

Introduction to Hearing Loss

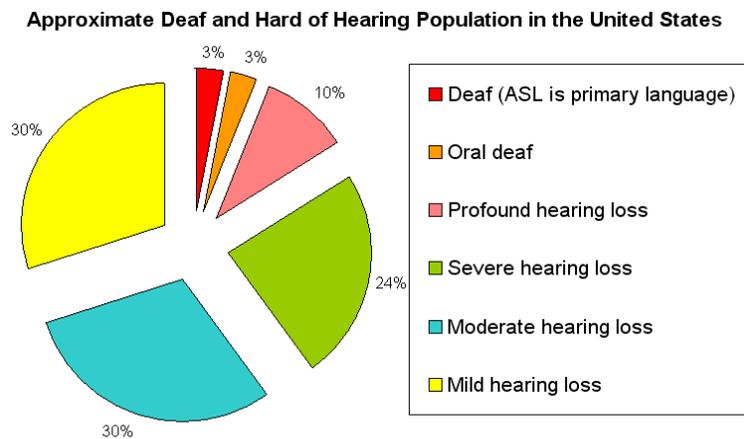
Adapted from a PowerPoint Program developed by HLA-Wake County, Raleigh, NC

(Blue print indicates material taken directly from the presentation.)

(Black print indicates an editorial edition.)

This presentation is designed to hit the high points for people who are new to hearing loss. It is a consumer focused presentation that might be of interest to people with hearing loss, or to people with family or friends who have hearing loss.

Many people do not understand the categories that make up “Deaf and Hard of Hearing”.



When we look at the divisions of hearing loss above, we need also to understand that while the descriptions seem static, in fact they represent a flexible continuum that varies based on the individual. There are Oral deaf who describe themselves as hard of hearing and some hard of hearing people who will describe themselves as deaf and so forth. I may have a profound hearing loss in one ear but a mild in the other.

At the same time, because of legislation and funding, programs have to be inclusive. “Deaf and hard of hearing people need....” Sometimes the blank is filled in with “Interpreters” or “Captioning.” In fact, neither/nothing will satisfy all. For example, the majority of people with a hearing loss does not use interpreters and would not understand them. At the same time, English is a second language for many ASL users and captioning is often too fast and confusing. Once we understand the categories and that there are differences in hearing loss, we need to begin looking at our own loss and thinking process.

Getting Past Denial and Vanity

“Denial and vanity is your enemy. Hearing better is so much more important. Hiding your hearing loss can be a serious mistake. People don’t care if you have a hearing loss; but they can easily recognize when you don’t reply or don’t reply correctly. They often mistake your hearing loss for stupidity or think you might be ignoring them. Getting past your own denial and vanity is completely under your control, and it’s very easy to ‘Just Do It’ ”.

- It’s Your Hearing Loss (and it’s probably worse than you think)
- People Aren’t Mumbling!
- The TV really is TOO LOUD for others!
- You have trouble understanding some words if it’s noisy.
- It Matters to Your
 - Family
 - Friends
 - Job
 - Happiness
- People Respect Your Efforts to Solve
- People Care That You Can Communicate
- They Don’t Care Whether You Have Hearing Aids
- Realizing I had NOTHING to be vain about worked for me 😊

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Hard of Hearing (HOH) people need to stop and think what hearing loss means to them. We have many myths associated with hearing loss--Only old people have a hearing loss. People with hearing loss appear to be dumb/incompetent. People with hearing loss lose their jobs. They look silly with all of their devices. Remember the first kid in school who wore glasses. S/he looked silly too. The lesson stuck. We need to get over it. Life has given us a problem and we need to solve it and move on.

Getting Others Passed Denial and Vanity

Getting other people past their denial and vanity can be trickier. These suggestions might help.

- Nagging probably isn’t effective (just makes YOU their problem).
- Better to make it their problem, not yours
- Get them with others successfully dealing with hearing loss.
 - Hearing Loss Association of America
 - Not Aunt Tilly who doesn’t know how to operate her hearing aids.

- Get age out of the equation. (It's about communication.)
- Focus on positives:
 - Technology (It really is better now.)
 - Fashion (Hearing aids are now fashion accessories.)
 - Ear-level devices for phones and music (Make hearing aids invisible)
- Which is better?
 - Can't hear well; try to hide it and look like a fool?
 - Wear hearing aids; hear better and look like you're proactive?

Getting the Help You Need

A "hearing screening" is often a sales pitch, rather than a thorough evaluation of your hearing and how best to help it. It's important that you get a thorough evaluation by an Audiologist, because they will be able to identify the type of your loss, and maybe even the cause of it. Sometimes hearing loss is a symptom of a more serious medical problem that needs attention. Sometimes a hearing loss can be improved medically. A hearing screening may not identify these situations.

Hearing Screenings are often just 5-7 tone tests. They often give false positives or false negatives. "I can hear the tones; I just don't understand words."

- Get a real Audiological Evaluation
 - Pure Tone (the beeps at different frequencies)
 - Tympanogram
 - Bone Conduction
 - Word/sentence recognition
 - Maybe other measurements (balance, ABR)
- See an Ear Doctor (an Otologist, ENT etc.)
 - Can it be remedied or improved medically?
 - Are there other medical implications?
- Then Deal with the Hearing Aid Question
 - What to look for?
 - Where to buy?
 - Financial Help?
- Get and keep a copy of your Audiogram (Go to www.hearinglosskyhome.org and look up audiograms for an explanation. Understand, that the audiologist or Hearing Instrument Specialist is not likely to give you your audiogram unless you pay a fee.
- Never buy a hearing aid based only on a "Hearing Screening".

There are three types of Hearing Health Providers you need to understand.

- **Doctors**
 - Assume your GP knows nothing about hearing loss.
 - Assume even your Ear Doctors knows little about hearing aids.
 - ENTs, Otolaryngologists, Otologists, Otorynolaryngologists
- **Audiologists**
 - Can evaluate hearing and fit hearing aids
 - About half have Master's degree (usually identified by CCC-A)
 - About half have Doctorate degree (either a Ph.D. or Au.D.)
(In KY, Audiologists now have to have a Doctorate. Some have been Grandfathered in.)
- **Hearing Aid Dealers (Hearing Instrument Specialists) (HIS)**
 - Can measure (screen) hearing and fit hearing aids
 - Most states require passing a test and apprenticing for a year.
 - Often have lots of credentials such as “Board Certified, BC-HIS ...”

Although there are lots of resources designed to help you locate Audiologists or Hearing Aid Dealers, these should not be considered recommendations. They basically identify which providers are members of the organization that runs the site. That may be important, but it says little about whether they are the best provider for you.

The best way to research is to ask people who are experienced and good at hearing loss. Not someone who has a hearing aid but knows nothing about it. A good place to meet others who are actively becoming good at having a hearing loss is at HLAA chapter meetings.

- “Find an Audiologist (or HIS)” sites
 - American Academy of Audiology
webportal.audiology.org/Custom/FindAnAudiologist.aspx
 - American Speech and Hearing Association
www.asha.org/proserv/
 - Audiology Foundation of America
www.audfound.org/doctors/
 - International Hearing Society
www.ihsinfo.org/ihsv2/Directory/040_HSNY.cfm
 - In KY contact the Board of Speech-Language Pathology & Audiology
- Ask someone who knows
 - Not “Aunt Tilly”
 - HLAA can't recommend
 - But individual members will often share their experiences (good and bad)

Credentials may matter, but there are a lot more things to consider. Perhaps the most important is how well the professional is able to work with you. Multiple visits will probably be required. If you are doing your homework, you should feel comfortable that the provider will take the time to listen to your needs and to make adjustments to the settings to try to help. Even the absolute best provider cannot hear what you hear, but if you explain your needs (and if they are willing to work with you) then they can “tweak” the settings or try alternatives to improve your results.

- Credentials
- Facilities (sound proof booths?)
- Brands Offered (proprietary vs. multiple)
 - It is good if multiple brands and models are offered. However, too many brands and models may mean that positive familiarity with the particular programming is not as likely.
- Screening vs. Full Audiological Assessment
- Dr. Connected? (if that matters this time)
- Return policy (no NC law, but most will offer 30 days or more)
 - In KY, 30 days is minimum. Many offer 60 or 90 days. KY allows the dealer to charge a restocking fee. This might be nothing. It might be a few dollars or it might be 10% which could be significant. Read and understand your contract.
- Fitting hearing aids is an art, not a science
 - Will they listen to you?
 - Personal Attention
- Auditory Rehabilitation Program?

Some offices employ “techs”. These are not Audiologists, or hearing aid dealers. They can help in supervised roles, but should not be measuring, analyzing, diagnosing or treating hearing problems. Be aware of whether you are getting the credentials you expect.

Hearing Aids

Hearing Aid technology is changing very rapidly. They are dramatically better than they were just a few years ago. They are getting away from the myth that an “invisible” aid is the best. Many are becoming fashionable, rather than flesh colored poor attempts to hide them. There are still styles to choose from, but the most important thing to consider is what features do they have that will help you hear better. Many distributors still promote “invisibility” as an important feature, but that doesn’t help you hear better. The smaller the aid, the less likely it is to have the more advanced features that can help you hear better. In short: put hearing better as your primary goal.

- Almost all are digital
- Still have style choices
 - BTE (Behind the Ear)
 - ITE (In the Ear)
 - ITC (In the Canal)
 - CIC (Completely in the Canal)
 - Implantable hearing aids
- Much more adaptable to your loss
- High Tech, Stylish, Colorful
- Smaller than ear-level phone and music devices
- New “Open Fitting” tiny BTEs are very popular

Hearing Aid Features

Most people who have a hearing loss (even those with hearing aids) cannot name any features. Often the “sales pitch” doesn’t include time to explain, and some people are steered away from features that are more difficult to explain even if they might be major advantages. It’s up to you to learn about which features you want, the same way you’d learn which features you want in a car. Do not be misled into believing that all providers will solve that question with the best answer for you.

- **Definitely Consider:**
 - Volume Control
 - Telecoil
 - Multiple Microphone Directionality
 - Ear mold/Vent vs. Open Fitting
- Consider If You Want
 - Direct Audio Input
 - FM
- Commonly Included
 - Compression
 - Clipping
 - Wind Noise Suppression
 - Feedback Suppression
 - Programmability
 - Channels/Bands
 - Speech Enhancement/Noise Reduction
- Special Needs/Interest
 - Frequency Shifting
 - Remote Control

- Cros/Bi-Cros

Financial Considerations

See Financing Hearing Aids in KY at www.hearinglosskyhome.org

Assistive Technology

Assistive devices can supplement hearing aids (and in some cases can help even without hearing aids). There is a lot to learn about what these are and how they might help you. One of the best places to learn is at HLAA chapter meetings, since many members are experienced users of such things.

- In some cases, hearing aids aren't enough
 - Noise
 - Distance
 - More Severe Losses
- ALDs (or ALSs) Can Help
 - Personal Amplifiers
 - Personal FM
 - Bluetooth
 - InfraRed Receivers
 - Room FM Receivers
- Without a Hearing Aid (headphones or ear buds)
- Much Better Interfaced with Hearing Aids
 - Loop (room, area, neck, silhouette) to Telecoil
 - Direct Audio Input (DAI)
 - Integrated with Hearing Aid

This just scratches the surface. It's up to you to learn what can work for you. Searching on the Internet will produce lots of good information, and your state should have an Assistive Technology Program that can help you.

- Phones and Features (Specialized phones are free through the KY Commission on the Deaf and Hard of Hearing. www.kcdhh.ky.gov)
 - Amplified
 - Captioned
 - Caller-ID
 - Hearing Aid Compatible
- Relay, IP-Relay, CapTel (free phone in NC)

- Conference and Directional Microphones
- Special Alarm Clocks
- Alerting Devices
- Hearing Assistance Dogs
- Captions (movies, TV)
- CART, CAN, C-Print (live captioning options)
- Weather Alert Radio (Free in NC)

Beyond Traditional Hearing Aids

In recent years, several other things have been developed that can help when traditional hearing aids aren't enough.

- Implantable Hearing Aids
 - Partial
 - Full
- Bone Anchored Hearing Aids
 - conductive losses
 - unilateral losses
- Cochlear Implants (120,000 in the US at end of 2007)
- Auditory Brainstem Implants (a few hundred)
- Mid-Brain Implants (only a couple in Germany)

Strategies

It's not only important to get hearing aids (or other technology), it's important to know and use strategies that can help you communicate despite a hearing loss.

- Tell people what you need from them
 - Normal voice; shouting doesn't help
 - See your face
 - Slow down
 - Make sure you know subject (especially if it changes)
- Don't Bluff
- Confirm Understanding
- Explain, Don't Just Say "Huh"
- Choose or Change Your Situation (noise/position/lighting)
- Plan Ahead
- Keep Your Sense of Humor

Obviously this is a very long and often very technical article. The problem is that we start off knowing nothing about hearing loss and we have to play catch up. We have to learn a whole new world—not all at once but over time. If you have difficulty, come to an HLAA meeting and ask for help.

Thanks to Steve Barber and HLA-Wake County.