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Welcome to the Latest Edition of Allied Hearing Health!

Sometimes writing an editorial can be a bit of a chore. However, in this case, we have such a wonderful issue for you, the task of introducing it is not only easy to write, but a joy and pleasure too.

I would like to welcome three new contributors to our non-profit/advocacy group section. First up is an article from Allen Kirkham who tells us a little bit about the Canadian Hearing Instrument Practitioners Society (CHIPS). Secondly, we have a truly fascinating article from the Canadian Educators of the Deaf and Hard of Hearing (CAEDHH) about a day in the life of an itinerant teacher. And, last, but most certainly not least, Carole Willans gives us the inside scoop on the terrific work being done by the International Federation of Hard of Hearing People (IFHOH). We’re just thrilled to have these three fantastic groups on board with us at Allied Hearing Health.

Additionally, we have contributions from the Canadian Hard of Hearing Association (CHHA) who fill us in on their exciting new National Speechreading Instructor Trainee Program, The Hearing Foundation of Canada tells us about the outstanding work of their own Stan Tepner, and Deaf and Hear Alberta has provided us with a look at an often-forgotten risk to children’s hearing health – dangerously loud toys.

The rest of the issue has some equally great articles too. We have Gael Hannan’s always excellent Happy HoH column and the return of the wonderful Marilyn Dahl’s Now Hear This! column.

For our features, the CHHA have sent us Charles Laszlo’s poignant article called “I'm Hard of Hearing and I Need a Communication Specialist,” and our new friend Ashlee Smith from the Canadian Wireless Telecommunications Association fills us in on the long-awaited and much-anticipated rollout of text to 9-1-1 in her article “New Text with 9-1-1 Service Increases Safety for Deaf, Hard of Hearing and Speech Impaired Canadians.”

Thanks for reading!

Scott Bryant
Editor-in-Chief
Andrew John Publishing Inc.
The Happy HoH

Have You Met Someone Else Like You?

By Gael Hannan

About the Author
Gael Hannan is a writer, actor, and public speaker who grew up with a progressive hearing loss that is now severe-to-profound. She is a director on the national board of the Canadian Hard of Hearing Association (CHHA) and an advocate whose work includes speechreading instruction, hearing awareness, workshops for youth with hearing loss, and work on hearing access committees.

Gael is a sought-after speaker for her humorous and insightful performances about hearing loss. Unheard Voices and EarRage! are ground-breaking solo shows that illuminate the profound impact of hearing loss on a person’s life and relationships, and which Gael has presented to appreciative audiences around Canada, the United States and New Zealand. A DVD/video version of Unheard Voices is now available. She has received several awards for her work, including the Consumer Advocacy Award from the Canadian Association of Speech Language Pathologists and Audiologists.

Gael lives with her husband and son in Toronto.

Allied Hearing Health magazine aims to reach two related groups – people with hearing loss and the professionals who serve them. While the relationship between these two groups can be complicated, as we work to improve standards and models of service, the individual connection is a no-brainer: as a hard of hearing person, I depend on my hearing care professional (HCP) to fit me with technology to help me hear.

But an equally important connection is between peers, the people with hearing loss. While I’ve been going to HCPs my entire life, it wasn’t until I met other people who had the same issues as me, that I finally understood my hearing loss and learned how to deal with it successfully using strategies that go beyond amplification.

The author Cheryl Strayed says in her book Tiny Beautiful Things: “The healing power of even the most microscopic exchange with someone who knows in a flash precisely what you’re talking about because they experienced that thing too, cannot be overestimated.” I can’t say it any better than that.

Growing up, I knew no other people with hearing loss, except my great-grandmother who lived to be 99. All I learned from her is that if you have hearing loss, you’ll have a voice like a foghorn and you’ll say inappropriate things and the family will laugh at you.

At the age of 41, I met my peers for the first time. It was like falling in love – not only with this new world of hearing loss awareness, but with myself. My new confidence and identity as a successful person with hearing loss made me happier with myself.

Connecting with other people with hearing loss can be powerful. My friend Myrtle Barrett, president of the Canadian Hard of Hearing Association, often tells this story, which mirrored her own experience of connecting with others.

I was in a lineup at Tim Hortons, picking up supper after a long day. I gave the girl my order – and I kept on telling her, because she didn’t understand me. Finally I asked, “What am I doing wrong!”

Her eyes filled up. She turned red and said, “It’s not you, I have a hearing loss!” A co-worker helped her get my order, and I decided to eat in – because I needed to talk to her.

When she wasn’t busy, I apologized for my impatience and asked if she would like to talk when she finished.
work. I told her I was deaf. Her face lit up. She was only 16 years old and we talked for a long time. Her boss didn’t know, and she was afraid to lose her job. I gave her some suggestions about workplace accommodations and about our local support group. She joined the youth group and became a great advocate. Most importantly, she became empowered and successful – all because of a chance meeting with someone who was just like her.

Most of my family, and the people in the social circle my husband and I share, do not have hearing loss. Well, apart from my elderly father and a couple of our friends who are now hearing aid users, but they prefer not to talk about it, thank you very much! But I also live in a parallel universe where everyone has hearing loss and we love to talk about it and gather strength and ideas from each other. And yes, sometimes we gripe about those insensitive hearing people, and how can we get them to face us when they talk. In this parallel universe, we carry no shame about our hearing loss. There are no embarrassing moments – just laughable ones. Every moment spent in this hearing loss world empowers our sense of dignity in the real world, and helps us deal with our communication challenges.

This peer connection can be a lifeline for someone struggling with hearing loss. It can happen unexpectedly, as in Myrtle’s story, or through a social media group, or through consumer hearing loss associations, such as the Canadian Hard of Hearing Association. Every person, if possible, should go to a live meeting, even if just once, to connect with other people who are walking, talking demonstrations of communication success. When I went to my first hearing loss conference, I did so with an unconscious desire to distance myself from the people I was going to meet. As Groucho Marx said, “I don’t want to belong to any club that will accept people like me as a member.” Deep down, I was thinking, “Do I really want to associate with a bunch of hard of hearing people? Other people will think I’m like them, disabled or something.”

Two amazing, inspiring days later, I was a new person. After the closing banquet, a few of us celebrated at a pub – and there is nothing on this earth is louder than a dozen hard of hearing and oral deaf people having drinks. I was a bit embarrassed by the stares we were drawing from the other people in the pub.

And then it happened.

I thought, so what if we were loud? We had hearing loss, yes, and we were also smart, happy, and enlightened. It was a life-changing moment. Rocky Stone, founder of Self Help for Hard of Hearing People, once said, “You can’t change the world. You can change yourself and improve your immediate area with the spirit of love and concern for other people.”

If you have hearing loss, reach out. Someone is waiting to talk to you, because they have been through the same thing.
They were all present. The young mother faced with the unending cost of paying for hearing aids for two growing children with hearing loss (do we fix the leak in the roof, or pay for the aids?); the university student needing two new aids (do I pay the tuition or buy the aids?); the young man needing assistive devices in his first work place in order to hold his job (do I pay the rent or buy the aids?); the senior who needed aids but could not afford them (do I buy my medicine or the aids?).

The audience at our recent public form on Hearing Aid Costs and Concerns spanned the entire age spectrum of hearing aid users. Their service providers were represented too – audiologists, hearing aid dispensers, assistive device purveyors. A goodly mix. They told their stories, asked their questions. And some were passionate about their concerns, returning to the microphone again and again, feeling they had not got the answers they needed.

Speakers on the platform were representative of the various stakeholders in the hearing aid field. They had been asked to focus on the cost of hearing aids, and related concerns, as it applied to their jurisdiction. Did they think the cost of hearing aids was too high? The consumer did, of course! As keynote speaker, she described her, and others, experiences as a hard of hearing person. Consider the appalling absurdity of needing to save up to buy a hearing aid, the way one saves up to buy a house or a car!

The audiologist/hearing aid dispenser did not think the cost of aids was excessive. Neither did the representative of the manufacturing industry. Their focus was on finding third-party funding, and installment plan purchase possibilities, as a happy solution to the problem.

The representative from the provincial government provided statistics to show they are doing the best they can with limited resources. Statistics showed that the provision of purchase subsidies is uneven among provinces and territories.

Cost issues are not within the mandate of the college which regulates the dispensing of hearing aids, but it was important to learn how our hearing aid providers are regulated, and how the college handles complaints about professional conduct.

There were other questions which emerged during the afternoon, some of which were unanswered. Does the higher the cost mean the better the hearing aid? Some studies seem to suggest that this is not the case.

The matter of hearing aid manufacturers buying up hearing aid dispensing offices, resulting in vertical integration, was also a concern. How will that impact the consumer? The point was made that these are publicly traded companies, with stockholders who expect a profit. But what is that profit margin?

Concern was also expressed that there is a lot of advertising of hearing aids that appear to promise that “you will hear everything.” Maybe not in so many words, but advertisers are good at implying this message. Yet experience shows that much that is promised cannot be delivered. Is anybody monitoring to ensure that advertising does not mislead the consumer?

Others wanted to know how a consumer can compare the claims of different manufacturers and come to an intelligent decision on what to buy. The advice of the hearing aid seller is fine, but it is not unbiased since they benefit from selling a higher-priced aid.

Consumers do ask interesting questions, don’t they?
The Canadian Hard of Hearing Association (CHHA) has launched an initiative to train new speechreading instructors in six major cities across Canada in 2014–2015. This project is funded by the Government of Canada, to subsidize the workshops and Instructor Trainees can register online to attend the workshops free of charge. “This training provides a unique opportunity to help people with hearing loss, in addition to creating a source of income for those that complete the workshops” said Mr. Robert Corbeil, executive director of CHHA.

Speechreading is one tool within a wide spectrum of services available to those who want help coping with hearing loss. The truth is that not everyone has access to the services and support they need to help them adjust to their hearing loss, including speechreading training.

“Speechreading and communication strategies are a real benefit to people living with hearing loss: they’re free to use, they reduce stress, do not require technology to implement and it supplements information that is heard using hearing aids or cochlear implants, especially in noisy environments” stated Ms. Myrtle Barrett, president of CHHA. “Additionally, studies have shown that people who use speechreading and communication strategies tend to be more satisfied with their hearing aids or cochlear implants, use them more and feel more socially involved than those that do not” she added.

The Instructor Trainee workshops offered by CHHA will be held in two sessions: Level 1 and Level 2 will be held 6 months apart, the training will encompass 5 days for Level 1, and 3 days for Level 2. Recruitment of instructor trainees will be done through the National Speechreading Program (NSRP) website. The locations have been selected based on the concentration of candidates in Western, Central and Eastern locations. The cities that have been selected are: Chilliwack, BC; Edmonton, AB; Winnipeg, MB, Ottawa, ON, Hamilton, ON, and Quebec City (training will be given in French). If you are interested in taking this free training, apply online today. Click the link here to visit our webpage and apply for training: http://chha.ca/sren/

Instructor Trainees that successfully complete the workshops will undergo an evaluation of their instruction skills in a mock lesson with one of CHHA’s Super Instructors that provided the training, and those that pass this evaluation will eventually deliver the speechreading program to people with hearing loss in their own communities.

For more information, please contact
Alena Wickware
Project Manager
National Speechreading Program
Canadian Hard of Hearing Association
awickware@chha.ca
Fax: 613-526-4718
TTY: 613-526-2692

This project is funded by the Government of Canada
Profile of a Volunteer – Stan Tepner, The Hearing Foundation of Canada

In the world of non-profit organizations, volunteers are a driving force for sustainability and success. They sit on boards, run events, sell tickets, give talks and donate money. Wikipedia defines volunteering as activities based on the concern for the welfare of others and the desire to improve human quality of life. What the volunteer gets back adds up to more than what he or she gives out – satisfaction, respect, self-esteem and happiness – all the good stuff except financial gain.

Like many hearing-related organizations, The Hearing Foundation of Canada could not survive without the dedication of volunteers like Stan Tepner. We recently sat down with Stan to talk about his hearing loss and why volunteering to the Hearing Foundation is important to him.

Stan, what is your day job?
By day, I go by my business name of Stanley M. Tepner, CPA, CA, MBA, CFP, TEP, which still gets shortened to Stan. I’m a tax accountant by training but I moved into wealth management some years ago, establishing the Tepner Team in 1991 to help families and businesses achieve their investment and financial goals.

Tell us about your hearing loss.
I am not sure what caused my hearing loss, but there are two potential culprits. First, I had a series of ear infections when I was less than a year old. The second possible culprit may have been a mis-dosage of antibiotics given to me by my pediatrician when I was 8. The mis-dosage triggered nephritis, a very serious kidney disease, which kept me laid up or in low activity mode for nearly six months. I learned later on that this mis-dosage may have been ototoxic, causing damage to my hearing.

When did you seek professional help for your hearing loss?
I wasn’t aware of my hearing loss until age 15, when members of my Grade 9 class were sent for hearing tests at the Royal Victoria Hospital in Montreal. I went for the testing, not because I was curious about my hearing, but because it was an authorized way of cutting class for half a day.

What a surprise when the technician told me I had hearing loss – I had no idea! I didn’t do anything about it at the time, because I didn’t see how the hearing loss was affecting my life. Only later was I able to understand the impact of hearing loss on my behaviour, development and socialization. For example, when I started attending summer sleep-away camps at age 10, one of the nighttime rituals after lights-out was quiet story-telling and conversation among my bunkmates, who kept their voices low so the counselors patrolling outside would not suspect that we were still awake. I had a difficult time hearing their talk, and distinctly remember feeling that my bunkmates were deliberately speaking softly, not to avoid the wrath of the counselors outside, but to pick on me.

My rather low self-esteem at that time was exacerbated by events such as these. I also recognize that as a student I was very disruptive in class, from about Grade 3, after returning from the nephritis incident, to the beginning of grade 10 when I finally matured and realized the futility of that behaviour pattern. I think the disruptive behaviour was my way of bringing sound and attention in my direction. I spent a lot of time outside of the classroom cooling my heels. It’s interesting how often the teachers and principals would complain to my parents about me, yet no one ever bothered to see if there was another issue lurking beneath the misbehaviour.

What assistive technology strategies do you use?
I resisted hearing aids for years. I graduated high school and completed my BA at Carleton University in Ottawa without them. But during my Queen’s MBA program, my hearing became a significant issue, largely because of classroom layout and discussion-focused courses. I wasn’t hearing what I needed to and was finally fitted with my first behind-the-ear (BTE) aid, which I wore only when I had to, concealed under my hair. Nine years later, I moved to two hearing aids. At my desk today, however, I often just wear the one in my right ear, and use a 20 year-old Plantronics headset in my left ear that is connected to the phone. For meetings and in social occasions, I use both aids. My current hearing aid is Bluetooth enabled and comes with a TV link and phone link.

What major challenges has hearing loss posed in your life?
I exercise a lot but don’t wear hearing aids during strenuous aerobic classes like spinning, or in the locker rooms and
common areas afterwards. It’s frustrating, because I miss out on a certain amount of instruction during the classes, and camaraderie during and after the classes. It is an isolating feeling, but I haven’t found a good solution to keep the aids protected from perspiration.

I enjoy theatre, but it’s difficult to follow a play or musical when I miss words and lines. I came up with a partial solution at Stratford a few years ago: using a script of Shakespeare’s plays and sitting close to the stage with its ambient light, I can read and follow along. Without the words, I would be lost. Accents (particularly faked foreign accents that Canadian Shakespearean actors use) are impossible for me to pick up. I expend a lot of brain power trying to understand spoken words, and it leaves little mental energy to understand their context. As with many people who are getting older, it has become difficult to have conversations in popular restaurants, and it’s difficult to discern voices on AM radio now, even when I’m driving one of the quietest cars on the market. I used to do a lot of networking and loved “working a room”, but I can’t do that effectively anymore because it takes so much energy just to focus on hearing the words being spoken around me. So I do my best to procure quiet one-on-one settings whenever possible.

Has hearing loss affected your career? It may have, but to most observers, I have been successful. My mantra is about always striving to see how proficient I can become at anything I set my mind to do, so I don’t think much about whether my hearing loss has either hindered me or helped me get to where I am today.

How has your family dealt with your hearing loss? Very well. My wife Marcy is a trained actress and has a crystal-clear voice. I have often said that she had to be the one for me, because she was the only woman whom I could hear in any situation without hearing aids in my ears.

My 15 year-old son Levi is my hearing opposite. Since he was a little boy he was always super-sensitive to loud sounds, and carried sets of moldable ear plugs with him to moderate uncomfortable sounds around him. I should have such problems, right? We both love music and playing the guitar, but I don’t think either of us can carry a tune very well.

Tell us about your involvement with The Hearing Foundation of Canada. I was invited by a Hearing Foundation board member to participate with planning the 1999 Croquet Tea Party, which was THFC’s marquee event for about 10 years. She thought that because of my hearing loss, it would be a good match. Joining a Board was a new experience for me and I kept a low profile at first.

The Hearing Foundation had just separated from the Canadian Hearing Society and was trying to find its direction. An early highlight for me was a brainstorming session I organized to help us develop our raison d’etre; after extensive reflection, we agreed to focus on the prevention of hearing loss, funding medical research into hearing loss and becoming a public advocate on hearing loss issues.

I became Chair of the Board in 2004 for a two and a half year term, during which we launched our music industry committee, currently being re-launched after a long hiatus and which aims to get the message out from eminent Canadian musicians about the dangers of noise-induced hearing loss. We also launched Sound Sense, our highly successful education program for elementary students, and piloted a high school version called iHearYa! There was a lot of momentum, but there’s still a lot of work to be done before we see the impact of our campaigns resulting in improved public behavior and attitudes towards addressing hearing loss, including the prevention of noise damage.

After such a long time on the Board, I stay involved because I’m excited about recent developments in medical research. I’m convinced there will be a cure for many aspects of hearing loss in my lifetime and I hope to be a beneficiary. I also haven’t given up on the music industry. I would like to expand the Foundation’s focus to any industry that stands to benefit from a customer base that can hear using their products and services well. I think these industries will become big supporters of the work THFC does.

What changes would you like to see with respect to living with hearing loss? Beyond a cure for hearing loss and continued technology advancement? I look forward to the day when I don’t have to work so hard to understand speech – in conversation, in the media and on stage. That’s not too much to ask for, is it?

Anything else to add, Stan? “What? You talkin’ to me?”
A few years ago my sister-in-law sent my son a birthday present in the mail. The rather large package turned out to be a toy weed-whacker. It was eerily similar to the one in my garage and from 10 paces it could have been mistaken for the real thing. Not only did it look like a real garden trimmer, but when you powered it up it made the same indisputable roar. So realistic was the sound that once you heard it you instinctively clamped your hands over your ears to protect your hearing.

The weed-whacker was sent by my sister-in-law partly as a joke and partly out of revenge. A few years earlier I had sent my nephew a shiny red fire truck with a siren that was also ear splitting. Like many parents we found the noisy toys annoying, but I don’t think we understood how dangerous they were to our child’s hearing health.

Every day, children experience sound in their environment. Normally, these sounds are at safe levels that don’t damage their hearing. However, repeated and extended exposure to loud noise is one of the most common causes of noise-induced hearing loss. Parents need to realize that every time a child holds a loud toy to his ear he may be permanently damaging the delicate hair cells in the inner ear. The damage might not be noticeable right away, but over time our children’s hearing is being impacted by a noisy world that also includes traffic noise, thundering sporting events and loud music from personal music players. Is it any wonder that it is now estimated that one in five children between the ages of 12 and 18 has some level of hearing loss?

The consequences of hearing loss can be devastating, but particularly for children. The Centers for Disease Control and Prevention report that even a small degree of hearing loss can affect a child’s speech and language comprehension. Hearing Loss can also impact a child’s classroom learning and social interaction with her peers.

In Canada, regulations under the Canadian Consumer Product Safety Act state that a toy “must not make or emit noise of more than 100 dB (equivalent to the noise of mowing your
lawn with a gas-powered lawn mower) when measured at the distance that the toy would ordinarily be from the ear of the child who is using it.” The obvious problem with this is that children don’t always play with toys in their intended manner.

Young children, in particular, will often bring toys close to their face and ears as part of play. This means that the danger of noisy toys is even greater than the 100 decibel level implies.

A toy which exposes a child to 100 decibels when played at arm’s length can expose her to 120 dB of sound when held to her ear. That’s equivalent to the sound of a jet plane taking off.

Back in 2006 the Canadian Association of Speech-Language Pathologists and Audiologists started to lobby members of parliament and Health Canada to lower the 100 decibel limit. They also created a public awareness campaign which highlighted the dangers of noisy toys to the hearing health of children. Their valiant efforts to move the needle of this issue raised awareness, but ultimately it did not change the government’s 100 dB rules for manufacturers, importers or distributors of toys in Canada.

So where does that leave us in 2014? It means that parents, grandparents and caregivers have to be increasingly vigilant and educate themselves about the dangers of noisy toys and act accordingly. We need to recognize that Health Canada’s guidelines as to which toys have safe noise levels do not take into account how toys are actually used in the hands of a child.

Parents, grandparents and caregivers need to rely on their own common sense to protect children’s hearing. Here are some hints to help keep things safe:

1. Listen to a toy before you purchase it. If a toy sounds loud in the store, it will be loud at home.
2. Consider downloading a decibel meter app to your smartphone and get a reading on a toy before you head to the checkout. Reconsider anything that reads over 85 dB. (There are several good decibel apps out there, but I like Decibel Meter which you can download for free.)
3. Look for toys with volume controls and on/off switches.
4. Supervise your children when they are playing with a toy that emits sound and teach them how to do so safely. Teach them not to place the toy near their heads and ears.
5. Remove the batteries from a noisy toy.
6. If all else fails, get out the duct tape.

My son’s infamous weed-whacker was tamed by affixing a piece of foam and some duct tape over the toy’s speaker. It may not have looked pretty, but my do-it-yourself modification meant he could continue to play with the now much quieter toy.
It is with great pleasure, that as the current CHIPS chair, I welcome the opportunity to communicate with all members of IHS, as well as my colleagues in Canada. The continued, and increased, collaboration between CHIPS and IHS will certainly benefit our joint members and I look forward to future success together. As our membership grows and the profession continues to change and evolve from province to province, the CHIPS Board recently made a motion to hire a part-time managing director to help drive CHIPS’ growth and help us remain agile and on-top of any issues affecting our members and the profession in Canada. The ideal candidate will be well versed in marketing and association management with experience working with the Canadian Government. The vision is that this person will work directly with the CHIPS Board and IHS to move us ahead while exploring ways to grow our membership, apply for federal grants which are often available to associations in Canada, address professional concerns as they arise, and help run the business side of the Society.

Our top priority for 2014 is to unify the profession across the country. Legislation related to the profession differs from province to province making it crucial for us to come together as a group. Together we increase our ability to identify differences and seek opportunities for change that ultimately benefits the end (hearing aid) user. Membership growth is also at the top of the priority list for CHIPS. In 2013 we experienced a 59% increase in total membership with a 73% increase in new memberships. We definitely want to see this growth continue and the Board is currently investigating a reciprocal membership program that would create a discount in dues for members of one of the IHS provincial chapters. Currently, IHS has chapters in each province; however, members of these chapters are not required to be IHS/CHIPS members. The CHIPS Board is currently structured in a way that ensures provincial representation; however, an increase in membership across all provinces will help with our goal toward unifying the profession. It is our hope that our new leader, once hired, will be able to further explore and implement these membership programs with the provinces.

CHIPS is very appreciative of IHS’ warm welcome extended to forty-nine Canadian hearing health care providers who travelled to Washington, D.C., in September 2013 to attend the 62nd Annual IHS Convention & Expo. Canadian IHS members were invited to a welcome reception where Jérôme Pischella, counsellor of science and technology and head of the innovation and technology group from the Canadian Embassy, addressed members regarding the embassy activities which further Canadian interests in the world. The following Canadian members received their IHS All Star Award at the convention: Dianne Bernath; Brenda J. Gehrke, BC-HIS; Gladys Catherine Vale, BC-HIS; Ronald J. Villeneuve, BC-HIS; Adele M. Wiegers, BC-HIS; and Stanley Wu, BC-HIS. IHS Governor and CHIPS Director Annette Cross, BC-HIS, was presented with the Professional Leadership Award by The Hearing Review for her outstanding leadership in the hearing health care field and her dedication to assisting individuals with hearing loss.

CHIPS is currently in the process of scheduling a meeting with the Veteran’s Affairs policy analyst to open up a line of communication regarding the current VAC grid and any changes that affect providing care to our Veterans. We will definitely keep the CHIPS membership informed of results from the meeting.

As you can see, we've got our work cut out for us. Please be sure to read Canadian Hearing News every quarter in The Hearing Professional for regular CHIPS updates.
Through the unique relationship shared between the International Hearing Society (IHS) and the Canadian Hearing Instrument Practitioners Society (CHIPS), all CHIPS members automatically receive the benefit of IHS membership. Likewise, any IHS member residing in Canada also automatically receives the benefit of membership in CHIPS.

As IHS and CHIPS continue to partner in delivering robust benefits to the hundreds of joint Canadian members, we are excited to announce a new delivery mechanism for Canadian Hearing News (formally Chips Chatter.) Canadian Hearing News will now be featured in every issue of The Hearing Professional providing important updates and news to our joint IHS and CHIPS members. This will also keep all IHS members well-informed about issues and topics affecting the profession in Canada.

CHIPS Board of Governors
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Some of my students live on Hutterie Colonies. Colonies consist of a group of people who live a common lifestyle, sharing all worldly goods except personal items (clothing, homes, furniture, etc.). They have very traditional dress (similar to Amish), and very traditional men/women roles. Low German is spoken on a colony, except in the school. A child’s first language is German. Children arrive in kindergarten knowing only German. They attend English school all day and then German school at night.

6:00 AM
Wake up and morning routine – brush teeth, wash face, breakfast etc.

6:45 AM
Check my calendar to remind myself where I’m going. Remember I’m going to a colony. Realize my toed shoes with socks...in the last few days of summer.

The very last thing I do is put my hearing aids in (I love my silent mornings – one of the gifts being hard of hearing has given me), and put my shoes on.

6:50 AM
Arrive at the office. (I live close to the office.) Head out of Winnipeg. I find out the ASL interpreter is sick, but decide to go anyway.

7:00 – 10:00 AM
Drive to the colony, with a customary Tim Horton’s stop along the way.

10:00 AM
Arrive at the colony. Find out it is chicken butchering day.

10:00 – 11:30 AM
Observe in the classroom. My student’s school is split into “groups” – there are 30 students in 5 groups, and they rotate through stations of reading, writing, math, phonics, spelling... all in one room. This set up creates a very challenging listening situation for my student. However, there are about 70 students in a two room school, and the staff have had to make the best of a tough situation. My main goal for this time is to be the “FM Police” because the FM is literally the only chance my student has to learn. (My student does not use sign support or ASL of any kind).

Because of the set up, it is crucial for an ASL interpreter to come with me, as I do not understand everything that is happening around me. On this visit – with no ASL interpreter – I keep up as best I can. I try to focus more on my student’s quality of work, and vocabulary development, as books and writing are things I can see and judge with my eyes. I also patch my own hearing aids in to my student’s FM, which helps. This also lets me monitor how the FM is working and being used.

11:30 – 12:30 PM
Lunch in the kitchen. (Picture a school cafeteria or dining hall). There is no food quite like home made food on a colony – meat they butcher themselves, veggies they pull from their garden, and homemade soup, bread, and pastry...yum!

12:30 – 1:00 PM
Back to the school for reading time. The children start begging to go see the butchering.

1:00 – 1:45 PM
We all go to the butchering area. I make a note to tell the ASL interpreter next time I see them exactly what they missed out on. I chat with the student’s EA and teachers about the idea of experiential learning. If my student is having trouble writing or coming up with ideas, experiences like these can be a wonderful place to start.
1:45 – 3:00 PM
We go back to the school. Today the afternoon subjects are art and gym. During art I meet with the head teacher – she is the principal, resource teacher, and one of the classroom teachers all rolled in to one. We talk about how things are going, and any concerns she has. We look through my student’s workbooks and writing samples, and I offer suggestions and ideas for programming and assessment.

Because I can only come once every two months or so, I rarely work directly with my student; time is better spent helping the staff who see my student daily. We talk about any upcoming units and curriculum goals that need adaptations for my student. Then we go outside for gym. My student loves gym and is fully involved. We play “What Time is it Mr. Wolf,” and I, in my floor-length skirt and clunky closed-toed shoes, am chosen to be the wolf.

3:00 PM
School is over. I say goodbye to the staff and go to my student’s home.

3:00 – 4:30 PM
I have tea with my student’s mom. Dad joins us around 4:00. We discuss how things are at home. I talk about how it is important that work at school is reviewed at home where it is quieter. The parents recently purchased an iPad and we talk about some apps they could use. I also encourage them to read books too, and to talk about anything and everything as they go through their day. We talk about music – a very important part of life in the colony – and how difficult it is for my student. I give mom some ideas, giving her the strategies my own mom used to help me with music when I was little. I ask how German school is going.

4:30 – 7:30 PM
The Long Drive Home. With another Tim Horton’s stop along the way.

Reprinted with permission from the CAEDHH Newsletter Spring, 2014.
The International Federation of Hard of Hearing People (IFHOH) is an international non-governmental organization representing the interests of more than 300 million hard of hearing people worldwide. As of the end of 2013, IFHOH had 40 General Members, 7 Associate Members, 2 individual members, and is represented in 36 countries. The Canadian Hard of Hearing Association (CHHA) is a general member of IFHOH.

The current president of IFHOH is a Canadian, Dr. Ruth Warick. She is a senior disability advisor at the University of British Columbia and a past national president of the Canadian Hard of Hearing Association (CHHA).

IFHOH’s priorities for the coming year are focused on pursuing its work to promote the United Nations’ Convention on the Rights of Persons with Disabilities (CRPD) for hard of hearing people around the world. You can consult IFHOH’s paper on the CRPD at The IFHOH United Nations Convention on the Rights of People with Disabilities Implementation Toolkit.

In its action plan for 2014-2016, IFHOH has expressed a commitment to assuming a leadership role in the International Disability Alliance (IDA), as well as to the development of a policy paper on hearing aids, and a captioning project. These are only a few examples of the work carried out by IFHOH. Its electronic newsletter, IFHOH Journal, is published four times a year.

The 2014 IFHOH Biennial General Meeting (BGM) was held on Monday, April 7, 2014 in Jerusalem, Israel, following a conference on Overcoming Hearing Barriers held the previous day. At the BGM, four motions were proposed by the IFHOH Board, including a motion related to an Education Policy Paper. The IFHOH Board also shared its Biennial Report and its Action Plan. The four key areas of the Action Plan are: hearing issues, information and communication, cooperation and participation with other organizations, and internal IFHOH matters. The 2016 IFHOH BGM will be held in Washington, D.C. June 23–26, 2016 during the IFHOH World Congress. The Congress will be held in conjunction with the annual conference of the Hearing Loss Association of America (HLAA).

To find out more about IFHOH’s work, visit www.ifhoh.org.
Very few people could have predicted a decade ago how dramatically the power of wireless would totally transform the lives of Canadians – not only in how we communicate with each other – but in almost every aspect of our day-to-day lives in the home, in the workplace and anywhere and anytime in between.

The speed at which wireless technology has evolved is truly incredible. Every day, it seems there are new advances that are reshaping our world for the better. The days of the cell phone that just simply made phone calls are long gone. In addition to sending text messages and e-mails and browsing the Internet at lightning fast speeds, we can do things like monitor our homes and provide critical medical information to our doctors directly from our smartphones.

Canada now has well over 28 million wireless subscribers. This number is staggering considering just 10 years ago there were only 13 million users. And, Canada has some of the fastest, most advanced wireless networks on the planet, and we are among the fastest adopters of the latest and greatest smartphones in the world.

But beyond calling, texting and watching videos, wireless is also quickly becoming a game changer for those in vulnerable communities. A new text-messaging based wireless service is connecting those in the deaf, deafened, hard of hearing or speech impaired (DHHSI) communities to emergency services in Canada.

Text with 9-1-1, or commonly referred to as T9-1-1, provides
9-1-1 call centres with the ability to converse with a DHHSI person during an emergency, using text messaging. When a DHHSI person requires 9-1-1 services, they dial 9-1-1 on their cell phone. There is no need for a caller to speak or hear, as the 9-1-1 call taker will normally receive an indicator from registered users that tells them to communicate with the caller via text messaging. The 9-1-1 call taker then initiates a text message conversation with the caller to address the emergency.

This unique Canadian solution was developed by the CRTC Interconnection Steering Committee (CISC) Emergency Services Working Group (ESWG), comprised of members from emergency services, telecommunications service providers, vendors and other stakeholders. After examining the ways in which emergency services could be more readily access by those in the DHHSI community, T9-1-1 was put to the test in 2012 in Vancouver, Toronto, the Peel Region, and Montreal. The results of these trials showed that while limitations exist with the service, it would be a dramatic improvement to the current system.

Since that time, wireless carriers across the country have completed all of the required network upgrades to implement T9-1-1. However, before the T9-1-1 service can be made available to DHHSI cell phone users, 9-1-1 call centres must also complete technology upgrades as well.

All members of the DHHSI community across Canada can start to register for the service, even though the service is not yet available nation-wide. National registration allows those who need it to utilize the service only when they are within a specific region that has deployed T9-1-1.

At this time, the T9-1-1 service is only available in Metro Vancouver, the City of Calgary, and the Peel Region. The service will be implemented by 9-1-1 call centres in different municipalities or regions at different time periods over the next several years. DHHSI citizens should check the new www.Textwith911.ca Web site frequently to see which new areas or regions have rolled out the service.

Those who wish to register for the service must do so through their wireless service provider. Without taking this crucial step, important information may not be relayed to the user such as checking to make sure that the user’s device is compatible with the service. Some devices are not able to make a voice call and send and received text messages simultaneously, so it is critical to double check this when registering for the service. Links to the wireless service provider’s Web sites are also available at www.Textwith911.ca.

This service is an exciting step in the right direction in ensuring that all Canadians will have access to life-saving emergency services. However, as with any new technology, limitations do exist. For example, no text messaging service can guarantee that a message will be sent or received in a timely manner. Additionally, mobile devices are, well, mobile, and staying within the footprint of a service area may also present challenges for those who utilize the service.

Also, voice calling remains the only way to communicate with 9-1-1 services for a person that is not deaf, deafened, hard of hearing, or have speech impairment. Text messages sent directly to the digits “9-1-1” do not reach emergency services. Text with 9-1-1 for the public at large is expected to be deployed at a later date.

We must keep in mind that when 9-1-1 first became available for Canadians last century, the concept of a cellular phone, let alone text messaging, was something out of science-fiction. 9-1-1 was not created in such a way that combining this type of sophisticated technology with emergency services would be easy nor that it would be seamless. The goal for Text with 9-1-1 for now is to do a better job at connecting vulnerable Canadians than ever before.
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I’m Hard of Hearing and I Need a Communication Specialist

By Dr. Charles Laszlo
Abridged Version by Gael Hannan

I am a hard of hearing person who wears hearing aids. People think this solves all my communication problems – after all, that’s what the hearing aid advertisements say, don’t they? But I have many communication needs that require more than hearing aids can provide.

There are many faces to the hard of hearing person.

I am a hard of hearing student who wears hearing aids. At home, my mom makes sure my needs are met, but at university next year, I’ll be living alone. I’m worried about sleeping in and being late for classes. But I’m also worried about hearing the professors and whether they and other students will communicate with me the way I need. I depend on captioning for everything.

I’m an adult office worker and I wear hearing aids on the job. Being safe and connected when I travel on business is always a challenge, as is communicating well in our noisy office, and during meetings and conferences.

I am a senior and I am hard of hearing. Living alone, I’m worried about being safe in my home, because my hearing aids don’t pick up everything. I cannot hear the doorbell, the telephone, or the fire alarm and when someone tries to explain all the options, I get confused. Social outings are noisy and challenging, including the seniors centre, when I go to the doctor’s and at my place of worship. My main entertainment is now TV, but I find it hard to read captioning.

No matter which of my faces you see, I have needs that hearing aids alone do not provide for.

The conventional wisdom is that if I am provided with the means of hearing sounds better, my problem is solved. But hearing sounds is not the same as understanding speech! As a hard of hearing person, I need more than just to hear. I need and want to communicate! That means the ability to understand and interpret sounds properly, to understand speech and be able to extract information, and to react appropriately to what is said and to what is happening around me.

Hearing aids are wonderful devices but they have limitations. Perhaps it’s more accurate to say that the hearing aid (a technical device) and I (the person wearing it, a physiological entity) together have limitations. The intact auditory system together with the brain has the incredible ability to understand even severely distorted speech and to extract meaningful information when masked by noise and interference. But I have lost this ability to varying degrees, even when the sound is loud enough. Hearing aids are designed both to amplify sound and to compensate for this loss of ability. They amplify well, but can only compensate for “discrimination loss” to a limited extent.

This is where assistive devices come into the picture.

Here’s a summary of my major activities and the assistive devices that I may require in those circumstances:

<table>
<thead>
<tr>
<th>DAILY EVENT</th>
<th>ASSISTIVE DEVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wake up</td>
<td>Alarm clock with vibrator and flashing light.</td>
</tr>
<tr>
<td>Phone calls at home and at work, land lines</td>
<td>Hearing aid-compatible phone. Texting. Built in amplification. Ringer connected to visual or vibrator indicator. Computerized speech recognition.</td>
</tr>
</tbody>
</table>

About the Author
Charles A. Laszlo is professor emeritus of electrical and computing engineering at the University of British Columbia. His professional career focused on technologies and systems that allow hard of hearing people to function effectively in their everyday lives. He was the founding president of the Canadian Hard of Hearing Association and served as president of the International Federation of Hard of Hearing People. While retired, he remains active in professional and volunteer activities on behalf of the hard of hearing community.

claszlo@telus.net
Laszlo

Many of the technologies don’t stand alone in isolation but form a system of communication for me. I need this system to remain active, productive, emotionally balanced, and not isolated.

Some of these technologies aim to deliver “clear speech” without distortion and noise so I can use my remaining speech-understanding ability to the fullest. Other devices alert me to warning and other environmental sounds, while others connect me to electronic communication devices. Each of these devices provides an essential component of my daily communication needs, allowing me to function in the family, society, in the workplace, and in the school.

While a great deal of information on assistive technologies is available on the Internet, this is not enough. First, I have a problem selecting proper equipment – I need technical expertise or expert guidance. No equipment is suitable for every situation and I often don’t have the experience or the technical knowledge to judge or even understand what the specifications say.

My second problem is that I have to make the various devices work with my hearing aids. This is a great challenge, as different “interfacing” approaches have different limitations and may or may not fit my circumstances. It would have been a tremendous benefit if my hearing aid fitting had included provisions such as a T-switch to use with assistive devices.

The third problem is that different brands of devices work differently and lack of standards prevents me from combining different brands to fit my needs. You can buy a hi-fi from one company and speakers from another, but I am often tied to a specific line of assistive devices.

These problems show that I need a comprehensive approach to hearing aids and assistive devices so that I can derive maximum benefit. I often look for help rather desperately. Sometimes I get it from peer contacts, volunteer consumer organizations and through service organization, but often I don’t have anywhere to turn.

Yet, there is one professional who has the expertise to advise and to guide me in my quest for communication accessibility – the audiologist.

The profession of audiology is highly respected and I trust your advice. You provide support with custom hearing aids that are digital and/or programmable and check my functionality with assistive devices and I am grateful. Yet I feel that far too often you don’t seem to be involved with my struggle to communicate, to achieve security, and to participate in everyday life. You have the training, the technical knowledge, and you are the professional who fits my hearing aids.

Yes, you fit my hearing aids and you do a marvelous job, but beyond that we have no contact! You are in the best position to guide me in my quest to communicate, to achieve security, and to participate in everyday life. You have the training, the technical knowledge, and you are the professional who fits my hearing aids.

What I need and what I want is for you to look beyond your conventional role and become my communication specialist!

Becoming a communication specialist will require you to understand how I function and what my specific communication needs are, and then help me acquire the integrated, comprehensive communication system that suits me. You will also need to monitor my ability to cope and remain functional. This includes technology but also goes beyond technological measures. After all, communication goes beyond “hearing.”

<table>
<thead>
<tr>
<th>DAILY EVENT</th>
<th>ASSISTIVE DEVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving to work, to the doctor, to school</td>
<td>Emergency siren recognizer.</td>
</tr>
<tr>
<td>One-to-one discussion with a friend, a co-worker, the doctor, in the bank</td>
<td>Personal communication device (FM or infrared)</td>
</tr>
<tr>
<td>Meeting with a group of people present at work, at the seniors centre, in school</td>
<td>Portable FM or infrared device placed in the middle of the table, loop Real-time captioning One-to-one personal communicator</td>
</tr>
<tr>
<td>Noisy restaurant</td>
<td>Personal communication device with directional microphone.</td>
</tr>
<tr>
<td>Conference in a large hall holding 300 people</td>
<td>Large-area infrared, FM or loop system</td>
</tr>
<tr>
<td>Cell phone call</td>
<td>Phone with vibrating option. Texting Hearing aid-compatible High output.</td>
</tr>
<tr>
<td>Travelling in car with passenger</td>
<td>Personal one-to-one communication device with directional microphone.</td>
</tr>
<tr>
<td>Family dinner</td>
<td>Portable infrared or FM device placed in the middle of the table.</td>
</tr>
<tr>
<td>Watching TV</td>
<td>Captioning Infrared, FM or loop device connected to TV.</td>
</tr>
<tr>
<td>Door bell rings</td>
<td>Vibrator worn on body and flashing lights.</td>
</tr>
<tr>
<td>Child care</td>
<td>Baby monitoring device with vibrating annunciator.</td>
</tr>
<tr>
<td>House and fire-alarm</td>
<td>Flashing lights and/or vibrating annunciator.</td>
</tr>
</tbody>
</table>
The hard of hearing community as a whole challenges the audiology profession to embrace this role with enthusiasm.

This article is an abridged version of Dr. Laszlo’s article that originally appeared in the *Canadian Hearing Report*, Vol.7 No.6, 2012.

For more information:
Gael Hannan
Vice-President
Canadian Hard of Hearing Association
Tel: 416-237-1274
Fax: 416-239-9041
E-mail: gdhannan@rogers.com
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