



ABN 62 754 263 907



Inquiry into the Hearing Health and Wellbeing of Australia

Submission made by Better Hearing Australia Canberra Inc

Observations:

Hearing loss is an invisible handicap. You can't look at a person and tell that they have a hearing loss as there may be no physical sign.

The old stigma of 'deaf and dumb' seems to be alive and well. People with a hearing loss are frequently made to feel put down (second-class citizens).

The community have no real awareness of hearing loss and how to help someone who has a hearing loss.

Businesses tend to cater for the hearing population. Have you ever asked for the music to be turned down in a café or restaurant where you can't hear?

Lack of captions in public places to provide access, on television programs, on many health DVDs and on some entertainment DVDs. A classic example is of emergency announcements on TV where there will be an AUSLAN interpreter for the Deaf (this is good) but no captions on the message for the hearing impaired (this is bad).

Independent audiologists are an endangered species (and difficult to recognise).

Introduction

Thank you for the opportunity to make a submission to the Inquiry into the Hearing Health and Wellbeing of Australia. As a small state-based branch of Better Hearing Australia, in this submission Better Hearing Canberra will concentrate on comments addressing some of the terms of reference.

Better Hearing Australia - Background

In the early 1930s people with a hearing loss in Australia realised that there were things that could be done to assist themselves and others by the teaching of lipreading and other techniques to enable people to continue to communicate. Groups were established in Victoria, and then NSW, which were in essence Lipreading Instruction and Lipreading Practice Classes. Volunteers travelled to the US and qualified as teachers of lipreading bringing their expertise back home to assist others. This volunteering spirit is still alive in Better Hearing Australia Branches.

These largely state based groups realised that they needed a National Body, and the Australian Association for Better Hearing was founded in 1946. This has now become Better Hearing Australia (BHA) and there are Branches around the country including ours.

Better Hearing Australia Aural Rehabilitation Teachers conduct Hearing Loss Management classes. They have been trained in various ways but, for many years now, they have been trained internally by more senior and experienced teachers following a syllabus. Most Branches offer the public a regular formal program to assist those with a hearing loss and provide information, advice and the opportunity to meet and learn from others.

In Canberra, we offer three sessions a week of our Hearing Loss Management courses. These sessions are offered during school terms and total around 40 sessions each year. With around 10 participants per class session we have around 1200 contact hours each year.

We do not sell hearing aids. Our 'Mission' is: 'To improve the capacity of the hearing impaired to manage their hearing loss, thereby increasing their quality of life.'

ToR 9

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

We believe that every hearing impaired person in Australia would support this action. Hearing loss is a significant problem for all who have it. Not only is it debilitating but it can result in many in the work force retiring early after finding coping with a significant loss too difficult. Living with a hearing loss is wearing and relentless. If someone can't hear they have to concentrate all the time to make sense of what is being said to them and it can be very tiring. Hearing aids are useful but nothing replaces normal hearing.

Currently the hearing impaired make up about 1 in 6 of the population, but this proportion is forecast to rise to 1 in 4 by 2050¹, a staggering increase. This will place greater demands on the health system, the audiological profession and other ancillary organisations and businesses to meet the need created.

There is a major gap in the services to assist those with a hearing loss. Aural rehabilitation (the training of the hearing impaired person to manage their hearing loss) is almost non-existent. This is the reason for Better Hearing Australia's existence but our volunteer organisation and others cannot fill the gap and look after the numbers involved, particularly in rural and remote areas. We are working to assist people with a hearing loss to remain at work and to continue to be productive. We also assist others who no longer work to continue to engage in society. This helps them to avoid isolation, and possibly depression, and other health problems associated with hearing loss. Because of this work we feel able to

¹ Access Economics: Listen Hear! The economic impact of hearing loss in Australia. 2006. P 7.

make comments on the lack of programs to assist people to adjust to life after developing hearing loss.

Older people with a hearing loss in nursing homes in many cases receive little or no assistance with the management of their hearing loss. Untreated hearing loss in the aged can be mis-diagnosed as the signs of dementia are very similar to that of hearing loss. This can result in a terrible outcome for someone who should still have a meaningful existence.

Others at work and the community do not understand the condition. It is a perpetual battle. Because it is invisible, people often think they are the only one with this battle on their hands whereas it is a very common condition. Modern technology is a help but sometimes it doesn't work and in many cases, it is only a partial answer. Of course, it is also expensive and many hearing impaired people have to fund their own assistive devices.

Recommendation.

1. Hearing health and wellbeing should be the next National Health Priority for Australia.

ToR 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;

Noise

Many people have an inkling that loud noise may affect their hearing but don't react until it is too late. This is one of the reasons that hearing loss is increasing in the community, as well as people living longer of course.

Noise induced hearing loss is preventable. The best way is to avoid loud noise and not to remain exposed to it for long periods. This is easy to say but in practice noise is difficult to avoid.

Contrary to the general perception by the general public that loud noise should not bother people with hearing loss, the converse is actually true where loud noises overwhelm conversations and can further damage a person's auditory system

Besides the obvious loud noises like gunshots, sirens, jet aircraft and so on, we are subject to noise wherever we go today. If you think about it, there is loud noise in gymnasiums (I would hate to be an instructor working there eight hours a day); sporting venues often bombard the patrons with loud announcements (I don't attend anymore); many concerts are also often too loud and patrons may experience ringing in the ears afterwards, which is a sign the ears have been overexposed to loud noise; and shopping centres with not only music in the centre but also in individual shops often have competing noise. Some of these businesses are probably putting their staff in danger if they work all day. Some young

people are aware of the danger of loud noise in their ears but others are not. When the music can be heard by passers-by, the volume is too loud.

While restaurants and cafes seldom have the music levels up at a dangerous level, having so-called 'background music' on is often a barrier to many engaging in social interaction which can be the reason for the night out. It should be stated that many cafes and restaurants are sympathetic and may turn the music down, but there are a significant number who will not. Worse still is the modern architectural which promotes very hard surfaces that reflect noise resulting in a difficult and isolating experience for those with hearing loss.

Public awareness advice is required, particularly for those attending sporting and social events, about being exposed to loud noise at dangerous levels. If the behaviour doesn't change, they will be a significant cost to the public purse later.

Recommendations

2 Businesses must refrain from producing noise levels in excess of $L_{10} 75$ dbA. (This requirement is to people with hearing loss what wheel chair access and guide dog access is to mobility or sight impaired members of the community).

3 Local governments be required to have development applications contain a noise evaluation of their proposals.

ToR 2

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

With hearing loss so widespread, one would expect the community to be really aware of the extent of hearing loss and how to assist someone with it. Unfortunately, our experience indicates that this is not the case even among people who have a hearing loss. This reflects the difficulty of identifying hearing loss and the nature of most people not to admit they have one. Many wait a long time before seeking assistance or having their hearing tested.

In conducting hearing awareness training in the public service and national institutions, most in the audiences are not aware of the statistics of the numbers of people with hearing loss even though most have someone with a hearing loss in their family. Strangely most are also unaware of the simple communication rules that should be followed when communicating with the hearing impaired.

The loss to the community of some employed people who are forced to forego promotion or who retire early because of communication difficulties is a cost to the economy.

Much of the advertising by hearing aid manufacturers is negative in nature. 'It's so small no one will realise you are wearing them' is often the approach which is suggesting that hearing loss is something to be hidden (and ashamed of?). This maybe what customers want but most experienced hearing aid wearers want a hearing aid that will allow them to communicate normally, not an invisible one. Glasses are advertised as a fashion item.

4 Hearing aid manufacturers and business selling hearing aids be encouraged to advertise in a positive way.

ToR 3

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

Audiologists

Very few audiologists provide meaningful 'aural rehabilitation' after the selling of hearing aids. Hearing aids are not like glasses that can be worn and you can see. Generally, hearing aids are acquired after a long period of gradually losing hearing. This means that, when aids are fitted, the noise can be overwhelming, and in many cases the aids are not worn after leaving the premises. Not only does the new user have to learn to manage the aids themselves but also implement strategies and techniques needed to improve the prospects of success. It takes time for the brain to adjust to the 'new environment'.

Others don't receive training on managing their new hearing aids and how to make best use of them. Most are given little or no advice on other assistive devices that can be of great assistance to those wearing hearing aids such as hearing loops, hearing augmentation systems in the community, captions and so on. Many have no idea whether their hearing aid has the capacity of 'connecting' with a hearing loop or other hearing augmentation system, let alone how to do it.

As an example of this, Australian Hearing, which provides hearing aids to children and eligible adults, does not have a hearing loop in any of their premises to demonstrate to clients how this old - but very effective - technology may assist them hear in certain situations such as lecture theatres, many public rooms and offices.

Secondly, the Government scheme (voucher system) to provide hearing aids to pensioners and others who qualify sounds terrific, but a large proportion of these eligible people do not wear their free or subsidised hearing aids because they receive little or no rehabilitation from the audiologists. Receiving a hearing aid does not mean that the problem is solved. We need to move to an **outcome based funding model** as the waste in the current system is huge. That is, we need to pay audiologists for solving the problem of the person with the hearing loss, not just selling them a hearing aid.

The third problem is the audiology space itself, which we understand is completely unregulated, in that anyone can sell hearing aids. Also, in Australia we have allowed a system to develop where the major hearing aid manufacturers have purchased established audiological outlets. This has resulted in existing shop fronts which may have had some independence, now selling only one brand of hearing aid. We understand that five or six manufacturers now control about 80% of sales to the public. Many of these outlets are only interested in selling a hearing aid, and the majority have a commission based payment system. We are aware of instances where very expensive hearing aids have been offered to

people with a mild or moderate hearing loss and also of people being pressured to buy aids when they don't really need them.

When people have their hearing tested, surely after testing they are entitled, to be offered the most suitable hearing aid that meets their requirements rather than the one brand being sold in that business. When people go to buy a car they have much more knowledge about the products available and understand that if you go to a Ford dealer then that is the brand you are likely to be offered. We all understand (or at least have a good idea of) the selling model adopted by new car outlets, but the same understanding of the audiology scene is unlikely to be known by the new purchasers of hearing aids.

The first hearing aid purchase in particular is a very stressful process, and there is no doubt that many people are taken advantage of or are not properly serviced. In addition, Independent audiological businesses are hard to identify in the hearing aid sector as the terms used in advertising may not be appreciated, particularly by the new client.

Captions for the hearing impaired are a bit like glasses for the hearing impaired. With captions the hearing impaired person is able to have full access to the message being communicated. It is interesting to visit a space where the hearing impaired are listening to a speaker. All eyes are on the screen with the captions. It gives meaning to the term often used by lipreaders, 'I see what you are saying'.

Mention should also be made of the TVs in hospital and medical waiting rooms. Waiting around can test one's patience particularly with the TV noise competing with other noise and patients' names being called (visual cues such as a ticket number on screens are seldom used). One surgery waiting room recently refused to turn the TV sound off and switch on the captions because 'the sound had to be on to give the patients some privacy when giving confidential information at the counter' (no thought for the poor hearing impaired people trying to follow the conversation at the counter or trying to hear the doctor calling the patient's name!).

Recommendations

- 5 Audiologists be required to be suitably qualified and registered.
- 6 Audiology practices be required to display their association with manufacturers with whom they are associated or owned.
- 7 The measure of a hearing aid sale should be a successful hearing aid wearer who has been offered meaningful rehabilitation.
- 8 Hearing aid manufacturers be required to provide maintenance services for hearing aids up to 10 years old.
- 9 All public education, health, transport and administrative environments be required to install hearing loops. (This would complement the general requirements for disability access)

- 10 All screens in public spaces should have the captions displayed.
- 11 All emergency messages in the media should be displayed with captions.

ToR 10

Any other relevant matter.

Smoke alarms

Whilst it is mandatory for all new residential and commercial properties to be fitted with smoke alarms, these devices are not always effective for those with hearing loss with potentially disastrous consequences. Whilst there are some devices that provide an auditory and visual alarm these are not generally promoted to those with hearing loss.

It would seem appropriate to the benefit of all for the Australian Standard for smoke detectors to be updated to require a visual alarm as well as an auditory alarm

Recommendation

- 12 That Standards Australia be requested to investigate amending the standard for smoke alarms to incorporate a visual as well as auditory alarm on all new smoke detectors.

End of submission.