

Whispers

the joy of
HEARING



SEPTEMBER 2018



Newsletter of Better Hearing Australia [Sydney] Inc

Dear Members, Supporters and Friends of BHA,

Welcome to our September 2018 edition of Whispers.

A lot has certainly happened since our June edition!

Firstly, our application for a continuation of funding, for 12 months, for the period 1 July 2018 to 30 June 2019 was successful and the grant funds have now been received.

Secondly, following lengthy discussions with the DeafBlind Association (NSW) Inc [DBA], we have concluded a mutually agreeable commercial arrangement and they moved into 29 Burwood Road, Concord on 20 August 2018.

Initially, DBA representatives will reside in the premises from Wednesday to Friday and BHA volunteers will be there on Monday and Tuesday.

This will finally give us coverage from Mondays to Fridays.

We are delighted to welcome DBA and look forward to a long and happy association with them.

Following a long-running "Break The Sound Barrier" campaign headed by Deafness Forum of Australia chair, David Brady, to make hearing health and wellbeing a National Health Priority, the Minister for Aged Care and for Indigenous

Health Ken Wyatt has established a national Hearing Health Sector Committee to create a Roadmap for Hearing Health in Australia.



The Committee met for the first time on 25 July 2018 and brings together key stakeholders in the hearing sector to develop a Roadmap that sets out future reform directions and priorities for hearing health in Australia.

The Committee is chaired by Professor Cindy Shannon. Other members are Steve Williamson representing Deafness Forum Australia; Ann Porter, Aussie Deaf Kids; Donna Edman, Hearing Care Industry Association; a representative of National Hearing Care; Stephen Logan, Hearing Business Alliance; Samantha Harkus, Australian Hearing; Catherine McMahon, Hearing CRC; Tony Coles, Audiology Australia; Kelvin Kong, Australian Society for Otolaryngology Head and Neck Surgery; Kyle Miers, Deaf Australia; Harvey Coates, Paediatric ENT Services; James Battersby, Hearing Aid Manufacturers and Distributors Association of Australia; Fiona Buffinton, Commonwealth Department of Health.

Some of the above committee members are well-known to members of BHA.

The Sydney Branch AGM will be held on Friday, 16 October 2018 at 12.00pm for 12.30pm at the Sydney office in Concord. All members are cordially invited to attend, so why not come along and hear how your branch has been performing.

Light refreshments will be served after conclusion of the meeting.

As advised previously, we have had to suspend our regular monthly "Social Tuesday" events until further notice.

VALE - we have been saddened by the recent passing of our long-time member, Mrs Nance Millar. Nance will be missed

and fondly remembered by all her friends at Better Hearing.

**Included in this edition, is an evaluation of the Personal Hospital Kit, from BHA Central Coast member, Ian Rimes, following his recent stay in St Vincent's Private Hospital.

Thanks, Ian, for permitting us to reproduce this most interesting and comprehensive report.

Volunteers do not necessarily have the time; they just have the heart.

*Best wishes
John*

****PERSONAL HOSPITAL KIT EVALUATION - JULY 2018**

Recently I had a "Bonebridge" implanted behind my right ear which required an operation and overnight stay at St Vincent's Private Hospital at Darlinghurst Sydney. This was necessary as my right ear hearing had dropped significantly to the point that wearing a hearing aid was not the best solution. My hearing was at this time reduced to hearing only in the left ear with the use of a hearing aid.

In preparing for the operation I referred to the "Hospital Check List" card often to ensure that I had everything for my hospital stay. One comment about the card is that it lists a small torch to lip read the night nurse. Instead I took my mobile phone which gives a small light and installed an APP to turn the flashlight ON/OFF if I needed more light. As it turned out I did not have any visits by hospital staff during lights out so had I had no need to use my phone for light. Most patients brought their mobile phone with them and a charger for recharging.

The hospital also advised me that having an ear operation my balance may be affected and suggested I bring footwear that could be slipped on to wear in hospital so that I would not have to bend over to put on shoes. In fact the hospital supplied me with scuffs to wear.

The "In Case of Emergency" card I found very handy as even though card numbers and medication were given to the hospital on my "Pre Admission Information Form" I was asked for this information again while in hospital and it was good to have this information all in one place.

My greatest difficulty with hearing is using a phone. I am unable to hear on a mobile phone even before my recent hearing loss unless on speaker mode in a very quiet area. At home I use a Captel phone and read the captions of what I do not hear. If a voice message is left it is sent to me as an email by my provider and I can listen to it on the computer.

On the hospital "Pre Admission Information Form" it asked for my Home and Mobile phone numbers. In hindsight I should have used a stamp for medical records to tell the hospital to only call me on my home phone and not on my mobile. The hospital rang my mobile on two occasions which I did not hear and followed one with a text message which I found the next day. Eventually the hospital rang my landline the night before I was to be admitted.

At the hospital when checking in I asked if my "Personal Hospital Kit" could be used. The admin officer did not know but thought the kit was a good initiative and stuck a "Stamp for Medical Records" on my record folder. I put the orange wrist band on with 'Hearing Loss' written on it which I was allowed to wear, even in surgery, during my stay. As there was no suitable place to display signs in the wards the wrist band turned out to be the best way to inform staff that I had a hearing loss.

In the admission ward the anaesthetist interviewed me and I showed her the "Personal Hospital Kit" which she thought was a good initiative. As she often worked with my ENT surgeon she said when she sees his name she assumes his patients are hearing impaired so she looked at me, spoke slowly with a strong voice. She also discussed removing my remaining hearing aid and glasses. We agreed that she would remove these when I was sedated and replace them before I recovered so that at no time I would be unable to communicate.

Back in the ward after the operation the white information board that is normally situated behind the head of the bed was located on the wall near the foot of my bed. It had only information for me and not for hospital staff so placing a hearing loss sign on it was meaningless. My medical file was not kept with me on the end of my bed but remained at the nursing station. This also made it difficult to link a sign with my records and myself. The nurse would come to me with a machine on wheels, take my blood pressure, pulse and temperature and then return to the nursing station with the machine to record the data. The orange wrist band was the best way of informing staff that I had a hearing loss and I displayed a "Desk Sign" on my bedside table however hospital staff did not comment on either.

Either I am now more experienced what to do in hospital having had five previous operations on my ears and three general operations in the past twenty years or the staff at St Vincent's Private Hospital are very well trained as I did not experience difficulties like I have in the past. Having said this, if I am hospitalised in the future, I will use my Personalised Hospital Kit to inform the hospital staff of my hearing impairment and would encourage others with a hearing loss to use the Kit when hospitalised.

Ian Rimes
BHACC member

DATES FOR 2018 SOCIAL ACTIVITIES

Temporarily suspended until further notice.

RECENT STATISTICS FROM HEALTHY HEARING IN THE US

Hearing loss is third most common physical condition behind arthritis and heart disease, affecting people of all ages. This is what hearing loss looks like by the numbers.

According to the Hearing Loss Association of America, approximately 48 million Americans (20 percent) report some degree of hearing loss.

Adults

- Age is the strongest predictor of hearing loss among adults ages 20-69
- Those age 60-69 have the greatest amount of hearing loss
- 25 percent of American adults have experienced tinnitus lasting for at least five minutes in the past year.
- Adult men (age 20-69) are twice as likely to have hearing loss than women of the same age.
- As women age, they have more difficulty hearing at lower frequencies than do men.

Children

- Approximately 2-3 of every 1,000 children in the United States are born with a detectable hearing loss in one or both ears.
- More than 90 percent of deaf children are born to hearing parents
- Fifteen percent of school-age children (6-19) have some degree of hearing loss.
- 30 million Americans age 12 and older has hearing loss in both ears.

According to the National Institute of Deafness and Other Communication Disorders (NIDCD), approximately 28.8 million adults in the United States could benefit from wearing hearing aids.

- 3.65 million hearing aid units were dispensed in the United States during 2016.
- The average age of first-time hearing aid wearers is 70 years of age.
- A large number of people wait 15 years from the time they know they have hearing loss until they purchase their first hearing aids (Better Hearing Institute)
- Hearing aid prices range from \$1,000 to \$4,000 per device depending upon the level of technology they contain.
- Of the 28.8 million Americans (age 20-69) who could benefit from wearing hearing aids, fewer than 16 percent have ever used them.
- Of those age 70 and older who could benefit from wearing hearing aids, fewer than 30 percent have ever used them.

Financial impact

- According to a survey by the Better Hearing Institute, hearing loss negatively impacts household income on average up to \$12,000 per year. The use of hearing aids mitigates that loss by as much as 50 percent.
- The impact of hearing loss is estimated to be more than \$100 billion annually.
- In a 15 percent tax bracket, the total cost to society in unrealized taxes is estimated to be more than \$18 billion.