

3 March 2022: World Hearing Day



World Hearing Day today

Many common causes of hearing loss can be prevented, including hearing loss caused by exposure to loud sounds. Safe Listening can reduce the risk of hearing loss associated with recreational and industrial sound exposure. 'To hear for life, listen with care' is an important reminder to Australians who currently have good hearing, that they have every opportunity to ensure their hearing remains strong for the rest of their lives.



Social and cultural impacts of hearing loss in Indigenous communities

People currently need to self-identify a hearing loss and then, proactively engage with a very bureaucratic process. This reactive model does not work well in an Indigenous context where people have had hearing loss from a young age, but do not realise they have it.



cCMV

Congenital cytomegalovirus infection is the most common, and potentially preventable, infectious cause of permanent hearing loss and child neurodevelopmental disabilities such as cerebral palsy. About 400 infants are either born with or develop cCMV-related issues in Australia each year.



Five things to consider when hiring a NDIS Plan Manager

A plan manager is a professional disability service provider whose primary responsibility is to assist National Disability Insurance Scheme (NDIS) participants manage their plan funding. In your search for the right plan manager, you will need to keep an eye out for certain essential qualifications.

Currently **one in six** Australians suffer from some form of hearing loss. This may increase to one in four by 2050. Access Economics 2006

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.

World Hearing Day message from David Brady

In 10 years as Chair of the Deafness Forum Australia, I have seen the deafness sector achieve recognition from the Federal Government to implement a Roadmap for Hearing Health for every Australian.

This Roadmap is the blueprint for a national strategy that will bring together the expertise and passion of people who live with hearing loss, an ear or balance issue, or are Deaf,..

and the families, volunteers and professional people who aim to make their lives better.

World Hearing Day is held each year on the 3rd of March to raise awareness of deafness and hearing loss, and to promote prevention of hearing loss. In Australia, hearing loss is more common than heart disease, cancer and diabetes. It costs \$15 billion a year in health system costs and lost workforce productivity.



The theme this year for World Hearing Day is "To hear for life, listen with care".

Through this theme, we can all focus on the importance of safe listening as a means of maintaining good hearing throughout our lives.

The key messages are that many common causes of hearing loss can be prevented, including hearing loss caused by exposure to loud sounds; and 'safe listening' can reduce the risk of hearing loss associated with recreational and industrial sound exposure.

Deafness Forum and the World Health Organization call upon governments, industry partners and civil society to promote safe listening habits.

Now, the biggest challenge as I see it - as someone with a hearing loss all my life - is the need to reduce the number of Australians from joining the ranks of the four million of us.

We will always have Australians who become deaf from birth or during their lives from causes that may not be preventable. But I am speaking about preventable loss, which is sadly on the rise.

'To hear for life, listen with care' is an important reminder to Australians who currently have good hearing, that they have every opportunity to ensure their hearing remains strong for the rest of their lives.

I am acutely aware of my responsibility as Chair of Deafness Forum to share this message of prevention, alongside a message of support and empowerment for people in the community who have a hearing loss.

**To hear for life,
listen with care!**



Of course, prevention should not be seen as being in competition with supporting people who have hearing loss. It is certainly not about devaluing existing services, the hard work of our communications access professionals, the language of Auslan; nor the work of our valued audiologists, audiometrists, audiometry nurses and speech therapists.

Now is the time to be more aware of how we can care for our hearing. Have a conversation with family and friends about their hearing health safety, and don't be frightened to get your own hearing checked.

Finally, I want to acknowledge the traditional custodians and the hearing care providers who are working together to address hearing health issues among First Nation people.



David Brady.

Dave Grohl is reading lips because of hearing loss



By [Lisa Respers France](#), CNN

The pandemic has made life more difficult for Dave Grohl in a surprising way.

In a recent appearance on [The Howard Stern Show](#) the Foo Fighters frontman shared that his years as a rock musician have taken a toll on his hearing.

Grohl said he can hear the music on stage and in the studio, but if he were sitting next to someone at dinner in a crowded restaurant, he said he can't understand a single word.



Mask wearing due to the pandemic has also hindered his ability to understand what people are saying, he said.

"I've been reading lips for like 20 years," Grohl shared.

Grohl said he hasn't gotten his hearing checked in a while because he believes he knows what the diagnosis will be.

"I know what they are going to say: 'You have... hearing damage, tinnitus, in your left ear, more so than your right,'" he said. "My left ear is kind of worse than my right because of my snare drum and my stage monitor [being on that side] when I play the drums."

"Oh my god, for the last 30 years," Grohl said of having tinnitus. "When I turn off the lights at night it's like, 'Eeeeeeeeeeeee.'" "

Cytomegalovirus: the silent virus



By Emma Webb, Valerie Sung and Cheryl Jones.

Congenital cytomegalovirus (cCMV) infection is the most common, and potentially preventable, infectious cause of permanent hearing loss and child neurodevelopmental disabilities such as cerebral palsy. Approximately 400 infants are either born with or develop cCMV-related issues in Australia each year.

The most common sequelae of cCMV are sensorineural (permanent) hearing loss affecting around 13% of infants, vision loss, cerebral palsy, intellectual impairment and neurodevelopmental disability. Despite this, the public, and even health professionals, have little awareness of cCMV.

There is no effective vaccine for the prevention of cCMV infection. While there has been a shift in the understanding of viruses and infection prevention and control, adequate infection prevention of CMV for expecting mothers is low.

CMV is a virus in the herpesvirus family. Once a person is infected, the virus remains viable but usually inactive (dormant/latent) in the body. The infection is common but silent, affecting around 83% of adults, with most remaining asymptomatic. CMV is generally spread by direct contact through bodily fluids such as saliva, nasal mucus, or urine, for example, through kissing children on the lips, sharing food, handling children's toys or changing nappies without washing hands.

CMV can be problematic for pregnant women if caught for the first time (primary infection) or reactivated from its latent state. The most risk of transmission to an unborn baby is when CMV primary infection occurs in the first trimester of pregnancy of a non-immune mother. A minority of babies born with cCMV infection can be unwell at birth, but most (about 90%) are born without any symptoms - of these, 14% go on to develop hearing loss or neurodevelopmental disabilities.

Targeted cCMV screening in Australia

Currently, there is no routine nationwide newborn screening for cCMV in Australia. Targeted cCMV screening [was piloted in Queensland](#), and was feasible and cost-effective when completed by hearing screeners before newborns were discharged from hospital. Another pilot study to evaluate targeted cCMV screening is underway in Western Australia and results are expected to be available in the next few years. However, with the trend towards early discharge of postpartum mothers from hospital, especially during the COVID-19 pandemic, there is a need to test other ways of targeted cCMV screening to avoid missing cCMV infection in newborns who are rapidly discharged home.

Our study, [published](#) in the Journal of Paediatrics and Child Health, aimed to test the feasibility and acceptability of targeted cCMV PCR screening by parents themselves taking saliva swabs from their newborns through the Victorian Infant Hearing Screening Program (VIHSP) at the four largest maternity hospitals in Victoria. Parents completed the saliva swab at the time their newborn did not pass VIHSP's hearing screen, either in hospital or at home, and sent the saliva samples to a central pathology laboratory through the post or through hospital services, depending on where the swab was completed.

Our work demonstrated the parent-conducted targeted cCMV screening program to be feasible, with 76% of families agreeing to participate and 100% of the 96 swabs completed within the required time frame of 21 days from birth. One infant was confirmed to have cCMV infection and was able to immediately see an infectious disease clinician to discuss the option of antiviral therapy. We also captured the parents' perspectives of the program. The majority of families (over 90%) found the screen was easy to do, thought it was a good idea, and were glad their baby was screened.

We have therefore demonstrated a new way of targeted cCMV saliva PCR screening to detect cases of cCMV infection that might be otherwise missed by early hospital discharge, especially during the COVID-19 pandemic. We hypothesise this targeted cCMV screening approach can be successfully implemented state-wide with the addition of training of hearing screeners, midwives and nurses to complete saliva swabs in hospital before discharge, to increase uptake and reduce the potential for false positive results.

How about universal cCMV screening?

Before thinking about universal cCMV screening in Australia, we need to understand how common cCMV infection is in newborns in Australia, and we also need to develop cheaper, more convenient and more rapid ways to screen for cCMV to enable implementation at a population level. We also need more data on whether antiviral treatment is beneficial for newborns with cCMV infection who are asymptomatic or have isolated hearing loss.

A recent grant from the National Health and Medical Research Council (NHMRC) will allow our research team to use data from the [Generation Victoria research project](#) to determine how common cCMV is in a 2-year birth cohort of more than 110 000 newborns in Victoria. We will partner with the Walter and Eliza Hall Institute of Medical Research to develop a rapid bedside screening test.

About the authors

Emma Webb is completing her PhD at the University of Melbourne, looking at understanding factors facilitating early screening for congenital cytomegalovirus in infants. Emma is a clinical audiologist by background working in the diagnostic space.

Valerie Sung is a paediatrician at the Royal Children's Hospital, Clinician Scientist Fellow and Team Leader at the Murdoch Children's Research Institute, and Honorary Clinical Associate Professor at the University of Melbourne.

Professor Cheryl Jones is a staff specialist in infectious diseases, Dean/ Head of School of Sydney Medical School and a world authority on congenital infections.

From [Insight+](#)

Be Hearing Friendly trained

What can local governments do to improve the customer experience?

Better Hearing Australia, in partnership with [Redland City Council](#), has developed the “Hear Here” learning module to support local council front-of-house teams to assist people who may have difficulty hearing.

The training package was a finalist in the LGMA Queensland Awards for Excellence 2021.



The Hear Here Learning Module is a four-part, 20-minute learning module covering:

Hearing loss – the invisible disability: highlighting the prevalence of hearing loss in society and how likely it is that local council customers will have issues with hearing.

The sound of hearing loss: putting learners in the shoes of someone with hearing impairment so they can empathise with and understand the difficulties some people face.

Making a difference: tips and tricks staff can use to help improve the customer service experience of your clients.

Technical solutions: a brief overview of some of the technical solutions councils may have access to help with the hearing experience.



“Redland City Council was happy to partner with Better Hearing Australia (Brisbane) to develop and pilot the ‘Hear Here’ Council training to help local government communicate more effectively with people with hearing loss.

“The training gives officers an understanding of some of the challenges faced by people with hearing loss and provides practical strategies and tools to overcome those challenges. We encourage other government authorities to consider the ‘Hear Here training’ as well.” – Redland City Council.

For more information on accessing the Hear Here module, email info@bhabrisbane.org.au

Vice-Regal Patronage

Better Hearing Australia announced [Her Excellency the Honourable Dr Jeannette Young PSM Governor of Queensland](#) as their Patron.

This continues a tradition of vice-regal patronage by the Queensland Governor for BHA Brisbane.

Social and cultural impacts of Indigenous hearing loss

By Damien Howard and Jody Barney

When we consider indigenous hearing loss in Australia the contribution of early childhood ear disease draws much attention. The prevention and treatment of the disease has been a high priority. However, the mitigation of the impact of the resulting hearing loss on Indigenous disadvantage needs to be as big a focus as prevention and treatment of ear disease.

It is a factor contributing to the gaps between Indigenous and other Australians. It acts as a wedge keeping these gaps open. [Read more](#)

Recent census data found that 80% of indigenous people with hearing loss were unaware that they had a hearing loss. This invisibility leads to compounded disadvantage. When the person with the hearing loss and others do not know there is a hearing loss other factors are considered the cause of poor communication - the person's lack of motivation, limited capacity, poor English, etc. are common explanations. But these kinds of explanations can be very damaging for people who they are directed at. They are often perceived as discrimination. It is no surprise that it was found in the Census that Aboriginal people with hearing loss more often complained about being discriminated against.



The impact of hearing loss on Indigenous employment is a long-neglected research issue, and thus little is known about it. **Damien Howard** and Murri woman **Jody Barney** provide two case studies highlighting the nature of Indigenous hearing loss and how to address it.

<https://www.themandarin.com.au/140096-hearing-loss-and-indigenous-employment-two-case-studies/>

Current mainstream systems are failing to address how to improve communication issues and their adverse outcomes. The systems are failing. We need to look at why and do things differently.

One issue is the reactive model of service delivery. People need to identify they have a hearing loss and proactively engage with only some solutions, such as obtaining hearing aids, which happens through a very bureaucratic process. This reactive model does not work well in an Indigenous context where people have had hearing loss from a young age but do not realise they have a hearing loss. In this context, systems need to be much more proactive in helping people identify they have a hearing loss and understand the benefits of amplification.



Mainstream services are failing the many Indigenous people with hearing loss in custody. There is a glaring omission in the discussion of Indigenous deaths in custody. It is the influence of widespread hearing loss contributing to the over representation of Indigenous people in the criminal justice system.

<https://www.themandarin.com.au/135332-opinion-how-mainstream-services-are-failing-the-many-indigenous-people-with-hearing-loss-in-custody/>

About the authors: Damien Howard is a Consulting Psychologist. Jody Barney is a Certified Aboriginal Disability Cultural Consultant.

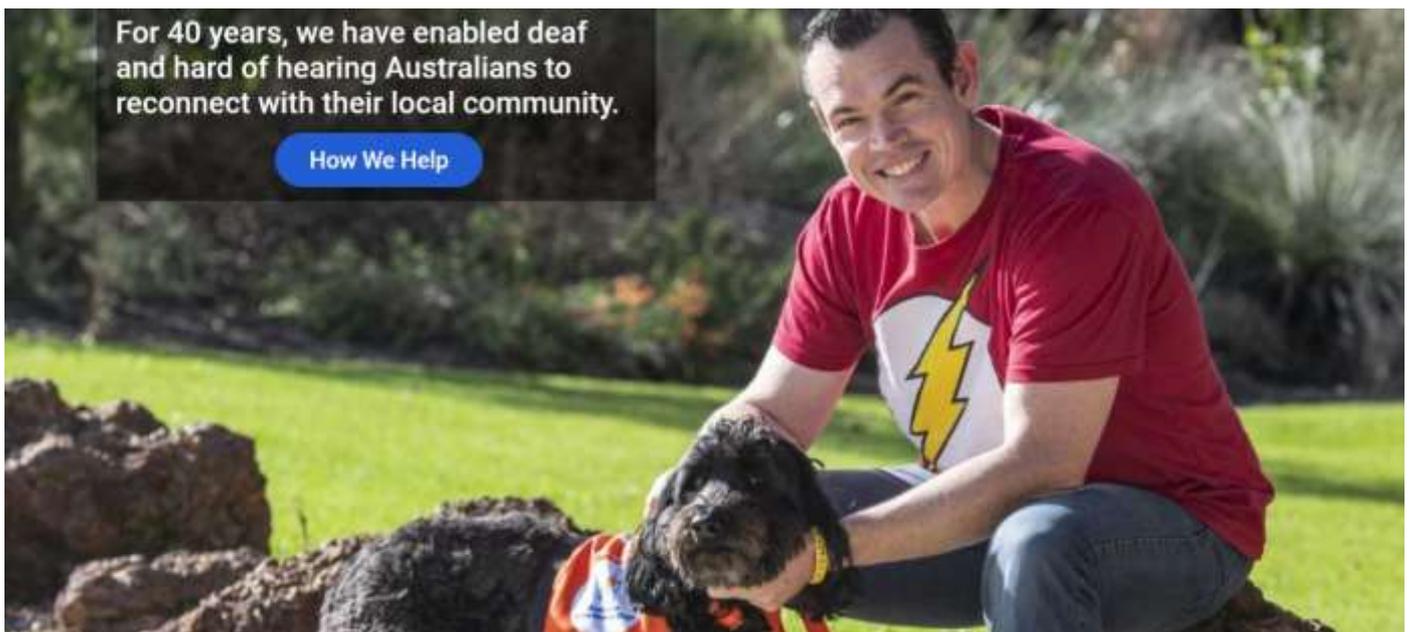


Read Our Lips Australia

Deafness Forum Australia will soon launch its innovative online course to teach you to lipread.

Read Our Lips Australia is the first of its kind in this country. And it's coming soon!

Welcome to our newest member: Australian Lions Hearing Dogs



<https://lionshearingdogs.com.au/about-us/>

Tools for employers

The Australian Government has partnered with SEEK to deliver webinars providing insights and tools for care and support sector employers to better engage with and appeal to today's candidates.

Developing and communicating your employer brand

A webinar to assist organisation leaders in developing and communicating their employer value proposition. 8 March: [Register your interest](#)

Five considerations when hiring a NDIS Plan Manager

A plan manager is a professional disability service provider whose primary responsibility is to assist National Disability Insurance Scheme (NDIS) participants manage their plan funding. Plan managers support participants by monitoring their budget, disbursing payments to service providers, updating participants on the financial status of their plan, among other necessary functions. Participants can also seek advice from their plan managers about the best ways to maximise their plan funding.

If you're an NDIS participant seeking to hire a plan manager, simply inform the NDIS and they'll allocate the necessary funding for one as part of your plan. You can find and connect with potential candidates from anywhere in Australia through a variety of channels, including your Local Area Coordinator and the NDIS myplace participant portal.

In your search for the right plan manager, you'll need to keep an eye out for certain essential qualifications. Here are five of the most important factors to consider.

Financial Management Background

Because NDIS plan management relies heavily on accounting, you should look for someone with extensive experience in the industry. At the minimum, you'll want a plan manager who has completed an official bookkeeping certification course.

NDIS Registration and Expertise

It's important to bear in mind, however, that you can't simply hire your local accountant or bookkeeper to act as your NDIS plan manager. This is because plan managers are required to be NDIS-registered. Only registered plan managers can access the NDIS portal, the platform on which they make claims and disburse payments on their client's behalf.

Project Management Skills

The role of an NDIS plan manager also extends beyond basic financial management. Other important tasks plan managers are expected to perform include liaising with service providers, providing participants with detailed and accurate reports on their funding status, processing incident forms to be sent to the NDIS and other paperwork.

Communication Skills

NDIS plan managers can expect to work with a vast variety of individuals and groups, including people with disabilities. They should thus be capable of clear, effective, and ethical communication in both written and oral forms.

Full Transparency

Choosing to work with an NDIS plan manager does not entail completely giving up control over your plan. In fact, the best plan managers will offer you more choice and control over what services you utilise and how your plan is implemented. Understanding what makes a good NDIS plan manager will help you hire someone with the necessary skills, knowledge, and attitudes to support and empower you.

From [Onya Magazine](#)

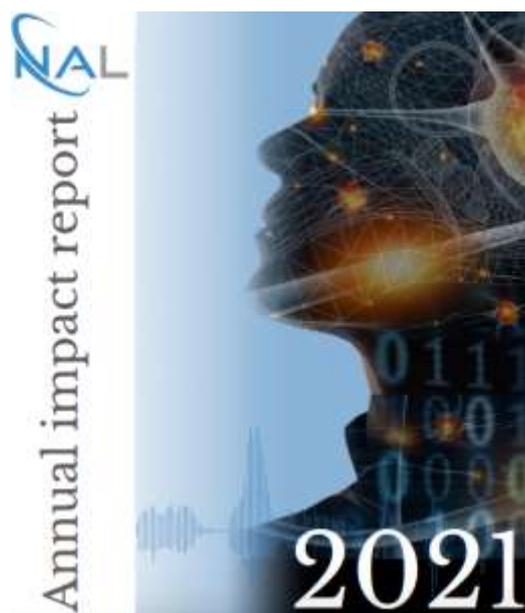
Future hearing services and technologies

National Acoustic Laboratories is a world-renowned hearing research institution that has published insights that advanced hearing research and innovation since 1942.

Often referred to as NAL, it published its first annual impact report for the hearing health community. Unlike a standard annual report, NAL's impact report provides an annual summary of future trends. The report this year identified driving forces in technology innovation.

NAL's annual impact report also outlined innovation in hearing health care services, discussing teleaudiology, over-the-counter and self-fit solutions as well as the role of artificial intelligence in hearing services.

Read the NAL annual impact report [here](#)



~0~

Our thoughts are with the communities in Queensland and northern NSW affected by these terrible floods. And also with all Australian Ukrainians and their families in a war zone.



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

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

Contact us to receive this publication in an alternative file type.

Items in Deafness Forum communications may include terminology or summarise views, standards or recommendations of third parties, which are assembled in good faith but do 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. Content may be edited for accessibility, style and length. 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.