

March 12 Chapter Meeting: Can a captioned phone help me?

A demonstration of captioned phones from



Hearing loss can be frustrating for you and the people you communicate with on the phone. With a captioned phone, you can hear and read what the other person is saying: the phone displays big, easy-to-read text that automatically scrolls during your conversation.

Jason Keller, Outreach Manager of [CaptionCall](#), will demonstrate for us the CaptionCall and explain how you might qualify for a free phone. It's a good opportunity to see this phone in person and ask any questions you have.



Jason Keller has worked for CaptionCall since January 2017. He serves as Outreach Manager for Southern California, Oregon, and Washington. He has a strong background in customer service from previous work experience in real estate, grocery and restaurant services, and a family business.

Jason is also experienced with children: he has 7 of his own, and together with his wife helps run a summer camp for 150 kids.

UPCOMING CHAPTER EVENTS

Unless otherwise noted, all events are at the Weingart Center, 5220 Oliva Ave, Lakewood 90712. (See map on last page.)

Mar 12 Chapter meeting

Thursday, 6:30 to 8:00 p.m.
Jason Keller from CaptionCall

Mar 14 HAT Demonstration

Saturday, 10:30 a.m. to noon

Mar 25 Board meeting

Wednesday, noon to 2:00 p.m.
Open to any chapter member

Apr 9 Chapter meeting

Thursday, 6:30 to 8:00 p.m.
Installation of officers and small HAT demo

Lip Reading classes (ongoing)

Wednesdays 9:30 to 11:30 a.m. with Linda

Chapter meetings are held on the 2nd Thursday of each month from September through May, and are always free and open to the public. Meetings are telecoil looped, with live projected captions, and free use of assistive listening devices so everyone can hear. Refreshments and a drawing are included. Come join us!

Our meeting room Telecoil loop was installed with the generous help of Rick Archbold of [Hearing Now USA](#).

Can hearing aids help prevent dementia?

Kim Tingley, *The New York Times Magazine*
Feb 20, 2020

Hearing loss has long been considered a normal, and thus acceptable, part of aging. It is common: Estimates suggest that it affects two out of three adults age 70 and older. It is also rarely treated. In the U.S., only about 14 percent of adults who have hearing loss wear hearing aids. An emerging body of research, however, suggests that diminished hearing may be a significant risk factor for Alzheimer's disease and other forms of dementia—and that the association between hearing loss and cognitive decline potentially begins at very low levels of impairment.

In November, a study published in the journal *JAMA Otolaryngology—Head and Neck Surgery* examined data on hearing and cognitive performance from more than 6,400 people 50 and older. Traditionally, doctors diagnose

(continued on page 3)



PRESIDENT'S MESSAGE

from **Gail Morrison**

Top 'O the Mornin' to Ye!



Another month and another holiday. Valentine's Day, then St. Patrick's Day. There's always something and we take these things for granted. For example, I take it for granted that wherever I go, whatever the meeting is, there'll be accommodations for me: ALDs, a telecoil loop, or captions. Unfortunately, this did not happen recently.

I attended a meeting at Leisure World Seal Beach and as I walked in, I noticed four good-sized screens mounted on the walls. I thought *Oh good! They have captioning!* I couldn't have been more wrong! Instead of captions, the screens were used to project their Agenda.

I'd received the meeting notice from Leah Perrotti, Recreation Committee Chair, that there would be discussion on assistive listening devices.

I didn't hear the President call the meeting to order, but the Secretary handed a microphone to a person who sat a few seats from me. I had no idea what was going on and could see that the mic was being passed around the room. What to say? So, I simply said, "I have no idea what we're supposed to say. I'm hard of hearing and can't hear." I passed the mic to the next person and she introduced herself. Soon I discovered that people were to introduce themselves and to state why they were there. Later, I found on the agenda that we were given 3 minutes to speak. Had I known this.....But I didn't.

As the meeting progressed, committee members didn't use their table mics all that well and I needed more amplification, such as what we have with our Loop. Many committee members were sitting with their backs to me, making it impossible to lip read and when a member began to speak, I couldn't tell who was speaking. I began to look where other members were looking, and only then found the speaker. Lip reading did help some and I was amazed with

this skill! Do you do this, too?

At the break, Ms. Perrotti turned to me and introduced herself. By then, she had spoken of the assistive listening devices proposed for the new Learning Center. Clearly, she understood our needs and I thanked her for her assistance. I explained that I was having great difficulty hearing and pointed out that when I saw the screens, thought there might be captions! I explained that what I needed was amplification plus the sound delivered right into my ears, as the Loop does, or ALDs. I then told her I was leaving, since I really wasn't hearing that well. It was pure torture and I came away entirely exhausted.

We are so fortunate! Our chapter meetings provide a Loop, ALDs, and our captioner Saba McKinnley, who catches every word for us. We've all learned about these technologies through our own chapter. I'm so thankful and I hope that you are, too! It's good to know there are accommodations that exist that DO work for us. That's empowering!

CHAPTER NEWS

Chapter officers needed!

Van VonBurg, head of this year's nominating committee, is still looking for nominees for Recording Secretary and President. Please notify him if you or anyone you know would be willing to serve for a one year term.

The Board meets for 2 hours every month and officers must be members of HLAA National.

This is a great way to have a say in the operation and activities of our chapter. Please consider serving!

Refreshments

Thanks to Gail Morrison and Isla, who volunteered to bring treats for our March Chapter meeting.

Please pitch in to supply refreshments! Sign up at the food table to bring a finger food treat to a future chapter meeting.

hearing aids and dementia

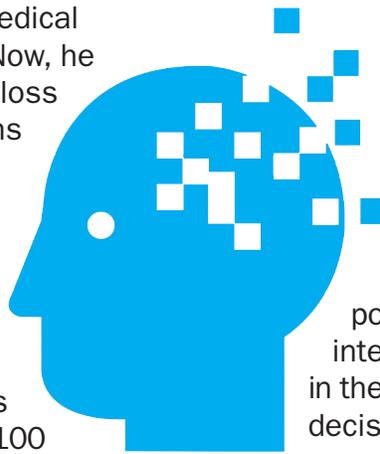
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impairment when someone experiences a loss in hearing of at least 25 decibels, a somewhat arbitrary threshold. But for the JAMA study, researchers included hearing loss down to around zero decibels in their analysis and found that they still predicted correspondingly lower scores on cognitive tests. “It seemed like the relationship starts the moment you have imperfect hearing,” says Justin Golub, the study’s lead author and an ear, nose and throat doctor at the Columbia University Medical Center and New York-Presbyterian. Now, he says, the question is: Does hearing loss actually cause the cognitive problems it has been associated with and if so, how?

Preliminary evidence linking dementia and hearing loss was published in 1989 by doctors at the University of Washington, Seattle, who compared 100 patients with Alzheimer’s-like dementia with 100 demographically similar people without it and found that those who had dementia were more likely to have hearing loss, and that the extent of that loss seemed to correspond with the degree of cognitive impairment. But that possible connection wasn’t rigorously investigated until 2011, when Frank Lin, an ear, nose and throat doctor at Johns Hopkins School of Medicine, and colleagues published the results of a longitudinal study that tested the hearing of 639 older adults who were dementia-free and then tracked them for an average of nearly 12 years, during which time 58 had developed Alzheimer’s or another cognitive impairment. They discovered that a subject’s likelihood of developing dementia increased in direct proportion to the severity of his or her hearing loss at the time of the initial test. The relationship seems to be “very, very linear,” Lin says, meaning that the greater the hearing deficit, the greater the risk a person will develop the condition.

In 2017, the medical journal *The Lancet* convened a commission to review all published research

on risk factors for dementia that might be modified to prevent or delay the onset of symptoms. The surprising conclusion was that hearing loss is the largest—accounting, statistically speaking, for approximately 9 percent of all current diagnoses. That, Lin says, was “a big wake-up call.” Historically, hearing loss has received relatively little attention from clinicians, scientists and the general public simply because, Lin believes, “it’s something everyone gets as they get older. Everyone gets white hair and wrinkles, it can’t really matter, right? It’s an invisible disability.”



What’s unclear is how hearing loss affects the structure and function of the brain over the long term. There are hints, though. fMRI scans have shown that if the ear sends a garbled signal to the brain—whether a result of poor hearing or background noise that interferes with good hearing—regions in the frontal cortex related to reasoning, decision making and memory, as opposed to speech comprehension, are activated, “overloading” them and making them work harder in order for the listener to comprehend what is being said in the moment.

Hearing loss has also been associated with an atrophy of brain tissue in auditory regions, potentially from lack of use. People who can’t hear well tend to be less likely to go out and engage with others socially too, which is another known risk factor for dementia. It’s possible to imagine any of these processes leading to cognitive decline. “The brain is made up of all these interconnected networks, and if you throw off the balance a little bit over years and years, that may have these widespread effects that are hard to measure clearly,” says Jonathan Peelle, an associate professor of otolaryngology at Washington University, in St. Louis.

If that’s the case, Lin says, “there’s every reason to think if you treat hearing loss, that those interventions could directly modify those pathways,” preventing that decline. (There is no evidence yet to say whether people who are

(continued on page 4)

House passes bill for Medicare coverage of hearing aids

December 13, 2019

In a historic achievement, the House of Representatives voted to expand Medicare to cover hearing aids and related hearing health care services. By a vote of 230-192, the House approved HR 3, a bill that allows the federal government to negotiate prescription drug prices and uses the savings from lower drug prices to cover the costs of hearing, dental and vision health services.

While the House action is a significant step forward, much work remains to be done before Medicare coverage of hearing aids becomes a reality. HR 3 now goes to the Senate where there is opposition to negotiating drug prices. Many Senators, and as well as the Trump Administration, are exploring other ways to lower the cost of prescription drugs. Whether these alternatives will also include hearing aid coverage under Medicare remains to be seen.

While prospects for final action on HR 3 remain uncertain, this House vote is a milestone achievement on an issue that has been an HLAA top priority for many years. HLAA was among the earliest and most vocal supporters of Medicare coverage for hearing aids, and worked closely with key Members of Congress this year to include the language in the prescription drug negotiation bill. As the issue moves forward, HLAA staff will continue working with Congress, Medicare experts, other hearing health care organizations.

When Congress created Medicare in 1965, it expressly excluded hearing aids. More than 50 years later, HLAA is setting the stage to correct that oversight.



hearing aids and dementia

(continued from page 3)

deaf or hard of hearing and develop alternative ways to communicate have any greater risk of developing cognitive problems.) But it's harder to see how those processes might relate to the buildup of amyloid and tau proteins that characterize Alzheimer's disease specifically. "You're never going to stop Alzheimer's disease with a hearing aid," Peelle says, "but you may help people to function better by supporting their cognition that way."

Indeed, researchers believe that Alzheimer's and other types of dementia result from a combination of factors, a majority of them genetic (scores of genes have been identified that may increase or decrease risk). But other risk factors have to do with a person's environment and lifestyle, which includes hearing. Treating impaired hearing thus has the potential to decrease the number of people living with the disease. The National Institute on Aging is currently funding the first randomized control trial, led by Lin, to see whether older adults who get hearing aids (compared with those who participate in a program to manage nutrition, diet and exercise) are less likely to develop dementia.

Encouragingly, there are no known risks to treating hearing loss with hearing aids, though doing so can be prohibitively expensive. That may soon change. In 2017, Congress passed an act requiring the Food and Drug Administration to regulate some hearing aids as over-the-counter products that don't require a prescription; already, technology companies like Apple and Bose are marketing products that try to help users hear conversations more clearly in noisy environments. And if passed, the Medicare Hearing Act of 2019, introduced in October, would amend the program to cover hearing aids and services.

But the JAMA study and others suggest that perhaps we should be working harder to respond to hearing loss earlier. In 2018, Peelle and colleagues published a small study of university students who reported no hearing difficulties.

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hearing aids and dementia

(continued from page 4)

They nonetheless found that those whose hearing was poorer—even within normal levels—had more atypical activity in their frontal cortex when listening to spoken sentences. “Most of the discussion has been around, If you have an older adult with hearing loss and you give them a hearing aid, does that help them?” Peelle says. “What we don’t know is if the whole problem is living for 20 years with a little bit of hearing loss. Maybe we need to be intervening earlier.” In 2008, the National Institute on Deafness and Other Communication Disorders introduced a hearing-protection campaign to get 8- to 12-year-olds to avoid prolonged exposure to loud noise or to block it with earplugs or earmuffs. And experts advise anyone who is having trouble communicating to get his or her hearing checked. (A primary-care doctor can do an initial screening.)

Golub believes changing how we think about the relationship between hearing and health might inspire people to take precautions to prevent hearing loss and to treat it sooner. “We always frame it as a disability,” he says. “But I like the idea of hearing fitness. Better hearing is better for you and better for your mind. If you tell a college student, ‘Don’t blast your ears with loud noise because when you’re 70 and you have a lot of hearing loss, you’re at an increased risk of dementia,’ they’re not going to care about that. But if you say, ‘Hey, hearing is good for your brain, the more hearing you have is better,’ that has immediate implications.”

<https://www.nytimes.com/2020/02/20/magazine/hearing-loss-dementia-alzheimers.html>

Free and fun!
Join anytime

Lip Reading Class

Wednesdays
9:30 - 11:30 a.m.
with Linda

Hearing Assistive
Technology

HAT Demonstration

Saturday
March 14, 2020
10:30 a.m.– Noon

both at the Weingart Senior Center in Lakewood

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Make check out to Long Beach/Lakewood HLAA and mail to HLAA Long Beach/Lakewood, 5200 Clark Ave, P.O. Box 41, Lakewood CA 90714

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Newsletter

Editor Katie Wright
Layout Ilga Dravnieks

For more information about our chapter:

hlaa-lb-lakewood.org

email: info@hlaa-lb-lakewood.org

Katie Wright (323) 205-6794

katie.hearingloss@gmail.com

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Long Beach/Lakewood HLAA
5200 Clark Ave, P. O. Box 41
Lakewood CA 90714

Remember
to pay your
chapter dues -
only \$1!

Upcoming Programs

Mar 12 CSULB audiologist: *Aural Rehabilitation*

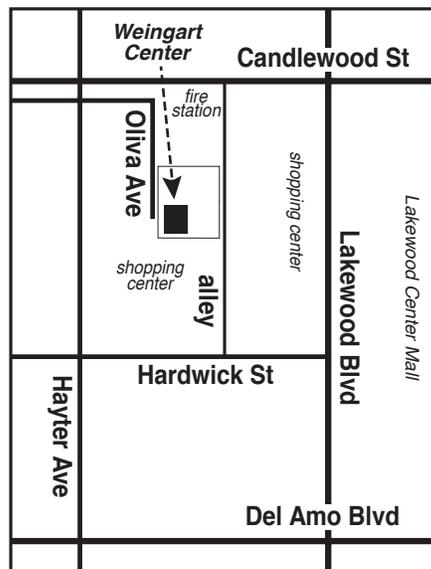
Apr 9 Chapter elections and a HAT demo

Monthly chapter meetings:

2nd Thursday of each month
6:30-8:00 p.m.
September through May

All Chapter meetings, Board meetings, lip reading classes, and HAT demonstrations are held at:

Weingart Center
5220 Oliva Ave.
Lakewood, CA 90712



If you don't like meetings because you can't hear well, our meetings are different!

- We have a high quality sound system
- We'll lend you an assistive listening device
- If you have hearing aids with telecoils, we have a hearing induction loop.
- We project captions on the wall for you to read.

We provide all these options free so you can understand what is said.



Hearing Loss Association of America

HLAA opens the world of communication to people with hearing loss through information, education, support and advocacy.

Join HLAA now at

<https://www.hearingloss.org/make-an-impact/become-a-memberrenew/> to receive *Hearing Life Magazine* and become part of a nationwide nonprofit organization representing the interests of 48 million people living with hearing loss in the United States.