10 December 2019

The Honourable Tony Pagone QC and Ms Lynelle Briggs AO
Royal Commissioners
Royal Commision into Aged Care Quality and Safety
GPO Box 1151
Adelaide SA 5001

By email: ACRCenquiries@royalcommission.gov.au

Dear Royal Commissioners

Re: Hearing Health Sector Alliance – Submission to the Royal Commission into Aged Care Quality and Safety

The Hearing Health Sector Alliance (the Alliance) welcomes the opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety (the Royal Commission).

The Alliance was established in August 2019 to provide a unified voice from key representatives of the hearing health sector in Australia, including consumer groups, health professionals, industry associations and research organisations. Its members currently are:

- Audiology Australia
- Australian College of Audiology
- Better Hearing Australia
- Deafness Forum of Australia
- Ear Science Institute Australia
- First Voice (group)
- Hearing Business Alliance
- Hearing Care Industry Association
- National Acoustic Laboratories

Through this submission, the Alliance wishes to draw the Commission's attention to the importance and impact of hearing health care in the aged care context, which is often under-recognised and under-treated yet, is fundamental to everything an individual does in terms of their ability to communicate and their quality of life in aged care.

The importance of hearing health care within aged care has also been the focus of recent government inquiries, including the Australian Parliamentary Inquiry into the Hearing Health and Wellbeing of Australia[1] and the Roadmap for Hearing Health.[2] For instance, the *Roadmap for Hearing Health* emphasises that improving the quality of hearing health in aged care facilities across Australia is an important priority, with a particular focus on identification, management and workforce training.

Why hearing health should be a key priority in aged care facilities

Hearing loss is a relatively common condition that affects approximately one in seven people in Australia. In 2017, the prevalence of hearing loss was estimated to be 3.6 million Australians or 14.5% of the population. This is expected to more than double to 7.8 million people – or nearly one in every five Australians - who will be affected by hearing loss by 2060.[3]

Hearing loss particularly affects older Australians. It is estimated that hearing loss affects 37% of adults aged 61-70 years and more than 80% of adults older than 85 years of age.[4]

Within the aged care context, people living in aged care are more likely to have hearing loss than older Australians living in the general community and are more likely to have hearing loss together with other – often complex - health conditions.

Combined with Australia's growing older population, the Alliance considers that the hearing health care needs of people in aged care present a pressing current need and future challenge that is only going to grow over time.

The impacts of an unassessed or poorly managed hearing loss in older adults are profound. These include:

- **Social isolation and loneliness**
  Even mild hearing loss can create difficulties in conversation, leading to social isolation and feeling left out and abandoned [5] The lack of communication is often compounded by the fact that 40% of those living in residential aged care have no visitors throughout the year. Often other residents and staff members are their source of social interaction. Due to staff time constraints however, their interactions are often task orientated rather than meaningful conversations.[6] To hear aged care residents talk about their experience of hearing loss and how it has impacted on their quality of life please watch the first six minutes of the *Hearing Assistance in Aged Care* video.

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1 Parliament Standing Committee on Health and Aged Care (2017) I*nquiry into Hearing Health*

2 Roadmap for Hearing Health, 2019, Australian Department of Health

3 Deloittes, 2017, *The Social and Economic Costs of Hearing Loss in Australia*, ACT

4 Walling AD and Dickson GM. 2012, *Hearing loss in older adults*. Am Fam Physician 2012;85(12):1150

5 Aberdeen, L. and Fereiro, D., 2014, *Communicating with assistive listening devices and age-related hearing loss: perceptions of older Australians* Contemporary Nurse, Vol 47 (1–2), pp. 119-131; Slaughter, S, Hopper, T., Ickert, C. and Erin, D., 2014, *Identification of hearing loss among residents with dementia: perceptions of health care aides, Geriatric Nursing*, Vol 35 (6), pp. 434-440; Yaxley, L., 2017, *Up to 40 per cent of aged care residents get no visitors, minister Ken Wyatt says,* ABC https://www.abc.net.au/news/2017-10-25/aged-care-residents-suffering-from-loneliness,-ken-wyatt-says/9085782.

6 Ludlow, K., Mumford, V., Makeham, M., Braithwaite, J. and Greenfield, D., *The effects of hearing loss on person-centred care in residential aged care: a narrative review,* Geriatric Nursing, Vol 39 (3), pp 296-302

- **Greater vulnerability to anxiety and depression**
  Even a mild hearing loss if left untreated can lead to increased levels of anxiety and depression[7] [8] and less physical activity in older adults.[9]

- **Greater vulnerability to chronic disease**
  The combination of the above factors with higher levels of stress hormone cortisol, are strongly linked with loneliness, making older adults with a hearing loss also more vulnerable to chronic diseases including coronary heart disease.

- **Exhaustion and poor memory retention**
  Older adults with a hearing loss often suffer from increased levels of exhaustion from drawing heavily on the cognitive parts of their brain as they try to piece together fragments of conversation. Research has shown this increased cognitive effort is not only exhausting for older adults but also negatively affects their memory about those conversations.[10]

- **Increase likelihood of a fall is more than double normal hearing older adults**
  Falls are devastating for older adults. A recent systematic review and analysis of research found that the odds of falling were 2.4 times greater among older adults with hearing loss than older adults with normal hearing. [11]

- **Untreated hearing loss at mild levels has been shown to double dementia risk**
  Studies in the US at the John Hopkins Medical Centre have demonstrated that if left untreated a:
    - mild level hearing loss can double the risk of dementia;
    - moderate level hearing loss can triple the risk; and
    - severe level of hearing loss can increase the risk fivefold. [12]

- **Increase dependency**
  It is the Alliance's view that a person's level of dependency in aged care is correlated with effective hearing health care and that untreated or ineffectively treated hearing problems increase the level of care required. In addition, interactions with staff can be difficult, leading to anxiety and misunderstanding for both the resident and staff.

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7 Lin, F., Yaffe, K., Xia, J., Xue, Q., Harris, T., et al.,2013, *Hearing loss and cognitive decline in older adults*, JAMA Internal Medicine Vol 173, pp 293–299.
Strawbridge, W., Wallhagen, M., Shema, S., Kaplan, G., ,2000, *Negative Consequences of Hearing Impairment in Old Age A Longitudinal Analysis,* The Gerontologist, Vol 40, pp 320–326.

9 Hwang, J., Wang, L., Siever, J., Medico, T., Jones, C., 2019, *Loneliness and social isolation among older adults in a community exercise program: a qualitative study*, Aging & Mental Health, Vol.23(6), pp.736-74

10 Jos J., 2019, *The auditory brain and age-related hearing impairment*, Eggermont

11 Jiam, N., Li, C., Agrawal, Y., 2016, *Hearing loss and falls: A systematic review and meta-analysis,* Laryngoscope, Vol.126(11), pp.2587-2596

12 Lin, F., Metter, E., O'Brien, R., Resnick, S., Zonderman, A., and Ferrucci, L. ,2011, *Hearing loss and incident dementia*, Archives of Neurology, 68(2), pp 214 -220

Why is hearing health currently not a key priority in aged care facilities despite being critical to a resident's quality of life and health?

- **There is a common misconception that hearing loss is simply a part of ageing.**
  In fact, hearing aids or alternative listening devices can greatly improve a person's quality of life. Studies have also shown hearing aid use can also significantly reduce the odds of depression.[13] Recent research has highlighted that mid-life hearing loss was a significant, modifiable risk factor to reduce the risk of dementia.[14]

- **The "invisible disability" and competing "visible" government priorities**
  It is common that people with hearing difficulties try to hide their 'invisible' disability because of the stigma often attached to declining hearing. Many aged care facilities have overlooked hearing health and given attention to more "visible" disabilities and government priorities.

  The impact of delay in obtaining help is profound. Research has found:

- **Lack of staff training to ensure hearing loss is identified and treated promptly and on-going assistance provided**
  The systemic under recognition of hearing loss in older adults has led to a failure by many aged care facilities and educational institutions to adequately train staff. Hearing assistance is currently very rarely included in pre-service or in-service staff training or induction.

  While clinicians work to maximise and address the hearing health care needs of people living in residential aged care, they are not present to supervise or monitor these issues on a daily basis. Many older people require assistance to manage their hearing aids– especially those people with more complex health conditions - such as dementia, vision loss and physical impairments. This can mean that aged care residents require additional support to successfully use and manage their hearing health care needs and rely on residential aged care staff to accomplish this.

  Consistent feedback from clinicians who visit nursing homes reveal that most staff have little knowledge about hearing loss and ageing and how to appropriately communicate with people with hearing difficulties. In particular, maintenance and care of hearing aids or assistive listening devices is a crucial but often overlooked factor to maximise people's ability to hear and communicate. Common problems include: no batteries or flat batteries in hearing aids; filters, tubes and vents clogged with wax; hearing aids in boxes in their rooms and not in the ears; and devices not being kept safe overnight.

  Without adequate staff training and knowledge, this leaves residents unable to manage their devices on their own and may often leave residents with no ability to hear or communicate for an entire day or longer given that aids have not been

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13 Mener, D., Betz, J., Genther, D., Chen, D.and Lin, F., 2013, *Hearing Loss and Depression in Older Adults,* Journal of the American Geriatrics Society, Vol 61(9), pp 1627–1629

14 Livingston, G, Sommerland A, Orgeta V, Costafreda S, Huntley J, Ames D, Mukadam N, 2017, *Dementia prevention, intervention, and care*, The Lancet, Vol 390(10113), pp 2673-2734.

inserted into residents' ears or they are not working. It is also common to see staff simply yell at hard-of-hearing residents.

- **Individual's belief of ineffectiveness of, or poor value of, care options and lack of follow-up assistance**
  The Alliance considers effectiveness of treatment of hearing problems is negatively correlated with a person's delay in obtaining hearing health care. In our experience, the most common reasons for delaying or not seeking hearing care are related to an individual's belief of ineffectiveness of, or poor value of care options.

  Indeed a 2015 study found that around one third of hearing aids owned by Australians almost never leave the bottom drawer.[15] This is largely due to a failure to provide follow-up assistance and encouragement following their fitting to help wearers push through the acclimatisation period needed for the brain to relearn how to filter out un-useful sound.

  Hearing aids can be thoroughly beneficial but even the best hearing aids cannot replace being able to see the speaker's face and other communication cues. Creating a quieter environment for residents and other strategies (such as having effective wide area sound systems and other personal assistive listening devices can also be critically important.)

Royal Commission case study of Mrs DI

The difficulties that can arise from staff who are not familiar with, or focused on, hearing health care needs are highlighted by the Royal Commission case study of Mrs DI. Mrs DI had dementia and complex health needs, including hearing loss when she was admitted to a Sydney nursing home from hospital. She had hearing aids that she needed to wear all the time in both ears as she could not hear her family even if they were shouting.

Mrs DE – Mrs DI's daughter – gave evidence at the Royal Commission, stating that her mother's hearing aids were "essential to her sense of knowing where she was and being able to communicate and understand people around her".

Yet, the management of Mrs DI's hearing health care needs by nursing home staff was extremely inadequate, which frustrated and upset her family. Each time Mrs DE visited the nursing home, her mother was missing one or both hearing aids, leading Mrs DE having to order two new complete sets of hearing aids for her mother while she was at the nursing home. Alternatively, if the hearing aids were there, they did not work properly.
This made it difficult for Mrs DI to communicate with staff as she needed and detracted from her quality of life and dignity in the nursing home. This situation also continued despite several conversations Mrs DE had with the nursing staff about this and statements from the manager that she would make sure that the nurses on duty were aware of Mrs DI's hearing health care needs, to check the hearing aids were in each morning and follow a routine to make sure that the aids were not lost.

- **Failure to identify and treat hearing loss early enough**
  The brain is like a muscle. If certain parts of the brain are unstimulated, they start to reduce in size (cerebral atrophy). If no stimulation is provided people can even start to lose those brain pathways permanently. With hearing, it is a case of "use it or lose it". Untreated hearing loss has been shown to result in the loss of up to 40% of volume in the parts of the brain that deal with hearing, language, memory and speech. Early detection is vital for hearing aids to provide maximum benefit to the wearer.[16] Delay in taking corrective action usually makes adaptation to using hearing aids more difficult. The Alliance

15 Hogan, A., 2015, *Hearing impairment and hearing disability: towards a paradigm change in hearing services,* Routledge, London, UK

16 Campbell, A., 2019, *Catching the Mind Robber: Shortcuts to better hearing and a better life that may reduce your risk of dementia – A summary*

consider that effectiveness of treatment of hearing problems is negatively correlated with a person's delay in obtaining hearing health care.

- **Low importance placed on hearing during accreditation audits**
  The provision of hearing health care is an accreditation requirement for age care providers however it has traditionally been given very low priority. It is thought that a lack of awareness around hearing loss and also the lack of training for assessors is part of the problem.

  Deafness Forum of Australian (DFA) advocated to the Aged Care Quality and Safety Commission for greater recognition of hearing health. This led to the management of hearing loss being included in the Guidance document that accompanies the new Aged Care Quality Standards as being amongst **'high impact and high prevalence risks'** in aged care. The Guidance states that: "Hearing loss is a common condition in consumers. There is a clear link between hearing assistance and improving a consumer's quality of life. This includes less social isolation, stress and frustration, as well as reducing the risk of consumers developing medical conditions, such as depression" [17]

  DFA is also facilitating the involvement of statutory authority Hearing Australia to provide educational workshops for Quality Surveyors of the Aged Care Quality and Safety Commission to enhance their understanding of the hearing assistance which needs to be available to aged care consumers. It is hoped that more informed auditing of providers will improve the availability of satisfactory hearing assistance across the aged care sector.

Key difficulties experienced by hearing services providers in the provision of adequate services to aged care facilities

The *Roadmap for Hearing Health* recommends ensuring aged care assessment processes, including on entry to residential care, appropriately identify hearing loss and developing an ongoing screening and intervention program for aged care facilities.

The Alliance believes that hearing loss detection in the aged care environment is crucial to ensure the impact of hearing loss on individuals is minimised. As noted, unaddressed hearing loss can have significant individual and societal costs.

Key issues with providing hearing health care to aged care residents include:

- **The reimbursement of hearing services is primarily designed for in-clinic treatment and does not compensate provider travel**
  While Australia is one of the best providers of reimbursed hearing services to its older population in the world, feedback from Alliance members suggests that the Department of Health's Hearing Services Program (HSP) does not adequately cover the provision of hearing health care to Australians living in residential aged care.

[17] Aged Care Quality and Safety Commission (2019) *Guidance and Resources for Providers to support the Aged Care Quality Standards.*

The HSP funding model is primarily designed for in-clinic treatment operated by hearing service providers where registered hearing professionals (audiologists and audiometrists) have access to specialised equipment for testing and treating hearing, including rehabilitation, fitting and maintaining hearing devices.

Some hearing service providers provide hearing health care to aged care residents on site and may also offer basic training to aged care staff in hearing health care and management.

One key challenge is that the HSP does not recognise or compensate providers for travel to and from aged care facilities or for providing hearing health care training to aged care staff. As a consequence, outreach services may be restricted to those aged care facilities within a short distance of the clinic. Given the large number of residential care facilities in some local areas – hearing providers are not always able to visit aged care facilities due to a heavy clinical workload.

Unremunerated travel time represents an opportunity cost and financial disincentive for providers. Some hearing service providers treat investment in outreach to residential aged care facilities as part of their service to the community but – in the Alliance's view – this is not sustainable in a competitive business environment and is a significant disincentive for hearing health care service provision – especially in rural and remote areas.

- **Lack of transport to hearing health care centres**
  For a formal hearing assessment and treatment, aged care residents must be transported to and from a hearing clinic where highly specialised equipment is available. This may present a significant barrier for individuals to access hearing services.

- **Lack of consistency between facilities in how they approach hearing health**
  Alliance members report that another major factor in the delivery of hearing health care services is inconsistent policies and standards by aged care providers, leading to administrative burdens for hearing providers dealing with aged care facilities which have different policies, standards and expectations. This inconsistency is evident within regions (e.g. aged care facilities in the same or a neighbouring suburb) as well as aged care facilities operated by the same owner/manager.

- **Lack of consistent policies**
  Each facility's accreditation requirements for a hearing professional to deliver a service, such as:
  - screening requirements
  - access to transport or mobility to access outside services
  - training of staff
  - process for providing hearing assistance e.g. battery checking and storage of hearing aids.

- **Varying levels of appreciation**
  While some facilities are appreciative of having hearing health care services other clinicians reported that they were made to feel unwelcome and were a burden when

they visited and, as a result, now only go to see clients when directly contacted by the client themselves.

- **Varying levels of complexity**
  In addition, the complex hearing health care needs of many aged care residents means that the traditional model of hearing service provision consisting of standard audiological assessment and fitting of hearing aids is often not adequate.

- **Lack of consistent training of care staff to provide on-going assistance**
  If appropriate assistance is made available to residents, with hearing aids checked and inserted each morning, residents could have conversations with staff and visitors, participate in the facility's day to day activities and hear the news on the TV. If staff were aware of whether a hearing aid is working or not and/or how to troubleshoot to rectify these issues, it would contribute greatly to the quality of life of the residents in nursing homes. If such assistance is provided systematically and efficiently by trained staff it takes little time and benefits staff as well as residents.

  For all these reasons, it is vital that nursing home staff are better educated in hearing health care and that education about hearing health care is embedded in their professional development curriculum. In particular, the Alliance considers that the aged care workforce needs to be competent in helping residents manage their hearing aids on a daily basis and the residents need to feel confident that they are supported with management of their hearing aids, because residents have so much to gain in terms of their dignity and quality of life.

  Currently, training in hearing aid management is often given by hearing service providers at the provider's initiative. In practice, while hearing service providers do invest a lot of effort in training, the benefit of this training usually lies in relationship building with a facility rather than skills transferred.

  The Alliance wishes to highlight an example of a continuous improvement hearing health initiative, which commenced in 2011 at the IRT William Beach Gardens residential age care facility in NSW. The aim was to establish a comprehensive hearing assistance program for residents. Hearing Australia provided training for staff and volunteers and conducted regular clinics at the facility. A quiet, private room was made available for the clinics. Appointments were arranged in advance and it was ensured that residents arrived at the clinic on time. The clinicians brought with them the necessary equipment to assess the resident's hearing and possible fitting of hearing aids or alternative listening devices. Fitting was also undertaken at the onsite clinics.

  During this process, it also became evident that there was a serious deficiency across the aged care sector in both pre-service and in-service staff training in the provision of hearing assistance. There was also an absence of information to assist managers and supervisors in establishing efficient, systematic management of residents' hearing loss.

To help address this situation, DFA has created comprehensive training resources for pre-service and in-service training.

Recommendations

Things that residential aged care facilities can do to enable clinicians to provide more efficient and effective on-site hearing health care.

These measures include:

- preparing individual hearing and communication plans for clients with hearing difficulties.
- Consulting direct care staff on a client's abilities and needs consistent with new Aged Care Standards 1 and 3 .and ensuring that the consumer's condition, needs and preferences are documented and communicated within the organisation and with others where responsibility for care is shared.
- nominating one staff member to act as the liaison with clinician and who is a "hearing champion" to be involved with the hearing care of all residents – and who is always present on the day of clinicians' visits.
- consulting with clinicians regarding potential hearing health care strategies for residents, which may involve hearing aids, assistive listening devices or environmental changes to enhance communication.
- adopting a common routine for the care and maintenance of hearing aids. For instance, members provided examples of nursing homes that used the strategy of removing the hearing devices at bedtime and storing them. Storage containers should be labelled with some form of identification.
- having evaluation mechanisms to gauge the success of hearing health care treatment and support.

Use of the hearing assistance *Good Practice Guide* by the facilities on how to establish and maintain an effective hearing assistance program.

- DFA have developed the attached *Good Practice Guide* which includes:
- Staff hearing assistance responsibilities
- Pre-conditions for an effective hearing assistance program
- Underlying Arrangements
    - Staff knowledge and training (Personal Care Staff, Supervisory Staff, Hearing Assistance Champion)
    - The principal hearing services provider (for residential facilities)
    - Hearing Services Program
    - Home care hearing assistance plans
    - Appendices: Sample forms, A4 Prompt cards, Tips for talking with a hearing-impaired person, Common indicators of hearing loss, Advice on insurance for hearing aids, and operation of cochlear sound processors etc

Provision of in-service hearing assistance training to all direct care staff in aged care

To help address the obvious lack of staff training DFA has developed a number of free resources including:

- **A high quality DVD instructional video**
  The video is designed to fit within a 30-minute in-service session. The video includes:
  - Interviews with aged care residents talk about their experience of hearing loss and how hearing impairment has impacted on their quality of life
  - Effective ways of speaking to someone with a hearing loss
  - Skills for managing hearing aids and trouble shooting

  The DVD was created with the support of Hearing Australia staff, IRT staff and residents, volunteers, and a financial contribution from Cochlear Ltd
- **Online training module**
  The video has been incorporated into an online training packaging that is freely available through HEARnet Learning. It is ideal for CPD purposes and includes videos, multiple choice quizzes and a certificate of satisfactory completion is available. (Endorsed by Australian Nursing and Midwifery Federation and The Australian College of Audiology)
- **Prompt Cards**
  Designed as a practical aid for care staff and nurses in managing and troubleshooting clients' hearing aids. See Appendix 2 of the hearing assistance *Good Practice Guide*. These include inserting hearing aids into ear, removing and storing aids, changing a battery, washing moulds and tubing, common troubleshooting e.g. no sound for aid, whistling, weak sound and common signs that an older person may be suffering from a hearing loss
- ***Happy Hearing* app**
  It has been found that staff under pressure rarely have time to look up guides (with the probable exception of operating the sound processors of implantable devices which are generally unfamiliar to care staff at this time).
  The *Happy Hearing* app was developed to follow up on training and as a valuable on-the-job reference. The free app is available from Google Play or the App Store.

These resources are all available at: www.deafnessforum.org.au/resources/training-resources-in-hearing-assistance-in-aged-care-services-and-hospitals/

Greater inclusion of hearing health care and hearing assistance pre-service training

Inclusion of content for four teaching-learning modules produced for students and teaching staff in the curriculum of Diploma of Nursing HLT54115, Certificate III in Individual Support CHC33015 and in Cert IV in Ageing Support CHC43015 and also for CPD purposes.

- Module 1 – core skills for hearing assistance
- Module 2 – communicating with hearing impaired clients
- Module 3 – hearing assistance needs assessment and care planning
- Module 4 – hearing assistance implementation and evaluation

These resources are available at: www.deafnessforum.org.au/resources/teaching-learning-modules-accessing-them.

DFA also made representations to the Community Services and Health Industry Skills Council to seek inclusion of hearing assistance in the Certificate III in Individual Support. This led to a few references to 'sensory loss' and 'aids' in one unit of the Certificate III in Individual

Support. 'Hearing' was not mentioned specifically. Alliance members are concerned that the use of the 'sensory loss' medical grouping has masked hearing loss in both training and previous regulatory requirements. In the Alliance's view, this needs to be rectified in the new Certificate III in Care Support, which is currently being developed.

Acoustic environment of aged care facilities and use of alternative assistive listening devices

Another challenge to providing high quality hearing health care is the acoustic design of aged care facilities. This is a crucial element in promoting good hearing and communication within an aged care environment.

Yet, this is frequently not considered a high practical priority. Alliance members have highlighted that many nursing homes have acoustic and design environments that are not conducive to good one-to-one communication and residents' ability to hear was limited even when they had their hearing aids in place. This was due to factors such as high ceilings, hard uncarpeted floors, dark rooms and reflective walls. Effective surround sound systems are important in common rooms.

Acoustic design is also important for people with dementia who can be particularly affected by the acoustic environment. Even if people with dementia have normal hearing, they can lose the ability to interpret what they hear accurately – meaning the amount, type and variety of noise a person with dementia is exposed to needs to be carefully controlled as over or under exposure to noise can cause confusion, agitation and aggression.[18]

The *Roadmap for Hearing Health* recommends raising awareness and adoption of universal hearing-friendly principles in the design of residential aged care facilities.[19]

Therefore, the Alliance considers there is an ongoing need to design aged care facilities that are not only visually appealing but incorporate design that helps promote quality hearing and communication - for instance, acoustic panels in common social areas - to reduce background noise and reverberation.

Hearing aids are beneficial in situations where residents are experiencing hearing and communication difficulties, the need cannot be addressed appropriately through other means and the relevant person is likely to cope with a hearing aid. However, alternative audiological services, aids and equipment such as assistive listening devices may often better suit a person's situation. Environmental changes such as visual displays, captioned TV, amplified telephones, and changes to seating arrangements could also be more appropriate to meet the needs of many aged care recipients.

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18 Hayne, Michael and Fleming, Richard (2014) A*coustic design guidelines for dementia care facilities.* Proceedings of 43rd International Congress on Noise Control Engineering: Internoise 2014: 1-10. Australia. Australian Acoustical Society.

19 Roadmap for Hearing Health, 2019, Australian Department of Health.
Wyatt, K (2018) 'Dementia, Depression Warning Marks World Hearing Day: 2 March 2018 < <http://pandora.nla.gov.au/pan/159736/20180401-008/www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-wyatt025.html>.

Summary

In summary, the Alliance considers that there are practical and affordable solutions to address the disparity of hearing health care amongst older Australians in and out of aged care facilities, which would have a very positive health impact.

These include:

- using the *Good Practice Guide* and DFA training and information resources that focus on key hearing health care considerations including conducting hearing assessment of residents when they enter aged care facilities and regularly thereafter, basic care and maintenance of hearing aids and other practical approaches to the management of hearing loss in aged care facilities, including some procedures for visiting hearing health professionals.
- reviewing the funding model under the HSP for outreach services to aged care facilities in more remote locations.
- improving the acoustic design and environment of aged care facilities.

We would welcome the opportunity to discuss any aspect of this submission further with the Royal Commission. I can be contacted via the Alliance secretary Mr Steve Williamson at secretary@hearinghealthsectoralliance.com.au.

Yours sincerely

Dr Tony Coles
Chair
Hearing Health Sector Alliance