

# Sounding Board

SEPTEMBER 2023

**ETHICAL ONLINE  
BEHAVIOUR**

**HAASA 2023 CPED  
DAY**

**CAN AGE-  
RELATED  
HEARING LOSS  
BE PREVENTED  
OR CURED WITH  
DIET?**

**Hearing Services  
Program News**

*Hearing Loss  
Increases Severity  
Risks for People  
with Medical  
Conditions*

**HBA UPDATE**

**Ethics Report:  
Providing 'Quotes'  
For Hearing Aids**

**Noise and Health**

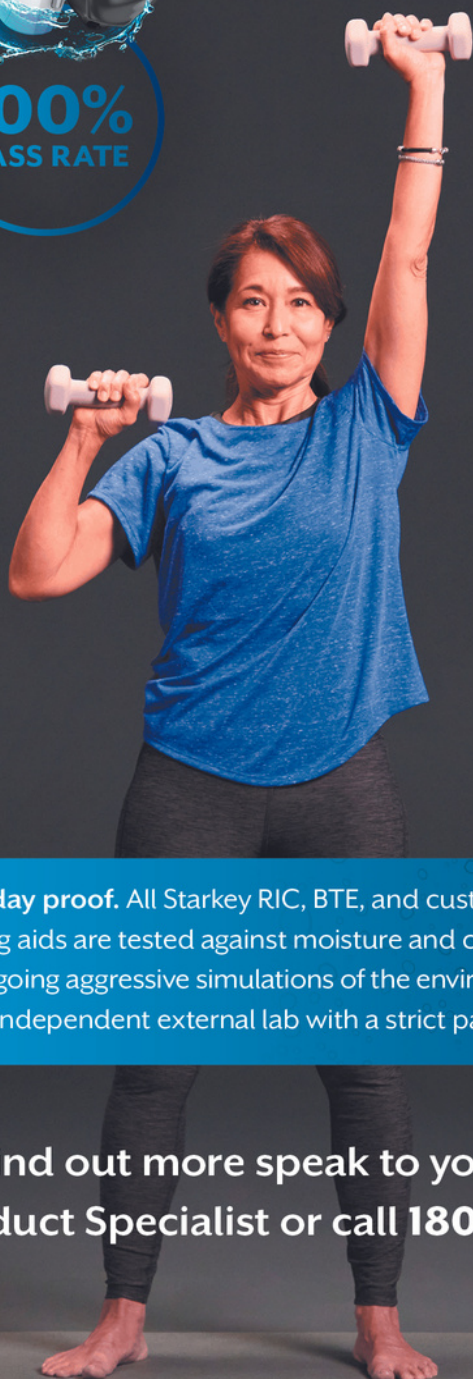
**THE OFFICIAL MAGAZINE OF THE HEARING AID  
AUDIOLOGY SOCIETY OF AUSTRALIA LTD  
ABN 67 626 701 559**

*www.haasa.org.au*

evol<sup>v</sup>AI

# IP68 is great. But we make it better.

Helping people do what they want, and live how they want.

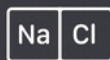


## Safety x3

We created a suite of real-life test scenarios to ensure quality and protection on our Evolv AI hearing aids, tests that go over and above the standard IP68 test standard.



Humidity Test



Salt Mist Test



Rain Spray Test



Scan to  
learn more

## 3-pronged approach to protection

Device Nanocoating

Electrical Component Coating



Robust Interfaces

**Everyday proof.** All Starkey RIC, BTE, and custom Evolv AI hearing aids are tested against moisture and corrosion by undergoing aggressive simulations of the environment and certified by an independent external lab with a strict pass rate of 100%.

To find out more speak to your local  
Product Specialist or call 1800 024 985



# Inside this issue

**04**

BOARD REPORT

**06**

HEARING SERVICES  
PROGRAM NEWS

**08**

HEARING LOSS INCREASES  
SEVERITY RISKS FOR PEOPLE  
WITH MEDICAL CONDITIONS

**11**

ETHICAL ONLINE  
BEHAVIOUR

**14**

CAN AGE-RELATED HEARING  
LOSS BE PREVENTED OR  
CURED WITH DIET?

**17**

HAASA CPED DAY  
MELBOURNE 2023

**18**

HBA UPDATE

**21**

ETHICS REPORT: PROVIDING  
'QUOTES' FOR HEARING AIDS

**24**

NOISE AND HEALTH

**27**

CROSSWORD

**28**

MAGAZINE INFORMATION



# Board Report

Dear Members,

Welcome to the September edition of Sounding Board! We hope you all had a wonderful day celebrating your fathers, stepfathers, grandfathers, and cherished father figures earlier this month!

We are currently looking forward to the HAASA Melbourne CPED Day 17 November 2023! This year the Pan Pacific is playing host making it the perfect opportunity to start the new CPED cycle strong and rediscover vibrant Melbourne. We have some engaging speakers lined up for you including NAL's Brent Edwards and the lovely Jan Pollard who was a standout at this year's conference. Registrations close 30 October 2023 so be sure to secure your spot now!

Your directors have been busy with continued representation in various industry groups including Helen King's work with the Hearing Health Sector Alliance, Glen Carter and Tim Manski's combined work with the Systematically and Together Overcoming Racism Model (SToRM), as well as Glen Carter and Lyndon Williams' work with the Hearing Services Program Business Reference Group and Practitioner Professional Body meetings.

Kerrie Gibson has continued her work with the Ethics Review Committee of which, we are proud to confirm we are now officially members. You'll also notice two interesting articles within this issue from the ERC's Ethics Officer, Dr Sandra South.

Matthew Virgen has continued his work with our Competency Examinations. We've seen three of our associate's successfully complete examinations in the last few months. We've also adopted a new model for remote and regional supervision which will help to support new audiometrists entering the industry, better align with the current landscape of the industry and assist in increasing the presence of quality hearing care in our regional communities.

Many membership renewals are now complete with only a few outstanding. For anyone completing work under the Hearing Services Program, please ensure you have paid your membership invoice by COB 27 September 2023 as we will be updating HSP at the end of the

# Board Report

month. If you haven't yet completed your renewal or are unsure, please contact us via email at [haasa@haasa.org.au](mailto:haasa@haasa.org.au) or by phone on 0401 517 952.

Lastly, we'd like to sincerely thank Donna Blayney for her hard work over the past few months as our Executive Board Administration Officer and offer a warm welcome to Jacqui Peters as she returns to office this week.

Your Directors,

*Kerrie, Helen, Glen, Lyndon, Tim & Matthew*

# HEARING SERVICES PROGRAM NEWS

## **Top 10 Things To Know About a Hearing Services Program QP number**

1. A qualified practitioner, also known as a QP, is a practitioner in an approved membership category of a recognised practitioner professional body (PPB). QPs must also hold a QP number issued by the program.
2. Information about who can have an active QP number and approved membership categories is available on the program website - <https://www.health.gov.au/our-work/hearing-services-program/providing-services/practitioner-requirements>.
3. Providers are responsible for ensuring the practitioners delivering services to program clients have an active QP number and are always in an approved membership category of a PPB.
4. You only need one QP number for use at every contracted service provider and site you deliver services to program clients.
5. QP numbers must not be issued to students or provisional practitioners.
6. Before requesting a QP number, providers should ensure that the practitioner does not already have one. Contact the program via [hearing@health.gov.au](mailto:hearing@health.gov.au) before issuing a new QP number if you think you may already have one.
7. Each time a QP starts working for a provider, the provider must link the QP number to their business in the hearing services online portal.
8. To ensure your QP is not being used incorrectly, if leaving a business or ceasing to see program clients, check with your provider that they have unlinked your QP number from their business in the portal.
9. A Quick Reference Guide on how to request a QP number or how to link/unlink QP numbers to providers is available - <https://www.health.gov.au/sites/default/files/2023-04/hearing-services-program-portal-user-guide-manage-practitioners.pdf>.
10. The program does routine audits of QP qualifications and PPB membership.

## **Hearing Services Program Website**

The Hearing Services Program website has a new home at [health.gov.au/our-work/hearing-services-program](https://health.gov.au/our-work/hearing-services-program). The new website sits under the Department of Health and Aged care website and contains updated content, information and resources. The layout has changed so information will be easier to find and simpler to understand.

Some important updates include:

- a new client information booklet for the public
- a new provider handbook which contains many of our factsheets
- updated portal users guides
- contracted Service Provider Notices (CSPNs) are now found under latest news and provider notices

Our old website [hearingservices.gov.au](https://hearingservices.gov.au) is still available as the entryway to the Hearing Services Online Portal but won't contain any of our other content. Anyone who visits the old website will find a link on the homepage that will take them to the new website. Please update any links you may have on your own websites or resources so that they direct to our new website. Visit [health.gov.au/our-work/hearing-services-program](https://health.gov.au/our-work/hearing-services-program) for more information.

## **Hearing Health Awareness and Prevention Campaign**

The Department of Health and Aged Care has launched a Hearing Health Awareness and Prevention Campaign to increase awareness of the importance of hearing health.

The aim of this evidence-based campaign is to encourage Australians with untreated or developing hearing loss (aged 50 - 70 years) to proactively manage their hearing health.

While older Australians are the primary target audience, hearing health can impact people of all ages, so campaign activities and resources have also been developed to provide information to First Nations people, culturally and linguistically diverse communities, people who experience occupational hearing loss and youth.

For information about the campaign—including access to campaign videos and resources that you may choose to share with your networks—visit [health.gov.au/hearing](https://health.gov.au/hearing).

# Hearing Loss Increases Severity Risks for People with Medical Conditions

**Karl Strom** | Editor in Chief of Hearing Tracker

A new study in 'The Lancet' shows that hearing loss is associated with a significantly greater risk for increases in hospitalization rates, long-term care placement, emergency visits, adverse drug events, and falls.

A recent population-based [study](#) conducted by scientists in Alberta, Canada, and published online in The Lancet shows that hearing loss is often accompanied by substantial [comorbidity](#)—which is the presence of two or more medical conditions—and is also associated with significantly greater risk for increases in hospitalization rates, long-term care placement, emergency visits, adverse drug events, and falls.

The researchers believe the high health burden warrants increased and better-coordinated investment to improve the care of people with hearing loss. The paper, titled "[Associations between hearing loss and clinical outcomes: Population-based cohort study](#)," appears in the June 29, 2023 eClinicalMedicine edition of The Lancet, and its authors are affiliated with the University of Alberta, University of Calgary, and Alberta Health Services in Calgary.

People with hearing loss are at greater risk for poorer treatment success.

Aiming to explore the links between hearing loss and various clinical outcomes, the Canadian research team conducted a retrospective analysis of over 4.7 million adults residing in Alberta between April 2004 and March 2019. Among this population, 152,766 individuals (3.2%) were identified as having hearing loss.

The study revealed that people with hearing loss experienced higher rates of adverse clinical outcomes than those without, including increased days spent in the hospital, higher rates of falls, adverse drug events, and emergency visits.

Furthermore, individuals with hearing loss had a higher risk of:

- Mortality
- Myocardial infarction
- Stroke/transient ischemic attack,
- Depression,
- Heart failure,
- Dementia,
- Pressure ulcers, and
- Placement in long-term care facilities.

In Canada alone, the study suggests that 15,631 individuals with hearing loss required new long-term care placement annually, of which 1023 were attributable to hearing loss. "Corresponding estimates for new dementia were 14,959 and 4350, and for [stroke or transient ischemic attack] the estimates were 11,582 and 2242," write the authors.

The findings show higher rates of comorbidity among individuals with hearing loss and an increased risk of adverse health outcomes. This increased risk might be exacerbated by communication barriers between health professionals and patients. For example, the increased risk of long-term care placement may suggest that more support for people with hearing impairment is needed to help them remain independent.





*A retrospective analysis of over 4.7 million adults residing in Alberta indicates that hearing loss is associated with numerous health conditions and poorer clinical outcomes.*

“ Why would HL be associated with excess risk? For outcomes such as adverse drug events, hospitalization and preventable emergency visits, we speculate that communication barriers between health professionals and patients are responsible. The independently increased risk of [long-term care placement] warrants further investigation, since it might suggest that additional supports are required for people with HL to continue living independently despite their disability. The excess risk of falls may be due to increased cognitive load, reduced environmental awareness, or perhaps concomitant proprioceptive/vestibular dysfunction.”

”

Whatever the reasons, the associations between hearing loss and cardiovascular problems, hospitalization, long-term care placement, emergency visits, adverse drug events, and falls underscore the need for improved care and intervention strategies. The authors advocate for increased research, investment, and coordinated efforts to improve the care and outcomes for people with hearing loss. By addressing the high comorbidity burden and implementing preventive measures, it may be possible to enhance the quality of life for individuals with hearing loss via new strategies for prevention, improved treatment, and rehabilitation.

Funding for the study was supported by the Canadian Institutes of Health Research; David Freeze chair in health services research.

Original paper citation: Tonelli M, Marcello T, Wiebe N, Lunney M, Donald M, Howarth T, Evans J, Klarenbach SW, Nicholas D, Boulton T, Thompson S, Schick Makaroff K, Manns B, Hemmelgarn B. Associations between hearing loss and clinical outcomes: Population-based cohort study. *The Lancet eClinicalMedicine*. 2023; 61, 102068.

DOI:<https://doi.org/10.1016/j.eclinm.2023.102068>

Anatomy of the ear



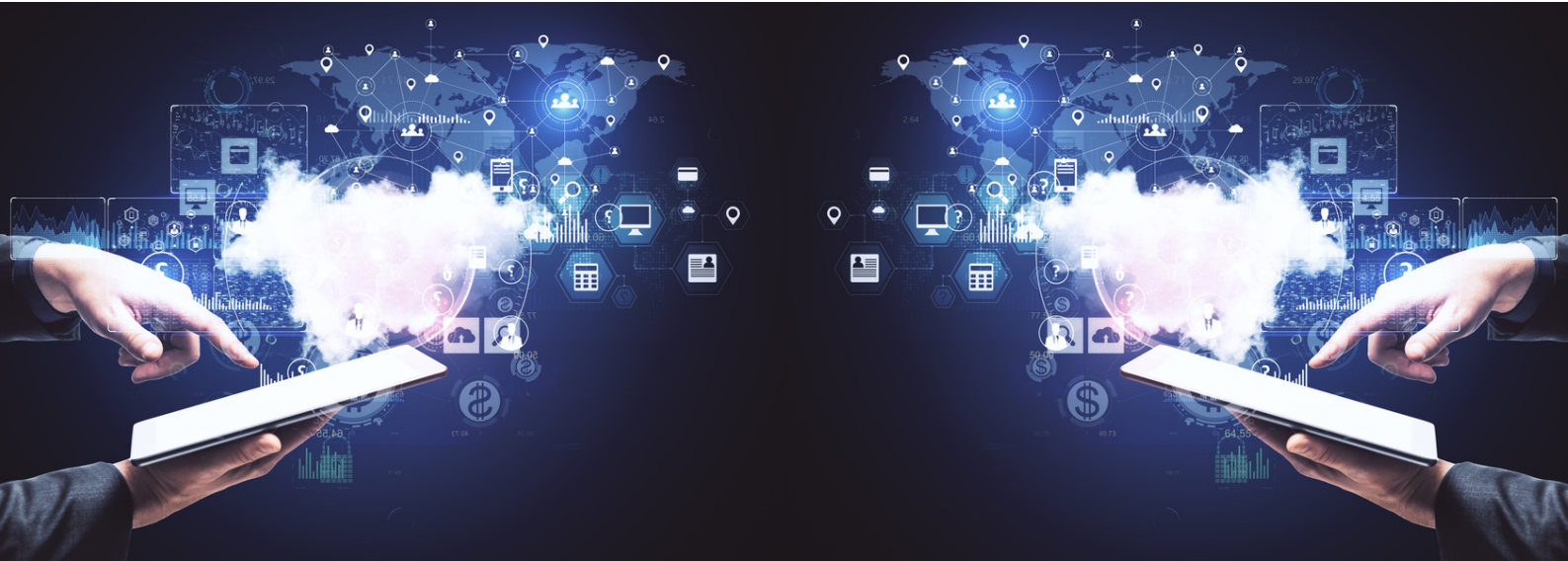
# Hear the conversation.

Discover Phonak Lumity, our broadest hearing solutions portfolio that features cutting-edge SmartSpeech™ Technology for improved speech understanding.

Conversations shine for everyone with Lumity.

[phonak.com](https://phonak.com)





# Ethical Online Behaviour

A recurring theme in calls to the Ethics Officer by hearing service practitioners (audiologists and audiometrists) are concerns regarding the conduct of other hearing service practitioners online.

A common theme we hear is that audiologists make statements on public or closed-group online web pages stating that audiometrists are not qualified, or as qualified as audiologists, to provide hearing services to adults.

Other online behaviours raised as concerning are when hearing service practitioners publish statements suggesting that other clinics and/or practitioners provide sub-standard, or even unethical, hearing services.

**The broader reputational damage to the profession is real.**

Clients who have not seen an audiologist or audiometrist before call the Ethics Officer to discuss their fears that:

- “all hearing service practitioners are unethical cowboys”,
- “anyone can call themselves an audiologist or audiometrist – even if they have no qualifications!”,

- “there is no regulation of the profession”, and therefore
- anyone can therefore provide hearing services, including under the Hearing Services Program with no qualification requirements or repercussions for unethical conduct.

But these fears are not based on the clients’ own experience, or even that of other clients. Often clients fears regarding whether or not audiologists and audiometrists are ethical health service practitioners are based on statements published by audiologists and audiometrists themselves.

***It is a breach of the Code of Conduct to disparage hearing service practitioners and the professions more broadly***

Standard 7 of the Code of Conduct for audiologists and audiometrists states that 'Members must behave professionally and ethically when interacting in a professional capacity'. This includes the specific requirements:

*7.1 Members must behave professionally and ethically when interacting in a professional capacity and when making public statements, for example posts on social media. This includes, but is not limited to:*

*a. Not bullying, defaming, disparaging or harassing clients, employees, colleagues, professional body employees or other healthcare workers.*

*b. Not making comments or behaving in a manner that is likely to detrimentally affect the reputation of the profession, the professional body(ies), other members or other health care workers. This requirement does not preclude members from making complaints or providing feedback on other individuals' and bodies' conduct via appropriate channels (e.g. via direct and private communications with the professional bodies, to other health complaints entities, in response to government inquiries, or to the Ethics Review Committee).*

*7.5 Members shall not engage in dishonesty, misrepresentation or any form of conduct that adversely reflects on their profession or other members' suitability to provide hearing services.*

**You are able to make an anonymous complaint regarding concerns about online conduct**

Often, hearing service practitioners who have concerns about the conduct of other practitioners online describe that they do not want to further inflame the situation and/or damage their relationship with the other practitioner by making a complaint.

**Complaints about conduct that is publicly available or to a wide group of people, for**

**example statements made online in public or group chats, can be made to the Ethics Officer and Ethics Review Committees anonymously.**

Often, the Ethics Officer and Ethics Review Committees are unable to accept anonymous complaints since they are about an interaction between two people (e.g. between a client and member, or between two professionals). This is because the respondent (i.e. the person the complaint is about) needs to know the details of the complaint in order to be able to respond.

However, in the case of statements made online we can often accept anonymous complaints, as long as the online conduct has been documented and the member's name is clearly visible (e.g. via a screenshot).

If you are unsure about if online conduct is unethical, or whether you want to make a complaint, you are also able to call the Ethics Officer anonymously on (03) 9940 3911.

## 2022-2023 ETHICS REVIEW COMMITTEES ANNUAL REPORT

This report provides an overview of key activities of the Ethics Review Committees (ERCs) during the 2022-2023 financial year.

In order to increase the consistency of the management and investigation of breaches of the Code of Conduct and the provision of ethical and professional guidance, Audiology Australia (AudA), the Australian College of Audiology (ACAud) and the Hearing Aid Audiology Society of Australia (HAASA) have agreed to each implement identical Complaints Management and Resolution Procedures.

The Ethics Review Committees (ERCs) operate according to the relevant Complaints Management and Resolution Procedure and related policies and guidelines. The Code of Conduct for audiologists and audiometrists sets the professional and ethical standards that members must meet.

The ERCs promote ethical and professional hearing services through ensuring the Complaints Management and Resolution Procedure and related policies and procedures are adhered to in the handling of complaints.

The Ethics Officer provides information and guidance to hearing professionals (audiologists and audiometrists) and members of the public. When needed, the Ethics Officer seeks input from the ERCs when providing information and guidance.

Wherever possible, the Ethics Officer handles complaints informally through dialogue between the complainant, respondent and any other involved parties, with input from the ERCs when needed. However, it may be necessary for an ERC to proceed with mediation or a formal investigation and hearing according to the relevant professional body's Complaints Management and Resolution Procedure. The AudA, ACAud or HAASA ERC may then make recommendations to the relevant Board regarding any appropriate sanctions.

### ***Matters handled by the Ethics Officer and ERCs***

In the 2022-2023 financial year, the Ethics Officer and ERCs have handled the following matters:

- 14 complaints were received, of these:
  - Two were closed following informal resolution between complainant and respondent facilitated by the Ethics Officer and in consultation with the ERC, when appropriate.
  - 12 matters remained open on 30 June 2022.
- One complaint received in the 2021-22 financial year was closed following informal resolution between complainant and respondent facilitated by the Ethics Officer.
- 42 requests for information were received and responded to by the Ethics Officer after consultation the ERCs, when needed.

- In one matter, the Ethics Officer connected the complainants with a consumer advocates to support them in seeking a solution to their hearing needs and concerns.

No matters in the 2022-2023 financial year were forwarded for mediation or a formal investigation and hearing.

The Ethics Officer and ERC continues to work with other relevant entities, including the Hearing Services Program and the State and

Territory health complaints commissioners and ombudsmen.

### ***Integration of HAASA into the Ethics Support and Complaints Resolution processes***

The Hearing Aid Audiology Society of Australia (HAASA) joined the joint agreement between the professional bodies regarding ethics support and complaint resolution processes on 1 March 2023.



# CAN AGE-RELATED HEARING LOSS BE PREVENTED OR CURED WITH DIET?

by Ear Science Institute Australia

Age-related hearing loss (ARHL), also referred to as presbycusis, is a prevalent condition that significantly impacts individuals as they grow older. With hearing loss being the third most common disability, following arthritis, this highlights the importance of understanding its impact and developing effective prevention strategies (GBD 2019 Hearing Loss Collaborators, 2021). Preventing age-related hearing loss is a challenging endeavour due to the multitude of unknown causes and factors involved.

One crucial aspect of an

individual's hearing loss due to ageing is their genetic predisposition and history of harmful auditory exposures throughout their lifespan. Therefore, the primary approach to preventing ARHL lies in minimising ototraumatic exposures throughout an individual's life (Bielefeld et al. 2010). Ototraumatic exposures include overexposure to loud noise and sounds, exposure to chemicals that damage the inner ear, and physical trauma such as blasts or blows to the head.

Given the impact of age-related hearing loss on quality

of life and overall well-being, it is imperative to prioritise research efforts to better understand the condition and develop effective preventive measures. By gaining a deeper understanding of the underlying causes and risk factors, implementing targeted interventions and education programs to mitigate the progression of age-related hearing loss is much more achievable. Two of the more promising prospects are the use of stem cells to regrow the hair cells in the inner ear, and working with the genetics of conditions like Usher syndrome to prevent the death of hair



cells with Usher gene therapy.

However, in this article, we will consider the role of nutrition and diet in hearing health.

**Nutrition as a Prevention Tool for Age-Related Hearing Loss**

Background noise poses a significant challenge for individuals with hearing loss. Noise reduction technologies address this challenge by employing advanced algorithms and processing techniques to identify and suppress unwanted noise. These technologies improve speech intelligibility by reducing the interference of background noise, leading to enhanced listening comfort and reduced fatigue in noisy environments. Moreover, noise reduction technologies contribute to increased clarity of speech signals, making conversations easier to follow and improving the overall sound quality for users (Wu et al. 2021).

Proper nutrition plays a crucial role in healthy ageing and can be the easiest and most effective preventive measure to maintain good overall health. Some research on several key nutritional elements has shown promising results in preserving hearing health.

Antioxidants have been extensively studied for their protective effects against age-related hearing loss. These compounds, including vitamins A, C, and E, help combat oxidative stress, a key contributor to hearing deterioration. By neutralising harmful free radicals, antioxidants can reduce cellular damage in the auditory system and potentially slow down the progression of age-related hearing loss (Bielefeld et al. 2010). More recently, a large study also showed that Vitamin D may help to prevent age-related hearing loss (Bigman, 2022).

Omega-3 fatty acids and fish oil have also garnered

attention for their potential benefits in hearing health. A 2010 study by Gopinath et al. (2010) suggests that regular consumption of omega-3 fatty acids and fish is associated with a reduced risk of age-related hearing loss. These essential fatty acids possess anti-inflammatory properties and support overall vascular health, which can positively impact the auditory system.

The gut microbiome (the bacteria in our gut) and its relation to hearing is an exciting area of research (Denton et al. 2022). Our gastrointestinal tract is responsible for many things, including fueling our body using the nutrients that we ingest and protecting us from dangerous organisms. When the normal status is disrupted, with short or long-term problems e.g. celiac disease, or irritable bowel syndrome, then the human body may be prone to inflammation, which can have implications for the rest of the body, including hearing. However, in this article, we will consider the role of nutrition and diet in hearing health.

At Ear Science, we are using the rich dataset of the Busselton Healthy Ageing Study to examine the link between diet and hearing. Under investigation will be whether adherence to a Mediterranean diet, or to the Australian dietary guidelines, is associated with ear and hearing health.

## In Summary

While hearing loss due to old age can be challenging to prevent, much research has been done to offer valuable insights into potential preventive strategies. Nutrition, including antioxidants, omega-3 fatty acids, and having a healthy microbiome emerge as promising avenues for prevention.

However, paying attention to our diet may be more appropriate, as having a healthy diet is likely to be more effective for maintaining good overall health than a regime of supplements (National Institutes for Health. 2013).

Much more research is required. By prioritising research and implementing preventive measures, we can strive to mitigate the impact of age-related hearing loss, promoting better hearing health and quality of life for individuals as they age.



## References

- Burden of Disease Study 2019. *Lancet*. 397(10278):996-1009; 2021. doi: 10.1016/S0140-6736(21)00516-X.
- Gopinath B, Flood VM, Rochtchina E, McMahaon CM, Mitchell P. Consumption of omega-3 fatty acids and fish and risk of age-related hearing loss. *The American Journal of Clinical Nutrition*. 92(2):416-421; 2010. DOI. doi.org/10.3945/ajcn.2010.29370
- National Institutes of Health. Should You Take Dietary Supplements? A Look at Vitamins, Minerals, Botanicals and More. August 2013. <https://newsinhealth.nih.gov/2013/08/should-you-take-dietary-supplements>
- Seidman MD, Ahmad N, Joshi D, Seidman J, Thawani S, Quirk WS. Age-related hearing loss and its association with reactive oxygen species and mitochondrial DNA damage. *Acta Otolaryngol Suppl*. 552:16-24; 2004. DOI. 10.1080/03655230410017823.
- Bielefeld EC, Tanaka C, Chen GD, Henderson D. Age-related hearing loss: is it a preventable condition? *Hear Res*. 264(1-2):98-107; 2010. DOI. 10.1016/j.heares.2009.09.001
- Bigman G. Deficiency in vitamin D is associated with bilateral hearing impairment and bilateral sensorineural hearing loss in older adults. *Nutrition Research*. 105:1-10; 2022. DOI: 10.1016/j.nutres.2022.05.008
- Denton AJ, Godur DA, Mittal J, Bencie NB, Mittal R, Eshraghi AA. Recent Advancements in Understanding the Gut Microbiome and the Inner Ear Axis. *Otolaryngologic Clinics of North America*. 55(5):1125-1137; 2022. DOI: 10.1016/j.otc.2022.07.002
- GBD 2019 Hearing Loss Collaborators. Hearing loss prevalence and years lived with disability, 1990-2019: findings from the Global





# HAASA CPED DAY MELBOURNE 2023



**MEMBERS: \$95**  
**NON-MEMBERS: \$115**

**13 HAASA CPED POINTS (INC. AGM)**

**REGISTRATIONS CLOSE 30 OCT 2023**

**17**

**NOV 2023**

**8AM-5PM**

**Pan Pacific Melbourne**  
**2 Convention Centre Pl**  
**South Wharf VIC 3006**

**REGISTER NOW**

**unitron** Love the experience



**PHONAK**  
life is on

**oticon**  
life-changing technology

# REPRESENTING SMALL BUSINESS IN THE HEARING HEALTH SECTOR

The Hearing Business Alliance (HBA) was a member of the Committee for the Roadmap for Hearing Health, convened by Minister Ken Wyatt. In 2019, the Council of Australian Governments endorsed this 'Roadmap' to improve the lives of the millions of Australians living with hearing loss and ear health conditions. The 'Roadmap' contains more than 140

recommendations. Government can't work with 140 recommendations- it needs these prioritised and it's crucial the hearing health sector is part of the decision-making and is there to lobby for allocation of adequate resources and funding.

Mindful of this, in May 2019 representatives of 8 national organisations met in Canberra to discuss the formation of a Hearing Health Sector Alliance, to drive the Roadmap for Hearing Health, and to be a unified body Government could approach and consult. It was decided that the HHSA would include membership across the four constituencies of Consumers, Professionals, Research, and Industry. HBA is proud to be the representative for small-medium independent businesses within the HHSA and I was honoured to have been



*First HHSA Meeting, May 2019*

Hearing Health Sector Alliance			
Consumers	Professionals	Researchers	Industry
<ul style="list-style-type: none"> <li>• Deafness Forum*</li> <li>• First Voice*</li> <li>• Soundfair</li> </ul>	<ul style="list-style-type: none"> <li>• Audiology Australia*</li> <li>• Australian College of Audiology*</li> <li>• Australasian Society of Otolaryngology Head and Neck Surgeons</li> <li>• Hearing Aid Audiology Society of Australia</li> <li>• Indigenous Allied Health Australia</li> <li>• Speech Pathology Australia</li> </ul>	<ul style="list-style-type: none"> <li>• Ear Science Institute Australia*</li> <li>• National Acoustic Laboratory*</li> <li>• Macquarie University</li> <li>• University of Melbourne</li> <li>• University of Queensland</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Business Alliance*</li> <li>• Hearing Care Industry Australia*</li> <li>• Hearing Aid Manufacturer and Distributor Association of Australia</li> </ul>

\*Denotes Executive Members

Current member organisations of the HHSA

appointed the Chair of the HHSA, as of 1 July 2023.

The initial HHSA photo, taken with the Parliament House backdrop represents where we saw the Alliance’s potential- dark storm clouds behind, and a bright future ahead- hence all the squinting!

Today, the HHSA is comprised of 17 national organisations within the 4 constituencies.

The HHSA has been successful in prioritising certain recommendations of the Roadmap for Hearing Health, resulting in securing Government funding for those initiatives. The HHSA has worked together

towards condensing the 140+ Roadmap recommendations into a 1-page table that Government could use as a blue-print of priorities.

The Department of Health has recognised the value of working with the HHSA, and in the 2020 Regulation Impact Study, ‘Ensuring a Sustainable Hearing Services Program’, pg 30, said “It is important to note that the Hearing Services Program has an extensive interaction with many of the key bodies in the hearing sector. The Hearing Health Sector Alliance (HHSA) is the main peak body for the sector. Regular engagement occurs between the Hearing Health Sector Alliance and the Department of Health. There has also

## HBA UPDATE



been extensive engagement with the Hearing Health Sector Alliance on work to progress key priorities from the Hearing Health Roadmap which are being funded by Government as part of the renewal of hearing services.”

It is beneficial that the Industry Constituency includes small business and big business providers, as well as device manufacturers and that we work cooperatively. I'm very happy that HBA was re-appointed as an Executive member. The 8 members of the Executive

attend additional meetings to facilitate the running of the HHSA.

Kate Carnell, the inaugural Small Business Ombudsman, has written “Small Business is the Engine Room of the Economy & the Heart of Our Community.” I think this is particularly true, as small businesses, especially those in rural areas, often deliver additional clinical services not offered by their larger counterparts. These include important services like paediatric & neonatal diagnostics, vestibular assessments, electrophysiological assessments, tinnitus counselling, wax management, and services within local hospitals, local Aboriginal and Torres Strait Islander organisations and local Residential Aged Care Facilities. It is important small business has a voice and I look forward to continuing to provide that voice for HBA members.



*Jane MacDonald*

Chief Executive Officer



---

# ***Providing 'Quotes' For Hearing Aids***

An ethical perspective

The Ethics Officer has had multiple contacts this year about audiologists and audiometrists refusing to provide 'quotes' to clients before they have chosen their provider and hearing device.

This reflects a notable change in the expectations of clients regarding written information about hearing aids, associated services, and costs. Clients are now aware that they have a right to ask for a quote that 'unbundles' the services offered and clearly outlines any government subsidy amount. In addition, they know they have a right to compare potential hearing services and related costs and get second opinions.

This shift in client expectations and behaviour may be due in part to the guidance on the HSP website on the page 'Hearing devices available under the Hearing Services Program' (1) together with the ACCC guidance 'Hearing aids and devices— information to help make an informed choice' (2); many clients reference these sources when raising their concerns with the Ethics Officer.

## ***Thinking Beyond Legal Compliance***

It seems not all practitioners are aware of their ethical obligations to provide 'unbundled' quotes. However, behaviour does seem to be improving in response to HSP and ACCC guidance including the 'HSP device quote template' (3).

Some audiologists and audiometrists have told the Ethics Officer and potential clients that they won't provide a quote for comparison purposes since they are only required to provide a quote under the HSP when the client has decided which provider they wish to see and which device they would like to purchase. In addition, some practitioners appear to believe that they only need to provide a quote for the chosen aid, not quotes for a range of devices that may meet the client's needs. Some have also said that they do not provide written price information because clients just want to use it to 'shop around'.

**This discussion about providing information regarding the costs of hearing services is fundamentally about ethics and promoting clients' rights to make informed decisions regarding their hearing health.**

The comments made by practitioners suggest that the ethical considerations are not well understood and that they consider the provision of quotes as only a matter of compliance with the requirements of a government program or contract law.

### ***Ethical Practice***

The Ethics Review Committees' Guidance 'Informed consent: More than just a signature on a piece of paper' (4) unpacks these ethical considerations. It states:

Audiologists have an obligation to:

- Provide information about the diagnosis or assessment of hearing loss
- Answer questions a client has in a format they will understand
- Provide information about all possible service (including device) options that might meet a client's needs, and the costs associated with each option
- Allow a client sufficient time to make a decision

A failure to do so may result in breaches of the Code of Conduct for audiologists and audiometrists, including Standard 4, *'Members must promote the client's right to participate in decisions that affect their hearing health'* and Standard 6d, *'When more than one hearing service option may meet the client's needs, members must provide information to the client about the costs of each hearing service option.'*

The HSP and ACCC also promote service and price comparisons by clients. The HSP guidance to clients states that "[clients] can also approach other providers for comparison quotes" (1). The ACCC guidance encourages clients to "Ask the clinician to discuss the range of hearing aids and devices available and what the different prices are." and "Ask for a quote, including the type and cost of any recommended hearing aid." (2).

Some practitioners said they cannot provide 'quotes' for each hearing aid and service option that may meet a client's needs, because their processes and/or software only allows them to raise a 'quote' in the context of a contractual agreement.

**In response to software limitations, other practitioners have developed information sheets that describe common product and service offerings, associated costs and any available subsidies, with additional space to explain which ones may suit an individual client's needs and why.**

Clients can take this information away, consider it in their own time and use it to compare information from other providers. Another query relates to the ethical considerations of clients asking for price information without an assessment. Providers may choose to have publicly available price information to assist clients in making informed choices. However, it is also reasonable to refuse to provide a 'quote' without an assessment if the provider considers an assessment is necessary to determine a client's hearing needs and the services that may meet these needs.

## References

(1) Department of Health and Aged Care, 4 May 2023. Hearing devices available under the Hearing Services Program. Australian Government. Available at: <https://www.health.gov.au/our-work/hearing-services-program/accessing/devices-available>, accessed 23 May 2023.

(2) Australian Competition & Consumer Commission, 2017. Hearing aids and devices – information to help make an informed choice. Available at: <https://www.accc.gov.au/about-us/publications/hearing-aids-and-devices-information-to-help-make-an-informed-choice>, accessed 23 May 2023.

(3) Department of Health and Aged Care, 26 April 2023. Hearing Services Program device quote template. Available at: <https://www.health.gov.au/resources/publications/hearing-services-program-device-quote-template?language=en>, accessed 23 May 2023.

(4) Ethics Review Committees, 1 May 2023. Informed consent: More than just a signature on a piece of paper. Available at: <https://auderc.org.au/guidance-for-practitioners/informed-consent-more-than-just-a-signature-on-a-piece-of-paper/>, accessed 23 May 2023.



TURN UP THE DIAL ON  
**hearing  
in style**

Welcome to the  
**Vivante™**  
experience

A Sonova brand  
© 2023 Sonova AG, or its affiliates.

### Introducing Moxi™ V-RS: a true style alternative

Moxi V-RS is a fusion of style and function for those who refuse to compromise on either. With a sleek, award-winning design, this addition to the Vivante™ family is uniquely contoured. It features individual left and right-side instruments designed for comfort and built specifically for each ear. It's time to help your clients amplify their style.



Learn more



1800 212 313  
[unitron.com/au](https://unitron.com/au)

**unitron™** Love the experience

# NOISE AND HEALTH

Noise pollution is more than a nuisance. It's a health risk.

by Stephanie Dutchen | [Harvard Medicine Magazine](#)

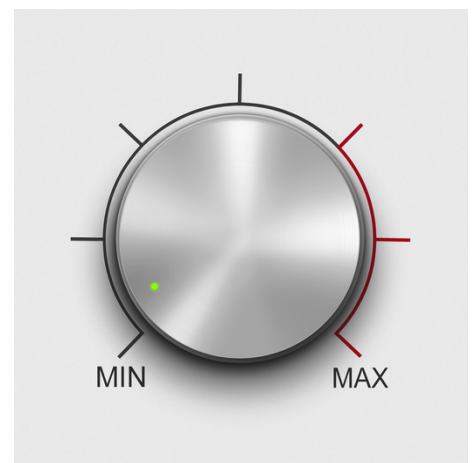
**Airplanes pierce the night. Leaf blowers interrupt fall mornings. Quiet gives way to air conditioners, pounding music, construction equipment, street traffic, barking dogs, sirens.**

For half a century, U.S. agencies such as the EPA have deemed noise pollution “a growing danger to the health and welfare of the Nation’s population.” The European Environmental Agency reports that noise ranks second only to air pollution as the environmental exposure most harmful to public health.

Yet, in sectors from government regulation to health care practice, the

threats posed by noise remain “often underestimated,” according to the International Commission on Biological Effects of Noise.

Researchers and clinicians are trying to change this. They’ve shown that noise pollution not only drives hearing loss, tinnitus, and hypersensitivity to sound, but can cause or exacerbate cardiovascular disease; type 2 diabetes; sleep disturbances; stress; mental health and cognition problems, including memory impairment and attention deficits; childhood learning delays; and low birth weight. Scientists are investigating other possible links, including to dementia.



Research also reveals how noise pollution connects with climate change. Many contributors to global warming generate noise, chief among them transportation and fossil fuel extraction and processing. Urban sprawl and deforestation destroy natural carbon absorption reservoirs while removing natural sound buffers. Technologies that help people deal with climate change, like air conditioners





and generators, can be noisy. Conversely, certain climate mitigation strategies such as creating green spaces in concrete jungles offer opportunities to muffle noise.

## **WANTED: BETTER MODELS**

Estimates hold that chronic noise exposure contributes to 48,000 new cases of heart disease in Europe each year and disrupts the sleep of 6.5 million people. Quantifying noise pollution’s contribution to health problems and death in the United States, however, remains a challenge because of poor measuring and monitoring, says Peter James, an HMS associate professor of population medicine in Harvard Pilgrim Health Care Institute’s Department of Population

Medicine. This makes it harder to determine the best policies and medical practices for care.

“The U.S. hasn’t really funded noise control or noise research since the 1980s,” says James. “It’s a big problem. We need to prioritize this so we can really pin down how noise affects health.”

“ ——— To say the onus is on the individual to fix their noise exposure is not feasible. ——— ”

James helps colleagues apply existing noise modeling data to large cohort studies, such as the Nurses’ Health Study, to analyze participants’ noise exposures and health

outcomes. The models have low resolution, however, and working with them can be frustrating: researchers can’t be sure whether a negative finding means noise doesn’t contribute to a particular outcome, such as something as seemingly unrelated as menopause onset, or the data weren’t robust enough to reveal a connection. James hopes to augment epidemiological data with input from participants using sensors and apps, which can deliver precise location and health information.

“Given what we do know, noise is too significant an issue for us to sit around and wait to have perfect data,” he says.

James led a seminal 2017 study, published in *Environmental Health Perspectives*, which shows that people in neighborhoods with low socioeconomic status and higher proportions of residents of color bear the brunt of noise pollution in this country.

“We want our patients to reduce their exposure as much as possible, such as wearing ear plugs or investing in soundproofing

insulation, but that’s not possible for many who live in the noisiest areas,” he says. “To say the onus is on the individual to fix their noise exposure is not feasible.”

## HEART, FELT

Another branch of inquiry focuses on how vibrations from noise can cause impairments. Part of the answer lies in the stress-response system. Researchers have found that the more people are bothered by noise, the greater the health risks they face from it. Yet, even those who tune out noise pollution, whether when awake or asleep, experience autonomic stress reactions.

Ahmed Tawakol, an HMS associate professor of medicine at Massachusetts General Hospital, and Michael Osborne, an HMS instructor in medicine at Mass General, have used advanced PET scanning to show that transportation noise is associated with heightened activity of the amygdala relative to regulatory cortical regions. Amygdalar activity can trigger stress pathways, including inflammation, that



can lead to cardiovascular and metabolic diseases. Participants with a higher ratio of amygdalar to cortical activity had more risk for adverse outcomes in follow-up. The link persisted even after accounting for other disease risk factors.

In the clinic, Tawakol and Osborne say that evidence supports strategic intervention rather than trying to squeeze questions about noise into each patient encounter.

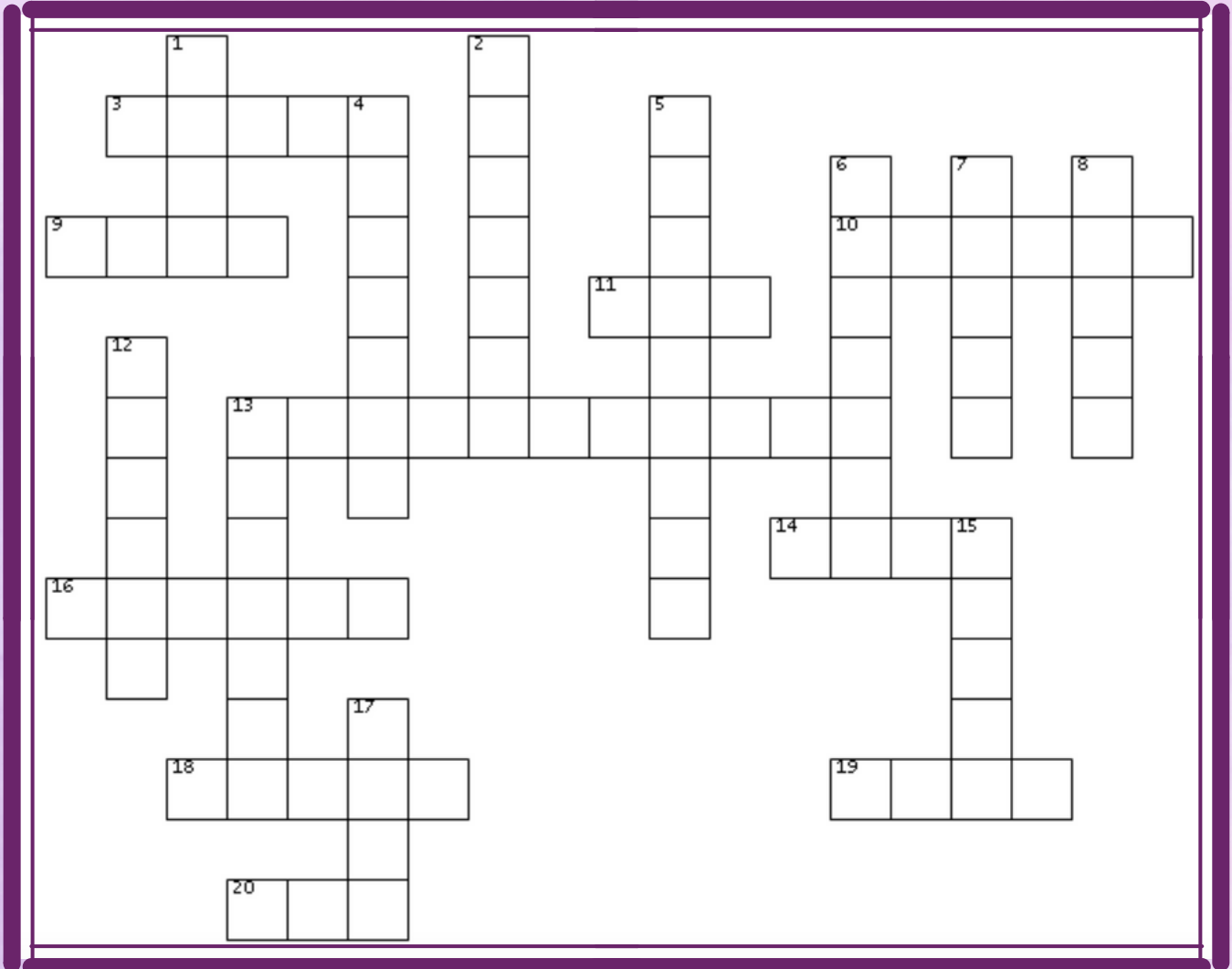
“If a patient mentions noise as a cause of stress, especially if they have or are at risk of cardiovascular disease, I’d certainly recommend personal noise mitigation strategies and stress reduction techniques,” Osborne says.

As researchers reveal the mechanisms and magnitude of noise-induced illness, clinicians will become better equipped to identify at-risk patients and prescribe effective solutions.

*Stephanie Dutchen is manager of feature content and multimedia in the HMS Office of Communications and External Relations.*

**Copyright 2022, Harvard Medicine magazine. Reprinted with permission of the publisher.**

# CROSSWORD



## ACROSS

- 3. Before Sunrise star: Ethan
- 9. 30 Rock star: - Fey
- 10. Clothing
- 11. Printing fluid
- 13. Nervous feeling
- 14. Speedy
- 16. Merchant
- 18. Ganges country
- 19. Prawns and worms: fishing -
- 20. Drink: - and tonic

## DOWN

- 1. Gape with fatigue
- 2. Deep: - emotion
- 4. Hopes to get
- 5. Gestured or indicated
- 6. Espresso server
- 7. Revise for exams
- 8. Country music star: Luke -
- 12. To Kill a Mockingbird author: - Lee
- 13. Michael Keaton and Emma Stone film
- 15. Roman attraction: - Fountain
- 17. Brick oven

# Magazine Information

Content articles, stories, photos and contributions are encouraged and most welcome for future publications.

All Advertising correspondence and articles for the Sounding Board should be sent to the Editor via email [haasa@haasa.org.au](mailto:haasa@haasa.org.au).

The opinions expressed in the Sounding Board are not necessarily those of HAASA, the Editor or the Executive/Directors of HAASA .

Rates subject to change without notice.

Sounding Board is published on our website.

## Sounding Board Advertising Rates

Type of Advertising	Detail	Price (inclusive of GST)
Page 2	Inside Cover	\$500.00
Full Page	Except Covers and Page 2	\$450.00
Half Page	Except Covers and Page 2	\$250.00

## Hearing Aid Audiology Society of Australia Ltd Contacts

Director/Public Officer	Glen Carter
Director/Secretary	Helen King
Director	Kerrie Gibson
Director	Lyndon Williams
Director	Timothy Manski
Director	Matthew Virgen
Executive Board Administration Officer	Jacqui Peters
Phone	0401 517 952
Email	<a href="mailto:haasa@haasa.org.au">haasa@haasa.org.au</a>
Web	<a href="http://www.haasa.org.au">www.haasa.org.au</a>

The Official Magazine of  
Hearing Aid Audiology Society  
of Australia Ltd

PO Box 167, Woonona NSW 2517

ABN 67 626 701 559

