

# 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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## **IALP Congress Auckland, New Zealand, 20-24 August 2023**

After 7yrs of planning, a global pandemic and a recession, the Congress Planning Committee were delighted to finally welcome 1,000 delegates from 48 countries around the world to Auckland, New Zealand for the 32rd IALP Congress and the start of the celebration of 100yrs of IALP.

Visitors were warmly welcomed to Aotearoa, New Zealand by the local iwi (indigenous tribe) of the land, Ngāti Whātua Ōrakei and the honorable Marama Davidson (member of Parliament) in the opening ceremony. This marked the start of five fabulous day of waiata (singing), informative oral presentations and many moments to network over delicious kai (food) with both old and new friends.

The invited keynotes were Prof Gail Gillon, Prof Georgia Malandraki, Prof De Wet Swanepoel and the WHO representative, Antony Duttine. These rangatahi (leaders) inspired, challenged, motivated, and moved the audience. The discussants did a fabulous job of extending these topics and sharing their own insights. See here for more details - <https://ialpauckland2023.org/speakers-main-reports/>.

Wrapped around the scientific program was an equally energetic social program which included a half day excursion around wonderful local sites and an unforgettable gala dinner. The Congress dinner featured The Sandman, Marcus Winter who wowed the audience with his blend of storytelling with art and music – utter magic - [https://www.youtube.com/watch?v=EhDhU6\\_co58](https://www.youtube.com/watch?v=EhDhU6_co58). The evening was topped off with an overcrowded dance floor grooving into the early hours of the next day!

This Congress will go down in IALP history as the Congress in which delegates sang their hearts out and fed their souls. This could not have gone ahead without the years of work put in by the Congress Planning Committee who were members of the New Zealand Speech-language Therapists' Association (NZSTA) and the New Zealand Audiological Society and especially the NZSTA kaumātua (elder) Mātua Rukingi Huapapa and the IALP Executive Committee and Board.

Kia ora!

Philippa M. Friary

Congress Co-Chair

# REPORT

Professor Christie Yoshinaga-Itano

## 32<sup>nd</sup> World Congress of the IALP, 20-24<sup>th</sup> August 2022, Auckland, New Zealand:

The IALP Audiology Committee held a workshop on the role of the audiologists within transdisciplinary teams include cleft palate, reading disorders, autism spectrum disorder, and intellectual disabilities. Dr Shaza Saleh moderated the session and the panel consisted of Professors Christie Yoshinaga-Itano, Katrin Neumann, Mridula Sharma, and Suzanne Purdy.



The New Zealand audiology planning committee did an excellent job in organizing the audiology presentations for the IALP conference. The support of the New Zealand Audiological Society as a result of the work done by Karen Fuller and Holly Teagle resulted in the registration and attendance of about 300 audiologists, one third all of the attendees of this year's IALP conference. We think that this year's IALP conference in New Zealand had the highest number of audiologists ever attending, at least in our memories.

Many of the conference presentations, about 2/3 – 3/4 of the presentations were on topics that would be interesting to both Speech/Language Pathologists and Audiologists. Audiologists were included not only for the Audiology keynote by Dr. DeWet Swanepoel but also for the Speech/Language pathology keynote presentations. We believe that this was the first time that audiology perspectives were included in all keynotes in the conference. Our audiology panelists were outstanding even on topics that one does not typically think about audiology. There were a few sessions in the speech/language strands that also included audiology presentations, such as autism. When integration of audiology and speech pathology is attained throughout the whole conference it provides audiology attendees with more than one choice for each time slot.

There is quite an imbalance in the number of speech/language offerings and the number of audiology offerings each time slot. Audiology has typically had a single session each time slot. However, if Audiology continues to have one-third of the attendees, it would be an excellent opportunity to continue to ask for a better balance of audiology and speech/language sessions. In the Speech Pathology strands, there were about 4 different topic choices each time slot.

There were some excellent presentations at the conference. The Audiology committee panel that included cleft palate, auditory processing, intellectual disorders, and autism was well-attended and well-received. It was standing room only and the question-answer interaction was outstanding.

The time slots tended to follow the medical model of ten minute session. There is a constant pull between having as much representation as possible, with the largest number of presentations and the consideration of more indepth longer sessions that would allow

participants to take away more information, knowledge and skills. Perhaps a blend of ten minute and 20 minute sessions could be considered.

The New Zealand audiologists did a fantastic job of including a large number of rehabilitation/habilitation topics which would be of interest to both speech/language pathologists and audiologists. I heard remarks from participants that they were able to learn more about re/habilitation across the age range at the IALP conference than in any other audiology conference. So kudos to the New Zealand planning team.

The field of audiology has become quite specialized over the years and that means that there are a number of jobs that are exclusive to children while others are exclusive to adults. It is unclear whether audiologists who wish to gain up-to-date knowledge pertinent to their particular workplace would opt to attend IALP if only half of the presentations are applicable to their patient's age range. This may be something that should be considered in the future if we wish to attract the largest number of audiology participants to IALP conferences. Greater integration of audiology topics in all speech/language topics may have addressed this issue. However, that would have required an audiology representative on all planning committees and encouragement for proposals on specific topics from audiologists.

Only one presentation focused on electrophysiology. Because of the significant amount of research that is now being done with evoked potentials, future conferences might draw more audiologists as well as speech language pathologists with a significant increase in offerings. Electrophysiology is of interest to both speech/language and audiology. Other areas, such as cutting edge amplification technology were not included in the program, nor were topics such as gene therapies, stem cell work, or information on etiologies of hearing loss and treatments for example viruses. However, as stated earlier, the offerings were outstanding, focused and of great interest to both speech/language and audiology.

The conference had an excellent array of presentations on rehabilitation topics, such as counselling, quality of life. Perhaps one way to expand audiology offerings is for each committee to an audiology representative. A number of IALP committee topics are pertinent to both audiologists and speech/language pathologists:

- 1) Multilingual and Multicultural Affairs
- 2) Aphasia
- 3) Child Language
- 4) Cleft Palate and Cranialfacial
- 5) Telepractice Research and Practice
- 6) Augmentative and Alternative Communication

In order to accomplish this type of integration the Audiology committee would need to encourage proposal submission across these topics. Additionally, a number of audiology topics were in the program under speech/language sessions but they was not a way to easily access these offerings and they could be easily missed when going through the program.

If even one of the offerings in these speech/language topic areas could have a number of audiology presentations within them, there would be significantly more integration between audiology and speech/language.

Topics such as amplification technology issues for cleft palate and craniofacial populations or middle ear issues of this population and communication outcomes of a population with almost universal issues with hearing would be interesting, telepractice research and practice for audiology diagnosis, screening, amplification fitting (Hearing aids and cochlear implants) and intervention services could potentially be combined with early intervention/speech language therapy delivery through telepractice.

Many topics within multilingual and multicultural issues – especially the topic of early identification/intervention and home language priority – introduction of language of the country – and outcomes related to multilingual competence are of equal interest to both speech/language pathologists and audiologists. However, we have not yet achieved integration of audiology topics within these strands at the conference.

With more audiology representation, child language could also be encouraged to include auditory processing disorders and the overlap with significant language impairment and dyslexia should be an included topic. This might also be a way to integrate school screening for child language with hearing screening in the schools. With the advent of more and more automated technology, it has become easier to integrate child language and hearing screening in the schools.

It should also be possible to integrate sessions on Augmentative and Alternative Communication strategies that are being successfully used with both children with hearing loss and additional disabilities as well as those who have hearing loss only. There are clinical studies with collaborators from Cincinnati Children's Hospital and Denver Children's Hospital. Aphasia especially receptive aphasia and auditory processing and hearing loss would be appropriate topics for IALP.

The presence and visibility of Audiology in IALP was greatly increased and enhanced as a result of the New Zealand IALP and the work of the New Zealand audiologists.

Highlighting global work particularly in low-resourced countries is essential and could be one of the hallmarks of IALP audiology. Talks by Professor Vidya Ramkumar and Professor DeWet Swanepoel were exceptional. This audiology 1 breakout could also have been listed as both Audiology and Telepractice, as well as Multi-lingual/Multicultural– so that those interested in Telepractice in SLP might also attend. It would be fantastic if it were not competing, however, with another Telepractice session. Audiology 5 was on the topic of intellectual disabilities and hearing loss and was of great interest to SLP attendees but was labeled Audiology 5 and therefore, not as easily accessible to SLP attendees.

One drawback (though a great problem to have) to having mixed SLP/Audiology attendees in each of the sessions was that the rooms were not large enough to accommodate more than the Audiology attendees. So in many session, there was standing room only. Quite an accomplishment for the New Zealand Audiology team!!

Audiology IALP committee should encourage labeling sessions differently in order to encourage more cross-discipline attendance. For example, Audiology 2 session was about social emotional wellbeing and quality of life – topics that are of great interest to SLPs.

A dream and goal for future IALP conferences would be to have a minimum of two audiology strands – one in pediatrics and one in adults that would enhance registration of audiologists for future IALP conferences. Congratulations again to the great work of the New Zealand audiology team for their excellent conference.

### **Professor Katrin Neumann**

Dept. of Phoniatics and Pediatric Audiology, University Hospital Muenster, Germany



### **Work of Audiology Committee Members in the Rehabilitation Program of the WHO**

According to the WHO, approximately 2.4 billion people worldwide live with a health condition that would benefit from rehabilitation (Cieza et al. 2021). There was a of 63% between 1990 and 2019 of people who would benefit from rehabilitation. Rehabilitation aims to optimize the functioning of people with a corresponding need, secure their independence, reduce disability, enable them to participate in education, and work. It expands the focus of health beyond preventative and curative care to ensure that people can remain as independent as possible and participate in a meaningful life. In the future, the need for rehabilitation will further increase due to the changes in people's health status and the demographic population changes. People will be living longer and have more chronic diseases and disabilities that require rehabilitation. Nevertheless, rehabilitation is not prioritized in countries and is under-resourced. Therefore, in 2017 WHO launched its initiative “Rehabilitation 2030”. One of the main activities of this initiative was the development of the “Package of Interventions for Rehabilitation” (PIR). This package provides information on rehabilitation for the following target users: (a) Ministries of Health, to plan and budget packages for rehabilitation and integrate them into the national health services, (b) service planners and providers, to plan the integration and delivery of rehabilitation services, (c) academics, to inform the development of curricula and training materials, and (d) researchers, to address rehabilitation in future research (<https://www.who.int/activities/integrating-rehabilitation-into-health-systems/>).



*Dr Shaza Saleh*



*Dr Limor Lavie*

For the development of the PIR, initially 20 health conditions related to different disease areas that could benefit most from rehabilitation were selected according to their prevalence and disability weights from the Global Burden of Disease (GBD) 2016 study (Lancet 2017). Hearing loss was among these conditions. Thereafter, a Technical Working Group identified evidence-based rehabilitation interventions for each area, using Clinical Practice Guidelines and Systematic Cochrane Reviews. For each area, a Development Group then confirmed,

corroborated, and expanded the evidence found. The 12 members of the Hearing Loss Development Group included three were members of the IALP Audiology Committee (Katrin Neumann, Limor Lavie, and Shaza Saleh). Over several months of work and many virtual meetings led by WHO, the Development Group identified the necessary resource needs and allocated them to the service platforms. Afterwards, a Peer Review Group conducted domain-specific external peer review.

PIR measures relevant to hearing rehabilitation includes:

- screening for cognitive, mental, and visual impairments;
- audiometric assessment of hearing impairment at the screening and diagnostic levels, including speech audiometry;
- assessment of the speech, language, and communication abilities of the individual with hearing impairment;
- provision of hearing aids, cochlear or other hearing implants, and assistive technology;
- instruction in the use of hearing technology; auditory, speech, (phonetic and sign) language, and communication therapy;
- assessment of educational, school, and vocational status and counseling, training and support in these areas;
- assessment of participation in social life; structured group activities; self-management counseling and training; peer support;
- assessment of family and caregiver needs and their communication strategies with the individual;
- family-centered interventions, training and support for family members, families and caregivers.

Thus, the rehabilitation program advocated by WHO considers not only the hearing, speech, and language status of a person with hearing impairment and the fitting with hearing technology, but also the cognitive, mental, and visual functioning; the preferred mode of communication the communication strategies and skills, the involvement with family, caregivers, peer groups, immediate community, and society at large; and the support a person receives from those mentioned.

Internally at WHO, an alpha version of each PIR has been produced and tested for each disease area. Online and print materials have been produced and made available to the Ministries of Health of the WHO Member States and to the public. The PIR was launched on the 10-11<sup>th</sup> July 2023 during the 3rd Global Rehabilitation 2030 meeting, together with the foundation of a World Rehabilitation Alliance. Following this launch and a promotional campaign, the materials were integrated into the WHO OneHealth tool. The IALP Audiology Committee members are proud to have been involved in this important WHO work with global impact.

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### **Professor Wahab Oyedele Owolawi**

Professor and Pioneer Head of Department of Audiology and Speech-Language Therapy, University of Medical Sciences, Ondo State, Nigeria



## **Audiology Training and Services in Nigeria- The Journey So Far**

### Historical Background

A full audiological department was established in 2021 in Nigeria at the first specialized medical and health institution in Nigeria, the University of Medical Sciences, Ondo-City in Ondo State. This university was established by the Ondo State Government of Nigeria. Audiology and Speech-Language Therapy are housed under the first in the country Faculty of Medical Rehabilitation along with other courses such as Prosthetics and Orthotics, Physiotherapy and Occupational Therapy.

Previously, Audiology and Speech Pathology were studied as a course at the premier University of Nigeria, the University of Ibadan under the Department of Special Education, under the Faculty of Education. The Department of Special Education was established by the federal government of Nigeria in the academic year of 1976-1977. According to Alade, 1989, the academic programs provided by the Department of Special Education comprised of Speech Pathology and Audiology, Education of the visually handicapped children, Education of the hearing impaired, Education of the mentally retarded and learning-disabled children. At the inception it was a three-year Bachelor of Education degree. In the academic year of 1987-1988, the program was upgraded to a four-year Bachelor of Education program with additional courses such as Education of the physically handicapped children and Education of the gifted and talented children. The program later expanded by adding post-graduate courses with specialization. Students started graduating with master's degree in education with specialization in audiology and speech-language therapy or other areas of interest within the department. A PhD program also was added.

As expressed earlier, a full-fledged audiology training program in a medical/health institution did not occur until 2021 in Nigeria. In addition to the University of Ibadan, another federal institution named University of Jos, has a module of audiology within the Hearing Handicap course in the Department of Special Education.

Due to the staggering high prevalence of 8.5 million people with disabling hearing loss in Nigeria (WHO, 2018) and the gross inadequacy of manpower, it became imperative to work towards more academic and clinically enriched audiology training programs in the country. After several attempts of approaching Universities to create an audiology program in Nigeria (private and public institutions), one institution indicated interest through the College of Health Sciences Provost (Professor Adesegun O. Fatusi). It was wonderful news when the University (Obafemi Awolowo University, Ile-Ife) senate and council gave a positive nod to anchoring the program. Unfortunately, the program did not start. This may have been due to funding and other possible ancillary issues.

The unique opportunity came when National Universities Commission (NUC), the universities regulating agency, initiated a plan to overhaul the Nigerian Universities academic curriculum to be in tandem with the realities of the 21st century and beyond. Audiology and speech-language therapy programs were on the agenda. Professor Adesegun O. Fatusi, who moved as Provost of Health Sciences of Obafemi Awolowo University to the University of Medical Sciences, Ondo-City as Vice Chancellor, did not waste time in nominating both me and Prof. Julius Ademokoya of University of Ibadan, Special Education Department to represent Audiology and Speech-Language Therapy at NUC respectively.

Just as the curriculum was being developed, the Federal Government of Nigeria established a University of Health Sciences (Federal University of Health Sciences, Ila-Orangun, Osun State) with one of its major programs being Audiology. Fortunately, the curriculum for audiology and speech-language therapy programs received approval from NUC and were adopted as a template for other similar programs to be established in the country.

The Allied Health sub-committee of the NUC recommended that henceforth all audiology and speech pathology programs, being clinical courses, should be placed in medical/health-related institutions rather than the education faculty. Employing faculty is one of the current challenges faced by the new audiology program. Dr. James Hall, 3<sup>rd</sup> and Dr. Jackie Clark are volunteering as two adjuncts faculty members. We do immensely appreciate their offer of assistance. More assistance in terms of staff support, equipment, books and journals as well as collaboration with the University is much appreciated.

The audiology program was verified by the NUC team a few weeks ago and the program was given the green light to begin! There are currently 21 students who have chosen to study Audiology (B.Aud). The program kicks off this academic year 2023/2024. Audiology training program has ultimately come to birth in Nigeria. Appreciation goes to the Vice Chancellor, Professor Adesegun O. Fatusi for his passion, commitment, and unrelenting effort at seeing to it that audiology takes root in Nigeria as a 5-year rigorous training program comparable to other clinical courses in Nigerian universities and as an internationally recognized course of study.

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WHO. (2018). Prevalence level of disabling hearing loss in Nigeria.



## Committee

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Christine Yoshinago Itano (christie.yoshi@colorado.edu)	Chair-Audiology Sub-Committee on Scientific Publications
Doris Lewis (drlewis@uol.com.br)	Chair- Audiology Sub-Committee on S&T Agencies
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Shaza Saleh (shazasaleh@googlemail.com)	Chair-Audiology Sub-Committee on Cochlear Implant and other Technology applications
Mridula Sharma (mridula.sharma@mq.edu.au)	Chair Audiology Committee and Chair- Audiology Sub-Committee on Scientific Queries and Symposium
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