

# HLAA Twin Cities

Hearing Loss Association of America Twin Cities Chapter December 2007



## Calendar of Events

**December 15, 2007** – Ron Anderson - OSHA  
– noise safety standards and regulations

**& Holiday Potluck/Cookie/Gift Exchange**

**January 19, 2008** - Michael Block – Starkey  
Tinnitus Clinic

**February 16, 2008** - Mary Hartnett –  
Minnesota Commission serving the Deaf,  
HOH, Deafblind (MCDHH) (topics for the  
upcoming legislative session.

**March 15, 2008** – Lion Dwight Maxa - Board  
of Directors for Lions Foundation

**April 19, 2008** – Dr. Kristen Swan – Region's  
Hospital – returning psychotherapist

**May 17, 2008** – Elections and potluck



**Don't forget** to find that special **gift** for the gift exchange at the **HLAA Holiday Party** scheduled for **December 15**. We always have a great time with this event, so you will want to participate! Also, **cookies!** Bring a batch to donate to the cookie sale. We mix them up and sell the assortment back to members. And a dish to share..... details on page 4 and see you at the party!

## December 2007

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THE **NEXT MEETING** IS  
DECEMBER 15<sup>TH</sup> AT 9:30 AM  
AT THE COURAGE CENTER  
Courage Center  
3915 Golden Valley Road  
Golden Valley, MN 55422-4249

HLAA TC Website  
[www.hlaatc.org](http://www.hlaatc.org)

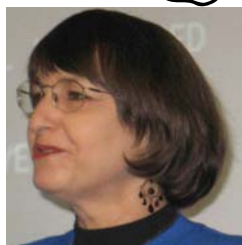
contains map to our location,  
resources, officers, upcoming  
events and newsletters.

HLAA National:  
[www.hearingloss.org](http://www.hearingloss.org)

MN Contact Information:  
[info@hlaatc.org](mailto:info@hlaatc.org)

*The Mission of HLAA is to open the world of communication to people with hearing loss by providing information, education, support and advocacy.*

## PRESIDENT'S MESSAGE



**DECEMBER 2007**

'Tis the Season to give thanks and to consider new challenges!

What an incredible year 2007 has been for HLAA TC! We have learned a lot from each other and from our speakers. We had a very successful Steak Fry fundraiser. New members have joined our group, and so many people have been incredibly giving simply because they believe in our cause. Here we might recognize the efforts by our **members** and **speakers** as well as the generosity of **CART** and the **Courage Center**.

Tying into the Holiday Season, I am certainly counting our blessings.

However, there are also issues that we have to resolve as an organization. We **MUST** increase our visibility, reach out to people with hearing loss and increase our membership. Let's make these our major goals for 2008!!

Do you belong to a Church, a social or a professional group? If so, please help us distribute our informational material. Get some one-page flyers from Bob. They are *cheaper* than our brochures and give people all the information in order to contact us.

Hum! Spreading our name in the community!? This brings me to the idea that **Rich Diedrichsen**- HLAA St. Cloud - introduced to us during the last meeting. Since the State of

Minnesota does no longer have a budget to put on an Aware Fair, how about putting on our own Minnesota Hearing Loss Convention or Conference?

Wow! Sounds great! But from ALL of us this demands some creative thinking and cooperation.

Rich has offered his expertise to Chair the efforts that would make a Conference or Convention possible. This is a huge job and not for the faint of heart. The details have yet to be hammered out such as costs, location, vendors, speakers etc. I am sure that Rich is already making his sizable to-do list and checking it twice!

HLAA TC would be a sponsor. We would have an information table just as we did at the Aware Fair 2006. The HLAA St. Cloud Chapter also joins the venture.

However, before we embark on this rather gigantic undertaking, we must answer some questions as a group:

- How many people would be interested in attending the event?
- What might be some issues that would keep you from attending?
- How could we make attendance possible for you?
- Would you be willing to do some volunteering? We must expect to do this reliably on our own dime and time. But there is something for all of us to contribute under Rich's guidance!

Think about it! The Board of Officers needs your input as soon as possible.

In case that you are unable to attend our world famous December potluck delight, I wish you **the Best of Holydays Ever!!**

*Monique*

# HLAA Meeting November 17, 2007

*Vice President Vicki Martin*

## Meeting Summary

HLAA meeting November 17, 2007.

### Guest Speaker:

**Julie Anne Larson**, Hearing Dog Coordinator of Hearing and Service Dogs of Minnesota was our featured speaker. She came with Betty (person) and Claire (dog) to give us some insight into their program.

Unlike other programs, HSDM trains the dogs in the prospective owner's home. Most of the dogs are rescued from animal shelters, so the program provides a special benefit to the dogs as well as to the owners. The dogs love their work, and the owners love their dogs.

Betty Miller gave us a good sense of the enthusiasm she feels for her dog Claire. Claire is more dependable than electronic devices, for alerting Betty to sounds in the environment. She brings independence, privacy, security and peace of mind to Betty's life.

The dog training program lasts 18 weeks, and is conducted in the owner's home with the owner participating. HSDM can also work with the owner to train a dog he already has, if the dog meets certain age and behavior criteria. To become a full-fledged service dog, it has to pass tests, including good citizenship tests, to make sure the dog will be able to handle any kind of public environment.

Service dogs can be any breed of dog, from a five-pound toy poodle to a 110-pound doberman. No special pedigree is required.

The dog and training service is entirely free, but the owner must be able to care for the dog and provide good food and veterinary care. Applications are available for those who are interested in having a hearing dog.



**Betty and Claire**



## HLAA meeting November 17, 2007.

### Business Meeting:

Dr. Barry Voroba is developing a small wireless FM assistive listening device which he hopes to market for under \$250. It is considerably smaller than most existing personal FMs. He demonstrated his product, called Commlink, and reminded us that it is a work in progress.

Commlink can be connected to TV or other electronic devices, and can also be used in some group situations. Additional enhancements are on the drawing board, so if it does not meet all of your expectations right now, stay tuned.

Vicki introduced our eight or so visitors – we had a very good turnout for this meeting. We encourage people to attend and to bring their friends with them, whether or not you are a member. Our meetings are open to all.

The ASL drill for the day was seasonal words: turkey, thanksgiving, snow, and “H” handshape words: hard of hearing, egg, both, and hospital.

Sue shared some information she had just discovered about the Comfort Duett product she uses for assistive listening. It is not a wireless device, but it can be used with or without a hearing aid, and with or without a T-coil in the hearing aid. It has a “T” setting that enables it to pick up the sound going through our looped area.

Bob reminded us that we would once again have a steak fry in April, courtesy of the Lions. It has been a good fundraiser for us.

Rich Diedrichsen presented a proposal for a State Convention on Hearing Loss to be held in 2008 and sponsored by the State of Minnesota (not HLAA). This is not intended to compete with the HLAA national convention, but to provide a more accessible and economical

alternative, and to cast a wider net than the HLAA convention. HLAA is encouraged to be involved in the event, but would not have the responsibility of planning and coordinating it. It would be a weekend event, Friday evening and Saturday.



Rich Diedrichsen

## DECEMBER HOLIDAY PARTY DETAILS

We always have a great time at our holiday party. Following our speaker, we will share in our **potluck luncheon**. If you didn't get a chance to sign up beforehand, bring a dish to share and come! Pickles, olives, salad, fruit - anything will be welcome.

Another holiday tradition that we have is our **cookie event**. Everyone that is able brings a batch of their best cookies. We mix them up and sell the assortments to our members for \$3 a tray. The proceeds go to benefit our chapter.

Last, but great fun, is our **gift exchange**. You can participate by bringing a gift suitable for a man or woman that does not cost more than \$10. If you have a lovely “treasure” at home (white elephant) that you would be willing to part with, that might be the perfect gift. Wrap it up and put it with the other gifts when you arrive. We will draw numbers and choose a gift from the selection. (We also can steal a gift rather than choose a new one. You'll see how it works!



# On the Flipside

Remember the old 45 rpm records? There was an 'A' side, the song that was actually being featured. On the other side, called the 'B' side, was a secondary song, much less popular, also known as the 'flipside'. Once in a while, the B-side would become the true musical hit, ultimately receiving more airtime than the A-side. An example of this is the Righteous Brother's classic "*Unchained Melody*" – that was the B-side of "*Stuck On You*".

Our hearing loss A-side is usually all about what we've lost, the downside of our disability, the daily struggles and stresses. With the Holidays approaching, I thought it was time for a different take on things, a look at the B-side, as it were, of hearing loss. Let's give the flipside some airtime for a few moments.

Don't get me wrong – I've had to really struggle to come up with some positive perspectives. Many of my days are FSFM (Feeling Sorry For Myself) days. Those that know me understand that I am certainly no Pollyanna. Here are some of my personal positive ideas:

- One cube-neighbor at work is an incessant throat-clearer. I got so fed up one time, that I measured it. He would loudly clear his phlegmy throat (ARRRGH-ARRGH-HACK) no less than once every 20 seconds. All. Day. Long. The cube-neighbor on the other side of me has extra-long fingernails, of which she is particularly proud. The clacky-clacky sound of her nails on her keyboard would drive me crazy. Those 8-hours-a-day annoyances are now a thing of the past as my hearing has progressively tanked – I can't hear them.
- I was once hyper-sensitive to noises such as gum-snapping and food-chomping. They don't bother me a bit anymore.

- When my daughters come into the house in the wee hours after an evening out, they chat with one another, laugh, make a snack in the kitchen, use the bathroom, etc. Now I sleep through all of their nocturnal ruckus.
- In the past, my family would chide me for having the TV on too loud, as my hearing loss progressed. Now I use no volume at all (on '0'), allowing me to watch TV at 3:00 a.m. if I want, and others in the house are never disturbed.
- There's always a group on the airplane that can't seem to stop talking, preventing any kind of peace and quiet for a nap. An easy solution – I turn off my hearing aid, and *voila'* – blessed silence!
- Other bothersome noises in past years were a neighbor's dogs yipping at midnight, an early-morning lawn-mower, a pair of crows in the driveway at dawn fighting over a morsel of something, or sirens going by on the street. Now those sounds don't come through to me.

I'm not saying that we should never have a FSFM day. I think its human nature to have them now and then. The gospel of John 1:5 says "The light shines in the darkness, and the darkness did not overcome it". So, just once in a while, let the light shine through. Put the needle in the grooves of the B-side, and maybe hear a new tune.

**Sue Brabeck**



# Bits and Pieces

Did you know that 50% of the **doctors now in service** wish they had chosen another profession? Forty-four percent said they would not recommend doctoring professions to their own children. The survey taken of 1,170 doctors, ages 50-65 from the survey (Merritt Hawkins & Associates) a Texas based physician search and consulting firm taken Oct. 30, 2007. Forty eight percent plan to retire, go into other fields, or work part time in the next 1 to 3 years.

**Here's what HLAA TC collects:** Old hearing aids and glasses go to Lion's Clubs of America, **Holiday Cards** to Mary Andresen who recycles them into new gifts tags for packages, **Milk Carton tops, Campbell's Soup** UPC codes go to Alida Miller and these help get sports equipment for schools, **Magazines** are recycled between us and 4 nursing homes, Vets Hospital and Courage Center.

**All 2007 issues** of the widely renowned **Hearing Loss Magazine**, the bi-monthly publications are now online for the reading pleasure of all! ( with one exception- the March/April issue presently offers only 2 selected articles ). Goes back to Jan. 2003. <http://www.hearingloss.org/magazine/prev-issues.asp>

**Ellen Semel from Downstate, NY** won a round trip ticket from Southwest Airlines. She was one of the top walkers in 2007 Walk4Hearing Program, sponsored by the Hearing loss Association of America (National). Its goal was to raise awareness and generate funds for national and local programs and services for people with hearing loss and their families.

Meet **Sally Anne**, British Hearing Dog of the Month for November, 2007. After her death, her owner tells of her grief after being together for 15 years. <http://www.hearingdogs.org.uk/hearing-dog-of-the-month.php>

**Dr. Jane K. Fernandes**, who was scheduled to become the new President of Gallaudet University in 2007, but was voted out, is being considered as Provost and Vice Chancellor for Academic Affairs at the UNC Asheville Board of Trustees meeting on December 15, in North Carolina. If accepted she will begin service on July 1, 2008.

Candice Meinders reports that the **cruise** scheduled by the Hearing Loss Association of Florida to sail February 3-9 has been cancelled due to lack of interest.

**Vanderbilt University Medical Center** reported on November 9, 2007 that Robert Labadie, M.D., Ph.D., and his colleagues have come up with an image-guided, minimally invasive approach to cochlear implant surgery they believe will make it faster, less invasive and more precise. This spring they received a \$3 million, four-year grant from the National Institute on Deafness and Other Communication Disorders to test their hypothesis.

"We envision such a minimally invasive technique to become the LASIK procedure of the ear," said Labadie, associate professor of Otolaryngology and Biomedical Engineering. In order to accurately implant an electrode in the cochlea without damaging the critical facial nerve, surgeons currently have to excavate a large section of bone from the lateral skull base, a process that takes approximately two hours to complete in the operating room with patients under general anesthesia.

Labadie said that with his group's software and frame design, surgeons will be able to plan a specific trajectory by putting anchors into the skull, and then having a customized frame built to guide a drill along a safe path from the lateral skull base to the cochlea.

This process may reduce operating time from hours to minutes, and could eliminate the need for general anesthesia, he said. The first surgery is planned for April 2009. The device could be activated the same day.

## Smiles and Nods

Vicki Martin

I offer a lot of tentative answers to questions I don't quite "get". Back in those school days of yore (aka "the olden days"), this would often mean feigning ignorance of the answer in order to appear cognizant of the question. I once had a teacher who said he could be quite forgiving of those who honestly don't know the answer. "But if you don't know the question," he said, jabbing his finger into the air – "watch out!"

I was always watching out.

I carried this "presumption of ignorance" mode with me into my adult years, when I have been known to shock people by answering "I don't know" to questions such as "where do you work?", or "how many children do you have?"

More recently, a caller asked (maybe) "Is this the Martin home?" To which I replied "Umm.....I don't think so". She was happy to terminate the call.

Often, we don't venture an answer at all: we simply smile and nod.

"Smile and nod" takes care of a lot of situations. It usually smooths things over, eliminates a great deal of work, and gets us out of the way gracefully. And let's face it, most of these conversations are just small talk. We both want nothing more than to say hello and move on.

Yet I am not so naive as to think I never miss anything important. In fact, I know I do. You can tell by the way people look at you. You know -- the sort of look your cat might give you if you asked him to fetch your slippers.

I have an idea: why don't we just be generally honest about not being able to hear, and then get on with the business of greasing the social

wheels with our "smile and nod" behavior? Our friends, knowing all about our hearing loss, will be sure to persist if we try to "nod" them away from an important conversation.

And for those who don't know us so well, we'll simply have to let them go away with the opinion that – weird as it seems – we don't understand English.

Which, come to think of it, we don't.



## Just the Facts... Presbycusis

What is presbycusis? Presbycusis is the loss of hearing that gradually occurs in most individuals as they grow older. Hearing loss is a common disorder associated with aging. About 30 – 35 percent of adults age 65 and older have a hearing loss and an estimated 40 – 50 percent of people age 75 and older have a hearing loss.

The hearing loss associated with presbycusis is usually greater for high-pitched sounds. For example, it may be difficult for someone to hear the nearby chirping of a bird or the ringing of a telephone. However, the same person may be able to hear clearly the low-pitched sound of a truck rumbling down the street.

There are many causes of presbycusis. Most commonly, it arises from changes in the inner ear of a person as he ages. Presbycusis can result from changes in the middle ear or from complex changes along the nerve pathways leading to the brain. It usually occurs in both ears. Because the process is gradual, people may not realize that their hearing is diminishing.



**Closed/Open Captioned Movies in Twin Cities for Dec. and click - calender.**

<http://www.mnocfilms.org/ocaptions.html>

**To find a movie by location, distance traveled or date see Fomdi:** [www.Fomdi.com](http://www.Fomdi.com)

**If you are interest in current movies that offer captioning using a rear-window system, contact one of the three MoPix equipped theatres in the Twin Cities for their schedule.**

**Rear Window Captions available in:**

**AMC in Eden Prairie Mall 18**

<http://www.amctheatres.com>

**AMC Rosedale 14 in Roseville**

**Crown Theatres Block E15 in Mpls.**

[www.crown-](http://www.crown-theatres.com)

[theatres.com/theatres/minnea\\_block\\_e.html](http://www.crown-theatres.com/theatres/minnea_block_e.html)

**Science Museum:**

[www.smm.org/visitorinfo/hours/showtimes\\_dyn\\_amic.php](http://www.smm.org/visitorinfo/hours/showtimes_dyn_amic.php) or

[www.smm.org/info/accessibility.php](http://www.smm.org/info/accessibility.php)



Aloha events are generally held the second Saturday of each month. The group may go out to a restaurant or meet at someone's home for dinner and games. If you are interested in attending, contact Ellen Thibodo for information on upcoming events. (See page 12 for contact info).

**HLAA Convention 2007 Research Symposium, June, 2007, Oklahoma City**

**Notes By Larry Sivertson of Northern Virginia Resource Center for Deaf and HOH**

Terry Portis introduced the **Research Symposium** and served as moderator. He commented that **the purpose of this symposium is to look beyond the audiogram and examine the effects of hearing loss on people's lives.** And he warned people not to be alarmed by the word "psychosocial", which they would be hearing. It doesn't mean abnormal; it only refers to psychological and social issues.

It's important to remember that people respond differently to hearing loss. Some people are much more affected by it than others, and you can't predict a reaction based solely on the degree of hearing loss. Each of the presenters will present on her area of expertise for about 30 minutes, and we should then have quite a bit of time for questions. (Editor's note: **only one** of the three presenters are reported on here.)

Pat Kricos, Ph.D Pat's topic was "The Influence of Non-Audiological Factors on Adjustment to Hearing Loss: What Have We Learned the Past Ten Years?"

People who are well-adjusted to hearing loss display a number of common characteristics. One is that they are aware of and acknowledge their hearing loss and the difficulties it causes. Virtually everyone in the audience today displays those characteristics, because they're here.

A second characteristic is that they "own" the problem. They don't blame their issues on others, but accept that their communications difficulties are due to their hearing loss. They typically seek help to deal with their hearing loss and know some of the available coping strategies. They remain socially active, are relatively content, happy, and relaxed.

Can we predict how well people will adapt to their hearing loss by looking at their audiograms? The answer is a clear "no".

Is the degree of hearing loss the most important factor? Many people, including many audiologists, would say, "Yes", but the answer is, "No". Gateway studied this question in some detail and published his results in 1994. He found that the **best predictors were people's ages and their personalities.** He found that



how well people adapt to hearing loss is not related AT ALL to the amount of hearing loss! Pat chose four parameters to examine in some detail: **gender, psychological factors, sociological factors, and age.**

1. There is lots of research on the effect of **gender** on adaptation to hearing loss. Related medical studies have found that women are much more likely than men to be sensitive to changes in their health and to report symptoms and discomfort, so it's no surprise that they are much more likely to seek help for hearing loss. Women place more importance on social communications than men, and they are more likely to use non-verbal communications strategies to help them through communications breakdowns. An interesting aside is that about 75% of people who go to an audiologist go because someone else wants them to have a hearing test!

2. One of the important **psychological** factors that affects successful adaptation to hearing loss is a person's locus of control, whether it's internal or external. A person with an internal locus of control is one who takes responsibility for things as appropriate; a person with an external locus of control blames external factors for things for which they should take responsibility. People with an internal locus of control tend to adjust to hearing loss better than those with an external locus of control. Additional psychological factors include:

- People who were more anxious before acquiring hearing loss tend not to adjust as well as those who were less anxious
- extroverts tend to adjust better than introverts
- people who are prone to depression don't adjust as well as those who aren't
- optimists tend to adjust better than pessimists

Another important predictor is self-efficacy, which is similar to overall confidence, except that it's task specific; people have high self-efficacy for some tasks and low self-efficacy for others. Pat's example was that she has high self-efficacy to stand up in front of a bunch of people and talk, but low self-efficacy for bungee jumping.

A person with high self-efficacy for mechanical things might approach hearing loss with the idea that he can learn how to use a hearing aid and assistive devices, while a person with low self-efficacy may not be so confident. If a

person has low self-efficacy for a particular task, it can be raised. The key to doing so is to start off with success. This is one reason why it's so important for audiologists to carefully instruct and nurture new hearing aid users. Pat applauded the Gallaudet Peer Mentor Program and the HLAA Academy, because their graduates are being trained to do exactly those things.

3. **Sociological** variables that affect adjustment to hearing loss include employment factors, family and social support, and educational status. People who are working tend to adapt better, because they tend to be more active and have greater communications needs than those who are not working. They are also more likely to communicate in a variety of listening situations. These factors may contribute to higher motivation to adapt successfully. The support of family and friends is an important factor, and those who adapt successfully tend to have a good support system. Also the majority of new hearing aid users were motivated to seek help by their significant other. The higher a person's educational status, the better adjusted they tend to be.

4. Pat admitted that the study of the effect of **age** on hearing loss adjustment is her favorite topic. She noted that people who are older naturally face many more issues than those who are younger, including:

- chronic disease and disability
- numerous and severe life events, such as losing spouses and friends, losing the ability to drive, moving out of their home. Note that people who use hearing aids have fewer life events than those who don't!
- visual problems - dual sensory loss is much more significant than single
- loss of manual dexterity, which influences the ability to adjust hearing aids, for example
- cognitive changes - this doesn't mean senility, which is an abnormal condition, but normal changes associated with aging, including reductions in processing speed, working memory, and attention. Note that these changes start at the age of 25!

Community resources are crucial to help older people adapt to hearing loss. These include medical providers, hearing loss professionals, hearing loss support organizations, including **HLAA** and ALDA, and peer support. Pat believes that the last two of these are the most important!

# The Other Side of Hearing Loss

By Jim Smith

For those of us who have 'normal' hearing, rarely do we consider how hearing loss would affect us. When we do it is usually related to loud noises such as jackhammers and machinery, or thoughts of growing old. I know that was true for me.

Only when someone special entered my life, someone who is HOH, did I start to consider all of the challenges that the HOH must face and overcome on a daily basis, in the work place, at home, during a night on the town, with family and loved ones, everywhere and in everything. Situations that I consider normal and mundane can be a major hurdle for the HOH, from the simplest activities to life threatening emergencies. These challenges affect all of us, not just the HOH person.

I began to understand how hearing loss affects everyone in a relationship and how I, the hearing partner, have a responsibility to help overcome these challenges. Unfortunately, my initial efforts to help became part of the problem, rather than the solution. Turning up the volume really didn't help, even if my neighbors could hear my TV quite clearly! And that expensive HA she wears? That doesn't really fix things either.

Little did I know that when this special lady came into my life I was embarking on a journey unlike any I had ever experienced. A journey of learning, searching for answers, finding new ways of doing things; and I had to be willing to accept changes in my own life style as well. Things like "look at me when you're talking" or "walk on this side of me" and HA feedback were new to me, and trying to remember them all was hard for an old man! And learn ASL too?

The most valuable lesson I have learned? How important it is for the HOH to keep their independence and feelings of self-worth, and I have to be very careful to not hinder this. The challenges faced by the HOH are not only physical, they are emotional as well. If I forget this, then even the most sincere efforts to help can result in misunderstanding or hurt feelings. Yes, the challenges faced by the HOH do indeed affect all of us.

The hearing partner must learn and practice many things until they become habits. If your HOH partner is as special as mine, then like me, you are willing and anxious to do this. Teaching an old dog new tricks can be a challenge also, but there are things I can do to smooth the journey. Respect, understanding, compassion, security, a sense of belonging, love; things that we all want to feel from those around us. I am on a journey that I hope will last a lifetime. And I hope that a day never passes when I don't learn one more new way to help my HOH partner. I think that is the best present I can give her this Christmas.



## MORE BITS AND PIECES

The **first t-coil** in a wearable hearing aid (as opposed to a table-top model) was put out way back in 1938, 69 years ago. For the record, the first t-coil in a hearing aid, as far as I can tell, was in a table-top model in 1936. And did you know that the first amplified telephone for HOH people came out way back in 1925? I've been using amplified phones myself for over 50 years now. From the desk of Dr. Neil Bauman, friend of many at HLAA TC, he lives with his wife on the east coast and was originally from Canada.

\*\*\*\*\*

**"Sweet Nothing in My Ear"** is being filmed (CBS) for airing on Hallmark Hall of Fame. It will star actors Jeff Daniels and Marlee Matlin. It's about a couple whose son loses his hearing at age 4 and the consideration of a cochlear implant. No date yet.



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## First Class



**Next meeting: Saturday, December 15, 2007**

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This month's editor is Linda Senechal

**Meetings are held the 3<sup>rd</sup> Saturday of the month September through May at the Courage Center in Golden Valley, MN. We gather at 9:30 to socialize and the meeting starts at 10 AM. All meetings are real time captioned by Lisa Richardson and her staff of *Paradigm Captioning* ([www.paradigmreporting.com](http://www.paradigmreporting.com)). Please visit the chapter's web-site at [www.hlaatc.org](http://www.hlaatc.org)**