

POLICY STATEMENT

Hearing Assistance Technologies (HAT)

Hearing aids are effective and help the vast majority of people with hearing loss hear better. They are a crucial and necessary component in any effort designed to mitigate the consequences of a hearing loss. But some problems caused by a hearing loss either cannot be helped by a hearing aid, or the aid working alone may be inadequate, as the two following examples will illustrate:

Many people with hearing loss have difficulty understanding a lecture or a sermon, or following the dialogue in a theater performance or movie house. In these types of locations, large-area assistive listening systems can further improve comprehension beyond that possible with hearing aids.

Hearing aids are not designed to serve as an alarm clock, and unless the sleeper with hearing loss wears the hearing aid all night (not recommended on an ongoing basis), an audible alarm may not wake this person up. Hearing aids, in other words, while necessary for people with hearing loss, cannot serve purposes for which they were not designed.

There are technologies beyond hearing aids called Hearing Assistive Technology (HAT) that help in difficult listening situations. These include the following examples:

- Three major types of large-area assistive listening systems (Audio Induction Loop, Infra-Red (IR), and FM Radio)
- Personal FM systems
- Telephone amplifiers
- Captioned telephones
- TV listening devices and captions
- Various types of conference and hand-held microphones
- Signaling and warning devices (e.g. visual or vibratory alarm clocks and smoke alarms, telephone and doorbell lights, motion detectors, etc.).

Some HAT are separate units from hearing aids (e.g. signaling and warning devices, FM and IR receivers) and can stand alone, while others are designed to work with or through a hearing aid (e.g. telecoil or direct audio input capability). Direct audio input (DAI), is a way of avoiding electromagnetic interference while accessing assistive listening devices. Telecoils (induction coils in hearing aids or cochlear implants) bypass the microphone and provide an alternate way to couple an assistive device with the hearing aid or cochlear implant.

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Chances are that many people with hearing loss will have a need for HAT, at least some of the time and for some purposes. However, they are not generally aware of the existence of these devices nor understand how they can increase the functionality of their hearing aids and help them hear better, either through substitution (i.e. converting the sound into light, vibration, or text) or sound enhancement (e.g. a personal FM or TV listening system).

HLAA suggests that people with hearing loss receive a careful needs assessment during the hearing aid selection process. This should include a check-list of various kinds of communication situations to determine a person's communication needs at home, on the job, during recreational, social, and religious activities, while traveling for fun or business, or any other kinds of situations unique to the individual. Such check lists have already been developed and are being used by leading audiologists. Whether a detailed interview technique or a check list is used, the goal is to ensure that the possible usefulness of HAT be thoroughly explored with each potential hearing aid candidate.

Furthermore, HLAA suggests that audiologists and hearing instrument specialists make specific HAT recommendations, in much the same way they do with hearing aids, and assist their patients to learn how to use them, again in the same way they do with hearing aids. The introduction to, and assistance with HAT can, HLAA suggests, be included into the hearing aid selection process, most logically during the hearing aid trial period (see 1 below) and within the subsequent hearing aid orientation period (see 2 below). Because of the potential benefits of HAT for people with hearing loss, HLAA recommends that audiologists and hearing instrument specialists incorporate the evaluation and dispensing of HAT as an integral component of their practice.

1. In a previous position paper, HLAA has recommended that dispensers provide their clients with a minimum of a 60 day trial period. (See HLAA Policy Statement on Hearing Health Care for People with Hearing Loss.)
2. In a previous position paper, HLAA has recommended that audiologists and hearing instrument specialists offer their clients the opportunity to participate in a group hearing aid orientation program. (See HLAA Policy Statement on Hearing Aid Orientation Programs)

HLAA also recommends that audiologists and hearing instrument specialists tell their clients about telecoils and how they can link their hearing aids seamlessly with hearing aid compatible phones, with HAT through neck loops and with large area hearing loops.

Updated 8/2010