

Department of Health and Human Services

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Subject: Tasmanian Submission for Senate Hearing Enquiry

I refer to the Senate Inquiry regarding Hearing Health in Australia dated 18 September 2009. The Tasmanian Department of Health and Human Services would like to participate in the inquiry and, as such, makes the following submission for consideration by the Senate Committee. Comments are provided under the main terms of reference for consideration by the Committee.

The Extent, Causes and Costs of Hearing Impairment in Australia

The extent, causes and costs of hearing impairment in Australia are well described in the Access Economics 2006 report *The Economic Impact and Cost of Hearing Loss in Australia*.

The access economics data notes hearing loss will be an increasing issue for an ageing Australia population. As Tasmania is recognised as the most rapidly ageing population of any State, this is likely to be a more immediate issue.

As at 26 August 2009, over 8 500 babies had been screened by the Tasmanian Neonatal Screening Program since the program first began at Launceston General Hospital in November 2006. Of infants screened, 16 babies have been diagnosed with permanent hearing loss (Hobart five; Launceston six; Devonport three; and North West two).

The Implications of Hearing Impairment for Individuals and the Community

The implications of hearing impairment are significant for both the individual and community. These are again extensively detailed in the Access Economics Report.

Within the Tasmanian context, the regional nature of the State often makes it difficult for hearing impaired clients and their families to access services. This may compound the isolation and other social skills experienced by the individual. While the Tasmanian Government has invested significant resources into improving transport and accommodation options for patients having to travel for treatment, this is still a barrier to access.

Due to a relatively small population and dispersed regional nature of the State, the cost of provision of services and/or providing patient access to services is relatively high.

The Adequacy of Access to Hearing Services Including Assessment and Support Services and Hearing Technologies

Neonatal Screening

In June 2006, the Tasmanian Government announced the allocation of \$1.3 million over four years to screen every newborn baby for permanent hearing loss as its key priority. The aim of this program is to screen every newborn baby in Tasmania. Early detection of infants born with significant permanent hearing loss enables treatment to commence at an early stage. In the past, many children with permanent hearing loss in Tasmania were not detected until they were two or three years of age, leading to delayed speech and language development. In contrast, many children whose hearing loss is identified by three months of age will enter mainstream school with appropriate language development. This will result in better long-term educational, social and employment outcomes for these children.

A senior audiologist with statewide responsibilities was employed from August 2005 to continue the high risk screening and implement the Universal Newborn Hearing Screening (UNHS) Program. An inter-departmental Tasmanian Hearing Services Committee, which included membership from the Acute Health and Human Services Groups of the Department, Australian Hearing and the Department of Education, was established to oversee the implementation of the program. With the successful implementation of universal coverage in Tasmania the committee has been disbanded and the program is managed by the State Wide Audiologist.

The short-term cost effectiveness of UNHS is comparable to the cost per diagnosis of other newborn screening programs across Australia. When the lower educational costs and increased productivity are taken into account, UNHS has the potential for long-term cost savings to the community.

School Age Screening

A further screening service is provided for state school age children at the age of five years. This is conducted by the family and child health nurse as part of the general check up service offered to state school children at ages five and 12 years.

Assessment Services in Tasmania

Publicly funded audiology services are very limited in Tasmania. Audiology services are provided one day a week at the Royal Hobart Hospital in the south of the State. With the exception of a cochlear implant clinic, no other audiology assessment or rehabilitation services are provided in the public sector. Infants identified by the screening programs are referred to Australian Hearing, an Australian Government funded program, which provides amplification to children.

As noted above, the cost of provision of services is relatively high in Tasmania due to a relatively small population and dispersed regional nature of the State. There is often a significant opportunity cost of providing new services. Some areas that have been identified for possible expansion include:

- monitoring of children and adults receiving ototoxic chemotherapy
- pre and post operative hearing tests for adults and children having ear surgery
- audiological assessment of children at risk for fluctuating or permanent hearing loss and
- audiological assessment of adults with chronic medical conditions that predispose them to hearing loss eg diabetes.

Assessment and rehabilitation services are also available in the private sector in Tasmania. Pensioner and other concession card holders can also access Australian Government programs.

Support Services in Tasmania

It is accepted that early diagnosis and intervention is the key to improved outcomes for the hearing impaired, particularly for infants and young children. While programs such as newborn screening have made a significant impact, this must be coupled with appropriate support services to take advantage of this early diagnosis. The impact of insufficient services has long term ramifications for both the child, and Governments, in terms of their influence on language and literacy.

While provision of these services requires adequate funding, this is not the only limiting factor. Workforce shortages exist in areas such as speech and language pathology and, with an ageing workforce, these shortages may worsen.

There are non government services present in Tasmania, including Hearing Link. Hearing Link provides screening, assessment and technology services. Any information regarding their programs should be sought directly from Hearing Link. Their contact details can be found on their website at:

<http://www.hearinglink.com.au/index.php>.

Tasdeaf is the major non-government support service for Tasmanian hearing impaired and their families. They provide information, advocacy, interpreting, workplace training and a support worker.

They also provide advice on hearing technologies. Any information regarding their programs should be sought directly from Tasdeaf. Their contact details can be found on their website at:

<http://www.tasdeaf.org.au/index.html>.

Both these organisations may be able to provide some additional information as to the needs of these individuals and their families. They also may be able to provide some useful demographic data.

Hearing Technologies Available in Tasmania

The Department of Health and Human Services funds cochlear implants for eligible paediatric and adult patients, the procedures are performed in Melbourne, and Tasmania is billed through interstate charging arrangements.

Many of the non medical aspects of cochlear implant assessment and rehabilitation are provided in Tasmania. These services are funded from the savings from the Tasmanian Patient Travel Assistance Scheme (PTAS) due to the significant reduction in the number of times that patients are now required to travel to Victoria. Tertiary level assessments, such as balance testing, and the medical aspects of implantation are provided to Tasmanian patients at a Melbourne cochlear implant clinic.

The Adequacy of Current Hearing Health and Research Programs Including Education and Awareness Programs

Research Programs

Currently, there are no state sponsored programs specific to hearing health or hearing research within Tasmania. However, the Tasmanian Menzies Research Institute, an institute of the University of Tasmania, which receives funding support from the Tasmanian Government, undertakes a wide range of epidemiological research and may have pertinent data.

As outlined in the Access Economics report, one of the pertinent issues that will require future research effort is the incidence and impact of noise induced hearing loss. This is particularly relevant within the context of I-pods and MP3 players.

Education and Awareness

Health promotion is an important activity of the Department of Health and Human Services. It involves developing and implementing strategies that address the health and wellbeing of people and communities through prevention, community development, health education, early intervention, media campaigns and primary health care practice.

While the Department of Health and Human Services does not undertake any specific hearing loss education and health awareness programs, it provides information on a range of health conditions as part of its Health and Wellbeing Directory. The aim of the directory is to help Tasmanians take control of their health and well being through the provision of information on current health and well being issues and contact details for services provided and funded by the Department. The directory is found on the Departments' website and includes links to a range of information on hearing loss in children.

The Department of Education, via family and child health nurses, may provide some service in State primary schools. Due to competing resource issues, the extent of this service may be limited.

Specific Issues Affecting Indigenous Communities

The Access Economics 2006 report, and other studies on indigenous health, has generally established that the rates of hearing loss are higher among Indigenous people than non-Indigenous people in all age groups up to 55 years of age. The prevalence of ear and hearing problems, including total or partial hearing loss and otitis media (middle ear infection), is also much higher amongst Indigenous children.

It is therefore not unreasonable to presume that the Tasmanian indigenous population will have a higher incidence of hearing loss than the general population, although Department of Health and Human Services is not aware of any specific research in this area.

In conclusion, there are a range of issues concerned with the provision of hearing services within the Tasmanian context. Any novel approaches or solutions would require input from the Tasmanian Government, as well as other key stakeholders from the non-government sector, to ensure consistent and equitable outcomes for all Tasmanians.

Thank you for the opportunity to contribute to this enquiry.



David Roberts
Secretary

28 October 2009