

June 2014



Hearing Loss Association of America

North Shore of Long Island Chapter

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, June 18th

Gathering at 6:30pm. Meeting begins 7:00pm.

OPEN HOUSE

Instead of the usual meeting format, our June meeting will be an **OPEN HOUSE**. We are inviting friends, and families of members, to join us! We hope you know someone who may benefit from what HLAA has to offer, and invite them to join us. We will host a roundtable discussion on ideas to better serve our chapter members, how to attract new members, and what subjects and speakers you are interested in learning more about. We have talked about this many times, so finally having a meeting on this subject will be productive and get results.

Bring along a family member or friend! Sharing what goes on at HLAA meetings will be an eye opener for many people; Hard of hearing people are just like everyone else, except we don't hear very well!

We are trying to help the chapter grow, and become a stronger influence in people's lives. For you, this means not only becoming a member, but going a little further and giving some of your time to help us achieve our chapter goals. If we work together to better our lives there is no limit to where it will take us. **Very exciting isn't it?!**

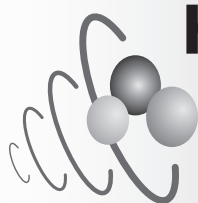
All of that was just for the first half of the meeting—for the second half, we'll have noshes and refreshments. This portion of the meeting will be a little get-together and socialization time before the summer break, as there are no meetings in July and August.

Many times we see each other for a moment and never have any real time to chat and get to know each other. I hope that, given this opportunity to chat, we will make some lasting friendships.

Don't miss it!

Sal Sturiale

Note:
There will be no meetings in July and August.



Hearing Loss Association of America

North Shore Chapter of Long Island

Note:
There will be no newsletter for July or August. The next newsletter will be released in September.
Have a wonderful summer!

Chapter Planning Committee

HLAA North Shore Chapter
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Members:

Ruth Dunitz
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Hilda Polonet
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HLAA of North Shore Long Island does not necessarily endorse the opinions of our speakers, goods & services.

Our Chapter

If you missed the May meeting, you missed a lot of information about assistive listening devices. Our speaker, Barry Greenblatt from Hear More, brought and displayed many items that the audience showed a lot of interest in. From Pocket Talkers, to Alarm Clocks that also shake you awake, assistive telephones, and more. We were given a 10% discount on orders placed at the meeting. There also offer a hands-on demonstration of products you may be interested in at their warehouse in Farmingdale L.I. off Route 110. You must call for an appointment to arrange this: 800 881- 4327.

As you have read in the past, I like going to movies. In my last experience at the movies I wrote about Sony Caption Glasses.

This is another new experience with a device called Capti-View system. The user pushes the device into the cup holder in the arm rest of their seat, then adjust the arm holding the small screen so it's at a comfortable angle for viewing. Users don't have to wear any kind of device that might interfere with one's hearing aid, glasses or cochlear implant. The green writing on the personal screen is easy to read, and the captions keep pace with the dialogue on the screen.

I recommend trying this device. Remember, nothing is like real hearing. Since we don't have real hearing, you must work at hearing better and sometimes it takes a little adjusting to new technology to do that.

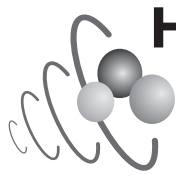
I used this device at an AMC movie theater. All the movies in the theatre are captioned, and you don't have to make a reservation to use the device. I would suggest you call the theater you want to attend in advance, to make sure they have the devices. The theater I attended was the Bay Terrace in Bayside.

Note:
There will be no meetings in July and August.

Enjoy,

Sal Sturiale

HLAA Annual Convention CONVENTION



**Hearing Loss
Association
of America**

2014

Austin, Texas
June 26 - 29, 2014

Go to: www.hearingloss.org and click on "EVENTS" for more info



Date: Sunday, September 28, 2014

The Hearing Loss Association of America's (HLAA) Walk4Hearing is the largest walk for hearing in the country. Every spring and fall thousands of walkers—children and their families, young adults, young at heart, and everyone in between—form teams and walk in their communities to increase public awareness

about hearing loss, help eradicate the stigma associated with it and raise funds for programs and services. HLAA depends on generous volunteers to raise funds, generate enthusiasm and awareness at each of the Walk4Hearing sites.

Join us for the Annual NYC Walk4Hearing in Riverside Park. The Walk route is a 5K (3.1 mile) loop starting at Riverside Drive and W. 97th Street. Walk begins at 10AM; registration and check-in at 9AM.

To join our team and walk with us: go to goo.gl/Vsz6g3 and click the purple "Join My Team" button on the right side of the page.

To donate online: go to goo.gl/Vsz6g3 and click the purple "Donate" button on the right side of the page.

To donate by Mail: Checks of any amount are welcomed! Please make them payable to 'Walk4Hearing', and write 'Long Island Beachcombers' on the check.

Mail checks to: Sal Sturiale, Walk4Hearing, PO Box 583, Glen Oaks, NY, 11004

A Story About a Boy's Hearing Loss

By KATHERINE BOUTON, *NY Times*

Like almost all newborns in this country, Alex Justh was given a hearing test at birth. He failed, but his parents were told not to worry: He was a month premature and there was mucus in his ears. A month later, an otoacoustic emission test, which measures the response of hair cells in the inner ear, came back normal.

Alex was the third son of Lydia Denworth and Mark Justh (pronounced Just), and at first they "reveled at what a sweet and peaceful baby he was," Ms. Denworth writes in her new book, *"I Can Hear You Whisper: An Intimate Journey Through the Science of Sound and Language,"* being published this week by Dutton.

But Alex began missing developmental milestones. He was slow to sit up, slow to stand, slow to walk. His mother felt a "vague uneasiness" at every delay. He seemed not to respond to questions, the kind one asks a baby: "Can you show me the cow?" she'd ask, reading "Goodnight, Moon." Nothing. No response.

At 18 months Alex unequivocally failed a hearing test, but there was still fluid in his ears, so the doctor recommended a second test. It wasn't until 2005, when Alex was 2 ½, that they finally realized he had moderate to profound hearing loss in both ears.

This is very late to detect deafness in a child; the ideal time is before the first birthday. Alex's parents took him to Dr. Simon Parisier, an otolaryngologist at New York Eye and Ear Infirmary, who recommended a cochlear implant as soon as possible.

"Age 3 marked a critical juncture in the development of language," Ms. Denworth writes. "I began to truly understand that we were not just talking about Alex's ears. We were talking about his brain."

Today Alex is an active 11-year-old who, like his older brothers, is a student at Berkeley Carroll, a private school in Brooklyn. He plays basketball, baseball—whatever sport is in season. With the implant and a hearing aid, his hearing is within the normal range. He scores 100 percent on a speech recognition test, though this does not mean he hears the way hearing children do.

Ms. Denworth, 47, is a science writer by profession, and her book explores both what happened to her own child and the relationship between the brain and sound and language. She and I met one chilly March day at her Park Slope brownstone, a fire in the living room radiating warmth. (Like Alex, I use a cochlear implant and a hearing aid, as I relate in my own book, *"Shouting Won't Help: Why I—and 50 Million Other Americans—Can't Hear You."*)

Alex's hearing loss is a result of a rare congenital condition called Mondini dysplasia, in which the cochlea fails to form completely. It is often accompanied by a second condition, enlarged vestibular aqueduct syndrome. Because the vestibular system also controls balance, Mondini and the syndrome probably contributed to Alex's delayed gross motor skills.

Marc Marschark, a professor at the National Technical Institute for the Deaf in Rochester, says that no matter whether deaf children were born to deaf parents who use sign language, or whether they have implants and hearing aids, "the one constant is that they are all still deaf."

Dr. Marschark hypothesizes that deaf children use their brains differently from hearing children. They quickly learn to pay attention to the visual world, and that leads to differences in brain structure. "Deaf children are not hearing children who can't hear," he said. "There are subtle cognitive differences between the two groups."

David B. Pisoni, a cognitive neuroscientist at the Indiana University School of Medicine, has been studying children with cochlear implants for 22 years. (The first F.D.A. clinical trials on pediatric cochlear implants were done at this center.) He is interested in cognitive processing—learning and memory, attention, language comprehension and production—in deaf children. For children with cochlear implants, success in these areas is highly variable, he said, stressing the “highly.”

This variability in cognitive success affects academic achievement. Although some deaf children do very well academically, an alarming number do not. The median reading level by age 18 in deaf children “has not changed in 40 years,” as Dr. Marschark put it. It remains stuck at fourth-grade level.

Studies have found that deaf children from families who identify themselves as culturally deaf, and use American Sign Language, are generally on a par with hearing children in terms of reading, because they have been exposed to language since birth. But 95 percent of deaf children are born to hearing parents. Those children have no exposure to language until they get a cochlear implant or are entered into an American Sign Language program. Early exposure to language is crucial to learning to read. Those studies of 18-year-olds may yield very different results when children who were implanted at 6 months or a year reach that age.

There are difficulties. For the 5 percent born to deaf parents, learning to read is complicated by the lack of a written form of sign language. Written English is essentially a different language.

Children with hearing aids or cochlear implants, on the other hand, speak the same language they are learning to read, and can benefit from phonics. But cochlear implant surgery cannot be done earlier than 6 to 8 months, so deaf children have no exposure to language during that time. And the devices are imperfect, leading to further hurdles to understanding language.

Alex received his implant relatively late, but he benefited from having some residual hearing, and he has grown up in a language-rich environment, two factors that predict success in reading. As Anne Fernald at Stanford has shown, the more a child is talked to, the better he will read. “Whatever Alex missed by the delay,” Ms. Denworth told me, “he’s made it up. It’s partly that he’s lucky. Would he be in better shape if he’d had more sound earlier? Maybe.”

Or maybe not. Dr. Marschark and Peter C. Hauser ask rhetorically in the book “Deaf Cognition”: “Are there any deaf children for whom language is not an issue?” From my own experience, I would ask if there are any deaf adults for whom language is not an issue.

Alex came home from school as Ms. Denworth and I were finishing up. He sat down to talk with us for a few minutes. He seemed a little shy, and he had a very quiet voice—so quiet that I couldn’t hear it and his mother had to repeat some of what he said. But what he said was uncannily similar to my experiences as a deaf adult.

I asked him what bothered him most about hearing loss. “When someone says, ‘Never mind,’ ” he replied, without hesitation. I laughed. For me, I said, it’s “Never mind, it’s not important.”

Does he read lips? He wasn’t sure, but he said he could hear better when he was looking at someone. I asked if his friends made a special effort when they talked to him. “The kids in my class are kind of loud,” he said. Loudness does not equal intelligibility.

Asked if he liked the country, where his family has a large working farm, he replied, “The country is easier on my ears.” And he loves the beach. “Sitting on the beach late at night when there’s nobody there,” he said. “It’s noisy but I like to hear the waves.”

Alex’s experience shows what many implant users know. “The cochlear implant itself is not the magic bullet,” his mother said. “It just gives you access to sound, and then you have to work at it.” Alex is working at it, and it seems clear he will do fine.

Research Request

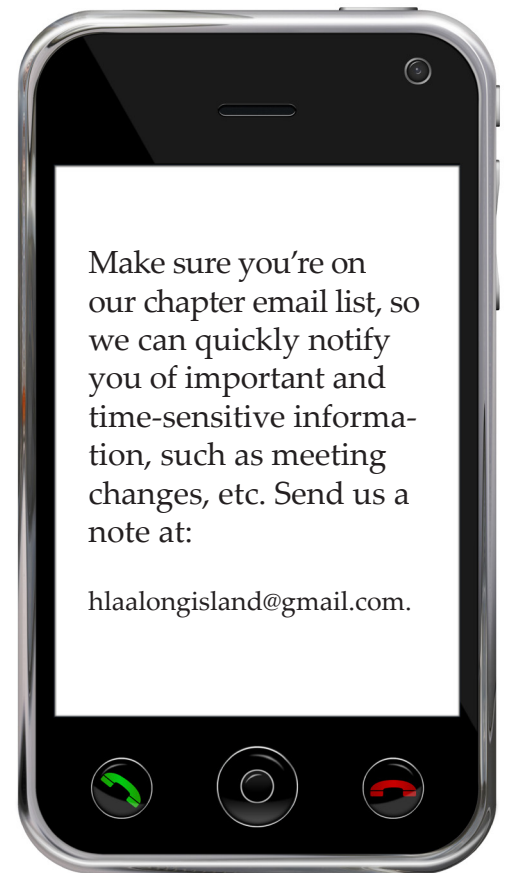
David Baldridge is a HLAA member and professor at Oregon State University. His research was featured in the January/February 2014 issue of *Hearing Loss Magazine*. He is currently working on a research project titled *Work Place Experiences of People who are Deaf/Hard-of-Hearing* (Deaf/HOH) that collects interview and survey data from hearing loss experts, people with hearing loss, their supervisors and coworkers.

Please contact him at

david.baldridge@bus.oregonstate.edu

if you would like to participate.

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Be sure to designate who to acknowledge for your donation. For example: "this donation is: In Memory of; or In Honor of; or Happy Birthday; or Congratulations to..."

And please let us know who to send the acknowledgment to.

Thank you!

Support Group for Parents of Hearing Impaired Children

Meets at the Hearing and Speech Center of LIJ Hospital

For more information:
Contact Dr. Linda Glazer at
(718) 470-8631 or e-mail
lglaizer@nshs.edu



HLAA of North Shore Long Island

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