

Happenings

Published July 13th, 2017

The Canadian Academy of Audiology

Thousands of Canadians Speak Up for Babies!

*"I'm tired of having to tell parents of 2 year olds that this could've and
"should've been diagnosed 2 years ago!"*

- Dr. Debbie Davis, Au.D, Regina, Saskatchewan

*"It seemed like he just wasn't listening, I couldn't correct him or call him
for his attention. He would ignore me. It was very frustrating."*

- Aimee Lewis, Mother to Beckett



As an audiologist you know first hand how frustrating it is for so many babies born in Canada who have hearing loss that is not diagnosed in the first 3 months of life. It is time to fix the inexpensive and solvable problem of early hearing screening and intervention for all babies across Canada. That is why The Hearing Foundation of Canada launched the tinyEARS.ca to mark Speech and Hearing Awareness Month.



tinyEARS.ca is a movement. The position was simple and is founded on the belief that every child in Canada has a right to the best possible start. While some provinces do have hearing screening in place, they have no process or policy for the critical intervention needed to assist communication at this crucial life stage. The campaign was intended to build on the good work of the Canadian Infant Hearing Task Force and continue a national conversation around the importance of a nationally mandated infant screening program.

Over the course of just six weeks the tinyEARS.ca campaign collected over 12,800 signatures from Canadians to call on the federal government to work with the provinces to create a national mandate for infant screening and intervention. The petition website curated over 1,500 comments from audiologists like you, as well as parents of children who have hearing loss and were not diagnosed and many others. You can read some of those passionate comments [here](#).

Thanks to the support of people like you, the Canadian Infant Hearing Task Force, the Canadian Academy of Audiology, Speech-Language and Audiology Canada, the Canadian Paediatric Society, and so many others, it is clear that people across this country care about this issue and spoke up loudly. On social media there were over 250,000 impressions. That includes shares, likes on Facebook as well as twitter.

On Thursday June 8, 2017, on behalf of all Canadians, Member of Parliament Peter Julian formally presented the petition to the House of Commons. The video of this presentation can be seen [here](#). The government will now formally respond when the House sits again in September.

Speech and Hearing Awareness Month may be over, but the tinyEARS.ca campaign is just getting started. Now that so many Canadians have expressed their frustration and support for this campaign, The Hearing Foundation of Canada will continue to provide a national voice for this issue. The website and petition will stay active so that provinces who are mobilized can continue to access the resource and speak up on behalf of babies in their communities.

Presenting this petition in parliament was not the end of the campaign, but only the beginning. We will keep this conversation going as long as it takes to create real national change for Canadian babies – regardless of where they are born.

The Hearing Foundation of Canada is a national charitable organization dedicated to eliminating the devastating effect of hearing loss on Canadian by promoting prevention, early diagnosis, leading edge medical research and successful intervention. If you would like to get involved please

don't hesitate to contact The Hearing Foundation of Canada directly at hello@tinyears.ca.

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The Hearing Foundation of Canada
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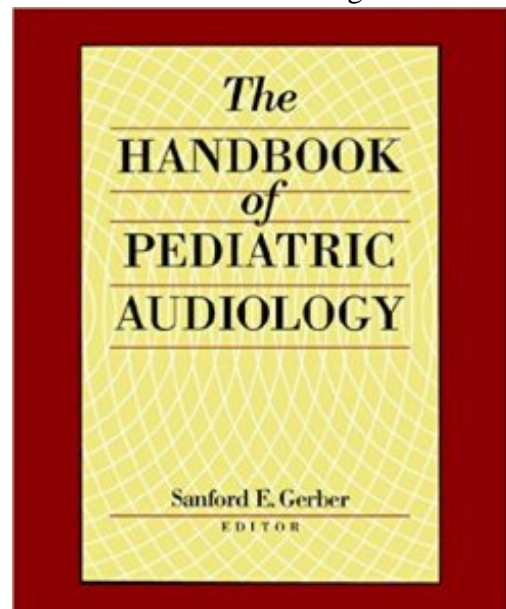
Obituary: Dr. Sandford Gerber, PhD

By Dr. George Mencher, PhD



While most of you only know of him, he was a very important player in the development of ISA over the years. He served on the Council representing the United States for 10 years when the EB was structured very differently. He ran for President. He was President of the 1984 ISA Congress in Santa Barbara, California. He was editor of the Audinews for 4 years. He was chair of the Aram Glorig Foundation and arranged for that award to be taken over by ISA. He later received the award at our Brazil Congress. He was a founder of PASA (one of our affiliated societies). In his

other life, he taught hearing science at the University of California (SB) and at Eastern Washington University for well over 40 years. He also was a favourite guest lecturer at Dalhousie University in Halifax. He was on the original Joint Committee on Infant Hearing (chaired by Marion Downs). He had written or edited 9 books and published over 100 articles.



A Message from Shelly Chadha, World Health Organization

Dear all,

Thank you for your support and contribution to activities for this year's World Hearing Day. A brief activity report on the Day can be downloaded from

<http://www.who.int/pbd/deafness/world-hearing-day/WorldHearingDay2017ActivityReport.pdf?ua=1>

The theme for World Hearing Day 2018 is 'Hear the Future' which will discuss the projected rise in the prevalence of hearing loss in the coming years. Again, we look forward to future collaboration to raise awareness about hearing loss.

Regards,
Shelly Chadha
World Health Organization

A Message from HearOntario.ca

Recently the Ontario Worker's Safety and Insurance Board (WSIB) had decided to only allow three manufacturers to be on their list for approved hearing aid manufacturers. Since the WSIB pays the same amount for all hearing aids, this is not a financial issue; only one of access.

The www.HearOntario.ca website was launched in May to put pressure on the government to re-evaluate the WSIB tender. As of the June 9, only 1000 people have gone on this site to send the automated email to their local MPP. This is not enough to ensure action is taken.

We need your support *now*, if you agree that WSIB has restricted hearing healthcare professionals' ability to prescribe the best products to address the worker's hearing loss.

Please go to www.HearOntario.ca today and fill out a simple form to alert your MPP about this issue.

We had a great success on Thursday, June 1, 2017 when MPP John Yakabuski asked two questions in parliament – see the video below – and the Minister of Labour, Kevin Flynn, has finally agreed to meet to discuss this issue. Our voice is finally being heard! We need to ensure that even more MPPs contact him to elevate this important issue!

NHCA POSITION STATEMENT Recreational Firearm Noise March 16, 2017

[Download PDF.](#)

Michael Stewart, Deanna K. Meinke, Gregory A. Flamme, William J. Murphy, Donald S. Finan, James E. Lankford, and Stephen M. Tasko National Hearing Conservation Association (NHCA) Task Force on Prevention of Noise-Induced Hearing Loss from Firearm Noise

This document was prepared by The National Hearing Conservation Association (NHCA) Task Force on Prevention of Noise Induced Hearing Loss from Firearm Noise and approved by the NHCA Executive Council, March 16, 2017. The judgments expressed here represent the best available evidence at the time of publication and shall be considered the position of NHCA and not the individual opinions of the contributing authors or their respective institutions. The contributing authors declare no conflict of interest.

EXECUTIVE SUMMARY

Recreational firearm use is a popular leisure-time activity in the United States today. Millions of Americans of all ages enjoy shooting sports including target practice, competitive shooting, and hunting. While participation in the shooting sports can be an enjoyable recreational pursuit, it can also put an individual at risk for noise-induced hearing loss (NIHL) and tinnitus resulting from unprotected exposure to high intensity firearm noise. Almost all firearms generate impulse levels in excess of 140 dB peak SPL. Hearing loss may occur gradually over time due to repeated unprotected exposure to firearm noise. Hearing loss also may occur suddenly due to acoustic trauma from a single unprotected gunshot. The hearing loss is often characterized by normal or near normal hearing sensitivity in the lower frequency range with severely impaired hearing in the higher frequency range which results in difficulty hearing speech clearly.

NHCA developed this guidance document to assist hearing conservationists, audiologists, physicians and other hearing conservation professionals, in managing and mitigating the risk of NIHL associated with recreational firearm noise. Several strategies can be employed to reduce the

risk of acquiring NIHL and associated tinnitus from firearm noise exposure. These include wearing hearing protection devices (HPDs), using firearms equipped with suppressors, choosing smaller caliber firearms, using subsonic ammunition, shooting in a non-reverberant environment, and avoiding shooting in groups. In addition, several commercially-available HPDs are specifically designed for the shooting sports. These include conventional passive earmuffs and earplugs, level-dependent devices that attenuate high level sound while providing audibility for lower level sound, and electronic devices that amplify low level sounds and attenuate high level hazardous sounds.

The key to preventing NIHL and tinnitus secondary to excessive firearm noise exposure is to educate firearm users about the auditory hazard associated with firearm noise and provide them with strategies to protect their hearing. Educational programs may be offered through hunter safety courses, hunting clubs, or during training. A special firearm noise topic section should be included in occupational educational training for individuals who use firearms as part of their jobs. Finally, clinical audiologists should educate their patients who use firearms regarding the hazards and ways to prevent hearing loss. Several educational tools are available on the National Hearing Conservation Association website including a hearing loss simulator, a tinnitus simulator, posters and slides of inner ear structures damaged by firearm noise, a hearing protection brochure, a hunting and hearing video and links to other educational resources. Firearm NIHL is almost completely preventable if necessary precautions are taken.

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World's Health Ministers Adopt Resolution on the Prevention of Deafness and Hearing Loss

The 70th World Health Assembly adopted a new resolution on the prevention of deafness and hearing loss. 20 Member States, several commenting on behalf of many other Member States in their respective regions, and NGOs including CBM and the International Society of Audiology, commented favourably on the resolution during the discussion.

Approximately 360 million people live with disabling hearing loss including 32 million children. Hearing loss prevalence is increasing globally due to the growth in population of older adults, one third of whom have hearing loss; the continued high prevalence of chronic ear diseases; and the increasing practice of listening at high volume to unsafe levels of sound for prolonged periods, putting the hearing of over one billion young people (aged 12-35 years) at risk, among other causes.

Overall it is estimated that around half of hearing loss can be prevented through such measures as immunizing against childhood diseases; preventing infections; promoting safe childbirth; avoiding the use of certain drugs; and reducing exposure to loud sounds. In addition those who have hearing loss can benefit greatly from timely and appropriate interventions, including the use of hearing aids, cochlear implants and other assistive devices; captioning and sign language; and other forms of educational and social support. Despite this, those in need are often unable to access such services. As such unaddressed hearing loss continues to have a high impact on individuals and societies, with an annual global cost of \$750 billion annually.

"Too many people are suffering unnecessarily from hearing loss," says Dr Etienne Krug, Director of the WHO Department for the Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention. "Unless action is taken, the numbers will continue to rise as populations age and young people continue to engage in listening practices which are harmful to their hearing. It is urgent to take action. Fortunately, we have in hand a range of effective and cost-effective tools to prevent, detect and treat hearing loss."

Through the resolution, Member States are urged to integrate strategies for ear and hearing care within the framework of their primary health care systems; establish training programmes for the development of human resources in the field; implement screening programmes for early identification; make high-quality, affordable hearing devices accessible to all who need them; and implement regulations for the control of noise in various settings.

The resolution requests the WHO Director-General to prepare a world report on ear and hearing care; develop a toolkit and provide technical support to Member States on the above; support development of safe listening standards; and undertake advocacy through World Hearing Day, which is held annually on 3 March. The resolution also requests WHO to report on progress in implementation of this resolution to the 72nd World Health Assembly.

RELATED LINKS

40th World Health Assembly: Secretariat report

http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_34-en.pdf

139th session of WHO's Executive Board: proposed resolution on hearing loss

http://apps.who.int/gb/ebwha/pdf_files/EB139/B139_R1-en.pdf?ua=1

Don Henderson Travel Award Fund

[Download PDF.](#)

The family of Don Henderson proudly announces the establishment of the **Don Henderson Travel Award Fund** through The Association for Research in Otolaryngology.

Created to recognize Don's outstanding career and contributions to the field of auditory research. This fund will provide support for young investigators and developing scientists and clinicians to attend the organization's annual conference.

The Hendersons appreciate your joining us in honouring Don's legacy and will continue to fund this award on an ongoing basis.

Donations can be made online at: <https://aro.site-ym.com/donations/donate.asp?id=11369> or by check payable to "Association for Research in Otolaryngology" and mailed to:

ARO Headquarters Office

19 Mantua Road

Mt. Royal NJ 08061

Please write "Henderson Award" on the "Memo" line of your check to ensure your donation is appropriately allocated to Don's Scholarship Fund.

Ontario Increasing Supports for the Infant Hearing Program

Supporting Early Intervention for Babies at Risk of Developing Permanent Hearing Loss

Ontario is providing additional support to detect potential hearing loss in newborns sooner and ensure that families with children who have permanent hearing loss, or are at risk, get the supports they need.

Michael Coteau, Minister of Children and Youth Services, announced the expansion of the province's Infant Hearing Program today at the Children's Hospital of Eastern Ontario and Ottawa Children's Treatment Centre (CHEO-OCTC) in Ottawa. The province-wide program screens babies for hearing loss soon after birth, and provides families with supports and services that children need to develop language and literacy skills during the most critical period of development. The province's support will reduce wait times for families and increase the program's service capacity.

With the early identification of permanent hearing loss, families can make informed decisions about what services and supports their children need, such as hearing aids or communication and language development services. These services also help children get ready to start school.

QUOTES

"We know that investing early in a child's life gives them a better chance of success. With our government's expansion of the Infant Hearing Program, along with the dedication and commitment of community partners, agencies and staff, babies who have permanent hearing loss will have access to supports and services that help them to reach their full potential."

- Michael Coteau

Minister of Children and Youth Services

"Investing in the Infant Hearing Program means more families will get the support they need, when they need it. As program partners, CHEO-OCTC's Audiology Clinic is exemplary in offering families the comfort and peace of mind they need to make informed decisions about hearing technology and language development, and giving these children the best start in life."

- Alex Munter

President and CEO of Children's Hospital of Eastern Ontario and Ottawa Children's Treatment Centre

"About 2 to 3 babies in 1000 are born with permanent hearing loss. Finding hearing loss in the very young and providing comprehensive intervention is extremely important to the growth, development and success of these children. This announcement is great news for our families here at CHEO-OCTC, and families and providers across all of Ontario."

- Marie Pigeon

Senior Audiologist CHEO-OCTC, Designated Training Centre for Infant Hearing Program

QUICK FACTS

- Ontario is investing an additional \$3.2 million to further enhance the Infant Hearing Program for children and their families across Ontario.
- Ontario newborns have been screened for hearing loss for over 15 years through the Infant Hearing Program.
- Since the Infant Hearing Program began in 2001, it has exceeded the internationally set target for universal newborn screening of 90 per cent, by screening 93-96 per cent of all babies born in Ontario.
- In 2016-17, more than 130,000 newborns received a hearing screen through the Infant Hearing

Program.

- In 2017 Ontario will be a world leader in early detection and intervention of early childhood permanent hearing loss by implementing an enhanced infant hearing screen, which was announced earlier this year, making Ontario the first jurisdiction in the world to screen for permanent hearing loss using a blood spot as part of a comprehensive hearing screening program.
- 10 years ago, the average age of identification for children born with permanent hearing loss was two and a half years. Today, with the Infant Hearing Program, children are identified at less than four months of age.

In many cases, children who receive services through the Infant Hearing Program are able to develop language on par with their hearing peers by school entry.