

## **POSITION STATEMENT**

### **TITLE: AFFORDABLE ACCESS TO HEARING HEALTH SERVICES FOR LOW INCOME ADULTS**

#### **ISSUE:**

Deaf or hearing impaired adults with low incomes who are not eligible for the Commonwealth's Hearing Services Program are frequently unable to afford to access hearing health services or hearing aids. This results from the high costs of hearing aids and the exclusion of both aids and audiology/audiometry services from the Medicare program.

In Victoria some assistance for some eligible low-income people is available through the HEAR Service at the Victorian Deaf Society (Vicdeaf), which receives limited funding from the Department of Human Services for the 'therapy' component, i.e. the testing, fitting and adjustments, etc. of aids. The reduced cost results from Vicdeaf's operational decision to reduce the profit that it could make on an individual aid. Private clinics could make the same choice if they wished, consistent with their need for sufficient profit to be viable. In South Australia the DaCosta Benevolent fund administered by the Royal Adelaide Hospital provides health care card holders with up to \$1,000 per year towards hearing aids or Tinnitus devices. The hospital fits aids and provides full Tinnitus Retraining Therapy programs to low income people.

The only other known avenue for access to assistance is through a few second-hand hearing aid services (or banks) conducted by volunteers from some self-help consumer groups, university audiology clinics, and public hospitals in some States. These too have their limitations as only behind-the-ear aids can be offered and, by the time they are available as pre-used aids, they often have passed their use-by date.

Deaf or hearing impaired adults unable to afford hearing health services can suffer severely disadvantaged lives. Their ability to participate in training or employment, family or social life can be limited and their impairment places them at high risk of developing emotional health and interpersonal problems arising from communication difficulties and social isolation. Provision of some assistance for hearing health and aids would be economically beneficial to the nation if it enabled such people to resume or find employment, as well as being personally relieving for them, their families, friends and employers.

There is an essential inequity in Australia in the way hearing loss is regarded and funded compared with other health conditions. Hearing health care is not considered to be a primary health care area. Hearing aids are not treated as essential medical appliances. Rather, Deaf and hearing impaired adults are expected to budget for and purchase hearing aids as if they were discretionary consumer items. Hearing aids are not a luxury good. Hearing loss isolates and marginalises people and can be the cause of them moving in to a lower income bracket because they are unable to hold a higher paying position.

Hearing aids are expensive. When the costs of high quality professional advice and assistance are included, an aid usually costs upwards of \$2,000. This is because of the high technology involved, the professional services for fitting and adjustments bundled into the price, and the necessary profit margins. At best a 'package' of one basic hearing aid and aural rehabilitation would cost \$1,200 to \$1,400 in the private sector. The majority of people require two aids for effective rehabilitation of their communication difficulties and this simply puts hearing aids beyond the means of low-income people. The result is the socially unacceptable situation that the well-off have better access to aids in general, and to more expensive aids that provide superior assistance for severe hearing loss, than do the less well off.

The exclusion of audiological services and aids from Medicare benefits, and the sparse rebates provided by private health insurers, reinforces this inequity. Some financial relief is available within the rebates of personal income tax for medical expenses, but the threshold for gaining the rebate is high and the rebate itself is small and limited to those paying enough tax to benefit.

It is acknowledged that the Government intervenes in the hearing health industry to reduce this inequity with the Commonwealth's Hearing Service Program. However, given the number of low-income adults unable to access services because they fall outside the eligibility rules of this Program, the effectiveness and equity of this intervention on a total community level must be questioned.

Among adults, eligibility is restricted to Pension Concession Card Holders, people receiving Sickness Allowance from Centrelink, members of the Australian Defence Force, particular clients of the Department of Veterans' Affairs and some clients of the Commonwealth Rehabilitation Service. Thus most hearing-impaired people between the ages of 21 and 65 are excluded. Apart from the serious personal setbacks they experience because of their inability to access appropriate services and rehabilitation, the loss or reduction in potential productivity of this working age population is a major concern.

Disadvantaged Deaf or hearing impaired low income groups drawn to the attention of the Deafness Forum include:

- unemployed people on Newstart allowance (or equivalent).
- mature-aged students attempting to obtain or upgrade qualifications.
- young adults who have been clients of the Government's Hearing Services Program for children, and who face limited employment prospects resulting from the continuing effects of congenital deafness.
- young adults who have been clients of the Government's Hearing Services Program for children, and who have not yet completed their tertiary studies.
- low income adults who have not been clients of the Government's Hearing Services program as children but who, as persons with acquired deafness, find themselves in need of hearing aids to participate in a hearing world.
- employed people on low incomes whose budgets are fully extended with the expenses of family, mortgage, children's education etc.

- farmers of pensionable and non-pensionable age who are not able to retire for various valid economic and personal/family reasons.

Hearing impaired indigenous people are rarely eligible beyond childhood. Unemployment does not render them eligible and their regrettably shortened life spans mean that they often do not reach pension eligibility age.

The criteria for eligibility for the current government program lead to some curious inequities and anomalies. For example, (as at September 2002) aged couples in receipt of part pensions, owning their own homes and with assets up to \$447,500 and income up to \$52,000 per annum (the examples quoted in financial planners' advertisements) are both eligible for free hearing aids via the government's program. People who own neither home nor financial assets and live on unemployment benefits or low wages are not eligible. An example such as this makes it impossible to argue the case that scarce Government funds are being directed to those most in need.

Equity demands that the community find ways to extend low cost or free hearing services to low-income groups. Ideally, the Commonwealth's Hearing Services Program should be extended to include groups described above. If the government declines to make funds available to do this, the current scheme should be reviewed with a view to ensuring it reaches those people most in need. Means testing, and co-payments should at least be considered with a view to extending the scheme to more people. Alternatively, action should be taken with a view to ensuring that schemes such as that operating through Vicdeaf are available in all parts of Australia. Solutions must be found. The Australian community's conscience must be stirred and the inequities currently attached to hearing health care, removed.

## **POSITION:**

Low-income adults with hearing impairments should be provided with affordable access to low cost or free hearing health services and hearing aids.

## **COSTS OF POSITION:**

Cannot be fully assessed until position finally determined. Accurate costing will depend on availability of accurate statistical data. Savings achieved would offset costs; e.g. as a result of enabling assisted persons to become employed and pay more tax/receive less benefits.

## **RESEARCH BASIS:**

No specific research has been undertaken. The information in the remainder of this paper is based on views expressed by members of the Deafness Forum and others in some parts of the broader deafness sector.

**APPROVED:** Board - August 2003



**REVIEWED:** Board - 25 October 2004.

**DATE OF NEXT SCHEDULED REVIEW:** No review yet scheduled. A committee chaired by Deafness Forum Board member Margaret Robertson and comprising other interested Deafness Forum members is to be established to take responsibility for seeking implementation of the Position Statement.