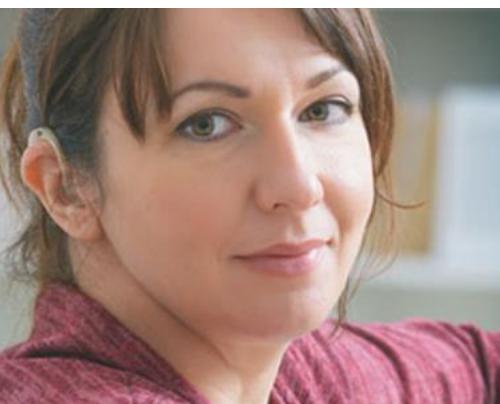


31 August 2022



Currently **one in six** Australians suffer from some form of hearing loss.

This may increase to one in four by 2050.

Access Economics 2006

## People in the U.S. can buy hearing aids from October without seeing an audiologist

New rules provide a path for people in the United States to purchase hearing aids directly from stores or online retailers without the need for a medical examination, prescription, or a fitting by a licensed hearing care provider. While the news is a great relief for millions of Americans, it also highlights systemic gaps in the country's hearing care. "Ultimately, these changes feel a bit like a band-aid on the gaping bullet wound that is the American health care system."

## NDIS

Bill Shorten: "I think it should be the best scheme in the world, it is not at the moment and for too many people it has become a bureaucratic nightmare. For too many people, it isn't delivering the promise and it's become a source of stress and anxiety. It is changing lives for the better. But it needs to do better."

## Tony is deaf and blind: in his workshop, he creates things that defy belief

After transforming his backyard with landscape structures, brickwork and decking, the carpenter has now turned his hands to making ornate chair benches and fruit bowls. "When I'm working in the workshop, I feel that I do have more power, I have control."

## On track for reduced noise pollution

Prioritising sustainable rail transport promises significant benefits but unfortunately, it comes with unseen dangers of its own and not just for passengers. One of the lesser-known hazards of rail transport is the kind of noise pollution nobody can hear.

Deafness Forum Australia is a Voice for All. It is the peak body representing the views and interests of the 4 million Australians who live with hearing loss, have ear or balance disorders, people who also communicate using Australian Sign Language, and their families and supporters. Our mission is to make hearing health & wellbeing a national priority in Australia.

# NDIS summit: must do better

Most federal government ministries held round tables of various kinds in August as preludes to this week's national Jobs Summit in Canberra.

Deafness Forum and other citizen advocates want the Prime Minister to ensure people with disability are given a voice at the Summit. People of working age with disability are twice as likely to be unemployed as people without disability.



**Disabilities Minister Bill Shorten hosted the NDIS Jobs and Skills Forum** in Canberra earlier this month.

"I thought I had seen unfair treatment of fellow Australians in workplaces as a union rep, nothing prepared me 14 years ago for the discovery of the systemic, second-class treatment of so many people disability and the people who love them."

"What I discovered with disability is that it is not your impairment, which is the barrier. It's the barriers, which other people in a system put in your path to live an ordinary life."

"Impairment is a fact of life. It can happen with a precious child, and in that six to 12 months after birth, where the child isn't developing in the way which you hoped. It's the change of a whole lot of journeys and dreams. It can happen in the blink of an eye on a country road. It can happen through the DNA lottery and the onset of ageing."

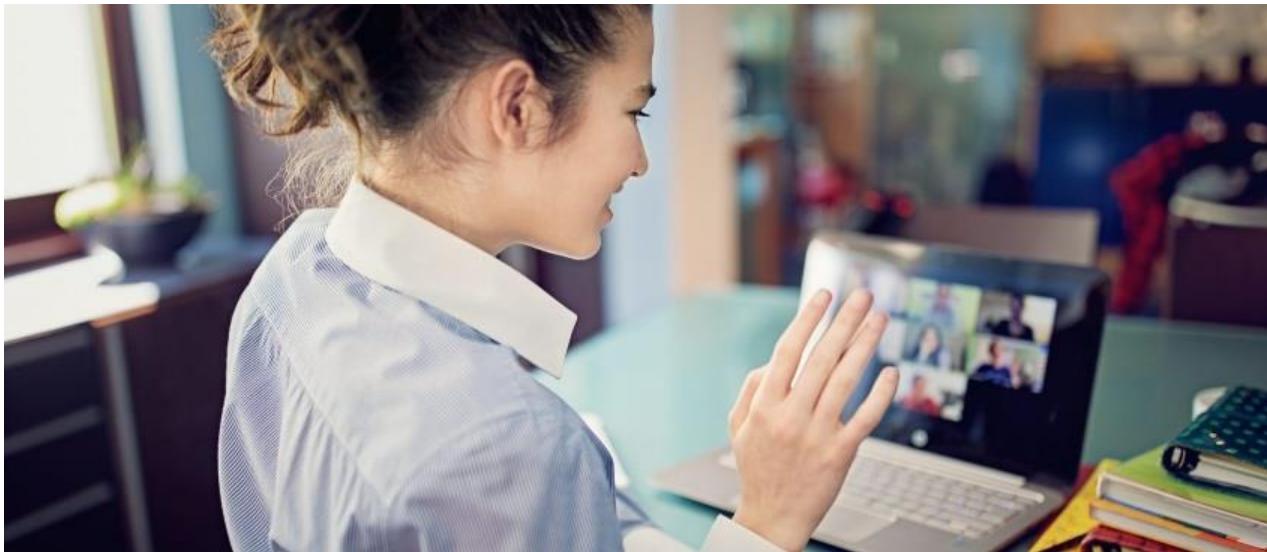
"So disability could be any of us, I understand that, I've learned that. But what it shouldn't be is the thing which defines a person."

"What we need to do as a country is to be as generous and as clever as I know Australians are, and look at the whole person."

"Whilst I think it should be the best scheme in the world, it is not at the moment and for too many people it has become a bureaucratic nightmare. For too many people, it isn't delivering the promise and it's become a source of stress and anxiety."

"It is changing lives for the better. But it needs to do better."

Read Bill Shorten's [address](#) to the NDIS Jobs and Skills Forum.



## NDIS & employment: issues of concern to Deafness Forum's members

In the short time available before the NDIS Forum, we asked our members about the employment-related issues we should present to Minister Bill Shorten. Here is a snapshot:

- The NDIS was creating two classes of citizens with disability: only about 10% of people with disability are eligible for NDIS assistance. We need to ensure more universal support for employment of people with disability.
- The NDIS should be a partner and promoter of the Employment Access Fund, which provides financial support to employers so they can create a fair working environment for people with disability.
- A lot of the focus on employment of people with disability (and also Aboriginal people) is on special measures. People want to be employed on merit, not on some other basis. That is exactly the same position that women adopted when striving to increase employment and reduce the gender pay gap.
- Employment would also be enhanced if employers ensured that where a person with disability had applied for a job and met the selection criteria, a person with similar disability was added to the selection panel. This would help neutralise bias, both conscious and unconscious.
- Small, citizen representative organisations, ideally placed to be providers of services to people with disability, do not have the funds to become registered NDIS providers and meet ongoing reporting and auditing costs.
- There is a large attrition of allied health providers out of disability. The NDIS model makes it more attractive for therapists to go out on their own and not be registered for the NDIS. They have little to no overheads and they can charge as they wish.
- Allied health and other professionals' reimbursement under the NDIS has been frozen for several years at a time of significant increases in the salaries paid to these specialist staff.
- Paediatric and listening & spoken language work is a sub-specialism within the allied health professions making their roles even more subject to the pressures of staff shortages: non-specialist staff can't be substituted.

# Deaf and blind carpenter makes ornate workshop creations by touch

By [Donal Sheil](#) for ABC News



Tony says his wife Angie supports him and lends an eye to some of his work. (ABC News: Donal Sheil)

Tony Meli is blind and deaf and in his personal workshop, he is capable of things that defy belief. The 54-year-old from Jerrabomberra in southern New South Wales communicates using a special form of Auslan where he holds peoples' hands while they sign to him.

This enhanced sense of touch is part of what gives Tony his remarkable talent with tools.

After transforming his backyard with landscape structures, brickwork and decking, the carpenter has now turned his hands to making ornate chair benches and fruit bowls.

"When I'm working in the workshop, I feel that I do have more power, I have control," he said. "I love it, it just makes me happy."

Tony relies on feeling his way around his work to make sure they meet his very high standards.

"I can feel whether it's too far apart or if it's slightly off, it's not square, and if it's not right I'll take it apart and redo it."

Tony was born profoundly deaf and worked as a certified carpenter in Canberra for more than a decade before his vision started deteriorating.

The loss of his vision at the age of 32 forced him to retire early, and caused him a lot of anguish.

"Over time I did notice that my work was changing, and I began to get really seriously concerned and upset, very sad. I didn't want to just be sitting down in a chair doing nothing, I didn't want to do that. It was really that I wanted to work, I wanted to go to work."

Tony said none of the procedures he did now had changed much since he lost his vision, but that he instead took extra care to ensure his safety. He said his faith also provided a daily source of strength and guidance in his work and life more broadly.

"Every day I do pray, and I do ask that Jesus looks after me, and he watches over me. I'm tired, and at night I do thank him for looking after me. I really do have to be strong, strong like a table."

# Hearing impairment in older adults - study

Adult-onset hearing loss is one of the most prevalent causes of disability. 1 in 6 Australians are living with hearing loss and it is predicted to rise to 1 in 4 by 2050. Despite its high prevalence, adult-onset hearing loss is largely an under-recognised health problem.

Hearing loss can have a substantial impact on communication. Treating hearing loss typically focuses solely on auditory and speech outcomes. However, hearing loss can also have a substantial effect on psychological wellbeing, quality of life, social connectedness, relationships, and economic independence. A public health approach is needed that seeks to promote health by having a better understanding of how these other important aspects of life are associated with the different hearing intervention and rehabilitation pathways.

To do this, Professor Bamini Gopinath, Cochlear Chair in Hearing and Health at Macquarie University, is leading a multidisciplinary team on the Hearing impairment in Adults: Longitudinal Outcomes Study (HALOS). HALOS is an internationally unique study of 900+ adults aged 40 years and over with hearing loss who use cochlear implants and/or hearing aids. The study will collect data on a broad range of outcomes including health, quality of life, cognitive health, mental wellbeing, independence, employment and interpersonal relationships.

Prof Gopinath says, "Our team will drive this research to better understand how existing hearing interventions and technologies address the needs of adults with hearing loss. Given the many challenges faced by people with a hearing loss, it is imperative to better understand how hearing interventions impact on health and social outcomes, and the patient's perspective of the hearing care pathway and delivery of hearing services."

Participants in the study will complete a survey which will collect data on a broad range of health, psychosocial, and functional outcomes and hearing related measures. The HALOS research team will use the data from HALOS to help inform clinical practice, improve delivery of hearing health services, and inform policy.

HALOS is currently looking for volunteers to participate in the study - adults aged 40 years +, wearing a hearing aid and/or cochlear implant in at least one ear.

Participants will be reimbursed for their participation.

For more information, or to take part, contact the HALOS team via email on [halosresearch@mq.edu.au](mailto:halosresearch@mq.edu.au) or visit the [HALOS website](#).



Professor Bamini Gopinath

# Making hearing technology accessible for Americans with Hearing Loss

Over-the-counter (OTC) hearing aids are a new category of hearing aids in the US that can be purchased in stores and online without the need to see an audiology professional.



The US Food and Drug Administration's new rules for OTC hearing aids promise sweeping changes for hearing healthcare, creating a new class of more affordable and accessible hearing aids. Hearing aids within this category can be sold online and in stores directly to consumers of 18 years and older who have perceived mild to moderate hearing loss without a medical exam or a fitting by a licensed provider.

Peggy Nelson, a professor of audiology at the University of Minnesota, said "I think we're ready. I think we're excited to have this be a part of the whole package of hearing health care for people who have hearing loss," Nelson said. "We don't know why it has taken so long, honestly."

Nelson has some concerns about patients' ability to properly fit themselves with OTC hearing aids. "I think there will be challenges. People will have to figure out how to just take this thing out of the box and make it work."

The new rules distinguish between two types of OTC hearing aids: a simpler "wear and go" type that offers a volume control and possibly some pre-established settings to choose from, and a more sophisticated "self-fitting" type that relies on a computer and/or mobile phone app, as well as possibly a hearing screening test, that helps personalise the device for your unique hearing loss and also includes a volume control.

Shari Eberts is a hearing health advocate and author and speaker on hearing loss issues. She said that while OTC hearing aids would not be suitable for her today, they would have been a great option when she was younger.

"My hearing loss is outside the targeted mild to moderate range but they might have come in very handy at the start of my hearing loss journey. Easy access to safe, affordable, and effective hearing solutions for mild hearing loss could have saved me years of struggle."

The new rules limit how loud OTC hearing aids can be, how deeply they can be inserted into the ear canal, and define performance and design standards, which should raise the standard of product quality and help unsuspecting consumers avoid low quality products.

Buyers should ensure their new OTC purchase has a good warranty and return policy. New types of devices are expected in the OTC space. Some could work well in certain situations but perform differently for different people.

Marshall Chasin, editor of Canadian Audiologist said, "While the initial outlay would be less, if the sound was harsh or hollow or just "not right", there is no recourse, and this less expensive hearing aid would end up in a drawer rather than on a person's ears."

Danny Aronson at online hearing care provider Tuned reckons that resistance to OTC will be about as effective as suing people for sharing music files (i.e., not very).

"People whose business model is selling expensive hearing aids, who work for the manufacturers' oligopoly, believe that OTC is bad "for patients"? It's GREAT for patients. It's just bad for (their) business.

"The purpose of hearing care is not to provide revenue for hearing aid manufacturers, but to actually help real-life people who might have a \$300 problem, not a \$3,000 problem."

Hearing aids are only one piece of the puzzle for better hearing, a hearing professional can also provide guidance and tips on how to manage life with hearing loss.

"Audiologists can and should play a critical role in the customer journey. But for that, they need to go back to being hearing care specialists, not hearing aid salespeople."

HearingTracker is a popular online news and hearing aid review service. It surveyed 730 audiologists and hearing instrument specialists to identify common objections to OTC hearing aids. Based on the results, audiologists seem fairly open to selling and servicing OTC hearing aids with 26% stating that they plan to sell OTC hearing aids in their clinics or on their websites. And 55% indicated that they plan to support patients with OTC hearing aids purchased elsewhere.

### **OTC devices are not available for complex/severe hearing loss or for under 18 year olds**

While the news is a great relief for millions of Americans who often find these expensive medical devices out of reach, it also highlights systemic gaps in the country's hearing care.

According to author and commentator Sara Novic, "Those like me who require higher-powered devices will still be forced to pay out-of-pocket. No children will benefit from the new category of aids.

"Ultimately, these changes feel a bit like a band-aid on the gaping bullet wound that is the American health care system. Instead of equitable access to care for all, we see the piecemeal doling out of do-it-yourself measures to some and are expected to celebrate."

### **But for those millions of Americans who can benefit from a hearing device sooner than later, the lower cost is a big positive.**

Advocate Shari Eberts said, "It is hard to justify hearing help to the tune of \$6,000 a pair when you just need it sometimes. OTC hearing aids are a great way to meet consumers where they are now.

"And once they get used to hearing well, consumers will be more likely to trade up to prescription devices when they need them. I hope audiologists will embrace these consumers at all stages of their journey."

Editor in Chief of HearingTracker reckons any initiative that results in earlier identification and treatment of hearing loss should save lives and healthcare dollars.

"Untreated hearing loss is one of the leading culprits in the epidemic of older persons experiencing social isolation and loneliness, which can lead to negative feelings about self-worth and depression", he said.

"Hearing loss has been linked to cognitive impairment and dementia like Alzheimer's disease, and has even been shown to reorganise the processing centres of the brain. Researchers have linked untreated hearing loss to a variety of chronic health conditions."

People in the United States can buy OTC hearing aids from mid-October in stores and online.



## Comments from Deafness Forum's members and others

### **Better Hearing Australia Brisbane**

The extent to which the availability of OTC devices has the potential to improve access, choice and affordability for consumers is a welcome innovation, but please... see your audiologist first. In Australia, we have a world-leading hearing health care system but it's not perfect and in an already device-centric industry, the potential for consumers to bypass their audiologist altogether is a concern and may lead to poorer outcomes in the long term. After all, good hearing care is about more than just devices.

### **Better Hearing Australia Central Coast**

The arguments for OTC hearing aid regulations have been going on for some years now in America. The upside is that it makes them affordable rather than buying through an audiologist where some of the charge is for correct fitting. The downside is who will pay for repairs if you take them to an audiologist and is there any ongoing support? They are only suitable for mild hearing loss and that it may not be an instant fix as the brain may take some time to adjust. I'm sure there will be significant disappointment as there already is and drawers will receive their share.

**Hearing Business Alliance** supports Australians living with hearing loss having easy access to aural rehabilitation, which often involves the use of hearing devices. Whilst rudimentary Over-the-Counter devices may be an inexpensive and convenient amplification solution, there are several additional aspects to contemplate. Amplification is just one component used to assist communication strategies. OTC devices are unable to manage more complex hearing situations, such as background noise or hearing outdoors in wind, and a negative OTC experience may dissuade the user from later seeking more appropriate hearing solutions. Prior to obtaining assistance, consumers should

consider the appropriate professional diagnosis by audiologists and audiometrists of the type, degree, and possible causes of hearing loss, excluding potentially serious medical origins. Purchasing OTC devices may skip this important step. OTC devices have been described as similar to purchasing magnifying glasses at a pharmacy or petrol station, where graduated lens spectacles were more appropriate.

**Hearing Care Industry Association** believes that hearing care, particularly in the adult rehabilitation space goes far beyond the role of just the device. The role of the hearing care expert e.g., audiologist/audiometrist, is to determine the correct diagnosis, prescribe the best hearing solution including rehabilitation counselling as part of the overall process. HCIA fully supports consumer choice. OTC devices can potentially be a primer or first step for clients on the journey of aural rehabilitation. However, there is also a risk of a client having a negative first experience with over-the-counter devices especially when worn in complex listening situations such as background noise. This negative experience could steer a hearing-impaired consumer away from the benefits of proper audiology-prescribed amplification.

Dr Brent Edwards, Director of Australia's **National Acoustic Laboratories** (part of Hearing Australia) was involved early on in the US government's OTC hearing aid planning. He welcomes this change in the US and says "While evidence shows that hearing healthcare professionals play an important role in helping people be successful with their hearing aids, an OTC option allows more choice by consumers and could motivate some people to receive hearing help earlier."

In Australia, there are no restrictions on who can sell hearing aids, so Australians have already been able to choose whether they want to see a hearing healthcare professional or do it themselves. Australians could benefit from this change in the US if well-known consumer electronics companies start making hearing aids for the US market and these become available in the US.

**Soundfair** believes that giving consumers choice and control in the face of high prevalence of hearing loss low uptake of hearing aids, is positive. The OTC class provides both people-centred and affordable options for the public, and a stepped care clinical model. As with all change, there are risks. Many hearing professionals worry about the lack of standards and de-valuation of their professional offering. We acknowledge that audiologists are critical to serving people with substantial, medical or highly impactful hearing loss. We welcome this pathway and its' potential to encourage earlier and broader hearing health seeking in conjunction with clinical audiological care.

Audiology Australia, Australian College of Audiology, Hearing Aid Audiology Society of Australia and Independent Audiologists Australia were invited to comment.



Visit our [website](#) for a list of this story's sources.

# On track for reduced noise pollution

By Sarah Wild, [Horizon: The EU Research & Innovation Magazine](#)



The whistle coming down the tracks is the sound of Europe's rail renaissance. Coming round the bend is increased adoption of high-speed rail transportation which promises to reduce road traffic and to curb harmful emissions.

Prioritising sustainable rail transport promises significant benefits but unfortunately, it comes with unseen dangers of its own and not just for passengers. One of the lesser-known hazards of rail transport is the kind of noise pollution nobody can hear. Inaudible, low frequency ground vibrations emanate from the rolling stock on the railway as it passes. As well as affecting the structural integrity of nearby infrastructure, these vibrations can have a detrimental effect on people's health, causing headaches, fatigue and even irritability in people experiencing them.

The [BioMetaRail project](#) is researching and developing special barriers deployed alongside the track to absorb the vibrations. The barrier walls rely on their shape for their noise reduction performance, rather than the properties of the material. Known as metamaterials, these synthetic composite materials have designer properties not found in nature. Their internal structures are engineered to interact with the low frequency sound waves of a passing train to trap and insulate against them.

"Basically, the idea is that we use shapes that have some resonant effects at frequencies that are typical for vibrations in the railway sector," Capellari from Phononic Vibes, a company that specialises in noise and vibration technology said. In this context, the frequency of vibrations is typically between 30 and 60 Hertz. The result is a design for a two-by-three meter concrete structure that resembles a large window.

For ease of installation, there is no need to lift the railway line as these panels can be inserted into the ground alongside the track like a sunken fence, to protect clusters of homes or buildings.

Ultimately, these panels will be lining the ground alongside the track in residential areas, allowing rail networks to significantly boost their train traffic without adversely affecting the people and buildings nearby.

The European Union is committed to growing its rail transportation as part of [the European Green Deal](#) which aims to make Europe the first carbon-neutral continent by 2050.

# Six hearing aids, two cochlear implants and a roger pen walked into a bar

Shari Eberts writes for [Living With Hearing Loss](#)

Dining out at a restaurant can be problematic these days. Noise levels have grown, tables are stacked closer and closer together, and glass and hardwood are all the rage for decor, leaving even less cushioning or carpet behind for sound absorption. Layer hearing loss on top of all this, and dining out can be quite a challenge.

Nevertheless, a brave group of us, four of whom, including myself, have hearing issues, ventured out to dinner last Friday night. The degrees of hearing loss varied, and the technology employed by each was different. We had 6 hearing aids, 2 cochlear implants and a very handy Roger Pen between us, so we found a way to make it work but it took a little extra effort.

When we arrived at the restaurant, we requested a table in a quiet location, explaining that most of us had hearing issues. This had not been noted in our reservation, which was a mistake. Note to self — always indicate the desire for a quiet location when making a restaurant reservation. Despite this oversight, the hostess indicated she had a quiet spot for us. We were thrilled until she sat us in the centre of a very noisy room. There were no walls nearby to block the sound or soft surfaces anywhere to absorb the noise. The clanking of silverware on plates only augmented the incessant din of other people's conversations. We took our seats and knew we were going to have a problem.

Was there a quieter spot available? Was there a manager who might be more receptive to our request than the hostess had been? It was a long shot, but we decided to try again. Worst case, we would stay in our noisy spot and make the most of it, like we always do.

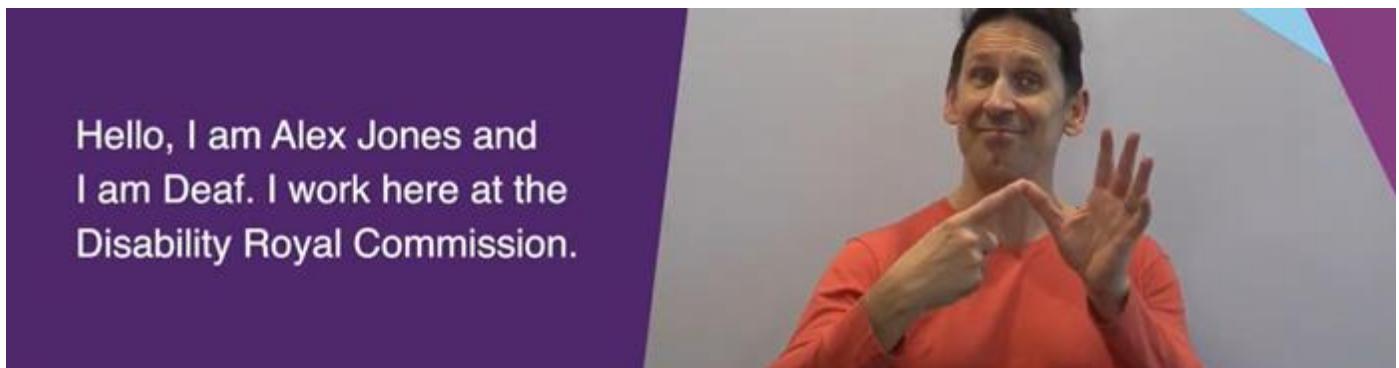
We asked for the manager and explained our situation. After a moment's thought, he mentioned the bar area had an open table that was available. We were sceptical — bar areas are notoriously loud — but upon further inspection by one of our group, we discovered it was much better!

We moved to the bar, enjoyed our quieter surroundings, the delicious food and drink at the restaurant, and each other's company. We still could not hear perfectly — that was never going to be the case — but the conversation flowed more easily than it would have in the first location.

Most notably, we learned an important lesson in self-advocacy. Despite the disappointment of our first seating assignment, none of us got upset, or raised our voices, or caused a scene; and that was never the plan. But by politely asking a second time for an accommodation, we found someone who could help and a solution that worked well. We were all so glad that we did.



# Royal Commission: submissions from Deaf community



Hello, I am Alex Jones and I am Deaf. I work here at the Disability Royal Commission.

The Disability Royal Commission will hold a public hearing in October to examine the experiences of culturally and linguistically diverse people with disability. This will include the unique experiences of Deaf people who identify as culturally and linguistically diverse, as members of the Deaf community. This public hearing will be an opportunity for the Royal Commission to receive evidence about the importance of Auslan and Deaf culture.

Deaf people are encouraged to get involved in this hearing by sending a submission about their experience of violence, abuse, neglect or exploitation. Submissions from the Deaf community will help prepare for the hearing.

The Royal Commission office has made a video in Auslan featuring staff member Alex Jones. In the video Alex, encourages people to make a submission, and describes the different ways this can be done. The video is captioned, and includes details for more information. Watch the video [here](#).

Deafness Forum Australia receives funding to promote the work of the Royal Commission.



Ballarat's Ewing House School for Deaf Children marks its 70 years anniversary.

In the photograph, Marjorie O'Donnell and Suzanne Bertus hold the original plaque for Ewing House. Picture by Luke Hemer from [The Courier](#)



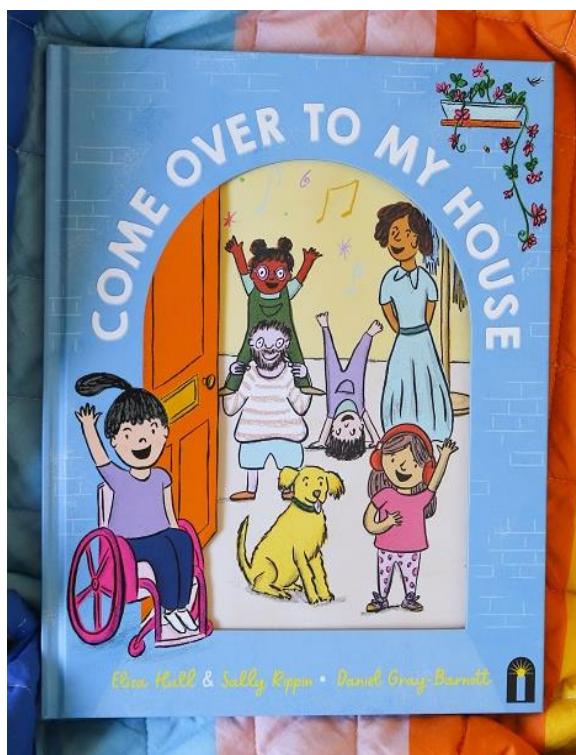
Soundfair, the University of Queensland, and Macquarie University are doing research to find out what are the current barriers to access and uptake of hearing health services for people from CALD backgrounds in Australia.

Your participation in this project would involve an hour-long interview (hosted via videoconferencing) and would provide the investigation with valuable insights to advise on recommendations to overcome these barriers.

In recognition of your contribution, you will receive a \$50 voucher at the end of your interview. Interested in participating? [Click here](#)

*Advertisement*

**Come Over to My House** is a delightful new picture book that explores the home lives of children and parents who are Deaf or have a disability.



Disability advocate Eliza Hull and best-selling Children's author, Sally Rippin have come together to create this wonderful picture book that shines a light on people who live with a disability.

Eliza Hull is a proud disabled person, with a physical condition 'Charcot Marie Tooth.' She is the creator and editor of 'We've Got This – stories by disabled parents' the book which features disabled parents from around Australia. 'Come Over To My House' that authentically portrays families with disability.

A cast of friendly characters invite friends over for a play. There's fun to be had, food to eat and families to meet.

It's a stunning picture book and is the perfect way to start a conversation about disability and inclusion with parents, care-givers and children.

Learn [more here](#)

# Tool to help decide if you can benefit from a cochlear implant



## Is a cochlear implant right for you?

Cochlear implants have been shown to help people with significant hearing loss hear speech and environment sounds better and achieve a better quality of life. However, only 1 in 10 Australian adults who could get benefit from a cochlear implant gets one. A specialised implant audiologist can assess you for suitability for a cochlear implant.

In most cases people are referred to an implant audiologist for a cochlear implant assessment by their hearing aid audiologist, or their GP. But audiology and GP appointments can be very busy with lots of things to do in a limited amount of time.



Cathy Sucher, Ear Science Institute Australia

Project leader Cathy Sucher said, "If the audiologist or GP is unfamiliar, or uncomfortable talking about cochlear implants, or they run out of time during the appointment, the option of a cochlear implant may not even get brought up in conversation."

Alternatively, only limited, and sometimes incorrect information may be provided to the person with hearing loss.

And in some cases, people have given up on their hearing aids, no longer see a hearing aid audiologist, so aren't aware of all the hearing management options currently available to them.

Cathy Sucher said the aim of a new study by Perth-based Ear Science Institute Australia is to develop a tool that provides up-to-date, relevant, and accurate information and tests, at different levels of complexity.

"This new tool will help audiologists and GPs in their clinics, and people with hearing loss and their loved-ones at home, decide if they could benefit from a cochlear implant, and help them proceed to a cochlear implant assessment if they want one."

You can find out more by visiting the [Participate](#) page on the Ear Science Institute Australia website. There are several studies listed here – scroll to "improving the awareness and uptake of cochlear implants".

Ethics approval number 2022/ET000520.



## A message from our Chair

Every year, our member organisations nominate people to join our Board.

The members require competent and committed board members to serve the organisation.

Among their responsibilities,

- Good practice governance to oversee and evaluate
- Leadership, in partnership with staff, to guide the organisation's mission and direction
- Stewardship of the organisation's assets to benefit its future

We need directors with skills in Accounting or auditing, Board experience, Communications and media, Business development, Fundraising, Governance issues and practices, Government relations, Marketing, and relevant Legal fields.

We value knowledge in Age-related issues, Children-specific, Disability-specific, Family or carer-specific, Health-specific, Workplace and careers.

Our chief executive can answer your questions and talk aspiring Directors through the role and the process. Just email me if you want to learn more at [chair@deafnessforum.org.au](mailto:chair@deafnessforum.org.au).

David Brady  
Chair  
Deafness Forum of Australia

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

Drop us a line to [hello@deafnessforum.org.au](mailto:hello@deafnessforum.org.au)

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