



World health leaders to make prevention of hearing loss a priority

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Deafness Forum of Australia

218 Northbourne Avenue
Braddon ACT 2612

Phone: 02 6262 7808

TTY: 02 6262 7809

Fax: 02 6262 7810

Email: info@deafnessforum.org.au

Web: www.deafnessforum.org.au

Australia backs world health leaders to make prevention of hearing loss a priority

The World Health Assembly meeting in Geneva voted to make hearing loss an international priority.

360 million people live with disabling hearing loss including 32 million children. Hearing loss prevalence is increasing globally due to the growth in populations of older adults, one third of whom have hearing loss; the continued high prevalence of chronic ear diseases; and the increasing practice of listening at high volume to unsafe levels of sound for prolonged periods, putting the hearing of over one billion young people aged 12-35 years at risk.

It is estimated that around half the incidence of hearing loss can be prevented through such measures as immunising against childhood diseases, preventing infections, avoiding the use of certain drugs, and reducing exposure to loud sounds.

"Too many people are suffering unnecessarily from hearing loss," says Dr Etienne Krug from the World Health Organisation.

"Unless action is taken, the numbers will continue to rise as populations age and young people continue to engage in harmful listening practices. It is urgent to take action," Dr Krug said.

Australia and other members of the World Health Organisation are urged to make a priority of integrating strategies for ear and hearing care within the framework of their primary health care systems and to:

- establish training programs for the development of human resources in the field
- implement screening programs for early identification
- make high-quality, affordable hearing devices accessible to all who need them
- implement regulations for the control of noise in various settings

The International Federation for Hard of Hearing People (*Deafness Forum of Australia is a member*) called on all nations to make a priority of addressing the problem in their countries.

"We applaud the World Health Organisation for recognising that a future action plan should raise awareness about this often ignored and debilitating condition. We are encouraged that the international community recognises that a range of access options must be available for individuals with hearing loss to reach their full potential, including captioning and hearing devices such as hearing aids and cochlear implants," said international president Dr Ruth Warick.

People who have hearing loss can benefit greatly from timely and appropriate interventions. This includes the use of hearing devices, captioning and sign language, and other forms of educational and social support. Despite this, those in need are often unable to access such services.

Unaddressed hearing loss in Australia continues to have a high impact on individuals and also the economy. Deafness Forum chairperson David Brady said, "In 2006 it was costing the national economy \$11billion each year. The latest statistics show the cost has continued to spiral upwards to \$15billion a year. It's a growing national economic and social disaster that needs to be addressed today."

"This is a public health issue of such scale in Australia, it is critical to raise the priority of hearing health and wellbeing. Australia urgently needs a coordinated national strategy to address hearing loss and the consumer, the person with the lived experience needs to be at the centre of planning," David Brady said.

Deafness Forum and its supporters believe that the Australian Government must make hearing health and wellbeing a National Health Priority to address the high social and financial costs it imposes on Australian society.

The world's health ministers missed an opportunity to be more inclusive of people who communicate in sign language. They must not be left behind. They need improved access to all areas that affect their daily lives including employment, education and information in the community. Their inclusion will greatly improve the health and wellbeing of Deaf Australians. Deafness Forum of Australia will be making these points in its discussions with Australia's health ministers.

Quick facts

- Besides musculoskeletal disease, hearing loss is the second most common health condition experienced by Australians. It is more common than asthma, heart disease, cancer and diabetes.
- Hearing loss is linked to increased risk of heart disease and other cardiovascular diseases; dementia, depression, other psychiatric disorders; poorer social relations; higher illness rates and reduced quality of life.
- 3.5 million Australians live with hearing loss and nearly half of them are of working age.
- Adults with hearing loss have a much higher unemployment rate than the general population - 20% for men and 16% for women
- More than half the population aged between 60 and 70 has a hearing loss. This increases to more than 70 per cent of those over the age of 70, and 80 per cent of those over 80.



Supporters



www.breakthesoundbarrier.org.au

Being a National Health Priority will fund these important initiatives:



Hearing checks for all Australian children at key stages of life.

A national hearing awareness promotion campaign.



Improved accessibility for Auslan

Universal access to hearing health checks every five years for people over 50.



Make hearing devices tax deductible.

Don't let children fall through the gaps with changes to the way hearing services will be delivered in Australia.



NZ sisters set up deaf cooking class to help deaf people with mental health issues

Two sisters in New Zealand are helping deaf people living in isolation connect with others through a cooking class.

Yolanda Sutton began the cooking class five years ago with her profoundly deaf sister Natasha Jumelet after they formed the Deaf Wellbeing Club. Having grown up knowing the challenges deaf people face in society, the sisters thought the cooking classes could help others in the community.



"Natasha was working as a support worker at the time and she would talk about her concerns for this group of deaf people who also suffered from Mental Health issues. They all had very little social contact and led extremely isolated lives. One client in their 40s mentioned they only ate fish fingers and oven chips because no one had ever taught her how to cook," Yolanda said.

The monthly cooking classes were held at Sutton's home but as word got out, they had to hire a venue to accommodate the numbers.

"Our group is so important to its members, for many we are the only social contact they have. For most of them, it was the first time they've ever been on a holiday, let alone on a plane and it was so encouraging to be a part of that experience with them," Sutton said.

"Being deaf is a horrendous handicap and when you combine that with mental health, it can seem overbearing. To not be able to communicate or express yourself freely is frustrating and over a long period of time, they lose their confidence, feel worthless and their zest for life."

From AucklandNOW, <http://www.stuff.co.nz/auckland/92880192/sisters-set-up-deaf-cooking-class-to-help-deaf-people-with-mental-health-issues>

VALE Dr Victor David Bear AM

1924-2017

Randwick, NSW

An Honorary Life Member of Deafness Forum of Australia, Victor Bear's citation for his Australian Honour awarded in 1990 reads: "*In recognition of services to medicine, particularly in the field of otolaryngology*". However, Victor's contributions to the Australian hearing impaired community were very much greater than this. For many years as a high profile President of the Australian Deafness Council, he was very influential in establishing Deafness Forum of Australia as the national peak body.



He was involved in planning the Bridging the Hearing Gap conference at Macquarie University in 1993 which brought professionals and consumers together. Subsequently, he was an inaugural member of Deafness Forum's Libby Harricks Memorial Oration organising committee, including several years as Chairman until his retirement in 2003. He was a Board Member of Australian Hearing and in that role influenced Australian Hearing and the National Acoustic Laboratories.



The Inclusive Education Summit 2017

October 27 – 29. Hosted by the University of South Australia School of Education.

The Inclusive Education Summit 2017 invites us to come together to think about education at a momentous time in global history, where the world has fractured, people are displaced and we search for new research, education and political leadership to restore social cohesion and rebuild school systems that are an apprenticeship in democracy.

Contact TIES2017@unisa.edu.au



In episode 9 of **ABC TV's The Checkout**, Mark discovers that some hearing clinics may be more like sales centres than medical practices.

<http://www.abc.net.au/tv/thecheckout/episodes/s05ep09.htm>





Hearing loss can make daily communication with the people around you harder, but it needn't restrict you from having an active social life or participating in social events.

For instance, simply by positioning yourself so you are facing the person you are talking to, their sound is going directly to you and this makes it easier to hear them. This also makes it easier for you to pick up on visual cues to help you understand the conversation. Here are some other strategies you can use to make it easier to hear and understand, and most of all, enjoy socialising and avoid isolation.

Arrange your home

You may want to rearrange furniture so you're naturally facing people, and change lighting. Ideally the light should be on the speaker's face rather than you looking into it. Covering echoing floorboards with rugs or installing a carpet will also help dampen background noise.

Outside your home

Consider meeting at a less popular cafe or arrange to meet at time when there is likely to be fewer people. Ask or select a table away from the kitchen and clattering dishes and ideally seat yourself with your back to the wall, facing your companions.

Other devices

As well as hearing aids, there are now an array of assistive gadgets and devices to help those living with hearing loss. These include wireless alert systems for doorbells, smoke detectors and telephones, vibrating alarm clocks, devices for the TV and mobile phone and personal amplifiers.

Educating others

Don't be afraid of telling people about your hearing loss, and explaining what they need to do to help with communications. Ask them to speak clearly but not to shout or over-exaggerate words. Also ask them not to cover their mouth when talking, keep their head up and to situate themselves at a distance that is easy for you to see their face. If you feel you've missed an essential part of the conversation, it's OK to ask them to repeat that part.

From Aged Care Guide, <https://www.agedcareguide.com.au/talking-aged-care/can-you-repeat-that-please>

HEARing CRC PhD Student Julie Beadle has won the 2017 Cooperative Research Centre Association's Early Career Showcase for her research on how visual distractions impact auditory processing.

"Hearing well is very different from listening well. There are other cognitive considerations at play when it comes to listening, and these factors should be included in standard clinical listening ability assessments," Julie explained.

Cognitive skills that are important for listening such as working memory and attention tend to become less efficient over time. This can contribute to difficulty understanding conversations in noisy environments such as restaurants.



"For my research, younger and older adults with good hearing completed a series of attention and memory tasks. The results gave me an indication of an individual's cognitive abilities. Next, I measured how well these same people understood speech in noisy situations," Julie said.

"As expected, I've found that younger adults understand more speech than older adults. Preliminary results also suggest that individuals who performed well on the cognitive assessments were able to understand more compared to individuals whose cognitive skills weren't as efficient."

Julie also discovered that when she removed extra visual distractions from the listening situations, such as people talking in the background, while leaving the face of the talker being listened to, older people understood up to 50 per cent more than when they have to deal with both visual and auditory noise.

These results are important for two reasons: older adults seem susceptible to visual distractions, which could contribute to difficulty understanding speech in cocktail-party listening environments and secondly, looking at a person's face while they talk should help.

Things you don't say

"You've got really good speech for a deaf person"

"But I find subtitles annoying"

"Can't we knock on your door if there's a fire?"

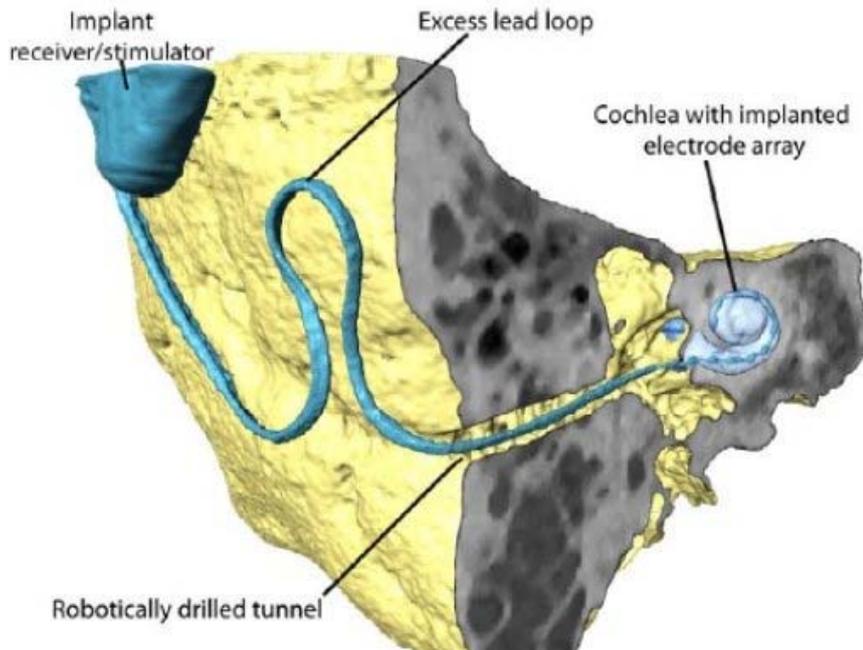
"We've got a braille menu you can use?"

"So you're deaf and dumb?"

"It doesn't matter"

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Drill trajectory across the mastoid bone. *Credit: © ARTORG Center for Biomedical Engineering Research, University of Bern*

A team of surgeons and engineers at Bern University Hospital have developed a high-precision surgical robot for cochlear implantation.

To embed an electronic cochlear implant device into the ear of a deaf patient, the surgeon has to create a precise access from behind the ear, through the skull bone all the way into the inner ear. The implant electrode that bridges the damaged part of the inner ear to allow the patient to hear again is then carefully inserted into the cochlea through the access in the bone. Currently this procedure is carried out manually.

The aim of the research project was to investigate robotic cochlear implantation technology that could lead to a novel implantation procedure with improved hearing outcomes for CI patients. The researchers found that the use of surgical planning software and a robotic drill process could allow access to the cochlea through a tunnel of approximately 2.5 mm in diameter in a straight line from behind the ear. However, the size and scale of such a robotic procedure mean that the robot carries out the drilling procedure without the need for direct, manual operation by the surgeon. The challenge for RCI was to design and develop a failsafe safety system that could track and control the robotic drilling activity beyond the capabilities of the human surgeon, meaning without direct visual control. In the same way that avionics allow a pilot to fly a plane by instrument solely based on read-outs from the cockpit, the surgical robot developed by the

researchers for RCI has the capabilities to perform surgery that a surgeon cannot carry out manually without a robot.

The minimally-invasive keyhole tunnel runs at a safe distance between the facial nerve and the chorda tympani nerve into the cochlea so that the electrode wire of the implant can be inserted through this opening into the cochlea at the preplanned angle. Safe navigation and drilling inside the human ear that avoids damage to these nerves and the microscopic structures of the inner ear is accomplished through a combination of three interlocking safety components that act as the eyes, ears and touch of the surgeon. Outlining the safety elements, Prof Weber of the ARTORG Center for Biomedical Engineering Research, University of Bern, explains: "The robot relies on a number of sensors which are a high-accuracy, optical tracking system, a sensor for resistance that can "feel" the texture of the bone while drilling, and a radar-like nerve stimulation probe that sends small electric pulses into the bone from which the robot can compute whether or not it is on the preplanned track."

<https://www.sciencedaily.com/releases/2017/03/170315144037.htm>

Bob Dylan's Nobel Lecture in Literature

<https://www.youtube.com/watch?v=6TlcPRIau2Q>

(we can't find a transcript)

Wait till you're not sleepy and there is no place you are going to (bonus points if you can name the song this borrows from).



Afterwards, Jokerman at <https://www.youtube.com/watch?v=1XSvsFgvWr0>

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