



Journal of
*The Association of Hearing Instrument
Practitioners of Ontario*

Signal

Spring/2016 • Edition 109

Symposium 2016!



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Distribution

Signal is circulated to all hearing instrument practitioners, contributing hearing aid manufacturers and suppliers, as well as Ontario otolaryngologists, audiologists, and other interested individuals.

The mission of the Association of Hearing Instrument Practitioners of Ontario is to represent and guide its members in their practice which include, the testing, selecting and fitting, and dispensing hearing instruments and associated devices in the best interest of the hard of hearing, and may include the removal of cerumen from the external ear canal. Membership is available to hearing instrument practitioners or to those who have an interest in the hearing instrument profession.

Signal is the official journal of AHIP, the professional association of Hearing Instrument Practitioners of Ontario, incorporated in 1988 for the purpose of ensuring quality care for the hard of hearing. *Signal* presents technical and trade information to assist hearing instrument practitioners to better serve the hard of hearing.

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Manuscripts

Researchers, practitioners, and others are invited to submit articles and papers for publication. *Signal* assumes no responsibility for return of unsolicited materials, and is not guaranteeing that every article of paper submitted will be published in *Signal*.

Signal, is published quarterly by Andrew John Publishing Inc., with offices located at 115 King Street West, Suite 220, Dundas, ON L9H 1V1.

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SIEMENS

Dear Members,

Welcome to the Symposium edition of the *Signal!* A special thank you to Maggie Arzani, chair of Symposium and all who are working so hard to organize such an amazing schedule of events. Maggie, would like to remind everyone to register for Symposium by March 31, 2016 to take advantage of the early bird rate. She is extremely excited to see everyone learning from the world-class speakers and enjoying the awesome events and entertainment planned.

By now you will have received your Notice of Annual General Meeting which will be held on **Friday, May 6, 2016**. The Notice of AGM calls each of you as individual 2016 Members of AHIP in good standing to attend, outlines the order of proceedings and relevant material. The AGM represents every aspect of professional governance including the election of your Board of Directors. Please plan to attend.

I would like to truly thank the Executive, Board of Directors, and AHIP staff whom I have relied and depended on throughout my first term as President. I would also like to thank you for your support and confidence as we remain vigilant in our commitment to provide high quality, accessible health care to the hard of hearing of Ontario.

I look forward to seeing you at Symposium and the Annual General Meeting.

Respectfully Submitted,

Lisa Simmonds Taylor H.I.S.
AHIP President



Executive



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Dear Members,

I look forward to seeing you all at Symposium 2016, what a wonderful line-up! With Symposium, as you know, comes your Annual General Meeting (AGM), which this year will be held on Friday, May 6, 2016. Please remember, your AGM is open to you as a member in good standing, whether or not you register for Symposium.

The AGM is your once-a-year opportunity to hear about the all the business conducted by your elected Board of Directors on your behalf. At this AGM you will be informed about several on-going projects including; the implementation of new Ontario Disability Support Program – Hearing Aid Services policy and procedures, consultations with the WSIB with respect to the Noise Induced Hearing Loss – Program of Care, Veterans Affairs Canada grid

items and AHIP communications with the Ministry of Health and Long-Term Care just to name a few.

Please plan to attend and be an active participant in the future of your profession. I feel truly privileged to work with such an amazing group of professionals who care so deeply for the care and well being of the hard of hearing of Ontario.

Respectfully Submitted,

Joanne Sproule
Executive Director



Greetings Members,

Spring has come early and we all know what that means, we're that much closer to the Symposium! The planning committee has lined up some great speakers and entertainment for this year that we're all very excited about. We will have Steve Aiken discussing speech-in-noise problems and how the brain understands it. Vince Hanson will explain how to understand your social style and how to use it to enhance client conversations. The always entertaining Ted Venema will present real ear measurement and how to use it to our advantage in counselling. You'll also learn how to train your brain with Brian Thwaites and how we can prevent abuse and neglect with Rochella Vassell. Finally, we'll also have Marshall Chasin and the lost acoustics of hearing aids. Wrapping up the fun will be Juno award winning singer/songwriter Chantal Kreviazuk performing at the Gala.

We also have some great articles in the *Spring Signal*. John Niekraszewicz returns for his regular column, this time on planning ahead. Pam Ashton sits down with Jaffer and Parin Sunderji to talk life after the business of dispensing hearing aids. Finally, Robert Traynor discusses the links between sleep apnea and hearing loss.

So don't forget to register for the Symposium and I hope to see you all there!

Chris Arnold
Editor-in-Chief



SYMPOSIUM 2015: SPEAKERS



Steve Aiken, Ph. D. Audiologist - Wednesday May 4, 2016

Dr. Steve Aiken is an Associate Professor of Audiology, Surgery, Psychology and Neuroscience at Dalhousie University. He received a master's degree in Audiology from the University of Western Ontario and a PhD in Medical Science from the University of Toronto. He has practiced as a clinical audiologist at the Canadian Hearing Society in Toronto and as a consulting audiologist for Bernafon Canada. Dr. Aiken's research is focused on assessing auditory function at the level of the brainstem and cortex using evoked responses, particularly in relation to complex but functionally important sounds such as speech and music. His core interest is how these objective electrophysiological measures relate to speech sound encoding and speech intelligibility, and how both are affected by hearing aid processing. He is a past-president of the Canadian Academy of Audiology, associate editor of the Academy's official journal, a founding member of the Dalhousie Hearing Aid Assistance Program, and founder and chair of the Canadian Infant Hearing Task Force.

Understanding Speech-in-Noise Problems: A View from the Brain

Growing evidence indicates that the audiogram is a poor measure of hearing loss. Noise exposures that cause only temporary threshold shifts can lead to permanent damage to auditory nerve fibers and synapses, resulting in degraded temporal processing. This damage may partially explain the hearing difficulties that many people experience background noise, even with normal hearing thresholds. My lab is investigating new methods for assessing this damage in humans via non-invasive brainstem measures of temporal processing. This session will focus on recent results that shed light on the relationship between temporal processing and speech-in-noise problems in both younger and older adults, as well as the importance of cognition and hearing loss. Practical implications for assessment and hearing aid fitting will be discussed.

Vince Hanson - Wednesday, May 4, 2016



Vince Hanson is President of Performance Plus, a Guelph based company founded in 1986 to assist companies in improving their sales results, customer service delivery and organizational effectiveness. Vince has been working in the hearing aid industry for over 20 years working with many major manufacturers, distributors and dispensers. As a strategic sales consultant to outstanding Canadian and Global leaders in financial services, healthcare, engineering, communications and other industries, Vince has developed customized business development and client service training programs for small, medium and enterprise organizations with sales representatives at the very highest levels all across North America.

Vince has been a keynote speaker on creating and managing high performance outcomes and has conducted leadership and coaching seminars and workshops for organizations throughout Canada, the United States, United Kingdom and Southeast Asia. Today, Vince will use understanding social styles to help us with specific skills to 'get the conversation started', enhance client conversations... and maybe even change your life too!

How Understanding Social Styles can Enhance Client Conversations (and maybe even change your life too)!

During the informative, interactive and fun session, attendees will learn how to:

1. Identify your own Social Style in four easy - really easy - steps
2. Immediately identify your clients' Social Style - in less than a minute!
3. Enhance client conversations using Social Styles
4. Help build stronger client relationships - and quicker too

Using Social Styles, you will be able to:

5. Ask questions that will help clients provide you with better quality information
6. Explain the science behind audiograms in a more personalized way for every client
7. Respond to client complaints, denials and questions in a congenial manner

AHIP Symposium
Cocktail Reception



Hear's to you!

Come and join Oticon as we mix & mingle at the **AHIP Symposium Cocktail Reception** immediately following the Manufacturer Exhibits, **Thursday, May 5th from 4:30pm – 6pm** in the **Grand Hall Foyer**.



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AHIP SYMPOSIUM

Friday, May 6th, 2016 • 6:30 PM

Fallsview Casino Resort • Grand Hall C & D





Ted Venema, Ph. D., Audiologist - Thursday, May 5, 2016

Ted Venema earned a BA in Philosophy at Calvin College in 1977, and an MA in Audiology at Western Washington University in 1988. After working for three years as a clinical Audiologist at The Canadian Hearing Society in Toronto, he went back to school and completed a PhD in Audiology at the University of Oklahoma in 1993. He taught at Auburn University in Alabama (1993-95) and at the University of Western Ontario (2001-06). In between those times, he worked at Unitron, where he conducted field trials on new products and did presentations, both domestically and internationally. He has also been a college professor at two different Hearing Instrument Specialist (HIS) programs; at George Brown College in Toronto on a part time basis for 9 years and at Conestoga College in Kitchener Ontario for 6 years, a program he developed and implemented in 2006. He is presently teaching part time with the on line HIS program at Ozarks Technical Community College in Springfield Missouri. He continues to be the editor of the Canadian Hearing Report journal. Ted is the author of a small textbook, *Compression for Clinicians*, first published in 1998, and republished as a 2nd edition in 2006. At present, he is currently writing a 3rd edition.

REAL EAR MEASUREMENT; TODAY'S ADVANTAGE FOR COUNSELLING We have come such a long way from the early days of verifying hearing aid performance in a sound field. The days of early real ear measurement (REM) are also behind us; insertion gain is a goner, and is now in the proverbial rear view mirror. Today the focus is no longer about subtracting unaided from aided outputs in order to arrive at some insertion gain. Instead, it's now all about measuring output with the hearing aid placed "in situ," or in place. Aided outputs are literally "mapped" on to the clients' existing residual dynamic range, and the results are plainly displayed on the computer screen for clients and clinicians to see. We have arrived precisely where the founding pioneers of our field were trying to be. After all, this was the whole purpose of the original ½ gain fitting method. Aided thresholds with warble tones in a sound field would look like little letter "A's" strewn across the audiogram, half way between the client's unaided thresholds and 0 dB HL. If this was accomplished, then the end goal was achieved. It wouldn't be visible, but clinicians could rest assured that average inputs like conversational speech would be amplified so that the aided speech would fit nicely inside the client's dynamic range, half way between the client's unaided thresholds and UCLs. Remember too, that in those early days, all hearing aids were linear. The end goal of fitting was only achieved at user volume control, along with average inputs. Hearing aid volume for all other inputs would have to be manually adjusted. If Sam Lybarger, father of the ½ gain fitting rule could only see what we today can see! With today's output-focussed REM mapping of speech, we've got the perfect tool for counselling. We are fools when we overlook this. This talk will take us on a journey through fitting method evolution and REM development, from Lybarger's day to ours today. The end goal for this seminar is to highlight the benefits of REM for counselling our clients. After all, clear explanation and good teaching make for good business.

Learner Outcomes

At the end of this session, attendees will be able to:

1. outline the reason for the "spinal cord of all fitting methods (½ gain rule) in the first place
2. trace the evolution of fitting methods and the development of REM
3. appreciate the value of REM as an important tool for counselling clients



Brian Thwaites - Thursday, May 5, 2016 1:00 - 2:00 pm Train The Brain

Brian Thwaites is a learning whiz who first demonstrated his flair for performance as an award-winning educator. He's now an engaging and entertaining "brain trainer" who shows people how to enhance their thinking, communication, innovation, and change management skills. Brian shares fascinating discoveries from the fields of learning theory and neuroscience to suggest - in fun and delightful ways-creative and practical approaches to a host of issues we face both in the workplace and in our personal lives. His presentations capture both our hearts and minds of his audiences- so they leave his sessions with faces smiling and brains percolating. Brian is the author of "The Big Learn: Smart Ways to Use Your Brain", which showcases his unique and thought- provoking take on how we should truly use our heads.

Train the Brain

This provocative and enlightening presentation will give that three-pound organ inside your head and adjustment you'll never forget. It's a memorable and entertaining performance that demonstrates how learning to use your brain better will significantly enhance the way you think, learn and communicate. And it will have an immediate and powerful impact on just about everything else you do- both personally and professionally



Marshall Chasin, Au. D., - Friday, May 6, 2016

Dr. Chasin is an audiologist and the Director of Auditory Research at the Musicians' Clinics of Canada, Adjunct Professor at the University of Toronto (in Linguistics), Associate Professor in the School of Communication Disorders and Sciences at the Western University, and Adjunct Research Assistant Professor at the State University of New York (SUNY) at Buffalo. Dr. Chasin received his BSc in mathematics and linguistics at the University of Toronto, his MSc in Audiology and Speech Sciences at the University of British Columbia, and his Doctor of Audiology (AuD) degree from the Arizona School of Health Sciences. He is the author of over 200 articles and 7 books including Musicians and the Prevention of Hearing Loss. He currently writes a monthly column in Hearing Review called Back to Basics and a weekly blog at www.HearingHealthMatters.org/HearTheMusic. Dr. Chasin has been the recipient of many awards over the years including the Queen Elizabeth II Silver Jubilee Award for service to Canada.

Forgotten Acoustics-the lost acoustics of hearing aids

Abstract: Since the advent of modern digital hearing aids, we have gradually forgotten the exciting laws of acoustics and how they apply to hearing aid earmolds. While many things can be accomplished digitally, acoustical modifications can still be the preferred approach, especially when it comes to battery life and headroom maintenance. This talk will discuss the derivation of the use of acoustic formulae to improve hearing aid fittings, explain some unusual conductive configurations, and make you the hit of the party.

Summary: Since the advent of digital hearing aids we, as a field, have gradually forgotten the basic acoustics that historically fell under the name, "ear mold acoustics". How can the response of a hearing aid be altered by changing the dimensions of the acoustical route of amplified sound? Perhaps this is not a big issue after all since digital hearing aids can be fine tuned with amazing precision. However life is not so simple- since amplification that occurs after the hearing aid circuitry has no deleterious effect on battery life, acoustic amplification may offer some advantages in some situations. This is certainly the case with flared tubing (e.g. Libby horns) where high frequency amplification may be acoustically "programmed" with no downside for battery life. In addition, high frequency acoustic amplification maintains the relationship between the frequency response curve and the OSPL90 curve so that sufficient headroom is maintained. But what are the basic principles that relate to the acoustics of hearing aids and the ear canal? Does a flare need to be 3 or 4 mm (as in the case of a Libby horn) to have any advantage or is it merely a doubling of the internal diameter? What is the "amplification factor" of a tube and how does one calculate the exciting result of the degree of amplification? And what is the formula for the frequency that this effect is first observed. Why do our clients

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Bernaфон Luncheon

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on Thursday, May 5th at 12:15pm - 2:00pm

(Located in the Grand Hall C & D)

Keynote Speaker:
Brian Thwait's "Train the Brain"
in Grand Hall C&D

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have a high frequency conductive hearing loss with wax occlusion and if they have a narrowing of the ear canal as in polychondritis? The acoustical explanations are discussed with reference to vocal tract acoustics by delving in to the realm of quarter wavelength resonances. And why is the “1000 Hz resonance” at 1000 Hz and not some other frequency? And why is the ear canal resonance peaking at 2700 Hz (and not 3100 Hz) given that the length of the ear canal is only 28 mm. In short, this talk will provide the formulae and the basic acoustical science that can explain all aspects of the acoustical plumbing network that was so important in the older analog days, but still has ramifications given today’s technology.

Learner outcomes

Learning Objective 1: learn the formulae necessary for understanding acoustical modifications in modern hearing aids.

Learning Objective 2: learn how to modify the response of some poorly fit hearing aids.

Learning Objective 3: learn why unusual audiometric conductive configurations can occur.



Rochella Vassell - Friday, May 6, 2016, 2:30 to 3:30pm

Rochella Vassell, Registered with the college of social workers and social service workers since 2005. 10 years of experience working in Geriatrics, 3 years as a case manager for brain injury services, 7 years with the Alzheimer society, 6 years on the Halton Elder Abuse Prevention committee and almost 2 years with Elder Abuse Ontario as the Central West Consultant and Social Media Coordinator. Rochella has worked with persons of all races, cultures, faiths, sexual orientations and socio-economic statuses. Rochella enjoys finding innovative ways to engage our Elders and youth to combat ageism.

Aging Well: Preventing Abuse and Neglect

Learning Objectives:

- Defining Elder Abuse
- Types of Abuse as it relates to older adults
- Warning Signs and Risk Factors
- Profile of a victim
- Profile of an abuser
- Starting the conversation
- Defining your role as a Hearing Instrument Practitioner
- Mandatory reporting: legislation
- Legislation relating to criminal offences
- Provincial resources

The 1 hour session: This session will explore the multi-faceted issue of Elder Abuse. We will review the types of Elder Abuse, ways to communicate with the older adult and define our role and responsibility regarding reporting. We will examine current legislation relating to mandatory reporting and Provincial resources that can support your clients!

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* Veronika Littmann, Matthias Froehlich, Joel Beilin: "Objective listening effort assessment: The benefit of primax", Whitepaper, Sivantos GmbH,

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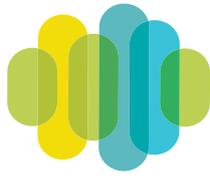
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AHIP SYMPOSIUM 2016

Schedule



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Wednesday - May 4, 2016

Time	Room	Event	Sponsor
12:00-7:00pm	Grand Hall Foyer	Registration	AHIP
1:45-3:30pm	Grand Hall E	SEMINAR: <i>Understanding Speech-in-Noise Problems</i>	Starkey
3:30-4:45pm	Grand Hall Foyer	Unitron's Welcome Reception	Unitron
4:45-6:30pm	Grand Hall E	SEMINAR: <i>How Understanding Social Styles Can Enhance Client Conversations</i>	AHIP
6:30-10:30pm	Grand Hall C & D	Light Dinner / Headphone Disco - Wear AHIP Colours	AHIP

Thursday - May 5, 2016

Time	Room	Event	Sponsor
8:30-10:30am	Grand Hall Foyer	Registration	AHIP
7:00-8:00am	Watermark/Grand Café (Hilton)	Breakfast Buffet	AHIP
8:30-10:15am	Grand Hall E	SEMINAR: <i>REM; Today's Advantage for Counselling</i>	AHIP
10:15-10:30am	Grand Hall Foyer	Emsee Lab's Coffee Break	Emsee Labs
10:30-12:15pm	Grand Hall A	<i>Manufacturers' Exhibits- Yellow Group</i>	CAEA
10:30-12:15pm	Grand Hall B	<i>Manufacturers' Exhibits - Green Group</i>	CAEA
12:15-2:00pm	Grand Hall C & D	Bernafoon's Lunch + Keynote Speaker: Brian Thwait's "Train the Brain"	Bernafoon
2:00-3:45pm	Grand Hall B	<i>Manufacturers' Exhibits- Yellow Group</i>	CAEA
2:00-3:45pm	Grand Hall A	<i>Manufacturers' Exhibits - Green Group</i>	CAEA
3:30-4:00pm	Grand Hall Foyer	Ice Cream Anyone?	Aim Instrumentation
3:30-4:00pm	Grand Hall A & B	Final Moment with Exhibitors - Both Groups	CAEA
4:00pm	Grand Hall A & B	<i>Manufacturers' Draws</i>	CAEA
4:00-4:30pm	Grand Hall Foyer	Tables of 10 can be registered throughout Symposium. Last Chance to book your Gala Seat.	
4:30-6:00pm	Grand Hall Foyer	Oticon's Reception	Oticon
8:30-11:00pm	Grand Hall C & D	Thank the Exhibitors - Pub Food and Party with AHIPsters!!!	AHIP
6:30-7:30pm	HILTON HOTEL	AHIP Job Fair	AHIP

Friday - May 6, 2016

Time	Room	Event	Sponsor
7:00-8:15am	Watermark/Grand Café (Hilton)	AHIP - Breakfast Buffet	Starkey
8:30am-12:00pm	Grand Hall E	AHIP's AGM - Members Only	AHIP
10:00-10:15am	Grand Hall Foyer	Electro Medical Instrument's Health Break	EMI
12:00-1:10pm	Grand Hall C & D	Sivantos' Lunch	Sivantos
1:15-2:15pm	Grand Hall E	SEMINAR: <i>Forgotten Acoustics-The Lost Acoustics of Hearing Aids</i>	AHIP
2:30-3:30pm	Grand Hall Foyer	SEMINAR: <i>Aging Well: Preventing Abuse and Neglect</i>	AHIP
5:45-6:30pm	Grand Hall Foyer	Phonak's Cocktail Reception	Phonak
6:30 sharp!	Grand Hall C & D	Widex's Gala Dinner	Widex
8:00-9:30pm	Grand Hall C & D	Phonak's Entertainment	Phonak
9:30-12:30am	Grand Hall C & D	Party with DJ	Phonak

All Seminars & AGM Captioned

One of our favourite sounds is the melody of a perfectly tuned piano while we strike a chord of conversation with new and old friends.

Tasty hors d'oeuvres & refreshing drinks in harmony with great conversation!

Join us for Unitron's 2016 Symposium Welcome Reception

Wednesday, May 4, 2016

3:30pm - 4:45pm

Fallsview Casino Resort

Grand Hall Foyer

unitron™ Hearing matters



FRIDAY MAY 6, 2015 8:30PM

Chantal Kreviazuk

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AHIP Symposium 2016

Friday May 6, 8:30-9:30pm Grand Hall C & D: Phonak's Entertainment

Chantal Kreviazuk

Multiple Juno Award winner Chantal Kreviazuk never considered a career in music until she began writing what would become her Platinum-selling debut album during recovery from a serious motorcycle accident in 1994. *Under These Rocks and Stones* was released to widespread acclaim in 1997, and Chantal has since become one of Canada's most beloved Artists. With a string of distinguished albums and singles, Chantal's drive to expand her artistry has led her to become a highly sought-after songwriter, having penned hits for Pink, Christina Aguilera, Kelly Clarkson, Carrie Underwood, and Drake, among many others.

While her professional achievements are significant, Chantal receives the greatest amount of joy at home where she raises her three sons – Rowan, Lucca, and Sal – with her husband, Raine Maida, frontman for Our Lady Peace. For Chantal, motherhood has breathed an authenticity into her life that inspires her to achieve new levels of self-discovery.

Having demonstrated an outstanding commitment to human rights causes – being avid supporters of War Child Canada among them – Chantal and Raine received the 2014 Allan Slaight Humanitarian Spirit Award for their longstanding dedication to the world community. In December 2014 the Governor General jointly appointed Raine Maida and Chantal Kreviazuk to the Order of Canada.





Symposium 2016

Fallsview Casino & Resort

in conjunction with

Hilton Fallsview, Niagara Falls



Wednesday, May 4 to Friday, May 6, 2016

REGISTRATION FORM

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<input type="checkbox"/> NON-MEMBER <i>(without gala ticket)</i>	\$290*	/	\$390
<input type="checkbox"/> FRIDAY NIGHT GALA - EXTRA TICKET <i>each</i>	\$125		

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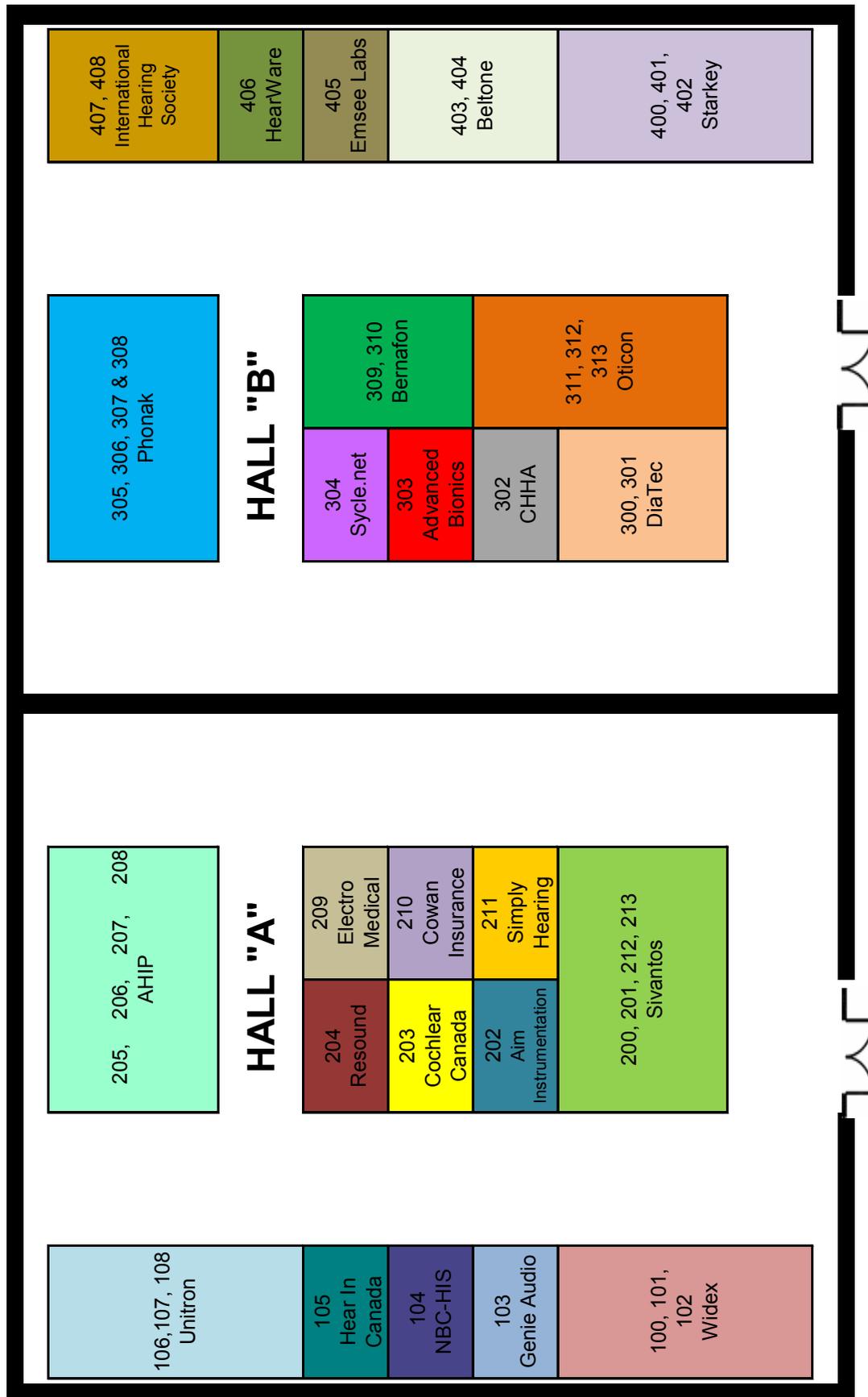
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Plan, Plan, Plan – Then Plan Again

By John Niekraszewicz



About the Author

John Niekraszewicz (Nick-ra-shev-itch) BMath, FCSI, CFP, FMA is the Certified Financial Planner responsible for the AHIP Health & Dental Benefits Plan provided by JVK Life & Wealth Insurance Group. John is also the Principal of JVK Life & Wealth Advisory Group, specializing in Wealth & Estate Planning. John welcomes your questions and can be reached at 1-800-767-5933 or john.niekraszewicz@jvkgroup.com.



Many Canadians will wake up one day to realize that retirement is just around the corner and if they don't ramp up their game, they won't have enough money to continue living their lifestyle. Canadian adults do understand that having RRSP's (Registered Retirement Savings Plans), TFSA's (Tax Free Savings Accounts) and other investments are important for a successful retirement. The problem is that they do not have a master plan. Too many investment accounts spread out across too many institutions. And without a master plan or financial game plan it is impossible to measure your progress towards a retirement goal because there isn't one.

Set it up and leave it alone. That is the mindset of many investors. But the game is constantly changing and this behaviour doesn't work. Investment accounts need to be consolidated so that costs can be reduced and goals put in place. Can you imagine the Toronto Raptors or any other professional sports

franchise having no goals or objectives as they start a new season or prepare for each game. This doesn't happen. They are constantly making changes to their player roster, coaching staff and game-to-game strategies. As investors, we could learn a lesson or two from these planning experts.

In the game of professional basketball – to follow through on this analogy and lingo, the players are referred to as "chess pieces". This is fitting, since the coach often needs to change and move players around during a game to counter the opposing team's strength. Understanding the environment you are playing in, your opponent's strengths and weaknesses are crucial for developing a winning game day formula and plan.

Just as in the big leagues, in order to have a successful personal financial plan you need to have a plan, be able to implement your plan, measure the



success or failure of your plan and make corrections to your plan. The last thing you want is to realize your financial plan is not working, you haven't made any changes for years and retirement is just around the corner. Yet the most frequent reason we hear from retirement savers for not consolidating their accounts and having a master plan is, "I know I have to do it, but it's going to be a real pain".

But that is reality in the retirement planning game. You need to consolidate accounts and plan, plan, plan in order to get it right. You need to know how much time is left in the game and how you are scoring. You are the General Manager. Your financial advisor is the Head Coach. Do you like his / her strategy? Is your financial advisor being paid too much, or too little, or needs to be replaced? Do some of the investments ("chess pieces") in your portfolio need to be replaced, given more time, or shifted for tax purposes?

Without a game plan or long term strategy, you may wake up to find that most of the season is over and now you are in desperation mode and need to step up your game, take on more risk and go for broke. With your investment portfolio this translates to



moving away from your comfort zone of guaranteed investments, and dialing up the equity component to an uncomfortable level, which means more volatility, more risk, and sleepless nights.

When Toronto Raptor's basketball head coach Dwane Casey is faced with injured all-star players, he will shift the "chess pieces" around. There are always multiple options. No need to give up and default on a game. There is always a backup plan or two or three. He is always checking the score and his eye is always on the clock.



When it comes to your personal financial plan, everyone needs a Coach Casey. Someone who plans, plans, plans. Understands the game he is in. Knows when to shift assets. And then plans again.

Before implementing any tax, investment, life insurance, or estate planning solutions it is best to seek professional advice. Have an experienced team of professionals work together to uncover the weak links in your plans and implement the correct solutions. Don't just leave your plans to chance because without structuring your family's wealth and estate plans properly, often, bad outcomes occur.

Secure the dog house and invest wisely, then you can enjoy life & have fun.

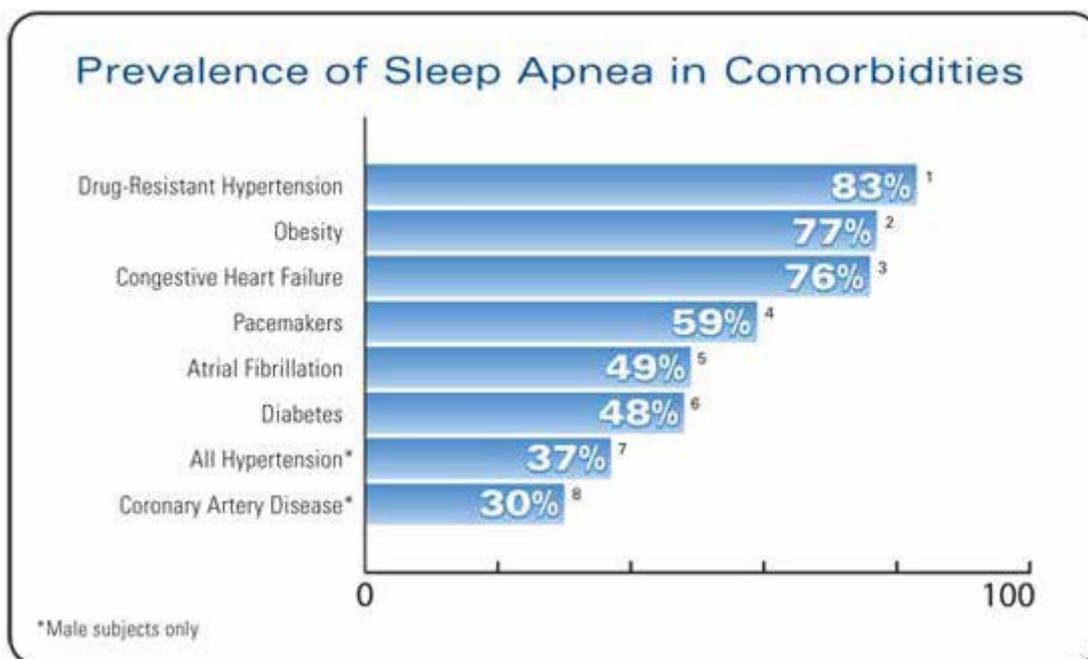
Sleep Apnea and Hearing Loss?

By Robert Traynor



Sleep disordered breathing is a common chronic condition in the general population world wide. In 2008, Punjabi estimated the prevalence of Sleep Apnea Syndrome (SAS) is in the range of 3% to 7%, with certain components of the population at higher risk. Recent estimates, however, by the American Journal of Epidemiology indicate a substantially higher prevalence of SAS of 26 percent in adults between the ages of 30 and 70 years in the United States and, according to the World Health Organization (WHO), the problem also effects over 100 million others worldwide. It is thought that the reason for this increase, particularly in the US, is the current obesity epidemic. Factors that increase the possibility of SAS include age, male sex, obesity, family history, menopause, craniofacial abnormalities, and destructive health behaviors such as smoking and excessive alcohol use.

The prevalence of sleep apnea among specific disorders is presented in the figure to the right. Obstructive Sleep Apnea Syndrome (SAS) is a clinical disorder where frequent pauses in breathing during sleep occur usually with loudsnoring. These breathing pauses shut off the oxygen supply to the body for a few seconds and stop the removal of carbon dioxide resulting in the brain briefly waking up, re-opening the airways and begins breathing again. This issue can re-occur many times during the night resulting in a terrible night's sleep or no sleep at all. In the daytime, these individuals experience sleepiness, concentration issues or even headaches as a result of breathing issues at night. Part of the SAS disorder is snoring which is not only disruptive to others sleeping in close proximity, but dangerous to the individual.



SAS is diagnosed through polysomnography, which is a method of recording body activity during sleep and pulse oximetry, a measurement of the amount of oxygen in the blood at any particular time. SAS is not a life-threatening condition by itself but often results in serious cardiovascular, cerebrovascular diseases and has been linked to Type 2 diabetes, stroke and depression. While the disorder can greatly impact quality of life, it can be easily managed.

Treatment of SAS

The leading treatment for SAS is Continuous positive airway pressure (CPAP), which forces air through a mask into the airways so that they do not close. Patients wear a face or nasal mask during sleep. The mask, connected to a pump, provides a positive flow of air into the nasal passages in order to keep the airway open. In the US, most insurance companies now fund sleep testing and CPAP treatment.



The National Sleep Foundation finds that the majority of people who use CPAP find immediate symptom relief and are delighted with their increased energy and mental sharpness during the day. Many patients have said, “CPAP changed my life!” But some patients still find CPAP masks uncomfortable, even though it may control their sleep apnea. While many individuals require extra assistance to obtain a mask that fits correctly, the side effects of CPAP treatment are mostly mild and temporary. These effects often include nasal congestion, sore eyes, headaches and abdominal bloating but most people acclimate to CPAP over two-to-twelve weeks. The treatment is so effective that less than one-half of CPAP patients discontinue treatment.

But – Does SAS Contribute to Hearing Loss?

Recently, Chopra (2014) studied almost 14,000 individuals and found that both high and low frequency hearing impairment can be linked with sleep apnea. He stated that “our population-based study of 13,967 subjects from the Hispanic Community Health Study/Study of Latinos, found that sleep apnea was independently associated with hearing impairment after adjustment for other possible causes of hearing loss.”

All of Dr. Chopra’s subjects participated in a successful in-home sleep apnea study and an on-

site audiometric test at baseline. Sleep apnea was assessed with the apnea-hypopnea index (AHI), which indicates sleep apnea severity based on the number of apnea (complete cessation of airflow) and hypopneas (partial cessation of airflow) per hour of sleep. Sleep apnea was defined as an AHI \geq 15 events/hour. High frequency hearing impairment was defined as having a mean hearing threshold of greater than 25 decibels in either ear at 2000, 3000, 4000, 6000 and 8000 Hz, and low frequency hearing impairment was defined as having a mean hearing threshold of greater than 25 decibels in either ear at 500 Hz and 1000 Hz.

Among his 13,967 subjects, 9.9% had at least moderate sleep apnea with an AHI \geq 15. Within this group, 19.0% had high frequency hearing impairment, 1.5% had low frequency hearing impairment, and 8.4% had both high and low frequency hearing impairment. Hearing impairment was more common among individuals of Cuban and Puerto Rican descent and among those with a higher body mass index, self-reported snoring and/or sleep apnea. In his study, Dr. Chopra also reported that sleep apnea was independently associated with a 31% increase in high frequency hearing impairment, a 90% increase in low frequency hearing impairment, and a 38% increase in combined high and low frequency hearing impairment when adjusted for the variables of age, sex, background, history of hearing impairment, external noise exposure, conductive

hearing loss and other factors. The researchers also noticed that as higher AHI was associated with a higher prevalence of high frequency, but not low frequency hearing impairment.

Epilogue

Of course a single study does not insure that the results really are correlated with the increased incidence of hearing impairment, these data put audiologists and otolaryngologists worldwide on notice that hearing loss may also be correlated with SAS.

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Six Questions, Twelve Answers

By Pamela Ashton



Jaffer and Parin Sunderji

For this interview I met with Jaffer and Parin Sunderji (who owned Canada Hearing Centre for 20 years), soon after they had returned from a trip to Jamaica. For each question I posed, there were two different answers. Readers can decide for themselves who is telling the truth!

How did you get started?

Parin: My hearing loss gave me empathy for others in a similar position and I felt I could help them cope and overcome their challenges. So, when a small part-time clinic where I was a client came up for sale in June 1988, I bought it. Not long after that, my husband joined me.

Jaffer: The boss made an offer promising the hours would be long and wages paid only when there was cash in the bank. How could I refuse?

They recall that 28 years ago, the hearing industry was very different. There were many enterprising individuals assembling hearing aids from components. More than a dozen manufacturers produced simple analog products and the retail business was almost entirely owner operated with one or may be two locations each. Entry barriers were low and the industry was not regulated. Practically anyone off the street could set up a shop and many did.

What jobs did you have I have prior to becoming hearing professionals?

Parin: After attending university in Tanzania, I taught high school. I did postgraduate studies in economics

at Manchester University in the UK and worked for CIBC in the foreign exchange department when we came to Canada.

Jaffer: I have had a variety of very different jobs after obtaining a degree in aeronautical engineering from Manchester and an MBA from Indiana University. I ran a company that sold mining and construction equipment and looked after the finances of a multinational company.

Jaffer and Parin have lived in six countries. They grew up in East Africa, their studies and work have led them to the UK, United States, Zambia, and Liberia. They came to Canada 45 years ago in 1971.

Are you involved in any volunteer activities?

Parin: I am involved in various activities mostly involving new immigrants. We feel it is important to give back to the community.

Jaffer: I serve on the board and chair the Social Enterprise Committee of a nonprofit organization that helps internationally trained nurses obtain certification to practice in Ontario. I spend a fair bit of time with and get much satisfaction from mentoring entrepreneurs.

Jaffer remembers Wendy Caswell encouraging him to run for AHIP Board in the early 90s. He subsequently served over many years as president, vice president, treasurer and chair grievance and ethics.

What do you think has been the best event/achievement in your life so far?

Parin: From a small part-time office we grew the business to 10 clinics employing nearly 50 audiologists, HIS, and support staff. This only became possible because we were fortunate to have very hard working and loyal people who were more like family than employees. It was a huge team effort and we are very grateful to them.

Jaffer: I have fond memories of some spectacular events and achievements but there wouldn't be enough space to list them all. Here is one that some readers will remember. When AHIP first registered a domain name it was www.ahip.org. In 2004, the Board of Directors (of which I was a member) was very excited when an American organization made an unsolicited offer to buy it for a couple of thousand dollars. This was a good deal as registering the name had cost AHIP less than \$200. The board allowed me to conduct the negotiations which culminated in the sale of the domain name for \$85,000.

As their three children were well established in their chosen professions and not interested in joining the business, Jaffer and Parin sold the company to Wm. Demant in early 2008. They remained with the company until late 2010 when Canada Hearing bought ListenUP! Canada.

What are your hobbies and interests?

Parin: Besides yoga, playing bridge and reading, I have discovered a passion for cooking that I never had time for before. I thoroughly enjoy spending time with my two granddaughters.

Jaffer: I play tennis, go to the gym regularly, attend classes at U of T and take online courses offered by Stanford University. I spend much time reading the financial press.

Jaffer and Parin enjoy traveling and in recent years have been to several countries including Australia, New Zealand, India, and China. Each winter they spend some time in Florida.

Please share any additional information about yourself that you think our readers would find interesting.

Parin: As my university education was entirely funded by the Government of Tanzania, I had to repay the cost by giving up 60% of my meagre salary as a teacher. I spent some time in the military as part of my *National Service*.

Jaffer: We consider ourselves to be very fortunate to have made our home in Canada. After having traveled widely, we know Canada is not perfect but it is without question one of the best places in the world. After a few years of climate change and accompanying increase in temperatures, it *will* be the best country in the world.

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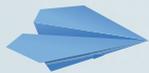
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HENRY DABROWSKI

Henry Dabrowsky peacefully passed away at St. Joseph's Hospital surrounded by his family on February 13, 2016 in his 78th year. Beloved husband for 53 years of Helen. Cherished father of Daniel (Dianne). Loving Grampa of Jonathan and Samantha. Henry will also be remembered by many cousins, family and friends in the Hamilton and Toronto areas. Henry was the proud owner of Hearing Instrument Services in Hamilton. The members of AHIP would like to send their most sincere condolences to the Dabrowski family.



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