



October 2022 Newsletter

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12484, Oakland, CA 94604-2484. See the back page to sign up and support National HLAA.

At the October 8 meeting, we will present: Julia Alquist who serves as the director of strategic partnerships for Amptify, a digital therapeutics company. She is a doctor of audiology who has a special interest in aural rehabilitation. She also serves patients remotely via telehealth and virtual visits at her Denver Colorado practice: www.AmplifiedPractices.com. Amptify is an aural rehabilitation program founded in 2015 by Nancy Tye-Murray and her aural rehabilitation research team [at the Washington University in St. Louis School of Medicine](http://www.washington.edu). Even with hearing aids, many listening skills are weakened with hearing loss, including auditory memory, discrimination and processing speed. *Amptify DTx* is a program to help strengthen the cognitive skills that are needed for listening through interactive programs and science-backed video games. It is an app-based program that is available for iOS (Apple), Android, and via the web browser. **Social time: 9:30 a.m., Meeting begins: 10 a.m.**

Register for these free events [HERE](https://www.hearinglosseb.org/monthly-meetings-1). Or use this link if you are getting a hard copy of the newsletter: <https://www.hearinglosseb.org/monthly-meetings-1>. After you register, you’ll be sent the link to join the meeting. Consider staying after the meeting for AfterWords – a chance to ask more in-depth questions, as well as discuss anything you want with fellow members!

HLAA-EB posts our newsletters to the California State Association webpage and a link on our website. VOLUNTEER! Contact us to let us know you are available! Check out our website at: <http://www.hearinglosseb.org/> Contact us at: info@hearinglosseb.org

MEETING NOTES: *“Coping with Hearing Loss: Taking Care of Our Mental Health”*

At our Sept. 10, 2022 HLAA-EB Chapter meeting, our guest speaker was Alison Freeman, Ph.D., who is a staff psychologist at California State University, Northridge, is an adjunct professor at California Lutheran College, and also has a private practice where she provides psychological testing and therapy services. Dr. Freeman noted that she herself has a severe, bilateral sensorineural hearing loss, and therefore has a particular interest in providing assistance to others who are trying to cope with hearing loss while maintaining their emotional and mental health in their daily lives.

Initially, a video was shown featuring a presentation Dr. Freeman had given earlier this year at a webinar provided by HLAA-LA. The video presentation was followed up by a Q & A and discussion time with Dr. Freeman.



Hearing Loss as a Communication Disability: According to Dr. Freeman, the true disability of hearing loss is a communication disability rather than just not being able to hear. She further explains that the lack of adequate communication may lead to one or more of the following conditions:

- Anxiety
- Constant stress
- Depression
- Frustration & fatigue
- Social withdrawal
- Isolation, and more

Hearing Loss as Constant Stress: Living with hearing loss can mean living with constant stress. There are so many situations where hearing loss puts folks under personal stress when they cannot fully hear what is happening or be able to communicate with others. For example:

- ✓ Listening to & playing music
- ✓ Participating in business & professional meetings
- ✓ Family gatherings, birthday & anniversary celebrations
- ✓ Telephone conversations
- ✓ Restaurants, movies, plays, sports & other social events
- ✓ Water environments, such as the beach or swimming pool

The Three “A” Choices in Handling Hearing Loss Challenges: Everyone has these three choices when confronted with the situational challenges of hearing loss in our personal and professional lives:

- **A**lternatives to the situation.
- **A**voiding the situation entirely.
- **A**ccepting the situation as it is.

Hearing Loss Stress: Let's face it -- Stress is here to stay! We simply cannot avoid either positive or negative stress related to our hearing loss, but we can learn to manage it better by taking personal responsibility. Dr. Freeman proceeded to tell her own hearing loss story and how she created her own communication philosophy based on these three underlying assumptions:

- Most people know little, if anything, about hearing loss & its effect on those of us with hearing loss.
- Most people are embarrassed about how to best communicate with us.
- Most people think they should know how to communicate with us, but really don't know.

Dealing with Hearing Loss Stress: Dr. Freeman shared some practical ways to deal with your hearing loss stress challenges:

- ✚ Recognize common denominators of awareness & control in reducing your hearing loss stress.
- ✚ Know that the more you take charge, the better you will probably feel about your hearing loss.
- ✚ Decide how you will handle your hearing loss stress: Direct/Active; Indirect/Active; Passive.
- ✚ Allow yourself to appreciate music as it is for you now rather than wishing to go back to the past.
- ✚ Never stop looking and researching for ways to improve your hearing & communication skills.
- ✚ Hand out masks with a clear window to people with whom you communicate regularly.
- ✚ Take care of your physical health by exercising regularly & using deep breathing to help relax.

Summary: Dr. Alison Freeman wrapped up her presentation by reminding us of a few key points that may assist us in taking care of our mental health while coping with hearing loss in our daily lives.

- ❖ Identify what you can and cannot control in discovering how to live your life with hearing loss.
- ❖ Set realistic hearing expectations & make good choices instead of simply wishing for perfection.

- ❖ Be assertive, but polite, in letting others know you have a hearing loss & requesting help needed.
- ❖ Wear an educator’s hat in teaching others about hearing loss, its effect on you, & how to best communicate with you.
- ❖ Be creative, but practical, in seeking out new strategies & devices for handling your hearing loss.
- ❖ Participate in support groups & available webinars to gain insights & confidence in dealing with your hearing loss.
- ❖ Remember that accepting & successfully coping with hearing loss is a gradual, continual journey.

For More information & Questions: Email: dralisonfreeman@gmail.com Phone: 310-956-4068

~ Kathy Fairbanks

Common Imaging Test for the Heart Applied to the Inner Ear

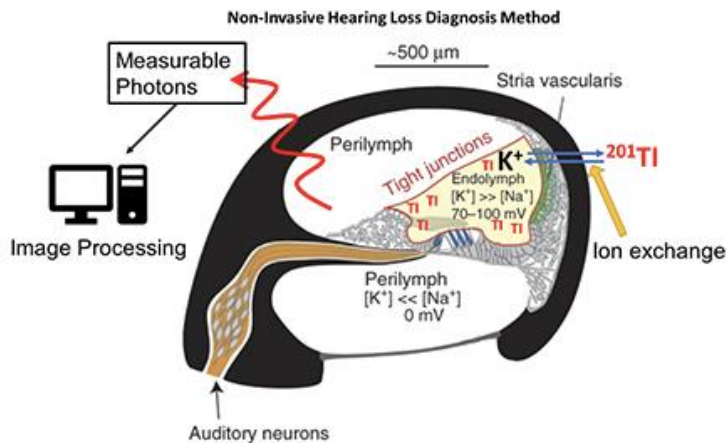
A well-known imaging test that radiologists use to monitor blood flow from the heart may soon be deployed to pinpoint what part of the ear is experiencing age-related hearing loss.

Robert Frisina, Ph.D., a distinguished university professor and the chair of the University of South Florida (USF) department of medical engineering, is working with Moffitt Cancer Center to develop cutting-edge imaging that more accurately identifies problem areas.

201TI (thallium) is the mild radioactive tracer that’s used to help the cochlea communicate with an image processor to determine the magnitude of “cochlear battery”-related hearing loss. Credit: USF

His team is focusing on the hollow, spiral-shaped, fluid the temporal bone—also inner ear—that has a “battery” needed for sound vibration information. Over time, the battery and it has been nearly clinically determine why.

“Diagnosing how healthy this battery is in patients is not our innovative imaging may make this doable in the near future for otolaryngologists and audiologists,” Dr. Frisina says.



cochlea, a filled cavity in called the “biological transmitting to the brain. deteriorates, impossible to

biological yet possible. approach

The research team is using medical imaging involving the use of a tracer—a small amount of radioactive material that will allow radiologists to see what’s occurring inside the ear. It’s administered through an IV and is commonly used during positron emission tomography (PET) scans.

By differentiating the functionality of different parts of the cochlea, physicians can prescribe medication that will treat that specific area as a future option other than taking the blanket approach of prescribing hearing aids.

Frisina is now fine-tuning the procedure with an R1 research grant from the National Institutes of Health, one of the most prestigious forms of federal biomedical funding. He hopes that by combining biomedical engineering and imaging with hearing sciences, his team will begin clinical trials at the conclusion of the two-year grant period—ultimately achieving this translational breakthrough for individuals experiencing hearing loss.

This study is in addition to an ongoing \$9 million grant awarded to Frisina's team by the National Institutes of Health to better understand the causes of age-related hearing loss and develop a medication to treat it. He and his group patented a new medication in 2019 and are currently seeking to work with a pharmaceutical company toward FDA approval. —*University of South Florida*



Robert Frisina, Ph.D., is a 1987 Emerging Research Grants scientist. This originally appeared on the [University of South Florida website](#). Frisina wrote about his research, with his late father D. Robert Frisina, Ph.D., in the [Summer 2017 issue of Hearing Health magazine](#).

Hearing Loss: Direct Link to Dementia. Easier Access to Hearing Aids Could Help

Over-the-counter hearing aids - no prescription necessary - could be at a store near you this fall. That's because the Food and Drug Administration decided earlier this year to create a category of OTC devices for adults with mild to moderate hearing loss. It's expected to drive down the cost - good news for millions of Americans who need the devices, but can't afford them. And it's not just the ability to hear that's important. Dr. Frank Lin has been researching the effects and risks of hearing loss for years. He's the director of the Cochlear Center for Hearing and Public Health at Johns Hopkins in Baltimore, MD.

According to Dr. Lin, only about 15 to 20% of Americans with hearing loss actually report using a hearing aid. It's phenomenally low, and it really hasn't changed in many, many years. The average cost of hearing aids is \$4,700 - to put that in perspective - for the average American, that could be your third-largest material purchase in life after a house and a car. But it's not only cost - issues of access, the only way to get a hearing aid per se now is to make multiple trips to see an audiologist or an ENT and multiple trips thereafter to get fit and adjusted. And then beyond that, there's issues where people don't think hearing is important. They think it's just a usual process of aging, and hence, it's inconsequential. And there are issues with obviously just the technology themselves, for instance, why doesn't it work seamlessly with my phone and my computer and my TV?

Dr. Lin has been researching hearing loss and dementia. Increasingly he and his associates found that hearing loss was strongly linked with the risk of dementia. Based on all the studies over the last 10 years showing that hearing loss is arguably the single largest potentially treatable or potentially modifiable risk factor for dementia.

How does hearing loss produce dementia? Dr. Lin says the first mechanism is basically that hearing loss likely imposes a load on the brain. In other words, when you can't hear well, when you have had some aging of your inner ear, it basically means your brain's constantly getting a much more garbled sound from your ear. And in turn, what the brain has to do to consciously decode that sound is the brain has to sort of throw more brainpower at it. And when the brain has to do that, those brain resources may come at the expense of other systems, like our thinking and memory abilities.

The second idea is related, but actually is very different. And it's the idea that hearing loss actually does directly affect the brain's structural integrity. Parts of the brain that are used to receiving sound begin to atrophy faster. And we actually see this now not only in animal studies, but in human studies. And finally, the idea that, if you can't hear very well, you might be more isolated and hence lonely. And in turn, for many, many years now, we've understood that social isolation and loneliness likely directly affects our risk of cognitive decline through loss of cognitively stimulating activities, but also just a loss of engagement with the world around us.

Therefore, Dr. Lin says that the OTC hearing aids can help those who couldn't afford hearing aids, don't have access to audiologists/ENTs, and may be alone. Once the OTC hearing aids hit the stores, they will be readily available.

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East Bay Leadership Team

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OR, if you prefer to pay by check or card thru the mail, Nancy Asmundson has membership forms to send to you, or contact HLAA at 301-657-2248 or e-mail membership@hearingloss.org. Your membership form & payment go to HLAA, 6116 Executive Blvd., Suite 320, Rockville, MD 20852.

COSTS: Regular Membership/year (will receive *Hearing Life* magazine in print and digital format):

Individual - \$45; Couple/Family - \$55; Professional - \$80; Nonprofit - \$80;

Veteran Membership: Complimentary 1-Year Regular Membership & Lifetime Online Membership.