

9/10/09

Thank you for implementing this inquiry into hearing health in Australia. Unmanaged hearing loss is a major issue in Australia and your interest may help to address some current inequities in service provision. I am an audiologist of 30 years experience, 4 years with Australian Hearing, the Commonwealth funded Audiology service, and the rest within the NSW public health system. I have seen the cycle of growth and fall of Community Health within NSW Area Health Services, predominantly due to funding issues. This has had a significant impact on NSW public audiological services. I have had some short blocks of employment recently in the NT working in Aboriginal communities through the Commonwealth Intervention funding, but my main expertise is in the NSW Health service as a paediatric specialist audiologist in a community health setting.

My submission is not to be seen to represent the views of my employer, but my personal views as an audiologist.

regards

Barbara Nudd (Audiologist at Wyong Hospital, NSW)

a) The extent, causes and costs of hearing impairment in Australia have been well documented in the Access Economics Report (2006) *Listen Hear – The Economic Impact and Cost of hearing loss in Australia* Canberra, <http://www.accesseconomics.com.au/publicationsreports/showreport.php?id=71&searchfor=2006&searchby=year>

ABS census data gives some indication of the extent of hearing loss in the community, but this is from people who are willing to identify as hearing impaired.

b) The implications of hearing impairment for individuals and the community
Note that there is still a major stigma for most people to acknowledge that they have a hearing loss. When I ask families whether there is a family history of hearing loss, most people will laugh and say: well he hears what he wants to...he just doesn't want to hear...he switches off etc. There is very little understanding from the general public of the impact of a hearing loss on a person's life, on their speech and language learning, their education and later employment. It impacts heavily on people's confidence, social interaction, and communication. It is a silent invisible handicap. Parents with small children are often unaware of normal developmental milestones for speech and hearing and miss a hearing loss in their child for considerable time.

Voluntary self-help groups such as Better Hearing Australia and Self Help for Hard of Hearing People do a great job in assisting people with hearing loss to live a 'normal' life, but not all people with a hearing impairment are aware of these organisations.

Any submissions from Self Help groups and Deafness Forum, the peak body for Deafness and Hearing Impairment will give you a realistic indication of the impact of hearing loss on people's lives and areas of assistance. But again, note that members of self –help groups are the people who are dealing with their hearing loss. There are many people out there trying to ignore their difficulties and this results in a significant impact on their social relationships, education and employment. This is well covered in the Access Economics Report cited above.

c) The adequacy of access to hearing services, including assessment and support services, and hearing technologies:

Access to hearing services in NSW:

Audiologists are post graduate allied health professionals with a range of skills of diagnosis and the non-medical management of hearing impairment and vestibular problems. Different work settings require different skills. There is considerable counselling and support required when a hearing loss is diagnosed. This is necessary for families of young children whose hearing impairment has just been detected, but also crucial for teens and adults who develop a hearing loss.

NSW public Audiology services have developed on an ad-hoc basis since the late 1960s– there is no requirement from NSW Health that every Area Health Service should provide a certain level of hearing services.

NSW Health introduced an excellent newborn infant hearing screening program (State Wide Infant Screening-Hearing 'SWISH') in December 2002. This has been appropriately funded and equipped from NSW Health funds, not Area Health funds. So babies **born** with significant hearing loss are now diagnosed at a very early age, and are accessing rehabilitation services (devices, investigation of etiology, counselling for families, early education and speech interventions etc).

However Area Health Audiology departments depend on money from their Area Health Services, and this is dwindling rapidly as Area Health services try to manage their deficits. This has resulted in the closure of a number of Sydney metropolitan Community Health Audiology services when their audiologists have resigned or retired. Most recently this has been Mona Vale and Hornsby Kuringgai Hospitals. Previously we have lost departments at Sydney Hospital, Canterbury Hospital and Lidcombe Hospital.

The reduction in NSW Area Health Audiology departments has increased the inequity of access to publicly funded Audiology for NSW residents. Assessing the hearing of babies, toddlers and young preschoolers requires special skills from the audiologist, in a purpose built facility with appropriate equipment. At present the 2 audiologists in the Central Coast sector of Northern Sydney Area Health Service provide the only public audiology service for children from birth to age 4 for the region from the Harbour Bridge to Lake Macquarie. Families may access private audiology clinics for assessment on the North Shore but in most cases must pay for services. Few of these clinics have facilities for the hearing assessment of young children or employ specialist paediatric audiologists which both Mona Vale and Hornsby Hospitals previously employed. Both these departments are still equipped and functional, but not staffed.

Keep in mind that hearing loss can develop after birth, and may be permanent or 'temporary' – medically/ surgically treatable once detected.

The other problem resulting from the lack of publicly funded Audiology services is the difficulty experienced by older children and adults in accessing comprehensive audiological diagnostic assessment and counselling. Hearing aid companies may employ audiologists but a basic hearing test only is usually provided. Adults are often concerned they may be pressured into purchasing a hearing aid. They require an independent professional assessment of their hearing, with appropriate explanation of results, rehabilitation options and counselling.

If all health funds provided adequate rebates for audiology services – assessment, rehabilitation and counselling (rather than simply hearing aid purchase) or if audiologists had appropriate Medicare item numbers, private audiologists would be more able to provide a comprehensive service.

The other option is to fund Community Health Audiology services specifically from a State or Commonwealth budget. Newborn infant hearing screening is to be rolled out Australia wide. It is imperative that appropriate services to follow up and manage the children diagnosed and to detect the children with later onset hearing loss are also provided.

As mentioned above this can be a publicly funded service, or more private practice audiologists could be encouraged to provide a full range of audiological services if there were Medicare item numbers assigned to cover some of the costs to the public.

Equipment and facilities

Gosford and Wyong Hospitals (NSW Central Coast) opened new purpose built audiology facilities in 2005. The facilities and all equipment were provided through NSW State Govt funding as part of the hospitals' re-development. The departments were designed and equipped to the audiologists' specifications, to meet Australian standards, for 5 audiologists in total. Unfortunately the funding was only for building and equipment. As

staffing is a recurrent expense and the budget is in deficit, the Area Health Service has the current staff of 2 audiologists only to manage the 2 departments. It appears that targeted funding would be required to keep current adequately equipped audiology departments fully staffed.

Audiologists frequently have to depend on charities and fundraisers to provide new equipment for their public audiology departments. Many are working with equipment that is more than 15 to 25 years old. An ongoing problem is the cost of the annual calibration of equipment, to ensure that assessments meet Australian standards. At this stage there is no forward planning for equipment replacement, or facility upgrades. There is also no succession planning to maintain audiologists in the present positions.

NOTE: that at present there is a very different situation in the NT where money from the NT Emergency Response (NTER) has been spent to provide infrastructure of new equipment and test facilities (sound booths) built into shipping containers. 17 of these have been installed in Aboriginal communities across the NT. This now allows visiting audiology teams to assess babies through to adults in conditions that meet Australian standards.

Access to Hearing Technologies:

Young Australians with permanent hearing loss are fortunate to have free hearing devices and audiological services provided to them until the age of 21 (through Australian Hearing's federally funded community service obligation).

Supply of free devices and services stop after the age of 21 unless the person has a pensioner concession card. For a person who is still studying or breaking into the workforce, the sum required to replace a lost or broken hearing aid or cochlear implant processor is great. This is also an issue for families on a low income if either parent requires amplification. Even if they are unemployed there is no access to Office of hearing services vouchers unless the person has a pensioner concession card. The tax concession for a hearing aid as a 'medical' expense is minimal. Health fund rebates for people with ancillaries cover are very limited.

In the past there were interest free Government loans (GIO). Could this be implemented again?

d) Education and awareness programs

There is little or no financial assistance at present from the NSW Area Health Services for audiologists to maintain and update their professional skills by attending seminars and conferences. Most attend at their own expense and often in their own time.

Public education and awareness programs.

Some types of hearing loss are preventable. Noise damage to hearing in particular. We need to make this an issue of national concern through awareness raising.

f) specific issues affecting indigenous communities

Some issues affecting the hearing health of indigenous Australians also affect other low income Australians. Poor diet, poor access to medical services and medication with adequate follow up, & the lack of audiological input can result in long term hearing problems. Some of these hearing losses could be reversed if detected and managed early. The problem is to determine the best management strategy. The NT health workers have years of experience in trying different strategies. Please carefully consider their research and findings. Management of chronic middle ear disease with perforation is not easy. I do not have knowledge of the situation in other States. The note above on the NT Intervention funding is copied here:

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This is a model that could be implemented in other rural and remote areas of Australia to address the lack of appropriate audiology services. This would provide equity in service provision across Australia.