

# Hear It!

Quadrimester  
Newsletter from the  
Audiology Committee

## VISION:

Audiology Committee has a global vision to facilitate better understanding, knowledge and care of the auditory system and its disorders.

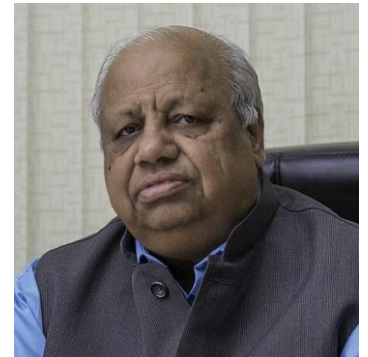
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(d|b|a) *International  
Association of  
Communication  
Sciences and  
Disorders*

The non-profit worldwide organization of professionals and scientists in communication, voice, speech language pathology, audiology and swallowing.

## *INTERVIEW WITH DR ARUN KUMAR AGARWAL, PRESIDENT OF SOUND HEARING 2030*



How do you foresee ear and hearing healthcare in middle- and low-income countries in 2030?

Hearing is the sense with which we perceive the sounds around us; through hearing we engage with our environment, communicate with others, express our thoughts, and gain education. Globally more than 1.5 billion people experience some decline in their hearing capacity during their life course, of whom at least 430 million will require care, more so in middle- and low-income countries.

Loss of hearing, if not identified and addressed, can have far-reaching consequences, adversely affecting language development, psychosocial well-being, quality of life, educational attainment, and economic independence at various stages of life. Unaddressed, hearing loss imposes a global cost of more than \$980 billion annually, and potentially risks the global goal of United Nations Member States to end poverty and ensure that all people on this planet enjoy peace and prosperity by 2030.

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## What are the local challenges to achieving ear and hearing healthcare in middle- and low-income countries by 2030?

No doubt there is total lack of awareness especially in middle- and low-income groups regarding ear and hearing care. There are different levels of barriers and challenges in different countries including: individual, community level, facilities and infrastructure, status of health workers, and motivation on part of policy makers. In this group financial deficiencies and dependency syndrome are of extreme importance. A complex system of referral involving multiple departments, unacceptable staff attitude, and behaviour associated with stigma add fuel to the fire.

Perhaps, this scenario is changing now. Such Individual countries are now better motivated due to persuasion of their own ENT specialists/audiologists/public health experts. In addition to this, the efforts of WHO releasing the World report on Hearing and their communication with their individual country office may also yield better outcomes for ear and hearing care.

## Do you think there is need to revisit ear and hearing healthcare technologies to promote equity?

Yes, there is definite need to revisit ear and hearing care technologies in middle- and low-income countries based upon the principle of “accessible and affordable technologies” meaning the diagnostic equipment like different audiometers or hearing aids or cochlear implants need to be upgraded very frequently. Hence, there is a continuous increase in the cost. These countries require the most effective but affordable equipment and devices. If possible, local indigenous manufacturing should be encouraged. If at all needed, the import of such devices should be facilitated to minimize the cost by adopting the policy of zero import duty.

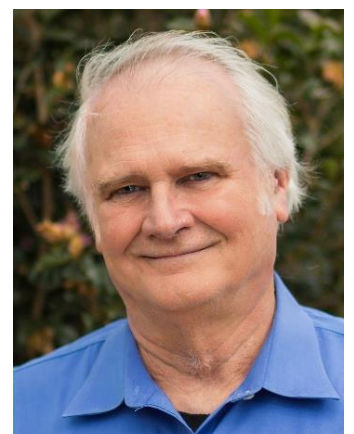
## Has this been impacted by the COVID 19 pandemic?

Challenges have further intensified during the COVID-19 pandemic, which has exposed the weaknesses of current health systems and focused attention on the need to invest more in health care. A rise of more than 1.5-fold in hearing loss is anticipated in the coming decades. Through prioritizing hearing loss and integrating hearing care within the systems, WHO Member States can ensure that ear and hearing care services are accessible as part of universal health coverage, delivered through national health systems.

## ***INTERVIEW WITH PROFESSOR BLAKE WILSON, CHAIR, LANCET COMMISSION ON HEARING LOSS***

### What is the Global Burden of Hearing Loss?

Hearing loss is a larger problem than one might think. The condition is a so-called invisible disability and yet more than 20% of the world’s populations have a mild-to-complete loss in the better hearing ear and more than 5% have a moderate-to-complete loss that can greatly impede spoken communication without assistance (e.g., a hearing aid) and, in many cases, even with assistance.



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Further, moderate-to-complete hearing loss can be especially difficult at the two ends of the age spectrum. Hearing loss in infants and young children can impede access to spoken language and brain development, and hearing loss in adults can produce social isolation and is associated with increased risks of dementia, falls, and other deleterious health conditions for those older than 60 years. Hearing loss is the third leading cause of years lived with disability (YLDs) across all ages and is the leading cause for people older than 70 years. Perhaps surprisingly, hearing loss is an immense global health concern. And ominously, the number of persons with mild-to-complete losses is projected to grow from 1.57 billion in 2019 to 2.45 billion in 2050, due primarily to the anticipated growth and aging of the world's populations during the period. (The prevalence of hearing loss increases with age, starting at about age 35, when prevalence is around 10%, up to greater than 80% for persons aged 80 and older.)

And if the facts just recited are not chilling enough, the World Health Organization (WHO) estimates that unaddressed hearing loss now costs the global economies nearly \$1 trillion USD annually, and of course that number is projected to increase substantially as well.

References for and further information about the global burden of hearing loss are presented in Wilson and Tucci, "Addressing the global burden of hearing loss," *Lancet* 397: 945-947, 2021; Wilson et al., "A Lancet Commission to address the global burden of hearing loss," *Lancet* 393: 2106-2108, 2019; Wilson et al., "Global hearing healthcare: new findings and perspectives," *Lancet* 390: 2503-2515, 2017; WHO, World Report on Hearing, 2021 (available at <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/highlighting-priorities-for-ear-and-hearing-care>); and WHO, Fact sheet on deafness and hearing loss, 2021 (available at <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>). Additionally, the first paragraph in this section was adapted from text in the first reference above, and that reference includes citations to the supporting literature.

### How will it change the practice of audiology globally?

Advances in technology, the demographics of the world's populations, and new models of provision will each change the practice of audiology globally and dramatically. The needs for audiological care for persons in their sixth decade of life and beyond will increase rapidly in the coming years at least out to sometime between 2040 and 2050 when the world's populations will peak and begin to decline thereafter. Advances in technology such as smartphones, widespread access to the internet, telemedicine, and applications of machine learning to interpret audiograms and to improve the designs and performance of hearing aids and cochlear implants will alter hearing healthcare for the better and profoundly. Some of those advances are already in place and the others are on the immediate horizon. And finally, legislation in the United States to allow over-the-counter purchases of hearing aids for mild-to-moderate losses will focus audiological care on the greater levels of hearing loss, where that care is most needed in any case. The hearing aids made available by the OTC legislation still will need to meet safety and efficacy criteria that soon will be established by the USA's Food and Drug Administration, and a good experience with the OTC provision in the USA may lead to similar legislation in other countries.

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## Will there be local challenges to the implementation of the findings from the Commission?

Of course, prevalence and etiologies vary widely among countries and world regions, as do the fiscal and other resources needed to detect, prevent, and treat hearing loss. For example, Japan has the greatest fraction of people aged 60 and older among the world's populations and thus the country has a special challenge in caring for those people. For another example, otitis media is a leading cause of hearing loss in young children in many of the low- and middle-income countries. Otitis can be prevented in many cases, and thus that could be a priority in resource-limited countries and world regions. The needs vary among the countries and world regions and meeting the needs most effectively can be informed by cost-effectiveness analyses that can identify the best investments from a population health perspective.

## ***EVENTS:***

### **1. International Day of the World's Indigenous Peoples, 9<sup>th</sup> August, 2021**

The United Nation's International Day of the World's Indigenous Peoples is celebrated on 9th of August every year to raise awareness. According to the UN, there are estimated 476 million Indigenous people in about 90 countries. Indigenous populations have distinct cultures, languages, and knowledge systems and despite that the Indigenous populations in most countries are the poorest, have low access to educational services and in general experience discrimination.

The 2021 theme is "Leaving no one behind: Indigenous peoples and the call for a new social contract". To celebrate this day, the International Association of Communication Sciences and Disorders (formerly known as IALP, <https://ialpasoc.info/>) hosted a series of webinars (in September 2021) highlighting hearing-related research and clinical services by the Indigenous Peoples and for the Indigenous Peoples from around the world.

The aim of the webinar was to build a network across researchers and clinicians to engage, collaborate and learn. The exercise was particularly relevant this year as WHO released its first World Report on Hearing that mandates to all its member countries to integrate the ear and hearing care into their respective national health goals.

The webinars were held via zoom and lasted approximately an hour. Link to the presentations: <https://ialpasoc.info/other-resources/?id=233>.

Presentations included:

- 'Community collaboration in ear and hearing health: Australian perspective' presented by Victoria Stroud, Rose Walley, Kerry Stack, (Telethon Kids Institute). Elders in the Koorlungkas Yarning project Nanna Madge Hill, Auntie Vivien Hansen, Mort Hansen, Christine Hill, Brett Hill, Leon and Raelene Hayward, Roberta Hansen. Jack DeLacy and Samantha Harkus.
- 'Hearing Healthcare in Rural Northwest Alaska: Provider and Consumer Perspectives' presented by Dr Samantha Kleindienst Robler and Paul "Bebucks" Ivanoff III.
- 'Researching with Māori and Pacific communities in Aotearoa and the Pacific Region' presented by Professor Suzanne Purdy, Dr Elizabeth Holt, and Alehandrea Manuel.
- 'Hearing loss prevalence and hearing health among school aged children in the

## 2. International Day for Older Persons, 1<sup>st</sup> October 2021

United Nations observes 1st of October as the International day for older persons and this year according to WHO commences the Decade of Healthy Aging. According to the UN, it is reported that by 2050, the number of older persons, aged 60 and over, worldwide will be close to 2 billion. A big proportion of this population will be in low and middle-income countries. According to the UN, while the rates of major disabilities, in past three decades, have reduced in the high-income countries, mild to moderate disabilities remain highly prevalent amongst the older population.

One of the goals for individuals, their families and society is the attainment of Healthy aging. WHO last year launched a baseline report for Decade of Healthy Aging and provided a definition of healthy aging as “the process of developing and maintaining the functional ability that enables well-being in older age” with the goal to optimize “functional” ability. The WHO report highlights five aspects that an older individual should enjoy:

1. the ability to meet basic needs;
2. to continue to learn and make decisions;
3. to be mobile;
4. to build and maintain relationships; and
5. to contribute to society

In keeping with this theme, scientific members of IALP (<https://ialpasoc.info/>) organised three presentations addressing some of the challenges that come with aging and highlighting the gaps that need to be addressed and solutions formulated to contribute to WHO’s aim of Healthy Aging.

Presentations:

- ‘The SENSE-cog project to improve mental well-being for elderly Europeans with sensory impairment’ by Professor Piers Dawes, University of Queensland, Australia and University of Manchester, UK
- ‘Spotlight on dichotic listening in older adults’ by Professor Somaia Tawfik MD, Ain Shams University, Cairo, Egypt
- ‘The many sources of variability in speech recognition in older adults’ by Professor Karen Banai, Associate Professor, University of Haifa, Israel

## 3. World Hearing Day, 3<sup>rd</sup> March 2022

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

**World Hearing Day 2022**



World Hearing Day is held on March 3<sup>rd</sup> each year to raise awareness on how to prevent deafness and hearing loss and promote ear and hearing care across the world. Each year, the World Health Organization (WHO) selects the theme and develops and shares evidence-based advocacy materials such as brochures, flyers, posters, banners, infographics and presentations. To assist in celebrating World Hearing Day, the World Hearing Forum (WHF), the World Health Organization (WHO) and the Coalition for Global Hearing Health (CGHH) are inviting proposals for WHF-CGHH Small Grants for World Hearing Day 2022. For more information or to submit an application, go to <https://cghh.usu.edu/smallgrants/2022/>

The World Hearing Day 2022 will be observed on 3 March with the theme "To hear for life, listen with care!". World Hearing Day activities will focus on the importance and means of hearing loss prevention through safe listening, with the following key messages:

- It is possible to have good hearing across the life course through ear and hearing care.
- Many common causes of hearing loss can be prevented, including hearing loss caused by exposure to loud sounds.
- 'Safe listening' can mitigate the risk of hearing loss associated with recreational sound exposure.
- WHO calls upon governments, industry partners and civil society to raise awareness for and implement evidence-based standards that promote safe listening.

To promote and support such actions, WHF, WHO, and CGHH have launched a small grants scheme. As part of this scheme, you can apply for a grant of up to USD 800 to cover expenses related to organizing and holding World Hearing Day activities. A maximum of 50 grants will be funded.

Eligibility criteria: Events/activities will be eligible for the small grants scheme if they:

- Take place on or close to the World Hearing Day (3 March 2022)
- Focus on the theme: "To hear for life, listen with care!"
- Target the general population and/or policymakers, to raise awareness about hearing loss
- Use WHO awareness materials for the day:  
<https://www.who.int/campaigns/world-hearing-day/2022/information-materials>
- Have measurable outcome(s)

Requirements / Timeline

- Make an application by February 7, 2022 at <https://cghh.usu.edu/smallgrants/2022/AppForm.cfm>
- Notification of selected grantees will be made by February 17, 2022
- Following the event, a brief report with photos must be submitted to the WHO by March 14, 2022.
- Selected grantees will receive up to USD 800 by 31 March 2022

More information about World Hearing Day can be found at <https://www.who.int/campaigns/world-hearing-day/2022>. We hope you will be able to join us in celebrating the 2022 World Hearing Day!

## 4. International Conference in India on Disability Certification of Persons with Hearing and Speech Impairments, August 2022

For details contact: E: ialpaudcon@gmail.com or visit: [www.aiishmysore.in](http://www.aiishmysore.in)

## 5. 32<sup>nd</sup> World Congress of the IALP, 20-24<sup>th</sup> August 2023, Auckland, New Zealand



Kia ora / Hello,

The IALP 2023 Congress Organizing Committee look forward to welcoming you all to New Zealand in August 2023. We promise to bring you an invigorating, warm and engaging congress. As the Co-Chair of the Congress Organizing Committee, together with Karen Puller, we can't wait to meet with you all in Auckland, New Zealand. This Congress committee has been formed via a collaboration between two New Zealand Associations – The New Zealand Speech-language Therapists' Association and the New Zealand Audiological Society. We have been working together to bring this Congress to you all for over 7 years.

We know you will enjoy our keynote presentations from Dr Georgie Malandraki, Professor De Wet Swanepoel and Professor Gail Gillon. Please visit the website for more information about our great keynote speakers and sign up to receive regular Congress updates - <http://ialpauckland2023.org/>.

I wish to introduce you all to myself and Karen Puller, the two Congress Chairs:

Philippa Friary is the Director of Clinical Education for the Speech Science programme at The University of Auckland, New Zealand. Philippa has research and teaching interests in interprofessional education and collaborative practice, clinical education, and professional supervision. Currently this involves; large scale projects with local hospitals, interprofessional student clinics and simulation, and co-design of projects with clients and students.



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Philippa stood down from the role of President of the New Zealand Speech-Language Therapists' Association in 2018. Prior to this role she held the Professional Development Portfolio for three years. These portfolios have given her the opportunity to facilitate national conferences and symposiums with international keynotes, set up e-learning opportunities for members and create a network of Expert Advisors across New Zealand. In addition to these roles, she is the facilitator for the Aotearoa Interprofessional Education Network (ICAN) which launched in August 2013.

Karen Pullar is a clinical audiologist in private practice who specialises in aural rehabilitation with adults, and with children with Auditory Processing Disorder (APD). She has worked clinically in both the public and the private sector in New Zealand, Australia, Denmark, France, United States of America, and the United Kingdom, since 1981. As well as her extensive clinical experience, Karen has held several audiology, marketing, and management positions with Oticon developing a broad international commercial acumen. Karen uses her extensive knowledge, experience, and passion for audiology to make a positive difference to the New Zealand Audiological Society (NZAS): Executive Council 1990-2 and 2015-9 including terms as Secretary/Treasurer (1991-2), and President (2016-7); examiner; member of the Standards, PAR and Conference Committees. Karen has been active in other professional and community organisations including Chairperson of the Hearing Instrument and Manufactures Distributors Association (HIMADA); and Secretary of the Oticon Foundation in New Zealand.

Mā te wā / See you soon.

Philippa Friary

## ***RESEARCHING WITH MĀORI AND PACIFIC COMMUNITIES IN AOTEAROA AND THE PACIFIC REGION (WEBINAR FROM INTERNATIONAL DAY OF THE WORLD'S INDIGENOUS PEOPLES)***

**Eisdell Moore Centre for Hearing and Balance Research (EMC): Alehandrea Manuel, Dr Elizabeth Holt, Professor Suzanne Purdy**



Elizabeth Holt



Suzanne Purdy



Alehandrea Manuel

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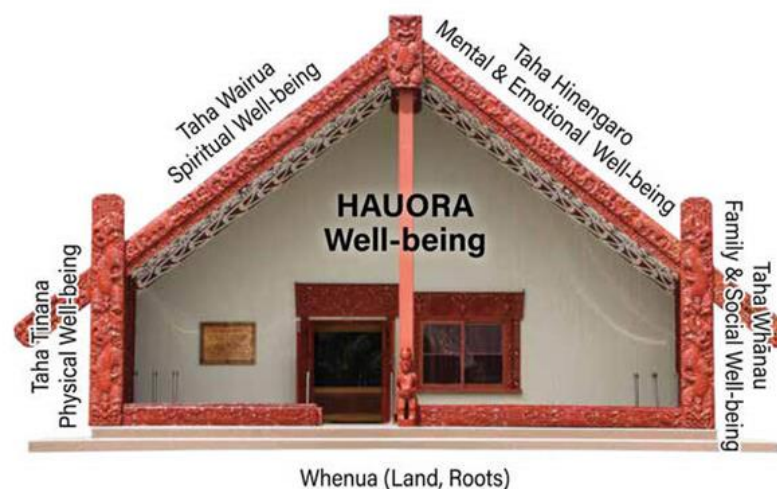


The University of Auckland in New Zealand

Link to the webinar:

<https://macquarie.zoom.us/rec/play/FHw8VzAi8aNAAe53vbT7TUI4iOBuTXIXwsGIRqzzKDdo47awpKTTsBFnYlKpvqmONGEOk6SOAUmXrYyq.xIFmbZYKASvZdV0>

The EMC seeks to reduce the impact of hearing and balance disability in Aotearoa New Zealand and the Pacific region through responsive and culturally safe research and the promotion of quality and equitable healthcare. In this webinar, EMC researchers Alehandrea Manuel (Māori Research Co-ordinator), Dr Elizabeth Holt (Pacific Research Advisor) and Professor Suzanne Purdy (Deputy Co-director of the EMC) discussed research that they and others in New Zealand are undertaking to reduce inequities in ear and hearing healthcare with Māori and Pacific communities across the life course.



Māori Health Model: Te Whare Tapa Whā, developed by Mason Durie.

The health and well-being worldviews of Māori and Pacific peoples are holistic, encompassing spiritual, physical, mental/emotional, and family/social wellbeing dimensions, all firmly connected to the whenua (land, roots). Te Whare Tapa Whā model[1,2] (Māori Health Model)(pictured) and the Fonofale model[3] (Pan-Pacific model of health) illustrate the key dimensions and aspects identified by Māori and Pacific peoples as fundamental for health and wellbeing. The development of health services and training of researchers and health care professionals, including hearing health professionals, must recognise the importance of holistic health beliefs among these communities.

Through a population-health lens, structural and ecological factors such as racism, privilege and colonisation also impact Indigenous peoples health and well-being as illustrated in several determinants of health models such as the Fonofale model, 'Te Kupenga Hauora Māori' modified William's model of health [4,5] and the Meihana model [6,7]. With this, it is imperative that researchers and health care professionals understand privilege and power dynamics. Furthermore, an understanding of the ethnic determinants of health based within a rights-based approach is essential to engage in critical consciousness and culturally safe care. [8,9]

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Research conducted with Māori communities, whānau and peoples is grounded in Kaupapa Māori Theory and Methodology. Kaupapa Māori approach legitimises Māori ways of knowing and being. Pacific research methodologies are based on similar principles of legitimate Pacific worldviews being recognised and respected. Research conducted with Māori and Pacific communities is transformational. It ensures that data analysis and interpretation do not victim-blame/deficit theorise and allow for self-determination and community governance over research, legitimising their ways of knowing, what is being researched, by whom and the way the research is conducted.

The EMC, a national centre for hearing and balance research, is involved in hearing health research that is broad and diverse. Regarding Māori and Pacific research, we are currently engaged to ensure that Māori and Pacific peoples rights to health are upheld. We are involved in a range of projects that encompass a rights-based approach to health, including decolonising health research, hearing service development in Pacific Island countries, models of care grounded in health equity principles and cultural safety training for researchers. It is with this and more, that we hope to achieve equity in ear and hearing health with Māori and Pacific communities across generations, across the life course.

#### References:

1. Purdy SC. Communication research in the context of te whare tapa whā model of health. *Int J Speech Lang Pathol*. 2020;22(3):281-289.
2. Durie, M. (1994). *Whaiaora-Māori health development*. Auckland, NZ: Oxford University Press.
3. Suaalii-Sauni T, Wheeler A, Saafi E, et al. Exploration of Pacific perspectives of Pacific models of mental health service delivery in New Zealand. *Pac Health Dialog*. 2009;15(1):18-27. <http://www.ncbi.nlm.nih.gov/pubmed/19585731>.
4. Williams, D.R. and Mohammed, S.A. Racism and health I: Pathways and scientific evidence. 2013;*American behavioral scientist*;57(8):1152-1173.
5. Williams, D.R. and Mohammed, S.A. Racism and health II: a needed research agenda for effective interventions. 2013;*American behavioral scientist*;57(8):1200-1226.
6. Al-Busaidi, I., Huria, T., Pitama, S. and Lacey, C. Māori Indigenous Health Framework in action: addressing ethnic disparities in healthcare. 2018;*NZ Med J*;131(1470):.89-93.
7. Pitama, S., Robertson, P., Cram, F., Gillies, M., Huria, T. and Dallas-Katoa, W. Meihana Model: A Clinical Assessment Framework. 2007; *New Zealand Journal of Psychology*, 36(3).
8. Papps, E. and Ramsden, I. Cultural safety in nursing: The New Zealand experience. 1996;*International Journal for Quality in Health Care*;8(5):491-497.
9. Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.J. and Reid, P. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. 2019;*International Journal for Equity in Health*;18(1):1-17.

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