

Report on Hearing Health in Australia

The **Senate Community Affairs References Committee** today tabled its report titled *Hear Us: Inquiry into Hearing Health in Australia*.

The report focuses on the prevalence of hearing loss in Australia and the issues faced by those who are hearing impaired. These issues include access and services, educational opportunities and lack of support in the criminal justice system.

The issues most commonly raised with the committee concern access and services. The committee has made a number of recommendations to address these issues.

The evidence shows there is a crisis in Indigenous ear and hearing health in Australia with Indigenous people suffering ear disease and hearing loss up to ten times the rate of non-Indigenous Australians.

The committee makes a number of recommendations which, if implemented, will address many of the issues raised during the inquiry.

The Report's Executive Summary and recommendations are attached. The full report may be accessed at: www.aph.gov.au/senate_ca. A hard copy of the report will be mailed to you.

For further information please contact the Committee Secretariat on 02 6277 3515 or email community.affairs.sen@aph.gov.au

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EXECUTIVE SUMMARY

One in six Australians suffers from some degree of hearing loss. By 2050 this is forecast to grow to one Australian in four. Hearing health is a mainstream health issue which touches the lives of most Australians in one way or another, yet as a public health issue it is not ranked as a national health priority. Australians with hearing loss must live with the paradox that their disability is so prevalent in our community, and yet suffers from a generally low level of awareness and understanding.

One message above all others came through from the evidence before this inquiry, and this message forms the title of this report: Hear Us. It is the message to a hearing society from people with a hearing loss who live the terrible isolation and frustration that is often their daily lot. It is the message to governments and funding bodies from the many volunteer support and representative groups who advocate to improve the lives of people with a hearing impairment. It is the message to program administrators from hearing health practitioners working within systems that need an overhaul. It is the message from researchers striving to advance our understanding of the causes of hearing loss, and the technologies that can improve the lives of future generations. It is the message from Indigenous Australians, for many of whom hearing loss is so pervasive it has become a normal and accepted part of growing up.

The forecast increased prevalence of hearing loss among Australians is largely driven by our ageing population. However over a third of all people with hearing loss acquired their impairment through preventable means. Workplace hearing damage is often associated with industrial work sites where people work with noisy machinery. A large proportion of rural workers and farmers suffer from acquired hearing loss, though the prevalence is falling among younger farmers.

Hearing loss can also be caused by diseases and disorders, including middle ear infections, growths in the ear canal and Meniere's Disease.

People exposed to acoustic shock can also suffer permanent hearing damage. The committee heard that armed services people who have been exposed to artillery explosions have been susceptible to acoustic shock in the past, as have call centre workers experiencing unexpected loud noise through telephone headsets.

There is a widespread concern in the community about the effects of personal music players on hearing loss, especially among young people. Whilst the proof that personal music players cause permanent hearing loss is ambiguous for now, expert opinion is that the potential is there if devices are played loud enough and over a long enough period of time.

The costs of hearing loss to Australia were estimated at \$11.75 billion in 2005, which represented 1.4 per cent of Australia's then Gross Domestic Product. The largest element of this cost, at over half the total, was lost wages and productivity among people with a hearing loss. The value to the nation of retaining or re-engaging people with a hearing loss in the workforce is thus huge.

The committee heard that hearing loss can affect people's physical health and emotional wellbeing. The economic cost of low workforce participation has been noted, but at the core of this lies the personal distress for individuals who stop working in their forties because they can no longer hear, or who work in jobs far below their capacity because their employers do not support them as well as they might.

For children who are diagnosed with hearing loss within the first six months of life, the chances are good that, with appropriate intervention and support, they will acquire good communication skills and be well equipped to engage with the world. For children whose hearing loss is not picked up at birth, or who acquire hearing loss later in life – a much greater number – their chances are more uncertain. Much will depend on when they are diagnosed, the choices their parents make, and the support they receive from school and from healthcare professionals.

The single issue most raised by submitters to the inquiry was that of eligibility to Australian Hearing services, and especially the cut off age of 21 years. At a time in their lives when they are studying, or not yet established in their careers, young Australians find themselves without the excellent care they have received to date, and often without the means to replace that care, or their hearing devices, in the private sector.

The costs of hearing loss to individual people can be very high, particularly for those who fall outside the eligibility criteria for Office of Hearing Services program support. Expenses include hearing aids at between \$3,000 and \$10,000 a pair, cochlear implant speech processors at between \$8,000 and \$12,000, batteries and maintenance, and special assistive devices such as flashing fire alarms and doorbells. Hearing aids and processors can need replacing every three to five years.

The committee heard from many submitters that the level of cover available for hearing devices from their private health insurers was minimal.

The cost of hearing aids has generated the establishment of hearing aid banks in most states and territories. These facilities recondition second hand hearing aids and make them available to people who cannot afford new aids.

Hearing assessment and support services are more difficult to access in regional and remote parts of Australia. Hearing care providers have trouble attracting and retaining qualified practitioners in these areas. People who need to travel to larger centres for audiological services are not eligible for Patient Assisted Travel Schemes.

Universal screening for newborns, a Council of Australian Governments initiative due for implementation by the end of 2010, was widely applauded by submitters to the inquiry. However the access to hearing screening for school aged children is more patchy, even though the benefits to the child and to society of early diagnosis, intervention and ongoing engagement with hearing health professionals are well known.

There is a level of concern among consumers of hearing health services that some in the hearing industry are more interested in selling hearing aids than improving the

lives of the hearing impaired. Representatives of the private hearing aid industry told the committee that unless they sell top-ups to government hearing aid vouchers, their businesses are not financially viable. The Department of Health and Ageing has amended eligibility for its voucher program so that it is better targeted toward those with the highest need.

Around 24 per cent of all Australians who would benefit from a hearing aid have one, which is comparable with international standards. There is an issue around the extent to which people use these hearing aids, however, with up to 30 per cent of hearing aids sitting in the bedside drawer unused, or not used as much as they could be.

Cochlear implants have been a great innovation for many people with hearing loss, with take-up expected to grow as the technology improves and widens user eligibility. The cost of the clinical aspects of implants are met from public funds, but for many people the cost of replacing speech processors must be met privately.

The committee heard about the research currently underway in hearing health, and about the gaps in the research field. Many researchers called for a national database that can facilitate follow up from the national newborn screening initiative. More research is needed around: the effects of recreational noise on permanent hearing loss; Occupational Noise Induced Hearing Loss; the relationship between health and hearing impairment; the effects of ototoxicity; and Meniere's Disease.

There is a place in Australia for a large-scale hearing health awareness-raising and education campaign. Such a campaign could have three aims: to target high-risk groups about preventable hearing loss; raise the general level of community awareness about hearing loss issues; and promote access to support and resources for people with a hearing loss.

There is a crisis in Indigenous ear and hearing health in Australia. Indigenous people suffer ear disease and hearing loss at up to ten times the rate of non-Indigenous Australians, and arguably the highest rate of any people in the world. The rate of middle ear infection (otitis media) among Indigenous Australians far exceeds the level that the World Health Organisation describes as 'a massive public health problem...which needs urgent attention'.

The root causes of such a high prevalence of otitis media are the home environmental conditions associated with poverty – overcrowded housing, poor nutrition, poor sanitation and passive smoking.

The consequences of early onset hearing loss can be devastating for Indigenous Australians. Their capacity to access education – arguably the best way out of the poverty cycle - is limited. The classroom facilities are often inadequate. Teachers and school leadership may be untrained to manage hearing loss in the classroom, or even unaware of the scale of the problem among Indigenous children. The momentum to demand improvements is slowed by a widespread acceptance among families and communities that chronic ear disease among Indigenous children is a normal part of growing up.

The extent of hearing loss among Indigenous Australians in custody is unknown, though informed estimates provided to the committee suggest that the incidence may be very high indeed. The implications for Indigenous Australians who may have been convicted and incarcerated with an undiagnosed hearing loss could be most profound.

Evidence was presented to the committee about a relationship between hearing impairment and a person's engagement with the criminal justice system. For Indigenous people with a hearing loss, whose first language - if they have one - is not English, this relationship can be disastrous. Engagement between Indigenous people with a hearing loss and police can spiral into confrontation, as police mistake deafness for insolence, or for cultural or language communication difficulties.

Inquiry recommendations by theme

This report, along with its recommendations, is structured around the terms of reference for the inquiry. These terms of reference provide a suitable framework for the conduct of the inquiry, and for presenting its findings. However the recommendations of the inquiry, when taken as a whole, can be usefully grouped into categories which reflect the priorities for hearing health as this committee sees them: education, criminal justice, access and services, awareness and research, and hearing loss among young people. The committee believes it is useful to re-present the inquiry recommendations here under these categories.

Access and services

Recommendation 2 (chapter four)

The committee recommends that the Department of Education, Employment and Workplace Relations engage with state and territory jurisdictions, and with employment and hearing loss peak bodies, to develop a 10 year strategy to better support, engage and retain hearing impaired Australians in the workforce. The strategy should be made publicly available, and detail annual performance targets and the level of resources committed to achieving them.

Recommendation 4 (chapter five)

The committee recommends that eligibility for the Australian Government Hearing Services Voucher Program be extended to include all Australians, subject to eligibility and a means test.

Recommendation 5 (chapter five)

The committee recommends that former child clients of Australian Hearing remain eligible for Australian Hearing support until the age of 25. This eligibility is to be subject to a means test. Former child clients of Australian Hearing who do not meet the means test are to have the option to access Australian Hearing support on a fee-for-service basis until the age of 25.

Recommendation 6 (chapter five)

The committee recommends that state and territory governments expand eligibility for Patient Assisted Travel Schemes to include support for people accessing audiological services.

Recommendation 7 (chapter five)

The committee recommends that the Commonwealth provide funding to expand services for hearing impaired children in rural and remote areas through e-technology based program such as that developed by the Royal Institute for Deaf and Blind Children.

Recommendation 9 (chapter five)

The committee recommends that the Audiological Society of Australia develop and make available to its members resources and professional development that promotes better understanding about the impact a diagnosis of hearing loss can have on people, and which provides resources and techniques for counselling and supporting people at the time of diagnosis.

Recommendation 11 (chapter five)

The committee recommends that the Office of Hearing Services engage with representatives of the hearing aid manufacturing and distribution industry, private providers of hearing health services, and hearing health consumers to investigate:

- (a) the relationship between the voucher program, top-ups and the financial viability of private health services; and
- (b) whether extending the capacity to audiologists to bulk bill Medicare directly for clinical services would have any impact on the financial viability of private health services (i.e. would it ameliorate the need to push 'top-ups' to stay viable?); and
- (c) that the findings of these investigations be made publicly available for the consideration of all hearing health stakeholders.

Recommendation 12 (chapter five)

The committee recommends that the Office of Hearing Services review its policy with regard to the replacement of damaged, lost or obsolete cochlear implant speech processors for eligible clients over 21 years of age, and if possible align it with the replacement policy for eligible clients less than 21 years of age.

Recommendation 13 (chapter five)

The committee recommends that the public counters in all government service shopfronts be accessible to people with a hearing impairment through the provision of hearing loop technology. The committee recommends that the Office of Hearing Services coordinate a project which sets targets toward that end for all government agencies, at all levels of government, and that these be publicly reported upon.

Recommendation 26 (chapter eight)

The committee recommends that the Department of Health and Ageing make the changes to Medicare necessary to enable specialists and practitioners to receive public funding support for ear health services provided remotely via ear telehealth.

Education and learning

Recommendation 3 (chapter four)

The committee recommends that the Department of Education, Employment and Workplace Relations engages with state and territory education systems, higher education providers of training for teachers of children with hearing impairment, and major stakeholders (including the Royal Institute for Deaf and Blind Children and parent representative bodies), to develop and implement an agreed national qualification standard for teachers of children with hearing impairment. This standard is to be benchmarked against international best practice.

Recommendation 8 (chapter five)

The committee recommends that the Council of Australian Governments extends its commitment for universal newborn hearing screening to include a hearing screening of all children on commencement of their first year of compulsory schooling. Given the crisis in ear health among Indigenous Australians, the committee believes urgent priority should be given to hearing screenings and follow up for all Indigenous children from remote communities on commencement of school.

Recommendation 10 (chapter five)

The committee recommends that education providers develop professional standards for interpreters working in educational environments. These standards should be based on existing standards, such as the National Accreditation Authority for Translators and Interpreters paraprofessional level accreditation, or the National Auslan Interpreter Booking and Payment Service / Australian Sign Language Interpreter's Association Deaf Relay Certification.

Recommendation 21 (chapter eight)

The committee recommends that the Department of Education, Employment and Workplace Relations and Department of Health and Ageing jointly establish a task force to work across portfolios and jurisdictions on a plan to systemically and sustainably address the educational needs of hearing impaired Indigenous Australian children.

Recommendation 22 (chapter eight)

The committee recommends that Australian Hearing be enabled under the *Australian Hearing Services Act 1991* to supply and maintain sound field systems for classrooms in all new classrooms, and in all existing classrooms where there is a significant population of Indigenous children.

Recommendation 23 (chapter eight)

The committee recommends that the Department of Health and Ageing work with the Department of Education, Employment and Workplace Relations to develop a program with Australian Hearing to:

- (a) supply and maintain sound field amplification systems and acoustic conditioning in all new classrooms, and in all existing classrooms where there is a significant population of Indigenous children; and
- (b) report publicly on where sound field amplification systems and acoustic conditioning are installed to assist parents in making informed choices about schools for their children.

Recommendation 24 (chapter eight)

The committee recommends that education providers ensure that teacher induction programs for teachers posted to schools in Indigenous communities emphasise the likelihood that hearing impairment among their students will be very high. Induction programs for these teachers must include training on the effects of hearing health on education, and effective, evidence-based teaching strategies to manage classrooms where a majority of children are hearing impaired.

Recommendation 25 (chapter eight)

The committee recommends that the Department of Education, Employment and Workplace Relations work with jurisdictions to develop accredited professional development programs for teachers and school leaders on the effects of hearing health on education, and effective evidence-based teaching strategies to manage classrooms with hearing impaired children.

Awareness-raising and research

Recommendation 14 (chapter six)

The committee recommends that the national data set and register for neonatal hearing screening, currently under development by the Neonatal Hearing Screening Working Group on behalf of the Australian Health Minister's Advisory Council, be expanded to include a national database which can:

- (a) track children through neonatal hearing screening, diagnosis and intervention;
- (b) record and report cognitive, linguistic, social and emotional development outcomes of children diagnosed at birth with a hearing loss; and
- (c) be expanded in future years to track all children diagnosed with a hearing impairment later in life.

Recommendation 16 (chapter six)

The committee recommends that Australian Governments continue to prioritise and fund research into occupational noise exposure. The focus of research should be informed by the results of the ‘*Getting heard: effective prevention of hazardous occupational noise*’ project, currently being undertaken by Safe Work Australia, and include investigation into the effectiveness of current legislation in limiting occupational noise exposure. Research should continue to develop understanding about the design of workplace equipment, hearing protection, and the long-term effects of acoustic shock and acoustic trauma.

Recommendation 17 (chapter six)

The committee recommends that Australian Governments prioritise and fund research into the reasons for the under use of hearing aids, and develop practicable strategies for hearing health practitioners to help overcome the under use in the community.

Recommendation 18 (chapter six)

The committee recommends that the Department of Health and Ageing work closely with Safe Work Australia to investigate the relationships between ototoxic substances and hearing impairment, and the possible implications for workplace safety practices.

Recommendation 19 (chapter six)

The committee recommends that the Department of Health and Ageing works with Meniere's Australia to identify opportunities for research into the prevalence of the Meniere's disease in Australia, rates of diagnosis, options for treatment and personal management, and the socio-economic impact of the disease, including on the employment and lifestyles of those affected.

Recommendation 20 (chapter seven)

The committee recommends that the Department of Health and Ageing provides funding for Australian Hearing to develop, in close consultation with major hearing health stakeholders, a national hearing health awareness and prevention education campaign. This campaign should have three dimensions. It should:

- (a) target those at highest risk of acquired hearing loss (including employers and employees in high-risk industries, farmers and rural workers, and young people) to improve their knowledge about hearing health and change risky behaviours;
- (b) raise the level of awareness about hearing health issues among the broader Australian population to help de-stigmatise hearing loss; and
- (c) promote access to support services for people who are hearing impaired.

Recommendation 29 (chapter eight)

The committee recommends that the Department of Health and Ageing:

- (a) provide funding and resources to manage a national biennial Indigenous ear health conference; and
- (b) make the outcomes of those conferences publicly available to assist researchers and practitioners in the field of hearing health.

Recommendation 30 (chapter eight)

The committee recommends that the Department of Health and Ageing work with state and territory health agencies to provide funding to support the continuation, promotion and expansion of the Ear Health Infonet.

Criminal Justice

Recommendation 27 (chapter eight)

The committee recommends that the Department of Health and Ageing work closely with state and territory jurisdictions to develop and implement a national plan which:

- (a) provides resources to conduct hearing assessments for all Australians serving custodial sentences who have never received such an assessment, including youths in juvenile detention; and
- (b) facilitates prisoner access to those hearing assessment; and
- (c) encourages a high level of participation in those hearing assessments; and
- (d) makes the findings of the hearing assessments available to the public (within privacy considerations).

Recommendation 28 (chapter eight)

The committee recommends that the relevant ombudsman in each state and territory conduct an audit of Australians serving custodial sentences, including youths in juvenile detention, and consider whether undiagnosed hearing impairment may have resulted in a miscarriage of justice and led to any unsafe convictions.

Recommendation 31 (chapter eight)

The committee recommends that guidelines for police interrogation of Indigenous Australians in each state and territory be amended to include a requirement that a hearing assessment be conducted on any Indigenous person who is having communication difficulties, irrespective of whether police officers consider that the communication difficulties are arising from language and cross-cultural issues.

Recommendation 32 (chapter eight)

The committee recommends that the National Judicial College of Australia work with state and territory jurisdictions to develop and deliver accredited professional development programs for judges, lawyers, police, correctional officers and court officials on the effects of hearing impairment on Indigenous engagement with the criminal justice system, and effective evidence-based techniques for engaging effectively with people with a hearing impairment in courtroom environments.

Recommendation 33 (chapter eight)

The committee recommends that hearing loops are available in interview rooms and public counters of all police stations, and in all courtrooms, and that loop receiver devices be made available for people without hearing aids.

Recommendation 34 (chapter eight)

The committee recommends that correctional facilities in which greater than 10 per cent of the population is Indigenous review their facilities and practices, and improve them so that the needs of hearing impaired prisoners are met.

Recreational hearing loss among young people

Recommendation 1 (chapter two)

The committee recommends that the Department of Health and Ageing work with the appropriate agencies and authorities to devise recreational noise safety regulations for entertainment venues. Specifically, where music is expected to be louder than a recommended safe level, that the venues be required to:

- (a) post prominent notices warning patrons that the noise level at that venue may be loud enough to cause hearing damage; and
- (b) make ear plugs freely available to all patrons.

Recommendation 15 (chapter six)

The committee recommends that the Australian Government fund the National Acoustic Laboratory to undertake longitudinal research into the long-term impacts of recreational noise, particularly exposure to personal music players.