

***FOR THE LOVE OF MY DAUGHTER'S VOICE
Discovering the Benefits of Wearing Hearing Aids***

Wearing hearing aids has improved my ability to communicate with professional staff, fellow professions and clients, as well as my family, in direct and telephone communication. Better hearing has significantly improved the ability to serve my clients.

Hearing loss happened slowly over time. Friends and family would joke with me when I obviously did not hear what was said. The turning point was a series of similar miscommunications described below and my daughter/office manager's firm input that I really was having a problem hearing.

First, I could not understand my daughter when she called me on her cell phone. Although I pretended to understand, I was often left with incomplete information. When she recognized that I was bluffing, she started asking me to repeat her comments or direction and other important matters we had been discussing.

Second, I was continually copied down telephone numbers incorrectly rather than asking the client to repeat (again and again) the number, which made returning phone calls difficult. I was calling a lot of wrong numbers, and then had to spend the time to find the correct number and call again.

Third, and probably the most difficult, was when a client would call, identify themselves and start asking questions. Often, I would not get the name, would not ask for the client to repeat the name, and then would start searching my mind as the caller talked trying to hear clues about the previous office or some other piece of information about a previous office visit or some piece of information to help me talk with the client so that I could properly respond to his or her questions and concerns.

Since I receive my health care through the Group Health Cooperative, I had my hearing tested at the Olympia clinic. The testing determined I was not

hearing a range of high decimal sounds. I was told that hearing aides would improve my hearing and I could have a 30 days trial, so I tried them.

When I started wearing hearing aids it reminded me of my first pair of glasses. They were easy to put on and take off. They felt okay behind my ears and after wearing them for only a short period of time, I hardly noticed them. Some people commented, but not many, and just as glasses brought my vision into focus, the hearing aids brought a new clarity to the higher ranges of tone I was missing.

I sat in bed early one morning while wearing my hearing aids and listened to the rain hitting the skylights and other sounds I had been missing. I closed my eyes at choir practice one night and heard the sopranos and altos blend as if I had never heard such a lovely sound before.

I talked with a female accountant on her cell phone in Hawaii and understood her much better than before hearing aids and I flawlessly copied a series of numbers accurately and without have to continually ask her to repeat herself.

The Anatomy of a Hearing Test

The hearing test process began with an office visit to the otolaryngologist (ENT) department where I met with doctor specializing in the ear, nose and throat area.

The ENT asked questions allowing him to review the medical history of my hearing to determine if I had ever had a head injury, chronic ear infection, a job or hobby involving loud noise and asked about the chronology of my hearing loss.

He examined each ear with an “otoscope” which had a bright light which illuminated the

When the results of this examination were negative, the doctor referred me to an Audiologist for an audiological evaluation.

The audiologist did two tests. The first was a “pure tone” test to identify the quietest tones I could hear in the low, medium and high frequencies. The

second was a “spoken word” test to evaluate how well I heard and understood the spoken word at different levels of tone and frequency.

My hearing test revealed that I had sensorineural hearing loss (nerve related deafness) in the moderate to high frequency hearing range. This translated into the inability to clearly hear the tone of many female voices and telephone voices.

After the Audiologist reviewed the test results with me, she recommended hearing aids for both ears. I decided on behind the ear, analog hearing aids. When they arrived she used a computer program to set the hearing parameters to conform to the range of my hearing loss.

See, Harvard Health Publications, A guide to prevention and treatment, “Testing for Hearing Loss”, pages 14-20; Audiology, www.health.harvard.edu; see, also, www.health.nytimes.com/health/guides/test/audiology/overview.html

Selecting a Hearing Aid

There are three types of hearing aids on the market today.

1. Conventional analog hearing aids which have the most basic circuitry. They amplify sounds across a range of frequencies.
2. Programmable Analog hearing aids which have analog circuitry with a microchip that can be programmed to amplify sounds in the frequency range which have been diminished by the hearing loss.
3. Digital hearing aids which use a tiny microchip to automatically modify incoming sound to improve hearing. They clarify speech, reduce background noise and automatically adjust to the necessary tones and frequency.

www.harvard.healthf.edu id, “Guide to Hearing Aids” pages 21-33.

Facts about Hearing Loss in the United States

One in every ten Americans (28 million) suffer from hearing loss. As the baby boomers reach retirement starting in 2010 this number will increase and it is estimated that it will double by 2030.

Hearing loss increases with age with an estimated one in three suffering hearing loss over the age of sixty five (65) years of age.

Among senior adults (65 years and older) hearing loss is the third most prevalent, but treatable, disabling condition, behind arthritis and hypertension.

It is estimated that ninety five percent (95%) of American's suffering from hearing loss could be successfully treated with hearing aids; only about twenty-two percent (22%) currently use them.

www.hearingloss.org; www.hearform.com (“Hearing loss hits the baby boomers.”)

Healthy Hearing 2010

Our government has recognized the severity of the hearing loss issue in America. As part of Healthy People 2010, the Surgeon General has identified twenty eight focus areas regarding the most significant, preventable threats to public health in the US. One of them is hearing. “Healthy Hearing 2010” is the government initiative to treat and prevent hearing loss. The National Institute on Deafness and other Communication Disorders (NIDCD) which is part of the National Institute on health is leading the Federal effort. www.nidcd.nih.gov/health.

Why Don't People Needing Hearing Aids Get Them?

Mark Ross, PhD wrote a very good article entitled “why don't people needing hearing aids get them?” In his article he identified “age” as the primary stopper. “Our culture is obsessed with youth and the youthful

image.” Our culture spends millions on cosmetics, plastic surgery, personal trainers, etc to remain “young”, while other cultures value age and the wisdom of experience. He said, “We “disparage and mock” it. We deny the aging process. We deny hearing problems.”

Ross’s comments on this cultural attitude are as follows:

“The pity of this attitude, of course, is that while they can refuse to wear hearing aids or us any other acoustic prosthesis (such as an infrared listening device in the theater), they cannot disguise communicative consequences of a hearing loss. They still miss and misunderstand much everyday conversation. Their social and cultural activities gradually diminish and their lives become more and more constricted. Their attitude is self-defeating in trying to deny the reality of hearing loss, because of its association with aging.”

www.hearinglossweb.com/tech/ha/conv/refuse/refuse.htm ; See Also, (same Article).123 Reasons (for not wearing hearing Aids).

Untreated hearing loss has serious emotional and social consequences for older persons according to a study released by the National Council on the Aging. (NCOA) The study that surveyed 2300 hearing impaired adults age 50 and older found that those with untreated hearing loss were “more likely to report depression, anxiety, and paranoia and were less likely to participate in organized social activities.” www.ncoa.org; see also, www.asha.org ; [Depression in Older Adults with Hearing Loss](#); and www.healthyhearing.com ; [Hearing Loss and Depression: Not a Lost Cause.](#)

Take a Hearing Test

Group Health members have an excellent referral system. I completed the process and was wearing hearing aids within thirty days from my first call for an appointment. The Audiologist was very professional and knowledgeable about testing, explaining the hearing aid options and fitting and programming the hearing aids I purchased.

John Parr is an Attorney in Olympia, Washington, specializing in healthy aging and life time independence through estate planning. He is also a

certified senior adult personal athletic trainer. He can be reached at 360-357-3036 or jmp@50pluslaw.com