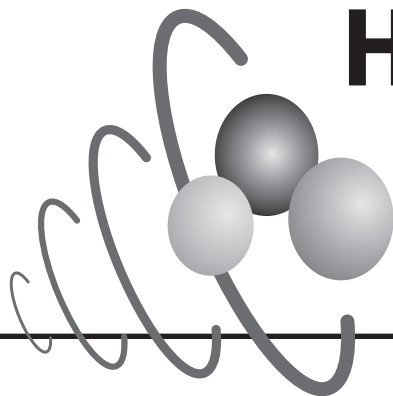


North Shore Chapter of Long Island

September 2011



Hearing Loss Association of America

Meeting Location

Long Island Jewish Hearing & Speech Center is located on the grounds of the Long Island Jewish Medical Center. Enter the grounds from LAKEVILLE ROAD and it is the first building on your left. Free parking is available behind the hearing and speech building: first entrance to parking lot after building. DO NOT go into the main parking building. Go to the Conference room on the Lower Level 270-05 76th Avenue New Hyde Park, NY 11040.

If you are in doubt as to whether there is a meeting, or if you'd like further information, please call Sal: 718-479-1098.

FYI

Assistive Listening Devices (ALD) are provided at our meetings. Headphones are available in the back. This room is Looped, so those who have hearing aids/cochlear implants can put on their T-coil switch.

Meeting News October 19, 2011

Refreshments and Social Time begins 6:30pm

Meeting begins 7:00pm

Topic:

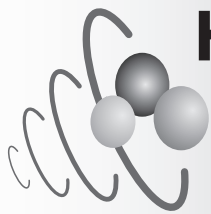
Treatment of Hearing Loss Doesn't Stop at the Hearing Aid: Let's Talk about Aural Rehabilitation.

Speaker: Dr. Susan Antonellis, Clinical Coordinator of Audiology

Dr. Susan Antonellis is the Clinical Coordinator of Audiology at the St. John's University Speech and Hearing Center in Queens, New York. She has been there for over 20 years. She is a NY state licensed and ASHA certified audiologist and a NY state licensed hearing aid dispenser. She is a co-author of a chapter "Consideration and Implication for Habilitation of Children with Hearing Loss" in the textbook *Language and Communication Disorders in Children*, now in its 6th edition. She is currently the 2011 Long Island Speech Language Hearing Association President, which is the largest regional association in the country.

Discounted Ticket Offers

If you'd like to receive discount offers for drastically reduced tickets to performances at Carnegie Hall and Lincoln Center, please email mwaymire@midamerica-music.com, and be ask to be put on the "\$7 list." And be sure to "ask for Orchestra seats due to hearing loss."



Hearing Loss Association of America

What You Missed *In September*

By David Siegel

Chapter Planning Committee

HLAA North Shore Chapter
Voice: 718-479-1098

Sal Sturiale
Chapter President
Sturiale@verizon.net

Charlie Kantor and
Ruth Dunitz
Newsletter Editor

David Siegel
Meeting Reporter

Helmuth Mooreman
Hilda Drucker
Publicity

Ruth Dunetz
Mailing

Silvia & David Siegel
Hospitality

Charles Kantor
Technology

Members:

Claire Fox
Hilda Polonet
Fred & Ruth Wiener
Sy Goldstein

Our President welcomed everyone back for the first meeting of the new season. Sal discussed the beautiful new appearance of the chapter newsletter, which is being edited by different people. He is sure everyone enjoyed reading it. By joining National, members can receive an award-winning magazine about many hearing loss issues, that may pertain to one's own hearing loss.

Silvia, a member on the Board, spoke about the Hearing Loss Association of America Convention she attended in June. She was concerned when she learned some chapters had to close since they had low membership, and lack of dues to cover the cost of maintaining the monthly meetings. She was hopeful our members would always pay their dues.

Cameron Tingey, our marvelous guest speaker, is the Director of Sales for the "Caption Call Telephones." He had recently arrived from Utah, which is where the Headquarters is located, and described his business and how he met Silvia at the convention where he was a vendor. A promise he had made was that he would attend our first meeting of the season, and give our members a free phone, including delivery and installation in each home. There would also be free captioning paid for by the FCC.

For the remainder of the exciting evening, Cameron introduced us to the workings of this unique telephone. He described the special features of "Caption Call." Some of these features are a 7-inch screen with adjustable text sizes. For a friend to call you, there is no need to add more numbers to your regular phone number. The phone has an elegant design and offers voice mail, and you can boost frequencies or match your audiogram.

We are anxiously waiting to receive and try out our new phones. If you missed this meeting and would like to apply for a new phone, then come to our next meeting on October 19th and fill out a "Caption Call Telephone" form.

You can still get a free Caption Call phone!

Don't miss this opportunity!
Contact Cameron Tingey at:
801-287-9421



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speakers, goods & services.

New Research on Tinnitus Could Lead to Treatment

Erin Allday, Chronicle Staff Writer

UC Berkeley scientists believe they've found a new avenue for treating tinnitus, an often debilitating ear and brain condition that causes people to hear a constant ringing or buzzing sound – and that in most cases is untreatable.

Doctors have known for several years that the cause of tinnitus is not in the ear alone, but in the brain. In research released last week, the UC Berkeley team found that tinnitus may be similar to the “phantom limb” syndrome that amputees sometimes experience – neurons continue firing in the parts of the brain associated with hearing, even though they're getting no input from the ear.

If scientists can find a way to rewire the brain so that those areas are receiving input again, the neurons could be better regulated. Or scientists may be able to find a drug that turns off the firing mechanisms. Either way, the result could be peace and quiet for the millions of people who suffer from tinnitus, said Shaowen Bao, an adjunct assistant professor with UC Berkeley's Helen Wills Neuroscience Institute.

“We still need more research to gradually resolve this question of tinnitus,” said Bao, co-author of the tinnitus study, which was published online in the Proceedings of the National Academy of Sciences. “But in a lot of ways, the bits and pieces are all there. People are just trying to put together a theory that explains it all. We did the same thing, and we think our conclusion is important.”

Range of ringing

Bao is a tinnitus sufferer himself, although his case is relatively mild, he said, and he's able to ignore the hum in his ears most of the time. But there's a broad range of tinnitus severity, from a dull buzzing in one ear, like static on a phone, to a loud, distracting ringing in both ears that can keep people from sleeping or even thinking clearly.

Nearly 50 million people in the United States have tinnitus, according to the American Tinnitus Association, although most of them either have it temporarily or never seek help for the condition. Roughly 2 million people have serious enough symptoms that they are disabled by tinnitus – they may not be able to work and their quality of life is seriously affected. There's no cure for tinnitus, and most of the available treatments aren't very effective, doctors and patients say.

“The tinnitus was so severe that I did not sleep more than two or three hours in a month,” said Dennis Brody, 53, who retired

Continued on Page 6

Notice of Americans with Disabilities Act Settlement by Wells Fargo & Company (including Wachovia)

The U.S. Department of Justice has obtained a Settlement with Wells Fargo under the Americans with Disabilities Act (ADA). The Settlement addresses all violations of Title III of the ADA, including Wells Fargo's failure to communicate effectively with people with disabilities such as its past refusal to accept relay calls from people who are deaf, are hard of hearing, or have speech disabilities. A copy of the Settlement is available at www.ada.gov or can be obtained by emailing WFclaims@usdoj.gov or calling 1-800-514-0301 (voice) or 1-800-514-0383 (TTY).

Possible Payments to Individuals Harmed by Disability Discrimination

Who is eligible for payment? If you experienced discrimination based on disability, such as being denied effective communication, you may be able to get a payment.

How can you submit a claim? You may obtain information on how to submit a claim in several ways: (1) by sending an email with your name, address, and telephone number requesting claim information to WFclaims@usdoj.gov; (2) by visiting the ADA Home Page at www.ada.gov, or (3) by calling the Disability Rights Section at 866-708-1273 (voice mail) or 866-544-5309 (TTY). Act now! All claims must be received by January 29, 2012. Claims received after that date are not eligible for possible payment.

How will claims be processed? All claims will be evaluated by the Civil Rights Division, which will make the final decisions about who receives a payment and the payment amount. Anyone found eligible to receive a payment must sign a release of claims before any payment will be made.

Ask the Audiologist

Jennifer Weitz, Au.D, CCC-A, Doctor of Audiology, Certificate of Clinical Competency from the American Speech-Language-Hearing Association

Questions: How often do my hearing aids need to be cleaned? What is the best way to clean them?



Answer: Hearing aids should be wiped with a tissue or soft cloth every night after removing them. Examine the hearing aid after wiping it and check for any excessive dirt or wax. If your hearing aid has a wax guard, you should also check that it is clear of wax. If there is wax, gently remove it with a cleaning tool. Wax guards generally need to be replaced every 3 months.

Captions For Your Telephone Calls

News from the 2011 HLAA Convention

By Charles J. Kantor

There have been some new places you will be able to caption your telephone calls. Up to now the only captions for your telephone calls came from the Ultratec business model. Ultratec owns and services the computers and operators. This involves an operator re-voicing what is said into a computer using their own software. Ultratec manufactures and sells the CapTel phones. The partners offering this model are Sprint and Hamilton each with CapTel and WebCapTel.

The Ultratec model is being expanded by Sprint and Hamilton to now include seeing the captions on your smart cell phone. Called MobilCapTel and only specific smart cell phones and networks will allow this.

The Ultratec model is being challenged for the first time. Sorenson Communications is offering a service to see telephone captions on a feature rich special telephone. An internet connection is required for captions. Using the internet and called CaptionCall it uses operators re-voicing what is said into a computer using an off the shelf software. (This is the same setup as CapTel using Ultratec's 800i phone.)

Purple Communications, Inc. is offering a service to see telephone captions on the computers and smart cell phones. Called ClearCaptions it uses individual operators typing what is said. This is just like the conventional relay services.

The operators of the state relay services have developed their own challenge to Ultratec by incorporating their state relay operations. Sprint Relay, Hamilton Relay and ATT Relay are all developing a smart cell phone service to utilize existing VCO (Voice Carry Over) relay services. Because of state regulations, each service call only recruits customers from the state in which they operate. The relay services use individual operators typing what is said.



BHI Survey: Hearing Aids Help Majority of Users to Regain Quality of Life

From The Hearing Review - Sept. 2, 2011

Washington, DC – According to a new research study conducted by the Better Hearing Institute (BHI), today's technically advanced, sleekly designed hearing aids are helping people with hearing loss regain their quality of life and remain socially involved. The researchers surveyed 2,000 hearing aid users from across the United States and found that 8 out of 10 hearing aid users are satisfied with the changes that have occurred in their lives specifically due to their hearing aids. In addition, 82% participants say that they would recommend hearing aids to their friends.

"This survey clearly reveals how dramatically people's lives can improve with the use of hearing aids," said Sergei Kochkin, PhD, BHI's executive director and frequent contributor to The Hearing Review. The improvements that participants saw in their quality of life as a result of their use of hearing aids were

- Nearly 70% of hearing aid users said their ability to communicate effectively in most situations improved because of their hearing aid;
- A little more than half said their hearing aids improved their relationships at home, their social life, and their ability to join in groups;
- Roughly 40% percent noted improvements in their sense of safety, self-confidence, feelings about self, sense of independence, and work relationships;
- Between 25 and 33 percent of hearing aid users said they even saw improvements in their romance, sense of humor, cognitive skills, and mental, emotional, and physical health;
- 91% percent of all hearing aid users surveyed are satisfied with the ability of their hearing aids to improve communication in one-on-one situations;
- 85% of hearing aid users are satisfied their hearing aids improve communications in small groups;
- 80% are satisfied their hearing aids improve communications while watching television;
- 78% are satisfied their hearing aids improve communications while outdoors;
- 78% are satisfied their hearing aids improve communications during leisure activities;
- 77% are satisfied their hearing aids improve communications while shopping; and
- 77% are satisfied their hearing aids improve communications while riding in a car.

Kochkin commented that outdated notions about hearing aids pose a significant barrier that inhibits people from addressing their hearing loss. He also said that public perception of hearing aids hasn't kept pace with the new technologies and discreet designs of today's modern devices. Furthermore, the misperceptions are holding people back from improving their quality of life by addressing their hearing loss. Indeed, the BHI study reveals that 79% of people who do seek help and use hearing aids are satisfied with them, and 86% are satisfied with the benefit they derive from hearing aid usage.

"Today's hearing aids are about staying young, not growing old," Kochkin explained in the press statement. "People want to hold onto their vitality as they enter and move through middle-age. But when someone ignores a hearing loss-which oftentimes has progressed gradually over time as a result of repeated noise exposure-that individual unwittingly begins losing the very vitality they treasure. What this research shows, however, is that those who do face their hearing loss and use hearing aids are experiencing significant and satisfying improvements in their quality of life." For more details, see the entire news release on BHI's Web site.

SOURCE: Better Hearing Institute

Continued from Page 3

from the Alameda city fire department three years ago when his back problems and tinnitus had gotten so bad that he couldn't work. "I went suicidal. I couldn't eat. My anxiety level was through the roof."

His tinnitus, he said, is like hearing a "high voltage electrical buzzing" in his head all the time. He's been able to relieve the worst of it with hearing aids that mask the sound, and therapy to deal with anxiety – a common problem among tinnitus sufferers. But he's hopeful for a cure someday, especially for people who can't get any relief from treatment.

Tinnitus is always associated with hearing loss, often from sustained exposure to loud noises. Usually high frequencies are lost – sometimes the frequency is so high that patients don't notice, even though they can hear the ringing or buzzing sound.

Theory upended

Scientists figured out a few years ago that the root of tinnitus is in the brain, and in particular, how the auditory cortex receives and interprets sensory input from the ear.

The prevailing theory at first was that after hearing loss, the brain remapped itself so that neurons that used to "hear" at a certain frequency instead started responding to different, closely related frequencies. But the neurons weren't precisely fit to respond to those frequencies, and that somehow left patients hearing odd sounds in their heads.

Bao's theory, which he tested in rats with induced hearing loss, is that the problem is exactly the opposite – the brain doesn't remap itself, and so the affected neurons aren't receiving any sensory input. In someone with normal hearing, input controls how the neurons fire, or communicate with one another, Bao said. Without the input, the neurons fire constantly, creating the "phantom" sound associated with tinnitus.

"This research is a substantial correction of how we think about tinnitus," said Dr. Michael Merzenich, professor emeritus of otolaryngology at UCSF, who was not involved in the UC Berkeley research. "We really need to sort out how to engage this disengaged area of the brain."

Training the brain

Merzenich has studied brain remapping for years, and through his work at the company Posit Science he's been trying to train the brains of patients with hearing loss to better interpret sounds. He said that even before he saw Bao's research, he'd heard from several patients who reported that their tinnitus improved after their brain was trained, or remapped – a result that surprised him, given the earlier theories on the cause of tinnitus.

Doctors previously assumed that exposing tinnitus patients to frequencies near the ones they were no longer able to hear would actually cause more damage, by further exciting the neurons that were already reaching for new sensory input. Now, Bao is suggesting that such exposure may actually be helpful, by coaxing neurons to accept input from frequencies similar to the ones they lost.

It may also be possible to relieve tinnitus symptoms by preventing the neurons from constantly firing. That could be accomplished with drugs – in the rat studies, at least two drugs were found to stop the neuron activity, but both of them had serious side effects, including blindness, that make them unsuitable for use in humans.

E-mail Erin Allday at eallday@sfchronicle.com.

How to use an Assistive Listening System at the Theater if You Are Hard of Hearing

By Janice Lintz Schacter

The theater is a rich and enjoyable experience, yet it can be a frustrating and stress-producing nightmare if you cannot understand what is happening. Who wants to attend an entertaining event if you may not be able to enjoy the show? The solution is understanding your hearing loss needs and proper preparation.

Can you use an assistive listening system? If you have some residual hearing, you may be able to use an assistive listening system (ALS). Three systems are currently available: radio frequency (FM), infrared light (IR) and Induction loop. The signal arrives through a receiver, which may be either an Assistive Listening Device (ALD) or a telecoil (also called a T-coil.) in a hearing aid or cochlear implant. ALDs enable theater-goers to receive the sound directly from the sound source to their ear, which eliminates the negative effects of distance, noise and reverberation on sound clarity. Volume can also be increased.

Does the theater have an assistive listening system? In the US, the Americans with Disabilities Act of 1990 (ADA) requires that all places of public accommodation with fixed seating that either accommodate at least 50 people or have an audio amplification system (or both) must provide an assistive listening system (ALS). If the theater does not have an ALS, you can ask them to install one. If they refuse, file a complaint through the US Department of Justice (<http://www.ada.gov/t3compfm.htm>) or the New Jersey Division on Civil Rights <http://www.state.nj.us/lps/dcr/index.html>. Change will only occur if complaints are filed.


What type of ALS does the theater have? The three types of ALS mentioned above are: FM – works via a radio frequency; Infrared – works via a beam of invisible light; Induction loop – works via an electromagnetic signal. Different locations have different systems for a variety of reasons, including but not limited to environmental concerns, privacy issues, portability, the size of the space, construction materials (for instance, metalwork can absorb or distort magnetic fields), the impact of installing the system in the space, and cost.

What type of ALD receiver should I use? The type of receiver used (if any) depends on the type of ALS used, whether your hearing aid or cochlear implant has a T-coil, and the degree of your hearing loss.

What type of ALS is used? Look on the theater's Web site for this information, and you may have to call. The following symbol means that one of the three types of ALS is used:



Assistive Listening System

You will know if the theater has an induction loop if they have the following symbol:  Unlike FM and infrared systems, induction loops are hearing aid compatible, meaning people with T-coil equipped hearing aids or cochlear implants can receive the sound signal directly via their T-coil, maximizing the customized output of their hearing aid or cochlear implant, and no receiver is needed. Consider adding a T-coil if you do not have one. T-coils can be added to your hearing aid for less than \$100, which is substantially less than replacing your hearing aids. An FM radio or infrared system requires a receiver for use, whether or not you have a T-coil. There are different ways to use a receiver: ear bud headset, a headset that fits over your ears, or (for those with T-coils), neck loops.

Can you remove your hearing aid and still hear via the receiver? Then you can use an ear bud that fits directly into the ear (as well as any type of headset). Many people are uncomfortable inserting something in their ear that has already been inserted in another person's ear even when it has been cleaned.

Are you unable to remove your hearing aid to use the receiver and lack a T-coil in your hearing aid or cochlear implant? You can use Walkman style headsets that plug into the jack on the receiver. However, headsets typically do not work for people who wear behind-the-ear (BTE) hearing aids or for some people who have more than a mild hearing loss, because the sound output is likely to be insufficient. In addition, the design of some headsets doesn't confine the sound to the listeners' ears, so other people nearby could be disturbed. That is why a neck loop (see below.) should be used if you have a T-coil. It is thoughtless to blast the volume because you need a neck loop and do not have a T-coil. Many theaters will justifiably ask you to remove the headset because you are disturbing others. Consider having a T-coil added to your hearing aid or cochlear implant if you fall into this category.

Do you have a T-coil in your hearing aid or cochlear implant? A neck loop (which is a small induction loop) can be plugged into the jack of an FM or infrared receiver to send the signal to your T-coil; you do not need a headset. The receiver must have a jack for plugging in the neck loop; most one-piece headsets do not have such jacks. Neck loops allow the person's own hearing aids or cochlear implant to regulate the volume.

What receivers and auxiliary equipment does the theater have? It is important to determine whether the theater has the equipment you need. Reserving it ahead of time will also ensure that it works and it is waiting for you. Sound Associates (212-757-5679) provides ALS for many Broadway theaters, but contact your theater in advance so that you will not be disappointed. Bring your own if the theater does not have the ALD you need. Theaters should have headsets and neck loops on hand. Many theaters only offer ear buds because they cost substantially less; but ear buds may not provide effective communication under the ADA, since they require users to remove their hearing aids. File a complaint, as mentioned above, if the theater does not offer ALDs and is unwilling to obtain them. The number and types of devices required are detailed in the ADA Accessibility Guidelines ("ADAAG"), can be found at www.access-board.gov.

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