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Wake Chapter

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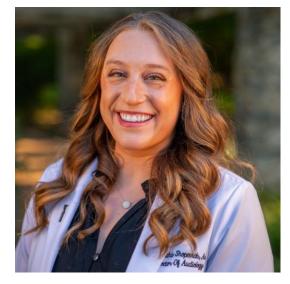
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## **Our Next Meeting: Learn What's New in Hearing Aids**

Curious about how your hearing aids compare to the latest technology? Or maybe you just love staying ahead with the newest innovations.

Join the Hearing Loss Association of America (HLAA) Wake Chapter on Thursday, November 20, at Kirk of Kildaire Presbyterian Church in Cary or via Zoom to learn what's new and soon-to-arrive in hearing aid technologies.

Our presenter will be Samantha Shopovick, Au.D., the president of Now Hear This®, a Raleigh audiology clinic and a sponsor of the North Carolina Walk4Hearing. Voted "Raleigh's Best" for five years in a row, Now Hear This® is dedicated to exceptional patient care. By using advanced programming methods like real ear measurements, this team helps people hear at their very best.



This event will run from 7 to 8:30 p.m. in the Kirk of Kildaire Fellowship Hall. The church address is 200 High Meadow Drive in Cary. The Zoom link will be distributed to the Wake Chapter newsletter email list a few days prior to the meeting. To be added to the list, contact Steve Barber (steve.barber@earthlink.net). For in-person participants, beverages and snacks will be available during and after the presentation. The hall is equipped with a hearing loop, which will provide telecoil-equipped hearing aid or cochlear implant users with an enhanced listening experience. Captions will be provided for both the in-person and Zoom audiences.

## Join Our Team for the October 12 NC Walk4Hearing

The Hearing Loss Association of America (HLAA) North Carolina Walk4Hearing raises funds for education, advocacy and support for people with hearing loss. It's a powerful community effort that breaks down barriers to hearing health and helps empower individuals with hearing loss. The walk also provides a great opportunity to get out and meet others with hearing loss.

This year's walk is Sunday, October 12, at WakeMed Soccer Park in Cary. More details are provided below.

If you haven't yet joined or supported the Wake HLAA Chapter walk team, do it now.

Funds raised by the team are shared between our chapter and the HLAA national organization. The walk is the chapter's primary fundraising effort and supports our continued operation, outreach activities and scholarships for worthy local high school graduates with hearing loss.

Every step we take together celebrates our community's strength, empowers people to embrace their hearing loss and inspires others to join our cause.



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## **Healthcare Communication Challenges Highlighted**



During the September 25 Wake Chapter meeting, chapter member Wendy Dembeck provided a powerful account of the communication challenges she faced during five weeks of intense medical treatment earlier this year.

Wendy, who uses bilateral cochlear implants, was taken semiconscious via ambulance to a hospital. She had no time to prepare for her experience.

The hybrid meeting was held at Kirk of Kildaire Presbyterian Church in Cary and Wendy numbered among those participating by Zoom (photo at left).

"That's a big issue," she says. If she had lost her implants or they had stopped functioning and her medical providers tried to speak to her, "they might have thought that I was unresponsive, which might have set them on a misguided course of action."

That proved to be the first of numerous situations where Wendy's health was – or could have been – jeopardized by communication challenges related to her hearing loss.

Wendy says her whole medical episode was "pretty grueling, but it was also a learning experience." Here are some of the most important lessons she learned:



- If you expect a hospital stay, bring not only your devices but your assistive listening devices, chargers, dryers, spare parts and a power hub you may have limited power outlets in a healthcare facility. Bring contact information for the manufacturer of your devices.
- In the case of an emergency admission, make sure you have a contact who understands your hearing issue and where to locate key equipment. Consider creating and sharing an emergency list if your contact doesn't live with you.
- Explain your needs and communication strategies that work best for you to all caregivers. Repeat as necessary.
- Understand there will be challenges like noise, new words and procedures to comprehend, a constantly changing cast of caregivers on every level of expertise, understanding and compassion.
- Don't be afraid to ask questions and get all the explanations you need from doctors and other providers and pass that information on to people important to you.
- "Most importantly, remember you are a patient," says Wendy. "You are not a burden. You must be a self-advocate."

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### **Vital Healthcare Communication Resources**

In addition to Wendy Dembeck's personal account of healthcare communication challenges (See Page 3), vital healthcare communication resources available from both the state of North Carolina and the Hearing Loss Association of America were shared at the September 25 Wake Chapter meeting.

Abigail Copen (photo at right) and Danielle Sagona from the North Carolina Division of Services for the Deaf and Hard of Hearing (DSDHH) outlined available resources for the effective use of telehealth and explained how the Medicaid Communication Access Service benefits both patients and healthcare providers. Their combined slide deck is available HERE.

Steve Latus from the Wake Chapter discussed the extensive section on the HLAA website devoted to Communication Access in Health Care. He offered handouts on HLAA's Communication Access Plan and a document titled "How to Advocate for Yourself in Hospital Settings." To request a copy of either document, send an email to slatus@comcast.net.



# **Hearing Loss at Work Seminar Webinar Series 2025 10**

In honor of National Disability Employment Awareness Month, get the latest accessible technology advice for your workplace. An expert panel will share practical, real-world strategies, tips and tools to help people with hearing loss succeed at work. Presented by the HLAA Task Force for Accessible, Inclusive Employment.



## **Wake Chapter Sponsoring BEGINNINGS Benefit**

Scan the QR code below or visit www.ncbegin.org to purchase tickets for the Sixth Annual Oyster Roast & Barbecue benefitting BEGINNINGS For Parents of Children Who Are Deaf or Hard of Hearing. The HLAA Wake Chapter is a sponsor of this event, which will take place Friday, November 7, from 6 p.m. to 9 p.m. at the Maywood Hall & Garden in Raleigh.



# **Wake Chapter Makes Presence Heard in Apex**

HLAA Wake Chapter provided information and support to many people with hearing loss at the Apex 55+ Health & Wellness Fair on September 13 at the Apex Senior Center. Our volunteers at the event were Susan Goldner, Steve Latus and Joyce Adler (left-to-right in the photo below).







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## **Wake Chapter Participates in Morrisville Fair**

The HLAA Wake Chapter participated in the Morrisville Senior Center Resources Fair on September 18. Representing the chapter at the fair was Wendy Cheng, the newest member of the chapter's board and our Member Outreach Coordinator. She will play a vital role in welcoming new participants at chapter events.



## **Donated Neckloops Now in Service at Raleigh Arts Hub**

Patrons of the A.J. Fletcher Opera Theater, Meymandi Concert Hall and Raleigh Memorial Auditorium – the Raleigh arts venues collectively referred to as the <u>Martin Marietta Center for the Performing Arts</u> – have access to an additional assistive listening option.

The Center, which serves as a major hub for arts and entertainment in the Raleigh area, now provides patrons with an option of using earphones or a neckloop with its assistive listening system. The Hearing Loss Association of America (HLAA) Wake Chapter donated five neckloops to the Center this summer and they were placed in service in August.



Patrons may request an assistive listening system with a neckloop from an usher or box office staff member. A driver's license is required to receive a device, and there is no charge. A neckloop can help people with telecoil-enabled hearing aids or cochlear implants improve their ability to hear and understand speech and music. A neckloop is more comfortable than earphones for many users of hearing devices and it will not generate distracting feedback.

Please note that a neckloop does not work unless your hearing devices have a telecoil that is activated. If your devices utilize a smartphone app, check your program or audio source list to see if it includes a telecoil (or "T-coil") option. If not, check with your device provider to see if such an option is available for activation.

The Center has updated its <u>website accessibility page</u> to include neckloop information. That information provides a credit to the Wake Chapter for its donation.

# **Hearing Loss, Hearing Aids, Balance and Falls**

Some of you may know that when you hit age 70, your doctor's appointments start with questions about whether age is limiting you physically or mentally. Some of the questions are easy, like what time does the picture of a clock face show? But one of the questions is related to your balance. "Have you fallen recently?" That's an important a warning about possible decline in your vestibular function that can cause dangerous falls or even death.

But it's not just age that can cause balance issues. Hearing loss can also cause balance issues regardless of your age. So, you might want to read this <u>article</u> that delves into hearing loss related balance issues and suggests that hearing aids may cut the risk.

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### **Tech Focus: Why Not Real Ear Measurement?**

Real Ear Measurement (REM) provides a way to verify that the amplification from your hearing aid is still correct in your ear canal. It's considered important by many providers, but not all use REM. Here's why some providers skip REM and just set hearing aids' programs based on your audiogram. REM may not find differences, but when it does, it may be well worth the effort. The <u>August 2025 Wake Newsletter Tech Focus article</u> and Dr. Cliff's YouTube Videos (Google: youtube Dr Cliff REM) provide more information.

#### Time pressure in clinics

- REM adds 10–20 minutes to a fitting, and in high-volume practices or retail-style chains, that time might be seen as a cost.
- Some clinics are run on short appointment slots (e.g., 30 minutes for a fit-and-go), so REM is often dropped to squeeze in more patients per day.

#### **Equipment cost**

- A good REM system (probe mic, software, calibration tools) can cost \$5,000-\$10,000.
- Smaller practices—or those owned by hearing aid manufacturers—sometimes skip the expense and rely on "first fit" software instead.

#### "Good enough" mentality

- Some audiologists believe that modern hearing aid fitting software is accurate enough without verification, especially for "average" ear canal shapes.
- This ignores the fact that real-world ear acoustics can differ drastically from software assumptions.

#### Lack of training or habit

- Audiology programs teach REM, but not all clinicians keep up with it in practice.
- In retail chains with high staff turnover, training might focus more on sales and basic fitting than gold-standard verification.

#### Patient perception

- Some providers worry that explaining the REM process will confuse patients or make the fitting seem overly technical.
- Others think the extra procedure may be perceived as upselling or overcomplicating a "simple" hearing aid fit.

#### Manufacturer influence

- Some large retail networks are owned by hearing aid manufacturers who design their own "auto-fit" algorithms.
- These algorithms are marketed as "precise" so they can avoid extra verification steps, even though independent studies show REM is usually more accurate.

**To Summarize:** Skipping REM saves time and money for the clinic, but it may mean the patient gets a suboptimal fit—usually *under-amplified* for soft and high-frequency sounds, which hurts speech clarity in real life. That's why independent audiologists who follow best practices tend to use it every time.

Note: This Tech Focus was adapted from ChatGPT, with only minor edits and formatting changes.

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