ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

AUSTRALIAN SOCIETY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

SUBMISSION

Implementation Plan Advisory Group (IPAG) Consultation 2017

Date **5 May 2017**

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 Implementation Plan Advisory Group's (IPAG) consultation on the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.*

The Royal Australasian College of Surgeons and the Australian Society of Otolaryngology Head and Neck Surgery acknowledge Aboriginal and Torres Strait Islander peoples as the first inhabitants, traditional owners and custodians of Australia together with their continuing spiritual connection to land and sea.

RACS and ASOHNS recognise that improving the health of Aboriginal and Torres Strait Islander peoples is a public health priority. The Australian Government's *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* (the 'Plan') and its associated Implementation Plan provide a crucial strategy that underpins much of the government and non-government work aimed at addressing the social and cultural determinants of health. In particular the Plan places a strong and healthy cultural identity at the centre of priorities for action.

RACS and ASOHNS affirm the overarching vision and goal of the Plan to ensure 'The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable', and to undertake 'Targeted, evidence-based action that will contribute to achieving equality of health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2031.

In this submission RACS and ASOHNS have chosen to focus on the area of ear health. RACS and ASOHNS believe that ear health is currently underrepresented in the Plan, Implementation Plan and Closing the Gap targets. This issue also formed the basis of RACS and ASOHNS submission to the Standing Committee on Health, Aged Care and Sport's *Inquiry into the Hearing Health and Wellbeing of Australia* in late 2016.

RECOMMENDATIONS

1. Establish a Taskforce to develop and implement an evidence-based and expert led national framework to promote ear health and address the widespread incidence of ear disease.
2. Embed ear health in the Closing the Gap targets and the priorities and actions of the Plan and Implementation Plan.
3. Mandate nationally consistent standards for data collection on ear health and ear disease.
4. Ensure services are culturally safe, appropriately targeted, and effectively coordinated.

WHAT ARE THE GAPS IN THE CURRENT IMPLEMENTATION PLAN?

Ear disease directly impacts on the ability to achieve several of the Closing the Gap targets related to education and employment, and yet it is referenced only twice in the current Implementation Plan. Hearing health is central to an individual's ability to participate in society, acquire language and cognition skills, and ear disease is a barrier to the realisation of educational achievement, employment and general wellbeing.

As the Australian Government's Aboriginal and Torres Strait Islander Health Performance Framework acknowledges, the World Health Organization regards a prevalence of chronic suppurative otitis media (CSOM) of greater than 4% as a massive public health problem requiring urgent action. Ear disease was found in 30% of the 10,605 Indigenous children tested in prescribed areas (remote areas and town camps) between July 2007 and 30 June 2009 as part of the Northern Territory Emergency Response.

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 CSOM (also known as runny ear) are persistent and/or recurring infections that, if untreated, can cause long-term hearing loss.[1]

Conditions such as AOM, OME and CSOM can lead to delayed language development, poor auditory perception 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.[2] Ongoing hearing impairment greatly affects Aboriginal and Torres Strait Islander children's ability to participate in the education system, community life, family and ceremony and contributes to other negative psychosocial outcomes.[3] The ongoing effects of CSOM are seen in educational underperformance and school dropout which often leads to underemployment and involvement in criminal activity and the justice system.[4]

The Northern Territory Remote Aboriginal Investment: Ear and Hearing Health Program report showed that as at 30 June 2016, 2,462 children and young people were on the ENT teleotology service waiting list and 90% of them had an outstanding referral.[5] This indicates that even where children are having their hearing checked, their referrals are not being acted upon within the recommended wait time.

It is essential that better metrics are embedded in the Implementation Plan to ensure funding recipients are demonstrating outcomes rather than activities.

SUBMISSION

HOW CAN THE IMPLEMENTATION PLAN BE DESIGNED TO HIGHLIGHT THE INVOLVEMENT AND LEADERSHIP OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE?

RACS and ASOHNS affirm the important role of Aboriginal Community Controlled Health Organisations and Primary Health Care Networks in addressing the social and systemic causes of ear disease in Aboriginal and Torres Strait Islander communities. Early and ongoing intervention is critical in ear and hearing healthcare, with timely specialist referral available when required. As an Implementation Plan deliverable, RACS and ASOHNS believe there is an urgent need for an evidence-based expert led national framework, involving peak Aboriginal and Torres Strait Islander health bodies and experts, to promote ear health and address the widespread incidence of ear disease.

WHAT NEW ACTIONS ARE NEEDED TO ACCELERATE PROGRESS TOWARDS THE CLOSING THE GAP TARGETS? HOW COULD WE MEASURE SUCCESS AGAINST THESE NEW ISSUES?

A more targeted approach to service delivery which includes fundamental principles that are cross-jurisdictional is essential to improving ear health. A taskforce or expert group could develop such a framework, examining the:

- 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

Section 1C of the Implementation Plan commits to ensuring, '*Whole-of-life cycle health interventions are accessible and have a strong focus on prevention and early intervention to prevent mental health conditions and illness, chronic health conditions and injuries from occurring, including disability.'* A hearing framework could address this by embedding ear health checks and specialist referral firmly in preventative and early intervention healthcare measures. By placing a greater emphasis on measures such as general practitioner hearing checks, auditory screening, specialist treatment, and education for families and schools in prevention and treatment, we could realise a reduction on the crippling effect of chronic ear disease. [6]

A hearing health framework or strategy is also a good response to Strategy 3A of the Implementation Plan, which commits to ensuring, '*Actions for maintaining access to quality hearing services…have been considered in partnership with relevant state and Australian Government programmes*.'

WHAT ARE THE OVERLAPS BETWEEN COMMONWEALTH AND JURISDICTION-LEVEL INITIATIVES, AND HOW CAN THESE BE BEST RESOLVED?

A national ear health strategy would support Section 1D of the Plan *'Improved regional planning and coordination of healthcare services across sectors and providers.'* This would be achieved by providing guidance to health services, hospitals and governments on best practice implementation of hearing services. The development of a framework and best practice approach would allow knowledge sharing between state-based programs such as Deadly Ears (Qld), Healthy Ears Healthy Kids (NSW), and WA (Earbus), local communities, Aboriginal and Torres Strait Islander controlled health organisations, primary healthcare networks and other stakeholders. The absence of a national strategy has meant that most programs operate in a highly individualised manner, without sufficient benchmarking of outcomes.

WHICH ISSUES NEED MORE OR DIFFERENT DATA INDICATORS TO MEASURE SUCCESS OR IMPROVEMENT?

The importance of data collection is reflected in Strategy 1F of the Implementation Plan**,** *'Quality and completeness of data to support continued policy development and improved service design, planning and evaluation.'* RACS and ASOHNS emphasise the importance of nationally consistent standards for data collection on ear health and ear disease. A nationally consistent standard enables researchers and practitioners to accurately measure the burden of disease across jurisdictions and show where and how interventions are effective.

Consistent hearing health data will benefit all health practitioners involved in the care of children and young people, and this should also include teachers and schools who play an important role in recognising and addressing hearing deficit. The addition of data analysis from the Australian Early Development Census may also help provide a clearer picture of the prevalence of ear disease and identify individuals in need of assistance.

WHICH OF THE CURRENT 2013 PLANNED DELIVERABLES NEED TO BE REVISITED TO REFLECT CHANGED PRIORITIES, REVISED TARGETS OR NEW EVIDENCE?

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. 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.

To build upon these achievements and to enhance the effectiveness of access and support for ear health testing and treatment, RACS and ASOHNS recommend a dedicated national approach to focus on informing effective resource delivery, providing organisations with strategies to target service gaps and overcome barriers. 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.

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