



AUDINEWS

The Newsletter of the International Society of Audiology

WWW.ISA-Audiology.Org

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INTERNATIONAL BINAURAL SYMPOSIUM 2005 A GREAT SUCCESS!!

Celebrating the 25th Anniversary of the first International Binaural Hearing and Amplification meeting and the subsequent text edited by E. Robert Libby, the Medical Research Council Hearing and Communication Group of the UK, Siemens Hearing Instruments and the International Society of Audiology organized a landmark conference from October 29-31 in Manchester.

Special credit goes to Adrian Davis, Director of the MRC Hearing and Communication Group for organizing the Symposium. In his introduction, Davis said, "Hearing problems and tinnitus are a major public health issue throughout the world. We know that there are about 560 million people with bilateral hearing impairment in the world and this will grow to about 703 million by 2015.." He pointed



out that there have been great service improvements in the UK National Health Service hearing aid program, including greater provision of two hearing aids to those who "clinically need them". However, he cautioned, it is not clear that benefits stem entirely from fitting bilateral hearing aids, and he concluded "This issue is important! It has scientific, clinical and commercial consequences. It is also an issue that has much history..."



The 21 speakers discussed all aspects of binaural hearing, unilateral and bilateral hearing aid fittings and cochlear implants. A special supplement to the *International Journal of Audiology* will contain most of the papers presented and a CD specially prepared by the organizers will shortly be available to the nearly 200 attendees who came from all over the world. After a brief review of 25 years of research since the last meeting, there were specific sessions entitled: 1) Binaural Hearing - Psycho-acoustic considerations; 2) Binaural Hearing - Public Health perspectives; 3) Binaural Hearing Aids - Clinical considerations; 4) Binaural Hearing Aids - Evaluating patient needs; 5) Binaural Hearing and Bilateral hearing aids - Pediatric dimension; 6) Bilateral hearing aids - Meeting patient needs; and, 7) Bilateral Hearing Management - Lessons for all.



Inside this issue:

<i>International Binaural Symposium</i>	1
<i>Good Practice Guidance: President's Message</i>	2
<i>Research Minute: Animal Research & Auditory Function</i>	3
<i>Help with ISA History - Copenhagen Congress</i>	4
<i>Canadian Academy of Audiology Becomes Affiliated</i>	4
<i>Development of Digitally Recorded Speech Materials</i>	5
<i>ISA - A. Charles Holland Student Scholarships for the International Congress of Audiology</i>	6-7
<i>Humanitarian Audiology: Two Years In Romania</i>	8
<i>Audiology: The Public Health Perspective</i>	9
<i>Iberoamerican News: Government Actions in Brazil</i>	10-11
<i>Adieu...A Fond Farewell As Editor of AudineWS</i>	12



GOOD PRACTICE GUIDANCE

PRESIDENT'S MESSAGE

William Noble

An initiative of three interconnected areas of professional practice was begun during Dr Sharon Fujikawa's term as ISA President. Small working groups were established to draw up guidelines for areas considered to be of international relevance. The areas, in no priority order, are 1) hearing aid fitting and rehabilitation provision, 2) audiology education and training, and 3) professional conduct and ethics. Why do I say these are inter-connected? To the extent that appropriate hearing aid fittings and related rehabilitation provision depend on professional competence, there is a need for comprehensive and well designed education and training programs, and providers should be schooled in how to conduct themselves in ways that bring credit to their professions and practices. Professionals should have an appropriate understanding of ethical behavior, know how to treat clients/patients properly and know how to interact fairly with fellow professionals.

The International Society of Audiology does not see itself as any kind of arbiter in these three matters. It is expected that national and regional professional bodies in the more economically/politically developed world will already have given thought to and published documents concerning the areas in question. Rather, the Society aims to open up these matters for international consideration, especially in countries and regions where service provision is still developing. At the very least, good practice guidance proposals from an international body can help with local discussions about desirable improvements in the level of provision for clients. They can also help with improvements in the quality of education and training associated with professional recognition of audiologists and related personnel. If provision of optimal hearing services in all parts of the world is to be aimed for, guidance on such an achievement, borrowing from documents drafted by an international organization, should help. Besides that point, even in regions where services and education programs are more developed, there is always scope for deliberation about ways in which procedures can be improved, education programs extended, and professional conduct enhanced. It is a central aim of the International Society of Audiology to advance the cause of hearing care throughout the world. The good practice guidance documents represent one way of furthering that aim.

The three documents in question have been the subject of discussion within the Society, including formal presentations and discussion at the last International Congress of Audiology in Phoenix, Arizona (USA). This led to re-drafting. The revised documents are now on public display at the Society's website, and comment is still being sought from anyone who has an interest in the issues. Please send such comment to the ISA Assistant General Secretary. The documents will be open for comment until the end of February, 2006, at which time they will be revised and proposed to the General Assembly of the International Society for adoption as policy positions, in the case of the curriculum and best practice guidance documents, and for adoption as the Society's own code in the case of the Code of Ethical Conduct.

ICA_{ud} 2006

XXVIIIth
International
Congress
of
Audiology

3 - 7 SEPTEMBER 2006
INNSBRUCK
AUSTRIA

WWW.ISA-Audiology.org



THE RESEARCH MINUTE.....
 MARK KRUMM (mkaud2@hotmail.com)



ANIMAL RESEARCH
 THE CENTRAL NERVOUS SYSTEM
 AND
 AUDITORY FUNCTION

Although several good resources exist which discuss the central auditory nervous system (CANS) in humans, animal research also provides a rich source for ongoing discoveries about auditory functioning. While animal research must be scrutinized for generalization to the human CANS, researchers can provide a reasonable rationale for doing animal research in that the structure of the animal CANS is similar to that of the human system. Further, both animals and humans must differentiate between unimportant “noise” and meaningful complex acoustic stimuli for effective communication and survival. Therefore, animal researchers argue that even though the CANS structures are slightly different in other mammals and humans, we all process complex information similarly.

While many neural functions and structures have received attention, considerable research energy has been devoted to the inferior colliculus (IC). Investigators examining the IC have utilized a wide range of animals including bats, guinea pigs, and owls. An interesting article written by Takahashi et al (2003) provides a straightforward tutorial regarding the validity of animal research and how the IC operates in response to localization of sound. These researchers indicate that the barn owl is an excellent animal to study for IC research as the auditory structure is similar to that of humans and they have a similar brainstem organization. Further, barn owls (unlike rabbits and other animals) have stationary pinnae and can rely on interaural time and loudness differences for acoustic cues. Both the research paradigms and the results identified by Takahashi and his colleagues are interesting. They describe studies that attempted to measure the localization skills of the barn owl through a pupillary dilation response (PDR) that occurs in the presence of binaural stimuli. Sounds presented above the eyes were perceived in the right ear whereas sounds presented below the eyes were perceived as primarily in the left ear. These results suggest that barn owls can create an auditory spatial map in which they can effectively determine sound sources. Further, when the investigators electrically stimulated certain areas of the IC, the barn owl responded with attempts to localize the sound source. The implication of this work is that humans may have similar spatial capabilities which contribute to our localization skills and which are unique to the IC.

Yet another interesting function of the IC described through animal research is the inhibition of binaural stimuli. Li and Yue (2002) indicated that the IC may be implicated in the suppression of unwanted auditory stimuli such as acoustic reverberation or ambient noise. This could be achieved through engagement of a cognitive element that suppresses the neural activity of the auditory system. This suggests that basic auditory responses (such as the startle response) can be inhibited by higher neural structures. Such inhibitory behaviors are, according to Li and Yue, necessary for the survival of animals and perhaps humans.

While animal research does not always describe the human CANS exactly, this research can provide clues to human auditory system performance. For audiologists interested in auditory functioning, animal research provides a broad range of sources to use to examine the majesty of the CANS.

Takahashi T, Bala A, Spitzer M, Euston D, Spezio M, & Keller C. (2003) The synthesis and use of the owl's auditory space map. *Biol. Cybern.* 89:378–387.

Li L & Yue Q. (2002) Auditory gating processes and binaural inhibition in the inferior colliculus. *Hearing Research* 168:98-109.

Can You Help??

The 7th International Congress of Audiology was held in Copenhagen, Denmark in 1964. The President of the Congress was Dr. Ewertsen. In the ISA library of documents, program books and logos, there is nothing from that meeting. We are searching for any information there may be out there about that meeting. If you happen to have any books, pictures or materials from that meeting, please contact George Mencher at gtmisa@yahoo.com



IV PANAMERICAN CONGRESS OF AUDIOLOGY
XIII INTERNATIONAL SYMPOSIUM ON AUDIOLOGICAL MEDICINE
MEXICAN ASSN OF COMM, AUDIOLOGY, OTONEUROL & PHONIATIC

FIRST ANNOUNCEMENT
March 19-22, 2006
Mexico City, MEXICO

CONGRESS INFORMATION:

Mexico 2006 will have two sections, one devoted to Audiology and Otoneurology and another to Speech-Language Pathology and Voice Disorders. There will be plenary and concurrent sessions. Spanish and English will be the official languages, with complete simultaneous translation from Spanish to English of all scientific sessions

KEYNOTE LECTURES:

Auditory Processing Disorders: State of the Art - Jack Katz, PhD, USA
 Hearing Disorders And Its Treatment In The Ancient Civilizations - Dai Stephens, PhD, Wales, UK
 Balance Disorders: Diagnosis And Treatment - Richard Gans, PhD, USA
 Audiology In Transition: From Birth to Its Actual Situation To Its Future In The XXI Century
 Jack Katz, PhD, USA and Pedro Berruecos, MD, Mexico

FOR FURTHER INFORMATION GO TO: www.pasaudi.org

CANADIAN ACADEMY OF AUDIOLOGY BECOMES OFFICALLY AFFILIATED WITH ISA

ISA had a display booth, President Bill Noble was the Keynote Luncheon Speaker and George Mencher had an opportunity to address the attendees. ISA General Assembly Representative Kathy Pichora-Fuller explained to the group what affiliation with ISA means. CAA President Anne Griffin formally welcomed ISA delegates. All in all, it was a tremendously warm reception for us. Congratulations to CAA and a special "Welcome" to new ISA members who joined during the CAA meeting.



Development of Digitally Recorded Speech Audiometry Materials

Richard W. Harris (richard_harris@byu.edu)

The purpose of this paper is to describe techniques and procedures used during the development of digitally recorded speech audiometry materials in: English, Spanish, Italian, Brazilian Portuguese, Polish, Russian, Korean, Japanese, and Mandarin Chinese. For each language we have homogeneous stimuli to measure the SRT and homogeneous lists and half-lists to measure speech discrimination. Additional work is in progress to develop materials in French, Arabic, Turkish, Cantonese, Vietnamese, and Mandarin Chinese (Taiwan dialect), with additional languages planned in the future. These materials allow recorded presentation for speech audiometry (SRT and speech discrimination) with patients from many different countries around the world.



All recordings have been made in our large anechoic chamber where ambient noise levels have provided signal-to-noise ratios of approximately 60-65 dB. Recordings are being made currently using a 44.1 kHz sampling rate with 24-bit quantization. The frequency response of the recording apparatus we utilize is +/- 0.1 dB from 20-3000 Hz, +/- 1.0 dB from 3000-8000 Hz, and +/- 1.5 dB from 8000 through 18000 Hz. Stimuli selected for inclusion on the various speech audiometry CDs have generally consisted of either bisyllabic or trisyllabic words for SRT evaluation and either monosyllabic or bisyllabic words for speech discrimination lists (50 and 25 word lists). Words selected have typically come from the top 1000-2000 words in frequency usage dictionaries (when available). Initial test recordings for each of the languages have been made using at least six native speaking individuals (three males and three females). After making initial recordings of a number of words, sentences and conversational speech, we have had native judges evaluate the performance of each talker, rank ordering the talkers from best to worst based on vocal quality, dialect, and pronunciation. The highest ranked male and female talkers were selected as the talkers for all subsequent recordings. Following recordings the best token of each word production was selected for editing to equate the level to the calibration tone included on the test CDs. The best token of each word production was selected from the medial two recordings of each word with initial and final productions eliminated from consideration to minimize any order effects.

Once recordings were made and edited, the stimuli were evaluated on at least 20 normally hearing participants native to the language under development. The SRT stimuli were evaluated by presenting the 90-100 stimulus words to each subject in different random orders from -10 to 14 dB HL in 2 dB increments. The 250 speech discrimination stimuli were randomly assigned to 10 lists of 25 words each with each list subsequently presented at 10 different intensity levels from -5 to 40 dB HL.

Once data were collected logistic regression was utilized to calculate psychometric functions and predict threshold performance. From these data the SRT stimuli with the steepest psychometric function slopes were selected and edited to yield 50% thresholds at a level equal to the mean pure-tone average of the test subjects. This was done to improve the homogeneity of the words with respect to audibility and slope. The 200 best speech discrimination words were rank ordered according to difficulty and then assigned to each of four lists and eight half-lists to produce homogeneous lists of words for measurement of speech discrimination abilities.

The foreign language speech audiometry CDs are available for \$35.00 USD by contacting the author (Richard_harris@byu.edu). The charge covers the expense of the current CDs, and helps to defray the cost for future language CDs under development. The development of the speech audiometry materials has been made possible by funding from the David O. McKay School of Education at Brigham Young University and has been aided by collaboration with audiologists and other hearing research professionals throughout the world. We are grateful to all who have assisted us during these projects. We have a desire to continue development of similar materials in other languages and would be interested in collaborating with others who have a similar interest as there are many languages needing digitally recorded speech audiometry materials.



INTERNATIONAL CONGRESS OF AUDIOLOGY 2006 ISA - A. CHARLES HOLLAND STUDENT SCHOLARSHIP

INSTRUCTIONS AND APPLICATION

The Executive Board of the International Society of Audiology is pleased to offer student scholarships sponsored by the A. Charles Holland Foundation to the XXVIII International Congress of Audiology to be held September 3-7, 2006 in Innsbruck, Austria.

The scholarship is for \$1000 to help pay for:

- Registration fees for the ICA, all scholars must register for the Congress. There will be a student registration fee.
- Transportation/airfare to Innsbruck
- Hotel during Congress. Student housing will be offered.

REQUIREMENTS:

Students must be a full time student in an institution of higher learning taking courses in audiology and preferably working towards a degree in audiology or hearing science. Graduates who have completed their degree in 2006 may also apply. The student will submit an abstract and a 2 to 3 page description of original research, either clinical or basic science, together with a letter of recommendation from the research advisor. The Scientific Committee of ISA will judge each entry and determine the final scholars. Research will be presented in poster format at the time of the Congress.

SELECTION:

The Scientific Committee of the International Society of Audiology will judge the applications. An effort will be made to select scholars representing the worldwide make-up of the Society.

SUBMIT APPLICATIONS TO:

Sharon Fujikawa Brooks, Ph.D., Director of Audiology, UCI Medical Center
E-mail: sfujikaw@uci.edu – submissions by e-mail attachment are preferable.

Mail: Sharon Fujikawa Brook, Ph.D., Director of Audiology
UCI Medical Center
101 The City Drive South
Neurodiagnostics, Bldg 22C, Rte 13
Orange, CA , 92868 - USA

Fax: (01) 714-456 6908

DEADLINE FOR SUBMISSION: December 15, 2005.

Scholars will be notified by February 1, 2006.



**INTERNATIONAL CONGRESS OF AUDIOLOGY 2006
ISA - A. CHARLES HOLLAND STUDENT SCHOLARSHIP**

APPLICATION

Name of Applicant:

Applicant's Address:

Street

Apartment #

City

State/Province

Country

Date of Birth (Optional):

Sex: M F

School Name:

Year of Expected Graduation:

Advisor Name:

Advisor Title:

Advisor's Address:

Street

City

State/Province

Country

Title of Project/Research:

Attach required ABSTRACT AND 2 -3 PAGE DESCRIPTION OF RESEARCH and LETTER OF RECOMMENDATION by advisor to application.



HUMANITARIAN AUDIOLOGY: COMMITTEE PAGE

The purpose of this section is to provide regular articles of interest, announcements and general information about humanitarian efforts throughout the world. This issue will focus on a program in Romania. If you are involved in a humanitarian project anywhere in the world, and would like to share information with us, please contact

Christi Wise (wiseaudiologist@yahoo.com)

Reflections Of Two Years In Romania: The Status Of Audiology Care

Tricia Towle, Cluj-Napoca, Romania (ttowle07@cs.com)

Two years ago this month I came to Cluj-Napoca, Romania (in the northern state of Transylvania – yes, it exists!) as a humanitarian audiologist to re-establish the Romanian Hearing Project. I'm sure most of you have already heard that Romania ranks as the lowest for healthcare, along with Bulgaria, in Europe. But what is the status of audiology care and services?



First of all, audiology as a profession does not exist here. The highest training is for an audio-prothetist, 2 years of audiology and hearing aid training in the capital, Bucharest. ENT physicians can also obtain certification in audiology after 3 months of post-graduate training in Bucharest. I understand that in this country of 22 million, five ENT physicians have this certification. A well-known ENT physician who has concentrated his career in audiology runs the training program. Even though I have not visited his clinic, I understand that it is one of the only places in the country which houses the more advanced audiology equipment with testing procedures such as OAE, ABR and vestibular testing, among other things. I have had cause to wonder about the quality of the hearing aid training there because I have encountered individuals who seem to lack a basic understanding of some of the basic adjustments used with analog hearing aids. Further, testing is generally done by the ENT physicians, their nurses, audio-prothetists or by individuals employed in the hearing aid offices. From their medical training, ENT physicians are generally taught the basic battery of hearing testing (air and bone conduction). Speech testing is not done regularly as part of the test battery, nor is tympanometry. Bone conduction and masking are also generally not well understood.

So, how did I get here to even make these observations? I said at the beginning that I came to “re-establish” the Romanian Hearing Project. It was Mike Webb from Sierra Vista, AZ, another humanitarian audiologist, who came here 12 years ago and started the Romanian Project at the main ENT clinic. He left in 1997 and the project did not have anyone to run it for two years. When I arrived in 2003, I did not reestablish the program in the same clinic, but I ascertained that pediatric testing was the greatest need here in the city. It just so happened that at the same time two pediatric ENT physicians, Drs. Ene and Mihutz, were relocating to the main pediatric hospital. I felt it was in the best interests of the Romanian Hearing Project to join them, and so I agreed to partner with them. The hospital then agreed to include an Audiology Department in their renovation and constructed a pediatric testing room to become The Center for Early Detection of Hearing Loss in Children. ABR/OAE testing equipment was donated to the project, as well as a VRA testing unit. This month we tested some of our first patients!

In Cluj-Napoca, no OAE or ABR testing exists, nor does anyone appear to be well-trained in pediatric testing. In regards to newborn hearing screening, while I do not have country-wide information, the maternity hospital was performing OAE measurements on newborns, but the equipment is now broken. In regards to hearing aid availability – they are available if you can afford them. Since the average salary is around \$200/month and the average pension is \$100/month, few can afford them. The first phase of the Romania Hearing Project has included fitting people who otherwise would not be able to afford aids. Believe it or not - some people here are wearing hearing aids that are 20-25 years old! Thanks to the contributions to the Project from hearing aid manufacturers such as Qualitone, Starkey UK, Siemens, Phonak, Rexton, Beltone, Unitron, Oticon and Interton among others, I have been able to help people to hear better through better audiological and hearing aid care.



Audiology: The Public Health Perspective

Christa Theeman (clt6@cdc.gov)

Audiologists tend to primarily view audiology as a clinical science – like any other field of clinical medicine. A patient comes to see the hearing professional with a complaint; the professional identifies the problem and makes recommendations as to how to solve it; and (hopefully) the patient's difficulty is remediated. However, as with any other health field, audiology is also a public health science.

Obviously, clinical medicine and public health are not completely separate. However, looking at things from the public health perspective is somewhat different from looking at things from a clinical perspective. Clinically, the audiologist asks, "How well does this particular person hear?" From a public health standpoint, audiologists should ask, "How does this group of people hear? How is their hearing ability different from another group? Why?" Clinically, audiologists consider how a particular hearing loss can be repaired or rehabilitated; patients seldom present themselves until they have already sustained some type of hearing trouble. On the other hand, from a public health standpoint, audiologists should consider how to prevent hearing loss from occurring by promoting good hearing practices. Clinically, audiologists handle hearing loss by doing something to the patient, such as removing cerumen, fitting a hearing aid, or referring for medical care. On the public health side, audiologists need to prevent hearing loss by changing behaviors or changing the environment; for example, encouraging the use of hearing protection or advocating for reductions in noise levels. Clinically, audiologists see patients only when hearing loss occurs or changes; from the viewpoint of public health, audiologists should work on hearing loss prevention continually.

Across all the health sciences, the best treatment is prevention. But particularly in audiology, prevention is important because most hearing losses are permanent. So it is unfortunate that the public health aspects of audiology do not receive as much attention as the public health aspects of some other medical disciplines. Consider how many public health messages you have seen in the past month regarding exercise, smoking cessation, or good nutrition. But when was the last time you heard a public health message about the importance of hearing protection? Hearing health simply doesn't get much press. As a profession, audiologists need to work towards changing that. Audiology as a public health science must be proactive at all times to make progress in the prevention of hearing loss.

AudineWS would like to feature some aspect of public health audiology in each issue. In order to prevent hearing impairment, we need to understand which groups are most at risk for developing hearing loss and why. We need to look for unique opportunities to promote the prevention message – in communities, in workplaces, in schools, etc. We need to track our progress through a set of "Leading Audiologic Indicators." If you have information or a program or a suggestion you would like to share in this column, or a question you would like to see addressed from this perspective, please contact me.

Editor's Note: We hope that Public Health Perspectives will become an important column of the AudineWS. Epidemiological interests, qualification of disorders, prevention and programs to deal with all aspects of hearing impairment fall within this topic area. Please contribute to Christa Theeman and help us make a success of this section! gtm

DUES NOTICES FOR 2006 HAVE BEEN E-MAILED

PAY YOUR DUES ON LINE

(MEMBERS PAY \$65USD FOR 1 YR OR \$110USD FOR 2 YRS)

LOG ON TO WWW.ISA-AUDIOLOGY.ORG

IBEROAMERICAN NEWS

MOTIVACION

La creación de una sección especial en *Audinews* dedicada a asuntos Iberoamericanos, obedece a la búsqueda de un mecanismo de integración y de enlace, entre las diferentes organizaciones y profesionales en audiología de la región. Existe un número creciente de nuevos miembros de ISA en América Latina, y creemos que ésta es la plataforma perfecta para tal propósito. Siendo el español y el portugués los idiomas prevalentes en América Latina, hemos invitado a audiólogos de Brasil y de los demás países del sub-continente, a contribuir con esta sección. Nuestro propósito es establecer una red de comunicación que estimule el desarrollo de la audiología regional. La ISA es una organización madura y su liderazgo audiológico internacional contribuirá a satisfacer necesidades e inquietudes que buscan respuesta en la región. España y Portugal, en el continente europeo, también serán parte de este foro de intercambio clínico y académico. Esperamos ver esta nueva sección de *Audinews* creciendo y llenando expectativas. Bienvenidos todos y bienvenidos sus aportes.

MOTIVATION

The creation of a special area of the *Audinews* dedicated to Iberoamerican issues is in response to the search for a mechanism of integration and networking among the different organizations and professionals in audiology in the region. There is a growing number of new members from Latin America in ISA, and we believe the *Audinews* is the perfect platform for such a purpose. Given that Spanish and Portuguese are the more prevalent languages of Latin America, we have invited audiologists from Brazil and from other countries in the sub-continent to contribute to this section. Our aim is to establish a network of communication capable of stimulating and improving the development of regional audiology. ISA is a mature organization and its international audiology leadership will contribute toward meeting many needs and concerns in the region. Spain and Portugal on the European continent will also be part of this forum of clinical and academic exchange. We expect this new section in the *Audinews* to grow and meet many expectations. We welcome you and your contributions.

ações governamentais na área do diagnóstico e intervenção auditiva no Brasil

GOVERNMENT ACTIONS FOR DIAGNOSIS AND INTERVENTION FOR HEARING LOSS IN BRAZIL

Once it restricts the action of its bearer or prevents performance of a role in society, hearing impairment is one of the most disabling conditions. Further, it carries psychosocial implications for quality of life, compromising communication. Lack of proper acoustical stimulation in the first years of a child's life generates a language/learning delay, given that this is a critical period for language acquisition. Fortunately, nowadays, in Brazil it is possible to diagnose hearing impairment in newborn babies through objective assessment by means of ABR and evoked otoacoustic emissions, safe and fast procedures.

...Continued on Page 11



Katia de Almeida



Ieda C. P. Russo

A deficiência auditiva é uma das condições mais incapacitantes, pois limita a ação de seu portador ou o impede de desempenhar seu papel na sociedade de maneira plena. Além disso, acarreta sérias implicações psicossociais em sua qualidade de vida, comprometendo a comunicação. A falta de estimulação acústica nos primeiros anos de vida de uma criança gera uma lacuna de difícil recuperação, por tratar-se de um período crítico para o desenvolvimento de funções para a aquisição de linguagem. Felizmente, hoje em dia, na realidade brasileira, já é possível diagnosticar a deficiência

.... Continua na Página 11

GOVERNMENT ACTIONS IN BRAZIL...From Page 10

In 1999, the Brazilian Committee on Hearing Impairment in Childhood elaborated its first recommendation on the implementation of Universal Neonatal Hearing Screening – UNHS. That recommendation emphasized that all children must have their hearing evaluated at birth or by three months of age and, in case of confirmed hearing impairment, must receive auditory intervention before six months of age. Based on this recommendation, UNHS is being done in several different Brazilian States. Since September 2004, Brazil has had a *National Policy for Hearing Health Care* that organized a Hearing Centers States Network. It established the number and placement of centers in each state based on demographic, social and regional demand data, operating on three different levels of complexity (basic, middle and high).

Hearing health care actions at the basic level comprise: hearing health promotion as well as prevention and early identification of hearing impairment for the community in its different segments (i.e., pregnant women, newborns, preschool and school children, workers and the elderly). It provides informative and educational actions, family orientation and counseling, and referral to the median level service.

The median level includes specialized diagnosis and therapy, facilities, and equipment. In addition, it includes human resources integrated with the local and regional health system that is suited to people at risk for hearing loss or who are hearing impaired. The system offers hearing screening, hearing diagnosis, follow-up, hearing intervention, treatment, and hearing aids plus rehabilitation for children over three years of age, youngsters, workers and elders. The highest level offers the same facilities, focusing on children up to three years old, patients with associated neurological, psychological disorders, genetic syndromes, blindness, unilateral hearing losses and people who manifest any difficulty in undergoing traditional audiological evaluation in a lower complexity service.

The success of the *National Policy for Hearing Health Care* has been possible thanks to support and commitment from health professionals, and from a community well informed about the importance of hearing and its preservation.

Brazilian Academy of Audiology
XXI International Conference
Bauru (SP) Brazil, April 20 - 23rd 2006.
Website: www.audiologiabrasil.org.br
E-mail: audiologiabrasil@uol.com.br

AÇÕES GOVERNAMENTAIS NO BRASIL...Da Página 10

auditiva em recém-nascidos, submetendo-os a avaliações objetivas com o uso dos ABR e das EOA, procedimentos seguros e de rápida aplicação.

Em 1999 o Comitê Brasileiro sobre Perdas Auditivas na Infância elaborou sua primeira recomendação sobre a implantação da Triagem Auditiva Neonatal Universal - TANU, na qual é destacado o fato de que todas as crianças devem ter a sua audição testada ao nascimento ou no máximo até os três meses de idade e, em caso de deficiência auditiva confirmada, receber intervenção educacional até os seis meses. A partir desta recomendação, projetos de lei têm implantado a TANU nos vários Estados brasileiros. Desde setembro de 2004, o Brasil conta com a Política de Atenção à Saúde Auditiva, que estabelece a criação de Redes Estaduais pela execução das Ações de Saúde Auditiva na atenção básica, na média e na alta complexidade.

As Ações de Saúde Auditiva na atenção básica compreendem ações de promoção à saúde auditiva, de prevenção e identificação precoce de problemas auditivos junto à comunidade, nos diferentes segmentos: gestantes, recém-nascidos, pré-escolares, escolares, jovens, trabalhadores e idosos, assim como ações informativas e educativas e orientação familiar. Os serviços na média complexidade oferecem atenção diagnóstica e terapêutica especializada, instalações físicas, equipamentos e recursos humanos adequados ao atendimento às pessoas com risco para perda auditiva ou portadoras de deficiência auditiva, de forma articulada e integrada com o sistema local e regional, triagem e monitoramento da audição de neonatos, pré-escolares e escolares, diagnóstico, tratamento e reabilitação de perda auditiva em crianças a partir de três anos de idade, de jovens, de adultos, incluindo os trabalhadores e de idosos, respeitando as especificidades da avaliação e reabilitação exigidas para cada um desses segmentos. Os Serviços de Atenção à Saúde Auditiva na alta complexidade oferecem as mesmas facilidades, priorizando as crianças até três anos de idade, pacientes com afecções associadas sejam neurológicas, psicológicas, síndromes genéticas, cegueira, visão sub-normal, perdas unilaterais e aqueles que apresentarem dificuldades na realização da avaliação audiológica em serviço de menor complexidade.

O sucesso da implantação desta política de atenção à Saúde Auditiva no Brasil, vem sendo possível graças ao compromisso e apoio de todos os profissionais da área da saúde, e de uma comunidade informada sobre a importância da audição.

**ADIEU..... A FOND FAREWELL AS
EDITOR OF THE
AUDINEWS**



George Mencher

This is not only the final issue of the AudineWS for 2005, but it is also the final issue I will edit. I have had the pleasure of helping to revive and redevelop our newsletter since 2002. During that time we have progressed from a printed black and white version of 4 pages to an internet distribution of a full color document of up to 12 pages. It has not only been a period of phenomenal growth for ISA and the *AudineWS*, but also a fantastic opportunity for me to be creative and to help build a major benefit for all ISA members. I have been privileged to work with a wonderful Editorial Board, extremely supportive Executive Committees and a forward looking and growing organization. I thank all of you who have contributed along the way; all of you who have supported changes; and, all of you who have tolerated my mistakes and weird layouts. It has been a ball!!

Starting with the first issue of 2006, your editor will be Dr. Juan Jose Madriz-Alfaro (“JJ”) of Costa Rica. He has assisted me in the production of this issue as he has learned what is involved in producing the *AudineWS*. He has some wonderful ideas for expanding and changing the newsletter and for making it more meaningful to you, our members. He will need your help – just as I needed you help. Please contact him and let him know that you want to be a part of the *AudineWS*.

Finally, I want to say “Thank You” for allowing me to share the *AudineWS* with you. I still plan to play a major role in ISA and to continue on the Executive Committee. But transferring the AudineWS to JJ will ensure I have more time for my other ISA responsibilities and, perhaps even more importantly, it will involve other folks in ISA activities.

Thank you again..... and *Welcome* to Juan Jose Madriz-Alfaro (j13madriz@yahoo.com), your new editor!!

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