

Hear It!

Quadrimester

Newsletter from the
Audiology Committee

VISION:

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

March 2025

VOL 6. NO. 1



World Hearing Day 2025: Changing mindsets to make ear and hearing care a reality

*Dr Shelly Chadha, Technical lead (Hearing),
World Health Organization*

Nearly 20% of the entire global population lives with some degree of hearing loss currently, about half a million of whom require hearing rehabilitation. This percentage and number are likely to rise in coming decades, driven by demographic changes as well as risk factors such as exposure to noise and loud sounds. In this respect, WHO estimates that over one billion young people face the risk of permanent hearing loss due to prolonged exposure to loud sounds during recreational pastimes such as listening to music and video gameplay. This, and many other causes of hearing loss such as ear infections, can be completely prevented through adoption of good ear and hearing care practices.

Moreover, despite its high prevalence and the fact that there are effective and cost-effective interventions to address hearing loss, hearing care remains mostly inaccessible and hearing loss unaddressed. Globally, less than 20% of those that could benefit from hearing care, are able to do so, leaving a huge service gap that has a lasting impact on those living with unaddressed hearing loss, their families and the society as a whole. It is estimated that each year unaddressed hearing loss costs the world nearly a trillion dollars.

Negative societal perceptions and stigmatizing mindsets related to hearing loss and use of hearing technologies are important contributors to this gap. Research shows that people often take as long as ten years to recognize that they have a hearing problem, which results in unnecessary delays and less than optimal benefits from hearing devices.

Over the past many years, World Health Organization and its partner organizations have been highlighting the importance of addressing hearing loss as a public health issue. WHO has published data, outlined challenges and highlighted solutions, and provided a strategic way forward through the Integrated people-centered ear and hearing care (IPC-EHC) approach. Described in the *World report on hearing*, this approach can ensure that the needs of those with or at risk of hearing loss can be met as part of universal health care. WHO has, in addition, created a number of technical resources that can be used by countries and partners to assess the need of, plan for, and provide ear and hearing care.

The success of these approaches rests on empowered mindsets that acknowledge the importance of hearing care. Focussing on this, WHO, on the occasion of World Hearing Day 2025, is drawing attention towards the importance of hearing and hearing loss prevention. It is encouraging individuals to take proactive steps that can ensure good hearing health across the life course such as using hearing protection in noisy environments, undertaking regular hearing check-ups, and seeking ear and hearing care without delays. Awareness materials and messages for this year provide simple tips that can help music lovers, concert-goers and video game players to adopt safe listening behaviours and avoid hearing loss while indulging in these leisure activities.

Through the theme “Changing mindsets: empower yourself to make ear and hearing care a reality” it further aims to empower and embolden voices of those living with hearing loss to demand and seek services and to fight stigmatizing mindsets that are limiting access. Through empowerment, WHO seeks to create a society where hearing is valued, hearing care is accessible to all and those with hearing loss are receive the attention and support they deserve.

WHO invites all members of the IALP to join this effort and to use the opportunity provided by World Hearing Day to raise awareness on ear and hearing care.

References/Further reading:

- World Hearing Day 2025 <https://www.who.int/campaigns/world-hearing-day/2025>
- *World report on hearing*, 2021.
<https://www.who.int/publications/i/item/978924002048>
- Prevalence and global estimates of unsafe listening practices in adolescents and young adults: a systematic review and meta-analysis
<https://pubmed.ncbi.nlm.nih.gov/36379592/>

- Perceptions of hearing loss and hearing technology among the general public and healthcare providers: a scoping review
<https://bmjpublichealth.bmj.com/content/2/2/e001187#!>

Reports



The Link Between Adult-Onset Hearing Loss and Dementia: A Guide for Hearing Professionals

Dr Limor Lavie

Chairperson of the Israeli Speech Hearing and Language Association

Senior Lecturer and Head of Audiology Studies

Department of Communication Sciences and Disorders
University of Haifa, Israel

Head of Ramat Aviv Hearing clinic

Hearing loss is the most prevalent sensory deficit and the third leading cause of disability in the world (World Health Organization, 2021). Epidemiological research suggests an association between untreated adult-onset hearing loss and an increased risk of cognitive decline and dementia. In response to this growing area of interest, the British Society of Audiology (BSA), in collaboration with the British Academy of Audiology (BAA) and the British Society of Hearing Aid Audiologists (BSHAA), has published [*The Link Between Adult-Onset Hearing Loss and Dementia: A Guide for Hearing Professionals \(November 2024\)*](#). This position statement provides an overview of the complex interactions between hearing loss and cognitive function and offers guidance for hearing professionals working with older adults.

Though the association between hearing loss and cognitive decline is widely documented, the authors distinct between association and causation and propose that while it is possible that adult-onset hearing loss may cause dementia, this could occur due to reduced auditory input or lack of social stimulation, and that the association between adult-onset hearing loss and dementia does not rule out a common cause such as vascular disease or diabetes. The document emphasizes the contribution of hearing loss to difficulties in speech perception and communication that can lead to social isolation and withdrawal, depression and reduced quality of life.

However, while hearing loss is recognized as a **potentially** modifiable risk factor for dementia, the statement emphasizes that there is currently no convincing evidence that hearing interventions, such as hearing aids or cochlear implants, reduce the risk of developing dementia in the general population. Instead, hearing rehabilitation is primarily recommended for improving communication, hearing-specific health related quality of life, listening abilities and social engagement in individuals with hearing loss, rather than as a strategy for dementia prevention.

The authors conclude with examples of suggested statements to use and to avoid when communicating with adults regarding adult-onset hearing loss and hearing aids. They recommend taking care when describing possible connections between hearing loss and dementia, and to emphasize that the additional risk of developing dementia in the presence of hearing loss is small. They also recommend not to use the association between hearing loss and dementia as a means to encourage patients to use hearing aids.

Can Discrimination and Government Policy Really Make Hearing Loss More Common in Transgender People?

Shade Avery Kirjava

University of California, Irvine
Program in Public Health
Department of Health, Society, and Behavior
skirjava@uci.edu



Introduction

The short answer is yes, discrimination and government policies can cause transgender people to have hearing loss at higher rates.

The long answer is that interpersonal interactions and government laws or policies influence many aspects of our health. For both transgender people (who are a different gender than the one a physician assigned them at birth based on their reproductive organs) and cisgender people (who keep the gender they were assigned on their birth certificate) the social context we find ourselves in affects many conditions, from depression to diabetes. However, if you are like me and most other healthcare providers, you might be more used to explaining health problems in terms of an individual's anatomy and physiology. So, can we explain why transgender individuals experience more frequent hearing difficulties by focusing only on biology?

'Transgender' is an umbrella term that generally includes trans men, whose birth certificates originally said they were female and who later realized that they are, in fact, men after all; trans women, who were assigned male at birth and later realized that they are women; and nonbinary people like myself who were assigned either gender at birth and then realized that a strict male-female binary cannot accurately describe their experience with gender at all. It is difficult to estimate the exact global prevalence of transgender people due to the crushing discrimination that transgender people regularly experience, which often leads trans people to avoid official surveys that might reveal their identities. However, most estimates suggest that about 1% of the population may identify as transgender (Boyon, 2023).

Despite representing a small percentage of the population, transgender individuals experience disproportionate rates of hearing loss. For example, a recent study in the United States recently found that transgender people report hearing difficulty more than three times as often as cisgender people (Surfus, 2023). This cannot be explained by biological factors alone, as the medical treatments transgender individuals undergo to align their bodies with their gender identity do not significantly affect hearing (for example, Burke et al., 2020). To explain transgender people's inordinately high risk of hearing problems, we can use a public health tool that I use in my research studying transgender people and hearing loss: the Social Ecological Model.

The Social Ecological Model explains how someone's social environment and wider societal context influences health. This model emphasizes that interpersonal relationships, institutional environments (such as the hospitals and clinics where we work), and governmental policies all contribute to health outcomes. At the interpersonal level, we can see that transgender people often face rejection from family and loss of employment (Winter et al., 2016). In healthcare settings, transgender individuals frequently encounter discriminatory treatment or are denied services altogether (Kcomt, 2019). Government policies in most countries are likewise unkind to transgender people by limiting legal recognition of the biological reality that some people simply are not the gender they were assigned at birth. These stressful experiences elevate allostatic load, the strain caused by chronic stress. Elevated stress causes wear and tear across the body, which in turn increases the likelihood of various health issues, including hearing loss.

If transgender people have hearing difficulty more often partly because of the discrimination against them, what should we do? We can work to reduce the impact of interpersonal discrimination, improve the inclusivity of healthcare institutions, and advocate for more supportive government policies. For instance, a simple but crucial step is using the correct names and pronouns for transgender patients. By asking for and then using someone's correct name and pronouns, we can demonstrate the same respect for transgender individuals as we do for cisgender patients. The hospitals, clinics, and other institutions we work in can be more welcoming to transgender people by incorporating inclusive language in intake forms such as asking for our client or patient's preferred name in addition to their legal name and ensuring that staff are trained to provide respectful care. At a policy level, policies banning discussions of transgender people in education and policies legalizing discrimination

against trans people should be changed to allow transgender people the same rights against unfair prejudice that cisgender people enjoy. For a more comprehensive guide on improving our healthcare services for transgender patients, consider reviewing the recommendations in (Kirjava et al., 2023).

Conclusion

Transgender individuals often face significant discrimination in our communities, workplaces, and healthcare settings, which can negatively impact their health, including their hearing. As healthcare providers, we should acknowledge the role that interpersonal discrimination, lack of institutional recognition, and government policies play in exacerbating hearing health disparities among transgender people. By offering the same respectful care to transgender people that we provide to cisgender people, we can make life a bit more tolerable for this often-maligned minority group.

Acknowledgements

I would like to acknowledge Elisabeth Lourens, an audiologist and speech-language therapist based in South Africa, for her social media discussion of transgender people in audiology and speech-language services which inspired this paper.

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- Surfus, C. R. (2023). A Statistical Understanding of Disability in the LGBT Community. *Statistics and Public Policy*, 10(1), 2188056. <https://doi.org/10.1080/2330443X.2023.2188056>
- Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: Health at the margins of society. *The Lancet*, 388(10042), 390–400.

Upcoming Events

1. Audiology in southeast Asia 13th February 2025

Listen to the webinar with:

- Dinukshi Illepurma from Sri Lanka
- Pelden Wangchuk from Bhutan
- Anup Ghimire from Nepal
- S M Toufiq Abir from Bangladesh
- Muhammad Jahangeer Badar from Pakistan
- Sam Thomas from Maldives

Hosted by Professor Vidya Ramkumar from India

Listen to pre-recorded discussion on training and Audiology clinical practice in these countries. The challenges of running the program and providing training, the government support for jobs and raising awareness. The discussion helps to consider how can collaborations amongst other academics, researchers and practitioners from around the world could assist in providing training and support to these smaller countries and their providers.

Listen to the webinar here: <https://youtu.be/9ID0hRb2Dpw>

2. Panel discussion on cultural awareness and sensitivities in clinical practice

Listen to a discussion with:

- Professor Dr Katrin Neumann from Germany
- Dr Maryanne Sahla from Germany and Syria
- Professor Sanjay Munjal from India
- Dr Areej Asad from Australia

Hosted by Professor Mridula Sharma and Dr Traci Flynn

Listen to a pre-recorded discussion about utilising cultural responsiveness in audiological practice. An international panel responded to different cultural situations seen in practice and provided insights into their own actions. The concept of reading the room and acknowledging our own perspectives was acknowledged throughout the panel.

Listen to the discussion here: <https://youtu.be/gjJPTNrruAg>

3. Webinar: A high prevalence of undetected hearing loss in people with intellectual disabilities requires hearing screening, diagnosis, and intervention programs

A pre-recorded webinar presented by the International Society of Audiology, shared with Union of European Phoneticians, International Society of Communications

Sciences & Disorders, and Univ. of Muenster will be available on the ISA website from 0600 New Zealand time on world hearing day.

This webinar aims to change mindsets about hearing care for people with intellectual disabilities. They are more likely than the general population to have hearing loss, which usually goes undetected and untreated. A German population-based study investigated the effectiveness and feasibility of an outreach program with repeated hearing screenings, diagnoses and interventions in 1052 people with intellectual disabilities in their living environment (kindergartens, schools, homes, workplaces). Hearing loss was diagnosed in 42% of cases, 68% of which were previously unknown. Hospital invitations for the same procedure in a control cohort were not accepted. Certain comorbidities, e.g. hypertension, frequently co-occurred with hearing loss. Its severity correlated significantly with hearing-related quality of life, but recommended therapies were poorly implemented. Regular outreach programs are feasible, useful and can improve the social participation of people with hearing loss. However, hearing rehabilitation with communication training for those affected involving their caregivers is crucial for success.

Program:

Prof. Katrin Neumann, M.D.

Hearing screening, diagnostic, and intervention programs for people with intellectual disabilities – why and how?

Philipp Mathmann, M.D.

Outcome of a population-based study on the effectiveness and feasibility of regular hearing screening, diagnostics, and intervention programs for people with intellectual disabilities in their living environment.

People with intellectual disability and ...

...hearing screening and diagnostic methods	Lucas Prein, M.Sc.
...treatment with hearing aids	Nils Vogt, B.Pro.
...hearing rehabilitation	Prof. Karolin Schäfer, Ph.D.
...hearing-related quality of life	Susanna Zielonkowski, cand. med.
...hearing loss-associated comorbidities	Awa Naghipour, M.D.
...hearing assessment in a clinical setting	Anna Wiegand, M.D.
...hearing intervention in a clinical setting	Anna-Sophia Schwalen, M.D.

Needs and call for action

Prof. Katrin Neumann, M.D.

Access the pre-recorded webinar: <https://we.tl/t-aIJUH4PWp>.

4. World Hearing Day 3rd March 2025

Get ready to make a difference! ✨ World Hearing Day 2025 is just around the corner, and this year's theme is all about [“Changing mindsets: empower yourself to make ear and hearing care a reality for all!”](#)

This year's theme builds upon the 2024 focus on changing mindsets towards ear and hearing care. We invite individuals of all ages to empower themselves to ensure healthy ears and hearing for themselves and others. This campaign aims to inspire behaviour change to protect hearing from loud sounds, prevent hearing loss, check hearing regularly, use hearing devices if needed, and support those living with hearing loss. Empowered individuals can drive change within themselves and in society at large.

Key messages for 2025:

- By 2030, over 500 million people are expected to have disabling hearing loss requiring rehabilitation.
- Over one billion young people face the risk of permanent hearing loss due to prolonged exposure to loud sounds during recreational pastimes such as listening to music and video gameplay.
- How we hear in the future depends on how we care for our ears today as many cases of hearing loss can be avoided through the adoption of safe listening and good hearing care practices. For those living with hearing loss, early identification and access to timely rehabilitation are essential to achieving their highest potential.
- You can take steps today to ensure good hearing health throughout life.

5. IALP Conference, 24-28th August 2025 33rd World Congress of IALP: Innovation and inspiration in communication sciences and disorder. <https://ialpmalta2025.org/>

This will be the 33rd World Congress of IALP and will showcase research from 50 affiliated societies and individuals from around the world in the fields of Speech, Swallowing, Language, Communication and Audiology. The conference offers unique presentation format that includes discussions on various topics that evoke a debate amongst the leading researchers. There will be panel discussions as well as the poster presentations and research talks.

AUDIOLOGY AROUND THE WORLD

In 2024 newsletters, we presented from Audiology training programs in 19 countries, here are another 5 countries.

Country	Registration or Licensing Body	Qualifying Degree	Internship/ Fellowship	Number of programs
Albania	UISH Albanian nurse's order. https://urdhriinfemierit.org/drejtuar-profesionisteve-te-fushes-se-logopedise/	Master of science in Speech Pathology Medical doctor candidate in the fourth year.	150 hours during Master degree	5
Ghana	Allied Health Professions Council (AHPC) Responsible for regulating about 23 allied health professions in Ghana including Audiology	Masters and Undergraduate degrees	1000 hours is required by AHPC.	3
Nepal	Nepal Health Professional Council governs all regulations related to ASLP	Bachelor of audiology and Speech Language Pathology (BASLP)	Year 4- internship Bachelor's degree	1
Russia	Ministry of Health National Medical Association of Audiologists	Audiologist (as a medical doctor) Hearing aid acoustician (non-medical specialist)	For audiologists: General medicine (diploma of a medical university, 6 years) + postgraduate degree in ENT (2 years) + additional course in audiology (504 hours) OR General medicine (diploma of a medical university 6 years) + postgraduate degree in audiology (2 years) For hearing aid acousticians: Education program (328 hours)	10

Sri Lanka	Sri Lanka Medical Council-Ceylon Medical College Council	Bachelor of Science (Honors) degree in Speech & Hearing Sciences (SHS)	8 Clinical rotations during Bachelor's degree, with maximum clinicals in 4th year. no separate internship	1
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ERRATUM

Professor Wafaa Shehata-Dieler's affiliation is:

Professor of Audiology and Phoniatics at the University of Wuerzburg in Germany.

Committee

Committee member and email contact	Role in Audiology Committee
Christine Yoshinago Itano (christie.yoshi@colorado.edu)	Scientific Publications
Doris Lewis (drlewis@uol.com.br)	Facilitating Audiological Services
Limor Lavie (llavie@welfare.haifa.ac.il)	Hearing Technology
Katrin Neumann (katrin.neumann@uni-muenster.de)	Scientific Queries and Symposium
Owolawi Wahab Oyedele (deleowolawi@yahoo.com)	Facilitating Audiological Services in Mid and Low-income countries in Africa
Shaza Saleh (shazasaleh@googlemail.com)	Cochlear Implant and other Technology applications
Mridula Sharma (mridula.sharma@flinders.edu.au)	Chair Audiology Committee, Associate Editor for Folia Phoniatica et Logopaedica, Audiology section
Wafaa Sheharta-Dieler (dieler_w@ukw.de)	Academic Membership Enrolment and Guidance
Traci Flynn (Traci.Flynn@newcastle.edu.au)	Deputy Chair Audiology Committee and Scientific Newsletter
Vidya Ramkumar (vidya.ramkumar@sriramachandra.edu.in)	Scientific Queries and Symposium
Wafaa Elkholy (wafaa_elkholy@yahoo.com)	Facilitating Audiological Services