ADDITIONS TO MY SUBMISSION ON THE INQUIRY INTO HEARING HEALTH IN AUSTRALIA

I would like to add some additional dot points to my submission to the committee on 16 February 2010.

- I want to expand on the matter that hearing loss is a health care service delivery issue as well as a medical issue, particularly for Indigenous people in Australia. Over the years working in Indigenous health for various health organizations, I have often heard health care providers, particularly nurses and doctors, make references to the "non-compliance" of Indigenous people with respect to managing their own health care. I find this value judgment very troubling considering up to 60% of Indigenous adults have hearing loss.

  In any communication environment, the first potential barrier to effective communication is the physical barrier of hearing loss. Hearing losses are not visible. For many people with hearing loss, whether they be Indigenous or not, one of the social coping mechanisms is to agree to anything being said to them whether they have understood the message or not. So while a doctor may be explaining to an Indigenous person issues about a health matter, the likely response is likely to be a nod or a "yes" response leading the doctor to assume the person understands. Cultural and linguistic issues also can play a part, but the initial obstacle is hearing loss. All too often negative behavioural or capacity attributes are applied to hearing impaired people because of their lack of or inappropriate responses to communication events.

  All health providers, especially those who provide services to Indigenous people, need to receive training in recognizing hearing problems and account accordingly with appropriate communication strategies, or better yet, have at least a hearing screening done as a part of an initial health check.

- Having reviewed the submission from the Western Australia Department of Health (submission 29), I would like to make a comment. On page 5 of their submission is the following statement, "The other major factor limiting successful provision of services is inadequate access to audiological…services" in rural/remote areas. Reasons offered are WA's large geographic area, shortage of audiologists and so forth. I take issue with this statement for the following reason. I do recognize there is a general shortage of Audiologists across Australia. However, in July 2008, the WA Dept of Health audiologist position in Broome became vacant. Since then there have been no efforts made to fill this position. It was never

advertised or any recruitment activities undertaken. Funding for this position was diverted into other Community Health programs as well as hiring a private service from Perth to provide bimonthly visits to the west Kimberley for a day of service in Broome, and perhaps a half day in Derby. No visits are made to the region's Indigenous communities by the visiting Audiologist. This approach is wholly inadequate for the needs of not only Indigenous people in the West Kimberley, but the entire population. I would highly recommend that the WA Dept of Health be encouraged to recruit and hire an audiologist for this position.

- Recently COAG has announced a $58 million grant to address ear and eye problems in Indigenous Australians. Access Economics have been commissioned to survey the equipment and training needs of AACHO's across Australia.

  The intents of these monies are to purchase certain hearing related equipment and provided a nationally recognized ear health training module for Aboriginal Health Workers. Unfortunately this approach is a "same old, same old" strategy which was rolled out several years ago, and in my estimation, was not particularly effective.

  The Aboriginal Health Worker training program operated by Kimberley Aboriginal Medical Services Council already incorporates ear health training in its curriculum. The problem with a lack of ear health programs in ACCHO's is more related to a lack of a sufficient number of Aboriginal Health Workers, and the ones who are working for ACCHO's are seconded to other health problems deemed to be a higher priority that otitis media and its associated hearing loss.

  I would recommend that these funds be used to not only support Aboriginal Health Worker students through scholarships sufficient enough to allow them to meet family obligations during their training, but also to provide a better wage once they have completed their training. I have often heard Aboriginal Health Workers mention that when an enrolled nurse joins an ACCHO, the Aboriginal Health Worker ends up training the enrolled nurse who is on a far better wage packet. Improving working conditions would lead to a better retention strategy for Aboriginal Health Workers as well as recognize the professional status they so richly deserve.

  Thank you for allowing me to comment further.

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