



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

AUSTRALIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY



SUBMISSION

Inquiry into the Hearing Health and Wellbeing of Australia

Date

23 December 2016

SUBMISSION

The Royal Australasian College of Surgeons (RACS) together with the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) provides the following submission to the Standing Committee on Health, Aged Care and Sport's *Inquiry into the Hearing Health and Wellbeing of Australia*.

Improving the health of Aboriginal and Torres Strait Islander Australians is a priority for both RACS and ASOHNS. This submission focuses on responding to point 4 of the Inquiry's Terms of Reference, specifically - Aboriginal and Torres Strait Islander ear health:

'Current access, support and cost of hearing health care for vulnerable populations, including: culturally and linguistically diverse people, the elderly, Aboriginal and Torres Strait Islanders and people living in rural and regional areas.'

RACS also supports the individual submission made by ASOHNS addressing all aspects of the inquiry. RACS is also able to nominate a representative to appear before any Inquiry hearings to further discuss this submission and answer associated questions.

Summary

The ongoing impact of ear disease on Aboriginal and Torres Strait Islander Australians is profound. RACS and ASOHNS acknowledge the significant work that researchers, clinical practitioners, health workers and surgeons have done and are continuing to do in investigating and treating chronic ear disease in Australia. In order to build upon these achievements and to enhance the effectiveness of access and support for ear health testing and treatment, RACS and ASOHNS recommend that:

- **A National Aboriginal and Torres Strait Islander Hearing Health Taskforce be established**
- **Hearing health be embedded in the Closing the Gap targets**

Access & Support

Culturally safe and appropriately targeted health services, combined with effectively coordinated outreach services are the essential foundation for improving health outcomes in Aboriginal and Torres Strait Islander communities. Across Australia there are many committed individuals and health services working to provide ear health testing and treatment to the communities they service.

State based programs such as Deadly Ears (QLD), Healthy Ears Healthy Kids (NSW), and WA (Earbus) etc. work closely with local communities, Aboriginal and Torres Strait Islander controlled health organisations, primary healthcare networks and other stakeholders. These efforts and the founding of state based programs and initiatives have had real success in diagnosing and treating ear disease and coordinating appropriate treatment.

RACS and ASOHNS strongly believe that preventative and early intervention healthcare measures are the most effective way to address hearing impairment. Importantly, more effective outcomes have been recognised where health services seek to address the social determinants of ear health, through auditory screening, access to general practitioners and specialist treatment, and training for families and schools in prevention and treatment.¹

One of the key barriers to continuous improvement in ear health services has been the lack of formal program evaluation. Across Australian states and territories evaluations have largely been piecemeal and have not led to the development of a consistent national approach to addressing Aboriginal and Torres Strait Islander ear disease. A 2014 Closing the Gap study acknowledged that:

This review of programs to prevent, treat and minimise the impact of ear disease and hearing loss in Indigenous children has found limited evidence of high-quality evaluations. Rigorous evaluations are required to properly assess a program's effect, whether it is achieving its objectives, and whether the program could successfully transfer to different places or groups of people. This last point is particularly important when considering the extension of programs and strategies implemented for non-Indigenous populations to Indigenous communities.²

This observation highlights the necessity for better collaboration and a review into the efficacy of ear health programs at the Commonwealth and state levels. Health impact assessments must be built into programs to ensure value for money.

In 2015 a Health Professional Solutions (HPS) evaluation of the rural workforce agency of Victoria (RWAV) also highlighted that:

'Access to specialist treatment and management was regularly identified as a major barrier to ear health services in the consultations for Healthy Ears. This includes:

- *Access to ENT Specialists (not only geographic access but also the financial access affected by high costs of local private providers)*
- *Audiologists for diagnostic assessments*
- *Speech Pathologists*

There were variations in the level of service gaps in these areas between each site and region. For example, the need for access to an ENT specialist in the Gippsland area was considered to be a very high priority by all ACCHOs, whereas in other areas (for example Mildura) it was considered that access to the local ENT was adequate at this stage.

Access to specialist treatment and management was generally considered to be the key service gap in the ear health service continuum across most locations due to the high cost of treatment, the long waiting lists and often the long distance required to travel to consulting and surgery services.'³

Improving the ability for all Aboriginal and Torres Strait Islanders to access services across all jurisdictions requires a coordinated effort to identify what approaches are working well and provide recommendations that will strengthen existing services and show where new services are required. The absence of a national strategy has meant that most programs operate in a highly individualised manner, without sufficient benchmarking of outcomes or recognition of best practice. The development of an evidence based best practice model to ear disease is required.

Costs

The personal and financial cost of the ongoing prevalence of ear disease among Aboriginal and Torres Strait Islanders is exponential. The continuing 90% prevalence rate of ear disease and deafness among Aboriginal and Torres Strait Islander children represents a clear barrier and risk to closing the gap priorities. It is now clearly recognised that hearing impairment is a key precursor to negative social and

behavioural issues, including learning difficulties, school absenteeism, poverty, violence and incarceration.⁴

Aboriginal and Torres Strait Islander children have a much higher incidence of middle ear disease and associated hearing loss throughout infancy and childhood than non-Aboriginal children. Acute otitis media (AOM) is a common middle ear infection affecting 1 in 10 Australian children each year, particularly children younger than 4 years of age. Otitis media with effusion (also known as glue ear or OME) or chronic suppurative otitis media (also known as runny ear or CSOM) are persistent and/or recurring infections that, if untreated, can cause long-term hearing loss.⁵

Conditions such as AOM, OME and CSOM can lead to delayed language development, poor auditory perception, and communication and interpersonal problems in young children. Poor auditory perception impacts significantly on a child's ability to learn, resulting in children leaving school early, often illiterate.⁶ Ongoing hearing impairment greatly affects Aboriginal and Torres Strait Islander children's ability to participate in the education system and contributes to other negative psychosocial outcomes.⁷

The links between ear disease, hearing loss and subsequent involvement in the criminal justice system are also now being acknowledged. A number of key studies have identified that a high proportion of Aboriginal and Torres Strait Islander juvenile detainees suffer from significant hearing deficits. Studies into the prevalence of hearing impairment amongst detainees in correctional facilities have identified that most have significant hearing loss.⁸

These impacts together represent a tremendous cost to the personal and community health and wellbeing of Aboriginal and Torres Strait Islanders. The economic burden associated with academic underachievement, lack of participation in the workforce and incarceration is subsequently assumed by Australian governments. Addressing hearing health is therefore a critical priority to realising both personal and economic growth and better outcomes in Aboriginal and Torres Strait Islander communities' health and wellbeing.

A dedicated national approach will focus on informing effective resource delivery, providing organisations with strategies to target service gaps and overcome barriers. Furthermore a national strategy will assist the Commonwealth government to allocate resources for addressing ear health in the most efficient and effective manner possible. Ensuring better coordination between the various layers of government can eliminate service duplication and enable reallocation of resources to better suit the priorities of communities.

Recommendation: A National Approach to Aboriginal and Torres Strait Islander Ear Health

The 2010 Senate inquiry *Hear us: Inquiry into Hearing Health in Australia* clearly established that a hearing crisis exists in Australian Aboriginal and Torres Strait Islander communities.⁹ This report made fourteen practical recommendations for taking action to improve the provision and coordination of Aboriginal and Torres Strait Islander ear health services. RACS and ASOHNS argue that while there has been some progress on recommendations, the call for nationally coordinated and consistent action on ear disease has not eventuated.

RACS and ASOHNS affirm the importance of developing a nationally consistent model of care for the testing and treatment of ear disease in Aboriginal and Torres Strait Islander communities. A national approach will build upon existing community approaches and programs, drawing upon programs that are working well and establishing national benchmarks for service delivery. In order to develop a national approach RACS and ASOHNS recommend the establishment of a Taskforce that will include key experts with strong Aboriginal and Torres Strait Islander representation, drawn from key stakeholder organisations.

The taskforce could evaluate:

- *Existing efficacy of health services addressing Aboriginal and Torres Strait Islander ear disease*
- *Levels of community engagement and partnership in ear disease prevention and management*
- *Views of Indigenous people on how to address hearing health in their communities*
- *Approaches to culturally appropriate service delivery*
- *Current systems of coordination of patient management and access to specialist service*
- *Funding strategies for primary healthcare, education and specialist health services*
- *Available data and reporting practices to facilitate a standard methodology to improve quality assessment*
- *Use and effectiveness of treatment guidelines*
- *Any other relevant area as determined by the taskforce*

The Taskforce's recommendations will provide the foundation for greater quality, access and efficiency of care and treatment – ensuring best practice and value for money in healthcare delivery. Developing a national approach will support governments, PHNs, ACCHOs and health practitioners in the provision of ear healthcare services across states and territories, ensuring that pathways and access to primary healthcare and specialist services are clear.

Recommendation: Hearing health be embedded in the Closing the Gap targets

The absence of ear health from the *Closing the Gap* targets is of great concern. The interdependence of the Closing the Gap targets and their reliance on achieving improvements in health and wellbeing make ear health of critical importance. The recognition of ear health as a key precursor to other negative social and behavioural impacts, including school absenteeism and involvement in the justice system magnifies its importance to the government's efforts to achieve all the Close the Gap targets. RACS and ASOHNS affirm that through the prioritisation of ear health in the Closing the Gap strategy and the establishment of a taskforce to develop a best practice plan for a national approach to ear health, we can make a significant contribution to the health and wellbeing of Aboriginal and Torres Strait Islander Australians.

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