



Hearing Happenings In the Hill

The official newsletter of the
Broken Hill & District Hearing Resource Centre Inc.
Edition 4
September 2011

Hearing Awareness Week August 21 -27th

Our celebration

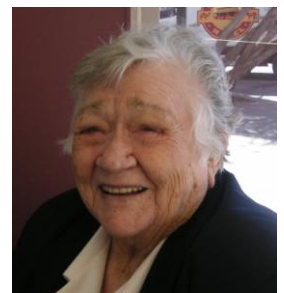
This year's celebration of Hearing Awareness Week for the Centre started with the first child under three years of age in Broken Hill being tested by Australian Hearing using the VROA (Visually Reinforced Orientation Audiometry) method of testing. VROA is used with children from approximately 6 months old and until a child's concentration span allows play audiometry to be performed. Before now, children under the age of three years were being sent to Adelaide for testing, many of you may not be aware but hearing tests are not covered under the NSW Government program IPTAS (Isolated Patients Travel Scheme). We would like to acknowledge Australian Hearing, for their contribution of the specialised equipment needed to perform VROA in Broken Hill. We believe this will relieve pressure on many parents/carers, not only of the financial burden of travelling out of town but the upheaval for the entire family.

On Thursday the 25th Volunteers and staff manned an information booth at our local shopping centre, "goodie bags" containing information on hearing loss, associated disorders of the ear etc, were handed out. Overall this was a very successful day.



Coordinators report: Cath Bonnes AM

It is with some regret that I am now retiring from the Centre, I am not resigning. Its old age and ill health, it's telling me to take a bit more care but I am ever so pleased that Anne Woods is going to following in my footsteps. While I am about with pen in hand, there are many people I would like to thank but it would take a full newsletter and a few more, if I were to mention you all by name. I am proud of our building in Argent St and am grateful to Anne for the work that she put in while we were raising money etc, and I know Anne will care for you all just as I have. Although it is difficult leaving the Centre, I would like others to know, this is my reassurance.



Many of you will remember that when we started our Building Fund Project, one of the outcomes we wanted to achieve was a child booth, outfitted for testing under three year old children. This would mean that no child and parent/carer would have to travel to Adelaide for testing. On Tuesday the 23rd of August the first child was tested by Australian Hearing at the Centre. We also have installed a ramp to the back section of the Centre, making all rooms accessible for people with prams, walking frames etc. This is something that was the driving force behind obtaining the new Centre.

Once again, I would like to thank all people who donated to the Centre in any manner of form. As we have obtained our goal, I am retiring with a sense of satisfaction and pride in the Broken Hill & District Hearing Resource Centre Inc.

Cath

2011 Libby Harricks Achievement Award

Libby Harricks was a founding member of SHHH Australia Inc and a multi-term President. She became profoundly hearing impaired as a young adult, but persevered with her career as a pharmacist while raising two children. As a driving force behind SHHH, she helped it to become an effective volunteer organization and was also widely known and admired as a dynamic advocate for access for hearing impaired people. She was a wonderful role model for all those who felt lost and overwhelmed by hearing impairment. She was made a member of Order of Australia in 1990 in recognition of her work for the hearing impaired. SHHH Australia has established this award in memory of a friend and a woman who through determination and spirit achieved more than she ever thought possible, both for herself and for many others. Source: *SHHH Australia Inc.*

From all at the Broken Hill Resource Hearing Centre, congratulations Shirley Edwards on receiving the 2011 Libby Harricks Achievement Award.

Upcoming Events

Social Morning:

The Hearing Centre will be holding the next social morning on *Tuesday the 13th of September* at 10.30am till 12 noon, please let us know in advance if you would like to attend. Thank you.

General meeting:

The next General Committee meeting will be held on the 7th of September at 1pm,
187 Argent St Broken Hill

2011 AGM: Will be held on the 24th November 2011 at 11am – 187 Argent St, with a light luncheon to follow. All members will be notified prior to the AGM by mail.



Far West Commonwealth Respite and Carelink Centre

**FAR WEST COMMONWEALTH RESPITE AND CARELINK
CENTRE**

**HACC Centre, 72 Gypsum Street
BROKEN HILL NSW 2880
Respite Services**

Assists carers of frail older people, younger people with a disability or someone with a chronic illness by—

- Providing information and advice on respite options
- Assistance with short term and emergency respite
- Referral to appropriate services
- Coordination of residential respite bookings

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1800 052 222*

Richard Osborn B.Sc. Dip.Aud. B.Ed. (HI) M.Ed.

Rick studied Science, Economics and Education at LaTrobe University, Audiology and Special Education at the University of Melbourne. He has been active in developing Collaborative programs between Ageing & Disability Agencies, both in Australia and neighboring countries. He is currently a Director of Osborn, Sloan & Associates, a practice providing neuropsychology, occupational therapy, audiology and health education services.



Hearing and Communication - A primary concern in aged care

The following information is small excerpt from Rick Osborn's presentation at the "Hearing in the Hill" Silver Jubilee Seminar, Oct 2010.

Part 1.

I am going to cover three things broadly: first of all, a bit of theoretical background about ageing and communication; secondly, look at the functional impact that has on people's lives; and, thirdly, spend a little bit of time looking at practical strategies to overcome some of those issues.

What do we look at today, when it comes to function or impairment is at the body level and when it comes to hearing loss, it's actually the sensorineural hearing loss. That is where a lot of audiologists spend a lot of time looking at the actual loss and measuring that and then hopefully finding ways to reduce the impact of that. The activity is the way how the disability, the condition, impacts on daily activities. It might be using the telephone, it might be listening to the footy or it might be just communicating with friends.

Where I think there isn't enough emphasis is at the participation level at the societal level. This is looking at how the condition impacts on the older person's ability to fulfill those very important social roles of family, of volunteer and of general activities in the community. Contact with friends and family are what it's all about. When people because of a age related condition start withdrawing from those activities, not only does the individual miss out but so too the community is impoverished.

Currently there are nearly three million Australians that have a hearing loss, and of course the incidence and the degree of loss increase with age. It's incredible to think that in the next 25 years there is going to be nearly five million Australians with a hearing loss. Age related hearing loss or presbycusis is a permanent condition and it's not treatable medically or surgically. Most people find that it has a gradual onset and it's progressive, it gets worse with time.

Generally it's slow and progressive hearing loss, both ears are generally affected although sometimes there can be a difference. Often there is tinnitus. I know that tomorrow you are going to have a special session on tinnitus but, again, sometimes if the person's problem is tinnitus, that is the first place to start working to deal with the issues that the person sees first. High frequencies are the ones that are most affected, so people will often tell you about the fact they can hear things, they can hear people speak but they can't understand what they say - people mumble, it's a clarity issue, it's not that I can't hear. Another very important thing is this tolerance for loud sounds. In the past audiologists were restricted a little bit because of people's sensitivity to loud sounds. But with modern amplification there is no reason why anyone should experience anything that is louder than their comfortable levels. So the ceiling, if you like, that comes out of the hearing aid can certainly be adjusted so no-one should complain of sounds being too loud, nor should there be any feedback when the hearing aid is being fitted adequately.

Identifying when a person has a hearing loss, this is the material that families need to know about. How do they determine whether their elderly relative has a hearing loss?

Often it's that frequent request of repetition, the person speaks a little loudly, answering inappropriately, complaining about people mumbling - I can understand the news but I can't understand

films on TV - leaning forward or sometimes just the fact they notice they can speak quite adequately in quiet but when there's background noise in a group situation that is when people are in strife.

In addition to the high frequency hearing loss that people often have, there can also be some compounding factors such as other ear conditions, vision loss, cognitive changes and physical conditions. I am going to go through each of these in a little more detail.

Other ear conditions, sometimes as a result of an acoustic neuroma, a person may have a single-sided deafness and, as we have heard, that is not just a matter of ignoring it and saying 'You hear okay,' it really can be quite a social disadvantage to a person if they have one good ear and a total loss in the other ear, because background noise is going to interfere with their enjoyment and satisfaction with conversation. And Meniere's disease, is another aspect. There is the hearing part of that, but then there are other conditions such as the dizziness, the tinnitus and particularly the vomiting which can be of bigger impact than just the hearing loss itself.

One of the problems in getting people to adjust to hearing aid use is that there have been some 10, 20 or 30 years of diminishing hearing. So when the audiologist has assessed their hearing and works out the gain required to bring those levels back up to a reasonable functional level, what is often missed is that 30 years of adapting to the loss can't be overcome immediately overnight, it takes a great deal of incremental change to get back to that. One of the things that I think is missing from hearing services is the amount of time that must be spent with a person to incrementally change the hearing back to their maximum, rather than just bunging the hearing aid on and saying 'off you go'.

Amplification

There are all sorts of new technologies that make the wearing of hearing aids much more satisfactory. One of the things coming in now which has just been released is Bluetooth technology. With the tiniest little hearing aids you can push a button and stream from the television stereo so you can wander around the house and hear what is coming from the TV. When you want to be involved in conversation you again push the button and are back to the conversational point. Or you can have a Bluetooth streamed to your mobile phone, when your phone goes you push a button and it streams straight to the hearing aids.

There are all these things coming that make the effectiveness of amplification much better, but it's never enough. No matter how good it gets, you still need the family and carers around you to know how best to communicate. You know these things very well but just to finish I am quickly going to go through them: background noise is the biggest bugbear for anyone with a hearing loss; getting rid of that television in the corner that is playing and no-one is listening to; moving closer to the person, one metre apart so they can maximize their lip-reading and get the best auditory input; speaking slowly, speaking clearly and keeping a good level of voice.

These are the things that carers and family need to know about: pausing and using simple short sentences when communication is difficult; slowing it down and putting in pauses; modifying the conversation. It's so important that the person knows the topic of conversation. If you know, for example, that the conversation is about football and you hear 'olingwood' you know that I said Collingwood. If you have the context you will get the word even if you haven't heard it clearly. If only we could make aged care facilities smaller and home like so that, instead of having a dining room with 50 people eating and making noise, you had more like four people sitting around a table and enjoying conversation.

Looking at the functional impact of hearing loss, the functional impact is being able to hear the door bell, the safety of the person at home. How families feel about their elder relative and how they can cope for themselves at home, shopping, caring for grandchildren.

One of the great disappointments for older people with a hearing loss and a vision loss is that they can't always understand the grandchildren clearly because of the pitch of the grandchild's voice being high

frequency, the rate of speech of the grandchild, the fact they are always a moving target as well as the language that they use. But also when it comes to helping them read, if the person also has a vision loss that is going to impact the relationship they can have with their grandchild. It is very frustrating. This came up earlier before too about enjoyment of music. When people have a great joy in listening to music, if because of their presbycusis the quality of sound isn't there, that can also mean a diminishment of their quality of life in general because listening to music may not be as enjoyable now. And listening to television, a very passive thing to do, often depends on the quality of the show. What we find there is if people have good vision they will often enjoy the subtitles. But what's a little bit sad is that they can only enjoy things like *Days of our Lives*. There is a reason for this, it is not just the storyline, but they are actually produced in a very good way. There is very little background noise or music going on. When people are speaking they are actually on screen so, if you can lip-read, you are getting that information. And the storyline is fairly repetitious so that when someone says, 'Jim's driven his car off a cliff,' they go to the next person who says 'What, Jim driven off a cliff' and that message is repeated over and over. I am making light of it but it's an issue with about how films are produced. The sad thing is there is always far too much background noise and far too much dialogue happening off screen. I don't know what we can do about that, but the fact is that some shows are much easier to watch than others.

Vision changes or hearing changes, communication is the one thing that they have that can be enjoyed by everyone. Probably the most important thing we all do is communicate with families and friends and being able to understand what the nurse or doctor say when they come in. Everything that moves hearing and communication from being a side issue to where it should be in primary care concern is terrific by me.

- **Part 2 of Rick Osborn's presentation will be published in our next newsletter. For a full copy of this presentation, please contact the Hearing Centre.**

Would you like to contact us?

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We are open Monday to Friday 10am - 4pm Central Standard Time
Other times by Appointment

WE NEED YOUR HELP!

Volunteers required

Do you have a few spare hours during the week and would love to help others within the community?

We are currently seeking volunteers to help in our reception area and/or fundraising.

If you require further information, please contact the Centre.

The Broken Hill & District Hearing Resource Centre Inc. is a Non Profit organization with gift tax exemption. All donations over \$2.00 are tax deductible. If you wish to make a bequest/donation to the Broken Hill & District Hearing Resource Centre Inc. please contact our office.



This newsletter was compiled and edited by Anne Woods on behalf of The Broken Hill & District Resource Centre Inc. Contributions to our newsletter are welcome. The editor reserves the right to use or edit as necessary.



Ideas and opinions articulated in "Hearing Happenings in the Hill" are those of the authors and not necessarily of the Broken Hill & District Hearing Resource Centre Inc.