

March 22, 2015

Senator Sara Gelsler, Chair  
Members of the Senate Committee on Health Care and Early Childhood  
Oregon State Legislature  
900 Court Street NE  
Salem, OR 97301

Dear Senator Gelsler

I have been hard of hearing much of my life because of genetic predisposition and exposure to damaging noise in my youth. However, it was in my early forties that it started to affect my life in significant ways when it was difficult to understand conversations on the telephone and in meetings. My loss was progressive but it was not until my fifties that I saw an audiologist and was diagnosed with a moderate, bi-lateral hearing loss. Largely from vanity I delayed getting hearing aids until 5 years later. In my early 60's as my hearing declined further I retired because I was no longer able to function in my profession in health care administration and planning.

By 2011 hearing aids were no longer of benefit to me and I received my first cochlear implant followed by a second in 2014. By that time I was able to work once again and participate more fully in political, cultural and social events.

I am President of the Hearing Loss Association of Oregon (HLAA-OR) and of Oregon Communication Access Project (OR-CAP) and Treasurer of the Hearing Loss Association of Lane County. Recently I served as interim Executive Director of the Eugene Hearing and Speech Center.

My experience is in line with some of the most common correlates of hearing loss:

- Hearing aids and cochlear implants don't correct hearing like glasses do for vision—they just aid hearing ability.
- In most cases it is not loss of hearing but loss of speech discrimination.
- For many, there is a stigma attached to wearing hearing devices; for this reason, people with hearing loss average 5 years before seeing an audiologist and learning that they need hearing aids.
- Just getting hearing aids is not enough to understand the spoken word or lyrics: many of us with more than a mild hearing loss need to use other technology to get by like captions and assistive listening devices and systems.
- On the average hard of hearing people quit the workforce years before they would do otherwise
- It is easy to withdraw and isolate oneself because of the loss of communication ability which, in turn, can lead to depression and is implicated in dementia.
- The quality produced by hearing aids and cochlear implants is not normal: it takes time and practice to adjust fully. Because of this discomfort, hearing aids and cochlear implants are sometimes turned off or not worn thereby possibly putting the person at risk of the sequelae of uncorrected hearing loss.

It may be no surprise: I am not alone.

- Approximately 48 million adults in the United States report some degree of hearing loss. For Oregon, that number is estimated at 594,000 people.
- The prevalence of a handicapping hearing loss, one where amplification alone is not enough to understand speech, increases dramatically with age.
  - 7.8 percent of the adult population between ages 20 and 69 have a handicapping hearing loss.
  - Only six-tenths of one percent of adults between 20 and 29 have a bilateral (both ears) handicapping loss.
  - But between 60 and 69, the prevalence of adults with a handicapping loss increases dramatically to 31 percent; for Oregon that number is in excess of 178,000 persons.
  - Hearing loss spans all ethnicities.
  - Youth today are at greater risk than I was in my long-ago youth, largely from loud music at concerts or through using MP3 players with earbuds and with the volume turned up.

The most prominent service gap for people who are hard of hearing or D/deaf is communication services. Few hard of hearing people sign, but instead wish to continue to be part of the hearing world. For this reason assistive listening devices and systems and captions are the primary means to augment their hearing aids or cochlear implant. Unfortunately, hearing assistive devices are seldom available to purchase with the counseling that can be required to select the appropriate ones or use them most effectively. Therefore, the following are services that can and should be provided at service centers.

- Information and Referral for:
  - Assistive listening devices
  - Captioning providers
  - Alerting Devices
  - Public venues considering assistive listening systems and captioning.
  - Try and compare assistive listening and alerting devices.

Other services which support and extend those listed above:

- Education and Outreach
- Training in behavioral coping skills
- Resources for employers needing to accommodate hard of hearing, d/deaf and deaf-blind

I ask you and your committee to bring SB 449 to the floor in the Senate and House with a DO PASS recommendation. Thank you for your consideration and support.

Sincerely,  
 Clark O. Anderson  
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