HLAA TC
January 2019

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:

January 19, 2019
Emory Dively
Legislative update

February 16, 2019
Peggy Nelson
Research update from CATSS

March 16, 2019
Kristin Swan
Hearing loss impact on communication partner

April 20, 2019
Dr. Jason Lewendecker, Aud. D.
I "hear" but I can't hear – why?

Contents

Officers' emails

- **Christine Morgan -** president@hlaatc.org
- **Mike Higgins** vicepresident@hlaatc.org
- **Ross Hammond -** secretary@hlaatc.org
- **Lionel Locke** - treasurer@hlaatc.org
- **Monique Hammond –** mhammond@hlaatc.org

HLAA TC Website - Minnesota
www.hlaatc.org
HLAA TC telephone 763-447-9672
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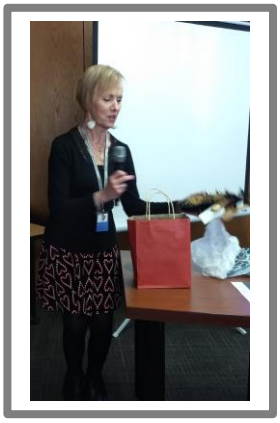
info@hlaatc.org

HLAA National - Maryland
www.hearingloss.org

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
President's MessageHLAATC
January 2019

Another year gone and another chance for us to begin anew. A fresh start, especially for those who make their annual New Year's resolutions. Whether they stick this time or not!

We only have 5 months until our summer break! However, it is an exciting 5 months. We have great speakers and presentations planned. Five months of meeting new people, learning together, and supporting each other. Things are changing quickly and it is hard to keep up with all the new technology. Let our Board members know if there is something you want to learn about or a certain speaker you would like to hear. We want to hear from you! (no pun intended).

January starts out with Emory Dively from the Commission providing us with a legislative update. They are the body that pushes to make sure that we have the accommodations we require to help us to live equally in a "hearing" world. Let's show up for Lobby Day at the Capital in March. Let the "powers that be" hear our voices loud and clear.

February brings a different kind of update with Dr. Peggy Olson from CATSS at the University of Minnesota. CATSS has so many brilliant researchers working on both hearing and vision issues. Peggy will give us a research update and some idea of what is on the horizon for hearing loss and possible restoration (although that may be years off).

We are already thinking about our 2019 Conference. We'd welcome your suggestions, comments, and feedback. More than likely, we will be changing to a more quiet location and also moving the date earlier so as not to compete with the holidays. Just two of the things on our agenda at this time.

As always, we always welcome your input and encourage you to get involved. If you have a special interest in legislative issues, Lionel chairs the Legislative Committee. If media is of interest, see Mike. If your interests lie in a different area, talk to us and let us know. We are always looking for fresh and new ideas.

May 2019 be your healthiest, happiest year ever!

Christine

CPR

Is your CPR training up-to-date? Would you be interested in CPR training? Christine would like to put together a group of people with hearing loss who would like to learn (or re-learn) CPR. When one has hearing loss, it's difficult to learn and practice in a group of people who hear well. We could all learn together in a "safe, welcoming " environment.

Just let me know before the end of January if you are interested. See me or e-mail me at president@hlaatc.org.

January Speaker

Minnesota Commission of the Deaf, Deafblind and Hard of Hearing

Emory David Dively
(Deputy Director, MCDHH)

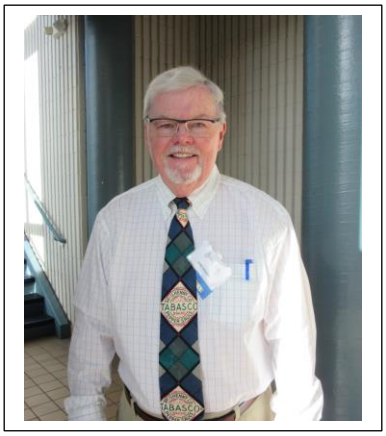
Legislative Update

Emory David Dively joined the Commission in the summer of 2016. He has an extensive background in budgeting, development of office systems, leadership, supervision, communications, and technology. Emory's primary public policy work is to elevate Age-Related Hearing Loss (ARHL) and healthy aging as a public health issue.

Emory has a B.A. in Deaf Culture Ministries and an M.A. in Communications and Leadership. He is a CODA (Child of Deaf Adults) and is hard of hearing. If asked, Emory would be happy to explain why the Packers are the best football team in the U.S.

Emory is a member of the Minnesota Registry of Interpreters for the Deaf (MRID), the Registry of Interpreters for the Deaf (RID), the Minnesota Association of Deaf Citizens (MADC), and the Hearing Loss Association of America - Twin Cities (HLAA-TC).

Summary of the
December 15, 2018 HLAA Meeting



Mike Higgins, HLAATC Vice-President

Hearing Loss and Cognitive Decline in Older Adults
Liz Anderson, CATSS, (Center for Applied and Translational Sensory Sciences)

It has already been determined that hearing loss occurs as part of the natural aging process. It generally takes place slowly over time. Is there also a relationship between age-related hearing loss and cognitive decline in older adults?

An individual may develop hearing loss from a variety of causes, such as noise exposure, illness, hardening/narrowing of the arteries, diabetes, or smoking. Age-related hearing loss can co-exist with these other conditions. However, age-related hearing loss is going to occur in one out of three adults over the age of 65. Research indicates that in the 70 to 79-year-old group, the prevalence of hearing loss increases dramatically. By age 80 plus, most everyone has some degree of hearing loss.

CATSS is also studying the link between hearing, vision and cognitive decline. We hear better when we can see the person we are communicating with. Besides hearing loss, there are also age-related vision changes associated with cognitive decline. Recent research indicates restoring good vision, like improving hearing, can also significantly slow cognitive decline.

Cognition improves with age in what is called crystalized abilities. This is our general knowledge, historical information, and vocabulary learned when we were younger. These abilities increase up to about age 60 and then they plateau. With age, however, fluid abilities steadily decline. This is the ability to manipulate information and problem solve.

Attention, memory, executive cognitive function, language, and visuospatial abilities all decline with age. But is this due to declines in cognitive function or is it due to sensory perception?

(HLAA meeting summary, cont.)

Dr. Frank Robert Lin, M.D., Ph.D., Johns Hopkins Medicine, conducted a global measure study of cognitive function. He compared large groups of people with and without hearing loss to see if cognitive decline was proceeding at the same rate. The individuals with hearing loss showed a slightly faster rate of cognitive decline then normal hearing individuals. That suggests that hearing loss is a factor affecting the rate of decline. Using different measures of cognitive functions, the study also determined that hearing impairment can lead to an increased cognitive load. Our brain can only do so many things at once.

Dr. Lin is continuing to study this question and has developed a potential model for how this might occur. Hearing impairment may result in changes in brain structure and function due to lack of auditory input to the brain. Dr. Lin's model concluded that hearing loss is independently associated with accelerated cognitive decline in older adults living at home. Individuals with hearing loss demonstrated a 30 to 40% accelerated rate of cognitive decline and a 24% increased risk for incident cognitive impairment during a six-year period. Compared with individuals with normal hearing there's a 25 dB (decibel) shift in average hearing thresholds that is equivalent to nearly seven years of aging on cognitive scores. Untreated hearing loss is inducing some brain changes that adversely affect cognitive function.

Hearing loss is also associated with difficulty walking, more falls, poorer physical functioning, frailty, increased mortality and an increased need of nursing care. These are public health issues. If there's something we can do to prevent some of those cases, it's going to save our health care resources for other needs. More data and high-level research are needed to establish causality.

Could the decline in cognitive function be forestalled by treating hearing loss with amplification appliances, hearing aids, or cochlear implants? Why don't we do it? Hearing aid usage is really quite low for those with mild to moderate hearing loss, likely due to stigmas, stereotypes, denial, and cost. People don't want to be perceived as getting old.

Could hearing loss lead to social isolation, which then promotes cognitive decline in an individual? Dr. Peggy Nelson, from CATSS, is exploring that question further in the next few years. There are both social and public health implications regarding the links between age-related in hearing and cognition.

Social networks are very important! Age-related declines in hearing and cognition both increase the risk of social isolation. Social isolation means a very small social network and can be related to an increased risk of dementia, in terms of its onset and progression. Increased size of social networks and interacting with more people in social activities increases brain activity and can be associated with better cognition. There is strong evidence that hearing aids and auditory rehabilitation improve communication and hearing-related quality of life. But, do we really know if hearing aids help prevent or delay cognitive decline?

Dr. Lin is also leading the ACHIEVE study (Aging and Cognitive Health Evaluation in Elders). It is the first of its kind to address this question of hearing loss and its effect on cognitive health in older adults.

(Meeting summary, cont.)

This is a randomized research study investigating two different treatments that may promote healthy aging and cognitive health in older adults. The study looks at social networks, loneliness, falls, hospitalizations, diagnosed dementia, and psychosocial measures.

We need better awareness of the importance of hearing health, better integration into larger health care practice, an increase in the uptake of amplification and other audiological rehabilitative services. The World Health Organization has spearheaded what they call an age-friendly cities agenda to foster environmental and social initiatives for active aging concept of designing everything, be it public spaces or health care networks that are accessible to people with sensory loss and physical disabilities. Some examples of inclusive design are better packaging and clear labeling of medicine and focus on acoustics in building design. Looping of cabs, subway stations, and museums in London were undertaken as a project of inclusive design. Tablet computers with a guide for context and script for narrative was undertaken in a theater in Japan.

Much interdisciplinary research remains to further identify and mitigate the cognitive decline related to hearing loss and/or vision loss.

"D as in…"

An insurance man was giving me a confirmation code over the telephone, for our registration to a meeting. It went something like this:

"P as in peer" (fear? tear? beer?)

"D as in door" (pour? bore? tore?)

"T as in tyke" (pike? cite?)

"B as in boat" (dote? goat? vote?)

Really? I mean, "boat" is no easier to hear than "bee", is it? Happily though, I had an ace captioner on the line, who correctly identified the letters – and the words. But, c'mon, how often do you get one of those?

So, here's a word of advice: don't "wing" it. There are a couple of ways to use the tried-and-true "D as in…" method of communicating single letters over the phone. One is to use multi-syllabic words ("E as in elephant, S as in Saturday"). Another is to go with the standard list (able, baker, Charlie).

Both work, but each requires a little preparation: a 26-point list, prepared in advance and kept by the phone will do wonders to improve your code-communication success.

--- editor

If Not Here, Where?

Vicki Martin

That same meeting (as confirmed by the "D as in door" guy) yields another relevant story. My reason for registering by telephone was so that I could speak to someone about hearing accommodations. They listed an accessibility number, supposedly to be answered by someone who knew about such things.

"Will there be a hearing loop?" I asked.

"Huh?"

Hmm, probably not then. "Can you provide captioning for the hard of hearing?"

"Um. Yeah, I think so."

"Great! I'd like to request real-time captioning for the presentation."

"OK, bring your smartphone." My smart phone? I don't even have a smart phone.

"Your computer then." My desktop? How about a tablet?

"I think there's an app." But will there be someone there to set it up for me?

"I think so, yeah."

"Thank you. That sounds good."

We set aside half a day for the meeting, got up early so we could arrive with plenty of time to have someone prepare my tablet with the app. Unfortunately, there was no such thing, nor probably ever had been. I already knew that hearing loops and captioning were completely uncharted territory for them. Last resort, then – how about an ALD receiver? This request elicited another puzzled look. At this point I decided to press the matter, since most major public venues do have some sort of assisted listening. However, nothing was at hand.

We took our seats near the front, unhearing in the cavernous space, as two of the reps, unbeknownst to us, searched the building for something that might help. To my surprise, they returned with an ALD receiver – and earphones. Since I had not planned on using an ALD, I did not have my neckloop with me, so even the ALD wasn't of use.

To give them credit, we were treated very well, and significant effort went into attempting to provide a useful listening experience. What was sorely lacking was any knowledge of how to do it, even after I had asked very specifically for what I needed, calling the requisite 2-3 weeks ahead of time to make arrangements.

Perhaps the most astonishing thing about the lapse is that it was committed by a major health care insurance organization which had clearly invested a large amount of money in the arrangements. Every comfort was provided: good coffee, delicious snacks, comfortable seating, extensive audio-visual equipment, including three humongous screens at the front of the room, any one of which could have carried highly visible and informative real-time captions.

My surprise at the lack of hearing accommodations was only multiplied when I realized that the room was set up to welcome over 500 guests. And my amazement was bumped up one more notch by the fact the every single invitee was over the age of 65!

It was a stark reminder of our HLAA mission of "providing information, education, support and advocacy". As we optimistically pursue that mission going into 2019, it is clear that we still have a long way to go.

MNCDHH and DHHSD are collecting stories about fire and carbon monoxide emergencies.
Send yours to Anne Sittner-Anderson, and be part of the record!

TELEPHONE EQUIPMENT
DISTRIBUTION (TED) PROGRAM

The Deaf and Hard of Hearing Division's Telephone Equipment Distribution (TED) Program recently started its first TV ad campaign. The commercial is airing on KSTP TV local channels 45 and ME TV through Feb. 24, 2019.

A new product called Clarity Sempre Mini, an amplified Bluetooth cell phone headset, is being highlighted with active older adults as the target. The commercial will be aired in the evening hours Tuesday through Thursday. The ad was originally created for the Illinois Telephone Equipment Distribution program and modified for Minnesota.

Find the 30-second version of the ad at :
https://www.youtube.com/watch?v=NnOt80HRnAk

Please join us for:

Adult Cochlear Implant Social Group

Sunday, January 27, 2019

1:30 – 3:30 PM

Dakota County Wentworth Library

199 East Wentworth Ave

West St. Paul, MN 55118

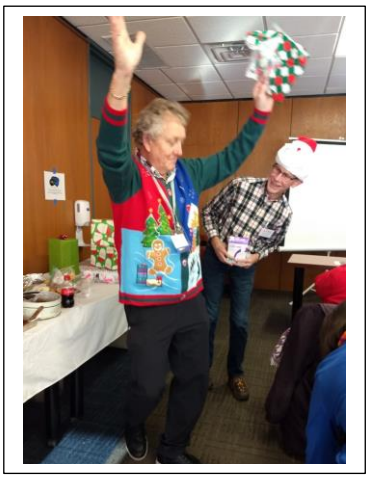
651-554-6800

Host: Marcia Norwick

It will be held in the large meeting room. You are welcome to bring a spouse, partner, friend, family member, and/or significant other to any of these events! If you would like to bring a refreshment to share that would be wonderful! We will mingle and eat at 1:30 PM. At 2:00 PM we will be seated in a circle for questions, discussion, answers, more eating, and mingling!

(The group is open to anyone who has or is considering a cochlear implant)

December 2018
Meeting Photos



Wayzata Lions Club
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Jerri McMahon, BC-HIS
Sr. Hearing Instrument Specialist

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HLAA TC

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Next meeting: January 19, 2019

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HLAA Hearing Loss Association of America Twin Cities Chapter

Welcomes You!

President - **Christine Morgan** - president@hlaatc.org

Vice President – **Mike Higgins** vicepresident@hlaatc.org

Secretary – **Ross Hammond** secretary@hlaatc.org

Treasurer – **Lionel Locke** treasurer@hlaatc.org

Second Past President – **Monique Hammond** mhammond@hlaatc.org

Contact Info. - info@hlaatc.org

Photos – Ross Hammond

Newsletter Editor - **Vicki Martin**, editor@hlaatc.org

Meetings are held the 3rd Saturday of the month September through May at the Courage Kenny Rehabilitation Institute in Golden Valley (3915 Golden Valley Road), MN. We gather at 9:30 to socialize and the meeting starts at 10. *Accommodations*: All meetings are real time captioned by Lisa Richardson and her staff of *Paradigm Captioning (www.paradigmreporting.com)*. The meeting room is also looped for T-coil or receiver.

Please visit the chapter's web-site at www.hlaatc.org or visit us on Facebook: groups/HLAA-TC.