

# CANADIAN CONSUMER GUIDE TO



# Hearing Loss & Hearing Aids



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Canadian Hearing Instrument Practitioners Society

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# Hearing Loss & Hearing Aids



## Introduction

More than three million (3,000,000) Canadians suffer some degree of hearing loss, and yet, hearing loss and its effects on the lives of those affected, remains one of the least understood and most frequently undiagnosed human tragedies of our time.

Hearing loss is often referred to as “the unseen handicap”. Because of its slow insidious progress, the hearing impaired person adapts to his condition as his hearing deteriorates. He begins to believe that not understanding speech in the presence of noise, in groups of people, and when someone speaks quickly, is normal. As the hearing loss continues undiagnosed, the difficulty of not understanding speech clearly can progressively become a permanent condition.

Hearing loss has many faces. Many elderly persons with undiagnosed hearing loss are seen as uncommunicative, self-isolating, unco-operative and, in extreme cases, mentally incapacitated.

The Canadian Hearing Instrument Practitioners Society (C.H.I.P.S.) has created this booklet for consumers who may suspect hearing loss, and are unsure of where to look for answers. We believe this booklet will answer most of your questions, from what is hearing loss and where to get help, to the type and variety of help that is available. You will also find a section

specific to most provinces with information about any regulations or financial assistance that may be beneficial to you.

## How Does Your Hearing Work?

To most people, hearing loss is invisible. Unlike blindness, there is no white cane for others to see. As a society, we tend to only believe in what we can see. Hearing loss, therefore, often remains hidden from public view. Compared to vision problems and eyeglasses, the subjects of hearing loss and hearing aids have a low profile. Hearing, unlike vision, is our main communicative sense. We mistake hearing loss for lots of things: lack of interest, purposely not listening, and not understanding. For these reasons, hearing is a sense that people tend to sweep under the rug and take for granted. Hearing loss often creeps up in a subtle way, and slowly begins to interfere with our ability to hear common sounds and understand speech. Because this happens so gradually, many are reluctant to go see a Hearing Health Care Professional who can help, not realizing the benefits available to them.

Up to 10% of Canadians have hearing loss - about as many people as in the city of Toronto! Hearing loss is most prevalent in people over 65 years of age, but many children and younger adults also live with hearing loss. For many people, the biggest (and most preventable) threat to hearing in our society is noise. We live in an amazingly

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noisy society. Industrial machines, and even home power tools can cause hearing loss if the ears are not protected. Loud music is another common source of noise. If you can easily hear sounds coming from someone else's headphones, chances are very high that the sound level is excessive enough to threaten the safety of that person's hearing.

## About The Ear

There are three main parts of the ear - the outer, middle, and inner ear. The outer ear is the largest and yet, the least useful part for hearing. It mainly serves to gather sound and funnel it down the ear canal to the eardrum. Like blowing across a partially filled pop bottle, the ear canal resonates (vibrates) more with some sounds than with others. The amazing thing here is that it resonates especially well with the sounds that are most important for hearing speech (high pitch or frequency.)

The middle ear is behind the eardrum, and it is a small air-filled room that houses the three smallest bones in the body (the "hammer", "anvil" and "stirrup".) The vibrations of sound against the eardrum vibrate these tiny bones. The whole purpose of the middle ear is to convert the sound waves (air pressure) to mechanical energy, amplifying sound as it carries it to the fluid-filled inner ear. As we all know, if our heads are under water in a pool, our ears won't pick up much sound from some-

one talking at the side of the pool, outside of the water. This is the same effect as when the ear is plugged with cerumen (wax). Something has to increase the intensity of the sound so it will penetrate the fluid and be heard clearly by the ear. That something is the middle ear. Sounds hitting the relatively large eardrum are transmitted to the tiniest, third middle ear bone, called the stapes (nicknamed the stirrup because it looks like a tiny stirrup). If you want an example of this, press your hand against the




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side of your face with a certain amount of force; now, with the same amount of force, press only a finger tip against your face. Feel the difference in pressure? The middle ear basically makes incoming sound intensity greater (approximately seventeen times greater), so that it can penetrate the fluid-filled inner ear.

The inner ear is a very exciting place. It is called the "cochlea," (Greek for snail shell.) The fluid-filled cochlea in a human being is about the size of the tip



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of your little finger, and is embedded inside the hardest and most dense bone in your skull. There are about 15,000 tiny “hair cells” that are completely surrounded by the fluid inside each cochlea. The hairs on these cells are not like hairs on our head but they do look a bit like tiny hairs. The vibrating middle ear bones create ripples in the cochlear fluid. This in turn, causes the tiny hairs to bend, which creates tiny electrical currents that are sent on to the brain. In one sentence, the cochlea changes sound vibrations into electricity, and electricity is the “language” that the brain understands.

## Common Types of Hearing Loss

Now that we’ve reviewed how the ear works, we can discuss what can go wrong with your hearing. This will help clarify what hearing aids can do for those with hearing loss. In the world of vision, most of the public is quite aware of “nearsightedness” and “farsightedness.” Yet most of us have never heard of the two main types of hearing loss: “conductive” and “sensorineural.”

Problems with the outer or middle ear cause conductive hearing loss. These problems tend to reduce the passage of sound as it moves (or is conducted) towards the inner ear. As examples, think of excessive earwax or middle ear infections. Conductive hearing loss can often be repaired by today’s medical intervention (ie: wax removal, antibiotics or surgery.) When medical inter-

vention is not recommended, hearing aids usually perform quite well to overcome a conductive hearing loss.

Sensorineural hearing loss is caused by problems with the inner ear, or cochlea. This is by far the most common type of hearing loss. It is caused by damage to the tiny hair cells inside the cochlea. The damaged hair cells can no longer change sound into electricity as well as they could before, and as a result, hearing loss occurs. Hair cell damage can affect high, mid, or low pitches of hearing. Sometimes it affects all the pitches of one’s hearing, but usually not all to the same degree. Sensorineural hearing loss is rarely improved with medical intervention. What is gone is gone, and generally cannot be restored. (In some scientific studies, hair cells are being regenerated in mice and in birds, but we are not yet near the stage of restoring new hair cells in mammals or humans.)

One type of sensorineural hearing loss that occurs as a natural process of aging is called “presbycusis.” Presbycusis occurs in both ears (because both ears age the same amount) and it usually affects the treble, or higher, pitches first. As mentioned earlier, a reduced ability to hear the sharp, high-pitched consonants of speech prompts elderly people to sometimes say that “young people mumble a lot these days.”

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Noise-induced hearing loss (NIHL) is another type of sensorineural hearing loss that affects mostly the high pitches of hearing. Sensorineural hearing loss is sometimes a genetic trait inherited by a child. It can be caused in a not-yet born infant when the mother has rubella. Sometimes it is caused by excessively high fevers associated with the mumps, etc.

Another cause of sensorineural hearing loss is Meniere's disease, a condition that produces too much fluid inside of the cochlea.

Ringling in the ears (tinnitus) is occasionally, but not always, associated with sensorineural hearing loss. There are some people with normal, or better than average, hearing who also experience tinnitus.

## Degree of Hearing Loss

The degree of hearing loss a person has is expressed in decibels (dB). The greater the damage to a person's hearing, the larger the number of decibels of hearing loss. While typical conversational speech occurs between 45-55 dB, some components of speech are spoken more softly than others. For example the "s", "th", "f", "z" sounds are more softly spoken than lower frequency consonant sounds such as "m" or "n". Usually, people with hearing loss have more loss in the high frequencies. This is particularly debilitating to understanding speech because we are combining hearing loss with softly spoken speech components. The end result is that people miss what is being said to them and they obtain a hearing aid to help resolve the problem.

Hearing Threshold	Description of Hearing	Treatment Options
0 Decibels	Perfect	None
1 - 25 Decibels	Normal	None
26 - 40 Decibels	Mild Loss	Aid may be useful in some situations
41 - 55 Decibels	Moderate Loss	Aid indispensable
56 - 80 Decibels	Severe Loss	Aid required for all verbal communication
81+ Decibels	Profound Loss	Aid required, plus speech reading and aural rehabilitation

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## Some Common Misconceptions

Hearing aids can definitely help those with hearing loss. There are, however, many popular misconceptions about hearing aids.

Some people think that “a hearing aid is a hearing aid,” and that “smaller is always better.” Not so! Hearing losses are all different, in degree and in quality. We cannot benefit from our neighbours’ hearing aids any more than we can from their glasses. While hearing aids are designed to fit a range of hearing losses, they are intended to fine-tuned for individual hearing losses.




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Many people with hearing loss say that others mumble and do not speak clearly. While this is certainly true in some cases; most people with hearing loss experience increased difficulty hearing the high-pitched, treble sounds that are important for making speech clear. In speech, vowels are relatively low-pitched sounds, and compared to consonants, are few in number. Of the thousands of our words available to use, all have to share these few vowels

– every word has at least one. Consonants (like /s/, /f/ and /th/), however, tell the listener what the words are (eg. sat, fat, that). Think of the /s/ and /ch/ in the word “speech.” Compared to the /ee/ sound, these consonant sounds of speech are high in pitch and not as powerful. Without these high-pitched consonants, speech sounds quite mumbled or muffled.

Add background noise to a hearing loss that naturally hears deep, strong vowels easier and it becomes especially difficult to distinguish words. Thankfully, today’s hearing aid technology offers several unique ways to deal with the problem of background noise. Hearing aids will be discussed in more detail later on in this guide.

Some people assert that hearing aids cost much more than eyeglasses, and yet they do not work as well. True, they do cost more, but think about what a well-fit hearing aid can offer - improved communication. Quality of life is dramatically enhanced when one is not constantly guessing what others might be saying. As to how well they work, always remember that hearing aids are not new ears. If you know their possibilities and limitations, you will have much more realistic expectations of hearing aids and much greater success with them. It is extremely important to make sure that hearing aid usage and benefits are carefully and clearly explained to you.

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Lets finish here by comparing glasses for eyes to hearing aids for ears. In vision, the retina changes light into electricity, just as the cochlea changes sound into electricity. Most people with vision problems do not have damaged retinas; instead, their eyeball is longer or shorter than normal. As a consequence, light coming into the eye is not focused properly on the retina. Lenses refocus this light on the retina. Most vision problems are like having a conductive hearing loss, where nothing is wrong with the cochlea but sound simply has trouble reaching it. Most hearing problems, however, are sensorineural, and this is like vision loss from damage directly to the retina of the eye. Amplified sound from a hearing aid may have no trouble reaching the inner ear or cochlea, but the cochlea itself is damaged. Hearing aids do indeed go a long way towards making previously unheard sound audible once more. One main challenge remains for the person with sensorineural hearing loss who wears hearing aids: separating speech from background noise.

The good news for sensorineural hearing loss is that today's hearing aids are dealing with exactly this problem. The technology is rapidly and dramatically making in-roads into the problem of background noise. Today's hearing aids can also deliver specific pitches of sound to someone with specific pitches of hearing loss. In other words, hearing aids can sculpt and shape incoming

sound to fit almost any particular hearing loss. This is why no two hearing aids are exactly alike. And once a person's weakest hearing pitches are addressed by the hearing aid, not only is sound loud enough to hear, but it also becomes more clear.

## How Do I Know For Sure If I Have a Hearing Loss?

You may want to have your hearing checked if any of the following apply:

### YOU.....

- think people seem to mumble a lot;
- experience an abnormal amount of difficulty hearing in background noise;
- often have to ask others to repeat themselves;
- often experience a ringing (or other type of noise) in your ears;
- often have the television or radio turned up to a level where others complain;
- have trouble hearing on the phone;
- cannot reliably hear warning systems like doorbells, smoke alarms, etc.;
- get tired from concentrating on hearing others;
- stay at home to avoid social situations;

## How Do I Begin the Process?

Hearing aids are a unique commodity. They are custom made and custom set to best suit your hearing loss. For this and other good reasons, you cannot simply purchase a hearing aid over the

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counter. You may have read in magazines about “mail order” devices that look like a hearing aid. If there was a case for “don’t believe everything you read” or “if it sounds too good to be true, then it probably is”, this would be one of them; be cautious of such advertisements.

### *The Family Physician*

For many people, this process begins with a visit to their family physician. You may want your doctor to check your ear canals for a buildup of cerumen (ear wax),



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***For many people, the process begins with a visit to the family physician.***

***Many people also begin this process by having their hearing tested by a Hearing Health Care Professional.***



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especially if you’ve ever had them cleaned before, or you suspect this may be at least part of your problem. Since your doctor knows your medical history, they may want to refer you directly to an Otolaryngologist (Ear, Nose and Throat specialist, or E.N.T.). While this doesn’t happen for most people (about 10% benefit from medical intervention for their hearing loss), your doctor can rule out a possible need for medical treatment such as an ear infection or a perforation (hole) in the ear drum. Once

your doctor has ruled out any obvious problems, you should then have your hearing tested by a hearing healthcare professional. Your doctor may or may not recommend one in particular. You can also ask someone you know or look in your phone book to find out which professionals work in your area.

### *The Hearing Health Care Professional*

Many people also begin this process by having their hearing tested by a Hearing Health Care Professional. If this professional finds any medical red-flags, they will send you to your doctor for review and may suggest referral to an Ear, Nose and Throat Specialist (also known as an ENT or Otolaryngologist). You want to establish a comfortable rapport with the professional who will do your hearing test; this is a relationship that will, for most people, continue for a number of years. The Hearing Health Care Professional is usually an Audiologist or a Hearing Instrument Specialist (sometimes referred to as a Hearing Instrument Practitioner). These trained professionals will evaluate whether you have any hearing loss and whether that loss is significant enough to warrant hearing aid(s). They will also evaluate, and may discuss with you, whether any other types of assistive listening devices will benefit you, either as a complement to the hearing aid(s) or as an interim solution until your hearing loss is significant enough to warrant hearing aids. Most Hearing Health Care Professionals work with an associate(s)



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on their staff who may continue with or assist with your client care. No matter which type of Hearing Health Care Professional you choose, you should ask about the qualifications of the individual(s) you will be trusting with your hearing health care.

Language Pathologists & Audiologists (CASLPA). Most provinces also have legislation that governs the ethics and actions of practicing Audiologists.

Audiologists perform the hearing test and prescribe an appropriate hearing aid(s) for your hearing loss, if present. The Audiologist may also dispense the hearing aid(s) or have one of their staff continue with the fitting of the prescribed hearing aid(s).



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*It's a good idea to ask about the range of services offered by the office or clinic you choose to provide your on-going hearing health care needs, as services do vary. If you're not sure what services you may require as you go along, ask someone you know, who wears hearing aid(s), about the services they utilize and why.*



## *The Otolaryngologist (ENT) Ear, Nose and Throat Specialist*

Medical treatment for hearing impairment is generally provided by either a family physician or an Otolaryngologist (ear, nose and throat specialist). The Otolaryngologist specializes in diseases of the ear and they also provide medical and surgical treatment.

## **So, Which Professional Will Be Best For Me?**

### *Audiologists*

Audiologists are university graduates who have also completed a clinical practicum and are members of the Canadian Association of Speech

### *Hearing Instrument Specialists*

Hearing Instrument Specialists' training includes an internationally recognized course of study through the International Hearing Society (IHS), standardized competency exam through the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) and/or degree programs for Hearing Instrument Specialists (see resource list at end of this guide.) Some provincial regulations or member organizations require a clinical practicum.

Hearing Instrument Specialists perform the hearing test and recommend an

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appropriate hearing aid(s) for your hearing loss, if present. The Hearing Instrument Specialist may also dispense the hearing aid(s) or have one of their staff continue with the fitting of the recommended hearing aid(s).

Each province has specific guidelines for practicing in the hearing health care field. There are provincial associations with whom you can verify the qualifications of the professional you choose. As



*The hearing test is comprised of several components, each designed to help the professional better understand the extent of your hearing loss and to help select an appropriate hearing aid to meet that loss.*



appropriate, the Hearing Instrument Specialist should be in good standing as a member of their provincial professional association. Please refer to the listing of professional organizations at the end of this guide.

## The Hearing Assessment

Before performing the hearing test, the professional will obtain a thorough case history. It is important that he or she understand why you are seeking a hearing aid and which listening situations are difficult to you. Your family members will be invited to participate

in this discussion, as they are aware of times they have trouble communicating with you. In addition to an assessment of the hearing problem, the dispenser will assess any potential problems requiring medical referral such as active drainage in the ear, sudden or rapidly progressing hearing loss, pain, dizziness or hearing loss on one side only.

## The Hearing Test

The hearing test is comprised of several components, each designed to help the professional better understand the extent of your hearing loss and to help select an appropriate hearing aid to meet that loss. Once the dispenser has looked in your ears to determine that they are free of wax, they will begin the testing process. The initial test procedure is that of pure tone air conduction testing. During this part of the test procedure, headphones or insert earphones (which look like earplugs) are placed on or in your ears and you will be asked to respond each time you hear a tone by raising your hand or pushing a button. A variety of frequencies or pitches will be presented and for each pitch it will be determined how loud the sound must be for it to be just audible for you.

Typically, speech testing is performed next. The first measurement, the speech reception threshold (SRT) is obtained using two syllable words such as hotdog or airplane. The intensity of the words are raised or lowered until you are able to understand 50% of the

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words presented to you. This level helps to show the softest level you can understand speech. Next, the speech discrimination test is performed. This test is done at a constant level and you are asked to repeat single syllable words. This helps to assess your discrimination ability or your ability to understand speech at comfortable levels. Often, following these two tests the dispenser will obtain the intensity of your most comfortable listening level (where speech is most comfortable) as well as your loudness discomfort level (where speech becomes bothersome). These tests are important because the goal of a hearing aid is to amplify sounds to your comfortable listening levels but to not exceed your loudness discomfort level. Sometimes a measurement of loudness discomfort is made using tones rather than words.

Following speech testing, the headset is often switched for a smaller headset which is placed behind your ear and a bone conduction test is performed. Once again, you will be asked to respond to pure tones only this time your outer and middle ear will be bypassed and sound will be delivered via vibration directly to your inner ear. This allows us to verify whether there is a problem in the outer or middle ear requiring medical attention.

The information from the hearing assessment is placed on a graph called the audiogram. The audiogram charts

frequencies in Hertz with low pitches or frequencies on the left side of the chart and higher frequencies on the right side of the chart. Soft sounds, measured in decibels (dB) are at the top of the chart and loud sounds are at the bottom of the chart. A person with normal hearing would have thresholds marked on the audiogram for all frequencies between 1 and 25 dB. However, most individuals who obtain their first hearing aid will



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***While modern hearing aids offer many wonderful advantages over hearing aids of days gone by, they still have some limitations and these will be discussed.***



have fairly normal results in the low frequencies (meaning they hear well in the bass area of sound), but tend to have their thresholds drop off or become poorer in the treble or high frequency areas. This “ski-slope” pattern is typically associated with presbycusis (age related hearing loss.)

While this description is for a typical hearing aid evaluation, each clinic has slightly different procedures so be sure to ask for clarification regarding each portion of the testing procedure and for an explanation of each test result. It is a good idea to obtain a copy of your

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audiogram and keep it with your health records so you can track any changes in your hearing over time.

## The Hearing Aid Recommendation

Following the assessment, the dispenser will review the test results and outline treatment options with you (and your family – if present.) During this portion of the evaluation, it is helpful to discuss any prior experience with hearing aids and what you expect the hearing aid to do for you. A realistic assessment of what a hearing aid can and cannot do will be offered. While modern hearing aids offer many wonderful advantages over hearing aids of days gone by, they still have some limitations and these will be discussed to help ensure that you are not disappointed with the functioning of your hearing aids once you begin wearing them.

Following this discussion, an ear impression will be taken by injecting your ear canal(s) with a soft silicone material. This material is soft when placed in the ear canal, but hardens in 5-10 minutes and can then be removed. This mold is sent to the hearing aid manufacturer so that a hearing aid or permanent ear mold can be made from it - to match the size and shape of your ear canal.

Be certain you understand which style and type of hearing aid has been recommended. Most people have at least a couple different size and style options that will work for them, at different prices. What are its main benefits? How will it address your hearing loss? What will the hearing aid not do for you? Can you see (and personally handle) a sample? Is the hearing aid a

## Before you leave the office, be sure you know the following:

- Name of the dispenser and license number (where applicable)
- Manufacturer's name and model, serial number
- Price/payment terms/non-refundable costs
- Length of Trial period
- Warranty terms by the manufacturer/what is covered under the warranty
- Extended warranty options
- Repair procedures and costs associated with repairs
- Procedures if the aid malfunctions
- Time and date of next appointment



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comfortable size and style for you to handle? Can you operate all the controls? Does the technology chosen allow for social situations where competing noise makes hearing particularly difficult for you?

## Different Models of Hearing Aids

There are many types of hearing aids available, including different models, sizes, and technologies. Included in this variety is a wide range of advanced features with a solution for almost every hearing impairment. The decision regarding which type of hearing aid will best suit your particular needs is an important one. This decision will be reached by you, after discussing your hearing loss, life style and specific listening needs with your Hearing Health Care Professional. Many factors, such as your audiogram, total costs, dexterity and lifestyle must all be considered to ensure that you are fit with a hearing aid(s) most appropriate for you.

A hearing aid is essentially your personal loud speaker. It is an electronic device that captures sounds, often too soft for you to hear, via a very small microphone. This sound is then amplified or made louder, and transmitted to the hearing organ in your inner ear. The way the sounds are amplified may differ depending on the type of hearing aid chosen for you. However, the goal remains the same: to make sound and the spoken word loud enough for you to hear it. All hearing aids contain a micro-

phone, an amplifier, a speaker (or receiver), and a battery source, as well as a seemingly endless choice of features chosen specifically to meet your listening needs. Hearing aid technology has become increasingly sophisticated over the past few years, with instruments that can determine how much gain or amplification is needed for you, and automatically adjust given the different environments that you are in throughout the day. Your Hearing Health Care Professional will help you to make the best decision.



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## Size

Size or model type is one of the ways to differentiate between hearing aids. These can range anywhere from tiny aids that fit so deep inside your ear canal that they are almost invisible, to the larger instruments that fit neatly behind your ear. Typically, larger hearing aids are necessary if more gain or amplification is required. Depending on the model size and technology used,

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prices will vary. Your Hearing Health Care Professional will provide you with the appropriate guidance when deciding which style and model is best for you. Most features (and there's a wide range of them) remain the same in all sizes or model type. Exceptions to this rule, such as the Telecoil and the Directional Microphone, are due to space limitations. The first three initials will tell you where a hearing aid will fit in or on your ear.

## *- BTE's*

These are called behind-the-ear instruments, or BTE's. These hearing aids hook over, and rest snugly behind, your ear. The hook is connected to a clear tube and mold which sits in your ear. The sound enters the microphone on the hearing aid, is amplified, and travels through the hook and the mold, directly into your ear canal. The hearing aid is powered by a battery compartment at the bottom of the hearing aid. A BTE hearing aid may or may not have a volume control. The larger size of the BTE allows for more features such as a Telecoil - which enables a hearing aid wearer to hear better and helps to reduce feedback while listening on the telephone, directional microphones – to

help hear better in background noise, or Direct Audio Input (DAI) - which can be used with a variety of Assistive Listening Devices (ALD's). The design of the BTE is often appropriate for people with limited dexterity, for those with chronic wax and ear canal moisture issues, or for people with certain size and shapes to their ear canal. Typically, BTE hearing aids are used for hearing losses which require more power, but they are also very suitable for mild to moderate hearing losses.

## *- ITE's*

These hearing aids are called in-the-ear, or ITE's. They are custom made to sit inside the outer ear. These aids are sometimes much smaller than a BTE, with smaller controls and battery size. It is also likely that this style could accommodate a variety of features including a telecoil. The size of your outer ear, along with the features that are considered necessary will enable your Hearing Health Care Professional to determine whether an ITE style is right for you. ITE's today can provide quite a bit of power, which is useful if you have a severe hearing loss. ITE's are appropriate for use with every range of hearing loss except for the most severe.

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## - ITC's

In-the-canal or ITC's are custom made to sit deeper inside of your ear canal. They are less visible than an ITE, but due to size constraints, provide less gain. Depending on the technology selected the ITC may be limited to fewer feature options than an ITE or BTE. ITC hearing aids would be most appropriate for those with a mild to moderate hearing loss, and no concerns regarding dexterity.



***Not only are hearing aids smaller, but the newer technology in processing sound translates into a considerable improvement in sound quality making them more appealing to the user.***



## - CIC's

These completely in-the-canal hearing aids are the newest and smallest hearing aid size currently available. They are virtually invisible (unless you know to look for them), and typically can be used on the telephone without feedback – without a telecoil. This style is also the most effective for minimizing wind noise. However, because of their small size, they are more sensitive to wax and moisture issues, and therefore require more frequent maintenance, cleaning and repairs than larger hearing aids.

CIC hearing aids are custom made to sit further down the ear canal, close to the ear drum. Because of the proximity to the ear drum, they require less gain or amplification to overcome the hearing loss. The battery is extremely small, and may be difficult to manage. They also tend to be the most expensive style of hearing aid, due to the miniaturization of all of the components. A CIC hearing aid is most suitable for a mild to moderately-severe hearing loss, but other factors such as dexterity and wax must also be considered.

## Have Hearing Aids Changed?

Technological advances in the past decade have brought about enormous benefits in amplification. Not only are hearing aids smaller, but the newer technology in processing sound translates into a considerable improvement in sound quality making them more appealing to the user. Volume controls are no longer required, as most hearing aids have the ability to determine how loud or soft a sound should be, and all sounds are kept within the comfort level of the user. The features and advances available in hearing aids today allow for a better frequency response to more closely reflect your specific hearing loss, more precise in-office fine tuning and greater overall comfort and satisfaction.

There is so much information available in advertisements and on the Internet, that it becomes very confusing to try to figure out what is most appropriate for you.

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What will really help to restore your ability to hear, and your quality of life? While all of the new technology sounds very beneficial, it is possible that it is not right for your specific needs.

The best place to start is with the type of hearing loss that you have. Then, you will want to discuss with your Hearing Health Care Professional what your specific goals are, and where you are having the most hearing difficulty. You will want to make the right decisions to improve your hearing, and will need to consider the amount of power required, your manual dexterity, the size and shape of your ear, budgetary considerations, and features that may be of benefit to you. While you will want to rely on the advice and suggestions provided by your Hearing Health Care Professional, you should also have at least a general understanding of what some of the available features are, and how they may benefit your hearing.

## *Technology*

Just as you can define a hearing aid model by its size, you can also differentiate between different aids by the technology or circuits used to amplify and process the sound, and by the different features that are available.

### *- Conventional Analog*

This is the oldest hearing aid technology available today. This technology, as well as the other technologies discussed below, is generally available in

all sizes from BTE through CIC. This type of circuit will amplify everything that enters the microphone, whether it is speech or background noise. There are typically 1-3 feature options that can be selected for your hearing loss. These options vary by size of the instrument and can be adjusted by your Hearing Health Care Professional, although the flexibility that these adjustments offer is limited. This type of circuitry is usually the least expensive,



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***Conventional Analog is the oldest hearing aid technology available today.***

***This type of circuit will amplify everything that enters the microphone, whether it is speech or background noise.***



because of these limitations. With this type of hearing aid you may need to adjust the volume control frequently, depending on the type of environment that you are in, and whether or not a compression circuit has been chosen. Circuit noise produced by the hearing aid may be relatively loud, and can be distracting or uncomfortable for the hearing aid wearer. There have been some improvements made to these types of circuits, but essentially, all sound is made louder. Your Hearing Health Care Professional will recommend



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a circuit based on the type of hearing loss that you have. If your hearing changes over time, frequency shaping adjustments, which can be made to reflect these changes, are significantly reduced with conventional analog technology.

### *- Programmable Analog*

Programmable analog hearing aids offer many significant improvements over conventional analog technology. This technology has a chip inside, that enables your Hearing Health Care Professional to make changes to the settings of your hearing aid to reflect the goals of the fitting, and your specific




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***Digital Hearing aids reflect the newest technology available, and account for the largest growth in hearing aid sales.***

***Digital does not necessarily mean expensive. It depends very much on the style and the features that you choose together with your Hearing Health Care Professional.***



comments. These changes can only be done when the hearing aid is connected to the computer. In most cases the flexibility with a programmable instrument is much greater than in with an analog device. For example, most of the programmable circuits come with at least 4

parameters that can be adjusted, and with this fine-tuning flexibility, your comfort is usually enhanced. As well, different programs can be set for ease of listening in different environments. After discussing your lifestyle, your Hearing Health Care Professional may set one program for speech in quiet or one-on-one conversations, and set another program for those more difficult listening environments such as a restaurant or traveling in a vehicle. With just a push of a button, you can easily decide what program is best for a particular listening situation. Also, if your hearing changes, the parameters or settings can be adjusted very simply in your Hearing Health Care Professional's office, rather than having to be returned to the factory. While there are still some limitations to this technology, it is generally considered a big improvement over conventional analog technology, for a nominal increase in price.

### *- Digital*

Hearing aids with digital signal processing (DSP) reflect the newest technology available, and account for the largest growth in hearing aid sales. When sound enters into a DSP hearing aid, it is converted from an analog signal to a digital (or "bit stream") signal. The power behind this conversion lies in the hearing aid's ability to process this bit stream much more accurately and with more detail - depending on the fitting formulas made available by the hearing aid manufacturer. When the bit stream

# Hearing Loss & Hearing Aids



has been processed and converted back to the audible signal that you hear, the result will be a sound customized to your hearing loss – a sound that is much more natural and with little or no circuit noise compared to analog devices.

DSP programmable hearing aids are available in all sizes, from CIC through BTE. The range of options varies as much as with size, from models with very basic fitting parameters all the way up to the most advanced technology currently available in hearing aids. Digital does not necessarily mean expensive. It depends very much on the style and the features that you choose together with your Hearing Health Care Professional. Those with very active lifestyles and who are frequently in different environments should seriously consider the more advanced DSP options available. These more advanced options are usually, but not always, on the more expensive end of digital programmable technology.

Some of the more advanced features include special mathematical algorithms designed to improve speech intelligibility or understanding in background noise, and increased user comfort in these situations. These technologies allow your Hearing Health Care Professional more flexibility with frequency shaping or fine-tuning - to more closely fit your hearing loss. This is an area where your Hearing Health Care

Professional, with their experience and knowledge, can help ensure that the technology you end up using is closely matched to your needs.



***Wearing two hearing instruments (also known as binaural amplification) is generally accepted to be the most appropriate for maximum speech understanding.***



## *Microphones*

Omni-directional microphones have been the standard type of microphone in hearing aids for many years. These microphones pick up sound from all around you. If you are sitting in the middle of a restaurant, sound will be amplified from all directions. While this is fine, and sometimes even beneficial in a quiet environment, it makes listening in a noisy environment extremely difficult and very stressful for many people. In order to improve the ability to hear speech in these types of environments, directional microphones have been developed. Directional microphones, while not brand new technology, have been improved significantly over the past few years.

Directional microphones are an effective way to improve speech intelligibility in noisy environments. There are many

# Hearing Loss & Hearing Aids



different levels of this technology currently available, all trying to attain the same goal. Hearing instruments with directional microphones will either have multiple microphones built into the device or a microphone with more than one opening. These multiple microphone inputs allows the directional microphones to focus on the sound coming from in front of you, or face to face, and attenuate (minimize) the sounds coming

### *Binaural or Monoaural Amplification*

Wearing two hearing instruments (also known as binaural amplification) is generally accepted to be the most appropriate for maximum speech understanding. However, there are situations in which your Hearing Health Care Professional might recommend wearing only one instrument (also known as monaural amplification.) Binaural amplification is generally pre-

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*Purchasing a hearing aid is only the first step towards better hearing. As part of your fitting process, the dispenser will teach you how to care for your hearing aid and provide you with the tools to be a successful hearing aid user.*

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from behind you. The assumption here is that the sound you are trying the hardest to hear, is the speech of the person in front of you. Most of the technology currently available allows you to switch from Omnidirectional to Directional mode very easily. This technology is available in most sizes of hearing aids, but is most common in BTEs and ITEs, as there is a minimum space requirement between the microphones for this feature to work effectively.

Typically, the more sophisticated the hearing aid technology, the more sophisticated the Directional microphone technology. In digital devices, for example different features on the directional microphones can be automated.

ferred because of the benefits that arise from having an aid in both ears. For example, the ability to detect where a sound is coming from (sound localization or directionality) is much improved with a binaural fitting. As well, speech understanding in noisy environments is much improved when your two ears are working together. Approximately 80 percent of hearing aid wearers with a bilateral (similar hearing loss in right and left ear) hearing loss choose binaural amplification. It is clear that the benefits and improved quality of life derived from wearing two hearing instruments greatly outweighs the cost.

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## Ensuring a Successful Fitting

Purchasing a hearing aid is only the first step towards better hearing. As part of your fitting process, the dispenser will teach you how to care for your hearing aid and provide you with the tools to be a successful hearing aid user. You will be taught to insert and remove the hearing aid, change batteries and clean the hearing aid. If your hearing aid has a volume, telephone switch, memory program or directional microphone, you will be taught how to use these options. You will be given guidelines about getting used to your hearing aid and what to do if you have problems. In addition, you should be made aware of



*With the most recent advancements in technology and design, you will most definitely find an improvement in your overall quality of life by making the effort of adapting to hearing aids.*



support groups or specific assistive listening devices that might benefit you. You should be told about the types of batteries that you can use, how long (and what is covered by) the hearing aid has warranty, costs to see the dispenser again (if any) and how long a trial period you have on the hearing aid. A few weeks after the initial fitting, but before the end of the trial period, a

follow-up appointment is mandatory to allow for small changes that might need to be made to the hearing aid - to customize it for your specific listening needs. Once the hearing aid is satisfactory, it is routine for patients not to return to their dispenser unless they are having a problem. As hearing aids are subjected to dirt and ear wax, it is strongly recommended that you schedule a semi-annual cleaning appointment and an annual hearing check-up.

## After Care

The old adage “you get out what you put in” applies to many facets of life including adjusting to new hearing aids. Some individuals, especially previous hearing aid users adjust and adapt much sooner than some first time hearing aid wearers. However, with the proper hearing aid selection and follow-up, you should, in time, be so comfortable with your amplification that you virtually forget that you are wearing hearing aids.

## Adjusting To Your New Aids

As with any prostheses, nothing will ever replace what you were born with. Hearing aids are no different. Yet, with the most recent advancements in technology and design, you will most definitely find an improvement in your overall quality of life by making the effort of adapting to hearing aids.

“Red for the right and blue for the left” is the easiest way to identify which aid is for which ear. Most custom aids will



# Hearing Loss & Hearing Aids



have the serial numbers in either red or blue and the behind the ear aids may either have an “L” for left or an “R” for the right somewhere on the body of the aid if there is not already a color coded system.

Be sure that you take the time to insert and remove both aids when you first receive them from your dispenser, but don't be discouraged if this takes some practice at home. Go over the battery installation and removal as well.

Even though they initially may feel foreign in your ears, they should not cause you any pain, headaches or discomfort. If so, stop wearing them and return to your dispenser.

Before your first follow up visit to your dispenser, try the aids in familiar environments and areas that you were previously experiencing difficulties understanding speech. This way you will be able to relay your experiences (including any challenges you've had) to your dispenser so appropriate adjustments may be made. The most important key to remember is to not give up. Just understand that you may need to make a number of visits for adjustments or consultations.

Most hearing aids are backed by a minimum 30-day refund or exchange policy. This give you time to evaluate the hearing aids in your real-world environment and make any changes in size or technology that may be necessary.

## *Aural Rehabilitation*

For the majority of individuals, hearing loss has slowly increased over ten, twenty or even thirty plus years. When the aid is first used, the new sounds can be overwhelming or even bothersome until your ear(s) and brain fully adjust to the hearing aid(s). One common experience of first-time hearing aid users is referred to as “occlusion effect.” This effect - hearing your own voice differently than before - is sometimes referred to as a hollow, echo or barrel sound to your voice.

You will find that this will soon become normal to you, but reading out loud for 20 minutes a day over a minimum two-week period will make this transition easier.

There are a number of support groups to help individuals adapt and cope with hearing loss, so check with your dispenser for classes in your area.

## *Communicative Skills*

Adapting to hearing aid amplification is not a solo journey. Your family and friends also need to be aware of a few tips that will help you hear and understand them even better.

Have them get your attention first. Encourage them to call your name, or touch you gently, before they start a question or comment, so that you'll be able to be more focused and more attentive.

# Hearing Loss & Hearing Aids



Ask them to speak slower. Slowing down on a delivery of speech will make it much easier to understand what is being said. It gives the brain a little extra time to comprehend. After all it's the brain that does the "listening", your ears only hear.

Speak while face to face whenever possible. It's much easier to hear if you can watch their facial movements and expressions.

Keep your mouth clear. It is more difficult to hear, even with normal ears, when someone is eating, chewing gum, smoking or resting their hand in front of their mouth. A moustache can make lip reading more difficult as well.

Move a little closer. The greater you need to project your voice, the more difficult comprehension will be especially in a noisy environment. So turn down the TV (or other distraction), move closer or even remove yourself from the area of the distraction.

## A Few Tips for Building Communicative Skills

- Have them gently get your attention before they speak
- Ask them to speak more slowly
- Speak face to face when possible
- Keep your mouth clear
- Eliminate distractions/move closer

## *What To Do If You're Unable To Get Satisfaction?*

If you have a problem down the road with your hearing aids that you're unable to fix, your dispenser should be able to assist you - either by repairing it themselves or by sending it to the manufacturer. You may even want to review your cleaning and care procedures with them to ensure you're not missing something important.

If you are unable to have your concerns addressed to your satisfaction, then you may need to contact your provincial registrar to assist you. You may also contact the Better Business Bureau in your area, which will also be a service to other consumers.

Each province has different regulations and guidelines, but if all else fails, contact Consumer & Corporate Affairs or the Canadian Hearing Instrument Practitioners Society (CHIPS). Check the resource list at the back of this guide for contact information.

## **The Financial Investment**

The cost of hearing aid(s) can vary greatly due to the differences in technology and style that is needed to correct your hearing loss. The range of services which may be included with your hearing aid can also affect the price. This cost is the responsibility of the person who will be wearing them. However, in some provinces, there are grants from the provincial health plans to cover a portion of the cost.

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You may also have third party insurance coverage from a current or previous employer that may cover part or all of the cost.

There are also benefits available to qualified Veterans who have served in the Canadian Forces. Veterans Affairs Canada is a national program accessible to veterans in each province and territory. You may know it more commonly as “the DVA”, “the Department of Veterans Affairs” or as your “TAPS card.”

The Workplace Safety & Insurance Board (WSIB) or Workers Compensation Board (WCB) – depending on which province you live in - is a provincially governed agency that provides coverage to individuals whose hearing loss has been at least partly caused by workplace noise. Note: The WSIB was previously known as the Workers Compensation Board (WCB).

Please refer to the resource section at the end of this guide for contact information specific to the province in which you reside.

## *Warranties*

A standard factory-warranty period offered by manufacturers is fifteen (15) months from the date of manufacture - for repair, adjustment or service of the new hearing aid(s). Some manufacturers offer a twenty-five (25) month factory-warranty period as standard on their hearing aids. In many cases, optional coverage can be purchased that will provide for up to four (4) years of factory-warranty coverage.

Often there is between one (1) to three (3) years of lost hearing aid insurance coverage included (or available as an option); there may be a deductible and/or other conditions that apply. As this is usually a “one time only” loss insurance, you would be wise to also insure your hearing aid(s) using your household insurance policy. Most hearing aids also come with one (1) to two (2) years of insurance coverage for significant hearing loss change.

When purchasing a hearing aid(s), be certain you receive a written warranty card to present for service should you

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*Some hearing aid offices and clinics also offer service plans to cover your on-going maintenance at the office. When purchasing a service plan, be certain to receive a written agreement of the items covered and for what time period.*

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# Hearing Loss & Hearing Aids



need assistance while traveling. Some hearing aid offices and clinics also offer service plans to cover your on-going maintenance at the office. These plans will ensure that you are not charged for office visits, cleaning, programming and/or other services related to the ongoing maintenance of your hearing aid(s). When purchasing a service plan, be certain to receive a written agreement of the items covered and for what time period.

(The scope and conditions of warranties can vary between manufacturers. A deductible may apply and may vary depending on the type of claim. Ask your Hearing Health Care Professional for details about the services they offer.)

## *The Trial Period*

The trial period is the period of time that allows you to return your hearing aid(s) – starting from when you receive them. The trial period allows a person to return the hearing aid for credit or to switch to another hearing aid, should one prove unsatisfactory. Currently, most hearing aids are programmed via a computer so, should a hearing aid need fine-tuning, changes can be made on a hearing aid without returning it to the manufacturer. Occasionally, after wearing a certain style of instrument, you might decide you wish to wear something smaller or larger, the trial period allows for such a switch to take place. The length of a trial period is usually

between thirty (30) and ninety (90) days depending on the policy of the office or clinic you are working with, specific regulations in your province and/or whether the hearing aid was purchased or co-purchased by a government program such as Veteran's Affairs. The trial period should be stated in writing either on your detailed invoice of purchase or a separate agreement. If not, be sure and ask your dispenser for details.

As has already been mentioned, even if you adjust fairly well to your hearing aid, it is strongly recommended that you return for a follow-up appointment prior to the termination of your trial period to allow for minor adjustments to your hearing aid's programming or fit.

## **What you need to know about other assistive hearing devices**

When it comes down to quality of life, hearing aids may not be the only solution. There are a variety of devices available to compliment your hearing aids.

### *Alerting Systems*

Such devices incorporate flashing lights, loud sounds and/or vibrate to alert you of a phone, doorbell, smoke alarm, baby alarm, siren or even a cars turn signal.

### *Assistive Listening Devices*

A variety of listening devices are available, which may or may not be used together with your hearing aids, to improve your hearing in difficult listening



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environments. Most hearing aids have telecoil circuitry available. Telecoil circuits, also known as T-coils, allow you to use a telephone without annoying squeal (feedback). The signal from the telephone by-passes the regular microphone on the hearing aid and is picked up only by the telecoil switch – eliminating room noise from entering that hearing aid and interfering with the conversation.

A telecoil can also be used together with an induction loop system to receive amplified sound from infrared (IR) or FM radio systems at theaters, churches, courtrooms or similar places. A microphone near the speaker sends a signal via a beam of light (IR) or radio frequency (FM) to a wire that you wear. That wire, in turn, provides the signal to your telecoil-equipped hearing aid.

Infrared (IR) systems and FM systems have become fairly common in large venues and even for private TV listening. One very positive benefit of these systems is that they allow the user to hear better without the excessive volumes that could disturb others.

Some hearing aids have direct audio input (DAI), which allows a microphone to be directly connected to the hearing aid. Many people find this is very beneficial in a car, a conference or a business meeting.

Close captioned decoders for TV transcribe spoken words into written words at the bottom of your screen. Since 1993, all 13" TVs or larger must have closed captioning capabilities.

## *Telecommunicating*

Special products are also available to assist you with hearing on the telephone. These range from simple add on amplifiers to elaborate high output volume and tone-adjustable telephones. These devices may also be ordered from your local phone company. Basically referred to as hard of hearing telephones, these may be available either for purchase or rent. Newer products are now available to compensate for the problems of interference caused by digital cellular phones.

## **Cochlear Implants**

A cochlear implant is a device, which is surgically implanted into the patient's inner ear with a receiver placed under the skin behind the ear. The patient wears a processor, which looks much like a BTE, or body hearing aid, which picks up sound, analyzes it and transmits the sound across the skin to the receiver, which then sends the sounds to the electrode in the inner ear. This type of technology has made a tremendous improvement for people who are unable to benefit from hearing aids due to the profound extent of their hearing loss. Only people with severe to profound hearing losses (70 dB and poorer) in both ears can currently obtain cochlear implants. Should your hearing loss fall into that category and you feel you are not obtaining satisfactory benefit from your hearing aids, you may want to investigate if you should be evaluated for a cochlear implant.

# Hearing Loss & Hearing Aids



## NATIONAL RESOURCES

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### **Canadian Hearing Instrument Practitioners Society (CHIPS)**

P.O. Box 1466

Peterborough, ON K9J 7H6

[www.hearcanada.com](http://www.hearcanada.com)

*This organization, consisting of Hearing Instrument Practitioners across Canada, promotes a high standard of professional competency and ethical activity of hearing health professionals and allows provincial organizations to speak as one group in the promotion of services for the hearing impaired.*

### **Canadian Academy of Audiology (CAA)**

150 Consumers Rd., Suite 301

Toronto, ON M2J 4V6

Phone: (416) 494-1440

[www.canadianaudiology.ca](http://www.canadianaudiology.ca)

### **Canadian Society of Otolaryngology Head & Neck Surgery**

Contact: Donna Humphrey

Box 33, Site 3

Elora ON N0B 1S0

Phone: 1-800-655-9533

Fax: (519) 846-9529

Email: [cso.hns@sympatico.ca](mailto:cso.hns@sympatico.ca)

[www.csohns.com](http://www.csohns.com)

### **Canadian Hard of Hearing Association**

2435 Holly Lane, Suite 205

Ottawa, ON K1V 7P2

Voice: (613) 526-1584

TTY: (613) 526-2692

Fax: (613) 526-4718

National Toll-Free: 1-800-263-8068

[www.chha.ca](http://www.chha.ca)

## **Financial Assistance (National)**

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### **Veteran Affairs Canada (VAC)**

National Toll-Free: 1-877-228-2250

[www.vac-acc.gc.ca/](http://www.vac-acc.gc.ca/)

### **Department of National Defence (DND)**

General Inquiries

National Defence Headquarters

Major-General George R. Pearkes Building

101 Colonel By Drive

Ottawa, ON K1A 0K2

Phone: (613) 995-2534

Fax: (613) 995-2610

TTY/TDD: 1-800-467-9877

[www.dnd.ca](http://www.dnd.ca)

### **Canadian Deaf Blind & Rubella Association**

[www.cdbra.ca](http://www.cdbra.ca)

## **Education**

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### **Grant MacEwan College**

Hearing Aid Practitioner Program

Contact: Allison Carlyle

P.O. Box 1796

Edmonton, AB T5J 2P2

Phone: 780 497-4140

Fax: 780-497-4131

Email: [lcarlylea@macewan.ca](mailto:lcarlylea@macewan.ca)

[www1.macewan.ca/web/hcs/hearing/home/index.cfm](http://www1.macewan.ca/web/hcs/hearing/home/index.cfm)

### **George Brown College**

Hearing Instrument Specialist Programs

Contact: Pam Ashton (Coordinator)

Phone: 1-800-265-2002

[www.gbrownc.on.ca/Marketing/FTCal/hsci/S117.html](http://www.gbrownc.on.ca/Marketing/FTCal/hsci/S117.html)

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## **International Hearing Society (IHS)**

16880 Middlebelt Rd., Suite 4  
Livonia, MI, USA 48154  
Phone: (734) 522-7200  
Fax: (734) 522-0200  
www.ihsinfo.org

## **National Board for Certification Hearing Instrument Sciences (NBC-HIS)**

16880 Middlebelt Rd., Suite 3  
Livonia, MI, USA 48154-3374  
Phone: (734) 522-2900  
Fax: (734) 522-0900  
www.hearingnbc.org

*This organization, accredited by the National Commission for Certifying Agencies, was created to establish a standardized test for measuring the competency of hearing health professionals.*

## **BRITISH COLUMBIA**

### **Board of Hearing Aid Dealers and Consultants (Regulatory Body)**

Contact: Regina Ternus (Registrar)  
1515 Blanshard  
Victoria, BC V8W 3C8  
Phone: (250) 952-1502

*In British Columbia, the dispensing of hearing aids is regulated by provincial legislation under the Ministry of Health Planning. All hearing healthcare professionals engaged in dispensing hearing aids (Hearing Aid Practitioners and dispensing Audiologists) meet high standards of education and training and are licensed by the Board of Hearing Aid Dealers and Consultants.*

## **The Hearing Instrument Specialists Society of B.C.**

Contact: Louise Parton (President)  
Phone: (250) 382-4524 or  
Sandy Bichard (Past President)  
Phone: (604) 278-0090

*The Hearing Instrument Specialists Society of B.C. is the professional association representing Hearing Aid Practitioners in British Columbia.*

## **B.C. Association of Speech/Language Pathologists and Audiologists**

9912 Lougheed Hwy.  
Burnaby, BC V3J 1N3  
Phone: (604) 420-2222

## **B.C. Medication Association/B.C. Otolaryngology Society**

Phone: (604) 736-5551

## **Financial Assistance (B.C.)**

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Hearing aids are not covered under the provincial medical plan. Where there is financial need, funding assistance for hearing aids for children may be available through the following service organizations:

### **Elks Family Hearing Resource Centre**

Contact: Susan Lane  
Phone: (604) 584-2827

### **Lions Society of B.C.**

### **Jeremy Chiao Foundation**

Contact: Joyce Chen

### **HIKE Foundation – Job’s Daughters**

Contact: Anne Jack  
Phone: (604) 826-4535

# Hearing Loss & Hearing Aids



## ALBERTA

### College of Hearing Aid Practitioners of Alberta (CHAPA)

Phone: 1-866-990-4327

Email: registrar@ainsliehearing.com

www.chapa.ca

*The members of the College of Hearing Aid Practitioners of Alberta (CHAPA) are regulated under the Health Professions Act. Anyone fitting hearing aids in Alberta must be regulated. Please ask if the dispenser is a member of CHAPA.*

### Alberta Association of Audiologists

Contact: Jane Christie (Secretary)

#251, 1632 - 14th Street SW

Calgary, AB T2N 1M7

Phone: (403) 289-3290

Fax: (403) 284-3234

Email: Jane@HearingLoss.ca

### Financial Assistance (Alberta)

#### Alberta Aids to Daily Living (AADL)

AADL provides funding in the amount of \$756.00 for one hearing aid for children under 18 years of age and adults who are 65 years of age and older. This amount is on a cost-share basis (AADL pays 75% of this amount and the recipient pays 25% of this amount). This program is also available for people who are students of post-secondary schooling up to the age of 25 years. The program will also assist other low income persons. For more information, call the AADL office at (780) 427-0731 if in Edmonton. Outside Edmonton, dial 310-0000 and ask for 427-0731.

## SASKATCHEWAN

### Saskatchewan Hearing Instrument Practitioners Society (SHIPS)

Contact: Cory Vance (President) or

Don Elsaesser (Secretary)

#103 - 1919 Rose Street

Regina, SK S4P 3P1

Phone: (306) 359-6003

www.meliographics.com/ships

Email: cv.beltone@melior.ca

### Saskatchewan Association of Speech Language Pathologists and Audiologists

Box 3357

Regina, SK S4P 3H1

Phone: (306) 757-3990

### Saskatchewan Health

Contact: Phyllis Ng

3475 Albert Street

Regina, SK S4S 3P2

Phone: (306) 787-1957

### Financial Assistance (Saskatchewan)

The provincial government has its own Hearing Aid Plan. There is no government funding available to the general public for the purchase of hearing aids from private companies.

## MANITOBA

### Manitoba Society Of Hearing Instrument Practitioners Inc.

C/O #160 - 1485 Portage Ave.

Winnipeg, MB R3G 0W4

### Manitoba Speech and Hearing (M.S.H.H.)

#2 - 333 Vaughan St.

Winnipeg, MB R3B 3J9

www.msha.ca/



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## **The Consumers Bureau of Manitoba**

#302 - 258 Portage Ave.  
Winnipeg, MB R3C 0B6  
[www.gov.mb.ca/finance/cca/consumb/index.html](http://www.gov.mb.ca/finance/cca/consumb/index.html)

### **Financial Assistance (Manitoba)**

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Presently Manitoba does not have a hearing aid program. The only people who are covered in the province are children up to the age of 18 and social services. The Consumers Bureau licenses all dispensers and dispensing audiologists.

## **ONTARIO**

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### **Association of Hearing Instrument Practitioners of Ontario (AHIP)**

55 Mary Street West, Suite #209  
Lindsay, ON K9V 5Z6  
Phone: (705) 328-0907 or  
1-888-745-AHIP (ext. 2447)  
Fax: (705) 878-4110  
[www.ahip.ca](http://www.ahip.ca)

*The website lists full executive, board, membership directory, events, links etc.*

### **Canadian Association of Speech Language Pathologists and Audiologists (CASLPO)**

[www.caslpo.com](http://www.caslpo.com)  
[calspo@caslpo.com](mailto:calspo@caslpo.com)

## **Ontario Speech Language Hearing Association**

410 Jarvis Street  
Toronto, ON M4Y 2G6  
Phone: (416) 920-3676  
Fax: (416) 920-6214

### **Financial Assistance (Ontario)**

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The Ontario Ministry of Health and Long Term Care, Assistive Devices Program will pay 75% up to a maximum of \$500 towards the cost of the hearing aid, earmold, options/accessories listed with ADP and the dispensing fee or 75% up to a maximum of \$1000 towards the cost of two. For FM systems, ADP will pay 75% up to a maximum of \$1,350 of the cost of the ADP listed device and dispensing fee.

## **QUEBEC**

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### **Ordre des audioprothésistes du Québec (OAQ)**

11305, Notre-Dame Est  
Montréal-Est, Québec H1B 2W4  
Phone: (514) 640-5117  
Fax: (514) 640-5291  
Email: [oaq@ordreaudio.qc.ca](mailto:oaq@ordreaudio.qc.ca)  
[www.ordreaudio.qc.ca](http://www.ordreaudio.qc.ca)

*Note: OAQ is responsible for the public protection and the regulatory body for the Hearing Aid Practitioners in Quebec. They also give information to the hearing impaired persons on hearing aids and how to obtain them.*

# Hearing Loss & Hearing Aids



## **Ordre des audiologistes et orthophonistes du Québec**

235, boulevard René Lévesque  
bureau 601  
Montréal, Québec H2X 1N8  
Phone: (514) 282-9123  
Fax: (514) 282-9541  
Email: info@ooaq.qc.ca  
www.ooaq.qc.ca

## **Financial Assistance (Québec)**

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### **Medical Program Régie de l'assurance-maladie du Québec (RAMQ)**

C.P. 6600  
Québec, Québec, G1K 7T3  
Phone: (418) 643-3445 (Québec) or  
(514) 873-4006 (Montréal)  
Others: 1-800-463-4881

### **Workers Compensation Program**

Montréal:  
1, Complexe Desjardins  
Tour du sud, 31e étage  
Montréal, Québec H5B 1H1  
Phone: (514) 906-3000

Québec:  
730, boul. Charest Est  
C.P. 4900, terminus postal  
Québec, Québec G1K 7S6  
Phone: (514) 906-3000  
(418) 643-5860 or 1-800-668-6811

### **DVA**

La Croix Bleue du Québec  
C.P. 970, succursale B  
Montréal, Québec, H3B 3K5  
Phone: (514) 286-8460  
1-800-363-3788

## **ATLANTIC**

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### **Atlantic Canada Hearing Aid Association**

Contact: Marie Cole (President)  
C/O L.T. McNulty  
271 St. George Street  
P.O. Box 453  
Moncton, NB E1C 8L9  
Phone: (506) 857-4252  
Fax: (506) 857-2080

*This organization consists of Hearing Instrument Practitioners in the Atlantic Provinces and is for the purpose of promoting and organizing the continuing education of its members.*

### **Financial Assistance (Atlantic)**

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#### **Atlantic Provinces Special Education Authority**

*This is accessed through the Hospital System and is for children up to 18 years of age.*

#### **Department of National Defense**

Base Pharmacy  
*Active members of the Canadian Armed Forces may contact the closest Canadian Forces Base.*

#### **Atlantic Blue Cross Care**

P.O. Box 220,  
644 Main Street  
Moncton, NB E1C 8LS  
Phone: 1-800-667-4511  
*Private and Group Health Plans.*

# Hearing Loss & Hearing Aids



## NEW BRUNSWICK

### **New Brunswick Hearing Aid Society**

Contact: Cheryl Morehouse (President)  
C/O Cheryl's Hearing Services Ltd.

1133 Regent Street  
Fredericton, NB E3B 3Z2

Phone: (506) 452-2913

Fax: (506) 458-2914

*This voluntary organization of hearing aid dispensers interested in the ethical and knowledgeable practice of dispensing hearing aids regulates its membership by means of a set of by-laws and a code of ethics.*

### **College of Physicians and Surgeons of New Brunswick**

Phone: 1-800-667-4641

### **New Brunswick Association of Speech Language Pathologists and Audiologists**

147 Ellerdale Ave.

Moncton, NB E1A 3M8

Phone: (506) 858-1788

Fax: (506) 854-0343

Email: nbaslpa@nb.aibn.com

### **Canadian Hard of Hearing Association**

Moncton, NB

Phone: (506) 859-6930

### **Canadian Deaf/Blind & Rubella Association**

34 Island View Drive

Island View, NB

Phone (506) 452-1544

Fax: (506) 451-8309

## **Financial Assistance (New Brunswick)**

### **Department of Family & Community Services in the Province of New Brunswick**

P.O. Box 6000

Fredericton, NB E3B 5G4

Phone: (506) 453-2001 or

1-888-762-8600

*Income and Health assistance for low income persons that meet requirements.*

### **Veterans Affairs Canada**

DISTRICT OFFICE

P.O. BOX 1406

Saint John, NB E2L 4H8

Phone: 1-800-349-9788

*For Veterans of the Canadian Armed Services.*

### **RCMP J Division**

Contact: Health Services Officer

P.O. Box 3900

Fredericton, NB E3B 4Z8

Phone: (506) 452-3400

*For members of the RCMP.*

### **Workplace, Health, Safety and Compensation Commission of New Brunswick**

P.O. Box 160

Saint John, NB E2L 3X9

Phone: 1-800-222-9775

*For workers injured on jobs covered by this program.*

### **Blue Cross Senior's Health Program**

P.O. Box 6075

Moncton, NB E1C 9N7

Phone: 1-800-667-4511

*For persons over the age of 65.*

# Hearing Loss & Hearing Aids



## **First Nations and Inuit Health Branch**

Health Canada, Maritime Centre  
1505 Barrington Street  
15th Floor, Suite 1525  
Halifax, NS B3J 3Y6  
Phone: 1-800-565-4446  
Fax: 1-902-426-8675

*For registered First Nations and Inuit peoples.*

## **NOVA SCOTIA**

### **Nova Scotia Hearing Society**

Contact: Eldon LeBlanc (President)  
C/O Beltone -The Hearing Aid Centre  
Bedford Professional Centre  
2 Dartmouth Rd.,  
Dartmouth, NS B4A 2K7  
Phone: (902) 835-3494  
Fax: (902) 835-0732

## **NEWFOUNDLAND & LABRADOR**

### **Newfoundland Association of Hearing Instrument Specialists**

### **Hearing Aid Dealers Board of Newfoundland and Labrador**

### **Newfoundland and Labrador Medical Association**

164 MacDonald Drive  
St. John's, NF A1A 4B3  
Phone: (709)726-7424  
[www.nlma.nf.ca/](http://www.nlma.nf.ca/)

## **Financial Assistance (NFLD/Labrador)**

Private practice Hearing Aid Specialists & dispensing Audiologists dispense hearing aids to private clients as well as Veteran Affairs Canada, Workers Compensation and other third-party clients. Third-party and private insurance clients require a prescription from an E.N.T., a physician or a certified Audiologist, however, clients paying privately do not require a prescription.

There is a Social Services program with a hearing aid program: Clients on a fixed income are referred by their family doctor to government sponsored Audiologists in hospitals. Clients must meet certain criteria to utilize this program, which is not available through private hearing aid dispensers.

Many employers have coverage for hearing aids for their employees through various insurance companies.

