



Headphones damaging our hearing

Once damage is done to your hearing it is irreversible, so it's best to protect what you have. The volume on your headphones can go louder than 100 decibels, and this can cause hearing damage after just 15 minutes of listening. Many people assume devices have built-in protection but it is not the case.



Person-centred hearing care in Malaysia

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Bay Audio bought by Italian multi-national

From a company that was on its knees with \$6 million annual losses, independent Australian hearing care retailer Bay Audio is feeling the positive reverberations of its business turnaround with a \$550 million acquisition from Italian-British hearing solutions group Amplifon.

\$30 million investment to reduce ear disease in Aboriginal and Torres Strait Islander children

Hearing Australia, with the support of Aboriginal and Torres Strait Islander health services across Australia, has helped over 8,000 First Nations children aged between birth and six years of age in some 240 communities during the past 12 months.

Usher syndrome Olympian quits over personal care assistants



A deaf and blind Paralympian quit Team USA after she was not allowed to bring her own personal care assistant to Tokyo.

Swimmer Becca Meyers quit five weeks before the Olympics are set to begin, as she was not allowed to take her mother as her personal care assistant due to pandemic rules that cap the number of people allowed at the Games.

“I would love to go to Tokyo,” the 26-year-old told the outlet. “Swimming has given me my identity as a person. I haven’t taken this lightly. This has been very difficult for me. [But] I need to say something to effect change, because this can’t go on any longer.”

Meyers has Usher syndrome, which caused her to be deaf her whole life and slowly lose her eyesight as well. She has had her mother, Maria Meyers, accompany her for support.

However, the two were told that due to the limited number of people allowed at the games, individual assistants were not allowed.

“There remain no exceptions to late additions to our delegation list other than the athletes and essential operational personnel per the organizing committee and the government of Japan,” Rick Adams, chief of sport performance and national governing body services for the United States Olympic & Paralympic Committee (USOPC), told Becca Meyers’s father in an email in June that was given to the Post.

The Meyers believe the team wouldn’t allow her a personal care assistant because if they did, everyone on the team would have to be allowed one. There is currently only one personal care assistant for the team of 34, along with six coaches.

“We had somebody contact the Japanese government, the ambassador — they all say it’s not the government [and] it’s not the organising committee. It’s the USOPC that’s blocking this,” Mark Meyers, Becca Meyers’s father, said. “They said, ‘Sorry, we can’t help you.’ They’ve had time to fix this, if they asked the right people. They’ve chosen not to.”

Meyers is the only swimmer on her team who is blind and deaf. Her family says each athlete should be given a personal care assistant, as essential personnel designations have been extended for other sports such as caddies for golf.

By [Lexi Lonas](#) for [The Hill](#)

How to stop your headphones from damaging your hearing

By [Sophie Aubrey](#) for [The Sydney Morning Herald](#)

With our lives increasingly spent plugged into our phones and computers, you possibly find your ears are frequently sporting headphones.

As it stands, one in six Australians suffers from hearing loss, and the number is expected to rise to one in four by 2050, says Professor David McAlpine, the academic director of Macquarie University Hearing. And while headphones can't shoulder all the blame, McAlpine says we shouldn't underestimate their role in the problem.



There are simple things you can do to keep your headphone use safe (*Credit:iStock*). Prof David McAlpine.

A Japanese study, [published in March](#) in *The Lancet Regional Health*, examined 30,000 people and found that the hearing of people in their 40s and younger has become progressively worse in the last 20 years. The researchers suggest that chronic noise exposure from portable audio devices may be a key risk factor, which the [World Health Organisation](#) has also warned about.

"The question is 'why are we seeing more hearing loss?', and we have to think about the changes in our hearing and listening habits," says Peter Carew, a University of Melbourne audiology lecturer. [While workplace guidelines](#) for safe noise exposure have been in place for a long time, Carew says, a big change has been our increased use of headphones: be it to commute, to support more screen time at work and play, or to create space for ourselves in shared areas, including the home.

The trouble is that the volume on headphones can go louder than 100 decibels, and this can cause hearing damage after just 15 minutes of listening. "Many people assume devices they use are safe and have built-in protection that means you can just enjoy it. It's not the case," Dr Carew says.

Once damage is done to your hearing, it's irreversible, so it's best to protect what you have.

Prof David McAlpine explains that the intensity of the volume, and the duration you're listening for, are the two most important factors. People can safely listen to 85 decibels for eight hours, but every time you go up three decibels, you have to halve the amount of time that's safe. [So at 94 decibels](#), you're limited to one hour.

Most of us can't accurately tell the difference between decibels, and our perception of sound can be distorted depending on how noisy our environment is. But there are simple things you can do.

Check your settings

Portable devices have an option in their settings to ensure volume won't exceed a certain level. "So your headphones might be able to go louder, but you can set the device to limit them to a particular volume," Carew says. [Apple](#) devices are straightforward (Settings>Sounds & Haptics>Headphone Safety>Adjust slider to limit decibels); Samsung involves a little more guesswork (Settings>Sounds and vibration>Volume>Click three vertical dots in upper right corner, and tap "Media volume limiter">Turn it on and adjust slider to the left, try to stay well within the blue). Carew says he's dropped his decibel limit on his iPhone from 85 to 75 to be conservative: "That in effect means I can listen constantly to music of that volume for a much longer time."

Go with noise-cancelling

McAlpine says a key issue with headphones is that people try to drown out loud exterior noises by blaring even louder sound straight into their ears – "loud" is a perceptual quality, relative to other sounds. It's why noise-cancelling headphones are safest. "They block outside sound and that stops you cranking the volume above it," McAlpine says.

Know your benchmark volume

To do this, Carew says, put your headphones on in a quiet room with someone talking to you from about a metre away. Set your device's volume at a level where you can still comfortably hear them, and remember this point as your ideal benchmark – 60 per cent of maximum volume is a good place to be – and keep an eye on it.

Try a noise diet

McAlpine says that like other aspects of wellbeing, people need to check in on their hearing and audit their day-to-day listening habits. Monitor how often you're wearing headphones, or listening to other loud noises, so you can make efforts to limit your exposure if needed. "A noise diet will help you protect your hearing and you'll be able to enjoy sound for longer," he says.

Take breaks

Carew recommends giving your ears a rest after an hour of headphone use. "Like standing up after a period of sitting, or looking away from your screen to give your eyes a break, give your ears a break," he says.

Pay attention to others

Our communication partners, especially in midlife, are often the first ones to know when hearing loss creeps in. A big sign, McAlpine says, is when you're trying to talk to someone over the TV, in a car or in a restaurant and you can't understand them, or you're making them talk louder. "People often blame others for their hearing loss, and tell someone they're mumbling." Carew says our ability to hear high-pitched sounds, including consonants like "S" and "F", is more sensitive to damage from noise. So if you're struggling to hear the difference between "fist" and "fish", that can be an indicator you're losing your hearing.

What are hearing loops?

In their simplest form, hearing loops are a copper wire that circles an assembly area and is connected to an amplifier. A microphone or jack from a public address system is plugged into the amplifier and the sound is then transmitted through the loop. The loop emits it as a silent electromagnetic signal. Tiny receivers called telecoils or t-coils found in most hearing aids and cochlear implant processors receive that signal and the devices turn it into sound.

Users activate what is called a T-switch on their hearing device to connect to the loop signal and, if they wish, they can turn off the microphones in the devices to rid themselves of most of the background noise that can impede their ability to understand spoken words.

The International Hearing Loop Manufacturers Association reports that loops can improve speech recognition by users from as little as 0% to as much as 90% of the words heard and understood.



Watch this [demonstration video](#) that demonstrates what it's like in a busy airport.

For travellers with hearing issues, travel through an airport terminal is fraught with aural rather than physical obstacles. Their hearing loss, the inability of hearing aids to suppress background noise adequately and the typical cacophony of a terminal can make speech comprehension anywhere from challenging to impossible. They must often rely on note passing or the kindness of strangers to communicate with an agent at the ticket counter.

Missed words from the PA system can lead not just to misunderstandings but to missed flights. Hearing aids are sometimes incapable of adequately blocking the speech covering sounds of the typical airport concourse. That sound makes it difficult or impossible to identify consonants and to tell the difference between seven and eleven or between concourse B and concourse C. Frustrated and sometimes frightened by the communication problems they face, for some hearing disabled travelers fear of the terminal can be greater than any fear of flying.

At airports worldwide, hearing loops are the international solution to communication access. Bluetooth and other wireless assistive listening technologies cannot, at least at present, provide the sort of convenient, user friendly communication access that the electromagnetic transmission of sound offers through hearing loops.

From [Runway Girl Network](#)

Mission to bring person-centred hearing care to Malaysia

"We grew up with the idea that the person in authority has the power in terms of dictating what we should or shouldn't do. So even when we do try to involve the patients, sometimes they still just say, 'whatever you think is best for me.'"

Cultural norms are just one of the obstacles in Dr Akmaliza Ali's bid to bring person-centered care to Malaysia.

But she's making great progress.



Seven years ago, **Dr Akmaliza Ali** had barely heard of person-centered care (PCC). The young audiologist was just starting her PhD in Queensland, Australia, having first studied on the only audiology course in Malaysia at the time and completed a Masters in Southampton, UK.

Three years later, she co-wrote a paper that triggered the first conversations about PCC in Malaysia and the beginnings of a new approach to hearing rehabilitation.

"I hadn't read much into patient-centredness before. But having those discussions with my supervisors at Queensland helped open my eyes about that aspect of the service."

Through their research, the Queensland team found that while many clinicians in Malaysia believed that treatment should align with patients' beliefs and values, that a human connection between clinician and patient is important, and that it's crucial for an audiologist to understand the patient's background - key aspects of PCC – these were rarely implemented in clinical practice.

Several years on, implementation is still the main challenge, as in many countries around the world.

But Dr Ali, now a lecturer at the National University of Malaysia (Universiti Kebangsaan Malaysia, UKM), has made it her mission to spread the word, and the practice, of PCC across the country, and she's making progress – "little, baby steps" as she puts it.

Obstacles to person-centred hearing care

Since the 2018 paper, Dr Ali has noticed that her audiology colleagues in Malaysia are more open to talking about person- (or patient-) centred care.

But a key challenge to turning theory into practice, as in many countries, is the way the public healthcare system functions, often not allowing for longer appointments or for clinicians to offer services beyond the tests requested by the referring ENT.

Dr Ali also believes cultural norms in Asia hold patients back from engaging in the management of their condition. "We grew up with the idea that the person in authority has the power in terms of dictating what we should or shouldn't do. So even when we do try to involve the patients, sometimes they still just say, 'whatever you think is best for me.'"

Older patients are often particularly concerned about becoming a burden to their families and refuse to consider treatments or strategies that would require support or input from their younger relatives.

Changing a country's culture or healthcare system is beyond Dr Ali's abilities, but she does what she can within these bounds – and encourages other practitioners to do the same. For example, many of her younger patients *are* keen to be involved in decisions about their hearing loss management, and she adapts her approach to suit.

"I feel very excited when I meet those kind of patients, because I feel I can share more. But if someone is a bit older, perhaps they need a more traditional, conventional approach."

She also advises clinicians who are keen to make their practice more person-centred to set aside a day for counseling so they can focus on that rather than tests and assessments.

"Changing the system in the hospitals would be a huge task and involves many departments," Dr Ali says. "So I say, 'maybe just change how you do your own clinic, to accommodate your patients. What you can do is start small.'"

But Dr Ali has big ambitions too. Working with others, she's translating the Ida [Motivation Tools](#) into Malay and developing a patient-centred counseling module for practicing clinicians. She hopes it will be ready within the next two years.

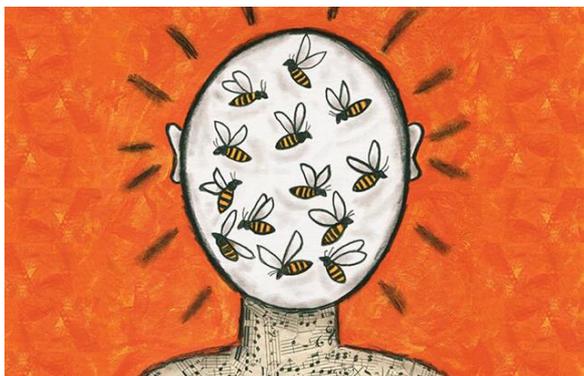
As in many countries, training the next generation is key to the expansion of PCC. The current audiology curriculum at Universiti Kebangsaan Malaysia focuses almost exclusively on the biomedical approach. Keen to change this, Dr Ali has co-created two modules in aural rehabilitation for the new curriculum, drawing partly on the Ida Institute's [University Course](#) resources. Future students will learn about hearing care management with a focus on hands-on, practical sessions.

Currently, Dr Ali tries to compensate for the students' lack of person-centered training by showing them Ida tools and resources in the classroom and providing guidance when they arrive at the university clinic for their internships.

"At the start of their time in the clinic, the students focus mainly on the patient's impairment and the biomedical approach. They are so attached to the audiometers and otoscopes – they feel that if they're not doing any procedures, they're not providing a service to the patient.

"But I make them understand that just having a chat – finding out how the person is coping with the hearing aids, how they're doing at home – should be part of the service. And I encourage them to ask more probing questions and to think about the patient as a whole person, rather than just a hearing loss."

From [Ida Institute](#)



Researchers at Sydney's Macquarie University have partnered with Deafness Forum of Australia for a new study into Tinnitus

Tinnitus is very common throughout the world. It causes people to hear constant sounds in one ear, both ears or in their head. It can cause stress and anxiety.

Helen Bishop and John Newall from Macquarie University are investigating tinnitus smartphone applications as part of Helen's master thesis.

If you are in Australia (sorry to our overseas readers) and suffer from tinnitus or know anyone that could fit that description, please take the survey to participate here - <https://lnkd.in/gmEw8bZ>

Bay Audio bought by Italian multinational for \$550m

From a company that was on its knees with \$6 million annual losses in 2013, independent Australian hearing care retailer Bay Audio is feeling the positive reverberations of its business turnaround with a \$550 million acquisition from Italian-British hearing solutions group Amplifon.

Now with 100 points of sale across Australia's east coast, Bay Audio has posted 20 per cent annual revenue growth for the past five years to hit \$100 million in sales, based on a business model catering to high end customers with spontaneous traffic in major and urban shopping centres.

It is a kind of CBD focus that could have spelled disaster for the retailer, but even during the pandemic it has seen solid profitability amidst strong same-store growth and new store roll-outs.

The turnaround involved a heavy focus on data analytics at the start, bringing in LEK Consulting to map out every Bay Audio store and its performance inside out.

"We knew exactly which stores were not performing, and critically at what point in the business process we were failing," business turnaround specialist Adrian King says.

King says an ultimatum was given to management – "You must break even within four months, otherwise we will close the business. That, I would say, was central to future success. Set a hard deadline, or we close. Within four months the business broke even," he explains.

Amplifon CEO Enrico Vita describes the acquisition as a key milestone in the group's history, perfectly fitting its model and merger & acquisition strategy.

"Moreover, this deal will enable us to build another company stronghold, further strengthening our position in the Australian retail market, the tenth largest in the world," says Vita.

By Matt Ogg writing for [Business News Australia](#)

Hearing Services Program review



A review into the Government's Hearing Services Program began in August 2020.

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

An Independent Expert panel is conducting a review, supported by the Department of Health. The review has had two phases of stakeholder and community consultation. This includes the 2020 Consultation Paper, an Interim Report, and Expert Panel meetings with stakeholders. In May this year, the Expert Panel released the [Draft Report](#) and invited stakeholders to participate in virtual discussions and give written responses.

The Panel is considering the responses it received and is preparing its final report for the Government to review before public release.

What does Deafness Forum think about the recommended changes to the HSP?

There are some positive changes recommended. But we would like to see initiatives to improve the lives of residents in aged care, people on low incomes, and people in the criminal justice system.

We do not support a recommendation to remove eligible adults with complex hearing needs from the Community Service Obligation Program. Removing this safety net risks the most vulnerable people falling through the gaps and not receive the services and supports they need.

The need for hearing services for children who are long term temporary residents or refugees has not been addressed in the recommendations.

There's more to say and you can read about our opinions in the submission that we made to the Government. [Click this link](#) to open the document.



Miss a hearing? You can watch them on the Royal Commission [website](#)

NDIS must remain sustainable

Editorial: The Australian newspaper 12/07/21

The National Disability Insurance Scheme is too important to be undone. It helps Australians with severe permanent disabilities live the best lives they can, and it affords them and their loved ones peace of mind. That is why it must be sustainable financially in the post-Covid world, when budgets will be constrained and will come under heavy pressure for increased aged-care and health services as our population ages.

NDIS Minister Linda Reynolds confirmed that a plan to tighten eligibility and packages for the scheme using an independent assessments process had been dumped. Senator Reynolds admitted after a meeting with her state counterparts that the proposals had frightened disabled Australians. Earlier this year, former National Disability Insurance Agency chairman and architect of the scheme, Bruce Bonyhady, said the proposed assessments had created stress among participants.

Senator Reynolds has foreshadowed a redraft to produce a new model to rein in costs. It will take the views of the disabled into account. Fair enough. But we hope the backflip does not prove a Pyrrhic victory for the disabled. Senator Reynolds wrote that the scheme "is on track in the latest federal budget to overtake the cost of Medicare, from \$28.1bn this year to \$33.3bn in 2024-25".

Cutting NDIS costs will not be easy. For months the government backed the idea of independent assessments, which would have used contracted allied professionals to assess whether an applicant should be on the NDIS. Under the current system, that assessment is based on evidence provided by participants' own specialists. NDIA chief executive Martin Hoffman and chairwoman Helen Nugent have backed independent assessments, which prompted opposition NDIS spokesman Bill Shorten to argue that they should consider their positions: "How do they stay when they say this is needed to fix a \$60bn blowout and the minister has backed away from it?" But supporting a reasonable way of containing costs is hardly a sacking offence.

It now remains to be seen if Senator Reynolds and state ministers produce a better system for NDIS reform and whether it is accepted by the disability sector. In May, social affairs editor Stephen Lunn reported that the NDIS was set to cost more than \$40bn a year within three years – a \$10bn blowout on federal budget projections released just a fortnight earlier. According to a report to federal and state governments by the NDIA, the blowout would occur "if recent rates of growth in average payments and new entrants are extrapolated, without mitigating actions". According to the NDIA report, average payments to participants have increased by 42 per cent across three years to \$53,200. The scheme cost taxpayers about \$23bn last financial year.

There are no simple solutions. Curtailing some services, tightening eligibility or means-testing some benefits for some recipients would provoke major arguments. Services provided to the scheme's 450,000 participants are comprehensive, high-quality and therefore not cheap.

Carried out with commonsense and compassion, independent assessments could have added transparency and accountability. That said, it should never be ruined by bean counters. It is an insurance scheme, open to all Australians in the event of being severely and permanently disabled in a bad accident (Ed: for people under 65 years of age). But taxpayers are not a bottomless pit. They are entitled to know the NDIS is being run efficiently. Expectations need to be reasonable and well-managed.



Association for
Children with a
Disability

Advocating for your child at school

FREE ONLINE WORKSHOP

Free online workshop: Advocating for Your Child at School

Advocating for your child at school can be challenging. You play an important role in your child's education and children do best when schools and families work together.

This online workshop aims to give you the knowledge and confidence to guide and support you through this journey.

The workshop is facilitated by parents of children with disability, with lived experience.

Topics include:

- Understanding school processes
- What are reasonable adjustments
- Looking at student support plans
- Children's rights in education
- How to advocate for your child

Workshop dates:

Wednesday 4 August: 10 am – 12 pm

Thursday 5 August: 8 pm – 10 pm

Tuesday 10 August: 10 am – 12 pm

Wednesday 11 August: 8 pm – 10 pm

Bookings are essential.

Captions will be made available on request.

[Book now](#)

HAPEE program helps over 8,000 First Nations children with hearing



Through the [Hearing Assessment Program – Early Ears](#) (HAPEE program) initiative, Hearing Australia is collaborating with Aboriginal and Torres Strait Islander peak bodies, Ear Health Coordinators and others to address the high rates of ear disease and hearing loss in First Nations children.

The HAPEE program is a result of a \$30 million investment by the Government to reduce ear disease in Aboriginal and Torres Strait Islander children. It focuses on children who are not enrolled in primary school.

So far, 76 Aboriginal Community Controlled Health Services have signed up to support the delivery of the HAPEE program in their communities, Hearing Australia Managing Director Kim Terrell said.

“The HAPEE program was developed with Aboriginal Community Controlled Health Organisations, the Department of Health, key people from the Aboriginal and Torres Strait Islander hearing health sector and Hearing Australia. The HAPEE program is run on a national basis and links with existing community programs,” Mr Terrell said.

“This is a key priority for Hearing Australia given that over the past 12 months, some 30 per cent of children assessed by our audiologists had undiagnosed middle ear infections, while some 25 per cent had some form of undiagnosed hearing loss and were placed into specialist referral pathways.”

Having Aboriginal and Torres Strait Islander team members on HAPEE is key to the long-term success of the initiative, Hearing Australia’s Lose Fonua explained.

“This program will assist communities to have the confidence and capability to assess children for hearing health issues and provide early intervention for otitis media. It aims to reduce the rates of preventable hearing loss in Aboriginal and Torres Strait Islander children, closing the gap in health outcomes for this community and leading to positive changes into the future,” Ms Fonu said.

Proud Torres Strait Islander woman, Denise Newman from Hearing Australia, is a HAPEE Community Engagement Officer and she uses her cultural insights to engage her local community with HAPEE.

“The response to HAPEE from the community is amazing,” she shared. “People understand the importance of health workers and carers being upskilled to identify hearing loss issues in children

and then learning how to refer them to HAPEE. What's really important is that staff education is maintained and kept consistent so there are no gaps in the hearing help our kids receive."

As well as providing diagnostic hearing assessments for young children, HAPEE equips local primary care providers, early education staff and parents and carers with the knowledge to identify ear disease and hearing loss in young children.

To support Aboriginal and Torres Strait Islander communities, Hearing Australia has developed a new resource kit for organisations, primary health services and early child education workers to share training, key messages and the benefits of the program to parents and carers.

Resources can be downloaded for free from the [Hearing Australia website](#).

By Freya Lucas writing for [The Sector](#) early education news

Census to ask about Auslan

Australia's next national Census will be held on Tuesday 10 August.

The Census is a snapshot of who we are and tells the story of how we are changing. The Census provides data on important topics such as populations, rents, mortgages, incomes, religion, languages, housing and more. It helps governments, businesses, researchers, not for profit and community organisations make informed decisions about transport, schools, health care, infrastructure and business. It helps plan local services for individuals, families and communities.

For the first time, a question will be asked about whether Auslan is a language used in your home.

See this [video in Auslan](#) for more information.

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

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



Deafness Forum is a Registered Charity

All donations over \$2 are tax deductible.

To donate, go to

<https://www.givenow.com.au/organisation/public/534>

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 of the disappearance of indigenous sign languages and the cultural loss it would cause.

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