

Hear It Is!

Oregon



Winter 2014

Issue 56

Hearing Loss Linked to Dementia

by Katherine Griffin, AARP, August 8, 2013

It really doesn't seem fair: hearing loss, a troublesome fact of life for more than 26 million people over 50, may increase the risk of cognitive problems and even dementia.

"The general perception is that hearing loss is a relatively inconsequential part of aging," says Frank Lin, M.D., an otologist and epidemiologist at Johns Hopkins University. But recent findings, he says, suggest that it may play a much more important role in brain health than we've previously thought.

Fortunately, there's a potential upside. If this connection — shown in several recent and well-regarded studies — holds up, it raises the possibility that treating hearing loss more aggressively could help stave off cognitive decline and dementia. Lin and other researchers have several theories about the possible cause of the link between hearing and dementia, although they aren't yet sure which of them — if any — will hold true.

Lin is the author of several recent studies pointing to a link between hearing and cognitive problems ranging from mild impairment all the way to dementia.

In a 2013 study, he and his colleagues tracked the overall cognitive abilities (including concentration, memory and planning skills) of nearly 2,000 older adults whose average age was 77. After six years, those who began the study with hearing loss severe enough to interfere with conversation were 24 percent more likely than those with normal hearing to have seen their cognitive abilities diminish. Essentially, the researchers say, hearing loss seemed to speed up age-related cognitive decline.

In a 2011 study focusing on dementia, Lin and his colleagues monitored the cognitive health of 639 people who were mentally sharp when the study began. The researchers tested the volunteers' mental abilities regularly, following most for about 12 years, and some for as long as 18 years. The results were striking: The worse the initial hearing loss, the more likely the person was to develop dementia. Compared with people of normal hearing, those with moderate hearing loss had triple the risk.

Lin is quick to point out that simply being at increased risk does not mean a person is certain to develop dementia. What's more, while the link between hearing loss and milder cognitive problems is becoming increasingly accepted, some researchers aren't convinced that hearing loss raises a person's chances of developing dementia. *Continued on page 5.*

From My Lips to Your Ears

Editorial by Chuck Vlcek

The name change from Hearing Loss Association of Oregon to Hearing Loss Association of America, Oregon State Association is now official. The new logo is now on the masthead (and elsewhere) of this newsletter. The preferred abbreviation of the new name is HLAA-OR.

The link between hearing loss and dementia is our front page news. It conjures up the old stigma of “deaf and dumb”, with “dumb” meaning “stupid” as well as “unable to speak”. Certainly children with hearing loss have a challenge in learning things, but the risk of dementia in this article applies to our senior citizens. The exact relationship between hearing loss and dementia is still under study, but some possibilities are listed.

Some more cheerful news can be found in Tech Topics, which describes research and development of genuine noise-filtering algorithms. Currently processors mitigate the effects of noise by using directional microphones and tweaking the signal-to-noise ratio. However, they do nothing to filter noise in the speech frequencies, especially from other unwanted chatter. It should be noted that the algorithm probably uses quite a bit of processing power and R&D is

continuing, so it will probably be several years before it reaches the consumer.

The next quarterly meeting of our board of directors coincides with our annual meeting, in which new board members are elected (see page 15). As in the past several years, there are fewer candidates than board positions available. If you are interested in serving on the board but missed the election, the president may be able to appoint you to fill an unfinished term. Inquiries about board positions should be sent to info@hearinglossOR.org.

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Hear it is! will regularly print your hearing loss-related stories – personal experiences, coping strategies, and evaluations of technology are welcomed. Maximum word count is 500 words. Article contributions should be made to the editor at info@hearinglossOR.org.

For advertising information and rates, contact Karen Swezey at info@hearinglossOR.org.

Deadline for Spring 2014 edition: Mar. 31, 2014.

Hearing Loss in the Workplace

HAAA has made hearing loss in the workplace its theme for its January-February magazine. In preparation for that issue they had conducted an e-mail survey of people about their experiences. One response (with questions) is reproduced below.

Does your employer and/or co-workers know you have a hearing loss? *Yes. It is something I try to make everybody aware of. I point it out also to my students when I teach and audiences when I give a talk.*

Do you use any special accommodations like an assistive listening device or CART? *For medium to large group meetings as well as listening to invited speakers I use a Phonak Zoomlink coupled with a Phonak My Link, which "talks" to my hearing aids on the telecoil setting.*

What are your experiences interviewing for a job? *It was very stressful and many of the social situations that went with the interviews were less than ideal for somebody with hearing loss. However, since I had to give a talk every time I interviewed, I let people know then about my loss. I did not worry too much that possible employers would discriminate against me, as I work in academia, and find most academics pretty open minded.*

Have you had to ask your employer for a "reasonable accommodation" under the Americans with Disabilities Act? *Not formally. They did help me buy the Zoomlink/My link. My department chair also instituted a "round table" type of seating for faculty meetings to make it easier for me to read people's lips.*

Have you been successful at work? *I think so. I am a professor at a university; got tenure last year, and research seems to be going reasonably well. I do find the teaching stressful sometimes due to the hearing problem, but it has gotten better as I learn how to make things easier on myself. The semesters leading up to tenure were all pretty stressful, and the hearing loss made it even more so, but that's also the nature of this job.*

Have you ever felt you had to give up a job because of your hearing loss? *Not a job, per se, but there are activities I try to avoid due to the hearing problem. For example, teaching lab classes is something I feel I can't do well due to the constant background noise.*

Have you felt discriminated against because of your hearing loss? *No. I feel like I startle people though. And since not everybody notices or understands the depth of the problem, I'm sure there are people out there who think I am somewhat slow.*

Are your co-workers sensitive to your communication needs? *Yes, but they often forget, or don't realize just how many types of situations are impacted by the hearing loss.*

For a more complete list of responses, see <http://www.hearingloss.org/content/personal-stories>



<http://www.hearingloss.org/content/convention>

The link shown above will provide you with the latest information and convention plans, and provide additional links to the fine details as well as the registration page. Early-bird rates will be available for HLAA members through Friday, January 31, 2014. A preliminary schedule is provided but a full schedule will not be ready until January 2014. The keynote speaker for Convention 2014 is music composer Richard Einhorn. He will speak at the opening session scheduled for Thursday, June 26, 5 p.m. – 6 p.m.

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

One-year membership in HLAA is \$20 for student, \$45 for couple/family, \$50 for professional.

Membership includes the award-winning bi-monthly magazine, *Hearing Loss*. Write to HLAA, 7910 Woodmont Ave., Ste. 1200, Bethesda, MD 20814; 301-657-2248 (Voice); 301-657-224 (TTY); 301-913-9413 (Fax) or www.hearingloss.org.
PLEASE JOIN TODAY!

Treasurer Needed for HLAA-OR board of directors

The HLAA, Oregon State Association board of directors is looking for someone who is willing and able to serve as treasurer. This is a volunteer position, and the current treasurer will aid in the transition. The candidate, if approved, will be appointed to the board and elected treasurer according to the bylaws of HLAA-OR. The candidate must be or become a member of HLAA.

HLAA-OR is an all volunteer effort. No one receives pay for time and effort expended - but efforts on behalf of the organization and its members are greatly appreciated. If you are interested please contact us at info@hearinglossOR.org

Hearing Loss and Dementia (from page 1)

"Everyone in the field agrees that hearing loss is a risk for cognitive problems," says P. Murali Doraiswamy, M.D., a professor of psychiatry at Duke University and author of *The Alzheimer's Action Plan*. "But I don't think the field takes mild hearing loss as a cause of Alzheimer's seriously yet." Nor, he says, do most researchers agree that hearing loss is related to other common types of dementia. Still, he adds, "There are plausible reasons for why hearing loss might lead to dementia — the brain's hearing centers are very close to the regions where Alzheimer's first starts."

How might hearing loss contribute to cognitive problems and dementia? Lin suggests four possibilities. The most obvious is a common physiological pathway that contributes to both hearing loss and cognitive decline — something like high blood pressure, for instance. But in the studies, the researchers used statistical methods to take into account the factors known to be associated with both conditions, so Lin doesn't give this explanation much credence.

Another possibility has to do with what researchers refer to as "cognitive load" — essentially, that the effort of constantly straining to hear stresses the brain. "If you put in a lot of effort just to comprehend what you're hearing, it takes resources that would otherwise be available for encoding [what you hear] in memory," says Arthur Wingfield, who heads the neuroscience program at Brandeis University. Research in Wingfield's lab has documented this effect on a short-term basis; the big question, he says, is whether years of drawing resources away from brain functions like working memory eventually reduces the brain's resilience.

A third factor, Wingfield and Lin suggest, is that hearing loss may affect brain structure in a way that contributes to cognitive problems. Brain imaging studies, Wingfield says, show that older adults with hearing loss have less gray matter in the part of their brain that processes speech. "It's not necessarily that you're losing brain cells," he adds. Certain parts of the brain cells are known to shrink when they don't get enough stimulation. This suggests, he says, that getting clearer speech signals to the brain might allow these brain structures to grow back to their previous size and function.

Finally, it seems very likely that social isolation plays a part. Being hard of hearing tends to isolate people from others: When you have to struggle to converse, you're less likely to want to socialize in groups or go out to restaurants. And being socially isolated has long been recognized as a risk factor for cognitive decline and dementia. It will probably take much more study to tease out what factors might be at play, Lin says.

Most important, he says, is to find out whether providing state-of-the-art hearing loss treatment can prevent or delay cognitive decline and dementia. Lin is just beginning to plan a study to look closely at this question. He and other researchers will monitor a large group of older adults with hearing loss. Half will get best-practice hearing treatment and the other half will get what Lin calls "watchful waiting." Over the following three to five years, researchers will track the participants' cognitive functions. The results won't be available until 2020 at the earliest.

In the meantime, Lin says, if you have hearing loss, it makes sense to get it treated as well as it possibly can be. There's lots of room for improvement — fewer than 15 percent of those with a clinically significant hearing loss even use hearing aids.



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Within Earshot: News You Need to Know

New Hearing Aid Guide

Responding to consumer request and with cooperation from all hearing aid manufacturers, the 2014 Consumer's Guide to Hearing Aids has just been released. This 30 page review of features in over 400 hearing aid models now includes information on telecoils for the very first time. There's also an article about loops/telecoils.

A quick review of the listings finds 452 hearing aid models listed of which 323 (71%) have (or offer optional) manually operated telecoils. For the great majority of models they are standard. Removing the 51 tiny CIC models in the listings the overall percentage goes up to 80.5% of all models being manual t-coil capable. The breakdown of models available with manual telecoils installed or an option by price range is 82% for entry level, 74% for basic level, 81% for advanced level, and 85% for premium level.

There was one manufacturer who listed 7 different models that offer optional "automatic" telecoils but none with manual controls.

If you would like to have a copy, HLAA has a page at their web site to order the guide: go to <http://www.hearingloss.org/content/>, then select consumers-guide-hearing-aids. You may also find one in a nearby hearing care office.

This article was submitted by Stephen O. Frazier, Hearing Loss Support Specialist, and NM Chapter Coordinator, Hearing Loss Association of America. It has been condensed for clarity.

Captioned Phone Rules

On August 26, 2013, the Federal Communications Commission (FCC) adopted rules regarding the use of Internet-based captioned telephone service (IP CTS) and software applications (apps) that provide captioned phone calls on smart phones. Included in the rules was the requirement that captioned telephones and apps would be available only if they were purchased for a minimum of \$75 each. They also ruled that the phones must be set up so that captions would not appear until the consumer turned the captions on.

In response to the new rules, CaptionCall, one of the companies that provide captioned telephones, filed a Stay Request and a Motion to Vacate in the Washington, D.C. Circuit Court of Appeals, arguing the new FCC regulations violated the rights of people with hearing loss as guaranteed by the ADA. Their Stay Request was granted in part by the court on December 6, 2013, so that companies are now permitted to offer IP CTS phones for free with professional certification of hearing loss.

HLAA filed a Friend of the Court Brief (amicus brief) Jan. 14, 2014. It supports CaptionCall's petition to the court requesting that the FCC's Order be vacated on two issues: 1) regarding the requirement of the minimum \$75 fee for the phone or software applications; and 2) the requirement for keeping the captions on. HLAA argues that these rules create a barrier to people with hearing loss who could benefit from or have benefited from captioned phones. The court is expected to rule on the issue sometime this summer. When that happens, we'll know just how difficult it will be for people to make a simple phone call. (*Ed. Note: this article was condensed to fit in this column*).

Tech Topics

Study Reveals Potential Breakthrough in Hearing Technology

Researchers have found a new way to help the hearing impaired by removing background noise from the sounds transmitted by hearing aids. Computer engineers and hearing scientists at The Ohio State University have made a potential breakthrough in solving a 50-year-old problem in hearing technology: how to help the hearing-impaired understand speech in the midst of background noise.

In the *Journal of the Acoustical Society of America*, they describe how they used the latest developments in neural networks to boost test subjects' recognition of spoken words from as low as 10 percent to as high as 90 percent. The researchers hope the technology will pave the way for next-generation digital hearing aids. Such hearing aids could even reside inside smartphones; the phones would do the computer processing, and broadcast the enhanced signal to ultra-small earpieces wirelessly.

Several patents are pending on the technology, and the researchers are working with leading hearing aid manufacturer Starkey, as well as others around the world to develop the technology. Conquering background noise has been a "holy grail" in hearing technology for half a century, explained Eric Healy, professor of speech and hearing science and director of Ohio State's Speech Psychoacoustics Laboratory.

The desire to understand one voice in roomful of chatter has been dubbed the "cocktail party problem." "Focusing on what one person is saying and ignoring the rest is something that normal-hearing listeners are very good at, and hearing-impaired listeners are very bad at," Healy said. "We've come up with a way to do the job for them, and make their limitations moot."

Key to the technology is a computer algorithm developed by DeLiang "Leon" Wang, professor of computer science and engineering, and his team. It quickly analyzes speech and removes most of the background noise. "For 50 years, researchers have tried to pull out the speech from the background noise. That hasn't worked, so we decided to try a very different approach: classify the noisy speech and retain only the parts where speech dominates the noise," Wang said.

In initial tests, Healy and doctoral student Sarah Yoho removed twelve hearing-impaired volunteers' hearing aids, then played recordings of speech obscured by background noise over headphones. They asked the participants to repeat the words they heard. Then they re-performed the same test, after processing the recordings with the algorithm to remove background noise.

They tested the algorithm's effectiveness against "stationary noise"—a constant noise like the hum of an air conditioner—and then with the babble of other voices in the background. The algorithm was particularly effective against background babble, improving hearing-impaired people's comprehension from 25 percent to close to 85 percent on average. Against stationary noise, the algorithm improved comprehension from an average of 35 percent to 85 percent.

For comparison, the researchers repeated the test with twelve undergraduate Ohio State students who were not hearing-impaired. The scores for the normal-hearing listeners without the aid of the algorithm's processing were lower than those for the hearing-impaired listeners with processing. "That means that hearing-impaired people who had the benefit of this algorithm could hear better than students with no hearing loss," Healy said.

(continued next page)



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A new \$1.8 million grant from the National Institutes of Health will support the research team's refinement of the algorithm and testing on human volunteers.

The algorithm is unique, Wang said, because it utilizes a technique called machine learning. He and doctoral student Yuxuan Wang are training the algorithm to separate speech by exposing it to different words in the midst of background noise. They use a special type of neural network called a "deep neural network" to do the processing—so named because its learning is performed through a deep layered structure inspired by the human brain.

These initial tests focused on pre-recorded sounds. In the future, the researchers will refine the algorithm to make it better able to process speech in real time. They also believe that, as hearing aid electronics continue to shrink and smartphones become even more common, phones will have more than enough processing power to run the algorithm and transmit sounds instantly—and wirelessly—to the listener's ears.

Some 10 percent of the population—700 million people worldwide—suffer from hearing loss. The problem increases with age. In a 2006 study, Healy determined that around 40 percent of people in their 80s experience hearing loss that is severe enough to make others' speech at least partially unintelligible. One of them is Wang's mother, who, like most people with her condition, has difficulty filtering out background noise.

"She's been one of my primary motivations," Wang said. "When I go visit her, she insists that only one person at a time talk at the dinner table. If more than one person talks at the same time, she goes absolutely bananas because she just can't understand. She's tried all sorts of hearing aids, and none of them works for this problem."

[Via The Ohio State University](#) EarthSky // [Human World](#), [Science Wire](#) Release Date: Nov 18, 2013

Chapter Capers

Douglas County Chapter: The chapter is being revived. Vince Portulano and his wife Allison have joined the chapter and Vince has been elected president (he is also running for HLAA-OR board of directors). Tasha Havens remains V.P. but missed the Christmas party and January meeting due to injuries received in an auto accident (not serious but some discomfort). Robin Illers is secretary and Dorothy Elias is treasurer. These are younger folks (under 55) who will be the nucleus of the chapter's future. Meetings are now scheduled for the 4th Monday of each month at 6:30 p.m.

Lane County Chapter: Our friend Charles Langdon passed away unexpectedly on December 18. He was an active member of the Lane County Chapter, and served in many roles - including chapter vice president, welcoming committee coordinator, and many others. He always arrived early, helping with whatever needed to be done with a warm smile on his face. We are missing him for his steadfast friendship. He was greatly loved.

Central Oregon Chapter: Chapter co-founder Lois Johnson and her husband Tom have returned after an extended period of travel outside of Oregon. The chapter continues to meet the second Wednesday of each month for support.

Salem Chapter: The meeting date has changed to the last Tuesday of the month and the location has changed slightly – see page 18.

Portland Chapter: Smartphone and tablet apps were reviewed at the January meeting.

What is your chapter doing? Send your story to the editor at cvlcek@centurytel.net

See pages 18-19 for contact information for these chapters and events.

CI Corner

Greetings from the OHSU Cochlear Implant Team! We wanted to provide implant users with helpful tips and reminders for upgrading the sound processor.

Have you had your current sound processor for more than 5 years? Does your sound processor require frequent repairs? Do you struggle to understand speech in background noise? Upgrading to the next generation sound processor may improve the performance and function of your CI, and does not require a second surgery. At this time most internal implants are compatible with the newest sound processors, or soon will be. To see if you may qualify for an upgrade:

- Contact your cochlear implant company to see if your internal implant is compatible with the new CI external processors (see contact information below).
- Place the order for the upgrade directly through the cochlear implant company.
- The cochlear implant company will contact your audiologist if additional documentation is needed.
- The cochlear implant company may work directly with your insurance company to receive payment, or they will direct you to a third party who will assist in the payment process.
- Once you receive your new equipment, contact your audiologist to schedule an appointment to upgrade to the new technology.

To see what new technology may be available to you, contact your cochlear implant company at the number below or visit their website.

Advanced Bionics	(866) 431-4977 support@advancedbionics.com
Cochlear Americas	(800) 483-3123 customer@cochlear.com
Med-El	(888) 633-3524 audiologyus@medel.com

We hope you have found this information helpful. Please send any questions you may have regarding cochlear implants to cochlear@ohsu.edu.

- OHSU Cochlear Implant Team (see ad on page 14)

MORE THOUGHTS ON THE 23rd ANNIVERSARY OF ADA

By John Waldo

In the previous issue (Autumn 2013) of Here It Is, the first three of “Seven Illusions of Highly Clueless People” were presented and rebutted. They were (1) you are asking the impossible, (2) you’re not missing anything important, and (3) there is no real answer. The last four illusions of well-meaning but highly clueless people are presented below.

Illusion No. 4 – We know the answer.

Even with the best of intentions, some businesses and facilities think they understand that nature of disabilities, and proffer solutions based on that incomplete understanding rather than on reality. This one hits really close to home for the millions of people like me who are hard-of-hearing but are not part of the Deaf community and communicate orally rather than through sign language. We are often offered either assistive listening devices that boost volume, or are offered sign-language interpreters. Both of those accommodations help some people, and should be continued. But for those of us who have lost some portion of the audible spectrum but not others – and that is most people with significant hearing losses – our issue is not volume but clarity, and particularly our inability to distinguish among the soft and high-pitched consonant sounds that give meaning to speech. For us, the effective accommodation is captioning – putting what is said into writing.

The lesson here is not to assume, but to inquire. Some recent court decisions are really helping us out here. Essentially, the courts are beginning to recognize the reality that nobody knows more about the nature of disability and the appropriate means of accommodation than the people who suffer from it.

Illusion No. 5 – It costs too much.

Businesses often grumble about the anticipated cost of accommodating people with disabilities. In part, that may be because the costs are often over-estimated. In part, though, the problem stems from the vague language of the ADA. The law states that architectural barriers are to be removed when doing so is “readily achievable,” and state that a businesses’ obligations end when the accommodation would impose an “undue burden.” But there is virtually no firm guidance about when a financial burden crosses the line from “due” to “undue,” or when removal of an architectural barrier ceases to be “readily” achievable.

Unfortunately, the only way to resolve these disputes is to go to court. Sadly, the outcome of virtually all of the cases that have gone to court is that legal fees end up being far greater than the cost of providing the accommodation in the first place.

One notion that provides at least some guidance is that if similarly situated businesses or entities are providing the requested accommodation, then the business being approached would have to show why it cannot do likewise. So whenever a business tells us that providing captioning, for example, would be too expensive, we point to similar entities that are actually doing it. That provides a valuable source of information as well as food for thought.

(continued next page)

Illusion No. 6 – It’s your problem, and it’s not fair to make it my problem.

Folks often think intuitively that a law like ADA shouldn’t require them to bear any costs if they haven’t done anything wrong, so we often get, “it’s not my fault that you can’t hear.” Indeed it isn’t their fault. Nor is it my fault. It is simply a reality, and remedying the problem is not something either of us can do alone.

In requiring businesses to provide accommodations for people with disabilities, ADA is not about assigning blame. Rather, it is about allocating the cost of dealing with problems that are nobody’s fault. Congress decided that the most rational and fair way of dealing with the problem of accommodating disabilities is to say that this is a cost of doing business, to be shared by all patrons rather than being placed solely on the individuals who have the misfortune of suffering from the disability.

It’s also important to note that things can change at a moment’s notice, and a person that does not need an accommodation today may do so tomorrow. Hearing loss provides a particularly interesting illustration of this, because under certain circumstances, virtually everyone is unable to understand what is being said. When we de-briefed the University of Oregon after it provided captioning for its first football season, a hard-of-hearing student said that she had been going to the games with her father since she was a girl, but had never enjoyed them as much as when she could read what was being said, and could fully participate in the group experience. The assistant athletic director then added that it got so noisy in the stadium that he found himself reading the captions as well. The moral of the story – inclusions benefit everyone.

Illusion No. 7 – Nobody wants this.

Providing accommodations is a two-way street – the accommodations must be available, and they must be utilized. I can’t speak for others, but for those of us in the hearing-loss community, we have often failed to do our part. Statistically, I can show to a considerable degree of certainty that at least eight percent of the adult population really needs written captions to understand a movie dialogue. But when the theaters do provide captions, only a tiny number of us show up to use them.

To a considerable extent, I think this will just take time. I recall that when Title IX of the Civil Rights Act was enacted requiring colleges to offer comparable athletic opportunities to women as to men, the colleges argued that far fewer women than men were actually interested in playing sports.

Factually, the colleges appeared to be correct, based on then-present reality. But it turned out that college women had been denied meaningful participation opportunities for so long that they had simply gotten used to the idea of being spectators rather than participants. As opportunities became available, interest increased proportionately.

The one place I fault some businesses – and some but not all movie theaters are a good example – the problem is lack of publicity that the accommodation is available. Indeed, there have been some settlements of accessibility complaints where the business complies but demands that the settlement remain confidential. I have to say I just don’t get this – until accessibility is so universal that it is assumed, businesses have to let people know that opportunities have changed if they expect usage to change.

Nevertheless, much of the problem lies within us. For at least some people with disabilities, including many of us with hearing loss, isolation and withdrawal have become common coping mechanisms. We need to get over that, and start actually using the accommodations that have become increasingly available.

Here is the bottom line after 23 years. The ADA is about inclusion. It is about community. Things are far from perfect, but progress is being made. Doors are opening for us. Let us go inside. And when we do, let us remember to say “thank you” to the people who stopped being clueless and made community and inclusion a reality.



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They said nothing could be done about hearing loss.

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What drove Dr. Graeme Clark to invent the first multi-channel cochlear implant over 30 years ago? What kept him going when others called him crazy and sometimes worse? His father was profoundly deaf and growing up, all he wanted was to find some way to help. His invention came too late for his dad, but for the hundreds of thousands of people whose lives he helped change, it's been nothing short of a miracle. *Let there be sound.*

Today they can hear because one man chose not to listen. Read their stories at Cochlear.com/US/Hear or to connect with a Cochlear Concierge call 800-483-3123 or email Concierge@Cochlear.com

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 Jennifer J. Lane, AuD, CCC/A
 Devon M. Paldi, MA, CCC/A

V/TDD
Cochlear@ohsu.edu
www.ohsu.edu/ent

HLA-OR Quarterly Meeting Dates

The next meeting will be held on March 15, 2014 at Albany General Hospital (Room 1AB, 3rd floor). Dates of other meetings in 2014 will be announced later.

To confirm, contact President Bob Russell at bhrussell@frontier.com or call him at (503) 614-9730. Guests are invited to attend but should first contact President Bob Russell.

Board Election and Annual Meeting Notice

A brief annual meeting will be conducted during the next regular board meeting on March 15, for the purpose of electing board members. Please note that board members are *required* to be members of the Hearing Loss Association of America. Positions remaining open may be filled by presidential appointment, subject to approval by the board. Everyone who is a member in good standing of the Hearing Loss Association of America (HLAA) is automatically a member of HLAA-OR and is eligible to vote. You can obtain a ballot and biographies at our website (www.hearinglossOR.org), via email (info@hearinglossOR.org), or in writing to PO Box 22501 Eugene, OR 97402. Ballots need to be returned by email or postal mail before March 11, 2014 so they can be counted at the Annual Meeting. Ballots may also be brought to the Annual Meeting. Please note that even if there are more open board positions than candidates on the ballot, write-in votes are not permitted. Candidates are listed below.

Clark Anderson is a former (and founding) HLAA-OR board member, former president of the Douglas County Chapter, current Board Member of HLAA Lane County, and current president of OR-CAP. He had a progressive bilateral hearing loss due to genetic predisposition and first wore hearing aids in 1994, then graduated to bilateral cochlear implants during the last 3 years. He conducted research and teaching in sociobiology, followed by an MBA and work in hospital administration. He retired in 2006.

Vincent Portulano was recently elected president of the Douglas County chapter. He was born prematurely with ears not fully developed, resulting in a moderate to severe bilateral hearing loss. He learned to lip read and utilize what hearing he had left while growing up and took some ASL courses during college. He obtained a BA in Political Science concentrating in Public Administration at Washington State University in 1991, followed by a Masters in Public Administration at Portland State University in 1995. He has had several jobs that involved working with children. He currently works at Costco wholesale in Roseburg where he greets members as they enter and checks receipts as they leave. He also serves as night security there and checks the warehouse for safety hazards.

Karen Brockett is a former board member seeking a new term after a leave of absence while travelling.

Cathy Sanders is a current board member and Chapter Coordinator seeking a new term.

Dr. Allan S. Mehr
Board Certified Audiologist

Pacific Audiology Center

"I have referred patients of all ages to Dr. Mehr for audiologic services for years. When the time came that I personally needed an evaluation and hearing aids, I became a patient myself. I don't think I can give a higher recommendation".

Michael W. Kelber, MD, FAAFP
Salem Family Physician

Dr. Mehr has over 32 years experience working with individuals with hearing loss. He started his career as a teacher of deaf children. He taught at schools for the deaf in Oregon, Maine and New York.

After obtaining his doctorate degree in Audiology from Adelphi University, he worked at the New York League for the Hard of Hearing in Manhattan. He was then hired by the Oregon School for the Deaf to supervise their Evaluation Center. He then established Pacific Audiology Center.

He has served on the board of the Oregon Speech and Hearing Association and the Oregon Academy of Audiology. He was appointed by Governor Kitzhaber to serve on the Oregon Board of Examiners for Speech Pathology and Audiology. He became chairman of that board.

120 Ramsgate Square SE
www.pacificaudiology.com
503 364-2828

We ask for Your Support!

Please, if you can, support HLA, Oregon State Association and this newsletter through your donations. With your help, we can continue to reach out and educate Oregonians about hearing loss and the many ways to cope with it. *Knowledge is power.* We love sharing helpful information.

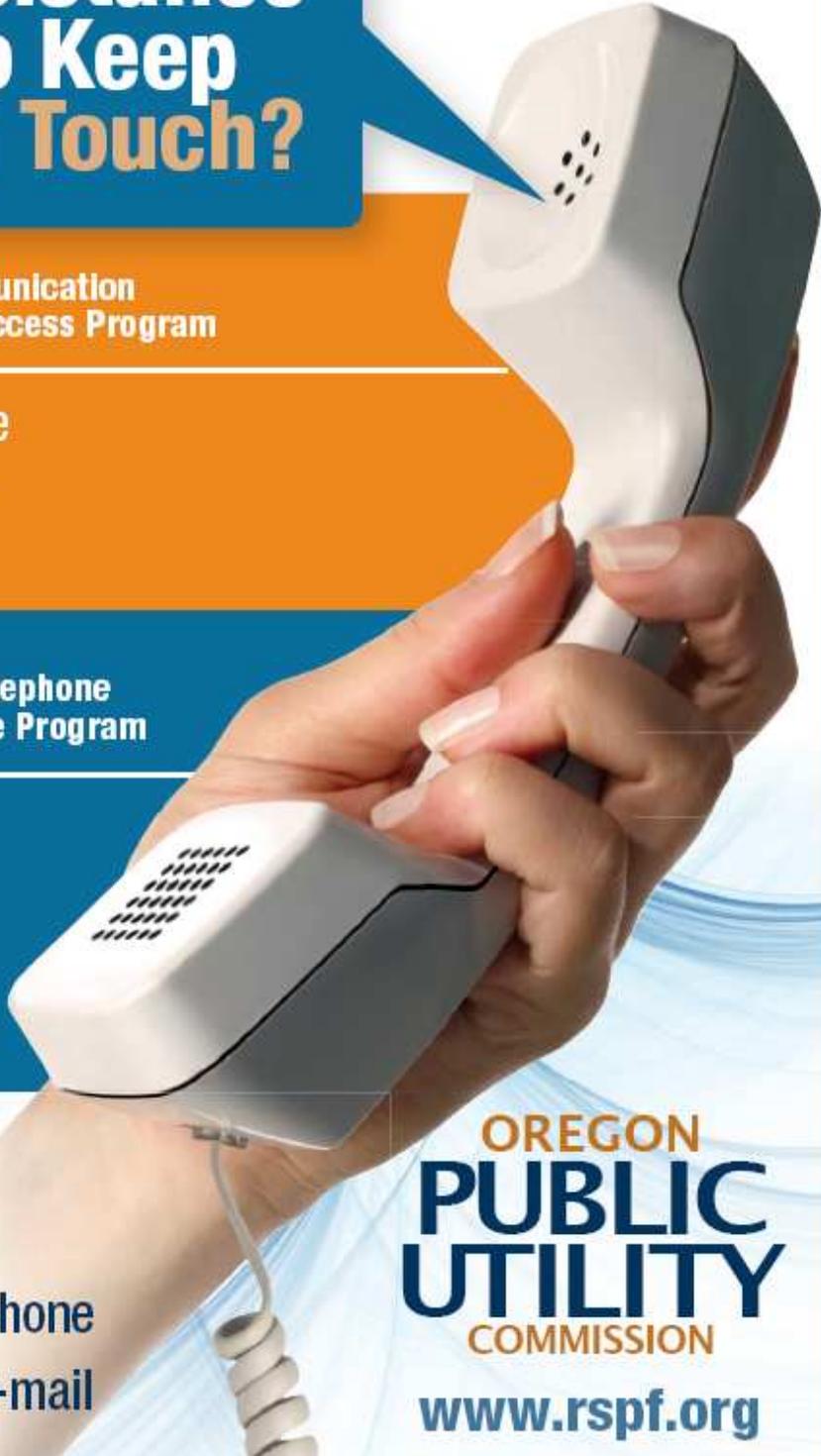
If you have not contributed in the last 12 months and are able to do so, please use the form on the back of the newsletter, and mail your tax-deductible gift to:

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

We thank the following folks who have sent donations since the last issue:

Vern Hopper Rita Schaaf Florence Lear Cynthia Biboux

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

HLAA of Central Oregon (HLAACO) meets on the 2nd Wednesday of the month from 6 to 8 PM at the St. Charles Medical Center, 2500 NE Neff Road, Bend, in Conference Room A (by the front entrance).

Contact: Cliff Tepper
1664 NE Redrose Court
Bend, OR 97701
(541) 390-2174

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REGIONAL RESOURCE CENTER ON DEAFNESS

The Regional Resource Center on Deafness offers degree programs to prepare professionals to meet the unique communication, rehabilitation, and education needs of individuals who are hard of hearing, deaf, late-deafened, and deaf blind.

Please visit our Web site: www.wou.edu/rccd or contact us at **503-838-8444** or e-mail: RRCD@wou.edu.

Applications are generally due mid-March each year.

HLAA of Lane County meets 2nd Thursday each month - 7 PM at the Hilyard Community Center, 2580 Hilyard Street - Eugene.

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

HLAA of Salem meets the 4th Tuesday each month (except July and August) - 6:00 PM at the Salem Hospital Community Health and Education (Building D), Creekside Overflow Room, 939 Oak Street SE, Salem, OR.

Contact: Mary Fagan
e-mail: hlasalem@live.com
(503) 409-5491
3253 Dallas Hwy NW Salem, OR 97304-4222

HLAA of Portland meets the 3rd Monday each month (except June, July and August) 7 PM in the Wistar-Morris Conference Room, at the Good Samaritan Main Hospital Building, 1015 NW 22nd Ave., Portland 97210

Contact Anne McLaughlin (president)
e-mail: hlaportland@gmail.com
PO Box 2112
Portland, OR 97208-2112
www.hearinglossor.org/portland/

HLAA of Douglas County meets the 4th Monday of each month at 6:30 pm. Location is Mercy Hospital Community Education Room (2nd floor), 2459 Stewart Parkway, Roseburg (adjacent to Office Max).

Contacts: Vincent Portulano, President:
email: vportulano@hotmail.com

Robin Illers, Secretary (541) 580-7180

HLAA of Linn and Benton Counties meets the 3rd Thursday of each month (except July and August) – 6:30 PM at the Senior Center – 65 “B” Academy Square – Lebanon

Contact: John Hood-Fysh
e-mail: jhood-fysh@wwmore.com
(541) 791-3725 (H) (541)-220-8541 (cell)
818 Broadalbin St. SW
Albany, OR 97321

For an electronic version of this newsletter:

<http://www.hearinglossor.org/news.htm>

To subscribe, e-mail info@hearinglossOR.org and we will notify you with the above link when a new issue is available.

If you are interested in starting a chapter in your area, contact:

Cathy Sanders
Oregon Chapter Coordinator
e-mail: catsindallas@q.com
(503) 881-1642 (cell) or
(503) 623-4662 (home)
1131 SW Marietta Lane
Dallas, OR 97338

or

Chapter Coordinator
Hearing Loss Assoc. of America
(the National Office)
e-mail: chapters@hearingloss.org
(301) 657-2248 - voice
(301) 657-2249 - TTY
(301) 913-9413 - FAX
7910 Woodmont Avenue Suite 1200
Bethesda, MD 20814

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Or you can sign up online at www.hearinglossOR.org (click membership, then click 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*** PO Box Box 22501, Eugene, Oregon 97402.