Before the birth of the Internet, text telephones (TTYs) provided Deaf, hard of hearing, and speech disabled persons with direct access to 911 call takers. As the Internet became widely available, people who discarded their TTYs and landlines lost this direct connection to 911 call takers. Text-to-911 is a significant step in restoring this connection.

The current technology used in Text-to-911 is very basic, but will evolve as the nation transitions to Next-Generation-911, which will allow people to transmit photos or video (of a traffic accident, for example). Text-to-911 was developed as an interim solution in response to the Communications and Video Accessibility Act, which requires the Federal Communications Commission to ensure that people with disabilities have direct access to 911 services via mobile phones in an emergency. Text-to-911 is an option to summon emergency services when the caller has a hearing or speech disability, or there is a sudden onset of a

Looking for an HLAA Meeting?

See page 4 for details. Information, help and support from people with hearing loss is just a meeting away!
It’s Great Having Kelly Tremblay on Board

By Warren Weissman, President of HLAA-WA

Dr. Kelly Tremblay, Ph.D., Professor in the Department of Hearing & Speech Sciences at the University of Washington (UW), and an audiologist, joined the national Board of HLAA in May 2016. Kelly also is the Principal Investigator of the Brain and Behavior Lab at the UW, where she researches how sound is used by the brain and how this affects the success of hearing aids and cochlear implants in achieving aural rehabilitation. Kelly says she joined the HLAA Board so as to step outside the classroom and see the impact of her research on people with hearing loss.

HLAA-WA’s leadership was thrilled to learn that Kelly had been elected to the HLAA national Board shortly before last year’s HLAA Convention in Washington, DC. In addition to her membership on the HLAA Board, Kelly is an advisor to the HLAA-WA Board, lending her deep expertise to our advocacy and outreach objectives. Having Kelly as a human link between the "Washingtons" will make our integration with the work of HLAA even better.

Kelly is a knowledgeable scientist and clinician, and has been very supportive of HLAA-WA’s advocacy and outreach objectives. Last year she joined Cheri Perazzoli and Diana Thompson in testifying about aging and hearing loss to Washington State’s Joint Legislative Committee on Aging and Disability and contributed her research findings to the State’s planning for Alzheimer’s disease. More recently, she joined several HLAA-WA leaders in testifying to the Washington Senate Committee on Health Care and House Committee on Health Care & Wellness about four bills related to hearing loss (see article in this newsletter). I have been thrilled to witness the credibility Kelly brings to our advocacy efforts through her professional background and command of meaningful facts, combined with her personal experience as a researcher and audiology clinician.

Among her many activities in support of people with hearing loss, in 2016 Kelly led the UW Experience Aural Rehabilitation conference, in which I

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participated. The conference is a unique opportunity for people with hearing loss to learn about aural rehabilitation, and a great learning vehicle for UW audiology students.

In January 2017, Kelly and her colleague Dr. Christi Miller spoke at Town Hall Seattle about “Hearing Aids and the Brain.” (Find the audio archive of this talk at https://townhallseattle.org/event/hearing-aids-and-the-brain). The packed event was also a great HLAA outreach opportunity—numerous attendees approached the HLAA-WA resource table before and after the talk. Kelly will present a similar talk at the HLAA Convention in Salt Lake City this coming June.

Kelly also is working with UW graduate Madeline Bennet on creating more effective and more stylish earplugs to help people guard against noise-induced hearing loss (http://www.geekwire.com/2016/uw-student-launches-otogear-fight-chronic-hearing-loss-making-earplugs-cool/), and last year Kelly created the iHEARu (http://ihearu.co/#home) app for smartphones and tablets, enabling people to rate public places like restaurants by how noisy they are and how hearing-friendly they are.

I am thrilled to have Kelly Tremblay adding her wisdom and expertise to the HLAA Board, and even more excited that she is a frequent presence supporting HLAA-WA advocacy and outreach objectives.

### Seen and Heard

**HLAA-WA Board member Sandra Bunning** reports that she and HLAA member Kate Johnston attended a Cochlear Americas family celebration at the Coronado Springs Resort in Buena Vista, Florida, from February 14-19. This was Kate’s first Cochlear Americas celebration (she received her first cochlear implant (CI) in 2016) and Sandra’s second event.

Sandra says that amazing advances are happening quickly in the technology of CIs. She and Kate took advantage of the many educational workshops... too many to count. Hands-on experience with assistive listening devices was one of the requirements, along with enjoying the festivities planned by the Cochlear Americas employees.

Sandra also volunteered to test the off-the-ear Kanso processor. She wore the new processor for four hours, interviewed people of all ages in different noise levels, and reported back to the Cochlear staff. Kate tested the Kanso too, though only for a few minutes. While not a fan of so-called “invisible” hearing devices, she appreciated that there wasn’t anything hanging over her ear. She found that the sound quality was identical to that of her over-the-ear sound processor.

**HLAA member Janet Primomo** reports that West Seattle’s Admiral Theater now offers Captiview closed captioning devices as well as assistive listening devices. The historic theater, which celebrated its recent remodeling on March 22, has expanded to four screens and added new amenities.

Janet noted that the Captiview devices, which fit in the cup holder of the armrest and have a flexible arm, “work best if you’re sitting in the middle of the theater, so your line of vision is straight ahead.” She added, “I try to arrive at the theater a little early to allow staff to get the device ready and to get a good seat.”

Janet also likes the captioning glasses offered by some theaters, as the glasses display text right before your eyes. She commented, “Wearing the glasses may take a little getting used to since they are a bit oversized and heavy. They can be worn with regular eyeglasses. I often joke that I make a ‘hot date’ at the movies with the extra eye-hardware.”

Janet said “I am delighted that as a hearing-impaired moviegoer I can now enjoy films in my own neighborhood on the big screen, the same way I do at home: with subtitles and closed captions.”
Local HLAA Chapters and Support Groups

Information, Education, Advocacy, and Support

Meeting times may change. Visitors, friends, family members and healthcare professionals are always welcome at any of our meetings. Please note that some of the groups do not meet during July and August. We suggest sending an e-mail to be sure the group is meeting when you plan to visit. See www.hearingloss-wa.org for more information.

COLUMBIA BASIN—3rd Saturday 1:30pm, Sept.—June (email or call to confirm meeting time)
Clubhouse—Santiago Sunset Estates
2105 N. Steptoe St., Kennewick
Hearing assistance: To be determined.
Sue: baha2hear@gmail.com

RENTON— 2nd Friday 12:30 pm
Renton Senior Activity Center,
211 Burnett Ave. N., Renton
Hearing assistance: amplification, FM system, induction loop, CART (real-time captioning, most meetings).
Glenda: philiofam@gmail.com or 253-631-2345 (evenings)

SEATTLE— 2nd Tuesday 6:45 pm
Aljoya Conference Room, 450 NE 100th St., Seattle
Hearing assistance: amplification, induction loop, CART (real-time captioning).
Karen: 206-817-3213 or SeattleHLA@gmail.com

SPOKANE— (Not currently meeting)
hlaspokane@gmail.com

TACOMA— 2nd Saturday 10:00 am
(alternates with CI Support Group)
HLAA CHAPTER meets in Sept, Nov, Dec, Feb, Apr and Jun.
TACID, 6315 S. 19th St., Tacoma
Hearing assistance: amplification, FM system, CART (real-time captioning).
Jerry: 253-686-1816 or Penny: pennyallen14@gmail.com

South Sound Cochlear Implant Support Group—
2nd Saturday, 10:00 am
(alternates with Tacoma Chapter)
Meets Oct, Jan, Mar, May, Jul.
TACID, 6315 S. 19th St. Tacoma
Hearing assistance: amplification, FM system, CART (real-time captioning).
Christine: Christine@cs-dhrs.com or 253-256-4690

WHATCOM CO.— 3rd Saturday 9:30 am
Christ the Servant Lutheran Church,
2600 Lakeway Dr., Bellingham
Hearing assistance: amplification, FM, induction loop and CART (real-time captioning).
Charlene: 360-738-3756 or charmackenzie@comcast.net
Website: www.hearingloss-whatcom.org

Looking for a chapter?
Please contact us if you are interested in attending a meeting or if you’d like to start a chapter in your area:
info@hearingloss-wa.org

Online Resources to Keep Informed

Bookmark the HLAA-WA website at hearingloss-wa.org for resources and information.
Sign up for the HLAA-WA monthly eNews and other information at http://eepurl.com/b3_Ko9
Like the HLAA Facebook page at www.facebook.com/HearingLossAssociation.
Find out which venues are looped for your entertainment at www.loopseattle.org.

Hearing Loss Magazine is available online at www.hearingloss.org/membership/hearing-loss-magazine/current-issue.
Sign up for the HLAA monthly eNewsletter at www.hearingloss.org/content/e-news-sign.

Share This Newsletter

Our printed newsletter contains valuable information and resources for people with hearing loss. Please share this newsletter after reading it. Doctor’s offices, dentist’s offices, hospitals and many other public places you visit may be appropriate locations for you to “recycle” this newsletter, allowing others to benefit from the information it contains. Many thanks!
More than 20 HLAA leaders from Washington and Oregon chapters and state associations met in Vancouver, WA, on March 4, 2017 for “Chapter & Leadership Building.” Valerie Stafford-Mallis, Director of Chapter Development for HLAA nationwide, was the principal presenter at the workshop. Erin Mirante, who will replace Valerie (who is retiring) as of April 2017, also attended.

Kimberly Parker of HLAA-WA and Cathy Sanders of HLAA-OR organized the workshop. The all-day workshop covered numerous topics and produced lively discussions. Communication was easy for all. We used amplification, CART and the room was looped, thanks to Spencer Norby of Loops NW. He also joined us for the workshop.

Among the workshop topics, we discussed devising an overall chapter strategy. This includes identifying the target audience for the chapter, and developing information, support and education plans. The workshop also covered plans for leadership development, and for advocacy and outreach. Other segments reviewed plans for creating community awareness of the chapter, attracting veterans and young adults, and implementing social events.

We also discussed the need for each a chapter to have a fundraising plan, and how to involve area hearing health professionals.

Valerie related many of these topics to ongoing support available from HLAA, and she provided examples of ideas that have been developed in chapters around the country. Included are the HLAA website, webinars, special training at the HLAA annual convention, online communities and blogs from HLAA staff. Social media is encouraged!

Kimberly Parker said, “I was thrilled to work with colleagues in Oregon to plan and implement this workshop. We were very happy to get the benefit of Valerie’s exceptional knowledge and experience.”

Participants were very impressed with the variety of resources and information they received on many topics of chapter operation. All felt they benefitted significantly from Valerie’s presentation and from the discussions involving experienced leaders from both states. The training was an enjoyable day spent not only learning but also having much needed visiting time with other leaders, and catching up on friendships both old and new.

The Listen for Life Center at Virginia Mason specializes in protection, evaluation and treatment of hearing loss for infants to the elderly. Services include:

- Comprehensive audiologic testing (includes specialized testing for the diagnosis of vestibular and auditory system abnormalities)
- Cochlear Implant Program
- Bone-Anchored Implant (BAI) Program
- Hearing aid evaluation and fitting
- Full-service pediatric hearing program (including diagnosis and management)
- Custom hearing protection, swim molds
- Assistive listening devices
- Community service and awareness

**Contact Information**

**Virginia Mason – Seattle**
Lindeman Pavilion, 1201 Terry Ave.
Seattle, WA 98101
Appointments: (206) 223-8802
TTY: (206) 223-6362

**Virginia Mason – Federal Way**
33501 First Way S.
Federal Way, WA 98003
Appointments: (253) 874-1750
TTY: (253) 874-1714

**Virginia Mason – Issaquah**
100 N.E. Gilman Blvd.
Issaquah, WA 98027
Appointments: (425) 557-8040
TTY: (425) 557-8035

**Email:** lsnforlife@virginiamason.org  
**Web:** VirginiaMason.org/listen
Why aren’t providers of health care services to seniors more aware of hearing loss and how it should be managed? There are multiple reasons for this; but a key issue is that health care service providers don’t get adequate training on working with hard of hearing clients, and they don’t realize how much they need to learn.

In 2014, I was contracted by the Aging and Long-Term Support Administration and the Office of Deaf and Hard of Hearing (both part of Washington State’s Department of Social and Human Services) to deliver in-depth, four-hour training seminars about “Hearing Loss and Aging Adults” to case managers of the Area Agencies on Aging. Training covered the biological, psychological and social impacts of hearing loss, discussed hearing loss and dementia behaviors, taught effective communication strategies, and explained assistive hearing technology and devices. The training sessions were held through June of 2016.

The role of the case manager is to assess, through an interview using predetermined questions, what the client’s needs are related to services available. Interviews typically are arranged by family members, or by social workers who have referred the client to the Agencies. Based on what has been reported, the case manager works to confirm a client’s issues. For example, if a client has been reported as experiencing dementia, then the case manager will be watching for signs of forgetfulness or confusion. If a client has been reported as non-responsive or lacking the ability to live independently, the case manager will be looking for indications that the person cannot safely live alone. Rarely are case managers approached because a person has hearing loss. It is generally not considered serious enough to require “services.”

The issue of respect also comes into play. People with hearing loss generally do not like to talk about their hearing loss, and service providers are sensitive to this. Yet hearing loss is a chameleon. It can masquerade as dementia—confusion, depression, social isolation, inappropriate response. Or it can appear as a loss of independence— inability to make phone calls to schedule appointments or refill medications, not responding to the timer on the stove, leaving water running that floods the floor.

Among the things I learned about the role of case managers is that the intake interview to determine client needs and recommended services is two to three hours long, continued on page 7
Training Senior Service Providers  cont. from page 6 and it is being delivered to people with hearing loss without any hearing support. Listening with hearing loss is exhausting. A typical person with hearing loss will not be able to have a conversation for more than an hour without experiencing fatigue that results in the inability to concentrate and comprehend what is being said. An assessment of a person with hearing loss in an interview that takes two to three hours without hearing support will not be accurate. Case managers who receive training on hearing loss know how to provide communication support during the interview for a more accurate assessment.

The case managers participating in my training sessions were astounded by how much information is available to identify and understand hearing loss, and how many resources exist to help people with hearing loss. They were surprised to learn that shouting rarely helps a person with hearing loss to hear—when people experience hearing loss, they do not lose volume as much as they lose the ability to understand certain sounds.

The case managers also were surprised to learn that hearing loss hurts emotionally. People with hearing loss feel like a burden on the hearing people in their lives, and that emotional pain is exacerbated when someone innocently says “never mind” when they are not heard. Many had no idea that a simple hand-held amplification device could make the difference between a successful intake interview and a poor outcome. I was asked many times, “Why haven’t we had this training before?” or “Why isn’t this training mandatory?”

I was thrilled that on almost all the evaluation forms returned to me after training sessions, the response to, “How will you use this information?” was, “I will be more compassionate, patient and able to support my clients—and my family members—who have hearing loss.”

A bill (SB 5177) currently before the Washington State legislature (see the related article in this newsletter) requires training for long-term care workers on identifying hearing loss and becoming knowledgeable about resources for obtaining help when hearing loss is identified. The objective of this bill is to expand training on hearing loss within the 75 hours of overall training required by the State for these workers. Currently, the training for long-term care workers provides only a 30-minute segment on sensory issues—vision and hearing.

It is unlikely that training like the four-hour sessions I have provided to case managers can be included in or added to the 75 hours of overall training for long-term care workers. But the bill, which already passed the State Senate, is bringing this important need to the attention of legislators.

Long-term care workers are required to earn an additional 12 hours of continuing education of their choice per year to retain their employment. Making training on hearing loss part of the continuing education curriculum is vitally important, linking the care provided by long-term care workers with the improved assessments that case managers can provide.

What can health care providers to seniors learn about hearing loss? A lot! ●

Christine Seymour, owner of CS-Deaf and Hard of Hearing Resources Specialists (http://www.cs-dhhrs.com/), provides resources and support to people who are Deaf and hard of hearing, and face communication barriers in education, employment, health care, legal, and other services. Christine is a past President of the Association of Late-Deafened Adults, an HLAA member and a member of the National Association of the Deaf.
Legislation  cont. from page 1

restoration of hearing aid coverage for adults under Medicaid and training about hearing loss for service providers and residential staff that care for seniors. In these efforts, we have worked and coordinated with other organizations, most notably AARP.

Medicaid Hearing Instrument Coverage

*Senate bill 5179* and *House bill 1264* propose restoring coverage of hearing instruments for adults (discontinued in 2010) under Washington State’s Medicaid plan. SB 5179 also requires that health plans for Washington State public employees cover a hearing instrument. Medicaid does cover hearing hardware for persons under 21.

HLAA-WA testified before the House and Senate Health Care Committees, presenting testimony from audiologists, including HLAA national Board member Dr. Kelly Tremblay, regarding the consequences of untreated hearing loss. We testified about the benefits of hearing instruments to individuals and their families, to our state in cost savings, and to society when people with hearing loss remain or become more productive. HLAA-WA members related personal stories about how hearing devices changed their lives.

HB 1264 passed the House Health Care & Wellness Committee, but was not heard in the House Appropriations Committee due to cost concerns related to our State’s well-known budget problems.

SB 5179 was unanimously approved by the Senate with minor modifications to the original bill. Funding for the bill is included in the Senate’s proposed budget. The House Health Care & Wellness Committee subsequently approved the bill, after further amending it. The bill’s fate will be resolved as part of the budget negotiations between the House and Senate and funding will still need the approval of Governor Inslee.

HLAA-WA is excited that SB 5179 received clear support both from legislators and leaders of senior and disability organizations. Funding remains a major challenge, but awareness about the importance of hearing devices, particularly for Medicaid recipients, has been heightened significantly.

Training for Health Care Providers

Two other Senate bills propose requirements for health care workers in relation to the identification and management of hearing loss.

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SB 5177 requires long-term care workers be trained about hearing loss. HLAA members testified on the importance of identifying hearing loss in long-term care situations and the need to train caregivers on basic communication strategies. Christine Seymour, a Deaf and Hard of Hearing Resource Specialist who regularly trains health care providers regarding hearing loss (see related article), spoke about how surprised such workers are to learn about basic strategies for communicating with people with hearing loss. She noted how often health care workers comment that they should have received such training much earlier.

SB 5177 was approved unanimously by the Senate. The House subsequently approved an amended version of the bill, which instead of requiring training about “identification of hearing loss” requires that training include “identification of individuals with potential hearing loss and how to seek assistance if hearing loss is suspected.” We are disappointed in the revised wording but hope the bill will be enacted after the bill texts are reconciled.

SB 5178 requires the State’s Department of Health to develop a hearing loss education program for health care professionals. Dr. Kelly Tremblay testified about the limited training that health care professionals receive on hearing loss, despite the prevalence of hearing loss among people of all ages. Other HLAA-WA representatives related their own experiences in health care settings, as well as the experiences of their friends and relatives. Frustration was expressed about the inability of persons with hearing loss to effectively communicate with health care workers.

Unfortunately, SB 5178 died in the Senate Health Care Committee. Seventeen disciplinary authorities regulate health care in our State, and the bill’s broad scope would have affected many different categories of health professionals. Legislators heard concerns about potential unintended consequences and costs if such far-reaching regulation were enacted, so they deferred consideration of the legislation.

HLAA-WA will continue advocating for improved hearing loss awareness and training for all health professionals but will seek to narrow the scope of future legislation so that it has a greater chance of approval.

Overall, HLAA-WA is excited that hearing loss attained much greater visibility through consideration of these four bills!
medical condition such as a stroke. It’s also appropriate if
the situation is dangerous, or in any other emergency
where the caller cannot speak out loud.

But a voice call remains the best way to communicate in-
formation to 911 call takers. “It is very important that you
use Text-to-911 only if you are not able to make a voice
call,” said Andy Leneweaver, Deputy Washington State
E911 Coordinator of Enterprise Services. He added, “A
voice call will get help coming to you much quicker than a
text due to the technological limitations of Text-to-911.”

Texting isn’t always instant, and the call taker may have
more questions to ask via text. Callers should not hang up
or disconnect until help arrives.

Alternatively, hard of hearing callers using two-line desk-
top captioned telephones may call 911 directly. Callers
with other types of captioned telephones, including web
browsers and mobile apps, may need to connect through a
relay service to summon assistance.

WASHINGTON STATE TEXT-TO-911

According to Washington’s State Emergency Management
Division, as of October 2016, 10 of 39 counties in the State
offered Text-to-911. These were Clallam, Clark, Grant,
Jefferson, Kitsap, Pacific, Snohomish, Spokane, Thurston,
and Wahkiakum counties. All other 911 centers in the
State are working to upgrade their systems to accept Text-
to-911. King County is expected to implement Text-to-911
during the summer of 2017. For more information about
Texting—to-911 in Washington State, go to http://
mil.wa.gov/emergency-management-division/e911/
texting911.

For a nationwide overview on Text-to-911 implementation,
see https://www.fcc.gov/consumers/guides/what-you-
need-know-about-text-911.

HOW TO TEXT 9-1-1 IN AN EMERGENCY

To text to 911, a caller’s cell phone must include a data
plan, and the caller must be in an area that accepts
Text-to-911—in areas without Text-to-911 service, the
caller will receive a bounce-back message saying to contact
911 by voice or through a relay service.

Enter 911 in the “TO:” field, and specify the location of the
emergency in the text box, spelling out street names, and
what kind of emergency help is needed. Be sure to let the
call-taker know the caller is Deaf or hard of hearing.

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Text-to-911 cont. from page 10

Callers should be prepared to answer questions and follow instructions from the 911 call taker, and should always text whole, simple words and not abbreviations, slang or emoticons. Texts should be concise; long messages may be broken up and sent in the wrong order.

Callers should not send any attachments or text other people while waiting for responses from 911. They should not disconnect until help arrives, or text while driving.

If silence is important, callers should turn off ringtones and other tactile/vibration and flash alerts, but need to be able to detect new text messages through subtle visual indicators on the phone.

A group of cell towers generally may be used to locate the area of the emergency, but only to within up to 500 feet of the specific location. The caller should provide other information, as appropriate, to help guide first responders to the location of the emergency.

YOU CAN HELP OBTAIN TEXT-TO-911 IN YOUR AREA

Text-to-911 remains very basic in most places, but improvements such as faster location identification and Real-Time Text will be phased in over the next few years. If your area does not have Text-to-911, implementation is probably happening but may progress slowly.

Let your public safety officials know that this issue is a priority for you and for your loved ones and friends, and ask about roll-out of text capabilities. Contact your local county or state elected officials regarding funding for development of Text-to-911. Offer to help officials plan the roll-out and spread the word to your neighbors and friends.

2017 HLAA-WA Board of Trustees

We are an extension of HLAA. In an effort to make hearing loss an issue of concern within our state, we promote the HLAA philosophy of self-help, while specifically addressing the issues of awareness, education, access and employment among people who are hard of hearing.

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Hearing Loss Association of America, Washington State Association

Mission Statement:
To open the world of communication to people with hearing loss by providing information, education, support and advocacy.

REGISTER NOW FOR HLAA2017 CONVENTION

Registration for HLAA2017 Convention is OPEN!
The Convention will be held in Salt Lake City, Utah
Reserve your room in one of the two convention hotels!

June 22-25
Little America Hotel and Radisson Hotel Downtown
Salt Lake City, UT

Review the registration packages to determine which is the right one for you. Register online, and see all the details at http://www.hearingloss.org/content/convention.

WE LOOK FORWARD TO SEEING YOU IN SALT LAKE CITY!

For $10 per year, you can subscribe to the print version of Sound Waves and receive four quarterly issues by mail. An application form and more information are available online at http://hearingloss-wa.org/sound-waves-newsletter.