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.

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As IALP strengthens its communication efforts and expands its social media presence, I see great potential for the Audiology Committee to lead the way in highlighting initiatives, projects, and professional insights that deserve greater visibility across our global community.

I hope this committee will continue to share its important work in ways that are accessible, engaging, and relevant to both members and broader audiences. This includes not only supporting established activities such as this newsletter but also considering how audiology expertise can be communicated through newer platforms and formats, such as podcasts.

I look forward to the Audiology Committee's continued contributions and to seeing its work inspire visibility, engagement, and innovation across IALP.

Dr Dora Knezevic, PhD

Vice President for Communication

International Association of Communication Sciences and Disorders (IALP)

Reports

Creating Access, Dignity and Opportunity in Hearing Health

Devangi Dalal
Founder of Hearing Hearts and Co-Founder and Trustee of Josh Foundation Affiliation

Hearing health is not merely about sound; it is about access, dignity, participation, and quality of life. Over the past several decades, my work has been deeply rooted in the belief that hearing care must extend beyond clinics and devices, reaching into communities, families, schools, and workplaces, particularly in low and middle-income settings where gaps in services remain significant.

My journey in hearing health began with a simple but powerful observation: individuals with hearing loss often face barriers that are social, emotional, and systemic, not just medical. While technology and clinical interventions are essential, they alone cannot address the isolation, stigma, and lack of awareness that many individuals experience across their lifespan.

Through my work with Hearing Hearts and associated initiatives, I have focused on three interconnected pillars: awareness, accessibility, and empowerment.

Awareness is the first step. In many communities, hearing loss continues to be misunderstood or minimised, leading to delayed intervention and missed opportunities for habilitation and rehabilitation. Public education programs, parent counselling, school-based awareness sessions, and media engagement have been integral to normalising conversations around hearing loss and communication disorders. These efforts aim to replace stigma with understanding and encourage early help-seeking behaviour.

Accessibility remains one of the greatest challenges globally. Access is influenced by affordability, geographic reach, availability of trained professionals, and culturally appropriate services. I have worked closely with professionals, educators, and community organisations to bridge these gaps—whether by facilitating referrals, supporting inclusive education, or advocating for hearing-friendly environments. Emphasis has been placed on ensuring that services are not only available but also approachable and responsive to the needs of individuals and families.

Accessibility also includes ensuring that amplification is appropriate and individual-specific. In real-life listening situations, especially in noisy environments, accurate signal reception becomes challenging. Both under-amplification and over-amplification can compromise

speech understanding, listening comfort, and auditory outcomes. It is therefore essential to understand and manage amplification carefully, based on an individual's hearing profile and daily listening needs. Even when using advanced digital hearing aids, technology must be handled with professional judgement and precision. Digital devices are not universally effective unless programmed and fine-tuned according to individual requirements. As hearing health professionals, prioritising personalised fitting and avoiding under or over amplification is critical to ensuring meaningful communication and long-term benefit.

Empowerment lies at the heart of sustainable hearing care. Children and adults with hearing loss must be equipped not only with devices or therapy but also with confidence, communication strategies, and opportunities to participate fully in society. Supporting families, training educators, and sensitising employers are critical components of this process. Equally important is recognising and amplifying the voices of persons with hearing loss themselves, allowing them to shape narratives, policies, and practices.

Specific Work and Community Engagement

My work has involved close engagement with children, adults, and families navigating hearing loss, with particular emphasis on early intervention, inclusive schooling, and long-term communication outcomes. Through Hearing Hearts, I have supported families in understanding hearing loss, guided them through amplification and rehabilitation pathways, and worked with educators to create more inclusive classroom environments. I have also collaborated with professionals to promote responsible hearing aid fitting, realistic listening expectations, and follow-up care that reflects individual lifestyles and listening demands. These experiences continue to reinforce the importance of holistic, person-centred hearing health care that extends well beyond clinical settings.

A particularly meaningful aspect of my work has been engagement with children and young people. When given the right support, they consistently demonstrate resilience, creativity, and leadership. Their journeys reinforce the importance of inclusive education systems and interdisciplinary collaboration among audiologists, speech-language pathologists, educators, psychologists, and medical professionals.

The global disparities in hearing health services especially between high-income countries and LMICs underscore the need for international collaboration. Platforms such as the IALP Audiology Committee play a vital role in fostering dialogue, sharing models of care, and strengthening professional networks across borders. Knowledge exchange, telehealth, and community-based approaches offer promising pathways to extend reach and impact.

As we look to the future, hearing health must be positioned as a public health priority integrated across the lifespan—from early identification and intervention in childhood to cognitive health and social participation in older adulthood. Collaboration, compassion, and commitment will be key to ensuring that no individual is left unheard.

I am honoured to contribute to this global conversation and remain committed to advancing inclusive, person-centred hearing health care worldwide.

About Author

Devangi Dalal is a nationally and internationally, recognised hearing health advocate, social leader, and founder of Hearing Hearts. She is also one of the Founder and Trustee of Josh Foundation, through which she has supported and impacted the lives of over 2,000+ children with hearing impairment, enabling access to hearing care, education, rehabilitation, and inclusion.

Her work spans community outreach, parent counselling, organising workshops for skills development and empowerment, inclusive education support, professional sensitisation, and advocacy for person-centred hearing health across the lifespan. She has been a strong voice for dignity, accessibility, and responsible use of hearing technology, with particular emphasis on real-world listening needs and individualised care.

In recognition of her sustained contribution to the empowerment of persons with hearing impairment, Devangi Dalal is a recipient of the National Award, conferred by the Hon'ble President of India, under the category "Outstanding Individual working for the empowerment of Persons with Disability."

Through her initiatives and leadership, she continues to bridge clinical practice with community engagement, working towards a more inclusive and equitable hearing health ecosystem.

The case for early childhood and school-aged hearing screening after universal newborn hearing screening

Professor Emerita Christine Yoshinaga-Itano and Dr Cheryl DeConde Johnson

University of Colorado, Boulder, USA and The ADEvantage: Audiology - Deaf Education Vantage Consulting Services

The Coalition for Global Hearing Health (CGHH) has completed an international survey to begin to understand whether hearing screening is offered after universal newborn hearing screening both in the early childhood period after birth and in the school-age period beginning with school entry. 306 responses were received for early childhood hearing screening and 184 for school-aged hearing screening.

The number of children with hearing disability increases significantly after birth. Numbers of children with hearing disability increase after birth for the following factors: 1) children whose hearing disability was missed at the time of universal newborn hearing screening, 2) children with hearing disability whose hearing was not screened at birth, 3) children who progressed in hearing disability from unilateral to bilateral, or from mild to moderate degrees, 4) children who were born with hearing in the typical range not identified with hearing disability, who acquired a hearing disability after birth due to genetics, pharmaceuticals, viruses or other causes.

By the time of school enrolment in the United States at the age of 5 or 6 years of age, the number of children with hearing disability more than doubles from universal newborn hearing screening (National Health and Nutrition Surveys (NHANES), Su & Chan, 2017).

Fonseca et al. (2005) analyzed the results of school hearing screening of 109,505 children at the first and second levels in the United Kingdom. An additional 1 in 1000 children were identified with hearing disability from moderate to profound bilateral hearing levels. 9945 children or 9.1% were referred for further testing, 21% were lost to follow-up, and 8.6% had missing information. 70.6% or 7022 children were assessed. 46.6% (N=3272) were found to have normal hearing. 53.4% (N=3750) of the children were identified with hearing disability. 73.7% (N=2123) were found to have temporary hearing loss. 172 children not previously identified were confirmed with permanent sensori-neural hearing disability or mixed hearing disability. There were 146 children with unspecified loss and of these, 105 children were newly identified. The hearing status of 552 children was unknown. The cost to screen each child was 9.9 British pounds at a cost of 460 pounds to identify a child with any degree of temporary or permanent loss.

Mackey et al., (2025) conducted a retrospective review of medical records on the modes of detection of hearing loss, risk factors for late-onset hearing loss, hearing loss degree, aetiology, additional disabilities, and timelines from referral to intervention. The sample included children, born 2006 to 2015, enrolled for intervention whose hearing loss was detected up to age 7 years but not from newborn hearing screening. Universal pre-school hearing screening detected 38% of the cohort at 4–5 years of age. 36% of the cohort had risk factors for late-onset hearing loss, 80% of whom had a reported family history. Sixty-nine percent had mild bilateral or unilateral hearing loss. Longer delays from referral to intervention were found for children with additional disabilities. Children who were self-referred due to parent concern had more severe degree of hearing loss than those referred from screening. Most children with hearing loss detected after the newborn period did not have any known risk factors for late-onset hearing loss.

From 1 to 18 years of age, the prevalence increased by a factor of 4.5 for all HI (1.2 to 5.2/1000) and by a factor of 3.5 for moderate and profound HI (0.7 to 2.4/1000) (Mackey et al., 2024). From 1 to 7 years of age, the prevalence increased by a factor of 3 for all HI (1.2 to 3.5/1000) and by a factor of 2.5 for moderate and profound HI (0.7 to 1.7/1000). Overall, there was a yearly rate of increase of 0.37 per 1000 for all HI and 0.17 per 1000 for moderate and profound HI. The age group of <1 year was excluded from this calculation because some children might still be in the process of diagnostic evaluation.

The frequency of hearing loss in early childhood increases significantly from the newborn period. When including all hearing loss greater than 20 dB HL, about 11% of all school-aged children have some degree of educationally significant hearing loss (Humes, 2024, Su & Chan, 2017). Reijers et al. (2024) reported on the impact of slight to mild hearing loss on academic performance and behavior. See Table 1 for other articles on the prevalence of hearing loss in school-aged children.

Table 1. Summary of Reported Hearing Loss Prevalence Data in School-Age Children

Prevalence	Definition	Source
3%	Bilateral hearing loss of 16 dB HL or greater (better ear average), unilateral, or high-frequency hearing loss	Ross, Brackett, & Maxon, 1991
5.9% (second grade) 11.3% (eighth grade)	Hearing thresholds above 25 dB HL on at least one of six frequencies (2000, 4000, and 8000 Hz, combined ears)	Montgomery & Fujikawa, 1992

12% (twelfth grade)		
14.9% 4.9%	≥16 dB HL low- or high-frequency average loss Low frequency: 7.1% (5.6% unilateral, 1.5% bilateral) High frequency:12.7% (9.6% unilateral, 3.1% bilateral) ≥16 dB HL low- *and* high-frequency average loss	Niskar, Keiszak, Holmes, Esteban, Rubin, & Brody, 1998 (NHANES III)
11.3%	Bilateral SNHL (20-40 dB HL) 1% Unilateral SNHL (≥20 dB HL) 3% HF SNHL (>25 dB HL at two or more frequencies above 2K, one or both ears) 1.4% TOTAL Minimal HL 5.4% Conductive HL 3.4% All other degrees of HL 2.5% TOTAL HL 11.3%	Bess, Dodd-Murphy, & Parker, 1998
2.1%	All hearing loss based on categories below: Bilateral SNHL (≥20 dB HL PTA) .33% Unilateral SNHL (≥35 dB HL PTA) .15% High frequency SNHL (PTA ≥ 35 dB HL) .05% Chronic conductive (bilateral or unilateral) .09% All other HL (minimal HL requiring monitoring not included in previous categories) 1.4%	Colorado Department of Education, Johnson, 2005 (unpublished data)
16.4% 19.5% 10.5% 11.4% 5.5%	HL > 20dB PTA in one or both ears, 6-13 yrs HL > 20dB PTA in one or both ears, 6-9 yrs HL > 20dB PTA in one or both ears, 10-13 yrs UNHL 13.3% vs Bilateral HL 5.9% Mild HL (20-40 PTA dBHL), 6-9 yrs Mild HL (20-40 PTA dBHL), 10-13 yrs	Polish school-age children from rural areas, N=67,416 (Skarżyński et al, 2020)

3.6/1000	Unilateral & bilateral HL >20dB Bilateral >40dB HL 1.5/1000 <1 yr of age .4/1000 1-4 yrs 1/1000 5-9 yrs 1.5/1000 10-14 yrs 1.6/1000 15-18 yrs 2.14/1000 1-18 yrs HL > 40dB HL increase from 0.7 to 2.4/1000 with age	County of Stockholm 40 yr perspective of childhood hearing impairment, N=1911 (Uhlen, et al 2020)

The initiation of school-aged hearing screening in the United States, was accompanied by school-aged vision screening and began in the state of Colorado in the 1950s, decades prior to the establishment of universal newborn hearing screening. The rationale at the time and continues to be that children with any degree of hearing loss have difficulties accessing the educational information presented within classrooms, as well as socially interacting with peers and teachers. Untreated hearing loss has been found to have negative impacts on attention and classroom behavior and has been negatively associated with socialization and emotional development. Universal early childhood and school-aged hearing screening should be considered a surveillance of sensory ability to access information in the classroom. Analysis of the survey results is underway, and results should be forthcoming in the near future.

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GEAR: Global Equity in Audiology Reimagined

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Overview

GEAR is an initiative of the International Society of Audiology to reflect its broader commitment to be "The Global Home of Audiology" with focus on supporting audiologists in low and middle-income countries, ensuring that diverse global experiences and expertise are recognized, represented, known and integrated into the audiology profession. The group was co-founded by Astrid van Wieringen (ISA-EC), Thais Morata (ISA-EC), Vidya Ramkumar (ISA member), Lucretia Peterson (ISA member). The initiative was disseminated through the ISA March 2025 newsletter

The primary aim of GEAR is to "foster an expansive and inclusive lens of audiology/hearing care that includes the Global South context, practices, resources, experiences, and expertise". Specifically, to understand the professional and research context of audiologists around the world (including challenges in low-resource countries), learn from each other, raise awareness, foster inclusion, recognize and disseminate success stories.

GEAR has established the following seven key objectives:

1. To disseminate the professional and research context of audiologists in the Global South/LMIC (including unique propositions/considerations in low-resource countries)
2. To promote mutual learning to increase engagement between Global North and Global South audiology/hearing care practitioners and researchers
3. To drive inclusion and representation of professionals and work from across the world including LMICs
4. To sensitize the audiology scientific community towards an expansive lens/view of audiology practiced in the Global South/resource limited regions
5. To share resources - knowledge, tools, and techniques among Global South communities
6. To promote collaborative research between Global North and Global South
7. To liaise with ISA management to enhance inclusivity

Actions Taken

Survey & Objectives Identification

A GEAR survey was conducted to understand the professional needs of the global south audiology community, and to verify the relevance of stated objectives of the group with the larger community. There was a significant participation 114 respondents. Following discussion and voting during a meeting, attendees identified and prioritized the top four objectives as:

1. Dissemination of the Global South context
2. Drive inclusion & global representation
3. Sharing resources among countries with similar scope of practices

4. Promote mutual learning & Engagement

International Society of Audiology (ISA) Support

The ISA has implemented the following concrete decisions and benefits for global south audiologists through GEAR:

- LMIC representative in the Executive Committee of ISA
- **Membership:** Professionals from low and middle-income countries can now join as full members with all benefits for $10 per 12 months.
- **Travel Grants:** Ten professionals from low and middle-income countries (according to the World Bank) will receive a $$3,000 travel grant to attend the 37th World Congress of Audiology (WCA) in Seoul, Korea from October 24-27, 2026.

The GEAR group of ISA is actively working on implementing actions to support all the identified objectives in the coming years.

Past and Upcoming Events

1. ## International Day of People with Disability, 3rd December 2025

   The theme for this year is **Fostering disability inclusive societies for advancing social progress,**
   https://www.idpwd.com.au/?gclsrc=aw.ds&gad_source=1&gad_campaignid=23098281319&gbraid=0AAAAAqWCYxHfTsbKcq1f-53fFDhxS_tBl&gclid=CjwKCAiA8bvIBhBJEiwAu5ayrAfnX5oned5v681AoNkbnCqRl7yAsr76QaFde4XPZbv0FOaMUzZX2xoC238QAvD_BwE
   We will be interviewing people with hearing loss from Australia, Germany, Saudi Arabia, and United States of America and finding out about their perspectives on living with a disability. Please listen to these interview from the 3rd of December (https://www.youtube.com/channel/UCX51qxN9Bu0oNti3qo5lT1g).

2. ## World Hearing Day, 3rd March 2026

   The theme this year is "**From communities to classrooms: hearing care for all children *Act now so no child is left behind due to ear or hearing problems***"
   https://www.who.int/campaigns/world-hearing-day/2026

3. ## Saudi Society for Speech language Pathology and Audiology (SSSPA) Conference, 11-12th of April, 2026 in Riyadh, Saudi Arabia and Online

   https://ssspa2026.com/
   The SSSPA Conference is the most comprehensive regular education event in the Gulf region for speech, language, and hearing professionals. Our conference will provide an opportunity to expand your knowledge in terms of research and updated evidence-based practice guidelines for clinical assessment and management.

4. ## 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

5. First Regional Conference of the IALP, 22nd-25th June, 2026, Belem, Brazil

The International Association of Communication Sciences and Disorder (IALP) and Sociedade Brasileira de Fonoaudiologia (SBFa) are pleased to invite you to the First Regional Conference of the IALP which will be held from 22nd June to 25th 2026 in Belém (Pará state, Brazil). The Conference theme is: *Building Connections and Solutions to Global Challenges in Communication Sciences and Disorders*.

An abstract submission system has been set up and is now open for the submission of oral presentations, posters and symposia until 24th February 2026. Approval of abstract submissions will be provided by no later than 2nd March 2026.

Brazil has almost 55 thousand phonoaudiologists (SLPs and audiologists) and the Sociedade Brasileira de Fonoaudiologia (SBFa) is deeply involved in preparing a special scientific and social program that offers exceptional opportunities for networking, knowledge exchange, and collaborative innovation.

Please follow us by visiting the Conference website: https://www.ialp2026.com/

We look forward to seeing many of you in Brazil.

Fernanda Dreux

IALP, VP for Education

6. IALP World Congress 2028

The next IALP Congress will be held in Prague, Czech Republic. The Affiliated Society AKL CR from Prague, Czech Republic, will host of the next IALP Congress in 2028.

Committee

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