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
Wednesday, September 18, 2013
Refreshments and Social Time begins 6:30pm
Meeting begins 7:00pm

Speaker: Lawrence Cardano, Au.D.

Lawrence Cardano, Au.D. is a Doctor of Audiology and a licensed, board certified audiologist. He earned his Master’s degree in audiology at Columbia University and his Doctor of Audiology degree from the University of Florida. He is a fellow of the American Academy of Audiology and is a member of the American Speech and Hearing Association and the Academy of Dispensing audiologists. He is affiliated with Franklin Hospital Medical Center in Valley Stream N.Y.

As director of Hearing Center of Long Island, Dr. Cardano focuses on helping those with hearing loss to overcome their hearing difficulties and improve their quality of life with better communication. He and his staff provide personalized hearing care using state of the art technology and techniques. His philosophy of practice is summarized by a quote from a noted pioneer in the field of audiology, Dr. David Luterman: “Listening is the most important skill for a professional to have.”

Dr. Cardano’s community service efforts include his work as a founding member of the board of directors for the Lions Lend and Ear program. Through this program, as part of the Nassau County chapter of Lions Clubs International, Dr. Cardano volunteers his time and expertise to benefit needy hearing impaired individuals.

Dr. Cardano is also the author of the quarterly newsletter Long Island Sound and Dr. Larry’s Blog. Both provide timely information and unique insights on coping with hearing loss and improving personal communication from the professional perspective of an experienced hearing care provider as well as the personal perspective of individuals with hearing loss.
Our Chapter

We’re welcoming in the New Year at our HLAA North Shore Chapter, and reflecting on the year past.

Last year we were lucky to have members join us from the Long Island chapters that have closed--we welcome them with open arms. We were also lucky to have such fantastic speakers at our meetings. It was one of our best in terms of both quality of speakers and topics, and we hope to keep it going. Attendance for our meetings is average; we’d like more people to attend, but we understand in many cases it’s difficult to get there. We thank all our members who can’t get to meetings, but still think highly enough of our chapter to support it with their membership, so that we can continue to do our work.

Our annual social events--the Holiday Party and the Picnic in the Park--were a great success. This year’s picnic was wonderful. We had about 20 people attend, the weather was perfect, the food was wonderful and there was lots of it. The wonderful company of our fellow HLAA members is the best part of these events.

A special thanks to Hilda Drucker and Ruth Dunetz, who work hard to arrange these events.

There are always some sad times. We have lost some long time members, and they will be sorely missed. As always, when we lose people we need new ones to step up and keep the momentum of our chapter going. If you care about the chapter as many of us do, a little of your time can go a long way towards spreading the word about the work we do: bringing hearing loss awareness to greater national attention. Without this advocacy, it will be many, many years until hearing loss is as accepted as wearing eye glasses.

At the next meeting, let me know if you have a little time to get involved with our chapter. You won’t believe how rewarding it can be.

Sal Sturiale
Convention and Walk4Hearing News

We’re back! We’ve just returned from an exciting HLAA Convention in Portland, Oregon and we’re ready to sprint to the NYC Walk4Hearing starting line.

The Convention included a wonderful send-off for HLAA Executive Director, Brenda Battat, whose leadership has brought HLAA to the national forefront and established us as the go-to organization for people with hearing loss. Many of us had the pleasure of speaking with our incoming Executive Director, Anna Gilmore Hall, and we’re excited and confident that she will take HLAA to the next level in achieving our new strategic plan.

The Spring Walks were enormously successful and the Walk4Hearing program is well on its way to reaching the national goal of 1.4 million dollars. The NYC Walk has been the largest of the 22 Walks and we need to move quickly to reach our goal of $225,000. Why is this so important? Because the Walks are the single most visible way to make hearing health an issue of national concern and provide significant funding to support HLAA’s mission at the national and local level.

So what’s the most important part of the Walk? YOU! We can’t do it without you.

Please take a few minutes to register right now. Visit the NYC Walk page at this link and follow instructions below: http://hlaa.convio.net/site/TR?fr_id=2134&pg=entry

- Click “Register” (in purple) over the scrolling teams
- Choose either “Starting A Team” (just takes two people to form a team), “Joining a Team,” or register as an “Individual” and just follow the prompts.
- Visit “My Walk Center” to create team and personal pages, add photos, and learn fundraising tips. If you start a team, as soon as you receive your first donation, your team name will scroll on the website.

We’ll have lots of important information about teams, fundraising progress, Kickoff and Walk day events, so be sure to sign on for updates when you register. You can reserve your spot right now for the Kickoff on August 13th, on the Walk homepage.

The next three months will be an exciting time for the NYC Walk4Hearing. NYC Walk Chair, Suzanne D’Amico, our Walk committee, and our wonderful Walk sponsors, welcome your support in making this our best NYC Walk yet.

Warm regards,
Toni Iacolucci
Team & Alliance Coordinator
toni233nyc@gmail.com
How do you Explain the Recent Increase in Telecoil Utilization?

By Rena Appleby, AuD

Question: Why are hearing aid manufacturers seeing more and more orders for telecoils? Aren’t telecoils old technology?

Answer: Great question – why is telecoil utilization rapidly increasing in the United States now when telecoils were first introduced into hearing aids over 60 years ago? To begin, telecoils were initially used to improve speech understanding on landline telephones. When a hearing aid user switches the hearing instrument to the telecoil setting and places it near the receiver of a hearing aid compatible telephone, the acoustic signal coming from the speaker on the other end of the telephone is converted into a magnetic signal. The hearing aid then converts the magnetic signal, which is free from background noise, into an acoustic signal, offering the hearing aid user an improved signal-to-noise ratio.

Telecoil use steadily declined in the 1990's in the United States despite the fact that a more favorable signal-to-noise ratio might be expected compared to acoustic coupling to the telephone (Picou and Ricketts, 2013). This is partly explained by the fact that placement of the telephone in order to receive the signal optimally can be rather tricky. Moving the telephone receiver only 1 inch away from the optimum position can reduce output of the desired signal by 15 dB (Holmes and Chase, 1985). However, the primary reason for fewer telecoils in hearing aids was attributed to the trend to fit less-severely hearing impaired users with smaller, custom in-the-ear aids, which did not contain telecoils due to size constraints. In fact, in 2002, only 37% of the hearing aids dispensed had telecoils (Kirkwood, 2005). In addition, landline phone use decreased as digital cell phones, many of which were not hearing aid compatible, were introduced into the marketplace.

Although telecoil use declined in the United States during the 1990's, its use was increasing at a rapid pace throughout Europe, which resulted in an expansion of its applicability and the looping of many large venues and public facilities. When telecoils are used in these types of looped facilities, the negative effects of background noise, reverberation and distance are eliminated when sound is transmitted directly to the hearing instruments.

The benefits of looping are finally being realized in the United States. In large part this was facilitated by the introduction of smaller, cosmetically appealing behind-the-ear hearing aids that can accommodate telecoils. As of 2009, approximately 58% (Kirkwood, 2009) of hearing aid users in the United States were fit with hearing aids with telecoils. In addition, many hearing aids users are also using digital wireless accessories that offer significant speech understanding benefit in multiple listening environments. In part, due to the lack of a universally accepted transmission frequency, their use is currently limited in many venues in which an inductive loop can offer significant audibility benefits.

Further, in 2003, the Federal Communications Commission (FCC) set up regulations regarding hearing aid compatibility of digital wireless phones (FCC.gov). Much of the credit of increased telecoil use is also due to the “Get in the Hearing Loop” campaign which was organized in 2010 by the Hearing Loss Association of America and the American Academy of Audiology. These

Continued on Page 5
Types of Hearing Loss

• **Sensory hearing loss**
  This occurs when the inner ear is damaged, most commonly from aging, inner ear infection and noise exposure. It is usually not medically or surgically treatable. Most people with a sensory hearing loss find that hearing aids are beneficial.

• **Neural hearing loss**
  This type of loss occurs when the hearing nerve or the nervous system is damaged. Again, this can be caused by aging, in which case hearing aids may help. Or it may be caused by a tumor, such as an acoustic neuroma, pressing on the hearing nerve. This can sometimes be surgically treated.

• **Conductive hearing loss**
  Conductive hearing loss occurs when the outer or middle ear fails to work properly. Sounds become “blocked,” often by fluid, wax or problems with the small bones of the middle ear, and are not carried to the inner ear. These losses are often treatable with medicine or surgery. Sometimes conductive hearing loss occurs when the eustachian tube, which opens to the back of the nose, fails to drain fluid properly due to inflammation. This can usually be corrected.

• **Unilateral deafness**
  People with unilateral or single-sided deafness have complete hearing loss in one ear and normal or near-normal hearing in the other ear. Following a medical evaluation to determine if there is a serious underlying cause, people with unilateral hearing loss can often be helped with the contralateral routing of signals (CROS) hearing devices or the bone-anchored hearing aid (Baha system).

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**How do you Explain the Recent Increase in Telecoil Utilization?, Continued from Page 4**

groups have been instrumental in educating clinicians, hearing aid users and the general public about the benefits of hearing loops.

For more information, visit www.gnresound.com or the ReSound Expo Page on AudiologyOnline.

**References**


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Stay Connected

Make sure you’re on our chapter email list, so we can quickly notify you of important and time-sensitive information, such as meeting changes, etc.

Send us a note at: hlaalongisland@gmail.com.

Support Group for Parents of Hearing Impaired Children

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