

the **NATIONAL** SPOTLIGHT

*HEAR
US:*

*INQUIRY TO HEARING
HEALTH IN AUSTRALIA*



placing the
FOCUS ON
**HEAR
ING
LOSS**

JULY
2017

Edition 14



**BETTER
HEARING
AUSTRALIA**

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NEWS FROM THE NATIONAL SPOTLIGHT

Welcome to the July edition of the National Spotlight!

It's been an exciting time since the last edition as BHA has been called upon as Australia's biggest consumer organisation for people with a hearing loss or who are hard of hearing.

On May 1st, four members of our team presented to the National Inquiry into hearing health and well being. A big thank you to those who were able to attend the hearing and for the many votes of support from around the country. You can read more about this on page 8.

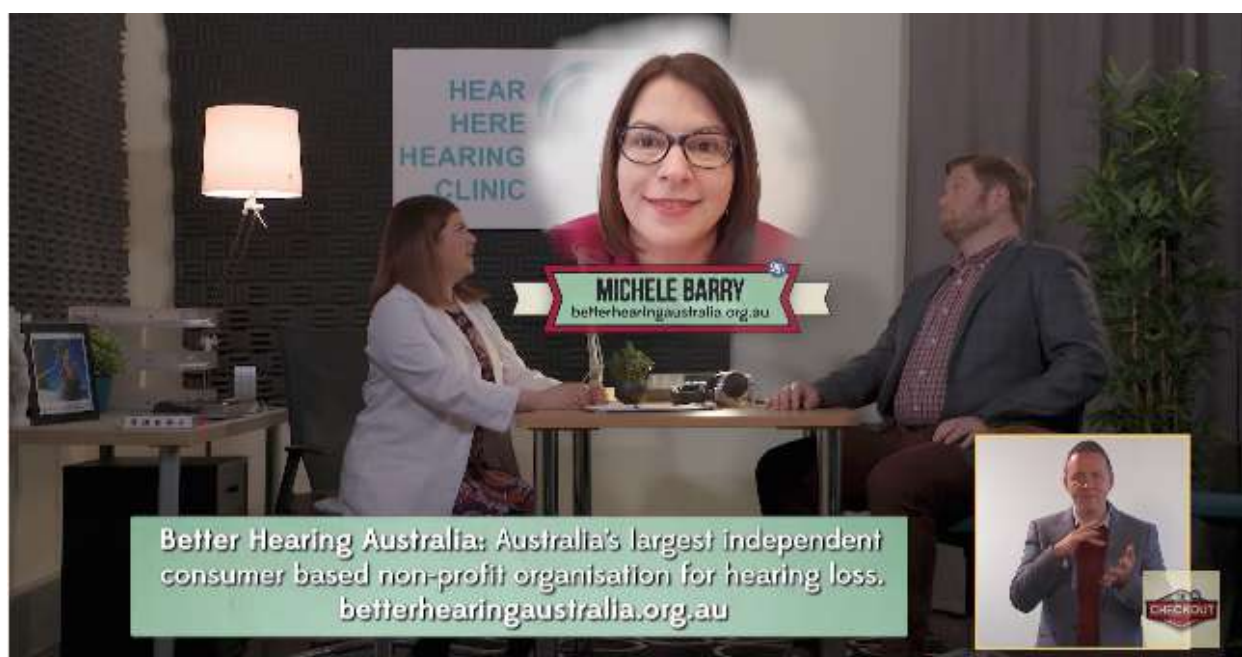
Better Hearing Australia was invited to be part of The Checkout on ABC which aired on June 8th.

'Had it up to Hear' highlighted the challenges that consumers face when addressing hearing issues in the retail market. It incorporated some great key messages and we hope it will empower consumers to ask questions when seeking hearing support.

A copy of this episode has been placed on the home page of the BHA National website.

SAVE THE DATE - The National BHA conference is on 27th-28th of October. The program is still evolving, but is looking fantastic.

We are also proud to re-introduce the student scholarship program. You can read more about it along with the story from our first recipient of this award, Mathew Townsend, on page 16.



Youtube: The Checkout

You will also read about the decision of the Tasmanian Board of BHA to close their branch. I pay tribute to Carol McGee and her team who have supported many to manage hearing loss. I would also like to acknowledge their donation of \$5,000 to Tinnitus Australia - the national tinnitus initiative. The Tasmanian branch has been supporting the tinnitus community for many years and this is a fitting legacy to enable ongoing support for the 2 million sufferers of tinnitus.

Letter from reader Peter Moore (BHACC)

Hi Michele,
Congratulations on the presentation that you and the others gave to the Inquiry into hearing health and wellbeing. I felt it was well thought out and showed good team work. I haven't experienced problems with an audiologist but what really does annoy me are announcements when travelling by train or plane. I have been stranded on a train when I didn't hear the announcement that there was a fault resulting in the train being terminated. Also at Sydney airport when my plane was cancelled and another time when there was a change of gate.

Letter from reader Shona Fennell

I think the BHA submission was very good indeed. Well done to all involved. It is heartening to see how many groups have made presentations. It might make the Government pay attention to the hearing health needs of the hearing impaired community. Great to see something concrete being done.

A big thank you to my colleagues on our National BHA Board:

Mirella Prasad (Bris) - Vice President
Andrew Bush (Syd) - National Secretary and Public Officer
Jeannette Waters (Vic) - Treasurer
Joan Belle (Geelong) - Coordinator of Teachers
Bob Belle (Geelong)
Tony Whelan (Bris) - elected March 2017
Dr Tom McCaul (Vic) - elected May 2017

Happy reading,
Michele



MICHELE BARRY

CONTRIBUTIONS CLOSING
DATE FOR NEXT ISSUE
1 OCTOBER 2017

TO GET INVOLVED, EMAIL
CONTENT TO KASIA AT:
**[nationalbetterhearing@
gmail.com](mailto:nationalbetterhearing@gmail.com)**

Please attach high quality image files, rather than placing photos in a Word document. Articles may be edited for clarity/grammar.



It saddens us to inform you that the BHA Tasmania branch committee and members have had to come to a serious decision.

Our rented premises in Bayfield Street have become difficult to access due to a new three storey building being built at the end of our car park, blocking the walkway previously used by most of our clients and members.

Our lease ended in May, and although our landlord indicated he would be happy to extend, it's pointless due to the above-mentioned problem. We've looked at other properties but haven't been able to find anything in our price range.

We also discussed if the committee members would be standing for re-election but unfortunately the majority feel that the increase in red tape is more than they are willing to undertake as volunteers. Also, the annual grant doesn't cover the rising running costs and makes fundraising the priority, instead of our valuable service.

The unanimous decision has been made - BHA Tas Branch Inc will wind up at the end of the financial year.

Tasmania Tinnitus Group

Better Hearing Australia Tas Inc has been conducting monthly Tinnitus Support Group meetings for over 30 years. Over this lengthy period, we have invited many professional people to talk to us about tinnitus, healthy diets, research, relaxation techniques, TMJ etc and been invited to talk on radio and at other functions many times.

The recent radio interview some of us heard on local ABC 936 regarding the first Tinnitus Awareness Week was interesting but a little sad as no mention was made that a BHA Tas Tinnitus support group exists.

A PROJECT HIGHLIGHT:

In 1996, we invited Paul Davis, nationally and internationally recognised expert on tinnitus rehabilitation, to come to Hobart from Perth to conduct separate workshops for tinnitus sufferers and professionals working with them. Paul, the author of 'Living with Tinnitus 1995' has training in Australian universities in audiology and psychology. The self-help text for people with tinnitus is based on his extensive research and received the endorsement of the Royal National Institute of the Deaf as a most useful treatment of the subject.

The first weekend workshop, specifically for people with tinnitus, focused on the best ways of bringing tinnitus under control as well as discussion on the latest models of what causes tinnitus. At that time, the new treatment approach was called Tinnitus Retraining Therapy (TRT).

The second session specifically for doctors, psychologists, audiologists and counsellors was held on the following Monday evening.

BHA wrote to The Royal Australian College of General Practitioners Tasmanian Faculty seeking CME accreditation. It was then endorsed by the RACGP Quality Assurance and Continuing Education Program with the title of activity, 'New Approaches to Helping Your Patient with Tinnitus' CME: 2 points per hour Total credit points: 2.

Due to our long involvement assisting our members with tinnitus information and support, we would like to make a donation of 5,000 dollars to Tinnitus Australia.

Carol McGhee OAM
Director of Services



2017 Illingworth Award

NOMINATIONS OPEN

BHA Volunteer of the Year

BHA Branches are invited to nominate a volunteer of their choice for the 2017 Volunteer of the Year.

Nominations must be in writing and sent to the Awards Coordinator by 13th August 2017.

Branches may nominate a person who has been nominated before, providing they have not previously been a winner of the Award.

Nominees may be anyone who serves as a volunteer for the branch (or the national board), for example Board members, teachers, speakers, office assistants and social coordinators.

Submissions should be written under the following headings:

1 LENGTH OF RELEVANT SERVICE IN BHA

2 RESPONSIBILITY AND COMMITMENT

Describe the various positions held within BHA and the commitment displayed for those tasks.

3 TASKS

Describe the various projects or tasks undertaken and how this effected change. Please state what were the objectives, were they achieved and how were they measured.

4 RELATIONSHIPS

Describe relationship and team building skills within BHA and other hearing and related organisations.

*Please send submissions to Awards Coordinator, Joan Belle by email: **Joan.belle@optusnet.com.au***



SAVE
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DATE

27-
28

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BRIS
BANE

NATIONAL BHA CONFERENCE 2017

DAY 1

*Teachers forum,
ACE (Active Communication
Education) training program
Product and Service Strategy - hearing
loop hire
Evolution of the National Governance
Model
Branch updates
Annual General Meeting*

DAY 2

***Presentations from Hearing Health
providers (to be confirmed):**
Conexu Foundation, Hearing Care
Industry Association, Safe Work
Australia, SHHH, National Disability
Insurance Agency, Audiology Australia,
The Hearing CRC/ HEARsmart,
CICADA, Whirled, Cochlear, Phoenix,
Madison Technologies, National
Acoustic Laboratory, National Relay
Service, Tinnitus Retraining Therapy,
Independent Audiologists of Australia*

NATIONAL INQUIRY INTO

HEARING HEALTH AND WELLBEING

On Monday May 1st 2017, National BHA was invited to present at the Inquiry into hearing health and wellbeing in Australia. It was a wonderful opportunity to share the lived experience of many Australians.

As you will see from the transcript, BHA delivered a presentation that highlighted opportunities for change. In preparation for this presentation, Joan Belle and Andrew Bush conducted a survey of BHA members to highlight their daily challenges. A summary of these findings is included for your reading.

A big thankyou to my fellow board members:

Mirella Prasad - Vice President
Andrew Bush - Secretary
Jeannette Waters - Treasurer
Joan Belle
Bob Belle,
Tony Whelan
Tom McCaul

Michele Barry

Ms Barry: It is an honour to be here today. I would like to introduce my fellow presenters. Dr Tom McCaul is a former National President of Better Hearing Australia and a current member of the Victorian branch of BHA. Mr Andrew Bush is our national secretary and he is also a member of the Sydney BHA branch. Mrs Joan Bell is president of our Geelong branch. I would also like to recognise the current members of Better Hearing Australia who are here to support this presentation.

Better Hearing Australia has been providing hearing management and aural rehabilitation services since 1932. Aural rehabilitation is still considered to be an important part of gold standard and successful hearing loss management. Not being able to hear means not being able to communicate or participate in activities of choice. The prevalence of hearing loss in Australia is high. The cost is also high. One in six Australians suffers from hearing loss and, without intervention, this will grow to one in four by 2050. Did you know that, in 2017, most of the hearing loss in Australia is acquired hearing loss? This is often a result of noise induced hearing loss and an ageing population. This means that, in our lifetimes, we ourselves, or someone we know, will lose our hearing. We need to support all those people to manage this acquired hearing loss, or tinnitus. All Australians deserve real support to manage acquired hearing loss.

In reviewing the *Hansard* record of presentations as part of this inquiry to date, the statements of our peers and many in the hearing sector, you might think we have the world's greatest system—and that is because no-one complains. However, we urge you to listen to the consumer perspective on managing hearing loss. We urge you to understand that a future hearing service must be focused on outcomes, not just inputs and throughputs. Hearing aids are not enough, and hearing aids alone do not solve social or health problems. There is a desperate need for independent and consumer centred services, and consumer groups must be at the table in developing future service models.

We understand that the ACCC has already presented at this inquiry. In line with the ACCC report released on 5 March, it is our experience that many people are not receiving good audiological care. Many people tell many members of our branches stories of high pressure sales techniques and a lack of follow-up care. It is not in line with the principles of patient centred care, and we at BHA hear the same stories too often from a range of consumers. I would now like to pass over to Dr Tom McCaul.

Dr McCaul: I will talk about the social and economic impact of hearing loss. Most of the information can be found in the document *A Fairer Hearing*, published in 2014. Hearing loss affects one in six Australians and this is

predicted to increase to one in four by 2050. Hearing loss cost the Australian economy an estimated \$12 billion annually. As the retirement age is moving into the 70s, the Australian economy will be further impacted. Individuals with a hearing loss are high users of health and care services, high users of medication, GP services and in-home care services. Hearing loss is essentially a disability that affects an individual's capacity to communicate. The implications for sufferers are: a reduction in psychosocial wellbeing; poor education and employment outcomes; overrepresentation of additional health issues; and social isolation. Hearing loss is an invisible disability. Community awareness and concern is low, and the hearing impaired often attempt to hide their disability. The response to hearing difficulty is often one of negative regard, even within the treatment or health care context—for example, an assumption of low intelligence, mental health issues and so on. People with a hearing loss are overrepresented among low-income earners and experience difficulty achieving equity in the workplace. In turn, there is an increased rate of unemployment—between 11.3 and 16.6 per cent.

Despite these facts, few programs exist to support hearing impaired employees in the workplace, nor is there assistance for organisations and businesses to better support their staff with respect to their particular communication requirements. We need to make people more aware that the onset of hearing loss is creeping into people in their 40s and 50s. Within our younger generation noise induced hearing loss—through exposure to loud music, the use of smartphones, iPods and other similar devices—accounts for a third of all cases of acquired hearing loss. A targeted approach to raise awareness of this issue would significantly reduce the long-term impact of associated hearing loss. This population experiences significant psychosocial problems associated with their condition and subsequent lack of an effective treatment, leading to negative physical and mental health outcomes and limited access to support services.

Adult hearing loss has been associated with an increased risk of a variety of health conditions, including type 2 diabetes, stroke, cardiovascular diseases and also mental illness. Anxiety and depression in people who are deaf or hard of hearing has been recognised by beyondblue—and I have that document here. Although there are effective treatments for anxiety and depression, beyondblue does state that it can be even more challenging for people who are deaf or hard of hearing. It is encouraging to hear that Queensland Health provides a statewide mental consultation service for deaf and hard of hearing people in Queensland, which is the only service of its kind in Australia. This needs to be promoted in other states.

As highlighted in the introduction, the basic core business of Better Hearing is to provide hearing loss management strategies, which includes vital communication and hearing loss skills beyond the current diagnosis and device approach. Andrew will expand on this and other aspects of hearing loss.

Mr Bush: After the Second World War, the Office of Hearing Services was established and consumer groups like and including Better Hearing Australia had a seat at the table and were key in shaping both policy and service delivery. However, today we find ourselves in a situation where these are directed more by organisations with a commercial interest than a service delivery interest. Why is it that consumer organisations are no longer at the table and no longer represented on the board of the Office of Hearing Services? Consumers are absolutely vital, and meeting their needs is absolutely vital and necessary also.

The current service system and clinical focus of services—and that is diagnosis and devices—does not support individuals to deal with challenges they may be facing as a result of their hearing loss or to develop the requisite skills and coping strategies required to support active social and economic participation. The positive aspect of this is that Better Hearing Australia currently provides hearing loss management courses—in which lip reading courses are taught as well—that equip people with the strategy and skills to understand and deal with their hearing loss in a constructive and positive manner. However, not all of our branches have the appropriate financial resources to professionally and thoroughly provide the services. BHA is the only organisation in Australia providing these services and running these courses. Our view is that this is an example of the current private system failing to meet the needs of the hearing impaired.

People struggling with hearing loss often delay the recognition of their hearing problem. This is because of a perception of social stigma in hearing loss and in wearing hearing assistive devices—which the inquiry must address and which we ask the inquiry to address. On average, men, more than women, delay dealing with hearing loss. The average time for men is six years. That is six years of lack of productivity in the community and social isolation and related mental health and men's issues. Women are more practical—as usual!—and usually deal with the issue within six months. Six years versus six months—it is quite a comparison. It takes even more time to deal with the hearing loss, overcome the stigma and accept and finally implement the management of their hearing loss plan. The process for dealing with hearing loss is somewhat similar to the grieving process.

Multinational hearing aid manufacturers provide sales incentives to clinics, which may be inconsistent with supporting individuals to better manage a lifelong sensory disability. This is highlighted in the recent ACCC

report and there is concern about a range of hearing practices in the hearing services industry, particularly around incentive-based sales and commissions that are commonly used to motivate clinicians to upsell hearing aids—unnecessarily at times.

Even when audiologists provide the service and testing for clients and the client does not need a hearing aid—and I am one of those; I have four per cent hearing loss—the support from the government is not sufficient to cover the cost of the services provided. Again, we ask the inquiry to look at that. The private health insurance rebate is very, very small. The Office of Hearing Services voucher system for pensioners is an important priority as they would otherwise find the cost of hearing aids far too expensive. And linked to this is the concern that 30 per cent of people who have hearing aids do not use them—they are stored in the proverbial bottom drawer. This is appalling, and it is a reflection of the lack of focus on hearing outcomes. The health system is not supporting the consumer. Maybe we need to focus on prehabilitation in addition to rehabilitation. It is BHA's belief that the audiologist's primary service should be to help the client achieve better hearing. The inquiry must make sure there is accountability for positive outcomes, which may or may not include hearing aids or hearing assistance devices.

We ask this inquiry to please investigate and recommend the independent measurement of longitudinal clinical outcomes. We strongly recommend ongoing longitudinal research of consumers with hearing impairment post the intervention of service delivery. Please note that one-third of hearing aids and hearing assistance devices that are not used and in the bottom drawer are paid for by the government and thus the taxpayer. Better Hearing Australia contends that the hearing health sector must adopt a more person centred and holistic approach and focus not just on assessment and devices but on rehabilitation, support and constructive and positive outcomes for and of the hearing impaired people. This is our focus at BHA. I would now like to hand over to Joan, who represents the voice of the consumer.

Mrs Belle: I want to give you a perspective from the consumer—having consulted with the BHA members, those who deal with a hearing loss on a daily basis. As a person with a severe hearing loss, I am here to represent the concerns and priorities of the hearing impaired. I want to reiterate that hearing loss is permanent: when it is gone, it is gone; hearing aids help but they do not restore your hearing. We ask this inquiry to educate the public in how to better assist communication with the hearing impaired. Improvements need to take place. The hearing impaired community experience great difficulty in hearing and understanding audio announcements in public places such as transport hubs, trains, aeroplanes, sporting venues, theatres, cinemas, shopping centres and hospitals. The implications of this are serious. Personal safety can be at risk if important directions are not heard and understood. Optional hearing loops, captioning of audio announcements, elimination of technical problems relating to static and hiss, and slower, clearer speech by announcers would all assist.

Captions are a visual representation of audio speech and are a vital part of the hearing impaired community's interaction with television, cinema, theatre and announcements. Improved captioning of all television programs all of the time, and captioning of all films and live theatre where practical, will all help a person with a hearing loss to enjoy entertainment. Captioning of audio announcements in public places would not only allow the hearing impaired to follow directions but would give them confidence to travel alone.

Whilst the hearing impaired community is aware of mandatory hearing augmentation systems in public buildings and places, it is their wide experience that these systems are frequently not installed and not working as required. These public buildings include cinemas, theatres, churches, funeral parlours, halls, transport hubs, public buildings and places. Even Parliament Station, across the road, has a malfunctioning loop. BHA members often discuss their disappointment, frustration and feelings of discrimination when a function they have paid for cannot not be heard satisfactorily because either there is no hearing augmentation system or it is not operational. The repeated occurrence of this situation has led to many hearing impaired people staying home and not attending functions in the abovementioned places. This has serious implications for their socialisation, health and wellbeing. This unsatisfactory situation could be improved by ensuring that hearing augmentation systems are installed, operational and turned on in all public buildings and places and that staff are briefed as to their existence and operation.

One type of hearing augmentation system is the induction hearing loop. This system interfaces with the hearing aid via an integral T-switch. This system is the most widely used throughout Australia and the world. The T-switch is considered an open technology for everyone to use and is not dependent on a specific manufacturer. Until recently, all manufacturers offered this as a standard part of the hearing aid. BHA members are concerned that some hearing aid providers are now not providing or recommending a T-switch. In lieu, bluetooth technology is recommended. Whilst this is a very effective technology, it is prohibitively expensive for most people and it is third-party manufacturing dependent. This means it can only interface with bluetooth compatible equipment. This development is of concern to the hearing impaired because it could mean that, in the future, the induction loop

system will become redundant. Hearing aid providers need to offer both technologies to the consumer and clearly explain and be transparent about the cost implications.

Socialisation is an important part of everyone's wellbeing. But the hearing impaired community find it very difficult to hear and be part of a conversation in noisy cafes, restaurants, bars, hotels and halls due to hard surfaces on floors, walls and ceilings. Sound bounces off these hard surfaces, and this often leads the hearing impaired to avoid these places. As well as some soft furnishings, the installation of acoustic boards in these eating and meeting areas would greatly help a hearing impaired person to enjoy some conversation, as well as a meal. All of these issues are a constant source of frustration, stress and anxiety, and can and do lead to social isolation of people, as people stay at home rather than negotiate public places. I will now hand back to Michele.

Ms Barry: In conclusion—

CHAIR: Sorry to interrupt, Michele. I am conscious that we have got only five minutes left for questions. Have you got much left?

Ms Barry: Okay. Consumer organisations like BHA are focused on outcomes. We want people better off after they receive a hearing service. Consumers need client-centred, evidence-based advice without commercial motivations. Consumers need a hearing program that does not just focus on devices. We need to invest in skills for rehabilitation. Simply giving people hearing aids without accountability for outcomes and without support leads to hearing aids being abandoned in drawers.

We seek the support of this inquiry to enhance the inclusion of people with a hearing loss. Educating the community is a public health issue. We need greater social inclusion. After the 2010 hearing health inquiry there were lots of great recommendations, but in all reality nothing has changed. A future hearing service must be inclusive of client needs. Hearing loss is permanent; when it is gone, it is gone.

CHAIR: Thank you very much. We have a short time available for questions. I have two quick questions. First of all, Dr McCaul, I was interested in the Queensland mental health service that you referred to. How does that operate? Is it exclusively for people with hearing loss issues?

Dr McCaul: I am happy to offer you a link on the website. According to them, they do offer a consultation service, particularly for people who are deaf and hearing impaired.

CHAIR: Is that run by the Department of Health in Queensland?

Dr McCaul: Yes, it is. It is run under Queensland Health, yes. It is in the metro south health region.

CHAIR: Mr Bush referred to the board of Office of Hearing Services. Who is currently on the board? I was not aware they even had a board.

Ms Barry: They have a group of advisers and we understand the Hearing Care Industry Association is a member, as is Australian Hearing and other providers, but there is not a consumer representative.

CHAIR: It is an advisory committee?

Ms Barry: I understand that to be true.

CHAIR: Would you be able to provide details of what your understanding is of that board?

Ms Barry: Yes.

Mr ZAPPIA: Just following up on that, was Better Hearing ever on the board or the advisory committee?

Ms Barry: We understand that, after the Second World War when a hearing program was developed, Better Hearing Australia was part of the process. All returned service people were given rehabilitation services by Better Hearing Australia as part of the service delivery.

Mr ZAPPIA: So we are talking decades?

Ms Barry: Decades ago, but over that time we found that the focus has gone to more the commercial element and the hearing aid being the centre of service delivery rather than a holistic model. That has certainly been the change.

Mr ZAPPIA: Dr McCaul, you mentioned that diabetes and other health problems can arise from poor hearing. Putting aside the psychological health issues, what are the other health issues and why does hearing cause, say, diabetes?

Dr McCaul: I offer you a document that I happen to have here. It is psychological; it is internally that actually induces it. I would not be able to explain this fully because I am actually a PhD doctor not really a doctor, so I would not be able to go into full detail.

Mr ZAPPIA: Yes, that is all right. I am just trying to ascertain the link.

are now available to newborns. It was controversial at the time. He has a lot of knowledge and a huge amount of experience.

CHAIR: Unfortunately, we are out of time this morning, but we are very grateful for your attendance today, and thank you for appearing before the committee. If there is additional information that you would like to provide the committee, particularly in relation to the Queensland service, you can provide that through the committee secretariat. There is a suggested date, which is within the next two weeks. We will provide you with a *Hansard* transcript of today's proceedings as well. Thank you for your time.

BHA MEMBERS' PRIORITIES

The Better Hearing Australia National Board has recently conducted an extensive Australia wide survey of their branch members and invited them to nominate their concerns and priorities as persons with a hearing loss. The response to this survey was excellent and respondents raised many of the same hearing related issues.

As a person with a severe hearing loss, member of the BHA National Board, BHA National Teachers Coordinator and President of BHA Geelong Branch, I can relate to all the concerns and priorities raised in the survey.

The summary is as follows:

1. 57% of BHA respondents' first priority was to educate the public in how to better assist communication with them in public. To do this, improvements need to take place.

(a) The Hearing Impaired community experience great difficulty in hearing and understanding audio announcements in public places such as transport hubs, trains, airplanes, sporting venues, theatres, cinemas, shopping centres and hospitals. The implications of this are serious, as personal safety can be at risk if important directions are not heard or understood.

Operational hearing loops, captioning of audio announcements, elimination of technical problems related to static/hiss and slower, clearer speech by announcers would all assist.

(b) Captions are a visual representation of audio speech and are a vital part of the hearing impaired community's interaction with media. Improved captioning of all television programs and captioning of all films and live theatre, where practical, would help a person with a hearing loss enjoy entertainment. Captioning of audio announcements in public places would not only allow the hearing impaired to follow directions but would give them confidence to travel alone.

(c) Whilst the hearing impaired community is aware of mandatory hearing augmentation systems in public buildings and places, it is their experience that these systems are frequently not installed and working as required. These public buildings include cinemas, theatres, churches, funeral parlours, halls, transport hubs and public buildings and places. BHA members often discuss their disappointment, frustration and feelings of discrimination when the function that they had paid for could not be heard satisfactorily because

there was either no hearing augmentation system or it was not operational. The repeated occurrence of this situation has led to many hearing impaired people staying home and not attending functions in the above places. This has serious consequences for their socialisation, health and wellbeing. This unsatisfactory situation could be improved by ensuring that hearing augmentation systems are installed, operational and turned on in all public buildings and places, as well as ensuring that staff are briefed on their existence and operation.

(d) One type of hearing augmentation system is the induction hearing loop which interfaces with the hearing aid via an integral T-Switch. This system is the most widely used throughout Australia and the world. The T-Switch is considered an open technology for everyone to use and is not dependent on a specific manufacturer. Until recently, all manufacturers offered this as a standard part of the hearing aid.

BHA National representatives appearing before the Standing Committee on Health, Aged Care and Sport



BHA members are concerned that some hearing aid providers are now not providing or recommending a T-Switch. In lieu, Bluetooth technology is recommended. Whilst this is a very effective technology, it is prohibitively expensive for most people and is third party manufacturing dependent. This means that it can only interface with Bluetooth compatible equipment. This development is of concern to the hearing impaired because it could mean that the induction loop system will become redundant in the future. Hearing aid providers need to offer both technologies to the consumer and clearly explain the costs involved in a transparent manner.



(e) Socialisation is an important part of everyone's wellbeing but the hearing impaired community find it very difficult to hear and be part of a conversation in noisy cafes, restaurants, bars, hotels and halls. This is due to hard surfaces on floors, walls and ceilings from which sound bounces and often leads them to avoid these places.

As well as some soft furnishings, the installation of acoustic boards in these eating and meeting areas would greatly help a hearing impaired person to enjoy some conversation as well as a meal.

2. 20% of BHA respondents commented that the cost of Australian hearing aids was far too high compared with other countries and they felt that many hearing aid providers were making huge profits. Many were unhappy with the cost of the hearing aids that were recommended to them when perhaps a technically appropriate cheaper one would've been suitable. Some felt that there were audiologists and audiometrists who were more interested in the sale than the consumer. Respondents were also unhappy with the rebate that they received from their private health fund and would like to see the rebate amount increased. For those who do not qualify for the voucher system, the out of pocket expense is huge and can be prohibitive in them updating their hearing aids.

The ACCC recently released a report into the hearing aid industry and providers should make a note of and adhere to the recommendations.

3. 12% of BHA respondents felt that it was a priority to be able to network with others and have the ability to exchange ideas, problems and suggestions. Working respondents with a hearing impairment commented that they felt quite isolated in their workplace as well as socially.

It was felt that the Hearing Loss Management Sessions conducted by most BHA branches were invaluable.

As well as exchanging information on hearing related matters, the lip reading taught was a practical assistance to them in many social situations. Respondents with a Cochlear commented that they would like a local support network as very few currently exist.

4. 8% of BHA respondents thought that maintaining the voucher system for pensioners was an important priority as they would otherwise find the cost of hearing aids far too expensive. However, they felt that perhaps a rehabilitation condition could be attached to the voucher system in an attempt to prevent the hearing aids finishing up in drawers.

5. 3% of BHA respondents commented on a range of priorities which can be termed miscellaneous. These include maintaining the funding to the National Acoustic Laboratory, including hearing loss in the NDIS and enforcing decibel limits for music and transport.

BHA members were very pleased that they were able to put forward their priorities as a hearing impaired person. They felt that the specific requirements that are so necessary for them to be able to socialise, travel, enjoy entertainment and operate on a daily basis are deficient. Hopefully, many of these requirements can be addressed and improved in the immediate future.

Joan Belle

BHA SCHOLARSHIP

APPLICATIONS ARE NOW OPEN

Better Hearing Australia is dedicating funds raised by its members to supporting improving the lived experience of Australians living with hearing loss, through its scholarship program.

The purpose of the Better Hearing Australia Scholarship Program is to provide financial assistance to individuals with a hearing loss, to support them to undertake educational and personal development activities.

Through this support, Better Hearing Australia will enable individuals to improve their ability to participate in the social and economic activities of their local communities.

Message from **MATHEW TOWNSEND**



Hello fellow members! First of all, thank you to Better Hearing Australia for selecting me as an inaugural scholar in 2015. It was very helpful and resourceful to start my Masters of Environmental Management degree at the University of Queensland, Brisbane.

Applicants must be:

- An Australian Citizen or Australian permanent resident;
- Resident in Australia;
- At least 18 years of age at the close of applications, with no fixed upper age limit. Preference may be given to applicants between 18 and 35.
- Submit all applicant information
- Prepared to sign an undertaking to abide by the Conditions of the Scholarship.

SCHOLARSHIP
PROGRAM
APPLICATIONS
CLOSE 31
JAN 2018.

**Please apply via the
Better Hearing Australia
National website.**

I, as a person who identifies as hard of hearing, believe that the scholarship assisted me in settling into a new city. I was originally located in Ballina, in Northern NSW. Settling down in a large city, especially as a person with hearing loss, is extremely challenging due to new obstacles and experiences. My studies at UQ gave me plenty of opportunities to experience what life and passion I wanted to follow.



Mathew Townsend, 2015 BHA Inaugural Scholar

My Masters course has taught me professional skills and networking with new friends from around the world. As part of my research components, I was privileged to travel to few countries within a year and a half timeframe. I visited Vietnam, Hong Kong, China and Macau and these experiences were invaluable for professional development.

In June 2015, I was offered a place on a paid internship program with Telstra Operations. The internship took me to the next level of professional experiences, where I gained real career aspirations in the environmental sustainability field. After the internship, I took task to complete my thesis paper as part of my postgraduate degree. I finally graduated with a Grade Point Average (GPA) of 6.0 (out of 7 in Australian standards). I was given a Dean Commendation for Academic Excellence Award for my high GPA, thesis paper, and success on my recent field trips.

My life aspirations and adventures haven't really stopped in 2017. I was privileged to attend the Global Greens Congress as a sponsored delegate to Liverpool, United Kingdom, in March and April. I was a delegate for the Australian Young Greens and panellist spokesperson on Greens Perspectives on Disability Issues. This global event gave a greater perspective and ability to understand the globalisation and diversity of our society. I was privileged to witness the making of a difference.

Without the opportunity of BHA's scholarship, I wouldn't have been able to partake in these experiences, which I didn't expect as a part of my career ambitions. It is very challenging to be someone identified with disabilities because of prejudice and social norm impacts.

I am determined to be a role model for young people with disabilities, including hearing loss. There are definitely potential opportunities for life changing experiences. One opportunity creates many more!

PATIENT CENTRED CARE

BY GERARD WILLIAM

*Gerard is an PhD student with the
HEARing CRC - researching patient
centred care*

Think back to your last healthcare encounter and consider the following:
Were you listened to?
Were you fully informed?
Were you involved?
Was the care provided to you personalised for your unique situation?

If you said “yes” to each of those questions, you received what healthcare researchers refer to as “person-centred care”. Person-centred care has been linked in many

healthcare areas to patient benefits such as better health outcomes and better patient experiences of care. However, if person-centred care is good for the patient, why is it not always provided? Hearing care research is being led by members of the HEARing CRC, who are working hard to investigate this and propose the necessary changes to make person-centred care a common realisation within the realm of hearing healthcare.



Gerard
William,
University of
Melbourne

Research in Australia has reported that hearing care clinicians hold preferences to deliver services in a person-centred manner. Despite this, research also shows that delivery of hearing services by clinicians does not always correspond to what patients regard as person-centred care. In response, numerous methods are being explored to ensure that person-centred care is more widely implemented. One example is by offering Master of Clinical Audiology students and new graduates training to improve their clinical skills

However, it may not be as simple as improving clinical interaction skills. It is also important to consider the operational context of hearing care in Australia. Hearing care has to be provided within the unique contexts of each organisation, which may not always be conducive to providing the highest standard of person-centred care in every appointment.

Research is vitally needed to understand the organisational determinants that influence, drive and determine the use of person-centred care in the workplace.

Hearing impaired audiologist Mr Gerard William is tackling this challenge of understanding how hearing rehabilitation organisation senior managers influence the organisational determinants of person-centred care.

Building on work by the HEARing CRC, Mr William is undertaking a PhD at the University of Melbourne to contribute to a broader project to deliver better hearing care across Australia.

Mr William has personal experience both with providing and receiving hearing care. He believes that patients deserve better, and that audiology appointments should one day be regarded as some of our best healthcare encounters.

Better Hearing Australia is proud to be part of this consumer focused research, with National President Michele Barry invited to be a member of Mr William's PhD Advisory Committee alongside other experts from universities around Australia.

With media attention alongside the ACCC (covered in the National Spotlight May 2017 issue) expressing concern about incentives around hearing device offerings within the hearing industry, this research could not come at a better time. Watch this space!



News from our branches

AROUND AUSTRALIA

BHA CANBERRA

Partners Workshop

In our class discussions over the years, communicating with their partners, family and friends in the home has always ranked highly on the list of difficulties experienced by the hearing impaired. We decided it was time for action and planned to offer a Partners Communication Workshop, which would include family members as well.

We formed a committee which included Louise Skelt, a retired audiologist who has a doctorate in communication between people with a hearing loss and their partners; Carol Taloni, Better Hearing Rehabilitation Teacher and amazing caterer; Haydn and I, also a BHA Teacher. We met on a number of occasions to plan our program.

We decided to start the program with a brief explanation on the ear, how it works and what could go wrong.

We then split the hearing impaired and hearing partners into two groups so that they could have the opportunity to discuss their communication problems separately.

This session concluded by ranking the three most important areas they would like to discuss when the two groups came together again. We finished with a presentation on assistive listening devices and fixed line phones such as the CAPTEL.



Louise Skelt speaking on 'How the ear works'



Glenn Vermeulen, Executive Officer Deafness Resource Centre, chatting to workshop participants.

We thought it was important to host a morning and afternoon tea (with Carol offering to provide this) so everyone could have the opportunity to talk together in a relaxed environment. We wanted access for all so asked the Mark and Glenn from the ACT Deafness Resource Centre to install the loop and provide a lapel microphone and roving microphone. Polly Templeton volunteered to provide Real Time Captioning for the day.

We had expected to be overwhelmed with the amount of people wanting to attend but that wasn't the case. We had the initial rush of enthusiasm when we first advertised the workshop and had an information stall at the Seniors Expo, then it all went quiet. We were a little worried that we would not get the 10 couples we decided was the number we needed. In the end we had 22 people attend, plus our team of seven. We have decided that if we

we will ask more organisations to put it in their newsletter and web pages to spread the word further.

A week before the workshop we emailed the discussion question to the participants to give them time to think about it and be ready to talk about their issues. The question was '*What communication difficulties do you experience in everyday life with your partner as a result of your (or your partner's) hearing loss?*' This worked well as everyone came prepared to contribute in the discussion sessions.

As the people arrived, the mood was very positive. They were interested in everything we presented and were eager to ask questions. Many had not used a loop before and were amazed how well they could hear. Most had not seen real time captioning either and Polly did a fantastic job all day. Often, members of the audience read the

captions before asking their questions. We were able to send the transcript to the workshop participants in the following couple of days, which was greatly appreciated. The roving microphones also worked well so there was good hearing access for everyone.

We launched our booklet 'Communication with the Hearing Impaired, particularly in the Home'. We hope this booklet will be circulated far and wide as we have had nothing but positive comments from all who have read it so far. Having the opportunity to talk together at morning tea time and lunch worked well too. After the workshop finished, people stayed on eager to ask questions and learn further.

At the end of the workshop we allocated five minutes for everyone to fill in our feedback form which asked two questions:

1. What was the most important thing you have learnt from this workshop?
2. Do you have any suggestions (content, timing or any other) for how we could improve the workshop in the future?

20 people filled in forms, all praising the workshop and contributing some very good feedback for future workshops.

We learnt from the feedback forms that we needed more time for discussions and reporting to the total group and including opportunities for the hearing impaired to discuss hearing aids and audiological problems. To summarise the comments, the participants were extremely generous in their praise for the workshop and the opportunity to attend free of charge.

Sue Daw OAM



Haydn and Carol awaiting the first participants of the Partners Workshop

BHA GEELONG

BHA Geelong Branch has continued to conduct Hearing Loss Management sessions in second term. Those who have attended have benefited from the lip-reading and general information. They have found hearing about the ACCC Report and the Inquiry into hearing health and wellbeing very interesting. Additionally, we have also written to politicians and discussed stories of poor conduct of hearing aid providers.

Visits to nursing homes have been made to help maintain residents' hearing aids. A handy list of public facilities with hearing loops has been compiled and is being constantly added to.

Joan and Bob attended the Inquiry into hearing health and wellbeing in Melbourne and will attend the next BHA National Board meeting in Sydney. Just before Easter, they were in Canberra visiting relatives and caught up with Sue and Haydn Daw and teachers to discuss the Survey and Inquiry.

Joan Belle

BHA VICTORIA

June was 'Tea for Tinnitus' month. Better Hearing Australia aligned with the British Tinnitus Association to raise awareness of the often debilitating auditory condition known as tinnitus.

We encouraged all our members and branches to hold a 'Tea for Tinnitus' to support this initiative.

The Victorian branch set up a stall at Bunnings Hawthorn to spread awareness of #T4Tinnitus!

BHA BRISBANE

In Brisbane, the Active Communication Education (ACE) Program commenced on May 30th. The weekly course spanning 6 weeks was developed from the program of research conducted in the Communication Disability Centre at The University of Queensland. Its aim is to help adults with hearing loss to become more effective communicators and to provide them with strategies to cope better in everyday life. It is a rehabilitation option for adults with hearing loss who might not want to wear hearing aids all the time or who want more than hearing aids alone can provide.



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**BETTER
HEARING
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