

Masking release in children and adults with hearing loss when using  
amplification

Marc Brennan<sup>1</sup>, Ryan McCreery<sup>1</sup>, Judy Kopun<sup>1</sup>, Dawna Lewis<sup>1</sup>, Joshua  
Alexander<sup>2</sup>, Patricia Stelmachowicz<sup>1</sup>

<sup>1</sup>Hearing and Amplification Research Laboratory, Boys Town National  
Research Hospital, Omaha, NE

<sup>2</sup> Experimental Amplification Research Laboratory, Purdue University,  
West Lafayette, IN

Correspondence:

Marc Brennan

Boys Town National Research Hospital

Omaha, NE 68131

Fax: 402 452 5015

Phone: 402 498 6553

Email: [Marc.Brennan@boystown.org](mailto:Marc.Brennan@boystown.org)

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## Abstract

**Purpose:** This study compared masking release for adults and children with normal hearing and hearing loss. For the participants with hearing loss, masking release using simulated hearing aids with two different compression speeds (slow, fast) was compared.

**Methods:** Sentence recognition in unmodulated noise was compared to recognition in modulated noise (masking release). Recognition was measured for participants with hearing loss using individualized amplification via a hearing-aid simulator.

**Results:** Adults with hearing loss showed greater masking release than the children with hearing loss. Average masking release was small (1 dB) and did not depend on hearing status. Masking release was comparable for slow and fast compression.

**Conclusion:** The use of amplification in this study contrasts with previous studies that did not apply amplification and suggests that when differences in audibility are reduced, participants with hearing loss may be able to take similar advantage of dips in the noise levels as participants with normal hearing. While children required a more favorable signal-to-noise ratio than adults for both unmodulated and modulated noise, masking release was not statistically different. However, the ability to detect a difference may have been limited by the small amount of masking release observed.

## **I. INTRODUCTION**

This study examined the effects of hearing-aid compression speed and age (children versus adults) on masking release. Masking release is a measure of the ability to use dips in a background noise to enhance speech recognition (e.g. Bacon, Opie, & Montoya, 1998). It is often quantified by comparing recognition of speech in unmodulated noise to that in amplitude-modulated noise. Adults with normal hearing show better recognition of speech in modulated noise than in unmodulated noise (e.g., Jin & Nelson, 2010), providing evidence that they can use speech information in the dips of the noise (Brungart, Simpson, Ericson & Scott 2001). For reviews of other mechanisms that might contribute to listening in the dips see Stone and Moore (2014) and Füllgrabe, Berthommier, and Lorenzi (2006). Adults with sensorineural hearing loss almost always show less masking release than adults with normal hearing and children show less masking release than adults (Bernstein & Grant, 2009; Hall, Buss, Grose, & Roush, 2012; Jin & Nelson, 2010; Lorenzi, Husson, Ardoint, & Debrulle, 2006; Peters, Moore, & Baer, 1998; Summers & Molis, 2004). Reasons for these differences between groups with and without hearing loss are not clear. However, a review of the literature suggests that a difference in audibility between groups may be a contributing factor.

### **A. Hearing status**

While the effect of audibility on masking release can be demonstrated by simulating hearing loss in participants with normal hearing (Bacon et al 1998; Desloge, Reed, Braid, Perez, & Delhorne, 2010; Gregan, Nelson, & Oxenham,

2013), this does not indicate the extent to which amplification restores masking release for participants with hearing loss. Many studies that compared participants with hearing loss to participants with normal hearing (Bernstein & Grant, 2009; Hall et al 2012; Lorenzi, et al 2006; Summers & Molis, 2004) did not apply frequency-shaped amplification. Therefore, parts of the signal may not have been audible for some frequencies during the dips in the masker level. Three studies that did apply frequency-shaped amplification found that adults with hearing loss showed less masking release than participants with normal hearing (George, Festen, & Houtgast, 2006; Jin & Nelson, 2006; Peters, et al 1998). However, the amplification used in those studies was linear. This means that speech during dips in the noise level received the same amount of gain as the more intense parts of speech. In contrast, because wide dynamic range compression (WDRC) increases gain for low-level inputs, better audibility can be provided for speech during dips in the noise level. As a result, greater masking release might be expected to occur with WDRC than with linear amplification. Conversely, improved audibility may (Plomp 1988) or may not (Villchur 1989) be offset by increased temporal distortion or comodulation of speech with the masker, especially when the masker is competing speech (Stone & Moore 2007; 2008), resulting in similar or even less masking release.

Although the effect of WDRC amplification on masking release has not been studied in detail, the influence of WDRC on speech recognition in modulated noise has been examined for adults (Moore, Peters, & Stone, 1999; Souza, Boike, Witherell, & Tremblay, 2007). Moore et al. (1999) concluded that

WDRC improved the speech-recognition threshold (SRT) for speech in modulated noise by 0.5-0.9 dB compared to linear amplification. In contrast, Souza et al. (2007) found poorer speech recognition scores for modulated noise with WDRC than with linear amplification. Distortion of temporal cues and/or comodulation of the speech with the noise could explain why speech recognition was poorer with WDRC in the Souza et al. study, but cannot account for why recognition was better in Moore et al. (1999). The speech presentation level or type of maskers used could explain the differing results. Moore et al. generally used lower speech levels than Souza et al., which may have been beneficial because WDRC results in better audibility than linear amplification for low-level speech. The envelope of 12 talkers modulated the noise used in Souza et al., whereas the envelope of a single talker modulated the noise used by Moore et al. The envelope of a 12-talker masker has limited modulation depth, which is expected to result in less release from masking, even for participants with normal hearing (Bronkhorst & Plomp, 1992; Strelcyk & Dau, 2009; for a review see Bronkhorst, 2000).

## **B. Compression Speed**

The degree to which WDRC can overcome the negative effects of hearing loss on masking release may also be influenced by compression speed (Alexander & Masterson, 2015). Compression speed refers to the rate at which a hearing aid adjusts gain in response to changes in input level. Gain during dips in the masker level will increase more rapidly with fast WDRC (release time < 100 ms; Stone & Moore, 2007) than with slow WDRC (release time  $\geq$  100 ms). The

greater gain with fast WDRC is expected to lead to increased audibility of the speech, and as a consequence, masking release should improve. To the extent that random amplitude fluctuations in the masker impede speech understanding, fast WDRC might improve masking release by minimizing these envelope fluctuations (Stone & Moore 1992; Glasberg & Moore 1992). Again, this benefit could come at a cost of increased distortion of speech with fast WDRC (Plomp 1988; but see Villchur 1989). Alexander and Masterson (2015) examined the influence of the number of compression channels and of slow and fast release times for WDRC on the perception of speech in unmodulated noise and modulated noise for adults with hearing loss. At a fixed 0-dB signal-to-noise ratio (SNR), greater masking release was observed with fast than with slow release times.

### **C. Age**

Children may be less able than adults to benefit from dips in the masker. Children with normal hearing require a more favorable SNR for speech understanding than adults with normal hearing for both unmodulated and modulated noise (Hall et al. 2012; Stelmachowicz, Pittman, Hoover, & Lewis, 2001; Stelmachowicz, Pittman, Hoover, Lewis, & Moeller, 2004; McCreery & Stelmachowicz 2011). Children with normal hearing also show less masking release than adults with normal hearing (Hall et al. 2012; Stuart 2005; Wróblewski, Lewis, Valente, & Stelmachowicz 2012). Children with hearing loss have reduced access to speech (due to their hearing loss) and are still developing the ability to recognize speech. Although adults with adult-onset

hearing loss have a similar reduction in access to the speech signal, adults already have a robust system in place for understanding speech. This robust system may allow them to benefit more from a modulated masker than children because adults might better be able to use the additional information provided during dips in the masker level. Therefore children with hearing loss might exhibit less masking release than adults with hearing loss. Hall et al. (2012) measured masking release for sentences using children and adults with normal hearing and hearing loss. The sentences were presented at the same level, 86 dBA, for all participants. No frequency-shaped amplification was provided for the participants with hearing loss. They found that both adults and children with hearing loss demonstrated less masking release than their peers with normal hearing. Interestingly, there was no difference in masking release between the children and adults with hearing loss, while the children with normal hearing had less masking release than the adults with normal hearing. Because frequency-shaped amplification was not used, the differences in outcomes between the two groups (normal hearing, hearing loss) could have been due to differences in audibility rather than differences in their ability to use the speech cues present during the dips in the masker level.

#### **D. SNR**

An additional factor that has been shown to influence the magnitude of masking release is the SNR of the unmodulated noise at which the comparison with modulated noise is made. More specifically, greater masking release has been observed when the percent correct is not near floor or ceiling and when the

SNR is negative (Bernstein & Grant, 2009; Oxenham & Simonson, 2009; Alexander & Masterson, 2015). However, there is disagreement regarding the influence of the unmodulated noise SNR on masking release. Hall et al. (2012) measured masking release at two different percent-correct values (and hence SNRs) for adults with normal hearing, and did not find that masking release differed across SNRs. Regardless, it is still useful to know the SNR that is required for children with hearing loss to achieve criterion speech recognition and how their masking release compares to that of their peers with normal hearing and to that of adults with normal hearing or with hearing loss.

The present study tested the effects of hearing loss and age on masking release. Adults and children were included to test the hypothesis that masking release would be smaller for children than adults. Participants with normal hearing and hearing loss were included to test the hypothesis that improving audibility for participants with hearing loss would result in a similar amount of masking release between groups. To test the hypothesis that masking release would be greater with fast than with slow WDRC for both age groups (children, adults), the participants with hearing loss were tested using simulated hearing aids with two compression speeds.

## **II. METHODS**

### **A. Participants**

Twenty-one children with normal hearing [14 female, 7 male, median: 10 years (range: 6-16), mean: 10 years (sd: 3)], 17 children with hearing loss [6 female, 11 male, median: 11 years (range: 7-16), mean: 11 years (sd: 3)], 19

adults with normal hearing [18 female, 1 male, median: 51 years (range: 21-65), mean: 45 years (sd: 17)] and 17 adults with hearing loss [11 female, 6 male, median: 55 years (range 19-68), mean: 47 years (sd: 19)] participated in this study<sup>1</sup>. Each adult with normal hearing was age matched within 5 years to an adult with hearing loss. Each child with normal hearing was age matched within 6 months to a child with hearing loss. Eleven of the children were 13-16 years of age and 27 children were younger than 13 years.

Participants were not matched on other characteristics (e.g. on socio-economic status). All of the children (normal hearing, hearing loss) were in mainstream classes or home-schooled and used spoken English without sign support. Participants were recruited from the Human Research Subjects Core database at Boys Town National Research Hospital. Informed consent and assent were obtained for all participants according to the procedures required by the Institutional Review Board at Boys Town National Research Hospital. Participants were compensated \$15 an hour.

Of the children with hearing loss, all wore bilateral WDRC hearing aids. Four children used Phonak's nonlinear frequency compression. Of the adults with hearing loss, ten wore bilateral WDRC hearing aids and four of those used Phonak's nonlinear frequency compression.

For both children and adults, normal hearing was defined as pure-tone thresholds  $\leq 25$  dB HL from 0.25 to 8 kHz, bilaterally. Hearing thresholds were obtained for 13 of the 19 adults with normal hearing and for 6 of the 21 children with normal hearing. To save time, the remaining participants (6 adults, 15

children) were screened for normal hearing at 15 dB HL. Mean ear-specific audiometric thresholds for the participants with hearing loss are shown in Figure 1. For the experimental conditions, all participants completed the experiments with bilateral amplification of stimuli. The participants with hearing loss had a difference in the pure-tone average at 0.5, 1 and 2 kHz less than 15 dB between ears, except for one child and one adult who had differences of 23 dB and 16 dB, respectively.

## **B. Stimulus material**

Test stimuli were developed that minimized predictability based on context and emphasized 'bottom-up' processing of acoustic information but contained words that were familiar to all age groups. Test stimuli were randomly selected from a pool of 328 low-predictability sentences. These sentences were syntactically correct, but semantically anomalous. Candidate words were derived from the following lists: Bamford-Kowal-Bench Sentence Lists (Bench, Kowal, & Bamford, 1979), Computer Aided Speech Perception Assessment 5.0 (Boothroyd, 2006), California Consonant Test (Owens & Schubert, 1977), Hearing in Noise Test for Children (Nilsson, Soli, & Gelnett, 1996), Modified Rhyme Test (House, Williams, Hecker, & Kryter, 1965), Northwestern University Children's Perception of Speech (Elliott & Katz, 1980), Phonetically Balanced Kindergarten Word Lists (Haskins, 1949), and the Word Intelligibility by Picture Identification Test (Ross & Lerman, 1971). Each word was entered into the Child Corpus Calculator (Storkel & Hoover, 2010) and words not in the child lexicon were removed. From these words, 1,730 words were retained. Next, each

possible part of speech (verb, noun, adjective, adverb, pronoun) was determined for every word. A MATLAB script was used to randomly generate sentences. Each sentence followed one of nine sentence structures using 4 key words (e.g. adjective, noun, verb, noun; see Table 1). Articles were then added to each sentence to make it grammatically correct. Two audiologists judged each sentence as being semantically meaningful or not meaningful and syntactically correct or incorrect. For any disagreement, a third audiologist examined that sentence and made the final judgment. Sentences that were semantically meaningful or not syntactically correct were removed or the words were recombined to produce new low-predictability sentences. Table 1 contains example sentences.

A native-English speaking female with a Midwest accent recorded the sentences in a double-walled, sound-treated room. The talker spoke the sentences at a conversational level and rate into a condenser microphone (Shure Beta 53, Niles, IL) that was placed approximately 2 inches from the speaker's mouth. The recorded signal was routed to a preamplifier (Shure M267, Niles, IL) and digitized (Lynx TWO-B, Costa Mesa, CA) at a sampling rate of 44.1 kHz (32 bits). Two exemplars of each sentence were recorded. A rater selected the best production of each sentence on the basis of clarity. As a final check, three adults with normal hearing listened to each sentence in quiet at 60 dB SPL and any sentences for which two or more participants repeated a word incorrectly were discarded. Twenty sentences were excluded using this procedure. The final sentences had a mean duration of 2.4 seconds (range 1.6 – 4.7 seconds).

Two noise maskers were used: unmodulated and modulated. Both types were spectrally matched to the international long-term average speech spectrum, as reported by Byrne et al. (1994) for the combined male and female talkers (see their Table 2). Fifty noise samples for each type were created and were randomly drawn for stimulus presentation. The unmodulated masker was continuous noise. The modulated masker was signal-correlated-noise derived from two female talkers (different talkers than those used to record the test stimuli) who spoke the rainbow passage (p. 172 Fairbanks, 1960) at a conversational level and rate. Pauses in each passage were not removed. An advantage of using two talkers is that the masker has an envelope more likely to be encountered outside of the laboratory than that of a square-wave or sinusoidal modulator as is sometimes used for studies on masking release (e.g. Hall et al. 2012). The passage was recorded in the same manner as described for the sentences. The recordings from the two talkers were equated in RMS level. Fifty random time slices, 5.5 seconds in duration, were extracted from each passage. The two talkers' samples from each time slice were summed together. The sample point for each time slice was randomly multiplied by +1 or -1 to create 50 signal-correlated-noise samples. This procedure preserved the temporal envelope of the original signal, but with a noisy, flat spectrum that was then spectrally matched to the long-term average speech spectrum. The noise was combined with the speech prior to presentation and started 400 ms before and extended 400 ms after the sentence. The noise was gated on and off with 10-ms cosine-squared functions.

Prior to being combined with the sentences, the two types of noise were equated in average RMS level and, consequently, were not equated in peak level.

The modulation spectra of the speech and two types of noise stimuli were computed using a method described in Gallun and Souza (2008). The stimuli were half-wave rectified, low-pass filtered at 50 Hz, down-sampled to 1000 Hz (for computational efficiency) and then submitted to a Fast-Fourier Transform (FFT). The normalized modulation depth was computed for each FFT by computing the energy in that bin and then dividing by the energy in the 0-Hz bin. The normalized modulation depths were averaged over each stimulus set (sentences, unmodulated noise, modulated noise) and are plotted in Figure 2a. The modulation depth increased, as expected, in order: unmodulated noise, modulated noise, and speech.

### **C. Amplification**

Sentence and noise stimuli were processed with a hearing-aid simulator (Alexander & Masterson, 2015; Brennan et al, 2014; McCreery, Brennan, Hoover, Kopun, & Stelmachowicz, 2013), implemented using MATLAB (R2009b), in order to have more control over the compression parameters than is possible with a typical hearing aid. The stages in the program included an input limiter, filterbank, WDRC, and output limiter. The input limiter used a 1-ms attack time, 50-ms release time, 10:1 compression ratio, and 105-dB SPL compression threshold. The filterbank consisted of 8 overlapping channels with center frequencies and, in parentheses, cutoff frequencies (-3 dB) of 0.25 (0, 0.3), 0.4 (0.33, 0.5), 0.63 (0.52, 0.74), 1 (0.85, 1.16), 1.6 (1.31, 1.92), 2.5 (2.07, 3.09), 4

(3.24, 4.95), and 6.3 (5.10, 11.025) kHz. The WDRC circuit had two compression speeds: fast (5-ms attack time, 50-ms release time) and slow (150-ms attack time, 1500-ms release time). The compression speeds were chosen because it was desired that fast compression would better follow the dips in the masker level than slow compression and to maintain a 10:1 ratio between the attack and release times. The output limiter used the same compression settings as the input limiter circuit except that the compression thresholds were prescribed by the Desired Sensation Level Algorithm (DSL 5.0a: Scollie et al. 2005), as described later. All compression characteristics are referenced to the ANSI (2009) standard. Gain control circuits were implemented using equation 8.1 of Kates (2008):

$$d(n) = \begin{cases} \alpha d(n-1) + (1-\alpha)/x(n), & /x(n)/ \geq d(n-1) \\ \beta d(n-1), & /x(n)/ < d(n-1) \end{cases}$$

where  $n$  is the sampling time point,  $x(n)$  is the input signal,  $d(n)$  is the gain control signal,  $\alpha$  is a constant derived from the attack time, and  $\beta$  is a constant derived from the release time. For  $n = 1$ ,  $d(n) = /x(n)/$ ; otherwise, the above equation applied. Gain was determined by computing the difference between the input and the desired output, where the input was  $d(n)$ . The minimum gain was limited to 0 dB and the maximum gain to 65 dB. Because the simulator used a 22050 Hz sampling rate, all stimuli were downsampled, which limited the upper bandwidth of amplification to 11025 Hz<sup>ii</sup>.

For each participant, DSL was used to prescribe the gain, compression threshold, compression ratio, and maximum output parameters of the simulator.

Targets were generated individually for each ear. Age-appropriate prescription targets were used for the two age groups (Scollie et al. 2005), and were lower for adults than for children. The binaural correction (-3 dB) was *not* applied for either group. Thresholds in hearing level were converted to sound pressure level (SPL) using conversion factors for a Knowles Electronic Manikin for Acoustic Research (KEMAR: G. R. A. S. Sound & Vibrations, Holte, Denmark), and the thresholds were subsequently entered into the DSL program. Because DSL does not provide a target sensation level (SL) at 8000 Hz, the target SL at 8000 Hz was the same as that at 6000 Hz. To prevent a sharp change in the frequency response, the resultant SL was limited to the target level at 6 kHz plus 10 dB.

The output levels were estimated for Sennheiser HD-25 (Germany) headphones attached to KEMAR with an IEC 711 coupler for each participant. The simulator automatically adjusted gain to match the prescribed DSL targets for a 60-dB SPL speech input level and the limits for maximum output using a 90-dB SPL swept pure tone. The speech used for gain adjustment consisted of the “Carrot Passage” from the Verifit (Audioscan, Dorchester, Ontario) hearing-aid analyzer. This generally resulted in output levels based on one-third octave filters (ANSI, 2004) that were within 5 dB of the DSL targets, as shown in Figure 3.

The modulation spectrum of the amplified speech and the two types of noise was computed as described above. The normalized modulation depths were averaged over each stimulus set (sentences, unmodulated noise, modulated noise) and subject and are plotted in Figure 2b. The modulation depth

was lower for fast than slow WDRC with modulated noise. In contrast, the modulation depth was similar for fast and slow WDRC with unmodulated noise.

#### **D. Procedure**

Participants were seated in a sound-attenuating booth. Stimulus presentation and data collection were controlled using a PC and custom MATLAB (2009b) scripts. The order of conditions and sentence presentations was randomized. For the participants with hearing loss, stimuli were presented bilaterally with amplification individualized for each ear. Each sentence was presented at 60 dB SPL to the input of the hearing-aid simulator. For the participants with normal hearing, each sentence was presented bilaterally at 60 dB SPL without amplification.

An interleaved, two-track, adaptive procedure (Levitt, 1971) was used to vary the noise level to measure the 30% (1-down, 2-up) and 70% (2-down, 1-up) performance points on the performance-intensity function. The starting SNR was 10 and 20 dB for the 30% and 70% performance points, respectively. Six reversals were obtained for each track. In the event that one track was completed before the other track, data collection was discontinued for the completed track. Data collection continued for the remaining track until the stopping rule was reached for that track. The step size up to the first two reversals was 10 dB and the step size for the remaining four reversals was 5 dB. The final step size was based on pilot data, which showed equivalent thresholds for 3-dB and 5-dB step sizes. The combined speech and noise were presented to

the input of the hearing-aid simulator with digital-to-analog conversion of the amplified stimuli provided by a Lynx Studio Technology Lynx Two B sound card. The sentences plus the noise were routed via a MiniMon Mon800 monitor matrix mixer (Behringer, Germany), amplified with a PreSonus HP4 headphone distribution amplifier (Baton Rouge, LA), and presented bilaterally using Sennheiser HD-25 headphones. Participants completed one practice run with the modulated and unmodulated noise, followed by two threshold estimates per condition. The mean of the two threshold estimates, based on the last four reversals) was computed as threshold.

Participants were instructed to repeat back as much of each sentence as they could. A sentence was scored as correct if the participant correctly repeated at least 75% of the key words (three or four correct key words). Picture rewards were displayed after each response on a monitor for the younger children and were used to maintain their attention to the task. The pictures consisted of various animals and scenery, and were unrelated to the sentences. Adults and older children had the option to turn off the visual rewards.

### **III. RESULTS**

The SNRs required for 30% and 70% correct sentence recognition are plotted in Figure 4. Lower numbers indicate better performance. Masking release is indicated when the SNR is lower for the modulated than the unmodulated noise. Masking release is plotted in Figure 5, with positive values indicative of masking release.

To determine the effect of age and hearing loss on masking release, the data were analyzed using a mixed-model ANOVA with within-subject factors of performance-intensity point (30%, 70%) and noise type (unmodulated, modulated), and between-subject factors of age group (children, adults) and hearing status (normal hearing, hearing loss). Because fast WDRC was hypothesized to result in a lower SNR and greater masking release, the data for fast WDRC were used for the participants with hearing loss. Past studies typically quantified masking release as the difference in SNR between the unmodulated masker condition and the modulated masker condition, and then performed statistical analysis on the amount of masking release (e.g. Hall et al. 2012). This study, instead, examined the main effect of the noise condition and its interaction with the other conditions. Specifically, a significant main effect of noise condition with a lower SNR for modulated than unmodulated noise would show that the participants demonstrated masking release on average. Any interactions with noise condition would indicate that the average amount of masking release differed by age or hearing status. Post-hoc analysis was completed using paired sample t-tests with Bonferroni-Holm Correction for multiple comparisons. This analysis avoided some commonly noted statistical problems that can occur when difference scores are analyzed (Edwards, 2001).

### **A. Age**

ANOVA results are shown in Table 2. The SNR was significantly lower for modulated noise ( $M = -6.4$ ,  $SD = 5.6$ ) than for unmodulated noise ( $M = -5.4$ ,  $SD = 4.8$ ), confirming that participants as a whole showed a release from masking. The

noise condition did not interact significantly with age. As shown in Figure 5, masking release was similar for the two age groups. However, there was a significant effect of age (Figure 4) with adults ( $M = -6.6$ ,  $SD = 5.8$ ) having a lower SNR than children ( $M = -5.2$ ,  $SD = 5.8$ ). The noise condition interacted significantly with the performance-intensity point, because masking release occurred at the 30% ( $p = .001$ ) but not the 70% ( $p < .294$ ) performance-intensity point (Figure 5). The three-way interaction of age, noise condition, and performance-intensity point was not significant. In addition, the bivariate correlation of age with masking release (unmodulated noise minus modulated noise) was not significant for the children (30%:  $r = .26$ ,  $p = .11$ ; 70%:  $r = -.06$ ,  $p = .71$ ). These findings show that, while the SNR for unmodulated and modulated noise was lower for adults than children, masking release was not statistically different.

## **B. Hearing status**

The effect of hearing status was significant. Participants with normal hearing had a lower SNR ( $M = -7.8$ ,  $SD = 4.5$ ) than participants with hearing loss ( $M = -3.7$ ,  $SD = 5.4$ ), as illustrated in Figure 6. Hearing status did not interact significantly with noise condition, indicating that masking release was not statistically different for the participants with normal hearing and those with hearing loss. There was not a significant interaction of the performance-intensity point with hearing status, as shown in Figure 6. The three-way interaction of hearing status, age, and noise condition was not significant. The three-way interaction of hearing status, noise condition, and performance-intensity point

was also not significant, suggesting that there was not a statistical difference in masking release for the two groups (normal hearing, hearing loss) at either performance-intensity point. These findings demonstrated that, while the participants with hearing loss required a more favorable SNR than the participants with normal hearing, masking release was not statistically different across groups.

### **C. Compression Speed**

To determine the influence of compression speed on masking release, the data from the participants with hearing loss were analyzed separately using an ANOVA (see Table 3). The within-subject factors were performance-intensity point, compression speed, and noise type, and the between-subject factor was age. The effect of compression speed was not significant, suggesting that the overall SNR was not statistically different for slow and fast WDRC, as also shown in Figure 7. Compression speed did not interact significantly with noise condition, demonstrating that masking release was not statistically different for slow and fast WDRC, as shown in Figure 5. Compression speed did not interact significantly with the performance-intensity point. The performance-intensity point interacted significantly with noise type, due to masking release occurring for the 30% ( $p < .001$ ) but not the 70% ( $p = .878$ ) performance-intensity point. The noise type interacted significantly with age, due to adults ( $p = .006$ ) but not children ( $p = .884$ ) showing masking release. None of the other two-way, three-way, or four-way interactions were significant. These findings show that masking release

occurred for the 30% but not the 70% performance-intensity point. Masking release occurred with fast WDRC for the adults but not the children.

#### **IV. DISCUSSION**

##### **A. Age and hearing status**

In contrast to other studies (Bernstein & Grant, 2009; Hall, et al 2012; Jin & Nelson, 2010; Lorenzi, Debruille, et al. 2006; Peters, et al 1998; Summers & Molis, 2004), masking release did not depend on hearing status for the adults. Differences in results between this study and other studies may be attributable to differences in the audibility of the speech signal, the small amount of masking release observed in this study and differences in the modulated maskers. Bacon et al. (1998) and Summers and Molis (2004) demonstrated that audibility contributes to masking release. The use of amplification in the present study may have resulted in improved audibility during dips in the masker level compared to, for example, the participants in Hall et al. (2012), who were not provided with amplification. Another difference was that masking release was smaller for the present study than for earlier studies. This limited the ability to detect differences across groups in the present study. The small amount of masking release may have been due to the use of a masker with less modulation depth than that in other studies (e.g. Hall et al. 2012). However, the type of masker used in this study is more similar to the type of modulated noise that people listen to in noisy environments, such as a restaurant.

The results of this study support the idea that, compared to children with hearing loss, adults with hearing loss are better able to benefit from a modulated

masker. This pattern of results gives credence to the notion that children are less able to extract speech from noise, possibly due to limited experience listening in noise or other factors such as slower cognitive processing speed (Fry & Hale, 2000). Previous studies have shown that older adults with normal hearing exhibit poorer overall speech recognition (in unmodulated and modulated noise) and less benefit from a modulated masker than younger adults with normal hearing (Dubno, Horwitz, & Ahlstrom 2002; 2003). However, thresholds in these previous studies were not matched between the two age groups (young adults, older adults). Füllgrabe, Moore, & Stone (2015) found that masking release was equivalent for older and younger adults when the two groups were matched for hearing thresholds, suggesting that differences in audibility, not age, may have contributed to the smaller masking release of the older age group for the Dubno et al. studies. Because more children had experience with amplification than adults, it is possible that, if hearing-aid experience improves the ability to listen in the dips, hearing-aid experience interacted with age to reduce differences in masking release between the two groups

### **B. Compression speed**

Fast WDRC did not give significantly greater masking release than slow WDRC. Thus, the findings do not lend support to the hypothesis that fast WDRC improves the ability to perceive speech in the dips by improving the audibility of the speech signal. The modulation depth of the stimuli was smaller with fast than slow compression (see Figure 2b), suggesting that fast compression was effective at improving audibility during dips in the masker level. There are a

number of possible explanations for the current findings. Participants with hearing loss may have been unable to take advantage of the improved audibility of the speech signal associated with fast WDRC due to potentially abnormal temporal resolution (Bacon & Viemeister, 1985; Florentine & Buus, 1984; Füllgrabe, Meyer, & Lorenzi 2003), increased distortion of temporal cues caused by WDRC (Plomp, 1988), comodulation of the speech and noise caused by WDRC (Stone & Moore 2007; 2008), decreased overall SNR due to increased (amplified) low-level masker noise when speech was not present (Souza, Jenstad, & Boike, 2006; Naylor & Johannesson 2009; Alexander & Masterson, 2015), or variability in cognition among participants (e.g. Lunner & Sundewall-Thoren, 2007). The use of a slower compression speed, or even linear amplification, might have revealed a larger effect of compression speed. As mentioned in the Introduction, Souza et al. (2006) used the envelope of 12 talkers to modulate broadband noise and did not see a benefit from the fluctuating masker, even for participants with normal hearing. In contrast, Hall et al. (2012) used speech-shaped noise that was modulated at 10 Hz with 100% depth and found masking release of 5 dB for their adult participants with normal hearing. One possible consequence of the use of more realistic maskers in Souza et al. and in this study is that the potential benefit of fast relative to slow WDRC was reduced because of the limited temporal fluctuations.

### **C. SNR**

Although masking release was closer to zero at the 70 than at the 30% point, this was true of both the normal hearing and hearing loss groups. The

smaller masking release at the 70% point is consistent with previous work that demonstrated that masking release is greater when the SNR is lower (e.g. Bernstein & Grant, 2009). Keep in mind, however, that despite masking release having been measured at a lower SNR for the listeners with normal hearing than for the listeners with hearing loss, the small amount of masking release was similar for the two groups.

#### **D. Conclusions**

Speech recognition in noise was better for participants with normal hearing than for those with hearing loss and was higher for adults than children, consistent with the existing literature. Adults with SNHL showed greater masking release than children with SNHL. When comparing fast WDRC for the participants with hearing loss to speech recognition for the participants with normal hearing, there was no effect of hearing loss on masking release. This finding is in contrast to previous investigations of masking release for participants with hearing loss. It is hypothesized that this difference can be attributed to the additional audibility of speech in the dips of the masker provided by the fast WDRC in this study. However, the small amount of masking release that occurred might have limited the ability to detect a difference in masking release between the groups.

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## References

Alexander, J. M., & Masterson, K. (2015). Effects of WDRC release time and number of channels on output SNR and speech recognition. *Ear and Hearing, 36*(2), e35-e49.

American National Standards Institute (1997). *Methods for calculation of the speech intelligibility index (ANSI S3.5-1997)*. New York, NY.

American National Standards Institute (2004). *Specification for octave-band and fractional-octave-band analog and digital filters (ANSI S1.11-2004)*. New York, NY.

American National Standards Institute (2009). *Specification of hearing aid characteristics (ANSI S3.22-2009)*. New York, NY.

Bacon, S. P., Opie, J. M., & Montoya, D. Y. (1998). The effects of hearing loss and noise masking on the masking release for speech in temporally complex backgrounds. *Journal of Speech, Language, and Hearing Research, 41*, 549-563.

Bacon, S. P., & Viemeister, N. F. (1985). Temporal modulation transfer functions in normal-hearing and hearing-impaired listeners. *Audiology, 24*, 117-134.

Bench, J., Kowal, Å., & Bamford, J. (1979). The BKB (Bamford-Kowal-Bench) sentence lists for partially-hearing children. *British Journal of Audiology*, 13(3), 108-112.

Bernstein, J. G. W., & Grant, K. W. (2009). Auditory and auditory-visual intelligibility of speech in fluctuating maskers for normal-hearing and hearing-impaired listeners. *The Journal of the Acoustical Society of America*, 125(5), 3358-3372.

Boothroyd, A. (2006). Computer-Aided Speech Perception Assessment (CASPA) 5.0 Software. San Diego, CA.

Brennan, M. A., McCreery, R., Kopun, J., Hoover, H., Alexander, J., Lewis, D., & Stelmachowicz, P. G. (2014). Paired comparisons of nonlinear frequency compression, extended bandwidth, and restricted bandwidth hearing-aid processing for children and adults with hearing loss. *Journal of the American Academy of Audiology*, 25, 983-998.

Bronkhorst, A. W. (2000). The cocktail party phenomenon: A review of research on speech intelligibility in multiple-talker conditions. *Acta Acustica United with Acustica*, 86(1), 117-128.

Bronkhorst, A. W., & Plomp, R. (1992). Effect of multiple speech like maskers on binaural speech recognition in normal and impaired hearing. *The Journal of the Acoustical Society of America*, 92(6), 3132-3139.

Brungart, D. S., Simpson, B. D., Ericson, M. A., Scott, K. R. (2001). Informational and energetic masking effects in the perception of multiple simultaneous talkers. *The Journal of the Acoustical Society of America*, 110(5), 2517-2538.

Byrne, D., Dillon, H., Tran, K., Arlinger, S., Wilbraham, K., Cox, R., et al. (1994). An international comparison of long-term average speech spectra. *The Journal of the Acoustical Society of America*, 96(4), 2108-2120.

Desloge, J. G., Reed, C. M., Braida, L. D., Perez, Z. D., & Delhorne, L. A. (2010). Speech reception by listeners with real and simulated hearing impairment: Effects of continuous and interrupted noise. *The Journal of the Acoustical Society of America*, 128(1), 342-359.

Dubno, J. R., Horwitz, A. R., & Ahlstrom, J. B. (2002). Benefit of modulated maskers for speech recognition by younger and older adults with normal hearing. *The Journal of the Acoustical Society of America*, 111(6), 2897-2907.

Dubno, J. R., Horwitz, A. R., & Ahlstrom, J. B. (2003). Recovery from prior stimulation: masking of speech by interrupted noise for younger and older adults

with normal hearing. *The Journal of the Acoustical Society of America*, 113(4), 2084-2094.

Edwards, J. R. (2001). Ten difference score myths. *Organizational Research Methods*, 4(3), 265-287.

Elliott, L. L., & Katz, D. (1980). Development of a new children's test of speech discrimination (Technical Manual). St. Louis, MO: Auditec.

Fairbanks, G. (1960). *Voice and Articulation Drillbook* (2nd ed.). New York: Harper.

Florentine, M., & Buus, S. (1984). Temporal gap detection in sensorineural and simulated hearing impairments. *Journal of Speech and Hearing Research*, 27(3), 449-455.

Fry, A. F., Hale, S. (2000). Relationships among processing speed, working memory, and fluid intelligence in children, *Biological Psychology*, 54, 1-34.

Füllgrabe, C., Berthommier, F., & Lorenzi, C. (2006). Masking release for consonant features in temporally fluctuating background noise. *Hearing Research*, 211(1-2), 74-84.

Füllgrabe, C., Meyer, B., & Lorenzi, C. (2003). Effect of cochlear damage on the detection of complex temporal envelopes. *Hearing Research*, 178, 35-43.

Füllgrabe, C., Moore, B. C. J., & Stone, M. A. (2015). Age-group differences in speech identification despite matched audiometrically normal hearing: Contributions from auditory temporal processing and cognition. *Frontiers in Aging Neuroscience*, 6, 1-25.

Gallun, F., & Souza, P. (2008). Exploring the role of the modulation spectrum in phoneme recognition. *Ear and Hearing*, 29(5), 800–813.

George, E. L. J., Festen, J. M., Houtgast, T. (2006). Factors affecting masking release for speech in modulated noise for normal-hearing and hearing-impaired listeners. *Journal of the Acoustical Society of America*, 120(4), 2295-2311.

Glasberg, B. R., & Moore, B. C. J. (1992). Effects of envelope fluctuations on gap detection. *Hearing Research*, 64, 81-92.

Gregan, M. J., Nelson, P. B., & Oxenham, A. J. (2013). Behavioral measures of cochlear compression and temporal resolution as predictors of speech masking release in hearing-impaired listeners. *The Journal of the Acoustical Society of America*, 134(4), 2895-2912.

Hall, J. W., Buss, E., Grose, J. H., & Roush, P. A. (2012). Effects of age and hearing impairment on the ability to benefit from temporal and spectral modulation. *Ear and Hearing, 33*(3), 340-348.

Haskins, H. (1949). A phonetically balanced test of speech discrimination for children. Unpublished master's thesis. Evanston, IL: Northwestern University.

House, A. S., Williams, C. E., Hecker, M. H. L., & Kryter, K. D. (1965). Articulation-testing methods: Consonantal differentiation with a closed-response set. *The Journal of the Acoustical Society of America, 37*(1), 158-166.

Jin, S. H., & Nelson, P. B. (2006). Speech perception in gated noise: The effects of temporal resolution. *The Journal of the Acoustical Society of America, 119*(5), 3097-3108.

Jin, S. H., & Nelson, P. B. (2010). Interrupted speech perception: The effects of hearing sensitivity and frequency resolution. *The Journal of the Acoustical Society of America, 128*(2), 881-889.

Kates, J. M. (2008). *Digital Hearing Aids*. San Diego: Plural Publishing.

Levitt, H. (1971). Transformed up-down methods in psychoacoustics. *The Journal of the Acoustical Society of America, 49*(2B), 467-477.

Lorenzi, C., Husson, M., Ardoint, M., & Debrulle, X. (2006). Speech masking release in listeners with flat hearing loss: Effects of masker fluctuation rate on identification scores and phonetic feature reception. *International Journal of Audiology, 45*(9), 487-495.

Lunner, T., & Sundewall-Thoren, E. (2007). Interactions between cognition, compression, and listening conditions: effects on speech-in-noise performance in a two-channel hearing aid. *Journal of the American Academy of Audiology, 18*(7), 604-617.

McCreery, R. W., Brennan, M. A., Hoover, B. M., Kopun, J. G., & Stelmachowicz, P. G. (2013). Maximizing audibility and speech recognition with nonlinear frequency compression by estimating audible bandwidth. *Ear and Hearing, 34*, e24-e27.

McCreery, R. W., & Stelmachowicz, P. G. (2011). Audibility-based predictions of speech recognition for children and adults with normal hearing. *The Journal of the Acoustical Society of America, 130*(6), 4070-4081.

Moore, B. C. J., Füllgrabe, C., & Stone, M. A. (2010). Effect of spatial separation, extended bandwidth, and compression speed on intelligibility in a competing-speech task. *The Journal of the Acoustical Society of America, 128*(1), 360-371.

Moore, B. C. J., Peters, R. W., & Stone, M. A. (1999). Benefits of linear amplification and multichannel compression for speech comprehension in backgrounds with spectral and temporal dips. *The Journal of the Acoustical Society of America*, *105*(1), 400-411.

Naylor, G., & Johannesson, R. B. (2009). Long-term signal-to-noise ratio at the input and output of amplitude-compression systems. *Journal of the American Academy of Audiology*, *20*(3), 161-171.

Nilsson, M. J., Soli, S. D., & Gelnett, D. J. (1996). Development of the hearing in noise test for children (HINT-C). House Ear Institute.

Owens, E., & Schubert, E. D. (1977). Development of the California consonant test. *Journal of Speech and Hearing Research*, *20*(3), 463-474.

Oxenham, A. J., & Simonson, A. M. (2009). Masking release for low- and high-pass-filtered speech in the presence of noise and single-talker interference. *The Journal of the Acoustical Society of America*, *125*(1), 457-468.

Peters, R. W., Moore, B. C. J., & Baer, T. (1998). Speech reception thresholds in noise with and without spectral and temporal dips for hearing-impaired and

normally hearing people. *The Journal of the Acoustical Society of America*, 103(1), 577-587.

Plomp, R. (1988). The negative effect of amplitude compression in multichannel hearing aids in the light of the modulation-transfer function. *The Journal of the Acoustical Society of America*, 83(6), 2322-2327.

Ross, M., & Lerman, J. (1971). *Word intelligibility by picture identification (WIPI)*. Pittsburg: Stanwix House.

Scollie, S., Seewald, R., Cornelisse, L., Moodie, S., Bagatto, M., Lurnagaray, D., et al. (2005). The desired sensation level multistage input/output algorithm. *Trends in Amplification*, 9(4), 159-197.

Souza, P. E., Boike, K. T., Witherell, K., & Tremblay, K. (2007). Predictions of speech recognition from audibility in older listeners with hearing loss: Effects of age, amplification, and background noise. *Journal of the American Academy of Audiology*, 18(1), 54-65.

Souza, P. E., Jenstad, L. M., & Boike, K. T. (2006). Measuring the acoustic effects of compression amplification on speech in noise. *The Journal of the Acoustical Society of America*, 119(1), 41-44.

Stelmachowicz, P. G., Pittman, A. L., Hoover, B. M., & Lewis, D. E. (2001). Effect of stimulus bandwidth on the perception of /s/ in normal- and hearing-impaired children and adults. *The Journal of the Acoustical Society of America*, 110(4), 2183-2190.

Stelmachowicz, P. G., Pittman, A. L., Hoover, B. M., Lewis, D. E., & Moeller, M. P. (2004). The importance of high-frequency audibility in the speech and language development of children with hearing loss. *Archives of Otolaryngology Head and Neck Surgery*, 130(5), 556-562.

Stone, M. A., & Moore, B. C. J. (1992). Syllabic compression: Effective compression ratios for signals modulated at different rates. *British Journal of Audiology*, 26, 351-361.

Stone, M. A., & Moore, B. C. J. (2007). Quantifying the effects of fast-acting compression on the envelope of speech. *The Journal of the Acoustical Society of America*, 121(3), 1654-1664.

Stone, M. A., & Moore, B. C. J. (2008). Effects of spectro-temporal modulation changes produced by multi-channel compression on intelligibility in a competing-speech task. *The Journal of the Acoustical Society of America*, 123(2), 1063-1076.

Stone, M. A., & Moore, B. C. J. (2014). On the near non-existence of “pure” energetic masking release for speech. *The Journal of the Acoustical Society of America*, 135(4), 1967-1977.

Storkel, H. L., & Hoover, J. R. (2010). An on-line calculator to compute phonotactic probability and neighborhood density based on child corpora of spoken American English. *Behavior Research Methods*, 42(2), 497-506.

Strelcyk, O., & Dau, T. (2009). Relations between frequency selectivity, temporal fine-structure processing, and speech reception in impaired hearing. *The Journal of the Acoustical Society of America*, 125(5), 3328-3345.

Stuart, A. (2005). Development of auditory temporal resolution in school-age children revealed by word recognition in continuous and interrupted noise. *Ear and Hearing*, 26, 78-88.

Studebaker, G. A. (1985). A "rationalized" arcsine transform. *Journal of Speech and Hearing Research*, 28(3), 455-462.

Summers, V., & Molis, M. R. (2004). Speech recognition in fluctuating and continuous maskers: Effects of hearing loss and presentation level. *Journal of Speech, Language, and Hearing Research*, 47(2), 245-256.

Villchur, E. (1989). Comments on “the negative effect of amplitude compression in multichannel hearing aids in the light of the modulation-transfer function”. *The Journal of the Acoustical Society of America*, 86(1), 425-427.

Wróblewski, M., Lewis, D., Valente, D. L., Stelmachowicz, P. G. (2012). Effects of reverberation on speech recognition in stationary and modulated noise by school-aged children and young adults. *Ear and Hearing*, 33(6), 731-744.

## Tables

Table 1. Example sentences. Pronouns included indefinite pronouns.

Example Sentences	Parts of Speech
The <b>cloudy skateboard</b> split often.	adjective noun verb adverb
The <b>show disappeared</b> four wagons.	noun verb adjective noun
I <b>sold myself</b> to the <b>closet nut</b> .	verb pronoun noun noun
The <b>invisible bells</b> did that <b>together</b> .	adjective noun verb adverb
<b>Even tennis</b> can <b>mow</b> the <b>smell</b> .	adverb noun verb noun
I <b>set</b> the <b>foam</b> <b>without</b> the <b>cow</b> .	verb noun preposition noun
<b>Underwear</b> <b>wonders</b> <b>toward</b> the <b>zebra</b> .	noun verb preposition noun
The <b>noisy screw</b> had <b>come</b> to <b>spray</b>	adjective noun verb adverb
<b>My throw</b> is <b>what</b> brings <b>peace</b> .	Pronoun verb pronoun noun

Table 2. ANOVA for the listeners with normal hearing and hearing loss.

Main Effects and Interactions	<i>df</i>	<i>F</i>	<i>p</i>	$\eta p^2$
Noise	1,70	12.133	<b>.001</b>	0.148
Age	1,70	5.402	<b>.023</b>	0.072
Hearing	1,70	40.351	<b>&lt;.001</b>	0.366
PI	1,70	440.56 1	<b>&lt;.001</b>	0.863
Age x PI	1,70	1.395	.242	0.020
Age x Noise	1,70	2.181	.144	0.030
Age x Hearing	1,70	0.828	.366	0.012
Age x Noise X PI	1,70	0.139	.710	0.002
Noise x PI	1,70	7.530	<b>.008</b>	0.097
Hearing x Noise	1,70	2.304	.134	0.032
Hearing x Age x Noise	1,70	0.004	.950	<0.001
Hearing x Noise x PI	1,70	0.678	.413	0.010
Hearing x Age x PI	1,70	1.766	.188	0.025
Hearing x PI	1,70	0.648	.424	0.009
Hearing x Age x PI x Noise	1,70	0.001	.975	<0.001

Table 3. ANOVA for the listeners with hearing loss.

Main Effects and Interactions	<i>df</i>	<i>F</i>	<i>p</i>	$\eta p^2$
Compression	1,32	0.132	.719	0.04
Age	1,32	4.260	<b>.047</b>	0.117
PI	1,32	272.721	<b>&lt;.001</b>	0.895
Noise	1,32	3.355	.076	0.095
Noise x Age	1,32	4.408	<b>.044</b>	0.121
Noise x PI	1,32	7.878	<b>.008</b>	0.198
Noise x Age x PI	1,32	0.735	.398	0.022
Age x PI	1,32	0.018	.895	0.001
Compression x Noise	1,32	0.032	.859	0.001
Compression x PI	1,32	1.121	.298	0.034
Compression x Age	1,32	0.207	.652	0.006
Compression x PI x Age	1,32	0.154	.698	0.005
Compression x Noise x Age	1,32	0.713	.405	0.022
Compression x PI x Noise	1,32	0.064	.802	0.002
Compression x PI x Noise x Age	1,32	0.191	.665	0.006

## Figure Captions

Figure 1: Mean hearing thresholds for left ear (left panel) and right ear (right panel) for adults (unfilled) and children (filled) with hearing loss. Error bars represent  $\pm 1$  standard deviation.

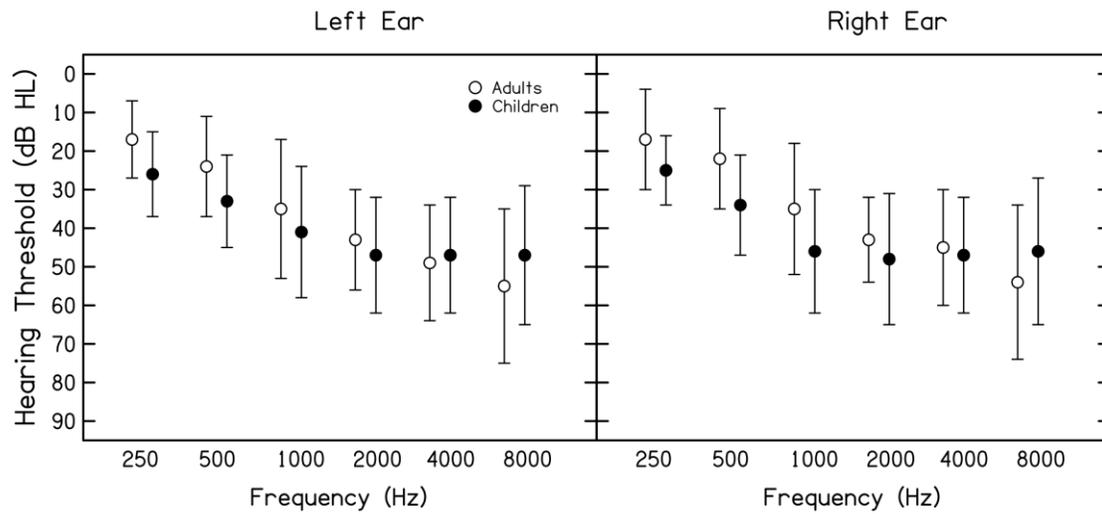


Figure 2a: Modulation spectrum of speech (blue line), modulated noise (green line), and unmodulated noise (red line). Higher numbers indicate greater modulation depth.

Figure 2b: Modulation spectrum of combined speech and noise following slow and fast WDRC. As expected, the modulation depth was greater for slow than fast compression and for continuous than modulated noise.

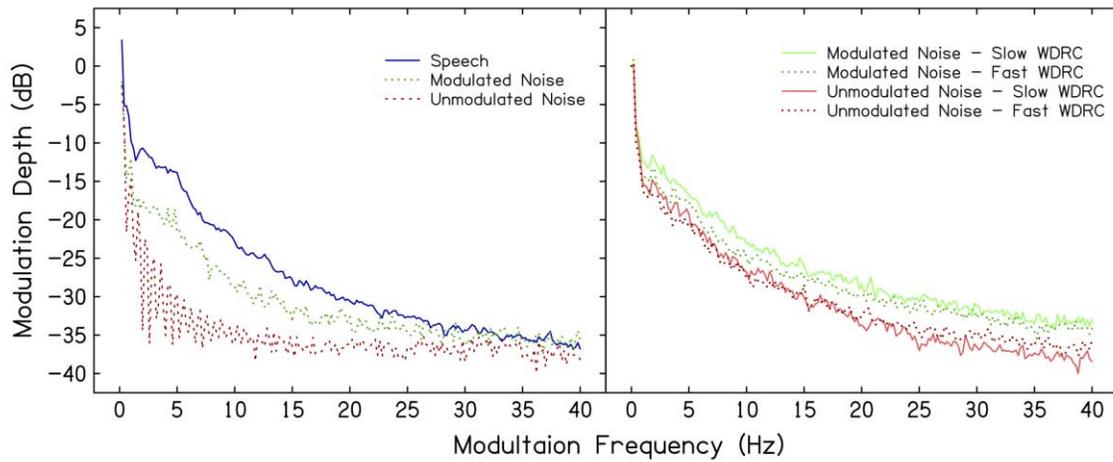


Figure 3: Fit to target showing the difference in dB between the RMS SPL with the simulated hearing aid for the “Carrot Passage” and the target SPL for the adults (unfilled) and children (filled). The upper and lower margins of the boxes represent the interquartile range and the upper and lower margins of the whiskers represent the 10th and 90th percentiles. For each box, the line within the box represents the median and the filled circles represent the mean.

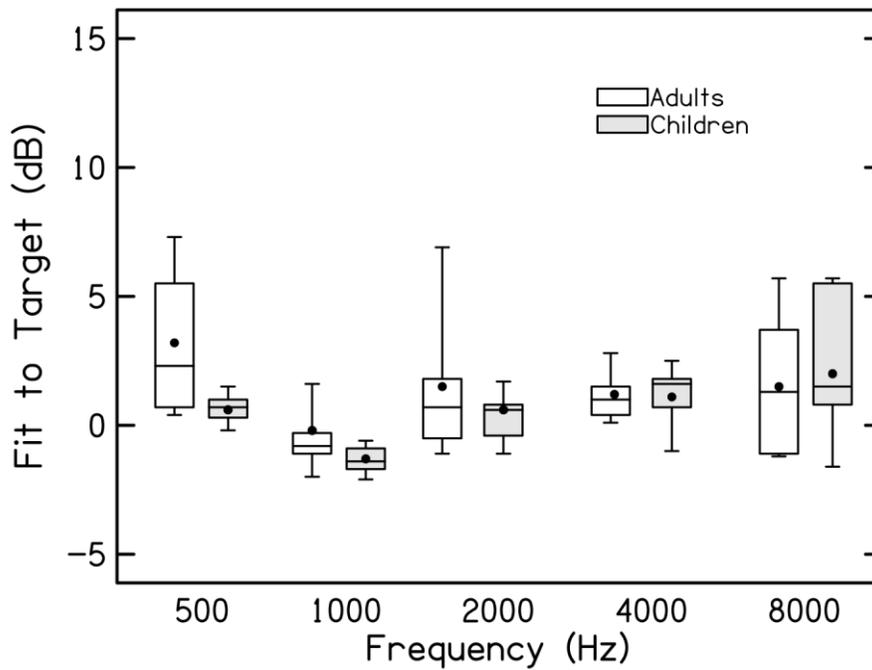


Figure 4: SNR (dB) for unmodulated noise (unfilled) and modulated noise (filled) for participants with normal hearing (NH), and those with hearing loss using fast and slow WDRC. SNR for 30% correct is shown in the left panel, and SNR for 70% correct is shown in the right panel. Boxes represent the interquartile range and whiskers represent the 10th and 90th percentiles. For each box, lines represent the median and filled circles represent the mean SNR.

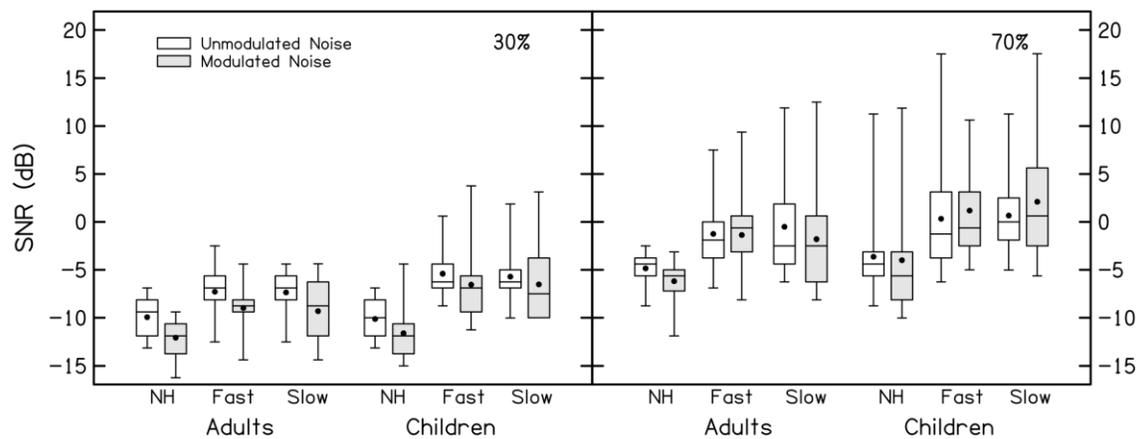


Figure 5: Masking release (dB) for adults and children for 30% correct (left panel) and 70% correct (right panel). The upper and lower margins of the boxes represent the interquartile range and the upper and lower margins of the whiskers represent the 10th and 90th percentiles. For each box, the line within the box represents the median and the filled circles represent the mean.

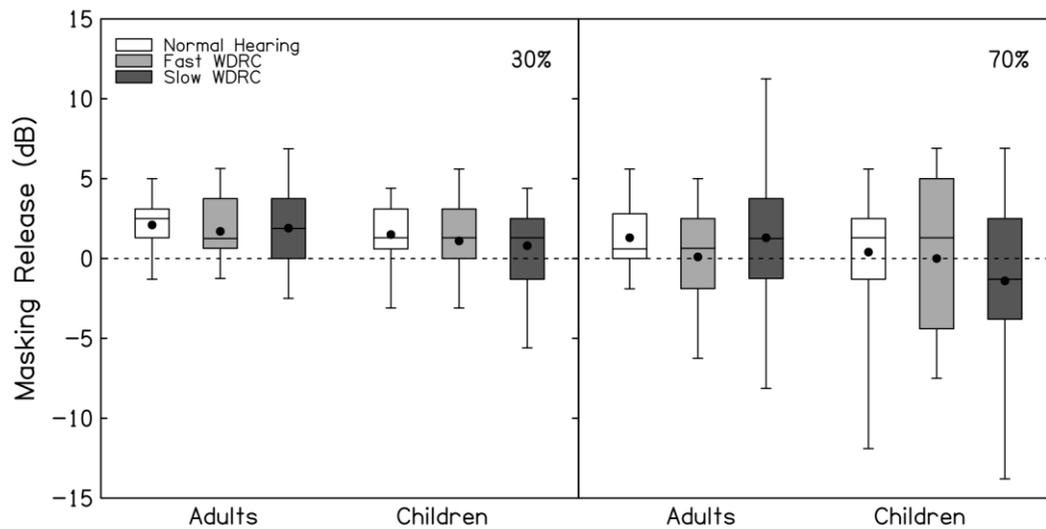


Figure 6: SNR for 30% and 70% correct for participants with normal hearing and participants with hearing loss (fast WDRC). Averaged across noise types.

Includes both adults and children. Error bars represent one standard deviation. Single instead of double error bars are shown to prevent overlap of the error bars.

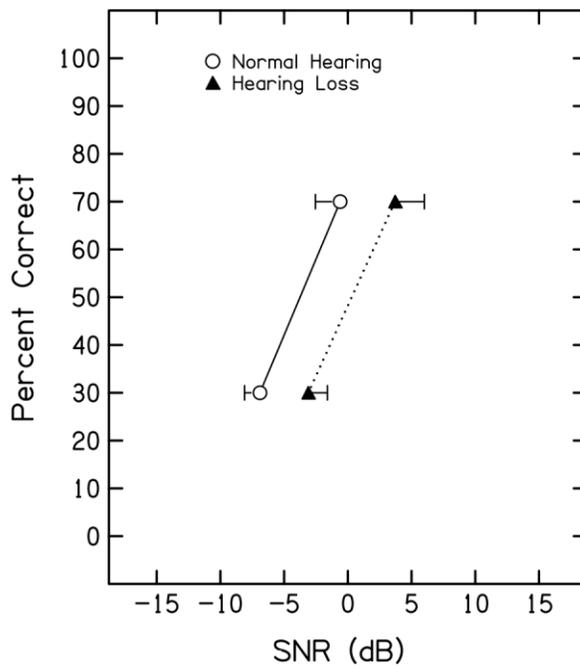
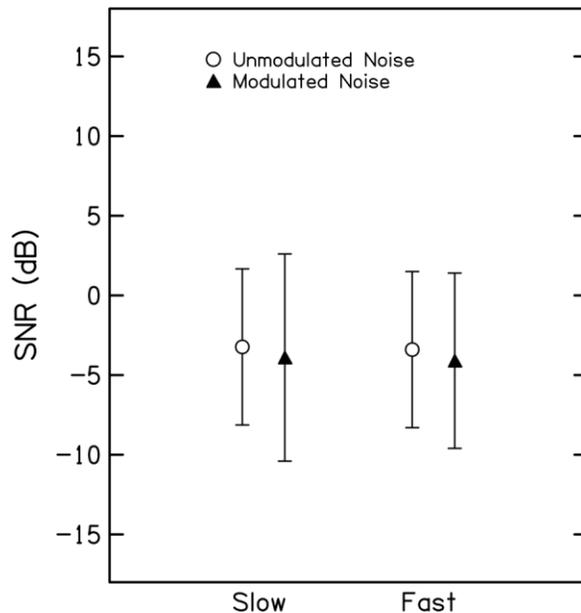


Figure 7: Signal to noise ratio (SNR) for slow and fast WDRC, averaged across the two performance intensity points. Includes both children and adults with hearing loss.



<sup>i</sup> Six participants were excluded (4 children with hearing loss and 2 adults with hearing loss) due to their requiring a high SNR (> 20 dB SNR) for at least one condition. Electroacoustic analysis showed that the noise was inaudible for these listeners when the SNR was greater than 20 dB.

<sup>ii</sup> It is conceivable that differences in audibility above the highest frequency tested for hearing (8 kHz) may have had a small impact on the results. This is because the highest center frequency used by the Speech Intelligibility Index (ANSI 1997) is 8.5 kHz (critical band method) and the importance function at 8.5 kHz (.0110) is the 2<sup>nd</sup> lowest band importance function. Moore et al. (2010) found that the mean score improved by 5 and 3 RAU, which corresponds to 5% and 3% (see Studebaker 1985), when a low-pass filter cutoff frequency was increased from 7.5 to 10 kHz for their listeners with and without hearing loss, respectively (see their Figures 5 and 6). Based on the performance-intensity functions for the

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current study (see Figure 6), a decrement of 5% and 3% could have reduced performance for both noise types (modulated, unmodulated) by 0.8 and 0.6 dB SNR. These differences would not change the conclusion that masking release was similar for the two groups (NH, HL).