



Mountain Ear

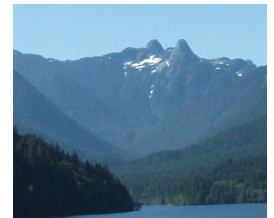
Published four times a year in March, June, September and December
by **The Canadian Hard of Hearing Association North Shore Branch**
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Charitable Registration No. 89672 3038 RR0001

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Issue 122 September 2023



From the Desk of the President

by Hugh Hetherington

As we approach the end of what turned out to be a long hot summer it's time to look back and see how we survived as a group over three years of the Covid-19 pandemic. We also have to look forward to see what changes we need to make to ensure that we now get back to some normal operations and get people involved again in our goal of providing a support network for people with hearing loss.

There is no question in my mind that while in-person meetings were not possible, online protocols like Zoom were there to save the day. It was also noticeable to see the many improvements that happened with Zoom and other online meeting protocols over this time. It was also interesting to see that this forced change to online meetings happened with most other organizations, as well. Company employees by necessity were able to work from home changing the economic scene in cities and not always in a good way. Unfortunately, the impression that I get from the news, it is sometimes hard to get the employees back to the office.

It was also evident by the feedback that I received from many of our members, that while this was embraced as a good thing for some, it left others out of the loop. With the new season starting in September, it is time to get things back to normal.

We started the change back to in-person meetings with our last Monday Sound Advice sessions at Silver Harbour Seniors' Centre earlier this year. We are working with West Vancouver now to start the in-person sessions on the first Friday of October and the months following. We are planning for these to be Hybrid sessions to accommodate both on-line and in-person together.

Ironically, this has caused a change in the opposite direction. During the three years of Covid-19 we picked up a lot of new meeting participants who were now able to take advantage of our online activities even though their locations were far from our communities. Going fully back to in-person meeting will leave these participants out of the loop.

To counteract this issue we have decided to keep our Evening Meeting, formerly our Summerhill meetings, online with Zoom. This has advantages, especially in the Winter months so our guest speaker can attend from distant locations.

Moving forward we hope to see your faces again at our meetings and renewing old acquaintances.

June Evening Zoom Meeting Recap

by Hugh Hetherington

For our evening meeting on June 19th, we were pleased to welcome Dr. Lorraine Jenstad, RAUD, Ph.D. from the UBC School of Audiology and Speech Sciences to give us a presentation on their project, "Advocating for Hearing Health Care Change in BC". Lorraine was accompanied by her research team on this project, Brenda Poon, Danielle Lafleur and Craig Stevenson who took part in the presentation.

Their project was titled: Breaking Barriers: Empowering Primary Care Providers (PCPs) to be Instigators of Change in Hearing Health Care Practice. The project came about because of some community consultations where they asked people about some of the challenges with hearing health care in BC. Some of the areas discussed included knowledge, access, hearing testing and other hearing care issues including high cost.

In the discussion around knowledge some of the things

that came up were, people don't know where to go when they have hearing issues, that hearing health care is not valued in comparison to other senses, that they are told by their doctor that hearing aids won't help, or their doctor doesn't know where to refer their patients. The main purpose of the project was to find out how they could support PCPs to ensure that their patients with hearing concerns access hearing health care are referred for treatment. They recognized that this was an area that they needed to focus on since PCPs are often a first point of contact for health concerns. Doctors only refer about 50% of their patients who have hearing concerns and that they are expected by patients to play a key role in hearing health decisions. PCPs are a most important social influencer with respect to seeking hearing help.

The project consisted of reviewing recently published literature, surveying PCPs to understand their knowledge and attitudes on the subject, what their practices are, and what the barriers are to making referrals. Ultimately the purpose of the project is to find out how they could support PCPs in BC to ensure that their patients with hearing concerns access hearing health care and commit to treatment referrals.

The project is being done with community advisory groups consisting of audiologists, PCPs, community organizations and hard of hearing individuals who meet 2 or 3 times a year to provide the research team with feedback throughout the projects.

In the literature review the populations studied included family doctors, nurses, medical practitioners, health professionals and medical professionals working with people with dementia or learning disabilities. It also included adults with and without hearing loss, older adults with and without hearing loss and older patients where hearing loss was not specified. Interestingly they only found one study from Canada so most of the information is from the USA, UK, or Australia. From the literature they pulled out information on PCP attitudes, behaviour, practices and knowledge.

In going through the literature with regards to the PCPs some of the key words that came up under barriers were lack of time, lack of knowledge, patients not bringing up hearing loss, awareness, screening, insufficient reimbursement, priority, training, treatment costs, busy, tools, etc. Under facilitators the keywords were knowledge, training, education, screening, relationships,

pathways and better tools. In BC it is not necessary to see a doctor for a referral to an audiologist but it is a pathway many people take.

At this point in the presentation Brenda Poon took over to discuss the actual survey of Primary Care Providers. In surveying the PCPs in BC their purpose was to find out what the current practices were with regard to promoting hearing health for adults with hearing concerns, what were the barriers to making referrals, and what their knowledge and attitudes were regarding hearing health. The survey included both multiple choice and open-end questions. The total number of respondents was 370, the majority of which identified as General Practitioner or Family doctor. There were also some who self identified as nurse practitioner or Primary Care Registered Nurse. Brenda then shared some of the findings from the survey.

Question: I find it easy to discuss hearing health care and assessment with my patients aged 50+. Over 60% either agreed or strongly agreed with the statement, while about 14% disagreed or strongly disagreed with the statement. About 24% were neutral.

Question: It is simple to refer my patients aged 50+ for hearing health care. The answers were similar to the previous question with about 60% in the agree category and 40% in the disagree or neutral category.

In the open-ended questions associated with these results, some of the responses were "I refer them for audiology testing. Often, they don't go because it is not an MSP insured service." "Knowing who and how to refer."

Question: I believe that I play an important role in the hearing health care of by patients. Over 70% were in the agree or strongly agree category while the remaining 30% were either neutral or disagreed.

Question: How confident do you feel about how to screen or refer for hearing concerns? The answer was very similar to the previous question with a 70% to 30% split.

Question: How do you feel about being a champion for hearing health? In answering this question more PCPs were in the positive category with responses like enthusiastic, passionate, optimistic, determined, proud, while fewer had more negative responses like angry,

annoyed, disgusted, indifferent, afraid.

In the open-ended questions the study was looking for the PCPs responses in their own words.

Question: What steps do you take if you are concerned about the hearing of a patient aged 50+? Many of the responses given were around prevention. Some examples, “Reducing noise and avoiding exposure to loud sounds is probably one of the most obvious and important ways to protect your ears.” “I refer them for audiology testing.” “Do formal simple hearing screening in office (with or without equipment)” The PCPs also talked about the physical side, such as, examining the ears, checking for earwax, etc.

Question: In your experience, what factors affect how likely you are to refer, or not, to hearing health care. In answering this question, the answers were clustered in three groups, the patient’s perspective and the symptoms and signs. The PCPs perspective with time and knowledge. The hearing Health care considerations, such as, cost and availability of audiology clinics in the patient’s area. This resulted in some comments, such as, “If patient brings it up as an issue.” “If I have the time to think of it.” “limited knowledge about quality of service.” “the cost of hearing aids is unreachable for many of my patients.”

Danielle Lafleur took over to finish off the presentation with regards to the situation in BC. In relation to other Provinces, BC has very minimal coverage for adults requiring hearing aids. Help BC Hear Better is a group of audiologists, researchers and ENTs (Ear, Nose and Throat Specialists) looking for help finding funding for hearing aids in BC. So far they have spoken with politicians about the importance of hearing health and how government funding for hearing aids can reduce one of the barriers to hearing health care access in BC. Their next step is to reach a larger audience within the Provincial Government and garner support for a government funded hearing aid program. CHHA members can play an important role in this.

Lorienne, Brenda, Danielle and Craig opened up the meeting for discussion and questions.

Thank you Lorienne and your team for a most interesting and enlightening presentation.

CHHA-NSB
Annual General Meeting
Monday, September 18, 2023
7:00 pm via Zoom
Guest Speaker
Neil Bauman, Ph.D,
Hearing Loss Coping Skills
Expert & owner of the website
www.hearinglosshelp.com

Topic:
“7 Effective & Free Hearing Loss
Coping Strategies”

The meeting is open to the public and there are no restrictions on the number of people who attend.

The meeting is expected to last one hour: a presentation followed by questions & discussion.

For **information** call:604-926-5222
 To **request** an invitation to join this
 Zoom meeting, please email:
chhansb475@gmail.com

Do You Hear What I Hear?

by Rick Waters

So, you’ve got hearing loss, and you have a hearing aid (HA), a cochlear implant (CI), or both. Unlike some other products, HAs and CIs don’t come ready to use out of the box, they must be programmed, or mapped, by a skilled audiologist. And despite the fact that our audiologists are highly trained and have a Master of Science degree, they cannot do this job alone. They need help, and that help has to come from you.

And, there’s a very simple reason for this: the audiologist does not hear what you hear. Yes, they have the ability to listen in to the output of the HA or the CI, and they can

measure the output level and frequency curve, but they cannot hear what you hear. And, that's for a very simple reason: the output of the HA or the CI travels through your hearing system, then through your auditory nerve, and finally into the auditory processing neurons in your brain. And that's where the sound you hear comes from. And, as the old saying goes, we are all different, so how one person perceives a particular sound will be different than how others will perceive the same sound.

Now, let's say you've a new CI processor, or a new HA. The audiologist at either the Cochlear Implant clinic, or the Hearing aid clinic will conduct a series of tests on your hearing, and based on those results, will program or map the output of the device to match your hearing. At this point, they will probably start working with you to fine tune the program, and then send you on your way, into the "real world" and usually with the idea that you will wear the device(s), for a few days or so, then come back for a check and fine tuning of the program.

Remember that the audiologist cannot hear what you hear. However, they need to know what you hear, and consequently, you have to tell them what you are hearing, or perhaps more importantly, what you are not hearing. Communication with your audiologist(s) is vital to maximizing the benefit you derive from your hearing instruments.

I recommend keeping a journal or diary, and making detailed notes of hearing situations that you encounter during each day, and how well you were able to hear in those situations. Make notes of both good outcomes, and situations that presented more challenges. For example, you may have been visiting a friend or family member and found it difficult to follow the conversation while sitting on their sundeck or patio. Make a note of what other sounds were present, how far apart you were sitting, and perhaps anything special about the way the other person spoke.

Maybe you attended a musical concert, say at a church, and although you could enjoy the music, you could not understand what the master of ceremonies was saying between numbers. Make notes about the room, how far you were from the speaker, and so on. Or, you met a friend arriving at the airport, and had difficulty hearing them in the terminal building. Make notes of how noisy it was, and anything else you think will help, such as airplane noise, public address announcements,

background music, and so on. Don't neglect to record successful situations where you were very satisfied with how well you could hear.

Take this journal or record with you when you return to the audiologist, as it should help them to adjust your programming or map to provide you with better results. If you do a good job at this, the audiologist can do a good job at their end because, as we mentioned at the beginning, they cannot hear what you hear, and they need to know how you are doing in a variety of situations.

Hearing Loss and Dementia

by Neil Bauman, Ph.D. © August, 2018

Dementia linked to hearing loss has been in the news quite a bit lately. The media hype has left some hard of hearing people feeling that they'll end up with dementia simply because they now have a hearing loss—as though hearing loss has to result in dementia. Furthermore, some less than ethical hearing professionals have used this hype as scare tactics in order to try to sell more hearing aids.

To be sure, there is a kernel of truth in the news that there is a link between hearing loss and dementia. Therefore, let's look at the results of some studies and put the results into proper perspective.

In one study, researchers identified nine modifiable higher-risk factors that they statistically linked to dementia. Of these factors, hearing loss is ranked number one. Those are the facts. However, the devil is in the details.

First, there are two broad categories of factors that cause dementia—those that we have no control over, and those that we have some control over.

The larger group, composed of factors we have no control over, such as aging and family history, comprise a whopping 65% of the total risk of getting dementia. These non-modifiable risk factors are obviously much more significant than hearing loss—only one of the 9 modifiable risk factors.

The nine modifiable risk factors that researchers have identified as contributing 35% in total to dementia (in order from greatest to least) are: hearing loss (9%), low-level of education (8%), smoking (5%), depression (4%), physical inactivity (3%), hypertension (2%), social isolation (2%), obesity (1%) and Type II diabetes (1%).

These figures show the percentage reduction in new cases of dementia if this risk factor is eliminated. As you can see, most of these factors are lifestyle-related issues and, as such, we have considerable control over them if we choose to do so.

I find three observations of some note in this research.

1. The risk of uncorrected hearing loss only contributes 9% to an increased risk in getting dementia. Although this is a significant increase in risk, it is still only 9%. We're not talking a 90% increase in risk just because you have an uncorrected hearing loss. Thus, if you have a hearing loss, dementia isn't a sure thing, or even a likely thing. You don't even have a 10% chance of getting it just because you have a hearing loss.

Therefore, don't let people scare you into getting hearing aids before you are ready to do so—but do get and wear hearing aids as they will likely make your life easier and less stressful.

2. Researchers lumped these nine risk factors into three groups, depending at what stage of life they occur.

Early life – low-level of education

Mid-life – hearing loss, hypertension, obesity

Later life – smoking, depression, physical inactivity, social isolation, diabetes.

Note that this study identified hearing loss that occurs in mid-life as the hearing loss risk factor for dementia.

This means that this risk factor does not apply to those of us who were born with severe hearing losses or acquired hearing losses in early childhood. It appears that hearing loss in early life is not a risk factor for dementia. It's only when you acquire a hearing loss later in life that hearing loss becomes a significant factor.

Therefore, if you were born deaf or with a hearing loss, you don't have to worry that you were sentenced at birth to having dementia later in life. That is not what this study revealed, so you can set your mind at rest in this regard.

3. Note that mid-life hearing loss in itself is not a risk factor for dementia, it is uncorrected mid-life hearing loss. A large study found that the group that used hearing aids did not experience the cognitive decline (dementia) that the non-hearing aid group did.

Thus, the good news is that if you lose hearing during mid-life and choose to correct this by wearing hearing aids, you can reduce your risk of getting dementia by 9%.

At the same time, don't ignore the other 8 factors. By addressing each of them you can reduce your risk of dementia by one third!

You may be wondering how uncorrected hearing loss contributes to dementia. There are at least three main factors.

First, it can add to your cognitive load. In other words, your brain has to work harder to try and decipher speech. Thus, you have fewer mental resources left to think about what people are saying and analyzing what is going on around you.

Second, it can lead to social disengagement. In other words, if it's too hard to try and understand what people are saying, you tune out. Ultimately, you no longer put yourself in such social situations and largely may become a recluse.

Third, because of being cut off from those around you, you may become depressed.

All of these can contribute to accelerated cognitive decline into dementia. Correcting your hearing loss with hearing aids can reverse this downward spiral.

It appears that this is because wearing hearing aids reduces your cognitive load in trying to understand speech. As a result, you'll find that when you are wearing your hearing aids, you'll find socializing easier. Therefore, you will not disengage and tune out as much, and as a result, you'll not be depressed.

In contrast, adults with untreated hearing loss report greater stress, increased social isolation and poor family relationships.

The take away from all of this is that you need to remain active both physically and mentally, live a healthy lifestyle, and if you develop a hearing loss by all means get and wear properly-fitted hearing aids. Also, take advantage of all assistive devices to help you communicate better under difficult listening situations. This could be as simple as turning on the captions on your TV so that you can read the words that your ears miss.

When you do this, your future need not be any less exciting and fulfilling. It may just be a bit different as you make allowances for your hearing loss—but definitely worth it!

Hampton, Dennis. 2018. "[Nine Risk Factors Associated with Dementia](#)". In: *The Hearing Review*, Vol. 25, No. 8, August 2018. p. 22.

Reprinted with permission. Neil Bauman, Ph.D., is a hearing loss expert. Visit his website: www.hearinglosshelp.com

Living Successfully with Hearing Loss

by Lisa Dillon Edgett

Living Successfully with Hearing Loss is a 12-session course that focuses on knowledge, skills, and attitudes to promote effective communication. This course is open to those with hearing loss and their communication partners.

The next term of this course will begin on September 12th, and registration is open. We will continue with online delivery of both Level 1 and Level 2 courses, with afternoon and evening options. This online course provides material through a course website, in conjunction with a weekly Zoom session with a small group to review, discuss, and practice topics such as speechreading, communication strategies, assertive behaviour, managing technology, understanding your hearing loss and explaining it to others, and so much more.

LSWHL Level 1: 2 Zoom options 90minutes

Tuesday afternoons: 1pm (PT) from Sept. 12 to Nov. 28

Tuesday evenings: 7pm (PT) from Sept. 12 to Nov. 28

LSWHL Level 2: 2 Zoom options 90 minutes

Wed afternoons: 1pm (PT) from Sept. 13 to Nov. 29

Wed evenings: 7pm (PT) from Sept. 13 to Nov. 29

Please email me to get more information, ask questions, or reserve a spot for September. Participants learn and share tips and strategies and leave the course with a sense of community, a strong foundation for managing the challenges associated with hearing loss and communication, and the knowledge that "I am not alone.". The current cost of the course is \$293. Financial support may be available. Please contact me to find out more:

Lisa Dillon Edgett, Ph.D., RAUD, Aud(C)

ldillonedgett@vcc.ca

604-871-7348

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.

Subjects to be addressed include:

Technology;

Speech Reading;

Coping Strategies;

Improving Hearing Environments

West Vancouver Seniors' Centre
Sound Advice sessions will be held as **Hybrid** meetings to accommodate both in-person and Zoom attendees on the First Friday of each month at 10am
To receive an invitation to join the Zoom meetings, please send an email to chhansb475@gmail.com to be added to the list.

Silver Harbour sessions will be held as **in-person** meetings on the last Monday of each month at 10:00 AM.

Silver Harbour Centre is located at 144 22nd Street in North Vancouver.

There are no meetings in July & August

For Information call:

604-926-5222

We look forward to seeing you.