



Communication access in health care

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Future of the Hearing Services Program

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Truckie defies the odds

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International Week of the Deaf

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**INTERNATIONAL WEEK
OF DEAF PEOPLE**

Health care communication access



It's always been a good time to promote better hospital communication, and mechanisms should be in place to ensure it. But it doesn't happen. Picture this worst-case scenario:

After surgery, a doctor uses unfamiliar terminology in an unfamiliar accent to describe what to do next while looking at an electronic medical record. The doctor's voice competes with noisy machines and other nearby conversations. The patient doesn't understand most of the conversation but also doesn't seek clarification because it's clear everyone is in a hurry and due to the intimidating power differential of the white coat. If the patient recognises hearing loss and if he or she had a device to help, it was intentionally left at home so it wouldn't be lost during the procedure.

Perhaps this is just a cartoon of a comically bad interaction, but surely some elements of this scenario may commonly ring true.

Now Add COVID-19.

All faces are covered. Interpreters are on screens. Visitors and significant others who help understand and remember things must stay home. People are stressed. Care is sometimes remote, too, which brings in the competing sounds and distractions of home.

If then wasn't the time to address the problem of communication for people with hearing loss in a medical setting, now is.

Of course, people who work in hospitals and clinics don't want to communicate poorly. Quite the contrary! Rather, they are pushed to remember a myriad of both timeless and topical themes.

As an "invisible" condition, hospital personnel can't see your communication needs coming. They can't exercise their empathy and understanding for something they can't see. Even in Audiology departments and now at an ear specialty-care hospital, we strive to reach (and sometimes fall short) of our communication goals.

The good news is that there are things that we all (hospital administrators, providers and patients with hearing loss) can do. Many steps that can be taken.

Hospitals can:

- Provide paper or links to communication cards that provide visual cues to commonly asked questions and appropriate replies.
- Provide links for patients to download automated captioning apps (often free) that transcribe and keep a record of conversations.
- Provide inexpensive personal sound amplifiers for patients who could use them.
- Ensure medical record systems highlight hearing loss and allow patients to identify needs so that accommodations can be provided reflexively.
- Integrate remote professional CART into remote care sessions. This is easily done across all remote care platforms such as Zoom, Microsoft Teams, Skype, etc. If professional CART is unavailable, then automated captioning is available.
- And especially during COVID, at the entrance to the hospital, greet patients with a clear face mask.

Patients who find benefit from speechreading can be informed that clear masks can be made available in their clinical visits. Providers can:

- Presume patient populations likely to have hearing loss indeed do, rather than assume normal hearing.
- Use clear face masks (Ed: FDA approved) when their patients rely on lipreading.
- Encourage patients with hearing devices to use them during clinical conversation to enhance communication needed to improve health care outcomes.
- Insist Communication Access Realtime Translation (CART) or Sign Language interpreters are available, as appropriate.
- Establish routines for using low-technology communication strategies including facing patient when talking to them, using a slow rate of speech, limiting background noises during conversations, and ensuring patient's attention before conversation.
- Provide paper handouts written in accessible language with instructions relevant to treatment.

The Hearing Loss Association of America Health Care Task Force will be exploring ways to turn these critical practices into actions.

About the author: Kevin H. Franck Ph.D. is the senior vice president for Marketing Strategy and New Product Planning at Frequency Therapeutics in Woburn, MA. He is the Vice Chair of the Board of Directors of the Hearing Loss Association of America.

Deafness Forum thanks the Hearing Loss Association of America for permission to republish this article which appeared in Hearing Life Magazine (Winter 2021).

Future of the Hearing Services Program

The Australian Government is taking a close look at its Hearing Services Program (HSP).

This is important because the HSP affects 100,000 of our constituents. The HSP aims to reduce the impact of hearing loss by providing free hearing devices and rehabilitation services to groups of people who are vulnerable and in need of assistance.

A review of the HSP has been undertaken by what the Health Department describes as an Expert Panel. This Expert Panel wrote a report that was recently presented to the federal minister responsible for hearing, Dr David Gillespie MP.

“Our Report’s recommendations include extending eligibility under the Hearing Services Program to people who are Low Income Health Care Card holders from 26 years of age to Age Pension-eligibility age; Aboriginal and/or Torres Strait Islander people from 26 years of age; and permanent residents of Aged Care Homes” the Expert Panel said.

“Service providers should be required to offer a more holistic assessment of clients’ communication and hearing needs and deliver a broader range of services to better address those needs.

“Consumer choice should be enhanced by providing people with hearing loss greater information on the services that may assist them, the benefits of those services and their costs.

“Fully subsidised hearing devices should incorporate a greater range of new technologies.”

The federal minister responsible for hearing released a statement:

“The Report will be published on the Hearing Services Program website shortly and I will be considering it in detail over the coming weeks and months. The Department of Health will continue to engage with the hearing sector on the Report’s recommendations”, Dr David Gillespie said.

“The Report indicates that over half of all eligible people with hearing loss are not taking active advantage of services available through the Program. It highlights a need to modernise key components of the Program in the context of shifting consumer expectations, market changes and technological developments.

“The Expert Panel, through its recommendations, has aimed to optimise hearing outcomes for clients including through improving the equity, effectiveness, governance and sustainability of the Program.

“I note some recommendations are complex and would have significant impacts for consumers, the professional workforce and industry. These will require further consultation. Given other recommendations would have significant financial impacts or require legislative changes, it might take longer for the Government to consider and formally respond to these recommendations.

“I encourage all stakeholders to remain engaged with the Review and look forward to continuing to work with the sector on its implementation.”



The Hon Dr David Gillespie MP
Minister for Regional Health
Minister Assisting the Minister for
Trade and Investment
Deputy Leader of the House

What do we think about the recommended changes to the HSP?

Deafness Forum has been working with its member organisations to promote the interests of the people who receive services under the Hearing Services Program. These members are Deafness Council Western Australia, Hearing Matters Australia, Parents of Deaf Children, UsherKids Australia, Hear For You, and Aussie Deaf Kids.

We felt as a group that there were some positive changes recommended by the Expert Panel's review.

But there was a missed opportunity to improve the lives of people in the criminal justice system. And the need for hearing services for children who are long term temporary residents or refugees had not been addressed.

The Expert Panel appears to have changed its mind about recommending improvements to the program for residents in aged care facilities, and people living on low incomes.

We do not support the idea of removing eligible adults with complex hearing needs from the Community Service Obligation Program. Removing this safety net would create an unacceptable risk that the most vulnerable people could fall through the gaps and not receive the services and supports they need.

You can read about our opinions in the submission that we made to the Government. [Click this link](#) to open the document.



INTERNATIONAL WEEK OF DEAF PEOPLE

The International Week of the Deaf is celebrated annually by the global Deaf Community in the last full week of September.

This year's theme is "Celebrating Thriving Deaf Communities".

The International Week of the Deaf is a time of various activities by Deaf Communities all around the world. These activities and events welcome the participation of all members of Deaf communities, which include families of Deaf people, professional and accredited sign language interpreters, peers, as well as the involvement of various stakeholders such as national governments, national and international human rights organisations, and Organisations of Persons with Disabilities.

Visit the [International Week of the Deaf website](#)

Hearing and Ear Disease Project launched to improve ear disease services for children in Fiji

By [Shanil Singh](#) writing for [Fiji News](#)



[image: Ministry of Health & Medical Services/ Facebook]

The Ministry of the Health has launched the Hearing and Ear Disease Project and received two major packages of specialist medical equipment from the Australian Government.

This will help the Ministry deliver better quality hearing and ear disease services for children and provide hospitals with much-needed equipment to support care of newborns and new mothers.

Ear infections in Fiji are up to five times higher than New Zealand or Australia and 60% of childhood hearing loss is preventable.

Health Minister Dr Ifereimi Waqainabete says the project reflects the importance of partnerships between government, donors and civil society organisations to extend healthcare services to all Fijians.

He says it also supports their strategy of providing effective outreach services to ensure healthcare is closer to people's homes with a focus on the improvement of child health through preventative measures and improved standardised care.

In addition to this, the Australian Government has supplied equipment worth \$247,000 to support the implementation of these standards.

They have also provided \$262,000 worth of perinatal and obstetric equipment to the Ministry of Health. The equipment includes 4 ultra-scanners, 6 infant warmers, 8 transport incubators and 10 foetal monitors.

Dr Waqainabete says this will help major hospitals to better support pregnant Fijian women and ensure safe delivery of babies.

Australia's High Commissioner to Fiji, John Feakes says Australia will continue to support the Fijian Government to enhance the delivery of quality healthcare services across Fiji.



About Usher Syndrome

There are two main types of **Usher syndrome**:
Type 1 usually causes **profound deafness**, vestibular dysfunction and progressive vision loss
Type 2 usually causes **moderate to severe hearing loss** and progressive vision loss

www.usherkidsaustralia.com
Celebrating #USHDAY 18th Sept, 2021



More than 400,000 people across the world are living with Usher syndrome.

To celebrate Usher Syndrome Awareness Day on 18 September 2021, UsherKids Australia created social media tools to help raise the profile of this rare disease and the impact it has on peoples' lives.

[Download the social media pack](#), share on your social media channels, and help raise awareness of Usher syndrome.



Miss a hearing? You can watch them on the Royal Commission [website](#) and go to the relevant Public Hearing page. Deafness Forum receives funding to promote the work of the Royal Commission.

Inspirational truckie defies the odds to realise dream

From [Big Rigs](#)



The courageous Candice Lureman says her dream to be a truck driver keeps her going.

Candice Lureman is Australia's only profoundly deaf female road train driver.

"At one particular place of employment, I was continually allocated the oldest truck in the fleet. When another driver's truck broke down, my truck was given to that driver and I was put to work in the yard doing bins, cleaning up and repairing pallets.

"Even though I had my forklift ticket, I was not allowed the luxury of loading the trucks – a coveted job not one of the operators would swap to pick up rubbish around the yard.



I believe anything is possible with commitment, heart and soul. I want young girls to look at trucks and have a personal relationship with them. I tell them to keep going – to never give up and to never stop dreaming.

It is very rare for women with disability to get work driving trucks. I hope to see other disadvantage females follow in my footsteps. I knew working in dominated trucking was going to be a bit daunting, but I've always had a positive attitude and believed if you have a passion for something then you can achieve whatever you want with right attitude, anything is possible. Stay humble and be kind. I've also learned that a friendly smile can go a long way.

OH&S is increasingly used as an argument not to employ deaf people. One example of 'over the top' OH&S regimes is the deaf truck driver with many years' experience and an accident-free record, who lost his truck licence and was put on lower paid duties because of a new safety standard that required deaf truckies to pass a medical examination which disqualified anyone with a hearing loss beyond an arbitrarily imposed specific decibel level.

Doctors and audiologists surely are not qualified to assess a person's abilities to undertake a whole range of occupations. These are just some of the issues we face. Deafness is not a disease.

The law was changed in 2016. I was born deaf and I'm allowed to drive a truck. People have a lot of perception about hearing aids. They think that it's a 'cure'.

Imagine if hearing people had to wear earphones all day every day – without hearing anything coming out of them. For me, hearing aids make sound louder but no clearer – it's all just distracting noise. And very uncomfortable. I absolutely hate wearing them when it's windy or when opening the truck windows because it creates like a loud screeching sound when that wind goes into the tiny microphone. It's very, very annoying. Unfortunately, with an MC licence, I must wear my hearing aids or I get six demerits and a \$3000 infringement ticket.



Candice Lureman opens up about her struggles in a new film, Breaking the Sound Barrier.

What do you say to drivers who think deafness is still a barrier?

Let's work together. This barrier needs to be removed because it's ridiculous. My lack of hearing in no way affects my ability to drive competently. People who made these comments have no knowledge of deaf life or no experience with deaf people.

Deaf people are healthier and happier because they are doing what they enjoy and they're willing to work hard to get there so they can live their dream.

The team I work with at Toll are extremely supportive and training is provided in most cases. The drivers I work with are gold! I drive the only K200 in the fleet with a super B-double set of trailers with quad axles on both trailers that can manage up to 110 tonnes.

Announcement by the Australian Government

The National Disability Insurance Scheme is undergoing changes following recommendations of the 2019 independent review of the NDIS legislation.

The proposed amendments to the *National Disability Insurance Scheme Act 2013* (the Act) include legislating the Participant Service Guarantee, streamlining administrative processes and removing red tape to improve the participant experience.

The Department of Social Services is holding public briefing sessions so people can learn more about the draft legislation and the submission process. Registrations for the public consultation sessions is being scheduled through Eventbrite. Eventbrite will collect information and disclose it to the Department of Social Services for the purposes of scheduling the consultation sessions. Eventbrite's privacy policy is available [here](#). As part of registration, participants will be sent a link to the MS Teams event prior to the start of the session.

Briefing Session 1: Thursday 16 September, 10:30AM - 12:00PM (AEST). Register your attendance at this session [here](#).

Briefing Session 2: Monday 20 September, 3.30PM – 5:00PM (AEST). Register your attendance at this session [here](#).

Briefing Session 3: Tuesday 21 September, 3.30PM – 5:00PM (AEST). Register your attendance at this session [here](#).

Briefing Session 4: Wednesday 22 September, 10AM - 11.30AM (AEST). Register your attendance at this session [here](#).

The briefing sessions will be live captioned and supported by an Auslan interpreter.

A copy of the NDIS Legislation Reform briefing PowerPoint can be obtained from NDISConsultations@dss.gov.au or the [DSS Engage site](#).

Questions

This briefing is a time limited Microsoft Teams information session. If you are unable to connect with one of these sessions the Department welcomes you to send questions to NDISConsultations@dss.gov.au or to make a submission on the proposed legislative changes.

Submissions

You can make a submission via [DSS Engage](#) under the 'Make a Submission' tab.

Alternatively, you can email your submissions to NDISConsultations@dss.gov.au or send hard copy responses to:

NDIS Act Review Consultations
GPO Box 9820
CANBERRA ACT 2610

Submissions will close at midnight 7 October 2021. Should you have any questions, please feel free to contact NDISConsultations@dss.gov.au

Japan's national broadcaster brings human touch to computer-generated sign-language commentary

From [INDIARIGHTNOWNEWS.COM](https://www.indiarightnownews.com)



As Japan and Australia faced off in the Paralympics rugby wheelchair bronze-medal final, viewers in Japan may have seen Yuki Goto reciting both teams' starting lineups in sign language, hands flitting from one pose to the next in a series of precise movements.

But it wasn't exactly Goto on their screens. The 25-year-old reporter, who has a hearing impairment, was chosen to model for a computer-generated sign-language commentator unveiled by NHK during the Tokyo Games.

"I'd seen CG sign language before, and it didn't look natural," Goto told The Japan Times ahead of the Paralympics. "It wasn't human, it was a little choppy."

NHK's effort to create sign-language content began in 2009 in response to growing demand from native users who struggled with Japanese-language subtitles. While Goto can converse normally when using her cochlear implant, it isn't always ideal and regularly takes it off when at home.



Goto prefers to use sign language while at home with her family, describing long-term use of her cochlear implant as "tiring." | RYUSEI TAKAHASHI

In order to build a lexicon of signs, NHK staff first used motion-capture technology to record around 8,000 words for its database — ranging from "autumn colours" to "preschool" — with sign-language users providing feedback through an online portal.

According to Hiroyuki Kaneko, who manages the sign-language project at NHK, early efforts focusing on hand movements were quickly found to be insufficient.

“We realised that you can’t read sign language just from the hands, so then we started capturing facial expressions including eyebrows and mouth movements,” Kaneko said.

After eight years of development, NHK unveiled CG sign-language weather forecasts.

Soon after, the network decided to pursue the creation of sign-language sports content with Tokyo 2020 in mind. The text-to-speech commentary, known as “robot play-by-play,” debuted for four sports during the 2018 Winter Olympics in Pyeongchang, South Korea, as researchers continued to prepare sign-language commentary for Tokyo.

While initial plans called for an anime-style two-dimensional presenter, the one-year postponement of Tokyo 2020 allowed NHK to respond to viewer feedback asking for more identifiable, photorealistic commentators.

That’s when Goto got the call, with designers working until just before the Games to avoid the “uncanny valley” effect that often occurs when a CG human doesn’t quite hit the mark.

“When you do CG reproductions of a person, sometimes it resembles them and sometimes it doesn’t,” Goto said. “The production team said it looked like my sister, and when I saw it ... it was so unusual. It was really natural, about the pace that sign-language speakers would use to talk.”

Kaneko and his team worked to develop signs that would be understood by a majority of listeners, although he admits that it remains an imperfect science.

“It took a lot of time to think about how to best express those phrases and ideas,” he said. “Before motion capture we did a lot of translation and editing. And then we’d do the capture and see how it looked, and we kept repeating that process.

“Even so, sign language is difficult ... there’s not always a right answer. But we gradually made things easier to understand for viewers.”

Future iterations could see characters become more emotive: Viewers have suggested that the commentators’ moods should change depending on the state of the game, especially if Japan is doing well.

“They want the commentator to cheer for Japan,” Kaneko said. “So we’re looking for ways to get the commentator to be more enthusiastic when Japan scores, and to create sign-language commentary that excites the viewer.”

“You hear the words ‘adaptability,’ ‘diversity’ and ‘universal design’ a lot, but for those of us with hearing impairments the issue isn’t tangible barriers like elevator access, but intangible barriers like the struggle to get information,” Goto said.

“Information needs to be a part of universal design and diversity. There hasn’t been a lot of focus on changing that, but I feel like that’s starting to happen.

“People understand that ‘barrier-free’ isn’t just about wheelchair access. It’s changing slowly, but it’s changing.”



This October, our community will participate in the SoundPrint FYQP Challenge to promote our shared mission of hearing health awareness.

Using the SoundPrint app is simple. Once downloaded, your smartphone turns into a decibel meter allowing you to take sound measurements everywhere you go and submit them to the app's database for the public to see.

SoundPrint will share the anonymised data with hearing health organisations and advocates, including the World Health Organization and the media, and put venue managers on notice that the public wants quieter places to ensure the hearing health of patrons and employees.

To get started, [download the app](#)! And to be eligible for prizes, register with your email on the app.

[Visit this webpage](#) for all the details on the Challenge!

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

Drop us a line: hello@deafnessforum.org.au

Contact us to receive this publication in an alternative file type.



Deafness Forum is a Registered Charity

All donations over \$2 are tax deductible.

To donate, [go here](#)

We acknowledge the traditional owners of country throughout Australia and their continuing connection to land, sea and community: we pay respect to them and their cultures, to elders past, present and future. We want to be part of the effort to overcome the unacceptably high levels of ear health issues among First Nation people; and we understand that it is an essential component of Closing the Gap. We understand the risk to indigenous sign languages and the cultural loss it would cause.

We use Deaf (with a capital "D") to talk about culturally Deaf people, who were typically born deaf, and use a signed language such as Auslan as their first or preferred language. In contrast, deaf (lowercase "d") refers to the condition of deafness.

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