



Wake Chapter Newsletter Apr 2025

Websites:

[Wake Chapter](#)

[Recent Wake Chapter Newsletters](#)

[HLAA-NC](#) [HLAA National](#)

[Join our Wake Chapter Facebook Group](#)

In This Newsletter

[Next Wake Chapter Program Meeting](#)

[Advancing Understanding of Hearing Loss Stigma](#)

[Members Share Tips for Dealing with Hearing Loss](#)

[HLAA 2025 Convention](#)

[Enchanted Event for Deaf and Hard of Hearing People](#)

[Tony Davis Introduced as the New Director of DSDHH](#)

[Passing of Dr. Frank Turk and His Wife](#)

[Insights Sought About Cochlear Implants](#)

[Deaf, Hard of Hearing Women Sought for Study](#)

[Tech Focus: Reverse Slope Hearing Loss](#)

[Help Advance Research on Music Enjoyment and Hearing Loss](#)

[Wake Chapter Contacts](#)

Next Wake Chapter Program Meeting

Artificial intelligence (AI) is defined as the theory and development of computer systems able to perform tasks that normally require human intelligence, such as visual perception, speech recognition, decision-making and translation between languages.

We see and read a lot these days about how hearing aids and cochlear implants are beginning to utilize AI, but we're also seeing AI applications popping up online as tools helping users gather and present information on, well, just about anything.



At the next HLAA Wake Chapter meeting on Thursday, April 24, we will put AI to the test as a resource for hearing loss information and discuss the features that may be coming in hearing aids and CIs.

We will pose hearing loss-related questions to AI applications such as ChatGPT and DeepSeek live and discuss the responses we receive. And we will ask you for questions to ask the AI apps. It should be an interesting experiment, and we expect to experience both the promise – and perils – of AI.

The meeting will take place at Kirk of Kildaire Presbyterian Church in Cary and begin at 7 p.m. It also will be available remotely via Zoom. The Zoom link will be distributed in an email a few days prior to the meeting. For participants in the church's Fellowship Hall, 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.

[GO TO Page 1](#)

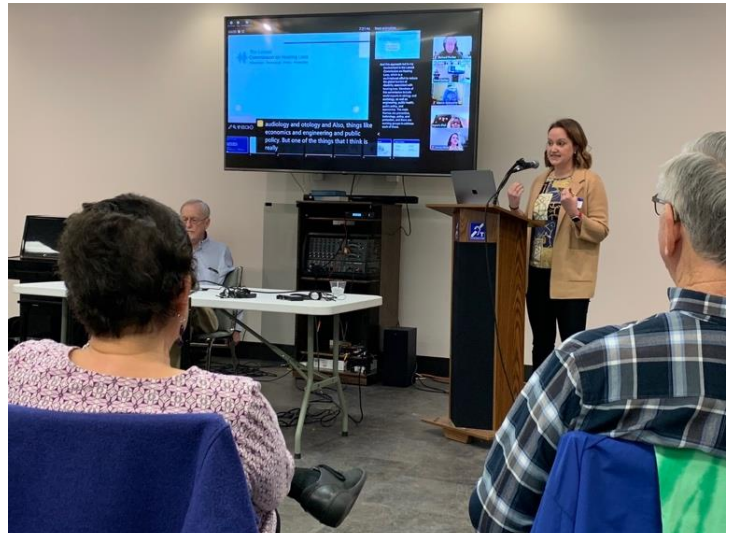
Advancing Understanding of Hearing Loss Stigma

Jessica West, Ph.D., M.P.H., has a “big, big goal.”

She is conducting research that – hopefully – will advance understanding of hearing loss stigma and identify strategies to reduce and prevent it.

A medical sociologist who is currently a faculty member in the Duke University School of Medicine in the Department of Head and Neck Surgery and Communication Sciences, Jessie presented and answered questions at the February 27 meeting of the Hearing Loss Association of America Wake Chapter. The title of her presentation was “Stigma and Hearing Loss: What Can We Do About It?” The meeting took place at Kirk of Kildaire Presbyterian Church in Cary and was attended in-person and via Zoom.

Jessie defines hearing loss stigma as “the negative or unfair beliefs about hearing loss (or hearing devices) that make people view it as abnormal and undesirable.”



Duke medical sociologist Jessica West presents at the February 27 Wake Chapter meeting.

Countless people who could benefit from hearing screenings or hearing aids do not take advantage of them, and stigma is often cited as a reason why.

In her presentation, Jessie examined four types of stigma: anticipated, perceived, internalized and experienced. “Each type,” she said, “creates a different pathway of problems for people, and each is then going to require a different kind of intervention in order to help the person with hearing loss.”

Jessie, who herself has a congenital, bilateral, moderately severe, sensorineural hearing loss, has helped develop a series of surveys to measure the different types of hearing loss stigma, and she is seeking grants to distribute surveys and evaluate the results. As she moves forward with her research she hopes to include others with hearing loss in the research process, perhaps even members of the HLAA Wake Chapter!

Here’s a link to [Jessica West’s slides](#) in case you missed the meeting.

[GO TO Page 1](#)

Members Share Tips for Dealing with Hearing Loss

As part of the Hearing Loss Association of America Wake Chapter lunch social on February 1, participants spent time in small groups sharing tips for dealing with hearing loss. At the end of the small group discussions, one member of each group shared tips with all attendees. Below is a selection of the tips from HLAA Wake Chapter members to fellow members.

- When speaking with each other, one couple uses a keyword reminder – “eyeballs” – to encourage face-to-face conversation. Why? “If I can’t see your face, there’s a good chance I can’t understand what you’re saying.”
- For your personal safety, purchase a smoke detector that incorporates a bed shaker.
- Vanity is a self-inflicted disability. Don’t be ashamed to use your hearing aids and assistive listening devices.
- Keep a notepad and pen handy in your bedroom for those occasions when you’ve removed your hearing device(s) and your partner has one last message to share before you turn out the lights.
- Avoid hearing-hostile environments. Considering a dinner with friends? Rather than going to a restaurant, consider inviting friends to your home.
- Anticipate challenges you might face before entering a space that’s likely to be noisy. Is there an assistive listening technology I should be prepared to use?
- When deciding where to sit in a meeting or at a restaurant, consider where the loudest source of background noise likely will be and position yourself with the noise source behind you. Your hearing devices likely have an automatic or special program that focuses on sounds in front of you.
- In a hard-to-hear environment, put your smartphone to use. Consider texting as an alternative to speaking or use a transcription application like Live Transcribe.
- At the start of a group conversation, ask participants to get your attention before trying to ask you a question and – please, please – provide a clue when changing subjects.
- If you’re not sure that you’ve heard something correctly, verify. Repeat back what you think you heard to make sure you have things right.
- Overwhelmed when shopping? Walmart stores offer [sensory-friendly hours](#) daily from 8 a.m. to 10 a.m. During those hours, TV walls display a static image, the storewide radio is turned off and lighting is lowered where possible.

Interested in more? Check out the [Communication Tips](#) page on the HLAA website.

[GO TO Page 1](#)

[HLAA 2025 Convention](#)

Register now for the [HLAA 2025 Convention](#), which will take place June 11-14 in Indianapolis.

Connect with hundreds of people in our nationwide community of support, including hearing health experts, industry leaders, researchers and individuals with hearing loss from across the U.S. Discover the latest technology, explore new strategies to help you thrive with hearing loss and learn from dozens of workshops on emotional health, parenting with hearing loss, library accessibility, advocacy updates and other topics.



The JW Marriott is offering a special rate of \$199 single or double occupancy plus tax. A special booking link will be provided upon convention registration.

[Enchanted Event for Deaf and Hard of Hearing People](#)

For the benefit of the Deaf and hard of hearing community, the North Carolina Master Chorale's April 5 program, titled "Tales of Enchantment," will be signed and audio will be available via assisted listening devices.

The performance at Meymandi Concert Hall in Raleigh begins at 7:30 p.m. More program and ticket information is [available online](#).

Meymandi has 20 assisted listening devices consisting of an FM receiver and wired over-the-ear headphones that a patron can pick up on a first-come, first-served basis at the lobby box office. Patrons with hearing aids or cochlear implants equipped with a T-coil setting can plug a personal neck loop into the receiver (rather than the headphones) and stream the audio directly to their devices.

Meymandi Concert Hall is part of the Martin Marietta Center for the Performing Arts in downtown Raleigh.

[Tony Davis Introduced as the New Director of DSDHH](#)

Congratulations to Tony Davis, who has just been introduced as the new director of the NC Division of Services for the Deaf and Hard of Hearing (DSDHH). Tony succeeds Jan Withers, who retired earlier this year after 19 years in the role.

Tony, who has worked at DSDHH for six years, plans to host town hall meetings around the state to gain an understanding of the barriers currently faced by North Carolinians who are Deaf, Hard of Hearing or DeafBlind.

In earlier roles, Tony was closely involved with hearing loss interests and frequently attended HLAA-Wake chapter meetings.



[GO TO Page 1](#)

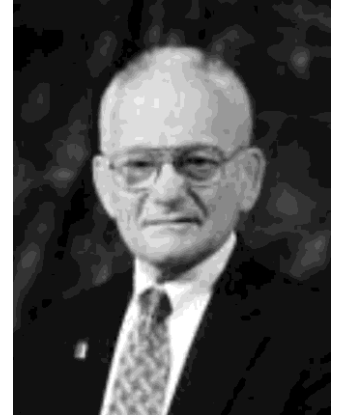
Passing of Dr. Frank Turk and His Wife

Dr. Frank Turk, his wife and dog tragically passed away recently from carbon monoxide poisoning from a car left running.

Dr. Turk was the Director of the NC Division of Services for the Deaf and the Hard of Hearing (NC-DSDHH) in the 1990s, when HLAA-NC was attempting to become recognized as representing people with hearing loss in North Carolina. Dr. Turk encouraged us and helped HLAA-NC become recognized as representing people with hearing loss on North Carolina.

During his leadership of NC-DSDHH, Dr. Turk encouraged a new era of cooperation between Deaf and hard of hearing interests, provided extensive help with two successful state-wide conferences that HLAA-NC conducted, and expanded hearing loss representation on the NC Council for the Deaf and the Hard of Hearing.

North Carolina is a better place for people who Deaf or Hard of Hearing because of Dr. Turk's inspirational leadership



Insights Sought About Cochlear Implants

Pillar Patient Advocates is seeking adults or caregivers of children younger than 18 to join a paid virtual discussion about their experiences and opinions on cochlear implants and other gene-based hearing loss treatment options.

If you or your child has severe or profound hearing loss and you would like to offer insights, email EPilkington@PillarAdvocates.com and provide your phone number. Candidates will undergo an initial screening call. People selected to participate in the actual virtual discussion are paid \$125 in appreciation of completing the 60-minute interview.

Pillar Patient Advocates is a private patient advocacy firm dedicated to helping patients navigate the complex healthcare system. Research teams sometimes ask Pillar for assistance in finding appropriate participants in health-related research discussions.

Deaf, Hard of Hearing Women Sought for Study

The University of Notre Dame is conducting a research study to better understand the healthcare experiences of Deaf and Hard of Hearing women.

Who Can Participate?

- Deaf or Hard of Hearing women (18+) who have received healthcare services.

Why Participate?

- Your insights will contribute to research aimed at improving healthcare experiences for Deaf and Hard-of-Hearing women.
- The survey is completely anonymous and will take about 10 minutes to complete.

Survey Link: https://nd.qualtrics.com/jfe/form/SV_cx9mrYgsVL4Kq3A

For questions or more information, contact Lena Dougherty at ldoughe2@nd.edu.

Tech Focus: Reverse Slope Hearing Loss

Reverse Slope Hearing Loss (RSHL) is a relatively rare loss where your audiogram slopes up from left to right, meaning you don't hear low frequencies well but hear high frequencies better. RSHL is difficult to fit, so finding an audiologist experienced in fitting hearing aids for this condition is crucial.

Fitting hearing aids for reverse slope hearing loss (RSHL), which primarily affects low frequencies while preserving high-frequency hearing, comes with unique challenges compared to more common high-frequency hearing loss. Some of the biggest difficulties include:

1. Amplification Without Distortion

- Traditional hearing aids are designed to amplify high frequencies rather than low frequencies.
- Providing enough low-frequency amplification while avoiding booming effects can be difficult.

2. Occlusion Effect (Feeling of Stuffiness or Own-Voice Issues)

- Since individuals with RSHL often have good high-frequency hearing, closed or occluding earmolds can make sounds feel boomy or unnatural.
- A more open-fit might be preferable, but it can limit how much low-frequency amplification is possible.

3. Speech Clarity & Background Noise

- Many speech cues, especially for consonants, are in the high frequencies, which people with RSHL often hear well.
- Amplifying too much low-frequency noise (like background hums or distant conversations) can actually reduce speech clarity instead of improving it.

4. Hearing Aid Selection & Programming

- Standard hearing aid algorithms are not always optimized for RSHL, as they often assume a high-frequency loss.
- Audiologists must manually adjust gain settings to avoid unnecessary high-frequency amplification while focusing on enhancing low-frequency sounds without distortion.
- Compression settings need careful tuning to avoid making speech sound unnatural or overwhelming.

5. Limited Hearing Aid Options

- Not all hearing aids support custom low-frequency amplification settings, making it harder to find the right device.
- Some bone conduction devices or low-frequency cochlear implants might be considered in severe cases.

6. Patient Adaptation & Training

- People with RSHL often rely on visual and contextual cues rather than low-frequency hearing.
- Even with properly fitted hearing aids, adjusting to amplified low-frequency sounds (like deeper voices, environmental noises, or background hum) can take time and training.

Key Considerations for a Better Fit:

- Use open domes or vented earmolds to reduce occlusion.
- Manually adjust low-frequency amplification to balance clarity and comfort.
- Use directional microphones and noise reduction features to manage background noise.
- Fine-tune compression ratios to avoid distorting speech.
- Allow an adaptation period and provide counseling to help the wearer adjust.

Note: Tech Focus is normally written by a real person, but this article was copied from the answer that an AI program (ChatGPT) provided to a human question. AI is so powerful that you won't want to miss the HLAA Wake April program!

[GO TO Page 1](#)

Help Advance Research on Music Enjoyment and Hearing Loss

Are you or someone you know interested in how hearing loss affects the enjoyment of music? A research team at Johns Hopkins University is conducting a study to explore this important topic. Led by Dr. Alexander Chern, the study aims to identify the factors that contribute to music enjoyment for people with hearing loss, with the ultimate goal of improving how music is heard for these individuals.

How You Can Participate:

- **Survey:** A short, 10-15-minute online survey about your hearing and music background.
- **Interview:** Some participants will be invited to take part in a 40-minute interview to discuss in more detail what music enjoyment means to them.

Your participation can help improve music listening for those with hearing loss and contribute to advancing hearing aid and cochlear implant technology.

Interested?

To learn more about the study, please fill out our pre-intake form. We will reach out with further instructions including a customized link to our intake survey.

Click the link or scan the QR code with your phone camera to access the pre-intake form

<https://mrprbcw.hosts.jhmi.edu/redcap/surveys/?s=KXPTTJK8H7FPRNX>

Questions? Email muse-hl@lists.jh.edu

Study Number: IRB004112006/Principal Investigator: Francis X. Creighton



Wake Chapter Contacts

Steve Latus (President)

slatus@comcast.net

Steve Barber (Media)

steve.barber@earthlink.net

Member Outreach

Open; seeking volunteer for this vital role

If interested, please email [Steve Latus](#)

Susan Goldner (Treasurer)

goldaub1@aol.com

630 Upchurch St, Apt H

Apex NC 27502

[GO TO Page 1](#)