



Canadian Hard of Hearing Association North Shore Branch

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Mountain Ear

From the Desk of the President

Hi Everyone, welcome to this, my first “Desk of the President” letter, in the middle of winter, which took me by surprise because I didn’t hear it coming.

So, first let me say that although I’m not going to dedicate myself to giving all my waking hours to CHHA, while I’m around I will do my best to see that we work to improve the quality of life and communication for the hard of hearing folks here on the North Shore.

To this end I have already proposed a small change to our Mission Statement, to describe simply what we, as an organization are about; I am pleased to say that your Board of Director’s has now approved it.

CANADIAN HARD OF HEARING ASSOCIATION (CHHA), NORTH SHORE BRANCH.

MISSION STATEMENT

CHHA, North Shore Branch, has 2 major goals:

Firstly, to contribute to improving the quality of life for people who are Hard of Hearing, by providing opportunities for education, and for learning and developing life coping skills.

Secondly, to contribute to making the North Shore Community more aware of the needs and difficulties of Hard of Hearing people, and to encourage the Community to become “more hearing friendly” and accessible to those Hard of Hearing persons.

In this, my first letter, I would like to acknowledge the dedication and hard work of our recently retired ex-President, Mike Hocevar, who kept our “ship”

April Presentation

**Monday, April 15, 2019
7:00 pm at the Summerhill
135 West 15th Street,
North Vancouver**

Guest Speaker

Daryl Houghton

**Regional Sales Manager
Phonak Canada**

Topic

**Phonak Marvel
Phonak’s New Product Line
in the Hearing Aid Market**

Everyone Welcome

**Wheelchair and Hearing
Accessible**

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sailing in the right direction. I’m still hoping that he’ll be back before long, and that this is really just a dream.

Also, a word of remembrance and thanks to the recently passed Bill Friend, who was, indeed, a good

friend to all of us at CHHA. His quiet, sage advice will be missed by all those who worked with him.

And to you, dear reader, a reminder that both the above two departures have left a huge hole in the Board of Directors at CHHA, North Shore Branch, and open positions mean that there is always a need for volunteers. The Board is currently looking at duties and portfolios that can be passed on to new volunteers, both at the Directors level, and as plain, but valued members.

There's lots of work to do. Among the portfolios that we are urgently seeking help for are Membership and Newsletter. If you are interested in helping out in either of these areas, or any other area of your choice, please don't hesitate to speak to anyone on the current board.

One of the new programs that we have instituted is a second venue for "Sound Advice". We now have 2 locations and times, First Friday of the month at the West Vancouver Senior's Centre, and the fourth Monday of the month at Silver Harbour in North Vancouver. Flo & Hugh seem to be able to help with any questions "aural related", and we are indebted to them for providing this wonderful program for so long. As has always been the case, you are always welcome to drop in and either ask a question, or give us your own 2 cents worth.

Lastly, if there is anything that you would like to discuss with, or ask of, me, then please contact me through the CHHA – North Shore Branch website.

All the best,

Alan Dion (president)

The following article on Induction Loop technology was originally published in Canadian Audiologist in 2016.

It is reprinted here with permission. You can read the magazine on the web at: www.canadianaudiologist.ca

The author, Tim Archer is the owner of Advanced Listening Systems Limited specializing in assistive listening technologies, including FM, Infrared and induction loops.

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Is Induction Loop Technology Old News?

by Tim Archer and Mike Shaw

An Induction Loop is analogue technology that has been around since the 1940s. Is it still a viable option for assistive listening in today's digital world? Does it have any advantages over FM, infrared, and Bluetooth solutions?



What exactly is an Induction Loop? In simple terms, it is a system that allows electronic audio sources to be wirelessly connected to a hearing aid's built-in T-coil receiver, also known as a telecoil (from "telephone coil"). At present, approximately 75% of hearing aids and all cochlear implants have the T-coil receiver built in. An Induction

Loop system wirelessly transmits magnetic energy to the telecoil-equipped hearing aid using a wire that surrounds a counter or room. When a sound source is transmitted through a Loop, the telecoil circuit inside the hearing aid receives that source directly, without background noise from the room, making it much more intelligible to the person with the hearing aid.

Therein lies the most significant difference between the Induction Loop and other technologies – the receiver (T-coil) is already built-in. "What about Bluetooth?" you might ask. Bluetooth is terrific technology and certainly has its place in assistive listening such as streaming the signal from a TV, portable music device or telephone directly to the hearing aid. Where this technology falls short is in public places: one-on-one conversations with bank tellers, grocery clerks, pharmacists or in larger meeting spaces such as churches, theatres, and meeting rooms. In these situations, it would not be practical to install a Bluetooth transmitter, requiring people to "pair" their Bluetooth hearing-aid at each location – a process that can frustrate and discourage its use by the technically challenged. The Induction Loop requires no such pairing; just press the 'mode' switch on the hearing-aid or hearing-aid remote and it is instantly compatible with Loop systems worldwide.

With all wireless assistive listening systems there needs to be an audio source that is sent to a transmitter. The original audio source can come from a microphone, TV, public address system or theatre playback – basically any electronic source. In the case of an Induction Loop, the signal is transmitted as a magnetic field by a wire (antenna) surrounding a given area and picked up through the T-coil in the hearing-aid.

With FM technology, the signal from the microphone or other audio source is converted to an FM radio signal, and received by anyone with an FM receiver dialed in to pick up that frequency. The benefits of FM technology are that the infrastructure takes little installation and will broadcast a great distance; even through walls. This is very useful where security isn't an issue but is not acceptable when trying to contain information within a particular space – a courtroom, for example.

This is where infrared (“I/R”) technology excels. I/R systems use infrared light to send an audio signal from a transmitter to a receiver. This technology relies on the same type of light that your remote control uses to control your TV. Like FM, I/R requires little installation and can be configured to cover a very large area. Unlike FM, because I/R uses light, it cannot transmit through walls, which makes it ideal for locations where security is an issue.

The downside with both FM and I/R is that they require a separate device, a receiver, to pick-up the signal being transmitted. The receiver is not built into the hearing aid as it is in case of the T-coil. For this reason, a person who wishes to use the system would need to obtain a personal FM or I/R receiver.

Are there situations where Induction Loop technology is not practical or feasible? Absolutely. Installation of the loop wire can be challenging if it is to be retrofitted into an existing room as opposed to installed during a new build or a major renovation. In most cases a loop wire running the perimeter of the room will provide the required magnet field to satisfy the IEC standard for Induction Loops (IEC 60118-4), but in buildings constructed using a large amount of metal, which affects the efficiency of the magnetic transmission, a “phased loop system” is required. A phased system consists of an array of loops zig-zagging across the floor using flat copper tape. The floor covering is

then installed over the copper foil. This system produces an extremely consistent magnet field, and also prevents the magnetic field from spilling out of the room so can be used for high security applications. The other potential issue with Loop technology is that the T-coil in the hearing aid can pick-up magnetic interference from improperly installed wiring, old lighting fixtures, dimmer switches and low frequency fluorescent lighting ballasts. Most of these issues can be resolved, but a qualified Loop installer must do a site visit and check the location for background magnetic interference before an Induction Loop should be considered.

In some parts of the world, the UK for example, assistive listening technology has actually been legislated in order to provide accessibility to all people. In Europe and the US, Induction Loops continue to gain in popularity as a result of their simplicity and effectiveness. In Canada, people are starting to *hear* about this technology. Many businesses are beginning to recognize the importance of serving their clientele by providing Loops in their facilities. **Vancity** (Vancouver City Savings Credit Union) was the first financial institution in Canada to install Induction Loops at the teller wickets in all of their branches. As a result of their “teller loop” installations, Vancity received the “**Access & Inclusion Award 2013**” which recognizes individuals and organizations who promote activities that enhance accessibility and inclusion of people with disabilities in all aspects of community life. More recently BC Ferries Corporation got on-board by having Induction Loops installed on several of their ships and have announced that all new-builds and re-fitted older ships will have Loops installed.

There's an ever-increasing desire at all levels of government to make Canada more accessible. Ontario's “*Ontarians with Disabilities Act*” is leading the way with BC's Accessibility 2024 initiative promising monumental improvements in the way those with disabilities are included in all areas of life. The Government of Canada is itself currently drafting the country's first National Disability Act. There are many grant programs set up to help make public places more accessible. For example, the “*Enabling Accessibility Fund is a federal Grants and Contributions program that supports capital costs of construction and*

renovation related to improving physical accessibility and safety for people with disabilities in Canadian communities and work places”... specifically including Induction Loop systems.

In conclusion, assistive listening systems are the hearing-aid user’s best friends. All of these technologies have their pros and cons and each has its place. Bluetooth is available in many hearing aids and is excellent for personal streaming. FM broadcasts a great distance but requires the use of a separate receiver. I/R uses infrared light to send its signal, which can be contained within a room, but again requires the use of a separate receiver by the user. And then there’s the grandfather of them all: The Induction Loop system. With the “T-coil” receiver already built into most hearing aids and no frequency to change or “pairing” required, the Induction Loop is still the universal standard. It continues to be the most practical, convenient and reliable system available for assistive listening in public places. With the relatively low costs of these systems and funding available, there really is no reason why Induction Loop systems shouldn’t be installed in all applicable locations; starting with the hub of the hard of hearing’s resource network: their audiologist’s office. Having an Induction Loop available is the most effective way for an audiologist to demonstrate their clients’ T-coil and them on its use.

Tinnitus: are you suffering?

by Susan Gelinas

I am writing this article to tell a little bit about my experience with tinnitus and to encourage people who are experiencing tinnitus to look into resources that are available to us.

Tinnitus is usually described as a buzzing, or ringing in one or both ears or in the head. It can include a lot of different sounds that are specific to a person. Most people do hear sounds that other people don’t, but some of us hear those sounds on a regular basis and those sounds can cause distress and disruptions in our lives.

Tinnitus is extremely common, but in the past it was not often talked about, and it is still often misunder-

stood. I have been experiencing tinnitus for more than 20 years without realizing what it was. I hear a “pump” sound and “music” and what sounds like old TV programs. It started one afternoon and I assumed someone in my apartment building had bought a new speaker for their sound/TV system and the sound was carrying. I couldn’t find the source. Everyday it would start about 2pm then again at 4 am and then it was there all the time. For many years I only heard it in my apartment but then I started hearing it in other places, generally quiet places.

I talked to many people: neighbours, the cable company, the telephone company, the plumber, my GP, an ENT, an audiologist, etc. And though there was some support that it was the heating system that was causing some vibrations and some feedback, that I had lost some hearing and I was hearing some sounds I was previously able to dismiss, the general consensus was that I was stressed and needed counselling. Not once was the word “tinnitus” used. I just got used to be woken up at 4am by the sound.

When I started attending Sound Advice and hearing other people’s stories it occurred to me to start looking into it. I read Neil Bauman’s “Phantom Voices, Ethereal Music & Other Spooky Sounds and I realized that I wasn’t alone and I wasn’t crazy. It was only last year when I went to a new ENT and told her I had started hearing my heartbeat all the time that the word tinnitus was used. I learned that the heartbeat thing was called pulsatile tinnitus and all the other stuff was regular tinnitus.

I started looking at all the online information and found it overwhelming. I was referred to the Tinnitus Clinic at St Paul’s Hospital and it was a tremendous help. I would highly recommend it as a primary resource. The “clinic” was a 3 hour session facilitated by an audiologist who is highly trained in tinnitus and interestingly also had tinnitus herself. There were 4 other people in the group with tinnitus or hyperacusis; one person brought a parent which was allowed. We were asked to share our experiences if we were comfortable to do so. Then the audiologist began a slide show: it included the anatomy and physiology of the hearing system and how we hear, the current understanding of what tinnitus is, and management strategies for tinnitus and hyperacusis.

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I was fascinated to learn how our brain processed sound waves in terms of pitch or frequency and in terms of loudness or intensity. Sound frequency is measured in Hertz (Hz). The normal frequency range of human hearing is 20 to 20 000 Hz. The range from 250 to 8000 Hz is considered the most important for speech and that is the range that is tested on our audiograms. Sound loudness is measured in decibels (dB). The normal range is 0 dB (softest sound a human can detect, not silence) to 140 dB. Sound intensities of 85 dB or higher can do damage to our hearing depending on how long you listen to the sound. I was also surprised to learn that we start to lose our hearing by a very small percentage per year after we have turned 2 years old.

It was educational to learn some of the very basics of how ears are “constructed” and how the parts of the ear work together. I got a much better understanding of my hearing loss and a better perspective on how individualistic a person’s hearing loss is. I learned that tinnitus is naturally produced by the hearing system. I have not been imagining the sound. Tinnitus is not a disease, nor an illness, nor a disorder. In many cases people can pinpoint an event that triggered the onset or awareness of tinnitus, but there is no specific medical condition that causes tinnitus. And therefore, there is no medical treatment that eliminates tinnitus. I should add “in most cases”, because there can be temporary tinnitus.

In my case, I was losing my hearing without totally being aware of it. I also have a mixed hearing loss and that has contributed to it. It can be quite distressing to think you can’t “fix” tinnitus. One of the most helpful facts to me was that the tinnitus is a “harmless” sound: it can’t hurt me. Our hearing system is always processing the information around us: it screens sounds around us and passes on the important information, ignores other sounds. In my case, my hearing system is still processing the tinnitus sounds as “harmful” and not ignoring them. Even as I am writing this article I can hear the sound of the “pump” and my brain is still associating it with someone playing music when they shouldn’t. I need to change my brain’s perception of that sound. The bottom line is that there is help out there to help me retrain some of my brain, and to cope with the tinnitus. I learned that there are people trained to help with tinnitus: psychologists, clinical counsellors, physiotherapists, audiologists. There are

different kind of ear plugs that filter sound and help us mask the tinnitus. A “masker” can be built into my hearing aids to also distract from the tinnitus. And, there are “sound machines” that can help me with the tinnitus.

I came away from the clinic with a list of resources as well as a guide book. And most importantly feeling dramatically better about what I was hearing and perceiving. If you are experiencing difficulties with your tinnitus, I would recommend that you get a referral from your ENT. I was on the waiting list for about 6 months. It does cost \$100, but was well worth it. I was concerned that I would have trouble hearing in the group, but the room was not too big and it was well layed out. The facilitator assured me she would wear my remote mic if needed; she also had pocket talkers available. I had no problems hearing and I felt comfortable in the setting.

North Shore CHHA-BC Youth Peer Support Event,

On Feb. 1st at Mountainside Secondary, 16 deaf and hard of hearing students, from (grades 4-8) from the North and West Vancouver School Districts, gathered to participate in a CHHA Peer Support Group Event.

After the students enjoyed a delicious pizza lunch, snacks and drinks, Bowen Tang led them in a variety of activities and discussions such as: the ice-breaker occupation game, Gerozemoes, beaver tails, drawing telephone and discussing acts of advocacy. We were impressed with the variety of activities that engaged students and promoted mingling, proactive communication strategies, conversation with peers and fun! It was wonderful to see the students laughing and chatting. Bowen did a great job of reading the students and adjusting his plan to fit their activity and comfort levels. This CHHA-BC Peer Support Program Event was a wonderful opportunity for our DHH students.

On behalf of the Teachers of the Deaf and Hard of Hearing from both districts and our students, we would like to thank CHHA North Shore for sponsoring this wonderful event.

Sincerely,

Rhena Tevendale, Maureen Clarke, Afsana Baumann and
Kristyn Payne, North and West Vancouver Teachers of
the Deaf and Hard of Hearing

Vancouver Community College Spring Speechreading Courses

The Spring term Level 1 Speechreading courses have been scheduled.

Monday evenings from 7-9:30 pm, April 1- June 17th and Wednesday mornings from 9:30-Noon, April 3 - June 19 at VCC and Tuesday afternoons 2:30-5:00 pm, April 9 - June 18 at the West Vancouver Seniors' Activity Centre.
(no classes Monday April 22 and May 20)

- ◆ The course meets once per week, for 10-12 weeks.
- ◆ Classes typically begin three times a year: September, January, and April.
- ◆ The course meets at the VCC Broadway Campus at 1155 East Broadway in room 2550. There is ample pay parking and some free street parking. There are several pay parking/handicap spots quite close to the classroom. We are on the Broadway bus routes, and there is also a VCC sky train stop.
- ◆ You must receive permission from the Deaf and Hard of Hearing Department (DHH) before you can register. You will receive a permission letter from DHH after you have communicated with Lisa Dillon Edgett through a phone, email or face-to-face conversation.
- ◆ Registration is based on a first-come, first-served basis.
- ◆ Friends and family members who do not have hearing loss are also encouraged to register with you. They must also pay the registration fees.
- ◆ Class sizes are small (usually a max of 8), and there is an amplification system in the classroom to help you hear the instructor and other students.
- ◆ Students must be able to speak and read English. Handouts are given to support class discussions.
- ◆ Each week, we learn about speechreading (lipreading) and do activities to practice speechreading. Some activities use a video, and we also practice with our classmates.
- ◆ Other topics include: how we hear, what things affect our ability to communicate, how to communicate better on the phone and in a restaurant, how to handle difficult situations, being assertive, and much more.

At this time, tuition for the course is \$265.36. Financial support may be available for seniors and low-income applicants. We will work with you in hopes of getting a tuition waiver or grant to cover some of the required fees if you meet the criteria.

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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.

Sound Advice

**Presented by:
The Canadian Hard of Hearing
Association
North Shore Branch
Now at 2 Locations**

**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.**

**The group meets on the First
Friday of each month
from 10:00 AM to 11:30 at the
West Vancouver Seniors'
Centre's Social Rec Room.**

**We also meet on the Fourth
Monday of each month
From 10:00 AM to 11:30
at the Silver Harbour Seniors'
Centre In North Vancouver
in the Card Room**

(No meetings in July & August)

**Subjects to be addressed include:
Technology;
Speechreading;
Coping Strategies;
Improving Hearing Environments**

**For Information call:
604-926-5222**