



12/12/16

**The Standing Committee on Health
Aged Care and Sport**

PO Box 6021
Parliament House
Canberra ACT 2600

Dear Committee Chairperson

Submission to the inquiry into the Hearing Health and Wellbeing of Australia

ANAA Inc. represents the professional interest of Audiometry Nurses, facilitates ongoing education & provides a forum for professional support and development. As a professional nursing body we would encourage greater access and affordability for all Australians with hearing health concerns.

I offer the following submission as an index of unmet need and a call for equity for every Australian who lives with hearing loss or impairment, a chronic ear disorder or tinnitus; are Deaf or deafblind; and their families.

Yours sincerely

Vice President
Audiometry Nurses Association of Australia Inc. (ANAA Inc.)



Submission to the inquiry into the Hearing Health and Wellbeing of Australia

Standing Committee on Health, Aged Care and Sport

Audiometry Nurses Association of Australia Inc.

12th December 2016

Introduction

The Audiometry Nurses Association of Australia recognise the importance of making Hearing Health the next National Health priority for Australia by supporting the continuation of Audiometry Nursing in the community, therefore providing access and affordability to disadvantaged communities.

I/We would like to offer comments and recommendations to this Standing Committee on Health, Aged Care and Sport Inquiry in relation to the following Terms of Reference.

- 1. The current causes and costs of hearing loss, and ear or balance disorder to the Australian health care system should existing arrangements remain in place.**

Low socio- economic living arrangements & limited access to hearing services that are affordable will impact greatly on hearing loss outcomes.

Private audiology services are expensive and out of reach for most families. They often have restrictions on testing younger children, who are then directed to hearing clinics in Community Health or audiology at major public hospitals.

Community health hearing clinics have waiting times from 6 weeks to several months in some local health districts.



For families that are unable to access preschools, their child may go unidentified until they start school. This will impact on the outcomes for speech & language, learning & behaviour, therefore limiting the child's overall potential in society.

Otitis media is a common childhood complaint often associated with temporary or fluctuating hearing loss.

This can affect the child's learning, language development & behaviour.
The incidence of Otitis Media is higher in the Indigenous population.

Recommendations:

Government support in providing & retaining audiometry nursing services in hearing clinics in Community Health Centres across Australia.

Encourage registered nurses working in the public health system to undergo further studies in Audiometry Nursing and be supported at the Local Health District level to do this.

Support for education & health promotion for communities where audiometry nurses are often the only access to hearing services.

2. Community awareness, information, education and promotion about hearing loss and health care.

Health promotion regarding hearing loss & prevention is crucial to empower the individual to access hearing health services to improve outcomes.

Audiometry Nurses are involved with hearing health promotion although this may not be an activity funded service.

In rural areas we provide opportunistic hearing screening at field days & information on noise injury prevention.

Hearing screening is offered for industry & in some cases we provide noise surveys & reports.

In rural communities Audiometry Nurses work with the Aboriginal Medical Services & cooperatives providing education & hearing screens working collaboratively.

In many areas, whether city or rural communities, we are the only access to hearing services that are free.



Recommendations:

Retain current services in audiometry nursing and increase it in areas of high need in the community.

3. Access to, and cost of services, which include hearing assessments, treatment and support, Auslan language services, and new hearing aid technology.

Many families are unable to access audiology services in the public hospitals as they have long waiting times or need a specialist referral to be seen.

The access to Ears, Nose & Throat (ENT) specialist is limited if the family are unable to afford the cost of that service. It is difficult to get in through the public ENT clinics and although these children are triaged, there is still a long waiting time for a service.

Families are directed to Community Health Services to attend a Audiometry Nursing hearing clinic. The waiting times for an assessment vary, but mostly between 6 weeks and several months.

A full diagnostic hearing assessment is provided at these clinics.

Referral is then made to other health providers as determined by the testing results.

Not all private providers see children and may have age restrictions.

The situation has been exacerbated by the closure of some audiology clinics in public hospitals, which in turn puts pressure on audiometry nurse hearing clinics in community health.

The withdrawal of school hearing screening in Kindergarten and less services provided for children at Australian Hearing has also caused congestion for community health services.

Recommendations:

Affordable Audiometry services need to be retained as well as ongoing provision of free hearing devices to children and pensioners.

More ENT services are needed in rural and remote areas, especially with Indigenous communities.



4. Current access, support and cost of hearing health care for vulnerable populations, including: culturally and linguistically diverse people, the elderly, Aboriginal and Torres Strait Islanders and people living in rural and regional areas.

We are seeing more vulnerable clients and refugees entering our audiometry clinics for testing.

New aboriginal health programs & Out of Home Care clients with complex needs requiring hearing testing when they fail their initial hearing screening.

Rural families have less access to hearing services and required to travel greater distances at greater cost.

Recommendations:

Continue targeting this population due to increased risk of hearing loss.
Increase the ability of different services to work together for a common goal.

5. Current demand and future need for hearing checks and screening, especially for children (12 years and younger) and older Australians at key life stages.

There has been a focus on hearing surveillance & education as directed by NSW Health Kids & Families rather than school screening & Otitis Media screening in Indigenous communities.

Some children are not entering preschool and may not be identified with hearing issues until they reach primary school.

The referral rate for school age children is quite high as there may also be speech & language issues as well as behavioural issues.

With new Out of Home Care and Vulnerable Families programs in some Local Health Districts, there has been an increase in referrals for diagnostic hearing testing in community health audiometry clinics.



Recommendations:

Hearing screening of 4 year olds prior to school entry.
Access to more audiometry nursing hearing clinics in community health.
Focus on Education programs & information on hearing health to be easily accessed in the community.

9. Whether hearing health and wellbeing should be considered as the next National Health Priority for Australia.

A significant percentage of Australians experience hearing loss or impairment, are Deaf or deafblind; live with chronic ear disorders or tinnitus.

This represents a large but unaddressed burden of disease in Australia and a greater health burden than existing National Health Priority Areas such as asthma, diabetes and musculoskeletal conditions.

For the individual, their life opportunities can be seriously reduced by restricting their language development, social participation and inclusion, education, relationships and income.

A large proportion of acquired hearing loss is highly preventable. There is a need for community education programs to help protect people from the effects of noisy occupations and recreational loud noise from personal music devices, clubs and concerts.

What is needed is a nationally integrated policy approach to research, early interventions, holistic services, prevention, and community education.

Recommendations:

The Australian Government should make Hearing Health and Wellbeing a National Health Priority.