

# HLAA TC May 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:

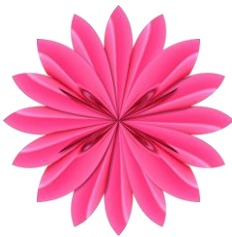
### May 18, 2019

*HLAA-TC Social Media Committee  
update and presentation*

*Bingo "Fun Raiser"  
Season-end pot luck lunch*

### Summer 2019

*Activities to be determined  
(Watch this space!)*



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[www.hearingloss.org](http://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 Message HLAATC  
May 2019*

Ok, we have had the April showers, one only hopes the May flowers appear soon!

Can you believe we are at the end of our "season"? Seems like only yesterday that it was September and we were at the just starting. I guess that's a symptom of getting older (and wiser?)

We have a great meeting planned for May. Our usual potluck and our new "fun-raiser" bingo. This is not your Grandma's bingo! No turkeys, china, and the like for prizes. If you are considering bringing or donating a gift (new please) for prizes, please try to get it to us before 10 am on the day of our meeting. More prizes= more games = more fun. \$1.00 a card. Bingo cards, markers, etc. will be supplied.

The "social media" Committee will be doing a short presentation at the beginning of the meeting. This is your opportunity to learn more about social media, what we are currently doing, and how you can access it.

We have a great lineup of speakers already prepared for the next season (starting in September). Lots of experts and relevant topics. Watch for the June newsletter for a complete (mostly) list. It will also be available on our website and social media.

I hope you will all join us on this last meeting of the season. I look forward to seeing all of you monthly and whether you realize it or not, I do notice when you miss one or more meetings.

We are working on an outing to the Mill City Museum this summer. I hope to have the date and details available at the May meeting.

Be healthy and be safe,

*Christine*

## May Fun Raiser!



**Win a prize!**

**Don't forget pot luck!**



## Summary of the April 20, 2019 HLAA-TC Meeting

*Mike Higgins, HLAA-TC Vice-President*

The following is adapted from a Decreased Sound Tolerance presentation by Dr. Jason Leyendecker, Au.D at the HLAA -Twin Cities meeting on April 20, 2019

Besides diminished hearing and tinnitus Dr. Leyendecker also specializes in hyperacusis and sound sensitivity caused by different origins or influences. Some sound sensitivity results from physical conditions, others include psychological influences. Not all sensitivity conditions can be treated. Often just understanding what is going on is all that is necessary. Initial evaluations for tinnitus, hyperacusis and misophonia takes 2 to 2.5 hours. Most of this time is spent developing an understanding of an individual's sound sensitivity.

**Recruitment** is a specific type of sound sensitivity, where loud sounds are too loud. Even young children may experience sensitivity to loud obnoxious sounds like the air hand dryers in restrooms. Overall, they're not sensitive to sound, just those specific sounds that are loud and bothersome to them. Recruitment has a similar effect and may result from damage in your hearing. It's found specifically where your range of hearing loss is probably at the greatest. This is because hair cells in the cochlea that are broken are recruiting adjacent hair cells to help. As sounds get louder, more hair cells are engaged, creating a reaction of sounds being too loud. Recruitment is the most difficult condition to treat but it can be done.

To help a patient understand where their hearing loss or sensitivity is a gradual sound amplification process is used. Starting much below target levels and slowly working up to full amplification over time allows the brain to become desensitized to those sounds. So, for example, additional neutral white noise can be added to the environment, 24 hours a day. This changes perception of what quiet is and then what your perception of loud is. This entire process may take three months to three years.

**Hyperacusis** is a hearing condition where many or all common sounds seem too loud. Sometimes a whisper may create a strong emotional reaction with a fight or flight response to get away from the sound. Causes include noise trauma, brain injury, medications and Meniere's disease. Phonophobia is also an influencer in hyperacusis. Some patients will talk softly or not at all and choose to use ASL. They may have normal hearing, or hearing loss. Many TBI (traumatic brain injury) patients have this sensitivity to sound and avoid social engagement or wear earplugs continuously. Hearing protection is actually one of the reasons why people become sensitive. The absence of sound doesn't allow you to hear better, it makes you more sensitive to sound all the time. There is no definitive answer yet on why some have hyperacusis. It can however be treated or cured using sound desensitization to create a neutral response to specific sounds and changing the perception of what quiet is.

( meeting summary, cont.)

**Phonophobia** is a fear of sound and often interacts with most different types of sound sensitivity like hyperacusis. Phonophobia is also where you're anticipating a sound will be bad, even before it is bad. Your brain will naturally have a strong emotional reaction, which triggers your fight or flight response and tries to fix the problem, even if the problem isn't there.

**Misophonia** is a hatred or a dislike of very specific sounds. Some of the sounds maybe loud but most are very soft and repetitive. Such as, chewing or lip smacking sounds that create a very emotional reaction. Often these reactions start at a very young age. This is not a behavioral issue, it's an abnormal, emotional and reflexive reaction to completely normal sounds for most people. This occurs in the brainstem. It's the brain's reaction to these sounds. Changes in the feedback loop, through habituation or classical conditioning, allows a patient to become used to the sound with no positive or negative reinforcement attached. Misophonia can't be cured but given the right tools it can be managed. This includes using sound as a cognitive therapy. The patient sometimes works with a psychologist.

**Hyperacute** is when people have very good hearing. However, going into noisy environment is just too much for them at times. There is still a lot of mystery involved in hyperacute and theories behind the cause. It can be managed with cognitive therapy.

A brief question and answer period followed the presentation and also included a discussion of cell phone apps developed to assist those with hearing loss.

- SoundPrint – <https://www.soundprint.co>  
Measures and categorizes by city the sound levels in restaurants
  - iPhone (free @ Apple APP store)
  - Android (free @ Google Play)
- TranslateLive.- <https://www.translatelive.com>  
Allows any two people to easily and instantly set up a real-time live translated conversation using any two connected devices. 100+ languages available
  - iPhone (free @ Apple APP store)
  - Android (free @ Google Play)
- Innocaption - <https://www.innocaption.com>  
Free real-time mobile captioning for the deaf and hard of hearing
  - iPhone (free @ Apple APP store)
  - Android (free @ Google Play)
- Live Transcribe - <https://www.android.com/accessibility/live-transcribe/>  
The hearing, deaf and hard of hearing can have conversations easily, with just an Android phone.
  - Android (free @ Google Play)

( meeting summary, cont.)

Christine introduced two guests and future speakers from the University of Minnesota, Ian Kitchen and Logan Grado, both of whom will be speaking with us in the spring about Artificial Intelligence and work they're doing with Peggy Nelson at the U of M.

A CATSS research team has requested our Chapter members' provide input on personal Experiences in Healthcare with Hearing Loss. The link to the survey below is secure.

- [U of M Hearing Loss Survey](#)

Reminder: To follow a link to a video, website, or email address, hover the mouse over the link object. You may see instructions to follow the link, as follows: "Ctrl + Click to follow link". Hold down the ctrl key and left-click on your mouse. The website (or video etc.) will automatically open for you.

If it does not automatically open, you can right click on the link object, select "copy hyperlink" (left click) and paste into a search bar.

### CI Social Group

**Please join us for: Adult Cochlear Implant Social Group**

**Tuesday, May 28, 2019, 5:00-7:00 PM**

**Rockford Road Library 6401 42<sup>nd</sup> Ave. North Crystal, MN, 55427 612-543-5875**

**Host: Michele Stender**

**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!**



## May Is Better Hearing Month



The American speech-language-hearing Association  
Has adopted the theme  
"Communication Across the Lifespan"  
for 2019

### Mike Schneider memorial

A memorial service for former HLAA-TC member Mike Schneider will be on Saturday, May 11 at 11:00 with a light luncheon to follow at the church. The (small) church is Metropolitan Baptist, 2829 W. 102nd st, Bloomington, 55431. If you would like to share a memory at the service, let Barb know (763-227-6439).

## Research Opportunities

As people whose connections to society depend largely on available technology, we are grateful to the young generation of researchers who are devoting their time to studying ways of improving hearing and communications. Participating in their research studies can provide a way to help them help us.

Consider being part of it!



If you were at the April HLAA-TC meeting, you have already briefly met University of Minnesota graduate student researchers Ian Kitchen and Logan Grado.

Logan Grado and Ian Kitchen are graduate students at the University of Minnesota seeking your help! They recently were awarded a National Science Foundation grant designed to get researchers out of the lab and talk to real people who might be affected by their research—for them, that's people with hearing loss and hearing aid users. The goal is for them to learn firsthand about people's experience with hearing aids and hearing loss. If you're willing, they'd like to take 15-20 minutes of your time to talk about how hearing loss affects you and/or your loved ones.

They are currently looking for participants who:

- (a) have hearing aids,
- (b) are hard of hearing, but don't have hearing aids yet
- (c) have a spouse or loved one that is hard of hearing/has hearing aids

We especially are trying to find those that are hard of hearing, but don't yet have hearing aids to understand why they don't have them yet, and what might change that for them.

If you're willing, please email or call them,  
at [grado@umn.edu](mailto:grado@umn.edu) and [kitch038@umn.edu](mailto:kitch038@umn.edu) or (319)-389-3552.

Other opportunities are ongoing at the University's Listen Lab.

The Listen Lab at the University of Minnesota is dedicated to understanding speech communication and what makes it challenging. In the lab we are interested in speech perception and the things that make it difficult or effortful. Depending on your hearing history and current abilities, we can figure out which studies you would be eligible for. The majority of our experiments are intended for adults with cochlear implants who were born with acoustic hearing and lost it sometime later. The tests involve listening to words or sentences where we see how changes in speech rate, timing, articulation, or different talkers affects how you hear the speech. We compensate at a rate of \$25 per hour, and of course give a more detailed description when you come in. If you are interested, please contact Kate Teece, Au.D. at [henn0158@umn.edu](mailto:henn0158@umn.edu)."

We are currently trying to measure how hard the brain has to work when people hear speech. People who use cochlear implants are known to put in more effort when they listen, but we're still working on the best ways to understand and measure that. The lab is located on the U of M campus in Minneapolis, where we experiment with new speech measures and also estimate mental workload by measuring pupil dilation as you listen to sentences.

The research is directed by Matthew Winn, who is a professor of audiology at the U of M. If you would like to participate in research in this topic, please contact the lab coordinator Kate Teece, at [henn0158@umn.edu](mailto:henn0158@umn.edu)

## **On another note:**



It's not only audiology students who study sound and sound perception!

A doctoral of musical arts student, Alyssa Becker, is conducting a research study this summer on three singing teaching methods for students with cochlear implants. It's an 8-week study and each participant gets an hour of voice lessons each week. Sounds like it could be fun! If you are interested, please contact Alyssa at [beck1367@umn.edu](mailto:beck1367@umn.edu).



## Miscellany

### **National Geographic January 2019 “The Future of Medicine” section, excerpt**

“In the future, your prescriptions may include more ‘digiceuticals’. Already in limited use, they’re meant to enhance well-being, or manage a condition with no drugs, no in-person ministrations—just use of prescribed software, or digital exchanges with a practitioner offering information and encouragement.

Though many are still under study, some digiceuticals are demonstrating effectiveness. Examples: at least two firms have developed apps to reduce the relentless noise of tinnitus by retraining the brain to turn down the volume – and some reviewers say it works...”

### **Traditional Home Interview TH magazine Jan/Feb 2019 Sean Hayes (Jack McFarland on NBC’s Will and Grace), comedian, singer, writer, and Broadway star (excerpt from “Where the heart is”.)**

...” I’m an advisory member of SoniCloud, a life-changing technology for people of all ages with hearing loss. It gives people with moderate to severe hearing loss the ability to make crystal-clear phone calls, as well as to stream content – movies, TV and music – without the use of hearing aids or captions! It really is revolutionary and will change millions of lives”

*Well, OK – maybe. As we say: whatever works! --- editor*

Did you know there is now realtime **captioning on Skype?**

*We tried it, and -- hmm not great, but it’s something.*

*We’re glad people are working on this! --- editor*

### **Healthy Hearing March 18, 2019, by Joy Victory, managing editor**

If you've been diagnosed with sleep apnea, you may want to schedule a appointment to see a hearing care professional, too.

While researchers are still studying the relationship between the two, hearing loss and sleep apnea appear strongly linked, according to several studies published in the past few years.

<https://www.healthyhearing.com/report/52200-Have-sleep-apnea-you-might-have-hearing-loss-too>



(Miscellany, cont.)

### **AARP Bulletin, February 2019**

#### **Why Get a Hearing Test?**

A study looking at health data of 150,000 people age 50 and over found “that over a period of 10 years, individuals with untreated hearing loss had a 52 percent greater risk of dementia, a 41 percent greater risk of depression and an almost 30 percent greater risk of falls than those with no hearing loss.”

### **AARP – new medical therapies**

Believe it or not – and since I forgot to document the issue I found this in, maybe not – but:

AARP magazine, in looking back at medical advances in 2018, reports that several biotech firms are working on drugs to restore lost hearing. One drug, called FX-322, “wakes up” a type of stem cell that can repair damaged hair cells in the inner ear. Another therapy under investigation would reestablish synapse connections, facilitating greater speech clarity.

### **AARP Bulletin, April 2019**

You’ve heard the bad news: “Hearing loss can ... lead to depression, anxiety, and poor relationships...and it can increase your risk of dementia.”

But keep reading – there’s good news too! “When people in their 50s and 60s with hearing loss began using hearing aids, their scores improved in tests measuring working memory and processing speed...” (according to a study at the University of Texas at El Paso.)

### **The dog ate my hearing aid! Surprising ways people lose their hearing aids**

*Debbie Clason, staff writer, Healthy Hearing, April 22, 2019*

Americans spend an average total of 2.5 days every year looking for lost belongings such as remote controls, cellphones, car keys and eyeglasses, one [survey](#) indicates.

*The biggest reason for hearing aid loss?*

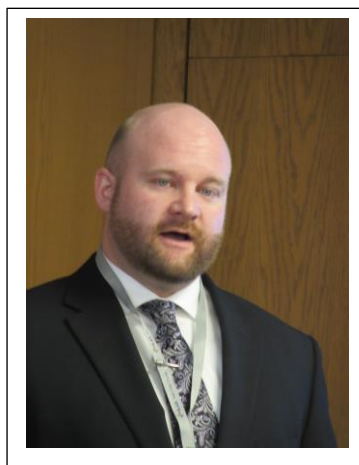
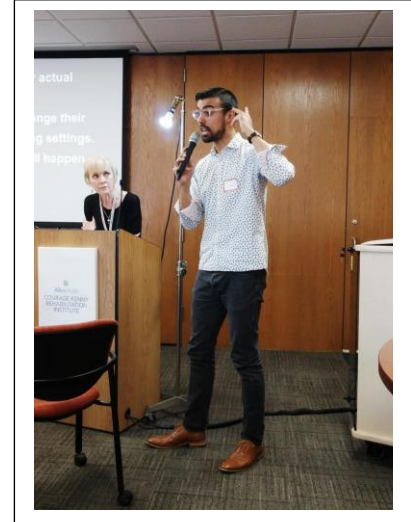
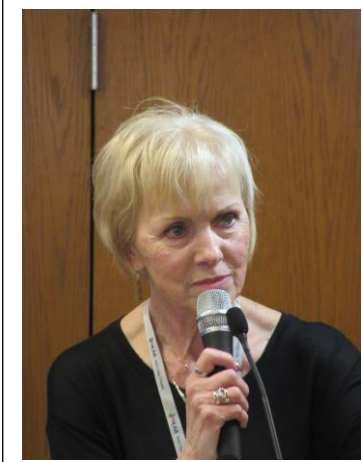
*The family dog uses them as a chew toy, says Audiologist Melissa Danchak.*

And while two-thirds of us annually spend as much as \$50 to replace these items, the cost can be much higher for those who lose their hearing aids. “It’s not as uncommon as you might think,” she says.

<https://www.healthyhearing.com/report/52953-The-dog-ate-my-hearing-aids-surprising-ways-people-lose-hearing-aids>



## April 2019 Meeting Photos





### Wayzata Lions Club

Provides real-time captioning and other support services to the TC/HLAA with their generous donations.



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