

SUBMISSION TO SENATE INQUIRY INTO HEARING HEALTH IN AUSTRALIA.

September 2009

a) Extent, causes and costs of hearing impairment in Australia.

Extent. Hearing loss is the second most prevalent chronic disabling disorder, after musculo-skeletal disorders such as arthritis. As such, it is more prevalent than any of the other national health priorities.

Causes. Hearing loss can occur at any age. Pre-natal causes of hearing impairment include in-utero infections and genetic elements, with hearing loss either partial or complete at birth and/or stable or progressively deteriorating over time. Post-natally, hearing impairment can result from accidents, illness, drug toxicity and excessive noise exposure. Such losses will also vary in degree and stability of hearing levels.

Costs. Costs vary with age and management requirements. However, early identification and appropriate management of hearing impairment at any age is highly cost-effective in minimising secondary effects. When identification and management are both early and appropriate, the need to provide remedial programs for avoidable secondary problems will be reduced or even eliminated.

Despite the above, health expenditure on hearing loss is less than 1% of the total expenditure on the national health priority areas (*Access Economics 2006*).

b) Implications of hearing impairment for individuals and the community.

Individual implications. The impact of hearing impairment varies with degree of loss, age of onset, and provision of timely and appropriate management. At any age, time is of the essence. If identification and management is delayed in infants, delays in language acquisition can be expected. For older children, there may be educational delays. For young adults, with educational achievement low compared with potential, there will be consequent limitation to employment and career opportunities. For older adults, enforced early retirement is common. In yet older adults, hearing impairment can be, and too often is, misdiagnosed as confusion or dementia with subsequent incorrect, inappropriate, and costly, management decisions frequently made.

Community implications. For each hearing impaired individual, hearing loss will impact on relationships not only with family members but also with others in various social and vocational relationships with them. With respect to the wider community, the implications of hearing loss also need to be considered in terms of community cost. Throughout life, at any age, delayed identification and poor and/or delayed management will result in totally avoidable costs. For example, well-managed and supported hearing impaired children who

achieve age-appropriate language skills can be educationally mainstreamed and subsequently, employed to their appropriate potential, saving significantly at all of these levels. In our ageing population, up to one third of people over the age of sixty five will demonstrate a significant hearing loss. With prevalence and severity increasing with increasing age, we clearly cannot afford unnecessary early retirements, or mismanaged older folk who are confused not by dementia, but rather by not hearing adequately. From the community perspective, investment in timely and appropriate individual hearing management programs is clearly an economic, as well as a moral, imperative.

c) **Adequacy of access to hearing services, including assessment and support services and hearing technologies.**

Assessment services.

Australia has been fortunate in its unique nationwide Commonwealth-funded Hearing Services Program with its clearly defined responsibility for children under the age of 21 years who need hearing devices, and for means tested pensioners. With few exceptions, for the remainder of the population, hearing health is presently a state responsibility. Given Australia's vast and varied geographic spread and scattered population, any state-wide hearing health guidelines must be based on adequate area-by-area demographic detail, and should remain sufficiently flexible to adapt to the differing needs of the various health regions. This pre-supposes appropriately located, staffed, equipped and funded audiology units to identify, manage and where appropriate, refer on to other appropriate services, people of all ages and abilities from their surrounding community, for whom hearing is a question.

Unfortunately, this is a model yet to be attained. In fact, it appears to be going backwards rather than forward. For example, in the 1970's, Victoria established a state-wide demographically-based network of audiology units of this nature. In NSW audiology units were situated more by happenstance, with fewer in country areas. More recently, however, in both NSW and Victoria, instead of augmenting these services, audiology units providing unique identification and non-medical hearing management services for all ages and abilities for local communities where no alternatives exist in either the public or the private sector, have progressively been closed. These closures are occurring in both metropolitan and rural areas. As noted in the sections above, despite apparent short-term cost-savings, this has major economic implications in terms of delayed identification and of subsequent increased management costs.

Support services. At any age, appropriate services are clearly essential to ensure that newly diagnosed individuals and/or parents of young hearing impaired children are supported in selecting the rehabilitation/habilitation services most appropriate to their need, and also to ensure that such devices as cochlear implants and hearing aids are fully and appropriately utilized. As such, these services are extremely cost-effective. Adequacy of support services presently varies widely from excellent to non-existent.

However, it is obviously NOT cost-effective to have to provide support services for remediation of unnecessary secondary handicaps that may well result from delays in initial identification of hearing impairment and in subsequent delayed commencement of appropriate management.

Hearing technologies. Australia is fortunate in having access to a full range of hearing technologies. International hearing aid companies are well represented, and Australia's pre-eminence in cochlear implant technology is well known. An appropriate range of assistive listening systems while perhaps not widely enough known and used, is also available.

The question of affordability of hearing devices for those not eligible for the Commonwealth Hearing Services Program remains problematic. For example, the unique Australian Hearing CSO hearing services program provides (and appropriately encourages reliance on) hearing devices for hearing impaired children resident in Australia from birth/age of identification until they reach 21 years of age. Subsequently, this group in particular tends to be totally dependent on such aids to remain employed tax-paying citizens, yet purchasing new aids can be prohibitive. It is in both their interest, and the economic interest of the community at large, that an appropriate way to address this dilemma is devised and introduced as soon as possible.

Another area requiring to be addressed is communications access. Captioning on television and in cinemas is increasingly available. While this is commendable, there are too many other areas where despite the existence of disability laws, 'disabled access' requirements are considered to have been met when there are ramps installed for wheelchairs. Unfortunately, ramps do nothing to assist participation for hearing impaired people. Technology to provide communications access such as induction loops and CART (Computer Assisted Realtime Captioning) is not new, but is still far too seldom available.

d) Adequacy of current hearing health and research programs, including education and awareness programs

Hearing health and research programs. Australia is fortunate to have the world-renowned National Acoustic Laboratories programs contributing to research across the range of hearing health issues. For thirty years, world-leading cochlear implant research has emanated from the Bionic Ear Institute and the University of Melbourne. Increasingly, universities around Australia, in particular those offering post-graduate professional training in audiology, are contributing to this body of knowledge.

Education and awareness programs. With regard to the general community, there is still much that needs to be done. Hearing loss is widely known as 'the invisible handicap'. The need for communications access is noted above and community education regarding this is essential. Too often, lack of education and awareness leads to underutilisation of installed systems which is not only unfortunate for those missing out on the benefits they can provide, but can lead to their removal. Too frequently, installed systems such as induction

loops are not maintained, and when needed, found to be non-functioning. Community education programs for managing hearing issues particularly in older populations, and in potentially noise exposed populations (either leisure or work-related) are also very much needed. To be successful however it is essential that these must be evidence based. Presently, there is some work being done in these areas. If any real progress is to be made there needs to be more work done, both in developing Australian programs, and in evaluation for their suitability in the Australian context, of programs developed overseas.

e) **Specific issues affecting indigenous communities .**

Indigenous communities have their own unique problems. Hearing problems in these communities will not be resolved independently of many other health and lifestyle issues. To be successful, programs must be developed in consultation with appropriate community members.

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Ref:
Access Economics (2006): *LISTEN HEAR! The Economic Impact and Cost of Hearing Loss in Australia*. Access Economics www.accesseconomics.com.au