



oneinsix

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AI Could Change Your Life.

Many years ago, Stephen Carlile went to a family dinner party. He had a large extended family, and as he sat down at the table he discovered that much to his chagrin, his father wasn't wearing his hearing aid.

"The whole family had worked such a long time to get Dad to wear these hearing aids," he said.

"I said, 'Dad, what's up? What's the matter with your hearing aids? Do you need a new battery or something?'"

"And he says, 'No, son, they just don't work in this kind of situation'."

Noisy and busy places like restaurants, airports, and parties can be challenging for people wearing hearing aids due to the reflections of various background noises.

It is a phenomenon scientists refer to as "the cocktail party problem".

Dr Carlile said current state-of-the-art hearing devices only dealt with the symptoms of hearing loss. Current hearing aid prescriptions took an audiogram of a person to determine threshold sensitivity, but this isn't capable of readjusting to suit hearing in areas with a lot of background noise.

Now, the Google researcher and neuroscientist and his team are at the forefront of exciting new research to artificially remove unwanted sounds, improving hearing in challenging environments. Dr Carlile's team is working on the development of algorithms, a sequence of precise instructions, that could solve the background noise problem by dealing with the root causes of a person's impairment.

Google has teamed with Cochlear, Macquarie University, NextSense, and The Shepherd Centre for the project. Once the system has been developed, the research will be outsourced to scientists and entrepreneurs around the world so they can use it to design their own hearing aids.

For Dr Carlile, the future release of these AI hearing aids onto the market is an exciting prospect, fulfilling what he describes as a life trajectory.

"Dad's passed now but I have strong and loving memories of him."

"I think about all the other sons like me, and daughters, and husbands, and wives that are managing this on a daily basis and we can do so much better."

From [Hearing loss? Here's how AI could change your life and keep you connected](#)

AirPods get tick of approval as hearing aids in Australia.

Using the AirPods Pro 2 version of the earphones, users can conduct a hearing test and use the speakers as a hearing aid.



But wait, there's more

However, the technology requires a software update which has not yet been released in Australia.

Documents from the Therapeutic Goods Administration (TGA) show AirPods were classified as a medical device in December.

The earphones have been approved as devices “adjusted by the user to meet their hearing needs without the assistance of a hearing professional”.

“The feature is intended to amplify sound for individuals 18 years of age or older with perceived mild to moderate hearing impairment,” the TGA says.

The actual software, which Apple has created to test hearing, has also been approved as an official medical device in Australia.

“The feature is an over-the-counter air-conduction hearing assessment intended to profile hearing ability and to produce an audiogram without the assistance of a healthcare professional,” the TGA says.

Apple now has to release the requisite iOS (software) update in Australia, but a select number of countries are already using the tech for hearing impairment treatment.

Hearing Australia says the feature is being used by the public in New Zealand.

Australian consumers have stumped up for the \$330-plus headphones only to find out the auditory features are not available, Hearing Australia says.

Apple told Channel 9 approval from Australia’s Therapeutic Goods Administration was an “important first step toward making these features available in Australia”.

Former competitive shooter from NSW, 71-year-old Kit Laughlin, told Australian tech news outlet Information Age, he opted for the AirPods over more-expensive hearing aids only to find out the features were not available.

“Everyone wears AirPods these days, so they’re not considered any kind of a stigma,” he said.

From [AirPods approved as hearing aids with Therapeutic Goods Administration tick](#)

Hearing Hope in Tasmania

A new hearing aid bank In Tasmania is providing crucial support for people unable to afford hearing devices and ineligible for government assistance.

Sarah Dockrell, an independent audiologist, refurbishes donated hearing aids at Tamar Hearing in Legana. Her mission is to offer a viable solution to anyone who walks through her door, without pushing them towards financial services like afterpay which she opposes.



Sarah Dockrell at Tamar Hearing in Legana, Tasmania. (ABC News: Louis Parkinson)

The University of Tasmania recently conducted research showing that uncorrected hearing loss in individuals over 50 is linked to poor mental health, social isolation, and a higher risk of dementia. Corrective measures, such as hearing aids, can mitigate these effects, yet many Tasmanians find themselves without access to

affordable hearing solutions, especially compared to their mainland counterparts.



Mr Wright has hearing loss that has affected his quality of life. (ABC News: Louis Parkinson)

Steve Wright, a 62-year-old former boilermaker, faced significant challenges due to his hearing loss. In social settings with background noise, Wright found it impossible to communicate, which led him to withdraw and avoid such places. This isolation was exacerbated by the high cost of hearing aids, which are not subsidised by the federal government for people on low income, unless they qualify for the National Disability Insurance Scheme.

Wright's situation changed dramatically when he received a pair of second-hand hearing aids from Sarah Dockrell. The impact was immediate - he could hear birds chirping, which was particularly meaningful as he enjoys birdwatching.

Sarah Dockrell's initiative addresses a significant gap in healthcare accessibility. By providing refurbished hearing aids for free, she not only improves individuals' quality of life but also tackles broader issues like mental health and social integration for those with hearing impairments.

From [Free hearing aid bank offers financial relief to Tasmanians with hearing loss who are ineligible for government assistance.](#)

A Legacy of Advocacy: Remembering Peter Lindley

Peter Lindley has left an indelible mark on the landscape of hearing health advocacy in Australia.

Throughout his lifetime, Peter dedicated himself tirelessly to the cause, harnessing his profound understanding of the challenges faced by individuals with hearing loss and other ear disorders.

He passed away last month in Brisbane, QLD.

Peter's commitment to the cause was unwavering, as evidenced by his strategic lobbying efforts aimed at both federal and state legislators. His persuasive argument for the recognition of hearing health as a national health priority underscored his deep concern for the wellbeing of the community. He championed the need for a bipartisan Senate inquiry into the nation's hearing health and the imperative for a national education campaign on hearing loss prevention, reflecting his visionary approach to public health advocacy.

One of Peter's notable contributions was his ability to connect deeply with the essence of advocacy: policy formulation and implementation, ensuring they are both inclusive and impactful.

Peter's call to action was clear and compelling, urging the community to engage with elected representatives to advocate for the prioritisation of hearing health. His belief in the power of collective action and the importance of persistence in advocacy has left a lasting legacy, inspiring Deafness Forum Australia to continue the fight for improved hearing health policies and practices.

Peter was made an esteemed Honorary Life Member of Deafness Forum Australia in 2013 for a lifetime of outstanding service to the deafness sector in Australia.

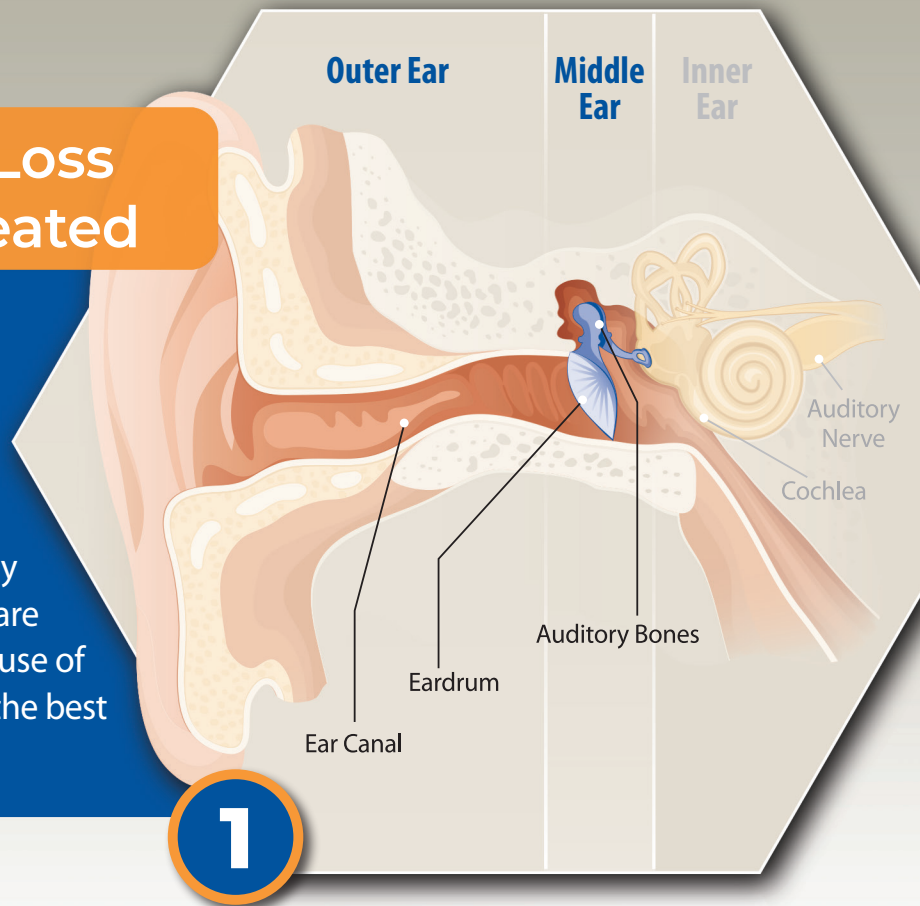
As we mourn the loss of Peter Lindley, we also celebrate his contributions to our community. Peter's life work serves as a reminder of the impact one individual can have on shaping a more inclusive and health-conscious society. His memory will continue to inspire and guide us as we strive to build on the solid foundation he has laid in the pursuit of better hearing health for all Australians.

Photo: Peter and Jill Lindley



4 Types of Hearing Loss and How Each is Treated

“Hearing loss” is a term that comprises many different conditions. While the end result might be difficulty hearing, the root cause often varies. This infographic explores the four main types of hearing loss, their causes and how they can be managed. Your hearing healthcare professional will help determine the cause of your specific hearing loss and develop the best treatment plan to help you manage it.



1

1 Conductive Hearing Loss (CHL)

What is it? Hearing loss is caused by something that stops sounds from getting through the outer or middle ear, which affects the ear canal, eardrum or middle ear (consisting of the malleus, incus and stapes).¹

Examples of causes of CHL include:

- Malformation of the outer ear, ear canal or middle ear structure
- Fluid in the middle ear due to a cold
- Ear infection (otitis media – an infection of the middle ear in which an accumulation of fluid may interfere with the movement of the eardrum and ossicles)
- Allergies
- Perforated eardrum
- Benign tumors
- Otosclerosis (abnormal growth of the tiny bones in the ear)
- Impacted earwax
- Foreign object in the ear

How is it treated? Depending on the root cause, there are a number of ways to treat CHL.

Examples include:

- For CHL due to colds or infections or other causes of middle-ear fluid build-up, antibiotic or antifungal medications are used.
- Surgery may correct CHL due to the congenital absence of the ear canal or failure of the ear canal to be open at birth, as well as the malformation or dysfunction of the middle ear structures (i.e. from head trauma). Tumors usually require surgery, as well.
- In some cases, ear tubes may be surgically implanted to assist with draining excess fluid.²
- Amplification may be a solution with the use of either a conventional hearing aid, a bone-conduction hearing aid or a surgically implanted device, depending on the health of the hearing nerve.

2 Sensorineural Hearing Loss (SHL)

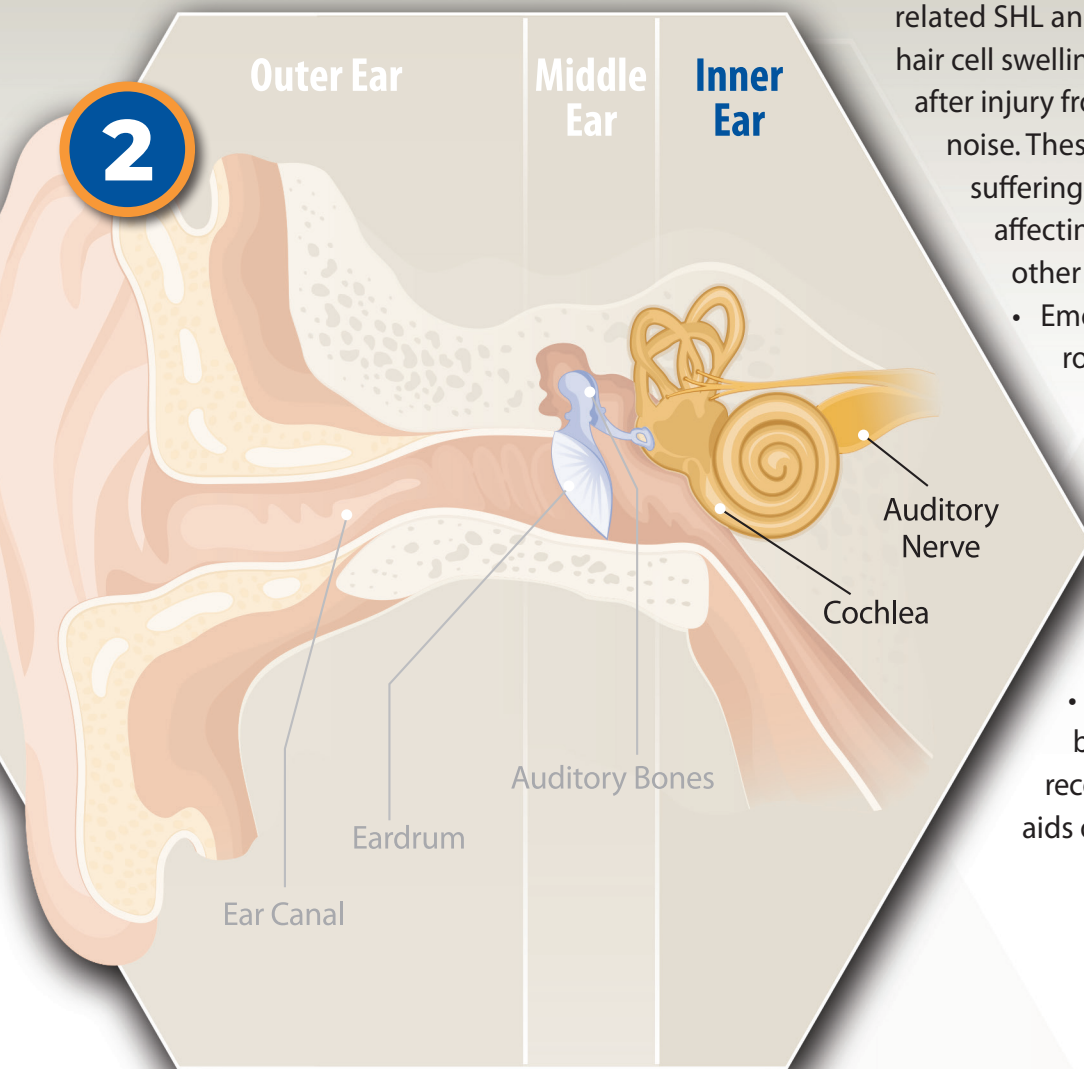
What is it? Hearing loss that occurs when there is a problem in the way the inner ear or hearing nerve works. Examples of causes of SHL include:

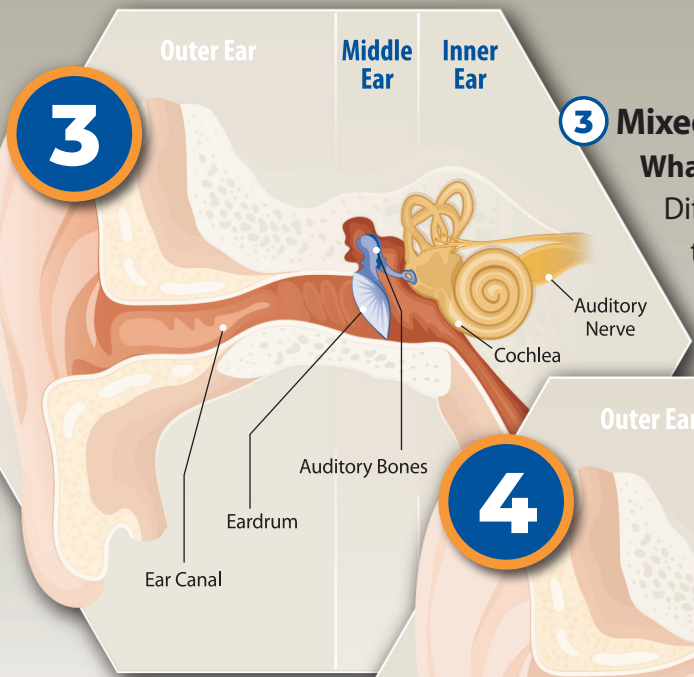
- Exposure to loud noise
- Aging (presbycusis)
- Head trauma
- Virus, autoimmune or other diseases
- Heredity

- Side effects due to certain medications, also referred to as ototoxic medications³
- Inner ear malformation
- Ménière's disease
- Tumors

How is it treated? Depending on the root cause, there are a number of ways to treat SHL, including:

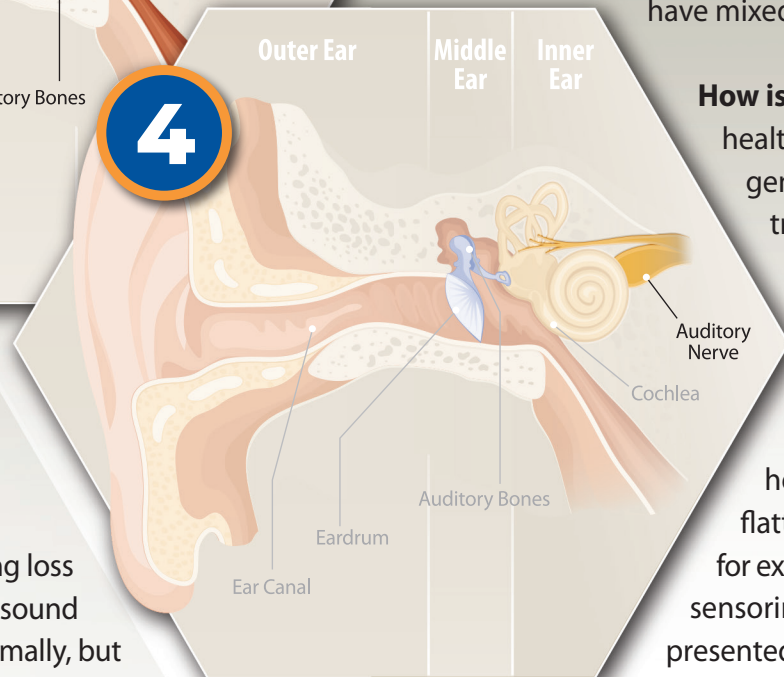
- Corticosteroids are often used to treat virus-related SHL and SHL related to cochlea hair cell swelling and sudden inflammation after injury from exposure to very loud noise. These are often prescribed for those suffering from an auto-immune disease affecting the inner ear – along with other possible drug therapies.
- Emergency surgery is an occasional route for SHL due to head trauma that causes inner ear fluid to leak.
- For those suffering from Ménière's disease, treatment is usually handled medically with low-sodium diets, diuretics and corticosteroids. Surgery is often a last result.
- When SHL is determined to be irreversible, treatment recommendations include hearing aids or possibly cochlear implants.





3 Mixed Hearing Loss

What is it? Hearing loss that includes both CHL and SHL. Different causes for CHL and SHL can be present at the same time – for example, someone with a middle ear CHL disease like cholestatoma, combined with an SHL like age-related or noise-induced hearing loss may have mixed hearing loss.



How is it treated? Hearing healthcare professionals generally recommend treating the conductive component first. “There have been times when the addition of the conductive component made the person a better hearing aid candidate, by flattening out the audiogram for example, while the underlying sensorineural component presented a high-frequency loss.”⁴

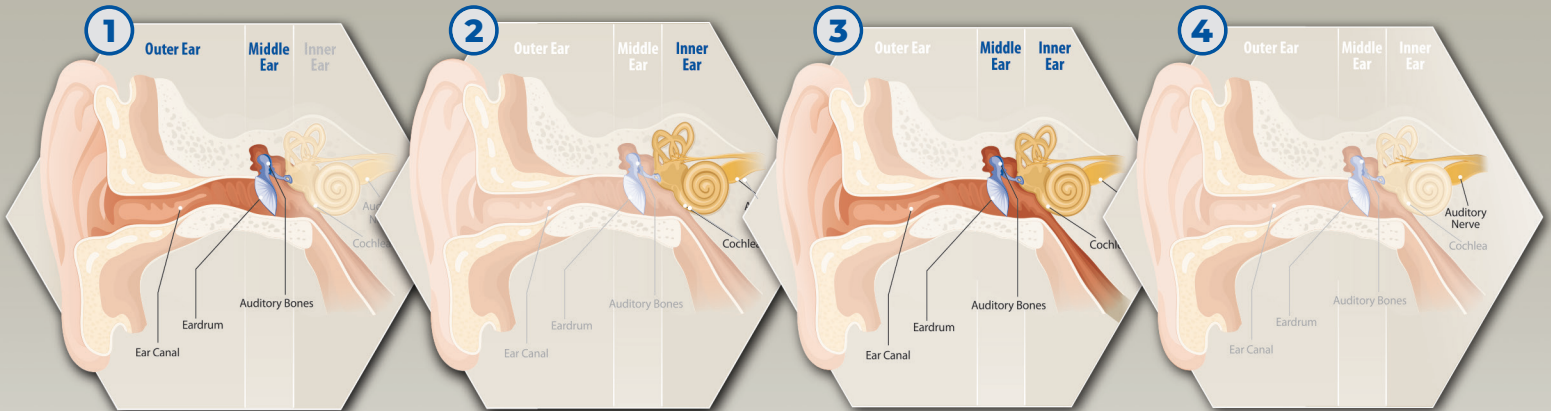
4 Auditory Neuropathy

What is it? Hearing loss that occurs when sound enters the ear normally, but because of damage to the inner ear or the hearing nerve, sound isn’t organized in a way that the brain can understand. “Those with auditory neuropathy, regardless of an underlying hearing loss, have trouble with speech perception or understanding speech clearly.”⁵ In some cases, the cause may involve damage to the specialized sensory cells in the inner ear that transmit information about sounds through the nervous system to the brain. In other cases, the cause may involve damage to the auditory neurons that transmit sound information from the inner hair cells to the brain. These may be hereditary or the result of other neurological disorders as well.⁶

How is it treated? Researchers are still working to develop treatments for Auditory Neuropathy. In

recent years, the range of treatments correlates to the severity of the patient’s hearing loss: “However, management remains challenging and is frequently tailored case-by-case. It is based on bottom-up (auditory skills restoration by hearing aids) and top-down procedures (hearing and speech training). Generally, a multidisciplinary approach is favored. Once the full workup is completed, two main therapeutic options may be offered. The first relies on maximizing signal to noise ratio to improve listening in noise (such as an FM listening device). The second consists of sound amplification through conventional hearing aids or cochlear implant (CI).”⁷

4 Types of Hearing Loss and How Each is Treated



**Conductive
Hearing Loss (CHL)**

**Sensorineural
Hearing Loss (SHL)**

**Mixed
Hearing Loss**

**Auditory
Neuropathy**

Regardless of the type of hearing loss you may be experiencing, there is a wide range of treatments and solutions available to help you manage its effects. **Consult your hearing healthcare professional to learn more about what's available and how to best proceed.**

¹ "Hearing Loss Basics: Types, Causes and Treatment," Hearing Loss Association of America, Aug. 2011
<https://www.hearingloss.org/hearing-help/hearing-loss-basics/types-causes-and-treatment>

² J. Caleb Simmons MD, "Gimme the Ear Tubes," University of Texas McGovern Medical School, Jan. 2019
<https://med.uth.edu/orl/2019/01/30/gimmeear tubes>

³ Healthwise Staff, "Medicines That Cause Hearing Loss," University of Michigan, Dec. 2020
<https://www.uofmhealth.org/health-library/tf3092>

⁴ "Hearing Loss Basics: Types, Causes and Treatment," Hearing Loss Association of America, Aug. 2011
<https://www.hearingloss.org/hearing-help/hearing-loss-basics/types-causes-and-treatment>

⁵ "Types of Hearing Loss," Hearing Health Foundation.org Aug. 2017
<https://hearinghealthfoundation.org/types-of-hearing-loss>

⁶ "Auditory Neuropathy," National Institute on Deafness and Other Communication Disorders, Jan. 2018
<https://www.nidcd.nih.gov/health/auditory-neuropathy>

⁷ Romolo Daniele De Siati et. al, "Auditory Neuropathy Spectrum Disorders: From Diagnosis to Treatment: Literature Review and Case Reports," Journal of Clinical Medicine, April, 2020
<https://www.mdpi.com/2077-0383/9/4/1074/htm>

The Cochlear Question



As the hearing parent of a deaf baby, I'm confronted with an agonising decision: should I give her an implant to help her hear?

From the moment of discovery of their child's hearing loss, a parent finds themselves not only unmoored by circumstance, but adrift in a tempestuous cultural debate.

While not exactly a global topic of dinner-table conversation, the battle for the identities and futures of deaf children is fiercely fought.

Arguments drift down from academic journals to social media, where many new parents are washed ashore in the absence of a definitive source of information about their child's future.

Trying to reconcile the contradictory advice given by a new cast of characters – GPs, paediatricians, ENTs, audiologists, speech therapists, disability insurance advisers, interested observers – I took to Instagram to find some clarity in authentic, lived experience.

Why is the case of cochlear implantation so different from other parallel medical situations that a parent has to navigate?

Why is it controversial in the way that an artificial limb or cornea transplant is not?

Unlike the parent of a child with vision loss who pursues laser surgery in an uncomplicated way, the parent of a deaf child is implicated in a much larger politico-cultural struggle.



In an upcoming special edition of the One In Six newsletter, we delve into "The Cochlear Question" - a complex and poignant theme that touches many in our community. This edition will feature a focus on the multifaceted aspects of cochlear implants and the profound cultural, personal, and medical considerations they entail.

We invite our members and friends to contribute to this special edition. Your voice is valuable whether you have personal experiences, professional insights, or academic perspectives. It is an opportunity to explore the controversies, the stories of adaptation, and the journeys of acceptance that define the cochlear implant debate.

If you are interested in contributing, please get in touch with the Deafness Forum. We are looking for a range of contributions that reflect our community's diverse experiences and opinions. Join us in shaping a conversation that promises to be enlightening, challenging, and enriching.

Like wheelchair ramps for people with hearing difficulty

The Committee for Communication Access in America conducted a comprehensive survey across the U.S. to delve into the reasons behind the underutilisation of assistive device technologies among millions of people with hearing loss.

Assistive Listening Systems provide users with a silent, wireless connection to a facility's sound system either through earphones or the telecoils in hearing aids and cochlear implant processors.

The survey aimed to equip service providers with crucial insights. By understanding the preferences and benefits associated with various assistive technologies, these providers can better educate their clients about the available options and the choices favoured by their peers.

The findings of the survey underscored a significant preference for hearing loops as the assistive listening system of choice among those with hearing challenges.

A notable revelation from the survey was that over half of the respondents discovered telecoils through means other than their hearing care professionals, highlighting a gap in communication and information dissemination within the field.

The detailed report, including graphs and a wealth of other information gathered during the survey, is available from the [Committee for Communication Access in America](#).



Time is running out to let us know what policy issues you want us to prioritise across 2025!

To share your thoughts, complete our short survey via the QR code below or go to:

<https://www.surveymonkey.com/r/5NJF58S>





acoustic filters that deliver a natural sound experience.

Mid-range Options

PACS – Loud Music Earplugs is an Australian-owned brand, providing effective ear protection for under \$30.

Eargasm – High Fidelity Earplugs come with ventilated tips and an elongated pull tab for easy removal.

Budget-friendly Solutions

Loziemi offers reusable earplugs for under \$20.

For those who need a last-minute, cost-effective solution, Macks foam plugs are available for just \$1 at Coles or Chemist Warehouse.

Best Festival Earplugs

Much of hearing loss is preventable. To avoid adding to this statistic, it's wise to invest in a quality pair of festival earplugs.

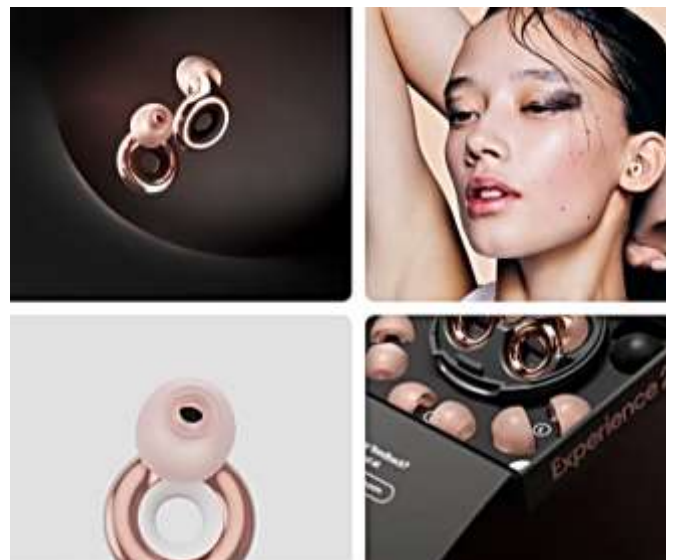
With the festival season here, it's crucial to consider not just your wardrobe but also protecting your hearing - your most valuable asset at any loud event.

Searching for the right earplugs doesn't have to be a chore. [Beat Magazine](#) has sifted through countless reviews and tested various products to bring you the best picks for this festival season. Read the full article at [The best festival earplugs for preventing hearing damage](#).

Premium Choices

Loop – Experience 2 Plus offers excellent sound quality at a reduced volume and comes in a variety of colours to match your festival attire.

Vibes Hi-Fi Earplugs offer high-fidelity sound with three interchangeable ear tips and a small carrying case, featuring sound-enhancing



Final Thoughts

Overlooking the need for ear protection at high-volume events can result in temporary and permanent auditory damage, such as tinnitus or hearing loss. Utilising earplugs not only preserves the integrity of the music but also safeguards your hearing from detrimental noise levels. This minor investment could prevent serious health issues in the future. And with a wide range of earplugs available, there's no reason to compromise on ear protection while you enjoy your favourite tunes.

Chilling: Domestic Violence in the Deaf Community.

As one of Australia's smallest minority groups, the Deaf community often receives less attention in research efforts. Studies focusing on the health and wellbeing of Deaf people, including their mental health, substance use, and experiences with violence and trauma, are notably scarce.

About 16,000 individuals identify as members of the Australian Deaf community, according to the last Australian Census. This culturally distinct community communicates mainly through Australian Sign Language (Auslan) and regards "Deaf" as a cultural identity, not a disability, a distinction underscored by the capital 'D' in Deaf.

The Disability Royal Commission revealed in 2023 that Deaf women are twice as likely to suffer from domestic violence compared to their hearing counterparts. Physical and sexual abuse in the Deaf community is reported to be up to 20 times higher than among hearing individuals.

It is hard to understand why something so commonplace can be so hidden. [Vanessa Letico](#), a Lecturer in Criminology and Senior Policy Officer at the Office for the Commissioner for Victims of Crime at Victoria University, writes about the topic for [The Conversation](#).

The alarming rise in reports of domestic violence and intimate-partner homicides has led to increased media attention and heightened awareness in our communities.

Perpetrators have evolved, adapting their abusive methods to be more pervasive, discreet and sly. Signs that people with disability may be experiencing domestic violence can be even more challenging to detect, which is especially concerning given the recent findings from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

The Royal Commission found 40% of Australian women with a disability have experienced physical violence after the age of 15 (compared with 26% of women without a disability). However, the risk of domestic violence for people with disability varies greatly depending on the type of disability they have.

As we examine the reasons Deaf victims face a significantly greater risk of domestic violence, criminologists are realising the unique ways it happens.

The dark reality is perpetrators are [weaponising their victim's deafness](#) to:

- enhance their vulnerability
- increase barriers to reporting
- diminish their credibility.

By exploiting their victim's disability, perpetrators increase their power and coercive control. The power dynamic between perpetrator and their Deaf victim is intensified when the perpetrator has the ability to hear. This imbalance of power is described as [hearing privilege](#).

So, how are they doing it?

Some, perhaps many members of the Deaf community use hearing devices to augment their use of Auslan. Perpetrators of domestic violence against these Deaf women may [damage, destroy or withhold communication equipment](#) such as cochlear implant magnets, hearing aids, and Bluetooth systems to further isolate and control Deaf victims. Devices can cost thousands of dollars and custom-made equipment can take weeks or even months to be replaced. Therefore, this often results in a prolonged communication barrier.

By [impairing their ability to communicate](#) with others, especially those who may not know sign language, this significantly increases the victim's isolation. And given most police are not proficient in Auslan, victims may [delay reporting](#) until they can communicate their story on their own terms.

The loss of their communication equipment may affect a victim's ability to work and fulfil their job responsibilities. Income loss increases financial dependence on their perpetrator. This [financial abuse](#) is compounded by the limited employment opportunities available to the Deaf community.

Physical abuse

Research indicates there is a distinct difference in the way perpetrators inflict physical abuse depending on whether the victim is Deaf or hearing. For hearing victim-survivors, perpetrators often target areas of the body that can be easily covered by clothing to conceal the domestic violence. Perpetrators who abuse Deaf victims are more likely to [direct physical violence](#) towards the fingers, hands, wrists and arms. This prevents victims from using sign language, which for many Deaf people is their first and primary language.

This characteristic, however, offers an opportunity to observe the signs of domestic violence against Deaf people, given injuries to the fingers, hands, and wrists are highly visible.

The power of misinterpretation

People who notice these signs of domestic violence can offer support and raise the alarm if it is safe to do so for both reporter and victim. But the police have an enormous role to play and must equally be aware of the manipulation tactics perpetrators of abuse against Deaf victims.

When police respond to a suspected domestic violence incident, they question all parties involved. Research from the United States shows [police may rely on a perpetrator who knows sign language to interpret](#) for a Deaf victim.

Perversely, this allows the perpetrator to inaccurately interpret the Deaf victim's statements and reframe the narrative to portray themselves as the victim or claim the incident was an accident.

Similarly, perpetrators can misinterpret the information police are conveying to a Deaf victim. They may even falsely label a Deaf victim as intellectually disabled based on their vocalisations or speech, aiming to undermine their credibility and dissuade [police from taking the incident or report seriously](#). This underscores the importance of police separating parties and interviewing the Deaf victim with the help of a suitably qualified interpreter.

However, even when best practices are followed, there remain significant challenges in accessing qualified interpreters on short notice. According to the [2023 Deaf Census](#), 77% of respondents reported difficulties in securing qualified interpreters promptly.

Recognise the signs

Disability can be exploited against victims of domestic violence in powerful and disturbing ways. And domestic violence can manifest in unique ways for Deaf victims.

There needs to be greater public awareness and empowerment to support victims. Police protocols for handling domestic violence incidents involving Deaf people should also be thoroughly and regularly reviewed to address issues of hearing privilege and its implications for victim credibility.

For information and advice about family and intimate partner violence contact [1800 RESPECT](#), 1800 737 732. 1800 RESPECT can also be contacted via the [National Relay Service](#). If you or someone you know is in immediate danger, contact 000 or dial 106 for TTY users.

[Kids Helpline](#) is 1800 55 1800. [Men's Referral Service](#), 1300 766 491 offers advice and counselling to men looking to change their behaviour.

Too many Australian adults are struggling with the challenges of hearing loss



With an estimated 7.8 million people expected to have a hearing loss in 2060, new research from Hearing Australia shows that one in two Australian adults admit to having hearing problems but fewer than one in 10 of them have taken action to address it.

While the majority of Australians know how to seek help by speaking to a GP or visiting a hearing professional, the research highlighted the perceived barriers to taking action. These include over 50 per cent of people believing hearing aids are too expensive or consider hearing loss to be just a part of getting older.

Hearing Australia's Managing Director Kim Terrell said the misconceptions are outdated, stressing that hearing loss solutions can be simple, affordable and life-changing.

"Hearing loss can have devastating consequences and it's not something that you just 'have to live with' as you get older," said Mr Terrell. "There are many options to help people hear well, with hearing aid technology continually advancing to enable customised solutions for different types of hearing loss and lifestyle requirements. These solutions are affordable and eligible pensioners can access Government funded hearing services as well."

"Our research shows that only 26 per cent of people know how to access Government funded hearing services."

The research also highlighted hearing as one area of health that Australians aren't checking regularly, with more than 70 per cent having a blood test and dental check up in the last year and almost to 40 per cent having a skin check, compared with only 24 per cent having a hearing test with an audiologist.

"It is often a partner or family member that notice the hearing loss first because of the need to continually repeat themselves, so doing something about hearing loss can have a really positive impact on relationships and family, as well as personal experience.

Mr Terrell said, "having a quick and easy hearing check can be life changing, for not only the person with hearing loss, but for their family, friends and co-workers, reducing frustration and isolation, and increasing social interactivity."



Secure Babies' Hearing Aids 'All Waking Hours'.

By [Kim Scherer](#) and [Ruthie White](#) at Seattle Children's Hospital.

Of all the instructions given to caregivers of babies with hearing aids, perhaps the most daunting is ensuring the devices are worn for "all waking hours."

Let's face it: It's often tricky to keep hearing aids on a wiggling little one who wants to play with everything.

For years, audiologists recommended use of clips, pilot caps, and other such retention devices to help keep hearing aids on a baby's head and not on the floor. Unfortunately, these products might not suit a family's lifestyle or be allowed by the child's daycare or school, as some of them have ties or other parts that could pose choking hazards.

Given the confusion surrounding what works best for these children's hearing and how caregivers can comply with instructions, we sought to curate a catalogue of retention devices that don't use ties or clips, but won't compromise hearing ability. We tested commercially available devices for any effects on hearing aid sound quality, with the goal of helping families keep their babies' hearing aids in place without sacrificing sound integrity.

In a recent [study published in the American Journal of Audiology](#), we measured acoustic transparency (sound integrity) across four hearing aid types and four different pilot caps, looking for adverse effects on pitch. The study found no statistically significant difference. Acting on these findings, our clinic now provides pilot caps to children younger than 2 years at all new hearing aid fittings.

But now we had a new question: Could we use the same method to verify other retention options abundant on marketplaces like Amazon and Etsy? Options such as headbands, bonnets, turbans, swim caps, and sleeves? We set a new goal to do just that, and then catalogue different options for distribution to families and other clinics.

We found that many daycares do not allow clothing that must be tied, because the long ties pose a choking risk. This restriction affects pilot caps, as they are kept on the head with ties. Some facilities also prohibit clips on clothing, making it impossible to secure hearing aids with clips. In addition, manufacturers state in fine print that babies younger than 18 months should not wear clips.

These restrictions eliminate two useful tools that are typically included in clinics' standard recommendations. To help families left flailing for alternative solutions, we got to work vetting options.

We made a list of different retention options like cotton headbands, bonnets, and clips, and got funding to buy samples for testing. Using equipment from our previous studies, we tested these items at our clinic to see if they changed how hearing aids work.

We found one new product, a neoprene sleeve that clips to clothing, that affected the hearing aid's performance by reducing high-frequency sounds, which could impact speech understanding. However, most options like headbands didn't affect the hearing aid's sound, making them good choices for young children or those in daycares with strict clothing rules. For daycares that don't allow ties, pilot caps with snaps are another good option.

We've met our goal of creating a comprehensive list of verified retention options to share with paediatric clinics. We also hope our work illustrates the value of verifying retention devices to ensure they are not adversely affecting hearing aids' acoustic signal. When we discuss the issue with families, most are reassured that their child's audiologist has "approved" the retention device. If you or your clinic would like our comprehensive list of tested retention options, please reach out to us.

In the past, many families seemed receptive to pilot caps but never actually ordered one: they reported that they were too busy, there were financial barriers, or they forgot. Now all three of Seattle Children's Hospital's audiology clinic locations give families a cap on the day of fitting. They like that we offer a choice of different styles, colours, and sizes. We usually put the cap on the infant and have them wear it out of the fitting appointment.

We have the power to help our families reach the goal of "all waking hours." By providing different (acoustically transparent) retention options, we enable families to choose what works best for their lifestyle, and to feel ownership in learning to use the hearing aids.

From [A Resource Guide to Secure Babies' Hearing Aids 'All Waking Hours'](#)

Guide for the Health Care of People with Intellectual Disability

The Australian Commission on Safety and Quality in Healthcare has developed a guide for the health care of people with intellectual disability.

The new guide is in response to significant evidence of poor health outcomes for people with intellectual disability in Australia's health system.

The guide may be of great value to audiologists, audiometrists and clinic managers.

[View the online version](#)

[Download PDF](#) - 2 MB (1.92 MB)

[Download Word](#) - 768 KB (768.12 KB)

[Visit the website](#)



National Safety and Quality Health Service Standards

**User Guide for the
Health Care of People with
Intellectual Disability**



Guide to help patients understand out-of-pocket medical costs.

The Australian Medical Association has released an updated guide to help patients discuss costs with their doctor before undergoing medical procedures.



Developed with the support of 30 medical colleges and associations, the [Informed Financial Consent Guide](#) provides patients with the financial health literacy they need to have discussions with their doctor about out-of-pocket costs.

The guide has helped thousands of doctors introduce best practice informed financial consent processes in their practices.

AMA President Dr Danielle McMullen said dialogue between patients and doctors about fees for medical services is essential to help ensure patients understand and consent to the fee for a medical service.

“Medical practitioners also need to take responsibility for ensuring patients are aware of their fees and should promote open discussions with patients about health care costs,” Dr McMullen said.

“Providing information to patients about costs of their treatment shows respect for patients and their rights and ensures the patient is aware of any likely out-of-pocket costs and the financial implications of medical services.”

The AMA has been working to support doctors to improve their informed financial consent practices and to educate the public.

The updated guide also refers to the [Australian Government Medical Costs Finder](#) website, encouraging members to publish indicative fees and any gap arrangements for select services.

U.S. Prisons Instructed to Help Hearing-impaired Inmates

The U.S. Department of Justice has found that management at correctional centres in Milwaukee weren't repairing inmates' hearing aids and weren't providing access to services such as sign language interpreters, text telephones and phones compatible with hearing aids.

Prison officials have been instructed to provide hearing-impaired inmates with appropriate aids and services, including sign language interpreters, video telephones and hearing aids when necessary. Officials must make reasonable modifications to their policies to accommodate hearing-impaired inmates, such as handcuffing them in front of their bodies so they can sign and allowing additional time for phone calls using an interpreter.

The U.S. initiative raises important questions about the state of accommodations for people with hearing loss in Australian prisons. Are similar issues present? It's crucial that all inmates have proper access to communication tools. This situation calls for a look into whether Australian prisons are providing necessary services and treating inmates fairly. Are Australian prisons meeting the standards of equality and accessibility that all citizens deserve.



National Auslan Communications for Emergencies Resource

To bolster safety and resilience among the Deaf and deafblind communities, the National Auslan Communications for Emergencies web resource is here to transform emergency communication across Australia.

This resource enhances the ability of Auslan users to effectively prepare for, respond to, and recover from natural hazard emergencies.

Drawing upon successful projects in Victoria, Queensland, and New South Wales, this comprehensive resource offers tools explicitly tailored for Auslan signers. These include accessible emergency kits in both Auslan and English, detailed demographic reports, and community risk profiles for regions nationwide.

The project aims to upgrade the capabilities of professionals who play critical roles during emergencies. Auslan interpreters, television broadcasters, and emergency services personnel

have received specialised training to improve live emergency communication. This training ensures that interpreters can effectively convey crucial announcements, broadcasters can proficiently facilitate Auslan-interpreted broadcasts, and emergency responders are equipped to communicate clearly with Auslan signers before, during, and after emergencies.

The outcome of this initiative is: Deaf, deafblind, and hard-of-hearing individuals who use Auslan now have improved resources at their fingertips, enabling them to stay informed and safe during critical times. This marks a significant step forward in making emergency communications inclusive and accessible to all Australians, ensuring no one is left behind during natural disasters.

Visit the [National Auslan Communications for Emergencies Resource](#).



**National Auslan
Communications
for Emergencies**



With the start of a new year, we wanted to reflect on 6 key achievements in 2024 that have helped bring hearing health and human rights into the spotlight:

1. Safe Listening Week

In August, we raised awareness around safe listening practices and reached over 50,000 people with important information and tools.

2. Hearing Health Resources

We partnered with others to create essential resources, including our [Student Fact Sheets](#) and [Hearing Loss in Rural Health Fact Sheet](#).

3. Human Rights Advocacy

For a deep dive into our advocacy on current disability issues and the NDIS, visit [Hayley's Journal](#):

4. Hearing Services Program

We analysed the Australian Government Hearing Services Program and identified 10 key areas for improvement – [written report](#) and [webinar](#).

5. Health Events

We hosted and collaborated on impactful events like '[Strengthening AOD, Women's & Disability Sector Responses to Gender-Based Violence](#),' and '[Protecting Young Ears: Navigating Disease & Medication Risks](#).'

6. Research Partnerships

We joined forces with leading institutions to support research benefiting the deaf and hard of hearing communities.

A huge thank you to our community, members, partners, and supporters for helping us. We couldn't have done it without you.

Don't miss out on the latest **One in Six** — subscribe directly to ensure our emails land right in your inbox!

Let us know at hello@deafnessforum.org.au

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