



Tips for buying over-the-counter hearing aids.

Australian Deaf Rugby looking to grow the game in Fiji.

Key lessons learned from advocacy.



Tips for buying over-the-counter hearing aids.



By Adam Redman

Head of Regulatory for Amplifon Australia.

The introduction last year of ‘over-the-counter’ (OTC) hearing aids in the USA – where hearing aids for adult consumers with perceived mild to moderate hearing loss can be purchased without consulting a hearing care professional — caused ripples across the hearing care sector.

Audiologists were understandably concerned about the future of their profession and the safety of consumers.

Those concerns have been reflected in a wide-ranging peer reviewed survey of US hearing care professionals published in March.

Nearly 90% were concerned that consumers won’t be able to accurately predict their own hearing loss without involvement of a

professional. Audiology research has repeatedly shown that people often [underestimate the severity of their hearing loss](#).

Over 80% were concerned that OTC hearing aids are leading to consumer confusion because the differences between a personal sound amplification product (like a ‘hearable’), a hearing aid and an OTC hearing aid is not obvious for the consumer.

70% of professionals were concerned about consumers being ripped off by bad actors. After the launch of OTC in the USA, there are growing concerns about online sellers employing deceptive and misleading practices. In fact, one online seller was recently [sued by the Vermont Attorney General](#) for deceiving consumers.

Problematically, in Australia which has one of the most accessible hearing programs in the world, unscrupulous retailers are now beginning to sell OTC products without any information about services and funding that may be available to consumers negating their need to spend hundreds of dollars.

Examples of these behaviors, typically found online, include:

- Personal sound amplification products being advertised and sold as ‘hearing aids’.
- Sellers inappropriately advertising OTC products as a safe and effective solution for treating severe hearing loss.

- Sellers falsely claiming their products are “TGA Approved”.
- Sellers falsely claiming consumers will receive support from a registered professional.
- Online sellers not honouring returns, warranties, and other important consumer protections.

Over 75% of professionals remain concerned that OTCs present a “significant safety risk” for consumers. Hearing loss can be a symptom of a more serious medical condition that may be missed without proper evaluation by a professional. In some cases, consumers purchasing an OTC may require medical or surgical management, rather than a hearing aid. Hearing loss can also be mimicked in dementia.

Notably, unlike prescribed hearing aids, OTC hearing aids in most cases do not comply with international safety standards. The American Academy of Otolaryngology – Head and Neck Surgery and the American Academy of Audiology both warned in their submissions to the FDA that the maximum output of OTCs was too high and risked harming the people they are supposed to benefit.

More than 70% of professionals were concerned that OTCs do not provide the same level of benefit as prescription hearing aids. This is understandable since OTC hearing aids are only meant for adults with perceived mild to moderate hearing loss.

Risk from taking the professional out of the equation

When it comes to obtaining the best hearing health outcomes, removing a qualified, trained and expert hearing healthcare professional from the equation is not the right direction to take.

At the same time, OTCs have the potential to improve accessibility for people with mild to moderate loss, which is a really good thing, especially among 26–65-year-olds who have

very limited reimbursement/funding options available to them in Australia. However, when considering purchasing an OTC hearing aid, consumers must be mindful of the potential risks that come with the use of these products.



Here are some important tips and questions consumers should think about if they consider purchasing an OTC hearing aid:

1. **OTC hearing aids are not regulated in Australia.** In the USA, OTC hearing aids only became available after the U.S. Food and Drug Administration completed an extensive regulatory process of 5 years.
2. **Before using any type of amplification device, consumers should undergo a hearing test** from a qualified audiologist. Screenings are usually free, and a hearing assessment can be claimed on Medicare with a GP referral.
3. **Consumers should diligently research the seller.** Is it a brand you are aware of? Who owns the brand? Do they have a good reputation? Do they have bad reviews online? Do they offer a way of contacting them? Call them and get a feel for what their service may be like if you bought from them.
4. **Understand whether the product includes a warranty** and if the seller and/or manufacturer accepts returns if the product is ineffective – it can take 4 weeks or more to adjust to using a hearing aid to know if it is benefiting you.

5. **How can you report adverse events** if they occur? If the product makes a consumer's hearing worse or causes an injury, how can the consumer report it?
6. **Is the product compatible with a smart phone?** Does it allow the user to adjust the settings so that it can be more personalised to the consumer's individual needs?
7. **Consumers should research and understand exactly what is included with the product and its technological features.** Does the product have a telecoil for use in public spaces? Is it water/sweat resistant? Does it control, reduce, or block out background, or wind noise? How long is the battery life? Can it be recharged? Importantly, what is the maximum decibel output of the product and is that level safe?

After an OTC product is purchased, consumers should consider consulting with a hearing care professional if the product does not provide an expected benefit or is difficult to use.

Adam's article sources

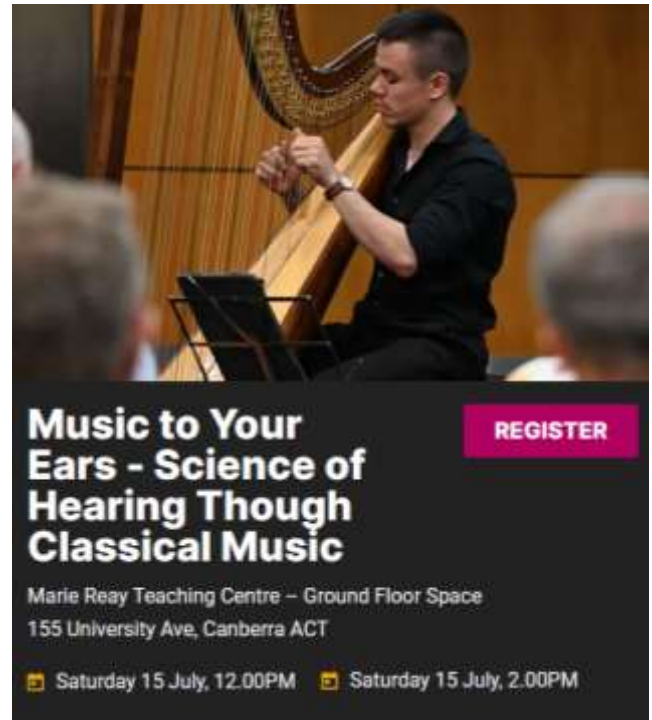
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Hearing Services Program: new statistics published.

The Australian Government's Hearing Services Program funds service providers to provide hearing services – including assessments, rehabilitation and devices – to eligible Australians with hearing loss.

[Read reports](#) containing monthly statistics for the Voucher Scheme component of the Program for the 2022–23 financial year.



Canberra Symphony Orchestra has a fantastic event planned for the community on Saturday 15 July.

“Music to Your Ears” explores the science of hearing through Classical music.

The event will be presented by musician Kristen Sutcliffe with science presenter Rod Taylor, who has lived experience of hearing loss.

It's free!

During the event the community will have the chance to create sounds on the instruments of the orchestra.

All attendees can expand their understanding of both auditory science and classical music in a fun and informal setting.

Live captioning and an Auslan interpreter provided.

You can [register online](#).



Australian Deaf Rugby is building a

Fijian partnership.

The Australian Deaf Rugby teams are looking to grow the game in Fiji, riding high after their success at the Deaf Rugby World Cup.

The Aussies finished on the podium in both the men's and women's competitions at April's event in Argentina.

It was a positive weekend for the respective sides, with the men going down to heavyweights Wales in the Final whilst the Women finished third over the three-day event.

After their success, Australian Head Deaf Rugby coach David Kearsley travelled to Fiji for a two-day training session with their Fijian counterpart.

"Sport is so important for everyone, regardless of their abilities. It was a great pleasure to work with the Deaf Rugby Fiji players and coaches," Kearsley said.

"They are a talented group who are passionate about rugby. It was an honour to be able to share my knowledge and experience with them ahead of the next Deaf Rugby World Cup.

Kearsley was joined by Wallabies legends Radike Samo and Lote Tuqiri as part of last month's 'Vuvale Week', designed to celebrate the Rugby bond between the two countries.

"It was great to see the passion and dedication of the Deaf Rugby Fiji players and coaches," Samo and Tuqiri added.

The partnership supported by PacificAus Sports saw the Wallabies legends joined by Reds and Drua players in a week-long event, culminating in their round 15 clash in Suva.

"Vuvale Week is being supported by the Australian Government's PacificAus Sports program. PacificAus Sports creates ongoing opportunities for Australian and Fijian athletes, coaches, and sports administrators to train, play and grow together," said FRU Chairman Peter Mazey on the Week.

Australia and Fiji's Rugby rivalry doesn't just build mutual respect and pride; it brings our nations together through shared goals, heroes, and achievements.

"We look forward to bringing Vuvale Week to life and further strengthening the Fijian-Australian Vuvale Partnership," Rugby Australia Executive, Anthony French said.



From an article by [Nathan Williamson](#) for Rugby.com.au

Hearing Australia becomes multilingual.



Linguistically diverse residents in South East Melbourne will have an easier way to get their hearing checked, with new Hearing Australia centres offering multilingual audiologist services officially opening in Fountain Gate and Glen Waverley.

Australia is one of the most culturally diverse countries in the world, with 30% of people born overseas. 20% of people speak a language other than English at home. Inequalities in hearing health undermine sustainable and cohesive communities.

Audiologist Rohina Nejati speaks five languages other than English, including Dari, Hazaragi, Persian, Urdu and Hindi.

“One of the clients who spoke Dari commented how much easier it is to be able to communicate one to one in his own language,” she said.

“It was apparent how happy the client and his family were when they left from the appointment.”

Violet Zhang speaks English, Mandarin Chinese and Shanghainese.

“My parents were immigrants in the 1980s and I know how difficult language barriers can be to accessing services.

“I often think that in some ways, having English as a second language has many similarities to having hearing loss. You miss out on the ends and beginnings of sentences, if people are talking too quickly, or have a strong accent, you might find it difficult to join in on group conversations and find it more difficult in background noise,” she said.

“I love it when I’m able to educate and provide information in a way that the client finds easy to understand.”

From an article in the [Star Journal](#).

WHO: ear and hearing care for all.

The World Health Organization highlights the importance of integrating ear and hearing care within primary care. WHO launched the [Primary ear and hearing care training manual](#).

This manual forms a part of the set of training resources available for capacity building of the existing health workforce at the primary level.

You can access the set of training resources:

- [Basic ear and hearing care resource](#): serves as an information resource for community-level workers.
- [Primary ear and hearing care manual](#): a is a practical guide for primary-level health workers on preventing, identifying and managing hearing loss and common ear diseases that lead to hearing loss.
- [Community resources for awareness creation](#): informative flyers to raise awareness about ear and hearing conditions, which can be translated into local languages and distributed among community members. These materials serve as a preventive and management tool for promoting ear health within the community.



Study finds Hearing Loss unlikely to be caused by Covid-19.

Scientists from [The University of Manchester](#) investigated whether hearing loss is a common symptom of Covid-19. While the virus has been associated with various health problems, the researchers aimed to sort out its impact on hearing.

The study compared two groups of hospitalised patients, one with Covid-19 and the other without the virus. It found that there was very little difference in hearing between the two groups.

The findings suggest that hearing loss is not a major consequence of Covid-19.

Researcher Dr Anisa Visram explained that viral infections like measles and meningitis can damage the auditory system. Given that Covid-19 affects our sense of smell and taste, it was reasonable to explore its potential impact on hearing. She believes their study is the most thorough assessment of hearing in people with Covid-19 to date.

Professor Kevin Munro, an audiology expert from The University of Manchester said many previous studies conducted during the pandemic lacked scientific rigor.

While a small number of individuals with Covid-19 reported increased effort required for listening, no specific auditory abnormalities were noted. This intriguing finding may be related to broader post-viral effects such as fatigue and cognitive impairment.

Although the study cannot rule out rare cases of hearing loss due to Covid-19, it shows that, for the majority of people, there is no need to be concerned about hearing loss as a consequence of the virus.

To ensure inclusivity, the research team used a specialised hearing research van to visit patients' homes after their discharge from hospital, allowing participation from individuals who may have otherwise been unable to take part in the study.

This unique research facility has already been used by the team in a previous study to improve the accuracy of hearing aid fittings in babies. Now that the Covid-19 study has been completed, the research van is being used to assess the feasibility of travelling to different locations to collect data from adults with tinnitus.

The World Health Organisation refers to the avalanche of information produced during the Covid-19 pandemic as an infodemic.

Photograph by Mark Paton.



Disability law and lessons learned about advocacy.

20 years ago, Donna Lee Sorkin from the USA was in Australia to deliver the fifth Libby Harricks Memorial Oration.

Donna Lee was Executive Director of Self Help for Hard of Hearing People USA and the Alexander Graham Bell Association for the Deaf and Hard of Hearing. She was appointed by President Clinton to the US Access Board.

In her 2003 Libby Harricks Memorial Oration, Donna Lee Sorkin spoke about the progress in disability legislation. In this extract, Donna Lee reflects on lessons learned about advocacy.

"Looking back at what we have accomplished as well as our efforts that didn't result in the outcomes we hoped for, there are some key lessons to be learned from the work of disability advocates over the past decade. "

Consumer advocacy works and it is the only thing that does work. It requires a focused program of activities, often over a sustained period of time. I can think of no issue in this field that were resolved quickly and easily.

It helps to have leaders who are passionate and articulate about the issues so that they can effectively "marshal the troops" and also effectively communicate the needs to private and governmental interests. Effective consumer advocacy always involves coalitions of people with overlapping interests. In America, we routinely join together not only with other organisations representing people with the same disability, we also reach out to others in the disability community to support our efforts.

Private companies (and their lobby groups) can generally be predicted to oppose change and any action or requirement that will cost them money or slow them down. Expect this and don't be discouraged by the negative response that you likely will receive when you ask for a major accessibility concession. At the same time, the private sector must be educated and convinced of the need. They must be involved in any effort to achieve access. Consumers will be more effective if they learn the language of business and aim to work cooperatively with private companies. Although we always emphasise that consumers with disabilities are paying customers and making services accessible to them will generate revenue, this argument has generally not been sufficient to convince private companies to undertake major accessibility changes. Hence, we have generally gone back to the civil rights arguments and our disability laws. Those arguments emphasise that people with disabilities have a right to be able to access the same opportunities in life as everyone else and businesses have a responsibility to ensure that their products and services are accessible, unless it is truly burdensome to do so.

Remember that businesses are comprised of people, and people sometimes make decisions on a personal level. Everyone knows someone with a disability—whether that is a parent, a

sibling, a friend or a co-worker. When people with disabilities tell their own stories, the issues become more compelling.

One last aspect of the private sector discussion should be highlighted here. We have found that voluntary approaches to access generally do not provide the desired results. It took legislation for business to implement the changes needed for deaf and hard of hearing people to have equivalent access to services.

Thirdly, recognise that while advocates should aim to operate in an effective and efficient manner, it does take time for people to grasp the concepts of disability rights and all such efforts seem to take longer than we think they will.

Further, agencies have more to take care of than your issue and although it seems to you like it is the most important topic of the day, not everyone will necessarily agree. Stay focused on your objective, be polite, and stay positive about the eventual outcome. Set schedules and keep calling and writing. As a citizen, remember that you have every right to ask the government to address your concerns. Knowing that it may take time must not frustrate your efforts.

Fourth, if you have the opportunity to effect a major change that provides important accessibility options, even if you have to make concessions in completion time, jump on that opportunity. The television captioning rules (in the U.S.) are a good example of this. Those of us involved in the television captioning discussions did not expect to have nearly 100% of television programming captioned. When the opportunity to gain this major concession presented itself, albeit at a time that was much longer into the future than any of us anticipated, we all agreed that it was worth the wait.

Sometimes, we work for change that will most benefit those who come behind us. Knowing that our children will benefit more than we have from our efforts is a powerful incentive to keep advocating for change.

Finally, accept the fact that you probably won't get it exactly right the first time. It is impossible

to anticipate everything. Technology advances and provides greater opportunities.

Wherever possible, build reviews at a future time into the process, reviews that will allow you to go back and assess what is working, what is not, and to make needed changes in the system.

We have not totally eliminated the embarrassment that many feel about having a disability. And certainly hearing loss, because of its very nature as "the invisible disability" is frequently the disability that people are likely to want to hide. To the extent that all of us who are deaf and hard of hearing are open about what we need to be fully included, we will positively change our own lives.

Several years after the dedication of the memorial to President Franklin Delano Roosevelt in Washington, disability advocates successfully argued that an additional statue be added to the memorial. This statue shows FDR in his wheelchair. Although his disability was never revealed to the public during his lifetime, disability advocates believe that if he were alive today, Roosevelt would have wanted the world to know that a powerful and charismatic leader of the United States of America was a person with a disability.



Donna Lee Sorkin.

The Libby Harricks Memorial Oration

is presented each year by Deafness Forum Australia. It features the world's leading academics, researchers, policymakers, advocates and commentators to raise awareness of hearing health, deafness, and ear and balance disorders. You can read and download all the Orations since 1999 from the [Deafness Forum website](#).

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Tinnitus management.

Directed attention is a technique used to divert someone's focus away from their tinnitus, which is a persistent ringing or buzzing sound in the ears. Habituation, on the other hand, is the process of learning to ignore stimuli that are not important or relevant. Both directed attention and habituation are important strategies for managing bothersome tinnitus.

By [James A. Henry](#) for [ASHAWIRE](#)

While tinnitus can be intrusive, it is typically not a sign of any underlying medical condition that requires immediate attention. In most cases, tinnitus is considered an insignificant and meaningless sound that can be best managed through habituation, where the brain learns to disregard the phantom noise.

Habituation refers to the decrease in responsiveness to a stimulus due to repeated exposure. Most people naturally habituate to tinnitus over time. However, if tinnitus continues to be bothersome, it indicates that habituation has not occurred.

Directed attention involves focusing one's mind on the most important aspects of a task while ignoring less important things. This ability is built into our nervous system and is crucial for

our survival. Examples of directed attention include driving, operating power tools, or using a sharp knife to chop an onion. Being distracted during these activities can lead to accidents.

In some tinnitus interventions, patients are advised to redirect their attention to other things instead of focusing on their tinnitus. The auditory system naturally prioritises the most important sounds in the environment, and tinnitus can be considered one of those sounds.

Is Tinnitus an "Important Sound"?

In general, there is no reason to pay attention to tinnitus. It is usually an insignificant and meaningless sound, similar to the sound of an electric fan. Our subconscious mind naturally learns to stop paying attention to such unimportant sounds through habituation. However, there are different opinions about whether tinnitus can be considered an important sound that requires attention.

According to the clinical practice guideline for tinnitus by the American Academy of Otolaryngology Head & Neck Surgery Foundation, tinnitus is classified as either "primary" or "secondary." Primary tinnitus doesn't have a specific underlying cause and may or may not be associated with hearing loss. Secondary tinnitus, on the other hand, is linked to a specific underlying cause or an identifiable organic condition. The clinical practice guideline recommends that clinicians

conduct a targeted history and physical examination to identify secondary tinnitus and potential treatable or explainable causes, as well as to detect signs of serious diseases associated with tinnitus. This guideline considers any form of tinnitus to be an important sound that requires examination by a specialist.

Pulsatile tinnitus is the most common type of secondary tinnitus and is perceived as a "whooshing" sound synchronised with the heartbeat. It raises concerns about vascular lesions or systemic cardiovascular conditions. Other forms of secondary tinnitus include muscle spasms in the middle ear, which can cause fluttering sensations or sounds like buzzing, clicking, crackling, or a beating drum. Trouble in the eustachian tube can also cause nonpulsatile secondary tinnitus, characterised by popping or clicking sounds, along with feelings of ear pressure, fullness, and muffled hearing. These types of sounds may indicate an underlying medical condition that requires evaluation and possible intervention by an ear specialist.

Meniere's disease is a condition characterised by recurring vertigo, accompanied by tinnitus and hearing loss in the affected ear. The tinnitus associated with Meniere's disease is often described as low-pitched, roaring, buzzing, or resembling ocean sounds. Initially, tinnitus may only occur during episodes of vertigo but can become constant as hearing deteriorates.

Primary tinnitus is generally a benign symptom, although sudden-onset tinnitus (often accompanied by sudden hearing loss) or unilateral tinnitus should prompt immediate medical attention.

Distraction for Better Sleep

Bedtime provides an opportunity for tinnitus to become more noticeable since the day's activities have ceased, the environment is quiet, and the mind is free to wander. Directed attention can be used as a strategy to shift the focus away from tinnitus and to help with getting asleep.

When using sound during sleep, it is important to carefully control the sound. The goal is to listen to speech or audio content that is interesting enough to keep the mind engaged but doesn't evoke strong emotions. This can be achieved by selecting an appropriate audiobook or podcast. By consistently using this approach, a conditioning effect can occur where listening to engaging content becomes associated with falling asleep. People who have tried this strategy have reported looking forward to sleep because they have the opportunity to listen to something enjoyable while drifting off. This positive experience contrasts with their previous dread of sleep due to heightened awareness of their tinnitus.

Trying out various apps that offer non-distracting background noises like white noise, ocean waves, or rain can also be helpful.

Videos that can help you understand and give you options to address Tinnitus.



There are several free videos about tinnitus > [Free webinars](#).

There are other videos that can be purchased (the cost is under 3 pounds in English currency) > [Paid webinars](#).

These videos are designed for the individual but are also excellent resources for hearing care professionals. These resources are provided by Tinnitus U.K., a charitable organisation that offers advice and resources about tinnitus.



The 2023 National NAIDOC Week theme is **For Our Elders**.

[NAIDOC Week](#) is celebrated from 2 to 9 July.

“Across every generation, our Elders have played, and continue to play, an important role and hold a prominent place in our communities and families.

They are cultural knowledge holders, trailblazers, nurturers, advocates, teachers, survivors, leaders, hard workers and our loved ones.

Our loved ones who pick us up in our low moments and celebrate us in our high ones. Who cook us a feed to comfort us and pull us into line, when we need them too.

They guide our generations and pave the way for us to take the paths we can take today. Guidance, not only through generations of advocacy and activism, but in everyday life and how to place ourselves in the world.

We draw strength from their knowledge and experience, in everything from land management, cultural knowledge to justice and human rights. Across multiple sectors like health, education, the arts, politics and everything in between, they have set the many courses we follow.

The struggles of our Elders help to move us forward today. The equality we continue to fight for is found in their fight. Their tenacity and strength has carried the survival of our people.

It is their influence and through their learnings that we must ensure that when it comes to future decision making for our people, there is nothing about us - without us.

We pay our respects to the Elders we’ve lost and to those who continue fighting for us across all our Nations and we pay homage to them.”

NAIDOC stands for National Aborigines and Islanders Day Observance Committee. Its origins can be traced to the emergence of Aboriginal groups in the 1920’s which sought to increase awareness in the wider community of the status and treatment of Aboriginal and Torres Strait Islander Australians.

Before the 1920s, Aboriginal rights groups boycotted Australia Day (26 January) in protest against the status and treatment of Indigenous Australians. By the 1920s, they were increasingly aware that the broader Australian public were largely ignorant of the boycotts. If the movement were to make progress, it would need to be active.

On Australia Day, 1938, protestors marched through the streets of Sydney, followed by a congress attended by over a thousand people. One of the first major civil rights gatherings in the world, it was known as the Day of Mourning.

With a growing awareness of the distinct cultural histories of Aboriginal and Torres Strait Islander peoples, NAIDOC was expanded to recognise Torres Strait Islander people and culture. The National NAIDOC Committee acknowledges the now defunct and inaccurate term 'Aborigines', while retaining the term in its title due to historic use by Elders.



Always a bigger fish.

Deaf Connect has announced its long-anticipated takeover of Western Australia's Access Plus.

These two organisations were among what was once known as Deaf Societies, created – some, a century ago – by members of Deaf communities to be their meeting place, a collective voice in advocacy, and to provide supports. Through funding over time from state governments, they grew to become successful commercial providers of Auslan interpreting services and offering various training programs and the like for a fee. Now, with Deaf Connect's latest acquisition, only two of the former Deaf Societies remain.

Brett Casey, CEO of Deaf Connect in Brisbane said the merger with Access Plus in WA is a step towards creating a stronger better resourced and better-connected community nationally, prompting the question, what is the next step?

“Deaf Connect and the team from Access Plus will leverage our collective resources, experience, and shared values to deliver even greater impact and address the needs of our community.

“Access Plus has been supporting the Deaf community since 1921. Through this merger, this legacy will be transferred to Deaf Connect, preserving the rich history of the Deaf community in Western Australia.”

Narenne Barrett, Chair of the board of Access Plus WA Deaf said that staff will continue to deliver community support, with the added advantage of joining a larger, national Deaf organisation.

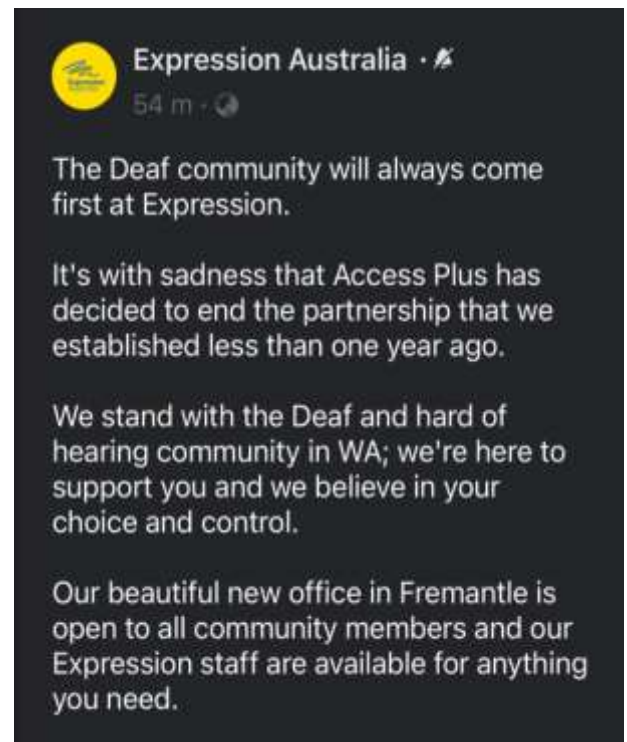
“The Board considered the opportunities available to them, and this merger provides the best prospect for our organisation to build on its work for the Deaf Community,” she said.

[Access Plus](#) staff, clients and services will be transferred to Deaf Connect next month.

A cautionary tale about counting chickens before they hatch.

Victorian service provider to Deaf people, Expression Australia was confident that it had brokered a deal with WA's Access Plus. It opened an office in Fremantle on the outskirts of Perth. The CEO of Access Plus headed east to become CEO of Expression Australia. Game, set but not match. Unbeknown to the Victorians and to the WA Deaf community, Access Plus was exploring its options with the Queenslander.

In [social media videos](#) Expression Australia conceded it had been blindsided, lamented the merger and promised fealty to Deaf West Australians.



Where did it begin? Creation of the NDIS in 2013 hastened a shrinking of state government funding for disability and advocacy work.

Some Deaf Societies had treasure chests and reliable income streams to start with. They discovered new funding opportunities in Commonwealth Government programs such as aged care and through unprecedented demand

from the NDIS for interpreting services. It was a race and those slow to start no longer exist.

Deaf Services Queensland had a plan. In 2020, after its commercial adventures into NSW met little resistance, it rebadged itself as a national organisation, Deaf Connect, when it absorbed NSW Deaf Society. It expanded its footprint again with a light touch service in Darwin.

The Deaf Society in Adelaide was taken up by the Can:Do disability services group, which in 2022 divested its Deaf and Auslan service to Deaf Connect, creating the Queenslanders' bridgehead in South Australia.

The Victorian Deaf Society, aka VicDeaf, morphed into Expression Australia but the new brand was unable to match Deaf Connect's ambitions, deep pockets (\$46 million in the bank in 2022) and shrewd tactics. In a shot across the bow that warned of worse to come, Deaf Connect poached some of Expression Australia's best staff.

It's now June 2023 and when the shock wears off from losing its bid for Access Plus, Expression Australia might look to consolidating the home advantage in its stronghold of Victoria (and token presence in Tasmania). But with limited options now for growth in its core business, it may be susceptible to a future merger, or maybe not - there are other Deaf organisations in Victoria that could give Deaf Connect its desired national footprint.

What is the endgame? Just another big fish in a small pond? Or something more ambitious? Jedi Master Qui-Gon observed in *The Phantom Menace*, There is always a bigger fish.



Share your experience of using Auslan in primary care.

The Australian Government is finding out how to improve access to Auslan interpreting services in primary care settings – general practice, audiology, physiotherapy, psychology.



If you are over 18 and use Auslan to communicate or have a role in organising interpreters for an Auslan user in your family, you can help.

Australian Healthcare Associates, on behalf of the Government invites you to share your experiences in Auslan or in English, in a short online survey.

If you would like to participate you can do so until 30 June 2023 and you will be offered a gift card as a thankyou.

For more information visit <https://bit.ly/3OOAY7a> or email auslan.review@ahaconsulting.com.au



Many Australians with hearing loss don't seek treatment but help is available.

But having a hearing test can help to detect the early signs of hearing loss, so you can keep your hearing healthy for longer.

Hearing aids are not the only treatment for hearing loss. Following a hearing check, a range of options may be discussed including communication strategies, assistive listening devices and phone apps.

If you are concerned about your hearing, or the hearing of someone you love, book a hearing check today. Talk to your health professional or visit [health.gov.au/hearing](https://www.health.gov.au/hearing) for more information.

For Indigenous peoples and their service providers.

Hearing well keeps you connected with family, friends, community & culture. [Download](#) new social media tiles and artwork.

**Get Help With Your Hearing* is an initiative of the Australian Government.



Our members include people living with hearing loss and their families; as well as associations of and for these people; and individuals and associations which provide services that promote hearing health and wellbeing.

New membership for people under 26 years or a parent or guardian are free for the first calendar year.

For individuals, if the annual fee is unaffordable, we will waive the cost. You won't need to explain or prove anything. When you complete the form, just make a note that you would like free membership.

Read more [here](#).



Know someone who deserves their own copy of One in Six? Let us know:

hello@deafnessforum.org.au

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