Meeting Communique: Addressing Critical Issues in Healthcare Access and Delivery for Aboriginal and Torres Strait Islander Communities.

Deafness Forum Australia Roundtable meeting

Facilitated by Professor Kelvin Kong AM

Canberra, 25 March 2024

During our Roundtable, we discussed pivotal aspects of healthcare access and delivery, focusing on the challenges and innovative solutions in the Ear, Nose, and Throat (ENT) services. Key actions and ideas emerged:

1. **Expansion of Audiologist-led Ear Nose and Throat Models**: Prof Kelvin Kong's successful implementation of an audiologist-led ENT model in Newcastle, NSW, has dramatically reduced waiting times, suggesting a viable blueprint for national adoption.

   A 'demand map' for service provision should be developed to allocate services better.

2. **Broadening Audiologist Deployment:** Innovations include deploying audiologists to prisons and juvenile detention centres and integrating them within Aboriginal Community Controlled primary health care services. This approach aims to view patients holistically and recognises the importance of comprehensive care.

3. **Revising Referral Pathways:** Traditional referral models are under review to streamline patient care and minimise delays. This involves enabling direct audiologist referrals to ENTs and fostering ongoing audiologist-primary health-ENT relationships.

4. **Re-evaluating of Healthcare KPIs:** Current Key Performance Indicators may not accurately reflect patient wellbeing, suggesting a need for metrics focused on patient outcomes rather than procedural statistics.

5. **Enhancing Regional Service Provision:** Mobile services were promoted to deliver surgical services directly to remote communities, addressing travel challenges and disconnect with community.

6. **Cultural Safety in Services:** The critical need for culturally safe healthcare services, including responsiveness and inclusivity in healthcare delivery to Aboriginal and Torres Strait Islander peoples, was emphasised.

7. **Addressing Gaps in Hearing Services Program**: Identified gaps for Aboriginal and Torres Strait Islander peoples aged 26 to 50 in the Hearing Services Program call for advocacy for broader coverage/eligibility.

8. **Support Throughout the Hearing Care Journey**: There is a need for enhanced support from Aboriginal Medical Services and capacity building among Aboriginal and Torres Strait Islander Hearing Health Workers to provide comprehensive care.
9. **Workforce Cultural Sensitivity Training:** Recognising the importance of engaging effectively with community members, the need for cultural sensitivity training for the healthcare workforce was supported.
10. **Funding Models:** Guaranteed, long-term government support is needed for community-endorsed models for programs and tools.
11. **Leveraging Newborn Screening Program Success:** The potential to replicate the success of the Newborn Screening Program in Indigenous ear health was recognised, emphasising the need for an integrated care pathway from birth.
12. **National Database for Health Trajectories:** A national database could track children's health trajectories and life outcomes, aiming for system-wide changes.
13. **Inclusion of 'Hearing' as a Closing the Gap Target:** This proposal proposes 'hearing' as a new target within the Closing the Gap framework to address its critical role in health and educational outcomes.
14. **Cross-departmental Collaboration:** The importance of collaboration between health, education, and social services departments was stressed to ensure comprehensive support for children's education and wellbeing.

Our discussions underscored the importance of innovative approaches, cultural sensitivity, and collaborative efforts in improving healthcare access and delivery for all Australians. We particularly focused on addressing the unique and urgent challenges faced by Aboriginal and Torres Strait Islander communities.

BACKGROUND

Attendees

In random order
Monica Barolits-McCabe Deputy CEO National Aboriginal Community Controlled Health Organisation
Paul Higginbotham Executive Director & Co-Founder Earbus Foundation
Trude Hallaraker Senior Audiologist | Community Outreach Lead for Ear Health Telethon Speech & Hearing
Amanda Wingett Lecturer, Indigenous Health Aboriginal and Torres Strait Islander Health Team

ANU School of Medical and Psychology
Lachlan Madden Head of Member engagement & Our Healthy Kids Aboriginal Health & Medical Research Council of NSW
Claudette (Sissy) Tyson Kuku Yalanji Aboriginal Research Officer/ Ear Health Southern Qld Excellence in Aboriginal and Torres Strait Islander Primary Health Care Metro South Health QLD
Letitia Campbell PRACTICE MANAGER Wiradjuri Kalwun Development Corporation QLD
Susanne Tegen Chief Executive National Rural Health Alliance
Julie Tongs OAM CEO Winnunga Nimmityjah (Strong Health) Aboriginal Health and Community Services CANBERRA
Jamie Newman CEO and Managing Director Orange Aboriginal Medical Service
Samantha Harkus Research Partnerships, Aboriginal & Torres Strait Hearing Health National Acoustics Laboratories
Prof Catherine McMahon Chief Investigator, Aboriginal Children's Hearing Health Program Macquarie University
Kim Terrell Managing Director Hearing Australia
Dr Lana Leslie Stakeholder Manager First Nations Unit Hearing Australia
Kirralee Cross Cultural Leads First Nations Unit Hearing Australia
Chris Carlile Assistant Secretary Hearing Services and Chronic Conditions Branch Department of Health & Aged Care
David Brady Chair Deafness Forum Australia
OBSERVERS
Deafness Forum Australia staff and directors
Claire Clack

Director First Nations Health Division Department of Health & Aged Care
Lauren Weeding Assistant Director Maternal, Child and Youth Section First Nations Health Division Department of Health & Aged Care

Summary of Roundtable Discussions.

The discussions centred on critical issues in healthcare access and delivery, focusing on the shortage of ENT surgeons, highlighting Kelvin Kong's successful audiologist-led model in Newcastle that reduced waiting lists significantly, suggesting a potential blueprint for broader application. The importance of creating a 'demand map' for service provision was underscored, aiming to improve service allocation by surveying healthcare providers across various sectors. Innovations in audiologist deployment were discussed, including extending services to prisons and juvenile detention centres and integrating in-house audiologists within Aboriginal Medical Services*, emphasising a holistic approach to health that sees the "whole person."

*The potential benefits of this include providing in-house supervision of health workers and/or practitioners studying audiometry; diagnostic assessments; support to families with ENT referral processes; provision of detailed reports to ENTs; links to hearing rehab and speech services; education and upskilling of health staff; community knowledge-building.

The necessity of revising traditional referral pathways was broadly supported to expedite care and avoid bureaucratic delays, advocating for a model that fosters ongoing relationships between patients and their families, audiologists, primary health practitioners, and ENTs. Concerns were raised about the current healthcare Key Performance Indicators potentially obscuring the true extent of waiting lists, suggesting a shift towards outcomes that more accurately reflect patient wellbeing.

Participants explored enhancing regional service provision, including the concept of a 'mobile operating truck' to bring surgical services closer to remote communities, addressing the disorientation and logistical challenges faced by those needing to travel to major cities for care. The discussions also covered the critical need for cultural safety in services, emphasising responsiveness and inclusivity in healthcare delivery.

Gaps in the Hearing Services Program were identified, notably the lack of coverage for First Nations people between 26 and 50. The broader issue of hearing aid accessibility, including the potential (but not preferred) for second-hand hearing aids as a temporary solution, was also highlighted. The importance of supporting individuals throughout their hearing care journey was discussed, with a call for enhanced wrap-around support from Aboriginal Medical Services and capacity building among Aboriginal and Torres Strait Islander Hearing Health Workers.

The need for workforce cultural sensitivity training was discussed, recognizing the value of effectively engaging with community members and the importance of reflective practices in healthcare training. Debates on funding models touched on re-examining support for initiatives like Sound Scouts, but there was more support for community-endorsed tools.

Applying lessons from the Newborn Screening Program, there was consensus on the potential to replicate its success in indigenous ear health, emphasising the importance of an integrated care

pathway from birth. The discussion extended to the potential for a national database to track children's health trajectories, with a view towards system-wide change akin to the NDIS model.

The inclusion of 'hearing' as a Closing the Gap target was proposed, recognising its critical role in broader health and educational outcomes. Finally, cross-departmental collaboration, especially between health, education, and social services, was stressed to ensure comprehensive support for children's engagement in education and overall wellbeing.

Meeting notes - Issues Raised.

- **ENT access** shortage of access to ENT surgeons in Canberra – only one bulk bills. Kelvin Kong outlined a model in which he is working with an audiologist-led model in Newcastle that has truncated waiting lists from 4 years to 23 days, serving the needs of over 200 children.

  *What it would take to expand/replicate this model elsewhere)

- **Demand/Service data** Need for a 'demand map' for service provision. Kelvin working is with ENT surgeons' society surveying all AMS's, ENTs and Primary care providers

  *How can we all support this work?

- **Deployment of audiologist beyond usual settings**
    - **Audiologists into prison and juvenile detention centre** in Canberra. Opportunities for implementation elsewhere?
    - **An 'in-house' audiologist for AMS's – a model to consider more broadly?** Winnunga Nimmityjah Aboriginal Health and Community Services (in the ACT) employs of an in-house audiologist 2 days a week. Considers it important to see 'the whole person not just body parts, so it makes sense to us' to have this arrangement. Should funding for an audiologist be part of an AMS budget? Prioritise prevention– intervention rather than end treatment – a model of care for hearing health and deafness.'

- **Changing the traditional referral pathway?** Can the 'traditional model' of referral be challenged to enable audiologists get onto ENTs (?) quickly on behalf of a child, and avoid double appointments (avoid insistence of hospital audiologist appointments after an audiologist had been seen elsewhere) and subsequent delays? This was generally supported by participants – a system change that can be advocated for.
    - **Need to expedite referrals to ENTs.** Families need to stop being treated like pinballs and support is required to remove red tape and remove roadblocks to referrals to an ENT. Ideally, it would help for patients to have an ongoing relationship with their audiologist – a routine, and have that audiologist undertake checks for the whole family and broader community, like the approach taken by an AMS.

- **Revising current KPIs in healthcare to avoid unintended consequences**. Can the KPIs (of hospitals) be modified to avoid perverting behaviour to shift or 'hide' the true extent of waiting lists? E.g. a better indicator is a child doing well, rather than the performance of surgery per se.

- **Taking services to where people need them – not the other way around.** Explore better regional service provision that includes surgeons travelling to regional centres. Observations from Brewarrina where young children who have never been to a city, must travel to RPA Sydney or

Westmead – which is disorienting and confronting, particularly if the family is not met on arrival and assisted to navigate unfamiliar surroundings. Discussion turned to a 'mobile operating truck' concept that Harvey Coates has raised previously.

*Develop specifications/costs for potential new policy proposal to Australian Health Ministers?

- **'Cultural safety'.** What is a culturally safe service for (First Nations) people who are deaf? How do we as healthcare providers help meet the needs of deaf people in our community – being responsive rather than reactive? Each AMS as a means or vehicle to encourage people to come forward for assistance
    - Those who sign are a culturally small cohort of deaf people, 95% of deaf kids are born to hearing parents
    - The environment matters e.g. will there be Auslan/signing/captions available – what communication modes are available and possible?
    - Consider a 'culture of safety in healthcare' rather than 'cultural safety' per se.
- **Gaps in Hearing Services Program coverage**. HSP does not cover those First Nations people between the ages of 26 and 50. Lack of coverage applies to all Australians, with the assumption that working people could afford to pay for Hearing care/Assistive Hearing Technology. Those present were encouraged to write to their local Member of Parliament.

  *Deafness Forum to champion with support from attendees at the Round Table?
- **Second-hand hearing aids to fill availability gaps.** Some 'hearing aid banks' exist, but it is a stop-gap measure that is not ideal or preferrable. The current situation has its origins in the demise of the Commonwealth Rehabilitation Service which was broken up and privatised.
- **Touch points in the health system where people are missed.** Pathways are unclear for AMS's to support individuals as they navigate their hearing care journey.
- **Need to bolster capacity of the wrap-around support provided by AMS's.** Monica shared her experience of not taking her daughter to their local AMS as she had been of the view that, because they had the means to pay, they should be using 'mainstream' primary healthcare services. However, the experience was deficient. She realised the wrap-around support provided without stigma was more appropriate and beneficial. She would like to see more capacity building and investment across the AMS network. Hearing Australia had reached out to AMS's for what they need to help facilitate this e.g. training, building confidence and pathways to upskill Aboriginal Health Worker.
- **Aboriginal and Torres Strait Islander Hearing Health Workers/workforce capacity building.** Raised by Sissy. Macquarie Uni had partnered with TAFE NSW to enable a group of NSW AHWs/Ps to be trained as a group in the Diploma of Audiometry, but 'now we need to work on remuneration' once their Diploma is completed. The situation was not dissimilar to where oral health used to be. Sissi advocated for more AHWs being trained in ear health 'everyone (at an AMS) gets an eye test, but no one asks about ears… (need for) regular hearing tests for children and adults'. Agreed - 'the more AHWs trained in ear-health the better.

  *Suggestion that Deafness Forum communications profile AHWs which are working in ear health. Follow up with NACCHO and Hearing Australia.

Importance of ongoing relationships between service providers given there can be high staff turnover 'anything we can do to share who is doing what could foster services working together'.

'What would it take to better market audiology as a profession?' Dilemma that audiology is a full-time course, so can be prohibitive to anyone wanting to retrain without financial support, and audiometrists don't appear to be used any more. Agreed there will be a huge workforce shortfall, and as audiometrists often find employment with hearing aid retailers. Nursing-audiometry as a potential training pathway.

- **Workforce cultural sensitivity training.** Importance of working with Doctors new to an AMS on the 'ways of working with our mob' beyond simple medical expertise, to engage with the community more effectively. ANU Medical School has improved culturally safe practice training as a graduating attribute of health professionals before they are allowed to practice. 'Critical reflection of self' was often a missing piece of training courses to challenge ego, world view, beliefs, and stereotyping.
- **Sound Scouts – should funding be re-examined?** Sound Scouts had been a pilot project that the government ceased to fund as problems with take-up and follow-through had been identified, but State governments were still able to purchase the product if they choose. Kelvin and Deafness Forum indicated they did not support Sound Scouts but endorsed HA's Plum & Hats model.

Applying lessons from Newborn Screening for an end-to-end pathway for indigenous ear health? Newborn Screening in Australia is world-best practice and that it should be possible to expand a system of care for Indigenous ear health – learn from the NBS 'interlinked system of pathway to care. Everyone knows the next steps in the pathway system, which accommodates the unknown onset/fluctuating nature of the condition.

- Reproduce this model for Indigenous hearing health'. 'We should be able to check the hearing health trajectory of a child from birth to 18 years of age'. Are there lessons that could be borrowed from how the NDIS is addressing 'personal/educational outcomes? Commonwealth/State Health ministers had agreed to fund the AIHW for a national database to track kids, (*opportunity for DFA and Round Table participants to follow up on the details of this?) although the Commonwealth tends to roll out 'one size fits all' approaches. Changing the model of support can be done – the NDIS being an example of system-change.
- **Inclusion of 'hearing' as a Closing the Gap target?** Hearing has merit for inclusion as a target in its own right and as enabler to closing the gap on other fronts. Worth examining 'Transforming Government #3' as part of the National Agreement.
- **Education support and getting other departments (beyond Health) to the table.** Vital to enable children to engage in education. Classroom amplification systems for remote community schools and support for their maintenance and ongoing use is required. This area slips between the cracks between HSP and Education funding. Need to have Education and Social Services departments represented as part of these conversations. Note: Observers from the First Nations Health Division offered to liaise with their counterparts in other departments.

Deafness Forum Australia is the national, independent citizen voice for the whole hearing health and deafness sector: the impartial advocate representing all voices that need to be heard.

Our purpose is to support these Australians to live well in the community by making hearing health & wellbeing a national priority.

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