



INVIGORATE YOUR PRACTICE WITH HEARING LOOPS

A How-To Guide for the Practitioner

BY LINDA S. REMENSNYDER, Au.D.

Since 2008, Juliette Sterkens, Au.D., has facilitated the placement of hearing loops in more than 100 venues in Wisconsin and I have facilitated around 50 in Illinois. You may be asking yourself, “Why would these two doctors of Audiology, both owners of successful private practices (with the daunting pre-requisite of being chronically over-extended), be willing to take the time to do this?”

From my perspective, hearing loops are the only thing I have ever done where patients come in without an appointment on a Monday morning just to thank me for being able to hear for the first time at their place of worship once the loop is installed.

Hearing loops are the only thing I have ever demonstrated where patients display a look of astonishment, and then a wide grin when they switch to their hearing aids’ telecoil and can hear every word of the dialogue on the waiting room television despite the fact that it’s inaudible to everyone else.

Hearing loops are the only thing I have ever provided that allow my patients to hear better than those with normal hearing, who are present with them in the *same* venue. What a juxtaposition that is! When I was recently using a telecoil at a newly installed Roman Catholic Church, I could hear the priest break the host, whisper a “thank you” to the altar boys, and quietly request that a mother reposition her baby closer to the baptismal font.

I am distressed over the fact that telecoils, which interface with hearing loops, haven’t been promoted by hearing aid manufacturers. I suspect that hearing aid manufacturer’s advertising misleads the public into thinking that hearing aids are the end-all solution to every hearing concern. I am also certain that hearing loops compete with manufacturer’s proprietary television solutions. Finally, I am confident manufacturers believe the consumer wants cosmetics—small, small, small--over every other feature.

I think they're wrong. What consumers want is to hear, hear, hear in every environment. But you know, and I know, that while it is the hearing aids manufacturers responsibility to sell hearing aids, it is the audiologist's responsibility to manage hearing loss. Ultimately, dispensing audiologists are the ones that are culpable.

Marketing of Hearing Loops

As members of the joint HLAA/AAA *Get in the Hearing Loop* Task Force, Juliette and I have compiled a comprehensive marketing plan that will allow you to begin looping your own community. Some of the information that may be of interest to you includes:

- A copy of the initial consumer seminar hearing loop mailing I sent to my database (that garnered 50 attendees—some of them my patients' pastors). The seminar room was looped and patients were encouraged to have their telecoils enabled via a no charge office visit prior to attending the presentation
- Printed brochures and/or handouts to interested parties when loop information is requested
- The announcement about the loop and explanation of how it functions for the church bulletin and/or newsletter
- Statements to incorporate when standing at the pulpit during the loop dedication
- Editorials to be placed in the local newspapers regarding the access that hearing loops provide for those members with hearing loss

A hearing loop PowerPoint presentation is available to AAA members on the Academy's website, as is information about telecoils and hearing loops for consumers.

The Difference Between FM Infrared Listening Systems, Bluetooth Transmission, and Hearing Loops

David Myers, Ph.D. has provided reams of information about hearing loops on his website (www.hearingloop.org). At this website, you can also review notes I compiled regarding the performance of hearing with wireless Bluetooth streaming compared to induction loops. Dr. Myers' comparison of FM and infrared listening systems with hearing loops can be viewed in Table 1. The bottom line is that hearing loops are inexpensive, hygienic, operate on a universal frequency,

don't use any battery drain, are not manufacturer-dependent, and most important to audiologists, they deliver customized sound to most efficiently mirror the individual hearing loss. The biggest advantage, though, is that hearing loops, being directly hearing aid compatible, are much more likely to get *used* than any system that requires people to take the initiative to obtain and wear special, often conspicuous, equipment.



Information about Television Loops

Fellow ADA member, Bill Diles, Au.D., has now looped over 1800 homes and continues to do so at a rate of 10/month. His "How To" article can teach you how to install a room loop yourself (Diles, 2006). Our practice has hired a journeyman carpenter who wears hearing aids with telecoils to install hearing loops for our patients. He travels with a demonstration loop in his van, lays it out as a sample, checks the reception and interference personally, and charges the patients directly for the pre-agreed upon onsite visit. If the patient agrees to proceed, he then charges an additional fee for installation and immediately installs a room loop from his van inventory. Our practice then forwards an invoice to the patient for the actual loop (some of our patients have up to three television loops installed).

The Link between Hearing Loss and Dementia—Why It's Pertinent to the Hearing Loop Cause

Remensnyder, 2011 includes relevant information to possibly limit the risk of dementia in the patients we serve. New research from Johns Hopkins and the National Institute on Aging has documented that seniors' risk of dementia is two-fold for those with mild hearing loss, three-fold for

Unlike FM and infrared listening systems, loop systems that broadcast to hearing aids...
Require no pick up/return of portable receiving units and headsets
Require fewer portable receiving units (and batteries)
Operate on a universal frequency (FM systems operate on differing frequencies, requiring receivers for each venue)
Are inconspicuous: No need to visually announce "I am HOH!"—an invisible solution to an invisible problem
Work in transient situations (can serve the HOH at ticket counters, teller windows, drive-through stations, airports, etc.)
Entail no hygienic concerns regarding ear buds
Are hearing aid compatible: Do not require putting ALD on/off (e.g., church sermon/singing)
Provide flexible use: Can allow either direct listening (M=mic) or loop broadcast (T=telecoil) modes, or both
Deliver personalized in-the-ear sound . . . customized by one's own hearing aids to address one's own hearing loss
Are, therefore, much more likely to be used . . . and to be increasingly used, once installed.

Table 1. The advantages of loop systems relative to FM and Infrared systems

those with moderate hearing loss, and five-fold for those with severe hearing loss. Lin, et al, (2011a & 2011b) attribute the increased risk to the probable etiology of the strain of decoding that robs the brain of cognitive processes such as working memory in combination with the well recognized social isolation secondary to hearing loss. Since it is our responsibility, as audiologists, to provide our patients audibility *everywhere*, hearing loops are an integral part of the solution to overcome the effects of hearing loss and dementia.

Prevalence of Hearing Loops

The task force has estimated that there are more than 1000 looped places of worship nationwide. The Michigan State Sports Arena is looped. Some tour buses are looped. The NYC subway system is looped. A senior high rise in Arizona has looped all the living rooms and master bedrooms prior to occupancy. Theatres, opera centers, and performance venues are getting looped. And even a Whole Foods check-out lane and some restaurant tables in Sarasota, FL are looped. So far, three airports are looped as well. Audiologists must continue to advocate for more buildings and rooms to be looped.

Patient Hearing Loop Satisfaction Surveys

Hearing Loop satisfaction surveys have revealed incredible consumer satisfaction levels as noted in Figure 1. In an era of

evidence based practice, this data suggests that audiologists would be wise to routinely recommend telecoil use along with induction loop systems.

HAAA/AAA SURVEY 556 People Answering Question

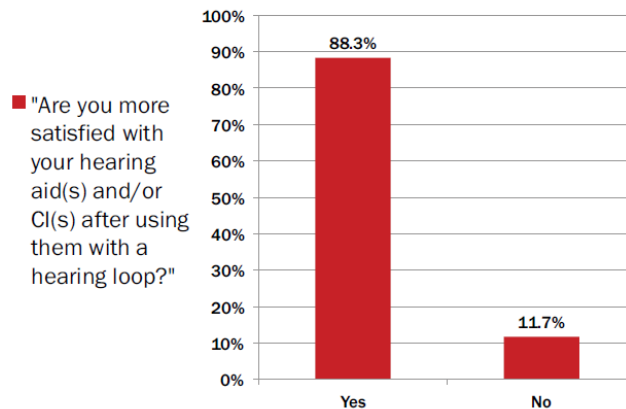


Figure 1. Results of one unpublished survey of hearing loop satisfaction reported by end users.

How Patients Become Loop Advocates

Approximately 85% of my patients, who are vacillating between purchasing a hearing aid with, or without, a telecoil, purchase the latter after listening to my office waiting room's looped television. Remaining stalwarts are encouraged to take demos with telecoils to a local looped venue. And, of course, those statistics just reflect patients who are on the fence. The vast majority of new patients who have seen me at the pulpit or have spoken to someone who wears telecoil-enabled hearing aids at a looped venue arrive with a telecoil mandate *prior* to requesting any other hearing aid feature.

Keep in mind that currently three states, New York, Florida and Arizona, mandate that hearing health care professionals discuss the dual functionality of the hearing aid's telecoil with the consumer.

Current and new patients may be offered a one page "How to get more from your hearing aids in a hearing loop" hand-out with a list of all local hearing loop installations on the back page. This encourages patients to not only try out hearing loops, but also it serves to inform local ministers and venue operators that hearing loops can now be found in many places. This encourages adoption of the technology and sometimes inspires competition.

Patients are also routinely offered a reprint from the "Let's Loop America's Worship Centers" article that appeared in *Technology For Worship Magazine* by David Myers, PhD. This

reprint can then be shared with church council members, family members and friends or mailed to family out of town.

Loop just one venue and loops will beget loops. The July 2, 2010 *Chicago Tribune's* [front page coverage](#) of the hearing loop that is present at my personal place of worship lead to installations all over the country.

Hearing Loop Advocacy Cards

Dr. Sterkens has put together a loop advocacy card that patients can drop one off at venues at which they have experienced poor audibility. The card explains how hearing loops work, documents that the listener was unable to hear in the venue, and provides a contact number. Figure 2 shows an example of the front and back side of a “loop advocacy” card.

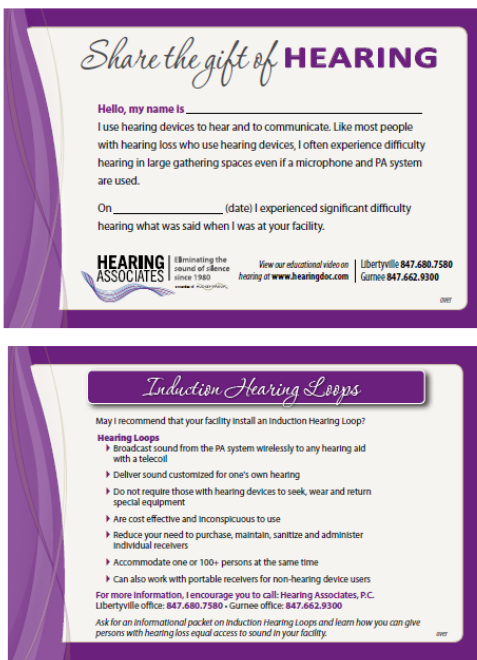


Figure 2. An example of a loop advocacy card given to patients at the time of their hearing aid fitting.

Leaving a Legacy

The facilitation of hearing loops leaves a legacy to your patients that outlasts your practice ownership.

Our practice provides a certain number of loop drivers to our patients' places of worship and/or senior citizen gathering rooms on an annual basis. It is called “targeted philanthropy.” We donate both the hearing loop and the loop driver/s but make it clear that installation is the responsibility of the venue.

Venues are selected based upon the lack of audibility secondary to poor acoustics specific to the venue as well as the



Figure 3. The International symbol for designating an induction loop system

number of the patients in our practice who use the facility. We track the information when patients come into the office for routine hearing aid checks and when we take a new patient case history.

The following criteria must be met in order for us to reimburse the facility for the hearing loop and driver/s:

- The hearing loop sign must be displayed in all facility advertising
- The hearing loop sign must be displayed on the facility's website
- An audiologist must be present (preferably at the pulpit if it is place of worship) at the Loop Dedication to answer questions and explain the technology to those assembled (I have been known to be present at 5 Masses on a Sunday morning)
- The loop sign must be present at all services including weddings and memorials

Summary

Hearing loops have provided me a sense of purpose and a sense of satisfaction and have not just invigorated my practice, but have invigorated my life.

Mark Ross' mandate that “When it comes to hearing better, passivity is not an option” should be the audiologists' mantra. ■

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Linda S. Remensnyder, Au.D. is President and Owner of Hearing Associates, P.C., a private practice in Audiology established in 1980 with multiple office sites in the Northern Suburbs of Chicago. She received her professional doctorate in Audiology from the University of Florida and was the first Doctor of Audiology in Illinois. Dr. Remensnyder served on the Board of Governors of the American Board of Audiology and was appointed to the HLAA/AAA Get in the Hearing Loop Joint Task Force in 2010. The Better Hearing Institute (BHI) profiled her practice in their Audiologists Changing Their Communities Series with a focus on her Audiologic Rehabilitation Classes and Patient Empowerment. In April, she received the 2011 Presidential Award from the American Academy of Audiology "in grateful appreciation for her significant contributions to the American Academy of Audiology and the profession of Audiology." She is an active proponent of Hearing Loops and serves as the Spokesperson for the State of Illinois.