



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Hearing Services Program Review

December 2020

About NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focused on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our members provide about three million episodes of care per year for about 350,000 people across Australia, including about one million episodes of care in very remote regions.

Sector Support Organisations, also known as affiliates, are State based and represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of state, territory and national primary health care policies.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary health care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, making us the second largest employer of Aboriginal and Torres Strait Islander people in the country.

Any enquiries about this submission should be directed to:

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Introduction

The National Aboriginal Community Controlled Health Organisation (NACCHO) welcomes the opportunity to provide feedback to the Department of Health for their consideration on the Hearing Services Program Review.

Our submission will look at the following areas in the consultation paper:

- Eligibility of the Hearing Services Program
- Interface with other services
- Hearing loss prevention
- Thin markets

Hearing loss is a significant problem for Aboriginal and Torres Strait Islander people. Ear and hearing diseases are extremely prevalent in Aboriginal and Torres Strait Islander children¹ which if not caught and treated early can lead to long term problems. Aboriginal and Torres Strait Islander children experience some of the highest rates of otitis media in the world² and with a rate almost three times that of other Australian kids it has been described as a health crisis for Indigenous communities³. Hearing health for our Aboriginal and Torres Strait Islander communities should be a national priority, as defects in hearing can lead to lifelong issues in education, employment, and health. There are currently inadequate services to deal with the demand of ear and hearing health problems among Aboriginal and Torres Strait Islander communities⁴ and wait times can be years to access much needed treatment.

The National Agreement on Closing the Gap (the National Agreement) demonstrates a commitment from all levels of governments to changing the way policies and programs affecting Aboriginal and Torres Strait Islander people⁵ are developed and delivered. Shared decision making between Aboriginal and Torres Strait Islander people and government, strengthening the community-controlled sector, improving mainstream institutions, and improving collection and access to Aboriginal and Torres Strait Islander data are the priority reforms that underpin the agreement.

Discussion

Eligibility

The current Australian Government Hearing Services Program (Program) administered by the Department of Health includes the both the Voucher Scheme and the Community Services Obligations Scheme (CSO). Not all Aboriginal and Torres Strait Islander people are eligible to receive services under all these avenues and seem to be very underutilised overall. For example, eligibility for the CSO is limited to remote locations and/or Community Development Program or for people over 50 years of age for Aboriginal and Torres Strait Islander people⁶. If eligible, participants can access a wide range of services.

¹ AIHW. (2018) Australia's Health.

² DeLacy, J., Dune, T. & Macdonald, J. (2020). The social determinants of otitis media in Aboriginal children in Australia: are we addressing the primary causes? A systematic content review. BMC Public Health. 20:492.

³ House of Representatives Standing Committee on Health, Aged Care and Sport. (2017) *ibid*.

⁴ DeLacy, J., Dune, T. & Macdonald, J. (2020). *Ibid*.

⁵ Coalition of Peaks (2020). National Agreement on Closing the Gap

⁶ Department of Health. (nd). Hearing Services Program.

... a comprehensive hearing assessment, access to a wide range of hearing devices, advice, monitoring and support. Additional services you may receive include more frequent appointments, more intensive communication training and support services and access to fully subsidised hearing devices of a higher level of technology⁷.

NACCHO would advocate for all Aboriginal and Torres Strait Islander people to be eligible for all services under the Program and not be limited to those who live in remote communities, are on CDP or are over 50 years of age. The services delivered under the Program should link into ear and hearing services provided by the jurisdictional fundholders under the Indigenous Outreach Program, the Ear Health Coordination program, and other ad hoc ear and hearing services provided for Aboriginal and Torres Strait Islander people (there are also a number of programs specific for Aboriginal and Torres Strait Islander children only).

Interface

Comprehensive primary health care is delivered to Aboriginal and Torres Strait Islander communities by ACCHOs, all program providers should ensure they are linking in with these services to ensure uptake of the programs and capacity building. Capacity Building of ACCHOs and Aboriginal and Torres Strait Islander communities is important to build sustainability and ensure the programs are running efficiently. The Services under the Program have different eligibility so buy-in from the ACCHOs will help find those eligible for services. This can also help to distinguish the difference between the Hearing Services Program, the NDIS and other ear and hearing services available.

Aboriginal and Torres Strait Islander people continue to feel misunderstood by mainstream providers especially if those providers have very little training or knowledge of the ways that disability or chronic conditions intersects with different cultural experiences. Often service provision forms have a 'tick box' for Aboriginal and Torres Strait Islander people **or** disability, not both⁸. This can lead to Aboriginal and Torres Strait Islander people missing out on culture because of their condition. This has been further reinforced by research indicating that few service providers seem to grasp the complexity of the issues confronting Aboriginal and Torres Strait Islander people. As a result, services and programs are rarely culturally safe or appropriate and mainstream services targeting Aboriginal and Torres Strait Islander people do not always understand the issues facing individuals with disabilities and their families⁹.

The most effective way to have Aboriginal and Torres Strait Islander people participate is to provide them with culturally appropriate information and system navigation to ensure their understanding of the programs, together with increasing the number of ACCHOs providing services or linkage to culturally appropriate mainstream services. Affiliates/ACCHOs should be supported to provide professional support and training to visiting health professionals to embed their work in health service. The hosting health service should be funded to promote the visiting services. True engagement by local staff will improve attendance and engagement in services and with programs as opposed to external services marketing their activities.

Hearing loss prevention

The Program goes some way in helping prevent the impact of hearing loss for Aboriginal and Torres Strait Islander children. To reduce the gap, more needs to be done including tackling the risk factors

⁷ Department of Health. (nd). Ibid.

⁸ Disabled People's Organisations Australia (2019). CRPD Shadow Report consultation survey results.

⁹ National People with Disabilities and Carer Council. (2009). SHUT OUT: The experience of people with disabilities and their families in Australia.

for hearing loss either within this Program or other preventative programs. There are several factors that contribute to the high rates of ear and hearing problems for Aboriginal and Torres Strait communities including overcrowding, passive smoking, premature birth, bottle feeding and malnutrition¹⁰. The effect of these risk factors (and others) contributes to the burden of disease, so they need to be addressed through health prevention and screening programs, education, and better access to health hardware.

Thin markets

Thin markets (where there is a gap between the needs of participants and the services available in the local market) exist for many Aboriginal and Torres Strait Islander people with disability and/or chronic health conditions. This is because Aboriginal and Torres Strait Islander people often require more support than other Australians to gain access to, and participate in, disability or programs outside of what their ACCHO provides. This support must be specialised and therefore in 'healthy' markets (or areas with lots of services available) there are sub-sets of thin markets. This results in a lack of appropriate services to respond to the needs of Aboriginal and Torres Strait Islander people.

Conclusion

Although the Hearing Services Program has made some gains in reducing the impact of hearing loss, the rate of hearing disease in Aboriginal and Torres Strait Islander needs to be addressed as a priority. The current review has an opportunity to expand the Hearing Services Program to include all Aboriginal and Torres Strait Islander people to ensure the gap in ear and hearing health between Indigenous and non-Indigenous Australians can close.

¹⁰ Closing the Gap Clearinghouse (AIHW & AIFS) 2014. Ear disease in Aboriginal and Torres Strait Islander children. Resource sheet no. 35. Produced by the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.