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Committee Secretary,
Senate Standing Committee on Community Affairs,
PO Box 6100,
Parliament House,
Canberra ACT 2600,
Australia.

Submission to the Senate inquiry into costs of hearing loss:

Dealing with significant hearing loss in mid to later life

By Dr Andrea Lindsay, Bairnsdale, Victoria

Many submissions already made to your Inquiry have raised problems of social isolation and depression that can result from hearing loss. Others have identified the problems of finding work and covering the costs of hearing aids. Problems and costs to individuals are both social and monitory. These costs are experienced by the person who cannot hear adequately and those with whom she or he associates – or does not associate because of poor hearing.

We can expect these to be growing concerns. This is because of the impacts on hearing of an increasingly noisy environment, many people living longer, many want or need to stay in the workforce longer and the increasingly people are not prepared to be sidelined because of one physical limitation.

I have progressed from having mild hearing loss to substantial loss over the last 7-8 years. This is not a long period in which to learn how to go on living a meaningful life with a loss that I am finding precludes many of the activities that I used to enjoy. I have not found solutions yet but have identified some of the questions.

I am restricted in what I can do and working well below my former capacity. I cannot any longer take full part in meetings, undertake lecturing or teaching or run community consultation, all work I used to do. This is because the hearing aids that I have been able to obtain pick up so much surrounding noise that conversation becomes unintelligible: the noise of air conditioning muffles voices, public announcements are noise not information: working in a major city is impossible.

I am still in paid work but am only able to be so because of the patience and consideration pf my colleagues, and because I work in a quiet environment. This is really the point: communication involved more than the person with hearing loss, the people with whom s/he works, lives and associates socially are also affected. If they have normal hearing they have no way of understanding the situation of the person with hearing loss. It can be frustrating and embarrassing for them as well and hard for them to know what to do to help.

It is difficult for people with hear loss to be constantly trying to explain what they need and it is often not practical to accommodate them. Speaking louder and slower in an open-plan office disturbs other people, meeting rooms with good acoustics are few and far between. It is unreasonable that everyone in a group should never allow more than one person to talk at once or put all instructions in writing. Yet these are the sorts of things I am finding I need.

I feel that a basic step required is to work out how understanding can be improved between those with normal hearing and those who have some hearing loss. We need to work out how to improve communication, opportunities to work together or enjoy each other’s company, where we may mis-understand each other and how we can overcome restrictions imposed by poor hearing on working and enjoying society.

Many disabilities are now discussed openly in the community. This is not the case with hearing loss. Public debate with those affected and experts able to pool their knowledge and experience have been important in dealing with several social and health issues. Attitudes began to change and practical support was forthcoming. Barriers faced by people and ways to deal with them were identified. There is plenty more to do, but broadly they suggest some useful steps for dealing with progressive hearing loss:

1. Hearing loss needs to be identified in the community as a real fact of life that impacts on many, possibly most people in some way.
2. Major effort needs to be focused on reducing the causes of hearing loss. One way is to be very public about what this means for quality of life and work opportunities. Possible there could be a programme to give people the opportunity to experience what hearing loss means by having them wear earplugs for several days. This could include time when they are working, might otherwise have enjoyed social gatherings, TV and music
3. A person with hearing loss needs to be understood as someone who has lost hearing, not intelligence, good manners or anything else. It is not funny nor a choice. Selective hearing occurs because some people and environments make hearing easier, and sometimes we guess correctly what is said from context.
4. People involved, those with hearing loss and those who share their lives, and also relevant experts, need to work together to identify what problems arise and how they can be overcome.
5. Work and public places should be developing to be user friendly for people with hearing loss. It is people with hearing loss who are best able to advise on how this can successfully be achieved. A few example I can suggest from my experience are turning off the canned music in all public areas, showing critical announcements on clear visual monitors as well as making announcements over loud speakers, clear speech training for anyone providing a formal telephone service and formal chairing procedures for meetings. Current audio loops are of little help as they pick up too much extraneous noise and voices are muffled.
6. Developing active support and adaptation: Programs that addressing other health and social problems (e.g. depression and weight loss support, services for the blind and mobility limited) and any existing programs for people with hearing loss could be examined. This could identify the most helpful approaches. Steps would then be taken to provide similar forums to identify the way forward and useful early steps for people experiencing limiting levels of hearing loss.

Dr Andrea Lindsay