

## Working With Hearing Loss In An Aging Population Transcript

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### **Kristie Welch**

Welcome to the Alabama Public Health Training Network. Today's program is Working With Hearing Loss In An Aging Population.

Hearing loss is one of the biggest impairments that people face later on in life and it often goes undetected and untreated. It can often lead to other mental disorders. If you're one of those people caring for an aging population, how do you know if they have a problem with hearing, and furthermore, how do you know if they're getting the proper message about their care?

We're going to help you by talking about hearing loss, how it impacts someone's life and their communication. Also, to better understand how to spot hearing loss and where to go to get help.

Before that, we do have some reminders for you today. You will see our toll-free number and email address on our screen. If you have questions, we will be happy to answer them for you.

Also, the handouts, sign-in sheet and evaluation as well as the additional resources are available online on our website. You will need to register for this program in order to access those materials.

Now let's meet today's presenter. Steve Hamerdinger is with the Alabama Department of Mental Health and Mental Retardation. We also have Charlene Crump, the interpreter today and she is hanging out behind me in the shadows. She will not be on camera.

Also for the viewers, captioning services are available for this program as well. Steve, welcome.

### **Steve Hamerdinger**

Thank you very much.

### **Kristie Welch**

We are glad that you can be here today. Before we get into your presentation, let our audience know a little bit about you.

### **Steve Hamerdinger**

[UNINTELLIGIBLE] Before that I was with the Office of [UNINTELLIGIBLE] I am profoundly deaf myself, but I have lived and worked with people who are deaf.

### **Kristie Welch**

I notice you have quite the accent today.

### **Steve Hamerdinger**

Well, you know how it is. Sometimes it can be helpful.

### **Kristie Welch**

How so?

### **Steve Hamerdinger**

I remember one time I was teaching American Sign Language and deaf culture at a community college. I was wrapping up class one day and I stopped over to get a sandwich, and someone asked me if I was British. Sometimes the accent can be helpful. Sometimes it can be a barrier to communication. People do understand and assume that I can understand them.

### **Kristie Welch**

Right, why is it important that people with hearing problems, or who are deaf, I guess, have a means to understand people? Why is it important that we talk about this, so that those folks who are unable to hear understand just as well as anyone who does not have a hearing problem?

## **Steve Hamerdinger**

It is important to remember that a person with a hearing problem is not dumb. They may have a strong ability to express themselves.

**Kristie Welch** I know you have a lot to talk about, so why don't we go ahead and get started on the first topic here.

[Closed Captioned Segment: 5 minutes]

**Kristie Welch** How do you deal with a person like that, who is trying to get you to move in the line at the grocery store and you are not moving because you simply cannot hear them? What is the proper way to deal with someone like that and to let them know, yes, I do have a hearing problem?

## **Steve Hamerdinger**

Like I said, get their attention somehow, tap them on the shoulder, something like that. The problem is that most people do not think that hearing loss is a possibility.

## **Kristie Welch**

You are a normal looking person. There is nothing physically that I would guess by looking at you, or I'm sure anyone else would guess that you have a hearing problem just by looking at you. How do you, having a hearing problem, deal with the fact that someone may be kind of annoyed that you are not moving ahead in line at the grocery store?

## **Steve Hamerdinger**

I generally will tap them on the shoulder but that can lead to some interesting encounters of the close kind. One of the things I have seen with folks with a hearing loss is that they learn to take things other people would not take.

**Kristie Welch** Something else you mentioned that I thought was kind of interesting, oftentimes, hearing loss, especially when it goes undiagnosed as it often does, it can lead to other mental problems -- depression, anxiety, those kinds of things. Why is that?

## **Steve Hamerdinger**

I will give you an example, if you take a 6-year-old child who is not "developing normally" and you cannot figure out what it is, you label him as a special-ed child and the child grows up thinking that is what is normal. It starts mimicking the behavior it sees. That is one way. The second way is depression, especially if it is delayed onset hearing loss because they are not able to be as social. That leads to withdrawal and depression.

## **Kristie Welch**

Do a lot of people with hearing problems -- I think you have touched on this -- tend to act like they do not have a problem especially if they are dealing with other people in the home, case workers, social workers, nurses? Do they just kind of nod along and that causes a chain reaction as well?

## **Steve Hamerdinger**

Yes, we see this with many populations. But especially with people that are hard-of-hearing, they want to be accepted as normal. Often they will pretend that they understand, try to cooperate with others.

## **Kristie Welch**

If you are a person working in a home with someone who may not be diagnosed specifically with a hearing problem, how can you as a nurse, a social worker, a case manager, whatever the case may be, pick up on the signs that someone may have a significant hearing problem?

## **Steve Hamerdinger**

The best thing -- when the answers do not jive with the questions, the first thing that enters my mind is to ask another question. This may give you the clue that something unusual is going on. With the elderly population, more than one-third of those folks are going to have a hearing loss. We should be screening them all when they come in.

## **Kristie Welch**

Right, something that should be done more, do you think? Especially with the elderly because that seems to be one of the joys of aging is hearing loss.

**Steve Hamerdinger**

Exactly, just like people who cannot see without glasses any more.

**Kristie Welch**

And there are degrees of hearing loss. Let's talk about that a little bit, OK?

[Closed Captioned Segment: 7 minutes]

**Kristie Welch**

I do want to mention that a lot of these handouts that Steve is referring to, they are available online. I know that most of you who watch our typical programs see us put slides up as we are talking about them, but we are not doing that today. But they are available online. As well as some of these additional things that Steve is talking about, like these hearing charts. They are really good. You can follow along with us today as we are going through some of these things.

Steve, looking at this particular hearing chart here, I would venture to say that I am upset or scared because there are things I do not hear in everyday life either. But I have a little bit of hearing loss myself that I was born with. But should people be worried that everybody has a small hearing loss?

**Steve Hamerdinger**

Most people do at some point in time in their life experience a loss of hearing certain sounds. That is just part of life. Most of us of a certain age that brought before we understood the effects of loud music on hearing, for example, we went to a rock concert and got high, all sorts of things. Even people with normal hearing drop off on the high end.

**Kristie Welch**

Again, I can see the little chart here. You would not hear the trees rustling or whispers, those types of things. The louder sounds, obviously, you should still be able to hear. Maybe not as amplified, but you should still be able to hear a phone ringing or an airplane flying overhead.

**Steve Hamerdinger**

Right.

**Kristie Welch**

Let's talk about how hearing losses come about. You mentioned rock concerts, and we all know this about things, listening to music too loud, sitting too close to the speakers, shooting fireworks off in your ear. Those are definitely things that could give you problems. What about people that have not done a lot of that stuff? Is it genetic? Are you born with it? Some of this happens later in life. What are some of the ways that you can get a hearing loss? If that is the right terminology, "get it."

**Steve Hamerdinger**

There is definitely genetics. As modern medicine gets better at preventing childhood causes, we see more and more cases where it is congenital or it is developed later in life. Some is caused by disease or the treatment of disease or caused by trauma. Trauma would be a lot of the things that we have talked about, or head injuries, those types of things. Some diseases still cause hearing loss. Interestingly enough, some medications can cause hearing loss.

**Kristie Welch**

Is it hard for people to admit that they may have a problem? I think that is kind of a dumb question. Nobody likes to admit that they have a problem, especially with hearing. A lot of people take that for granted. You know that you can hear and that is just a wonderful thing. To admit that you may not here as well or do some of the things that you are used to, is that difficult?

**Steve Hamerdinger**

It really is. You hear about people that are deaf or hard of hearing and it is not typically very positive. There was a study done about 10 years ago where people were asked which disability they thought was the most awful to have and number one was mental retardation, but number two was deafness. That really kind of puzzled me that society on the whole seems to equate hearing loss with disabilities.

**Kristie Welch**

Clearly, you get around fine. You get around day-to-day, so clearly, it is an obstacle that can be dealt with, that can be overcome and lived with very easily.

**Steve Hamerdinger**

Hearing loss itself is not a problem. The problem is more the obstacles society puts up. I am not handicapped when I go to the convention of deaf people. You would be. But I am not.

**Kristie Welch**

Right.

**Steve Hamerdinger**

So, it is a societal problem more than a medical one.

**Kristie Welch**

Do you think that once people are diagnosed, or come to a realization that, yes, I do have a problem with hearing, that things kind of deteriorate -- I do not want to say deteriorate, but it becomes a little bit more -- I do not know the word I'm looking for. When I heard that I had a hearing loss and that I was born with it, it made me think a little bit more, I listened more. I turn my head. I try to sit up front now. Do you think that when people have the realization that they have a problem, you think that they try to do things to help it out -- I do not want to say as a crutch, but maybe embrace it a little bit?

**Steve Hamerdinger**

I think there is a range of human response to hearing loss. Some people will shut down even more. But other people will embrace it. There was a couple that years ago was concerned that their baby was not developing normally, not hitting those milestones properly. They took the child for an infant hearing test and found out their child was deaf. They were so relieved because it could have been so many other things. That is a healthy response. That is something that can be worked through. Most people can adjust once they recognize it.

**Kristie Welch**

And I guess recognizing it is half the battle. Let's talk a little bit now about what some of these home care workers should do. What is their role? What is the task of these folks once they figure out that someone they're working with has a hearing problem?

**Steve Hamerdinger**

Recognizing is number one. Two, helping their client recognize it. Help the client figure out how to adjust to it, how to compensate. And there are a lot of different ways to compensate for hearing loss.

**Kristie Welch**

Right, I guess talk a bit more in depth about some of these things we can do to help people out.

[Closed Captioned Segment: 7 minutes]

**Kristie Welch**

Let's talk a little bit more about the family and communicating with the family. When there is a hearing loss, how crucial is it that the family pick up on that and helps accommodate the person a little bit?

**Steve Hamerdinger**

Often times, the family will recognize the hearing loss well before the person themselves will. But you can emphasize the fact that more effort needs to be put into communicating. The things we expect the case managers to do, that families can learn to do as well, things like checking in, taking the time to include the person into what is going on around them environmentally.

**Kristie Welch**

Specifically for case workers and people who may be working with patients in the home, is alerting the family to the problem, or talking to the family about the client when they may be aware there is a hearing problem, is that kind of the first step to help recognize that there is a problem?

**Steve Hamerdinger**

Sometimes, if the family is supportive. It is definitely worth the effort.

**Kristie Welch**

You mentioned screening a few minutes ago. You feel it is important to be screened. What types of screening are out there and is there a way to screen the patient in the home without them knowing they are being screened?

**Steve Hamerdinger**

It is difficult to screen without knowing you are being screened, but you can simply ask a series of questions. We have people that we work with at mental-health and we have a simple pencil and paper kind of thing that we can ask ourselves and that would give us an idea of whether we need to look in-depth at the issue. Another thing will be the ear thermometers, the same kind of thing.

**Kristie Welch**

Beyond that, once you do the initial paper and pencil and tone test, what would be the next step? When you realize someone has a problem, what is the next step in the screening?

**Steve Hamerdinger**

You would refer the person to an audiologist and then possibly other types of devices.

**Kristie Welch**

What does an audiologist do?

**Steve Hamerdinger**

[UNINTELLIGIBLE]

**Kristie Welch**

That is basically what they do is just mark it down. Interesting. I know that there is a lot about not discriminating against folks, being fair. Let's talk about some of these ways to help folks with hearing problems get along a little bit better.

**Steve Hamerdinger**

There are two major federal laws. One is [UNINTELLIGIBLE] The other is the Americans with Disabilities Act. Both of them say basically the same thing. You want to make it equally accessible. Obviously, with people with hearing losses, we are concerned with how they are affected. When we deal with wheelchair ramps in our building, the measure is whether the wheelchair can go up the ramp or not. With the deaf, it is more complicated. That is why we have concepts like functional equipment rather than access.

**Kristie Welch**

I imagine that would be hard to achieve without actually talking to someone to see how well they are getting the message that somebody else was trying to send to deal with people who are hearing on a regular basis versus someone who has a loss. There may be a loss of translation thing going on there.

**Steve Hamerdinger**

And making evaluations, what a novel concept.

**Kristie Welch**

I agree. Communication is a big thing here. Let's talk about communication and how it relates to Americans with disabilities.

[Closed Captioned Segment: 9 minutes]

**Kristie Welch**

What about the special phone lines that are available where you have a special number to dial in, like a TTY line? Can you explain those a bit for folks?

**Steve Hamerdinger**

TTY is basically a method for typing messages over a telephone line. This was developed well before people had use for it. It is kind of an instant message kind of thing.

**Kristie Welch**

Now there are more up-to-date, kind of quicker technologies to help you out there.

**Steve Hamerdinger**

Instant message is more common now, or most cell phones with text messaging. Many deaf people, many hard of hearing people and most teenagers know how to use text messaging. Also approaches that are common now are things like video phones. For deaf people especially those are wonderful. We do not have to type anything.

**Kristie Welch**

There is a wave of technology that kind of annoys a lot of people with all of the text messaging and the e-mails and the computers and instead messaging type stuff that you can do nowadays, but it is a benefit for people with hearing problems and hearing loss because it is an effective way to get your message out. Also, I found it interesting with the lip reading that you were talking about, I find it very effective. A lot of people tend to do that. I tend to do that myself when I'm trying to focus in on what someone is saying. I try to focus more on their lips, but not the best way to go about things, really.

**Steve Hamerdinger**

It depends. Two things to keep in mind. People who read lips well are typically people who understand the language well. People who lose their hearing later in life are generally better lip readers than people who are born with hearing loss. English is notoriously hard. About 30% of the syllables are on the lips and the rest is guesswork. I'm going to draw a picture for you. When you recognize what I'm trying, I want you to tell me.

**Kristie Welch**

OK, I will do my best. A stick. A bunch of lines. Are we doing math? I am not good at math. Are you making a house?

**Steve Hamerdinger**

Why did you say a house?

**Kristie Welch**

The angle of the line going up and it looks kind of like a roof maybe.

**Steve Hamerdinger**

[UNINTELLIGIBLE] You recognized this. But we do recognize this as a house in New Mexico -- would you recognize that?

**Kristie Welch**

I would like to think so, but they may have different types of homes. Don't you think?

**Steve Hamerdinger**

Houses in New Mexico are pueblos, so they would not recognize that. Context is critical. It is important that you talk normally and be clear. Also, do not switch back and forth between topics. I know people that cannot complete a sentence. They talk about four or five or six things in one long run on sentence. That is difficult. If you are going to change the subject, tell me before you do it.

**Kristie Welch**

Just going along the lines here, bringing up New Mexico and the Indian reservation type thing, I would guess that if you were dealing with a patient with a hearing problem and you were doing it with texting or instant messaging, it would be important to understand the cultural background maybe for the patient, just so they understand the background of what you are trying to say to them because they may be of a different background or heritage than you are.

**Steve Hamerdinger**

That is exactly right. You have to keep in mind the culture and you have to keep in mind that you may not assume competency in English.

**Kristie Welch**

You may have to go further than the very basics, even.

**Steve Hamerdinger**

That is right. I carry with me picture cards, things like that so that word scenarios have some kind of context.

**Kristie Welch**

I think we are going to go ahead and take a 15 minute break to give you a chance to stretch your legs and recharge. Think of some questions that you would like to get some answers for. Take a 15 minute break and get coffee, whatever you want to do.

[10 Minute Break]

**Kristie Welch**

Welcome back to our program, Working With Hearing Loss In The Aging Population. We're here with Steve Hamerdinger. We talked about a lot of good stuff in the first part of the program. It was about how to recognize hearing problems in patients and help them cope. You have given us a lot of good information in the first hour. You will give us more good information in the second hour. We do have a telephone call all the way from Memphis, Tennessee. Go ahead with your question.

**Caller**

I am an occupational therapist. [unintelligible] I work mainly with females. A lot of the things you're talking about are very similar. I have two questions. One is about hearing loss. You mentioned several times it is a normal part of aging. I wonder if that is indeed the case. Many of my patients think that vision loss is a normal part of aging. That is not true. We do not want our patients to think that vision loss is normal. They need to go to the eye doctor. I wondered if you could clarify that. The other question I had was about [unintelligible] information. In that population, there is a normal part of vision loss. It is something we have to educate our patients about. [unintelligible] They may have difficulty making connections. I wanted to find out if that happens with a population with hearing loss as well. I will take my answers off the air. Thank you very much.

**Kristie Welch**

Thank you for calling.

**Steve Hamerdinger**

Thank you for the question. When we say it is a normal part of aging, remember about 34% of individuals over the age of 65 will have hearing loss. In that respect, it is more common than most people realize. It is not inevitable. It is a normal part of aging with the inevitability, but it is reasonable to expect that a large part of the population over 65 will develop some type of hearing problem. Your question about [inaudible] information is fascinating. I would have to go back and look at the research on psychosis in terms of people with vision and hearing loss. I would not expect that people with vision loss or being hard of hearing would have greater incidence of that.

**Kristie Welch**

That is an interesting question. I had never heard about that. With vision problems, it seems interesting. It could be a problem with hearing loss.

**Steve Hamerdinger**

We know people who have had amputations develop phantom symptoms. They feel like the appendage is still there. Deaf people or those who are hard of hearing often have tinnitus or other kind of auditory stimulus. In their minds, they think they are hearing something.

**Kristie Welch**

Explain for the people who do not know what tinnitus is.

**Steve Hamerdinger**

Tinnitus is a common consequence of hearing loss. If you are exposed to loud sounds and hear ringing, that is Tinnitus. People with symptoms of hearing loss often have it on an ongoing basis.

**Kristie Welch**

If the patient mentioned they have ringing in their ears and have not been around any roaring jets, it might be something to document and let someone know about so they can get treatment for it.

**Steve Hamerdinger**

Absolutely.

**Kristie Welch**

We spent some time at the end of the last hour talking about how important it is to effectively communicate with people who have hearing problems to make sure that they are getting the right message. There are a lot of different ways to go about that. You can communicate with somebody. They can get an idea of what you're talking about. Then you can communicate with somebody and they 100% understand the message you are talking about. Tell us about reasonable accommodations and functional equivalents of what we're talking about. Let's get more into effective communications.

**Steve Hamerdinger**

I think it is critical for communication. Some things are not that important. If you mix alcohol and anti-depressants and then drive, you will have serious problems. You want to make sure they get it. You have to spend some time figuring out how important the particular piece of information is. The more important it is, the more effort you can make to make sure that they get it.

**Kristie Welch**

Let's go into this a little bit more.

[Closed Captioned Segment: 12 minutes]

**Kristie Welch**

Let's go back to some of the things you mentioned like fire alarms and services. Making signs is probably the easiest. It is the most feasible. What about fire alarms and telephones? How accessible and affordable are these things in an everyday home where a patient may be getting care?

**Steve Hamerdinger**

It can be a cost, especially for those with limited means. The local fire department may be willing to install light systems for fire alarms. Oftentimes, I find the local fire department is interested in helping. They may have a program where they do provide services for people with disabilities. I also look at how I can master using my dollars. One thing I strongly encourage patients to look at is spending a couple of hundred dollars on something that is all-encompassing. I use such a device in my home. It is one unit that includes an alarm clock, a fire alarm, it picks up the door bell, it has a telephone ringer. You can purchase several units and spread them around the house. They can operate by vibration or having a lamp flash.

**Kristie Welch**

I know a lot of fire and smoke alarms do have a flashing light system now. We have them in this building. I am curious about how expensive that is sometimes. If you're not looking at the alarm and do not see it flashing, you do not know it is going off. If you are asleep, your eyes are closed. A flashing light may not wake you up. How effective are flashing lights if they are not in the right place?

**Steve Hamerdinger**

You hit on it perfectly. As long as I can see it, they are effective. Often, people forget to put an alert system in the most important room in the house. That is the bathroom. What good is the light out there in the bedroom if I do not see it in the bathroom? The only time I have ever been caught other than the hotel was in my office. I was working on a Saturday in my office. They had strobe lights all around the place except in the one office where a deaf person worked. I was sitting there minding my own business. I was working on what I had to do. It really made my morning interesting.

**Kristie Welch**

I guess the key is if you're going to do something with lights, do it in a way that people can get the maximum benefits from them. Do not put them behind where someone is sitting or in a dark corner. What about the telephones? You mentioned the Captel. Is it easy to set up?

**Steve Hamerdinger**

It is easy to set up. It uses a regular phone line. For someone who can see well, it is a very good approach.

**Kristie Welch**

You mentioned that anyone with access to a computer and a printer can make a sign. Do you have any recommendations on what the signs should look like or what they should say? Should we be graphic with smiling faces? Should we have graphics to let people know in case they do not read as well? Are things like graphics appropriate for signs? What is the best way to do signs?

**Steve Hamerdinger**

It is as individual as the people making the signs and reading them. I could go either way. It does not matter. Some systems may have more graphic kinds of things. That is ok, too. Just use your imagination.

**Kristie Welch**

Should it be bold and big? Should the lettering be big and bold? If something is important, should it be big and bold and loud?

**Steve Hamerdinger**

You could use colored paper. Use a font that is clean and crisp, Arial, for example. Remember that not everybody is having a terrible time seeing. Most people typically are able to read pretty well. They may have macular degeneration or other types of vision problems. You may be wearing glasses and wishing your arms were longer than they used to be, but I think they should be fine.

**Kristie Welch**

I would imagine it would be best not to clutter them up with a lot of words. I would think that simpler would be better.

**Steve Hamerdinger**

Exactly right.

**Kristie Welch**

Let's review. I think we have covered a lot of things. Maybe we need to go back and review some things. Let's review hearing loss, who it affects, those kinds of things.

**Steve Hamerdinger**

The number one thing I want people to have is to make it individual. Here is a rule to remember. That is not coming out right. Let's try that again. If the hearing consumers can hear it, the people with hearing loss should be able to see it.

**Kristie Welch**

Anything that you are able to see -- anything you are able to speak, someone else should be able to read and get the same message. You mentioned at the beginning of the show that hearing loss happens to people a lot of times as they get older. It is almost one of those inevitable things. Right?

**Steve Hamerdinger**

Not inevitable, but pretty close.

**Kristie Welch**

Let's continue on with some of these things as we start to wrap up the program. We have a few minutes left here. We have email and telephone calls.

**Steve Hamerdinger**

[Inaudible] We can make that more visual, more accessible, and make them more aware of what is going on. Hearing loss is not a tragedy. In many ways, it can be a blessing. We have to focus on communication. Then we think about the other things that we talked about in determining how to make programming appropriate.

**Kristie Welch**

I lost my train of thought. You mentioned that screening has been an important part of the process in diagnosing hearing loss and hearing problems. You said that those problems can go undiagnosed and untreated. Refresh our memories about the screening. How often should it happen? In your opinion, how often should it happen?

**Steve Hamerdinger**

Screening should happen when you open a case. If I could make one rule for social services, it would be to screen for hearing loss for everyone taken into the program. From there, go on to getting more accurate information about how they are able to function.

**Kristie Welch**

For somebody who may not have a hearing problem themselves like a nurse or caseworker working with patients who do have hearing loss, there is probably a disconnect between what life is like for a person who cannot hear and the person who can hear. What is the best way for the person without a hearing problem to put themselves in the shoes of a person with a hearing problem so that they can effectively communicate? I think that has been the main point today about effective communication. What is the best way to put yourself in the shoes of someone who cannot hear to communicate effectively?

**Steve Hamerdinger**

When I give the training to live audiences, I often put them through an activity where I send them off with a recording of white noise. I have them walk around with that and function in a normal way and even order lunch. You can do that with the white noise. Pretty quickly, they begin to realize the challenges people face when they do not hear well.

**Kristie Welch**

I guess you could put yourself in a situation where you cannot hear well. You could use headphones or earmuffs and see what would work best for you.

**Steve Hamerdinger**

Keep in mind that most headphones will only filter out a small percentage. We can never exactly duplicate what a person with hearing loss can understand.

**Kristie Welch**

I would think that simply asking someone with a hearing problem about what works for them would be a big help, too.

**Steve Hamerdinger**

If the person is aware enough and accepts the hearing loss, that is a wonderful idea. We often go on the assumption that the other person knows. I would go ahead and ask. Take what we're talking about and realize you may need to take a different approach.

**Kristie Welch**

We have a telephone call from Ozark, Alabama. Go ahead with your question.

**Caller**

What kinds of services are available for clients with hearing loss and vision loss? Is a hearing aid an option?

**Steve Hamerdinger**

Wow, that is so full of "what-ifs" that I do not know where to start. It depends on how much hearing loss, how much vision loss, adaptability. There are a lot of questions there to answer. If you talk about a relatively young person with sudden onset hearing and vision loss, cochlear implants are a possibility. Someone older with slower onset symptoms would be in a different situation. That would be a different issue to address. It is difficult to answer your question. You often find that Lions' Clubs or other groups will be helpful in that area.

**Kristie Welch**

Does that answer question?

**Caller**

Yes, thank you.

**Kristie Welch**

Thank you for calling.

The next person wants to know about the importance of speaking directly to the person with hearing loss when there is an interpreter present. She said that many of her employees seem to have more of a conversation with the interpreter than with the person they need to talk to.

**Steve Hamerdinger**

That is funny. I have to admit, sometimes it is hilarious to watch the discombobulation people feel when they do not know who to talk to. They're so totally at a loss that it is funny. Generally speaking, the interpreter is transmitting information between us.

**Kristie Welch**

They are sitting behind me.

**Steve Hamerdinger**

They are behind you. That placement allows you to maintain some eye contact and be able to watch what they are saying. The thing that annoys me is when the person looks at the interpreter and tells them to say something. We are having the conversation and the interpreter is the tool for that.

**Kristie Welch**

I guess it is best to look at you when I am speaking. I should be looking at you the whole time. I have been looking at you. I have not been looking at Charlene at all. It may seem a little bit awkward for people who are not used to it or may be approaching someone with a hearing problem for the first time. It may be a different situation to speak to someone when you're not sure they can hear you and then wait for the translation to come through.

**Steve Hamerdinger**

When I am on the telephone, people do not understand that it takes time for the interpreter to hear what has been said and translate it and put it out. Hearing people do not do well with that.

**Kristie Welch**

It is awkward.

**Steve Hamerdinger**

I do not understand that. I do not understand why you cannot have the silence.

**Kristie Welch**

It is not our thing. I guess when you're dealing with the situation with an interpreter, it is best to speak to the person you are dealing with instead of the interpreter. Do not say "please tell him I said this." You are standing right there.

**Steve Hamerdinger**

One more thing in health care, if you are using interpreters, make sure you are dealing with the client and not the interpreter. Let me give you an example. When I became a child therapist, the school asked me to take a look at a kid that was struggling. They could not get his behavior stabilized. One week, he would be bouncing off the wall. The next week, he would be a zombie. That screamed Bipolar Disorder. Kids that young are typically not like that. This kid was about eight or nine years old. I could not see what was going on except the psychiatrist was constantly changing medications. Why were the medications being changed drastically from one week to the next? I asked the psychiatrist if I could sit in on the next session to see what was going on. He brought in an interpreter. The interpreter could not sit still. They were hyperactive. ADD did not even begin to describe it. The interpreter was bouncing all over the place. The doctor increased the dosage. I asked who he was medicating, the kid or the interpreter. Pay attention to that. Make sure that when you are assessing, you are assessing the client and not the interpreter.

**Kristie Welch**

I have one more question on interpreters. Are there interpreters that specialize in different fields? I know sometimes captioning companies have those who specialize in the medical fields. There is a lot of medical jargon that gets thrown around that a lot of regular people do not understand. When captioning services are involved, I know it would be important to have someone who understands those terms to put them properly on the screen. Is the same thing true with interpreters? Do some specialize?

**Steve Hamerdinger**

Legal interpreters have their own specialized interpreters. In Alabama, there is a special certification for mental-health interpreters. Medical interpreters are becoming more specialized. We're seeing things moving in that direction.

**Kristie Welch**

I would think in a medical situation in a home, it may be better to try to get an interpreter with that background. Correct?

**Steve Hamerdinger**

Absolutely.

**Kristie Welch**

Let's go to email. This person wants to know if there are any long-term care facilities in Alabama for people who are deaf and blind.

**Steve Hamerdinger**

I am afraid there is not at this time. I would like to see that change.

**Kristie Welch**

Is that because there is not a need? Is there not the funding? Why is that?

**Steve Hamerdinger**

It is a very low-incident population. People often do not recognize it. If it is not staring them in the face, they will not recognize it. The lack of awareness on the issues of living with hearing loss is an issue. The only facilities I am aware of that specifically serve the geriatric deaf and blind are in Ohio.

**Kristie Welch**

That is far away. Anything closer?

**Steve Hamerdinger**

Not that I am aware of. I do not pretend to have that broad of knowledge about it.

**Kristie Welch**

I want to give people a few more minutes to call or email with questions. Let me ask you about surgical procedures to improve hearing problems. I am not familiar with them. I know there are some out there and available. Can you offer any insight into what some of those may be? Are they covered by insurance or Medicaid?

**Steve Hamerdinger**

I cannot tell you what insurance will cover. Insurance programs and policies differ. There are two major categories we would be talking about. One would be the implantation of some type of hearing device, cochlear implants would be one example. They're starting to experiment with brain stem implants. All of that is expensive. Rehabilitation is lengthy. Many insurance plans do cover implantation. It is important to get good assessments and counseling before you agree to that approach. You have to follow through with deep rehabilitation. You could spend up to \$50,000.

The other approach is the surgical alleviation of a blockage in the inner or middle ear. Replacing the bones in the middle ear is a fairly common procedure for people with conductive loss. There can be problems with calcium deposits. Repairing punctured eardrums is also a fairly common procedure now.

**Kristie Welch**

You mentioned rehabilitation after some of these procedures. I find that kind of a baffling and interesting. How do you rehab from hearing surgery?

**Steve Hamerdinger**

When we do an implant, sounds are not the same as what normal people hear. They are different. You have to retrain your brain to recognize those particular stimuli as they associate with the sound you remember. Over time, you start to make those connections.

**Kristie Welch**

That is interesting. We do still have a few minutes. There are people at home watching who deal with patients in the home. What are some things to look for to know that someone may be experiencing hearing problems?

**Steve Hamerdinger**

Not responding to environmental sounds. That is typically the first thing people will notice. If you call a person with their back turned and they do not respond right away, that is a pretty strong tip-off. When you walk into a home and the television is blaring loud, that is another one. People may start withdrawing. When people start withdrawing from their friends and family, that is usually a tip-off that something is going on.

**Kristie Welch**

Once you realize there is a problem, what is the best way to communicate with someone with a hearing loss? You mentioned earlier about tapping someone on the shoulder. There are proper ways to go about communicating with someone with a hearing problem. Please reiterate those for us one more time before we go.

**Steve Hamerdinger**

One, eye contact. Two, speak clearly. Do not exaggerate movements. Speak clearly. Three, check back with them. Ask them to repeat what you have said.

**Kristie Welch**

For people who may want to learn more about hearing problems and how to communicate or who may be interested in learning sign language, where can they go to get more information?

**Steve Hamerdinger**

There are a lot of places, really. The Hearing Loss Association of America is a good place. They have a website. And you can find information about sign language by Googling "American Sign Language." You can also contact us.

**Kristie Welch**

We will be putting up your information at the end of the show. We do not have any more calls or e-mail. I will let you have a final thought. If there is anything you would like to add, please do that before we say goodbye.

**Steve Hamerdinger**

First of all, I am really pleased that the Department of Public Health is recognizing the need to pay attention to these issues for people with hearing loss. So often, it is an invisible disability with invisible people. They do not know it is going on. I hope that people leave here this morning and will take with them the idea that if something unusual is happening, check it out. Find out what is going on.

**Kristie Welch**

Steve Hamerdinger, thank you so much for joining us this morning. We appreciate your insight and everything you brought to the table today. We hope that you have learned a lot and will be able to apply it to your everyday work. All of the handouts that Steve mentioned are available online. You can get those by going to the address on the screen. There is a lot of good information there from Steve. We do have his contact information. You can get more information on hearing loss. Thank you for your time.

Have a great day. We will see you again next time.