

HEARING HEALTH PLAN



One in six Australians suffers from some degree of hearing loss¹. This is forecast to grow to one Australian in four by 2050 largely driven by our ageing population. Hearing health is an issue that touches the lives of most Australians in one way or another. Over a third of all people with hearing loss have acquired their impairment through preventable means yet it is not ranked as a national health priority.

The cost of hearing loss to Australia has been estimated at \$11.75 billion², which represents 1.4 per cent of GDP - over half this total comes from lost wages and productivity among people with a hearing loss. Australians with hearing loss must live with the paradox that their disability is highly prevalent in our community, and yet suffers from little public awareness or understanding.

The costs of hearing loss to individuals can be very high, particularly for those who fall outside the eligibility criteria for Office of Hearing Services program support. Costs include hearing aids at between \$3,000 and \$10,000 a pair, cochlear implant speech processors at between \$8,000 and \$12,000, batteries and maintenance, and special assistive devices such as flashing fire alarms and doorbells. Hearing aids and processors often have to be replaced every three to five years.

There are a number of measures that can help reduce systemic failures in hearing health. These include: screening for all children on commencement of their first year of compulsory schooling; extending eligibility for the Australian Hearing services from 21 years to 25 years, which means that individuals can still access the services while they are studying and establishing careers; providing means tested support for people between the ages of 21 and 65. There are an estimated maximum 124,000 people in any one year³ with hearing loss in this age group. The average cost per client \$1,100,⁴ with a total \$136 million a year. The actual cost would be substantially lower once means-testing is applied. At 65 years and over, people are eligible for pensioner concession card holder benefits to assist with these services.

1 Access Economics: Listen Hear! The economic impact and cost of hearing loss in Australia, February 2006

2 Hear Us: Inquiry into Hearing Health in Australia, Senate Community Affairs References Committee, 13 May 2010, pp. xiii

3 Nicole Lawder, CEO, Deafness Forum Australia

4 Average cost for existing voucher program under Australia Hearing

HEARING HEALTH PLAN



The Greens Hearing Health Plan will:

- Extend eligibility for the Australian Government Hearing Services Voucher Program to include all Australians, subject to a means test
- Extend eligibility for Australian Hearing from the age of 21 to the age of 25; subject to a means test, and ensure it is supported through the proposed National Disability Insurance Scheme.
- Provide an option to access Australian Hearing support on a fee-for-service basis until the age of 25 for former clients who do not meet the means test.
- Call on the Council of Australian Governments (COAG) to extend its commitment for universal newborn hearing screening to include a hearing screening of all children on commencement of their first year of compulsory schooling (estimated cost: \$11million per year).
- Prioritise hearing screenings and follow up for all Indigenous children from remote Indigenous communities on commencement of school.
- Increase funding for early intervention programs to enhance communication in infants and young children prior to school.

These programs are predominantly funded by the not for profit sector and generally receive inadequate funding from governments. Urgent Commonwealth funding is needed for early evidence-based language and communication intervention for all children with hearing impairment who require hearing aids or cochlear implants prior to starting school. An additional \$5.45 million is needed from January to June 2011, and \$11 million in 2011-12 to cover approximately 1,900 families across Australia, with the same amount needed recurrently, subject to numbers of children diagnosed.⁵

- Enable Australian Hearing, under the Australian Hearing Services Act 1991, to supply and maintain sound field systems for classrooms in all new classrooms, and in all existing classrooms where there is a significant population of Indigenous children.
- Expand the national data set and register for neonatal hearing screening, currently under development, to include a national database which can:

⁵ Submission: 'Hearing Loss Early Intervention Support Package', The Shepherd Centre, 2010

- track children through neonatal hearing screening, diagnosis and intervention;
- record and report cognitive, linguistic, social and emotional development outcomes of children diagnosed at birth with a hearing loss; and
- be expanded in future years to track all children diagnosed with a hearing impairment later in life.

Indigenous hearing

There is a crisis in Indigenous ear and hearing health in Australia. Indigenous people suffer ear disease and hearing loss at up to ten times the rate of non-Indigenous Australians, arguably the highest rate of any people in the world. The rate of middle ear infection (otitis media) among Indigenous Australians far exceeds the level that the World Health Organisation describes as 'a massive public health problem'. The root causes of such a high prevalence of otitis media are the home environmental conditions associated with poverty – overcrowded housing, poor nutrition, poor sanitation and passive smoking.

The consequences of early onset hearing loss can be devastating for Indigenous Australians. Hearing loss impacts on access to education can be poor and chronic ear disease among children starts to be treated as 'normal'. Hearing loss can lead to poor communications with serious consequences, for example leading to confrontations with police.

The Greens will continue to call for reform in tackling these social determinants of health inequality.

Specific proposals:

- Changes to Medicare to enable specialists and practitioners to receive public funding support for ear health services provided remotely via ear telehealth.
- Teacher induction programs for teachers posted to schools in Indigenous communities, including training about the effects of hearing health on education, and effective, evidence-based teaching strategies to manage classrooms where a majority of children are hearing impaired.
- Correctional facilities (in which greater than 10 per cent of the population is Indigenous) to review their facilities and practices so that the needs of hearing impaired prisoners are met.