THE HON KON VATSKALIS MLA
Minister for Health
Minister for Primary Industry, Fisheries and Resources
Minister for Racing, Gaming and Licensing
Minister for Alcohol Policy

Parliament House
State Square
Darwin NT 0800
minister.vatskalis@nt.gov.au

GPO Box 3146
Darwin NT 0801
Telephone: 08 8901 4118
Facsimile: 08 8901 4119

Senator Rachel Siewert
Senate Community Affairs Committee
PO Box 6100 Parliament House
CANBERRA ACT 2600

Dear Senator

Thank you for your letter of 15 September 2009 to the Chief Minister of the Northern Territory, the Hon Paul Henderson MLA regarding the Senate Inquiry into Hearing Health in Australia. The matter has been referred to me as it falls within my portfolio of responsibilities.

Across the lifespan hearing is important for maintaining health, social interaction, education and employment. It connects people to each other and their community and provides a foundation for development and growth.

A Federal Senate Inquiry into Hearing Health in Australia is welcome and your initiative in this area is to be applauded and a brief submission from the Northern Territory is attached for your information.

Additional details on the Department of Health and Families' hearing health programs can be obtained from Ms Kathy Currie, Hearing Health Program Leader (08) 8987 0213 or via email to kathy.currie@nt.gov.au.

Yours sincerely

KON VATSKALIS

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Inquiry into Hearing Health in Australia
Northern Territory Submission
19 October 2009

Across the life span good hearing is important for maintaining health, social interaction, education and employment. It connects people to each other and their community and provides a foundation for development and growth.

A hearing health commitment requires initiatives for preventing hearing loss, early identification of hearing loss and providing appropriate technologies and specialist services for rehabilitation. Identification and intervention aims to be as close to onset of hearing loss as possible to reduce the negative impact.

There are two main causes of hearing loss:

- sensorineural hearing loss generated from damage to the inner ear; and
- conductive hearing loss generated from damage to the middle ear.

In the Northern Territory (NT), sensorineural hearing loss is prevalent at levels comparable with other Australian jurisdictions. However, there is an unusually high prevalence of conductive hearing loss. 50% of the Indigenous population experience this condition due to otitis media.

Sensorineural hearing loss for most is acquired with ageing and noise exposure and new hearing technologies continue to advance rehabilitation outcomes. The Department of Health and Families (DHF) neonatal hearing screening (NHS) program provides an early identification screening and referral system targeting significant sensorineural hearing loss. In the NT, this is likely to detect approximately three newborns each year (0.01% of newborns). Continued access to interstate specialised rehabilitation options, such as cochlear implant technology, is important. Supporting such a highly specialised workforce in the NT is not viable as numbers are low.

Otitis media is a complex disease and is linked to high carriage of respiratory pathogens during infancy and early childhood. In most remote Indigenous children, otitis media is diagnosed in the first months of life. Preventable conductive hearing loss associated with chronic otitis media is common across all Indigenous age groups. This hearing loss has major language, learning and employment impacts and substantial evidence of association with social and emotional problems.

As most Indigenous babies are born with normal hearing, NHS will achieve little in delivering a hearing health program to identify Indigenous infants and young children with significant conductive hearing loss requiring specialised service inputs. Otitis media disease sequel in Indigenous populations is considered "high risk" for deterioration to chronic conditions. It is a complex disease pattern in this population, unique to Australian and other developing world populations. Diagnosis and intensive management to prevent chronic

conditions requires 'expert skills and programs' that are not a component of mainstream training for most medical, nursing and allied health practitioners.

DHF has recently developed an ear and hearing surveillance process through the Health Under 5's program. This program is being implemented in all DHF remote health centres. It targets early identification of significant conductive hearing loss due to otitis media. This initiative is likely to identify an additional 100 Indigenous infants each year (10% of all Indigenous infants) with significant hearing loss.

Those infants identified with significant conductive hearing loss require service inputs across DHF, the Department of Education and Training (DET) and Australian Government agencies. For an individual child from a remote Indigenous community, this could involve 12 potential service agents providing simultaneous input to otitis media clinical management and hearing loss rehabilitation management. For outcomes focused initially on otitis media treatment and home language development (which is not English for nearly all children), all intervention requires a framework of family partnership.

Funding provided under the Northern Territory Emergency Response through the Department of Health and Ageing has provided resources for additional hearing testing infrastructure through hearing booths and ENT surgery as well as increasing the capacity of remote health services through the temporary appointment of hearing health workers. The 2009-2010 funding will provide additional ENT surgery aimed at completing the referrals from child health checks. This high tertiary end expenditure is required because of a lack of focus and resources for prevention and case management in the primary health care sector.

Other otitis media patterns cause extended periods of unilateral and mild hearing loss during early childhood years in many Indigenous children (50%). Evidence demonstrates this degree of impairment in disadvantaged socio cultural environments places children at significant risk for academic underachievement, incarceration, unemployment and under-employment.

Mandated minimum acoustic standards and routine installation and use of sound field amplification systems are required to provide educational support to Indigenous school aged children with unilateral and mild hearing loss to overcome the hearing disability.

New technologies in hearing health which reflect mainstream requirements will achieve only a modest hearing health gain for the NT population. For example implantable technologies such as cochlear implants are contraindicated in a population with high levels of ear disease.

New information technologies that enhance coordinated hearing care require investment to:

- improve case management capabilities;

- provide telemedicine opportunities;
- assist with agency and organisational data sharing; and
- evaluate initiatives.

Additional details on the Department of Health and Families' hearing health programs can be obtained from Ms Kathy Currie, Hearing Health Program Leader (08) 8987 0213, kathy.currie@nt.gov.au.