

POSITION STATEMENT

TITLE: HEARING HEALTH – A NATIONAL HEALTH PRIORITY

ISSUE:

Approximately 4 million Australians are Deaf or have some amount of hearing impairment and a similar number of Australians live with chronic ear disorders.

Hearing impairment or deafness is a grossly underestimated public health problem in Australia. Recognition of this, and the implementation of strategies to stem the rising incidence of acquired hearing loss, offers the potential of long-term significant savings to both the public health and social security budgets.

The Deafness Forum has previously recommended (unsuccessfully) that the Commonwealth government set up an Inquiry into the Auditory Health of the Nation to establish:

- national research goals,
- co-ordinated, appropriate and cost-effective rehabilitation strategies, and
- on-going education/prevention programs.

As long ago as 1996, the Coalition stated in writing to the Deafness Forum that it supported “appropriate public and awareness strategies on deafness and hearing loss” and that it believed “prevention and early intervention is a serious national issue”.

The Health Priorities Branch of the Commonwealth Department of Health and Ageing has responsibility for focussing on improvements in the quality of the health care system. Its mission is to be the ‘premier integrating force for national efforts to improve the quality of health care in Australia’. However, until hearing health is accepted as a mainstream health care issue, the Health Priorities Branch will not even consider it.

Diabetes, cardiovascular disease and stroke, asthma, cancer and arthritis and musculoskeletal conditions are all important areas, so it is right that they are all part of the work of the Health Priorities Branch. However, deafness and ear disorders are also important. The Minister for Ageing has administrative responsibility for the Hearing Services Program.

A link on the Department of Health and Ageing’s Website connects users to a “HealthInsite” page, which states “Chronic conditions are those which are long term (lasting more than 6 months) and can have a significant impact on a person’s life. Chronic conditions can affect people of all ages. Many chronic conditions can be managed to minimise the severity of the symptoms and the impact on a person’s life. Management of chronic conditions may be through medication and/or significant

lifestyle changes (for example: dietary changes, taking up exercise programs and/or stress management techniques).”

The chronic conditions listed include those that are the focus of the Commonwealth Chronic Disease Prevention and Management Programs. None of Meniere’s Disease, Tinnitus, or Acoustic Neuroma is listed (although a search will identify articles on such subjects), despite the fact that they are long-term, have a significant impact on the lives of those who live with them, and can be managed through medication and/or lifestyle changes.

Although deafness is not a national health priority, one of the frequent outcomes of deafness is; namely, mental health. Injury prevention is another national health priority area, but this is about falls, drowning and poisons, rather than about such things as noise injuries that cause deafness.

It is important not to forget about the health of those that are already deaf. For them hearing health can go beyond the ears. For the young it can incorporate language acquisition and life opportunities, for the elderly it can be loneliness and depression, for the adolescent it can be poor self-esteem and social development. Therefore, hearing health also incorporates well-being, and the social and emotional issues of those who live their life as people who are Deaf or have a hearing impairment. Indeed hearing health also should encompass the full range of issues that flow from poor hearing health or “ears that do not work”. They would include quality of life, psychological factors, social functioning and intimate relationships, social isolation, education and employment, cognitive function and dementia, and mortality. The presence of measured hearing loss has been found to be associated with significant increases in community service use, reduced perception of general health, and self-prediction of future nursing home admission.

The Commonwealth government has recognised the associated issues to some extent in respect of the indigenous population at least; by adopting a policy principle to position ear health within a comprehensive, population-based approach to family, maternal and child health. Similar policy principles need to be adopted in respect of hearing health for the entire Australian population.

All people who have (or define themselves as having) deafness, hearing loss or disorders of the ear must receive the best care available, not only for their ears but also for all the other associated issues that arise and are part of hearing health. The requirement is for an adequate infrastructure to provide the full range of services needed in respect of hearing health and associated issues. There needs to be a focus on prevention, early intervention and risk awareness, but there also needs to be attention given to the whole gambit of associated physical and social hearing health care issues.

At the conclusion of his 2002 Libby Harricks Memorial Oration regarding the prevalence, risk factors, and impacts of hearing impairment in an older Australian population, Professor Paul Mitchell called for “a co-ordinated application to the Federal government for sensory impairment to be considered the 8th Australian National Health Priority” and sought support in that endeavour. Professor Mitchell

noted that the projections developed from the Blue Mountains Study confirmed the pressing need to increase the research effort into the relatively under-studied area of hearing impairment. He noted that such research could identify modifiable factors that, if targeted, might lead to a reduction in the incidence, severity, or progression of age-related hearing impairment, or could delay its onset. He also stated that, in its broadest sense, sensory impairment research in the USA draws around 10% of the National Institutes of Health budget. In Australia the proportion is much lower.

The National Public Health Partnership (NPHP) is responsible for identifying and developing strategic and integrated responses to public health priorities in Australia. It was established in 1996 as an ongoing mechanism between the Commonwealth and State and Territory Governments to coordinate and collaborate through clearly articulated roles and responsibilities.

The National Health Priority Action Council (NHPAC) was established as a sub-committee of the Australian Health Ministers' Advisory Council (AHMAC) in June 2000 focusing on action for effective care across the continuum of care. As the stewards of the national health priority areas initiative, the Council's role is to identify, advocate for, and facilitate action across the continuum of care. The National Health Priority Areas initiative is Australia's response to the World Health Organization's global strategy on health reform outlined in the report Health for all in the 21st Century. The initiative focuses on chronic diseases of significant health burden. It relies on collaboration between the Commonwealth, State, and Territory governments and draws upon expertise from a range of non-government, clinical and consumer groups. The initiative recognises that strategies for reducing the burden of chronic disease should work across the continuum of care, from prevention through to treatment and management, and be supported by a strong evidence base.

So, the Commonwealth, State, and Territory governments working in partnership decide upon national health priorities. The number of national health priority areas is finite to ensure that effective action on each one can be completed within a set time frame. The next review of the national health priority areas will occur in 2005.

At the 3rd National Deafness Sector Summit in May 2004, the Minister for Ageing stated that she understood the Deafness Forum's concerns. The Minister has asked for the hearing health issue to be brought to the attention of the secretariat of the NHPAC for consideration. She assured Summit delegates that providing health service and ensuring the aural health of Australians will remain an important focus of the Commonwealth government's health initiatives.

A range of other organisations has indicated agreement with the need for hearing health becoming a national health priority. The need has been drawn to the Prime Minister's attention. He too has advised that the matter has been referred to the NHPAC for consideration.

POSITION:



That hearing health be identified as a National Health Priority by the Commonwealth, State, and Territory governments.

COSTS OF POSITION:

No costing has been undertaken.

RESEARCH BASIS:

Access Economics 2006 *Listen Hear: The Economic Impact of Hearing Loss*

APPROVED: Board – November 2004.

REVIEWED: No review yet undertaken.

DATE OF NEXT SCHEDULED REVIEW: No review currently scheduled. A committee has been established to take responsibility for seeking implementation of the Position Statement.