



Issue 28

Managing the Emotional Impact of Hearing Loss

There is a well established belief in couple and family therapy circles that the way in which people attempt to solve emotional problems can contribute to making the problem worse. This is often the case when it comes to hearing loss. Even the most well intentioned partner or family member can easily make a misstep in attempts to address hearing loss problems.

Consider the case of 'Sam' and 'Gloria'. After being diagnosed with sensorinueral hearing loss, Sam is fitted with two behind the ear hearing aids. The problem is that Sam rarely wears them. Frustrated by Sam's non-compliance, Gloria provides friendly but frequent reminders to Sam to wear his hearing aids. Typically, Sam initially complies when asked by Gloria but before long the aids come out again and get tucked away in his nightstand. Gloria returns with more requests for compliance and the cycle continues and heightens. What's happening here is a lesson in couple and family dynamics: While certainly well intentioned, Gloria's requests of Sam to wear his hearing aids give several unspoken messages. For one thing the requests may feel like constant reminders to Sam that he is the problem. Gloria's reminders remind Sam of his own feelings of inadequacy and emotional loss. They are also subtle messages that the hearing loss is exclusively Sam's problem to fix and if he would just do

Mark it into your 2007 calendar NOW The next Hearing Loss Association of Oregon Annual Meeting Title: It's A Jungle Out There! Subtitle: Essential Tools For Surviving With Hearing Loss The focus will be on survival skills, services and coping - from birth to death. Date - March 17th, 2007 Time - 9:00 to 4:00 Location - Umpqua Community College in Roseburg, Oregon

Buying Hearing Aids Knowledge is Power – Some Things You Should Know

This article is for anyone who needs to buy hearing aids for themselves, a loved one or a friend, and harbors mistrust towards the hearing aid marketplace. The topic is a complex one and this one article will not address all issues and opportunities but will include a few select resources for further information. The authors wish to address several fundamental issues they believe affect consumer sentiment in the hearing aid marketplace.

What are Oregon's consumer laws with regards to hearing aid purchases? There are statutes (laws enacted by legislature) and rules (administered in Oregon by the Oregon Health Licensing Agency) regulating the sales of hearing aids in Oregon. This office handles complaints and enforcement of these rules and laws.

Are laws and rules enough? For the consumer, probably not... Laws and rules are forged through intense, protracted processes that do not favor the part-time interests and involvement typical of consumers. Therefore, business

How to Communicate Successfully with a Hearing Loss

The invisible disability

By Mike West; edited by David S Viers, RCD
Members of the Portland chapter of Hearing Loss Association of America

See the pocket and visor card communication tips below. The pocket card works very well for me when I do business with new people. It is amazing how they face me, speak slower and are willing to move away from background noise when present; it is heart warming.

If the police stop you nowadays and you misunderstand instructions, you may respond improperly, creating a dangerous situation. This card could save your life: carry it with your divers license and registration, show the pocket or visor card, inform the officer ASAP you are hard of hearing. Police have a tough and dangerous job; it's difficult for them to know who's the bad guy or the good guy.

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- 2. Speak: clear, slow & do not shout
- 3. Cut out back ground noise if possible or write your message if necessary



HARD OF HEARING

Please One Thing At A Time

- 1. Face me lip reading helps
- 2. Speak: clear, slow & do not shout
- 3. Cut out background noise if possible or write your message if necessary

mu

"Buying Hearing Aids" continued from page 1

interests, supported by substantial monetary influences, trade organizations and lobbying efforts, tend to prevail. Oregon's seven-member Advisory Council on Hearing Aids, for example, has only one consumer representative, one audiologist, and one ear nose and throat physician, and then four hearing aid dealer representatives. Laws and rules are a baseline but there are many landmines for consumers that are not adequately addressed. Examples would include the length of the rescission period wherein a consumer can return a hearing aid. The law mandates this period at 30 days when anecdotal and scientific evidence suggests 60 or 90 days are often required for the consumer and fitter to work through adjustments and acclimatization before determining whether purchasing the instruments are appropriate. The rescission amount is a fee that sellers can retain if the consumer decides not to keep the aids during the 30 day period. A newly revised rule limits this amount at \$250 or 10% of the price per aid, whichever is less. In our experience, most reputable businesses do not charge a rescission fee except perhaps for parts such as custom-fit ear molds. The rescission fee and the rescission deadline should be spelled out on the purchase agreement. What is important for you to know is that the purchase agreement is a contract -

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and that you can negotiate the length of your return period, the retainer fee for rescission, and several other significant aspects of your purchase. Also realize that you have the ability to negotiate these terms up until the expiration of the rescission period! This means, if you feel you need more time, you should ask for it (in writing) before the end of the period and if not granted, you should consider exercising the rescission and try the same or other aids from a different seller.

I repeat - question and negotiate terms of the agreement. The laws and rules should be viewed as the minimum. Many audiologists and dealers routinely allow better terms and should state so in writing. The rescission period, the retainer fee, clarification of the number of follow-up adjustments that will be provided at what cost (if any), and warranties should be discussed.

Sometimes sellers are constrained by the hearing manufacturer for the length of the trial period they can offer, but in our

experience sixty days is very common.

The **Hearing Loss Association of Oregon** has been making some progress to improve these laws and rules. For instance, during the last rulemaking period we insisted on the rescission fee decrease along with making certain testing and recordkeeping legal requirements, and requiring notification to consumers that they are entitled to copies of these test results. **We advocate** that consumers request all test results and use them to learn and compare different aids and different practitioners.

Who can sell hearing aids, and how should I decide where to buy? There are essentially two classes of people who can sell hearing aids in Oregon; Audiologists and hearing aid dealers. The difference is in the qualifications. To be an audiologist now requires a PhD

"Buying Hearing Aids" continued on page 4

"Buying Hearing Aids" continued from page 3

level of education and clinical internship, while a hearing aid dealer (the new term is "Hearing Instrument Specialist") merely needs a high school diploma or an equivalent GED, 160 hours of training, and to pass a couple of exams. We do not imply that all Hearing Instrument Specialists are not capable of competently fitting hearing aids, nor will we imply all audiologists are competent fitters. Indeed, many Audiologists' practices do not focus on hearing aid fittings. We will say that a good fitting requires an advanced level of knowledge, plus skills of observation, communication and technology. Complex fittings taking best advantage of available features require intensive computer usage. Broad experience with the hearing aid marketplace is a must, as well as the availability and use of appropriate measuring tools. Look for a business or profession where a long-standing service provider has established a good reputation in the community.

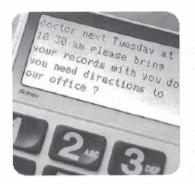
What is a good make/model and what features do I need, and what makes for a good fitting, and how do I get what's best for me? There are probably between 50 and 100 "brands" of hearing aids, although several are made by the same manufacturers. Most manufacturers offer numerous styles, models, and variants. Therefore, there are hundreds of choices. There is no way any of us can personally experience all of them – but a good hearing care professional can narrow the choices considerably. The choice should be based on your unique needs and conditions rather than marketing arrangements the dealership has with their supplier. We cannot emphasize enough that the quality that you experience is the result of combining the appropriate aids with the competent fittings and adjustments. Your professional needs to be aware of the

marketplace and have the appropriate skills, equipment and software to fit the optimal instruments. The fitting process should involve adjustments to the programming while you are wearing them. If anyone tells you that they are already set for your ears from the factory and that no further programming is needed, do not do business with them. Most aids are ordered from the factory pre-programmed with basic patient audiogram information, which is merely a starting point. The chances of this initial programming being exactly right for you are practically zero. No hearing aid manufacturer that I am aware of solicits all of the necessary data to do this correctly, and rarely do they provide as good of a correction as the aids are capable of delivering. While we suggest you should temper your expectations (because no hearing aids can restore normal hearing) you should also strive to learn and experience what is attainable for you, and develop an understanding of your unique hearing challenges and requirements. This will help you set benchmarks by which to judge the instruments and the fitting care you will be receiving.

There are many parameters that a skilled fitter needs to know before he can select the most appropriate instruments and do a proper job of fitting. Important are the levels of loudness that become uncomfortable, most comfortable listing level, and unaided, open ear measurement with a "Real-Ear" system. Quantitative tests such as real-ear measurement can verify what the instruments are doing for you. This test methodology reports the actual boost being provided by the aid. Fitters who use real-ear can quickly and definitively adjust today's complex aids and verify their output while the aids are in your ears. Insist on quantitative data of your fitting and ask questions relating those data to your qualitative experience.

What should I avoid/look out for? Avoid sellers who market one (or very few) brand(s). It is possible that they offer the appropriate instruments for you, but you may just get a "best fit" with what they have, rather than what is best for you. Be wary of door-to-door salespeople and business with new personnel. In no way do I wish to portray that good care is unattainable from these, but rather consumers need to know that there are elements in the marketplace whose interests are to recruit fleets of folks with ambitions of high incomes to push sales of their own high-margin aids for them. Their presence in the marketplace doesn't center on concern for the patient.

How much should my hearing aids cost, and will my insurance pay for them? A very general range of prices for programmable hearing aids, including fitting services, can be in the order of 1 to 3 thousand dollars per aid. We are learning of more and more insurance plans that cover hearing aids. We believe this trend is following the rising integrity of the hearing



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"Buying Hearing Aids" continued from page 4

aid marketplace and the documentable benefits that today's instruments offer. Oregon's Vocational Rehabilitation Services may be able to help if you are unemployed or underemployed or are at risk of losing your job or position due to hearing loss. Your phone book will have the regional office listed under the "Government - State" section. You should question your possible providers before you buy. The Veteran's Administration and Medicare should be looked into if appropriate.

What do I do if I have further questions or concerns? We've touched on some basics with this article. There are many more things you should know about on your journey to better hearing. The following organizations have information available to help you learn more about these important topics:

- The Hearing Loss Association of Oregon http://www.hearinglossOR.org/ offers a booklet that can be downloaded online entitled, "Facing the Challenge A Survivor's Manual for Hard of Hearing People" available online or in printed form, along with lots of other important information on their website. You can learn about several chapters around the state and where to attend their meetings.
- Oregon's Health Licensing Agency, http://www.oregon.gov/OHLA/HAS/ index.shtml offers a brochure entitled. "Consumers Know Your Rights" as well as links to all of the laws and rules and much other useful consumer information on their website.
- Oregon Association for Better

 Hearing holds free monthly meetings where consumers report experiences using recently introduced hearing aids. Two publications are available for purchase, "15 Rules for Satisfied Hearing Aid Users" sells for \$12 including mailing, and "Should I Buy a Digital Hearing Aid" sells for \$14 including mailing.

 Call (541) 754-1377 or write to OABH, 301 SW 4th St, Suite 180, Corvallis, OR 97330 for more information.

Authors Andy Evans and Fred Peters Andy Evans is a 45 year old hearing aid wearer (his hearing loss was suffered during early childhood) who believes that the hearing aid market can and should be a better place. Andy had a bad experience with a hearing aid purchase as a young man, due to inappropriate instrument capabilities and to a distasteful sales environment. Much later he discovered that his early perceptions of hearing instruments are not necessarily still valid, and he has since availed himself to learn as much as possible about his condition and any available technology that offers benefit. His quality of life has been immensely impacted by this effort and he is motivated to assist others who are impacted by hearing loss to have access to appropriate care. Today's state of the art instruments and fitting practices offer the consumer so much more than they did ten or more years ago. Andy believes that poor perceptions of the hearing aid marketplace are holding back many others from experiencing genuine benefit, and that the basis for these perceptions towards hearing aids and hearing aid dealers were formed when the benefits were dubious and the market was much less scrupulous than it is today. Unfortunately we still have poor hearing aids as well as businesses that thrive with practices that emphasize their own profit margins above consumer care; therefore it is understandable that some of these attitudes persist. Andy's goal is to help educate consumers and their advocates, thereby widening access for consumers to true benefit, as well as influencing market forces that will compel manufacturers and sellers to offer better instruments and services at fair prices. Andy has involved himself as a board member with the Hearing Loss Association of America's Oregon Chapter (formerly Self Help for Hard of Hearing People of Oregon) for a number of years.

Fred Peters is a retired Pastor who is the lone Consumer representative on the Oregon Health Licensing Agency's Advisory Council on Hearing Aids.

Informational Article

Access Technologies, Inc. (ATI) is a nonprofit organization specializing in Ergonomic Risk Assessments, Assistive Technology Evaluations, and Technology Training Services. We work with government, business, education, health service organizations, and individuals throughout the state of Oregon to provide accessible and cost-effective ergonomic and technological solutions.

ATI's try-before-you-buy equipment rental service is a real savings benefit to our clients. If you'd like to take advantage of the opportunity to evaluate a piece of equipment before you invest time, dollars and energy on a product that doesn't meet your needs. We have hundreds of ergonomic or assistive technology items to choose from.

Access Technologies, Inc. works with Low Vision, Hearing, Daily Living, and Speech Solutions. Under our hearing section we have a wide variety of alerting devices that provide a sense of security and can be used to notify a person who is deaf or hard of hearing when the telephone is ringing, a doorbell or an emergency alarm has been activated, through flashing lights, louder sounds, or vibration. These solutions can be very simple or, depending

"Informational Article" continued on page 8

"Managing the Emotional" continued from page 1

something (wear his aids) the problem would go away.

Sam however, is not beyond reproach. His refusals to wear his hearing aids seem like attempts to solve the couple's problem of hearing loss by avoiding it or denying that it exists. Additionally his short-lived acquiescence to Gloria's pleas is a subtle command telling Gloria to take primary responsibility for the hearing loss. This makes Gloria feel like she is alone in the relationship. As a result Gloria feels like she has lost Sam and the sense of protection and strength he had always provided.

The above vignette is frequently played out with astonishing similarity in U.S. couples and families experiencing hearing loss issues. This probably has a lot to do with the fact that in Western culture, hearing loss is typically treated as an individual medical issue rather than a relational or emotional one. The trauma of hearing loss typically triggers both care providers and patients alike to search for causes, provide diagnoses and treat the physical hearing loss with hearing aids and assistive listening devices (ALDs). For the vast majority, this is where medical treatment ends and emotional pain escalates. Those with hearing loss often end up feeling isolated and misunderstood by family members who follow the Western medical model belief that hearing aids and ALDs cure hearing loss. Since hearing loss is of course, managed, not cured, the family member or spouse often ends up feeling blamed for not 'getting better'.

The way that a family reorganizes itself to help manage the impact of hearing loss determines to a great extent, the family course. More

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often than not, families sign on to the medical model approach of *pathologizing* the family member with hearing loss or treating him/her as though diseased. Rather than focusing on the family's existing internal strengths they take a surgical strike approach to solving the hearing loss of the family member with technology based solutions. Often the individual family member with hearing loss takes the same approach of attempting to solve the hearing loss problem *solely* with proper testing and fitting of hearing aids.

The problem is that the kind of focus required for a medical or technology-based approach is the exact opposite of the approach necessary to address the emotional problem of hearing-loss. Hearing aids and assistive listening devices require a binary approach; they either work correctly or they do not. Conversely, emotion-focused issues require a sense of ease and comfort with ambiguity or shades of gray. To manage the emotional impact of hearing loss, one must embrace the uncertainty of diagnosis, the ambiguity of the future life and the ambiguity of family member's handling of the hearing loss.

While no one denies that a technology-focused approach must be employed to address practical issues of hearing loss, it should be properly balanced with emotion-focused coping behaviors. Hearing loss is an *ambiguous* loss that can easily lead to depression, anxiety, and family conflict. An ambiguous loss is one that is characterized by a struggle to control an unclear situation by searching for and applying absolute solutions. Since hearing loss can be managed but not perfectly cured, successful coping requires a tolerance for ambiguity and uncertainty that does not match the medical model.

Successful management of the emotional impact of hearing loss requires that family members realize hearing loss is a *family* problem not an individual one. This means that hearing family members especially, take a look at what they are or are not doing to manage the hearing loss issues. As for Sam and Gloria, their solution lay in behaving with couple-centered, rather than individual

"Managing the Emotional" continued on page 8

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"Managing the Emotional" continued from page 7

goals in mind. For instance, instead of saying, "You never remember to wear your hearing aids!" Gloria would be well advised to soften her approach to, "Losing your hearing must be so hard.

I imagine it makes you want to even avoid thinking about it." Or, "Our relationship is so important to me, I have been trying to think of ways we could communicate better but could use some help. What are your thoughts?"

For Sam's part, rather than avoiding or stonewalling on the issue of hearing loss, a more effective approach might be to tell Gloria, "It must be frustrating for you when we have trouble communicating. It seems like you're working so hard to get *us* back -- like it used to be. Is that right?"

Successful communication takes practice. It requires acknowledging the other person's feelings and trying to understand his or her perspective. It is ironic perhaps that the most successful navigators of hearing loss issues are those who are able to resist the urge to

offer solutions and instead simply provide empathy or understanding. Marc Zola, M.Ed., M.F.T. is a Marriage & Family Therapist who specializes in helping people manage the emotional impact of hearing loss. This branch of psychotherapy called Medical Family Therapy views hearing loss as more than a physical condition but one that affects communication, social connection, psychological and emotional well-being. It cannot be cured with hearing aids or assistive listening devices as these devices, though extremely helpful, do not address the profound emotional loss that often accompanies hearing loss. Marc earned a degree in Psychology from the University of Pennsylvania and is a graduate of the University of Oregon's Marriage & Family Therapy program. But his interest in the emotional impact of hearing loss goes beyond his formal training in psychological and relational issues. As the son of a parent with hearing loss, Marc knows first hand how this silent, frustrating and chronic condition adversely affects families. Marc is in private practice in Eugene and currently accepting individual, couple and family clients. Marc: 541-543-3262

"Informational Article" continued from page 6

upon your situation and environment, more complex. For other areas covered by ATI, visit us at www.accesstechnologiesinc.org and for more information, please contact us at the location listed below: Access Technologies, Inc.

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TIME TO REMEMBER OUR ROOTS ... Part 2

Hearing Loss Association of America (formerly Self Help for Hard of Hearing People ~ SHHH)

From http://www.hearingloss.org/aboutus/history.asp August 1999 (updated February 2006) by Joan Kleinrock

1981 Stone chairs a White House Conference on Aging and Hearing Loss (co-sponsored by ASHA, NAD, and A.G.Bell). The conference, the first of its kind, brings together a mix of consumers and representatives from government, industry, medicine and academia to identify hearing loss issues, reach conclusions, and make recommendations. Seven consumers attending return home committed to begin SHHH chapters in their states.

1982 SHHH adopts a goal: Make Hearing Loss an Issue of National Concern.

SHHH colors of green and white are adopted.

A Chapter Manual to assist organizers is completed by the first regular volunteer, Joan Kleinrock, who will become SHHH chapter coordinator. SHHH has 25 chapters.

July: SHHH News, a newsletter for leaders makes its debut.

Sisters Betty Bonvillian and Marjorie Boone begin what will be 17 years as weekly Wednesday volunteers at the SHHH National office.

Financed by Esso of Australia, Rocky Stone travels to Australia and SHHH gains international recognition with the establishment of a sister organization – SHHH Australia.

SHHH expands its National Advisory Board, its Professional Advisory Board, and gains a medical advisor, Dr. Howard House, president of the famed House Ear Institute.

ABC News features a three-part series of interviews with Rocky about SHHH.

SHHH joins with 27 organizations that make up the Council for Better Hearing and Speech Month (May).

October: SHHH is advisor to Bill Neill, producer of a three-part PBS TV series on hearing loss and noise, The Hurt That Does Not Show. Part I airs on 310 stations. Parts II and III air in 1984. SHHH begins involvement with legislation to advocate for telephone compatibility.

1983 SHHH leases its first office at 4848 Battery Lane in Bethesda. With the addition of Carol Lingley and Pat Clickener, staff grows to four full-time volunteers. (Clickener has taken a one-and-a-half-year leave from a Chicago executive position in advertising.)

The official SHHH logo is designed and adopted (Fading SHHH letters represent fading hearing.)

SHHH is a featured story in a New York Times newspaper.

SHHH has 60 chapters and developing groups.

There are 10 members of the board of directors.

Stone is the keynote speaker at the First Canadian Conference of Hard of Hearing People. SHHH launches campaign to conserve the hearing of youth with a project titled Operation SHHH and publishes a 15 page special report on noise pollution.

SHHH leaders Stone and Clickener represent hard of hearing people on a variety of national agencies and organizations.

The groundwork is laid for a 13th National Institutes of Health the National Institute on Deafness and Other Communication Disorders (NIDCD)... and supported by the SHHH membership.

A feature article about Stone in Modern Maturity, "For Your Eyes Only," draws hundreds of inquiries about SHHH.

Stone is elected to the board of directors of the Deafness Research Foundation (DRF).



Rocky Stone (Founder of SHHH)

(History to be continued ...)



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We need <u>your</u> support to continue this newsletter. Please note: This is different and separate from any local chapter fee you may pay.

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

Mary & Dorman Bruce, Joyce Walker-Turner, John Peterson, Michelle Mercier, Christina Leippe, Mildred Goe, Happy Birthday to Karin Smith!, Nina Rae Cleveland, David Columpus, Jo D'Antonio, Luann Enz, Margaret Tenson, Donna Lee Graves, Andrea Olson, Josephine Bateman, Russell Degroat, and 4 Anonymous Donors.

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Who We Are

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If you wish to be added to the mailing list or continue to receive this newsletter, please fill out the coupon on the back page and return it to us. If you have responded in the last 12 months, you will continue to receive it and do not need to respond again.

We welcome your articles, notices about events, donations, and other items that will be of interest to hard of hearing people. Please send your items to:

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Opinions expressed in this newsletter are those of the individual author and are not necessarily those of Hearing Loss Assoc. Mention of products and services does not mean endorsement, nor should exclusion indicate disapproval.

Personal experiences and diverse opinions related to hearing loss are welcome for publication, and should be mailed to Hearing Loss Assoc. of Oregon (address above).

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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.

Bend SHHH meets on the 2nd Wednesday of the month – 6:00PM at the St. Charles Medical Center Rehabilitation Conference Room Bend

Contact: Cathy Sanders e-mail: cathys@coril.org CORIL PO Box 9425 Bend, OR 97708 (541)388-8103 Central Oregon Coast Hearing Loss Assoc. meets the 4th Tuesday each month – 1:30 PM at the Newport Chamber of Commerce – 555 SW Coast Highway - Newport

Contacts: Cindy Campbell e-mail: hgnw@charter.net (503)922-1961 or 1(877)271-7620 toll free 4202 NE 43rd Neotsu, OR 97364

Bob Hall (541)765-3342 1145 SW Walking Wood Depoe Bay, OR 97341

Hearing Loss Assoc. 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
Eugene, OR 97402

Linda Diaz warmheart2@comcast.net (541)345-3212

Hearing Loss Assoc. of Clackamas County meets 2nd Tuesday each month - 2PM at the Adult Community Center, 505 G St. -Lake Oswego

Contact: Michael Eury e-mail: euryman@msn.com (preferred contact) (503)534-2860 (6-9pm) 5060A Foothill Drive Lake Oswego, OR 97034

Hearing Loss Assoc. of Portland meets the 3rd Tuesday each month - 7 PM at the Good Samaritan Hospital in the Wistar-Morris Conference Room - NW 22nd & Marshall - Portland

Contact: Mark Foster e-mail: hey_foster@hotmail.com (503)413-7348 - voice or TTY PO Box 2112 Portland, OR 97208 www.hearinglossOR.org/portland/ Hearing Loss Assoc. of Douglas County meets the 2nd Monday each month - 7 PM at the Mercy Hospital Community Education Room - 2459 Stewart Parkway -Roseburg (between Parkway Pharmacy & OfficeMax)

Contact: Lorene Russell
e-mail: rlrussell@mcsi.net
(541)679-9655
732 Mulberry Lane
Roseburg, OR 97470

<u>NEW!!</u> Hearing Loss Assoc. of Lebanon meets the 3rd Thursday of each month – 6:30 PM at the Seniot Center – 65 "B" Academy Square -Lebanon

Contact: Bob Williams e-mail: robertiw@comcast.net (541)258-5818 2020 South 12th #111 Lebanon, OR 97355

Hearing Loss Assoc. of Salem the 2nd Wednesday each month - 6:30 PM at the Salem Hospital – Auditorium in the basement- 665 Winter St. SE - Salem

Contact: Kathy Ladd e-mail: SHHHSalem@aol.com (503)394-3863 38427 Shelburn Dr. Scio, OR 97374

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

Cindy Campbell,
Oregon Chapter Coordinator
e-mail: hqnw@charter.net
(877)271-7620 Toll free or
(503)922-1961
4202 NE 43rd
Neotsu, OR 97364
or

Chapter Coordinator
Hearing Loss Assoc. of America
(the National Office)
e-mail: info@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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