

**Senate Finance and Public Administration Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Additional Estimates 2016 - 2017, 3 March 2017**

**Ref No:** SQ17-000111

**OUTCOME:** 2 - Health Access and Support Services

**Topic:** Indigenous Hearing Services

**Type of Question:** Hansard Page 59, 3 March 2017

**Senator:** Siewert, Rachel

**Question:**

Senator SIEWERT: Thank you for that answer. Could you provide a list of the programs that have been funded under the \$36 million?

Dr Southern: Yes, we certainly can.

Senator SIEWERT: And also is it possible to provide details on the extra \$33 million?

Dr Southern: To the Northern Territory?

Senator SIEWERT: To the Northern Territory.

Dr Southern: Yes, we can provide that on notice.

**Answer:**

The Australian Government is providing approximately \$73 million (GST exclusive) over 2012-13 to 2021-22 for activities to improve the ear health of Indigenous children and youth. This is comprised of \$39.5 million from the Indigenous Australians' Health Program (IAHP) and \$33.4 million under the National Partnership on Northern Territory Remote Aboriginal Investment (NTRAI). Funding provided through the IAHP has increased from around \$36 million to \$39.5 million.

**Funded Activities**

**1. Clinical Services**

**a) Healthy Ears - Better Hearing, Better Listening (HEBHBL) Program (\$31.3 million over 2013-14 to 2017-18)**

Through outreach activity, the HEBHBL Program improves the access of Indigenous children and youth to services provided by health professionals such as GPs, nurses, medical specialists, speech pathologists and audiologists. Since commencement in 2013-14 the number of patients accessing care has increased significantly from 7,366 to 42,357 in 2015-16.

**b) Surgical Support (\$1.9 million over 2014-15 to 2016-17)**

Funding has been provided to expedite access to ear surgery for Indigenous children who have been on lengthy public hospital waiting lists. The initiative is focused on rural and

remote locations. Support is provided for the travel and accommodation costs of both the health professionals and the patient and their carer. The cost of the surgery is billed to the Medicare Benefits Schedule (MBS). In 2015-16, 190 ear surgeries were completed.

**c) National Partnership on Northern Territory Remote Aboriginal Investment (\$33.4 million provided over 2012-13 to 2021-22)**

Funding is provided through the National Partnership on Northern Territory Remote Aboriginal Investment (NTRAI) specifically for ear health services in the Northern Territory. The NTRAI funding is used by the Northern Territory Government to target children with the most severe disease. Prioritised 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. Equipment (\$1.4 million over 2016-17 to 2018-19)**

All Commonwealth funded Aboriginal and Community Controlled Health Services (ACCHS) and health clinics with a large number of Indigenous patients have access to the supply and maintenance of ear and hearing assessment equipment. Currently over 1,100 pieces of equipment have been provided to around 170 clinics nationally.

**3. Ear Health Coordination (\$2.1 million over 2015-16 to 2018-19)**

Coordinators support ACCHS to focus on ear health issues, including prevention, surveillance, treatment and management and assist with streamlining referrals to other services to improve patient care.

Coordinators are employed in the peak Aboriginal and 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. The Tasmanian Department of Health elected not to participate in HEBHBL until 2017-18 and does not receive funding for ear health coordination.

**4. Health Promotion (\$0.15 million over 2016-17 to 2018-19)**

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.

**5. Training (\$2.6 million over 2014-15 to 2018-19).**

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 a skills base to more readily recognise clinical symptoms and behaviours indicating ear health issues, be able to conduct comprehensive audiometry screening and assessment and initiate early intervention or ongoing surveillance.

**6. Clinical Care Guidelines (no funding required)**

*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 website and also free of charge in hard copy.