

## Still waiting to be heard

### Inquiry into the Hearing Health and Wellbeing of Australia

*Translated into plain language by Deafness Forum of Australia*

A national inquiry into the hearing health and wellbeing of Australia has been underway this year and its report has been published.

After years of community concern about hearing services, the government announced a national inquiry in November last year. The parliamentary committee that conducted the inquiry – the House of Representatives Standing Committee on Health, Aged Care and Sport – called for submissions and held public hearings in 2017. The findings were published this month. The report, called *Still waiting to be heard*, showed that the Committee understood community frustration about hearing health and slow progress in key areas.

The leader of the committee was Mr Trent Zimmerman MP. He represents the Liberal Party as a member of the House of Representatives seat of North Sydney.

In his introduction to the report, Mr Zimmerman outlined the report's main topics – challenges for people affected by hearing loss, the economic costs, children and their need for timely NDIS services and middle ear infections especially in indigenous communities, working aged and elderly adults. The report has made 22 recommendations to the Government.

Mr Zimmerman said that hearing is essential to the lives of most Australians. However, 3.6 million people are affected by some form of hearing impairment. In 40 years there might be as many as 7.8 million affected.

In 2010, another parliamentary inquiry – called the *Hear Us: Inquiry into Hearing Health in Australia* – made many recommendations to improve the hearing health and wellbeing of Australians. Many of the people and organisations that shared their opinions in this new inquiry said they were frustrated that most of the recommendations made in 2010 had been ignored by governments.

Mr Zimmerman stressed that hearing health must be treated as a national health priority.

#### **Challenges to individuals and the economy**

Hearing problems hurt more than just individuals, their families and friends. There is a big effect on the Australian economy. Research shows that hearing loss costs

the nation \$33.3 billion every year. That's \$15 billion in real money and \$17 billion in lost wellbeing for individuals. (*Ed. The government could build a new international airport each year for this amount*). The cost to the economy of balance disorders is less certain, but just the cost of visits to hospital emergency departments could be as much as \$148 million each year.

## **Children**

Two important issues about hearing services for children were often spoken about during the inquiry. The first was how children with hearing problems would be treated by the National Disability Insurance Scheme (NDIS). The second issue was the high rate of ear infections among Aboriginal and Torres Strait Islander children.

For a young child even a small delay in treating their hearing impairment can result in a life-long reduction in their language and communication skills.

The committee was told that parents who had no experience of hearing impairment found it difficult to find trustworthy information in a short time to make good decisions about the future healthcare needs of their child.

### *Aboriginal and Torres Strait Islander children*

The situation of ear infections among Aboriginal and Torres Strait Islander children is at crisis point. At any time 90 per cent of children in remote communities will have an ear infection. While the problem is most severe in remote communities, Aboriginal and Torres Strait Islander children in cities and regional areas also experience ear infections at much higher rates than most children. Repeated infections in childhood can result in permanent hearing damage and have been found to limit the life opportunities in adulthood. For a child with an ear infection, the constant struggle to hear at school can make them lose interest in learning.

## **Working age and elderly adults**

Preventing hearing damage and providing support for hearing impaired Australians of working age was also raised during the inquiry. Many people rely on a hearing device to keep their jobs. But because of the high cost of hearing devices, they may not be able to afford to replace a broken or old hearing device.

The incidence of hearing loss is high among older people. Three out of every four Australians over 70 years of age are affected.

The committee found that an issue of particular concern is the potential for financial exploitation of vulnerable older Australians due to the use of commissions in the hearing aid clinic industry. Older Australians entering a hearing aid clinic should be

able to trust that the advice they receive will be based solely on their healthcare needs. The inquiry report has recommended that Australian Hearing stop giving sales incentives to its audiologists.

While associated with hearing health, balance disorders do not receive a lot of attention but their effects on sufferers can be debilitating. Balance disorder sufferers can experience unexpected attacks of dizziness that are accompanied by intense nausea and a loss of balance so acute that those affected are unable to stand. Acute attacks, and the anxiety of not knowing when they will occur, can make everyday activities, such as working or driving a car, difficult or impossible. The causes of balance disorders are not well understood and there is a need for more research, which may result in the development of new treatments.

The evidence is clear. No matter a person's age or background, hearing impairment and balance disorders have huge social and financial costs.

### **The future**

There is a growing understanding that hearing impairment, a condition affecting 3.6 million Australians, should be a government priority.

The Committee believes that hearing health requires greater recognition. Taking action on the recommendations in this new report will improve the hearing health and wellbeing of Australia. Hearing Health and Wellbeing should become a National Health Priority.

You can read and download the original report from [www.deafnessforum.org.au](http://www.deafnessforum.org.au)

Next, we summarise the report's recommendations under familiar categories:

## **Aboriginal and Torres Strait Islander communities**

### **Recommendations 1 - 3**

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The Department of Health should create a national plan to improve hearing health in Aboriginal and Torres Strait Islander communities. With Australian Hearing, it should increase resources to these communities especially to reduce waiting lists for hearing health. The Department of Health and the Department of Education and Training should create a hearing health fund to pay for hearing assistance systems in the classrooms of all regional, rural, and remote schools. It should fund deaf Aboriginal and Torres Strait Islander children to learn sign language and access interpreters.

## **Interpreting service**

### Recommendation 4

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The Department of Social Services should change its rules to allow people who have appointments with an audiologist to be able to access the free interpreting service by the Translation and Interpreting Service.

## **People in aged care**

### Recommendation 5

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The Office of Hearing Services should take a fresh look at the government hearing services for people in aged care facilities. It should consider such things as assistive listening devices (hearing loops, phones); the needs of deafblind people; and educating the staff and helpers.

## **Community awareness**

### Recommendation 6

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The Department of Health should design and deliver an education and awareness raising campaign on hearing health. The campaign should promote safe noise exposure practices in the workplace. It should promote safe listening practices in the music industry and among young people. It should encourage people with hearing loss to get professional advice. It should encourage doctors to ask their patients about their hearing, particularly those aged 50 years and over. The campaign's messages should aim to take the stigma out of hearing loss and educate the public on the challenges faced by deaf and hearing impaired Australians.

## **People in farming communities**

### Recommendation 7

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The Department of Health should develop a national hearing loss prevention and treatment program for people who live in farming communities. The program should explain the risks to hearing from noisy farm machinery and how to reduce these risks. It should have programs that screen people's hearing so they can get professional help if it is needed.

## **Research**

### Recommendation 8

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The Australian Government Hearing Services Program and the National Acoustic Laboratories should give priority to research on balance disorders, genetic and stem-

cell treatments, and long term research on the experiences of adults having treatment for hearing impairment.

## **Medicare Benefits Schedule**

### Recommendation 9

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The government should add hearing health services that are delivered via the internet to the Medicare Benefits Schedule (MBS). These services should include audiology; ear, nose, and throat appointments; early intervention listening and spoken language therapy; and speech pathology. Under the MBS, people can claim 100 per cent of the fee as a rebate for general practice services and 85 per cent of non-GP services from Medicare when the services are provided out of hospital.

## **Australian Hearing**

### Recommendations 10, 12, 14, 15, 21

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- The government should review Australian Hearing's services to make sure it does not have a commercial advantage over private audiologists in the Hearing Services Program Voucher Scheme.
- Australian Hearing should stop giving sales incentives to its audiologists.
- Australian Hearing should keep its role as the only provider of audiological services for children under the age of five within the Department of Health's Community Service Obligations program.
- Australian Hearing should be the home for a national 'guided pathway' system designed by The Office of Hearing Services that helps parents to choose expert early intervention services for their children.
- It was a good decision not to sell the government-owned Australian Hearing and it should not be sold at any time in the future.

## **Community Service Obligations program for vulnerable people**

### Recommendation 11

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The Community Service Obligations (CSO) program should be opened up to provide hearing services to hearing impaired people aged 26 to 65 years who are on low incomes or are unemployed. The CSO client groups are vulnerable people in the community and include Deaf and hearing impaired children, and Aboriginal and Torres Strait Islander peoples aged over 50 years and under 65 years.

## **Audiologists and audiometrists**

Recommendations 12, 13

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- The Government Hearing Services Program should not allow audiologists and audiometrists to get commissions and other incentives for selling hearing devices. This will make sure that the advice they offer people is independent and based on what is best for the individual. Australian Hearing should stop giving sales incentives to its audiologists.
- The government should make it a rule that audiologists and audiometrists are registered to practice. They should be registered in the same way as doctors, nurses and optometrists under the Australian Health Practitioner Regulation Agency framework.

## **Children's services**

Recommendations 14 - 18

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- The government should keep audiological services for children under the age of five within the Department of Health's Community Service Obligations program. Australian Hearing should keep its role as the only provider of these services.
- The Office of Hearing Services should help parents to choose expert early intervention services for their children. It can do this by creating a national 'guided pathway' system, based in Australian Hearing.
- Governments should introduce a free national hearing screening program for children in their first year of school, with the aim of having all children tested within the first 60 days of the school year.
- The Office of Hearing Services should help parents to choose expert early intervention services for their children. It can do this by creating a national 'guided pathway' system, based in Australian Hearing.
- Governments should introduce a free national hearing screening program for children in their first year of school, with the aim of having all children tested within the first 60 days of the school year.
- All governments should report against the 'National Performance Indicators to Support Neonatal Hearing Screening in Australia'.

*From recommendations 2,3*

- The Government should create a hearing health fund to pay for hearing assistance systems in the classrooms of all regional, rural, and remote schools.
- The Government should fund deaf Aboriginal and Torres Strait Islander children to learn sign language and access interpreters.

## People who communicate in Australian Sign Language

Recommendations 19, 20

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- The National Disability Insurance Agency should find out about the likely demand for Auslan interpretation services for people who will be eligible for the Scheme. It should also find out if there are enough interpreters available to meet this demand.
- All governments should work together to make sure that Auslan interpretation services are available for people when they have medical, law and other essential appointments.

*From recommendations 3, 4*

- The Government should fund deaf Aboriginal and Torres Strait Islander children to learn sign language and access interpreters.
- The Government should allow people who have appointments with an audiologist to be able to access the free interpreting service by the Translation and Interpreting Service.

## National Health Priority

Recommendation 22

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Hearing health should be made a National Health Priority.

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