

Background

Face Mask Mandates: Due to the COVID-19 pandemic, the United States Center for Disease Control (CDC) has recommended individuals to wear face masks to prevent the spread of viral particles and reduce disease transmission². Surgical Masks and KN95 Masks are widely available, both disposable masks that meet a medical standard and have been recommended by the CDC for use by the general public.

The Effect on Speech: Face masks have been shown to act as a lowpass filter on speech, acting as a barrier to the acoustic signal. Many types of masks have been shown to attenuate acoustic energy at frequencies greater than 1000 $Hz^{3,13}$.

Modifying Speech Style: Speaking more clearly or loudly may be one way to overcome the effects of masks on speech. Both styles are produced with greater speech intensity, relative to habitual speech¹⁴ and are associated with an increase in energy in the higher frequency ranges of speech. This leads to a flatter (less negative) spectral slope and greater relative energy in the first formant range^{4,14}. Clear speech has been associated with an increase in energy in mid-range frequencies ^{5, 6, 7, 10, 11, 14}.

Quantify the effect of face masks and clear and loud speaking styles on spectral acoustics of speech.



The Impact of Face Masks on Spectral Acoustics of Speech: Effect of Clear and Loud Speech Styles

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Purpose

Research Questions

What is the impact of face masks on spectral acoustics of speech in unaltered (habitual) speech? 2. What is the relationship between face masks and altered speech styles (clear and loud) on spectral acoustics of speech?

Analysis

Acoustic Analysis

Spectral Moments (such as center of gravity COG) were selected as they are known to be sensitive to the potential filtering characteristics of the masks and speaking style¹.

Mid-range frequency energy: Mean energy in the 1-3 kHz range: higher amounts of mean energy in the 1-3 kHz range represent increased vocal effort and has been associated with increased

 Spectral tilt: Difference in energy between 0-1 kHz & 1-10 kHz: a lower amount of energy in the higher freq. range is captured by a sharper negative spectral tilt which is associated with lower perceived loudness, effort and intelligibility¹².

Extracted from	Acoustic Measurements	Research Question 1	Research Question 2
Utterance	Mean Speech Intensity (Utterance)	\checkmark	\checkmark
long-term average ectrum (LTAS) of each utterance	Centre of Gravity	\checkmark	_
	Mean energy in the 1-3 kHz range	\checkmark	\checkmark
	Spectral Tilt (difference in energy between 0 to 1 kHz and 1-10 kHz)	\checkmark	\checkmark

Table 1: Acoustic Measurements used for each Research Question

Statistical Analysis

Modelled acoustic variables as a function of mask condition and speaking style and masks-by-speech style interaction.

> **Research Question 1 (habitual speech):** DV ~ Group * Speech Style (...)

Research Question 2 (all speech conditions): DV ~ Group * Speech Style * Mask Condition (...)

All models included random by-participant and by-item intercepts. Models for RQ2 included random by-participant slopes for speech



Figure 1: Acoustic measures of interest by speech style (habitual, clear, loud) and mask type (no mask, surgical mask, KN95 mask). Horizontal dashed line reflects individual participants' baseline (habitual speech without a face



Figure 3: Long-Term Average Spectra across mask conditions while using habitual speech

Across Speech Style Conditions





Long-Term Average Spectra

KN95 Mask

Frequency (Hz)

Research Question 1

Mask vs No Mask: Wearing a face mask resulted in:

• Lower...

• Center of gravity (large effect size), intensity, spectral tilt (medium effect size), mid-range frequency energy (negligible effect size)

Overall the presence of masks demonstrated a systematic, significant effect on all spectral measures compared to not wearing a mask.

Surgical Mask vs KN95 Mask: Wearing a KN95 mask resulted in:

- Lower spectral tilt (negligible effect size) • No significant differences in the
- following measures:
- Intensity
- Mid-range frequency energy (1-3 kHz)

Overall there was a greater high-frequency filtering effect of the KN95 mask compared to the surgical mask.

Habitual Speech vs. **Clear vs. Loud Speech:** • Intensity: Intensity was

- higher in the loud speech condition. Large effect size. speech was associated with Mid-range Frequencies (1higher intensity. Large effect 3 kHz): Loud speech was size associated with greater midrange frequency energy 3 kHz): Clear and loud when compared to clear speech was associated with speech. Large effect size. greater mid-range frequency • **Spectral Tilt:** Loud speech energy. Large effect size
- **Clear and Loud Speech** • Intensity: Clear and loud Mid-range Frequencies (1-
- was associated with flatter Spectral Tilt: Clear and spectral tilt when compared loud speech was associated to clear speech. Large effect with flatter spectral tilt. Large effect size. Size

The overall effects of the masks were the same in clear and loud speech as in habitual speech.

Overall, speech style conditions had a greater effect on acoustics than the mask conditions. Apart from speech intensity, there were no significant mask-byspeech style interactions found for any of the measures. Clear and loud speaking styles were found to be successful in overcoming the filtering effect of masks, though the general relationship between masked and unmasked speech remained intact within these altered speech styles.



Figure 2: Differences in acoustic measures of interest for each individual speaker compared to baseline (habitual speech without a face mask) by speech style (clear, loud) and mask type (surgical mask, KN95 mask). Red dashed line reflects group mean.

Research Question 2

Summary

- In habitual speech, findings confirmed a low pass filtering effect of face masks. The KN95 mask showed a (somewhat) greater effect than the surgical mask. This pattern persisted across speech styles.
- Talkers were most successful at overcoming the effects of the masks when speaking more loudly than when speaking more clearly.
- Findings may have implications for talkers with degraded speech acoustics due to disordered speech or voice production. Our lab is currently analyzing similar data (acoustic and perceptual) from speakers with Parkinson's Disease.

