

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.

August 2025

VOL 6. NO. 2



Prof Christie Yoshinaga-Itano

DREAMS AND HOPES FOR AUDIOLOGY COMMITTEE OF IALP, THE INTERNATIONAL ASSOCIATION OF COMMUNICATION SCIENCES AND DISORDERS

The Audiology committee of IALP has accomplished a great deal since I have been a member. The newsletter, edited by Tracy Flynn, has been a tremendous asset, keeping audiology members aware of global issues and information for audiologists. The webinars have been a great success offering information on World Hearing Day and also focusing on Deaf professionals, globally for the International Day of Persons with Disabilities. We have also done some webinars on Indigenous Peoples and hearing disorders.

As we think about future issues and needs, my hopes and dreams are a focus developing a network of support for Low- and Middle-Income Countries (LMIC) and higher resourced countries. There are such significant discrepancies between the services available in LMIC, upper middle-income countries (UMIC) and high-income countries (HIC) in the services available for people with hearing disorders of all ages.

Providing opportunities for global dialogue to support needs such as

- 1) increasing the number and skills of professionals in hearing health care world-wide through global partnerships,
- 2) disseminating and creating models for production and acquisition of affordable amplification technologies in hearing health care,
- 3) disseminating and creating models of the provision of auditory habilitation and rehabilitation services for all ages,
- 4) development and infusion of professionals who are deaf or hard of hearing in hearing health care,
- 5) development of partnerships with individuals with hearing health needs and hearing health professionals,

6) developing a network of hearing health care professionals who have the capability of providing data about the availability of services within their respective countries,

7) expanding the use of tele-health to assist in not only the delivery of services globally but in-service training for hearing health professionals globally,

8) increasing interaction with the work of other audiology professional associations such as:

- 1) International Society of Audiology,
- 2) Coalition for Global Hearing Health,
- 3) Family Centered Early Intervention for families of children who are deaf or hard of hearing including the
- 4) Deaf Leadership International Alliance (DLIA),
- 5) Global Parents of Children who are Deaf or Hard of Hearing (GPODHH),
- 6) Hands and Voices International,
- 7) Association of Medical Professionals with Hearing Loss (AMPHL),
- 8) Audiologists with Hearing Loss a committee within the American Academy of Audiology, and
- 9) Deaf Ear Scientists

It would be wonderful if the IALP Audiology Committee could develop a mechanism for obtaining input globally on the greatest needs for hearing health care in their countries and a mechanism for developing some solutions to address these needs through global input.

Because IALP includes the partnership of professionals in speech and language disorders, this association as the opportunity to play a significant role in the development of international interdisciplinary partnerships to develop networks of care through the lifespan. In the area of pediatrics, forty percent of our population of children who are deaf or hard of hearing have additional disabilities, necessitating international interdisciplinary collaborations to assure the highest quality of care. In the area of adults with hearing health care needs, geriatrics and the association of hearing loss and dementia as well as other associated health care needs of the elderly also necessitate a broader perspective of hearing health care needs beyond just a narrow focus on hearing.

I envision a future of easily accessible global partnerships to best address hearing health care needs across the lifespan.

Reports



The effects of hearing interventions on longitudinal cognitive performance in older adults with hearing loss – the ENHANCE and COCHLEA studies

Professor Julia Sarant,

Department of Audiology and Speech Pathology,
The University of Melbourne, Australia

There is strong and growing evidence that age-related hearing loss is independently linked to accelerated cognitive decline and increased dementia risk in older adults, highlighting the importance of hearing loss prevention and treatment.

The ENHANCE (Evaluation of Hearing Aids and Cognitive Effects) and COCHLEA (Cochlear Implant Outcomes and Cognitive Health – Longitudinal Evaluation of Adults) studies are ongoing prospective studies at the University of Melbourne investigating the longitudinal effects of hearing interventions (hearing aids and cochlear implants) on cognitive performance and dementia outcomes in older adults with hearing loss, with 4-5 years of follow-up data published to date.

In the ENHANCE study of hearing aid users, there are several notable findings:

- At baseline, hearing aid users had significantly poorer cognitive performance than a community-living comparison group across all cognitive domains assessed.
- However, after hearing aid fitting, the hearing aid group demonstrated stability in working memory, attention, psychomotor function, and visual learning, showing no expected decline over the 4.5-year follow-up period.
- In contrast, the community comparison group declined significantly in attention and psychomotor function over 3 years of follow-up.
- A further publication of updated results will be forthcoming in the next few months, showing stronger effects of hearing aid use on cognitive performance, including significant improvement in executive function at all follow-up timepoints, mediated by amount of use and age at hearing aid fitting.

In the COCHLEA study of cochlear implant recipients:

- At baseline, prior to cochlear implantation, the cochlear implant (CI) group had significantly poorer cognitive performance than the comparison group across all domains.
- However, after cochlear implantation, the CI group demonstrated significant improvements in executive function and working memory performance through 54 months of follow-up.
- The CI group also showed stability with no decline in attention, psychomotor function and visual learning over the follow-up period.

- In contrast, the comparison group showed significantly greater worsening in attention and psychomotor function over 3 years.
- As with hearing aids, greater cochlear implant use was associated with more rapid initial cognitive improvements at 18 months post-implantation.

Across both studies, the hearing intervention groups performed better than expected given their poorer baseline cognition and greater risk factors for cognitive decline. The comparison groups without treatment declined as expected with normal cognitive aging.

The findings of these studies suggest that treating age-related hearing loss with hearing aids or cochlear implants can improve certain cognitive abilities like executive function and working memory, and/or delay expected cognitive decline associated with aging and hearing loss. Greater device use and younger age at intervention are associated with larger cognitive benefits.

These are the first studies to demonstrate long-term cognitive stability and improvement after treatment of age-related hearing loss over 4-5 years of follow-up, compared with outcomes of a non-intervention group. The results suggest that hearing interventions may be an effective strategy for promoting cognitive reserve and healthy cognitive aging in older adults with hearing loss.

Recent publications:

Sarant J, Harris D, Busby P, Briggs R, Dowell R, Masters C, Schembri A. (2024). COCHLEA: Cognitive performance outcomes for older adults with cochlear implants at 4.5 years. *Brain Sciences*, 14(12), 1279, doi.org/10.3390/brainsci14121279

Sarant J, Harris D, Busby P, Briggs R, Dowell R, Masters C, Schembri A. (2024). COCHLEA: Cognitive performance outcomes for older adults with cochlear implants at 4.5 years. *Brain Sciences*, 14(12), 1279, doi.org/10.3390/brainsci14121279

Bridging the Divide: Understanding and Addressing Hearing Healthcare Disparities for Ethnically Diverse Communities



Dr Cailyn Furze

Department of Linguistics

Macquarie University, Sydney, Australia

More than 1.5 billion people worldwide experience hearing loss. Untreated hearing loss significantly impacts communication, employment, education, social engagement, quality of life, and mental and physical health.

International migration has increased ethnic diversity worldwide. Despite effective interventions, the uptake of hearing services is notably low among ethnically diverse communities. Adults from diverse

ethnic backgrounds in the United Kingdom and the USA have been reported to have higher rates of hearing loss but lower service use compared to white British individuals [1, 2]. Children also face challenges, with higher prevalence among Hispanic American children and a greater likelihood of being lost to follow-up after newborn hearing screening for children of non-white mothers [3, 4]. Families report the complexity of services as a barrier to accessing hearing and early intervention services.

Accessibility to healthcare is characterised by personal factors (i.e. someone's ability to perceive, seek, reach, pay, and engage with services), and environmental factors (i.e. clinician/clinic's ability to be approachable, acceptable, available and accommodating, affordable, and appropriate) [5]. It is amiss to place responsibility of access solely on a person, without creating bridges between clinics and the communities they serve, to ensure hearing healthcare is accessible to all.

Ability to Perceive: Poor knowledge about hearing loss, treatment and rehabilitation options, and service pathways can prevent diverse people from seeking hearing help. Representation and culturally tailored materials facilitate the acceptance of hearing health information (e.g. through online health information), and targeted community programs and education campaigns increase awareness of hearing loss, and confidence and self-efficacy in navigating hearing healthcare [6, 7].

Ability to Seek: Negative stigma around hearing loss and hearing aids can deter ethnically diverse individuals from seeking help. Although stigma affects many groups, family and community influence, shaped by cultural norms, can vary by ethnicity [8]. These social factors may affect disclosure, help-seeking, and treatment uptake, highlighting the need to consider both individual and community perceptions of hearing health [9].

Ability to Reach: Physical barriers to reaching hearing services can exist through lack of transportation, distance to healthcare, and reliance on others to attend. Telehealth may improve appointment attendance by reducing work absences, enabling home-based hearing reviews, involving family, and easing travel demands [10]. Yet, challenges like communication barriers, device access, and technology literacy can limit its viability for clients with hearing loss [11]. Trained community health workers (CHWs) may offer a more sustainable telehealth model in under-resourced settings [12].

Ability to Pay: Cost remains a key barrier to hearing healthcare for ethnically diverse communities, and in some countries, it may be unavoidable. Community outreach, including support from CHWs, can improve access by offering trusted referrals, providing financial guidance and eligible funding options, and connecting individuals with local services [13].

Ability to Engage: Effective shared decision-making relies on clear communication, which can be challenged by language barriers for ethnically diverse clients. While interpretation and translated materials are essential, they may be limited by cost and availability. Ad hoc interpreters, such as family or staff, offer a personal touch but risk translation inaccuracies.

Service delivery can be hindered by limited experience with ethnically diverse populations, inadequate cultural training, and unsuitable testing resources. Access to lectures, workshops, and peer learning supports cultural competency development. Cultural competency training enhances practitioner knowledge, attitudes, and health outcomes [14-16]

While common barriers and facilitators exist, tailoring services and employing patient/family-centred care ensures individualised treatments without assumptions about needs.

Key barriers to ethnically diverse communities include cost, lack of information, language barriers, and stigma. Facilitators include culturally responsive clinical training, availability of professional interpreters, and utilising CHWs. Addressing the barriers would facilitate equitable access to hearing services and improved health and social outcomes for diverse global societies.

Read the full open access article here:

<https://www.tandfonline.com/doi/full/10.1080/14992027.2025.2477755>

1. Dawes, P., et al., *Hearing in middle age: a population snapshot of 40- to 69-year olds in the United Kingdom*. Ear & Hearing, 2014. **35**(3): p. e44-51.
2. Hoffman, H.J., et al., *Declining prevalence of hearing loss in US adults aged 20 to 69 years*. JAMA otolaryngology–head & neck surgery, 2017. **143**(3): p. 274-285.
3. Mehra, S., R.D. Eavey, and D.G. Keamy Jr, *The epidemiology of hearing impairment in the United States: newborns, children, and adolescents*. Otolaryngology—Head and Neck Surgery, 2009. **140**(4): p. 461-472.
4. Liu, C.-I., et al., *Evaluating loss to follow-up in newborn hearing screening in Massachusetts*. Pediatrics, 2008. **121**(2): p. e335-e343.
5. Levesque, J.-F., M.F. Harris, and G. Russell, *Patient-centred access to health care: conceptualising access at the interface of health systems and populations*. International journal for equity in health, 2013. **12**: p. 1-9.
6. Sun, Y., et al., *Consumer evaluation of the quality of online health information: systematic literature review of relevant criteria and indicators*. Journal of medical Internet research, 2019. **21**(5): p. e12522.
7. Choi, J.S., et al., *Cultural adaptation of a community-based hearing health intervention for Korean American older adults with hearing loss*. Journal of Cross-Cultural Gerontology, 2019. **34**(3): p. 223-243.
8. Hofstede, G., G.J. Hofstede, and M. Minkov, *Cultures and organizations: Software of the mind*. 3rd ed. 2010, New York: McGraw Hill.
9. Kochkin, S., *MarkeTrak VII: Obstacles to adult non-user adoption of hearing aids*. The Hearing Journal, 2007. **60**(4): p. 24-51.
10. Mashima, P.A., *Using technology to improve access to health care for culturally and linguistically diverse populations*. Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations, 2012. **19**(3): p. 71-76.
11. Haynes, N., et al., *"Can you see my screen?" Addressing racial and ethnic disparities in telehealth*. Current Cardiovascular Risk Reports, 2021. **15**: p. 1-9.
12. Coco, L.S., *Investigating the Feasibility of Community Health Workers as Teleaudiology Patient-Site Facilitators: A Strategy to Improve Access to Hearing Aid Services for Older Adults*. 2021, (The University of Arizona).
13. Suen, J.J., et al., *Translating Public Health Practices: Community-Based Approaches for Addressing Hearing Health Care Disparities*. Seminars in Hearing, 2019. **40**(1): p. 037.
14. Lowell, S.Y., et al., *Pathways to Cultural Competence: Diversity Backgrounds and Their Influence on Career Path and Clinical Care*. Perspectives of the ASHA Special Interest Groups, 2018. **3**(14): p. 30-39.
15. Jongen, C., J. McCalman, and R. Bainbridge, *Health workforce cultural competency interventions: a systematic scoping review*. BMC health services research, 2018. **18**: p. 1-15.
16. Vella, E., V.M. White, and P. Livingston, *Does cultural competence training for health professionals impact culturally and linguistically diverse patient outcomes? A systematic review of the literature*. Nurse Education Today, 2022. **118**: p. 105500.

Upcoming Events

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

Dear Colleagues,

The scientific program will consist of state-of-the-art lectures, discussions, debates, and poster presentations. International keynote speakers will give lectures on various timely topics, including, for example, "Artificial Intelligence in Communication Disorders."

The present conference aims to share a vision of developing an international network that, in turn, facilitates the use of innovative clinical and research methods and knowledge to better support practices of clinical management.

Attending this conference in Malta is a special opportunity to combine professional development in a wonderful, welcoming Mediterranean island.

Don't forget to mark your calendar and join us for the most exciting conference in Communication Disorders. See you in Malta in August 2025!

Best wishes,

Osnat Segal, Ph.D.

Tel-Aviv University

Chair of the Scientific Committee

2. World Congress of Audiology, 24th-27th of May, 2026 in Seoul, Korea.
<https://www.wca2026seoul.com/>
Abstracts are open for submission:
<https://www.wca2026seoul.com/index.php?module=Html&action=SiteComp&sSubNo=11>

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
Bangladesh	None	Bachelor of Audiology and Speech Language Pathology Masters in Audiology and Speech Language Pathology	4 years	1
Ireland	Voluntary register with Irish Academy of Audiology	2-year Masters of Audiology degree	1,000 hours	1
South Africa	Health Professions Council of South Africa	4-year Bachelor degree	400 hours	5
Sweden	National Board of Social Affairs and Health	3-year Bachelor degree	15 weeks included in degree	4
United Kingdom	Healthcare and Professions Council	2-year Masters of Audiology degree	Included in degree	6

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 Phoniatria 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