

The Standing Committee on Health Aged Care and Sport

PO Box 6021
Parliament House
Canberra ACT 2600
14 December 2016

Terms of Reference

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;
2. Community awareness, information, education and promotion about hearing loss and health care;
3. Access to, and cost of services, which include hearing assessments, treatment and support, Auslan language services, and new hearing aid technology;
4. Access, availability and cost of required drugs, treatments and support for chronic ear and balance disorders sufferers;
5. Best practice and proposed innovative models of hearing health care to improve access, quality and affordability;
6. Developments in research into hearing loss, including: prevention, causes, treatment regimes, and potential new technologies;

Dear Committee Chairperson

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

I point out that I write of my own personal experiences and those of my husband as we are both hearing impaired. My husband's hearing loss was Service caused and my own was due to mistreated middle ear infection.

Being deaf is not easy.

1. Cost

As a Gold Card holder my husband is entitled to free hearing services and as his wife, I am entitled to some hearing related services.

My hearing loss first became evident at the age of 65, having suffered from sinusitis and middle ear infections (Otitis media) for 50 years. It deteriorated rapidly over ten years and I spent thousands of dollars on progressively more powerful – and more expensive - hearing aids, before one honest audiologist admitted that she could not help me and that I needed cochlear implants. Three years ago I had three cochlear implants (one failed) and now have no hearing at all. I had to fund the operations myself, with out of pocket costs for the implants, mapping and listening assistive devices amounting to in excess of thirty thousand dollars. The initial processors, which last about three years, were paid for by my Health Fund but replacement processors I will have to self fund at a current cost of \$8000 each.

Fortunately I had access to savings.

My perception of private audiologists is that they represent hearing aid manufacturers and have become salespeople rather than medical professionals. These audiologists tend to belittle the models available to Australian Hearing eligible clients and encourage them to upgrade to more expensive models.

Thousands of dollars are spent each year on hearing aids that are uncomfortable and do not help the deaf person – and are left in the bedside drawers!

I hasten to point out that the cochlear audiologists are very helpful and professional.

2. Hearing loss is forever – and is never “cured”.

Hearing loss can never be restored to the way Nature intended. People with hearing loss have to actively listen as opposed to just hearing. This is tiring as the deaf person juggles what they have heard with what the message might mean. In my own case I suffer from “musical hallucinations” and have my own personal band playing in my head. The band seems to play more loudly when in noisy environs as if the band is claiming ownership!

I also experience distortion of sound particularly moving from one acoustic environment to another. Sometimes it can take as long as thirty minutes to acclimatise. A passing motor bike sounds like an aircraft landing in the courtyard!

Background noise is always a difficulty for the hearing impaired, especially in restaurants and coffee shops.

3. It can be demeaning and undignified.

I find it distressing that I am often treated as being “daft” when I am just deaf. I sometimes “translate” the spoken word wrongly - sometimes with amusing results!

4. Support group are necessary and fulfil a vital role.

We are both members of **Better Hearing Australia (ACT)** and **Deafness Resources Centre**.

I gained great support and encouragement from the **Better Hearing Australia** weekly classes. I met others who were deafer than I, who could not afford hearing aids. The classes suggest coping mechanisms - like anticipating questions so you have the answer - for example, using the “tap” card reader at checkouts in supermarkets in order to save the embarrassment of the impatient person behind tapping his foot when you have to ask the operator to repeat the cost!

Lip reading classes also run by BHA classes provide another excellent coping mechanism for the deaf.

The **Deafness Resources Centre** also offers support and counselling for cochlear implantees. They also make available re-cycled hearing aids to people who cannot afford to buy new aids. The DRC also offers a cleaning and minor adjustment service to residents in aged care centres.

As a bilateral cochlear implantee I can no longer “decipher” music. The Music Appreciation sessions, sponsored by Cochlear and performed by the Canberra Symphony Orchestra have been a great help in re-learning to hear music.

Hearing Awareness Week has been a valuable way to learn what is available - not only hearing aids but assistive listening devices and self help groups.

Reference 2, Community awareness and education should be continued. I am not sure to what level **BHA and DRC** are Government funded but they carry out an important role in helping to restore confidence and dignity to deaf people.

Recommendation - That volunteer groups such as BHA and DRC continue to receive whatever Government support that has previously been made available such as meeting rooms etc.

References 2, 3 and 5 - Correct diagnosis and prevention is paramount.

I suggest that more funds be made available through Medicare for specialists to order more thorough testing to discover what causes infection leading to otitis media and to treat accordingly before hearing is damaged.

Recommend - That the Australian Government encourage research into hearing loss including prevention, causes, treatment regimes and new technologies.

- That hearing loops and telecoils be fitted in public places and that cinemas be encouraged to fit these inexpensive devices just as wheelchair ramps are compulsory in public places.

- That stricter standards of noise levels be introduced – for example mandatory lower decibel levels in public places for extractor fans, for music in shops etc.

Reference 6 - Investment in new hearing technologies is crucial. It is more cost effective to prevent hearing loss rather than to try and create artificial hearing.

As a double CI, I need to practice for at least 20 minutes a day to keep my hearing “attuned” to the spoken word. Sadly the only interactive computer programme available “Angel Sound”, whilst excellent, is an American programme and the accent, particularly the vowels, make use by Australians difficult..

Recommend – A small innovation could be that an Australian version of “Angel Sounds” be made as a worthwhile tool to making sure CI get the most use from their implants.

Yours sincerely