printed, mailed copy OR if you want the newsletter emailed to you. **Either way, we will need a response so we can keep you on our mailing list.**

When you receive the postcard, you can contact us by mail at P.O. Box 22501, Eugene, OR 97402; by phone, 1-800-413-0691; or by email: info@HearingLossOR.org. Or click on the link you can find at https://www.hlaa-or.org/.

We are always eager to learn more about the articles you want to see. What questions do you have about hearing issues? What frustrates you? What helps? What do you wish your audiologist could help you accomplish? What do you want your friends and relatives to know about hearing loss?

Thank you. ■

Help us: Link Fred Meyer card, Amazon account

There is an easy way to support Oregon's hearing loss organization: Select HLAA-OR as the recipient on your Fred Meyer Rewards card. To link, just log in to your online account. It will help us and not cost you anything.

When you begin your Amazon shopping, if you start at smile.amazon.com, you can choose from a list of nonprofits.

Tell others about this easy way to donate.

Thank you for considering this contribution to the HLAA-Oregon! ■

Measuring tinnitus, *continued from page 1*

copy (fNIRS) is a non-invasive, portable, virtually silent instrument that allows scientists to measure brain blood flow activity related to sound better than ever before.

In 2014, fNIRS was used for the first time to measure tinnitus perceptions in the brain, and the results revealed increased blood flow activity in the right auditory cortex. Further clinical research using this technology showed increased activity not just in the auditory cortex but also in nearby non-auditory regions, such as the frontal cortex and some visual processing areas.

Mark Paton on Unsplash

Recently, the technology has even been used to show improved tinnitus symptoms after transcranial direct current stimulation, a potential new treatment in the works.

In 2018, scientists in Australia showed that fNIRS signals in the auditory cortex reflected both the presence and intensity of phantom sounds, indicating a valid way to measure the severity of tinnitus.

Now, an update from the same team has recorded fNIRS signals and used machine learning algorithms to classify 25 individuals with tinnitus based on the severity of their condition.

Compared to 21 healthy controls, patients with chronic ringing or buzzing in their ears showed significantly higher connectivity between temporal, frontal and occipital regions of the brain at rest.

That was enough for the machine learning algorithm to objectively measure tinnitus with an accuracy of 78 percent, according to probability analysis. What's more, the algorithm was able to differentiate between severities of tinnitus with an accuracy of 87 percent.

Similar to previous research, the imaging showed higher connectivity in the temporal-frontal lobe, which is attributed to tinnitus duration and stress, and higher connectivity in the temporal-occipital lobe, which is somehow connected to the intensity of the sound.

This suggests both the loudness and annoyance of tinnitus can be measured separately in the brain. It also supports preliminary research which shows the perceived loudness of tinnitus can be reduced by making the brain process multiple forms of sensory information.

When subject to auditory and visual patterns in the current study, those with tinnitus actually showed reduced brain activity.

The authors think this might be due to a suppression of neural activity from too much perceived stimuli, or a 'blood stealing' effect, where increased blood flow is sent to activated cortical regions at the expense of other adjacent regions.

"Our findings show the feasibility of using fNIRS and machine learning to develop an objective measure of tinnitus," the authors conclude.

Editor: [It seems such a measure would provide a tool for patients and clinicians to objectively assess new treatments and patients' treatment progress.]

Tinnitus currently has no known cause or cure, and while there are some excellent tools that can be used to manage symptoms in some, options are limited and we really need more research to help people cope with this condition.

Among those with severe tinnitus, rates of depression and anxiety are unusually high, and the loudness of phantom noises is one of the biggest complaints.

An objective measurement may not change the reality for many patients today, but it could help those in the future get help sooner.

Plus, if we can use these aberrant brain changes to better understand the underlying mechanism behind tinnitus, we might be able to find a better way to treat it in the future.

It's not clear, for instance, why tinnitus is linked to asymmetric brain activity. It could have to do with which sides of the body the sounds are perceived from. It also must be noted that while the authors claim this to be an 'objective' clinical measurement, subjective ratings of tinnitus still had to be used to split patients into groups and compare their brain activity to perceived severity.

"Tinnitus by nature will always have a subjective component" the authors admit, but they say the current measure is the most objective we've got.

■

Purifying antibiotic may reduce hearing loss risk

Scientists have discovered a simple method of reformulating gentamicin, a commonly used and highly effective antibiotic, that could reduce the risk it poses of causing deafness.

A Stanford Medicine-led study has found that a subtype of popular antibiotic could pose a smaller risk of hearing loss yet still be powerful at fighting off bacterial infections.

Gentamicin is used in U.S. hospitals to treat a variety of bacterial infections, including infections in newborns and in other susceptible patients, such as those with cystic fibrosis. It's a popular drug in developing countries because it is highly effective and inexpensive. Yet researchers estimate that up to 20 percent of patients who are treated with it experience some degree of irreversible hearing loss.

Now, researchers have found a relatively inexpensive way to reformulate the drug, which belongs to a class of antibiotics called aminoglycosides, that could make it safer. Their findings were published Dec. 7 in the Proceedings of National Academy of Sciences.

"When a drug causes hearing loss, it is devastating, and it's especially disturbing when it happens to a young child, as they rely on hearing to acquire speech," said Alan Cheng, MD, a professor of otolaryngology at Stanford School of Medicine. He shares senior authorship of the study with Anthony Ricci, PhD, also a professor of otolaryngology at Stanford and the Edward C. and Amy H. Sewall Professor II in the School of Medicine. Cheng is the Edward C. and Amy H. Sewall Professor IV in the School of Medicine. Postdoctoral scholar Mary O'Sullivan, PhD, is the lead author.

"We've developed a simple method of reformulating the drug that should be put to use as soon as possible," Ricci said.

The researchers will be writing to the Food and Drug Administration to recommend changes to the FDA's requirements for gentamicin.

"Currently, the FDA's instructions for how to make aminoglycosides are making people go deaf," Ricci said.

A Dangerous Recipe

Aminoglycosides have been in use since the 1950s. The drugs don't need to be refrigerated, which keeps the costs of storing them low. Despite new antibiotics, their use remains commonplace as they are cheap and potent.

"These drugs are used because they save a lot of lives," Ricci said. "We've stopped paying attention to their toxic side effects because living with hearing loss is better than dying."

The gentamicin used in hospitals today is a mixture of five different subtypes of the antibiotic grown together in the same mixture. The mixture also includes as much as 10% impurities. Using methods such as high-performance liquid chromatography and nuclear magnetic resonance imaging, the researchers tried to figure out how to chemically separate each of the subtypes. Once the researchers established methods of separating the different parts of the mixture, they tested these various subtypes of gentamicin individually on inner-ear tissues taken from rats. They identified the least toxic subtype as C2b, and the most toxic as sisomicin.

Both C2b and sisomicin showed the same highly effective antimicrobial properties as the mixture as a whole. The researchers also found that by removing impurities from the mixture, toxicity to the ear tissue was reduced.

"What this study shows is that the formulation that is currently in a hospital bottle of gentamicin is not optimized," Ricci said. The ingredients are required by both federal and international law; one of those is sisomicin, the subtype found to be most toxic to the ear tissue.

"If we just use the subtype that's less toxic or change the formulation of this bottle, we can make the drug much less ototoxic," Ricci said, referring to harm to the inner ear. Given that the subtypes are all approved by the Food and Drug Administration, new formulations don't necessarily need to be retested in humans and could get to patients fast.

Researchers are also working on plans to create a new aminoglycoside that could further reduce the risk of hearing loss, Ricci said. "This discovery lays the groundwork for the discovery of safer antibiotic alternatives and future drug development," he noted.

This article originally appeared on Stanford Medicine. ■

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Oregon Public Utility Commission

Oregon Lifeline is a federal and state government program that provides a discount of up to $12.75 on phone or high-speed internet service with participating companies for qualifying low-income households.

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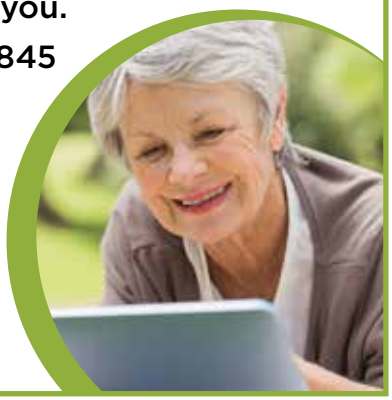

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Info/application:
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Chapters in Oregon

Local chapter meetings are open to all. Check ahead of time however for restrictions, 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; • Hopefully there will be diminished feelings of isolation and aloneness; and • 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: In normal times, we meet on Saturdays at 10 a.m., September through May. During the Oregon COVID-19 shutdown, we have suspended our meetings. To be notified when we resume, please email us and ask to be on our newsletter email list. 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 will be evaluating holding in person meeting starting in the fall of 2021.

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.

Get your hearing checked annually

Having your hearing checked should be routine health maintenance just like a physical from a doctor or seeing a dentist. If you are over the age of 60, work in a noisy environment, or have frequent exposure to loud noises, an annual hearing check is recommended. Remember, hearing loss can be gradual, so an annual check is a smart thing to do.

During an examination, you may be asked to complete an evaluation of personal hearing health. A medical history is important.

If you have frequent exposure to loud noises in the workplace, or through a hobby, you may be at higher risk for hearing loss.

An otoscopic exam is important because earwax and other obstructions in the ear can cause hearing loss.

You will be placed in a soundproof booth or room and listen for faint tones and either raise your hand or press a button when you hear them. Your responses to the tones will determine what frequencies you are able to hear.

A speech test. This test will determine what spoken sounds you are able to recognize at different volumes.

EXPLAINING HEARING LOSS TO OTHERS

- by Shari Eberts

https://livingwithhearingloss.com/2020/03/10/how-to-explain-hearing-loss-to-the-uninitiated/

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.

Hearing loss is difficult to understand if you have never experienced it. Part of it is obvious — we don't hear things well — but other parts are confusing. Why do we hear well in one situation but not in another? Why are we sensitive to loud sounds? Why can we hear some people easily, but not others. Why must communication partners face us when speaking? Do we all know sign language? The questions are endless, as are the ways we try to explain our experience to the uninitiated.

Below I share some ways I have found to be effective in illuminating the mystery of hearing loss to the hearing community.

Hearing Loss Is Like Playing Wheel of Fortune

Imagine a game board from the Wheel of Fortune. Some of the letters are filled in; others are blank. This is what a person with hearing loss hears. Then they must combine these assorted and incomplete sounds with lipreading cues and what they know about the topic being discussed to create words and phrases that make sense in the context of the conversation. It takes a lot of brain power and can be exhausting.

I Don't Have Peripheral Hearing

A big thank you to Jon Taylor, HLAA's NYC Chapter Vice President for this one. When I first heard him say it, a lightbulb went off. It perfectly describes that for people with hearing loss, hearing is not passive; it is an active process that takes concentration and effort.

Hearing is not something we do in the background, while performing another activity. It IS the activity. This explanation also demonstrates why it is important to get the attention of the person with hearing loss before you speak. Unless they are alertly listening, they are not going to hear you.

Hearing Aids Don't Work Like Glasses

People often wonder why we don't hear "normally" with our hearing aids. It is because hearing aids do not work like glasses. Glasses take an image that is blurry and distorted and for most people, turn it into something that is sharp and clear. Unfortunately, hearing aids do not work the same way. Hearing aids make things louder, but not crisper. The sound pattern often remains muffled or unclear.

Hearing aids are also not good at differentiating among sounds, so they augment the unwanted background noise in addition to the important speech sounds. This can often make it harder to hear in a noisy environment.

I'm A Little Bit Deaf

While I do not consider myself to be culturally Deaf and do not use sign language to communicate, explaining my hearing issues as being a little bit deaf can work wonders. Automatically, my requests for accommodations or the use of communication best practices are taken more seriously.

Perhaps "deaf" sounds more serious than hearing loss. Be sure to clarify that you do not use sign language, unless, of course, you do. Many people incorrectly assume that the vast majority of people with hearing problems know how to sign. The opposite is actually true.

If I Can't See You, I Can't Hear You

For people with hearing loss, hearing is both auditory and visual. Body language, lipreading clues, and facial expression are all important components we use to make sense of the sounds we hear. A fellow HLAA NYC Chapter member Ruth Bernstein recommends saying, "Don't speak until you see the whites of my eyes," stating that it is much clearer than simply asking someone to face them. It is also more memorable, which might make compliance with the request more likely.

The pictures below, from Action on Deafness, are wonderful tools.■

DISCLAIMER

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Your donations enable our outreach programs and publication of this newsletter.

On Life When you don't want to miss a minute … or word

— by Debby Thompson deCarlo

When my oldest grandson was just a toddler, I'd pick him up at his house and we'd drive to the small town where I lived, just outside the large city where he lived. I heard every word of his wide-ranging conversation.

It wasn't until he was about 12-years-old and his cousin was 3, and they were both in the car, that I noticed the difference. I would ask, "What? What?"

I chalked it up to road noise and told them to wait until we arrived at our destination. Soon, I was saying, "What? What?" outside the car as well.

"Nonna doesn't hear sometimes," my older grandson explained.

Debby's two handsome grandsons.

I realized I'd been rationalizing my hearing loss for years. I'd been able to hear pretty well when I took up watching birds in my early 20s. My hearing was more valuable in my job as a feature writer at a local newspaper and later at a community college. I loved hearing unique and powerful stories and sharing them in the articles I wrote.

Shortly after turning 50, I moved to Washington. I didn't recognize a lot of the bird sounds, but these western birds were new to me, I reasoned.

And I was no longer listening to people tell me their life-changing stories. I was writing computer manuals for a group of engineers who preferred communicating via email.

When my first grandson was born —a few hours to the south in Oregon — I moved there to be closer.

A couple of years later, I was bird watching with a friend when he called out, "There is a winter wren." I didn't hear it. Not at all. I thought he was teasing me.

As the years passed, I gave up on hearing many birds. My young grandsons were patient as I'd ask, "What?" sometimes repeating themselves two or three times. Having been a reporter who listened to people, I found myself being the talker more and more. That way I didn't have to miss what the other person was saying.

In 2017, I spent a couple of months with my sister and brother-in-law on the East Coast, helping my sister recover from one, and then another, knee replacement.

Though younger than I was, she'd been wearing hearing aids for years due to an auto-immune disorder that attacked cartilage — including that in her ears.

Seeing the difference hearing aids made for her, I decided it was time to get a pair. When I got home, I made an appointment and soon had my own hearing aids.

They helped me hear people, but not birds. I mentioned this to the technician who gave me a special birds setting. I only use that setting when I am out birding. The first time I used it, I thought someone was playing a CD of bird calls!

And most important, I don't have to miss a word from my grandsons. ■

Debbie lived in Portland, Ore., until recently when she moved to the big island of Hawaii. There, she will find several new birds to hear.

HELP US HELP OTHERS

If you are able to donate to Hearing Loss of Oregon, we would greatly appreciate your help.

On our website, www.hlaa-or.org/, go to "donations." It will say "pay invoice," but click there and scroll down to the newly opened page. You will see a form and the ability to donate through Paypal or credit card.

You can help our organization help others (with education, hospital kits, and outreach) by donating what you are able.

Thank you so much.

HLAA 2021 CONVENTION

— Hearing Loss Association of America

Save-the date for the Hearing Loss Association of America's Virtual Convention 2021, June 24-25.

The HLAA 2021 Convention is going virtual! Join us June 24-25, 2021, for the world's premier event for people with hearing loss — safely from the comfort of your own home!

This two-day event will be jam-packed with the same robust educational workshops, innovative HLAA exhibitors, and unique networking opportunities you are used to having at HLAA conventions.

• 2021 HLAA Research Symposium —Hearing Care for All: Innovations in Extending the Reach of Hearing Care on Friday, June 25, 2021.

HLAA Research Symposia have been held annually at HLAA Conventions since 1994. The sessions cover cutting-edge scientific findings relevant to adult hearing loss.

The symposia are unique because they are geared toward educating the lay audience of people with hearing loss about research.

The 2021 Research Symposium is supported by the National Institute on Deafness and Other Communication Disorders, and National Institutes of Health.

In the United States, most people with hearing loss do not receive hearing health care. How can we do better?

This research symposium will feature some of the latest advances in delivering hearing care to communities traditionally unserved by clinic-based hearing care, including remote Alaska villages, older adults along the U.S.-Mexico border, and low-income older adults in Baltimore. In these settings, care is provided by a range of providers from community health aides to peer mentors.

The HLAA Research Symposium will feature talks by national leaders in hearing care that bring a range of expertise and perspectives to meeting the hearing care needs of Americans, from children to older adults, and beyond.

It will also include a panel of community-based health care providers who are the on-the-ground experts in this field.

Symposium Chair is Carrie Nieman, M.D., M.P.H. — Assistant Professor of Otolaryngology-Head and Neck Surgery, Johns Hopkins University School of Medicine.

Speakers include Nieman; Susan Emmett, M.D., MPH – Tele–audiology and Hearing Care in Alaska; Nicole Marrone, Ph.D., CCC-A – Community Health Workers and Hearing Care at the U.S.-Mexico Border; and Sarah Szanton, Ph.D. – CAPABLE Project (Community Aging in Place-Advancing Better Living for Elders).

A round table of the New Frontline Hearing Care Providers will feature peer educators from HEARS (Hearing Equality through Accessible Research and Solutions), community health aids from Alaska, and community health workers from Arizona.

Stay tuned, more information will be coming soon.

HLAA appointed to the FCC's Disability Advisory Committee

Jan. 16, 2021

As of Jan. 13, 2021, HLAA has once again been appointed to sit (for its fourth term) on the Federal Communications Commission's (FCC's) Disability Advisory Committee (DAC).

HLAA has been part of the DAC since its inaugural meeting and served as co-chair in the DAC's second term.

The FCC also announced that the first meeting of the new DAC will be held on Thursday, Feb. 18, 2021, from 1:30 p.m. to approximately 4 p.m. Eastern Time. While the DAC meeting will be held remotely, it will be webcast with open captioning at fcc.gov/live.

The agenda for this meeting will be posted on the DAC's webpage at fcc.gov/dac.

Founded in 1979 by Howard E. "Rocky" Stone, the Hearing Loss Association of America is the nation's leading organization representing consumers with hearing loss. The programs and events we offer are designed to focus on you — the person.

HLAA strives to give people the tools they need to live more successfully with hearing loss and to show them they do not have to face hearing loss alone.

The mission of HLAA is to open the world of communication to people with hearing loss by providing information, education, support and advocacy.

HLAA
Hearing Loss Association of America
Oregon State Association

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[ ] **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. (The newsletter will be sent via email, due to mailing costs. Please be sure to include your email address in the form above.)

[ ] 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). You can also 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.