

ALLIED  
Hearing  Health  
MAGAZINE

Lips Don't come  
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**EDITOR-IN-CHIEF**

Scott Bryant  
 scottbryant@andrewjohnpublishing.com

**CONTRIBUTORS**

Daniel Basch-Tétreault, Marilyn Dahl,  
 Gael Hannan, Gary Malkowski,  
 Carole Willans

**ART DIRECTOR**

Andrea Mulholland

**ADVERTISING**

John Birkby  
 (905) 628-4309  
 jbirkby@andrewjohnpublishing.com

**CIRCULATION COORDINATOR**

Brenda Robinson  
 brobinson@andrewjohnpublishing.com

**ACCOUNTING**

Susan McClung

**GROUP PUBLISHER**

John D. Birkby

For Instructions to Authors, please visit  
[www.andrewjohnpublishing.com/](http://www.andrewjohnpublishing.com/)

Return undeliverable Canadian Addresses to:



115 King St W., Suite 220, Dundas, ON L9H 1V1



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# Welcome to Allied Hearing Health!

Some people like to start out the new year with a slew of resolutions, but I think I'll restrict myself to just one: I promise to assemble the best articles and columns I can for *Allied Hearing Health* for 2014. This might sound like a daunting task, but, to be honest, with the awesome contributors we have lined up, it's not going to be a very hard resolution to keep.

Among our impressive lineup of writers for this issue, we have two former presidents of the Canadian Hard of Hearing Association, Carole Willans and Marilyn Dahl. We also have hearing health consumer advocate and blogger extraordinaire Gael Hannan. In addition, the issue includes some wise words from the Canadian Hearing Foundation and Deaf and Hearing Alberta.

But that's not all. We also have a very informative interview with Unitron's general manager Rob Walesa and an interesting product profile in our "What's New" section.

You might think that this is more than enough for one issue,

but we haven't even reached the features yet. For this issue, we have excellent articles from Daniel Basch-Tétreault from Communicaid for Hearing Impaired Persons, titled "Lips Don't Come with Subtitles," and from Canada's first deaf MPP, Gary Malkowski, who tells us about "audism."

A wise person once said, "Lead, follow, or get out of the way." With that in mind, *Allied Hearing Health* has enlisted a veritable all-star team of leaders from the world of hearing health care in this issue, so I'll be more than happy to just get out of the way. Please enjoy the issue.



Scott Bryant  
Editor-in-Chief  
Andrew John Publishing Inc.

# Breaking the Sound Barrier

By Carole Willans



## About the Author

Carole Willans is a hard of hearing lawyer and long-time advocate for persons who are hard of hearing or deafened. She has a profound bilateral hearing loss, the result of a household accident at the age of four. Carole has been involved in the Canadian Hard of Hearing Association since 1990, during which she served as the executive director, president, and board member.

I was four years old when I suddenly lost most of my hearing in a household accident, falling a short distance on to a cement floor. I have been told at times that I have a hard head, but I guess the star ship’s shields were down that day. You will probably think I am crazy ... but it was my lucky day! I just did not know it then, and certainly my parents did not think so either. I remember my frazzled parents taking through a parade of medical specialists for the next couple of years, trying to find a cure.

Once the dust settled, it became evident that I needed hearing aids and help with my speech. Again I was lucky, as my parents did their utmost to make sure that I had everything I needed, including plenty of Barbie dolls! I was raised in a bilingual household, where we mostly spoke French (thanks to Mom) and would naturally switch to English when Dad came home. He never learned French, though I think he understood more than he let on.

But, still you are wondering, how did the awful day of the accident become my lucky day? The life lessons I have learned from being “different” as well as highly developed listening skills, have served me well throughout my life – so much so that I have learned that in a life well-lived with hearing loss, the latter becomes more of an asset rather than a hindrance.

Of course, there have been difficult times where I may have experienced trouble with communications, and maybe an embarrassing moment here and there. This is where resilience is key – the ability to get up again and dust yourself off, and start up again. I found it beat the alternative of moping around and waiting to be rescued. I found out that, while family and friends are great, they were not always there. The only one who was always there was – me!

Living (and not just coping) with hearing loss has made me the person I am today. I have enjoyed a solid career as a lawyer. I was a civil litigator in private practice at first. Today, I work in external relations in federal government and have frequent occasions to do public speaking and teach courses, which are all things I love to do. Along the way, I switched one of the hearing aids for a cochlear implant, and – it may sound trite of me to say this, but it’s true – the sudden onset of hearing loss all those years ago did change the course of my life, for the better. I have broken the sound barrier in my own special way, and this is something all Canadians with hearing loss can choose to do – that’s the key, it’s mostly a conscious choice. If you have a hearing disability, my wish for you is that you find your own way that turns it onto its head into your own special ability.

# The Easy Lessons of Hearing Loss

By Gael Hannan



## About the Author

Gael Hannan is a writer, actor, and public speaker who grew up with a progressive hearing loss that is now severe-to-profound. She is a director on the national board of the Canadian Hard of Hearing Association (CHHA) and an advocate whose work includes speechreading instruction, hearing awareness, workshops for youth with hearing loss, and work on hearing access committees.

Gael is a sought-after speaker for her humorous and insightful performances about hearing loss. Unheard Voices and EarRage! are ground-breaking solo shows that illuminate the profound impact of hearing loss on a person's life and relationships, and which Gael has presented to appreciative audiences around Canada, the United States and New Zealand. A DVD/video version of Unheard Voices is now available. She has received several awards for her work, including the Consumer Advocacy Award from the Canadian Association of Speech Language Pathologists and Audiologists.

Gael lives with her husband and son in Toronto.

Welcome to the first issue of *Allied Hearing Health* for 2014 and to the Happy HoH, a column that explores the life with hearing loss. (Note: HoH is an acronym for Hard of Hearing – and it sounds like it looks. So, I'm careful not to identify myself as a HoH when I go to the store, because I'm looking for milk, not trouble.)

I've lots of experience being a HoH – since birth, apparently. I live and breathe the barriers and challenges of hearing loss. As an advocate, I talk about the communication strategies that can break them down. Are they easy? Do I *use* all the strategies, regularly, that can help me to succeed in the constant presence of hearing difficulties?

*Please*, I'm only human!

Just because I *know* what's good for me doesn't mean that I actually *practice* it with every word I listen to, or speak. Life with hearing loss is complex, and to communicate *well* requires a big bag of tricks that involve emotions, endless hours of effort and more than a few dollars of hard-earned money. And although I often slip into some bad communication habits, I think after a few decades, I've more or less got it down to a fine art.

It's just not always easy. Mind you, *some* things are...

It's EASY to convince ourselves that we're doing "fine" with our hearing loss:

That we're catching most of what's said  
Well, at least the important stuff – the rest's not  
really worth listening to, right?  
And no, we don't intend to do anything about it  
Like getting a hearing aid or cochlear implant –  
Those are for other people, who have *real* problems.

It's EASY to give in to frustration and the emotional roller coaster of hearing loss:

Because nothing has ever prepared us for this –  
This... *invisible separation*... from the life we're used to,  
And the people we were close to.  
It's like standing outside, looking through a window  
Rapping on the glass and trying to talk to our family on  
the inside.  
It hurts.

It's EASY to slip into bad habits of bluffing, of tuning out:

Because we just can't *get* what's being said,  
Even though we're trying so hard to follow.  
It makes us tired  
And before we even realize it,  
We're nodding and smiling as if we're totally in the  
conversation  
And we hope no one calls us on it.  
Because we would be embarrassed – and they would  
be irritated.



It's EASY to blame other people for communication breakdowns:

“They won’t face me,  
They forget all the time,  
They just...they just don’t understand.  
Even though I’ve explained it  
Over and over again.  
I’ve done all I can and now it’s up to them.  
Hell, I’m the one with the damn hearing loss!  
How about a little consideration?”

It's EASY to blame our hearing loss for everything that's not going right:

“My marriage would be better if it wasn’t for my hearing  
My kids wouldn’t laugh or take advantage of me  
I would be happier at work,  
I’d feel better about myself  
And I could focus my energy on making things better  
Instead of using it all up  
On trying to communicate,  
Or even hiding it completely

And don’t tell me that’s wrong, that I shouldn’t do it –  
I’d like to see *you* struggling every day, all day,  
With hearing loss like mine.”

It's EASY to let hearing loss define us:

Life was better before.  
Now it's not.  
My hearing loss affects everything,  
Everything I do, everyone I talk to.  
I am my hearing loss.

No one ever said that being a HoH is easy. But it doesn't have to be this hard, either.

We – all of us – have bad hearing days when we want to crawl into bed, pull the covers over our head, and cry in frustration over the relentless pressure of communication gone wrong. But if we stay in hiding, if we keep crying, our negative attitudes will harden into *cement* and we won't be able to break free.

There's another easy lesson if we want to take it: help is available, standing by, waiting. If you – or anyone you know – is struggling with hearing loss, reach out for help. Read this magazine and other publications. Speak to your doctor or visit a hearing care professional. Contact a hearing loss group in your community, or online, where there are people with hearing loss who understand what you're going through. *They* can help, because they've been there, too.

Reach out. It's the easiest lesson of hearing loss.

Here's to the new *Allied Hearing Health* magazine! When you're done reading, pass it along, because you probably know someone else with hearing loss who needs help, too.

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# My Offbeat Adventures in Hearing Aid Land

By Marilyn O. Dahl



## About the Author

Marilyn O. Dahl, OBC, PHD, has been a consumer advocate and leader in organizations for the hard of hearing for over 25 years. She is a congenital optimist, with an unflinching sense of humour.

Marilyn Dahl [marilynodahl@gmail.com](mailto:marilynodahl@gmail.com)

For most of my adult life, I have been a consumer advocate for high standards in the professional performance of fitting and dispensing of hearing aids, and educating consumers to seek out the best care they can get. That advocacy role came hand in hand with involvement in building the Canadian Hard of Hearing Association, in the early 80s. I became an educated consumer. However life preceding that, as far as caring for my hearing loss was concerned, was pretty much a case of “winging it.”

I bought my first hearing aid in 1953, from an electrician, in the back of his shop on Main Street in downtown Prince Albert, Saskatchewan. It was a gold coloured case, about the size of a cigarette pack, though slimmer, with the standard ecru tinted cord and button for the ear. My heart sank within me at the realization that I would be henceforth wearing this hugely stigmatizing device. I was given a simple explanation of how it worked, and that I could wear it under my clothing, with the cord coming up out of my collar and running up to my ear. Still, it would show. And there would be static from the clothing over the microphone.

That was the extent of my rehabilitation. Aside from a periodic audiogram, that was also the extent of my medical contact for the condition. Tinnitus? “There’s nothing we can do. You’ll just have to learn to live with it.” I did. Support groups? Didn’t exist, in my part of the world. Other hard of hearing people? I knew of one old man, with a hearing aid. I thought I was the only young person with a hearing loss, and definitely must be the only deafened registered nurse in a profession where good hearing was mandatory.

I struggled to hear with that little body pack, and its limitations, for 10 years. Fast forward to Medicine Hat in the mid-60s. My second hearing aid purchase was a set of spectacle hearing aids, purchased from a hearing aid dealer at my dining

room table. He was in town from Saskatoon, visiting friends of mine, who set up the contact. A basic audigram, a fitting, and I was on my own. Never saw him again.

Bilateral hearing was certainly an improvement. About eight years later, I bought two behind-the-ear aids, from a hearing aid dealer based in a department store in Burnaby, which served my amplification needs. I now had a regular provider whom I could go to as needed.

These early analog aids had certain advantages – they were relatively cheap, and I had no expectations that they could do more than they did, with my declining hearing, nor did anyone try to promise me more. It was up to me, though to develop my own coping strategies, and gradually I realized that learning to manage my hearing loss would address 50% of the communication problem.

In the mid-70s it was the BC Provincial government in their public health audiology clinics which finally introduced me to an audiologist. These clinics promised hearing aids at reasonable prices. Their audiologist introduced me to the T-switch and secured an individual FM system for me. It was a two-piece ivory device, with a foot-long aerial cord trailing from each piece. It helped me defend my master’s thesis at SFU, and teach nursing at a community college, among other things. Hiding my hearing loss was now a thing of the past – it couldn’t get more visible than two behind-the-ear aids, plus two FM cases trailing aeriels and cords, one clipped to my belt, one clutched in my hand and thrust at speakers! These were all analog aids. I never experienced the wonders of digital aids. My next hearing device, in 1995, was a cochlear implant, and a wonderful return to the world of sound and comprehension.

But, I hear a lot from other hard of hearing people in the

community at large, those with digital aids, and those who say they need an aid but cannot afford it, or just refuse to get one, or don't use the ones they have paid for. As a result I have come to some troubling conclusions which are shared by other educated consumers. Our concerns touch upon service delivery and marketing, including the unacceptable rise in price of such aids.

The new digital aids have an incredible variety of features and many users have experienced improvement in speech comprehension. But, there is still the same level of frustration and dissatisfaction expressed by hearing aid users that we heard from people when we first organized CHHA in the early 1980s.

Much of this seems to come from unrealistic expectations

based on advertising. Each company seems to have its own unique features that are used to convince people to buy their hearing aids. But such features do not necessarily improve speech comprehension for all clients. As well, events are occurring in the marketplace, which affect delivery of care.

The hearing aid user is not well served by the present system of hearing health care delivery, in all of its complex phases. Hearing health care is a multidisciplinary system, in which the consumer needs to play an equal part with the professional. We need a sit-down, together, to discuss what is happening. For this reason, the Canadian Hard of Hearing Association-BC Chapter will be sponsoring a free public forum on hearing aid costs and services next April, in Vancouver, with multidisciplinary participation. Let's start a dialogue. It's time for some changes.





## Knocking Some SOUND SENSE Into Their Heads

A few years ago, Brenda Carson, a staff member of the Hearing Foundation of Canada (THFC), was having difficulty calling her daughter down to dinner. Going upstairs, Brenda found her working on the computer, listening to music that was leaking so loudly from her earbuds that Brenda recognized the song from 10 feet away. She was horrified at the potential for her daughter to develop permanent hearing loss.

The next day, Brenda set the wheels in motion for the project that ultimately became Sound Sense, THFC'S noise-induced hearing loss prevention program targeting Canadian elementary students. In the eight years since it was introduced, Sound Sense has reached approximately 400,000 students, families and community members, through presentations in most provinces and territories, from Victoria to Yellowknife to Labrador. Kids love the program and so do teachers.

### What's the Problem?

Hearing loss is at an all-time high, affecting an estimated 20% of the Canadian population, approximately 7 million people. It's a chronic health condition facing many Canadians in the coming years, as millions of baby boomers develop age-related hearing loss and all generations are affected by noise-induced hearing loss (NIHL), especially youth. The listening habits of younger generations, fuelled by powerful, innovative and cheap digital electronics, is just one of many sources of dangerous noise at home, at school, and in leisure activities that act cumulatively to put youth at high risk of developing hearing difficulties.

Understanding how hearing damage can occur due to overexposure to noise is an important public health message. In an era where even cancer is at least somewhat curable, it's difficult for children (and adults) to grasp the fact that there is no cure, no quick fix, for NIHL. *"Yeah, it would suck to have hearing loss – but I'll just ask the doctor to give me something to fix it!"*

The only possible treatment for NIHL, like other health issues for which there is no sure-fire remedy, is *prevention*.

In fact, with diligent listening habits, NIHL is believed to be almost 100% preventable.

Most people do not understand – until it's too late – how noise overexposure can cause inner ear damage and how the noise damage can build, unstopably, into a permanent hearing loss. For some people, NIHL is just an irritant in daily life; for others it's severe enough to require the use of hearing aids; and for many, noise damage can cause tinnitus, sounds heard in the head. Some cases of tinnitus are mild or the sound may occur only occasionally, while other cases are continuous, unending and loud enough to cause severe anxiety and stress.

Public education is needed to combat this dangerous lack of awareness – a coordinated, long-term campaign by government, health and educational bodies. In order to change listening behaviour and attitudes towards loud noise, the public must receive the hearing health message on a consistent basis, from an early age through to adulthood, until the day when it is *unthinkable* to expose ourselves – or others – to dangerous noise without offering or using hearing protection.

### What is Sound Sense?

The Sound Sense program is a bilingual elementary school presentation that promotes awareness among Canadian students, their families and the community about the vulnerability of their hearing to permanent noise damage.

When developing Sound Sense, we sought expert advice from audiologists, teachers, parents, and Grade 6 students. Originally created as large-scale mail-out program to Ontario teachers, it was redesigned as a facilitated classroom presentation in 2006. The change was necessary because hearing health is not clearly included in any health curriculum in Canada. Although Sound Sense complements the Healthy Living curricula, most teachers were not required and did not have the time to learn and deliver a new program. However, when offered a program delivered at no charge by trained facilitators, teachers welcomed Sound Sense in many areas of the country where the Hearing Foundation was able to

secure funding from national and local sponsors.

In 2010, Sound Sense switched its target audience from Grade 6 to Grade 4. When the program started, Grade 6 was considered the ideal age; they were “‘the year before attitude,’” still keen to participate in discussions and still willing to take information home to their parents, a crucial component in the Sound Sense program. At the time, 12 year-olds were on the cusp of the noisiest time of their life – the teen years of school dances, parties, disposable income and music, music, music! Most of them also had MP3 or other musical players – and they all used earbuds – whereas most 10-year-olds did not.

That changed with the explosion in sales of electronic music and MP3 players. In 2007 there was a 73% increase in MP3 sales in Canada, a rate far higher than the United States and other developed markets. Digital technology has now become an everyday element of life for our children and youth and today most Grade 4 students not only have MP3 players, but many also have cell phones. Although there has been no change in the elementary health curricula, Sound Sense is now a direct fit with the Grade 4 Science unit on “‘Sound,’” and an increased number of schools have welcomed the presentation.

### How Do We Deliver Sound Sense?

The success of Sound Sense is due not only to the informative and fun presentation, but to its delivery by trained facilitators, the majority of whom are students in audiology, speech-language pathology, nursing, hearing instrument specialist, and communication disorders assistant programs.

The interactive 45--50 minute presentation uses a hilarious, partly -animated DVD, and sound meter exercises that show students just how loudly they are listening to their music. The presentation closes with discussion about how the kids can protect their hearing – and asking them to commit to doing *just that* going forward.

Sound Sense is a triple-win. Children love having university students come into their classroom to talk about their hearing; the university students have an opportunity to deliver a presentation, for course credit, on a subject related to their chosen field; and the Hearing Foundation has a talented, committed pool of presenters who are getting the message out there.

Retired teacher Shirley Cazalet has been spearheading Sound Sense in Vancouver schools since the beginning of the program. “I like working with the program, not only

because it keeps me connected to the school system, but for its important message that benefits us all – not only the facilitators, students and teachers, but me as well. Now that I’m aware of issues related to NIHL, I share the message with everyone I meet.” “

Cindy Gordon and her business partner Susanne Martin coordinate the Sound Sense program to more than 100 schools in the Edmonton area. “We’re involved because prevention is important to us! We both have hearing loss – and while we didn’t have any choice in the matter, most people today DO! We work with grad students from the University of Alberta, Speech Language and Audiology Program, who love delivering Sound Sense. Many of them want to keep delivering it once they have graduated, in the communities where they have begun their careers.”“

Krista Parker is a facilitator and Sound Sense coordinator in Eastern Ontario. “I love being involved because when I was growing up with hearing loss, my classmates didn’t really understand. Now, as an adult, I want children to understand that hearing loss isn’t just something that someone is born with, such as in my case; hearing loss could happen to them – but it’s also preventable! Today’s society is loud and its’ not just from music; children who live on farms and work with noisy machinery are also at risk. I tell the kids how, in school, I couldn’t hear the fire alarm. Children don’t realize how much they do hear and how much they would miss if they had hearing loss, until they sit through a Sound Sense presentation!”“

### Sound Sense – A Critical Success

Since 2005, Sound Sense has continued to grow, thanks to significant partnerships with post-secondary institutions and other hearing loss-related organizations. We have also developed a respected pool of funders who support our goals and activities. Without their funding, it would be difficult to get the message into schools, which to this day have no curriculum that focuses on preserving our important sense of hearing.

The Hearing Foundation of Canada continues to advocate for increased public awareness of NIHL and the simple strategies that can help prevent a needless, lifelong hearing loss. Our dedicated staff is committed to improving the hearing health of Canadians, and ensuring that Sound Sense continues to develop, grow and, eventually, reach the ears of all Canadian youth.

For more information please visit [www.soundsense.ca](http://www.soundsense.ca).

# Practice Safe Sound

Those of us in the hearing health industry know that repeated and extended exposure to loud noise is one of the most common causes of permanent hearing loss. The challenge is to get the message across to those who need to hear it – young people with the ear buds in their ears and the music cranked up to 110 decibels, and in particular the parents of these children who might be able to exert a little influence over the duration, level and frequency of the use of personal music players attached to ear buds.

What messages might be appealing and attractive to young people (or adults for that matter), and in particular, how should that message be delivered? We know it has to be “cool,” have technological appeal, and sustain interest over the longer term. The message has to resonate in a range of formats so it can be repeated often without getting stale. The 12 to 15 age group is the demographic that starts to spread its own wings, develops independence in activities and decision making, is strongly influenced by their peers and believes they are invincible.

Developing the “protect your hearing” message has to encompass all of these considerations to be effective. Getting past the “it can’t happen to me” presumption can be tricky. Because hearing loss can be so gradual and teenagers often spend the majority of their days in noisy environments – have you walked into a junior high school lately? – it’s not surprising that young people don’t notice their hearing start to deteriorate. Until they realize, or have it pointed out to them, that they are missing pieces of conversation or say something inappropriate in response to a comment or question because they didn’t hear it properly.

Deaf and Hear Alberta’s “Practice Safe Sound” program will be taking this message into junior high school classrooms in the new year. Engaging with young people to develop both the message and the delivery mechanism will be an exciting and challenging new undertaking.

Our history of working in classrooms in both the public and separate systems for nearly two decades will lay the foundation for our success. We’ve added sound-limiting and sound protecting headphones to our equipment line-up in our e-Store to support this project. We look forward to collaborating with our school

partners – teachers, principals and administration – to help young people learn that they are putting their hearing at risk and to change behaviours to protect this precious sense.

## Deaf & Hear Alberta

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# 2014 Canadian Hard of Hearing Association National Annual Conference

## A DIFFERENCE IN THE LIFE OF A PERSON WITH HEARING LOSS

A conference means many different things to different people as they gather to explore a life issue and or specific topic. Let me tell you about the impact that one conference had on a life – mine.

It was a beautiful summer morning and I awoke to the sound of a bird singing. I listened to my favourite music and took extra time with my hair and makeup. I searched the closet for my favourite outfit and I was feeling really good about myself as I headed off to work. I walked into the office and gave my usual morning smile. One of my co-workers said “Wow! You look like you’re expecting something wonderful to happen today.” Jokingly, I replied, “Oh yes, I am expecting one of those life shattering moments that will change my life forever.”

At the end of the day I was deaf.

So, I began my journey as a person with hearing loss. I thought my life was over, and it was – or at least the life I knew before. Then began the screaming, tears, and the frequent “What happens to me now?”

I felt like I was at rock bottom. Eventually and gradually, I told myself there was nowhere to go but up, so I might as well give it a try. I had to come to terms with the fact that no one was going to make this go away, and that I was in charge of my own destiny. I had to accept that my hearing loss was a part of me, yet did not define me. It was a long climb back up; as I struggled with anger and denial, I really was my own worst enemy. I missed the conversations, the laughter and the sounds around me. I missed my music. I missed me.

My family, friends and co-workers were at a loss as to what

to say or do. I felt alone and helpless, and I was so fearful of my hearing loss because I felt like I was losing my identity. I was losing me.

I had a hard time voicing the words “hearing loss,” because once I said them out loud, they would become a reality.

Then my audiologist told me about a conference in Toronto. It was the first meeting of what we now call the Canadian Hard of Hearing Association (CHHA) – and attending it changed my life forever. It was there that I observed people like Charles Laszlo, Marilyn Dahl, and Ruth Warick in action. I remember watching them and thinking “Oh my dear God, what do they have to be happy about – they have hearing loss?” Over the course of the weekend I watched, went to workshops, listened to plenary speakers, and learned about accessibility. Most of all, I looked into people’s eyes and saw the same emotions that I was feeling.

I no longer felt alone! No more need to make excuses, no more need to feel inferior. The people at that conference were living my life, but they were living it better. I had found a way up from rock bottom.

I went home, determined to learn to cope with hearing loss, and believe me, it was not easy, but it was worth it. I saved me and I was a stronger and more confident Myrtle than ever. I’m not sure if it was a case of CHHA finding me, or me finding CHHA, but here I am, still with CHHA thirty two years later.

I can honestly say that I always meet old versions of me at the annual conferences. When I see it in their eyes, I reach out to them and, like I did so many years ago, that person goes home empowered.



### All Because of a Conference!

So, if you or someone you know is on their own hearing loss journey, please allow the experience of CHHA 2014 to happen. If you are a professional, come learn about how we go about our daily lives.

If you are a manufacturer or supplier, come and join us to see, firsthand, the fruits of your labour, and how well we wear your technology. I look forward to seeing you in Toronto, May 22–24, 2014 at the Royal York Hotel. It's a

conference hosted by the CANADIAN HARD OF HEARING ASSOCIATION, and it could be a life-changing moment for you, too.



Myrtle Barrett,  
President of CHHA



Canadian Hard of Hearing Association  
Association des malentendants canadiens

## Succession Planning, Governance and Leadership!

The Canadian Hard of Hearing Association (CHHA) in partnership with the Canadian Council on Rehabilitation and Work (CCRW), the National Network of Mental Health (NNMH), and the Canadian DeafBlind Association (CDBA) will be offering a special stream at the CHHA National Conference that will take place in Toronto on May 23, 2014 to discuss the issues on succession planning, governance, leadership, recruitment and retention of volunteers, organizational websites, databases, social media and communication.

A survey allowed CHHA to identify that over 85% of its Branches and Chapters across Canada do not have a succession plan in place. "Some of the leaders have been President for many years and are thinking of retiring, but no one has been assigned to take over causing the Branch or Chapter to go dormant or to close," said Robert Corbeil, National Executive Director, at CHHA. This is only one example of the issues that organizations are facing. The partner organizations have common issues with the recruitment and retention of volunteers, internal and external communication not to mention the lack of knowledge regarding social media and the use of websites.

"Those issues are common issues that all of us are facing!" added Mr. Corbeil

A group of 18 national disability organizations have been invited to participate in a special training day on May 23, 2014. "I am extending this invitation to all organizations who want to improve their way of doing business. We will have consultants that will provide tips and advice on how to improve internal and external communication, on how to recruit and retain volunteers, on how to get the best out of social media. **There will also be a forum in the morning where people and organizations will have a chance to talk about their best practices. We want people to go back home with ideas, tips and tools that they can apply right away,**" said Robert Corbeil, National Executive Director, at CHHA.

CHHA is holding its National conference in Toronto at the Fairmont Royal York Hotel from May 22 to May 24, 2014. To have an idea of the program and to register please click on this link: <http://www.chha.ca/conference/>.



# What If There Was a Way to Remove the Pressure and Uncertainty for First-Time Hearing Instrument Purchases?



Unitron’s Flex™ program is the industry’s first risk-free hearing instrument trial and upgrade solution aimed at reducing the barriers to hearing aid adoption. With Flex:trial™, hearing health care professionals can fit patients with a same day trial of technology they recommend, at no cost or obligation, allowing them to experience the benefits of hearing instruments in their daily lives.

One year after the Flex program’s introduction, Allied Hearing Health catches up with Rob Walesa, General Manager, Unitron Canada to talk about the market’s reaction to Flex, and the advantages it brings to clinicians and their patients.

**AHH:** Why is a program like Flex important in today’s hearing health care market?

**Rob Walesa:** Our customers are facing many changes in the market. Their neighbourhood is becoming increasingly crowded. They must respond to aggressive, price-oriented marketing campaigns. And, they are dealing with a more sophisticated and educated customer. Flex is a perfect opportunity for us to help our customer tackle these challenges by differentiating themselves; changing the discussion with their patient; and addressing new wearers in a very different way.

**AHH:** How is Flex allowing clinicians to change the conversation with their patients?

**RW:** If a person is on the fence about their hearing loss, and is skeptical about the need for amplification, it can be difficult for a clinician to move them past this barrier. Until they can experience the benefit of amplification directly, they cannot place a value on it. They put more emphasis on price and go into commodity mode. Flex allows a clinician to change that conversation by allowing that new patient to “test drive” amplification specifically suited to their needs, right at the first appointment. When a consumer experiences the benefit of amplification, it increases their understanding of the value.

**AHH:** What value does this altered conversation bring to the clinician?

**RW:** Flex allows clinicians to really practice their craft; helping people to make better decisions about their hearing health. Clinicians who have adopted Flex:trial™ tell us that they are having more productive discussions with their patient. The conversation is focused on understanding the

impact hearing loss is having on their life; rather than selling products. This also helps patients see the clinical benefit and perceive the hearing health care provider as a professional offering an important service.

**AHH:** Do you believe this concept can help to increase hearing aid adoption for new users?

**RW:** Yes, that is overall premise for Flex. It not only addresses the barrier to adoption; it is an important source of differentiation for clinics in a very crowded neighborhood where there is a lot of competitive pressure around them, and businesses are playing the price card. It is also very valuable for clinics with a high level of referral traffic, because it changes up the selling process for new wearers. A clinician can say, “If people come and present with loss, we’ll give them a test drive and an opportunity to experience amplification and the way it fits into their life – at no risk, and with no upfront financial commitment. “This elevates the credibility of that clinician, and reflects well on the person who has referred the client. That’s a huge differentiator.

**AHH:** Flex is also an upgradeable hearing aid. What has customer reaction been to this offering?

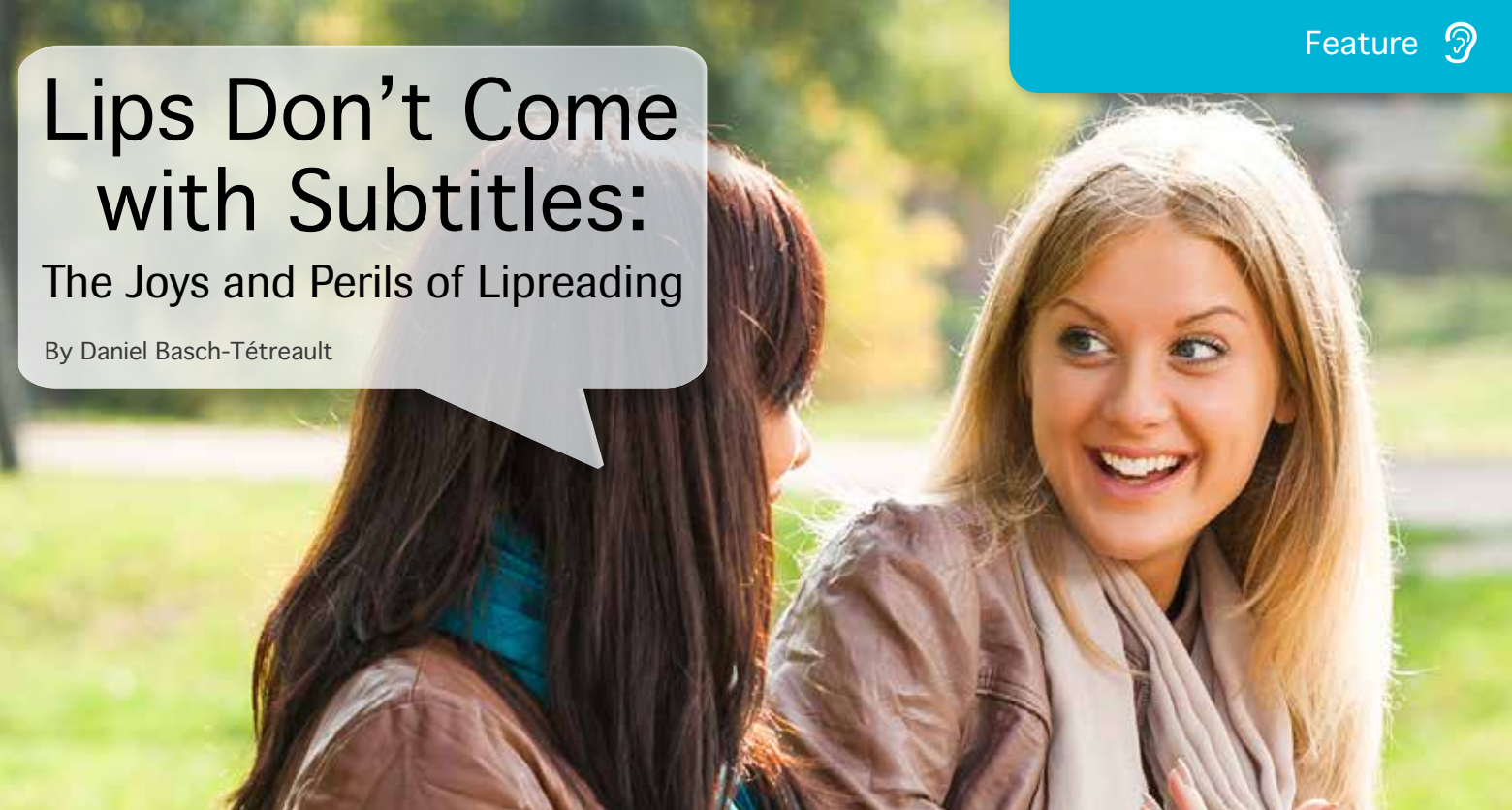
**RW:** Flex:upgrade™ allows the clinician to enhance the patient’s ownership experience, by allowing them to improve their performance without having to push reset on the hardware. Typically the upgrade program is discussed with a client after the purchase as part of the ongoing support they can expect. It allows a clinician to say, “I would like to see you for follow-up appointments to ensure the technology is addressing your needs, and if down the road, you, or I determine you need more, we can easily apply an upgrade.”



# Lips Don't Come with Subtitles:

## The Joys and Perils of Lipreading

By Daniel Basch-Tétreault



### About the Author



Daniel Basch-Tétreault was born profoundly deaf, but learned to lipread and speak. He graduated with a diploma in Information and Library Technology from John Abbott College. He was diagnosed with Asperger's syndrome (on the autism spectrum) in his late teens. His interests are comics and writing. In addition to his blog, Sunday Comics Debt (<http://sundaycomicsdebt.blogspot.ca/>), he is also a frequent contributor to the parody site Square Root of Garfield Minus Garfield (<http://www.mezzacotta.net/garfield/author.php?author=90>). He currently resides in Dorval, Quebec and is an enthusiastic volunteer at CHIP (Communicaid for Hearing Impaired Persons, <http://hearhear.org/>).

**G**rowing up with a profound hearing loss, I had to learn how to lipread pretty early in order to understand people. It's a common misconception among hearing people that children need to learn how to speak first, before learning how to read. This is completely backwards when it comes to newborn children who can't hear. I learned how to process language by learning how to read, then by converting those lines on paper into sound. I also learned by deciphering pictures and text from the many comics I grew up with, and by having my parents and teachers read to me.

Just as I find it perplexing that there are people out there who have trouble reading lips, I find it amazing that people are able to understand what's being said without help. Even so, it took me several years to be able to learn how to talk correctly. Until I was able to master the aspects of tempo, timing, and pacing, people had trouble understanding me. I've been told that I have something of a Deaf accent, which is imperceptible to my imperfect pitch. As for sign language, I tried learning it but never warmed up to the finger dexterity, though I still do retain the basic alphabet and numbers.

Living with Asperger's compounds my already disabled communication ability beyond the usual social gaffes. In addition to being intimidated about talking to someone new, I have a hard time remembering, let alone understanding, people – even those who've known me for years. If I haven't seen them on a regular basis (more than twice a week) I forget about them.

As a child, I had a next door neighbour who happened to be the school commissioner. On occasion, I sold him some fundraising chocolate bars. When he finally got the chance to talk to me at a meeting some time later, he reintroduced himself as someone on our block and tried to jog my memory. However, I had absolutely no idea of what he was saying, even though he repeated his sentence five or six times. It was only when my mother intervened and said, "You sold him chocolate" that I understood. Until that point, he hadn't quite realized the gravity of the uphill struggle I lived with on a day-to-day basis, just to have a simple conversation. To be fair, there were several factors against him – he was taller than me, he had an accent, and I'd never talked to

him before. From that point on, he was an invaluable help in getting me an interpreter through high school. Interpreting helped me navigate the chaos of high school, and I would have been lost without it, but that's a topic for another time.

Another thing that Asperger's and deafness have in common: Most autistics look away from the eyes as a way to avoid being overwhelmed by the visual stimuli those oval orbs provide. I managed to slip through the cracks of that social barrier by simply focusing on the lips instead. They're a more consistent source of information, and people can hardly tell the difference of where I'm looking at anyways. (Go ahead, try it out. See if anybody notices.) Even so, it takes me a while to get used to a new person's mode of speech, since every person is different, and they have their own mannerisms. One of the most annoying tricks is when someone smiles all the time as a way to hide their nervousness. That might work with reassuring total strangers, but it plays havoc for someone who relies on reading lips. If all you see are teeth, it's harder to tell what sound is being made.

Context is also important – my ability to read lips can't help me unless I get a sense of what's going on. It doesn't help that a lot of words look exactly the same. A "D" looks just like a "G," and even completely unrelated words can look exactly alike. For instance, you can only tell the difference between "dancer," "gangster," or "disaster" by context. So,

if there was a gang war in a ballet studio, you would have trouble telling the words apart, unless you could hear the person's voice.

What would really be helpful would be audio Google glasses that pick up what people are saying and display them on my screen as mini-subtitles so I don't have to struggle with what everybody's saying. Of course, given how YouTube subtitles have yet to grasp the concept of human speech, we've still got a long way to go before that project becomes a reality. I for one, cannot wait.

In the meantime, I'll have to rely on my innate lipreading ability to comprehend such situations, and try to figure out what all the fuss is about some dancers at the bar.

#### Some helpful tips when talking to me or a fellow lipreader:

1. Face me
2. Don't smile too much
3. Have a low noise level in the room.
4. Don't talk louder, but try to speak more clearly.
5. Use another word if one is difficult to understand.
6. Emphasize moving your lips.
7. Use gestures where appropriate.



# Audism

By Gary Malkowski, MA  
Special Advisor to President, Public Affairs  
The Canadian Hearing Society



## About the Author

Gary Malkowski, MA, was the world's first Deaf MPP, who served in the Ontario provincial legislature during the 1990s. He is currently the Special Advisor to the President - Public Affairs at the Canadian Hearing Society. He can be reached at: gmalkowski@chs.ca

One of my earliest memories was from my days in a pre-school program for deaf and hard of hearing children. My teacher, a woman who later went on to win a number of awards for excellence in teaching, was focused on oral instruction and sign language was banned in the classroom. On one occasion I asked to go to the bathroom and was denied permission because I wasn't able to ask clearly in spoken English. When I peed on the floor out of desperation, I was forced to clean up my urine, wash my clothes, and was sent to my dormitory without an evening meal. What is at the heart of a teacher's insistence that a child use a language that is neither natural nor accessible?

With my lack of speech intelligibility and residual hearing skills coupled with poor lip reading skills, I experienced low expectations and noticeably different treatment from teachers, counsellors, and even peers compared to deaf children who had mastered these skills. In my classrooms, I noticed that these classmates were given more attention, encouragements, supports, privileges, positive reinforcements and obtained more formal education while children like me did not. Discouraging me from using sign language in my early years, the lack of support and encouragement, and the deferential treatment of my more "accomplished" classmates are all examples of audism.

## Audism

Unlike racism, sexism, and ageism, "audism" is an unfamiliar concept to many. Tom Humphries, an associate professor at the University of California, San Diego, originated the term in 1975 while working on his dissertation on a bilingual approach to Deaf education.

Humphries defined audism as "the notion that one is superior

based on one's ability to hear or behave in the manner of one who hears." Although there is currently no unanimously accepted definition of audism, the Canadian Hearing Society (CHS) has adopted a definition in our official position paper on discrimination and audism using Humphries definition and expanding it to include two additional definitions: "A system of advantage based on hearing ability" and "A metaphysical orientation that links human identity with speech." Discrimination rooted in audism is systemic, subtly woven into every facet of our society – housing, education, employment, government services, and health care. The attitudinal barriers it engenders, the direct and indirect discrimination it fosters, and the impact on those who are Deaf or have a hearing loss can be devastating.

During my childhood, adolescence, and some of my adult years, I grew accustomed to the attitudes of those in authority who surrounded me. Among just some of the attitudes I encountered were:

- "Sign language is bad for deaf children to learn"
- "Sign language ruins a person's chances at careers, friends, family, and being a responsible citizen."
- "You can't play sports at regular house leagues because you are deaf."
- "You can't get a summer job because you are deaf."
- "You will not have a successful career because you are deaf and cannot speak."
- "You can't drive because you can't hear."
- "You can't be served in the restaurant because you are deaf."

*The spelling of Deaf with a capital "D" refers to someone who identifies with Deaf culture and who uses ASL as their primary mode of communication. It is not a definition based on audiometric hearing loss.*

Sadly, these types of attitudes persist today in one variation or another. It is still common practice, for example, for audiologists, speech-language pathologists, early intervention and early childhood education providers, educators of deaf children, boards and government ministries to discourage deaf children from learning and using their natural and accessible language – sign language. In fact, many parents of deaf children who are making decisions around their child’s education are still not given balanced information about the benefits of sign language.

This restriction of the use of sign language coupled with a fundamental belief that a deaf child should learn to use residual hearing or the hearing that is a result of a cochlear implant and learn to speak is the most blatant form of audism. Sadly, when spoken language, both expressive and receptive, is not accessible, precious time is wasted. The child is labelled a spoken language “failure” and the window of opportunity to acquire language quickly closes.

Unfortunately, these spoken language deficiencies can be identified as a learning disability. In some cases there is no cognitive disability; in others, learning disabilities are compounded by language deficiencies. In both instances, it is too late for the language deficit to be repaired and this can have enormous associated costs in terms of special education requirements, and long-term mental health issues, among others.

A great number of professionals – audiologists, interpreters, educators, speech-language pathologists, and medical practitioners – have enormous amounts of power and influence. How that influence is exercised over the lives of people who are Deaf, and Deaf children and their parents is important and the information they disseminate needs to comprise the facts fully and be in the best interests of the individual.

### The Saskatchewan Ruling

In a landmark Saskatchewan provincial court decision in August 2005, the presiding judge wrote in his ruling that “... physicians and medical personnel, audiologists, educators, children protection workers and others are undoubtedly caring and capable professionals... It was clear that, throughout, as they should, these people acted in strict accordance with the policies, directives and mandates of the governmental or other bodies for which they work. Unfortunately, the best efforts of these fine people have failed to avert a terrible disaster in the life of this little deaf boy.”

At issue in the court was the guiding philosophy of the

Saskatchewan Pediatrics Auditory Rehabilitation Centre (SPARC), the publicly funded pre-school program offered to deaf children in the province. SPARC adhered to a restrictive “auditory-verbal” approach to education for deaf children which focuses only on restoration and remediation of hearing and speech. The judge ruled that this approach fell-short in the case of one deaf boy and American Sign Language (ASL) must be offered to Deaf children as a communication option in the early years. It was a powerful message about the importance of sign language and a challenge to what was essentially an audist assumption: deaf children will only succeed the more they resemble someone who hears.

The results of denying children language in the years when language development is most critical is that deaf and hard of hearing children routinely fall behind educationally, socially, and psychologically. As adults, they often do not live up to their employment potential and become unnecessary burdens on the health and social welfare systems where they encounter serious attitudinal barriers.

### Legal Citations Supporting Sign Language Rights

- United Nations Convention on Rights of Persons with Disabilities, 2007
- Canadian Charter of Rights and Freedoms, 1982
- Supreme Court of Canada Eldridge Decision, 1997
- Federal Court of Canada’s Canadian Association of the Deaf Decision, 2006
- Ontario Human Rights Code, 1990
- Ontario Human Rights Commission’s Policy and Guidelines on Disability & the Duty to Accommodate, 2000 & Policy and Guidelines on Accessible Education, 2004
- Ontario’s Accessibility for Ontarians with Disabilities Act, 2005
- Education Act: ASL and LSQ Regulations, July 2007

Some of the solutions to these problems are neither complicated nor expensive. The solutions represent best practices and have demonstrated and positive outcomes. The solutions also represent the enactment of the Canadian Charter of Rights and Freedoms.

One of the sectors in which the effects of audism are most acutely felt is employment. The un- and underemployment of persons with disabilities is an undisputed truth with the unemployment rate for persons with disabilities estimated to be five times that of people without disabilities. The 2001 Statistics Canada Participation and Activity Limitation Survey (PALS) reported that almost 50% of people with disabilities

were unemployed and that percentage is now estimated to be over 55%. For women with disabilities the rate is almost 75%.

In Ontario alone, up to 85% of deaf, deafened, and hard of hearing Ontarians are un- or under-employed. Only 20.6% of Deaf Canadians are fully employed (compared with 61% of all Canadians) and 37.5% are unemployed (compared to 8% of all Canadians).

Statistics from the United States are instructive as well. When it was introduced into law, the Americans with Disabilities Act (ADA) was touted as a groundbreaking piece of legislation in the area of employment. The ADA seeks to create unbiased hiring practices by making the hiring process transparent to job seekers and requiring employers to clearly outline duties of the offered position. The ADA also clearly defines a qualified candidate with disabilities as one that meets all the skills and experience requirements of the position and is able to perform the essential duties of the position, even if the job seeker requires accommodation. The ADA goes further to include the final qualifier: "Requiring the ability to perform 'essential functions' assures that an individual with a disability will not be considered unqualified simply because of inability to perform marginal or incidental job functions."

Despite the restrictions and requirements of the act, 3.7% of all meritorious ADA employment cases heard by the Equal Employment Opportunity Commission (EEOC) between July 26, 1992 and September 30, 2005 were related to a "hearing impairment" making it one of the top 10 conditions cited.

In more extreme forms, "like racism or sexism, audism judges, labels, and limits individuals on the basis of whether a person hears and speaks." (Humphries and Alcorn 1995; 85). Discriminatory practices rooted in audism that create unfair limits and barriers to employment for people who are culturally Deaf or have a hearing loss are often presented as concerns for safety (It isn't a safe environment for someone with hearing loss), being unaware of accommodations (I can't promote you to supervisor because of your hearing loss; how will you communicate with your team?" or perceived undue financial hardship in providing accommodations. In reality, employees with a hearing loss have an above average safety record. Few jobs require "hearing" to function safely: driving is a visual skill; many noisy environments require hearing protection that limits all employees' hearing and emphasis is placed on being visually aware. In terms of accommodation, information about available technology including TTYs, telephone visual signalling or amplifiers, as well as other accessibility services including interpreting, captioning, and relay services, are readily available and the

employees themselves are the best resources as to what they will need in order to effectively and successfully meet the requirements of their position.

Audism is also exemplified in a situation where one deaf or hard of hearing individual is offered a position or promotion, over an otherwise more qualified deaf or hard of hearing individual, on the basis how "hearing-like" the individual looks, acts and/or functions. Selecting a hearing person over an otherwise more qualified deaf or hard of hearing person, or denying a deaf person their rights solely because of a hearing loss are more explicit and discernible examples of discrimination. However, audism, as in the first example, often appears in more subtle forms, though the results are equally devastating for the individual and society as a whole.

Audism can also find expression in surprising and unexpected ways. Incidences of discriminatory, audist, and paternalistic missteps are not uncommon, for instances, in communications facilitated by a sign language interpreter. Interpreters are the human engines in the language and communication process and bridge the language gap between Deaf people who use American Sign Language (ASL), and people who use spoken English. Professional ASL/English interpreters are knowledgeable in the language and culture of both Deaf and hearing people and are bound by their professional Code of Ethics and Guidelines for Professional Conduct as set out by the Association of Visual Language Interpreters of Canada (AVLIC). Despite these guidelines most interpreters have played a part in, or have witnessed audist incidents before, during, or after interpreting.

Some interpreters privy to audists' behaviours do not convey the information or interpret it appropriately or accurately and the Deaf consumers are left unaware of the audism that was present in the discourse. Only a very small number of interpreters interpret clearly and accurately in these often times difficult and uncomfortable situations.

Dr. Genie Gertz's article, "Dysconscious Audism: A Theoretical Proposition" published in *Open Your Eyes: Deaf Studies Talking* (Dirksen and Bauman, 2008) described the marked difference between "unconscious" and "dysconscious" with regard to audism. "Unconscious" implies that the person is completely unaware of his or her audist beliefs and actions; whereas dysconscious implies that the person does have an inkling of his or her consciousness but does not yet realize it is impaired.

Working together we can continue to develop public education to challenge the unconscious and the dysconscious. Audism and ableism both, although new

terminology, are old attitudes and ones that can begin to be pulled from the fabric of our society – pulled in the same way as we have racism and sexism. It was not long ago when it was hard to imagine a time when women like Kim Campbell, Marilyn Churley, and Francis Lankin would be crashing through the glass ceiling of the male-dominated Canadian political machine. Here is our opportunity, working together as professionals, human rights organizations, ombudsman organizations, and in partnership with groups like CHS, the Canadian Association of the Deaf, and the Canadian Cultural Society of the Deaf, to better understand, identify, and, ultimately, eradicate incidences of ableism and audism.

I am a true believer when it comes to the vision articulated

by CHS and unveiled last year. The vision reads:

A society where all people are respected; have full access to communication; and are able to participate without social, economic, or emotional barriers.

I along with hundreds of dedicated partners both in Canada and abroad are working to realize that society. I am confident that as public awareness broadens, as education increases, and as understanding deepens, we will achieve that vision.

You have the opportunity to join us.



# Sonic Alert Universal Sound Signaler

## Connects with Mobile Devices and Other Audio Signals



The USS360 universal sound signaler from Sonic Alert connects mobile phones and all other audible signals to lamp flash and other Sonic Alert receivers.

The USS360 from Sonic Alert is a full functioning desktop sound signaler to connect your important household sounds to numerous signaling devices so you'll be connected throughout your home. With a lighted ON/OFF switch and *pluglet* for a nearby lamp, the USS360 provides lamp flash patterns that are user specified.

Further, this universal unit ensures a wireless connection with multiple Sonic Alert receivers that you may have (SA101, BL300, SA201, and SB1000 alarm clock) to alert you to any important sound – telephone, kitchen timer, baby monitor,

doorbell and now even your mobile device (sound, although some strong vibration can be detected). Retail price is \$54.95 and it comes with a standard five-year warranty.

For more information, contact Sonic Alert 1050 East Maple, Troy, MI 48083. Phone 248-577-5400, Fax 248-577-5433, or visit [www.sonicalert.com](http://www.sonicalert.com). Sonic Alert provides products to improve the lives of the hard-to-wake, elderly and the hard of hearing. They are committed to continually producing new and innovative products that fill their customers' needs.



### We Want to Hear from You!

Does your company have an exciting new hearing health care product? Are you a savvy consumer who's discovered a really great assistive device, product, or service? If so, we'd love for you to tell us all about it. Please send contact *Allied Hearing Health* editor Scott Bryant at [scottbryant@andrewjohnpublishing.com](mailto:scottbryant@andrewjohnpublishing.com) and help us get the word out about What's New!



Worst...  
Sound...  
Ever!



What is the worst sound you have ever heard? You know, the one that sets your teeth on edge. Most people have at least one that does the trick. What does it do for you? And, when it happens do you shudder, run away in terror, or curl up in the fetal position until it stops? For many, it could be the historically cringe-inducing fingernails on a chalkboard and for others perhaps some of the current autotuned atrocities that attempt to pass as music these days.

Since 2007, Trevor Cox, a professor of acoustic engineering at Salford University in England, has sought people opinions on 34 sounds to help try to determine what makes certain sounds so objectionable.

Visitors to the BadVibes website ([www.sound101.org](http://www.sound101.org)) – a research project from the University of Salford – listened to sounds such as a dentist’s drill, fingernails scraping down a blackboard and aircraft flying past, before rating them in terms of their unpleasantness.

Although fingernails scraping down a blackboard is said to be the worst sound by many people, the actual recording of this sound only came 16th out of 34 sounds auditioned. Microphone feedback came a close second in the “horribleness ranking,” with many babies crying coming joint third with a horrible scrapping sound.

Over 1.1 million votes were statistically analysed by Professor Cox, who conducted the experiment in order to explore the public’s perceptions of unpleasant sounds and help inform the acoustics industry.

He said: “I am driven by a scientific curiosity about why people shudder at certain sounds and not others. We are pre-programmed to be repulsed by horrible things such as

vomiting, as it is fundamental to staying alive to avoid nasty stuff but, interestingly, the voting patterns from the sound did not match expectation for a pure ‘disgust’ reaction.

“Similarly, the sound of fingernails down a blackboard has been compared to the warning cries of monkeys – again, something that humans might instinctively respond to because of our ancestry. So we examined whether the voting patterns for the scraping sounds were consistent with an evolved response. But only for the worst scraping sound were the results consistent with the hypothesis of an evolved response.”

One of Trevor’s discoveries was that females rated 25 out of the 34 sounds more horrible than males. However, baby cries were one of the few sounds males found worse than females. He said: “This may be because women play a role in protecting both themselves and their offspring from attack. It could be that females have become habituated to the sound of babies crying.”

Cox, who is now planning a similar experiment to rate the most pleasant sound in the world, is hoping to use the results of the BadVibes project to help inform industry about how to engineer sounds which are more pleasant.

He said: “This research has been fascinating in gaining an insight into why people are repulsed by certain sounds – and how this differs by gender, age and nationality. This is so important because noise significantly affects our quality of life.”

And, in case you were wondering, vomiting was officially voted as the most horrible sound ever.



# Boost the performance of your hearing aids



Keeping in touch

It's happened countless times – you're at home, trying to enjoy a phone conversation with a friend. But the TV is on in the background, the kids are playing or listening to music. There's just too much noise and you are overwhelmed. Eventually, you may find yourself avoiding using the phone, even losing touch with the people you care about.

The Phonak DECT cordless phone can make a world of difference. While it looks like a standard phone, it's actually much more powerful, transmitting sound wirelessly to both ears simultaneously, reducing noise and maximizing understanding. There's even a 'booster mode' for times when you're not wearing your hearing aids. And because it's a regular phone too, the whole family can use it.

The Phonak DECT is ideal for:

- Phone calls at home
- Phone calls in small offices

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