Canadian Hard of Hearing Association
North Shore Branch

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September and December by CHHA – North Shore Branch,
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Mountain Ear

From the Desk of the President

Hi Everyone,

So, in my last message to you, I asked if that was a light that I thought I could see at the end of the tunnel. Somehow, it now seems a little further off than before. However, we've made it this far, so I'm sure that we'll get there, so keep your spirits up, or down if they are of the liquid variety.

That was some heat wave, I've never experienced anything like that before, maybe on vacations to sunny spots, but never here. Hope you managed OK. We have a portable air conditioner at home, and at least it got our bedroom cool enough for us to get some sleep, but it sure was tough during the day. How did you fare? I'll bet it made you appreciate some of the cooler weather that we often experience around here.

As I mentioned in my last letter, early June saw the CHHA national Conference, the first time this event has been run exclusively on-line. Both Hugh and I attended, most sessions, and I must say that they, the organizers, did a wonderful job. And, some of the speakers were quite excellent. Next time this event comes around you should try to take it in, if you can. The range of topics covered was quite extraordinary, certainly enough to keep anyone attached to their chair in front of their screen.

The next event to occupy your viewing attention, at least from the CHHA perspective, is our AGM. The date is September 20th, that's a Monday, at 7:00 pm.

Annual General Meeting
Monday, September 20, 2021
7:00 PM via Zoom

The AGM will be followed by a talk from either Richard Gauntlett, President of Silver Harbour Senior's Centre or Annwen Loverin, Executive Director. Silver Harbour

They will be giving us an update on the plans for the new building to replace the old one on East 22nd Street, North Vancouver

Please make every effort to attend to ensure that we have a quorum in order to conduct the AGM business.

FOR INFORMATION CALL
604-926-5222

Don't forget to both pay your membership and sign up for this Zoom event. You will find all the information to do this in the AGM notice mailed to you recently. As well as having a say in how your branch is run, we'll also follow up with a talk about the upcoming additions and changes to Silver Harbour, which I'm sure that most of you will be interested in. Another interesting reason to sign in to this event is that it is the September Full Moon. Make sure you're there to see how "your" favourite Director, whoever that may be, is changed into a mighty hearing super person!

Although all of the current Board have offered to continue to serve, we do have an opening for one more person to volunteer to join our Board. I know that I've spoken of this before but, if we don't have people prepared to help with running the branch, we could be in the position of not even having a branch. Please give this some serious consideration.

And, speaking of the current Board, I'd like to take a moment to thank them all for their service and dedication and all of their hard work. It's a pleasure to work with so many committed people, without whom we would be nowhere.

And, while I'm on the subject of asking for your help, I'd like to go a little further. Because we are in a healthy financial position brought about by your donations and bequests, we are still able to waive our branch fee again this year. All that is required for branch membership is to be a paid up member of CHHA National. When it comes time to think about the distribution of your estate, why not leave a little something to CHHA, so that we can continue our good work.

And, while I'm also on the subject of what CHHA North Shore has to offer, another plug for Susan Gelinas for all the work that she has put in to make the website as open and informative as it is. Check it out at https://www.chha-nsb.com/, if you haven't already done so, it's great.

Well, that's enough bibs and bobs (old English expression, sorry) for now, so, keep well, and as I said last time, hug the ones you can.

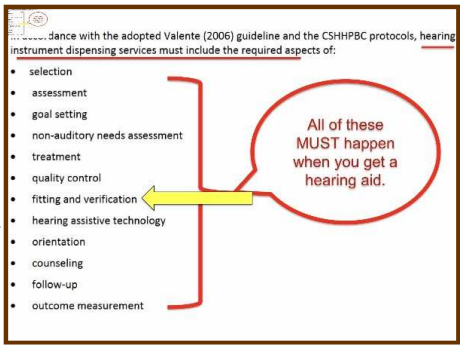
Enjoy the rest of summer,
Alan

June Presentation

by Hugh Hetherington

On June 21, our guest speaker for the June presentation was Lorienne Jenstad, Ph.D., RAUD, Associate Professor at the School of Audiology and Speech Sciences at U.B.C. Her talk was titled "What's Up Doc? What Consumers Want Their Audiologist to Explain to Them During Hearing Aid Verification." Lorienne spoke to us about "Real Ear Measurement" back in June 2017 and returned this summer to update us on the results of a study she has undertaken since to find out what hearing aid consumers would like to have their hearing professional explain to them when this test is being carried out. You can read the previous report on her presentation in the September 2017 issue of our newsletter, available on our website in the resource section under newsletter archives.

To begin this talk, Lorienne briefly reviewed what she had previously told us about the Real Ear Verification Test. She went on to explain that from the audiologist's point of view, there are a number of things that must happen during the process of fitting a person with a hearing aid. This list includes among others, assessment, goal setting, treatment, quality control, counseling, fitting and verification and follow up. From this list, the item that she wanted to talk about in this presentation was "Fitting and Verification". Lorienne also pointed out that all of these things mentioned must happen when you get a hearing aid. These processes are mandated by the College of Speech and Hearing Health Professionals of BC (CSHHPBC). The College is an organization that is there solely to protect consumers. They write policies and guidelines on how hearing tests have to happen, how hearing aid dealers can advertise, how hearing aids have to be sold, etc.



Once all the hearing aid tests and adjustments have been made, this mysterious piece called "fitting and

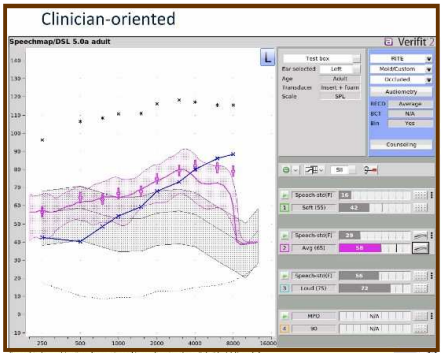
verification" is done to ensure that the hearing aid is programmed correctly for you. It can sometimes be called real ear microphone probe measurement or just real ear measurement. It consists of placing a very tiny microphone in your ear canal and then inserting your hearing aid in on top. The audiologist will then have the testing machine play some words or sounds that your hearing aid will pick up in your ear canal that will tell how the sounds match those measured on your audiogram. Lorienne explained that the purpose of doing this is that ear canals vary in size from person to person and even between two ears on the same person. A hearing aid programmed for one person may sound completely different in another person's ear even if they had the same hearing loss. By running this test, program changes can be made, then retested until the audiologist is satisfied that the aid is adjusted to be right for you.

Some audiologists may explain to you what they are doing when they conduct this test, while others may not. Lorienne's research group felt that it was important for the consumer to know more about this test because it can tell them more about their hearing loss and how their hearing aids perform. They decided to conduct a study among consumers to find out exactly what they would like to know about the test and what they would like their audiologist to explain to them during the test. They conducted focus groups with first time hearing aid users to find out what information consumers would like to hear from their audiologist and see during this test. They wanted to know if people really wanted to know this information and what was the best way to present it.

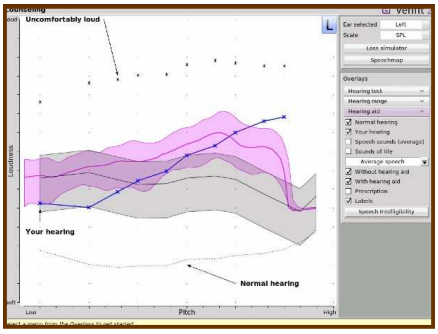
The study was conducted by demonstrating the real ear measurement with an explanation. Group discussions were then held with an experienced moderator who elicited thoughts on terminology, overall explanation and visual format. During the discussions a video was used to show what the audiologist sees on the screen during the test. Questions were asked like, "What information do you think was helpful during the procedure?" and "What do you think someone else going through the procedure for the first time should hear?" The overall impressions from the groups were that people really did want to know more. Participants also had a lot of input for modifying the informational counseling. No one really said that they didn't want to know what was happening and to just let the audiologist take care of it. One person actually said that "when you look at the price of a hearing aid, you want to know as much as possible."

A lot of suggestions were received. One was that the test be shown multiple times, the first time just to show the test and the second time to hear the explanation about what it meant. Another participant suggested to take additional time and repeat it a couple of times to make it clearer. Bring it down to simpler terms, everyday language. Judge your audience. Some people want to know more, some less. Make the procedure meaningful to the client.

As for the visual information on the screen, as it is now the screen is oriented towards the audiologist. Also provide a client-oriented screen. Label what is shown on the screen to make it more understandable to the client. Maybe use a legend that describes what is being seen.



They were lucky to being doing this study with a company that makes the equipment. The result of the study was that a new consumer-oriented graph was developed. This all resulted from suggestions from consumers, all from the Vancouver area. Lorienne commented that this was exciting because the graphs were changed and will be seen on equipment used around the world.



Lorienne concluded her presentation with a number of slides showing the new visuals and explaining them the way an audiologist would. She explained how this test benefits both the audiologist and the consumer. It helps you the consumer by helping you to hear better in noise. There is research that when this test is done, there is better self-reporting of benefits from hearing aids. It also means that there are fewer return visits to your audiologist, and they are now working in their lab at U.B.C. to

see how this will help you understand your own hearing and hearing aid better.

In Summary, Audiologists can measure the sound of a hearing aid with a small microphone placed near to the eardrum with the test "Real Ear Measurement". They use this to adjust the hearing aid to be right for the individual. The College requires this, AND it helps the individual to hear better. If it is explained to you well, It may help you to understand your hearing aid better.

Stop Trash-Talking Telecoils!

by Gael Hannan

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I don't know how to say this more clearly: Telecoils in my hearing aids have made my life better. Better, happier, easier, and more connected. And I'm not the only one – there are gazillions of us. Because of this positive experience, it's frustrating for us – the hearing loss advocates and international organizations – to hear that audiologists are advising against telecoils, saying they're 'old technology' and here, try this newest, greatest thing!

Without telecoils, I wouldn't have been able to use the phone as well as I have for the past 20 years. I still use it to talk on the phone, both cell and landline, daily.

Without telecoils, I would continue jostling for space at the front of a group or crowd, to sit in the front row so that I could better see and lipread the speaker. Now I can stand at the back of a crowded hall – like I recently did at the national conventions of the Canadian Hard of Hearing Association and the Hearing Loss Association of America. In plenary sessions and smaller workshops, the speakers' voices flowed beautifully into my devices. (Bluetooth can't do that – the poor speaker would have 100 transmitters handing around her neck or pinned to his clothes.)

Without telecoils, I wouldn't have been able to use audio guides in museums, art galleries, boat tours and other facilities around the world that care about inclusion for people with hearing loss. I would have had to rely on imperfect relay by the Hearing Husband or get by just with the visual information.

I've used telecoils in other looped environments such as at church, at the bank, and watching TV. When I'm presenting or performing, in addition to the audience area being looped, I ask for the stage area to be looped as well, because it lets me hear myself better (always a good thing for the presenter).

Still, many audiologists say that telecoils are 'old' technology, as if discoveries come with a "Use By" date when they are suddenly no longer useful. I mean, hey! What about the wheel? It's a very old invention – and to this day, wheels still make our world go 'round. Like the song says: big wheel keep on turnin'! Penicillin and insulin were invented in the 1920's and they are still saving lives. So, while telecoils are decades-old, they still provide crucial and exquisite access to communication.

Hearing care professionals need to stop trash-talking telecoils, because people with hearing loss around the world love them! We love how switching our devices to the telecoil mode connects us to other people. And it's not an 'either-or 'situation. We also love what Bluetooth does for us when we can use it. We adore the improvements in speech-to-text technology. We are passionate about captioning.

We want it all and today we can have it all – but only if hearing care professionals put client needs first and look at our overall, everyday hearing requirements. And if they are still not convinced – simply because we say so – we strongly recommend they attend a consumer hearing loss event. There, they can see for themselves the look on the face of a person with hearing loss when they use telecoils for the first time in a workshop or when someone sings the national anthem. That look of wonder is worth a CEU (Continuing Education Credit).

If you're a person whose hearing care professional tries to talk you out of a telecoil, be polite but firm: Give. Me. A. Telecoil! And if that doesn't work, find a more person-centered care clinic.

Types of Hearing Loss

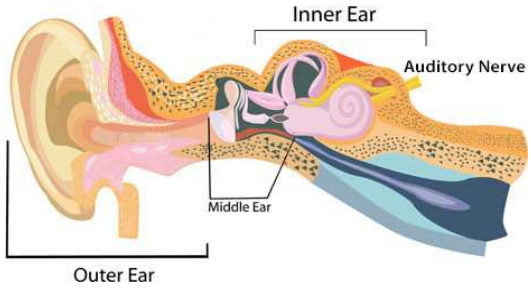

Image: www.cdc.gov

Hearing loss is defined when your ability to hear in everyday situations is reduced and it has become more difficult for you to hear speech and other sounds. A trained professional can test your hearing using a variety of tests and record those results on an audiogram and can assess the level of hearing loss, as well as recommend and prescribe solutions. Hearing loss can be categorized as mild, moderate, severe, or profound. A hearing loss can occur in one ear only (single-sided hearing loss) or in both ears (bilateral hearing loss). You can be born with a hearing loss, or lose your hearing over time, or you can have a sudden hearing loss.

There are four types of hearing loss:

1. Sensorineural hearing loss (SNHL) which results from missing or damaged sensory cells (tiny hair cells) in the inner ear or cochlea. Problems with the nerve pathways from your inner ear to your brain can also cause SNHL. This is the most common type of hearing loss. Soft high pitched consonants and environmental sounds may be hard to hear. The patient cannot understand speech clearly. The patient experiences a loss in volume. Noise-induced hearing loss is a permanent hearing loss caused by prolonged exposure to high levels of noise and is a form of SNHL. Presbyacusis or age related hearing loss is also a type of SNHL.

Sudden sensorineural hearing loss (SSHL), presumed to be of viral origin, is an otologic (ear) emergency that is medically treated with corticosteroids. See your doctor and get a referral to an ENT as soon as possible.

Some other causes of sensorineural hearing loss include:

- Viral or bacterial infections
- Certain prescription medications
- Ménière's Disease
- Acoustic Neuroma a tumour which is located between the ear and the brain
- Hereditary factors

This type of hearing loss is generally permanent.

2. Conductive Hearing Loss:
A conductive hearing loss happens when sounds cannot properly get through the outer and middle ear to the inner ear. It may be hard to hear soft sounds. Louder sounds may be muffled. It can be temporary if caused by too much ear wax or an ear infection.
Other causes include:

- Fluid build-up
- A punctured eardrum
- Foreign objects in the ear canal
- Dislocation of the ossicles (3 middle-ear bones)
- Otosclerosis (disease of the middle ear)
- Unusual bone growths
- Tumours

This type of hearing loss can sometimes be treated with medicine or surgery.

3. Mixed.
Sometimes, a conductive hearing loss happens at the same time as a sensorineural hearing loss. This means that there may be damage in the outer or middle ear and in the inner ear or nerve pathway to the brain. This is a mixed hearing loss. The sensorineural hearing loss is generally permanent, but in some cases the conductive hearing loss can be treated medically.

4. Auditory Processing Disorders, Auditory Neuropathy Spectrum Disorder or Neural Hearing Loss:
Hearing loss that occurs when sound enters the ear normally, but because of damage to the inner ear or the hearing nerve, sound isn't organized in a way that the brain can understand. When the auditory nerve is damaged or missing, this is known as a neural hearing loss. Hearing aids and cochlear implants cannot help because the nerve is not able to pass on sound information to the brain. In many cases, however, an Auditory Brainstem Implant (ABI) may be an option.

Living Successfully with Hearing Loss

Living Successfully with Hearing Loss classes through Vancouver Community College are scheduled for online delivery for the Fall 2021 semester. Courses will have a course website to access the material and a weekly Zoom meeting to review, discuss, and practice the material. Classes meet once per week for 12 weeks. Class sizes are limited to 8 people. Friends and family members are also encouraged to register! Find out more here: https://vcc.ca/courses/dhhe-0618/

Living Successfully with Hearing Loss, Level 1

Tuesdays, 1 pm, from Sept. 14 to Nov. 30
Tuesdays, 7 pm, from Sept. 14 to Nov. 30

Living Successfully with Hearing Loss, Level 2

Wednesdays, 1 pm, Sept. 15 to Dec. 1
Wednesdays, 7 pm, Sept. 15 to Dec. 1

If you are interested, have questions, or want to register, please email Lisa Dillon Edgett at ldillonedgett@vcc.ca

Sound Advice

Presented by:
The Canadian Hard of Hearing Association
North Shore Branch

When we meet, we discuss topics and issues dealing with hearing loss. We look forward to seeing you there.

West Vancouver Seniors' Centre sessions and Silver Harbour sessions are now being held online as Zoom meetings. West Vancouver on the First Friday of each month and Silver Harbour on the last Monday of each month both at 10:00AM.

To receive an invitation to join either meeting send an email to chha_nsb@telus.net and you will be added to the list for both. You are welcome to join either meeting or both if you desire. (No meetings in July and August)

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

Note: we are currently working with both Silver Harbour and West Vancouver Seniors' Centre to re-establish some in-person meetings again soon.
Stay turned for announcements.

For Infomation call: 604-926-5222