



# East Bay Chapter Newsletter

April 2026

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Alameda, CA 94501

*They say April Showers bring May Flowers  
Enjoy the Spring time!*

**HAVE YOU BEEN TO OUR NEW LOCATION? KAISER HOSPITAL, 3600 BROADWAY, OAKLAND, ROOM LLB. COME IN PERSON THIS MONTH! EVERYONE LOVES IT!**

***Hearing Loss Association East Bay Educational Meeting, Saturday April 11, 2026:***

**Speaker: Jane Nielsen, speaking about Stigma: making the invisible, visible.**

Welcome to the fourth meeting of our 40<sup>th</sup> anniversary series.

**Schedule:**

- **9:30 AM: Social and Refreshments**
- **10:00 AM: Presentation (Zoomers can join at 10 AM)**
- **11:30 AM: Complimentary Pizza**

**NEW LOCATION:** Kaiser Permanente Oakland Medical Center, [3600 Broadway](#), Lower Level Conference Room LL-B, Oakland CA 94611

**Parking Option 1:** Free parking across the street from the Kaiser Fabiola Building at the [3780 Howe St. Parking Garage](#). Walk half a block to the North Entrance of the Oakland Medical Center at [275 West MacArthur Blvd.](#) (See more information on the next page)

**Parking Option 2:** The first two hours are free at the Kaiser Oakland Medical Center, [3510 Broadway Parking Garage](#); each additional 30 minutes costs \$1, with a maximum daily charge of \$18 after five hours.

**Please register at: [www.HearingLossEB.org](http://www.HearingLossEB.org)**

**RSVP by:** Friday, April 10, 2026, 5:00 p.m..

**Direction:** Once inside the Oakland Medical Center, take any elevator to the Lower Level. Follow the signs to the Lower Level (LL) Conference Rooms. Our meeting will be held in Conference Room LL-B.

The meeting is available both In-Person and Virtual (Zoom Webinar).

Questions? [Info@HearingLossEB.org](mailto:Info@HearingLossEB.org)

HAAA-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](mailto:Info@HearingLossEB.org)

## Coming Soon:

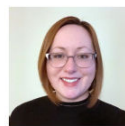
We are lucky to have Robin Miller and Vera Dow organizing our speakers! We have speakers planned through the end of the year!!

- **May, 2026: Walk4Hearing at Robert W. Crown Memorial Beach in Alameda, CA**
- **June 13, 2026: Peter Townsend & Len Bridges will lead a discussion concerning hearing issues.**
- **July/August: Summer Break, No general meetings**
- **September 12, 2026: Dr. Childress, a late-deafened audiologist**
- **October 10, 2026: Ann Thomas, Assertive Listening System presentation**
- **November 14, 2026: Pamela Durkin, Caine Companions**
- **December 12, 2026: Christine Lim, Visiting an ENT.**

*Thank you, Mechanics Bank, for your generous sponsorship.*



 Mechanics Bank



**Skye Bernard**  
Branch Manager, Oakland  
1999 Harrison Street, Suite 100, Oakland, CA 94612  
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Skye has more than 18 years of banking and lending accomplishments in the East Bay, fostering client relationships based on trust, care, and service. Throughout her career, she has been dedicated to helping individuals, families and small businesses achieve their financial goals and to ensuring their financial needs are addressed quickly and efficiently.

Active in her community, Skye regularly engages with local nonprofits and other organizations to give back, along the way utilizing her professional skills to enhance financial empowerment and inclusion.

**NOTE:** Donate old hearing aids or assistive technology items. Drop them off at a meeting and we will make sure your items get new life for someone else.

# MEETING NOTES: “*Insight on Aural Rehabilitation in Music Perception after Cochlear Implant Surgery: Trajectories and Predictors of Complex Sound Perception*”

At our March 14, 2026 HLAA-East Bay Chapter meeting, our guest speakers were Lourdes Kaufman and Stephanie Younan who gave an excellent presentation on their on-going research on aural rehabilitation in music perception after cochlear implant surgery. This is a follow-up presentation of Brooke Barry’s talk at our January meeting on “Music Perception in Cochlear Implant Users”. Initially, Lourdes and Stephanie provided a summary of their background, including their personal experiences with hearing loss, and then introduced their mentors/co-principal investigators at UCSF’s Jiam Barrett Lab, Dr. Nicole Jiam, M.D. and Dr. Karen Barrett, Ph.D.

➤ **Lourdes Kaufman’s Background:** Lourdes went to Harvard College for undergrad where she studied biology and chemistry. Before starting medical school, she took 2 years off, working in the health care and life science consulting field in Boston. She then moved to San Francisco to start medical school at UCSF. Lourdes noted that hearing loss has become quite an important condition to her as she has been gaining clinical experience and seeing the impact that sound has on the lives of people. As a fourth-year medical student at UCSF, Lourdes said that she has now decided to pursue a career in otolaryngology head and neck surgery.



➤ **Stephanie Younan’s Background:** Stephanie went to UCLA for undergrad, majoring in physiological sciences. After that, she went on and got her Master’s Degree in public health at Columbia University. Like Lourdes, Stephanie is also a medical student at UCSF, interested in going into otolaryngology head and neck surgery. She explained that she became interested in the field when she learned that her dad had single-sided deafness and noticed how his hearing loss had affected his life. She also noted that her mother is a speech therapist who has nudged her toward learning more about speech and music perception.



➤ **Introduction of Their Mentors/Co-Principal Investigators at UCSF’s Jiam Barrett Lab:** Together, these researchers study the intersection of medicine, sound processing and music perception.

✓ **Dr. Nicole Jiam, M.D.**, is an otological surgeon and scientist. She implants cochlear implants in the operating room and studies their outcomes, both immediately after implantation and long term.

✓ **Dr. Karen Barrett, Ph.D.**, has a master’s degree in music performance and a Ph.D. in the neuroscience of creativity, bringing unique expertise on why music is important, along with her knowledge of music theory.

➤ **Mechanics of Sound Perception:** Lourdes took a few moments to review the mechanics of how sound is heard and interpreted acoustically to help us understand the cochlear implant and its version of sound perception.

- ✓ **Auricle:** Sound is initially “caught” using the auricle or the external ear that we see.
  - ✓ **External Auditory Canal:** The sound then travels through the ear canal, or the external auditory canal.
  - ✓ **Tympanic Membrane:** The sound hits the ear drum, or tympanic membrane.
  - ✓ **Malleus, Incus, Stapes:** The vibration it produces shakes the 3 small bones called the malleus, incus, & stapes.
  - ✓ **Cochlea:** The footplate of the stapes sends sound waves through the round window & fluid in the cochlea.
  - ✓ **Spiral Ganglion Cells:** The sound waves sent through the fluid, bend & stimulate the spiral ganglion cells.
  - ✓ **Auditory Nerve:** Stimulated spiral ganglion cells wrapped by the cochlea send information to the auditory nerve.
- **Types of Hearing Loss:** The 3 types of hearing loss were identified before moving to treatment options: Conductive Hearing Loss; Sensorineural Hearing Loss; Mixed Hearing Loss.
  - **Treatment Options for Hearing Loss:** Sound processing is clearly a complex procedure, even when the brain works with normal hearing (NH). Yet, it is even more challenging for those individuals with hearing loss (HL) since the brain does not process sound in the same way. For individuals who have been diagnosed with hearing loss but have not experienced sufficient benefit from hearing aids (HA’s), cochlear implants (CI’s) can be a viable treatment option. To be considered an eligible candidate for CI’s, an individual typically needs to be diagnosed with severe to profound Sensorineural Hearing Loss (SHL) or deafness, often caused by malfunction in the cochlea.
  - **How Cochlear Implants Work:** Fortunately, technology is currently available to improve speech understanding and reduce noise (S/N ratio) when sound is sent to one’s brain that does not process sound in the same way as in people with normal hearing. It has taken many years and hundreds of millions of dollars for researchers/manufacturers to conduct the kind of research necessary to replicate the complicated workings of the brain and successful binaural processing. Researchers/manufacturers have had to work hard to come up with the technology in hearing devices such as hearing aids (HA’s) and especially hard in developing cochlear implants (CI’s) that will enhance speech clarity and music perception in the manner our brain is designed to do.
  - **What Is Aural Rehabilitation?** Aural rehabilitation is the process that occurs up to 12 months post cochlear implant surgery, during which patients work closely with a multi-disciplinary clinical team to learn how to adapt to electric hearing using auditory training and communication strategies. Aural rehabilitation follows this timeline: During surgery, implant placed; activation, device fitted; follow-up appointments after activation at 1 week, 1 month, 3 months, 6 months. Aural rehabilitation is particularly important for these reasons:
    - ✓ **Critical Early Window:** The fastest speech perception gains seem to occur in the first year after implantation.
    - ✓ **Guided Auditory Training:** This timely guided training may help map new signals to meaningful speech sounds.
    - ✓ **Functional Benefits:** Rehabilitation results in better communication, more confidence & improved hearing.
  - **How Is Performance Predicted after Cochlear Implantation?** Outcomes after cochlear implantation are highly variable and difficult to predict. This makes it challenging to counsel patients before implantation or personalize their care afterwards during the year-long post aural

rehabilitation period following implantation. Therefore, research is being conducted by researchers such as Lourdes and Stephanie in an attempt to answer the question of how performance outcomes can be best predicted after cochlear implantation.

➤ **Overview of Study Conducted by Researchers Lourdes and Stephanie:**

- ✓ **The Research Question:** What predicts speech and music perception abilities after cochlear implantation? The researchers explained why they included music in their study. Apparently, music is one of the most challenging listening experiences for CI users. Speech tests alone are not sensitive enough, and music seems to matter to CI patients. The researchers highlighted that existing studies on current predictors of rehabilitation success have generally been limited to speech perception, thereby leading to their own research focusing on identifying new predictors such as cognition and music aptitude.
  - ✓ **Variables Used in Their Study & Tests Applied to Measure Research Outcomes:**
    - **Cognitive Tests:** Cognition may be a predictor of cochlear implant outcomes. Cognitive tests used in their study include: Forward Digit Span; Backward Digit Span; Stroop Incongruence Tasks.
    - **Music Aptitude:** CI users vary widely in how well they hear music. Years of musical training does not seem to reliably predict who will do better post-implantation. Music aptitude (one's innate musical ability) may be a stronger predictor. Hence, the researchers decided to use music aptitude as the metric to personalize rehabilitation in their study. **Gordon Advanced Measures of Music Audiation (AMMA):** 20-minute duration; 30 questions with 3 practice exercises; Assesses tonal & rhythmic aptitude separately; Yields a percentile score for each subtest. **AMMA Music Stimuli:** Change in rhythm; Nothing changed; Change in tone.
  - ✓ **Testing Paradigm for Their Research:** Their testing paradigm included cognitive tests, measuring visual working memory and inhibition, as well as the AMMA to assess musical aptitude, according to the data collection timeline presented below. The team demonstrated the challenging nature of the music aptitude test with several practice examples and discussed their study's methodology which included testing patients preoperatively and then at multiple post-surgery follow-ups over the first 6 months.
    - **Initial CI Evaluation Appointment:** Tests administered.
    - **Cochlear Implant Surgery:** Surgery completed.
    - **1 Month Follow Up:** Complex Sound Perception Tasks.
    - **3 Month Follow Up:** Complex Sound Perception Tasks.
    - **6 Month Follow Up:** Complex Sound Perception Tasks.
  - ✓ **Outcome Measures:** Music tests used in their study included pitch discrimination (frequency of sound) and timbre instrument identification (sound color/quality).
    - **IOWA Vowels:** A 9-vowel corpus presented in a nonsense syllable context.
    - **Consonant-Nucleus-Consonant (CNC) Test:** A list of 50 words.
- **Results of Their Study:** The team presented the results of their study, first the demographics of the patient population and then the results of the tests administered.

- ✓ **Demographics:** The patient population had a median age of 66 years and most had hearing loss, with 60% having no musical training.
- ✓ **Testing Results:** The team explained the test results, using colorful power point slides to demonstrate each one:
  - **CNC Word Score:** The results showed significant improvement in speech perception, with over 30% in word recognition scores on average at the mid-mark post-implantation.
  - **Pitch Discrimination:** The team explained that in this test the patient is given 2 sounds and has to then say which one is higher pitch. The semitone is the difference between 2 adjacent notes on a piano. Their diagram showed the percentage correct at different semitone intervals. As the semitone interval increased, the correct score got better as expected with more patients having a higher score at 4 semitones apart, but a lot struggling at the half semitone mark.
  - **Instrument Identification:** The patients could distinguish piano sounds most easily, while violin and clarinet were more challenging.
  - **Vowel Recognition:** The research on vowel recognition found that front vowels were identified with highest accuracy (above 85%), followed by back-end vowels (70-80%), while central vowels scored lowest at 58%.
- **Key Takeaways of Their Research:** The team summarized the key findings of their study.
  - ✓ Cochlear implantation may be a highly effective form of sound amplification for some patients.
  - ✓ Through aural rehabilitation, a lot of gain in function can be achieved in the first year after surgery.
  - ✓ Wearing the cochlear implant devices on a regular basis while practicing hearing different sounds with them is critical in improving hearing after implantation.
- **Wrap-Up;** In wrapping up their very interesting, detailed presentation, our speakers Lourdes Kaufman and Stephanie Younan emphasized that they are working to improve prediction of complex sound perception such as music perception. In time remaining, they opened up their discussion for comments and questions from the audience. They also encouraged audience members to see the Jiam Lab's website and newsletter for current research about aural rehabilitation in music perception after cochlear implant surgery.

Finally, our HLA-EB Chapter leadership reminded everyone that the policy of the Chapter is to not endorse any service, product or person that may have been mentioned or discussed during the current presentation, discussion or follow-up Q & A session.

**For More Information/Questions:** **Lourdes' Email:** [lourdes.kaufman@ucsf.edu](mailto:lourdes.kaufman@ucsf.edu) **Call:** 203-394-7445; **Stephanie's Email:** [stephanie.younan@ucsf.edu](mailto:stephanie.younan@ucsf.edu) **Call:** 818-626-6271

~ **Kathy Fairbanks**

## **Feedback from Rick Rutherford regarding the March meeting – “Insight on Aural Rehabilitation in Music Perception after Cochlear Implant Surgery: Trajectories and Predictors of Complex Sound Perception”**

Well! That was a lot of information!

What struck me was the perspective, the presentation. Technical and from the provider perspective.

It is our job to present the recipient's perspective, our perspective. Looking back to February's meeting and the word that really struck me was, "SuperPower!". I keep thinking of that.

This March meeting was hugely informative and definitely a deep dive into the process of developing and refining the cochlear implants, one of which I have from Dec. 1994. I really appreciate the dedication and the passion that was brought forward. We don't usually see that, as we are on the other side of the river, so to speak.

So we were able to bring forward in the open floor access at the end of the meeting that, from our perspective, the success of the individual recipient of all this technology and passion is partly dependent upon the emotional and psychological participation by the recipients in this process. Speaking from my own experience, I must say that going to support group meetings was a HUGE part of my so-called "Success!". Reaching a place of peace and calm. A place of faith that calms the moments of panic and despair. A place where I could and did provide support to newcomers.

These meetings are a necessary part of this "rehabilitation" process. These meetings are our SUPERPOWER! It is we who can lend support to each other. The kind of support other people (hearing people) can't give us.

It is here that we can realize that we are "Not Alone!" It is here that we can see other people struggling with exactly the same things we are struggling with. It is here that we can gain strength and head back home a little more positive and hopeful. When I meet other people who are navigating this noisy world I gain strength. If you can do it, so can I!

Thank you all for showing up and giving me strength!

With much love,

Rick Rutherford

*Thanks for your feedback, Rick!*

**Time to renew your membership to our chapter! Only \$25.**  
**Bring a check to the next meeting or go to**  
[hearinglosseb.org/join](http://hearinglosseb.org/join)

**We need your help! Can you volunteer? Contact us at:**  
[info@hearinglosseb.org](mailto:info@hearinglosseb.org)

Here is a list of volunteer positions we are seeking to fill:

- **Volunteer Recruiter**: Contact people who said they could volunteer and tell them about volunteer needs. Recruit for those positions.
- **YouTube Channel Creator**: Establish a chapter YouTube channel for meeting recordings.
- **Webmaster**: Maintain and improve the chapter website. Currently developed using the Wix platform.
- **Just want to help?** All of our committees need helpers! All volunteers are welcome! Contact us and we'll help you figure out what would be a good fit for you.

### ***HLAA SF/East Bay Leaders***

#### **The Board of Directors:**

Contact us at: [info@hearinglosseb.org](mailto:info@hearinglosseb.org)

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#### ***JOIN HEARING LOSS ASSOCIATION OF AMERICA (HLAA) – THEY ADVOCATE FOR YOU!***

[hearingloss.org](http://hearingloss.org) Membership is now open to all of our valued supporters who help fuel our mission and change the lives of people with hearing loss. **Everyone who gives is now an HLAA member, helping to amplify our HLAA voice, and fulfill our important mission— together!**

**COST OF MEMBERSHIP:** The HLAA national office had consolidated the donation and membership processes. Presently, anyone who donates as little as \$1 would become a member of the national HLAA. Additionally, with a donation of \$45 annually, individuals have the option to receive a hard copy of the Hearing Life magazine from the national office.