



MOHAMMED ABED

Deafness and Displacement in Gaza.



Overcoming Deafness and Displacement Amid Gaza War.

The United Nations.

Bassem Al-Habal carries a large bag of flour provided by the UN agency for Palestine refugees, UNRWA, inside one of the shelters in the city of Deir Al-Balah in the central Gaza Strip. It is part of his daily journey to find food and water for his family while overcoming displacement, bombardment and the challenges of being deaf and mute in a war zone.

From the room he and his family call home inside the school-turned-shelter, he felt a duty to let the world know what life is really like for them, through daily videos he shares on social media as the ongoing war approaches its eighth month.

UN News's correspondent in Gaza, Ziad Talib, spoke to Mr. Al-Habal with help from his sister-in-law, Ghalia Al-Kilani, who learned sign language so she could communicate with her sister, who is also from the deaf community.

Sign of the times

"I wanted to send a message to the deaf community all over the world, so I decided to film my normal life, when houses are being bombed," Mr. Al-Habal explained. "I use European sign language so that the idea reaches them and so that people see what is happening in Gaza."

He likened what he does to journalistic work, tailored to people who are deaf.

What encouraged him to continue reporting everything that happens in Gaza is the increase in the number of followers online every day.

"They began to support me and support Gaza and the Palestinian cause," he said.

Daily struggles

Despite this social media outlet, he continues to suffer, like many displaced people in Gaza. After fleeing northern Gaza seven months ago, he still struggles to find food, water and work to support his family.

Around 1.7 million Gazans have been internally displaced, more than half of whom are children, and they do not have access to sufficient water, food, fuel and medicine.

Currently, some one million people have sought safety in [UNRWA](#) facilities that have been turned into shelters, and about two million people in Gaza depend on the UN agency's lifesaving

support even as it faces great difficulties and delays in getting its supplies into the Strip.

"I am very tired, and I am very afraid," Mr. Al-Habal told UN News. "I fear for my wife and daughter."

But, that does not prevent him from extending a helping hand to everyone who needs it.

"When I see children in the street, I help them until they smile and forget the bombing," he said. "What is important is that the children are happy and that they stay away from fear."

Silent bombs

The continuation of hostilities in Gaza puts Mr. Al-Habal in constant fear for his family. He does not hear the sounds of bombing, and a hearing aid helps him pick up only a weak echo of what is happening around him.

"Whenever my daughter cries, I hug her and reassure her," he said.

Yet, despite the difficult circumstances and the daily hardship he experiences in finding food and water, his efforts to search for a job opportunity do not stop.



Ghalia Al-Kilani, with her brother-in-law Bassem Al-Habal and her niece in the background, in a shelter for displaced people in Deir Al-Balah, Gaza.

Challenges for the Deaf

Ms. Al-Kilani helps her brother-in-law convey what he says to those who do not understand sign language.

However, she said, there is a great challenge for the deaf community in Gaza in recognising the bombing and shooting that is happening around them, which puts their lives in extra danger.

She also emphasised the extreme difficulty faced by deaf persons to make a living now in Gaza.

That's why she began helping him communicate his voice and message through social media. Ms. Al-Kilani began helping him translate and communicate everything he observed and photographed, and now, Mr. Al-Habal has more than 25,000 followers on Instagram.

Stories from the north



Before speaking to UN News, Mr. Al-Habal explained to his social media followers the predicament faced by friends who are deaf with disabilities in northern Gaza, which seven months ago he called home.

Some of them were killed because they did not hear the bombing and the instructions of the Israeli forces, and when others tried to move their bodies, some were hit by gunfire, he said.

Back at the small room in the shelter, Mr. Al-Habal said he will continue to publish daily videos so that the world can see what is really happening to them.

"Why does the world watch what is happening to us and remains silent?" he asked, expressing hope that "the war will stop, and life will return to normal in Gaza."



Government Regulation for Audiology Profession?

State and Territory Health Ministers have agreed to consider options for regulating the audiology profession in the future.

Audiology is currently a self-regulating profession. Occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists and podiatrists are among the many who are regulated by a Government-controlled practitioner regulatory body. Yet, audiologists regulate themselves via their own peak body.

The catalyst for considering regulation of the audiology profession was audiology failures in Townsville and Adelaide children's hospitals in 2023 prompting millions in compensation to families and lost learning years for children. [Read the background here.](#)

Queensland is leading the development of a Decision Regulatory Impact Statement, a document that provides an analysis of the regulatory impacts of proposed policy recommendations. QLD Department of Health has engaged a contractor, Deloitte to assist in the preparation.

A consultation paper has been produced – [you can read it here](#) – to support the development of the Decision Regulatory Impact Statement by obtaining stakeholder input into:

- the nature of the problem

- options to address the problem
- the anticipated impacts of different options, including implementation considerations.

A targeted stakeholder consultation process is occurring this month.

If you would like to know more or if you have not already received an invitation to participate in interviews and focus groups, but think that you should be involved, you might make direct contact with the project team at Deloitte, AudiologyRIS@deloitte.com.au.

Australian College of Audiology

“ACAud recognises the serious nature of the recent incidents in QLD and SA and offers our deepest condolences to the families impacted.

However, we believe that the current consultation might not address the root cause or prevent similar future incidents.

It is important to note that while the consultation paper seems to lack a complete understanding of the intricacies of our field, impacting the proposed measures' potential effectiveness. ACAud remains committed to robust self-regulation. We already enforce a comprehensive sector-wide Scope of Practice, Code of Conduct and Ethical Review framework, along with the National Competency Standards, which collectively ensure the high standards of our practice.

Should regulation be introduced, it is imperative that it encompasses the entire sector, including both Audiologists and Audiometrists. Our advocacy for mandatory registration with a Practitioner's Professional Body (PPB) underscores our belief in a unified approach to regulation. Given the size and specific risks associated with our sector, we are confident that it can be effectively managed through rigorous self-regulation. We are committed to collaborating with all stakeholders to ensure that any regulatory measures enhance the trust and quality of the hearing health care services we provide to the community."

Audiology Australia

"While Audiology Australia welcomes this opportunity to strengthen the profession, we urge caution in viewing regulatory changes for audiology as a panacea for broader systemic failures in the settings identified in the recent Qld and SA inquiries. Findings suggest no evidence regulatory models in scope would have changed outcomes for those affected or offer protection against future similar issues.

"There are positives and negatives to each of the regulation models being considered. While regulation may support title protection and provide a clear pathway to address concerns and complaints about anyone practicing in audiology, it won't address a range of other issues that contributed to the incidents in focus. Striking a balance between regulation and flexibility, is essential to support patient safety, high professional standards, and advancement of the audiology sector.

Ultimately, the goal should be to have a regulatory environment that optimises the delivery of high-quality audiological services while promoting innovation and accessibility for all Australians, and there are options not included in the consultation paper, that could comprehensively address this."

Audiology Australia supports professional regulation. We believe the most effective way to achieve this is through mandatory registration

of all audiologists and audiometrists to a Practitioner Professional Body. This should be supported through regulation changes to strengthen the powers of National Alliance of Self-Regulating Health Professions to increase title protection and independent oversight of quality and complaints, as well as mandatory certifications for areas of audiology that pose additional risk, through Audiology Australia."

Independent Audiologists Australia

"Independent Audiologists Australia (IAA) strongly believes in registration, via the Australian Health Practitioner Regulation Agency (Ahpra), for ALL Audiologists, regardless of the workplace you work in. For over 15 years, IAA has lobbied and campaigned government for what we think is an important step in the quality assurance of our profession. IAA cares about the standing of Audiologists within the community, and the way Audiologists are portrayed in the public eye which is why IAA was the only Professional body to submit a request for registration at the National Health Ministers Meeting. We care about ensuring that the public can receive quality care, in addition to the future of student Audiologists, and their positioning within the sector.

There are significant reasons why IAA continues to advocate for this important step which enhances our profession. Ahpra enhances:

Protection of Title: The titles of registered health professions are protected by law. This ensures that anyone using a protected title, such as 'medical practitioner,' is appropriately trained, qualified, and meets professional standards. Misusing a protected title is a criminal offence with significant penalties. Ahpra maintains a national register for public access to accurate practitioner information.

Quality and Compliance: Ahpra advises National Boards on registration standards, codes, and guidelines. They ensure that only qualified

practitioners provide care, manage registration processes, and monitor compliance. Ahpra also collaborates with accreditation authorities to guarantee that graduating students are ready to register as health practitioners.

Protections for the Public: Ahpra and National Boards comply with the Health Practitioner Regulation National Law to safeguard public health and safety. They ensure that only qualified and competent practitioners are registered, assess risks, and respond appropriately. This regulatory framework aims to maintain community confidence in health professions.

Health Profession Agreements: National Boards have agreements with Ahpra outlining practitioner fees, annual budgets, and Ahpra's services.

Tanya and Steven's son was diagnosed at one month of age with moderate to severe hearing loss. They chose cochlear implants.

"We did not know that the operation, as frightening and carefully considered as it was, should not have been the cause of our concern. It was the post-operative mapping. These errors have left (name removed) with almost no speech. Rather than having the advantages of being bilingual, he depends on Auslan for nearly all communication.

"We have read in the QLD Consultation Paper that there are concerns about the cost to patients that a National Registration process would add. Our question would be, how do you put a price on a child's inability to learn to read with phonics and the brain-altering impacts that not being able to hear has? Language deprivation is lifelong and has massive mental, economic and social implications.

"Clearly, the current system is broken. Our children deserve the best possible care, and if that care costs more, so be it.

If that is the only way to ensure that our child receives professional services, then that is the cost we need to absorb."

The registration of audiologists with National Registration and Accreditation Scheme is a potentially crucial milestone on the path to a well-planned, connected, clear, and integrated ecosystem that effectively benefits children and their families.

Harvey Coates is a former paediatric otolaryngologist and senior ENT surgeon at Princess Margaret Hospital for Children for more than 38 years.

He recently explained to Western Australia's Health Minister:

"I would encourage you and your department to consider supporting your South Australian and Queensland colleagues in their endeavours to push for Ahpra registration of Audiologists throughout Australia.

"The case for registration of all audiologists in Australia via Ahpra includes ensuring professional standards, promoting public safety, and facilitating accountability. This can lead to a higher quality of service and increase trust in audiologists.

"Cons may involve potential bureaucratic hurdles, increased costs for professionals, and possible limitations on flexibility in practice.

"Striking the balance between regulation and professional autonomy is the goal."





From very early childhood, Kasper Bergmann was exposed to Danish Sign Language and deaf adults, who served as role models.

When I reached school age, I was enrolled at a school for the deaf in Denmark. All the kids had hearing aids as it was very important for the school that we could hear something. But it was painful for me to have the loud sounds blasting into my ears all day; at times feeling dizzy when I took the hearing aids off at home after a long day. The audiologists and teachers dismissed my complaints; my hearing aids were properly configured according to my hearing curve and I should cooperate and get used to them.

As a young adult I decided to refuse to put my hearing aids on. I realised that I was comfortable with the silence. I wished the people around me would have listened when I told them that my hearing aids were too loud.

After completing my primary education at the deaf school, I went to high school and university with sign language interpreters. It was quite a change of environment – from a full sign language environment to the mainstream higher education system as the only deaf person present. I coped well with the new situation since I had my family and friends, with whom I could communicate effortlessly in sign language.

My energy was focused on pursuing my academic education, culminating in a degree in economics from University of Copenhagen.

I landed a job at the National Health Authority, working with health economics. I had access to a sign language interpreter and worked on equal terms as my hearing colleagues. I thought I would pursue a glorious career as a civil servant within the Danish government, but the universe had different plans. I received an exciting offer, which I could not refuse, to be a development worker at Ghana National Association of the Deaf. I met many parents in villages, whose deaf children did not get diagnosed until several years later, did not know where to get help, where the deaf schools were, or know about sign language. I met some deaf children around the age of 5-7 years without any language at all, who could not even communicate with their parents. I was heartbroken, as I knew it was too late for the children to fully acquire a language. After 18 wonderful months in Ghana, I knew my passion was in international cooperation and development work.

Fast forward, today I am Head of International Cooperation at the Danish Deaf Association, overseeing projects in nine countries in the Global South, promoting the right to sign language.

I am also Vice President of the World Federation of the Deaf, championing the human rights of Deaf people. The gist of my work life is to ensure that every Deaf person, anywhere, should have early access to sign language to reach their fullest potential, which I was fortunate to be able to.

I am very grateful for my life and the unexpected turns it took – even if a big part of it was audiological silence. But my life has not been silent in any other way! I am fine, exactly as my parents predicted at my very first postnatal appointment. You will be fine too, when you have found your own path in life, which you are comfortable with”.

CHARGE Syndrome Symposium.

Interdisciplinary care of a complex rare disease.

You are invited to this inaugural one-day event, proudly hosted by CHARGE Syndrome Australasia, with the support of Sydney Children's Hospital Network.

- Thursday 22 August 2024 from 8:30am to 5pm
- Lecture Theatre, Sydney Children's Hospital, Randwick



This full day program, featuring five leading experts on CHARGE syndrome and people with lived experience, provides a unique opportunity to build capacity in Australian health professionals by sharing knowledge, skills and experiences, to improve health outcomes and quality of life for this cohort.

Who should attend?

Healthcare clinicians, professionals and others who support people with complex, rare diseases of multisensory impairments, such as CHARGE syndrome, or patients with gut and motility issues, CHD7 disorder, cranial nerve dysfunction, multi-system impairments, deafblindness.

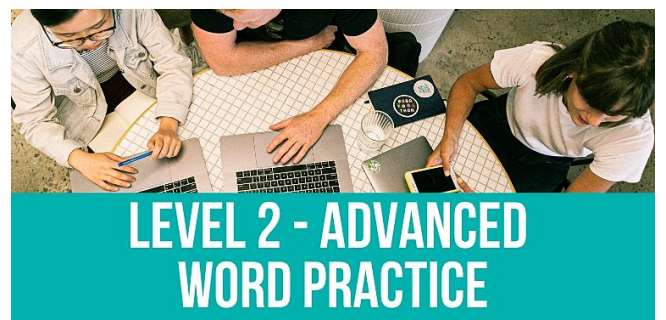
See program, speakers and registration on the [website](#).

Master Lipreading to Unlock Silent Conversations.



You can access a free preview of our Read Our Lips Australia online lipreading course to see what it is all about.

[Read Our Lips Australia](#) is a self-paced online learning platform that is dedicated to supporting those with hearing loss and their families, by improving their quality of life through increased communication skills.





AI in Hearing Healthcare.

Hearing healthcare is on the threshold of significant change, driven by rapidly evolving capabilities of Artificial Intelligence.

In traditional models of hearing healthcare, a standardised approach is commonly employed. Generic hearing aids or cochlear implants are prescribed without considering individual differences.

A one-size-fits-all method often leads to less-than-ideal results, as the interventions may not adequately address the unique auditory requirements and lifestyle preferences of the user.

In its recently published 2023 report, National Acoustic Laboratories (NAL) provided a comprehensive overview of its Artificial Intelligence (AI) initiatives to personalise, diagnose and empower hearing healthcare professionals.

Tailoring hearing solutions

To meet the unique needs of each user, NAL researchers leveraged large comprehensive datasets to develop a generative AI tool that provides personalised hearing goals for the individual listening needs and lifestyle. The "generative" aspect refers to the AI's ability to produce novel, original content, rather than just analysing or categorising existing information.

To better understand the hearing experiences of individuals throughout their day, the NAL Ecological Momentary Assessment system was developed and widely used by researchers to capture real-world listening experiences and acoustic information about individuals' listening environments. This tool can provide insights into where hearing aid and cochlear implant users are having the greatest hearing difficulties.

Expanding Access to Hearing Loss Screening and Assessments

NAL is developing an AI-powered smart-phone app for screening **children aged two to four** for hearing loss by analysing the acoustic features of speech. This will provide parents with a quick and convenient way to screen their child's hearing at home.

For **older children**, NAL researchers are developing an AI tool to monitor and assess speech clarity, aiding ongoing monitoring of speech development without requiring strenuous and limited specialised services.

For **adult assessments**, NAL has developed a language-agnostic speech test using audio-visual testing and sophisticated machine learning models for precise and rapid diagnosis of hearing ability.

Improving hearing care delivery

NAL's AI-powered platform combines rich data provides detailed, granular insights into behaviour and clinical insights to create diverse

personas of people with hearing loss that users can converse with to understand their varied challenges. This empowers clinicians, product developers, and non-clinical healthcare professionals to gain deeper insights into the needs, attitudes and beliefs of people with hearing loss.

As AI continues to evolve and mature, it holds immense promise for improving accessibility, efficacy, and inclusivity in hearing healthcare, ultimately enabling individuals with hearing loss to lead fuller, more connected lives.

National Acoustic Laboratories (NAL) has released its [Annual Impact report 2023](#). This year's featured projects include perceived mild to moderate hearing loss, next generation goal setting tool, cochlear implant processor upgrade evaluation, and a validation of advanced hearing aid technology.

[Contact NAL](#) for more information or collaboration opportunities.



An innovative new partnership between Ear Science Institute Australia and National Acoustic Laboratories will bring hearing researchers from across Australia together with the shared goal of improving treatments for millions dealing with hearing issues.

World-renowned hearing research organisation National Acoustic Laboratories has been involved in evidence-based innovation to improve hearing health and transform the lives of people with hearing difficulties for over 75

years. The organisation remains at the forefront of advancing novel solutions to hearing health services and technology, conduct sophisticated validation trials on treatment benefit, and provide insight into the needs of people with hearing loss and clinicians.

NAL's Director Dr Brent Edwards said, "This powerful new partnership with the Ear Science Institute Australia brings together many of the brightest and most ambitious hearing researchers in Australia - all with a shared vision of having a significant impact on hearing healthcare to improve the lives of people with hearing difficulty everywhere."

Ear Science Institute Australia is a globally recognised centre of excellence that aligns hearing science, medicine and clinical teams to develop innovative treatments for ear and hearing disorders, with the goal of eventually finding a cure for hearing loss.

CEO Sandra Bellekom said Ear Science focusses on improving the quality of hearing health by prioritising the translation of its work from scientific research to the patient.

"As we look towards the next era in hearing treatment, this meaningful partnership with National Acoustics Laboratories will bring new opportunities for knowledge sharing, leading to improved access, advanced solutions and better individual hearing care for people everywhere."

The partnership between Ear Science and NAL represents a collaboration of expertise in research, innovation and hearing healthcare that will translate into significant life improvements for many people, both locally and globally.

Both NAL and Ear Science are able to provide evidence-based insights and solutions for adoption by hearing healthcare professionals, policymakers, manufacturers and people with hearing difficulties. By integrating their extensive resources and data sets, the two organisations will work together to change the lives of people with hearing loss like never before.

Empowering Children through Early Music Education.



Melbourne Recital Centre has joined forces with Aurora School for the Deaf to provide valuable new opportunities to help deaf kindy kids engage with music.

Working in partnership with the Australian National Academy of Music (ANAM) and Artistic Director Karen Kyriakou, Melbourne Recital Centre's *Sound Vibrations* workshop series supports children with hearing challenges to explore and make music.

The program provides a purpose-built, interactive, and creative musical learning environment that is specially tailored to be accessible to children with hearing loss. In each session, ANAM musicians showcase instruments from a different orchestral family and work with the children to create and play music.

This year, a new partnership with Aurora School for the Deaf — a Victoria-wide, home-based early intervention program — has made the program available to four-year-old kindergarten students for the first time. This is part of a strategy to build new educational pathways for deaf children and their families.

Melbourne Recital Centre Learning and Access Manager Belinda Ashe said Sound Vibrations

aims to help children find their musical voice and support parents in becoming advocates for their children's education as they progress to primary school and beyond.

"By working with students at a young age, we plant a seed for change and optimism early on. At its heart, Sound Vibrations is about education for everyone – helping children and their families realise what's possible and open up more avenues for them to enjoy all the lifelong benefits of having music in their lives," said Belinda Ashe.

"The children thoroughly enjoyed their time at Sound Vibrations. The team has put together a lovely program that captured the children's attention from the moment we entered the space and kept them engaged throughout the entire session," said Aurora School for the Deaf Assistant Principal Melinda Slocombe.

"We had the opportunity to listen to and explore classical instruments, follow patterns to create our own music and create dance moves. The students are already excited about their next workshop."

Sekar Sari, whose daughter participated in one of the workshops, praised how the experience helped her daughter's confidence. "She became more engaged and captivated by the activities within the circle," said Sekar. "She was motivated to join and thoroughly enjoyed herself."

The experience has inspired parents, offering insights into using sound and vibration for play and learning new signs and vocabulary.

"Witnessing such a delightful and engaging performance has been a truly enriching experience for both parents and children," added Sekar.

Sound Vibrations forms part of Melbourne Recital Centre's Learning and Access programs, a philanthropically funded initiative to create inclusive opportunities to support young musicians.

From [Australian Arts Review](#).

Children and smoking, vaping and tobacco.

Children and young people exposed to second-hand smoke and vapour from e-cigarettes, also known as vapes, are at greater risk of serious health and development problems.

There is no safe amount of smoking or vaping around children. The best way to protect them is to keep their surroundings as smoke- and vape-free as possible. Just like with cigarettes, babies and infants exposed to vaping can inhale or ingest second-hand and third-hand vaping of harmful chemicals and toxins.

How smoking affects children

Children breathe faster than adults and inhale more chemicals when exposed to second-hand smoke. They are at greater risk of:

- **middle ear infections** cause temporary hearing impairment and in severe cases the damage can be permanent.
- **asthma** – passive smoking increases both the risk of developing asthma and the symptoms.
- **behavioural problems** – these include Attention Deficit Hyperactivity Disorder.
- **poor lung development** – children's lungs are still developing and the increased levels of carbon monoxide from second-hand smoke aggravates allergies and increases the risk of respiratory illness.
- **sudden infant death syndrome** – the risk of SIDS is double for children exposed to second-hand smoke.
- **school absences** – missing school through health issues can result in gaps in their learning.

What you can do

The best thing you can do for your children is to quit smoking and vaping. This immediately reduces their exposure to second-hand smoke and vapour from e-cigarettes. You can also:

- make your house and car smoke- and vape-free areas.
- make sure people who care for your children don't smoke or vape around them.
- teach your children to stay away from second-hand smoke and vapour.

From the Australian Government [Department of Health and Aged Care](#).

Peak health bodies join Government to fight vaping

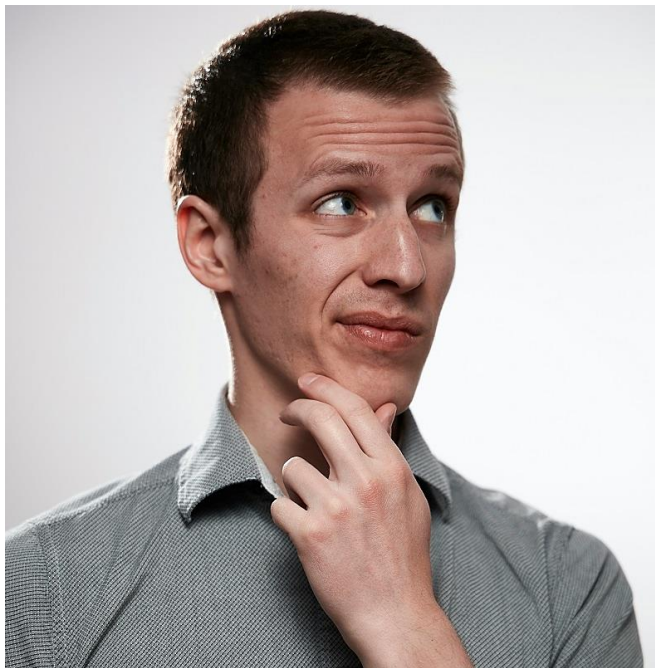
The Australian Medical Association, Royal Australian College of General Practitioners, and the Pharmacy Guild of Australia are backing the Government's legislation to protect children, young people and all Australians from the harms of vaping and are urging all Parliamentarians to support the legislation currently before the Australian Parliament.

This legislation will assign vapes as a therapeutic goods available via prescription to support people to quit smoking, and not as a tool used by Big Tobacco to hook a new generation on nicotine.

The united stand comes as alarming vaping statistics emerge across Australia. One in 6 high school students, and 1 in 4 young Australians aged between 18 and 24 are vaping. Vapes have become the number one behavioural issue in many schools. Many vape shops are intentionally opened within walking distance of schools.

Young vapers who have never smoked are also more likely to take up tobacco smoking compared to young people who have never vaped, posing a significant risk to Australia's success in tobacco control.

Hypnotised by the Hype? Hearing Loss, Hearing Aids and Dementia.



By Kevin J Munro and Piers Dawes.

Hearing loss is an important component of healthy ageing. Yet, the current hype is focused on the association between hearing loss and cognition, in particular, risk of dementia.

One could be forgiven for thinking it is only worth addressing hearing loss because of the risk of dementia. Is the hype justified or have we been hypnotised by the newsworthiness of dementia?

There is a well-established association between sensory function and cognition in the general population: people with poorer sensory function tend to have poorer cognitive ability. Also, people with severe hearing loss are more likely to develop dementia.

There are plausible explanations for why hearing loss may cause cognitive decline, including direct changes in brain structure due to impoverished auditory input or increased cognitive demand, or indirectly due to social isolation and withdrawal. A review on dementia prevention, intervention, and care by researchers in 2020 (Livingston et al) concluded that eliminating, or fully addressing hearing loss, could potentially reduce the overall number of cases of dementia.

It is an appealing prospect if hearing loss impacts on cognition, because avoiding hearing loss or treating it might reduce the risk of dementia. However, the association between hearing loss and cognition does not mean that one causes the other. For example, there is an association between sales of ice cream and swimwear, but warm summer weather might explain the increase in the sale of both. A common cause may be responsible for the association between hearing and cognition – for example, hypertension, obesity, smoking and air pollution are all risk factors for both dementia and hearing loss.

Comparing hearing aid users and non-users

A study in 2023, based on analysis of a large UK dataset reported that hearing aid use was associated with a substantial reduction in risk of dementia compared to people who self-reported hearing loss but did not use hearing aids (Jiang et al). The article was published to a fanfare of publicity and media interest extolling the results. But then, rather quietly, the journal retracted the article, and the accompanying editorials because the authors had made an error. In fact, the risk of dementia was higher for hearing aid users than the non-hearing aid users. A likely explanation is that people with more severe hearing loss are more likely to use hearing aids and more severe hearing loss is associated with an increased dementia risk. You can find details on how the retraction came about [here](#). It remains to be seen if the corrected findings and interpretation will be reported, let alone receive the same publicity.

Overcoming the limitations of observational studies

Research trials that randomly allocate participants to the intervention and control groups minimise potential biases, but there are few high-quality randomised trials in hearing research. An exception is the ACHIEVE study in 2023 by Frank Lin and colleagues – it is impressive in terms of rigour, scope, and potential impact. Participants were randomly allocated to a comprehensive hearing intervention or a control of health education. The primary outcome reported in ACHIEVE was changes in cognition after three years of intervention. And the finding? no difference in cognitive decline between the two groups.

The authors reported an additional finding showing less cognitive decline in a subgroup of participants who were reported to be at high risk of cognitive decline. This finding is surprising because it does not replicate the well-known:

1. association between sensory function and cognition that many studies have reported in the general population, and
2. decline in cognition with increasing severity of hearing loss.

Despite the intense interest and hype surrounding the topic, hearing professionals, other health professionals and policymakers would be wise to treat the finding with caution. For a more extensive discussion, see Dawes and Munro (2024).

There are multiple dangers when hype is unchecked. The desire for something to be true might stifle critical thinking and result in:

- Hearing loss not being considered critical in its own right, despite its importance for healthy ageing and the well-known benefit of hearing aids in reducing hearing disability and improving communication.
- Misunderstanding that hearing aids do not affect the underlying pathology of dementia and the progress of cognitive decline, but they may reduce the risk of dementia by supporting independent daily functioning.

- People less likely to seek help for hearing loss because of scare tactics and stigma about dementia.
- Loss of interest in hearing loss by policymakers and funders if the causal links with dementia are not proven, despite the much-needed attention to timely assessment and management of hearing loss for people living with dementia.

In summary, hearing loss and dementia are strongly associated but claims that hearing loss causes dementia, or hearing intervention reduces the risk, are not based on current available evidence. Hype and negative messaging have the potential to undermine the importance of hearing per se.

Take-home messages

For hearing care professionals, professional bodies and advocacy bodies, raise awareness of:

- Prevalence and impact of untreated hearing loss on quality-of-life
- Proven benefits of hearing interventions.
- Avoid negative messaging about associations between hearing loss and dementia risk.

For other health professionals

- Holistic care includes addressing hearing needs.
- Communication is important in healthcare delivery and individuals' quality-of-life.

For policymakers

Hearing interventions:

- Facilitate healthy aging
- Maintain independent functioning
- Reduce healthcare costs.

About the Authors

Kevin J Munro is Ewing Professor of Audiology, Manchester Centre for Audiology and Deafness, School of Health Sciences, University of Manchester, UK. Piers Dawes is Professor of Audiology, Centre for Hearing Research, School of Health and Rehabilitation Sciences, University of Queensland, Australia.

Government Announcement.

The National Relay Service Wants Your Feedback.

The National Relay Service is asking for feedback this month from its users.

If you use the service during this period, you may receive an invitation via email or letter to participate in a short survey.

By taking the time to complete the survey, you'll provide the NRS with valuable insights that will help continue to improve the NRS. Previous surveys have assisted with providing input to initiatives such as:

- Improved Chat and Captions functionality from the web and the NRS app
- Saturday availability for Auslan Video Relay
- Quick Phrases and Call history
- RO Typing Indicator
- Higher levels of contrast, customisation and accessibility of your profile.
- More informative content via the access hub mailing list.
- Improved look, feel and layout of the NRS user portal.

You can view the findings from previous surveys on [Access Hub](#).

If you have any questions about the NRS, contact the NRS Helpdesk. A list of ways to contact the Helpdesk can be found at www.accesshub.gov.au/about-the-nrs/nrs-helpdesk.

Here is a [video in Auslan](#). It provides a translation of this information - there are no captions and audio.



Professor Kelvin Kong AM delivered the 25th Libby Harricks Memorial Oration at Parliament House Canberra in March.

1. [Watch the video.](#)
2. Watch the [video with Auslan](#).
3. [See and download the photos.](#)



Kelvin, a proud Worimi man, is Australia's first indigenous ENT surgeon, and an inspiring advocate for hearing health. He was honoured as the NAIDOC Person of the Year in 2023. In 2024, he was awarded a Member of the Order of Australia for [his work with Indigenous children at risk of hearing loss](#).

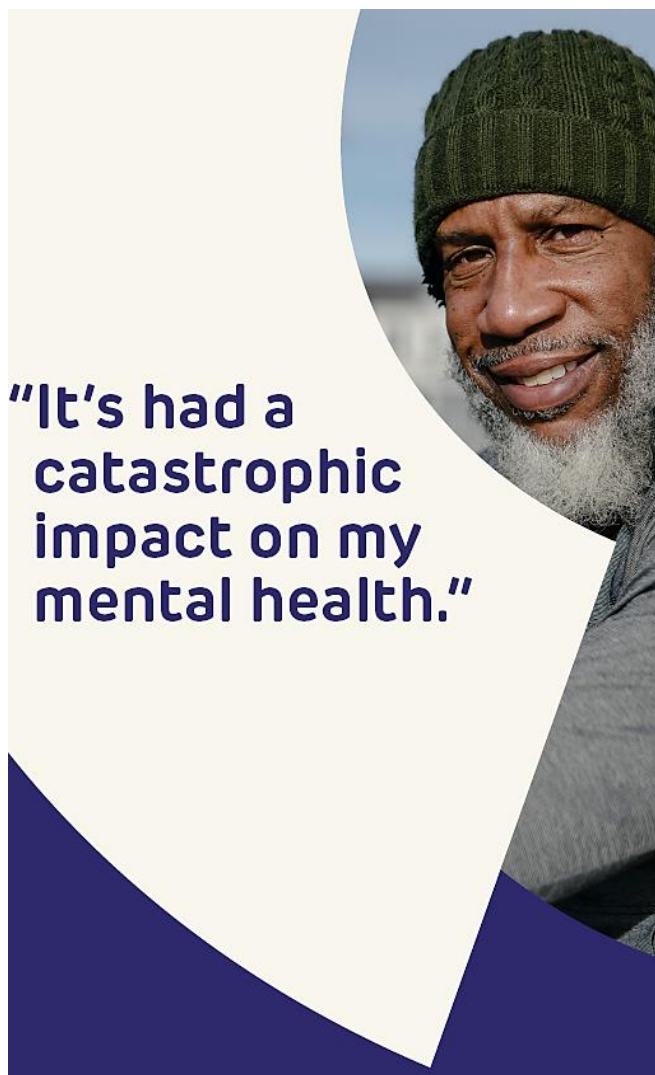
"Australia still has the worst ear disease rates in the world. Chronic suppurative otitis media affects from 40% to 85% of children in Indigenous communities," Professor Kong said.

"I ask the Prime Minister, what if it was your child? What would you do to make sure they heard well and got the correct education?"



Revealing the struggle for silence.

A recent report brings to light an escalating mental health crisis, underscoring a significant lack of support for individuals grappling with Tinnitus.



The report was published by Tinnitus UK, a charity in the United Kingdom, and sheds light on the challenges faced by people living with tinnitus and to provide actionable recommendations to enhance the quality of care and support for those affected by the condition.

[Download the report here.](#)

Tinnitus is characterised by hearing sounds such as ringing or buzzing without an external source, affects one in seven adults. While it can be a temporary annoyance for some, for others, it becomes a persistent and distressing companion.

Through a variety of support avenues, including online and in-person support groups, a helpline featuring a chatbot and live webchat, and an informative website, Tinnitus UK strives to facilitate improved wellbeing.

Bookings are now open for an online training course on 20 and 21 June and [here is where you can register.](#)

Noisier world linked to increase in tinnitus.

Signs of early hearing loss can come in the form of tinnitus, commonly described as a ringing or roaring sound with a lack of external stimulus.

Matthieu Recugnat from Macquarie University says it's almost like hearing cicadas in a closed room.

"But it is a lot more complex than that because people will be different and have different perceptions," Dr Recugnat said.

"It has different impacts on their lifestyle and on their quality of life in general."

Dr Recugnat expects cases of tinnitus to increase. Researchers are looking for a tinnitus cure but the "pill that will make it disappear" doesn't exist.

What hope is there a finding a cure for Tinnitus?

There is growing hope. Significant ongoing research and development of new tinnitus treatments offer hope for finding a cure or at least more effective management of this condition in the future, even if a complete cure remains elusive at the moment.

The key seems to be targeting the underlying neurological mechanisms driving tinnitus, rather than just masking the symptoms.



Age-Related Hearing Loss: New Clinical Practice Guideline.

The American Academy of Otolaryngology–Head and Neck Surgery Foundation sponsored the creation of a clinical practice guideline for all clinicians in all care settings to identify and manage Age-related hearing loss.

Although the risks of untreated hearing loss have been well described, one barrier to treatment is the lack of priority placed by health care clinicians in addressing hearing loss either by insufficient screening or referral to hearing care specialists. The association of untreated hearing loss with an individual's physical, mental, psychological, and social status supports the need to identify and address Age-related hearing loss in a timely manner to limit the potential downstream effects.

Health Care Costs

Age-related hearing loss results in a significant economic burden on the health care system, which includes the cost of the disorder (and the associated adverse outcomes), excess medical expenditures, and disability burden. These costs may be difficult to accurately estimate partly due to the underdiagnosis and undertreatment of hearing loss. It may also be underestimated due to omission of costs related to medical

frailty, depression, and cognitive decline. Based on estimates, the total annual costs of hearing loss in Australia is estimated at \$10.9 billion Australian dollars. Research among a sample of US adults (≥ 65 years) with severe hearing loss estimates the overall lifetime cost of around \$70,000 per person.

Another study among a sample of US adults (≥ 65 years) estimated the overall lifetime hearing loss-related expenditure to be around \$34,000 per person.

The disability burden of hearing loss can also be estimated using disability-adjusted life years (DALYs). Studies that have estimated disease-related burden DALYs have ranked the burden of hearing loss above that of blindness and at a burden level similar to that of stroke or cardiac arrhythmia.

Indirect Costs

Indirect costs from Age-related hearing loss are related to adverse employment outcomes (lost income, productivity, or opportunities), the economic impact on family and social support, and overall quality of life QOL. Untreated hearing loss may result in a loss of annual income estimated to be as high as \$15,000; however, treatment of hearing loss may result in income increases estimated to be as high as \$5,000 for those who receive cochlear implants and \$22,000 for those who receive hearing aids.

Guideline Scope and Purpose

The main purpose of this new clinical practice guideline is to guide clinicians in the identification and management of Age-related hearing loss - to educate clinicians and patients and to improve access to hearing health care.

The target patient for the clinical practice guideline is anyone at least 50 years old, regardless of whether they have been diagnosed with hearing loss. The guideline makes specific recommendations about screening, hearing testing, and indications for referrals to an appropriate hearing health specialist. It also covers amplification, communication strategies, cochlear implantation, and other assistive technologies.

Guidelines

1. Screening for Hearing Loss

Clinicians should screen patients aged 50 years and older for hearing loss at the time of a health care encounter.

2. Ear Exam and Other Ear Conditions

If screening suggests hearing loss, clinicians should examine the ear canal and tympanic membrane with otoscopy or refer to a clinician who can examine the ears for cerumen impaction, infection, or other abnormalities.

3. Sociodemographic Factors and Patient Preferences

If screening suggests hearing loss, clinicians should identify sociodemographic factors and patient preferences that influence access to and utilisation of hearing health care.

4. Hearing Test

If screening suggests hearing loss, clinicians should obtain or refer to a clinician who can obtain an audiogram.

5. Identifying Conditions Other Than Age-related Hearing Loss

Clinicians should evaluate and treat or refer to a clinician who can evaluate and treat patients with significant asymmetric hearing loss, conductive or mixed hearing loss, or poor word recognition on diagnostic testing.

6. Patient Education and Counselling

Clinicians should educate and counsel patients with hearing loss and their family/care partner(s) about the impact of hearing loss on their communication, safety, function, cognition, and quality of life.

7. Communication Strategies and Assistive Technologies

Clinicians should counsel patients with hearing loss on communication strategies and assistive listening devices.

8. Communication Strategies and Assistive Technologies

Clinicians should counsel patients with hearing loss on communication strategies and assistive listening devices.

9. Candidacy for Cochlear Implants

Clinicians should refer patients for an evaluation of CI candidacy when patients have appropriately fit amplification and persistent hearing difficulty with poor speech understanding.

10. Assessing Goals and Improvement

For patients with hearing loss, clinicians should assess if communication goals have been met and if there has been improvement in hearing-related quality of life at a subsequent health care encounter or within 1 year.

11. Retesting

Clinicians should assess hearing at least every 3 years in patients with known hearing loss or with reported concern for changes in hearing.

Read the complete article at [American Academy of Otolaryngology – Head and Neck Surgery Foundation](#).

Renewing Our Foundation: Mission Completed.

Members of Deafness Forum Australia met this month to vote on changes to modernise the Constitution.

Members were unanimous in accepting the changes that were proposed by the Board.

The Constitution was last reviewed in 2012. Given Deafness Forum's role as a Commonwealth funded national peak body, it should have a high-quality, best practise Constitution going forward.

Deafness Forum's [website](#) is a rich source of information.



Roadmap for Australia's Hearing Health



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Australia's National Health Preventive Strategy



Hearing assistance in aged care & hospitals



Indigenous hearing health and criminal justice



Options for families of kids with hearing loss



Is it time for a free hearing aid from the Government?



Free tools to help you manage hearing loss



Hearing Loss & Deafness facts & stats

One in Six special edition on Auslan



The *One in Six* newsletter is seeking articles for a special future issue on Australian Sign Language (Auslan).

This edition will cover access to quality Auslan services, affordability impacted by the NDIS, a shortage of interpreters, hiring companies that do not reinvest in training the next generation of interpreters, children's education, AI replacing human signing, and preservation of the language and culture within the Deaf community.

Got a story to tell? Expressions of interest are due by 30 May 2024 to hello@deafnessforum.org.au

Know someone who deserves their own copy of **One in Six**?

Email hello@deafnessforum.org.au

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