

# HLAA TC

# November 2016



Twin Cities Chapter

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

## Next Speaker:

November 19 2016

University of Minnesota's Dr. Tina Huang on Meniere's Disease

## Coming Soon:

December 17 2016

Kristin Swan, Health Partners Behavioral Health on Hearing Loss and Relationships

## Also not to miss:

Holiday party and pot luck

Cookie Sale

White Elephant Gift exchange

Silent Auction

(all at December 17 meeting)

## Contents

President's Message	Page 2
Meeting Synopsis	Page 3
Tinnitus	Page 5
Social Security Update	Page 6
MightyMiniMic	Page 7
Emmy Gala	Page 8
Speaker Dr. Tina Huang	Page 9
Miscellany	Page 9
Photos	Page 10

## Officers' emails

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Hearing Loss Association of America Twin Cities Chapter (HLAA TC) is held the 3rd Saturday of the month (September thru May). We gather at 9:30 to socialize, and begin our meeting at 10 AM at The Courage Kenny Rehabilitation Institute, 3915 Golden Valley Road, Golden Valley, MN 55442. The meeting adjourns at noon.

# President's Message



**Christine Morgan**  
**November 2016**

Hi Everyone,

We are now at the beginning of the official holiday season! Always a challenge for those us with hearing loss (and without). Some of us love the holidays and others, not so much.

Our speaker this month is Dr. Tina Huang from the University of Minnesota speaking on Meniere's Disease. Then next month we have Kristen Swan, Psychologist, from HealthPartners discussing hearing loss and relationships. Don't miss these timely, educational sessions.

A reminder: December 17<sup>th</sup> is our holiday party and potluck. We usually have more food than we could possibly eat -- and what a variety! We also have our holiday cookie sale to raise funds for our chapter. Bring a dozen of your favorite homemade or store-bought cookies. Our elves (Shannon and Tiffany) will make up a plate of a dozen different cookies for your purchase. \$3.00 for a dozen. Buy some for home, family, or friends.

We always have a great time with our white elephant gift exchange. Surely you have something gathering dust in a closet or on a

shelf that you don't particularly care for but don't want to throw away. Now is your big chance to gift it! Wrap it up (with no tag) and bring it to the holiday party. You may go home with a treasure you didn't know you could live without!

New this year: A silent auction! You can ask your favorite store, restaurant, or friends to donate a new item to our Chapter. Or you can donate something new. Nothing expensive. We want these prizes to be affordable. We will start the bidding low and increase bids in small increments. If you've never done a silent auction, you are in for a fun event. Bid against your friends and take a chance on bringing home a great gift at a discounted price. You can bring your auction items to the November or December meeting and give them to one of our officers. The actual auction will be held during the holiday party.

Feel free to bring your friends, family, neighbors, etc. All are welcome.

Enjoy the journey.....

Christine



## HLAA-TC Meeting Synopsis

October 15, 2016



*Kathleen Marin, Vice-President*

Secretary Lionel Locke called the meeting to order at 10 am. He first introduced Emory David Dively, the deputy director at the Commission for Deaf, Deaf-Blind and Hard of Hearing Minnesotans. Emory described how the commission operates, including that it is one of the few organizations that lobbies to make new laws that change how businesses and government operate. They are working on forcing looping in acoustic standards in government and public facilities; having closed captioning on all the time in restaurants, bars, hospitals and other facilities; and convincing doctors and law makers to provide accessibility devices like hearing aids and assistive listening devices at no cost or with insurance coverage.

Lionel then introduced the day's speakers, Peggy Nelson, PhD and Liz Anderson, PhD of CATSS, the Center for Applied and Translational Sensory Science. Liz described CATSS as a relatively new interdisciplinary research center at the University of Minnesota focusing on enhancing the capability and well-being of persons with sensory loss. Its mission is to translate fundamental, or basic, scientific research into functional and accessible devices and therapies that can maximize the potential and quality of life for those with sensory loss. One of their goals is to connect the medical device industry, the research community and the public at large. Peggy then talked about the makeup of CATSS, which now has about 50 members from a wide range of disciplines, including medicine, engineering and psychology. She encouraged us to visit their lab and take a tour, volunteer for studies, and to keep up with them online at CATSS.UMN.EDU, as well as send them emails with our ideas.

The speakers then turned to presenting summaries of a few studies that are currently underway at CATSS. Liz described vision studies, including one on macular degeneration in which the participants wear goggles that "remap" what they are reading, taking the material that would normally be lost in the blind spot and moving it to an area where the person can actually see it. There is also research being done on lighting to help people with low or blurry vision recognize objects and hazards in their environment so they can safely navigate through a building.

Nancy reported on research into hearing loss. One study involves cochlear implants for single sided deafness and addresses two main complaints: inability to identify where a sound is coming from and hearing in noisy environments. They've tested 10 people so far and have found a modest improvement in these areas. Another study focuses on hearing in noisy environments. Participants get a simulated hearing aid that they can adjust the way they like in these noisy situations. They have found that no two people adjusted their hearing aids the same way, and often very differently from what audiologists would have recommended, but that people were satisfied with their results, and tended to pick the same or similar adjustments when they were retested on a different day. Liz then discussed a pilot study on tinnitus that is showing promise. The goal is a noninvasive way to disrupt the neural activity thought to cause tinnitus. The subjects are stimulated on the head through an electrode (transcranial magnetic stimulation) while listening to white noise (acoustic stimulation) while having the skin on various parts of their body (ear, hand, neck, tongue, upper back) receive mild electrical stimulation. We were encouraged to volunteer for these and other studies.

## (HLAA-TC October 2016 Meeting Synopsis, cont.)

After the break, Vice-President Kathleen Marin reminded the group that there were still openings on the committees and described the work she has done this month to get ALDs with loops in various locations. The Minneapolis Institute of Art now has loops available for their guided tours.

Secretary Lionel Locke reported that HLAA national is focusing on hearing and balance as well as age related hearing loss. He also mentioned that we need to make a decision about next year's Walk4Hearing, since the national chair will not be available to run the walk.

Treasurer Marie Saliterman reminded us that our dues work out to be only \$1.66 per meeting, and that our meetings are so helpful and important for educating and advocating for ourselves.

The group then engaged in a lively discussion about the importance of advocating and telling people about our hearing loss. For instance, in a restaurant, it is helpful to: eat out during off- hours; sit in a corner; use ALDs; ask to have the music turned down; use a decibel meter to measure the ambient noise and report this to the manager; sit on a patio if it is secluded; put the ALDs in wine goblets to get them away from the noise of the cutlery; ask for a table away from large parties, the kitchen and the bar; and write a review of the restaurant regarding its noise level. At work, it is important to tell people up front about our hearing loss, ask speakers to repeat the question before answering it, and ask people at a meeting to remove any barriers that block their voice. The group had quite a lot of collective wisdom both on the specifics of advocating for ourselves and on learning to be more assertive about it.

The meeting was then adjourned at noon.

## **Adult Cochlear Implant Social Group Meetings**

**Sunday November 13, 1-3 P. M.**

Hosts: Christine Morgan and Lionel Locke  
McCoys Public House Restaurant, 3801 Grand Way  
St. Louis Park, MN 55416  
612-327-5376 (Lionel)

**Sunday December 4, 1:30-3:30 P. M. (6-year anniversary celebration!)**

**Host: Sara Oberg**  
Dakota County Wentworth Library  
199 East Wentworth Ave  
West St. Paul, MN 55118  
651-554-6800

## Report on Tinnitus Webinar

by Kathleen Marin



HLAA hosted a Webinar on September 21, 2016 on tinnitus. The guest speaker was Douglas Beck, AuD, Director of Academic Sciences at Oticon, Inc. Dr. Beck presented numerous studies done in the US and Europe about tinnitus and summarized the results regarding prevalence and treatment options. The bottom line was that 90% of people with tinnitus can be helped.

Dr. Beck defined tinnitus as a) a phantom sound or noise perceived in the ear, most often described as buzzing, ringing, crickets, whistling, etc. with b) a failure to habituate, meaning that the person doesn't get used to the sound and tune it out.

Statistics vary on the prevalence of tinnitus, but generally show that 33-50 million Americans have it, and, of those, about 3.5 million find tinnitus to be bothersome. He also reported that about 80% of people with sensorineural hearing loss (SHL) have tinnitus and about 80% of people with tinnitus have SHL. Studies show that tinnitus disrupts hearing in 39% of people; concentration in 26%; sleep in 20%; and thoughts and emotions in 100% of people who report tinnitus. Moreover, tinnitus manifests differently in every person. Therefore, a single treatment or cure is unlikely at this time.

According to Dr. Beck, tinnitus that causes difficulties in peoples' lives is a manifestation of stress. He cited a study done in Sweden that demonstrated that stress was the difference between mild and significant tinnitus. Therefore, all treatments for tinnitus involve reducing stress.

The number one treatment for tinnitus is use of hearing aids. This has been supported by study after study. Dr. Beck theorized that hearing aids help by reducing stress through improving communication. Hearing aids work for most patients most of the time, and have been shown to both reduce the audibility of tinnitus and improve the patient's reaction to it. They can be augmented with specific programs for tinnitus, including masking sounds, pink noise, white noise and fractal tones. Each of these works for some people, and not for others. If hearing aids alone do not provide relief, Dr. Beck recommended adding cognitive-behavioral therapy, a specific type of psychotherapy that involves changing how we think about stressful things in our lives (cognitive restructuring) and also changing our behavior (behavior modification). This needs to be provided by a professional, preferably one also knowledgeable about hearing loss. Between hearing aids and CBT, up to 90% of people with tinnitus can experience significant relief of their symptoms.

Dr. Beck also briefly reviewed other treatment options. He reported that some people have had success with: Progressive Tinnitus Management, a type of tinnitus retraining therapy; tinnitus maskers, especially at night; sound generators; a support group led by a professional; high levels of physical activity; and stress management training. No medications work on tinnitus, but some can be used to decrease stress. Chiropractic has no studies to support it, nor does acupuncture, but both can decrease stress and help people feel better. Biofeedback has not been shown to be helpful.

# Applying for Social Security Disability with Hearing Loss

Guest Article:

*Bryan Mac Murray*

Outreach Specialist,

Social Security Disability Benefits Help

## Applying for Social Security Disability with Hearing Loss

If you are disabled long-term or permanently and are unable to find or maintain a job given your hearing loss and associated impairments, then benefits from the Social Security Administration (SSA) can help.

These benefits may make it possible for you to keep up with the bills, pay the rent, cover medical expenses, and generally get by without a paycheck.

### Medically Qualifying with Hearing Loss

Only severe hearing loss can qualify medically for disability benefits through a standard review. The disability listing, which appears in 2.10 of the Blue Book, outlines how severe hearing loss must be for the SSA to consider it disabling. This listing explains the medical documentation necessary for supporting your claim too. Your doctor can help you know if you're able to qualify under this listing or if you'll need to go through a residual functional capacity (RFC) evaluation.

### The RFC Process and Hearing Loss

When any applicant doesn't meet or closely match a listed disability, the SSA can take a closer look to determine eligibility. This is an RFC evaluation, and during this process, the SSA examines the kinds of limitations you face.

With hearing loss, your limitations may include limited communication abilities, problems with balance, or other complications. This is especially true when severe loss of hearing occurs suddenly or in adulthood.

If your hearing loss is severe enough and profoundly limits your ability to find and keep a job, then the SSA can grant disability benefits even though you don't meet the Blue Book disability listing.

Getting approved through an RFC may be more difficult though, and it can certainly take longer. You should also be prepared for the SSA to deny you benefits and be ready to file an appeal.

### Meeting Disability Program Technical Eligibility Rules

When American workers can no longer maintain employment due to disability, they are often eligible for Social Security Disability Insurance (SSDI). To be eligible under this program, you must have worked, paid Social Security taxes, and have a relatively recent and long enough work history to have between 20 and 40 work credits. Most workers meet all of these requirements and can therefore qualify for SSDI.

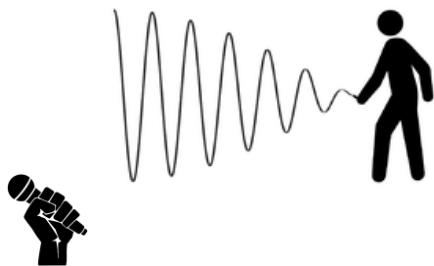
For people that can't qualify for SSDI and those with limited income and other financial resources, Supplemental Security Income (SSI) may pay their disability benefits. SSI eligibility requires no work history and no payment of Social Security taxes. What you must have however is limited income and assets. This is because SSI is need-based and eligibility therefore hinges on financial circumstances.

Some disabled individuals can qualify for SSDI and SSI. If you are among them, then you can potentially receive support through both programs each month.

### Applying for Benefits and Getting Help with Your Claim

With so much riding on your approval for disability, you'll want to do all you can to increase your chances. Reviewing the Adult Disability Starter Kit is a good first step. You may also wish to speak with a disability attorney or advocate who can help you understand the application and review processes. A lawyer can assist you in gathering evidence, applying for benefits, and appealing a denial, if the SSA initially finds you ineligible for benefits.

If you're applying for SSDI, you can complete and submit your application online, or you can apply in person at your local field office. SSI application requires a trip to the local office or a call to the SSA at 1-800-325-0778.



## Taming the Mighty Mini-Mic

*By Vicki Martin*

So, I have added two more layers of complexity to my life by purchasing a mini-mic (aka multi-mic) and a new hearing aid that has mini-mic connectivity, Bluetooth, and all the other bells and whistles that could potentially make it a great partner with my cochlear implant. At least, that's the idea. So far, I've learned to turn it off and on.

My CI has four programs, each with 20 sensitivity levels and 12 volume levels, a separate telecoil button, and an internal switch that connects to the mini-mic. The HA has a volume control with 12 levels, and a separate button with three programs on it. One appears to be the T-coil. Buttons can be activated with a short or a long press. Exactly how short or long is a judgment call. It has no on/off switch. Some day I have got to sit down with a great big calculator with exponential functions and figure out how many different combinations of settings there are.

At the very least, I'm going to need a crib sheet.

I'm still optimistic because I don't think I have to learn it all. With the CI I've got it down to two programs that I use 90% of the time, and just a few volume and sensitivity settings, plus telecoil. So I hope to get the hearing aid and mini-mic settings narrowed down too.

Could that really be possible? Well...maybe. After all -- I have a 21-speed bicycle, and I rarely use any of the gears except my favorite three!



# Emmy Gala!



(left to right: Lionel Locke, Mary Hartnett, Christine Morgan; on right is Tom Huntley, who served in the House of Representatives for 21 years, was the Chair of the Health and Human Services Policy and Finance Committee and is the Co-Chair of the Age Related Hearing Loss Task Force.)

## **National Academy of Television Arts & Sciences**

### **Upper Midwest Chapter/Foundation**

#### **2016 Emmy Awards Gala**

*By Christine Morgan*

The documentary film, [Hearing Loss Matters](#), was one of ten nominees for the 2016 Upper Midwest Emmy in the Health category. The film was co-produced by the Commission and Twin Cities PBS (TPT). There were more than 1,100 entries overall.

Lionel and I had the pleasure of attending the 2016 Upper Midwest Emmy Awards Gala at the Radisson Blu in MOA on Saturday, October 29, 2016. While Hearing Loss Matters did not win, it was an exciting evening. Many well-known media personalities were present at this event.

I have to admit that we hit the silent auction and won 2 of the prizes! I cannot resist silent auctions. All for a good cause: High School and College/University Scholarships in our region. So I like to think we did our part!

*(Thank you and congratulations to all who took part in this effort!)*

## Featured Speaker, Dr. Tina Huang

HLAA-TC November meeting

Dr. Tina Huang is an otologist/neurotologist at the University of Minnesota. She completed her Otolaryngology residency at the University of Minnesota and completed a two year fellowship in neurotology (a specialty that focuses on the ear including hearing loss, dizziness and tumors of the ear and side of the skull/brain) at New York University Medical Center. She has been at the University of Minnesota since finishing her fellowship in 2006. She works with both adults and children in her clinical practice. Research interests include outcomes after cochlear implantation, causes and treatment for pediatric hearing loss and lateral skull base tumors

### Deaf and Hard of Hearing Services (DHHS)

#### Free DIVERSITY Trainings

Golden Rule Building, Suite 105, 85 E. 7th Place, St. Paul, MN

**November 15, 2016, 9:30-12:00 noon**

#### ***Survival Sign Language***

**Phone:** (651) 431-5940 (or use your preferred Relay Service) to register and/or request accommodations

**Email:** [dhhs.metro@state.mn.us](mailto:dhhs.metro@state.mn.us)

### Miscellany

#### **Bloomberg Business Week** Oct 31- Nov 6, 2016

In Neuro-pharmacology:

*Who:* Charles Large and Giuseppi Alvaro, CEO and head of drug discovery for Autifony Therapeutics

*What:* A pill discovered by Large and Alvaro aims to improve the precision and timing of the brain cells that process sound, theoretically restoring hearing. Autifony was spun out by GlaxoSmithKline to pursue further research.

*Next up:* Autifony is conducting a pilot study in patients with cochlear implants. Two earlier studies involving different patient populations have failed.

#### **Musicophilia, by Oliver Sacks, 2007 (excerpt)**

On tinnitus, imagery and musical hallucinations

“I asked her why she spoke of musical ‘hallucinations’ rather than musical ‘imagery’.”

“They are completely unlike each other’, she exclaimed...unlike anything in her normal imagery, the hallucinations had the startling quality of actual perception.”

# Photos

## October Meeting



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**Our next meeting is November 19, 2016**

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**Meetings are held the 3<sup>rd</sup> Saturday of the month September through May at the Courage Kenny Rehabilitation Institute 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) or visit us on Facebook: groups/HLAA-TC.**