



Canadian Hard of Hearing Association

North Shore Branch

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Editor: Hugh Hetherington Issue 59 December 2007

Mountain Ear



**The North Shore Branch
Board of Directors**
**wish all our members and friends a
Happy Holiday Season and a
Healthy and Prosperous New Year**

President's Message

“But I AM Speaking Slowly and Clearly!”

A hearing person once said to a hard of hearing lady, “But I AM speaking slowly and clearly!” What she was really saying was, “I don’t know what else to do for you; I am doing what you asked and you still can’t hear me!”

Listening “between the lines”, we can see these two individuals wanted to connect with each other. However, because they lacked the skills of what to do, they reached an impasse and were unable to connect successfully.

Does this sound familiar to you? Does this bring back memories?

Fortunately, there are ways to break through such an impasse, especially when both parties are willing to learn. In this small space let me give you just two pointers.

First, learn to identify what exactly you need in order to hear. In a noisy room, for example, the person may be speaking slowly and clearly, but that won’t be good enough! What you really need is a quieter environment. The solution may be to ask, “Could we just move to the hallway so I can hear you better?”

Second, in addition to the above point, try to make repeating easier and/or less obvious to the speaker. For example, asking the speaker to rephrase what she or he just said is a more interesting way to repeat and it provides you with additional material that may enable you to put together the missing “puzzle pieces” of what the speaker said the first time.

Identifying and using the strategies you need for hearing successfully is really what coping with a hearing loss is all about. That is why we have courses such as Managing Your Hearing Loss led by Birgit Cook and Hugh Hetherington. Each session includes an hour long speech reading session with

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the second hour focusing on understanding and coping with hearing loss. At our monthly support group, Sound Advice, both hearing impaired and hearing friends and family come to learn more about coping and helping with hearing loss.

Come and join us! See the notice about Sound Advice on page 6 of this newsletter.

Til next time,

Flo Spratt



**A Global Community of Communication
Sheraton Wall Centre
Vancouver, B.C.
Wednesday July 2nd to
Sunday July 6th 2008**

The Canadian Hard of Hearing Association and the International Federation of Hard of Hearing People invite you to attend the first International Congress for Persons with hearing loss to be held at the Sheraton Wall Centre in downtown Vancouver.

Programs will be of interest to all persons with hearing loss, and for those who live, work and are part of the lives of persons with hearing loss. This Congress is a must to attend if hearing loss has touched your life.

Annual General Meeting 2007

The North Shore Branch Annual General Meeting was held on Monday, September 17th at the Summerhill in North Vancouver. There were 20 members in attendance with several newcomers. During the AGM, the minutes of last years' AGM, the president's annual report, the treasurer's report, and the 2007-2008 budget were approved by the members present.

Following adjournment, guest speakers, David Patterson, M.C.I.Sc., Aud(C) National Corporate Account Manager, Oticon Canada and Jason Gordon, M.Sc., Aud(C), Business Development Manager for BC, Oticon Canada gave us an interesting presentation on Current Developments in Hearing Aid Technology.

Oticon of Denmark is one of the leading hearing aid manufacturing companies in the world and has been a leader in introducing new and innovative hearing products into the market place. As Mr. Patterson pointed out Oticon also lays claim to being the oldest hearing aid company in the world having its roots dating back to 1904 when its founder Hans Demant started importing American made Acousticon hearing aids into Denmark. His son William took over the business in 1910 and held control until the 1950s.

Until the advent of digital hearing aids in the mid 1990s, the only types of hearing aids available to the hard of hearing were analogue. These offered very little flexibility in making adjustments to fit different hearing losses. Basically, a small screwdriver was used to adjust tiny trimmer pots on the back of the hearing aid. This permitted minor adjustments to the bass and treble response of the aid. Towards the end of the 1980s programmable hearing aids introduced slightly more flexibility, however, the hearing aids were still analogue. In 1996 the first digital hearing aids were appearing on the market with Oticon being one of the first with its Digifocus hearing aid. The new digital hearing aids were programmed by computer and offered much greater flexibility in fitting the hearing aids to the client's hearing loss. Since the sound was processed digitally, they provided clearer CD quality sound and were able to include algorithms to more effectively manage noise and feedback. When equipped with directional microphones the advantages to the wearer were considerable. Oticon's Syncro hearing is one example of a leading product design incorporating these high-end features coupled with artificial intelligence software, a first for the hearing aid industry. This hearing aid was introduced in 2003.

However, digital technology moves on and now a large portion of the research and development money is being spent developing products to meet the needs of the "baby boomer" population who are now at the average age of 60. These "boomers" are more technically savvy and want the latest products to fit their active lifestyles. "Wireless" is the latest buzzword and this technology permits the user's hearing aids to be coupled with cell phones, MP3 players and the like.

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Among Oticon's latest products are the Delta and Epoq models. These were described in detail during the presentation. The latest trend in hearing aids is the "Open Fit" type hearing aids. These are now produced by all of the major hearing aid manufacturers. Both the Delta and Epoq models fall into this category and are what are called "Receiver in the Ear" or "RITE" models. These offer many advantages over the older type hearing aids that used custom ear molds. With the "Open Fit" and RITE models there is no occlusion of the ear canal. Soft plastic tips fit comfortably in the ear canal and place the receiver close to the eardrum. The advantages to the wearer include: less amplification required, improved sound quality, your own voice sounds more natural, and, of course, most importantly comfort.

The Epoq model in addition offers wireless solutions with an optional device called a streamer. The streamer acts as a wireless interface allowing the hearing aids to connect using Bluetooth technology to Bluetooth enabled cell phones and other Bluetooth enabled devices, such as, MP3 players, computers, Palm devices, etc. The Epoq hearing aids communicate with the streamer using a protocol called NFMI, "Near Field Magnetic Induction and this protocol also permits the hearing aids to communicate with each other giving the wearer an unique stereophonic perspective of his listening environment.

The presentation was thoroughly enjoyed by the audience. David Patterson and Jason Gordon addressed many questions for the audience at the end of the presentation.



Constable Dabiri and Fire Inspector Haida Siegmann

November Meeting

Report by: Hugh Hetherington

On November 19th, our regular meeting was held at the Summerhill in North Vancouver. The topic for discussion was Safety for the Hard of Hearing. Board member, Henry Romain arranged for a panel of excellent speakers to address the meeting. These included William (BJ) Chute, Director – Public Education; Paramedic, Peter Galdert, both from the Ambulance Paramedics of B.C.; Constable Babak Dabiri of the RCMP North Vancouver Detachment and Haida Siegmann, Fire Inspector from the North Vancouver City Fire Department.

Our four guest speakers each gave a presentation to the group and are to be commended for the amount of research they carried out relating to hard of hearing issues before coming to the presentation. Each presented their perspective on various safety issues and

this was followed by questions and discussion with the audience members.

Paramedic, Peter Galdert spoke about the dark months of winter and the importance of wearing light clothing while out walking and watching out for slippery surfaces especially if you have had a few drinks. Good shoes are also important. Mr. Galdert's comments were re-emphasized by Mr. BJ Chute and included having a medications list at home, preferably kept on your refrigerator door and having an emergency contact included on it, as well. It is also a good idea to keep the same list in your wallet. It was also emphasized that if you are experiencing a medical emergency, no matter what time of day, please call 911 first. If you try to contact your doctor or a family member first, this may create an unnecessary delay in getting the treatment you may urgently require. Don't be surprised, if when calling for an ambulance, the fire department is the first to arrive. They are often the first responders and have the medical training to stabilize the situation while the ambulance is on its way. He also added, don't try to

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Donation Thanks

The North Shore Branch gratefully acknowledges a donation from the West Vancouver Kiwanis Club.

This donation was given to fund the publication of a book called "Talking With Hard of Hearing People—Here's How to do it Right, Eh?" This publication will be available from the North Shore Branch in the coming year.

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bring all your personal belongings with you to the hospital. Let family members or friends deal with that afterwards.

Constable Dabiri spoke about the different policing aspects that might arise when you are hard of hearing. It is a good idea to have something in your car that will explain your situation to a police officer should the occasion arise. We pointed out to Constable Dabiri that there is a visor card that can be downloaded free from the website: www.hearinglosshelp.com.

This card can be attached to your sun visor. (See pictures) Constable Dabiri also spoke about how the police would like to have special police lock boxes on secure condominiums to assist them with access during emergencies. He also emphasized the importance for ladies not to carry around large purses while out shopping that could make them a target for a purse-snatcher. To finish off, he spoke about what they call incomplete 911 calls. When you call 911 your name and location are shown on the dispatcher's display. If a person hangs up after calling 911, expect the police to arrive to assess the situation. Even if it appears there is no problem, they will want to enter your home, by force if necessary, to ensure that you are not in any danger.

Our last panel member was Haida Siegmann, Fire Prevention Officer. She spoke about safety in the home, including smoke detectors and escape ladders. She pointed out that there are special smoke alarms with strobe lights to alert people with hearing loss. She also mentioned the benefits of having an interconnected system if you are living in a multi-storey home. In this case, if one alarm goes off, they all go off. These are available in both wired and wireless

systems. Carbon monoxide detectors are also a good thing to have in your home. Just remember that these should be placed low down in the room since carbon

monoxide is heavier than air and gathers near the floor. Always make sure that you have two ways to exit your home or apartment in case of fire. If you live in a condo or an apartment building and become aware of a fire, pull the fire alarm and also call 911. Don't assume

that by pulling the fire alarm that this will alert the fire department. Heida also talked about having a fire extinguisher in your home. The best type of extinguisher to have in the home is what is called a class ABC unit. The class A is for fires with paper, cardboard, wood and some plastics, class B is for cooking, grease, oil or gasoline fires, and class C is for electrical fires. A class ABC extinguisher can be

used on any of these types of fires. Fire extinguishers should be checked annually and serviced, if necessary. You should also familiarize yourself with the use of the extinguisher. An acronym to help remember this is "PASS". This stands for Pull, Aim, Squeeze and Sweep. Lastly, Haida pointed

out that the North Vancouver City Fire Department maintains a database in which you can request to have personal information such as your hearing loss or other disability stored in their computer. This will show up to them if they ever have to attend at your address. This information is stored for one year and must be renewed annually. Forms are available at the City Fire Department at 165 East 13th Street in North Vancouver.

Constable Dabiri and Haida Siegmann were able to remain during the social at the end of the meeting to

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Visor Card compliments of the
Center for
Hearing Loss Help
www.hearinglosshelp.com

*Driver has special communication needs
See the back of this card for the best
ways to communicate with the driver.*

Driver is Hard of Hearing

Failure to cooperate with verbal commands means I am NOT hearing you

Officer, I am hard of hearing. This means that I speak normally. I do NOT use sign language. I communicate using what hearing I have, and may supplement it with hearing aids, with various assistive devices and by speechreading (lipreading). None of these work perfectly, so if I still miss key words or instructions, please write them on a piece of paper for me.

Here's some specific ways you can effectively communicate with me:

- » Try to eliminate background noise, or wait for a pause in the traffic.
- » Look directly at me when you speak to me. Do not cover your mouth with your hands or papers.
- » If you have a mustache, beard or accent, and/or I can't understand you, let me try to hear/speechread your partner instead. Some people are much easier for me to speechread/hear/understand than others.
- » Speak slowly and clearly. Speak up, but don't shout. If I need you to talk louder, I'll say so.
- » Be sure there is enough light for me to see your face clearly. If not, move under a streetlight or into a lighted area.
- » Don't shine your flashlight in my eyes. I need to see YOUR face to "hear" you.
- » Get close. This helps me both hear and speechread you better.
- » If all else fails, write down key words.

Visor Card compliments of the
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Hearing Loss Help
www.hearinglosshelp.com
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discuss various other concerns with the individuals attending. It was a very informative and enjoyable meeting. Joan Gouws, at the end of the meeting, provided refreshments. Our thanks to BJ Chute, Peter Galdert, Constable Dabiri and Haida Siegmann for taking the time to spend the evening with us.

Reprinted from: The San Marcos Daily Record, Texas, November 18, 2007 (BH Newsgroup)

Wife is more than helpful with bad hearing woes

By Bibb Underwood
Daily Record Columnist

Twenty-seven years of going to the rifle range, commanding a mortar company, observing artillery fire, parachuting from troop-carrier airplanes and riding helicopters, coupled with my advancing age has left my hearing less acute than it once was.

Actually, I am functioning at about 50 percent, if that much, of normal hearing acuity. It is a bit hard for people with my type hearing loss to admit they have a problem. We like to think people are just talking too softly or they are mumbling their words.

We also think we can compensate. A few years ago an audiologist at a nearby military facility performed a hearing test for me. After the tests he asked why I was turning my right side to the direction of his voice. I said that was my good ear. He responded that I didn't have a good ear. Both were equally bad.

I have difficulty understanding dialogue in TV or movies, especially if there is a scene involving whispering. Fuhgeddaboutit. I have to interpret the meaning from whatever action precedes or follows. Sometimes I'm accurate; sometimes I miss the whole point.

I'm not much better with movies or TV shows with British dialogue. Most of the time, the actors might just as well be speaking Tagalog or Russian.

When my wife and I go to the movies, she will occasionally attempt to interpret for me. Out of respect for others in the audience, she will whisper the dialogue. I will smile, nod my head and act as if I understand. It doesn't work. She will look at me and say audibly, but under her breath, "You didn't understand a word I said, did you." Of course I didn't.

While watching TV, she is more thoughtful. She interprets at a conversational level and I can usually hear her. It helps.

I can usually hear most of what is spoken if I'm in the same room with the person who is speaking. However, when my wife is upstairs and she requests that I "bring up the laundry basket," I have been known to walk to the bottom of the stairs and inquire, "Why would I order a casket?" She has a collection of these Bibbisms that she uses from time to time to illustrate her frustration communicating with me. One of her favorite stories relating to my hearing difficulties involves her trying to say goodnight after we turned in. She whispered, "Good night, I love you." I responded, "Huh." She gently spoke, "Good night, I love you." I responded, "Huh." She sat straight up, leaned over my ear and said, "GOOD NIGHT!! I LOVE YOU!! Needless to say, the gentle, caring mood of the moment was gone.

The telephone can be a contentious contraption at times. There is the telemarketer who thinks he or she must read the entire spiel in one minute or less. I never understand a word. I do not hang up. I explain I have a hearing problem, ask them to read the spiel again — much slower — and then I hang up.

Tech support over the telephone for my computer problems is a lost cause. If I get the guy in India or the woman in the Philippines, I have to hang up. If my wife is around, I put her on the phone. She then tells me what to do. In some cases, she will actually correct the computer problem for me. It is easier than repeating the instructions. And repeating them. And repeating them.

Why not hearing aids? Glad you asked. At that same military facility mentioned above, I was tested, analyzed, measured and fitted with very expensive hearing aids. My wife was overjoyed that I was taking action to correct this frustrating aspect of our relationship. We could watch a TV show or a movie without her feeling the need to act as my hearing ear dog. After six weeks of wearing those computer-regulated, molded to my ear, guaranteed effective, electronic devices, she said to me one day, "I think your hearing is worse with your hearing aids."

In fact, she was right. They more or less had become ear plugs. I took them back to the vendor. He honored his guarantee.

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So now when Janet says, "Will you set the table?" I respond, "Of course we have cable. Why would you ask?"

Reprinted from the October 31st E-zine with permission.

"Meniere's Disease and Meniett Therapy"

by Neil Bauman, Ph.D.

Meniere's Disease is actually a syndrome (collection of symptoms) including a fluctuating hearing loss, vertigo, tinnitus and a feeling of fullness or pressure in the affected ear. Meniere's Disease affects in excess of 2.6 million people in North America and Europe. For most people with Meniere's, the vertigo is the most debilitating aspect of the disease.

Meniere's Disease is thought to be caused by excessive fluid (called endolymph) in the inner ear. (The fancy name for this is endolymphatic hydrops.) Therefore, typical treatments have focused on things to reduce fluid retention in the body such as a very low sodium diet, eliminating or greatly reducing both caffeine and alcohol consumption and typically also taking a diuretic (water pill).

If these measures don't work, then doctors have a number of other things they can try, but all of them

can have nasty side effects and may not work. Some of these include intratympanic corticosteroids (injecting steroids through the eardrum), endolymphatic sac shunt (invasive and not found to be very effective) and intratympanic Gentamicin (injecting Gentamicin through the ear drum which can result in hearing loss while controlling the balance problems). If all else fails, doctors may cut the vestibular nerve to totally destroy balance on the one side (vestibular nerve section) or surgically remove the whole balance system on one side (labyrinthectomy). These are rather drastic measures and leave the person with a weakened balance system as the other ear's balance system has to do all the work.

In recent years, there has been another treatment that has proven to cut the frequency and severity of Meniere's attacks way down, yet is only minimally invasive (tube in eardrum) and has not shown other negative side effects. This is called Meniett Therapy.

With Meniett Therapy, the person first has a tube placed in the eardrum on the affected side. Then, 3 times a day for 5 minutes at a time, the person uses the Meniett device (a digitally-controlled, pager-sized low-pressure pulse generator) to deliver low-pressure pulses to the middle ear via a clear plastic tube with a special ear tip that you put in your ear. These low-pressure pulses act on the round window membrane. Doctors believe that the energy of the low-pressure pulses displaces the perilymph (the other inner ear fluid), which in turn stimulates the flow of the endolymph, and results in a reduction of the endolymphatic fluid, thus relieving the symptoms of Meniere's Disease.

If you have Meniere's Disease and are having problems keeping the attacks under control, you might want to investigate whether Meniett Therapy will help you. The doctor best able to help you is an ear specialist called an otologist.

To learn more about Meniere's Disease and how you can help bring it under control go to:

<http://www.hearinglosshelp.com/products/books.htm#menieres>. Neil Bauman, Ph.D. is a Hearing Loss Coping Skills Expert in Stewartstown, Pennsylvania. You can visit his website at www.hearinglosshelp.com where you will find many interesting articles on hearing loss subjects.

Sound Advice

Presented by:

**The Canadian Hard of Hearing Association
North Shore Branch**

**The group meets on the first Friday of each
month from 10:00 AM to 12 Noon**

(Holidays excepted) at the West Vancouver
Seniors' Activity Centre's Learning Studio,
695 21st Street in West Vancouver.

(No Meeting in July and August)

When we meet, we discuss topics and issues
dealing with hearing loss.

We look forward to seeing you there.

Bring a friend, a family member,
they are welcome too.

Subjects to be addressed will include:

Technology; Coping Strategies;

Improving Relationships;

Improving Hearing Environments

For Information call: 604-926-5222

All opinions expressed in this newsletter are those of the contributors and not necessarily those of the Canadian Hard of Hearing Association or CHHA – North Shore Branch.