

# It's a pain in the arse.



# Don't try calling a tinnitus helpline, it just keeps on ringing.

Nick Cave discusses his experience with tinnitus, calling it “the musician’s curse” and “a pain in the arse”.

The musician was replying to a question on his [Red Hand Files](#) website, from a fan who asked whether Cave suffered from tinnitus himself.

“Do you have tinnitus?” the fan – Denise from New York City – asked: “What do you do when the ringing gets loud? I have had it for 15 years and have adjusted but as I get older and seek more solitude the crickets’ choir is always with me, blaring at top volume.

“I try to appreciate their alarm as the message “we are alive” but in a still and quiet house they are very noisy guests who never leave.”

Cave then replied: “It’s funny I should read your question now because I am sitting here alone in my hotel room in Melbourne, having just come back from rehearsals with Warren and the band, and my very own ‘choir of crickets’ is screaming its idiotic head off.

“I’m debating whether I should go down to the hotel restaurant, which for some reason thinks it’s cool to play unbelievably hideous music extremely loudly while you are eating, to drown the little f\*\*\*ers out.”

Cave went on: “Dear, sweet tinnitus, the musician’s curse. Mine is actually pretty manageable most of the time, it comes and goes, and only really kicks off when I am playing live music, which now I come to think of it is most of the time.”



Nick Cave. Credit: Francesco Prandoni/Getty Images. Cover photo of Nick Cave performing at All Points East Festival 2022. Credit: Jim Dyson/Getty Images.

“An ear specialist once told me there was not much I could do other than to ‘love my tinnitus’ — and then charged me three hundred quid.

“But, you know, I don’t love my tinnitus, I don’t love my tinnitus at all, it’s a pain in the arse.

“So, I feel for you, Denise, sitting there in your solitude, with your tinnitus for company, and I don’t really have any advice for you, other than to say, if it is any consolation, that not only my cricket choir is singing, loud and very clear, but Warren’s is too, and Larry’s and Colin’s (Greenwood), and Wendy’s and Janet’s and T Jae’s — all our dreary crickets singing their moronic and endless serenade back to you, you wonderful, tortured person, in your quiet but noisy house in New York City.”

By [Will Richards](#) for [NME](#)

One in six Australians live with some form of hearing loss. This may increase to one in four by 2050.

Hearing health is essential for general health. Better hearing leads to greater wellbeing.

Deafness Forum Australia is the peak body representing the views and interests of citizens who live with hearing loss, have ear or balance disorders, people who also communicate using Australian Sign Language, and their families and supporters. Our mission is to make hearing health & wellbeing a National Priority.



## Kelvin Kong is dedicated to addressing and raising awareness of Indigenous ear health.

**The rates of ear disease and its associated complications, like hearing loss, are far more prevalent among Aboriginal and Torres Strait Islander children than the general population.**

Professor Kelvin Kong is a proud Worimi man and the first Aboriginal fellow of the Royal Australasian College of Surgeons' (RACS). He is an Ear, Nose and Throat Surgeon dedicated to addressing and raising awareness of Indigenous ear health.

The [rate of burden](#) from [hearing loss](#) in Indigenous children aged 0-14 years is 12 times as for non-Indigenous children.

According to a [2013 report](#), some Indigenous communities have a prevalence of chronic suppurative otitis media – severe middle ear infection with chronic discharge – up to 10 times higher than the 4% that the World Health Organization (WHO) identifies as being ‘a massive public health problem’ requiring ‘urgent attention’.

Chronic, recurrent otitis media and its complications have [negative impacts](#) on children’s education, childhood development and social outcomes.

Kelvin graduated from the University of New South Wales in 1999 and was awarded his fellowship with the RACS in 2007. His passion is to ensure that all children have the same opportunities to hear well and achieve their potential. His dream is to reduce the disparity between health and learning outcomes for Indigenous and non-Indigenous Australians.

He spends a portion of time each year working in remote Australian communities to provide access to otherwise limited or unavailable ear health services.

His clinical work is complemented by his ongoing research at the Hunter Medical Research Institute into the causes and treatment of otitis media.

Kong is also a board member for the National Centre of Indigenous Excellence, private practitioner at Hunter ENT, and Professor in the School of Medicine and Public Health at the University of Newcastle.

By Imma Perfetto writing for [Cosmos](#) as [The urgent need to improve Indigenous Australians’ ear health](#)

A woman with long brown hair, wearing a grey scarf and a red jacket over a striped shirt, is shown in profile from the chest up. She is looking towards the right. The background is a vibrant, abstract mural with large, bold strokes of color including yellow, pink, blue, and red, with dark, branching lines that resemble tree trunks or roots. The overall mood is artistic and colorful.

**“My hearing aid  
and cochlear implant  
are the most valuable  
items I own.”**

Jacqueline Drexler  
Audiologist  
USA

**Jacqueline Drexler says “I have never known ‘normal’ hearing. All I know are the sounds I hear through my hearing devices.”**

“Since infancy, I wore hearing aids. In 2017, I underwent cochlear implant surgery. I am a bimodal user, wearing a hearing aid in one ear and a cochlear implant in the opposite ear.

My audiologist and family inspired me to become an audiologist. Growing up, they made sure I had the resources I needed to perform well academically and socially.

It felt natural for me to work with and help others living with hearing loss, like those who advocated for me.

After completing my Doctor of Audiology degree, I pursued a path in the hearing industry. When working for a hearing aid manufacturer, you feel like you can make a difference for many people at once.

I love being on the frontlines and contributing to the rapid improvements in technology that I depend on every day.

Today, I’m an audiology manager working with hearing aid fitting software. It is my responsibility to develop training materials to support hearing care professionals around the world in using the software and provide the best fitting experience for their clients.

What fascinates me about my work is collaborating with colleagues across multiple functions to translate the hearing aid technology into end-user benefits and using the fitting software to ensure that the hearing aids are tailored to their needs.

Hearing is one of the five senses we use in our everyday life, and without it, we may struggle to feel included in society.

My hearing aid and cochlear implant are the most valuable items I own. The sounds they provide me give me great joy.

I aspire to be an advocate for others with hearing loss and hope to help them feel more connected to the world.”

From [The World Hearing Forum](#)



## **Here's what we know from decades of research: Hearing loss affects health and wellbeing, but people with hearing loss are often reluctant to wear hearing aids.**

Of course, they're doing themselves no favours. But when they do finally opt for hearing assistance (on average, about seven years after they learn they need it), we also now know that the longer people wear hearing aids — throughout the day, for instance, rather than just in certain situations — the healthier they tend to be. Better hearing leads to greater well-being.

The World Health Organization estimated more than 1.5 billion people worldwide live with hearing loss, a staggering number that the WHO predicts could grow by 1 billion. The health ramifications could be significant. Hearing loss has been linked to an increased risk of cardiovascular disease, diabetes, and other conditions, and social isolation caused by hearing loss has been linked to depression, cognitive decline, and dementia.

Recognising the connection between hearing health and general health is critical, but equally important is empowering patients with lifestyle solutions that help strengthen that connection and give people the power to improve their lives through better hearing.

Traditional hearing aids are clearly a solution if patients wear them. But a new class of digital

wellness hearing aids is another. The former focuses largely on sound amplification; the latter on enhanced communication, engagement, and overall well-being — through amplification, yes, but also through advanced sound processing, sensor technology, artificial intelligence, and real-time health tracking. A Fitbit for the ears, but better.

### **Hearing aids as fitness trackers**

Several years ago, the first hearing aids to include built-in fitness trackers came to market. In addition to amplifying sound, they could track steps — a notable advance considering the growing market for wearable technology like Apple Watch, Fitbit, and others. Global sales of such wearable devices are expected to grow to \$114 billion in 2028 from \$36 billion in 2020, according to Fortune Business Insights.

In the years since, hearing aid technology has advanced much further, creating the conditions where hearing aids can serve as universal wellness devices, not only tracking steps, but also monitoring social engagement, overall activity, and actual wear time. When hearing aids become a lifestyle choice and not just a healthcare solution, they can have a more profound effect on wellbeing.

To many, earbuds and wearables are already lifestyle devices. For the billions worldwide who also require hearing assistance, hearing aids that combine lifestyle functions with leading-edge sound processing, clarity, and amplification create a more holistic approach.

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There are two key ways in which today's top wellness hearing aids are more advanced than yesterday's. First is their integration of greater sensor technology for detecting the world around the wearer. Second is innovative processing for distinguishing and enhancing the wearer's own voice. Each contributes to far greater hearing health, regardless of fitness tracking. Sensors help the hearing aids adjust sound, for instance, when the wearer is in motion. Unique digital processing isolates the wearer's voice and improves its sound to overcome a common communication challenge of hearing aid users — they hate the way hearing aids make them sound to themselves.

These two hearing technology advances, combined with accelerometer technology that, frankly, does a better job of tracking steps when integrated into hearing aids than worn on the wrist, forms the foundation of this new generation of digital wellness aids. At Signia, we call it My Wellbeing and it capitalizes on the innovations we've made in hearing health to address general health.

### **Encouraging longer wear times, physical activity**

The ultimate goal is to encourage people to wear hearing aids and wear them longer. Studies show that usage time can help determine perceived benefit, with six or more hours of wear time per day seen as a threshold. And the

health benefits of hearing aids are widely known. People tend to be more active when they can better hear environmental cues during their morning jog or gym workout. They engage more with others when they're confident in their ability to hear and communicate.

Certainly, advances in hearing aid design encourage longer wear times. Electronic miniaturisation and leaps in software processing have enabled hearing aid form factors that are far more discrete, even fashionable. And the introduction of easily rechargeable hearing aids has been a big step in encouraging wider adoption. But the incorporation of wellness features stands to further encourage longer, healthier usage.

### **A foundation for hearing wellness**

The wellness features of these hearing aids fall into four areas: wear time, step tracking, activity tracking, and social engagement. The first two are straightforward: Encouraging people to wear their hearing aids longer remains the core goal, and delivering more accurate step counts without a separate tracker are now table stakes for such wellness aids.

The second two represent the further evolution of hearing aids into overall, holistic health platforms. Activity tracking is possible through the various motion sensors currently used to aid sound processing. The sensors can track when a person is engaged in a moderate activity (a brisk walk) or more intense activity (a run).

In and of themselves, advanced motion sensors can greatly improve the hearing experience of hearing aid wearers. When they double as integrated wellness trackers, they can be a game-changer. Better overall health through better hearing health should be the goal of all healthcare professionals. This new category of wearable wellness devices provides that critical link.

By Brian Taylor, AuD, Senior Director of Audiology for Signia.



has published a new interactive resource that parents can share with their child's teacher.

## **eBook for Teachers**

### **Information for Teachers of students who are deaf or hard of hearing**



eBook contents:

1. Personal information template
2. Hearing information template
3. Device information template
4. Assistive devices in classrooms
5. Classroom adjustments
6. Sharing information with teachers and fellow students
7. Classroom acoustics
8. Listening fatigue
9. Managing listening fatigue
10. Making school plays deaf-friendly
11. School sports for D/HH students
12. Transition to post-school education and employment
13. Useful website links.

<https://www.aussiedeafkids.org.au/ebook-for-teachers.html>

# The Australian Health System: an overview for young people.

Here is a great opportunity for young people aged 18–30 who are interested in developing a foundational understanding of how our health system works.

An interactive online session on 9 February will provide a broad overview of the structure and functions of the Australian health system and identify key strategies, tools and levers for effective advocacy. Topics included will be:

- The evolution of the Australian health system – how did we get here? How does the history of the health system inform the problems we are encountering today?
- The main players – what are the main components of the health system? How do they relate (or not) to each other?
- The division of responsibilities across different sectors and levels of government – who does what and where does the money come from? What are the different ways in which we fund and deliver health care?
- The role of consumer and advocacy organisations – how understanding the health system can support effective advocacy. What are the most effective approaches for advocates wanting to make changes?
- Key current debates – identifying tools and levers within the current health policy landscape to advocate for change.

1pm – 3:30pm (AEDT) on Thursday 09 February

Zoom/online

RSVP: Register [here](#)

Cost: Free event

- This event is for young people aged 18–30 only.

## Order of Australia.



**Margaret Dewberry was awarded a Medal (OAM) of the Order of Australia in the 2023 Australia Day Honours “For services to people who are deaf or hard of hearing.”**

Margaret's contributions include but are not limited to:

Deafness Forum Australia

- Expert Adviser and Mentor.
- Honorary Life Member (awarded 2022)

Mentor, Aussie Deaf Kids.

Hearing Australia

- Former Executive Manager, Corporate Governance; Executive Manager, Indigenous and Multicultural Services; Executive Manager, Community Service Obligation (CSO) Unit.

Vice-President, Audiological Society of Australia NSW branch.

Audiology Australia Board Member 2016–2020 and chair of its Paediatric Competency Standards Working Group 2020–2021.

Board Member, EARS, 2014–2015.





## Our Federal Pre-Budget submission.

**The Australian Government invited individuals, businesses and community groups to submit their ideas and priorities for the 2023-24 Budget.**

The Government places significant importance on receiving submissions in developing its budget strategy and policies.

Deafness Forum Australia's submission to the Federal Budget outlines a series of recommendations that aim to address the burden of hearing loss among vulnerable groups, First Nation peoples, those requiring specialised programs to address their hearing needs, and people on low income.

The Australian Government Hearing Services Program aims to reduce the impact of hearing loss by providing eligible people with access to hearing services.

The Community Service Obligation component of the Program includes individual rehabilitation programs for people with complex hearing rehab needs such as children, adults with severe to profound hearing loss or severe communication difficulties, including those in aged care; and culturally appropriate programs for Aboriginal and Torres Strait Islander people.

Deafness Forum's consumer representative member organisations believe the objective of the Hearing Services Program should be to ensure that vulnerable groups, those requiring specialised programs to address their hearing needs, and people on low income have access to high-quality hearing services at no cost or minimal cost. In order to do so, the eligibility of the Program should be extended to a broader group of vulnerable people including:

### **1. People on a Health Care Card, or Low Income Card**

Health Care Card holders and Low Income Health Care Card holders who are not eligible for hearing supports under the National Disability Insurance Scheme should have access to government-funded hearing services as a vulnerable group on low income. Access to hearing services could improve the person's opportunities for further education, employment or advancement within existing employment.

### **2. Seniors Health Care Card Holders**

As the prevalence of hearing loss increases with age, it is critical to ensure that this population has appropriate access to hearing services so

they can continue to engage socially and through employment. There are many self-funded retirees who do not have high levels of superannuation and because they do not receive any concessions on living expenses, struggle to fund the hearing services they need. The eligibility criteria needs to be reviewed so that it is targeted to the broader ageing population who need assistance with their hearing needs as they age, and who are not in a position to fund these services themselves.

### **3. Children of refugees**

Most children living with hearing loss in Australia have access to the Hearing Services Program which provides listening devices such as hearing aids and cochlear implants as well as early intervention programs to ensure their speech and language outcomes are on par with their hearing peers. These children, up until the age of 26 who are Australian citizens or permanent residents, are given every opportunity to access equitable education to ensure employment opportunities in adulthood.

However, for children with hearing loss living in Australia whose parents may be waiting for citizenship or permanent residency – and therefore, do not fulfil Hearing Services Program eligibility criteria – their opportunities to thrive in adulthood are much more difficult. Firstly, many are fleeing countries with higher rates of chronic otitis media, which if left untreated can lead to life-long hearing loss. They may be unable to access hearing assessments in their country of origin and, once in Australia, due to the visa status of their parents, are denied access to the health care and services provided by the Hearing Services Program that could equip them with the support needed to successfully settle into the Australian community and to access education and jobs. Research shows that in Australia, rates of chronic suppurative otitis media are much higher in refugee populations than in the wider community. Some refugee populations are also at higher risk of developing hearing loss due to exposure to extreme noise during conflict situations in their country of origin.

Being proficient in English is a priority for all refugees and even mild hearing loss will restrict their learning and subsequent access to education, government services and jobs. By providing access to the Hearing Services Program, this small and vulnerable population will have the best chance of successful resettlement and participation in the social and economic life of the nation.

### **4. People in the criminal justice system**

People held in incarceration are among the most vulnerable in our society, having experienced high rates of social disadvantage, as well as trauma from family violence and sexual abuse in childhood. They experience higher rates of hearing loss than the general population, particularly those from Aboriginal and Torres Strait Islander communities, leading to acute hearing needs that are currently being poorly serviced by current policies.

While the HSP is federally funded, prisoners are denied access to the Hearing Services Program because correctional facilities are a state and territory matter. However, without adequate access to the Program, the vicious cycle of social disadvantage, incarceration and recidivism is likely to continue.

### **5. People in Aged Care**

Research shows that those in aged care have a much higher prevalence of hearing and communication impairment than those living in the community, contributing to further barriers to psychosocial wellbeing. They are also more likely to have more complex health conditions combined with hearing loss such as dementia, vision loss and physical impairments, requiring a program that can provide specialist care and support.

Addressing the hearing needs of people in aged care facilities is a complex and challenging problem. Servicing this group is financially unattractive to commercial audiology service providers. It should be managed through the Government's Community Service Obligation Program.



## Following fast talkers, navigating noisy rooms.

**Training can help both those with impaired hearing and those with normal hearing keep track of speedy changes in sound, one of the chief challenges for understanding speech in noisy environments.**

Those who struggle to understand someone giving an excited, rapid-fire account of an adventure, or who lose the thread of a conversation during a noisy cocktail party might be dealing with problems detecting rapid changes in sound and new University of Maryland (US) research could help.

In a [study published](#) in the Journal of the Association for Research in Otolaryngology researchers in the Department of Hearing and Speech Sciences found that people aged 18-30 and 65-85 with normal hearing - as well as participants from the older age group with hearing impairment - could all be trained to boost their ability to differentiate subtle changes in the speed, or “rate,” of sounds.

Such changes can make it difficult to understand speech in challenging situations, such as in noisy or reverberant environments, or when listening to people who talk fast.

“We've seen some evidence that these temporal processing deficits might be improved in animal models, but this is the first time we've shown it

in humans,” said Associate Professor Samira Anderson, the publication’s lead author. Her co-authors include Professors Matthew Goupell and Sandra Gordon-Salant.

For the training, participants in the 40-person experimental group compared multiple series of rapid tones (think beeps or clicks) in nine sessions over three weeks.

Compared to members of the 37-person control group, who were asked to detect a single tone, those in the experimental group showed overall improvement.

Most significantly, older normal-hearing people who undergo training can essentially restore their ability to discriminate fast changes in the timing of sounds to levels similar to those observed for young adults.

The study is the first to show that “auditory training promotes neural changes in the brain, known as neuroplasticity,” Gordon-Salant said.

“The results offer great hope in developing clinically feasible auditory training programs that can improve older listeners’ ability to communicate in difficult situations.”

By Rachael Grahame for [Maryland Today](#).



**Judges at the Sundance Film Festival in the U.S. walked out of a premiere last week because the festival failed to provide adequate captioning for audience members, including juror and Deaf actor Marlee Matlin.**

Members of the dramatic jury decided to collectively walk out of the film as it began after a caption device provided to Matlin didn't work. While the device was repaired hours later, it underscored a larger issue that has played out behind the scenes regarding the festival's ability to make movies accessible to all viewers.

According to multiple sources, the jury has repeatedly expressed concerns to both Sundance and filmmakers that movies playing at this year's festival should come with open captions. At other international festivals, including Cannes and Venice, movies are captioned in multiple languages on the screen. This year's application for credentials to Sundance asked attendees if they needed access to captioning.

However, multiple sources state that several filmmakers have declined the request to provide open captions onscreen, citing the costs and time associated with making another print.

The jury wrote to festival filmmakers, saying "The U.S. independent cinema movement began as a way to make film accessible to everyone.

"As a jury our ability to celebrate the work that all of you have put into making these films has been disrupted by the fact that they are not accessible to all of us."

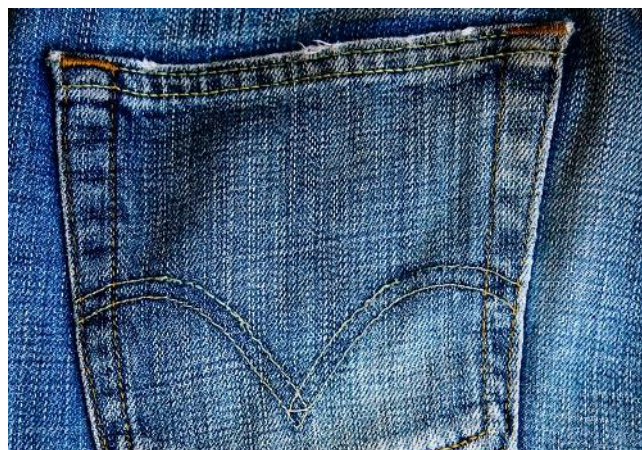
**More than 200 genes implicated in hearing loss.**

An Australian study has found an association between polygenic risk scores and self-reported hearing difficulty among adults in mid-childhood and early midlife. The authors say this adds to the evidence that age-related hearing loss begins as early as the first decade of life.

Polygenic risk scores represent the number of genetic variants that an individual has to assess their risk of inheriting a particular disease or condition.

The findings of this study suggest that a small contribution of polygenic inheritance to hearing loss is evident by 11 to 12 years of age, adding to the evidence that age-related hearing loss may begin during the first decade of life; and that polygenic inheritance may play a role together with other environmental risk factors.

A piece of work by Jing Wang PhD, Katherine Lange PhD, Valerie Sung, PhD. From an article published by [JAMA Network](#).





**Alter Boy creates a greater understanding of how deaf/hard of hearing people experience the power of music through their dark, shiny pop hits performed in Auslan.**

From Perth (how much talent has that city created?), the band Alter Boy transforms the traditional perception of pop.

A combination of chaotic live performances featuring transgender, disabled bodies and carefully considered, unique uniforms serve the band's collective motivation to challenge the music industry's status quo and influence a new relationship with music.



<https://www.facebook.com/alterboyband/>

<https://beardfoot.com.au/artists/alter-boy/>



CONNECT, COLLABORATE, IMPACT. ®

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

Let us know: [hello@deafnessforum.org.au](mailto:hello@deafnessforum.org.au)

**Our website is a rich source of information,**  
[www.deafnessforum.org.au](http://www.deafnessforum.org.au)



World Hearing Day in Australia



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 & Death facts & stats

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