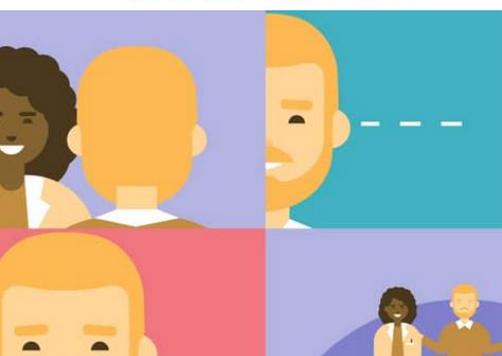




We're All Ears



tiny batteries

Kelvin Kong gets a gong

"Kelvin has a strong and clear voice in advocacy to close the gap in educational and social disadvantage associated with the high prevalence of otitis media and hearing loss in Australian Indigenous children."

Sudden deafness

A sudden hearing loss tends to be just that, very little warning, just a sudden event. It needs to be treated as a medical emergency. Early treatment (within 48 Hours) gives the best chance of recovery.

We are all ears

A good hearing care professional will work to understand your individual needs and make recommendations based on them. That's person-centred care. Learn what you can do to help your provider so they can help you better manage your hearing loss.

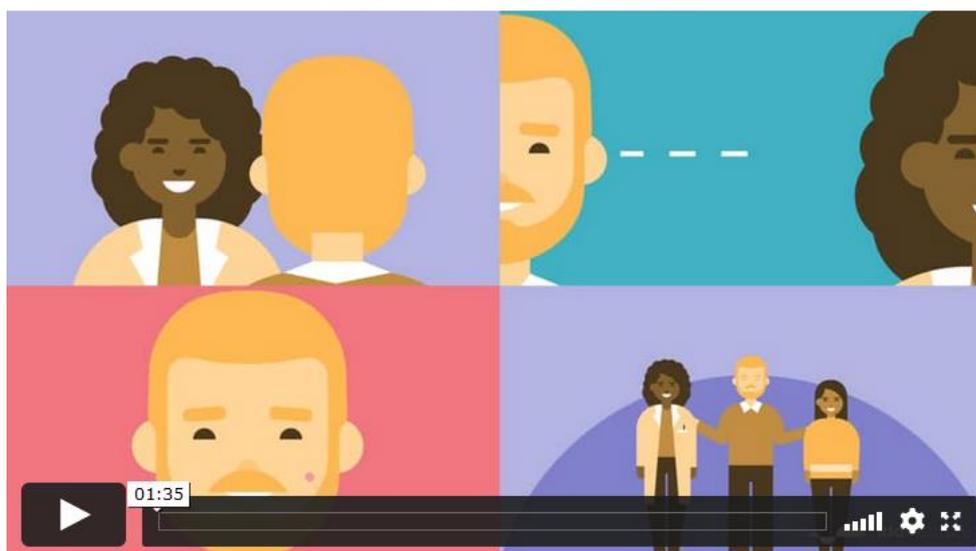
Cochlear implants

A biomedical engineer at Sydney University has come up with an algorithm that provides a streamlined way of making it easier to personalise Cochlear implants to an individual's ability to hear different noises.

Tiny batteries: big danger

Button batteries are lurking everywhere in your home — hearing aids, remote controls, birthday cards and children's toys. A button battery can become stuck in a child's throat and result in catastrophic injuries and even death.

We're All Ears



Helping people hear is knowing how to listen. A good hearing care professional will work to understand your individual needs and make recommendations based on them. That's person-centred care. Learn what you can do to help your provider so they can help you better manage your hearing loss. [Watch the video](#)



[Take part](#) "The more you reveal about your personal challenges, the more information your audiologist will have when planning possible solutions."



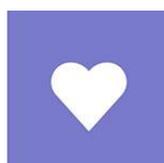
[Be seen](#) "My audiologist made me feel human, and normal. She explained why I struggled and understood why I couldn't do some things. She showed empathy. She had my back."



[Be heard](#) "She didn't give up. And that was everything. Someone was still trying to help me. I knew there was something wrong, and she just listened."



[Tell your story](#) "As this audiologist got to know me, he also realised how into technology I was. These days I've got everything from remote controls to Bluetooth technology."



[Open up](#) "I became a lot more confident, and not so embarrassed about being hard of hearing. The more you talk about it, the easier it becomes."



[Be clear](#) "Years ago, I realised that I too have responsibilities in the process towards better communication."

More at [We're All Ears](#)

Australia's first Aboriginal surgeon, the highly acclaimed ear, nose and throat surgeon, Associate Professor Kelvin Kong has been awarded the prestigious Menzies Medallion.



The University of Newcastle (NSW) Associate Professor received the medal, recognising his leadership in Aboriginal health service delivery, advocacy and research, in particular his work to improve ear health in Aboriginal and Torres Strait Islander children.

The Menzies Medallion is awarded by Menzies School of Health Research, one of Australia's leading medical research institutes dedicated to improving Indigenous, global and tropical health.

A proud Worimi man from Port Stephens, the breadth and depth of Associate Professor Kong's work is far reaching and includes his role as chief investigator for the Menzies-led Centre for Research Excellence in Ear and Hearing Health of Aboriginal and Torres Strait Islander Children.

Currently practising in Newcastle as a surgeon, he specialises in paediatric and adult otolaryngology, head and neck surgery (ear, nose and throat surgery), and lectures in allied health at the University.

Menzies Director Professor Alan Cass said "I am very pleased to see Associate Professor Kong receive this year's medallion. Kelvin brings passion, energy and expert skills as a surgeon and researcher to improve ear health in remote, rural and urban communities.

"Kelvin has a strong and clear voice in advocacy to close the gap in educational and social disadvantage associated with the high prevalence of otitis media and hearing loss in Australian Indigenous children.

"In particular, Kelvin has been instrumental in raising awareness of ear health problems in the Australian community and bringing this issue to the attention of governments. His work has had a profound and measurable impact."

Kelvin Kong is also joint chair of the Hearing for Learning Initiative; a community-based training project that focuses on prevention through early detection of ear issues in young children by a locally trained and community-based workforce.



Gael Hannan on audiology telehealth: we are moving forward

I'll be honest – the idea of a video appointment with my audiologist made me nervous. This familiar apprehension always relates to anticipating communication difficulties in an important meeting. Communication impacts comprehension – and comprehension is crucial to successful healthcare.

Like everyone else, when the coronavirus started snaking through society, my active life transferred to home and online life almost overnight. Soon I was comfortably "Zooming" with family, friends, and colleagues around the world. I used technical devices to stream sound into my CI sound processor and hearing aid, bringing the people on-screen as close as if we were sitting around the kitchen table. The captioning provided by Zoom or Google Meet was not perfect but helpful.

Although we all joked about our corona-hair and shortages of oatmeal, we were worried about getting sick and anxious about being cut off from essential services like hearing healthcare. The closure of audiology clinics was an amplified version of the typical hearing loss experience of our hearing aids breaking down on weekends or vacations, and we would have to wait until Monday morning for the audiology clinic to open. But now, on Monday mornings, the clinics weren't going to open. What if I needed help, or my hearing aid imploded, or the mold cracked. I went to the website of my audiologist and found that they were open for business. Oh, hallelujah! Except, they weren't actually open.

Coping with communication barriers

In those early, panicked days of lockdown, my clinic was providing curbside drop-off and pick-up service for hearing aids that needed work.

Great! I thought.

Other issues would be handled by telephone.

Excuse me, the phone?

For many clients with hearing loss, the telephone is a major communication barrier, the reason they're going to the audiologist in the first place! I do well on the phone, but it's not my preferred mode of healthcare. A couple of weeks later, I read that my audiologist was offering telehealth video meetings – hooray, I'm great at video! A load of stress immediately evaporated.

Adapting to telehealth

When asked to write this article, I immediately booked a video appointment with my own audiologist, Dr. Erin Wright to discuss the audiology telecare she was providing in her two clinics.

Like health practitioners everywhere, Erin wasn't expecting a pandemic that eliminated in-person appointments. It took a lot of work to prepare for the telehealth services she started offering her clients, and there was a learning curve for both provider and clients. Erin found that telehealth appointments worked best when the clients are already tech-savvy and comfortable with video meetings. Many of her clients don't use the wide variety of streaming technology that I use for my bimodal devices.

A good technical connection is crucial to the appointment's success. I could hear Erin well enough, but the video connection seemed a bit blurry. This was not optimal for a person dependent on visual cues to complement residual hearing. However, since no one else had complained about it, I shrugged it off.

Two days later, Erin contacted me. She had mentioned my concern to a colleague and learned that a focus button on her system would improve the client's view of her. This is important, because a good technical connection is crucial to the appointment's success. Good picture, lighting and sound quality can help recreate the sense of intimacy from which both the client and audiologist derive satisfaction during face-to-face meetings.



I believe that, with practice, clients may learn to relax during online sessions. I liked the efficiency of the process; you log in at a predetermined time, connect, and are quickly discussing the issue, solutions, and any follow-up required. In the "old days," an audiology appointment took time. You needed to book the appointment, travel to the clinic, meet with the audiologist, and return home.

I was surprised to find how many services hearing care professionals can provide during a telehealth session: most hearing aid manufacturers have apps which allow audiologists to do "live" remote tuning of devices. After the first fitting of a new hearing aid, follow-up sessions can be done via telehealth – and it is these first few meetings which can establish one's success with hearing aids.

Looking to the not-so-distant future

Software that allows adequate remote hearing testing is still not widely offered, but I say, bring it on. With a stable internet connection, headsets, computers with adequate speakers and microphone – as well as a willing client and a trained professional – the audiology telehealth system is poised to succeed.

Gael Hannan was writing for [Ida Institute](#)



Button batteries are lurking everywhere in your home — hearing aids, remote controls, kitchen scales, birthday cards, children's toys and countless other products.

If swallowed, a button battery can become stuck in a child's throat and result in catastrophic injuries and even death. Insertion of button batteries into body orifices such as ears and noses can also lead to significant injuries.

There are a number of ways you can protect your family:

- [Check before you buy](#)
- [Secure button batteries](#)
- [Store them out of reach of children](#)
- [Safely dispose of them immediately](#)
- [Know what to do in an emergency](#)
- [Make others aware of the risk](#)

Two types of Sudden Deafness

A sudden hearing loss tends to be just that, very little warning, just a sudden event. However, not all sudden deafness is sensorineural (inner ear related). There are two types of sudden hearing loss that may happen, they are:

- Sudden Conductive Hearing Loss
- Sudden Sensorineural Hearing Loss

Sudden Conductive Hearing Loss

A conductive hearing loss is a hearing loss that is caused by a problem in either the middle ear or the outer ear. Sometimes a temporary sudden conductive hearing loss may occur caused by wax or middle ear infection. Both can generally be diagnosed and treated easily.

A clear indication that it may be wax is if the hearing loss occurs after a swim, a bath or a shower. Wax is like a sponge, it will soak up water very quickly, as it does it expands. If there is enough wax in the ear canal, it will expand enough to block the ear canal and cause issues with your hearing. Even if you think the cause of your sudden deafness is wax, get it checked quickly, don't put it off.

A clear indication of a [mid ear infection](#) being a cause of hearing loss is pain in the ear affected.

Normally in a sudden sensorineural hearing loss, there is no pain. Again, even if you think it may be an infection, go and get attention. In fact, a mid-ear infection can cause real complications for hearing. The quicker it is treated, the better the outcome. You may have ringing in your ears (tinnitus) with a sudden conductive hearing loss.

Recovery From Sudden Conductive Deafness

Depending on what caused the conductive hearing loss, there may be spontaneous recovery within a week or two. If the problem is earwax, it probably won't resolve itself without some sort of treatment to remove the wax blockage. If the problem is in the mid ear and caused by some sort of eustachian tube problem, it may clear itself when the eustachian tube opens. If the problem is a viral infection of the mid ear cavity, it will sort itself out after a week or two. However if the infection becomes acute, you will need some sort of medical treatment.

Causes of Sudden Conductive Deafness

The possible causes of sudden conductive deafness include:

- Outer ear infection (Otitis Externa)
- Earwax blockage
- Middle ear infection (Otitis Media)
- Head injury causing ossicular chain damage (to the small bones in the middle ear cavity)

Sudden Sensorineural Hearing Loss (SSHL)

Sensorineural hearing loss refers to an inner ear (cochlea) hearing loss, which is commonly known as nerve deafness. Sudden sensorineural hearing loss (SSHL) may be caused by a viral infection or some sort of cardiovascular event where the blood supply to the cochlea is reduced or temporarily cut off. The causes can be unclear, however, it needs to be diagnosed and treated quickly.

SSHL is defined as a greater than 30 dB hearing reduction, over at least three contiguous frequencies, occurring over a period of 72 hours or less. Some people report that their hearing loss was noticed immediately often in the morning. However, some report that their hearing loss developed over a period of hours or days.

Sudden Hearing Loss needs to be treated as a medical emergency. Early treatment (within 48 Hours) gives the best chance of recovery.

Recovery From SSHL

The severity of this type of hearing loss often varies from one person to another, oddly enough, usually only one ear is affected at the beginning. However, it may spread to the second ear over time and research makes it clear that it often involves both ears. The issue really is that the symptoms of both types of loss can be very similar, this is why rapid investigation is needed. Rapid treatment for SSHL can mean almost total recovery, some people who develop SSHL may, in fact, recover totally without treatment, but many don't, so why take the risk? As you will see further down the page, your level of fitness may also have a bearing on recovery even with treatment.

Causes of SSHL

There are varying thoughts about the underlying causes of Sudden Sensorineural Hearing Loss. It can be some sort of a cardiovascular event which impairs blood supply to the cochlea. However, there are many theoretical causes for sudden hearing loss which include infectious, circulatory, inner ear problems like Meniere's disease, neoplastic, traumatic, metabolic, neurologic, immunologic and toxicity. Even after a thorough search for a possible cause, the cause of sudden hearing loss nearly always remains idiopathic (fancy term for we don't have a clue) in most people. The possible causes are:

- Infectious diseases
- Trauma, such as a head injury
- Autoimmune diseases
- Ototoxic drugs (drugs that damage the inner ear)
- Blood circulation problems
- A tumour (auditory neuroma) on the nerve that connects the ear to the brain
- Neurologic diseases and disorders
- Disorders of the inner ear, such as Meniere's disease

SSHL and Metabolic Syndrome

It appears that people with Metabolic Syndrome may have a worse recovery rate from a sudden sensorineural hearing loss than people without it. According to guidelines used by the medical profession, metabolic syndrome is present if an individual has three or more of the following traits or is taking medication to control them:

- Large waist circumference — a waistline that measures at least 35 inches (89 centimetres) for women and 40 inches (102 centimetres) for men
- High triglyceride level — 150 milligrams per deciliter (mg/dL), or 1.7 millimoles per litre (mmol/L), or higher of this type of fat found in blood
- Reduced high-density lipoprotein (HDL) cholesterol — less than 40 mg/dL (1.04 mmol/L) in men or less than 50 mg/dL (1.3 mmol/L) in women of this "good" cholesterol
- Increased blood pressure — 130/85 millimetres of mercury (mm Hg) or higher
- Elevated fasting blood sugar — 100 mg/dL (5.6 mmol/L) or higher

SSHL in Children

It appears that younger children may have a poorer prognosis for recovery from SSHL in comparison to adolescents and adults.

A limited [study undertaken in Korea revealed a poorer recovery rate for children aged between 4 and 12 with SSHL](#). In the study, there was a marked variance in recovery rates between younger children and adolescents.

From [Hearing Aid Know](#)

Is antibacterial soap necessary?

Hand washing has taken on heightened importance since the start of the COVID-19 pandemic.

Many people purchase antibacterial products hoping that they will help prevent illness and infection. But according to the Food and Drug Administration in America, there's not enough evidence to support this claim.

There is also a concern that using antibacterial soap might contribute to the development of bacteria that are resistant to the product's antimicrobial agents, making it harder to kill these germs in the future.

Use regular soap and water or, when traveling or when water is scarce, an alcohol-based hand sanitiser — with at least 60% alcohol — to help prevent the spread of infection of all kinds. And follow the hand washing tips below:

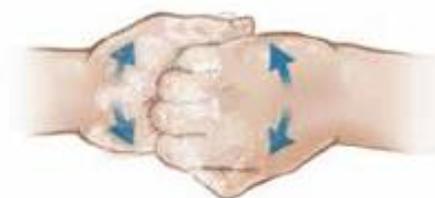
Hand-washing for virus protection



The process of hand-washing should take at least 20 seconds. To start, wet your hands and apply soap to cover the hand surfaces. Rub your hands together palm to palm.



Rub one palm over the back of the other hand, then switch hands and repeat. Next, rub your fingers together.



Rub the tops of your fingers in the palm of the other hand. Switch hands and repeat.



Grab your thumb in the palm of the other hand; rub all around the thumb. Switch hands and repeat.



Twist the tips of your fingers back and forth in the palm of your hand. This helps clean under your fingernails. Switch and repeat.



Rub your hands while you rinse them under running water. Dry your hands well, preferably with a paper towel. Use the towel to turn off the faucet and open the door as needed.

From Mayo Clinic Connect

Tools that help children and young adults with their hearing loss



My Turn to Talk for Parents

Enable parents of children with hearing loss to identify and address issues and concerns that are important to them.

Suitable for: First Appointment, Follow-up Appointment, In the Appointment.



Teens and Tweens

Enable young people to express their needs and formulate communication strategies to self-manage their hearing loss.

Suitable for: First Appointment, Follow-up Appointment, In the Appointment, Everyday Life.



Growing Up with Hearing Loss

Videos, quizzes, and recommendations to help families navigate different transitions from infancy to high school and beyond.

Suitable for: Follow-up Appointment, In the Appointment, Everyday Life.

Find these free tools [here](#)

HEAR. LISTEN. YARN.

Use PLUM and HATS to check bub's listening and talking skills

To find out more, download the checklists and score forms, and links to training options go to plumandhats.nal.gov.au

Advertisement

NDIS ASSISTANCE (THROUGH PRIVATE SOLICITOR)



The Australian Government provides through the National Disability Insurance Scheme funding to meet disability requirements by Australian citizens if certain criteria is met. Impairment of hearing is a recognised disability for which you may be eligible for assistance through a determined funding program.

I personally, as a deaf person, have applied for and am in receipt of such funding.

Should you wish to make enquiries through my office, please contact James Madden at Madden & Co Solicitors, Toowoomba on 07 4639 4488 or mobile phone 0402 807 230 or send me an email to admin@maddenco.com.au

DEAFNESS FORUM OF AUSTRALIA

oneinsix

Hearing loss support for Veterans at Perth's Veteran Central

By [Have a Go News](#)



Hearing loss and tinnitus are in the top three of the most commonly accepted health conditions experienced by veterans. This is likely due to a combination of noise exposure sustained during service and the fact that hearing loss prevalence increases with age.

Thanks to RSL in Western Australia, a new state of the art service hub called ANZAC House Veteran Central will see veterans and their families enjoy a new era of support, housing a range of services important to veteran health.

Ear Science Institute of Australia (ESIA) – which powers the Lions Hearing Clinics throughout WA, has partnered with RSLWA and are set with the all-important task of reducing the impact of hearing loss for Veterans and their families at this revolutionary new health hub site.

Ear Science Institute Australia CEO Sandra Bellekom says, “Unfortunately mortar explosions and gunfire are part and parcel of a career in Defence, and as a result hearing loss can hit veterans hard. Veteran Central means they can access the services they need to meet their individual hearing needs in a safe and supportive environment, surrounded by their mates.

[“Research shows that untreated hearing loss is associated with an increased risk of cognitive impairment, poor quality of life, social isolation, depression, anxiety and even dementia.](#) However, if hearing loss is addressed via a hearing aid or cochlear implant, it can lead to improved hearing-related and general-health related quality of life.”

The Lions Hearing Clinic will be providing Veterans and their families with comprehensive hearing assessments, hearing aids, hearing protection, tinnitus rehabilitation, cochlear implants and other hearing implants. The qualified team of audiologists will guide each Veteran from assessment to the right and most appropriate hearing solution.

Sandra Bellekom adds, “We are thrilled to be able to work with other Veteran organisations to better serve such a deserving population. Working together to support Veterans will ensure a better health outcome and quality of life for them and their families.”

Ear Science Institute Australia Chairman of Trustees, George Jones, who himself is a veteran, suffers with severe hearing loss and a balance disorder. George says, "Hearing is vital to keeping us connected. This new Lions Hearing Clinic means it has never been easier for veterans of all ages to access hearing services in a place they feel supported and protected."

Joining Ear Science Institute Australia at Veteran House will be other top medical and allied health practitioners, chosen for their passion and understanding of what Veterans need. These include GP Practice Veteran Health Solutions, Veteran Dental WA, Salvado Veterans looking after mental wellness and Open Arms – Veterans & Families Counselling.

In addition to the medical services there will be social facilities for those in need or who just want to gather with family and mates in the true spirit of ANZAC, as well as space for the Department of Veterans' Affairs and other Ex-Service Organisations doing life-changing work for Veterans.

SIRA Research invites you



State Insurance
Regulatory Authority

Continuous and long-term exposure to excessive workplace noise can lead to occupational noise-induced hearing loss, a chronic disease that imposes a medical, social and economic burden on both employers and employees.

The NSW State Insurance Regulatory Authority commissioned a rapid review of evidence relating to best practice diagnosis and treatment. The review also looked at how compensation schemes might best measure outcomes for claims.

Join Professor Ian Cameron from the John Walsh Centre for Rehabilitation Research on Wednesday 2 December 2020 between 12 and 1pm AEDT, as he presents an overview of the review findings via webinar and answers questions about the review's recommendations.

Register at <https://kapara.rdbk.com.au/landers/b7e62b.html>

Have you had a hearing services appointment in the last 6 months?

Audiology Australia wants to hear from you so you can help it inform the Australian Government about your experiences.

It invites you to complete a survey that will help it to understand if, why, and how people are using audiology tele-health services (remote care services).

It does not matter whether you received hearing services in-the-clinic or remotely (using tele-health). [Please click here for more information and to start the survey](#)

Cochlear implants are labour-intensive to fine-tune, but this man's new algorithm saves time

[ABC Health & Wellbeing](#) by [Tegan Taylor](#) for the [Health Report](#)



Cochlear implants don't always perform well in noisy areas, and they can be more effective for some people than others, but improving the design is a labour-intensive process.

Now, a biomedical engineer at The University of Sydney, who has cochlear implants himself, has come up with an algorithm that provides a more streamlined way of testing new ideas so it is easier to tailor them to an individual's ability to hear different noises.

Greg Watkins, a former electrical engineer, first noticed his hearing going about 15 years ago. He got hearing aids, but his hearing continued to decline until he was profoundly deaf.

"If I stood next to a jet engine, the world was a silent place," Dr Watkins says.

His hearing loss inspired him to go back to university and study biomedical engineering, and he ended up doing a PhD into cochlear implants. His studies gave him the impetus to put theory into practice, and get the implants himself.

While hearing aids more or less amplify the sounds around you, cochlear implants work by directly stimulating the nerve in the inner ear with electrical impulses in a way that mimics the stimulation that we'd usually get from sounds.

One part of the implant sits behind your ear, where it picks up sound and converts it into patterns of nerve stimulation, and another is implanted under the skin behind your ear and has electrodes that thread into the cochlea in the inner ear.

Dr Watkins had day surgery to have the implant put in, then four weeks later was back at the audiologist's office for "switch-on day".

"Eventually they turn on the microphones and you hear the world around you but it's not the world you used to know. Sounds are quite different and you need to learn to hear again. But to hear it all was amazing."

Cochlear implants are powerful technology, but how well those electrical impulses translate into sounds varies a lot between individuals, says Amanda Fullerton, a Sydney-based audiologist who's doing her PhD on how the brain changes after cochlear implantation.

"We often say, we hear with our ears and we listen with our brain. The signal still has to leave the ear to get to the brain and the brain has to integrate that signal and interpret it. There could be various sources of variability between people from the level of the ear right up to the brain. In a quiet situation many cochlear implant users can hear quite well, but it's when there are multiple people talking or there's background noise, that there can be a problem."

While cochlear implants can be hugely useful, there's still room for improvement. Researchers are coming up with new ideas for improving the implants all the time, but testing them is time consuming and labour intensive. Volunteers with cochlear implants have to spend hours in quiet rooms listening to recorded sentences and repeating them back. Then researchers score these results and use them to draw conclusions about what is and isn't working. Dr Watkins has been one of these volunteers.

"That approach works, but it takes time. It's really tiring," he says.

Dr Watkins's engineer mind clicked into gear. There had to be a way to make this process better.



He and his collaborators at the University of Sydney and Cochlear have come up with an algorithm to help predict the results of these tests for different people. Their software tool can be used by researchers to narrow down which approaches are worth pursuing, potentially reducing the number of hours human volunteers are needed for.

"If we were able to predict how well someone would hear with a particular sound processing approach, then we'd be able to look at how well new ideas might work for that person. If we take the test results for a cochlear implant recipient in one [noise] condition, we're able to predict how well they will be able to understand speech in a range of other conditions."

While Dr Watkins's tool is designed for researchers, it will lead to a broader range of options when it comes to configuring a cochlear implant for a recipient, says Ms Fullerton.

"We know that different people have different abilities to hear in noise, and that isn't always predictable, so if there was an algorithm that could be adjusted to an individual's ability to hearing noise, then that could presumably assist them in in hearing better in a range of environments," she says.

Dr Watkins's research was published in the [journal Ear and Hearing](#)

Support our work on your behalf



Our mission is to make hearing health & ear care a national priority in Australia.

An individual member of Deafness Forum can be person who has a hearing impairment, is Deaf or deafblind, a member of their family; or someone who provides services such as teachers, researchers and audiologists.

An organisation can be a member. You can see the list of our corporate members [here](#)

Membership forms are [here](#)

Notice of Annual General Meeting

Members and friends of Deafness Forum of Australia are invited to attend the annual general meeting conducted via video conference on Thursday 17 December at 3:00pm AEDT.

[Business of the meeting](#)

- accept the minutes of the previous AGM
- accept the annual report, auditor's report and annual financial statements
- appoint a paid auditor for the next financial year
- elect directors

[Register](#) to attend the meeting

Proxy: a member who cannot attend the meeting can appoint another person (proxy) to vote on the matters in the Agenda. A proxy nomination form can be [downloaded from this page](#)

Know someone who would like to get One in Six?

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

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, and to elders past, present and future. We acknowledge the challenge of overcoming high levels of ear health issues among First Nation people and its role in Closing the Gap. We acknowledge the risk to indigenous sign languages of disappearing and the importance of Auslan.

People with disability have and continue to be subjected to isolation, exploitation, violence, and abuse in institutions. We thank the Australian Parliament for its bipartisan support of a Royal Commission into the evil committed on people with disability.

Items in Deafness Forum communications may incorporate or summarise views, standards or recommendations of third parties, which is assembled in good faith but does not necessarily reflect the considered views of Deafness Forum or indicate commitment to a particular course of action. We make no representation or warranty about the accuracy, reliability, currency or completeness of any third-party information. We want to be newsworthy and interesting and our aim is to be balanced and to represent views from throughout our community sector, but this might not be reflected in particular editions or in a short time period. Content may be edited for style and length.