

POSITION STATEMENT

TITLE: INDIGENOUS HEARING HEALTH

ISSUE:

The main cause of hearing loss among indigenous people (particularly in the Northern Territory) is otitis media (middle ear infection). In the Northern Territory it affects approximately half of all Aboriginal children and a quarter of adults. Around 9,000 of the current NT indigenous population will, as a result, be seriously disadvantaged throughout their lives. The health needs assessment within the North Queensland ATSIC zone in 1995 ranked ear infection as the fifth greatest problem for indigenous communities.

The first episode of acute otitis media may start as early as one month. By 12-18 months, 50-80% of children have evidence of chronic otitis media in one or both ears. By the time an Aboriginal child reaches 14 years, he or she is likely to have spent 24 months with the disease, contrasting with approximately 2 months for non-Aboriginal children. The reasons for the incidence of otitis media being much higher in indigenous children are considered to include:

- Reduced access to health care
- Poor immune response to introduced infections
- Poor nutrition
- Overcrowded accommodation
- Inadequate domestic waste and sewage arrangements
- Lack of good quality water
- Polluted swimming holes
- Low health expectations

Because of the very high levels of ear disease in the indigenous community, the level of conductive hearing loss is also very high. Different studies have found rates of hearing loss up to 70%.

The 'at-risk' factors for sensorineural hearing loss can also be higher for Aboriginal children. These include higher rates of prematurity, lower overall birth weights, and higher rates of meningitis.

In the Northern Territory there has been an increase in the presentation of sensorineural hearing loss due to antenatal and perinatal complications. This is overshadowed by the very high incidence of ear disease through middle otitis media.

Otitis media usually begins in infancy, most commonly following acute respiratory tract infection. The danger is that hearing loss at such an early age will have a negative effect on language and intellectual development.

Unless diagnosed and treated, otitis media continues in the school-aged child. The moment pupils cross the threshold of a classroom they are disadvantaged: a recent Menzies School of Health study has established a clear correlation between hearing loss and reading age. Unless a hearing loss is recognised by the teacher, the affected child will opt out of learning and incrementally continue to be disadvantaged throughout schooling.

“Learning Lessons”, a report on Indigenous Education in the Northern Territory, states that in one classroom 90% of children had no eardrums: in these circumstances, unless educational programs are developed to cope with hearing loss, it is a complete waste of time for the children to attend school. In no way can they fulfil their true potential and they will be severely disadvantaged in job procurement and coping with the requirements of modern life.

Studies show that changes in the middle ear or effusion of toxins through the oval window may result in permanent hearing loss. Consequently, there is a high prevalence of hearing loss in adults, with estimates ranging up to 40% in some communities. There is evidence that hearing loss may contribute to the high involvement of indigenous people in court proceedings within the criminal justice system.

The Deafness Forum has actively sought to raise the profile of indigenous hearing health. It encouraged the National Manager of the Office of Hearing Services (OHS) to visit the Northern Territory to learn about the issues first hand from NT people. In August 2002 that visit took place and it led to a number of positive steps being taken by OHS, including the appointment of an indigenous person to the then Hearing Services Advisory Committee for the first time.

In 2003 the Commonwealth Department of Health and Ageing released a Work Plan for Future Actions in Ear and Hearing Health. A number of the actions in that Plan have subsequently been implemented. Also in 2003, Deafness Forum advised OHS of its interest in ensuring that the Longitudinal Study of Indigenous Children (announced in the Government’s 2003-04 Budget) would examine the linkages between early childhood hearing health problems and later life experiences. OHS agreed the study would provide a very important opportunity for that. It undertook to make contact with the relevant area of the Department of Family and Community Services and the Office of Aboriginal and Torres Strait Islander Health about the matter.

The 2004 Libby Harricks Memorial Oration and a number of other presentations at the 3rd National Deafness Sector Summit focussed on the issue of indigenous hearing health. One of the indigenous presenters was, as a result, invited to make another presentation at another conference. Suggestions made at the Summit have been passed on to OHS and the Office of Disability. The Deafness Forum also put forward the names of two indigenous persons for co-option as Governors on the Board of the Australian Council of Social Service, which wants to strengthen its capacity and policy efforts in relation to indigenous issues. The Deafness Forum had a representative on an Office of Aboriginal and Torres Strait Islander Health Services committee that organised an indigenous hearing health seminar in June 2004.



POSITION:

That the Federal Government identify indigenous hearing health as a health priority requiring urgent and comprehensive action.

COSTS OF POSITION:

No specific costing has been undertaken by Deafness Forum.

RESEARCH BASIS: Further research is to be undertaken.

APPROVED: Board - 2 April 2001.

REVIEWED: Board - 24 March 2002, 25 October 2004.

DATE OF NEXT SCHEDULED REVIEW: No further review currently scheduled.