

CHAPTER 7

ADEQUACY OF EDUCATION AND AWARENESS PROGRAMS

The future hearing health of Australians is reliant on positive action by individuals and the community. In the same manner that early awareness is drawn to the future damaging effects of excessive UV-radiation so exposure to potentially damaging noise must be highlighted with the consistent message of “Damage your hearing and...It Won’t Come Back”.

Dr Warwick Williams, *Submission 14*, pp 2-3

Introduction

7.1 This chapter assesses the adequacy of current hearing health education and awareness campaigns, and explores the need for a nationally coordinated and consistent, public health awareness campaign to prevent and de-stigmatise hearing loss.

Current education and awareness programs

7.2 The Australian Government's primary funding mechanism for hearing loss prevention activities is through the Hearing Loss and Prevention Program (HLPP) which particularly targets the prevention of hearing loss in young people, Indigenous Australians and those in the workplace. In June 2009, \$1.3 million was allocated to four prevention projects in the first funding round. A second funding round for prevention projects was also scheduled for 2009.¹

7.3 The Department of Health and Ageing (DOHA) also funds specific hearing health initiatives by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the National Immunisation Program.²

7.4 The National Acoustic Laboratory (NAL) is currently developing an educational program for Australian school children that can be incorporated into the curricula for years four to five, and that will be adapted for Indigenous children, to raise awareness about hearing protection and risks to hearing health.³

7.5 Australian Hearing also promotes awareness of hearing loss and the consequences of hearing loss to the broader community through regular promotional campaigns, participation in Hearing Awareness Week activities, promotion of research that is of interest to the general community, community engagement and

1 Department of Health and Ageing (DOHA), *Submission 54*, p. 57.

2 DOHA, *Submission 54*, p. 9.

3 DOHA, *Submission 54*, p. 57; Australian Hearing, *Submission 38*, p. 18.

awareness activities with culturally and linguistically diverse (CALD) communities, and delivery of community education as part of its Australian Hearing Specialist Program for Indigenous Australians.⁴

7.6 The committee has received a large amount of evidence about education and awareness campaigns run by not-for-profit organisations and volunteers, including Hearing Awareness Week.⁵

7.7 Edith Cowan University is currently developing a science museum demonstration of simulated hearing loss and tinnitus, as well as a strategy for hearing health promotion that will target adolescents.⁶

The need for a national public information/awareness campaign

7.8 Ms Shaunine Quinn of Services for Australian Rural and Remote Allied Health (SARRAH) commented to the committee:

I think Australians have a poor awareness of this very important public health issue...The greatest form of preventative hearing loss is noise induced hearing loss and we currently have no public education.⁷

7.9 As noted in chapter two, hearing loss in adults is commonly caused by the ageing process, and by excessive exposure to occupational or recreational noise, with an estimated 37 per cent of hearing loss believed to be preventable.⁸

7.10 Hearing Awareness Week is held every year in the last week of August, and is promoted strongly. However the success of this campaign is limited by available resources.⁹ Audiology Australia argued that current education and hearing awareness programs receive ad hoc funding, rather than long term funding arrangements, and that the development of effective, ongoing hearing health campaigns is therefore not possible.¹⁰ One witness made similar remarks about workplace oriented hearing health education programs. These programs, claimed Dr Warwick Williams, have been run

4 Australian Hearing, *Submission 38*, p. 18.

5 See for example Better Hearing Australia, *Submission 7*, p. 3; Australian Institute of Occupational Hygienists (AIOH), *Submission 157*, p. 5; SCIC, *Submission 28*, [p. 11]; and DOHA, *Submission 54*, p. 59.

6 DOHA, *Submission 54*, p. 57.

7 Ms Shaunine Quinn, Audiologist Representative on Advisory Committee, Services for Australian Rural and Remote Allied Health (SARRAH), *Committee Hansard*, 12 October 2009, p. 48.

8 Access Economics, 2006, *Listen Hear!: the economic impact and cost of hearing loss in Australia*, p. 17.

9 Audiology Australia, *Submission 74*, p. 6.

10 Audiology Australia, *Submission 74*, pp 6-7.

only for short periods of time, and were not especially successful at raising awareness about the impacts of excessive noise exposure on hearing loss.¹¹

7.11 Despite the large volume of evidence which shows that a large proportion of hearing loss is preventable, and that steps can be taken to mitigate the risks, there is currently no on-going, consolidated Australia-wide hearing health awareness or public education program. Professor Harvey Dillon, Director of NAL, gave evidence that while NAL takes every opportunity to run short-term prevention programs, it does not receive any funding for public awareness campaigns. Rather, funding is directed toward doing 'the research to work out what an education campaign should look like'.¹²

7.12 NAL found in a 2009 literature review that 'there are currently no large scale, on-going general hearing health education or awareness programs in Australia'.¹³ The evidence suggested that while there is always a need for ongoing research, there is also a pressing need for the wide-spread dissemination of existing knowledge in an effort to reduce the incidence of preventable hearing loss through awareness-raising.¹⁴

7.13 The submission from New South Wales (NSW) Health details the recognition by the NSW Government of the need to promote awareness about hearing health and hearing protection. NSW Health is currently developing a Hearing Health Protection Strategy. NSW Health noted, however, the need for all governments to collaborate in health promotion activities to ensure consistent hearing health messages and avoid duplication.¹⁵

7.14 The committee has received submissions arguing that hearing health should be a national health priority.¹⁶ As discussed in chapters three and four, hearing impairment can have a significant impact on the life of individuals, their friends and families, health services and the economy. The Western Australian (WA) Government commented that benefits in productivity, individual patient wellbeing and in the community more generally should be expected if hearing health prevention and education programs are implemented.¹⁷

7.15 The evidence strongly suggested the need for a nationally coordinated, adequately funded, public education and awareness campaign (such as a National

11 Dr Warwick Williams, *Submission 14*, pp 2-3.

12 Professor Harvey Dillon, Director, National Acoustic Laboratory (NAL), *Committee Hansard*, 13 October 2009, p. 51.

13 Dr Warwick Williams, *Submission 14*, pp 2-3.

14 See for example Access Innovation, *Submission 44*, p. 6, and Ms Barbara Nudd, *Submission 128*, [pp 4-5].

15 New South Wales (NSW) Health, *Submission 167*, pp 19-20.

16 Deafness Forum of Australia, *Submission 34*, p. 34.

17 Western Australian (WA) Government, *Submission 154*, p. 2.

Hearing Awareness and Noise Prevention Campaign). This campaign would increase appreciation and understanding among the targeted population groups of risks to hearing health, and contribute to a society that was more understanding and supportive of people with hearing loss. Submissions proposed that such a national campaign should focus on public education programs for preventative care, promotion of good hearing health at home and in the workplace, and target those most at risk of hearing loss. A national campaign should also include further awareness-raising as an essential part of education and training in universities, hospitals, education departments and rehabilitation centres.¹⁸

7.16 A number of submissions noted the effectiveness of national public health campaigns, such as those for mental health, depression (particularly Beyondblue), skin cancer, and tobacco smoking. The evidence argued that these campaigns have helped bring about changes in community knowledge, attitudes and behaviour.¹⁹

7.17 Professor Dillon suggested to the committee that the media and the public have been responsive to prevention and education activities that have been undertaken:

We (NAL) get on TV and radio as often as we can, when we have some research finding or even when there is a research finding from overseas, and the press does seem to lap it up.²⁰

7.18 Professor Dillon commented on the effects of one study, repeated three times over a six-year period, which showed the level of noise coming out of a person's personal music player had come down over the period of the study: 'It was a significant difference. So the many messages we put out on TV and radio are maybe having a bit of an impact.'²¹

Targeting Occupational noise induced hearing loss (ONIHL)

7.19 The committee heard that the prevention of ONIHL would be beneficial not only to the individual, but also to the national economy. As discussed in chapter two, ONIHL is major issue for many Australian workers, and may have substantial cost implications for employers and for governments.

18 Ms Shona Fennell, *Submission 108*, [p. 1]; Quota Club International of Camden, *Submission 73*, [p. 1]; Mr P Lindley, *Submission 106*, p. 3; Attune, *Submission 134*, [p. 4].

19 Self Help for the Hard of Hearing (SHHH) Australia, *Submission 72*, [p. 13]; Ms Yvonne Batterham, *Submission 129*, [p. 8]; NSW Health, *Submission 167*, pp 19-20; Ms Shaunine Quinn, Audiologist Representative on Advisory Committee, SARRAH, *Committee Hansard*, 12 October 2009, p. 51.

20 Professor Harvey Dillon, Director, NAL, *Committee Hansard*, 13 October 2009, p. 51.

21 Professor Harvey Dillon, Director, NAL, *Committee Hansard*, 19 March 2010, p. 16.

7.20 Some submissions remarked that regulations relating to ONIHL have been in place in various forms in Australia since the 1980s.²² Legislation for minimising occupational noise exposure also exists, and the Office of the Australian Safety and Compensation Council has developed a national standard for the control of ONIHL that has been widely adopted into state regulations. However there are no nationally coordinated campaigns regarding occupational noise induced hearing loss, and the affects of excessive noise exposure in the workplace.²³

7.21 The Deafness Forum of Australia commented that sufficient funds should be made available to implement a national ONIHL prevention program following completion of the *Getting Heard* project. Such a program would promote best practice in regulation, provision of information regarding noise management to employees and employers, and target workers entering industries with high noise exposure.²⁴

Targeting farming populations

7.22 As noted in chapter two of this report, there is a lack of awareness about the risks of ONIHL among farmers. Farmsafe Australia noted that is also difficult for farming populations to access screening and support services, as discussed in chapter five, and that these issues are required to be considered for effective prevention.²⁵

7.23 Assessments of the Rural Noise Injury Prevention Program and other initiatives targeting farmers have shown considerable success. Farmsafe Australia reported results of the Rural Noise Injury Prevention Program which included an improvement in the mean hearing thresholds in all age groups in 2002-2008 compared to 1994-2001, and an increase in farmers who 'always' use protection when using chainsaws of 17.5 per cent and 10.7 percent when using firearms.²⁶

7.24 SARRAH also submitted that in the six months following Farmsafe's voluntary 'Managing Farm Safety' course, participating farmers were eight times more likely than their non-participating counterparts to use hearing protection.²⁷

7.25 Submissions therefore argued the need for the development and implementation of an Australia-wide farm noise injury prevention strategy which includes rural specific audiometric assessment and referral services, and promotion of preventative, support and treatment services in communities to provide clear direction on access options for services. The committee particularly notes the possibility that such a strategy could be based on Farmsafe Australia's Rural Noise Injury Prevention

22 Ms Marion Burgess, *Submission 172*, p. 2.

23 SARRAH, *Submission 29*, p. 10; see also Access Economics, 2006, pp 19-20.

24 Deafness Forum of Australia, *Submission 34*, pp 33-37.

25 Farmsafe Australia, *Submission 33*, p. 9.

26 Farmsafe Australia, *Submission 33*, p. 11.

27 SARRAH, *Submission 29*, p. 10.

Program, and Noise Injury Prevention Strategy for the Australian Farming Community.²⁸

Targeting excessive exposure to recreational noise, including the use of personal music players by young people

7.26 As discussed at chapter two, many submissions received by the committee expressed concern about the damage people, particularly young people, may be doing to their hearing by listening to personal music players at excessive volumes, and attending loud live music venues.

7.27 Daniel Lalor commented that there is a lack of awareness among young people about the risks they may be exposed to when they attend entertainment venues, concerts and festivals where amplified sounds:

...cause people's ears to 'ring' or 'hurt' for days afterwards, but there is very little awareness that such exposure can cause permanent and cumulative damage to hearing. There is also little awareness that preventative measures such as quality sound reduction earplugs can reduce the risk of hearing damage, while not interfering with enjoyment of the music and social exchange...[m]y generation is targeted in social marketing for binge drinking and drink driving, and for the problems/violence associated with this, but many don't know of the risk of hearing loss.²⁹

7.28 Concern has been raised regarding the accumulative affects of NIHL, including by Professor Dillon who said that young people need to be aware that noise damage accumulates gradually and is often not noticed until it is too late:

While only a small proportion of older Australians attribute their hearing loss to loud music, it is probable that this statistic will grow when today's MP3-listening, club-going Generation Y'ers reach retirement or probably earlier...Listening to a personal stereo at maximum volume is about the equivalent to listening to a chainsaw...³⁰

7.29 Professor Robert Cowan of the HEARing Cooperative Research Centre (CRC) commented to the committee that:

Most people use, for example, iPods or MP3 players. There has been a lot of that in the press, but most people use these for travelling. If you look at the background level of sound in most public transport, it is about 75 decibels. So, to listen to music at a comfortable level above that, we need to go up to 90 to 95 decibels—which, if I employed you, I would have to give you hearing protection for.³¹

28 Farmsafe Australia, *Submission 33*, pp 8, 10.

29 Mr Daniel Lalor, *Submission 116*, [p. 2].

30 Cited in Hearing Care Industry Association (HCIA), *Submission 62*, pp 14-15.

31 Professor Robert Cowan, HEARing Cooperative Research Centre, *Committee Hansard*, 8 December 2009, p. 1.

7.30 Submissions received by the committee note the lack of regulatory controls on noise exposure for audiences at music and vehicle racing events, patrons in restaurants and bars, and personal music players. One witness also commented on the risks to the hearing of people working in those environments.³²

7.31 Submitters argued that greater community awareness of hearing health issues should be a top national health and education priority,³³ and that the effects of excessive exposure to noise needs to be more effectively communicated to young people.³⁴

7.32 It was suggested to the committee that strategies to target young people could include the use of digital and new media, outdoor advertising (rather than newspapers and on television), targeting universities and schools, and featuring musicians or celebrities promoting hearing protection (such as wearing ear plugs).³⁵

7.33 The committee has been directed to the 'Don't lose the music' campaign in the United Kingdom which aims to provide information and awareness to young people about recreational hearing loss.³⁶ The 'Don't lose the music' campaign aims to raise awareness and focus on the distribution of information and advice to young people regarding hearing health through a website and other forms of media, promotional partnerships, at events, festivals and nightclubs and through the support of musicians and djs.³⁷

7.34 One submitter directed the committee to work by the European Commission, which in September 2009 required that:

.... new technical safety standards to be drawn up that would set default settings of players at a safe level and allow consumers to override these only after receiving clear warnings so they know the risks they are taking.³⁸

7.35 The evidence suggests a significant need for a targeted campaign to raise awareness among the community, and particularly young people, about the risk of recreational NIHL.

32 Mr Daniel Lalor, *Submission 116*, [p. 2].

33 Access Innovation, *Submission 44*, p. 3.

34 See for example HCIA, *Submission 62*, pp 14-15; HEARing CRC, *Submission 45*, p. 3; Better Hearing Australia Brisbane Inc, *Submission 65* [p. 2]; National Seniors Australia, *Submission 175*, p. 9; and Canberra Deaf Children's Association, *Submission 27*, [p. 3].

35 Mr Daniel Lalor, *Submission 116*, [p. 3].

36 Deafness Forum Australia, *Submission 34*, p. 34.

37 Royal National Institute for Deaf People (RNID), *Don't lose the music: Look after your ears now, enjoy music forever*, [Available: <http://www.dontlosethemusic.com/home/>] (accessed 28 April 2010)

38 Ms Marion Burgess, *Submission 172*, p. 4.

General awareness raising in the community to de-stigmatise hearing loss

7.36 The committee received submissions arguing that strong stigmatisation of people with hearing impairment has resulted from a lack of understanding about hearing impairment among the general community, and that this has adversely affected people who are hearing impaired.³⁹

7.37 Dr Anthony Hogan commented that:

The basic strategies people need to use to cope with hearing loss in social settings are not difficult to learn (e.g. asking people to face you, to speak slowly and clearly, to move away from the light). However, most people with hearing loss feel that it is not legitimate to ask people to make these basic changes for them.⁴⁰

7.38 The committee heard from one witness who, due to a perceived lack of understanding among the community, was tired of:

...being excluded from the world in general, sick of people who work in retail or other businesses and organisations who pretend to understand what I say or ignore me or ignore my simple signed requests to have a pen and paper to write down what I need to say to them and also too many inadequately trained people work in many places and have not served us deaf people fairly...many places that serve clients or customers don't understand deafness and as a result we get dismissed, treated unfairly or like 2nd rate citizens. Like bus and taxi drivers have very little respect for deaf people, retailers are rude and don't listen to us...⁴¹

7.39 Some submissions therefore proposed that a national campaign to raise awareness about hearing impairment, the communication needs of people who are hearing impaired, and promoting their capabilities in order to improve the social participation of people with hearing impairment.⁴² It was proposed that such a campaign be targeted at increasing general understanding within the travel, hospitality and communication industries about the needs of people who are hearing impaired.⁴³

Improving the management of hearing impairment and assistance devices

7.40 The committee has received recommendations that a targeted education campaign should be developed to assist in the management and detection of hearing impairments.

39 Access Innovation, *Submission 44*, p. 2; Quota Club International of Camden, *Submission 73*, [p. 1].

40 Dr Anthony Hogan, *Submission 111*, pp 5-6.

41 Ms Michelle Snail, *Submission 123*, [p. 1].

42 Dr Anthony Hogan, *Submission 111*, pp 2, 5-6; Farmsafe Australia, *Submission 33*, pp 8, 10.

43 Audiology Australia, *Submission 74*, p. 7.

7.41 Submissions have outlined a need to increase awareness among people with a hearing impairment about technologies to help access assistive technologies, and installed systems such as hearing loops which are often underused and subsequently not appropriately maintained.⁴⁴

7.42 Canberra Deaf Children's Association noted that hearing loss may develop after the newborn health screening, and that public education needs to encourage parents to investigate possible hearing loss at any stage of a child's development.⁴⁵

7.43 Submissions further identify a need to raise awareness about options for the management of congenital hearing loss, hearing impairment in older people, and making people conscious of the need to utilise their hearing aids.⁴⁶

Committee comment

7.44 The committee is persuaded by the evidence that a national campaign to raise the profile of hearing health issues is in the long term interest of all Australians. The campaign could raise awareness of issues among at-risk groups, and promote understanding about the needs of those who have a hearing loss among those who do not. The campaign could also provide information about where hearing impaired people can go for support and advice, a need that has been evident throughout this inquiry.

7.45 This report has noted in several places the significant economic impact of hearing loss on Australia. A national campaign could form a central aspect of a larger strategy to reduce preventable hearing loss in future years, and in turn reduce the economic impact.

7.46 The committee believes that the at-risk groups most likely to benefit from such a campaign would include employers and employees in high-risk industry areas, farm and rural workers, and young people who are exposed to recreational noise at loud levels.

7.47 The committee heard that playing personal music players at excessive volumes may be found to be harmful to the long term hearing of young people, though the evidence is not yet conclusive. Nevertheless the committee believes that a cautious approach is appropriate when the consequences of inaction may be so serious. The committee is impressed by the approach taken by the European Union in this area, and has made a recommendation at chapter two that Australia adopt similar practices.

44 Dr Jenny Rosen, *Submission 2*, [pp 3-4]; Media Access Australia, *Submission 30*, [p. 3]; Access Innovation, *Submission 44*, p. 6.

45 Canberra Deaf Children's Association, *Submission 27*, [p. 1].

46 Australian DeafBlind Council, *Submission 69*, p. 5; WA Government, *Submission 154*, p. 4; Dr Jenny Rosen, *Submission 2*, [pp 3-4].

Recommendations

Recommendation 20

7.48 The committee recommends that the Department of Health and Ageing provides funding for Australian Hearing to develop, in close consultation with major hearing health stakeholders, a national hearing health awareness and prevention education campaign. This campaign should have three dimensions. It should:

- (a) target those at highest risk of acquired hearing loss (including employers and employees in high-risk industries, farmers and rural workers, and young people) to improve their knowledge about hearing health and change risky behaviours;**
- (b) raise the level of awareness about hearing health issues among the broader Australian population to help de-stigmatise hearing loss; and**
- (c) promote access to support services for people who are hearing impaired.**