



SUBMISSION:

INDIGENOUS EVALUATION STRATEGY DRAFT

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TITIS MEDIA

INTRODUCTION

Audiology Australia (AudA) welcomes the opportunity to provide a response to the Indigenous Evaluation Strategy Draft released by the Productivity Commission in June 2020.

AudA is the peak member association for the profession of audiology, representing over 3,000 audiologists across Australia. Audiologists are hearing health practitioners with specialist skills and knowledge in assessing hearing and auditory function, and supporting individuals with hearing loss and ear disorders.

Audiologists, alongside other health professions, including Aboriginal and Torres Strait Islander Health Practitioners, medical practitioners, nurses and speech pathologists, play a crucial role in hearing health care for Aboriginal and Torres Strait Islander peoples.

We strongly support the Indigenous Evaluation Strategy Draft and the Productivity Commission's proposal to establish an Office of Indigenous Policy Evaluation and Indigenous Evaluation Council, as well as the proposed Actions to support an evaluation culture.

Our submission provides comments on the Indigenous Evaluation Strategy Draft. We also take this opportunity to highlight the priority need to evaluate ear and hearing health initiatives in order to improve the ear and hearing health outcomes for Aboriginal and Torres Strait Islander peoples.

ABORIGINAL AND TORRES STRAIT ISLANDER HEARING HEALTH

The social and economic costs of ear disease and associated hearing loss among Aboriginal and Torres Strait Islander peoples are considerable. In some Indigenous communities, the prevalence of chronic suppurative otitis media - an inflammatory disease of the middle ear - is up to 10 times higher than the 4% that the World Health Organisation identifies as being a massive and urgent public health problem (Burns & Thomson, 2013).

Studies have also consistently shown that ear disease is more common in Aboriginal and Torres Strait Islander children than in other Australian children (AIHW, 2014), and that severe forms of otitis media occur most often among Indigenous infants living in remote areas compared to those living in non-remote areas (Burns & Thomson, 2013). Ear infections are responsible for the bulk of hearing problems with lifelong

consequences – an example being hearing loss, which can be a major contributor to poor education and to unemployment (Couzos et al, 2008).

AudA acknowledges that the factors contributing to ear disease and hearing loss among Aboriginal and Torres Strait Islander peoples are complex, reflecting a combination of historical, social, cultural and economic factors (Burns & Thomson, 2013). In order to help improve the ear and hearing health outcomes for Indigenous peoples, the evaluation of ear and hearing health programs and measurement of hearing health issues need to occur on a more widespread scale to better understand what is working and not working for Aboriginal and Torres Strait Islander communities.

AudA notes that it is important that hearing health programs are being developed and evaluated as part of a coordinated approach to improving the health outcomes of Aboriginal and Torres Strait Islander peoples. The development of the Indigenous Evaluation Strategy, which provides a whole-of-government approach to priority setting and recognises the perspectives, priorities and knowledges of Aboriginal and Torres Strait Islander peoples, offers the opportunity to improve the quality of evaluations and integrate the historical, social, cultural and economic factors which impact on Indigenous health outcomes.

As Aboriginal and Torres Strait Islander peoples experience some of the highest levels of ear disease and hearing loss in the world (Burns & Thomson, 2013), AudA strongly recommends that consideration be given to Aboriginal and Torres Strait Islander ear and hearing health as a priority within the formal set of government-wide evaluation priorities under the Indigenous Evaluation Strategy.

EVALUATION OF HEARING HEALTH PROGRAMS

AudA also considers that another reason consideration should be provided to the evaluation of ear and hearing health programs is due to the fact that the evaluation of these programs does not appear to be a Government focus to date, despite recent reports urging that the Government improve data gathering and evaluation in this area.

AudA highlights that the Siggins Miller (2017) report into Australian Government funded Indigenous Ear and Hearing Health Initiatives, which was initiated by the Government to assess the effectiveness of hearing health activities nationally and to identify opportunities to improve the coordination of these programs, recommended:

- Prioritising the need to address Indigenous children's ear health nationally and creating a specific Closing the Gap target and measure for Indigenous ear health that identifies key areas for action by all stakeholders.

- Developing an agreed ear health data set that is relevant to all jurisdictions.
- Using system level improvements, together with a national evaluation framework, to contribute to a National Strategy and Framework for Indigenous Ear Health.

In addition, AudA notes that the *Hearing Health Roadmap* (the Roadmap), developed in 2019 through a process led by the Minister formerly responsible for hearing services, the Hon. Ken Wyatt MP, has as one of its key outcomes the evaluation and measurement of hearing health issues, with recommendations that:

- Health services collect and report on agreed data points to enable assessment of Aboriginal and Torres Strait Islander ear and hearing health at local, national and jurisdictional levels.
- Community-led, strategically planned and coordinated research into effective strategies for promotion, prevention, identification, treatment, remediation and mitigation of the impacts of early onset, chronic ear disease and associated hearing loss in Aboriginal and Torres Strait Islander children is appropriately and consistently funded, managed and evaluated.

AudA supports the Indigenous Evaluation Strategy Draft's proposed actions to support an evaluation culture, and notes that *Action 1: Agencies should systematically identify evaluation priorities and publish evaluation forward work plans* will direct Australian Government agencies to assess all new policies and programs, and undertake a stocktake of existing policies and programs to determine which contribute to the government-wide evaluation priorities under the Indigenous Evaluation Strategy. AudA recommends that this process be undertaken in partnership with Aboriginal Peak Bodies to align with the principles of self-determination, and also include state and territory government funded projects to minimise the funding of duplicative programs.

For example, currently in Australia, there are a range of state-based programs which address the hearing health needs of Aboriginal and Torres Strait Islander peoples. These programs include the Hearing Health Program (NT), Deadly Ears (QLD), Healthy Ears Happy Kids (NSW) and Ear Bus (WA). State-based programs work closely with stakeholders, including local communities, Aboriginal and Torres Strait Islander controlled health organisations and primary healthcare networks to diagnose and treat ear disease and coordinate appropriate treatment.

In May 2019, the Australian Government announced \$28 million in funding to Hearing Australia to deliver a new Hearing Assessment Program for Aboriginal and Torres Strait Islander children under 6 years of age in regional, rural and remote communities. Our members have noted that this decision was made with limited stakeholder consultation,

and that state-based programs, such as those listed above, are in fact already providing the same hearing services at the local and regional level.

INDIGENOUS DATA SOVEREIGNTY

Our members have highlighted the importance of Indigenous data sovereignty, defined as the right of Indigenous peoples to govern the collection, ownership and application of data about Indigenous communities, peoples, lands and resources (AIATSIS, 2019).

AudA notes that while the collection of data is extremely important and necessary for the evaluation of policies and programs, it must be done in a culturally appropriate way, with considerations taken to the collection, use, management and control of Indigenous-identified data.

AudA strongly supports the development and use of appropriate Indigenous data governance arrangements as outlined under the proposed *Action 5: Agencies should ensure that they have access to, or are able to collect, the data they need to effectively undertake evaluations under the Indigenous Evaluation Strategy*. AudA notes that this not only includes partnering with Aboriginal and Torres Strait Islander peoples, but also determining how evaluations can be led by Indigenous communities and organisations.

REFERENCES

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