Submission to the inquiry into the Hearing Health and Wellbeing of Australia

Standing Committee on Health, Aged Care and Sport

December 2016

Endorsed by Australian Federation of Disability Organisations

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Terms of reference

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4. Current access, support and cost of hearing health care for vulnerable populations, including: culturally and linguistically diverse people, the elderly, Aboriginal and Torres Strait Islanders and people living in rural and regional areas;

5. Current demand and future need for hearing checks and screening, especially for children (12 years and younger) and older Australians at key life stages

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8. Developments in research into hearing loss, including: prevention, causes, treatment regimes, and potential new technologies;

9. Whether hearing health and wellbeing should be considered as the next National Health Priority for Australia; and

10. Any other relevant matter.

Deafness Forum of Australia

Deafness Forum is the peak, national not for profit organisation that represents the one in six Australians who have a hearing impairment, a chronic disorder of the ear, are Deaf or deafblind, and the families who support them.

Deafness Forum's objective is to provide timely and realistic advice to government on strategic policy development and practice reform.

> "Hearing impairment or deafness is a grossly underestimated public health problem in Australia, causing significant productivity loss to the nation.
>
> In addition, there must be a new focus on the prevention of avoidable hearing loss acquired from poor occupational health practices and other exposures to noise.
>
> There is a real need for national advocacy.
>
> It is Deafness Forum's role to provide informed and realistic advice to the Australian Government and the Opposition, to inform public policy to benefit the one in six Australians it represents."
>
> *Hon John Howard OM AC, 25th Prime Minister of Australia, patron of Deafness Forum of Australia*

Deafness Forum of Australia thanks the Committee for the opportunity to comment on the Terms of Reference for this Inquiry.

EXECUTIVE SUMMARY - RECOMMENDATIONS

1. The current causes and costs of hearing loss, and ear or balance disorder to the Australian health care system should existing arrangements remain in place

   RECOMMENDATION 1
   That an equivalent report to the 2006 Access Economics Report on the economic impact and cost of hearing loss in Australia be commissioned by Government in 2017 so there is up to date data on the economic impact of hearing loss as a basis for a cost-effective, national, integrated hearing health policy in Australia; and to provide a benchmark for assessing the impact of new programs such as the National Disability Insurance Scheme on the cost of hearing loss in Australia in the future.

2. Community awareness, information, education and promotion about hearing loss and health care

   RECOMMENDATION 2.1
   That governments make hearing health and wellbeing a National Health Priority to enable a more coordinated approach, with a communication strategy that targets various groups that need to have a better understanding of hearing loss, its effects, the options for managing hearing loss across the age spectrum, and the strategies for preventing hearing loss particularly among younger people.

   RECOMMENDATION 2.1
   That a relevant consumer-oriented organisation such as Deafness Forum of Australia receives Government support to progress the implementation of a targeted communication strategy in concert with other stakeholders.

3. Access to, and cost of services, which include hearing assessments, treatment and support, Auslan language services, and new hearing aid technology

   RECOMMENDATION 3.1
   That information on the availability of hearing assessment services for children and adults be more accessible.

   RECOMMENDATION 3.2
   That there be more transparency around the cost of devices and services and the payment of commissions to practitioners.

   RECOMMENDATION 3.3
   That hearing devices and maintenance costs be considered for inclusion as a tax deductible item.

RECOMMENDATION 3.4
That adults with cochlear implants who meet the eligibility criteria for the Australian Government Hearing Services Program have access to upgraded technology and replacement speech processors funded under the Program.

RECOMMENDATION 3.5
That the age for accessing the National Disability Insurance Scheme be increased to 67 years at the same rate as access to the aged pension.

4. Current access, support and cost of hearing health care for vulnerable populations, including: culturally and linguistically diverse people, the elderly, Aboriginal and Torres Strait Islanders and people living in rural and regional areas

RECOMMENDATION 4.1
It is not yet clear how the service delivery arrangements under the Community Service Obligations Program will be impacted with the roll out of the National Disability Insurance Scheme. It is essential that there be no reduction in service access or standards with any change in service delivery arrangements in the future.

RECOMMENDATION 4.2
That hearing services providers be included in the Translation and Interpreting Service system of funded support to improve access to services by people from culturally and linguistically diverse backgrounds.

RECOMMENDATION 4.3
That programs for frail elderly clients be appropriately funded to allow more hearing services providers to implement the program of best practice service delivery.

RECOMMENDATION 4.4
That a more strategic and coordinated approach be taken in delivering hearing services to Aboriginal and Torres Strait Islander communities.

5. Current demand and future need for hearing checks and screening, especially for children (12 years and younger) and older Australians at key life stages

RECOMMENDATION 5.1
That hearing screening programs must be supported by a referral pathway to allow people who are identified in screening to access diagnostic assessment and treatment services.

RECOMMENDATION 5.2
That the national newborn hearing screening program continues to be supported.

RECOMMENDATION 5.3
That more information on the signs of hearing loss in young children be made available to families and carers.

RECOMMENDATION 5.4
That State and Territory health services provide hearing screening and assessment services for children.

RECOMMENDATION 5.5
That general practitioners include a basic hearing screen into general medical reviews.

RECOMMENDATION 5.6
That hearing assessments be made available for people in prison.

6. Access, availability and cost of required drugs, treatments and support for chronic ear and balance disorders sufferers

RECOMMENDATION 6.1
That Meniere's Disease, Hyperacusis, Tinnitus and Acoustic Neuroma be listed as chronic diseases.

RECOMMENDATION 6.2
That further research be funded to investigate improved treatment and management strategies for ear and balance disorders.

7. Best practice and proposed innovative models of hearing health care to improve access, quality and affordability

RECOMMENDATION 7.1
That relevant organisations be supported to progress the implementation of teleaudiology.

RECOMMENDATION 7.2
That relevant organisations be supported to progress the implementation of remote early childhood educational support through video conferencing.

RECOMMENDATION 7.3
That the Australian Government Hearing Services Program be modified to accommodate and support the implementation of alternative service delivery arrangements for frail elderly clients in residential aged care facilities.

8. Developments in research into hearing loss, including: prevention, causes, treatment regimes, and potential new technologies

RECOMMENDATION 8
That Australian research into hearing issues continues to be supported with appropriate funding levels.

9. Whether hearing health and wellbeing should be considered as the next National Health Priority for Australia

RECOMMENDATION 9.1
That the Australian Government makes hearing health and wellbeing a National Health Priority to address the high social and financial costs it imposes on Australian society.

RECOMMENDATION 9.2
That a national action plan be formulated to give appropriate and focused attention on improving Australia's hearing health and wellbeing.

RECOMMENDATION 9.2
That a relevant consumer-oriented organisation, such as Deafness Forum of Australia be funded by Government to participate in the implementation of the strategy.

10. Any other relevant matter

a) Risks associated with the implementation of the National Disability Insurance Scheme

RECOMMENDATION 10.a
That management strategies are put into place to mitigate the risks that will arise when clients transfer from existing programs to the National Disability Insurance Scheme before removing the vulnerable client groups from the safety net of the Australian Government Hearing Services Community Service Obligations Program and the Government Hearing Services provider.

b) Future ownership options for Australian Hearing

RECOMMENDATION 10.b.1
That the safety net of the Australian Government Hearing Services Community Service Obligations Program with Australian Hearing as the sole provider remain in place until the transition issues associated with the transfer of services from the Australian Government Hearing Services Program to the National Disability Insurance Scheme are resolved.

RECOMMENDATION 10.b.2
That Australian Hearing's position as an independent and leading hearing services provider, particularly for vulnerable populations, and as a research organisation be maintained and enhanced.

c) Communications accessibility at Government shopfronts, hospitals and other public institutions

RECOMMENDATION 10.c
That Commonwealth Government and agency shopfronts, public hospitals, other public institutions, and those organisations contracted to deliver government services be accessible to people with a hearing impairment or who are Deaf through installation of hearing augmentation systems, and access to remote internet delivered captions and interpreting services.

1. The current causes and costs of hearing loss, and ear or balance disorder to the Australian health care system should existing arrangements remain in place

Hearing loss may be present at birth or develop later in life. There are many causes of hearing loss. Some of the more common causes are:

- Genetic predisposition
- Congenital infections
- Middle ear infections
- Exposure to excessive noise levels
- Use of certain medications
- Head injury
- The ageing process

The loss of hearing to any degree and at any stage of life can have a significant impact on a person's communication abilities, quality of life, social participation, and health. Age-related hearing loss is of increasing public health concern as the older adult population grows.

In 2005, an estimated 3.55 million Australians were believed to have a degree of hearing loss. Besides musculoskeletal disease, hearing loss is the second most common health condition experienced by Australians. It is more common than asthma, heart disease, cancer and diabetes.

There are multiple government programs to support people with hearing issues, but there is inconsistency in access to State and Territory Government programs and a lack of transparency in the quality framework that applies to service delivery in the private sector. It is essential that guidelines, standards and metrics be developed that will safeguard the needs of all Australians with hearing loss, particularly the more vulnerable groups such as paediatric clients, the frail elderly and people with multiple disabilities.

Hearing loss in children[1]

In Australia, between nine and 12 children per 10,000 live births will be born with a moderate or greater hearing loss in both ears. Around another 23 children per 10,000 will acquire a hearing impairment that requires hearing aids by the age of 17 through accident, illness or other causes.

Otitis media, also known as middle ear infection, is a common childhood complaint often associated with temporary or fluctuating hearing loss. This in turn can affect a child's learning, language development and behaviour. The incidence of *otitis media* is significantly higher among Indigenous children, for whom it represents a serious health and educational problem. For many Indigenous Australians, hearing loss is so pervasive it has become a normal and accepted part of growing up.

[1] Australian Hearing: Causes of hearing loss in Australia Australian Hearing website https://www.hearing.com.au/causes-hearing-loss-australia/

Despite loud noise exposure being highly regulated in the workplace, young adults and teenagers are at risk of acquiring permanent noise-induced hearing loss through increased exposure to damaging noise from listening to live music and using portable music devices. In 2010, Australian Hearing's National Acoustic Laboratories' *Binge Listening Report* revealed young Australians have a greater risk of acquiring a hearing loss through their leisure activities, in particular, listening to music through headphones and regularly going to nightclubs and live music concerts.

Hearing loss in adults

Older Australians

The incidence of hearing loss increases with age with over half the population aged between 60 and 70 having a hearing loss. This increases to more than 70 per cent of those over the age of 70, and 80 per cent of those over the age of 80.

However research studies typically show that hearing loss occurs in 80-90% of people in a residential aged care facility compared to approximately 60-70% of older adults living in the community.

Veterans

War veterans are likely to suffer from hearing problems due to damage caused through noise exposure during their military service.

Farmers

Over half of Australia's farmers and their families are likely to suffer from premature hearing loss through occupational noise exposure from agricultural tools and machinery.

Prisoners

There have been several studies that show that the hearing levels of prisoners are poorer than in the general Australian population and the hearing of Aboriginal inmates is poorer than non-Aboriginal inmates.

Ear Disorders

Chronic ear disorders refers to such disorders of the ear as tinnitus, Meniere's Disease, acoustic neuroma, hyperacusis and recruitment. People with ear disorders may also have a hearing impairment.

Tinnitus[2]

Tinnitus is a hearing condition where people hear noises that have no external source. It is often described as a 'ringing in the ears,' which can either be low or high-pitched. Tinnitus can lead to stress and anxiety. 17 to 20 per cent of Australians have tinnitus that ranges from mild to severe.

Sudden or prolonged exposure to loud sounds is the most common cause of tinnitus with most sufferers having some form of associated noise-induced hearing loss. It can also be the symptom of other underlying hearing conditions, such as Meniere's Disease,

[2] HEARnet http://hearnet.org.au/hearing-problems/

hyperacusis or hearing injuries and has been linked to taking certain medications and the presence of other medical conditions such as high blood pressure and diabetes.

Meniere's Disease

Meniere's Disease is a condition of the inner ear that can cause fluctuating hearing loss, ringing in the ears, a feeling of fullness in the ears, dizziness and other balance problems. It can happen at any age but usually occurs in adults over the age of 20. While the exact cause of Meniere's Disease is not known, it is believed the build-up of excess fluid in the inner ear plays an important part in creating the symptoms.

Financial Impact of Hearing Loss[3]

In 2005, the financial cost of hearing loss to Australia was estimated to be $11.75 billion or 1.4% of the annual Gross Domestic Product (GDP) every year. The largest part of this cost (around 57%) comes from lost productivity in the workplace, which in 2005 accounted for about $6.7 billion. Most of this productivity loss comes from the costs associated with the higher unemployment rates of people with hearing loss over the age of 45 years.

Hearing loss in Australia is projected to increase from 17.4% of the population in 2005 to 26.7% in 2050 – an expected 2.2 fold increase. In males, the prevalence of hearing loss is expected to rise from 21% (one in five) in 2005 to 31.5% (one in three) by 2050, so the financial cost of hearing loss to Australia will increase over time.

RECOMMENDATION 1

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[3] Listen Hear The Economic Impact and Cost of Hearing Loss in Australia Access Economics Report Feb 2006

2. Community awareness, information, education and promotion about hearing loss and health care

Educational expenditure on prevention of hearing loss will be effective in reducing the projected increase in prevalence.

Hearing loss impacts on the individual, their family and friends and society generally. Hearing loss affects a person's ability to communicate with others and affects their education, their ability to gain employment and stay in employment. It also impacts on social relationships, and can lead to isolation and mental health issues.

The earlier a hearing loss is identified and remediated the better the outcome for the individual. It is critical for parents to be aware of the signs of hearing loss so that hearing loss that develops after birth is identified as early as possible and appropriate action taken.

Hearing loss in older people can occur gradually. There can be a delay of approximately seven years from the time the person becomes aware of a hearing problem to the time when they do something about it. There is a need to change the perception of hearing loss to remove the negative view of hearing aids so that people are more open to seeking assistance earlier. Age-related hearing loss is of increasing public health concern because of the need for all Australians to stay productive longer in their lives – its impact on lost productivity in the workforce must be viewed as a critical matter than can be addressed through targeted programs.

It is important to provide improved accessibility for people with hearing loss and greater access to Australian Sign Language services for families and individuals.

There are regulations in the workplace to reduce the risk of noise induced hearing loss. However there needs to be more education so that workers understand the risk, and use the safety equipment provided appropriately. There also needs to be more education on the risk of hearing loss through leisure noise.

A major challenge for many people with hearing loss and their families is the general lack of awareness of the issues relating to hearing loss in all parts of society. Many people do not understand the range of options available to address hearing loss. People generally do not know the strategies that can be applied to improve communication with a hearing impaired person or how to change the environment to make it easier for a person with hearing loss to follow conversation. The lack of understanding of the impact and management options for hearing loss affects hearing impaired children at school and socially, and also affects adults in the workplace and in social situations.

Hearing is often overlooked in adult medical and wellness visits because of the large number of other health conditions and concerns that must be assessed. However, evidence shows that hearing is important for health, and the potential for miscommunication with health care providers due to hearing loss demonstrates the importance of paying attention to hearing ability during medical and wellness visits. Some

medical practitioners can give incorrect advice based on out of date information such as "your child is too young to be tested", when in fact hearing can be tested at birth; or an older person being told by the medical practitioner that "hearing aids won't help" which stops them investigating the issue any further. Health care providers should be aware of the importance of hearing and the need to emphasise, rather than dismiss, hearing concerns during health care visits.

An awareness raising and education campaign with consistent messaging is key to improving the community's knowledge and understanding of hearing loss. There needs to be a national, proactive approach to the prevention of avoidable hearing loss acquired from poor occupational health practices and exposure to noise, just like early *Sun Safe* campaigns.

The Senate Inquiry into Hearing Health in Australia (2010) recommended that the Department of Health and Ageing provide funding, in close consultation with major hearing health stakeholders, for a national hearing health awareness and prevention education campaign. It would:

(a) target those at highest risk of acquired hearing loss (including employers and employees in high-risk industries, farmers and rural workers, and young people) to improve their knowledge about hearing health and change risky behaviours;
(b) raise the level of awareness about hearing health issues among the broader Australian population to help de-stigmatise hearing loss; and
(c) promote access to support services for people who are hearing impaired.

RECOMMENDATION 2.1

That governments make hearing health and wellbeing a National Health Priority to enable a more coordinated approach, with a communication strategy that targets various groups that need to have a better understanding of hearing loss, its effects, the options for managing hearing loss across the age spectrum, and the strategies for preventing hearing loss particularly among younger people.

RECOMMENDATION 2.2

That a relevant consumer-oriented organisation such as Deafness Forum of Australia receives Government support to progress the implementation of a targeted communication strategy in consultation with other stakeholders.

3. Access to, and cost of services, which include hearing assessments, treatment and support, Auslan language services, and new hearing aid technology

Access to hearing services can be impacted by a range of factors such as

- The cost of services and technology.
- Reduced availability of services in rural and remote areas,
- Reduced availability of ear, nose and throat specialist services, particularly in rural and remote areas.
- Lack of information on where services are provided.
- Lack of information in other languages on service availability.
- Lack of paid interpreter services for people from culturally and linguistically diverse backgrounds.

Low socio-economic living circumstances and limited access to hearing services that are affordable will impact greatly on hearing loss outcomes. According to the Audiometry Nurses Association of Australia, private audiology services are expensive and out of reach for most families. They often have restrictions on testing younger children, who are then directed to hearing clinics in community health centres or audiology departments at major public hospitals. Community health hearing clinics have waiting times from 6 weeks to several months in some local health districts. For families that are unable to access preschools, their child may go unidentified until they start school. This will impact negatively on the outcomes for speech & language, learning & behaviour, therefore limiting the child's overall potential in society.

Access to hearing services in rural and remote locations presents many challenges and under-served and vulnerable populations can experience barriers to access. Remuneration for service providers needs to incorporate the additional costs incurred in providing services to rural and remote locations and the provision of interpreter services.

While the National Disability Insurance Scheme will assist some of those with profound hearing loss, the vast majority of people with hearing loss will not be eligible for this program and will have to continue to fund their own hearing services.

In the case of working age hearing impaired people the cost of hearing aids can be prohibitive. It is not uncommon to hear stories of making-do in difficult working situations with old, inadequate hearing aids because as parents they felt that they could not justify the $8,500 to $10,000 cost of adequate hearing aids and supplementary devices.

Hearing assessments - children

Hearing assessments in hospital audiology clinics are provided at no cost to clients. Hearing assessment services for children are not available in all hospitals and community centres.

Paediatric hearing assessment services may be provided by Australian Hearing under the Australian Government Hearing Services Community Service Obligation Program[4] funding. This access has been restricted to children who have had an initial assessment elsewhere. Australian Hearing also offers assessment services for a fee. As a Commonwealth Government Agency, Australian Hearing is unable to offer clients the option of a Medicare rebate.

Some Audiologists in not for profit organisations and private providers may provide a hearing assessment under Medicare. They may also charge the individual (approximately $140) for a hearing assessment. Depending on the arrangement at the clinic it may be possible for the client to receive a Medicare rebate for the hearing assessment.

The availability of hearing assessment services is confusing and disjointed. Outside of the newborn period, there is no clear pathway for families to access a hearing assessment when needed. Not all hearing professionals provide services to children so service availability can be limited. Some clinics only offer assessment services to older children due to the specialised and costly equipment and expertise needed to assess children aged less than 3 years.

The situation has been exacerbated by the closure of some audiology clinics at public hospitals, the demise of the nurse audiometrists service at community health centres, the withdrawal of school hearing screening programs and the gradual reduction in access to hearing assessments for children at Australian Hearing under the Community Service Obligations Program.

Hearing assessments – adults

Hearing assessments in hospital audiology clinics are provided at no cost to clients. Not all hospitals or community health centres provide hearing assessment services and restrictions may apply in some hospitals with audiology clinics e.g., services may be limited to inpatients.

Many hearing rehabilitation service providers do not charge for hearing assessments for private clients. The cost is absorbed into subsequent appointments should the person need further assistance such as a device fitting.

Clients who are eligible to receive services under the Australian Government Hearing Services Voucher Program do not have to pay for their hearing assessment. The provider receives a fee of approximately $140 from the Department of Health.

Clients who are eligible to receive services under the Australian Government Hearing Services Community Service Obligations Program do not have to pay for their hearing assessment. Australian Hearing receives an annual fixed allocation to cover the cost of these services.

[4] See Appendix A for the eligibility criteria for the Australian Government Hearing Services Program

Treatment and support

Treatment options for people with hearing loss can range from the treatment of an ear infection to a full hearing rehabilitation program that may include the fitting of a device such as an assistive listening device, a hearing aid or cochlear implant. The cost of these treatment options can vary from less than $40 for a prescription of antibiotics; to several hundred to several thousand dollars for a hearing rehabilitation program that includes hearing aid fitting; to approximately $25,000 for the fitting of a cochlear implant (including surgery costs).

The hearing rehabilitation program and device fitting may be publicly funded, or funded by private health insurance, charities or be paid for by the individual.

Where hearing aid fitting is the recommended treatment option, it can be difficult for private clients who pay for their own devices to compare costs across different providers. While the features in different brands of devices may be similar, they are often described using terminology that makes it difficult to compare different devices. Additionally, there is often a lack of clarity around the cost of devices and services as the costs are often bundled together. There is also an issue around the use of incentive payments to practitioners who "sell" a high end device to a client. The practitioner is not obliged to declare whether they receive a commission for fitting a particular device. The payment of commissions should be discontinued or at the very least be made transparent so the client knows that the practitioner is obtaining a benefit from recommending a particular device. The Australian Competition and Consumer Commission is understood to be currently investigating the issue.

The fitting of a device is only one component of a client's rehabilitation program. There is a range of audiological and educational support that is essential if the person is to achieve the best outcome. This support may include information counselling, support to educational facilities and communication training. Clients also need to have their hearing needs and abilities reviewed at regular intervals and have their rehabilitation program adjusted accordingly. The client's rehabilitation program may require them to visit their audiologist every few weeks, particularly in the case of infants with hearing loss, or for adults it may be once per year.

Auslan language services

The National Auslan Interpreter Booking and Payment Service (NABS) is funded by the Australian Government to provide interpreters at no charge to people who use Australian Sign Language to communicate and for private medical and health care appointments.

A Frequently Asked Questions fact sheet published on the NABS website[5] explains:

Over the next three years, the money provided by the Government to NABS for interpreting will move to the National Disability Insurance Scheme (NDIS). People who receive support from NDIS can choose to continue to use NABS: appointments will be paid

[5] http://www.nabs.org.au/national-disability-insurance-scheme.html
Frequently Asked Questions (FAQs) Fact Sheet

in future from an individual's NDIS funding package. This can include personal medical appointments and to attend appointments for their family members. NABS will provide interpreters free of charge until NDIS participants have their plans in place.

NDIS participants who receive support will need to have made provision for all their interpreting needs in their NDIS plans. This includes going to the doctor, specialist, dentist, physiotherapist and other appointments. It has yet to be explained what might happen if a participant under-estimates their future interpreting needs, particularly in the event of an emergency health crisis or deterioration of an ongoing chronic condition.

For now, NABS will provide interpreters free of charge to:

- People over 65
- Those who do not get NDIS funding

This may change as Government makes plans for the future of services like NABS. A lack of certainty is an area of concern.

New hearing aid technology

Under the Australian Government Hearing Services Program, clients can access new technology when there is a clinical need. The technology is provided at no cost to the client.

Australian Hearing manages funding under the Australian Government Hearing Services Community Service Obligations Program to provide new and replacement cochlear implant speech processors for children up to the age of 26 years. Adults with cochlear implants, even those who are eligible for the Australian Government Hearing Services Program, have to fund new technology themselves at a cost of approximately $8,000 per speech processor.

Private clients need to fund new technology themselves. Private clients often delay getting new hearing devices due to the cost. This may mean they are no longer fitted optimally and therefore may not be able to communicate effectively in the workplace or socially. Age-related hearing loss is of increasing public health concern because of the need for all Australians to stay productive longer in their lives. Many of the members of Deafness Forum see no difference between hearing devices and mobile phones and laptops used in the workplace. Like the latter, hearing devices are communication and productivity aids in the workplace, yet they are not afforded the same tax deductibility arrangement. By making hearing devices and their batteries more affordable for working Australians via tax deductibility or similar means, the national economy will benefit from better workforce participation and keeping people in the workforce longer.

Private health insurance does not generally cover the full cost of hearing aids and there is usually a restriction on how often the item can be claimed.

All private clients fitted with technology aids have ongoing costs to manage in relation to batteries, new earmoulds, filters, replacement parts and device repairs. Some devices require a new battery every few days. A packet of 6 batteries costs around $5.00. A standard service can cost $200 several times a year to maintain optimal hearing aid

performance. A standard service fee for a cochlear implant speech processor is $384. These are significant costs for an individual to manage particularly if they are on a low income and not eligible to receive government funded hearing services.

Other Access Issues - Changes to the Pension

On 1 January 2017 there will be changes to the assets test used to calculate the pension. Approximately 100,000 part pensioners will lose their entitlements. These people will lose their Pensioner Concession Card which gave them access to the Australian Government Hearing Services Program. Depending on the person's age, the person will instead receive either a Low Income Health Card or a Commonwealth Seniors Health Card. Neither of these cards provides eligibility to the Australian Government Hearing Services Program.

Additionally, from 1 July 2017, the qualifying age for the Age Pension will increase from 65 years to 65 years and 6 months. The qualifying age will then increase by 6 months every 2 years, reaching 67 years by 1 July 2023. This will delay access to Government funded hearing services. Access to the National Disability Insurance Scheme is limited to people under 65 years so there will eventually be a 2 year period where people aged 65-67 years will not be able to access Government funded hearing services due to their age.

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That hearing devices and maintenance costs be considered for inclusion as a tax deductible item.

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4. Current access, support and cost of hearing health care for vulnerable populations, including: culturally and linguistically diverse people, the elderly, Aboriginal and Torres Strait Islanders and people living in rural and regional areas

Australian Government Hearing Services Program

The Australian Government Hearing Services Program identifies some vulnerable groups to receive services from Australian Hearing as the sole provider. These groups are identified as Community Service Obligations and include:

- Children from 0-26 years
- Aboriginal and Torres Strait Islander people aged over 50 years
- Aboriginal and Torres Strait Islander people who are participants in the Community Development Program
- Eligible adults with complex hearing rehabilitation needs
- Eligible people living in remote areas of Australia

The funding that is allocated to Australian Hearing to deliver services under the Community Service Obligations Program also includes the provision of a culturally appropriate outreach program for Aboriginal and Torres Strait Islander peoples who are eligible for services under the Program, the provision of cochlear implant speech processor upgrades for children and covers the cost of interpreter services where needed and the cost of translating critical materials into other languages. In 2014-15 Australian Hearing received $62.7m to deliver the Community Service Obligations Program under a Memorandum of Agreement with the Commonwealth Department of Health through the Office of Hearing Services.

People who are eligible to receive services under the Community Service Obligations Program are only required to pay a small annual maintenance fee if they are fitted with a device. All other services are provided free of charge.

It is not yet clear how the service delivery arrangements under the Community Service Obligations Program will work in the context of the roll out of the National Disability Insurance Scheme. It is essential that there be no reduction in service access or standards with any change in service delivery arrangements in the future.

The Australian Government Hearing Services Program also funds services to eligible adults with non complex hearing rehabilitation needs through a Voucher Program. The major client groups who receive services under the Voucher Program are pensioners and veterans. The Voucher Program is provided through approximately 270 hearing services providers. The services are provided at no cost to the client. If the client is fitted with a device they can elect to pay a small annual maintenance fee for batteries and repairs. They can also elect to pay for higher level technology. There are also small charges for people who require a replacement device. Interpreter costs are not funded under the Voucher Program.

Private clients

A number of vulnerable people will not qualify for government funded hearing services. People who do not meet the eligibility criteria for Government funded hearing services need to access services from a private hearing services provider and pay for these services. Interpreter costs are not funded for private clients.

Interpreter costs

The Translating and Interpreting Service (TIS National), on behalf of the Department of Social Services, provides free interpreting services to non-English speaking Australian citizens and permanent residents communicating with approved groups and individuals. These "approved groups" do not include Audiologists or Audiometrists.

Free services are delivered through TIS National to:

- Private medical practitioners (defined as General Practitioners and Medical Specialists) providing Medicare-rebateable services and their reception staff to arrange appointments and provide results of medical tests.
- Non-profit, non-government, community-based organisations for case work and emergency services where the organisation does not receive substantial government funding to provide these services.
- Members of Parliament for constituency purposes.
- Local government authorities who communicate with non-English speaking residents on issues such as rates, garbage collection and urban services.
- Trade unions who respond to members' enquiries or requests.
- Pharmacies for the purpose of dispensing the Pharmaceutical Benefits Scheme (PBS) medications.
- Licensed real estate agencies for discussing private residential property matters (rental or sales).

The cost of providing an on-site interpreter for the minimum booking time of 90 minutes is $152. This is a significant cost for a hearing services provider to absorb. Consequently, some providers are reluctant to accept clients who do not speak English or who do not bring their own interpreter to appointments. It is not best practice (nor even acceptable practice) to use a family member to interpret in an appointment with an allied health professional.

Hearing services for frail elderly clients in residential aged care facilities

Over the past decade there has been an increase in the number of people in residential care due to the ageing population. From 1999-2011 the number of permanent residents increased by 25%.

All residents of aged care facilities have at least one reported health issue. 78% of residents have a diagnosed mental health issue. Hearing loss, causing isolation, is linked to mental health issues. Research studies typically show that hearing loss occurs in 80-90% of people in a residential aged care facility compared to approximately 60-70% of older adults living in the community.

The increase in the number of residents in aged care facilities will result in an increased demand for hearing assistance from this population, so it is critical to have an efficient and effective service delivery model that meets the specific needs of this group. As a greater proportion of residents in aged care facilities are tending to be frailer and assessed as having high level care needs, the current model of delivering hearing services needs to be adjusted to better meet the needs of frail elderly clients living in an aged care facility. Further detail on a best practice service delivery model for residents of aged care facilities is outlined in criteria 7 of the Terms of Reference.

Hearing services for Aboriginal and Torres Strait Islander people

Under the Australian Government Hearing Services Community Service Obligations Program, Australian Hearing provides tertiary level hearing services to Aboriginal and Torres Strait Islander people who meet specific eligibility criteria. Australian Hearing also provides a culturally appropriate outreach service to eligible Aboriginal and Torres Strait Islander communities in urban, rural and remote areas of Australia. This outreach program delivers hearing services in locations where people are likely to access them however Australian Hearing can still only deliver these services to people who meet the eligibility criteria for the Program which leaves many people with hearing loss within a community, unable to access a service.

There are State and Territory programs that provide primary and secondary level hearing services to Aboriginal and Torres Strait Islander people such as the Deadly Ears Program in Queensland, as well as programs run by not for profit organisations.

Given the high levels of ear disease and associated hearing loss within Aboriginal and Torres Strait Islander communities, there is a need for a more coordinated and strategic approach to be taken to provide more streamlined access to hearing services for Aboriginal and Torres Strait Islander communities.

National Disability Insurance Scheme

Some clients who are eligible to receive services under the Australian Government Hearing Services Program will transfer to the National Disability Insurance Scheme. It is not clear what arrangements will be put into place for those clients who do not transfer to the National Disability Insurance Scheme. This is an area of concern and is addressed in further detail in Item 10 of the Terms of Reference.

RECOMMENDATION 4.1

It is not yet clear how the service delivery arrangements under the Community Service Obligations Program will be impacted with the roll out of the National Disability Insurance Scheme. It is essential that there be no reduction in service access or standards with any change in service delivery arrangements in the future.

RECOMMENDATION 4.2

That hearing services providers be included in the Translation and Interpreting Service system of funded support to improve access to services by people from culturally and linguistically diverse backgrounds.

RECOMMENDATION 4.3

That programs for frail elderly clients be appropriately funded to allow more hearing services providers to implement the program of best practice service delivery.

RECOMMENDATION 4.4

That a more strategic and coordinated approach be taken in delivering hearing services to Aboriginal and Torres Strait Islander communities.

5. Current demand and future need for hearing checks and screening, especially for children (12 years and younger) and older Australians at key life stages

Any hearing screening program must be supported by a defined pathway that allows people identified with hearing problems during the screening process to access diagnostic and treatment services.

Newborn hearing screening program

Australia is very fortunate to have an effective national newborn hearing screening program which ensures that every newborn (approximately 300,000 births p.a.) has the opportunity to have their hearing screened soon after birth. The program has a robust referral pathway from screening to diagnosis and audiological intervention where indicated. Newborn hearing screening programs are vital in identifying the 9 to 12 per 10,000 infants who are born with a hearing loss.

One of the strengths of the newborn hearing screening program is that there is a single provider of audiological services to children. This will change with the roll out of the NDIS where services will be contestable. The risks that this presents are highlighted in criteria 10 of the Terms of Reference.

Older children

Approximately 23 per 10,000 children will acquire a hearing loss that requires a device fitting by age 17 years due to accident, illness or other causes. It is essential to identify the presence of a hearing loss as early as possible as early intervention leads to the best outcomes for the child. However it can be quite difficult for families to locate services with the expertise, facilities and equipment needed to test children especially those aged under 3 years.

Australian Hearing is well placed to offer this service due to its national network of hearing clinics across urban, rural and remote areas of Australia, however they will only accept referrals of children who have been initially assessed by another service provider.

Some private hearing services providers will test the hearing of older children but most do not have the facilities to test children under 3 years.

Hospital audiology clinics where they exist can provide hearing assessment services for children but a number of hospitals have closed their audiology clinics, for example, Hornsby and Mona Vale hospitals in Sydney NSW. There has been no coordinated approach to employ appropriate numbers of diagnostic audiologists in hospitals in metropolitan or rural and remote areas. In centres where there is only a sole audiologist there is no structured succession plan. An example of this is at Shellharbour Hospital in NSW. The sole audiologist has recently retired. Rather than advertising a full time permanent position, it was decided to advertise the vacancy as a 6 month position. By advertising the role as a short fixed term position it is unlikely that the position will be filled as there is no incentive for someone to relocate for that period of time. This leads to

a risk of the service being discontinued if the hospital is unable to attract a qualified audiologist.

Given the high levels of ear disease and associated hearing loss among Aboriginal and Torres Strait Islander children there is a need for better access to hearing assessment services, hearing rehabilitation services and access to medical specialist services. Currently this appears to occur in an ad hoc manner. Coordination seems to be poor and there does not appear to be a cohesive management strategy in place for identification and management of hearing loss in Aboriginal communities.

When children are being assessed for delayed speech development or behavioural issues, medical practitioners often refer children for a hearing assessment as the first step in establishing a diagnosis. Assessing the hearing of children with behavioural problems can be very challenging and requires a high level of skill. It can be difficult for families to find an appropriate testing facility. Given the increase in the rates of diagnosis of autism spectrum disorder, there is likely to be increased demand for hearing assessments as part of the global assessment of these children.

Data from Australian Hearing[6] shows that the largest number of children fitted with devices per birth year are under 12 months of age which demonstrates the effectiveness of newborn hearing screening programs. The next peak occurs at school entry. As State based school hearing screening programs are no longer routinely provided, these children are likely to be first identified by teachers who suggest that children who are showing signs of hearing problems, speech delay or behaviour problems have their hearing assessed. It is likely that many of these children had a hearing loss prior to starting school. There is a need to educate parents and others such as child care workers on the signs of hearing loss in young children and to improve access to hearing assessment services for young children so that hearing problems are identified and addressed as early as possible. Hearing screening programs should be implemented at pre-school or school entry as a safety net for children who have not been identified earlier.

Clinical guidelines for otitis media

The *Recommendations for Clinical Care Guidelines for the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations* recommend that ear examination should be part of the clinical assessment of Aboriginal and Torres Strait Islander children and that health staff should undertake ear examinations when they do regular child health checks. Hearing screening at school entry in populations with near-universal Otitis Media and Conductive Hearing Loss is not recommended. Hearing screening in older asymptomatic children (single pass/fail assessment) is not recommended.

Regular surveillance (with appropriate testing when indicated) is preferred to school entry screening.

[6] Demographic details of young Australians aged less than 26 years with a hearing impairment who have been fitted with a hearing aid or cochlear implant at 31 December 2014 Australian Hearing report https://www.hearing.com.au/demographic-2014-report-children-young-adults-hearing-loss/

Adults

Many hearing rehabilitation service providers offer hearing screening for adults as part of a marketing strategy. Some health insurance companies such as Medibank Private have partnered with hearing services providers to offer hearing checks as part of a "HearBetter" program. Some companies offer on line hearing checks.

General practitioners should include a basic hearing screen in general medical reviews.

Prisoners

The *Royal Commission into Aboriginal Deaths in Custody (1991)* commented on the relationship between childhood ear disease, hearing loss and poor school performance, and their connection to involvement in the criminal justice system. The Senate Inquiry into Hearing Health in Australia (2010) noted the relationship between hearing loss, language impairment and criminal activity, and recommended that "hearing assessments be made available for people serving custodial sentences who have never been tested and that prisoners be encouraged to participate." This recommendation has not been implemented in any State.

RECOMMENDATION 5.1

That hearing screening programs must be supported by a referral pathway to allow people who are identified in screening to access diagnostic assessment and treatment services.

RECOMMENDATION 5.2

That the national newborn hearing screening program continues to be supported.

RECOMMENDATION 5.3

That more information on the signs of hearing loss in young children be made available to families and carers.

RECOMMENDATION 5.4

That State and Territory health services provide hearing screening and assessment services for children.

RECOMMENDATION 5.5

That general practitioners include a basic hearing screen into general medical reviews.

RECOMMENDATION 5.6

That hearing assessments be made available for people in prison.

6. Access, availability and cost of required drugs, treatments and support for chronic ear and balance disorders sufferers

The Australian Government has endorsed the National Chronic Disease Strategy (NCDS) to provide an overarching framework of national direction for improving chronic disease prevention and care across Australia. It is a nationally agreed agenda to encourage coordinated action in response to the growing impact of chronic disease on the health of Australians and our health care system. But Meniere's Disease, Hyperacusis, Tinnitus or Acoustic Neuroma are not listed as chronic diseases, despite the fact 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. For many it is so debilitating that it affects their family and social lifestyle and their employment.

Balance disorders[7]

There are a number of factors that can cause balance problems such as brain injury or Meniere's Disease. Therefore, the treatment will vary depending on the cause. In general, treatments for common balance problems may involve some form of physical therapy that can involve a series of exercises to improve overall balance function, or, depending on the condition, re-positioning manoeuvres to restore balance. The use of prescribed medications is also sometimes used.

Tinnitus[8]

Sudden or prolonged exposure to loud sounds is the most common cause of tinnitus. It can also be the symptom of other underlying hearing conditions, such as Meniere's Disease, hyperacusis or hearing injuries and has been linked to taking certain medications and the presence of other medical conditions such as high blood pressure and diabetes.

Common treatments to minimise the effects of tinnitus include:

- Cognitive Behavioural, Acceptance & Commitment and Mindfulness-based Cognitive therapies to reduce any associated stress and anxiety.
- Changing diet to remove substances such as caffeine and alcohol known to indirectly aggravate the condition;
- Hearing aids can be used to help manage the hearing loss sometimes associated with Tinnitus and provide relief from tinnitus symptoms;
- Therapeutic noise generators to help change how the brain perceives the condition; and
- Retraining therapy can provide a range of environment sounds to mask Tinnitus.

Meniere's Disease[9]

Meniere's Disease is a condition that affects the inner ear. There are four typical symptoms associated with Meniere's Disease:

- Spontaneous, recurrent episodes of vertigo
- Hearing loss

[7] http://hearnet.org.au/hearing-problems/vertigo

8 http://hearnet.org.au/hearing-problems/tinnitus

[9] http://www.mydr.com.au/hearing-health/meniere-s-disease

- Tinnitus
- Sensation of fullness or pressure in the ear

There is no known cure for Meniere's Disease and some symptoms can be difficult to manage. Tinnitus and hearing loss are generally less responsive to treatment than vertigo.

Whirled Foundation (formerly Meniere's Australia) believes that some necessary medications are not included in the Pharmaceutical Benefits Scheme, making them unaffordable for many people.

RECOMMENDATION 6.1
That Meniere's Disease, Hyperacusis, Tinnitus and Acoustic Neuroma be listed as chronic diseases.

RECOMMENDATION 6.2
That further research be funded to investigate improved treatment and management strategies for ear and balance disorders.

7. Best practice and proposed innovative models of hearing health care to improve access, quality and affordability

The technologies and service delivery options in the hearing services are changing rapidly in Australia. These changes need to be accommodated within Government funded programs including the Australian Government Hearing Services Program, the National Disability Insurance Scheme, State and Territory government programs, not for profit hearing service delivery programs and the private market.

Teleaudiology

It is now possible to assess hearing and program hearing devices using teleaudiology. There are also programs to deliver education programs to hearing impaired children using video conferencing. Use of this technology is not widespread but has the potential to improve access for people in rural and remote areas. This technology can also be used to support and mentor less experienced staff in rural areas.

Hearing services for frail elderly residents in aged care facilities

Residents in aged care facilities have quite complex health conditions, including hearing loss, and are typically highly dependent on staff for their personal care and management of health issues. The physical and social environment in aged care facilities presents major challenges for residents in being able to participate in effective communication exchanges.

Research has shown that the traditional approach to the provision of hearing services for frail elderly residents in aged care facilities is not appropriate for their needs and is associated with poor outcomes for these clients. Alternative approaches have been shown to be more effective.

Based on research evidence the package of services for residents of aged care facilities needs to include:

- A broad range of assessment techniques that can be applied according to the client's abilities.
- Consultation with facility staff and carers on the abilities and needs of the client.
- Use of individual hearing and communication plans.
- Use of assistive listening devices where indicated.
- Use of hearing aids only in those circumstances where the client is experiencing hearing and communication difficulties, the need cannot be addressed appropriately through other means and the client is likely to cope with a hearing aid.
- Advice to the aged care facility regarding possible changes to enhance communication in the environment eg visual displays, captioned TV, amplified telephones, acoustic shielding, changes to seating arrangements.
- Education for staff, carers and family and friends that meets the needs of the target audience.
- Identifying staff in the facility to coordinate services and support clients with their hearing care plans and (but not instead of) setting up a volunteer program to support the service.

- A means of evaluating outcomes e.g., qualitative reports from residents, staff, family, aged care facility management.

An alternative model for the delivery of hearing services in residential aged care facilities has a number of benefits over current arrangements including:

- A more appropriate range of services to address the particular needs of frail elderly clients and their carers.
- Better outcomes for the clients.
- Better value for money for Government.
- Assisting the aged care facility to meet the requirements for the Aged Care Accreditation Standards in relation to residents with sensory loss under Standard 2.16.

RECOMMENDATION 7.1

That relevant organisations be supported to progress the implementation of teleaudiology.

RECOMMENDATION 7.2

That relevant organisations be supported to progress the implementation of remote early childhood educational support through video conferencing.

RECOMMENDATION 7.3

That the Australian Government Hearing Services Program be modified to accommodate and support the implementation of alternative service delivery arrangements for frail elderly clients in residential aged care facilities.

8. Developments in research into hearing loss, including: prevention, causes, treatment regimes, and potential new technologies

There is a broad range of research occurring in Australia and across the world that will ultimately lead to improved practices and technologies to better support the needs of Deaf and hearing impaired people and their families.

Some examples are:

Prevention[10]

National Acoustic Laboratories HEARsmart project: The aim of this project is to devise new tools and methodologies to reduce noise-induced hearing loss in the community. The aim is to develop evidence-based prevention messages and awareness-raising activities using insights from NAL's previous research and learnings from new projects.

Causes

A number of studies have shown a link between hearing loss and cognitive decline. Specifically, a pair of studies by Johns Hopkins[11] found that hearing loss is associated with accelerated cognitive decline in older adults and that seniors with hearing loss are significantly more likely to develop dementia over time than those who retain their hearing. A third Johns Hopkins study revealed a link between hearing loss and accelerated brain tissue loss. The researchers found that for older adults with hearing loss, brain tissue loss happens faster than it does for those with normal hearing.
Some experts believe that interventions, like hearing aids, could potentially delay or prevent dementia. Research is ongoing.[12]

Treatment regimes

Longitudinal Outcomes of Children with Hearing Impairment study LOCHI[13]: This study addresses the following research questions:

- Does Universal Newborn Hearing Screening and early intervention improve the outcomes of children with hearing loss at a population level?
- What factors influence the outcomes of children with hearing loss?
- Can early performance predict later outcomes of children with hearing loss?

This study is being undertaken by the National Acoustic Laboratories and is partly supported by the US National Institutes of Health and the HEARing CRC.

The Menzies School for Health Research is undertaking a number of studies to investigate the impact of vaccines on otitis media in Aboriginal infants.[14]

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[10] https://www.nal.gov.au/project/hearsmart/

[11] http://www.hopkinsmedicine.org/news/media/releases/hearing_loss_accelerates_brain_function_decline_in_older_adults
http://www.hopkinsmedicine.org/news/media/releases/hearing_loss_and_dementia_linked_in_study
http://www.hopkinsmedicine.org/news/media/releases/hearing_loss_linked_to_accelerated_brain_tissue_loss

[12] http://aje.oxfordjournals.org/content/early/2015/04/04/aje.kwu333.abstract?sid=0d38289e-ca1a-4718-bbc0-f0156229ae0d

[13] https://www.nal.gov.au/project/longitudinal-outcomes-of-children-with-hearing-impairment-lochi-study/

New technologies

HEARing CRC[15] - The Intelligent Interface. Research in this theme is developing the next-generation of hearing aids and cochlear implants designed for enhanced performance in background noise, special processing requirements for unilateral deafness or for tonal language speakers, and for enhanced manufacturability that will overcome barriers to increased take-up and use of technology. It is focused on improved hearing in noisy environments and overcoming the need for manual adjustment of device settings. This includes:

- Developing next-generation hearing aids and cochlear implants to improve take-up and use.
- Delivering hearing solutions for developed and developing countries.

Development of these new technologies will improve hearing in noisy environments, and overcome the need for many users to manually adjust device settings for different listening situations.

HEARing CRC - Enhanced Service Capacity[16]. Research in this theme is focused on the development of automated self-fitting devices and web-based hearing healthcare delivery models that:

- Engage end-users in managing their hearing protection and remediation;
- Ensure equal access for regional, rural/remote communities; and
- Provide career support and training for rural-based hearing healthcare professionals.

RECOMMENDATION 8

That Australian research into hearing issues continues to be supported with appropriate funding levels.

[14] http://www.menzies.edu.au/page/Research/Projects/Ears/PREV-IX_COMBO_-_Immunogenicity_carriage_and_otitis_media_outcomes_of_pneumococcal_conjugate_vaccines/

[15] http://www.hearingcrc.org/research/intelligent-interface/

[16] http://www.hearingcrc.org/research/enhanced-service-capacity/

9. Whether hearing health and wellbeing should be considered as the next National Health Priority for Australia

Australia does not have a national, integrated policy approach to address hearing health and wellbeing.

Hearing loss represents a significant and quantifiable economic cost and impact to Australia, one which far outweighs current expenditure. The annual financial cost to the economy has been estimated at $11billion in lost productivity.

It is clear that without hearing health and wellbeing becoming a National Heath Priority the deep seated need for improvements in this area will continue to be inadequately addressed to the great detriment of the Australian people. Addressing many of the issues raised in this submission needs strong, sustained national promotion until attitudes and actions change.

A significant percentage of Australians experience hearing loss or impairment, are Deaf or deafblind; live with chronic ear disorders or tinnitus.

This represents a large but unaddressed burden of disease in Australia and a greater health burden than existing National Health Priority Areas such asthma, diabetes and musculoskeletal conditions.

For the individual, their life opportunities can be seriously reduced by restricting their language development, social participation and inclusion, education, relationships and income.

There is consistent and growing literature that associates the experience of disability related to hearing impairment with poorer health outcomes. People with hearing disability report poorer health related quality of life across a range of domains including elevated cardio-vascular risks (diabetes and high blood pressure), increased rates of significant cardio vascular events (eg stroke and heart attack) and an increased all-cause mortality rate among men. It has also been reported that members of this cohort are higher users of general practitioners, more likely to be taking prescribed medications and at a higher risk of some psychiatric disorders[17].

Access Economics estimated that the costs to the health system of adult hearing impairment (over 15 years of age) was approximately $208 million p.a. In conducting this analysis, Access Economics based its estimates on health care consumption data provided by the Australian Institute of Health and Welfare. These data excluded the costs of a variety of health problems that the research increasingly associates with impaired hearing. Research associating hearing impairment with other health outcomes includes:

[17] *Higher social distress and lower psycho-social wellbeing: examining the coping capacity and health of people with hearing impairment,* Anthony Hogan, Rebecca L. Phillips, Susan A, Brumby, Warwick Williams and Catherine Mercer- Grant

- Elevated risk rates for diabetes and high blood pressure[18]
- A higher incidence of stroke[19]
- Increased rates of heart attack[20]
- Higher mortality rates especially among men[21]
- Elevated rates of all cause morbidity.
- On average have three additional health conditions than the general population.
- Reduced functions in activities of daily living[22]
- Overall poorer physical and mental health related quality of life particularly among women[23]
- Consumers rate hearing impairment as the most restrictive condition that they experience after chronic pain and restriction in physical activity.
- Substantive evidence on the social exclusion and stigmatisation of people with hearing impairment.

These data similarly demonstrate that health system costs associated with hearing impairment are significantly greater than existing estimates. Specifically it is known that people with impaired hearing:

- Use GPs three times more often than other members of the community.
- Subsequently consume a much higher number of prescription medicines.
- Are up to 15 times more likely to require home support services[24].

Access Economics noted that the costs of hearing health care were approximately $400 million per annum.

A large proportion of acquired hearing loss is highly preventable. There is a need for community education programs to help protect people from the effects of noisy occupations and recreational loud noise from personal music devices, clubs and concerts.

Hearing loss is a public health and societal concern. What is needed is a nationally integrated policy approach to research, early interventions, holistic services, prevention, rehabilitation, and community education. Engagement and action are needed across the spectrum of relevant stakeholders, including individuals and families, professionals, nonprofit organisations, industries, government, and the health care community.

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[18] Mitchell P. (2002). *The prevalence, risk factors and impacts of hearing impairment in an older Australian community: The Blue Mountains Hearing Study (The 4th Libby Harricks Memorial Oration)*. Canberra: Deafness Forum

[19] Mitchell IBID

[20] Hogan et al. 2001 IBID

[21] Apollonio, I., Carabellese, C., Frattola, L. & Trabucchi, M. (1996). Effects of sensory aids on the quality of life and mortality of elderly people - A multivariate analysis. *Age and Ageing*. 25: 89-96.

[22] Wilson et al. 1992 IBID

[23] Wilson et al. 1992 IBID

[24] Wilson et al. 1992 IBID

According to the Australian Government Australian Institute of Health and Welfare, "By targeting specific areas that impose high social and financial costs on Australian society, collaborative action can achieve significant and cost-effective advances in improving the health status of Australians. The diseases and conditions targeted under the NHPA *(National Health Priority Areas)* initiative were chosen because through appropriate and focused attention on them, significant gains in the health of Australia's population can be achieved."[25]

RECOMMENDATION 9.1

That the Australian Government makes hearing health and wellbeing a National Health Priority to address the high social and financial costs it imposes on Australian society.

RECOMMENDATION 9.2

That a national action plan be formulated to give appropriate and focused attention on improving Australia's hearing health and wellbeing.

RECOMMENDATION 9.2

That a relevant consumer-oriented organisation, such as Deafness Forum of Australia be funded by Government to participate in the implementation of the strategy.

[25] http://www.aihw.gov.au/national-health-priority-areas/

10. Any other relevant matter

a. Risks associated with the implementation of the National Disability Insurance Scheme

In June 2015 Deafness Forum of Australia released an Issues Paper regarding the Transition of the Australian Government Hearing Services Community Service Obligations Program clients to the National Disability Insurance Scheme.[26]

Deafness Forum of Australia is very supportive of the National Disability Insurance Scheme. It will make a huge difference to the lives of people with disabilities and their carers. However the transition of clients from existing programs, such as the Australian Government Hearing Services Program, to the National Disability Insurance Scheme creates areas of risk that could lead to reduced quality of service and poor outcomes for clients unless these risks are managed very carefully.

There are some highly vulnerable client groups within the Australian Government Hearing Services Program. These groups are identified as Community Service Obligations (CSO) due to the cost, complexity and access issues associated with the delivery of services to these clients, and the lack of service options in the private sector. These client groups include Deaf and hard of hearing infants, children and young adults, pensioners and veterans with complex hearing needs and Aboriginal and Torres Strait Islander peoples aged over 50 years. The CSO Program also funds a culturally sensitive outreach service for Aboriginal and Torres Strait Islander peoples in urban, rural and remote areas of Australia. The responsibility for service delivery to these clients is currently assigned to the government hearing services provider, Australian Hearing. With the rollout of the National Disability Insurance Scheme, services to these client groups will become contestable.

The introduction of contestability could have a detrimental effect on client outcomes for the following reasons:

- There is currently a very streamlined approach to putting rehabilitation programs in place for infants and children diagnosed with hearing loss which ensures less than 2% loss to follow up. There is a risk that this could be lost with multiple providers.
- There will be a loss of independent, unbiased advice regarding clinical programs, devices and educational program options for children with hearing loss as potential providers in a contestable environment are likely to be aligned with particular educational programs or hearing aid manufacturers.
- Australian Hearing has been the sole provider of services to children with hearing loss for over 70 years. The private sector has not been required to deliver hearing rehabilitation services to infants and children in the past, so the ability and interest of the private sector to provide these services is unknown. The move to contestability in the delivery of services to children could result in market failure leaving children with hearing loss and their families without the critical services they need.

[26] http://www.deafnessforum.org.au/issues

- There is a high risk that people in rural and remote areas will experience reduced access to services.
- There is a high risk that people from culturally and linguistically diverse backgrounds will find it difficult to access services.
- There is a high risk that Aboriginal and Torres Strait Islander peoples in urban, rural and remote areas will lose access to a culturally sensitive service delivery model.
- The client groups in the Community Service Obligations Program are very small so the fragmentation of these groups that will occur with contestability will make it difficult for audiologists to maintain their skill levels.
- There will be a significant increase in the cost of delivering hearing services in the commercial market as opposed to service provision in a Community Service Obligations Program where the government provider achieves cost efficiencies through its economies of scale and bulk purchasing arrangements.

RECOMMENDATION 10.a

That management strategies are put into place to mitigate the risks that will arise when clients transfer from existing programs to the National Disability Insurance Scheme before removing the vulnerable client groups from the safety net of the Australian Government Hearing Services Community Service Obligations Program and the Government Hearing Services provider.

b. Future ownership options for Australian Hearing

In July 2014 Deafness Forum of Australia provided a submission to the members of the scoping study team investigating the potential ownership options for Australian Hearing[27] and later met with the team to highlight areas of concern.

Australian Hearing, as the designated sole provider of services under the Community Service Obligations Program, provides a safety net to ensure that highly vulnerable groups identified under the Community Service Obligations Program receive the services they need to reach their potential.

Many of these client groups are expected to transfer to the National Disability Insurance Scheme. This introduces major risks as outlined in the previous section. For this reason, the National Disability Insurance Agency is currently using the existing Australian Government Hearing Services Program arrangements to ensure clients continue to receive the level of services they need. This provides the National Disability Insurance Agency with the time it needs to ensure that the risk areas are addressed. Australian Hearing plays a pivotal role in the current arrangements for the delivery of services under the Community Service Obligations Program as it has responsibility as the sole provider of services to the most vulnerable clients groups. Clients are expected to transition from the Hearing Services Program to the National Disability Insurance Scheme in 2019.

By that time the following issues need to be resolved:

[27] http://www.deafnessforum.org.au/issues

- Identifying the eligibility criteria for the National Disability Insurance Scheme for people with hearing impairment.
- Identifying how services will be delivered to vulnerable groups who do not qualify for the National Disability Insurance Scheme and remain within the Australian Government Hearing Services Program.
- Identifying the quality framework that will be applied to service delivery for all government funded hearing programs.
- Identifying the service delivery arrangements for people in rural and remote areas.
- Identifying a new referral pathway for infants diagnosed with hearing loss through newborn hearing screening programs that ensures timely service provision.
- Ensuring that the hearing services market has the interest and expertise to take over the provision of services for hearing impaired paediatric population.
- Ensuring that the client groups do not become so fragmented that it is not possible for clinicians to maintain their skill level.

It is essential that the safety net of Australian Hearing remains in place until there is confidence that clients will not be worse off under the new arrangements.

In February 2016 the Government announced it was investigating a proposal from a consortium consisting of the Royal Institute for Deaf and Blind Children, Macquarie University and Cochlear Ltd to transfer Australian Hearing to non government ownership. No details have been released on the proposal from the consortium. It is also not known if other organisations have expressed interest, nor whether the Government has invited other organisations to express interest. Whatever the future ownership arrangement might be, it should not compromise Australian Hearing's capacity to provide independent advice.

RECOMMENDATION 10.b.1

That the safety net of the Australian Government Hearing Services Community Service Obligations Program with Australian Hearing as the sole provider remain in place until the transition issues associated with the transfer of services from the Australian Government Hearing Services Program to the National Disability Insurance Scheme are resolved.

RECOMMENDATION 10.b.2

That Australian Hearing's position as an independent and leading hearing services provider, particularly for vulnerable populations, and as a research organisation be maintained and enhanced.

c. Communications accessibility at Government shopfronts, hospitals and other public institutions

Hearing loops and video remote captioning and interpreting solutions provide an efficient medium for hearing impaired and Deaf people to use essential services and get on with their day to day business in the same way as their hearing peers.

RECOMMENDATION 10.c

That Commonwealth Government and agency shopfronts, public hospitals, other public institutions, and those organisations contracted to deliver government services be accessible to people with a hearing impairment or who are Deaf through installation of hearing augmentation systems, and access to remote internet delivered captions and interpreting services.

APPENDIX A – ELIGIBILITY CRITERIA FOR THE AUSTRALIAN GOVERNMENT HEARING SERVICES PROGRAM[28]

Eligibility to the program is set out in legislation.

Voucher component of the program
You are eligible for the voucher component of the program if you are an Australian citizen or permanent resident 21 years or older and you are

- a Pensioner Concession Card holder
- a Department of Veterans' Affairs Gold Card holder
- a Department of Veterans' Affairs White Card holder issued for specific conditions that include hearing loss
- receiving Sickness Allowance from Centrelink
- a dependent of a person in one of the above categories
- a member of the Australian Defence Force[1]
- referred by the Disability Employment Services (Disability Management Services) Program or
- a National Disability Insurance Scheme (NDIS) participant with hearing needs, referred by a planner from the National Disability Insurance Agency

Please note that a Seniors Health Card **does not** provide eligibility for the program.

Voucher services are provided by a network of hearing services providers throughout Australia.

Community Service Obligations (CSO) component of the program
You are eligible to receive hearing services through the CSO component (specialist hearing services) of the program if you are an Australian citizen or permanent resident and you are

- people from the above eligibility groups who have complex hearing or communications needs or live in remote areas or
- any Aboriginal person and/or Torres Strait Islander person who
  - is over 50 years of age or
  - is a participant in the Community Development Programme (formerly known as the Remote Jobs and Communities Program (RJCP) and the Community Development Employment Projects (CDEP) program).
  - or a person who was a CDEP program participant on or after 30 June 2013; has since ceased participating in the program; and was receiving hearing services from Australian Hearing prior to ceasing participation
- any person under 21 years of age who
  - is an Australian citizen or
  - is a permanent resident or
  - is a young NDIS participant

Australian Hearing is the sole provider of CSO services.

[28] http://hearingservices.gov.au/wps/portal/hso/site/eligibility/programhelp/eligibility