Response to the Terms of Reference. Senate Community Affairs Reference Committee Inquiry into Hearing Health in Australia.

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Dear Sir / Madam,

My name is Sandra Nelson. I am a Senior Registered Aboriginal Health worker and have worked in the area of Ear and Hearing Health since 2001. In 2002 I completed my Training as a Community Audiometrist. Since then I have specialised in this area.

I have in the past coordinated and facilitated Ear and Hearing Health Programs in an Aboriginal Medical Service (AMS).

During this time I was given referral privileges' to ENT surgeons at Royal Darwin Hospital (RDH).

I worked for the Northern Territory Health department for a twelve month period as a community Audiometrist where I provided hearing services to many remote Indigenous communities.

I have had the opportunity to work and learn from some of our leading ENT surgeons such as Harvey Coats, Garrett Hunter and Kelvin Kong.

Their support and encouragement has made it possible for me to continue to work with Indigenous communities to assist in combating ear disease.

I was contracted to the Australia Government Intervention to locate, employ and train Indigenous community people in the area of ear disease, to provide the Education on Ear Disease and Associated Hearing Loss.

a. the extent, causes and costs of hearing impairment in Australia;

Hearing loss in Australia is Approximately 1 in every 5, with a burden which lies heavily on Indigenous children. This burden results in issues with speech and language development and educational and vocational outcomes. The cause for this is the Otitis Media Infection, affecting the middle ear of indigenous children, which results in perforation (hole) of the tympanic membrane.

This disease can and has affected Indigenous children as young as 2 weeks of age.

There are also Indigenous children living in remote communities with sensori neural hearing loss, who unless they leave their home lands and move into town (where there is little accommodation), are not eligible to get Cochlear Implants and will forever not be given the chance that all other Australians have.

They will never be able to hear their own mother's voice, participate fully as part of the family and will often experience isolation. There is no way of getting them to learn sign language, so they invent their own sign to be able to communicate in some way, although often this is developed within the family and is not something that all members of the community understand.

The cost of hearing Impairment is great, but not in the dollars, it's with the individual. Can any one put a price on the importance of good hearing, Can you put a price on hearing your daughters, mother, fathers, sons voices. Can you put a price on the feeling and complete loss.

Can you put a price on a child who becomes withdrawn from their family, friends and community, because they feel embarrassed, not good enough, or our saying "its shame job"

Understanding what people are saying keeps us in the loop of things, it how we learn, and with indigenous people our stories are passed down by song, dance, Paintings and Story telling.

With out healthy Ears and Hearing the Indigenous People are at Major risk of Losing our Culture, Traditions, and Languages.

Can you put a price on the loss of Australia's Indigenous Culture. A very old culture that has been around for Hundreds of year.

We find money to protect Historical buildings, but we do nothing to protect our historical Languages and Cultures of this Great Country.

b. The implications of hearing impairment for individuals and the community;

Indigenous children are less likely to complete their education, and therefore less likely to contribute to their community or our country.

There are already issues in the Northern Territory with Indigenous children's school attendance, the added affects of middle ear disease and contributing factors of conductive hearing loss contributes to kids not wanting to attend school.

There are many families who are unaware that their children are suffering from a hearing loss and many adults have a conductive hearing loss due to middle ear disease when they were children, which they are not aware of, as this is the way they have been hearing most of their lives.

As a clinician it is very frustrating getting Indigenous people to be compliant with their medication.

Could ear disease and hearing loss be the cause??

This impacts on the health and well being of the community and may explain why a lot of older Indigenous adult's health issues get worse, as they may have problems hearing clearly the instructions of the medication.

I have had many experiences as a Clinician to see how Indigenous clients get around not hearing well. It is so easy to say "you understand, because you feel SHAME / DUMB to admit you don't.

b. the adequacy of access to hearing services, including assessment and support services, and hearing technologies;

For many years there has been as small amount of money given to health departments (Gov and AMS), to be able to provide a service to the Indigenous Population.

Even though there are services being provided to the remote communities, They present to the community 2-3 time a year, but will never be able to assess every one in the community.

There is confusion with the communities and health clinics, with different services appearing to cover the same thing, such as NT.Hearing and Australian Hearing.

These 2 service providers seem to be doing well, but no one in the communities understands who they are and why the come.

There are not enough Audiologists / Audiometrists in the NT, to be able to provide a service to remote areas on a regular basis.

Due to this many children are missed and may never be diagnosed with a hearing loss, and are at major risk of becoming depressed, isolated and lacking confidence.

Due to the Intervention some of the remote communities now have their own sound proof hearing container, but they have to wait until 1 of the Hearing services come out to the community.

The booths are not cheap and would be better financially if there where people in the community who would be able to make more use of the hearing booth. With adequate support and encouragement the clinic could have a trained AHW doing hearing screening.

c. the adequacy of current hearing health and research programs, including education and awareness programs; and

Ear and Hearing health research is on going, but unfortunately research takes a long time before any benefits can be seen.

The Hearing health of these children can't wait, they need something now today, not tomorrow or next year.

As part of my role as the ear and hearing health worker at DDHS, I had to give a lot of talks to different people about the disease.

It shocked me to find that our Teachers are not given appropriate education in Hearing health and the side affect of the condition and the impact it has.

Indigenous children often are referred as having behavioural issues, which stems from family issues at home.

This not always the case, but due to lack of education and knowledge these children are often left in the "to hard basket" and not referred onto the appropriated services e.g, For a Hearing assessment.

My aunt had suffered from Otitis media as a young person, and now feels the effects of this disease.

She was passed through the system, and now at the age of 50, feels that the Education system has let her down. She never had the hearing ability to be able to what the teachers where talking about and what they where meant to teach her all those years ago.

My own son has a learning disability, but has been passed through the Education system, into high school, with the reading ability of a grade 3.

He was lucky, that he had the support to make it through.

d. Specific issues affecting Indigenous communities.

Poor school attendance, lack of confidence, Mental health issues, continued poor health leading into adult hood, Lack of employment opportunities.

Social issues – troubles with police, teenage pregnancies, violence.

Death of Culture, Traditions, Languages.