Hearing aid fitting and verification

By Christopher S. Johnson, AuD
Otolaryngology & Audiology Clinic, Harborview Medical Center

If you are reading this, you probably know it’s not always easy to please hearing aid wearers. There are many reasons for this; but we’ll focus on the audiogram, expectations, selection, fitting, and verification. Furthermore, we’ll explore how these issues are involved in the successful hearing aid fitting process.

It all starts in the sound-damped audio booth. An accurate and complete audiogram conducted by a competent professional is always a good start. If the audiogram is not accurate, the process is doomed. Additionally, it is important to measure not just your minimum hearing threshold levels by frequency, but also your uncomfortable loudness (UCL) by frequency. More simply stated, we should know how much loudness you need just to be able to hear and how much loudness is too loud! If this can be done, then the likelihood for success goes up.

Next, your goals and expectations need to be assessed. This falls under the “How do we know if we’re there, if we don’t know where we’re going?” concept. I’ve encountered some folks whose only goal is to be able to hear the TV or radio, when others may desire to communicate better in the presence of background noise.

Based upon these different goals, I may consider recommending different devices to these individuals—even if they have similar hearing. This process may sound easy, but it can be difficult and time consuming. There are tools to facilitate this. Two that come to mind are the Client Oriented Scale of Improvement (COSI) and/or the Abbreviated Profile of Hearing Aid Benefit (APHAB). Utilizing either of these questionnaires, in combination with careful discussion about “expected” outcomes, can help paint a realistic picture for the hearing aid wearer. It should be noted that “realistic expectations” and “expectations” are two different animals. Determining your realistic expectations is crucial prior to selecting a hearing aid. If the outcome ends up near your expectations, the likelihood for success goes up.

After the goals and expectations are determined, the hearing aid fitting goes on page 2)
selection process begins. This can be difficult due to the considerable expense and variety of hearing aids available today. Hearing aids vary greatly between manufacturers, styles, and levels of technology. It would be nice if all we had to ask is "What is the best device to achieve my goals?" Realistically and typically, however, the concept is this: within your budget, how close can we come to achieving your goals? This is challenging and can sometimes end up in a theoretical dollars-to-goals decision. Again, if we end up with what you feel is a good dollars-to-goals benefit, the likelihood for success goes up.

Finally, the day of the fitting arrives, and its time to pull it all together. How do we verify if we’ve achieved our goals? Some goals might not be realistically measurable inside the clinic. We can, however, verify if we adjusted the hearing aid loud enough for audibility (minimum hearing levels) and not too loud for comfort (exceeding UCLs).

The way this is done is via Probe-Mic Speech Mapping, an awesome measurement technology that really works. The system involves a small, thread-like, soft microphone placed in the ear canal. Then we present a passage of speech from a speaker (about 18”-24” away) and measure the resulting loudness in your ear canal with the tiny microphone. These loudness measurements are taken while the hearing aid is in your ear and turned on. In short, it tells us exactly the amount of loudness present at any given frequency in your ear. This is the ONLY verification tool that I know of that can provide this information. These results are then instantly compared by computer to your hearing thresholds. The result is that we can easily and quickly determine if the aid is adjusted properly. If not, then adjustments are made, and the likelihood for success improves.

This process and technology is not new but has been underutilized. In a study by Mueller (2002), it was cited that less than 50% of audiologists and fitter-dispensers own or have access to these units. Furthermore, of those who owned one, less than 36% used it routinely and 25% seldom or never used it. These statistics are, to me, disheartening. Unfortunately, there are still hearing aid dispensers who use what I call the “Can you hear me now?” technique. This is where the hearing aid is put on and fit using the manufacturer’s “first fit” programming and the patient is asked to verify if the fitting is appropriate with a “How’s that sound?”

Without the use of an evidence-based verification technique like Probe-Mic Speech Mapping, fitting a hearing aid with only the manufacturer’s “first fit” program is like throwing darts at a dart board. I believe a systematic approach which involves all of the above— and in particular, Speech Mapping— can put us closer to a successful outcome for our hearing aid wearers.
We appreciate your support!

Your donations help us fund projects that benefit people with hearing loss. We are especially grateful for our newsletter advertising sponsors: the Hearing, Speech, and Deafness Center and Sprint Relay for advertising in our newsletter and for Sprint Relay for advertising on our website.

- Ray Harman, Arlington
- Betty Ruble, Auburn
- Michael West, Battle Ground
- Trudy Wilson, Redmond

United Way

You can make regular United Way contributions and help hard of hearing people in our state. These readers have supported this newsletter throughout the year through United Way:

- Erlene Little, Oak Harbor
- John C. Robbins, Renton
- Della Ramsden, Seattle
- George Ross, Seattle
- Lilia Smith, Camano Island
- Timmie Mauck, Poulsbo
- Bev Ziarko, Kent
- United Way Kitsap Co., unknown donor

Microsoft Matching Program

- Mark and Susan Svancarek—Redmond

Double your donation! Many employers will match their employees’ donations to non-profit organizations. If you are planning to make a donation to HLA-WA, please ask your employer if your company has a matching gifts program. We are a 501(c)3 organization.

Projector Fund

We want to make our meetings more accessible by having real-time captioning, as well as assistive listening devices and amplification. Although we are still looking for captioners who will volunteer their time, our biggest obstacle is that most captioners do not have data projectors to project the captioning onto a screen.

Our Projector Fund is designated for data projector purchase for chapter meetings and training around the state. To date, we have purchased three projectors. One is located in the Seattle area, one in Bellingham, and the third in Spokane. Because of your generous contributions, we are now making our dream a reality. We appreciate your continuing contributions to this fund.

Save the date!

Ears, Hearing & Beyond

Saturday, April 21, 2007

Benaroya Hall, Seattle

Don’t miss the annual Ears, Hearing, and Beyond Citizen’s Conference. This yearly conference, sponsored by the Virginia Merrill Bloedel Hearing Research Center, features lectures by experts in the field of hearing loss, promotes awareness of hearing-related issues, and covers current research. Exhibits feature cochlear implants, hearing aids, assistive technology, and various service organizations. HLA-WA will have a table—so stop by and see us. For more information, contact Carolyn Patrick: 206-616-4105; cpdunlop@u.washington.edu.

Endorsed by the Hearing Loss Association of Washington

Telemarketers got you down?

Have you ever agreed to something on the phone that you swore you never agreed to? For hard of hearing people, telemarketing calls are not just a nuisance—they’re downright dangerous. Get on the National Do Not Call Registry, a free service created by the Federal Government. You can register online at WWW.DONOTCALL.GOV or call toll-free, 1-888-382-1222 (TTY 1-866-290-4236), from the number you wish to register. Cell phones can also be registered. The Federal Trade Commission, the Federal Communications Commission, and the states are enforcing the National Do Not Call Registry. Placing your number on the registry will stop most, but not all, telemarketing calls.

Caller ID is another way to get a handle on those calls. This is an inexpensive service through your phone company. It allows you to identify your caller before picking up the receiver. Often, even our friends and family don’t identify themselves when they phone us, and Caller ID is a great help!
Where can you go for hearing care?

Where excellent care and nonprofit status add up to a rewarding, “service over sales” experience...

Where licensed audiologists provide a range of hearing aid options, customized to meet clients’ individual needs...

Where the revenue generated enables deaf & hard of hearing children from low income families to try their first hearing aids...

That provides seminars to businesses on hiring and serving individuals with hearing loss...

That features a specialized store for amplified phones and TV devices...

That offers sign language and lipreading classes...

That’s been a fixture in the Puget Sound community since 1937...

That opened an all-new, comfortable facility just three years ago...

HEARING, SPEECH & DEAFNESS CENTER

Seattle
206.323.5770 V/TTY

www.hsdic.org
Real Sue Thomas to speak at Listen and Talk benefit

Listen and Talk, education for children with hearing loss, and the Hearing Loss Association of Washington invite you to attend Listen and Talk’s first annual Hearts of Love fundraising breakfast. Hear Sue Thomas, the oral-deaf former FBI surveillant and subject of the hit television series “Sue Thomas FBEye.”

Deaf since the age of 18 months, Sue Thomas mastered the art of speaking and lip reading to attend public school and college. Her hard work finally paid off when she was hired by the Federal Bureau of Investigation, where her superb ability to read lips led to a career in surveillance. Beginning in October of 2002, Thomas’ adventures were dramatized in the original television series “Sue Thomas: F.B. Eye.” Her story of faith and commitment has touched the hearts of audiences everywhere. She is the author of the recently re-released book, “Silent Night.”

Now in its 10th year as a nonprofit educational organization, Listen and Talk is the only oral school serving deaf children, birth through school age, in Washington. It has a remarkable success rate, with 90% of oral-deaf children succeeding in regular classrooms in neighborhood schools – without interpreters – and achieving literacy skills equal to or better than their hearing peers.

Listen and Talk
Date: Tuesday, February 6
Time: 7:30 am: Registration
8:00 am – 9:00 am: Program
9:30 am: Optional book signing with Sue Thomas
Place: Hyatt Regency Bellevue, 900 Bellevue Way NE, Bellevue, WA
Price: $50.00 per person.
Tables of 10 are available for $500. E-mail Eileen Brinkley: eileenb@listentalk.org or call 425-483-9700 today.

Accommodations for those with hearing loss will be provided, including real-time captioning on big screens. We look forward to seeing you at this exciting event!

Hospital kits available
Do you know someone with a hearing loss who’s going to stay overnight in a hospital or healthcare facility? This kit is just the thing to ease communication worries, and it’s available through our chapters for $5.00 (contact any chapter leader listed on the chapter page). The kit comes in a large zip-lock bag and contains the following:

- A Tri-fold brochure covering pre-admission, planning your hospital stay, suggestions to improve communication, and your rights
- A laminated “I Am Hard of Hearing” (or “I Am Deaf” on reverse side) placard to affix on door or above bed
- A 4 x 4 inch zip-lock bag to hold hearing aids or cochlear implant
- “Face Me, I Lip Read” button
- Special Needs cards to hand out to staff
- Communication Tips cards to hand out
- Pen and paper
Coming HLA-WA Board meetings

Board meetings are scheduled four times a year and are open to the public. Real-time captioning and assistive listening devices are provided. Please check with us for luncheon arrangements.

Dec. 2, 2006 10:00 am - 4:00 pm
General membership and Board meeting; installation of new Board by former HLAA Board president, Susan Matt. Overview of state activities; guest speaker, Eric Raff, Director of the Office of Deaf and Hard of Hearing; Q & A. Hearing Speech & Deafness Center (HSDC), 1625 19th Ave., Seattle 98122. Potluck lunch; bring a dish to share.

2007 Board meetings

Mar. 24, 10:00 am - 4:00 pm
HSDC, 1625 19th Ave., Seattle 98122

Jun. 2, 10:00 am - 4:00 pm
HSDC, 1625 19th Ave., Seattle 98122

Sep. 22, 10:00 am - 4:00 pm
St. Luke's Rehab. Institute, 711 S. Cowley St., Spokane 99202

Dec. 1, 10:00 am - 4:00 pm
General membership and Board meeting (installation of new Board); HSDC, 1625 19th Ave., Seattle 98122

TvW now captioned

Due to a 2006 legislative appropriation, TVW, Washington State’s Public Affairs Network, offers both closed-captioning and Spanish translation of selected programming. Beginning with the 2007 legislative session, it will include live legislative session coverage and other selected programs. For more info, see http://www.tvw.org/index.cfm.

Interpreting your audiogram

From Mary Steinmeyer, Fife

Dr. Tom Rees wrote a very good article in the last issue, “Interpreting your audiogram.” However, I feel that Dr. Rees omitted something vital. He did not go into that gray area of what happens if hearing aids aren’t the answer. A large part of the hearing-impaired community is struggling to hear with hearing aids, when their hearing loss can’t be helped by them. Most of that population has never heard of cochlear implants. And that population is seeing audiologists who aren’t aware that there is an option like cochlear implants. I would like to add to Dr. Rees’ article that there may be help if hearing aids aren’t the answer. Please run, don’t walk, to the nearest medical center that has a cochlear implant program. In the Implant Corner in this newsletter, there is a sidebar naming the three cochlear implant manufacturers and their websites. There, you can find more information about cochlear implants and the location of the nearest implant center.

Group Health covers BAHA

From Jean Lester, Port Orchard

Group Health has recently decided to add BAHA (bone anchored hearing aids) as a covered benefit (certain criteria must be met before coverage is allowed, however). It will be part of the prosthetic benefits package for groups who choose to purchase the benefit. What is interesting is that they will cover a BAHA, but not a standard hearing aid, as a prosthesis. (Isn’t that the approach that your HAIL group took in trying to get standard hearing aids covered under a state mandated benefit?) When I asked why these and not the standard, I was given the lame excuse that Medicare covers BAHAs.

At any rate, it might be interesting to see an enrollee who needs a standard hearing aid go through the appeal process here at GHC raising the argument that they now cover BAHAs, so why not hearing aids? Unfortunately, I don’t need any hearing aids at the moment.

Extra loud kitchen timers

From Diana Artemis, Bellevue

As I don’t generally wear hearing aids when at home, I have great difficulty hearing timers in the kitchen. Although some kitchen timers are advertised as “loud,” they are not loud enough for me. After searching on the internet for laboratory timers, I bought Control Company Model CC 5014, which is stated to ring at 100 decibels. It is loud enough for me to hear AND it rings for a long time. I bought it through Bodytronics on the internet for $24.95 including tax and shipping. I hope this information will be of use to others.

Editor: No need to startle the cat.

Great speaker phone

From Dan Zimsen, Bremerton

This morning I was inspired to take a cheap speaker for the computer and plug it into the jack of my amplified phone. It works better than I expected. Much better. The fidelity is much superior to the speaker on the speaker phone we have on the wall. I also still find that some telephones on the other end come through more clearly. I am going to start asking what kind of phone they are using.

In some ways deafness is a big nuisance. In other ways it is an adventure not available elsewhere.
Focus on advocacy

CapTel (captioned telephone): We are one of nine states not currently using this service. Eric Raff, Director of the Office of Deaf and Hard of Hearing, reports it will happen in the spring of 2007. Please continue to contact your legislators.

HAIL (Hearing Aid Insurance Legislation): We’re gearing up for the 2007 legislative session. Please continue to contact your legislators, even if you’ve done this in the past, and let them know how important insurance coverage is for hearing aids. At this date, we do not have a bill number. To find out more about HAIL, download handouts, and see sample letters, check our web site, under HAIL.

AARP: We continue to work with AARP on their Driver Safety Program training sessions so they are hearing accessible.

State parks: Hearing access continues to be an issue, but we are making progress statewide.

Let us know what you’re working on! To receive e-mail on advocacy issues, please contact Penny Allen: Pallen@hearingloss-wa.org.

Seeking severe hearing loss volunteers

By Pamela Souza, PhD, CCC-A, University of Washington

The majority (about 70%) of hearing aid wearers have mild to moderate hearing loss. They can’t understand speech because the acoustic information necessary to identify some sounds is at a lower volume than can be heard. Typically, consonant sounds like “f”, “p”, and “t” are the softest; the vowel sounds or strong consonants like “m” or “n” are easier to hear. Improving speech understanding requires amplification to bring inaudible consonant sounds above the hearing threshold. Background noise can complicate the issue; but generally, listeners with mild or moderate hearing loss can recognize close to 100% of amplified speech as long as the background noise is at a low enough level so that it doesn’t block out the speech.

With severe hearing loss, the situation is more complex. Listeners with severe loss have a reduced dynamic range, defined as the difference between the softest sound that can be detected and the loudest sound that can be tolerated. The amount of damage to the cochlea is greater, and they lose the ability to distinguish pitch.

At the UW, a five-year research grant from the National Institute of Health is dedicated to the special problems of understanding speech with severe hearing loss and to finding the optimal hearing aid settings for this type of loss. We are interested in finding study volunteers with a range of hearing loss, but especially those with severe hearing loss, who would be interested in undergoing speech testing to compare different amplification systems. If you are interested in participating or would like more information, contact Pamela Souza, PhD, CCC-A, Associate Professor/Director, Hearing Aid Laboratory, UW: 206-685-2207 or e-mail hearlab@u.washington.edu.

Editor: See our web site for this informative article in its entirety.

Telecommunications Equipment Distribution (TED)

If you live in Washington State and have a hearing loss, you are eligible for an amplified phone, Voice Carry-over phone, or TTY, as well as a telephone signaling device. A contract trainer will deliver the equipment and show you how to use it. Cost is based upon income. Contact Kelly Robison, TED Program Manager: 1-800-422-7930/V; 1-800-422-7941/TTY; or write to Telecommunications Equipment Distribution, PO Box 45301, Olympia, WA 98504; or e-mail Robiskd@dshs.wa.gov.

Hearing aids for low income people

Lions Clubs work with fitter/dispensers and audiologists to provide free refurbished hearing aids to anyone who qualifies financially. Contact your local Lions Club or provider to apply.

If your annual income is $23,500 or below (single wage earner), you qualify for new high-quality, low-cost hearing aids through the Lions AUDIENT program. Call 1-877-283-4368 or see http://www.audientalliance.org to download an application. You will be referred to an AUDIENT provider in your area who will work with you.

Low-interest loans

Washington Assistive Technology Foundation (WATF) offers low-interest loans to Washington residents for assistive technology (e.g., hearing aids, augmentative communication devices, computers with adaptive equipment). See the WATF website (http://www.watf.org) or call 206-328-5116V/ or 800-214-8731V/TTY.
Implant Corner
Burning Ambition leads Clark to create cochlear implant
How early implants helped Bruce, Gordon, and Moira better their hearing

By Ben W. Gilbert, Tacoma

Graeme Clark as a boy growing up in Australia had a “burning ambition” to help the deaf and near deaf overcome their hearing loss. Acute personal distress seeing his father struggle with increasing deafness spurred him to create the “bionic ear.” The rest is history.

The device, popularly known as a cochlear implant (CI), has served more than 100,000 hard-of-hearing and deaf people around the world, including 30,000 Americans, thanks in large measure to Dr. Clark’s Australian research begun with animals in 1967, and continued with humans in the 1970s.

Clark, a trained ear surgeon, headed the department of otolaryngology at the University of Melbourne, Australia, his base for much of his later research.

“Relearning to hear”
One of the first two people to receive a cochlear implant in Washington State, and probably among the first five in the United States, was Bruce Rafford. A founder of the Everett (Snohomish Co.) chapter of the Hearing Loss Association of America, formerly known as SHHH, Bruce is retired from Boeing and lives in Spokane.

He received a single electrode implant in December 1982 through the House Ear Institute, a leading American hearing research center in Los Angeles. A year later, Dr. Mangham, in Seattle, replaced it with a multiple-electrode Nucleus 22, a CI made by Cochlear Corporation. Dr. Mangham later wrote that he believed Bruce to be the first person to make the change from a single to multi-channel implant.

For Bruce, the implant experience was “relearning to hear,” a life-long process for implant wearers. Recently he heard a grasshopper flapping its wings, another first for his still-improving implant connection. He manages quite well with the Nucleus 22, although he has had program adjustments for hearing changes and software improvements.

The House Ear Institute’s research work was on a parallel track with Clark’s, but it’s focus was on the single electrode device. House began FDA approved clinical trials with adults in the late 1970s and with children in 1980.

“They are all good” - Gordon
Other early Washington State implant beneficiaries were the late Gordon Nystedt, who went on to edit a newsletter devoted to implants, and Moira Eicholtz, a member of the Hearing Loss Association of Tacoma. Both received their implants in 1985.

Gordon Nystedt also received a single electrode implant initially, he told Contact Magazine. Two years later, after a briefing from Bruce Rafford, Gordon replaced his single electrode implant with the multi-electrode Nucleus 22.

Gordon encouraged scores of hard-of-hearing would-be implant candidates, including this writer, to get them. Reluctant to rank the three brands, Cochlear, Advanced Bionics, and Med-El, he commented: “They are all good; you’ll only wonder why you waited so long,” he told me before I received my Nucleus 24 in 2001. He was right about that.

First link “large and clumsy”
Moira’s 1985 implant was also a Nucleus 22 that had received Food and Drug Administration approval on October 31, 1985. She described her first processor as “large and clumsy,” and that “the stiff microphone wire headband was sometimes quite painful.” A more comfortable magnetic link between the implant and the external processor soon replaced the headband.

A serious ear infection from a growth in her ear required the removal of Moira’s implant along with the growth. The surgeons replaced it with the Nucleus 24 that provided her with “better sound and faster adaptation,” she said.

Although having lived “down under,” Moira first learned about implants from a military doctor in the United States. Her implant surgeries were performed at the Virginia Mason Medical Center in Seattle five years after she lost her hearing. Virginia Mason was one of the first centers in the United States to install implants. “I can hear on the telephone if it is loud enough,” she added. “Music is still cut off for me, although I can follow older musicals that are captioned. Bagpipes sound terrible to me, a Scot, but then I never cared for them.

“I’m hoping to get a new BTE (Freedom model). I see it as freedom from the body processor and those uncomfortable cables snaking around my neck,” she said.

Nucleus 24 users are now able to retrofit their processors with the

(Continued on page 9)
Clark saw multiple electrodes as giving a more rounded perception of the sounds of speech than the less expensive single electrode instrument. He devoted great effort to develop ways to insert the multiple electrode wires into the cochlea without risking infection. Clark strived successfully to secure FDA approval to open the prime U.S. market.

“Superior to hearing aids”

The device that morphed into the Nucleus 22 was offered initially to a half-dozen deaf or near-deaf Australian patients. They heard sounds of speech, some for the first time. Although at first rarely doing little more than aiding lip reading, the patients found the device did a better job than their hearing aids.

The Nucleus 22 came with a package of 22 active electrodes to cover the full range of sound frequencies, while the Nucleus 24 has 22 active electrodes and two more for grounding. Implants have the ability to restore missing or lost speech sounds, something hearing aids cannot do.

Dr. Clark said the implant “bypasses the inner ear and provides information to the hearing centers through direct stimulation of the hearing nerve.” An external processor translates speech sounds into electronic impulses.

Sounds received by the implant processor go to the hearing nerve from the implanted disc through the electrode array attached to it. Marketing of the device began in 1982. Prior to that time, experimental work on human subjects was authorized in Australia and the United States.

Mary Steinmeyer, Fife, contributed to this article. See our web site for more detailed information on cochlear implants and implant centers in the State of Washington.

You may be a cochlear implant candidate if...

✓ You have trouble following conversations, even in a quiet room.
✓ You have difficulty using the telephone or cannot use it at all.
✓ You rely upon lip reading for speech comprehension.
✓ You avoid social activities because you can’t understand.
✓ You watch captioned TV.

Note: This assumes you wear appropriately-fitted hearing aids. Seek a second opinion at an implant center if your hearing health provider tells you that you do not qualify, and you think you do. Only an implant audiologist can determine that.

Clinics and support

Cochlear Americas
www.cochlear.com
Toll Free: 1-800-523-5798 (Voice)

Advanced Bionics
www.bionicear.com
Toll Free: 1800-678-2575 (Voice)
Toll Free: 1-800-678-3575 (TTY)

Med-El
www.medel.com
Toll Free: 1-888-633-3524 (Voice)

Steps to an implant

• Physician (usually an ear, nose, and throat doctor) refers patient for evaluation.
• Trained implant audiologist tests patient’s hearing.
• Patient examined for surgery.
• If patient found qualified, implant device is chosen.
• Surgery performed to insert implant, usually as out-patient.
• Incision heals (usually several week’s time required).
• Patient receives processor and gets “turned on.”
• Auditory therapy as needed to familiarize patient with “new” implant sounds.

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(Continued from page 8...Implant corner)
Support and education
Chapters in Washington

Meeting times and days sometimes change, and most chapters take a summer break. See our website for program listings.

BELLEVUE—2nd Sat. 1:00 pm; Lake Sammamish Four Square Church, Rm. 104, 14434 NE 8th St., Bellevue; amplification, FM. Prudence Clem: 425-746-1074 or e-mail chapter coordinator.

CRISTWOOD—Time/location in retirement complex varies. 350 N. 190th St., Shoreline; amplification, infrared. Rose Inouye: 206-542-5541 or e-mail inou@hearingloss-wa.org.

DOWNTOWN SEATTLE—last Thurs. 6:00 pm; Virginia Mason Med. Center, Room Correa B, 1100 9th Ave. Seattle; amplification, FM. Dean Olson: 206-860-5112 or deanolson@hearingloss-wa.org.

EAST JEFFERSON CO.—4th Mon. 1:00 pm; Port Townsend Community Ctr., 620 Tyler Street, Port Townsend; amplification, FM. Emily Mandelbaum: mandelbaum@olympus.net or 360-379-4978 or Sandy MacNair: 360-385-1347 or smacnair@cablespeed.com.

KITSAP—4th Sat. 1:00 pm; Silverdale Harrison Hosp., Iris Room (lower level) 1800 N.W. Myhre Rd.; amplification, FM. John Allen: 360-871-0997 or jcallen@hearingloss-wa.org.

PORT ANGELES—3rd Tues. 10:00 am; Port. Angeles Senior Ctr., 328 E. 7th, Port Angeles; amplification, FM. Gladys Snyder: gladysjs@olypen.com or 360-683-9887.

RENTON—2nd Fri. 12:30 pm; Renton Senior Ctr., 211 Burnett Ave. N., Renton; amplification, FM; Glenda Philo: philofam@juno.com; 253-531-2345 (evenings) or philofam@juno.com.

SHORELINE—1st Wed. 9:30 am; Shoreline Sr. Ctr., 1850 1st Ave. NE, Shoreline. Scott Theisen: 206-365-1536 or seniorservices.org.

SKAGIT—2nd Tues. 1:00 pm; Fidalgo Ctr., 1701-22nd St., Anacortes; amplification, FM. Danny Beatty: 360-293-2793 or dbbeatty@wavecable.com.

SNOHOMISH CO.—2nd Sat., 11:00 am; Snohomish Co. PUD Commission Rm., 2320 California, Everett; amplification, FM, real-time captioning. Lilia Smith: 360-387-8187 or HEARIAM@WAVECABLE.COM

SOUTH KING CO.—2nd Tues. 6:45; Auburn Senior Ctr., 808 9th St. SE, Auburn; amplification, FM, real-time captioning. Valerie O’Connor: 425-226-8399 or valerie.oconnor@gmail.com.

SPOKANE—2nd Sat. 9:30 am; Rock Pointe-East, 1313 N. Atlantic, Spokane, in the DVR conference room; amplification, FM, real-time captioning. Please be sure to arrive at 9:30 am or doors will be locked. Barbara Brassard: sina@icehouse.net 509-326-6712 or info-Spokane@hearingloss-wa.org

TACOMA—2nd Sat. 10:00 am; TACID, 6315 S. 19th St., Tacoma; amplification, FM, real-time captioning.

Chapter interest, SW WA
Castle Rock area. If you would like to help start up a new chapter, contact Violette Benham: buzzandvi@msn.com or 360-274-5151.

Youth group, Issaquah area:
The Hunter family is looking for other families with teenagers who have hearing loss to get together for fun and support on a monthly basis. Parents would help organize and chaperone events to skating rinks, movies, etc. Interested? Contact Laura Hunter: 425-427-8085 or lkhunter@gmail.com.
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Visit www.sprintrelay.com or www.washingtonrelay.com for more information.

Washington Relay is provided by Sprint, in partnership with the Department of Social and Health Services.
Oklahoma City, June 21-24, 2007
22nd Hearing Loss Association of America Convention—Don’t miss it!

Visit our state website at http://www.hearingloss-wa.org

The Hearing Loss Association of Washington is affiliated with the national organization, Hearing Loss Association of America, Inc. (HLAA), formerly Self Help for Hard of Hearing People (SHHH) headquartered in Bethesda, MD. We are an educational organization devoted to the welfare and interests of people with hearing loss.

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Check here if you are renewing ___ Subscription renewal is January of each year and runs through December. We will gladly provide back issues if subscription is made during the year. The Hearing Loss Association of Washington (HLA-WA) is a 501(c)3 organization and relies on your support to fund outreach projects that help people with hearing loss. Please make checks payable to HLA-WA and mail this completed form to HLA-WA, PO Box 4025, Kent, WA 98089. Note: names and addresses are strictly confidential.