INSIDE THIS ISSUE:

► An interview with the new IHS President

► Continuing education article and quiz: Creating Desire or Distress

► A look at your new IHS Staff

► 2010 convention recap
Featuring 3 breakthrough audiological concepts:

**Spatial Sound 2.0** builds on Oticon’s unique spatial sound system by adding a binaural noise management system.

**Speech Guard** automatically adjusts gain level in changing environments without the speech distortions of traditional compression systems.

**Connect [+]** delivers a richer, more natural listening experience when streaming sound through ConnectLine.

**Available in all styles** - from Power CIC through Power BTE, with the industry’s most stylish new mini RITE.

For more information about Oticon Agil call 1-800-526-3921 or visit www.oticonusa.com
Contents

2 President’s Message
   By Alan L. Lowell, BC-HIS, ACA

4 From the Executive Director
   By Kathleen Mennillo, MBA

5 Bluffing 101: The Masks of Hearing Loss
   By Gael Hannan

8 2010 IHS Convention and Expo Recap

16 A New Team at IHS Gears Up for an Exciting 2011

18 Membership Matters
   IHS Past President Teams Up with ABC’s Extreme Makeover: Home Edition and
   The Starkey Foundation to Help Kids Hear Better

19 Inside Industry
   An Interview with IHS President
   Alan L. Lowell, BC-HIS, ACA

21 Continuing Education Article
   Creating Desire or Distress: Getting the Patient with Moderate Hearing Loss to Accept Help
   By Russell Jones, BS, MBA, BC-HIS

26 IHS Membership News and Application

28 Soundbytes

29 Continuing Education Test

30 International Hearing Society Approved Courses

32 Classifieds

You Can Make a Difference!

Help fund the ongoing fight for your rights before governmental bodies.
Contribute to the IHS Advocacy Alliance and do your part to protect the profession and the hearing impaired you serve. It’s your future and theirs.

734.522.7200
Happy New Year! I would like to take a moment in my first “President’s Message” to thank the members of the International Hearing Society (IHS) for choosing me to serve as your president for the second time in 14 years. It has been a pleasure serving on the IHS Board of Governors with my fellow board members during this last term and I look forward to leading the organization over the next two years.

We’ve come so far...

At the end of my first term in 1998, the International Institute for Hearing Instruments Studies (IIHIS) committee was working to establish the first, two-year degree program in Hearing Instrument Sciences. As a result of their hard work, the Spokane Falls two-year associate program was successfully established and would eventually become a benchmark for other states to offer an alternative path to a hearing healthcare profession.

Around the same time as the two-year program introduction, the IIHIS committee was working tirelessly to produce the first International Licensing Examination (ILE). This was an extremely important initiative for the Society because not only would it provide licensing for several states and provinces but it also helped secure IHS’s position as a leader in hearing healthcare education. Today the exam is used for licensing in more than 40 states and provinces and is scheduled to be offered online later this year.

When my first term commenced, IHS was only five years into administering the American Conference of Audioprosthology (ACA) program. I am happy to report that today over 700 clinicians have completed, or are about to complete, this extraordinary educational program. The program continues to help hundreds of hearing instrument specialists reach higher goals and establish themselves as respected healthcare providers. Additionally, graduates of the ACA program can now earn up to 15 college credits in a participating upper-division baccalaureate program.

As you can see through these few examples, the Society has come a long way in 14 years. Because of the hard work and determination of the IHS staff and esteemed volunteer members we can proudly refer to our Society as the leader in hearing healthcare professional education throughout the U.S., Canada, Japan, and most recently Ireland. As a hearing healthcare educator myself, I am passionate about continuing education and plan to support this arm of IHS during my tenure.

And now moving forward...

As I begin this two-year term I look to build upon the excellent work of my predecessors. It is with appreciation and sincerity that I say thank you to Chris Gustafson for his service as IHS President.
Help more people *enjoy* the sounds of life.

**COSTCO SEeks EXPERIENCED HEARING AID STAFF**

Costco Wholesale is expanding our hearing aid business, and looking for experienced licensed dispensers and audiologists. We focus on patient care, with the latest in digital technology at affordable prices. We offer:

- Competitive wages
- Outstanding benefits package, including medical, dental, vision, hearing, vacation/holiday pay, overtime pay and a 401(k) plan
- Full-time and part-time hours
- Licensing and continuing education reimbursement
- Locations in most states
- Fully equipped sound rooms with computerized testing and programming equipment

Now hiring licensed staff in:

Huntsville, AL • Chico, CA • Merced, CA • Palm Springs, CA • San Jose, CA
Glenview, IL • Carson City, NV • Las Vegas, NV • Memphis, TN

**Other locations available nationwide!** For a complete list of openings, visit the career center at [www.audiologyonline.com](http://www.audiologyonline.com) and under job listings select Costco Hearing Aid Centers or contact Tammy Clark at tlclark@costco.com.

Costco is an equal employment opportunity employer and a drug- and alcohol-free workplace.
Happy 2011! As you read through this first issue of the new year you will notice some changes. Several of the articles in this issue are focused on the consumer/patient. As the year progresses you will see each issue has a theme in which the articles are focused on. The purpose of this is to provide you with well-rounded information on topics pertinent to this profession.

As you continue on through this issue you will see that the IHS staff team has some new faces. In 2010 my primary focus was to build a team of highly talented individuals that have the drive, knowledge, and skills to take IHS to the next level. I followed the philosophy described by Jim Collins in his book, From Good to Great, and strived to place not only the right individuals on the “bus” but to get them in the right seats.

With the start of a new year we also have some changes in our Executive Committee and Board of Governors for 2011. The Executive Committee is comprised of President Alan Lowell, Immediate Past President Chris Gustafson, President-elect Tom Higgins, Secretary Bruce Sharp, and new to the Treasurer role, Scott Beall. Additionally we have three new Board of Governors including Annette Cross, representing the Canadian territory, Antonio Calderon for the Southwest territory, and Patrick Kochanowski who is filling the remaining year of the Northeast territory for Tom Higgins who moved up to the Executive Committee. In looking at the entire team I see that we have the right individuals in the right seats on the bus.

Moving forward IHS will continue to embrace change and challenges as we are working to position IHS for greatness. All of this is done with our members in mind. Our goal is to make this Society viable, relevant to the members, and to lead the way in setting professional standards for licensing and education.

In the next few months you will receive an e-newsletter from IHS. The plan is to provide members with current information on what IHS is doing for them, share best-practices from Chapters and peers, and to disseminate information on government relations. These electronic issues will be delivered in the months in-between the mailings of The Hearing Professional.

Good things are in store for IHS and its members! Keep watching and keep telling us what your needs are.

Sincerely,

Kathleen Mennillo, MBA

By Kathleen Mennillo, MBA
IHS Executive Director
Hearing loss changes lives.

I know it does because, without hearing loss, I would be married to a different man and have different children. In one of those defining moments in life, my bluffing led me in a direction that a “hearing” person may not have gone.

Bluffing, faking, and passing are all words to describe what 99% of people with hearing loss do. We pretend that we understand what’s being said, when in reality we’re not quite sure, may only be getting some of it, or simply don’t have a clue.

Some of us bluff occasionally, but for others, it’s a way of life. We bluff in our relationships, at work, with strangers and, most certainly, in our visits to the hearing aid specialist. Romance and bluffing are a way of life; ask any hard-of-hearing person and you’ll get some variation on my life-changing event.

BLUFFING 101:
The Masks of Hearing Loss

By Gael Hannan, M.B.*
(“Master Bluffer”)

Gael was a speaker at the IHS convention last October and presented the following story to the audience. Her personal story about “bluffing” is not only entertaining but is a reality for many patients/clients entering a hearing healthcare professional’s office. This article can serve as a good tool for hearing healthcare professionals to understand what a patient/client experiences and how they may use “bluffing” as a technique to mask hearing loss. We also encourage you to share this story with your patients/clients as they will likely be able to relate and hopefully make a connection to their situation that may increase their desire to seek a solution. At the end of this article there are specific tips for how you, the hearing healthcare professional, can help the patient/client who may be “bluffing” in their daily life.

My Major Bluffing “Boo-Boo” Story

When I was in my twenties, I was dating a nice fellow, who we’ll refer to as Mr. Nice (I can’t remember his name). One evening we were walking along the beach, usually a romantic setting, unless you’re hard-of-hearing. Both the darkness and walking beside each other made speech-reading difficult, and the waves breaking on the beach were at speech frequencies.

Then, Mr. Nice asked me a question. I already asked him to repeat himself frequently that night so I was reluctant to do so again. The question seemed to be the “yes or no” kind, so if I figured I had a 50-50 chance of giving the right answer. I chose “no.” Well, from his reaction I could tell that this was the wrong answer. If this same incident happened today, I would most definitely say, “Oh, I’m sorry, Mr. Nice; I may have misheard you, could you repeat yourself?” But back then, I emphatically repeated “no!”

End of relationship. I never saw Mr. Nice again—and to this day I have no idea what he asked me! But I can guess it was something like, “I like you, Gael, do you like me?” “No!”

Fast forward a few years. I was with a wonderful man who had some timing issues—he proposed to me first thing in the morning when I didn’t have my hearing aids in. I had to speech-read my wedding proposal! Before answering, I thought back to Mr. Nice on the beach, and this time I verified to be certain that I got both the question and the answer right. Otherwise, I might be married to Mr. Nice on the other side of the country.

Hearing Loss Affects Communication

Hearing loss affects communication which connects us to other people and to the world around us. For people who

Gael Hannan grew up with a progressive hearing loss that is now severe-to-profound. She is a sought-after public speaker known for her humor and insight into the dynamics of living with hearing loss. Hannan is a hearing health advocate and her work includes corporate sensitivity training, speech-reading instruction and workshops for adults and children with hearing loss. She has received awards for her work including the Consumer Advocacy Award from the Canadian Association of Speech Language Pathologists and Audiologists.
are hard of hearing, the loss of sounds, such as music, is distressing enough, but the loss of good communication is the biggest source of anguish and grief. The easy interaction, the free-flowing group conversations, the throw-away lines delivered from another room—all become a thing of the past. Communication has to change, and that’s not easy to do.

At the highest level, good communication starts when people share a common language as a basis for understanding and sharing thoughts and ideas. But when we bluff, we’re not sharing—we’re hiding behind a mask to cover our frustration and confusion in trying to follow the conversation.

There are many negative social behaviors and emotions associated with hearing loss, including anger, withdrawal, denial, and bluffing. It can be a long and difficult process for people to accept the fact of their new hearing levels and move on to adopting positive communication strategies that return them to their former quality of life. Even when many of us finally get to the stage where our denial, anger, and withdrawal are not as strong, and we’re trying to deal effectively with our hearing loss, we still keep bluffing.

Sam Trychin, the renowned hearing loss psychologist and public speaker, writes in his Mental Health Practitioner’s Guide (1987): “The majority of people who are hard of hearing have had a gradual loss over a number of years. For them there may not have been a distinctly recognizable crisis period, but they have had a long time in which to develop and strengthen a variety of bad habits, such as bluffing, which can be highly resistant to change.”

Why Do We Bluff?

Bluffing is a way of life for people with hearing loss, an occupational hazard. But does it have to be this way? Why do we bluff? What are the ramifications of this hearing loss behavior? Why can’t we stop even when we know we’re doing it? Although I did rectify my major bluffing boo-boo, it took a long time for me to reach my happy ending, and I still catch myself bluffing regularly.

As a hearing loss activist, I wanted to find out what other hard-of-hearing and deafened people had to say about bluffing. I created the first version of my workshop, “The Masks of Hearing Loss (Bluffing 101)” as a brainstorming session. I presented it at an ALDA (Association of Late Deafened Adults) convention. The room was packed. When I asked the audience how many were here to learn better, all hands shot up. For the next hour, we discussed bluffing—the why’s, when’s, and how’s—and people shared their bluffing stories, many for the first time.

But why don’t people with hearing loss simply take steps to fix the situation? The reasons are complex and individual, including personality, type and degree of hearing loss, and understanding and acceptance of the loss.

These are the main reasons, according to the deafened and hard-of-hearing people at ALDA, for why we bluff:

• Desire not to appear inadequate or slow
• Don’t want to annoy or interrupt others
• It’s easier, or it is a habit
• Tired of asking for repetition
• Exhausted by trying to keep up
• Conscious choice to “sit this one out”
• Lack of assertiveness or too polite
• Lack of communication skills

Most bluffers would agree that sometimes their behavior is understandable, even allowable. It’s a survival skill that allows temporary relief from the strain of listening and communicating in difficult situations, and it certainly helps speed up non-important conversations. Communicating with hearing loss takes a great deal of physical and mental energy, causing stress and fatigue. When we realize that we’re bluffing (and we don’t always know that we’re doing it), we often tell ourselves that we can’t fight every battle and that it’s ok to “sit this one out.”

What Situations Cause Us to Bluff?

The physical environments that kick-start bluffing activity can be boiled down to four main categories:

• Unfavorable listening environment: poor acoustics, background noise, dark or dim lighting, outdoors, large rooms
• More than one communication partner, i.e. family gatherings or large groups
• Speech-reading impediments: light not on speaker’s face, obscured sightline of lips, poor elocution, lack of useful facial expression or body language, no context
• Lack of access: low awareness of the needs of hearing loss, no assistive listening devices, no captioning or other print interpretation

How Do We Actually Bluff?

It’s all in the face, with a little help from body language and some misleading interjections. The expert bluffers use one or more of the following tricks:

• Silent treatment: Simply don’t say anything, but use our faces in a way that indicates that we’re following
• Interject little comments such as: “uh-huh,” “oh yes,” “really?”
• Copy other people’s expressions, such as smiles or laughter
• Look disinterested
• Do all the talking: this is common with some hard-of-hearing people. If I do all the talking, then I won’t have to listen!
• Use physical distractions that provide an excuse not to be involved in the conversation: serve food, do dishes, play with the dog
• Ask a question then pretend to listen
• Look away and cause a distraction
• “Say, you have to hear this!” (This one is my favorite. If I’m really stumped, and I’ve already asked for clarification at least once, I’ll ask someone else to “come and hear this,” then ask the speaker to repeat it again for the new person.)
Bluffing is Not a Good Communication Strategy

But almost everyone agrees that, most of the time, bluffing is not a beneficial or acceptable communication strategy. At the very least, it's dishonest and disrespectful. When the other person puts energy into the conversation in the belief that we are participating, we're not being fair or courteous when we actually are not.

But there are even more important reasons for why people with hearing loss should not bluff. The primary one is that our deceptions, no matter how innocently intended, can be dangerous. We miss out on potentially important information, and our bluffing can lead to embarrassing mistakes. Every hard-of-hearing person has at least one nightmarish anecdote of being found out, usually by smiling or laughing inappropriately at someone's tale of tragedy or misfortune.

Bluffing isolates us from others, putting us even further on the outside looking in. People often misinterpret our bluffing, judging our little nods and non-verbal behavior to be aloofness or disinterest. Finally, bluffing really annoys our families and friends. A common conversation in a family affected by hearing loss:

**Family member:** You mean, I've been talking along and you haven't been getting it?

**Bluffer:** Well, no, I've been getting some of it.

**Family member:** How much?

**Bluffer:** A bit.

**Family member:** Which bit?

**Bluffer:** The bit at the beginning when you said hi.

**Family member:** You should have said something! I hate it when you tune out like that.

**Bluffer:** I didn't tune out. I was very focused. I just couldn't follow the conversation.

**Family member:** You should have said something.

**Bluffer:** I didn't say something. I was very focused. I just couldn't follow the conversation.

**Family member:** You should have said something.

How to Kick the Bluffing Habit

How do people kick the bluffing habit and how can other people help? The first step, which is never the easiest, is for the hard-of-hearing person to come to terms with hearing loss. They must accept this new reality and learn as much as possible about their personal situation, and the technology and strategies that will help.

The next step is to learn to effectively self-identify as being hard-of-hearing and let other people know what will help create an optimal listening and communication environment.

- Be aware of personal bluff patterns
- Practice effective self-identification
- Create best possible listening environment: well-lit situations, no background noise, one person speaking at a time, round tables for group situations, print interpretation where appropriate, etc.
- Believe that we have the right to understand and participate
- Admit our hearing loss, be assertive and express our needs
- Find the courage to say “I’m not following!”

How You—the Hearing Healthcare Professional—Can Help

As a hearing healthcare professional, you can help your patients/clients to communicate more effectively by learning to recognize the signs of bluffing—the little nods, smiles and inappropriate responses to questions. Chances are you already communicate well, by talking to clients face-to-face in a private office that is well-lit and free of background noise.

But if you suspect that your client is bluffing with you, ask them directly if they understand you. Under no circumstances should you try and rat out a bluffer by asking, “What did I just say to you?” This can be embarrassing and stressful, and achieves nothing. Ask instead, “Do you understand me, is this working for you?” Ask them questions that will indicate whether communication is working, e.g. “how does that feel?”

At the beginning of every meeting, remind them to let you know if they don’t catch something you say, or are unclear about anything being discussed because it’s easy to miss things even in the best listening environments.

If they seem to be having difficulty understanding, rephrase your questions and comments. Encourage their questions and give them written information summarizing the meeting and next steps in the process. Demonstrate and promote assistive listening devices that will enhance the hearing aid, make more of their lives more accessible and make bluffing less necessary!

One of the best things you can do for your clients is to encourage them to join a consumer group which provides ongoing support and information. Make it as easy as possible for your clients to be open and honest with you and others. So, if they marry the wrong person, they can’t pin it on you!
The 59th Annual IHS Convention and Expo, held September 29–October 2, proved to be nothing less than “magical” as hundreds gathered at the Walt Disney World Dolphin Hotel in Orlando, Florida. The warm weather and fun-filled venue provided a perfect environment for learning, conducting business, and networking with industry-leading hearing healthcare professionals. The professionalism and well-thought-out planning that went into this year’s convention were recognized by attendees and exhibitors alike.

Over the course of several days the convention offered its more than 500 attendees a successful balance of networking and social activities. The annual business meeting provided an update on the society as well as the industry and the educational seminars offered continuing education credits to attendees. A top-notch event for hearing healthcare professionals from around the world!

“Attending the IHS convention is always an enjoyable experience for me. No matter what venue I am in, it is always a learning experience from the opening night reception to the chapter leadership and licensing board conferences, and continuing education seminars. Spending time with other hearing aid specialists also gives me valuable insight to incorporate new ideas into my business and become more effective.”
— Jane Bowman, BC-HIS Indiana Chapter President

Attendees Get an Up-Close Look at the Latest Technology during the Exhibit Extravaganza

Exhibitors traveled across the U.S. and Canada for the chance to meet face-to-face with the industry’s leading hearing healthcare practitioners. Nearly 60 companies were represented on the exhibit floor while hundreds of attendees walked the aisles looking for the latest offerings from manufacturers and service providers. Both exhibitors and attendees were pleased with the activities on the exhibit floor including the reception and silent auction which provided additional dedicated time to conduct business and discuss trends and technology impacting the industry.
Superior Education is the Foundation for the Annual Convention

Once again the IHS convention delivered educational excellence to its audience while providing valuable continuing education credits. Throughout the course of three days concurrent seminars were offered to give attendees the chance to participate in sessions that best fit their training needs and experience level.

During the general session, all participants had the chance to hear from the Better Hearing Institute’s Executive Director, Sergei Kochkin, Ph.D. as he explored 25-year industry trends from the MarkeTrak VIII report. He also discussed consumer satisfaction with hearing aids and the impact the hearing health practitioner has on a customer’s success with hearing aids.

Peter Lee, BC-HIS, President of the Massachusetts Hearing Aid Society, and other attendees earn continuing education credits by attending the seminars at the IHS annual convention.

Director of Sales Debbie Sweany shows off the capabilities of the WhisperRoom portable sound booth used in audiometric, hearing aid, and speech/language testing. WhisperRoom was a first-time exhibitor at the convention.

The Starkey booth is set up before the doors to the exhibit hall open and attendees fill the aisles anxious to see the latest technologies.

First-time exhibitor, Battery Easy Products, talks with attendees about the ease of changing hearing aid batteries with their unique tool.

Another large exhibitor on the floor, and event sponsor, Oticon displays their latest in wireless hearing instrument technology.

“As a new member of IHS, and a first-time exhibitor, we were excited to showcase our WhisperRoom sound booth at the 2010 IHS Convention and Expo. Our participation in the convention provided us with exposure to a market we are experiencing significant growth in. The response we’ve received from our partnership with IHS has exceeded our expectations. We look forward to continued growth in the hearing healthcare industry.”

—Debbie Sweany
WhisperRoom, Inc.

Speaker Gael Hannan talks to the audience about the signs of “bluffing” during her session, Bluffing 101: The Masks of Hearing Loss.

Paul Kreimer, MA, CCC-A, customer trainer and technology expert at Phonak Hearing Systems, presents information on Bluetooth technology.

Concurrent seminars took place over three days allowing attendees to participate in sessions that best fit their training needs and experience level.
**IHS Thanks the 2010 Convention Sponsors and Exhibitors for Their Generous Support**

<table>
<thead>
<tr>
<th>CORPORATE SPONSORS</th>
<th>EXHIBITORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVANCE / Merion Matters</td>
<td>Mid-States Laboratories</td>
</tr>
<tr>
<td>Amplivox</td>
<td>MiraCell</td>
</tr>
<tr>
<td>Audibel</td>
<td>Miracle-Ear</td>
</tr>
<tr>
<td>Audifon-USA</td>
<td>NBC-HIS</td>
</tr>
<tr>
<td>Audina Hearing Instruments</td>
<td>Neurotone</td>
</tr>
<tr>
<td>AudioCare</td>
<td>NuEar</td>
</tr>
<tr>
<td>AudioScan</td>
<td>Oaktree Products</td>
</tr>
<tr>
<td>Battery Easy Products</td>
<td>Oticon</td>
</tr>
<tr>
<td>Beltone Electronics</td>
<td>Otovation</td>
</tr>
<tr>
<td>Blueprint Solutions</td>
<td>Panasonic Corporation</td>
</tr>
<tr>
<td>CareCredit</td>
<td>Persona Medical</td>
</tr>
<tr>
<td>Cochlear Americas</td>
<td>Phonak</td>
</tr>
<tr>
<td>Color Web Printers</td>
<td>Precision Laboratories</td>
</tr>
<tr>
<td>Costco Wholesale</td>
<td>ReSound</td>
</tr>
<tr>
<td>Discovery Warranties &amp; Repair</td>
<td>Rexton</td>
</tr>
<tr>
<td>Ear Technology Corporation</td>
<td>Right Hear Network</td>
</tr>
<tr>
<td>Frye Electronics</td>
<td>Siemens Hearing Instruments</td>
</tr>
<tr>
<td>GN Otometrics</td>
<td>Simplified Direct Marketing</td>
</tr>
<tr>
<td>Hal-Hen Company</td>
<td>by FullTech Systems</td>
</tr>
<tr>
<td>Hansaton Acoustics</td>
<td>Sona Hearing</td>
</tr>
<tr>
<td>HATIS</td>
<td>Sonic Innovations</td>
</tr>
<tr>
<td>HearUSA</td>
<td>Starkey Laboratories</td>
</tr>
<tr>
<td>HIMSA</td>
<td>The Hearing Journal / Lippincott Williams &amp; Wilkins</td>
</tr>
<tr>
<td>Maico Diagnostics</td>
<td>The Hearing Review / Allied Media</td>
</tr>
<tr>
<td>Marcon Hearing Instruments</td>
<td>TIMS for Audiology</td>
</tr>
<tr>
<td>Max S. Chartrand, Ph.D. / The Platinum Practice Builder</td>
<td>Unitron</td>
</tr>
<tr>
<td>MedRx</td>
<td>Westone Laboratories</td>
</tr>
<tr>
<td>Micropower Battery Company</td>
<td>WhisperRoom</td>
</tr>
<tr>
<td>Microsonic</td>
<td>Widex Hearing Aid Company</td>
</tr>
<tr>
<td>MicroTech</td>
<td>Wireless Hearing Solutions by inLOOP</td>
</tr>
</tbody>
</table>
Industry Achievement and Surprise Entertainment Made the Awards Reception a New Event Highlight

The room was filled with greatness as members enjoyed the awards reception; a new addition to the convention. Members had the chance to come together in a relaxed atmosphere for camaraderie while recognizing some of the industry's most achieved, including several “all star” members being recognized for membership longevity. Attendees received an added bonus when long-time industry veteran Max Stanley Chartrand, PhD, BC-HIS, shared his musical talents by playing the clarinet and tenor saxophone for the audience. Max is considered profound and totally deaf; hearing only through his cochlear implant.

Gustafson is known for his comprehensive knowledge of hearing healthcare and his attentiveness to patient care. His commitment to the industry, and ultimately to the hearing impaired, earned him this prestigious award which he graciously accepted from Karl Strom, The Hearing Review’s Editor in Chief.

Joel S. Wernick Award

Attendees waited anxiously for the announcement of this year’s winner of the prestigious Joel S. Wernick Award, presented by The Hearing Journal to individuals for outstanding contributions in the area of professional education for hearing aid specialists. This year’s award went to IHS member and long-time practitioner Robert Shepard, BC-HIS. Shepard is a hearing aid professional in Moscow, Idaho and is the secretary/treasurer for the Idaho Hearing Society. He has also served on the International Licensing Exam committee. Shepard proudly accepted the award from The Hearing Journal’s sales manager, Martha McGarity.

Chapter of the Year Award

The chapter of the year award was deservingly presented to the Oregon Hearing Society (OHS) for their successful achievements in government relations and education. The IHS affiliate chapter, which recently celebrated its 50th anniversary in 2009, was faced with an insurmountable challenge when the state of Oregon began considering a two-year degree requirement for licensure. With extreme perseverance, the members of the chapter called emergency committee meetings and solicited support from IHS and presented strong data to the Oregon Health Licensing Agency. As a result of the hard work of these members, the state’s decision to not require a degree was made—a major accomplishment for the industry! Thank you for your contributions and dedication to the industry and congratulations on this well-deserved achievement.

Professional Leadership Award

IHS President Chris Gustafson, BC-HIS was awarded The Hearing Review’s Professional Leadership Award. This award is given annually for outstanding contributions to the advancement of hearing healthcare professionals and excellent service to the hearing impaired. As a prominent leader in the hearing healthcare industry, and member of IHS for over 25 years, Gustafson has served on the boards of NBC-HIS and the Hearing Aid Foundation, and has chaired the ethics committee. He is also an active member of the Oregon Hearing Society where he has served as president and vice-president.
IHS recognizes the following “All-Stars” celebrating a milestone anniversary with the Society.

We honor your commitment to the Society and your dedication to hearing healthcare.

50 Years
James C. Faust, BC-HIS
Donnell R. Sullivan

50 Years
F. William Sherod, BC-HIS

45 Years
Rocco J. Andreozzi, Jr.
Joseph A. Geraci, ACA
Herbert D. Gorlin
H. LeNoy Kyzer, BC-HIS
Patrick A. Smallwood, Sr., BC-HIS
Jack Wolfe

40 Years
Okie E. Allen, BC-HIS
Joseph D. Fishman, BC-HIS
Marylene Freshley-Lee, BC-HIS
James W. Gallaher, BC-HIS
Roger A. Harris, BC-HIS
Thomas Ray Jones, BC-HIS, ACA
Takeshi Katsumoto
Ralph G. Lenhard, BC-HIS, ACA
V. Jack Myers, BC-HIS
Joseph Perri, BC-HIS
Harold L. Sampson
Gail W. Serig
Robert S. Well

35 Years
David L. Ambrose, AuD, CCCA
Richard A. Boivin, BC-HIS
Paul John Caprani
Robin L. Clowers, BC-HIS
Clinton H. Dean, Jr., BC-HIS
Louise H. Dollar, BC-HIS
Thomas A. Fisher, BC-HIS, ACA
Frank E. Gable, BC-HIS
Timothy P. McCue, BC-HIS
James A. Nevins, BC-HIS
Susan M. Philpot, BC-HIS
Mark A. Reynolds, BC-HIS
F. William Sherod, BC-HIS
Jerry Dean Smith
Mark A. Smith, BC-HIS

30 Years
Steve W. Barlow, BC-HIS
William Dananberg, BC-HIS
Paul J. Dietsch, BC-HIS
Chris Gustafson, BC-HIS, ACA
Henry T. Hicks, BC-HIS
Constance L. Johnson, BC-HIS
Clark D. Layden, BC-HIS
David D. Leishman, BC-HIS
German J. Martinez-Oronoz, BC-HIS
Dan F. McCuskey, BC-HIS
Paul D. Moran, BC-HIS
Robert A. Plassman, BC-HIS
Woodrow R. Rice, Jr., BC-HIS
William Jay Schenk, BC-HIS, ACA
Richard L. Stone
Ellis J. Thomas, III, BC-HIS
Stephen P. Tobias, BC-HIS
Patricia J. Vanderpool, BC-HIS

25 Years
Thomas H. Bunetta, BC-HIS, ACA
Lauren Campbell
Judy Ann Clark
Bernard N. Dean, Jr., BC-HIS
Denise P. Dingler, II, BC-HIS, ACA
Terrence Greenleaf
Fred D. Hutchison, BC-HIS
Jerald L. Ketchens, BC-HIS
G. Allen Kopp, BC-HIS
Margaret J. Lake, BC-HIS
Charles T. Lawson, BC-HIS
Alan L. Lowell, BC-HIS, ACA
Stephen J. Moran, BC-HIS
Louise M. Myers, BC-HIS
James W. Ouzts
Jon Jay Parrish
Gary R. Rachins, BC-HIS
Monica R. Roach, BC-HIS
Gregory L. Robbins, BC-HIS, ACA
Ronald R. Schauer, BC-HIS
D. Thomas Smith
John G. Vash, Jr., BC-HIS, ACA
Josh Villasenor, BC-HIS, ACA
Karen W. Villasenor, BC-HIS
Thomas E. Williams, BC-HIS, ACA
Samuel Yareck, III

20 Years
Gary Steven Anderson, BC-HIS, ACA
Audrey S. Bay, BC-HIS, CCCA
Mark A. Brumback, BC-HIS, ACA
David E. Bugin, BC-HIS
Marcia S. Burgess, BC-HIS
Harlan S. Cato, BC-HIS
Au Kin Kwok, Dennis, AuD
Laura B. Dennison, AuD, BC-HIS
Rick L. Frasier, BC-HIS
Howard L. Hain, BC-HIS, ACA
Harry S. Haskill, BC-HIS
Mary McGunnan McCue, BC-HIS
Gary S. Moody, BC-HIS
Donald M. Nowicki
Paul William Pape, BC-HIS
Ted S. Park, BC-HIS
Rebecca Lynne Penney, BC-HIS
Ruby Rey, BC-HIS, ACA
Bruce T. Schmidt, BC-HIS
Kelly L. Shafer
Ronald Carl Shetley, BC-HIS
Steven J. Shulman, BC-HIS, ACA
Wolodymyr R. Stasiuk, BC-HIS, ACA
Benjamin F. Stephens, BC-HIS, ACA
Michael J. Stevens, BC-HIS
Gene A. Swede, BC-HIS
Daniel P. Talatico, BC-HIS
Richard A. Usifer, BC-HIS
Stanley K. Wilson

15 Years
Richard R. Arries, BC-HIS
Mark A. Battite, BC-HIS
Susan Beckner, BC-HIS
Maria J. Benitez, BC-HIS
Harlan H.R. Blake, BC-HIS
Carlos Brockman, BC-HIS
Vicki L. Brooks
Larsen Burnett, BC-HIS, ACA
Carl D. Case, Jr., BC-HIS
James A. Cesiro, Sr., BC-HIS
John Bradley Chenaault, BC-HIS, ACA
Katherine S. Cress
Robert R. Davis, BC-HIS, MCAP
Wayne Michael Dorey
John Duncan-Dechmerowski, BC-HIS
Steve M. Dyke, BC-HIS
William D. Earle
Donald M. Edwards, BC-HIS
Brian E. Getson, BC-HIS
Gloria M. Grassie, BC-HIS
Kristi L. Green
Jeanette Haig, BC-HIS, ACA
Ruben D. Henriquez, BC-HIS, ACA
Nancy E. Hilger, BC-HIS
Kim D. Keller, BC-HIS
Walter Kelly, Sr., BC-HIS
Patrick Joseph Kelty, BC-HIS
Gerry Kenny, Sr., CCCA
Billy R. Knight, BC-HIS
Michael J. Lancia, BC-HIS
Eldon P. LeBlanc, BC-HIS
Patrick L. Leedy, BC-HIS, ACA
Claudia B. Leger
Jane L. Lewis, BC-HIS
Robert A. Lockett, BC-HIS
Eva Lorenz, BC-HIS
B. Delaine McCarty, BC-HIS
John Joseph Meier, BC-HIS
C. Mendelsohn, BC-HIS
Sharon Brolsky Mohler, BC-HIS
Charles Morgan, BC-HIS
Michael Newman, ACA
Robert John Perkins, BC-HIS, ACA
Robert H. Phillips, BC-HIS
Melissa Kay Rodriguez, BC-HIS
Paula Celeste Rogers, BC-HIS
Marsha Roth, BC-HIS
A. Rita Sagriotis, BC-HIS
Lowell K. Scott, BC-HIS
Bruce V. Sharp, BC-HIS, ACA
Kimballi Startz, BC-HIS
Murray Steinfeld, BC-HIS, ACA
C. Randy Swint, BC-HIS
L. Scott Whitaker, BC-HIS, ACA
Regan Dean Wyatt, BC-HIS
Theodore R. Yowell, BC-HIS

10 Years

Liza Abano-Robles
Michael Adler, BC-HIS
Gregory L. Anderson, BC-HIS
Tracey E. Anderson, BC-HIS
Eugene P. Antonelli, BC-HIS
Sheryl Nancy Arends, BC-HIS, ACA
Scott Jason Asman
Iraj Babaee, BC-HIS
Glenn Michael Basso, MBA, CGA, BC-HIS
Robert Anthony Bellia, BC-HIS
Todd David Betts, BC-HIS
Wendy Binder, BC-HIS
Bryan L. Black, BC-HIS, ACA
Deborah Jean Booser-Bashore, BC-HIS
Karen Lynn Butchart, BC-HIS
C. Gordon Calder
Paul D. Caruso, BC-HIS
Joseph M. Chirichella, BC-HIS
Jerilyn M. Clark, BC-HIS
Andrew Alan Clark-Marlow, BC-HIS
Victorino G. Cruz, BC-HIS
Albert F. DeVarti
Scott C. Elbert, BC-HIS, CCCA
Todd E. Everhart, BC-HIS
W. Reed Fenton, BC-HIS
John Ferrante
Anthony W. Fisher
Diane Fox, BC-HIS
Nancy Frasier Ellis, BC-HIS
Mark Robert Garrett, BC-HIS
Michelle Ann Giddings, BC-HIS
Cameron Alexander Gillespie, BC-HIS
Ron B. Guerra, BC-HIS
Barbara M. Haas, CCCA
Koreen Frances Harrington, BC-HIS
Stephen Charles Harrison, BC-HIS
James R. Heemeyer, BC-HIS
Gordon L. Henrickson, BC-HIS
Brian E. Howe, BC-HIS
Barry Lee Hudspeth, BC-HIS
Sherri J. Hughes, BC-HIS
Hideyo Iizuka
Zeni Ishida
John D. Johnson, III, CCCA
Kristin Kay Johnston, BC-HIS
R. Greg Kuykendall, BC-HIS
Daniece L. Land, BC-HIS
Louis Leger, Jr.
Diane M. MacDonald, BC-HIS
Deanna Marie McCoy, BC-HIS, ACA
Pamela J. McDermott, BC-HIS
Rex L. McGee, BC-HIS
David C. McMahon, BC-HIS
Lonnie W. Melvin, BC-HIS
Kenneth Menard, BC-HIS
Shawn M. Millar, BC-HIS
Matthew Scott Miller, BC-HIS, ACA
Tammy Lynn Miller, BC-HIS
Norman E. Minnier, BC-HIS
Marliese A. Mohlman, BC-HIS
John D. Moore, BC-HIS
Anjan Muhury, BC-HIS, ACA
Denis P. Murmane, BC-HIS
Ervila A. Peake, BC-HIS
Cynthia Marie Peffers, BC-HIS, ACA
Mark Sidney Pierce, BC-HIS
Howard Paul Raff, BC-HIS
Arnold Rahman, BC-HIS
William H. Schirmer, BC-HIS, ACA
Robert B. Siegel, AuD, BC-HIS, CCCA
Vicki Kaye Sims, BC-HIS
James Michael Spinnato
Ellen Ruth Stevens, BC-HIS
R. Kent Stroud, BC-HIS
Arny DeAnn Svoboda, BC-HIS
Larry M. Taylor, BC-HIS
Donald W. Vincent, BC-HIS
Richard J. Wagner, BC-HIS
Gregory Dean Wales, BC-HIS
Kathleen Ann Wass
Robert Watts, BC-HIS
Richard E. Wencloff, BC-HIS, ACA
Patsy A. Winder, BC-HIS
Philip M. Winters, BC-HIS
Melody G. Wipert, BC-HIS
Brendan Keith Wright, BC-HIS
Chong Beet Yen

5 Years

Troy A. Adrian
Gloria Aguilar, BC-HIS
Najwa H. Alameddine, BC-HIS
Marie Jan Alexandre
Darrell E. Anderson, BC-HIS
Richard David Benson, BC-HIS
Maura C. Branco, BC-HIS
Diane M. MacDonald, BC-HIS
Deanna Marie McCoy, BC-HIS, ACA
Pamela J. McDermott, BC-HIS
Rex L. McGee, BC-HIS
David C. McMahon, BC-HIS
Lonnie W. Melvin, BC-HIS
Kenneth Menard, BC-HIS
Shawn M. Millar, BC-HIS
Matthew Scott Miller, BC-HIS, ACA
Tammy Lynn Miller, BC-HIS
Norman E. Minnier, BC-HIS
Marliese A. Mohlman, BC-HIS
John D. Moore, BC-HIS
Anjan Muhury, BC-HIS, ACA
Denis P. Murmane, BC-HIS
Ervila A. Peake, BC-HIS
Cynthia Marie Peffers, BC-HIS, ACA
Mark Sidney Pierce, BC-HIS
Howard Paul Raff, BC-HIS
Arnold Rahman, BC-HIS
William H. Schirmer, BC-HIS, ACA
Robert B. Siegel, AuD, BC-HIS, CCCA
Vicki Kaye Sims, BC-HIS
James Michael Spinnato
Ellen Ruth Stevens, BC-HIS
R. Kent Stroud, BC-HIS
Arny DeAnn Svoboda, BC-HIS
Larry M. Taylor, BC-HIS
Donald W. Vincent, BC-HIS
Richard J. Wagner, BC-HIS
Gregory Dean Wales, BC-HIS
Kathleen Ann Wass
Robert Watts, BC-HIS
Richard E. Wencloff, BC-HIS, ACA
Patsy A. Winder, BC-HIS
Philip M. Winters, BC-HIS
Melody G. Wipert, BC-HIS
Brendan Keith Wright, BC-HIS
Chong Beet Yen

Several “All-Stars” pose for a picture during the awards reception. IHS recognizes members celebrating a milestone anniversary with the Society.
Going Once, Going Twice…
SOLD!

The Silent Auction Offers Fun and Excitement

A little healthy competition always prompts fun and excitement and this year’s silent auction was no exception. Thanks to the generosity of nearly 40 donors, enthusiastic attendees had fun bidding on over 75 items while raising money for the IHS Advocacy Alliance.

Items ranged from personal and recreational items to business tools and hearing instruments—*something for everyone*. A few determined members even lucked out and placed high bids that won them priority registration for next year’s convention before it is even available! We are pleased to report this year’s auction raised a much-needed $43,000. All proceeds from the auction go to the Advocacy Alliance for funding legislative and regulatory activities on behalf of the organization.

_Congratulations to all the winners and thank you for your support!_

---

IHS Thanks the Following Auction Donors

- ADVANCE/Merion Matters
- Alan Lowell Seminars / Hearing Health Professional University
- Audibel
- Audifon-USA
- Audina Hearing Instruments
- AudioCare
- Beltone Electronics
- Bennie Demicoli, Jewelry Artist
- Ear Technology Corporation
- Experience Performance
- Frye Electronics
- Hal-Hen Company
- Hansaton Acoustics
- Indiana Hearing Aid Alliance
- John Schamante, Focal Point Business Coach
- Marcon Hearing Instruments
- Max Chartrand, Ph.D. / The Platinum Practice Builder
- McDermott, Will & Emery
- MedRx
- MicroTech
- MiraCell
- Miracle-Ear
- NBC-HIS
- NuEar
- Oticon
- Phonak
- Rayovac
- ReSound
- Right Hear Network
- Seaport Hotel & Conference Center—Boston
- Snyder Hearing
- Sonic Innovations
- Starkey Laboratories
- TIMS for Audiology
- Unitron Hearing
- Westone Laboratories
- Widex Hearing Aid Company
- Wireless Hearing Solutions by inLOOP
Members Get a Full Update on Society Activities during the Annual Membership Meeting

The annual membership meeting was packed with information from Society and industry leaders as several speakers took the podium to report out on their respective areas/activities.

Preparing to end his term as IHS President, Chris Gustafson, BC-HIS, ACA delivered his final report to the membership. “The past two years have been filled with excitement, challenges, and changes,” stated Gustafson. During his report he discussed some of the year’s highlights including the developments in continuing education, activities supporting the hearing aid tax credit, and collaboration with other groups such as Hearing Industries Association (HIA), American Speech-Language-Hearing Association (ASHA), AARP, American Academy of Audiology (AAA), and others to support the hearing healthcare industry. He closed his report with, “I would like to extend to you, the members of this great Society, a big thank you for allowing me the opportunity to serve you as your president.”

The annual meeting continued with a lineup of speakers providing updates on specific initiatives and activities including: Secretary Bruce Sharp, BC-HIS, ACA; Treasurer Larry Farris, BC-HIS, ACA; Patricia (Pat) Connelly, PhD, chair of the International Institute for Hearing Instruments Studies committee; Laura Dennison, chair of the National Board for Certification; Karen Sealander, IHS’s Washington counsel; and Carole Rogin, executive director of the Hearing Industries Association (HIA).

The membership meeting ended with President Gustafson calling President-Elect Alan Lowell, BC-HIS, ACA to the podium to take part in the symbolic passing of the gavel ceremony and induction where Lowell was sworn in as president of the Society for 2011–2012, a two-year term. Lowell briefly addressed the membership and shared some of his goals during his term. Lastly, Gustafson announced Tom Higgins, BC-HIS, ACA as the nominating committee’s choice for 2011–2012 president-elect. Higgins also addressed the membership briefly.

A Fun-Filled Grand Finale Completes This Year’s Convention

The IHS annual convention ended on “playful” note at the Disney Hollywood Studios™. Members and their families came together to enjoy the entertainment and park attractions. After the park closed attendees had the chance to participate in a private screening of the popular ride Toy Story Mania! then made their way to a private reception at the “Lights, Motors, Action!™ Extreme Stunt Theater” for a dessert reception and dancing. The grand finale provided a perfect ending to a successful annual convention—to be remembered for years to come! TIP

Save the Date!
9/14–9/17, 2011

IHS Convention & Expo
Boston, Massachusetts ● September 14 - 17, 2011
A New Team at IHS
Gears Up for an Exciting 2011

Over the past six months many positive changes took place behind the scenes at IHS headquarters; getting ready up for an exceptional 2011. After the Board of Governors appointed Kathleen Mennillo as the new executive director, she quickly began to build a team capable of doing great things to advance the Society.

“IHS has always had a strong, dedicated staff to support the Society’s activities,” said Mennillo. “Now, with some recent staff changes, not only will we be able to continue supporting the membership but we will be able to advance the Society and secure our place as a leader in the hearing healthcare industry.”

With the combination of new team members and veteran staff, IHS can continue to make advancements in membership, education, and advocacy and will transform the Society from a reactive organization to a proactive one. Current plans for the year are being made and the team is working diligently to identify opportunities, establish priorities, and implement changes.

Members can expect to see many exciting changes and improvements throughout the year. Already underway are some critical continuing education initiatives including the recent online launch of the Distance Learning Program and the upcoming online release of the International Licensing Exam (ILE) later this year. The education team led by Joy Nagy is working closely with the International Institute for Hearing Instruments Studies (IIHIS) and International Licensing Exam committees to make major strides in the continuing education arena. Carrie Pedersen and Marlene Deuby also play critical roles on the education team. Carrie provides high-level support to many of the education projects with a specific focus on the American Conference of Audiology (ACA). Marlene maintains the continuing education credit program, processing over 15,000 course attendances annually.

Membership benefits and recruitment are also a top priority for the Society, and for Membership and Corporate Relations Manager Michele Tucholke. After joining the team in early 2010, Michele has been busy looking for ways to enhance membership benefits including exploring affinity relationships that will pass benefits and discounts along to IHS members. She will also be spending a lot of time working to integrate and support the chapters, making them a more prominent part of the IHS network.

The most recent additions to the IHS management team include Kara Nacarato as Editor of The Hearing Professional and Manager of Strategic Alliances and Alissa Parady as Manager of Government Affairs. These two individuals complete Kathleen’s leadership team and provide a well-rounded addition of skills and experience.

As editor of the magazine, Kara will look to strengthen the quality of the magazine, including the editorial content. She will use her experience with member committees to work with the editorial advisors for the magazine to ensure strong content for every issue. Additionally she will be launching an electronic version to be published in the months the magazine is not printed; keeping the members informed of industry news and Society activities throughout the entire year.

In her role as manager of strategic alliances she will look for opportunities to build relationships with key individuals, and companies, in the industry. Working directly with the manufacturers and service providers she will create win-win situations that not only help these companies achieve their goals but will also benefit the Society, its members, and the industry. Working with the executive director and IHS president, she will also reach out to various industry leaders to find positive ways to collaborate.

Alissa comes to IHS from the American Academy of Otolaryngology–Head and Neck Surgery where she spent five years as a senior manager. While with AAO-HNS, she built strong relationships and gained tremendous knowledge of the hearing healthcare industry and political policies. Her role with IHS will include reviewing, tracking, and advocating for legislation related to hearing aid specialists on both the federal and local state and provincial levels.

Additionally, Alissa will work on building advocacy and policy strategies for the organization. She will actively stay on top of legislation affecting hearing aid specialists as well as the hearing impaired. She will work directly with the territorial governors and chapter members to keep them informed on local issues and help them develop their local action plans. Alissa resides in Alexandria, Virginia placing her in close proximity to important political leaders and advocates.

Finally, rounding out this dynamic team is Dedra Simmons who joined IHS in November to focus on consumer affairs, administration needs for the distance learning course, and various office needs. And, last but certainly not least is our bookkeeper Rose Francis. Rose keeps our engine going as she processes all of the financials; serving IHS members for 31 years!

The new IHS team proudly stands ready and prepared to address critical issues facing the hearing healthcare industry. With strong leadership and collaboration with the officers and governors the IHS staff has a lot in store for its members in 2011 including a top-notch annual convention this September in Boston.

Keep watching for great things to come! THP
Here is Your Complete 2011 IHS Staff

Kathleen Mennillo, MBA
Executive Director
kmennillo@ihsinfo.org

Marlene Deuby
Continuing Education Specialist
mdeuby@ihsinfo.org

Alissa Parady
Manager of Government Affairs
aparady@ihsinfo.org

Rosalie Francis
Bookkeeper
rfrancis@ihsinfo.org

Carrie Pedersen
Continuing Education Coordinator
cpedersen@ihsinfo.org

Kara Nacarato
Editor and Manager of Strategic Alliances
knacarato@ihsinfo.org

Dedra Simmons
Administrative Assistant and Consumer Affairs Specialist
dsimmons@ihsinfo.org

Joy Nagy
Manager of Educational Programs
jnagy@ihsinfo.org

Michele Tucholke
Membership and Corporate Relations Manager
mtucholke@ihsinfo.org
IHS Past President Teams Up with ABC’s *Extreme Makeover: Home Edition* and The Starkey Hearing Foundation to Help Kids Hear Better

If you happened to watch the *Extreme Makeover: Home Edition* episode on Halloween night, you may have recognized some familiar faces. IHS past president, Scott Austin, BC-HIS, and his staff from Willoughby Hearing joined the Starkey Hearing Foundation and Ty Pennington’s *Extreme Makeover: Home Edition* crew to surprise students and staff at the Oregon School for the Deaf in Salem, Oregon.

The school was chosen by the *Extreme Makeover: Home Edition* team to receive an overhaul of their “Nightmare Factory” haunted house and the boys’ dormitory, while Austin’s team provided fitting and programming services to the school’s students, staff, families, and alumni. Preparations for the big surprise actually began a week before anyone at the school even knew they had been picked for the show.

“We had to keep everything a secret while we performed testing and ear mold impressions for the people at the school. They assumed we were going to give out hearing aids but they had no idea what was coming their way!” said Austin.

As the school was celebrating their 140th anniversary at the annual “back-to-school” picnic on Labor Day, they were surprised with a visit from the show’s host Ty Pennington and the crew. Pennington gave the exciting announcement that they had been chosen by ABC for the show—and that they had an even bigger surprise in store for them.

“For the past 20 years, the Oregon School for the Deaf has run a haunted house in the dirt floor basement of the dormitories as the primary fundraiser for school projects. Unfortunately, the school learned earlier this year that it was not going to be able to continue running the haunted house because the area was no longer safe. Thankfully, *Extreme Makeover: Home Edition* completely overhauled the area and with the help of Hollywood-style special effects and professional haunted house designers a scary new ‘Nightmare Factory’ was born.

In addition to the updates made to the haunted house, the crew also built a new energy efficient boys’ dormitory equipped with technology and features to support the deaf and hearing impaired.

“At the last minute, right before they yelled ‘Move That Bus,’ Justin Osmond and I were asked to rush in and set up the vibrating alarm clocks, lighted doorbells, and other assistive devices for the dorms. It’s just like it looks on TV, everyone running around doing last-minute touches. It was exciting for me to watch *Extreme Makeover*’s Paige Hemmis actually demonstrate how everything worked because we had literally just completed the setup,” Austin added.

“Although it was exciting to experience the behind-the-scenes TV activity, the most rewarding part was actually seeing the smiles on the kids’ faces as they were fitted with new hearing aids,” said Austin. “We witnessed amazing moments like when one student, who was a triplet—and the only one in her family with a hearing loss—heard her parents’ and siblings’ voices for the first time. Another student, an adorable seven-year-old girl, spoke her first words in our presence. When I heard her say ‘mama’ I was reminded that life is full of important memories and this was a moment none of us will forget. It is the reason I am in this profession.”

While the *Extreme Makeover: Home Edition* crew and countless volunteers were working on the haunted house and dormitory renovations, several of the students and staff were treated to a week-long trip to the Starkey world headquarters in Minnesota. During this process, over 400 hearing aids were provided and hearing was improved for many of these students.

“I have to personally thank Bill and Tani Austin and the entire Starkey Foundation mission team for inviting us to participate. A former Oregonian, Bill Austin picked up the entire cost. We only had to provide our time, services, and testing equipment, which I was happy to do. The entire experience was amazing for me. As a hearing healthcare professional and an IHS member I would encourage other IHS members to look for opportunities to participate in community programs in their area—even if they are not as elaborate as being part of ABC’s *Extreme Makeover: Home Edition*,” ended Austin.

To see more photos and information about the mission, go to Facebook and search Willoughby Hearing. For information about the Starkey Hearing Foundation go to www.starkeyhearingfoundation.org or to watch the full episode, visit www.abc.com. THP
An Interview with IHS President
Alan L. Lowell, BC-HIS, ACA

The Hearing Professional Editor sat down with IHS President Alan Lowell, BC-HIS, ACA, for an in-depth interview. Lowell is an esteemed hearing healthcare professional with over 34 years of experience. He is a long-time member of the Society and this is his second term as president. Throughout this interview you will learn more about his background, business achievements, plans for his presidency, and his personal interests.

THP Editor: What influenced your decision to pursue a career in the hearing healthcare industry?

Lowell: I entered the field in 1974 as a second-generation hearing healthcare professional. I worked with my father, Herb Lowell, in South Miami, Florida until I accepted a position as southeast account executive for Zenith Hearing Instruments in 1977. I was licensed in 1975 and since then have mostly dedicated my professional life to providing and strengthening professional education and the business practices of hearing instrument dispensing.

THP Editor: What other types of positions have you held during your career?

Lowell: After leaving Zenith in 1982 I went to work for Starkey Laboratories as their southeast account representative. I spent two years at Starkey and then purchased a well established hearing aid practice in Hollywood, Florida. Five years later I sold the practice to a Miracle Ear franchisee and stayed on as vice president and chief operating officer responsible for overseeing the operation of 41 retail centers throughout Central and South Florida; all while establishing and growing Alan Lowell Seminars, Inc. (ALS). I left Miracle Ear in 2005 to focus more time on ALS and my consulting firm, Encore Hearing Consultants, LLC.

THP Editor: Wow; that is a very impressive résumé and definitely validates your commitment to this industry. Can you tell us more about Alan Lowell Seminars and your role in hearing education?

Lowell: I was involved in hearing aid education early on in my career, helping professionals prepare for their state licensing exams. Most of my work at that time took place in Florida before I formally established Alan Lowell Seminars, Inc. in 1998. Since then, it is estimated that we have helped over 5,000 professionals earn their credentials in hearing instrument sciences worldwide. Currently, ALS offers four DVD programs, all professionally recorded, on-site so that our clients can receive comprehensive training without the expense and time of traveling from their office or home. In addition to our state licensing and NBC-HIS training seminars, we offer a video tutorial for new dispensers and our most recent addition, a six-hour DVD program on Cerumen Management. In 2008 we established the Hearing Healthcare Professional University, an arm of ALS. This five-day program is an intense educational experience taught in a classroom and laboratory setting for those looking for more in-depth training. We have hosted students from around the country, and even as far away as Guam. Students range from having no experience in hearing healthcare to those with more than 20 years experience looking to “freshen up” their skills and knowledge. Since our inception, more than 65 students have completed the program and I am very proud of that.

THP Editor: It sounds like you have been a pioneer in hearing education with your DVD series and five-day university program. What would you say is the professional accomplishment you are most proud of?

Lowell: My most memorable moment occurred when I received The Hearing Journal’s 2002 Joel S. Wernick Award for Dispenser Education. Joel Wernick was a “giant among giants” and unfortunately lost his battle to cancer at an extremely young age, so receiving an award in his name was overwhelming, particularly when you look at the list of recipients of this prestigious award. Joel was an inspiration and receiving the award was humbling. I am also very proud of the number of people I have helped train and educated throughout my career. It is a great feeling to know that I have made even a small contribution in the success of so many careers.
THP Editor: Obviously you have a strong history of practicing and educating within the hearing health sciences. What impact has technology had on the industry throughout your career and how do you stay on top of the advances?

Lowell: Today’s technology is nothing short of amazing. While the issues, complaints, and difficulties impacting those with hearing loss have not changed in the more than 36 years I have practiced, how we correct these problems has. The instrumentation, circuitry, and services that are available today have enabled clinicians and patients to achieve satisfaction levels few of us industry veterans ever thought possible. Plus, the manufacturing community and industry’s major publications are doing an excellent job enabling practitioners to stay ahead of the technology curve as are the local state/provincial chapters of IHS by offering continuing education programs. That said, it is also impossible to talk about advances without mentioning the exceptional ongoing accomplishments of the Society’s educational arm including the International Institute for Hearing Instruments Studies (IIHIS) Committee. As a result of the hard work and dedication of so many volunteers over the years, IHS has become internationally recognized as a leader in hearing healthcare education. As practitioners we also have the opportunity to see the latest products and techniques launched each year during our annual convention which includes a world class exhibition featuring manufacturers and service providers, and to learn and gain CE credits through the unparalleled educational program.

THP Editor: What do you see as the biggest challenge for hearing aid specialists?

Lowell: The biggest challenge facing all hearing healthcare professionals is reaching the vast underserved population with hearing loss who has not taken steps to correct their problem. Hearing aids remain one of the most underutilized and effective devices ever regulated by the Food and Drug Administration (FDA). Additionally, scope of practice, licensing, and state or provincial regulation also weigh heavily on many of our minds. At a time when government seeks to make deep budget cuts, it is common for regulatory agencies to look for ways to consolidate. This is why it is so imperative that hearing aid specialists support the Society and their local state/provincial chapters. Continued support through membership and other sources of funding helps these associations effectively represent our profession at both the state/provincial and federal level.

THP Editor: What do you suggest the specialist does to convince that individual that a hearing aid may be the right solution to their hearing impairment?

Lowell: The best DNA for any specialist is to possess the knowledge, skill, and the ability to communicate in ways to get an individual to commit to better hearing. Potential patient/clients often look for an excuse to refuse help. We simply cannot give them one! Therefore, our environment and how we present ourselves are key ingredients in fulfilling our mission. To quote a dear friend and colleague, John Hoglund, “Potential patients must admit they have a problem, be concerned enough to address it, and gain trust in their dispensing professional.” We must also be sure to market effectively to help inform and educate consumers. Without effective marketing, it will be much more difficult to grow the industry and strengthen our profession.

THP Editor: Now let’s shift our conversation a little and talk about your connection to the Society and some of your plans for your presidency.

Lowell: I have been a member of IHS for 26 years and have held different positions within the Society including serving as president from 1996–1998. I am humbled that my peers have chosen me to serve a second time. IHS’s primary mission throughout time has always been to take any steps necessary to protect the scope of practice and ensure proper licensing of hearing aid specialists. This remains the highest priority under my watch. We will continue to support and promote the hearing aid tax credit and any other legislation that strengthens our position as one of the industry’s leading providers. During my presidency, we will also continue to focus on ways to grow membership and enhance benefits. And, as always, we will stay prepared to address any unforeseen issues that may impact our profession.

THP Editor: I think we’ve covered a lot during our time, however I know our readers are interested in knowing a little about you personally. Can you share a little about your personal hobbies and interests?

Lowell: I have reached a point in my life when other people’s stories are far more interesting to me than telling my own. At almost 63 and about to be married, what are most important to me are my fiancée Leanne and her two children Elizabeth and Ethan. Leanne oversees our company’s internal operations and is literally at the center of my world. As for hobbies and interests, since I do a fair amount of out-of-town business travel, finding time to “play” is sometimes difficult. Aside from leisure travel, which we both love doing, I do manage to squeeze in some extra recreation time and when I do it is one of two things: flying or riding. I’ve been a pilot since 1976 and fly single-engine airplanes weekly. And, when I feel like staying grounded, I ride my Harley!

THP Editor: Alan, thank you for your time and for giving the readers a snapshot of their new president. Do you have any last thoughts or comments as we conclude this interview?

Lowell: Just to say thank you again to the members for placing their confidence and trust in me as their leader. I hope to see many of you at convention this September in Boston! THP
Why Do People Buy?
Psychologists tell us that people buy out of a desire for gain or a fear of loss. In the case of a person with moderate hearing loss, a desire to hear better or distress because of hearing difficulty must exist before making a purchasing decision.

We see a wide range of “perceived need” among these patients. Many patients come into our office feeling that a problem exists. They are looking for a solution and want it now. They have high desire and/or distress.

Other patients however come into our office to see if a problem exists—they want to “take a look” before considering any solutions. If there is a problem, “maybe” they will decide to do something about it. These patients most likely have little desire and/or distress.

Patients with Little Desire or Distress
How does the patient with little desire or distress feel about his hearing situation? He is likely to view it as “infrequent,” of “minor importance,” or an “occasional inconvenience.”

He may say to you that “some people just talk too softly,” “some restaurants are just too noisy,” or “my TV speakers may be too old.”

This patient feels he hears “pretty well” now and that he does not need to hear a lot better to be “okay.” He wants you, the hearing aid specialist, to agree that his hearing difficulty is minor, and that he does not need a hearing aid.

This patient is going to avoid buying hearing aids for as long as possible.

It is common that patients with moderate hearing loss do not want what they really need. Their desire to hear better or their level of distress in hearing poorly is just not great enough to motivate a purchase...yet.

Hearing Loss is Not Like Other Medical Problems
The reason we often encounter strong resistance from patients with moderate hearing loss is because hearing difficulty is significantly different than most other medical problems. Blurred vision is instantly alarming. Pain demands attention. But hearing loss does not have these kinds of “alarm bells.” We are asking the person with moderate hearing loss to make a huge emotional leap in accepting the facts and consequences that hearing loss will have on his future.

This patient’s experience with hearing loss is a current problem, but what’s more important is that it is most likely the beginning of a more serious future problem. We have to give him this news in a way that he can believe, accept, and act upon.

The Audiogram Results Aren’t Enough
Think about a patient’s experience at a typical hearing aid specialist’s office: After entering the office, he has a short

Russell Jones, BS, MBA, BC-HIS, owns a hearing aid practice in Honolulu, Hawaii. He welcomes your comments, questions and suggestions. Feel free to call him at 808.282.1899, or email at RussellHearing@gmail.com.
discussion with the specialist, completes a hearing test, has the results explained, and then is told he needs to buy hearing aids. It is very systematic and, many times, the facts alone are not enough to change his desire or distress from how he felt when he first walked through the office door.

Therefore, the rational motivation for action—the audiogram results—will not convince this patient that purchasing and wearing hearing aids is in his best interest. The perceived difference between how he hears now and hearing better is not big enough to him to make any life-changing decisions.

At this point, you—the hearing aid specialist—need to connect emotionally with this patient.

Creating the Emotional Motivation: Desire or Distress

People buy a product because of how they think they will feel after they have bought it. How does a person feel after he has learned the results of his hearing test? He feels the same as he did before the exam—his problem is not that bad. He is thinking about the inconvenience of wearing hearing aids and he is hearing that his perceived “minor inconvenience” is now a serious problem that is going to cost thousands of dollars to fix. He is most likely going to decide that he can go a little longer without hearing “everything.”

It is all about how the patient feels about his hearing loss. So, in addition to the rational motivation for action, you must create the emotional motivation. You need to move the patient from rationalizing the need for hearing aids to creating an emotional connection for the patient to want to hear better.

It is up to you to create the desire or distress or this patient will simply not buy.

Patients are Not the Same... Not Even Close!

Let’s look more closely at how this patient’s thinking is categorically different from a patient who comes into our office motivated to solve the problem.

The motivated patient looking for immediate help is specifically focused on the future. She wants to hear better from this day forward because she recognizes her hearing difficulty as an unfortunate part of everyday life and considers it unpleasant and annoying. Ultimately, this person knows the impact of their hearing loss both intellectually and emotionally and is ready for you to recommend a solution.

On the other side, the reluctant patient with moderate hearing loss is most likely basing his experience in the past and present and is not thinking about the future at all. He views his hearing difficulties as occasional, separate instances that are trivial and cause a minor annoyance. This patient is most likely coming into your office uninformed and unaware of the full personal and social effects hearing loss has on him, his family, and his friends. He is not ready for you to recommend a solution.

What Does This Patient Need to Understand?

As hearing aid specialists, we must walk a fine line when dealing with these patients. It is our responsibility to communicate the reality of possible future hearing loss but we need to do it while remembering how this patient is currently feeling—what his common sense is telling him today. We must stick to truth and logic.

The first step is to get him to understand that hearing loss is real, physical damage and that his hearing is damaged. Explain to him that it is your responsibility to ensure he gets the proper help, particularly if surgical correction is a possibility.

Next, explain to him that hearing loss is permanent in all but the most unusual cases (share the appropriate disclaimers that this is not always true) and that it usually gets worse. Help him understand that his hearing loss will very likely continue to get worse. Let him know that although it has not been clinically proven that the use of hearing aids slows down the rate at which hearing loss worsens, there is no question that patients hear better for longer with the use of hearing aids than without them.

Hearing Loss is a Progressive Condition

The patient needs to understand that hearing loss is a progressive condition and as it gets worse, the effects on a person’s life become more pronounced.

Initially, understanding and processing facts becomes more difficult, and more obvious as a problem. It becomes more annoying to him and to those with whom he interacts. Other people’s intentions and the meaning of their words become more difficult to recognize and understand. He eventually will have a harder time feeling what other people feel and the feelings and emotions of others become more difficult to understand.

Personal safety becomes an issue as awareness of alerts and warnings begins to suffer. At this point personal and driving safety is a real concern and can create insecurity for the patient.

Lastly, personal enjoyment is compromised as the sounds of nature diminish and music begins to sound off key and less enjoyable.

Our goal here is to change the patient’s perspective. He will feel differently when he understands he has a physical problem that is most likely permanent and going to get worse. Although we cannot be certain, we can likely assume his damage is permanent and we need to do everything we can to try and slow down the rate at which further damage occurs.

The Social Implications of Hearing Loss

He also has to understand that hearing loss has important social implications. As hearing loss becomes worse, it often
The Power of Pictures with Words

A PowerPoint presentation, or similar technology, is a good tool for the hearing aid specialist to use to help explain these considerations to the patient. Psychologists can clearly demonstrate that people learn better from words when they are accompanied by pictures than from words alone. People typically process information through two channels: a visual channel (images) and a verbal channel (language) so adding a visual tool such as a PowerPoint presentation will help the patient process the information the specialist is sharing with them.

In many traditional hearing aid consultations, the only pictures or illustrations shown to patients are those of the ear, hearing aids, and the audiogram. By adding pictures and illustrations the specialist can represent visual analogies and metaphors for the patient’s future both with and without hearing aids. This is an exciting opportunity to clarify the patient’s dilemma and educate him on the new opportunities.

Though there will certainly be occasions when this technology cannot be used—patients who have poor eyesight or those who are intimidated by computers—the vast majority of patients today easily accept the use of computers in not only fitting hearing aids, but as a tool in understanding their use.

Keep It Short, Simple, Fun!

The key guidelines for a successful presentation are to keep it short, simple, and fun. Because most hearing aid specialists schedule appointments with new patients for about one and a half hours, we recommend a presentation that is no longer than 10–20 minutes in length.

This can be accomplished in a two-part presentation. One short presentation before the test is conducted called “Discovery and Education” and another short presentation after the test called “Living with Hearing Loss.” Each part has a very clear purpose.

Part One: “Discovery and Education”

Before the hearing test, the patient is unsure whether he is going to be found to have hearing loss or not. His expectation is that he probably has some loss but he is also probably prepared to defend the idea that it is moderate.

At this stage, we want to try to discover if the patient believes his hearing loss is moderate and probably does not really need attention. If this is the case, we want to educate him on some very specific facts before he is tested. This will help him more easily absorb and accept the situation if he is found to have significant hearing loss.

First, communicate to him that hearing loss is real physical damage. We want him to understand that we are not testing to see if he cannot hear people who do not speak up, or whether he has a tendency to not pay attention when people are talking. We want him to know that we are looking for real physical damage to his hearing system.

Second, educate him regarding the first signs of hearing loss. Review these first indications that hearing loss exists:
A. some people seem to talk too softly, B. it is difficult to hear in background noise, and C. some words sound distorted or unclear, and are hard to understand. Once these first signs are understood, we need to find out how often he experiences these types of difficulty, and how annoying it is to him when it occurs.

Third, explain to the patient our responsibilities as hearing aid specialists and that if there is the slightest possibility that medical assistance might be of value to him, we will refer him to the proper medical authorities.

Fourth, help him to understand that hearing loss is permanent, for almost all people with hearing loss, and that almost everyone with hearing loss can expect it to get worse over time.

Why is this Presentation Important?

What we hope to achieve with the “Discovery and Education” presentation will be important in the patient’s later decision as to whether or not to purchase hearing aids. Knowing the patient’s attitude toward needing help is valuable to us in deciding what types of information to focus on when discussing the results of his hearing test.

During the presentation, the patient’s attention becomes focused on whether he has physical damage to his hearing system. He is then led to focus on the first signs of hearing loss, and, without admitting that he has major hearing loss, is encouraged to confess that he has experienced some of these first signs of loss. Furthermore, he is likely to admit that he has experienced them with some degree of frequency, and that it is annoying when they occur. He has also learned that people who do have hearing loss generally have a permanent condition, and that it usually gets worse. This is very important going into the hearing test.

While the presentation positions the patient as having some degree of hearing difficulty in some situations, no attempt is made to get the patient to agree that the problem is significant or debilitating.

And, most likely, without the patient even realizing it, he has agreed to a contingent proposition: if he is found to have
hearing loss, then he’s going to have to realize it is almost surely permanent and that it will almost certainly get worse.

Don’t Tell the Patient He is Wrong
We have not told the patient that his common sense is wrong or that his hearing is worse than he thinks it is. The only thing that we have confirmed is that he appears to have the first signs of hearing loss. We have not discussed exactly what that means.

This is a lot to achieve before the start of the hearing test. The patient is more comfortable participating in the dialogue because he feels he has communicated to us that he does not think his hearing difficulty is a very severe issue. He is much more comfortable having “gotten this out” and is grateful that you did not argue with him about it.

Changing His Perspective
His perspective has changed considerably since he first arrived. If asked, he would most likely tell you that he understands hearing loss better than he did before he came in. He now understands that it is a progressive condition, and that he must look at it differently than he has in the past. None of the information presented to him, or questions asked of him, have been a direct confrontation to the negative emotional attitude he had as he approached your office.

None of this knowledge makes his hearing any worse right now than it was when he walked in the door. However, he better understands his own hearing loss and is much more clearly focused on how his life will be affected if his hearing gets worse.

Presenting What Hearing Loss Really Means
The second stage of the presentation opens by presenting with considerable detail (6–8 minutes) how further hearing damage can impact the patient’s life. These six areas represent important quality-of-life issues.

1. Hearing Facts. Explain that when people cannot hear facts well and often have to ask people to repeat themselves, it is not only frustrating to the person with the hearing loss, but to the other person as well. The other person often wonders if there might be a mental problem, before considering that it might be a hearing problem. This consideration alone can represent a strong motivation to purchase hearing aids.

2. Understanding Meaning and Intention. Understanding the meaning behind a person’s words and understanding their intentions are critically important in many conversations. The person with a hearing loss must understand how this capability deteriorates as hearing gets worse.

3. Feelings and Emotions. Hearing loss makes it much more difficult for the patient to understand the feelings and emotions behind spoken words. This is particularly important to family and friends. The more familiar the relationship, the more important subtle intonation and inflection are. When meaning and emotions are not accurately understood due to hearing loss, misunderstandings lead to frustration and disappointment. This is one of the main reasons why families are often the driving force in visits to the hearing aid office.

4. Alerts and Warnings. Personal and family safety can be jeopardized in an instant by poor hearing. The inability to recognize the nature, seriousness, and direction from which a warning or threat comes is very serious. There is a point at which disregarding this concern becomes irresponsible.

5. Sounds of Nature. Hearing the sound of the wind in the trees, birds chirping, and rain on the roof are important parts of feeling part of a living world. As hearing deteriorates, an inevitable feeling of isolation closes in. Though this is experienced most prevalently in advanced hearing loss, it is one of the most unfortunate consequences of the situation getting worse.

6. Music. For many people with hearing loss, music sounds off key or distorted compared to when it was originally heard. Music plays an important part in some of our favorite memories. Hearing loss often makes sharing these memories stilted and uncomfortable.

The Complete Picture
Even though the patient with a moderate hearing loss is unlikely to have experienced these difficulties with any great frequency or degree of annoyance, it is very likely that he has experienced them enough to recognize that it would be unpleasant to have them occur more frequently or to a greater degree.
The patient can now clearly see how hearing loss may impact his future. The clear communication of the six quality of life changes should play a stronger role in making the purchase decision than the way in which the audiogram is explained.

He now has the complete picture. He knows he has loss, he will always have loss, and that it will very likely get worse. He knows what that means...if he doesn’t act soon, there’s a large dark cloud on the horizon and he is headed directly towards it.

The Ultimate Goal…
How We Want the Patient to Feel

How do we want the patient to feel at the moment that he makes the decision to buy hearing aids? Ultimately, we want him to feel that he is doing something good, that his future will be better, and that he is doing something his family and friends will be glad he did.

It is also important that as hearing aid specialists, we also help him recognize that he is doing something that may slow down the rate at which his hearing gets worse, and that he is being responsible in addressing his future health. We want him to understand the facts about hearing loss, and in particular the facts about his own specific hearing difficulties and that when he wears his new hearing aids he is going to address these issues.

At this point, we want him to feel comfortable enough with the information so he can make a decision about wearing hearing aids.

Introducing Hearing Aids
We have identified the problem, and now it is time to show him the solution. We want to introduce him to the idea of purchasing hearing aids in a non-threatening and comfortable manner. We want to cover price, appearance, and comfort/effectiveness.

• Price. The presentation is designed to point out that hearing aids are available to fit almost any budget. The higher the price, the more sophisticated the technology, the more robust and dynamic the sound, and the greater the comfort when listening to speech with background noise. The lower the price, the more basic the technology, the more limited the adjustments in terms of sound quality, and the less comfort in the presence of background noise.

• Appearance. Hearing aids are now available that are almost completely invisible. And, the good news is that people with moderate hearing loss almost always qualify for these very inconspicuous hearing aids.

• Comfort and Effectiveness. The presentation prepares the patient for the recommendation that is to follow. It allows the hearing aid specialist to discuss with the patient the steps that will result in a successful fitting with a high degree of satisfaction.

The Importance of Working Together
In discussing the criteria and reviewing what is important to the patient, such as concern with hearing aid appearance, dexterity issues with the batteries, or eyesight issues, the patient becomes an important part of the solution and helps the hearing aid specialist with his recommendation. The more involved the patient feels in the specialist’s recommendation, and the more he feels he has helped “pick out” the recommended hearing aids, the more likely he is to accept it.

At the end of the presentation, the patient will hopefully feel that you are both on the “same page.” The problem has been evaluated and analyzed and he understands why his hearing difficulty, though perhaps modest now, should not be ignored. He wants to hear as well as he can, for as long as he can and he now knows that although hearing aids are not a definite remedy, they are the best solution for him at this point.

And even though he still may not be enthusiastic about the way they look, the mechanics or maintenance, or their cost, he has confidence that you have been honest about the facts and he is finally ready to trust your recommendations about his hearing healthcare and ultimately his future.
Have YOU renewed your professional membership for 2011 yet?

Keep in step with your society by renewing now, if you have not yet done so. Visit our website, www.ihsinfo.org and click the RENEW NOW button to update your membership in under five minutes! Second notices will go out during January to those members who have not yet renewed.

Sincere thanks to those sustaining members who choose to invest in a relationship with IHS each year—making our 60th Anniversary possible!

Back by popular demand!

We heard you…

IHS membership cards will once again be included for our new and renewing 2011 members. Plus, a fresh new style of door decals and lapel pins are coming your way! We want to help you show the world you’re an IHS member—and proud of it!

New Members

Lynee Anderson, Carson City, NV
Wanda Anderson, London, ON, Canada
Matthew Armstrong, Sault Ste Marie, ON, Canada
Carolyn Arredondo, Albuquerque, NM
Pamela Ashton-Worden, BC-HIS, Guelph, ON, Canada
Marline D. Barrows, San Bernadino, CA
John Paul Bartolucci, Jr., West Springfield, MA
Lisa R. Caravello, Merriam, KS
Wendy Caswell, Brampton, ON, Canada
Trina D. Cochrane, Nanaimo, BC, Canada
Emily Colborne, Saskatoon, SK, Canada
Cynthia Connolly, Teaticket, MA
Peter J. DeVeau, BC-HIS, Bedford, NS, Canada
Robert Scott Dohe, Green Lake, WI
Rebecca Dushman, Deerfield, IL
Robyn DeEtte Edgson, BC-HIS, Las Vegas, NV
Carolyn R. Green, St. Catharines, ON, Canada
Ashley M. Hollingsworth, Norman, OK
Harry R. Hoots, Jr., Seaside, OR
Michelle R. Jones, Roswell, NM
Michael Richard Keller, Deltona, FL
Jeffrey W. Kik, Portage, MI
Sharon C. Kober, Franklinton, LA
Arthur J. Lewis, Vero Beach, FL
Kirsten L. Libke, Saskatoon, SK, Canada
Coral Lopez, San Luis, AZ
Rhonda Martin, Toronto, ON, Canada
Edward Anton Maznio, Phoenix, AZ
Mark Kevin McConnell, Canton, OH
Maureen A. McGovern, Burien, WA
Norberto I. Medina, Rio Rancho, NM
Raymond M. Miner, CCC-A, Alexandria, VA
Melody E. Nash, Lake Havasu City, AZ
Annette L. Norris, Shrewsbury, MA
Kathy N. Parker, Tucson, AZ
C. Louise Parton, Victoria, BC, Canada
David M. Roberts, Saint Augustine, FL
Laura Robinson, North Aurora, IL
Robert A. Sawyer, BC-HIS, Windham, CT
Michele D. Short, Havre De Grace, MD
Tammy Spry, ACA, Griffith, IN
Peggy J. Stanlick, Hackensack, NJ
Debora C. Sweany, Morristown, TN
Denise R. Wilbanks, BC-HIS, Cleveland, TN

Invite a colleague to join IHS
Please select your Member Type: 

- Professional ............... Individuals engaged in the practice of testing human hearing and selecting, fitting, counseling patients and dispensing hearing instruments. $ 275
- International .............. Those professionals employed outside the United States or Canada. $ 125
- Associate/Affiliate ........ Office staff, receptionists or any other support staff, educators, physicians, counselors or those employed by a hearing industry manufacturer or supplier. $ 50
- Student ..................... Individuals pursuing an academic or vocationally-based program of study in the practice of hearing instrument sciences or other related professions. $ 35

**WORK / HOME CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>NAME (Last, First, Middle):</th>
<th>Last 4 digits of SS/SI Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth (mm/dd/yy):</td>
<td>Gender: □ Male □ Female</td>
</tr>
</tbody>
</table>

**PROFESSIONAL / EDUCATION INFORMATION**

I am licensed to dispense hearing instruments in the following states/provinces/countries: State/Province/Country: _________________ License #: _________________
State/Province/Country: _________________ License #: _________________

I began dispensing hearing instruments in (year): _________________

Professional Credentials attained: □ ACA □ AuD □ BC-HIS □ CCC-A □ CCC-SLP □ _________________
Member of: □ IHS affiliate chapter _________________ □ AAA □ ADA □ ASHA □ _________________
Education Level: □ HS □ Some College/Trade □ College/Grad (Inst, Degree): _________________
If currently a Student, program and anticipated licensing date: _________________

**PAYMENT METHOD**

- Visa/MC/AmEx #: Exp. Date: CVV code:
- Check # (payable to IHS): Amount: Credit Card Authorized Signature:

I agree to abide by the Bylaws and Code of Ethics of the International Hearing Society.

Signature: _________________ Date: ________________

Return to:

International Hearing Society
16880 Middlebelt Rd., Ste. 4 • Livonia, MI 48154
Phone: 734.522.7200 • Fax: 734.522.0200
www.ihsinfo.org

Rev. 8/2010
Three New Faces Join the IHS Board of Governors

IHS welcomed three new members to the Board of Governors after the nominating committee made final selections in late December. The three newest members include Antonio (Tony) Calderon, MD, BC-HIS, Annette Cross, BC-HIS, and Patrick Kochanowski, BC-HIS, ACA. The territorial governors will work closely with the local chapters in their areas to help facilitate chapter activities and to develop action plans to address state legislation issues related to hearing healthcare practitioners and the hearing impaired.

Antonio Calderon, MD, BC-HIS, is a licensed Hearing Aid Specialist in Arizona, Texas, and Ohio and will serve as Governor for the Southwest territory, replacing Larry Farris, BC-HIS, ACA, covering Arizona, Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. He is currently the Personnel Development Director for Avada Audiology & Hearing Care. Dr. Calderon brings with him extensive experience in the hearing healthcare industry and is also a licensed pediatrician.

Annette Cross, BC-HIS, is the new Territorial Governor for the Canadian territory covering all provinces replacing John Letts, BC-HIS. She will serve as the liaison to the Canadian Hearing Instrument Practitioners Society (CHIPS) where she also serves on their board. Annette has over 18 years of experience in the hearing healthcare industry. She has a passion for helping the hearing impaired and has traveled the world volunteering on hearing missions to help children hear better. Annette owns and operates four hearing retail centers.

Patrick Kochanowski, BC-HIS, ACA, has been chosen to replace Tom Higgins, BC-HIS, ACA, as the Central East Coast Territorial Governor since he moved into the President-Elect position for 2011–2012. The Central East Coast territory includes Delaware, Maryland, New Jersey, Pennsylvania, Virginia, Washington DC, and West Virginia. Patrick is also the current president for the local chapter, the Pennsylvania Hearing Healthcare Association, where he continues to be a strong advocate for the profession on the local state level including supporting important state legislation. He is a prominent member in the hearing healthcare community and owns and operates four Miracle Ear retail centers in Pennsylvania.

The Starkey Hearing Foundation Honors Actor Leslie Nielsen

In a recent press release, the Starkey Hearing Foundation announced immediate plans to honor the late actor and philanthropist Leslie Nielsen whose efforts in support of the organization helped improve the lives of children and adults with hearing disabilities. “Leslie was a true champion of The Starkey Hearing Foundation,” stated Bill Austin, founder of The Starkey Hearing Foundation. “He understood the value of hearing and was dedicated to helping children and adults hear better, to improve their quality of life. We are deeply saddened by his passing and will miss our dear friend.”

Donations that were made in Nielsen’s name through December 31, 2010 are being used towards a special tribute during the Foundation’s upcoming 2011 Super Bowl Mission. This February several celebrities including NFL stars will make appearances and deliver the gift of hearing to hundreds of children throughout the Dallas area. Each year the Starkey Hearing Foundation aims to deliver more than 100,000 hearing aids to those in need. To find out more about the special Nielsen family tribute and supporting activities visit www.starkeyhearingfoundation.org or visit the Foundation’s Facebook page at www.facebook.com/StarkeyHearing.

IHS Announces Plans to Launch an Online Newsletter in Early 2011

With the recent staff changes at IHS headquarters, The Hearing Professional will soon be accompanied by an online newsletter. “There is constantly relevant news pertaining to the hearing healthcare industry and publishing a quarterly magazine limits our ability to report it to our members and industry leaders timely,” explained the magazine’s new editor, Kara Nacarato. “It is our responsibility to not only publish an editorially strong magazine each quarter but also find ways to keep our members up-to-date on industry news and Society activities.”

The e-newsletter, which has not yet been given an official name, will be emailed to individuals in the months the magazine is not printed. This new product will also open up additional visibility opportunities for manufacturers and service providers looking to reach a very active, targeted audience. More details regarding the launch of this new benefit will be posted on the IHS website in the coming months.

continued on page 31
IHS Continuing Education Test: Creating Desire or Distress

For continuing education credit, complete this test and send the answer section at the bottom of the page to: International Hearing Society
16880 Middlebelt Rd., Ste. 4, Livonia, MI 48154
• After your test has been graded, you will receive a copy of the correct answers and a certificate of completion.
• All questions regarding the examination must be in writing and directed to IHS.
• Credit: IHS designates this professional development activity for one (1) continuing education credit.
• Fees: $29.00 IHS member $59.00 non-member (Payment in U.S. funds only)

1. What needs to exist for people to want to buy?
   a. A good sale
   b. Desire or distress
   c. Poor audiogram results
   d. No need for change

2. When first entering the dispenser’s office, patients with moderate hearing loss are interested in:
   a. finding a solution to their hearing difficulty as quickly as possible
   b. being told that their problem isn’t that bad
   c. buying hearing aids
   d. improving their future hearing needs

3. The patient with moderate loss often thinks of his hearing problems as:
   a. a past or present problem
   b. occasional separate instances
   c. a trivial and minor annoyance
   d. all of the above

4. Hearing loss is:
   a. real, physical damage
   b. permanent in all but the most unusual cases
   c. almost always gets worse
   d. all of the above

5. Hearing loss is a:
   a. regressive condition
   b. suggestive condition
   c. progressive condition
   d. mental condition

6. The dispenser should present the information as a two-part presentation. The first part is:
   a. Discovery and Learning
   b. Living with Hearing Loss
   c. Hearing 101
   d. How the Audiogram Works

7. The second part of the presentation tells the patient about:
   a. the audiogram results
   b. the six quality-of-life issues
   c. hearing aids
   d. none of the above

8. When introducing the hearing aids to the patient, you want to cover:
   a. price
   b. appearance
   c. comfort
   d. all of the above

9. How should the patient feel about his hearing loss after the presentations?
   a. His future will be better
   b. His future will be worse
   c. He doesn’t need to buy hearing aids now
   d. His hearing loss can’t be slowed down by using hearing aids

10. You can build a solid relationship with your patient by:
    a. working together to make the purchasing decision
    b. not addressing your patient’s feelings about hearing loss
    c. only presenting the audiogram results
    d. selling him the most expensive hearing aids available

---

Answer Section
(Circle the correct response from the test questions above.)

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

Name ______________________________
Address ______________________________
City __________________ State/Province __ Zip/Postal Code __________
Office Telephone __________________________
Last Four Digits of SS/SI# __________________________
Professional and/or Academic Credentials: __________________________
(PHOTOCOPY THIS FORM AS NEEDED)
Please check one: □ $29.00 (IHS member) □ $59.00 (non-member)

THE HEARING PROFESSIONAL
The International Hearing Society encourages your participation in the following listing of approved courses for continuing education. This is a partial list of approved courses, for a complete roster contact IHS at 734.522.7200.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TITLE</th>
<th>PROVIDER</th>
<th>LOCATION</th>
<th>HOURS</th>
<th>MORE INFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 15</td>
<td>Georgia Chapter Winter Meeting</td>
<td>Georgia Society of Hearing Professionals</td>
<td>Macon, GA</td>
<td>6</td>
<td><a href="http://www.georgiasocietyofhearingprofessionals.com">www.georgiasocietyofhearingprofessionals.com</a></td>
</tr>
<tr>
<td>Jan. 16</td>
<td>Wireless Innovation Practicum</td>
<td>Starkey Laboratories</td>
<td>Various</td>
<td>2</td>
<td><a href="http://www.starkey.com">www.starkey.com</a></td>
</tr>
<tr>
<td>Jan. 21–22</td>
<td>12th Annual Continuing Education Workshop</td>
<td>Audina Hearing Instruments</td>
<td>Lake Mary, FL</td>
<td>16</td>
<td><a href="http://www.audina.net">www.audina.net</a></td>
</tr>
<tr>
<td>Jan. 21–22</td>
<td>2011 Annual Seminar</td>
<td>Mississippi Hearing Aid Association</td>
<td>Jackson, MS</td>
<td>10</td>
<td><a href="mailto:dmcirino@gmail.com">dmcirino@gmail.com</a></td>
</tr>
<tr>
<td>Jan. 26</td>
<td>The Latest in Digital Technology and Deep Impression Technique</td>
<td>AmplifonUSA</td>
<td>Spokane, WA</td>
<td>7</td>
<td><a href="http://www.amplifonusa.com">www.amplifonusa.com</a></td>
</tr>
<tr>
<td>Feb. 7</td>
<td>The Latest in Digital Technology and Deep Impression Technique</td>
<td>AmplifonUSA</td>
<td>Fort Lauderdale, FL</td>
<td>7</td>
<td><a href="http://www.amplifonusa.com">www.amplifonusa.com</a></td>
</tr>
<tr>
<td>Feb. 10</td>
<td>BelTech 2011—Modification and Repair</td>
<td>Beltone</td>
<td>Fort Lauderdale, FL</td>
<td>8</td>
<td><a href="http://www.beltone.com">www.beltone.com</a></td>
</tr>
<tr>
<td>Feb. 11–12</td>
<td>Hearing Loss Prevention, Fitting Options and Optimizing Digital Devices</td>
<td>Hearing Healthcare Instructional Institute (HHII)</td>
<td>Houston, TX</td>
<td>22</td>
<td><a href="http://www.hhii-ceu.com">www.hhii-ceu.com</a></td>
</tr>
<tr>
<td>Feb. 17–18</td>
<td>Central States Conference on Hearing</td>
<td>Oklahoma Hearing Aid Association</td>
<td>Tulsa, OK</td>
<td>TBD</td>
<td><a href="http://www.ohaaonline.org">www.ohaaonline.org</a></td>
</tr>
<tr>
<td>DATE</td>
<td>TITLE</td>
<td>PROVIDER</td>
<td>LOCATION</td>
<td>HOURS</td>
<td>MORE INFO</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>-------------------</td>
<td>-------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Feb. 23</td>
<td>Bridging the Gap: Hearing Aids and Implantable Technology</td>
<td>Cochlear Americas</td>
<td>Santa Fe, NM</td>
<td>2</td>
<td><a href="http://www.cochlear.com">www.cochlear.com</a></td>
</tr>
<tr>
<td>March 3–5</td>
<td>Tri-State Hearing Convention 2011</td>
<td>Tri-State Hearing Convention</td>
<td>Portland, OR</td>
<td>12</td>
<td><a href="http://www.tristatehearingconvention.org">www.tristatehearingconvention.org</a></td>
</tr>
<tr>
<td>March 10–12</td>
<td>Advances in Hearing Healthcare: Keeping Your Practice Strong</td>
<td>Kansas Hearing Society</td>
<td>Wichita, KS</td>
<td>13</td>
<td><a href="http://www.kansashearingsociety.com">www.kansashearingsociety.com</a></td>
</tr>
<tr>
<td>March 11</td>
<td>2nd Annual MUSC Pediatric Audiology Conference</td>
<td>The Medical University of South Carolina</td>
<td>Charleston, SC</td>
<td>7</td>
<td><a href="http://clinicaldepartments.musc.edu/ent/cme/">http://clinicaldepartments.musc.edu/ent/cme/</a></td>
</tr>
<tr>
<td>March 17–19</td>
<td>Mid-Atlantic Expo</td>
<td>Pennsylvania Hearing Healthcare Association</td>
<td>Gettysburg, PA</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>March 18–19</td>
<td>Nebraska Hearing Society 2011 Annual Meeting</td>
<td>Nebraska Hearing Society</td>
<td>Lincoln, NE</td>
<td>12</td>
<td><a href="http://www.nebraskahearingociety.org">www.nebraskahearingociety.org</a></td>
</tr>
<tr>
<td>Various</td>
<td>Pediatrics: Thinking Outside the Box</td>
<td>Oticon</td>
<td>Various</td>
<td>3 or 4</td>
<td><a href="http://www.oticonusa.com">www.oticonusa.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Intro to Baha®: What Professionals Need to Know</td>
<td>Cochlear Americas</td>
<td>Various</td>
<td>2</td>
<td><a href="http://www.cochlear.com">www.cochlear.com</a></td>
</tr>
</tbody>
</table>

### Soundbytes

**IHS Pennsylvania Chapter and the Hearing Industries Association (HIA) Achieve Victory in a Recent State Ruling**

In a key agreement for people with hearing loss, the Commonwealth of Pennsylvania, the Pennsylvania Hearing Healthcare Association (PHHA), and the Hearing Industries Association (HIA) have achieved an agreement that “the use of the term ‘invisible,’ ‘100% invisible,’ or other similar term for a deep in the ear canal (IIC) hearing aid” does not violate PA Department of Health (DOH) hearing aid regulations. As outlined in a letter to HIA from the Pennsylvania Department of Health, the Pennsylvania regulations generally prohibit “deceptive representation” and specifically identify words like “invisible.”

IHS Territorial Governor, Patrick Kochanowski, BC-HIS, ACA, was actively involved in this important state activity. In July 2010, Kochanowski accompanied PHHA Executive Director Robert Stewart and HIA Executive Director Carole Rogin to a meeting with state representatives in the Attorney General’s office to represent the hearing aid industry. These key industry leaders explained the importance of promoting the invisibility of deep canal fittings to help motivate consumers to use hearing aids and brought photos and products to the meeting to demonstrate the truthfulness of the claims. HIA acknowledged in the news release that “the interaction in Pennsylvania demonstrates the best kind of cooperation between the hearing aid industry and the states.” IHS congratulates Kochanowski and the rest of the team on their successful efforts and encourages this type of collaboration in other states and provinces. **THP**
Positions Available

Frasier Enterprises LLC, a Miracle-Ear Franchise is growing throughout the country and is looking for top level sales professionals to join our team. We are in the business of improving lives through better hearing. Miracle-Ear has been the leader in our industry for over 60 years and our franchise is over 20 years old. We have locations in East Bay CA, NY (including Long Island, Nassau County), MA, CT, NE, IA, KY, IN, and WA. We are looking for someone in the Springfield Massachusetts area. We are a profitable, stable company with a solid vision for our future. (All states require licensing and some college credits.) We will help provide all training to become licensed.

You can expect:
• $400/week training salary for 2 months/$400 week draw against commissions
• 401K/25K life insurance
• 50% healthcare, dental and vision coverage
• Promotional trips, incentives
• Aggressive national and local advertising using multi-layered target marketing via TV, direct mail, newspaper, etc.
• Fully equipped professional office with existing patient base

Position Summary

The Hearing instrument Specialist is responsible for the identification and rehabilitation of the hearing impairment including determining the appropriateness and benefit of amplification. This is a great opportunity for high achievers to learn a new industry that is poised to take advantage of advancements in technology within the growing hearing aid market.

If you wish to help us improve the quality of life of others, we want to hear from you. Email résumés to carlcase@frasierenterprises.com or fax 518.736.2285.

Now Hiring Audiologists/Hearing Instrument Specialists

Beltone, the global leader in hearing health care, seeks experienced audiologists, or hearing aid Specialists for well established Hearing Aid Centers located in North Florida. Responsibilities include testing, fitting and servicing patients with top of the line Beltone hearing instruments. The ideal candidate will be an Audiologist or possess a current Florida Hearing Aid Specialist license, combined with a proven track record of success, and a desire to deliver excellent patient care and service.

We offer a Competitive Salary plus Commission Plan, 401K, Continuing Education allowance and more. EOE

Résumés accepted at: Hearnow46@yahoo.com.

For Sale

Raceway sign: HEARING AIDS. LED illuminated high-quality blue channel letters. 16” X 10’. Only 8 months old, perfect condition. Please call 386.690.3779 for more information.

Battery Easy’s incredible new tool, which debuted this year at the IHS 2010 Convention and Expo, lets your patients change their hearing aid batteries in less than one minute. No more “fumble fingers.” Orlando attendees kept saying how great this will be for their patients. It is also profitable to you. Please visit our secure website www.batteryez.com or call 1.888.98E.ZBATT (983.9228) for complete information.

The Hearing Professional Classified Advertising Gets Results!

President’s Message

President’s Message continued from page 2

President and congratulate him on a successful term in office. I am fortunate to pick up where he left off.

Over the next two years, the Society will remain focused on increasing membership, identifying new member benefits, and strengthening the lines of communication with members and hearing instrument specialists worldwide. We will continue to ride herd on issues affecting our industry, our profession, and ultimately our patients/clients. These issues range from provincial licensing and practice management to Audiroprsthology, and hearing healthcare legislation and advocacy.

In closing, I want to congratulate and thank the Society’s new Executive Director, Kathleen Mennillo, and the entire IHS staff for their superb ongoing efforts. I believe an organization like ours cannot be successful without a strong team and I believe we have the best in the IHS staff, Board of Governors, legal counsel John Hessburg, and legislative counsel Karen Sealander. This dynamic group is equipped with the knowledge and experience to move us forward as a professional society. I am looking forward to a great 2011!

Sincerely,

Alan L. Lowell, BC-HIS, ACA

P.S. Be sure to mark your calendar for this year’s annual convention taking place September 14–17 in Boston. The team is working hard to create an industry-leading event with strong educational content and peer-to-peer networking; and I’m sure some fun too!
Get The Right Tools to Build Your Practice!

To Order Call 877-376-1947 Today!

The Basic Training Manual for Successful Hearing Aid Dispensing, Third Edition, is a completely updated rendition of one of the most popular training texts in the hearing health field. This powerful text contains information for even the long-experienced dispensing professionals, as well as the newcomers to the field:

- Setting the Stage for Success
- Journey of Discovery: The Hearing Evaluation
- External Ear Anatomy, Disease and Principles of Cerumen Management
- Delivery & AfterCare: Where Healing Begins
- An Introduction to the Psychological & Psychosocial Implications of Hearing Impairment
- Masking Made Easy & Indiana Jones & Lost Art of Tuning Fork Testing
- Practice Written Examination

...Introductory Special Price of only $39.95!

Video Otoscopy: A Quantitative View, a dynamic & clearly written 200-page resource, is a must for every dispensing professional to add best practice standards to their case history, video otoscopy, and hearing instrument fitting skills! Be the first in your community to know how to work with the External Auditory Canal Neuroreflexes that otherwise complicate and thwart your best efforts in fitting success. Subtopics, such as the effects of chronic disease, prescription medications, dehydration, and other critical factors that can trip-up even the best of dispensing professionals are also covered!

...receive a FREE Video Biomarker Assessment Photographic ATLAS when purchasing the Video Otoscopy book for only $44.95!

- Sharpen Otoscopy Skills!
- Increase patient confidence!
- Know when to make referral!
- Solve fitting problems & make every patient a smashing success!

CONSUMER WELLNESS SERIES
publications for your waiting room
Call 877-376-1947 for quantity/wholesale pricing
www.drmaxchartrand.com

INTRODUCTORY SPECIAL! ONLY $15.00
(Reg. $29.95)

How to Overcome ADHD & Other Learning Disabilities
Dr. Max Chartrand, Ph.D.
How to Get Your BODY’S pH
& Overcome Chronic Disease
Max Stanley Chartrand, Ph.D.
Max S. Chartrand, Ph.D.

Defying the Odds!
This powerfully stimulating book reveals how to help your child remove barriers to their physical, intellectual, social & academic development without mind-altering growth-stunting drugs:

- Reverse damage due to heavy metal, vaccine adjuvant & other assaults on cognition
- Overcome chronic hydration & nutritional deficiencies!
- Learn how development of musical skills can make your child smarter and able to reach their full potential!
- From birth to young adulthood, learn how to help your child lead a full, rich, happier life!

Dr. Max Chartrand Seminars, 1941 Lake Ave., Pueblo, CO 81004
(719)696-8275 (Voice)—(719)696-8277 (Fax)
Hearing loss could lose you much more than you think.

You miss a few words. Your spouse repeats the same sentence. You can't understand the question.

If you have an inkling you don't hear as well as you used to, you're probably right.

Hearing loss could lose you much more than you think. It can cut you off from those you love and take the joy out of life.

So what are you waiting for? Go see a hearing health professional to find out the options available to re-connect you with the world.

Give yourself the best ears of your life.