

Can people
with hearing loss
drive a car?



Questions you always wanted to ask a person with hearing loss

Does your sight improve when your hearing diminishes?

Why can't you hear me in this restaurant when you could hear me in the last one?

Is your hearing loss worse some days than others?

Can people with hearing loss enjoy music?

Managing hearing impairment for people living with dementia in residential aged care

For the management of hearing impairment, audiologists prioritised hearing devices. In contrast, care staff emphasised using communication strategies to manage hearing impairment in residents with dementia. Family members described individualised approaches for managing hearing impairment.

Tinnitus First Aid kit

Are you hearing constant ringing in your ears? Then it is most likely that you have tinnitus. It does get better for most people, and the Tinnitus First Aid Kit is designed to help you.

Opioid use can trigger deafness

Health care providers should be aware of the association with opioid use when evaluating a patient with hearing loss. Researchers found opioid exposure might cause toxicity to the ear.

1 in 4 Indigenous kids has from hearing loss

Aboriginal and Torres Strait Islander children suffer the highest reported rates of middle ear infection in the world, with studies showing they are five times more likely to be diagnosed than non-Indigenous children.

Managing hearing impairment for people living with dementia in residential aged care

A new Australian report has found that people with dementia and hearing impairment living in residential aged care facilities are not receiving optimal hearing management.

The report recommends that changes in practices of both care staff and audiologists are required to improve hearing impairment management for this population.

The co-occurrence of hearing impairment and dementia among people living in Residential Aged Care Facilities (RACFs) is high. About 55% of adults aged over 60 years and 80% of adults aged over 80 years have a bilateral hearing impairment; and 10% of adults aged over 65 years and 43% of adults aged over 85 years have a dementia diagnosis. Hearing impairment likely exacerbates the negative consequences of dementia on communication and quality of life.

Audiologists emphasised device management

For the management of hearing impairment, audiologists prioritised hearing devices, specifically hearing aids. For example, an audiologist said *"Well, obviously, if the client can't hear or is really struggling to hear, I would consider hearing aids first."* Audiologists identified that hearing aid use and level of technology is influenced by the presence of dementia, highlighting that many people living with dementia were unable to manage their hearing aids.

Care staff emphasised using communication strategies

In contrast to audiologists, care staff emphasised using communication strategies to manage hearing impairment in residents with dementia. Care staff discussed strategies such as: moving closer to the individual; maintaining eye contact; and slowing down their speech to improve resident-caregiver communication. Care staff members also discussed using visual aids to facilitate communication, however identified that these were not always an available resource in the RACF. Care staff reported supporting management of hearing aids among residents, but acknowledged that hearing impairment was poorly managed for this population in that they did not tend to refer residents with dementia and hearing concerns to hearing services.

Family members emphasised a person-centred approach

Family members presented mixed views on the benefits of hearing aids for managing hearing impairment in this population. Family members described individualised approaches for managing hearing impairment as well as the importance of shared decision making, thus they emphasised a person-centered approach. For example, some caregivers felt hearing aids were vital to their family member's communication and quality of life, yet others felt hearing aids were of no benefit, attributing communication problems to dementia rather than hearing impairment.

Individuals with dementia and hearing impairment had mixed views on the benefits of their hearing aids

One resident felt the benefit of their hearing aids was limited. *"Oh, to a degree. But not real good. But sometimes they [hearing aid] could be alright."*

"Early in the piece, it [hearing aid] wasn't that hot, but when I got used to it, it's pretty good."

Conclusions

Different stakeholder priorities for managing hearing impairment – audiologists emphasising hearing aids and care staff emphasising communication strategies – suggest that changes to hearing services are required. To improve management of hearing impairment for this population, audiologists should adopt a more patient-centered approach, ensuring that they recommend all options available for managing hearing impairment, rather than emphasising hearing aids.

Access the full [report here](#) by By [Anthea Bott](#), [Carly Meyer](#), [Louise Hickson](#) & [Nancy A. Pachana](#)

Deafness Forum has created free resources for hearing assistance training for staff in aged care facilities, hospitals and for family carers and volunteers who support hearing impaired people in the community.

There are resources for staff implementing an effective hearing assistance program and resources for pre-service education. Visit the Deafness Forum [website](#)

Opioid use can trigger deafness

Opioids are often used as medicines because they contain chemicals that relax the body and can relieve pain. Prescription opioids are used mostly to treat moderate to severe pain.



Researchers identified 41 people with opioid exposure who experienced full or partial hearing loss or tinnitus, likely caused by toxicity to the ear. More than half had used heroin, followed by oxycodone, methadone and tramadol.

While some people may regain their hearing, the loss could be permanent with others -- 21 percent of those reporting the condition had no improvement in hearing when they were discharged from the hospital. "The delicate structures of the inner ear are very susceptible to injury if oxygen supply is insufficient, as well as to the direct effect of toxins like opioids," said co-author Lewis Nelson, chair of the Department of Emergency Medicine in New Jersey USA.

"Although the study found a link with heroin, toxicity to the ear can occur with every opioid."

The researchers said health care providers should be aware of the association with opioid use when evaluating a patient with hearing loss.

<https://www.sciencedaily.com/releases/2020/08/200817144112.htm>

Questions you always wanted to ask a person with hearing loss



People who don't have hearing loss might find it hard to imagine what living with hearing loss is like – and might be shy about asking. But understanding hearing loss is a way to break down stigma and dispel misconceptions.

Shari Eberts, Gael Hannan, and Nick Tedd tell you what you've always wanted to know about hearing loss but were afraid to ask.

Does your sight improve when your hearing diminishes?

Gael: My sense of sight missed this memo! As my hearing worsened through the years, my vision most certainly did not improve. Along with my hearing technology, I also use contact lenses and glasses.

What does happen, is that we depend on our other senses to take up the slack or fill in the gaps. People with hearing loss use visual clues such as speechreading, text interpretation, and environmental elements. When watching someone as they speak, I use their facial expressions, lip movements, and body language to augment what I'm hearing. Captioning and written notes and documents play the same role. If I see the cat running around, well, that explains that noise! Flashing lights tell me everything from a ringing phone to a fire alarm.

Why can't you hear me in this restaurant when you could hear me in the last one?

Shari: When dining out with someone with hearing loss, a quiet restaurant with plenty of soft surfaces is always your best bet. The reason is two-fold: background noise and design.

Hearing aids amplify all sounds, so when a restaurant is noisy, the clattering of the dishes, the background music, and the conversation at the next table all sound louder. This makes it harder to pinpoint the voices we want to hear from among all the other noises around us.

The design of the restaurant is also a factor. Hard surfaces like metal, hard woods and tile reflect the sound of music and voices, creating a reverberant din that masks speech. For easier conversation, seek out restaurants with soft surfaces like cushioned seats, acoustic tile, and fabric wrapped panels or carpeting, which absorb noise.

Is your hearing loss worse some days than others?

Shari: Hearing loss can seem to vary from day to day and even from morning to evening on the same day. This is because we hear with our brains, not with our ears, making auditory fatigue a critical factor in how well we hear. When you are feeling rested, well fed, and alert, you are likely to have more brain energy for listening. If you have a cold or are physically tired, your hearing may suffer.

The same holds true from morning to evening. As the day progresses, someone with hearing loss has to work much harder to make sense of the sounds around them, as their body and mind tire from the listening efforts throughout the day. The truth is we are likely hearing equally well (or poorly!) at all times of the day, but we understand better in the morning when our brains are fresher.

Can people with hearing loss enjoy music?

Nick: It depends on the level of hearing loss. With my hearing loss, my hearing aids have been set up digitally by my audiologist with a setting just to listen to music. This can be an automatic setting or I can manually override it if I'm at a gig for example and my hearing aids don't always recognise the music above a noisy room.

Mostly I use Bluetooth to stream music directly from my iPhone. Since nearly every form of technology comes with Bluetooth capability, I take advantage of this with Bluetooth hearing aids. The telecoil inside a hearing aid is the component that receives sounds. It then translates the sound into a loop that amplifies for the listener. If hearing aids are within range of a Bluetooth device, they can pick up music and play straight to my ear. This means that I can connect to a smart television and play a show through my hearing aids without disturbing anyone else. Or I can play music from a phone, tablet, or other music player straight into my ears. This protects my hearing from further damage and makes use of a device that's already in my ear.

Is it true that living with hearing loss makes you tired?

Nick: Yes! I find that concentrating on what people are saying takes a lot of energy as I need to see their mouth and lips to be able to understand what they are saying. This varies depending on the environmental noise where I am listening. I find my attention span lessens when I am tired. Taking "hearing breaks" at social situations is normal and acceptable to me now and keeps me able to return to social situations and reconnect. I don't beat myself up for taking rest breaks now as it's just part of who I am and my hearing loss.

Can people with hearing loss drive?

Gael: Yes – but only if they have a driver's licence! Once the driver with hearing loss has passed the road and written tests, which typically do not contain any hearing-ability questions, she is good to go. Studies show that deaf people have high safety records because they are super-vigilant with their sense of sight. Drivers who use hearing aids and cochlear implants, like all drivers, need to keep a constant eye to vehicles mirrors, because we don't always hear warnings such as approaching ambulances or other cars honking. It is especially important that drivers with hearing loss not be distracted by visuals such as cell phones. The rearview mirror can be modified with

additional mirrors to allow drivers with hearing loss to interact safely with people in the back seat, such as small children. A baby in a car seat placed in the rear passenger position allows easy connection so that parents can clearly see their child.

Do you have to shout to speak with someone with hearing loss?

Gael: We wish you wouldn't! Shouting is just as painful to our ears as it is to yours. It also distorts your lip movements, making it harder to speech-read and understand what you're saying. If you have been asked to speak up, try raising your voice just a bit to find a comfortable level for us both. If you face us and speak clearly in a well-lit and low-noise environment, there should be no reason to yell.

This article is from the [Ida Institute](#)



The Department of Education, Skills and Employment wants your views for its 2020 Review of the Disability Standards for Education 2005.

All the information you need including the [discussion paper](#) is at the [Consultation Hub website](#).

There are a range of events and activities you can participate in during the consultations. To find out more and register to be involved visit the [Consultation Hub](#).



The last review of the Disability Standards for Education was 15 years ago: this review is an important opportunity to ensure that the Standards are comprehensive and up to date. We encourage you to have your say and help us to spread the word about the consultation process.

[Making a submission](#) is not the forbidding task it might seem. A submission can be as little as a one page letter, or as much as time and resources allow. You can also complete a short online [questionnaire](#).

The consultation period closes at the end of Friday, 25 September 2020.

The [discussion paper](#) has been developed with guiding questions to help you have your say.

If you have questions or need help to contribute, email The Social Deck at engage@thesocialdeck.com

Why one in four Indigenous kids is suffering from hearing loss



By Ella Archibald-Binge is a Kamilaroi woman and the Indigenous Affairs reporter at The Sydney Morning Herald.

A national hearing assessment program has identified almost 500 Indigenous children with undiagnosed hearing loss in its first year of operation.

Aboriginal and Torres Strait Islander children suffer the highest reported rates of otitis media (middle ear infection) in the world, with studies showing they are five times more likely to be diagnosed than non-Indigenous children. Left untreated, it can lead to permanent hearing loss and learning difficulties due to poor language development.



Audiologist Arveen Kaur tests the hearing of Jackson Wellington in Nowra. Credit: Rhett Wyman

A \$30 million federally funded screening program led by Hearing Australia is working with Indigenous health organisations to identify such infections before they become permanent. Almost a quarter of the 2100 children assessed in 67 communities over the past year had undiagnosed hearing problems.

Loretta Longbottom knows the value of early intervention. Her adult daughter had otitis media as a child and now has 25 per cent hearing loss in one ear.

Ms Longbottom, an Aboriginal health practitioner at the Waminda Women's Health Centre in Nowra, directs local families to the screening program to help their children avoid the same fate.

"This is an opportunity I want our people to take seriously because at the end of the day, our children's hearing is affected and that does impact on their way of life," she said.

Otitis media is caused when fluid builds up in the middle ear cavity and becomes infected. For most non-Indigenous children, it is readily treated without long-term effects.

An Indigenous child will typically endure middle ear infections for at least 32 months, compared with three months for a non-Indigenous child, from age two to 20 years, according to the Australian Medical Association.

Health experts say the condition is more likely to become chronic in Indigenous communities due to poverty, overcrowded housing and a mistrust of, or lack of access to, health services.

Hearing issues have become normalised in some communities, such as remote areas of the Northern Territory where a 2013 study found almost 90 per cent of Indigenous children under 3 had otitis media.



Kylie Christopher with her one-year-old daughter, Miami, at Waminda Women's Health Centre in Nowra.

The screening program, aimed at children under 5, works with local Aboriginal community-controlled health centres to monitor children and refer them for further medical treatment or speech pathology services where necessary.

Senior audiologist Sarah Love says the ultimate goal is to train Aboriginal health workers to conduct the hearing assessments themselves.

"If we can get the message out there with families that hearing health and ear health is really important for children's lives and their performance at school, we expect that will make a huge difference to overall outcomes for Aboriginal children as they get older," she said.

From [The Sydney Morning Herald](#)

COVID-19: Disability Royal Commission



The Disability Royal Commission held a public hearing on the impact of the COVID-19 pandemic on people with disability.

Held over four days in August, the virtual hearing heard from 36 witnesses, including 12 people with disability. Advocates, disability representative organisations, academics, experts, service providers and Commonwealth representatives gave evidence.

You can read the transcripts on the Commission's website.

You may find some content distressing. Help is available through counselling and support services.

We have not all been affected equally: Chair

In his opening address, Chair Ronald Sackville said when it came to the pandemic 'in one sense we are all in this together ... but we have not all been affected equally'.



He said that people with disability often have multiple health conditions or chronic conditions that increase the risk of infection and the chances of COVID-19 infection being serious.

Since the pandemic began, he said, the Royal Commission had heard many 'harrowing accounts' of people's experiences.

'We were told of the abrupt isolation and denial of social contacts, sudden interruptions to or loss of essential services, inability to access medications, health care, or even adequate supplies of food.'

The Royal Commission was also told about:

- a lack of protective equipment for carers and people with disability exposing them to the risk of infection
- financial hardship
- extremely high levels of stress among people with disability and their families.

The Chair said we will not wait until the Final Report is complete to prepare a report about this hearing.

'The current emergency may last a very long time... we owe it to people with disability to put forward our recommendations as soon as possible.'

Pandemic sees increase of violence against women with disability

There has been an increase in violence against women with disability, Senior Counsel Assisting Kate Eastman told the Royal Commission in her opening address.



Ms Eastman cited an Australian Institute of Criminology survey, where 11 percent of participants were women with disability.

'The results of the survey are frightening,' Ms Eastman said. Among women with disability who were in a current relationship:

'One in four experienced physical violence during COVID-19. One in six said they had experienced sexual violence during COVID-19. And two in five, said they experienced emotional abusive, harassing or controlling behaviours during COVID-19.'

Ms Eastman said that in the Commonwealth Government's COVID-19 Plan, released 17 February, there was no mention or reference of people with disability.

'People with disability and their advocates watched and waited to hear the Commonwealth Government's plan for people with disability,' she said.

It wasn't until 16 April, more than a month after the World Health Organisation declared COVID-19 a pandemic that the Commonwealth issued the Management and Operation Plan for COVID-19 for People with Disability.

Masks and social distancing 'alienating'

Masks and social distancing were 'alienating' and difficult for people who rely on physical cues, said Sarah Yahya who is profoundly hearing impaired. 25-year-old Sarah was born in Iraq and came to Australia as a refugee at 13. She gave evidence on day two of the hearing.



'As a hearing impaired person, it requires a great deal of effort and concentration to communicate with others,' she said in her statement to the Royal Commission. For example lip-reading, making sense of sound, facial expressions and having an understanding of the subject.'

Sarah said she was grateful news outlets responded to concerns, using live captioning, interpreting and different ways to deliver the news. But Sarah raised concerns about social media, saying she couldn't avoid comments about how COVID-19 was about 'survival of the fittest'. Or that the elderly, chronically ill and people with a disability were an 'unfortunate loss'.

Food security made worse by pandemic

Regional and remote communities faced a serious shortage of supplies during the panic-buying phase of the pandemic, according to CEO of First Peoples Disability Network (FPDN), Damian Griffis.



Mr Griffis explained that shortages in metropolitan areas had a knock-on effect, exacerbating ongoing issues with food security in those (regional and remote) areas.

'The cost of fresh produce is problematic as there are often price mark-ups, this can result in a serious lack of access to nutritional food,' he said.

Mr Griffis also said that from the outset of the pandemic, the FPDN was concerned about 'the lack of a specific focus on the unique needs of First Nations People with disability'.

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

Tinnitus First Aid kit

Are you hearing constant ringing in your ears? Then it is most likely that you have tinnitus. It does get better for most people, and the Tinnitus First Aid Kit is designed to help you.

In this article, Australian tinnitus and hearing health advocate Victoria Didenko reviews the new resource.



TINNITUS FIRST AID KIT is an online resource developed in collaboration with the Ida Institute and the British Tinnitus Association.

Tinnitus is the perception of constant noise in the head without any external sound input. It is a symptom of a malfunction or change in the auditory pathway to the brain. Tinnitus is not a disease.

The causes of tinnitus can vary as can the sounds themselves, from ringing, clunking, buzzing, roaring, and even the perception of music or songs.

Tinnitus is often linked to hearing loss, exposure to loud noise, certain medications, head or neck injury, anxiety and stress.

The Ida Institute explains that people often lose some of their hearing as they get older due to 'wear and tear' in the inner ear. Tinnitus could be your brain's attempt to fill in the gaps of the sounds you can no longer hear.

The incidence of tinnitus in the younger generation is becoming more common due to exposure to loud music at concerts, nightclubs and via ear buds, as well as being exposed to loud sounds in noisy workplace environments. This exposure can result in irreversible damage to the delicate sensory cells in our ears potentially leading to tinnitus.

Perhaps due to the preconception that hearing conditions predominantly affect the older generation, younger people with tinnitus don't always report their symptoms, notes the British Tinnitus Association.

Access to the Tinnitus First Aid Kit might help these young people better understand what is happening to their ears, as well as encourage them to find professional advice if the tinnitus becomes overwhelming for them.

Over time, the noises should disappear or at least reduce to a bearable level for most people because the brain loses interest in the sounds and stops checking for the signal. This is called habituation and the length of time it takes to achieve habituation varies from person to person.

The Tinnitus First Aid Kit is a website resource which offers safe, reassuring information for people suffering the impacts of tinnitus, especially for those experiencing the often harrowing first days or weeks of tinnitus onset.

Perhaps not surprisingly the care offerings for people suffering this auditory torment are as varied as the head noises themselves.

The internet is host to hundreds of posts, articles and products touting tinnitus cures, often leaving one's pocket substantially lighter yet with the burden of tinnitus remaining just as heavy.

The Tinnitus First Aid Kit does not replace the advice of a medical professional, it does provide the necessary information and ethical strategies to help calm and reassure the person experiencing tinnitus that there is no reason for fear, and that in time, and with various multi-disciplinary approaches, the suffering associated with tinnitus can be managed.

The bonus for me about the Tinnitus First Aid Kit is the choice of quality sounds that can be downloaded from the site. Professionally compiled by audiologists, these ambient sounds offer a relief for troubled ears and provide comforting distraction. As I write this article, I am enjoying 'Forest Stream', a delightful mix of bubbling water and gentle birdsong, enabling me to sit comfortably and think deeply, a salve for my noisy ears and tinnitus addled brain.

Check out the Tinnitus First Aid Kit if you have just discovered, or think you might have tinnitus. Find more advice and tools [here](#)

Deafness Forum

Positions on the board of Deafness Forum will become vacant at the next Annual General Meeting, tentatively scheduled for November.

We invite our Member Organisations to nominate a suitable individual to fill a position as a:

Ear Disorders Consumer Nominee - a person who has a chronic disorder of the ear

Deaf Consumer Nominee - an Auslan-using Deaf person

Deafblind Consumer Nominee - a person who is deafblind

Parent Consumer Nominee – a parent or guardian of a person who is hearing impaired or Deaf or has a chronic disorder of the ear

Service Provider Nominee – a person who provides services to any of these groups of people

Contact us for further advice on eligibility, the nomination process; and to receive a copy of the nomination form. Email the company secretary: steve.williamson@deafnessforum.org.au
Completed nomination forms must be received by Deafness Forum no later than 1 October 2020.

Disability Royal Commission

You or a family member or carers acting on your behalf may need an advocate to help you communicate or understand how to engage with the Disability Royal Commission.

An advocate can help you to tell your story and find the right supports to help you with communication or legal issues.

You can call the National Counselling and Referral Service on 1800 421 468 to be referred to an advocate or visit www.dss.gov.au/disability-royal-commission-support

See this video: <https://www.youtube.com/watch...>



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

Know someone who might like to get their own One in Six?

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

We acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay respect to them and their cultures, and to elders past, present and future. We acknowledge the challenge of overcoming high levels of ear health issues among First Nation people and its role in Closing the Gap. We acknowledge the risk to indigenous sign languages of disappearing and the importance of Auslan.

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

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