

- Leslie Kernisan: [00:00:01](#) Hello everyone. Welcome to Better Health While Aging, a podcast that gives you strategies and information about improving the health and wellbeing of older adults. We discuss common health problems that affect people over age 60, the best ways to prevent and manage those problems, and we also often address common concerns and dilemmas that come up with aging parents and other older loved ones like what to do if you're worried about falls or safety or memory or even the quality of an older person's health care. I'm your host, Dr. Leslie Kernisan. I'm a practicing geriatrician, so that means I'm a medical doctor specialized in geriatrics, which is the art and science of modifying healthcare so that it works better for older people and for their families.
- Leslie Kernisan: [00:00:44](#) So in today's episode, today's episode is special. It is part two actually, we're doing a special two-part series on a very important topic that affects millions of older adults, and that is hearing loss. So once again, my special guest who'll guide us through this topic is Professor Meg Wallhagen, PhD, Professor of Gerontological Nursing at UCSF School of Nursing. She is a nationally recognized expert on hearing loss. She's been involved in research, advocacy and education related to this important topic. And she's also been on the board of the Hearing Loss Association of America since 2010 and is actually the immediate past chairperson of their board. So since I know that so many older adults and families have concerns about hearing impairment and questions about what can be done, I'm just delighted that professor Wallhagen was able to join us on the podcast. And in fact since this is a big topic and she's so knowledgeable about it, we've been covering this in two parts.
- Leslie Kernisan: [00:01:41](#) So if you haven't listened already to part one, which was the previous episode, that's where we talked about hearing loss: what to know, what it is, and how it should be assessed. And especially, we shared some tips on getting a reluctant person to address it because that is a really common issue. And now today in part two, we're going to focus on what can be done, including what to know about hearing aids and other options for managing this issue. So Meg, welcome back for part two.
- Meg Wallhagen: [00:02:11](#) Well, thank you again for having me here online and for the ability to sort of focus on hearing loss, which is such a critical issue.
- Leslie Kernisan: [00:02:19](#) Right, yes. So in part one, we talked a lot about how it's just, to recap our key points, really, really common this for people to lose the ability especially to hear higher frequencies. And you

had explained to us that it's not like having earplugs or earmuffs on, but it's a distortion in sound, which makes it harder to understand speech that this affects people's social life and also has been associated with worse health outcomes. And that unfortunately right now we can't assume that primary care providers will check for it, but it is something that can and should be evaluated because there are things that we can do to help people hear better. So maybe we can start by just having you review for the audience once again why it is so important to try to correct it.

Meg Wallhagen: [00:03:07](#)

Well, hearing loss has such a major impact on so many dimensions of an individual's life. One thing we didn't touch on too much last time is the issue of the work environment. We know that hearing loss itself is affecting people's ability to have positive social relationships. Family relationships are often put under tension because of frustrations and repeating to do all the times, and misunderstandings and so forth. So people become isolated, people stop talking to each other, they become depressed often. So there's multiple issues around the person themselves and their social relationships, but it also can affect the work environment because of this spending time on the phone or being in a large conference room. What I want to emphasize there when we get into treatment is that persons who are in a work environment and more of us are working to later ages and staying in the work environment.

Meg Wallhagen: [00:04:10](#)

So people need to understand that the American Disabilities Act does mandate that one should have certain access to various accommodations, reasonable accommodations to allow them to work. So that's a disappoint I want to make in terms of the treatment going forward too. If you do have hearing and it's been assessed is to be sure that you do look and know your rights in different things in terms of what you're able to access. And then in terms of being referred, if you are screened or if you really feel you have hearing loss and you ask for screening or the ability to be referred, once you get to the audiologist, I think that's maybe your question in terms of what will happen once the person gets to the audiologist or is-

Leslie Kernisan: [00:04:58](#)

Well, I was thinking just again why it's so important to address as you were saying has huge impacts on the people's social lives. And I think it's great that you brought up that it affects the work environment too. Because I think a lot of people would like to keep working and maybe some of the, we could call it ageism. We know that a lot of older adults sometimes end up feeling like they're not feeling welcome or valued in their work

environment. And I think some of that is systemic ageism. And if you might have a hearing issue, one, you have a right to request help, I guess reasonable accommodations from the employer. And addressing it can enable you to work more effectively with your colleagues and continue to make your really important contribution.

Leslie Kernisan: [00:05:45](#) So I think it's great to bring that up because as we discussed in part one, older adults are often blowing this off.

Meg Wallhagen: [00:05:52](#) Yes, unfortunately that's true.

Leslie Kernisan: [00:05:53](#) Because it's so gradually coming on that they haven't really noticed or because it can be stigmatizing to get evaluated and consider hearing aids.

Meg Wallhagen: [00:06:05](#) Yes, unfortunately they often feel that it's stigmatizing, which is very unfortunate.

Leslie Kernisan: [00:06:09](#) Right, right. And then we had also discussed in part one how hearing loss over time is associated with worse health outcomes, falls, higher risk of delirium, memory and thinking problems. And you had mentioned that getting it addressed earlier is good because there's a part inside the brain that is processing what we hear. And so if the input, what's coming in through our ears is no longer as much the part of the brain that processes it starts to lose its ability.

Meg Wallhagen: [00:06:40](#) Yes, it's sort of like a muscle. You sort of want to use it or lose it. So we know that there are changes that occur in the brain when that sensory input is no longer there.

Leslie Kernisan: [00:06:51](#) Right, right. So important to address. And so, yes. So you were mentioning that once it's been noticed, the next step and really evaluating it is an audiology assessments where they can do a more in depth assessment of what's going on with the hearing and which frequencies are effected. And so then what happens after that audiology assessment?

Meg Wallhagen: [00:07:12](#) Well, one of the things that happens when you go to an audiologist is that they really do a fairly thorough or should be doing a really thorough exam not only in terms of the ear itself, but in terms of looking at the audiogram, looking at the frequencies that are affected by your hearing loss and which ones are most effected. How loud it has to be before you hear those various kinds of frequencies. They should do things like speeching noise or words in noise which assesses whether you

can hear with a lot of background noise. So they do the thorough assessment. And then if you're moving forward to get hearing aids, they should talk about options and they should be asking because you should tell them too where you have the most problems and where you want to hear the most. Because for instance, if you're a musician, there may be certain things that they should be considering in terms of your treatment so that there are specific kinds of hearing aids or programs that might work for persons who have a music background that really want to stay as a musician or something.

Meg Wallhagen:

[00:08:17](#)

So you want to be clear in terms of what your needs are to any audiologists. But what they will do is they do look at the hearing aid in terms of what should fit your hearing loss. And so often people will tell me, I want the smallest one. To be honest with you, now hearing aids, even the ones that come behind the ear or whatever are so small that you really can't see them anyway, but that shouldn't matter. You should be picking a hearing aid based on your hearing loss and what works for you. The very, very small ones that are completely in the ear don't have some of the functionality that some of the larger ones do and may not have the amplification volume that you might need for your particular kind of hearing loss. So again, it's choosing the hearing aid that best fits your hearing loss, the type of loss that you have.

Meg Wallhagen:

[00:09:13](#)

Once they sort of select, and the audiologist should share what might work best for you. They will then do various kinds of assessments to test the hearing aid at those different frequencies and try to set the loudness if you will at those frequencies that you have the most trouble. So they actually program the hearing aid to fit your particular hearing aid or that should be the approach that they're taking. And once that's done, once they sort of fit it, if it's sent away and you get it back, they should be making sure that that fits you. Now, occasionally they won't want to turn up the amplitude the first time as loud as you need only because you haven't heard sounds for a while. So they may do some, you almost always have to go back for adjustments.

Meg Wallhagen:

[00:10:08](#)

But a critical component that people need to understand about hearing aids is that hearing aids are aids. You don't get a hearing aid and walk out of the audiologist's office and hear like you were 20. We're not going to correct the hearing loss, at least not yet. These are aids. They're giving you capacity to hear at certain frequencies easier than you would without the hearing aid so that listening becomes easier in almost all cases. But

they're limited, I mean, they're not perfect. They work best in certain interpersonal kinds of situations. They have a certain distance about six feet or so that they work the best. So hearing aids are not the only thing you may need, but they can be very, very helpful in making hearing less effortful, as I said.

Leslie Kernisan: [00:11:05](#) Well, that's wonderful. I mean, maybe we can unpack a little bit what you were saying. I mean, so the first thing I heard you say was that the initial audiology evaluation is in a way very technical. They have you listening to certain sounds and there's this technical report. But that it's important to have a kind of interview about your real life situation, right?

Meg Wallhagen: [00:11:27](#) Correct, correct. It's very important.

Leslie Kernisan: [00:11:30](#) What kind of environments are you in, and basically at a practical level, what kind of hearing situations are you in. And which ones are you having difficulty with so that you can then be sure to get some kind of aid or modification that is going to support you with that particular need, right?

Meg Wallhagen: [00:11:49](#) Right.

Leslie Kernisan: [00:11:51](#) So is that part of the initial audiology evaluation or I feel like also people often get an evaluation, that audiology and then they see, I'm under the impression that they see audiologists who are like specifically there to help you buy a hearing aid? But I may be misinformed because I haven't been through this. Who is supposed to be doing that interviewing of like, okay, tell me what your life is like and what kinds of situations you hear in and where you're having trouble so that we can help you find the right solutions?

Meg Wallhagen: [00:12:19](#) Well, if the audiologist isn't doing that for you, you really should seek out another audiologist. I think you should be asking questions and making sure that the person is doing things in your interest. I will say that there are audiologists who are inclined to more or less sell you specific kind of hearing aids. But we have found that the cost of hearing aids and various kinds of audiological practice, there are standards of practice through the audiology profession that do make many of these more holistic approaches to persons with hearing loss the standard that you should be receiving. So I would say you really should be sure that the individual is not just trying to sell you a hearing aid.

- Meg Wallhagen: [00:13:14](#) And if you feel that that's true, it's not everybody, and there are certainly, I work with individuals from the Hearing and Speech Center in San Francisco. I mean, they teach people across, it's a nonprofit so they do things across the lifespan. But that kind of an organization, you want to get a group that cares about you as an individual and wants you to hear best. And keep asking questions. And we have noticed that the cost and many other things do vary across the sites. And we'll probably get into some of that as we go forward. But you need to make sure that you're getting the kind of care that you need.
- Leslie Kernisan: [00:13:53](#) So again, I'm sorry that that is often included in that initial audiology evaluation during your frequencies or is that part of a followup visit often?
- Meg Wallhagen: [00:14:03](#) The first thing you would get is a test whether they go on from there and fit you for the hearing unit immediately will probably depend on the time that you spend with them. So it may be a pretty thorough evaluation initially. And then they'll talk about the type of hearing aid that you might need and you'll need to come back to go through the testing. It's fascinating to watch because they have now these elaborate kinds of tools and equipment that you can see them tuning up or tuning down how loud it will be at different frequencies until it fits your hearing loss. So they really try to mimic your hearing loss and try to address. And the other piece, and this is an important piece in terms of, especially if people go and buy something over the counter, one of the things that hearing aids are designed not to do is not to allow the hearing aid to have too loud a noise.
- Meg Wallhagen: [00:15:03](#) It has a capacity where it will not provide you the sound if the sound gets too loud because you don't want to hurt your ear either with that. So they try to put a cap on that as well. So they will do a lot of fine tuning around what your hearing loss is like. I don't want to make this too complex because the issue too is depending on how significant your hearing loss is as we get where hearing loss is quite significant. The amplitude or the sound loudness that you have to hear gets very close to what's called the loudness area where it's too loud, it's painful. So there's a very narrow window there unfortunately for persons who have really significant hearing loss. And that can be a little tricky, but you want to make sure that the hearing aid is not putting in too much sound where you end up either having damage or it hurts.

- Leslie Kernisan: [00:16:08](#) Right, right. Yes. Well, when you said earlier that people need to get an aid that works for them, I think often it's a little unclear to people what that actually looks like. But it sounds like thinking about again the situations in which you're going to be trying to hear what that's like can help the audiologist point you towards the right kind of hearing aid. And then I know there are some, like the Mayo Clinic, for instance, has one that covers just certain hearing aid styles. Do you find it's important to distinguish between those? Do people need to think about that before they go in as well whether they want something, the completely in the canal mini one or the in the ear, behind the ear?
- Meg Wallhagen: [00:16:50](#) Right. Well, the biggest thing really is I think both whether it has the capacity to give you the amplitude that you need and whether it has the capacity because the smaller they get, the less functionality. Some of these hearing aids, and I want to emphasize you do not necessarily need the most expensive hearing aids because as they come out with new ones on the market, they're tweaking what was done before and they're adding new programs or new this or new that. That means that some of the ones that were just standard before are less expensive than they used to be. So be sure it works for you. You get the opportunity to go out and use the hearing aid for a while, and you should always come back and make sure that it's fitting you the way that it's expected and making sure the amplitude is right, that it's comfortable, it should be comfortable. But you don't have to get the most expensive necessarily.
- Meg Wallhagen: [00:17:46](#) And they are more and more depending on your need and what you feel you can expand the more and more programs, for instance, directionality so that may be provides you where you can change the aid so it's hearing mainly from in front of you than from behind you. Or other kinds of things like that. I think a key for me, which isn't always introduced by audiologists now, but I think it should be since all my colleagues certainly swear by it are what we call t-coils. And they're tiny little wires that are in the hearing aid. And you can even get some stuff before you even have a hearing aid that does this, but it's a little wire. And what they do is if you put it on t-coil, it hooks you into what's called an induction loop. If you're in that area, many churches and other houses of worship, various kinds of things that are large especially, but you can do this for anything, have what they call induction loops or little wires that are hooked up to the microphone.

- Meg Wallhagen: [00:18:50](#) When you're in those settings and you put yourself on toil, the sound goes right into your hearing aid, and it gets rid of the background noise. People who have hearing loss swear by them. And so we push to have these, BART has been trying to put some of them in. But New York did looping of cats. If I was asking someone for a hearing aid, I would make sure that they either had a t-coil or that they activated the t-coil. Because audiologist just don't always bring that up, I think they think it's kind of old fashioned but it sure works for a lot of people.
- Leslie Kernisan: [00:19:29](#) Right, right. What I noticed when I started looking into it a little bit or when people have asked me is that it seems like separate from the fact that you bring up in your informational brochure and you mentioned before that hearing aids, when it has the right expectations, you're not going to end up hearing like when you were 20, they do take time to get used to both because I think your brain has to get used to working with them. And because it takes some back and forth with the audiologists on adjusting it. It's not an instant fix, but it sounds like it's an effort well worth making. And separate from all that, there are all these choices. And I think people often get a little overwhelmed by trying to figure out which one because of the features.
- Leslie Kernisan: [00:20:14](#) And so I guess what I'm wondering is, do you have any favorite resources either from the Hearing Loss Association of America or other resources that can help people walk through doing the research and identifying what are the key questions to ask or features they might want to ask about? Like you mentioned, does the aid have the capacity to give you the amplitude that you need? Does it have a t-coil? Do you have like a favorite resource that helps people prepare for that selection process? Because that just seems like it's in of itself a substantial project.
- Meg Wallhagen: [00:20:48](#) Well, certainly from The Hearing Loss Association, there are some listings in terms of what questions you should ask. It's hard to say, this make is better than, that make is better. Because many of the manufacture, the persons who produce these hearing aids have a range of their own hearing aids that really mimic each other. In other words, each of them sort of come out often with maybe one or two that are what they feel unique for various reasons. But in general, each has a spectrum of types of hearing aids. And I will say that, and I can understand why many audiology offices or whatever can't use, can't invest in the technology and the equipment at least at this point because we don't have the kind of interoperability that we would like to have. In other words, if you buy X hearing model from so-and-so, most of the capacity that you have, that you get

assisted listening devices that work with that hearing aid are locked into that company.

Meg Wallhagen: [00:21:51](#) And because they each have their own programming equipment, it's really hard for audiologists to have those programs that they know well for all the manufacturers. So many of them do tend to have a select number, but that doesn't mean you don't have a range of possible hearing aids that will fit your needs. Because you get a chance to go out and live in the real environment with the hearing aid and then come back, and you should always make sure you take advantage of getting the hearing aid fine tuned if you have problems to go back and talk about it because usually you have already paid for that. A lot of the audiologists currently use what's called a bundling costs, which means you pay what seems like a very large amount of money, but you're not only buying the hearing aids, you're buying their service. And so you should ask for sure how many return visits do I have, what does cover, what is included in this?

Meg Wallhagen: [00:22:55](#) All of those questions should be asked when you're going to see or before you buy the hearing aid. And then you get the chance to test it in the real environment and go back and get it refined to make sure that that is set for your type of hearing loss, and you get the most out of it. And then once you get it, you really do need to work with it. As I say, it's not like pop it in and go out and just hear like before. Many sounds do sound too loud initially. So they will warn you that you may not want to pop it in and walk out and ride your car home with a window down. There are things that you should be careful about initially, but you should use them if you're only popping them in once in a while, you're not going to get used to them very fast. So you do need to work with them.

Leslie Kernisan: [00:23:47](#) So you want to go into it, it sounds like ready to invest the time and effort?

Meg Wallhagen: [00:23:52](#) Yes.

Leslie Kernisan: [00:23:54](#) Your ear and brain learning to use it. And I think just having the expectation that it's almost certainly going to be necessary to go back to the audiologist a few times to figure it out. And I think a lot of people don't realize that, and maybe that's why they're often disappointed or frustrated because I'm sure you've heard this, but I hear this all the time, people complaining about hearing aids that they didn't work, that they were a pain or that they pushed their older parents to get them and then they

didn't work and they never got used. And it sounds like some of that might be just that people didn't know or weren't able to invest that time into selecting the right one and then working with it to get it to work well.

Meg Wallhagen: [00:24:38](#) Right. That is such an important issue. Whenever you get something like this, it does seem different when you have something in your ear. And if you have to have one that fills the ear because you need that amplification, it feels different. Your voice may sound different. So it takes some getting used to, but it should be comfortable. You have to make sure that person goes back if they don't feel that it's comfortable. And then as they say, work with it, I think your partner also needs to know that it's an aid that you don't suddenly cure perfectly just because you've got a hearing aid. And you may need some assistive listening devices along with it.

Meg Wallhagen: [00:25:16](#) So there are assistive listening devices that will allow you in addition to say like the t-coil that will allow you to listen in certain other kinds of environments whether they're certain kinds of almost like little wands or whatever that you can put on a table. And it brings in sound from multiple people at the table or working with conference rooms to have certain equipment in there so that you can hear what people are saying. And then when you go to buy a phone, you have to make sure that the cell phone works with your hearing aid, and you will have the right to test that out in the store.

Meg Wallhagen: [00:25:53](#) So making sure that you have adequate information about what cell phones to buy that work with your hearing aid. And all of those things should be covered by the audiologist or ask about it for sure. And then as I say, certainly The Hearing Loss Association and many of the chapters will also have a lot of educational programs either online or in the chapter types of things cause there are chapters for The Hearing Loss Association that people can go to to get information.

Leslie Kernisan: [00:26:25](#) Yes. So I'll definitely look after the interview and find some useful resources to guide people through this process. Now, you mentioned several times that often one needs to go back a few times to have adjustments made. In most cases though, I assume people aren't able to return the hearing aid if it's really not working out for them to swap it out for a different style.

Meg Wallhagen: [00:26:47](#) They can, that's another thing to ask. Some people have about 30 days, so audiologists give you a longer span of time. But I think most of them, there are state specific laws around some

of this as well. But you do get a window of opportunity to return it and say, this really isn't working and I need to have a different hearing aid. So, yes, you do have that capacity to return it.

Leslie Kernisan: [00:27:16](#)

So that's another thing to consider. The beginning is for the place where you're considering getting it, what is your window for deciding that maybe this type of hearing aid in the first place is not right for you? And being able to exchange it. And it sounds like it's really actually important to be able to work with a person. Because I think sometimes people are hoping to get it by mail, everyone is used to Amazon right now. It's not I'll buy it cheap online, and it will be fine. And it sounds like that's not likely to work out for hearing aids.

Meg Wallhagen: [00:27:53](#)

No. There are some what we call PSAPS, Personal Sound Amplifying Systems that do work quite well. But right now until the new over the counter come into play, you have to be real careful about those both in terms of the loudness that they provide. I mean, this is a rapidly changing environment, which is kind of exciting, but it also leaves individuals sometimes not quite sure yet which direction to go because the different cell phones are coming out with programs. And in a way, it's an exciting time for hearing loss. But I think people do need to be really careful, especially if their hearing loss is fairly significant. That takes much more refinement and assessment of what's going on and what their needs are.

Leslie Kernisan: [00:28:47](#)

And it sounds like that audiology evaluation is an important step in determining whether the hearing loss is mild, moderate, or severe, right?

Meg Wallhagen: [00:28:56](#)

Correct. Well, we get into the over the counter new legislation that's coming in, which is going to somewhat disrupt this model. But we can talk about that in a minute.

Leslie Kernisan: [00:29:07](#)

Yes, yes. Now, I want to address that towards the end. To come back to the hearing aid question. So because it does sound like it's a big investment looking into hearing aids, right? It cost money even though as you said, you don't have to get the most expensive one. And that often people are more likely to get a good result if they're able to do a little research on their options. If they're able to make sure that they have identified their most important needs and that the audiologist knows that and steers them towards the right one. And then you buy one and then you have to do all this back and forth to get it adjusted. So how can people know whether they are likely to benefit? Who should go down that path, I guess?

- Leslie Kernisan: [00:29:51](#) Are there some people who are not a good fit for that path and maybe they should know that sooner before they spend a lot of time? And I ask this because I hear from some people who just will tell me that they spent all this time and work trying to get hearing aids. Often it's family members talking about an older parent who is in their late 80s. And then after all that, it never worked well, which leaves me wondering, was that person not a good candidate in the first place or is it that they didn't get the right aid or the right sort of help or have the right expectations? So can you share any thoughts on how can people know whether they should look into a hearing aid for themselves or for an older loved one?
- Meg Wallhagen: [00:30:29](#) Sure. I think, first of all, I would say that it depends a bit on how long you've had your hearing loss and also the motivation that the individual may have to work with them. But if the person is really quite elderly and has multiple other comorbidities that they have to be dealing with, one might consider alternatives to hearing aids. Hearing aids are not the only thing that we have for persons who are possibly somewhat have some cognitive changes that make it more difficult to expand the effort and or may have some cognitive changes that actually affect the hearing that's in the brain. In other words, they may be hearing some or maybe it's distorted, but it also is not being received well by the brain because the brain has changed what's called auditory processing problems.
- Meg Wallhagen: [00:31:25](#) If they really feel that they've done what they could in terms of effort, and I don't want to put an age limit on that cause we know that there are many very elderly individuals who do quite well in so many areas. So you sort of want to make sure they've gone down the path of making sure to assess this. But you might look into what we tend to call a pocket talker, but it's a personal amplifier especially for persons who have fairly significant cognitive impairment. Pocket talker is really simple, it's a little amplifier with headphones of some sort.
- Leslie Kernisan: [00:31:59](#) Yes, it looks like a Walkman. I think the audience will remember what a Walkman is. And I have one, I got one as a fellow because I take them on house calls and visits to patients because in a pinch for someone who can't hear well-
- Meg Wallhagen: [00:32:14](#) They work really well.
- Leslie Kernisan: [00:32:15](#) They work really well, yes. And I used to have a nursing home patient when I was a fellow at the VA who always wore one

around his neck. And he would just kind of hold it out the microphone part to whoever was trying to speak to them.

Meg Wallhagen: [00:32:28](#) Right. They can be very, very successful. And so those kinds of amplifying systems, it's very simple to use. You don't have worry as much about, the other thing that I have to emphasize a little, some things are changing now, you have to worry about the batteries. If you get a tiny, tiny, tiny little hearing aid, they have tiny, tiny, tiny little batteries. They're not so easy for persons who have any kind of dexterity problems. So if you have arthritis or something else, you may not want the smallest level of hearing aid anyway because it's hard to work with. You have to know that you have to change the batteries routinely because the more you use them, the batteries get eaten up.

Meg Wallhagen: [00:33:13](#) So make sure that the battery is working for a person who hasn't been using the hearing aid for a while or that it's not clogged with wax. But these other alternatives .... The other thing I want to emphasize about batteries, you don't want to swallow them. That's an emergency, and you don't want your dog to swallow them or a kid to swallow them. So be careful with disposing of the batteries as you do that. But pocket talkers can be very, very effective for persons who have dexterity problems or some cognitive issues.

Leslie Kernisan: [00:33:46](#) Right, right. No, I'll definitely post a link to them in the show notes because I think they're a great resource that people don't think of. So to come back to the question of who's maybe not a good candidate for looking into hearing aids. So one of the things that you've been mentioning is people who have memory and thinking problems because, one, I think they might be forgetful or confused or are not able to participate in the practice and work that it takes to adjust and adapt to a hearing aid. And then you were also saying that hearing is both about the cells in your inner ear capturing the frequencies and then inside the brain, the processing. And that people who have Alzheimer's or another dementia or something affecting their brain, which is affecting memory and thinking that that can also be affecting their audio processing.

Leslie Kernisan: [00:34:36](#) So it sounds like in many cases, somebody who has maybe more than mild dementia might not be a good candidate for hearing aids. And even somebody who is mild or early, you know, you have to ask yourself, are they going to be able to participate in the work of adapting to it. And then you were also saying that hearing aids require maintenance and somebody to keep track

of the batteries, to change, be able to physically change the batteries, right?

Meg Wallhagen: [00:35:04](#) Right. And remember to open the little battery door when you go to bed at night, and just various kinds of things that you need to do to make sure the hearing aid doesn't get effected by time and whatever.

Leslie Kernisan: [00:35:17](#) And then you mentioned how long they've had the hearing loss. So if somebody has had pretty noticeable hearing loss for 10 years, does that mean they're less likely to benefit from a hearing aid?

Meg Wallhagen: [00:35:27](#) I think it takes more effort. They really probably need to make sure that they allow themselves adequate time to use the hearing aid and get used to hearing again and get used to the sounds. I don't think that's ... 10 years, I mean, unfortunately we know that sometimes the average is almost seven years before someone goes for, at least now, for getting evaluated. So I wouldn't say they can't, but I would say that you may spend more time having to readjust then hear sounds that you haven't heard for a long time and get used to them.

Leslie Kernisan: [00:36:02](#) Right. And I know you were speaking in part one about how again, that part in the brain that processes the sounds and interprets them gets weaker if not getting enough stimulation. And so people who've had the problem for a long time, one, it might have gotten quite severe at the nerve level, and, two, the brain has just not had much to do. So it's just going to have more work to get back up to speed for that. So again, it sounds like it's really useful to get this addressed earlier in life.

Meg Wallhagen: [00:36:37](#) Well, I'm certainly biased toward that. I think it would make it a lot easier for individuals and will keep their ability to stay able to differentiate sounds and so forth and stay engaged.

Leslie Kernisan: [00:36:52](#) Right. And so I mentioned earlier, and we talked about in part one that you have this great brochure that you helped develop that's informational and educational for older adults to help them learn about hearing loss and what can be done and kind of help encourage them to address it, hearing helps us. And I'll post the link to it in the show notes for this one too. And one of the things that I really like about it is that it does have a little information on how there are options other than hearing aids because often I think people are quite focused on hearing aids. And then it's like there's such a hassle to get, and they're so expensive and all this. And then it's like, so then there's nothing

else. But actually there are other things. And so we were just talking about one of them, the pocket talker. What are some other options that people should be aware of and consider?

Meg Wallhagen: [00:37:35](#) Well, as I mentioned, there are booklets and various things about a range of different things that could be used. One thing that's very important for persons who have difficulty on the phone is to get captioned phones. That's a free service for persons who have hearing loss. We pay for it on our phone bill. There are several different companies that provide the services, but what you get is a phone or you can now, some of this can come on your computer or whatever. But basically when you make a call, the call goes through a captioner. And the captioner, you can read what the other person is saying. So in addition to hearing it, you can then read what the person is saying. So persons who have real problems with hearing on the phone, they can be very effective. And a lot of people don't even know about them, but it's a free service. And they should certainly take advantage of it if they have significant problems in that.

Meg Wallhagen: [00:38:35](#) I mentioned that t-coil, there are other kinds of adaptive things. The thing that we forget about a lot is just using effective communication strategies. And that goes for both the person with the hearing loss and their significant others or persons in their environment. For one thing, we do a lot of lip reading even if we don't, and I say it's not called speech reading. But basically we do look at person's lips and watch, and that helps us understand words even if we're almost not aware of it. So facing an individual, making sure that you're, for the person who's speaking, making sure your hand is not in front of your mouth. People who have big beards, that can be a problem.

Meg Wallhagen: [00:39:22](#) So the person who has the hearing loss should stand so that the light reflects on the person who they're listening to's face and isn't in front of a window so that it gets washed out. So you want to make sure that your back, if you have hearing loss is to the window and the light shines on the person you're speaking to. Speaking clearly, but don't distort the slowness of the sound, don't shout. We mentioned that last time that shouting just can distort the whole thing. If you go to a restaurant, sit with your back to the wall so that you don't get a lot of background noise that's more in front of you. That can help a little bit.

Leslie Kernisan: [00:40:01](#) Restaurants are so tough.

Meg Wallhagen: [00:40:04](#) They get so noisy.

- Leslie Kernisan: [00:40:05](#) They feel noisy to me.
- Meg Wallhagen: [00:40:07](#) Well, they are, they are.
- Leslie Kernisan: [00:40:08](#) And I can't imagine in 30, 40 years. I mean, I've heard that part of it is that they now have these sort of shiny modern surfaces that are bouncing the sound off like crazy whereas they used to have carpets and drapes.
- Meg Wallhagen: [00:40:21](#) There are some online things that actually tell you about different sites that are pretty noisy. I mean, you might look at going to a place that is known more for being a bit quiet and asking for a quiet place so that you don't necessarily sit in the noise.
- Leslie Kernisan: [00:40:40](#) Right, right. Well, I love this. As you were saying, there are a lot of options other than hearing aids. So we mentioned the pocket talker and the behavioral strategies for both the person with hearing loss and their family or others around them, to keep in mind of facing them and trying to enable them to watch the speaker's face and mouth is what you were saying. And then you mentioned for the phones, captioned phones, which are free for hearing loss. Now, to come back to the phone, are there any other kinds of phone assistive devices that people should know about? I often have families ask me for help with a phone for an older person who often is late 80s or 90 living alone and often has maybe a little bit of cognitive impairments. And often the family asking, is there a phone that will just make things louder? Is that even an option or what are other things other than the captioned phone that people should know about?
- Meg Wallhagen: [00:41:44](#) Yes. Well, there are phones, these are more, or at least the ones that I'm most familiar with to be honest with you are the landlines do come with higher levels of amplification. But there are cell phones now that are mainly adapted to various types of hearing aids. Some of them, there's some new models that have their own captioning in the phone itself that can possibly help if your visual capacity is okay because I know cell phones are not always so large. Getting a larger phone can be assistive. The phones themselves can be made louder, those are special amplification phones. Again, they're often sold by special companies that have a range of different kinds of listening devices that can be useful for individuals whether you want to use them in your home for TV, TV hears other kinds of things that will allow you to hear specifically for TV.

- Meg Wallhagen: [00:42:44](#) So it's really exploring the options that are available. There's just lots of assistive listening devices now that can facilitate individual's ability to hear in various kinds of settings. And one of the issues that you mentioned or at least we talked about before that people should know about is that's becoming more and more common are cochlear implants. And so if an individual has fairly significant hearing loss, they may be eligible for a cochlear implant. And a cochlear implant is quite different than a hearing aid because the sound is much more electrical than it is because you get, basically it's a wire that goes into the inner ear. And so the wire that catches the sound and stimulates the nerve, it's no longer using your tiny little hair cells. That takes a lot of effort on the person's part as well to relearn those particular new forms of sound. People who get them in many cases swear by them, but you have to go through a pretty, there's an evaluation process to make sure that you're eligible for them.
- Meg Wallhagen: [00:43:55](#) And that is sadly in some ways, it's covered by Medicare because it's surgery. But more and more older adults are getting them.
- Leslie Kernisan: [00:44:04](#) Yes. And maybe you can tell the audience briefly where the cochlear is.
- Meg Wallhagen: [00:44:09](#) The cochlear is that small little inner ear. It's the tiny, tiny little thing that leads into, the little, what's called tympanic membrane that vibrates when the sound comes in and sends it to the little tiny ossicles that go to the cochlea and stimulate fluid in the cochlea that stimulates the nerve cells. It's amazing that it happens so instantaneously. But the cochlea, the little wire goes right into that tiny little cochlea. And rather than using the hair cells, it then just stimulates, that little wire has little parts that stimulate the nerve directly.
- Leslie Kernisan: [00:44:50](#) Right. And is that a significant procedure getting one of those put in? Because surgeries and procedures can sometimes be risky for older adults especially if they already have health problems or vulnerabilities?
- Meg Wallhagen: [00:45:01](#) Well, amazingly enough, and again, because you certainly are evaluated for whether you're an appropriate candidate for one. But the data that suggests that people who are older do just as well as everybody else. They're relatively quick to do. I mean, I think when I look at it, you think, wow, this is such a tiny, tiny little organ, the cochlea, they're threading this wire in. But it's a procedure that's becoming really quite common and doesn't

take a lot of time. They don't always turn it on right away. They put it in, and then they'll wait. I mean, it's just important to make sure all your questions are asked before you go move in that direction. But it is becoming much more common for older persons. And I know a lot of people who've ... And again, it takes practice, you have to be motivated to really practice once you get it.

Leslie Kernisan: [00:45:59](#) Right. Right. So another thing to consider it, it sounds especially for somebody who has moderate or more and is in their 60s or 70s and relatively healthy otherwise. I'm assuming that just because that's the general procedure. If you're younger and fitter, you're more likely to benefit. And if you're frailer and have developed more health problems or vulnerabilities or memory problems, then it's more of a long shot.

Meg Wallhagen: [00:46:28](#) Yes. Right, right. You wouldn't be a candidate at this point at all.

Leslie Kernisan: [00:46:32](#) Maybe just to finish out this episode, we can talk a little bit about something that you mentioned earlier, which was the over the counter hearing aids. There's been actually some legislation that was passed, so we're expecting to have more. Can you tell us more about what you know about that?

Meg Wallhagen: [00:46:49](#) Yes. Well, this is again where I mentioned that things are really changing fast in this environment. Not too long ago, and I won't go into all the details, but for multiple reasons including a lot of advocacy around this issue, and I will give Amy Donahue from the National Institute on Deafness and Other Communication Disorders credit for much of this as well. The National Academies took on a year-long study of hearing loss and its health implications. And it's online, people can download it. It's a humongous little book.

Leslie Kernisan: [00:47:22](#) We'll link to it.

Meg Wallhagen: [00:47:23](#) Yes. That will cover all sorts of things. And they really advocated for the fact that hearing loss is a health condition and a really important health problem. And one of their recommendations was that it would be valuable to look at these over the counter hearing aids. They didn't put that term in. But at the same time, the president's advisory council on technology came out with a very similar recommendation around the need for looking at this and getting away from some of the barriers including the assessments that you do get from an audiology that's not negating that but just looking at this.

Meg Wallhagen: [00:48:03](#) So Senator Warren and Senator Grassley got together and wrote the over the counter hearing aid bill, which got passed. And it was a mandate that the regulations be designed to allow for over the counter hearing aids very specifically for adults with mild to moderate hearing loss. It is not for children, it is not for persons who have very significant hearing loss. It is for mild to moderate hearing loss. And they're going to be coming out probably within the year now because they were given three years with the regulations because these are going to be regulated hearing aids. And that's important because that means they'll be meeting certain standards. But the idea is that one could go in and purchase a hearing aid, and it will be defined as a hearing aid now. This would be because all these regulations that it goes through, that one could self-adjust based on the hearing loss that they have.

Meg Wallhagen: [00:49:09](#) And some of these devices, I don't know totally what they will look like because they haven't come out. Although some of these over the counter are sort of modeling that now. But the idea is that you might be able to do your own assessment of your hearing loss at least at a certain level not the kind of refinement that an audiologist would do, but you would be able to sort of set these hearing aids to meet your needs in the environment in which you work. So it has exciting possibilities. What we've been working on is making sure that the labeling, if you will, make sure that individuals know whether these are good things to move forward with and to make sure that they think, if they have unilateral hearing loss or if they have any pain or other kinds of significant symptoms or it's sudden onset or anything that might be a red flag that they don't buy the over the counter that they get screened and follow up with their healthcare provider or audiologists to make sure.

Meg Wallhagen: [00:50:12](#) And if you have a significant hearing loss if they don't work or whatever, you should also be sure to get tested. But they will allow individuals to buy over the counter hearing aids and adjust them themselves and then see if they work with the idea that this will decrease the cost, they shouldn't cost this much. The idea was to make them much more accessible to the range of individuals because so few people who have hearing loss use amplification where maybe they should or could. So we'll see what this comes out. I think the big thing for people to understand is they are for adults mild to moderate and they should carefully evaluate whether this is an option that they want to try.

- Leslie Kernisan: [00:50:59](#) And then you mentioned that there already are some kind of over the counter hearing aids or I'm not sure if you're referring to personal sound amplification systems.
- Meg Wallhagen: [00:51:10](#) Right now, hearing aids can't call themselves hearing aids unless they go through a fairly large regulatory process and meet certain requirements, what's called PSAPS or Personal Sound Amplifiers are not called hearing aids because they don't have to have those regulatory, they don't meet those regulatory requirements necessarily. It's an interesting issue in that some of the personal sound amplifiers are almost like hearing aids, they didn't want to go through the process. So they don't call them hearing aids, which makes it harder I think. But what now is over the counter, there are some things that are fairly decent, but you have to be just really careful. I hesitate in terms of having people buy something over the counter unless they do a lot of checking out to make sure that it's going to work and make sure that it doesn't allow sounds to be amplified too much. That's a very significant problem if something gets amplified way above and will damage your hearing more than it's already damaged.
- Leslie Kernisan: [00:52:21](#) Yes. It sounds like that's an important risk to be aware of and to look out for. Well, it'll be great to have less more affordable options to how people address their hearing loss. And I mean, hearing aids are expensive. How much do they cost again?
- Meg Wallhagen: [00:52:39](#) It varies.
- Leslie Kernisan: [00:52:40](#) \$2,000, right?
- Meg Wallhagen: [00:52:41](#) Yes. Oh yes, yes. They can range a great deal. You can get a hearing aid for \$5,000, and that's one. But generally speaking, like 2,000, 3,000, could be it varies with the hearing aid. But again, I really want to reemphasize, you don't have to get the most expensive and you shop around, and there are options. I mean, there are places, Costco sells hearing aids and they tend to be less expensive. CVS used do, but a press release came out March 1st and they decided to close all their hearing centers because of they're changing their model and they know that they have to deal with the over the counter. I think they're afraid of Amazon getting into the market.
- Leslie Kernisan: [00:53:27](#) Well, I guess what I'm thinking is that in terms of what Medicare pays for procedures and all kinds of things, a few thousand dollars is not much.

- Meg Wallhagen: [00:53:37](#) No, you wouldn't think so, but they think people will come out of the woodwork, I think. And so that it would be so many people who want to do it that it would be too overpowering. But we're still working on that, we're working to change the Medicare law.
- Leslie Kernisan: [00:53:54](#) Right. Because it seems to me, it sounds great to have over the counter more affordable hearing aids and that also at the same time that that could worsen kind of inequality. I guess we already have that problem. People with more money can get better hearing aids and the audiologists, and people who have fewer resources are more likely to go without. But I guess it's already a pervasive problem for older adults and for health care in general.
- Meg Wallhagen: [00:54:21](#) That's right, that's right unfortunately. And we hope that this will force the market to change its model and that it will help audiologists go back to using their expertise in terms of aural rehabilitation because that aural rehabilitation is part of that other piece I talked about that means you've got to learn how to relisten, you have to use effective strategies that audiologists, that's really some of what they should be doing. They should be-
- Leslie Kernisan: [00:54:49](#) So when you say aural, you mean A-U-R-A-L?
- Meg Wallhagen: [00:54:51](#) Right, right, right. I mean, the ear. We're helping people use effective strategies to maximize your hearing capacity.
- Leslie Kernisan: [00:54:59](#) Because right now that's not covered by Medicare either?
- Meg Wallhagen: [00:55:02](#) No.
- Leslie Kernisan: [00:55:03](#) And do local nonprofits help people with that, with those strategies? I mean, I feel like we have so many people affected by hearing loss, what are the resources available to help them adapt and encourage them?
- Meg Wallhagen: [00:55:18](#) Well, the place that I know more about in terms of the nonprofits is something like the Hearing and Speech Center in San Francisco, which I've worked with. And they come with a holistic approach to hearing loss and have various kinds of classes and all sorts of things for persons. And then the other thing that I think is helpful are local support groups such as the chapters that The Hearing Loss Association has in the Bay Area and in other locations. People can search online for local chapters. Not everywhere, but we have quite a number of them

in different ... And that can be helpful in that often those chapters provide information, they provide support. You learn from other people in terms of what they've done.

Meg Wallhagen: [00:56:03](#) There are a lot of people who really value them. I don't know so much about younger adults right now because they [wand 00:56:08] differently. But we're looking at models that might be more online for some of the younger groups. But there are different settings and really using your sort of searching for some stuff. And then there are books that be really useful sometimes and allowing you to understand more about what your experience is.

Leslie Kernisan: [00:56:29](#) Okay. Well, Meg, this has been wonderful. I'm sure the audience has learned a lot and that this is going to help at least some of them get the inspiration and encouragement they need to address a hearing issue for themselves or more likely for somebody who they care about. And so in closing, can you just, again, share the sort of like most key takeaways that you would love for the audience to remember?

Meg Wallhagen: [00:56:56](#) Well, I guess the key thing is one, get assessed, make sure that you recognize your hearing loss and are willing to sort of say, yes, maybe this is an issue, it's a key health issue. Two is if you get a hearing aid, make sure that you ask the right questions. Make sure you go in with realistic expectations and work with your audiologist and with the hearing aid to maximize your hearing capacity and think of other kinds of strategies and things that maximize your communication in your particular setting. I would say another one is to actually look for social support groups or other things that will provide you with an understanding. Make sure your partner or those you work with understand what it's like and the effort that it takes them, that hearing aids are aids, they're not a cure. And then looking at the issue of, as I say, effective communication strategies, using those as much as possible to maximize your, again, hearing capacity.

Leslie Kernisan: [00:57:58](#) Right. Yes, those are great takeaways. And I'm going to add two more, which is for the common complaint that my older parent, spouse, whoever it is, won't get their hearing issue addressed, I want to again endorse your brochure, which we are going to be sharing in the show notes. Print it out because I think it has such good information to help people understand why this is an important issue and what can be done. So I want to just give a little pitch for your brochure again. And then also another takeaway for me after this conversation with you was that for

an older parent who has developed memory or thinking problems, or is frail and in poor health, or has had the hearing loss issue for a long time, hearing aids may not be the way to go because it does require an investment of time and effort to learn to use them.

Leslie Kernisan: [00:59:00](#) And that may be more than some people who are cognitively impaired or frail can handle. But that we have this wonderful alternative, which is the Pocket Talker, the secret trick of all geriatricians and lots of experts. And then that there are these other options that you mentioned, the phone, and there are just other ways to help an older person hear without going down this path of hearing aids, which is a very worthwhile path for a lot of people but may not be the right thing for older adults who are at a certain stage late in life where it's going to be hard for them to make the investment and they're not going to be likely to benefit.

Leslie Kernisan: [00:59:38](#) So that was the other takeaway that I had from here. So Meg, thank you again for joining me today, but also for having put so much time and effort into this really important cause. I know you've put a lot of time in, and I'm so glad because it's an important issue and thank you for just putting part of your career towards researching this and trying to educate us as health providers and the public and trying to make change for this important issue.

Meg Wallhagen: [01:00:03](#) You're very welcome, I hope that it makes a difference for the lives of others.

Leslie Kernisan: [01:00:08](#) I'm sure it will. Thank you, Meg.

Meg Wallhagen: [01:00:09](#) Thank you.

Leslie Kernisan: [01:00:12](#) And with that, I'm going to wrap up this episode of Better Health Whole Aging. If you have any questions about something you heard in this episode, you can post it on the show notes page for the episode. I'll also be posting some links to some of the resources that I mentioned in the episode. To find the show notes, visit [betterhealthwhileaging.net](http://betterhealthwhileaging.net) and click podcast in the main menu at the top. Last but not least, if you've been enjoying the podcast, don't forget to support us by subscribing on iTunes. And if you've already done that, please leave a rating and review. This makes it easier for others to discover our show in iTunes. And I would love for the many people who are interested in health or aging or family caregivers to be able to find it and give it a chance. Thank you so much for listening. I'm

Dr. Leslie Kernisan, and I'm looking forward to you joining us for future episodes.