



Canadian HARD of HEARING Association

(CHHA-Hamilton)

HERE, HEAR!! Newsletter

www.chha-hamilton.ca

Arthur Rendall, President

Spring, 2012

1st ANNUAL DREAM HOME LOTTERY WINNERS

**1st prize Ultimate Dream Home
Home by Tuscany Hill Homes Ltd.,
Furnishings by Elizabeth Interiors,
Appliances from Goeman's Appliances,
Home Electronics from East Hamilton
Radio, 2012 Jetta from Hamilton
Volkswagen Audi
Carol Kush, Ticket #33833**

2nd prize Triumph Speedmaster motorcycle
Paul Simpson, #28026

3rd prize Panasonic 60" 3D Plasma TV
Ivorn Brown #17883

4th prize LG 55" LCD TV
Tina Taylor, #20350

5th & 6th prize Nikon D5100 Digital Camera
kit
Cameron Kiglbowich, #14168
Sandra Harper, #18418

7th, 8th, 9th prize \$1000Metro grocery cards
Leck Chanthara, #36781
James Craig, #36426
Steve Popp, #37856

10th prize Denon Micro Component System
Barb Wood, #17284

11th, 12th, 13th & 14th prize \$500Metro card
Pam McKibbon, #34446
Nancy Fulton, #20386
Diana Bellfontaine, #2280

SPRING MEETING

Living With Tinnitus

Speaker: Larry E. Roberts (PhD)
Lifetime Emeritus Professor Department
of Psychology, Neuroscience, and
Behaviour, McMaster University

Date: Wednesday, April 4th

Time: 7:00 pm to 9:00 pm

Location: South Gate Presbyterian
Church, 120 Clarendon Avenue,
Hamilton L9A 3A5

Registration & Contact info:
905-575-4964 or
chha-hamilton.newsletter@shaw.ca

Charge: Members - no charge
Guests - \$5.00

Parking: free parking in rear

**Real Time Captioning and
infra red system available**

Vice President's Message

Welcome to the first CHHA-Hamilton newsletter of 2012. As many of you know, we have been busy over the past several months executing our inaugural Dream Home Lottery. I would like to personally thank everyone who was involved for their tireless efforts to make this new venture a success. Of course, we need to congratulate our winner Carol Kush of Hamilton who was the lucky winner of a fully furnished house and brand new Volks-Wagon Jetta.

As I look back on the past several months, I see an organization made up of very dedicated and hard working individuals who are passionate about CHHA-Hamilton. Throughout the entire lottery campaign everyone was quick to lend a hand and do whatever was needed in order to get the job done. This is a real testament to the strength of this organization and it makes me proud to serve as your Vice-President. I hope that this trend continues into this new year and I challenge all members to become involved and help make our organization the best that it can be.

The Board of Directors has already been hard at work on a number of initiatives for 2012. We have begun prepping to host The Sunnybrook Hospital Cochlear Implant Reunion in June as well as a Hearing Health Fair in September. Additionally, we have recently formed two new committees: membership and fundraising. If you are interested in volunteering to help us with any of these initiatives please contact us at info@chha-hamilton.ca.

Finally, I would like to congratulate our President Arthur Rendall who has been working diligently on a 9-1-1 emergency text message solution over the past three years. The CRTC has recently announced that they will soon begin a 3 month trial of this service that would allow people with hearing and speech impairments to communicate with emergency call centres via text message.

I wish you all the best for 2012 and encourage you all to get involved in this great organization by volunteering for one of our exciting initiatives.

Cheers,
Rob Diehl, Vice-President

ASK CATHY . . .

Q.: Can you give me some advice on hearing aid batteries?

A.: Hearing aid batteries come in 4 basic sizes – Size 10, 13, 312 and 675. Batteries will last from 3 days to 3 weeks. It depends on the size of the battery – size 10 being the smallest lasts the least amount of time – but the hearing aid it powers is smaller than the average aid – so the trade-off is smaller aid and less battery life.

The battery life depends not only on the size of the battery but on the amount of 'work' it needs to do – so the number of hours the aid is on and also the different listening environments the aid is in – with digital aids the battery is actually powering a computer chip inside the aid – so the more it has to work – that is the noisier the environment the less long the battery will last.

Continued on page 4 . . .

Hearing
ALL THE
SPECIAL MOMENTS.

DAVID SWEET M.P.
905 627 9169
DAVIDSWEET.CA

Ancaster - Dundas - Fiamborough - Westdale
#3-59 Kirby Ave., Greenville, ON L9H 6P3



Our lives are made up of special moments, both big and small. Don't let hearing loss steal those moments away.



AHIP
Association of Hearing
Instrument Practitioners
of Ontario

Hearing Institute

Ltd.



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Downtown
360 Main Street East
905-523-7983

West Mountain
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905-574-5358

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905-664-3033

ALL LOCATIONS HAVE FREE PARKING AND ARE WHEELCHAIR ACCESSIBLE
www.hearinginstituteltd.com

Storing Sounds In The Inner Ear

Research shows that vibrations in the inner ear continue even after a sound has ended, perhaps serving as a kind of mechanical memory of recent sounds. In addition to contributing to the understanding of the complex process of sound perception, the results may shed light on other fascinating aspects of the auditory system, such as why some gaps between sounds are too brief to be perceived by the human ear. Published by Cell Press, *Biophysical Journal*.

The inner ear contains a structure called the cochlea that serves as the organ of hearing. The cochlea is a coiled, fluid filled structure that contains a "basilar" membrane and associated "hair cells". Essentially, sound-evoked vibrations of the basilar membrane are sensed by the hair cells which in turn convey auditory information to the nervous system. Some hair cells respond to basilar membrane vibrations by producing forces that increase hearing sensitivity and frequency selectivity through mechanisms that are not completely understood. "Because hair cell force production is initiated by the acoustic stimulus, it was assumed to end when the stimulus was removed," says Dr. Alfred L. Nuttall from the Oregon Hearing Research Center. "However, there is evidence that some tones produce vibrations that continue even after the end of the stimulus."

Using anaesthetized guinea pigs, Dr. Nuttall recorded basilar membrane motion and hair cell related potentials in response to various sounds. They observed that after-vibrations were dependent on the magnitude and frequency of the sound stimuli and that even minor hearing loss elicited a profound reduction in after-vibrations. It is important to point out that although our findings clearly document the existence of after-vibrations, further work is needed to elucidate the underlying mechanism. "The ability to detect brief gaps in an ongoing stimulus is critical for speech recognition; gaps need to be longer than a minimal interval to be perceived," explains Dr. Nuttall. "To the extent that after-vibrations excite the auditory nerve fibers, they may explain part of the difficulty in detecting such gaps."

Source: Elisabeth Lyons

ASK CATHY continued . . .

There are rechargeable hearing aid batteries – these are usually quite expensive – the chargers cost about \$100.00 and the rechargeable batteries are about \$25.00 for 2– and they last for approx. one year or 300 charges then need replacing.

There is also a new hearing aid on the market that the batteries last for up to 4 months – the downside to this is that the hearing aid is disposable – that is the whole hearing aid must be replaced every 4 months – an expensive way to go.

Hearing aid batteries are zinc air – that means they are activated when oxygen comes into contact with the zinc oxide in the battery. So as soon as you take the tab off the battery it starts to run down – and putting the tab back on won't stop it.

Never store your batteries in the fridge – the moisture can activate the batteries causing them to run down or the moisture can cause them to rust.

Never store the batteries out of the packaging they come in – batteries coming into contact with metal – your keys, coins etc. in your purse or pocket can short out.

Never store batteries where they can become heated – for example in the glove box of your car – the heat can make the glue that sticks the tabs down lift thus activating the battery – when the package cools down the glue might re-stick the tabs – but the damage is done since they can't be deactivated by re-sticking the tabs.

Once you know approximately how long your batteries are lasting based on your battery size and usage it's a good idea to replace the batteries before they run down – this will help prevent sudden loss of power and also when batteries are weak you will get less than optimal use of your aids – you might get static or sound distortion or find you need to increase the volume when batteries are weak. Many digital aids will signal a battery that is running down with a beeping sound.

Zinc air batteries need to be disposed of safely – some grocery stores have battery recycling stations or you can ask your hearing clinic if they have recycling programs – never throw them in the regular trash.

Cathy Peterson not only wears hearing aids, she is also the retired general manager of Provincial Hearing Consultants and on the CHHA-Hamilton Board.

Do You Hear What I Hear? What's that noise?

by Fred Matta, MCIAud, RAUD/RHIP (Alive Health & Wellness Magazine)

Vincent Van Gogh, the 19th century post-Impressionist artist, painted a self-portrait depicting a bandaged ear. It was reported that Van Gogh cut off part of his own ear. There have been a number of proposed reasons as to why he did it, but one thought is that he suffered from a severe case of tinnitus. Pronounced "TIN-ih-tus" and derived from the Latin word tinnire (to ring).

WHAT IS TINNITUS?

A common yet poorly understood disorder, tinnitus affects many people at some point in their lives. It can vary in intensity, ranging from a barely audible hiss to a loud roaring buzz. Tinnitus is not a disease. Rather, it is a symptom that can result from a number of conditions. Tinnitus can occur in one or both ears.

WHO GETS TINNITUS?

Anyone can be affected by tinnitus, regardless of age. In Canada it is estimated that over 360,000 Canadians have tinnitus that they consider to be significantly bothersome. The prevalence of tinnitus in adults is in the range of 10 to 15% and tends to be more common in men, affecting mostly those in the age range of 65 to 74. Amongst the hearing impaired, the incidence of tinnitus is as high as 75 to 80%.

Although tinnitus seems to correlate with age-related hearing loss, it is not uncommon for younger individuals also to have tinnitus because of exposure to loud noise, such as from nightclubs, rock concerts and listening to overly loud music. Exposure to workplace noise without the use of appropriate hearing protection can also result in the development of tinnitus and hearing loss.

WHAT CAUSES TINNITUS?

The exact physiological mechanism responsible for tinnitus is unknown and is currently an area of hot research. An audiologist who is a university-trained hearing health professional specializing in identifying and assessing disorders associated with hearing and balance, can provide guidance and help in the

management of tinnitus.

Also, it would be advisable to see a medical doctor to help investigate the cause.

Tinnitus can be triggered by many factors: *head trauma, *ear infection, *impacted wax in the ear canal, *stress, *certain types of drugs/medications such as anti-inflammatory agents (e.g., salicylates), antimalarial drugs, chemotherapy medication, diuretics and a family of antibiotics known as aminoglycosides, *tumours of the nerve responsible for hearing & balance, *Meniere's disease, *certain neurological illnesses such as multiple sclerosis.

TREATMENTS

Managing tinnitus presents a significant challenge because the underlying cause is often unclear. There is no single cure for all patients, which in turn makes treatment options just as diverse as the origins of tinnitus.

A good tinnitus treatment program should take a multidimensional approach for each patient based on their specific needs. *Due to the link between tinnitus and psychological distress, one of the goals is to provide patient education to help allay the anxiety. *Medical examinations to rule out a sinister cause. *Tinnitus resulting from exposure to loud noise can be prevented by taking appropriate precautions. *Another approach to managing tinnitus is through the use of wearable devices called noise generators that produce a low-level noise to help mask the sound of tinnitus. *For those with hearing loss, a hearing aid may help by amplifying external sounds and diminishing tinnitus awareness.

LIFESTYLE CHANGES minimize but do not eliminate tinnitus altogether: *stress reduction through adequate sleep, *regular exercise, *limiting alcohol, caffeine & tobacco intake.

For more information visit the Tinnitus Association of Canada at www.kadis.com/ta/tinnitus.htm

SPEECH READING CLASSES

to begin the second week of April.

For more information or to register, please contact Linda Baine at 905-659-7347 or e-mail chha-hamilton.newsletter@shaw.ca

Face Me, Doc, I'm STILL Hard of Hearing

by Gael Hannan

Having escaped from the waiting room zoo, I am sitting in an examining room waiting to see my new ENT specialist. And hallelujah, it's a real room, with a door. My previous ENT believed in the open office concept, a nightmare for patients with hearing loss. Suddenly, the doctor strides into the room, white coat and a medical intern flapping behind him. Doc plops onto the stool in front of me and looks me in the eye.

(Good communication skills, hooray! But he's an ear, nose and throat specialist; he *should* know how to talk with his hard of hearing patients. On the other hand, I've been giving my family doctor some basic patient communication training, which she has now, after eight years, almost completed. She's proud of the fact that she no longer talks to my feet or other body parts during a check-up.)

"So, what can I do for you today, uh, (looking at my papers), Mrs. Hannan?" "Well, I haven't seen a specialist in a million years, and my audiologist thought maybe it was time I should. A lot of my friends have acoustic neuromas or other interesting stuff, and when I was a child a doctor did radiation on my ear, but I've never had an MRI, and I'm thinking maybe I should?" (My babbling trails off.)

Doc doesn't respond to my little attention-getting wave, so I lean sideways, downwards and forward to make eye contact. "Sorry, doctor, I'm hard of hearing, could you face me please?" He gives me a blank look, then a little laugh-snort, "Yes you are, aren't you? Sorry about that." (We all laugh a bit, but I'm not sure if he's sorry for my hearing loss or because he didn't face me.)

"Ok, fine, an MRI it is. I'm-sure-there's-nothing-wrong-you're coping-well-so-come-and-see-me-afterwards-probably-in-a-few-months". Doc stands, nods and sweeps out of the office, the intern catching his wake. 45 minutes of waiting, 2 ½ minutes of consultation.

I'm not complaining; I know there's a shortage of doctors. I'm lucky to have access to good medical care.

It's just that during this short meeting, I had to spend more energy on my communication challenges than on discussing my medical issues.

Two months later, I'm at the hospital for my MRI. "I'm hard of hearing," I tell her. "Are there any instructions I need to know before this starts?" "We'll tell you what to do during the test; you'll hear my voice telling you when to breathe in, hold, and let it out." "No I won't. My hearing aids will be out, and I will be functionally deaf." A blank look. "I'll speak loudly, you'll hear me." "No. I. Won't. What do you do for other people who can't hear?" I ask.

A blanker look. "Hmmm, well, we'll do our best, I'm sure it will be fine." "Hmmm, well, unless you have a little captioned TV screen in there, I will not understand what you are saying." Grumpy, I put my hearing aids and other valuables into a locker and sit down in a tiny ante-room. I feel vulnerable, deaf and half-naked. The technician seats two other patients, whom she has clearly told that I don't hear, because they both smile at me, nodding, as if I were one step up from the village idiot.

The technician reappears with a *huge* length of clear tubing coiled around her arm, and motions to me. I think, *not on your life, woman! I'm here for an MRI, not an enema!* My face must show my shock, because she cracks a smile. She mouths, *no it's ok, please come with me.*

In the large MRI room, she says, "None of us have ever done an MRI on a deaf person. I'm embarrassed that we didn't have something in place. But let's try this. We'll tie the tubing around your wrist; when we yank it, you breathe in and hold it until the next yank, when you let it out." "What if you forget to yank the second time?" Her smile explodes into a laugh.

The happy ending? Nothing showed up on the MRI. But while I am pleased at the technician's practical solution, I'm surprised at the lack of MRI protocol for patients with hearing loss – has no other hard of hearing or deaf person ever had an MRI in

The Blogs
@Hearing Health & Technology Matters!
HearingHealthMatters.org

It's Time to Talk

Conversations with Monique Taylor

As your MPP, Monique Taylor will be hosting a series of community forums across Hamilton Mountain to hear from you - your issues and concerns. Take note of the dates and locations below. Come out to one of the forums to speak directly with Monique.

MARCH
30

6pm
Barton United Church
21 Stone Church Road West

MAY
22

6pm
OSSTF District 21 Office
1423 Upper Ottawa Street,
Unit 2

APRIL
11

6pm
Sackville Hill Senior Centre,
780 Upper Wentworth St.

MAY
24

6pm
Sherwood Public Library,
467 Upper Ottawa Street



Monique Taylor

MPP Hamilton Mountain

Community Office

952 Concession St., Unit 2 | Hamilton, ON | L8V 1G2

(905) 388 9734

mtaylor-co@ndp.on.ca

WHY JOIN CHHA?

- We offer speech reading classes to assist you in communicating
- We are advocates for those who suffer from hearing loss
- We host events that help build community amongst hard of hearing individuals
- We raise funds to assist the hard of hearing in our region

All of these projects help us to fulfill CHHA's mission to make the community a better place for the hard of hearing. Please renew your membership or join us for the first time and find out what CHHA is all about.

To keep our association strong we have to know that *you* are supporting us by becoming a member.

Craig Ellis, Membership Chair

CHHA-Hamilton Membership Application & Renewal Form

Your Membership is due effective now to – August 31, 2013

Please mail this form with your payment to:

CHHA Membership, c/o 111 Empress Ave., Hamilton, ON L9A 1M5

Name: _____

Address: _____

City/Postal Code: _____

Telephone: _____ e-mail: _____

Age: 19—30 ___ 31—50 ___ 51+ ___

I hereby apply for one of the following memberships (please check one):

Individual Membership: \$30.00 / year

Family Membership: \$50.00 / year

Lifetime Membership: \$300.00 plus \$5.00 / year

Make cheques payable to: CHHA-Hamilton

Donations to CHHA-Hamilton may be made in memory of loved ones and friends. Tax receipts will be issued and announcements sent to the family. Charitable Reg. No. 89647 8419 RR0001