

The association
between
hearing aid use
and dementia.



Association between hearing aid use and dementia.

By 2050, dementia is predicted to affect 150 million people worldwide.

Research has shown an association between hearing loss and dementia, indicating hearing loss might be a potential modifiable risk factor for dementia. Addressing hearing loss, such as through the use of hearing aids in middle-aged or older age people might reduce the risk of dementia.

In a new study in the United Kingdom, researchers aimed to assess whether hearing aid use was associated with decreased risk of dementia in people with hearing loss. Researchers also examined the effect of loneliness, isolation, depressed mood, and the interaction of socioeconomic status, smoking and morbidity status.

The health records of 437,000 people were used in the analyses. Here is what was found:

- People with hearing loss but without hearing aids had an increased risk of dementia compared with participants without hearing loss.
- Researchers found no increased risk in people with hearing loss with hearing aids.
- The positive association of hearing aid use was observed in all-cause dementia and cause-specific dementia subtypes (Alzheimer's disease, vascular dementia, and non-Alzheimer's disease non-vascular dementia).

- The attributable risk proportion of dementia for hearing loss was estimated to be 29.6%.
- Of the total association between hearing aid use and all-cause dementia, the risk proportions were lessened by 1.5% by reducing social isolation, 2.3% by reducing loneliness, and 7.1% by reducing depressed mood.

In people with hearing loss, hearing aid use is associated with a risk of dementia of a similar level to that of people without hearing loss. If, as the research suggests, up to 8% of dementia cases could be prevented with proper hearing loss management, the findings highlight the urgent need to take measures to address hearing loss to improve cognitive decline.

Hearing loss might begin early in one's 40s, and the prodromal phase of dementia (the early stage when cognitive symptoms are present) also lasts for 20–25 years. The research findings highlight the urgent need to take measures to address hearing loss across the life course to improve cognitive decline.

Public health strategies are necessary to raise awareness of hearing loss and the potential harm of untreated hearing impairment, increase accessibility to hearing aids by reducing cost, encouraging screening, and delivering potential interventions such as fitting hearing aids.

Read the full article at [The Lancet](#).



Gender-affirming hearing care.

There is a dearth of information about transgender issues in audiology graduate education and continuing education. But with simple adjustments, audiologists can help grow gender-diverse patients' comfort and confidence as partners in their hearing care.

[Madison Howe](#) writes:

According to the chart, my next patient was a 9-year-old male with a history of unilateral hearing loss.

But it was a girl that age who approached with her mother when I called them into the clinic.

The family confirmed the birth date as correct, so I assumed registration must have input the wrong gender. I chose not to ask, since the family referred to the child as “she.”

Ten minutes into our visit, the family confided that the patient was assigned male at birth but is female and uses she/her pronouns.

Thankfully, this was an ideal first experience working with a transgender patient. The family affirmed their daughter's identity and shared her story with me without being prompted. This is not always the case, and often providers may feel uncomfortable without proper knowledge or training.

You may also wonder, “How do I ask if the listed gender is correct?” or “What if I mess up and refer to them in the wrong way?” Many providers feel similarly.

I have seen an increase in gender diversity within my patient load and am hoping my experiences can assist fellow audiologists in providing services for the LGBTQ+ community. Here are some of the lessons I've learned since my first experience with that 9-year-old child and her family.

Be aware of implicit bias

Paediatric patients often view the colours of their hearing devices as a form of self-expression. It's important to allow the patient to use their hearing device colour as their own form of expression, free from the audiologist's bias or gender stereotypes.

I once had a patient who would not wear their hearing aids and struggled academically. At first, their teachers and parents thought perhaps other students bullied this child about their devices. However, months later the patient expressed they were not wearing their hearing aids because the devices were pink and increased his gender dysphoria, as the patient was transgender male. I learned from this patient the importance of allowing a patient to express themselves freely, and not letting implicit bias influence their decision based on a historical stereotype.

Mind patients' names and pronouns

The words we use can have a major impact, especially when working to build trust. If a patient has shared their pronouns with you, it is critical to address them using those pronouns. Keep in mind, these are not considered "preferred" pronouns - just as with cisgender people, a person's pronouns are non-negotiable.

If you are uncertain of a person's pronouns, a good practice is to share yours first to spark the conversation. If you make a mistake and use the wrong pronoun, apologise quickly, correct yourself, and move on.

Make sure to avoid an individual's former name. This may bring up the person's gender assigned at birth, and, along with it, emotional trauma and gender dysphoria that can be harmful to the patient and to your relationship with them.

Prepare and coach interpreters

When working with an interpreter, I check in before the visit to ensure they have knowledge of gender-diverse vocabulary. I introduce the patient by name and share their pronouns with

the interpreter at the beginning of the appointment. Some patients have difficulty disclosing sensitive information when an interpreter is present, so remember to be patient and work to create an environment of trust.

Effects of frequency and voice alteration

Many transgender individuals choose to alter their voice to better align with their gender. For a patient with a high-frequency hearing loss, raising the frequency of their voice could be difficult, as someone who can't hear high frequency sounds will have difficulty reproducing them verbally. The same could be said for someone with a rising low-frequency hearing loss who wants to lower their pitch.

You might need to provide more high-frequency gain if the patient is trying to raise their vocal pitch (vice versa for lowering vocal pitch). You may also need to consider a different hearing aid or different technology if the patient wants their voice to sound different but doesn't have good hearing access to the frequencies needed to modulate their voice in that way. I also recommend helping the patient find a speech-language pathologist who is familiar with both hearing loss and gender-affirming services.

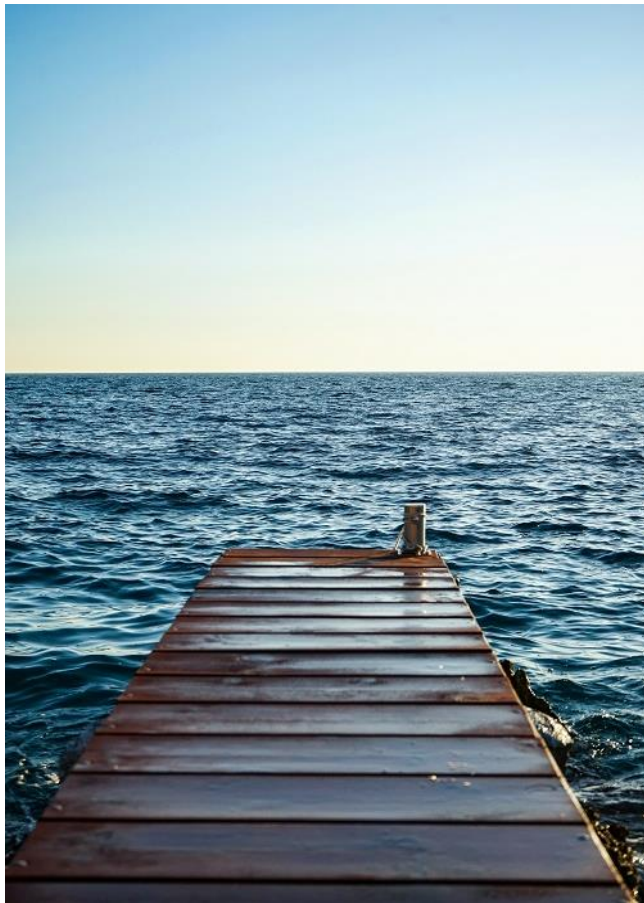
Strive for authenticity

Practicing gender-affirming care involves exactly that: practice. Keep educating yourself and using gender-affirming language until it becomes an authentic part of your professional life. Don't be afraid to share with your patients that you are learning and show appreciation for their understanding while you grow. Use your patients as a resource and ask them to partner with you and help you become a more effective gender-affirming provider.

Taking these steps will put you on the path to true patient-centred care, a goal we all strive to achieve.

The author of this article, [Madison Howe](#), AuD, CCC-A (she/her/hers), is a paediatric audiologist at Arkansas Children's Hospital in the U.S.A. Published in [ASHAWIRE](#).

NDIS: end-of-life support for people with disability?



More than one million Australians are expected to be supported by the National Disability Insurance Scheme (NDIS) by 2032.

The NDIS does not fund palliative care. Although there is a commitment to maintain supports alongside palliative care, the NDIS supports will cease once a person enters hospital, hospice or residential aged care.

To ensure NDIS participants can be well supported once they develop a life-limiting illness, governments must agree on a comprehensive palliative care framework.

From an article by Misha Ketchell for [The Conversation](#).

Cochlear implants.

Choosing a cochlear implant company depends on many factors, often including compatibility with the hearing aids a person currently wears.

“As long as there are no medical contraindications, outcomes are pretty equivalent across board,” says Erin Blackburn, Au.D., a clinical audiologist at Duke University Medical Centre in Durham, North Carolina.

“There’s no evidence that recipients perform better with one device over another, so we leave much of that device selection up to the patient.”

What can matter more than the particular device someone chooses is the thoroughness of the counselling they receive before getting the implant. Preparing for what to expect, how to get used to cochlear implants beforehand and good follow-up care after the surgery can make a significant difference in how happy patients are with their new implants, she adds.

The care team guiding someone through the cochlear implant process can include neurotologists, audiologists, speech-language pathologists, nurses and social workers, says Dr. Blackburn.

Before making a decision, it’s helpful to speak with other cochlear implants recipients, she adds. Cochlear Americas, Advanced Bionics and MED-EL all have cochlear implant recipient peer networks to connect prospective candidates with experienced recipients for more information.

“Smaller cochlear implant centres might have more experience with one company over another, so they may lean toward that one,” she says. “But as long as there’s not a surgical reason or medical contraindication to choose one over another, recipients should consider all their options and ask a lot of questions before making their choice.”

By [Virginia Pelley](#) writing for [Forbes Health](#)



Captioning isn't just for those with hearing loss.

These days of seemingly bottomless video content have turned out to be a golden era for closed captioning as well, thanks to technological advances and the surprising demand from young audiences.

That's proving to be a boon for people with hearing loss, too, as platforms invest more money to improve both the quality and quantity of subtitles.

"I am very intent on getting every single word and sound effect. I don't want to miss any details," said 17 year old student Liam Fahey, who "always" has captions on for soccer games to documentaries.

Tablets and smartphones have taken entertainment out of the living room and into noisier public spaces.

Not everyone agrees that captions are the polite way to go, however. Rylley Vandewettering, 17, said it drives her parents crazy when she enables captions.

"My mom and dad hate it. They always tell me to turn it off. It distracts them because it takes up part of the screen."

Her parents aren't alone. Older respondents, such as Generation X and baby boomers, were the least likely to use subtitles.

In 2011, the National Association of the Deaf sued Netflix over the lack of closed captioning on its shows, saying the company was violating the Americans with Disabilities Act. Netflix countered that the Act applied only to physical spaces. But a federal judge ruled in 2012 that it would be "irrational" to conclude that "places of public accommodation are limited to actual physical structures."

A decade later, Netflix appears to be embracing accessibility.

The task has been made easier by advances in artificial intelligence and high-speed internet connections. Online video captions are now ubiquitous and rendered quickly for audiences consuming content on smartphones, tablets, computers and TVs.

On YouTube, for instance, instant, live subtitles were available only for content producers with over 1,000 subscribers. Last year, the company made captioning available on all videos.

Anytime there's a mainstream use for access accommodations and devices, it's a win for those who need them for basic access. People with hearing loss are not outsiders who need special accommodations. They are just another part of the audience making use of the access to suit our own purposes.

By [Gene Myers](#) for [NorthJersey.com](#)

Smart watches are life-saving for Deaf Ukrainians.



It took a second for Andrii Yeger, a deaf Ukrainian, to realise that the waves of energy he felt were coming from a Russian rocket.

"It all slowed down inside of me... I felt a vibration in my whole body," 61-year-old Mr Yeger said.

"I saw people and smoke, I took my phone, read the news and that's when I understood there was an explosion."

People in Ukraine have been facing many challenges during the war, including inaudible air siren alerts, which an organisation hopes to solve with smart watches.

The Ukrainian Society for the Deaf (UTOG) has helped many through war's added hardships.

UTOG's interim president Tetyana Korniyenko said people evacuating from regions near the frontline told the organisation they had struggled at checkpoints.

"It was very scary, they could not hear (the orders)," Korniyenko said.

Once at the railway stations, "train numbers and platforms were given via loudspeakers, which they couldn't hear," she added.

Kyiv and its region counted around 4,000 deaf residents before the war, according to UTOG. Around 700 to 1,000 remain. Those still in the country are made vulnerable to shelling because they cannot hear air sirens alerted over loudspeakers or on phone applications.

Olena Mentchenko, 80, said people help her take cover when sirens resonate.

"I stayed in a shelter for three days, with nothing to eat, I was hungry. But there were people who could hear in the shelter, they helped me and gave me food."

The Ukrainian Society for the Deaf created channels on the messaging platform Telegram to inform people of air raid alerts. It has started translating video statements from officials into sign language, and advocates for the use of technology from smartphones to wearable devices to warn of upcoming strikes.

In January, a smart watch saved a young woman's life after a Russian missile strike on a residential block in Dnipro, which killed 45 people. Deaf people cannot hear rescuers coming, so they cannot shout to guide them. The 27-year-old woman was "pulled out from the rubble after she used her smart watch to tell her mother she was alive.

Since then, the organisation - which does not have the means to provide watches itself - has been asking the government to help improve access to the life-saving devices.

The watches can cost up to a few hundred dollars and remain a luxury item in a country at war.

Yeger has gotten used to feeling missile strikes rather than hearing them.

Still, he is wearing the watch he got for his birthday "just in case, after what happened in Dnipro."

Article by Emmanuel PEUCHOT for [AFP News](#).
Photograph by: Sergei Supinsky.



Audiogram or perceived hearing difficulty?

In today's world of hearing care, there is a reliance on the audiogram because it is seen to be objective.

An audiogram is a graph that shows the results of a hearing test. It will show how loud sounds need to be at different frequencies for you to hear them. The audiogram shows the type, degree, and configuration of hearing loss.

A key problem with reliance on the pure-tone audiogram for help with hearing aids is the frequently observed mismatch with a person's self-perceived hearing loss. Often the mismatch between audiometric and self-report measures of hearing difficulties has been couched in terms of the self-report measure either underestimating or overestimating the true hearing loss. But it is accepted now that the audiogram does not provide a comprehensive picture of hearing function and self-report measures were needed to supplement it.

When reviewing the literature on self-reported or perceived hearing loss it is quickly apparent that there is no consensus as to how this should be measured and summarised.

Even for the audiogram, heated scholarly exchanges have been going on for many years about whether they effectively capture the severity of a hearing problem.

Recent research has found that individuals with "normal hearing" could have self-reported hearing difficulties that ranged from minimal to substantial.

Within the context of the WHO International Classification of Health and Functioning (WHO-ICF; [WHO, 2001](#)), pure-tone audiometry tapped into only the "bodily impairment" domain of healthy function whereas well-conceived self-report measures can tap all three domains defined by the WHO model - bodily impairment, activity limitations, and participation restrictions, and possibly some of the contextual factors that modulate each domain. As a result, a strong association between the narrow audiometric measure of hearing loss and the broad self-report measure of hearing difficulty would not be expected.

It is important to better understand the association between audiometric definitions of hearing impairment and self-report measures of perceived hearing difficulty. Of particular interest is the association of each of these measures with the eventual uptake of assistance from devices, such as hearing devices. Several studies and reviews have identified self-reported hearing difficulty as the key factor leading to hearing-aid acquisition.

Furthermore, many older adults with slight amounts of pure-tone hearing loss - "normal" hearing - seek hearing aids and obtain benefits. These individuals are already well motivated as they have *perceived* hearing needs that compromise their auditory wellness.

This article was taken from [U.S. Population Data on Hearing Loss, Trouble Hearing, and Hearing-Device Use in Adults: National Health and Nutrition Examination Survey, 2011-12, 2015-16, and 2017-20](#)

Comedian Lara Ricote has been winning awards.

After starting out just a few years ago, she won the UK's influential Funny Women Stage Award in 2021, and in 2022 the Best Newcomer at the Edinburgh Fringe Festival, the world's largest performing arts event.



"I wear hearing aids in my ears. My parents actually gave them to me for my birthday and that, I think, is not right," Lara Ricote says to a room full of laughter.

"If you had the hearing aids before, don't wait. Hand them over as soon as you got them ... don't wait 'till my *birthday*."

That's part of Ricote's stand-up comedy routine that has made her a rising star internationally.

The 26-year-old is "equal halves Mexican, American, and Venezuelan" and previously said she believed there was some "tokenism" in her winning awards because she is a Latin-American woman with degenerative hearing loss. She clarifies though, that she is "incredibly grateful" for the accolades.

Lara notes she may be considered a more 'acceptable face' of minority representation because she's a woman of colour but can 'pass' as white, and her disability is not as pronounced as some.

"I'm in this in-between space because I'm hard of hearing, but I can still function in society without people making too many adjustments for me to be around," she says.

"I think it's important that we give platforms to people whose voices we've never heard before, but I also think it's interesting to notice that we're doing it this particular way."

She brought her show, GRL/LATINX/DEF, to Australia for the Melbourne Comedy Festival.

"I haven't found any resistance from anywhere ... People are generally very nice."

She says she can't always hear when people interject from the audience but has a range of prepared responses to shoot down any hecklers.

One of the proudest moments of her career so far was a recent show at London's Soho theatre, where a stenographer produced live captions of her routine.

"That was so exciting, probably the time I had the most people who were deaf or hard of hearing at the show," she says. "It was very heartwarming to do it with captions."

Ricote says some of the audience members hadn't attended live comedy before but are now keen to see other captioned shows.

"If I could be, in some way, opening a door for anyone to be able to see shows they otherwise not be able to see, I would love to be able to do that because I would love it if someone were doing that for me."

Read the full article by Daniel Herborn for [SBS News](#). Photos by Steve Ullathorne.



Be part of HALOS, an important Australian hearing research project.

Adult-onset hearing loss is one of the most prevalent causes of disability. The number of Australians living with hearing loss is predicted to rise to 1 in 4 by 2050. Despite its high prevalence, adult-onset hearing loss is largely an under-recognised health problem.

Hearing loss can have a substantial effect on psychological wellbeing, quality of life, social connectedness, relationships, and economic independence.

A public health approach is needed that promotes health by having a better understanding of how these other important aspects of life are associated with the different hearing intervention and rehabilitation pathways.

To do this Professor Bamini Gopinath, Cochlear Chair in Hearing and Health at Macquarie University, is leading the **Hearing Impairment in Adults: Longitudinal Outcomes Study** (HALOS). HALOS is an internationally unique study of 900+ adults aged 40 years and over with hearing loss who use cochlear implants and/or hearing aids. The study is collecting data on a broad range of outcomes including health, quality of

life, cognitive health, mental wellbeing, independence, employment and interpersonal relationships.

“Our team will drive this research to better understand how existing hearing interventions and technologies address the needs of adults with hearing loss. Given the many challenges they face, it is imperative to better understand how hearing interventions impact on health and social outcomes, and the person’s perspective of the hearing care pathway and delivery of hearing services,” Professor Gopinath said.

Learnings from HALOS can help inform clinical practice, improve delivery of hearing health services, and inform policy.

The HALOS team is currently looking for volunteers to be involved in the study. They will be adults aged 40 years-plus who wear a hearing device (hearing aid and/or cochlear implant) in at least one ear.

If you become a volunteer you will complete an online or paper-based survey outcomes which will take 60 minutes to complete; and a 15 minute online cognitive assessment which involves some thinking tasks. An optional interview to discuss your hearing health journey will take 20-30 minutes. Participants will be reimbursed with a gift card for their participation.

For more information, or to take part in HALOS, contact the team via phone, text, or email: 0481 863 983, halosresearch@mq.edu.au.

Message from the National Disability Insurance Agency.

We are pleased to let you know about the release of the Participant Safeguarding Policy.

The policy is one of the first big projects that we have co-designed with NDIS participants and the disability community. This policy outlines our commitment to support people with disability who engage with the NDIS to create or expand safeguards to improve their safety. It is a shift to a stronger focus on proactive identification, assessment, and management of risk to minimise the likelihood of violence, abuse, neglect and exploitation.

Many of you have been involved in the development of this policy. We thank you for your time, expertise and care in helping us get this important work right.

Co-designing the policy

We know that people with disability are the experts in their own lives. They understand their disability better than anyone, and what they need to be safe. More than 210 people with disability, families, carers and other representatives were involved in co-designing the Participant Safeguarding Policy. We have been able to learn from the different experiences people with disability have in keeping themselves safe.

This included the co-design of the **6 safeguarding principles** in the policy to guide the way we work with and support people with disability to make informed decisions about their own safety and safeguards in their life.

They are:

- Safety culture
- Empowerment
- Individualised circumstances
- Proactive support

- Dignity of risk and informed decision making
- Informal support networks.

The ideas and solutions that came from the co-design of the safeguarding principles were used to inform the **4 focus areas** in the policy:

1. A proactive and individual approach to identifying, assessing, and managing risks
2. Developing the workforce and capability of people with disability
3. Working with people with disability to proactively develop safeguards
4. Effective corrective measures in response to incidents



What is next for the policy

- We are committed to working together to implement this policy with the people it affects.
- We have begun planning the implementation of this policy and we will keep you updated on our progress.
- In implementing the policy, we will also consider any relevant information and recommendations from the NDIS Review and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

The Minister for the NDIS, Bill Shorten, publicly announced the policy in a media release. All documents (including Easy Read versions) are available to download from the [NDIS website](#).

We want Australians who are deaf or hard of hearing to live well in the community.

DEAFNESS FORUM AUSTRALIA supports all Australians who are deaf or hard of hearing to live well in the community by making hearing health & wellbeing a national priority.

For Australians raised in a hearing world, listening seems so effortless that is not until they strain to hear that we realise how much we take it for granted. It can come as a surprise to learn that 4 million, or one in six Australians experience some form and degree of hearing difficulties.

Hearing health and community inclusion are absolutely essential for general health.

Deafness Forum is the peak body representing citizens who live with hearing loss, have ear or balance disorders, and their families and supporters.

In doing so, we won't leave behind people who also communicate using Australian Sign Language and people for whom a hearing difficulty is accompanied by other conditions or challenges. There are organisations that represent and advocate for them – wherever possible, we amplify these organisations' messages.

- We advocate and lobby at all levels of government for a more accessible living environment; and to improve the accessibility of mainstream service systems including where they interface with other levels of government.

- Inform governments about relevant issues and provide advice on legislation, social policies and reviews that affect our constituents.
- Ensure the voices of our constituents and consumer representative organisations are considered in consultation processes.
- We advocate for community understanding of the risk factors for hearing loss and the ways to prevent it.
- We work with the Australian Government to make hearing care more accessible for more people.
- We bring people and knowledge together to underpin evidence-based policy and practice, focussing on prevention and early intervention.
- We are involved in and support research and programs that benefit the 4 million Australians we represent.
- We are a part of the effort to overcome high levels of ear health issues among First Nation people; and through this, we contribute to Closing the Gap. We also understand the risk of the disappearance of indigenous languages and the cultural loss this would cause, and we want to play a role in highlighting it.

To achieve our mission, we have four goals:



Goal 1: [Awareness & Inclusion.](#)

Our overarching goal is the proper inclusion of people who are deaf or hard of hearing in the Australian community. We are focussed on enhancing the visibility and voice of people who are hard of hearing or deaf.



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Goal 2: [Prevention.](#)

Our second goal is prevention because it is the most effective way to reduce hearing loss and tinnitus. Unnecessary exposure to noise, whether prolonged or of short duration, is a major cause of approximately one-third of adult-onset hearing loss.

Hearing loss can also result from a range of preventable diseases, injury, solvents, and certain medications. Many of the impacts of hearing loss and ear health can also be prevented and mitigated.



Goal 3: [Identifying Hearing Loss.](#)

A person-centred approach to detection, diagnosis and possible responses is important to ensure the impact of hearing loss on individuals is minimised. There are significant costs associated with the impacts of unaddressed hearing loss, including costs to health, education and employment sectors and lost productivity.



Goal 4: [Closing the Gap for Aboriginal and Torres Strait Islander Ear and Hearing Health.](#)

Aboriginal and Torres Strait Islander people have significantly higher rates of hearing loss and ear disease than non-Indigenous Australians. One in three Aboriginal children experiences chronic ear disease. In some remote parts of Australia, up to 90 percent of children experience some form of ear disease at any time.

Deafness Forum represents Australia as a Foundation Member of the World Hearing Forum (part of WHO), as a member of the International Federation of Hard of Hearing People, and as an associate member of the World Federation of the Deaf.

Our work encompasses inclusion in communications and the made environment, human rights, justice, education, employment, transport, health, and aged care. Our website is a rich source of up to date information. Visit www.deafnessforum.org.au

Learn to lipread at home or at work.



Did you know 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 e-learning platform that is dedicated to supporting those with hearing loss and their families, by improving their quality of life through increased communication skills.

This online learning program includes 8 lessons to teach you lipreading techniques.

- ✓ Learn and practice lipreading at your own pace **from the comfort of your own home.**
- ✓ **Feel more confident** about your ability to communicate in challenging listening environments by learning to identify 8 of the easiest lip movements.
- ✓ **Feel more connected** to conversations and the world around you. Video lessons (with captions for hearing accessibility) help you start, or build on, your ability to lipread.

Visit our website today and register your details to access Lesson 1 and decide if this product is right for you.

For more information visit www.readourlips.com.au or contact us at support@readourlips.com.au



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Hearing loss, tinnitus common in cancer survivors.



There are significant benefits of chemotherapy in treating and managing many types of cancers but some negative side effects may not always be so obvious.

One of the potential negative effects of chemotherapy is hearing loss, generally considered a type of sudden hearing loss, so monitoring hearing before and after treatment with hearing tests is important.

While children receiving chemotherapy routinely have hearing tests, adults don't. A new study reports that significant hearing issues often occur among adult survivors of common forms of cancer. The researchers found that more than half the survivors in their study who had been treated with chemotherapy experienced significant hearing problems.

"While hearing loss associated with the administration of platinum drugs (chemotherapeutic agents used to treat cancer) was reported in adults with testicular and head and neck cancer, our study is the first to demonstrate that hearing loss and tinnitus are highly prevalent problems in survivors of the four most common types of cancer," said first author Steven W. Cheung, professor of

Otolaryngology, Head and Neck Surgery at University of California, San Francisco.

"Another important finding from our study is that these high rates of hearing loss and tinnitus occur not only with platinum drugs, but with another class of chemotherapy drugs called taxanes (a type of drug that blocks cell growth by stopping mitosis - cell division)."

The investigators found that more than 50 percent of people they studied experienced significant hearing loss confirmed by an audiogram, and more than 35 percent reported tinnitus.

Given that hearing loss and tinnitus are not assessed routinely in patients receiving chemotherapy for breast, gastrointestinal, lung and gynecologic cancers, and that many of these individuals may be experiencing some degree of age-related hearing loss, evaluations of hearing loss and tinnitus should be done prior to, during, and following chemotherapy.

Do you volunteer or work with volunteers in aged care?

The Commonwealth Department of Health and Aged Care is looking for feedback from aged care volunteers, volunteer managers, and aged care providers. This will help it understand what is working and what can be done to improve the national consistency of volunteer training and support.

- Take the online survey, <https://consultations.health.gov.au/aged-care-division/volunteers-in-aged-care>
- Call 1800 318 209 to do it over the phone
- For translating and interpreting services, call 131 450
- To use the National Relay Service, visit nrschat.nrscall.gov.au/nrs



The Age of AI has begun. By Bill Gates

The development of AI is as fundamental as the creation of the microprocessor, the personal computer, the Internet, and the mobile phone. It will change the way people work, learn, travel, get health care, and communicate with each other. Entire industries will reorient around it. Businesses will distinguish themselves by how well they use it.

Philanthropy is my full-time job these days, and I've been thinking a lot about how—in addition to helping people be more productive—AI can reduce some of the world's worst inequities. Globally, the worst inequity is in health: 5 million children under the age of 5 die every year. That's down from 10 million two decades ago, but it's still a shockingly high number. Nearly all of these children were born in poor countries and die of preventable causes like diarrhea or malaria. It's hard to imagine a better use of AIs than saving the lives of children.

In the United States, the best opportunity for reducing inequity is to improve education, particularly making sure that students succeed at math. The evidence shows that having basic math skills sets students up for success, no matter what career they choose. But achievement in math is going down across the country, especially for Black, Latino, and low-income students. AI can help turn that trend around.

Climate change is another issue where I'm convinced AI can make the world more equitable. The injustice of climate change is that

the people who are suffering the most—the world's poorest—are also the ones who did the least to contribute to the problem.

The world needs to make sure that everyone—and not just people who are well-off—benefits from artificial intelligence. Governments and philanthropy will need to play a major role in ensuring that it reduces inequity and doesn't contribute to it. This is the priority for my own work related to AI.

The subject of AIs will dominate the public discussion for the foreseeable future. I want to suggest three principles that should guide that conversation.

First, we should try to balance fears about the downsides of AI—which are understandable and valid—with its ability to improve people's lives. We will need to guard against the risks and spread the benefits to as many as possible.

Second, market forces won't naturally produce AI products and services that help the poorest. The opposite is more likely. With reliable funding and the right policies, governments and philanthropy can ensure that AIs are used to reduce inequity. Just as the world needs its brightest people focused on its biggest problems, we will need to focus the world's best AIs on its biggest problems.

Although we shouldn't wait for this to happen, it's interesting to think about whether artificial intelligence would ever identify inequity and try to reduce it. Do you need to have a sense of

morality in order to see inequity, or would a purely rational AI also see it? If it did recognise inequity, what would it suggest that we do about it?

Finally, we should keep in mind that we're only at the beginning of what AI can accomplish. Whatever limitations it has today will be gone before we know it.

I'm lucky to have been involved with the PC revolution and the Internet revolution. I'm just as excited about this moment. This new technology can help people everywhere improve their lives. At the same time, the world needs to establish the rules of the road so that any downsides of artificial intelligence are far outweighed by its benefits, and so that everyone can enjoy those benefits no matter where they live or how much money they have. The Age of AI is filled with opportunities and responsibilities.



Read more at [GatesNotes](#).

National Hearing Dog Day today.

It's a big day for Lions Clubs around the country which support hearing dogs. And a big day too for the people who benefit from a furry friend.

Australian Lions Hearing Dogs **LIONS CLUB AUSTRALIA**

NATIONAL HEARING DOG DAY

Dominic & Katie.

“
Katie is basically family. She interacts with me when I'm frustrated, and her being around allows me to stop, step back and take a breather when I really need to. **I often say to friends, I don't need children as I have a furry baby.**”

Every dog HAS ITS DAY.



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

Let us know: hello@deafnessforum.org.au

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