

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 29 May 2017

Ref No: SQ17-000945

OUTCOME: 4 - Individual Health Benefits

Topic: Hearing Health

Type of Question: Written Question on Notice

Senator: Griff, Stirling

Question:

- a) Can the Department provide a breakdown of the programs (and costings) it funds that target hearing loss and the reduction of otitis media rates among the Indigenous population?
- b) How are these programs monitored as to their effect?

Answer:

- a) Funding is available through the following programs to address hearing loss and otitis media in Indigenous populations.

1.The Indigenous Australians' Health Program (IAHP) and the Northern Territory Remote Aboriginal Investment (NTRAI)

The Australian Government is investing around \$76 million over 2012–13 to 2021 – 22.

	2012-13 \$m	2013-14 \$m	2014-15 \$m	2015-16 \$m	2016-17 \$m	2017-18 \$m	2018-19 \$m	2019-20 \$m	2020-21 \$m	2021-22 \$m	Total \$m
1. Healthy Ears Program	-	4.0	5.2	7.3	7.4	7.4	-	-	-	-	31.3
2. Surgical support services	-	-	0.85	0.85	0.25	1.0	1.0	1.0	-	-	4.95
3. Ear equipment	-	-	-	-	0.4	0.5	0.5	-	-	-	1.4
4. Ear health coordinators	-	-	-	0.1	0.5	0.7	0.8	-	-	-	2.1
5. Hearing health promotion	-	-	-	-	0.05	0.05	0.05	-	-	-	0.15
6. Ear health training	-	-	0.8	-	0.6	0.6	0.6	-	-	-	2.6
IAHP*	-	4.0	6.85	8.25	9.2	10.25	2.95	1.0	-	-	42.5
7. NTRAI**	2.4	2.8	3.2	3.1	3.3	3.4	3.6	3.7	3.9	4.0	33.4
TOTAL	2.4	6.8	10.05	11.35	12.5	13.65	6.55	4.7	3.9	4.0	75.9

1. Healthy Ears - Better Hearing, Better Listening (HEBHBL) Program

Through outreach activity, the HEBHBL program improves access of Indigenous children and youth to services provided by health professionals such as GPs, nurses, medical specialists, speech pathologists and audiologists.

2. Surgical Support

Funding has been provided to expedite access to ear surgery for Indigenous children who have been on lengthy waiting lists. The initiative is focussed on rural and remote locations. Support is provided for the travel and accommodation costs of both the health professional and the patient and their carer. The cost of the surgery is billed to the MBS.

3. Equipment

All Commonwealth funded AMSs and health clinics with a large number of Indigenous patients can access ear and hearing assessment equipment at no charge.

4. Ear Health Coordination

Coordinators support AMSs to focus on ear health issues, including prevention, surveillance, treatment and management. Coordinators are employed in the peak Aboriginal community controlled health organisations in NSW, Qld, Vic, WA and SA. In the NT coordination is provided through the integrated hearing health program supported by the NTRAI. Inclusion of Tasmania will now be considered, as the Tasmanian Government has opted to participate in the Australian Government's outreach hearing programs from 2017-18.

5. Health Promotion

Under the *Care for Kids' Ears* campaign, ear health resources were developed for Indigenous children, health professionals, teachers, parents and other carers. Resources include activities to highlight the importance of hygiene and early intervention, and the impact of smoking and nutrition on the ear health of children. Resources continue to be available, free of charge and can be accessed via the internet.

Clinical Care Guidelines

The Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations (2001) (the Guidelines) describe best practice care. The Guidelines are available on the Department's web site and also free of charge in hard copy.

6. Training

Training is provided nationally, including to clinics in remote locations. Participants include Aboriginal health workers, GPs and nurses. On completion of training, health professionals will have skills to more readily recognise clinical symptoms and behaviours that indicate ear health issues, initiate early intervention or ongoing surveillance and conduct comprehensive audiometry screening and assessment.

7. Commonwealth funding through the NTRAI

The NTRAI funding is used by the Northern Territory government to target services to children with the most severe disease. Activities include audiology and ear, nose and throat services, complex case management linking primary care and specialist services and hearing health promotion and training.

2. The Australian Government Hearing Services Program

Australian Hearing, the government service provider, is the sole provider of the Community Service Obligation (CSO) component of the program and delivers the Australian Hearing Specialist Program for Indigenous Australians (AHPSIA). ASPHIA provides culturally appropriate services to eligible Indigenous Australians from a number of outreach sites in urban, regional and remote areas.

The CSO component is made up of a number of cohorts. A breakdown of the actual expenditure is detailed in table below.

CSO component funding and client breakdown, 2015-16 financial year.

CSO Cohort	Clients receiving services	Actual expenses
Young Australians (aged 0-20 years)	26,890	\$30.742m
Young Adults (aged 21-25 years)	3,493	\$3.467m
Complex Adults	23,325	\$14.776m
Indigenous Eligibility	4,300	\$4.883m
Outreach	3,231	\$4.419m
Cochlear	NA	\$6.996m
Research (NAL)	NA	\$4.334m
Total	61,239	\$69.618m

Notes:

Outreach - Sites set up primarily to provide services to Indigenous Australians under the AHSPiA or the Indigenous Eligibility program are designated as AHSPiA sites.

The Department provided funding to the National Health and Medical Research Council (NHMRC) for the Hearing Loss Prevention Program (HLPP). Two on-going research projects funded in relation to otitis media are:

- to improve awareness, prevention and treatment of otitis media in Aboriginal and Torres Strait Islander Australian communities, to ensure better outcomes for Aboriginal and Torres Strait Islander children. (The Centre of Research Excellence in Indigenous Children's Healthy EARs (ICHEAR), Menzies School of Health Research, Centre of Research Excellence); and
- to employ innovative technology to diagnose otitis media in infants and determine the risk factors for otitis media in Australian infants, with a view to prevention. (University of Queensland project).

b) IAHP

An independent examination of the effectiveness of the Australian Government ear activities funded under the IAHP is underway. Findings will be available in the second half of 2017. Ongoing monitoring of individual program components funded through the IAHP is available through reporting requirements contained in funding agreements.

NTRAI

The Australian Institute of Health and Welfare (AIHW) has provided a report on the *Northern Territory Remote Aboriginal Investment: Ear and Hearing Health Program – July 2012 to June 2016*.

Report is available at: <http://www.aihw.gov.au/>

Australian Hearing

The CSO component of the Australian Government Hearing Services Program, delivered by Australian Hearing, is governed by a Memorandum of Agreement (MoA) between Australia Hearing and the Department of Health. The MoA contains Key Performance Indicators (KPIs) relating to effective targeting of services, timeliness of delivery, availability of services and workforce competency. Australian Hearing reports quarterly to the program on their progress with these KPIs.

The NHMRC provides the program with an Annual Progress Report.