The Standing Committee on Health
Aged Care and Sport
PO Box 6021
Parliament House
Canberra ACT 2600

12-1-17.

Mr. Trent Zimmerman,
Chairperson,
The Standing Committee on Health, Aged Care, and Sport,
P.O. Box 6021,
Parliament House,
CANBERRA. A.C.T. 2600.

Dear Mr. Zimmerman,

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

Better Hearing Australia is the largest not-for-profit provider of services to sufferers of hearing loss. Better Hearing Australia provides information, advocacy and support to those experiencing hearing loss and strategic policy advice on key issues for Government and industry stakeholders. Founded in 1932, Better Hearing Australia has affiliated branches in each State that provide services to the general public.

In accordance with our mission to reduce the impact of hearing-related issues through leadership and best practice in service provision, Better Hearing Australia provide the following key services:

- Hearing Advisory Service (Information, Advocacy and Referral)
- Hearing Loss Management (Aural Rehabilitation)
- Workplace Education and Training
- The Hearing Bank (Victoria only)
- Tinnitus Management Support
- Hearing Screening Tests

Better Hearing Australia offers the following comments and recommendations to the Standing Committee on Health, Aged Care and Sport in relation to all the terms of reference for this inquiry into the Hearing Health and Wellbeing of Australia.

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2.

Our submission comes with the request that Better Hearing Australia (National) Inc., be allowed and encouraged to appear at an hearing by the Standard Committee on Health, Aged Care, and Sport during its enquiry on “Hearing Health and Well Being in Australia”, at which hearing we will be represented by Michele Barry, our National President, and by Andrew Bush, our National Secretary.

Thank you.

Yours sincerely

Michele Barry
National President,
Better Hearing Australia (National) Inc.

Andrew D’A. E. Bush.
National Secretary,
Better Hearing Australia (National) Inc.

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

Standing Committee on Health, Aged Care and Sport

Better Hearing Australia

23 December 2016

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.

Key Points

- Hearing loss affects one in six Australians and this is predicted to increase to one in four by 2050.
- Hearing loss costs the Australian economy an estimated 12 billion dollars annually.
- Hearing loss is a sensory deprivation disability that affects an individual's capacity to communicate. The implications for sufferers are a reduction in psycho-social wellbeing; poorer education and employment outcomes; over representation of additional health issues, and social isolation.

According to the World Health Organisation (WHO), 360 million people worldwide have hearing loss, making it the most frequently occurring sensory deprivation disability in the world. In Australia, hearing loss affects one in six men, women and children and costs the Australian economy in excess of twelve billion dollars a year (Access Economics, 2006). Significantly, this prevalence is set to increase and impact on a staggering quarter of the population by 2050. Without significant investment in early intervention initiatives; community awareness campaigns to reduce the incidence of preventable hearing loss; and Hearing Loss Management strategies to support individuals with hearing impairment beyond the current 'diagnosis and device' approach, these figures will continue to rise. A basic aim of Better Hearing is to encourage and help people to take responsibility for their hearing loss and be responsible for their solutions.

Significantly, many forms of hearing loss are preventable. Noise induced hearing loss (NIHL) accounts for a third of all cases of Acquired Hearing Loss. Recreational NIHL through exposure to loud music, etc., is a major cause of both Acquired Hearing Loss and Tinnitus and is occurring with greater frequency within our younger generation. A targeted approach to raising awareness of this issue and within this cohort has significant potential to reduce the prevalence and costs of NIHL, both in terms of immediate service responses and the longer term burden of disease associated with hearing loss.

Adult hearing loss has been associated with an increased risk for a variety of health conditions (Access Economics, 2006):

Health Condition	Health Cost
Type 2 Diabetes	Average annual cost per person $4,669 Total annual cost of healthcare, carers and government subsidies in Australia is up to $6 billion
Stroke	Total financial cost of healthcare around $5 billion Burden of disease costs around $50 million
Cardiovascular Diseases	Total financial cost of healthcare around $7.74 billion or 10.4 % of the total allocated health expenditure
Mental illness	Total financial cost of healthcare around $3.74 billion or 7.5 % of the total allocated health expenditure Burden of disease costs around $20 million

Over sixty percent (60%) of hospital admissions in Australia are over the age of sixty (60) (AIHW, 2015). The prevalence of hearing loss increases to over sixty percent (60%) for those over the age of sixty (60), which means almost four in every ten hospital admissions will have some form of hearing loss - more than double the prevalence in the general population. This all too often causes communication difficulties between a patient and the hospital medical and nursing staff, to the patient's disadvantage.

There are three broad categories of hearing loss clients:
1. Clients who seek hearing care and achieve positive outcomes with their treatment.
2. Clients who seek hearing care but do not achieve positive outcomes.
3. Clients who do not seek hearing care.

The first category of client represents the greatest reduction in cost ("burden of disease"). The latter two categories actually increase the cost burden. There is a growing number of reports which indicate that untreated hearing loss can be linked to other poor health outcomes, such as dementia, social isolation, and mental illnesses. This means that the actual cost to the Australian health care system of untreated hearing loss is even higher. Under the current scheme, the treatment regime is worthwhile but sub-optimal. Significantly greater benefit, in terms of reducing the health, social and financial burdens of hearing loss, can be achieved if more people receive more effective treatment.

The growing aging of the Australian population will see a natural rise in costs as more people need health-related support, including hearing care. Furthermore, the burden of the disease in untreated people will also increase, unless the percentage of people seeking hearing care also increases. (It is estimated that currently only two (2) in five (5) people with communication problems caused by loss of hearing actually take up hearing care).

Increasing the uptake, usage level, and outcomes achieved with hearing aids will help to contain and manage the costs associated with hearing loss. The costs of

hearing loss to the Australian health care system, should existing arrangements remain in place, will continue to rise because consumers do not have the necessary information to source quality providers and obtain better outcomes. Doing more of the same, especially with the move to NDIS is only going to increase the burden on the health care system.

The current system rewards providers simply for fitting hearing aids to clients, rather than for achieving outcomes which reduce the burden of disease. Investment in the management of outcomes measurement and quality improvement will deliver significant benefits to consumers, and reduce the costs of untreated/poorly treated hearing loss. It may also give people suffering hearing loss more realistic hope and better outcomes.

A simple example here is that, when an audiologist fits hearing aids to a client, the audiologist seldom suggests, let alone requires, the patient to return to ensure the hearing aids are fine tuned to the clients hearing loss. As a result, is has been estimated up to a third of hearing aids end up in a draw and not used.

Recommendation:

Better Hearing Australia does not recommend that the existing arrangements and system should continue or remain in place. The costs to the many Australians with Hearing Loss, and to the economy, to employers, and to the wider Australian community for this idea to be supported in any manner is far too great; as a detailed understanding of Hearing Loss, and the needs of the people who suffer Hearing Loss will confirm beyond doubt.

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

Key points:

- Hearing Loss is an ‘Invisible Disability’. Community awareness and concern is low and the hearing impaired often attempt to hide their disability. In our twenty-first century there continues to be a stigma about Hearing Loss and with wearing a Hearing Assistance Device such as an hearing aid or a Cochlear implant.
- A response to hearing difficulty is often one of ‘negative regard’, even within a treatment/healthcare context (i.e. an assumption of low intelligence; mental health issue, etc.)
- Hearing loss is permanent – when it (hearing) is gone, its gone!

- Hearing aids do not restore your hearing – they help but they don't help everyone in the same way, and they don't help in all situations.

Despite the prevalence of hearing loss in the community (and its associated cost to the Australian public), it remains largely an unknown, and / or at least un-talked about issue. In fact, hearing loss is often referred to as the 'Invisible Disability'. The level of community concern about hearing loss remains low and many myths and misconceptions surrounding hearing loss continue to dominate public thinking, but the facts remain:

- Hearing loss is permanent – when it's gone its gone!
- Hearing aids do not restore your hearing – they help but they don't help everyone in the same way and they don't help in all situations.
- Hearing loss has a profound impact on individuals and their families with far reaching consequences for personal relationships; social and economic participation; and psycho-social wellbeing (Hogan, Reynolds & Byrne, 2013).

Individuals with a hearing loss are higher users of health and care services; higher users of medications, GP services, and in home care services. In fact people with a hearing loss are likely to attend GPs at a rate three times that of the general population (Access Economics, 2006). Engaging GPs in education and promotion activities is seen as a key requirement of any proposed national community awareness campaign.

Individuals with a hearing loss are often reluctant to seek or accept help for their hearing loss due to self-misdiagnosis and stigmatisation. It takes individuals with a hearing loss an average of six years from when they realise they are experiencing hearing difficulties, to when they first seek help (Access Economics, 2006). As a result, this population experience significant psycho-social problems associated with their condition and subsequent lack of effective treatment leading to negative physical and mental health outcomes, and limited access to support services.

Evidence also indicates that successful management of hearing loss and hearing aid use is based on one critical issue - the amount of time hearing health practitioners spend with their patient or service user (Ross & Beck, 2001). The current service system and clinical focus of services does not support individuals to deal with the challenges they may be facing as a result of their hearing loss, or to develop the requisite skills and coping strategies required to support active social and economic participation (A Fairer Hearing, 2014).

A comprehensive, national hearing health campaign would better educate the community about the impacts associated with hearing loss and how best to prevent them. There is a particularly urgent message needed for our young people, who are most at risk of preventable recreational NIHL through the use of personal music players and/or frequenting noisy entertainment venues.

More than 2 million Australians currently suffer from tinnitus yet there is no strategy or support system in place to deliver effective intervention or even provide information and advice.

Better Hearing Australia have partnered with the British Tinnitus Association and the American Tinnitus Association to host the first International Tinnitus Awareness Week in 2017. BHA will be bringing together a collection of organisations that support people with tinnitus under the registered name of Tinnitus Australia. It is initiatives such as this that would benefit from funding under a national community awareness campaign to support tinnitus sufferers.

Recommendation 1:

That the Australian Government commit sufficient funding for a comprehensive community awareness campaign to:

- Reduce the incidence rates of preventable hearing loss.
- Reduce the incidence rates of recreational noise induced hearing loss with a particular focus on young adults.
- Include the following key messages
  - Hearing Aids do not 'fix' your hearing – when it's gone its gone!
  - The importance of early intervention
  - The importance of Aural Rehabilitation as a vital component of complete hearing loss management

Recommendation 2:

Additional funding is made available for community based organisations to provide information, education and promotional activities within their specific areas of expertise, geographic areas, and target groups.

Recommendation 3:

1. Address the current negative reputation of hearing aids (fuelled by poor outcomes and people's bad experiences) to drive a greater uptake of hearing services.

2. Providing the community with information which allows them to make choices about hearing care and their selection of a hearing care provider based on proven treatment effectiveness rather than proximity of the provider and the cost of the devices.
(Specifically, clients need access to information which enables them to choose providers that are appropriate.)

2a. Encourage audiologists to recognise their first priority is their clients hearing loss, and the fine tuning of their client's hearing aids to their clients hearing loss, and to see their clients for the number of visits it takes for their client to gain maximum benefit from their hearing aids and to learn how to clean and maintain them.

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

Key points:

- 1.8 million Australians of working age with a hearing impairment are ineligible for OHS support.
- Multinational hearing aid manufacturers provide sales incentives to clinics that may be inconsistent with supporting individuals to better manage a lifelong sensory disability.
- Improved access and affordability of real-time captioning.

Nearly half the four (4) million Australians who suffer from hearing loss are aged between 16 and 64 meaning a significant proportion fall outside of current OHS eligibility criteria. This means 1.8 million Australians of working age who suffer from hearing loss get little or no access to services that would enable them to communicate better, improving their social and emotional wellbeing and creating opportunities for greater economic participation, (put simply, have better jobs).

Medicare does not cover hearing aids, hearing tests, or audiology services as they are considered to be an outpatient service and private health insurers are not legislated to cover outpatient services, so are not obligated to provide rebates for hearing aids.

The audiology industry is unique in that OHS providers are not accountable for hearing outcomes, and manufacturers are able to sell directly to consumers. In a recent Audiology Australia survey, forty-four percent (44%) of hearing care providers reported having remuneration linked to product/device sales (A Fairer Hearing, 2014).

Whilst BHA recognises the importance of the availability of AUSLAN services and fully support improvements to the availability and accessibility of this important service, we draw the Commission's attention to the need to ensure 'real-time captioning' is also made more accessible to the many hearing impaired individuals who, as non-AUSLAN users, rely heavily on this service. (There are approximately 30,000 deaf-signing AUSLAN users in Australia, Australian Network on Disability, 2017). The current costs and limited availability of real time captioning present significant barriers to social and economic participation for the remaining four (4) Million hearing impaired individuals.

Better Hearing Australia fully supports the implementation of the National Disability Insurance Scheme (NDIS) and recognises the positive impact the scheme will have on the lives of many Australians with a disability, their families and carers. However, there is concern that current proposed eligibility requirements will effectively restrict access for many hearing impaired individuals who will be deemed ineligible for support. Equally, there is deep concern that hearing loss and deafness are not included in one of the nine health priority areas.

Recommendation 1:
That the Australian Government conduct an enquiry or a review into the audiology industry that currently enables large multinational hearing aid manufacturers to be the providers of front line diagnostic and treatment services.

Recommendation 3:
Better Hearing Australia strongly urges this Standing Committee to investigate means testing the OHS voucher system to see if means testing will provide major or significant savings and make support for disadvantaged and vulnerable people more affordable.

Better Hearing Australia strongly recommends that Hearing Assistance devices such as Hearing Aids and Cochlear Implants, (and all necessary personal medical items of similar nature) should be a tax deductible item.

Better Hearing Australia also strongly recommends that legislation should be changed or new legislation introduced, whichever is appropriate, so that Private Health Insurance funds are required to insure the purchase of necessary medical equipment, including Hearing Aids, and can and will provide refunds on these purchases.

The Standing Committee should investigate the provision of low-cost reconditioned hearing aids, and how the Federal Government can support the agencies and organisations, (such as Better Hearing Australia Victoria, that run Hearing Aid banks".

Recommendation 4:
That the structure and delivery of hearing services should be implemented only within an outcomes measurement model.

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.

This is not an area in which Better Hearing Australia has any experience or expertise, but we note the following for vulnerable people and make the following generic recommendations.

Minority groups / vulnerable populations include

Australia's Indigenous Peoples.
Homeless People.
People within our Justice systems
Mental Health sufferers
Poverty People.
CALD.
Asylum Seekers and Refugees.

The current cost of hearing aids is often prohibitive for those on low incomes, or experiencing marginalisation within the community. With the transition to the NDIS there are significant risks to vulnerable and marginalised groups and people who are currently supported under Government hearing services, and who may not meet anticipated eligibility requirements under the NDIS.

Recommendation:

Better Hearing Australia believes:-

1. **Vulnerable people, and Australia's Indigenous people should have at least the same access to information and services as other people for choosing hearing care providers, and this must be based on quality and measurable outcomes. The current system does not offer, (to anyone), informed choice of provider to any person with hearing loss.**

2. **The Federal Government must introduce minimum standards of measurable outcomes that people can access, and use, in assessing hearing loss service providers.**

3. **Information and services need to be offered to those suffering marginalisation within our community. This could be done through those organisations, (such as Saint Vincent de Paul), who deal with Homeless People, Mental Health sufferers, etc. It should be noted that the marginalised all too often suffer multiple challenges, or problems.**

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.

Key points:

- Comprehensive screening programs to include key milestones for older children (i.e., pre-school to high school)

Better Hearing Australia recognises the importance of comprehensive hearing checks and screening programs for infants and children. Similarly, older school age children and younger adults would benefit from increased opportunities to identify potential hearing loss at key milestones, from pre-school to secondary school and especially prior to commencing year twelve and University. The prevalence of preventable hearing loss in younger adults is well documented as is its negative impact on psycho-social wellbeing and educational and employment outcomes. People with hearing loss are over-represented among those who leave school by year 8 or year 9 and are under-represented among those who have completed a year 12 education or obtained a university degree (A Fairer Hearing, 2014)
The current limitation of screening programs for older children and adults at key life stages prevents early diagnosis and timely intervention. This is significant given that early identification of hearing loss has implications for the efficacy of available treatment options.

Older Adults who are accommodated in nursing homes, and who need and use Hearing Aids often need support to clean and maintain their Hearing Aids. A number of Organisations, including some of the branches of Better Hearing Australia, are providing volunteers who visit nursing homes and attend to this need. The better Hearing Australia branches are also training the staff of nursing homes to carry out these responsibilities. This is a new initiative of better Hearing Australia.

Recommendation:
That the Australian Government fund the expansion of existing hearing screening programs to include older children and adults at key life stages.

The residents in aged care facilities and nursing homes, amoungst whom there is a much higher rate of hearing loss, and an higher use of hearing assistance devices, (Hearing Aids and Cochlear Implants), often need support to keep their hearing aids clean and operational. Some Government funding support needs to be given to those agencies that provide volunteers who carry out these services.

6. Access, availability, and cost of required drugs, treatments and support for chronic ear and balance disorders sufferers.

Better Hearing Australia is not experienced here sufficient to give detailed advice, information, or recommendations on this term of reference. We understand this term of reference is related more to the diseases that can cause or accompany hearing loss, (such a Meniere's Disease, orTinnitus). We do recognise the importance of people having access to information and services that are focused on the sufferer, as well as the benefit of support groups and services, and counselling services, such as that run by Better Hearing Australia, Victoria.

7. Best practice and proposed innovative models of hearing health care to improve access, quality and affordability.

Key points:

- Recognising the limitations of the current 'diagnosis and devices' approach to current treatment regimes.
- Investing in a holistic, person centred approach to hearing health and wellbeing.
- Evidence based supporting Aural Rehabilitation.

The dominant discourse within audiology and the hearing health service industry, (and indeed the broader community), is on the provision of hearing aids; Moreover, the provision of the most 'high end' models available. Whilst accepting that hearing aids are likely to be the most significant component of even the most holistic approach to hearing loss, Better Hearing Australia suggests that firstly, as a stand-alone solution (which is how they are most often provided), it is insufficient, and it fails to address a multitude of additional issues for the hearing aid consumer; and secondly, that 'bigger, (or more expensive) is not always best'.

Better Hearing Australia contends that the hearing health sector must adopt a more 'person centred' and holistic approach and focus not just on assessment and devices but on rehabilitation and support.

It is evident that whilst the prevalence of hearing loss is increasing (and so too the ownership of hearing aids), a significant proportion of hearing aid owners (25%) use their aids rarely or not at all. Wilson et al., noted a significant reduction over a twelve (12) month period in the daily use of hearing aids.

Meyer, Scarinci, Ryan and Hickson emphasise the importance of promoting partnerships with family members during the hearing rehabilitation process.

With respect to the frequent sale of high end devices (a story BHA hears anecdotally all too often), Johnson, Xu and Cox (2015) found there was minimal evidence of greater improvements in hearing when older individuals with mild to moderate sensorineural hearing loss used hearing aids with premium technology versus hearing aids with basic technology.

People with a hearing loss are over represented among low income earners, and experience difficulties with achieving equity in the workplace. In turn, there is an increased rate of unemployment between 11.3% and 16.6% (2014, University of Canberra, A Fairer Hearing, ISBN 978174883917). Despite these facts, few programs exist to support hearing impaired employees in the workplace nor is there assistance for organisations and businesses to better support their staff with respect to their particular communication requirements.

Recommendation:

That the Australian Government recognise the current systemic limitations of a 'diagnosis and devices' approach and invest in a holistic, person centred approach to hearing health that ensures hearing impaired individuals (and their families) have appropriate access to rehabilitative support services that focus on:

- Hearing Loss Management
- Workplace / Employee support
- Social and Community connectedness
- Advocacy
- Emotional and (where appropriate) psychological support and well-being.

We also propose a national outcomes measurement system that drives competition between providers by QUALITY; and not cost or location factors alone. This would improve access to quality services and information, and should

improve fiscal responsibility, even containment of costs, within government funded programs such as the HSP and the NDIS.

The system would work as follows:

An Invitation to complete an outcomes survey is sent to clients three to six months after service and fitting.

The Completed surveys are returned to an independent database consultant.

The Providers submit de-identified client data to the independent database consultant (unique client ID numbers enable the matching of client data with individual survey responses for reporting and follow up purposes).

The Providers receive twice-yearly reports analysing their practice demographics and benchmarking their client outcomes against the outcomes of other providers for the same period.

The results of providers are made publicly available, (as for. MySchool), so that consumers can make informed choices in selecting providers according to the quality of their results.

8. Development in research into hearing loss, including: prevention, causes, treatment regimes, and potential new technologies.

Better Hearing Australia recognises the importance of research into hearing loss and the contributions of the National Acoustic Laboratories and the Hearing Collaborative Research Centre(s).

Recommendation:
Research into hearing loss continue to be supported, and appropriately funded, and where there is an obvious benefit to the people with Hearing Loss and / or the wider community or the Government, research be expanded, with the results of the research being made available to members of the public and the many organisations that support and work with people with hearing loss.

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

In 2006, Hearing loss affected one in six Australians and cost the Australian economy in excess of twelve billion dollars a year. These figures are already increasing and set to affect one in four Australians by 2050; if not before then.

The impact of hearing loss on the individual, family, work colleagues, and community is profound with sufferers experiencing higher levels of social, psychological and physical health issues; poorer educational outcomes and under-representation in both full-time and part-time work. Significantly, a high proportion of Acquired Hearing Loss is preventable.

In 2006, Access Economics reported that the burden of disease from hearing impairment was 3.8% - greater than that of other National Health Priorities including asthma, diabetes and musculoskeletal conditions.

Australia needs a national strategy focussing on community awareness, early intervention, improved access, and a holistic approach to hearing health that emphasises patient centred care; aural rehabilitation to complement assistive device technology; and an outcomes measurement model.

Recommendation:
That the Australian Government makes Hearing Health and Wellbeing a National Health Priority.

10. Any other relevant matter.

The existing model of hearing services was developed at a time of crisis. The service base on which it was established was itself premised on certain assumptions about disability and society, which were culturally dominant at the time. After more than fifty (50) years of focusing on devices, and with the evidence continuing to show that devices alone are not enough to address peoples 'needs for social inclusion and equitable participation', it is time to put in place systems of intervention which more comprehensively address ALL the needs of people with hearing disability to achieve equal economic participation and social inclusion and to enjoy choice, wellbeing, and the opportunity to live as independently as possible, as well as to make the economic contribution that they want to and would then be equipped to do. (Hogan & Latz.)

Without the appropriate support (hearing loss management), hearing aids are not as effective with NAL reporting 31% of hearing aid users using hearing aids for just one hour a week or less. Unsupported hearing loss is linked with isolation, depression,

and cognitive decline and individuals with hearing loss are three times more likely to be unemployed (A Fairer hearing, 2014).

Currently in Australia there is little provision of Aural Rehabilitation despite the growing body of evidence that suggests hearing aid technology alone is not meeting the needs of people with hearing loss:

The non-usage of Hearing Aids is not an exclusively Australia problem, (or challenge). In 2006, the World Health Organisation stated that “Despite the negative consequences associated with Hearing Loss, only one out of five people who could benefit from Hearing Aids, actually wears them”. Part of the cause of this situation in Australia rises because the Government payments and vouchers are used for the fitting and sale of Hearing Aids only; and not for any measurable improvement to people’s hearing situation.

Hearing loss is a life-long condition that has profound implications for individuals, families, employers and work colleagues, and communities. Current messaging within the hearing service industry that the more technologically advanced (read ‘most expensive’) hearing aid is the primary solution fails to recognise the value of alternative strategies and tactics to managing hearing loss, and addressing the oft-accompanying psychosocial implications of hearing impairment.

Much of the literature on the reasons for non-use of hearing aids was published prior to the introduction of digital instruments. But, in 2013, McCormack and Fortnum found that despite the advent of superior technology, usage rates are still as low as they ever were. They found that many people were disappointed and dissatisfied because they had been “over-promised” on how much hearing aids would help. Their scoping study of the literature revealed that people don’t just need hearing aids. Hearing help is more than buying a gadget. They need the professional rehabilitative services that go with them. They went as far as to say “It would seem that, in terms of increasing hearing aid usage, support and counselling may be more important than expensive, modern technology.”

In 2014 Prof Anthony Hogan and Dr Rebecca Phillips from the Institute of Governance and Policy Analysis at the University of Canberra, along with Michele Barry and Sara Duncan from Better Hearing Australia, published “A Fairer Hearing”. The document provides a summary of research which demonstrates that hearing loss has a substantial social, economic and health impact on peoples’ lives. They state that, while extensive resources and research support are being invested in the provision of aids and devices, devices alone cannot overcome prejudice and discrimination and stigma, and cannot provide social support, education or employment. They go on to say that substantial changes are required to the way Australia seeks to enable people with hearing loss to take their rightful place in society. In other words, there’s a systemic issue that needs attending to.

This is not just an Australian problem. Falkenberg, in the Scandinavian Journal of Disability Research, bemoans the fact that in Norway there are still considerable barriers to aural rehabilitation; that there is a need for change from a medical and technical model to a holistic, cross professional and multi-disciplinary approach.

Anecdotally at BHA we see so many people who come in for help telling us they have been fitted with hearing aids but have had no other assistance. Sometimes, no follow up appointment, and definitely no information about other hearing loss management strategies or assistive devices. Rarely, if ever, have these people been informed about the limitations of hearing aids, and often they have no idea about different programmes or tele-coils.

Recommendation 1:
That people with Office of Hearing Services vouchers receive community based, non-audiological, services that address the psycho-social aspects of living with a hearing loss, and that this happens before proceeding to device fitting.

Recommendation 2:
That organisations be funded to provide aural rehabilitation using properly trained staff (e.g. social and welfare workers, psychologists and counsellors).

Andrew D'A. E. Bush.
National Secretary,
BETTER HEARING AUSTRALIA (NATIONAL) Inc.

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