



Hearing checks improve learning and school attendances

Aboriginal children under five can spend half their life suffering from a middle ear disease. Hearing problems often led to children being labelled as misbehaving, when the issue was poor hearing.

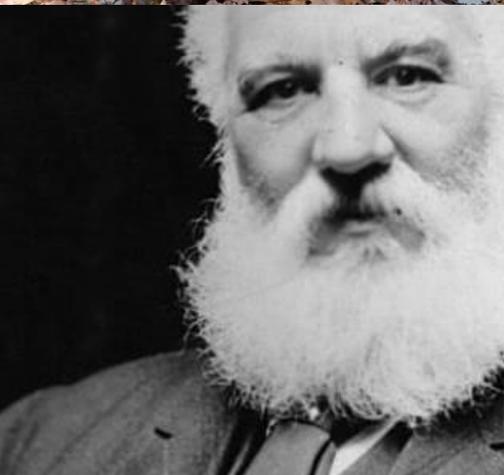
“If you can’t hear, what are you going to do – your mind’s going to wander.”



CMV is the most common infectious cause of disability in newborns

About 1 in 150 women will contract CMV during pregnancy in Australia and about 350 babies will be born with a medical problem due to the virus.

“They all say to me they’ve never heard of this infection. And then are shocked to hear something could have been done about prevention.”



Changes to captions rules on subscription TV

The Government reckons that captioning rules for pay TV are too complicated. Deafness Forum believes that changes would undermine decades of effective lobbying to have captions a legal requirement in television broadcasting.

Alexander Graham Bell's mission

The great project of Alexander Graham Bell's life was, perhaps surprisingly, not the invention of the telephone. He focused much of his life on the education of deaf people. He believed that all deaf people should learn to communicate by lip-reading and speaking, rather than with sign language.

Regular ear checks halve hearing problems and improve learning at Aboriginal school

By Georgia Loney for [ABC South West WA](#)



Hearing has improved dramatically for some students at the Djidi Djidi Aboriginal School.

A program offering free ear-checks to Indigenous children in Western Australia says it has helped to reduce the rate of ear infections and hearing loss – with flow on results for learning and school attendance.

The Earbus Foundation has announced it will increase its reach across WA in the next three years.

Djidi Djidi Aboriginal School in Bunbury, south-west WA, says regular onsite ear checks and treatment have helped to more than halve the rate of detected hearing loss and infections in students since 2016.

A third of kids with ear problems

Principal Tegan Davis said when she started at the school a decade ago, it became clear that it was not so much that kids were not listening – it was they could not hear.



"The first thing I noticed was that the kids, like any children, had a fantastic capacity to learn. But it became apparent that hearing was one of the blockers that we had."

When screening began in 2016, audiologists from the Earbus Foundation found about a third of children at Djidi Djidi, had some type of hearing loss.

By 2020, the proportion of kids with hearing problems had fallen significantly – and behaviour had improved, Ms Davis said.

“Hearing is a massive factor - it’s too easy to look at kids and say that’s the naughty kid.”

Ear checks helped 'heaps'

Waroonna mother Kellie Farmer works in schools, but also found that regular ear checks helped her own son Ezekial, now 16.

“He kept having a runny ear, maybe when he was one or two,” she said, noting it had had an impact on speech development.

“He had a very squeaky voice very soft, but always had the runny ear, and complain about problems.



“So when (Earbus) came, that was awesome, because they'd check it properly and check both ears... that helped heaps.”

Poor hearing often labelled misbehaving

On average, Aboriginal children under five spend half their life suffering from a middle ear disease, compared to three months for non-Indigenous children.

Earbus audiologist Tim Kop said hearing problems often led to children being labelled as misbehaving, when the issue was poor hearing.

“We’ll often have parents come in, teachers as well, and they’ll be reporting that the child is not listening in the classroom, when actually their child just can’t hear what is going on in the classroom. If you can’t hear, what are you going to do – your mind’s going to wander.”

Improved behaviour and learning



Principal Tegan Davis said academic results had improved as result of regular ear checks. She said having a wrap-around service from the mobile Earbus team was highly effective.

“We see less absence because of illness and because children are hearing better, we can see that academically they’re far more successful than what they were.”



The Government is planning changes to the rules for captions on subscription TV

The Department of Communications believes that the sections in the Parliament's Broadcasting Services Act relating to subscription television captioning rules are too detailed and complex, particularly as audiences are relatively small and, in some cases, shrinking.

The Department wants to take this section out of the legislation and put it under the day to day control of the federal Minister. The obvious problem it would create is that the corporations that own subscription TV channels would be able to lobby the Minister to make changes to the captioning rules without having to go through the Parliament - such changes might not be in the best interests of consumers (viewers). Deafness Forum of Australia believes this would go against the idea that we need more captions on more channels and not less.

The Australian Communications Consumer Action Network, aka ACCAN recently gave evidence to a Parliamentary hearing (Senate Standing Committee on Environment and Communications), saying that it is essential that captioning requirements are easy for consumers to understand and provide them with greater certainty about the accessibility of programs on different channels (and different platforms). Consumers are often confused about why a program has not been broadcast with captions, when it was available on another channel or platform with the captions.

To ensure greater certainty for consumers, it is ACCAN's position – endorsed by Deafness Forum - that the Broadcasting Services Act remains the most appropriate place to specify the subscription television captioning requirements.

While the current subscription television captioning requirements do not always meet consumer needs and should be revised, ACCAN believes that removing any of the captioning obligations from the Broadcasting Services Act 1992 would be of great concern to consumers. Consumers expect that captioning requirements will be outlined in strong and enforceable regulation. A key concern would be whether the proposed changes would reduce current subscription television captioning requirements.

Subscription television captioning requirements must reflect the requirements placed on free-to-air broadcasters. While subscription television captioning requirements do need to be reviewed and simplified, this should be done as part of a broader review of the Broadcasting Services Act to embed the same levels of access features (captioning, audio description and Auslan interpreting) across all

subscription, video on demand, commercial free-to-air and national broadcasters. The interests of consumers will be better served by retaining current arrangements until broader discussions about modernising television regulation are further advanced.

Foxtel is entitled to manage its costs to make a profit for its investors, but a license to broadcast in Australia has accompanying social responsibilities – one of them is to be committed to audience inclusion.

Kelvin is an eminent Ear Nose & Throat Surgeon



Kelvin Kong was the first Indigenous Australian surgeon and is now one of the country's leading ENT surgeons with a driving passion to reduce the disparity between health and learning outcomes for Indigenous and non-Indigenous Australians.

He regularly travels to remote Australia to provide specialist ENT services to Indigenous patients.

His clinical practice is complemented by his ongoing research into the causes and treatment of ear disease, together with his involvement in community outreach programs designed to improve access to healthcare and break cycles of disadvantage for Indigenous Australians.

Earlier this month he addressed the National Press Club in Canberra.

Here is a [transcript of that address](#).



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

Go to the relevant Public hearing page, look under **Documents**, then click on **Video/Auslan**. Each video has captions and Auslan interpreters.

“We were preparing for the worst”: CMV vaccine hope for pregnant women

By [Lucy Carroll](#) writing for [The Sydney Morning Herald](#)

Hanako Stump was familiar with the incessant hum of warnings that accompany pregnancy: Don't eat sushi. No soft cheese. Avoid changing cat litter.

But, like most women, she had little – if any – awareness about cytomegalovirus, an infection that can cause severe disability and even be life-threatening in developing babies.



Hugh and Hanako Stump with their two daughters, aged six months and three. *Credit: Edwina Pickles*

Now there is new hope that a vaccine could soon be produced that will provide pregnant women with immunity against the infection.

For Hanako, a florist from Orange, everything was normal in her pregnancy until the 28-week scan. “The ultrasound showed up some extra fluid around the baby’s heart and it just snowballed from there.”

Ms Stump and her husband Hugh were sent to Nepean Hospital for a series of tests that would eventually lead to a diagnosis of CMV. Their youngest daughter, now six months, was born with profound hearing loss.

“We were preparing for the worst in many ways, and we kept thinking there is just not enough known about this,” said Ms Strump.

CMV, a member of the herpes family, is an often-harmless viral infection that can cause mild flu symptoms, if any, in healthy people. But in pregnancy a CMV can be passed onto a woman’s unborn baby through the placenta and cause developmental delays, hearing loss and mental disability.

Despite being the most common infectious cause of disability in newborns it is still largely unheard of by most newly pregnant women, says Dr Antonia Shand, a maternal fetal medicine specialist at the Royal Hospital for Women in Randwick.

About 1 in 150 women will contract CMV during pregnancy in Australia and about 350 babies will be born with a medical problem due to the virus.

“They all say to me they’ve never heard of this infection. And then are shocked to hear something could have been done about prevention,” Dr Shand says.

She said washing hands, avoiding sharing food and drinks with young children and not kissing young children on the lips are critical in reducing infection. Women can often pick up the virus from other children, many bringing the infection home from childcare. It is frequently transmitted via saliva, tears, urine and breast milk, with most people contracting it during their lives.

“It is so important for women to know about it before they are pregnant. By the time a woman is already pregnant they are already at risk,” Dr Shand said, noting that only about 20 per cent of women consult a doctor in pre-pregnancy. Current RANZCOG guidelines state that women should be warned about CMV and prevention as part of routine antenatal care, including hygiene measures to reduce risk. The [official guidelines were released](#) in 2019.



Professor Bill Rawlinson, a senior medical virologist at the University of NSW, said every week at least “one baby will be born in Australia with a problem due to CMV. About 20 per cent of those will have a neurological disability.” He said the majority will have hearing loss but if caught early those babies can go on to achieve normal intellectual capacity.

“Routine screening is being done in a number of countries, including Israel, and we need to continuously update our thinking in this area,” said Professor Rawlinson.

He said Moderna, a biotech company that is now famous for developing an effective mRNA vaccine for COVID-19, is moving into phase 3 trials as part of research into a vaccine for CMV.

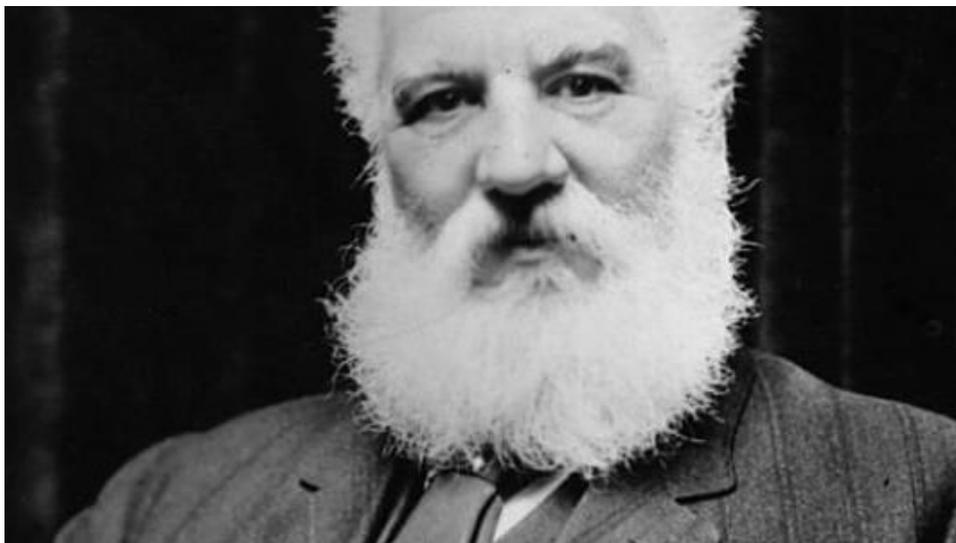
“There is no really good treatment but some studies suggest antiviral medication may be of benefit. A vaccine would be wonderful, this is all new territory. It is great we now have new [mRNA] vaccines that could be applied to other illnesses. But research is still in the early stages.”

For Ms Stump’s daughter, a failed newborn hearing test later led to surgery for bilateral cochlear implants when she was four months old.

“She’s just defied all the odds,” said Ms Stump “She’s hitting all milestones. It’s all very unknown from here and she still has a chance of severe disability and it looks like she may have mild cerebral palsy. But they expect she will walk. And she is the most happy, joyful baby.”

Alexander Graham Bell's mission to teach the deaf to speak still creates harm today, critic says

The oralism movement championed speech, undermined sign language resulting in 'deep trauma' says Katie Booth.



The great project of Alexander Graham Bell's life was, perhaps surprisingly, not the invention of the telephone.

He focused much of his life on the education of deaf people, funded by his earnings from his famous invention.

He was an early pioneer of oralism, a belief that all deaf people should learn to communicate by lip-reading and speaking, rather than with sign language. "To ask the value of speech is like asking the value of life," he is credited as saying.

But not all deaf people can learn to speak, or believe they should be compelled to do so. According to author Katie Booth, the harm of oralism still reverberates.

Bell's mother Eliza was born with hearing, but became deaf later in her life.

"I think Bell saw the way she was able to operate in the world. And just first of all assumed all deaf people should be able to do that. And I think maybe he glamorised it a little."

Bell would work at the Boston School for Deaf Mutes, teaching visible speech to students as well as teachers to promote and spread the practice. At the same time, oralism was growing in popularity among deaf educators.

"The goal was that deaf people could move through the hearing world without anyone knowing they were deaf. And by doing that, ideally, they would be able to have access to all sorts of hearing privilege," said Booth.



From [CBC Radio](#)

Your donation will help Deafness Forum's ambitious work program

There has never been a more important time to give to charity. An End of Financial Year charity tax donation can help keep your taxable income low while knowing you are improving the lives of others.



Hearing loss occurs across the life course, from the womb to late age. And it does not discriminate. It is the biggest disability per head of population in adulthood. It affects 1 in 6 Australians today and 1 in 4 by 2050.

The annual financial cost to Australia exceeds \$30B and is rising.

Deafness Forum was created in 1993 to foster collaboration on systemic issues.

Our work encompasses accessibility in communications and the made environment, human rights, justice, education, employment, transport, health and aged care.

We advocate for public campaigns to promote an understanding of the risk factors for hearing loss; for people in at-risk groups to self-identify their hearing issues and sources of risk; and for a strengthening of behavioural change in high-risk groups.

We support development of accessible ear health information tailored to specific groups.

We are 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 sign languages and the cultural loss this would cause and we want to play a role in highlighting it.

We represent Australian consumers in the World Hearing Forum, a global network of stakeholders that was created by the World Health Organization.

Your donation may seem small, but it makes a massive difference. There is no tax for us to pay, so we get every dollar of your donation, ensuring that your money goes even further to help the community.

Please consider making a donation before 30 June at <https://www.givenow.com.au/deafnessforum>

Bose's hearing aids are cool, but you should still be sceptical

[Victoria Song](#) writing for [Gizmodo](#)



Image: Bose

While you might expect that Bose's latest gadget has something to do with music, it's actually a lot closer to wearable health tech. In fact, they're actually FDA-cleared (United States Food and Drug Administration, aka FDA), self-fitted hearing aids designed for people with mild to moderate hearing loss.

Editor's Note: These hearing aids are not currently approved for medical use in Australia.

The Bose SoundControl Hearing Aids are technologically intriguing. They feature a behind-the-ear, receiver-in-canal design with the help of a companion app, allowing users to customise their settings using two controls. The "World Volume" control amplifies quiet sounds to louder ones, while the Treble/Bass setting can be used to fine-tune vocal frequencies. It also supports preset modes so you can, for instance, focus on conversations in loud environments, or choose a setting that lets in all ambient sounds for better awareness.

The big thing, however, is that the FDA has [cleared the hearing aids](#) for direct-to-consumer use. Meaning, you can buy the Bose hearing aids *without* having to go through the traditional process of visiting a doctor and getting fitted by an audiologist. Setup is guided via the Bose Hear app, and if a customer wants extra assistance, Bose says they can set up free one-on-one video appointments with product experts.

"In the United States alone, approximately 48 million people suffer from some degree of hearing loss that interferes with their life. But the cost and complexity of treatment have become major barriers to getting help," Brian Maguire, category director of Bose Hear, said in the press release.

There are several reasons why a person might want to avoid the doctor's office — medical expenses, the U.S.'s broken healthcare system, an ongoing pandemic, and if you're in a rural area, accessibility to specialised doctors might be hard to come by.

Bose isn't the first company to tout circumventing all of that as a benefit for a health tech gadget. Helping matters is its FDA clearance and, in this particular instance, Bose funded [a study](#) conducted by Northwestern University researchers. The gist is that Bose's self-fitted hearing aids delivered results similar to traditional hearing aids that are fitted with the help of an audiologist.

This all sounds great, and truly, the tech involved is impressive. However, health tech is still a sort of wild, loosely regulated frontier, and it pays to be sceptical if you're thinking about investing in a pair of these.

For starters, FDA clearance is not the same as FDA approval, even though many consumers assume that to be the case.

This particular product — like most medical devices — was cleared via the 510(k) process. That means the FDA cleared a device because it was "substantially equivalent" to a device that already has FDA approval or clearance — or what's referred to as a predicate. This makes it easier to fast-track new devices, but critics say the system [needs an overhaul](#) as gadgets cleared this way often skip testing and clinical trials — meaning many have had the [bare minimum of government scrutiny](#).

There have been cases of [safety issues with 510\(k\)-cleared devices](#) based on outdated predicates. In this case, although Bose has a validation study, *one* study with a small sample size of 75 participants is not a guarantee that the device is bulletproof.

To confuse things further, [federal law](#) states that getting 510(k) clearance "does not in any way denote official approval of the device. Any representation that creates an impression of official approval of a device because of complying with the premarket notification regulations is misleading and constitutes misbranding."

This isn't to say that Bose's hearing aids will destroy your ears, that this tech isn't worth buying, or that Bose is at fault for the limitations of the FDA's clearance process. It's just a reminder to maintain some healthy scepticism when you see new health tech gadgets bandy about the phrase "FDA clearance." These phrases are absolutely not a green light to skip doing your due diligence.

Again, there are likely people who might be better served by over-the-counter, self-fitted hearing aids. But it's also a mistake to view that as a go-ahead to skipping the doctor altogether. If you suspect you're undergoing hearing loss and you're lucky enough to have health insurance in this godforsaken (US) system, it doesn't *hurt* to get your doctor's opinion on whether this device is a viable solution for you.

Now that you've gotten all the way through this friendly PSA, the Bose SoundControl Hearing Aids will cost \$US850, are compatible with iOS and Android, and are eligible for FSA and HAS reimbursement.

They go on sale this month on Bose's website, but you have to be a resident of Massachusetts, Montana, North Carolina, South Carolina, or Texas to buy them. Bose says US nationwide availability will follow, though didn't provide a clear timeline.

Aged care facilities can do better

By Pat Fulton

My concerns address the isolation and confusion for residents in with hearing loss in Aged Care Facilities.

Statistics show 85-90% of residents have a significant hearing loss suggesting 52% of those will have dementia. Issues that may arise when hearing loss are not identified and managed: poor communication, wellbeing, confusion, behaviour and isolation. When hearing devices are prescribed it is the responsibility of staff to monitor compliance as per a resident's "Hearing Care Plan".

These issues together with constant staff turnover should be of concern to Nursing Management.

Sensory Loss increases with ageing and it is likely communication is compromised with increased hearing and vision loss. Reading the lips may be the only way of communication for those with an untreated hearing loss.



Non-compliance of Best Practice by staff to enable effective communication, must be addressed in consultation with residents and their families, care staff, management and hearing professionals to develop a Hearing Care Plan to include practical strategies and tactics. For residents, loss of their Senses do matter. From my experience in Aged Care, Hearing Aid Management for staff training is not consistent, if at all.

Policy to address these issues for staff and visitors may include a 'Deaf Ear Logo' on a resident's file and at the bedside. A coloured wrist band might be also be considered. Awareness is a magical tool as it can open up possibilities "they know my name" this small gesture can make a connection in this otherwise private isolation, residents without a voice.

I have been responsible for staff training programs titled "Hearing Loss : Hearing Aid Management" in ACF's near where I live in the Southern Highlands. These sessions were accompanied with a resource manual "Hearing Loss: The Invisible Handicap" by Dr Jenny Rosen Ph.D.

A "hands on" approach with hearing devices at these sessions were well regarded by staff attending.

I asked the question of a recent Graduate Registered Nurse working in a local Aged Care Facility, about hearing aid management and training. I was advised these no longer take place, "management just tick the boxes". Until management of these facilities oversee staff training, residents remain without a voice.

A helpful resource is Deafness Forum of Australia's [Good Practice Guide and resources](#) for aged care hearing assistance programs.

Author Pat Fulton has a severe to profound hearing loss managed well with a cochlear implant and a hearing aid.

This article was first printed with permission from [Hearing Matters Australia](#).

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Deafness Forum Australia is assisting its opposite number in the United States with a survey of people living with hearing loss and their care-givers.

The information from our Australian survey will contribute to information gathered from throughout the world to help improve advice to governments both here in Australia and overseas.

We are asking you 4 questions:

1. Of all the things that you experience (or your loved one experiences) because of hearing loss, what are the 1-3 things that have the most significant impact on quality of life?
2. How do these things impact specific activities that are important to you?
3. What are you doing (or what is your loved one doing) to help address hearing loss, and how well is this working?
4. What are the downsides to the way you are addressing it?

At the end of the survey we will also ask you a little about yourself: whether you are a person living with hearing loss, someone who cares for a person with hearing loss, or both.

[Follow this link to take the survey](#)

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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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