

23 August 2019

Mr Romlie Mokak
Commissioner
Indigenous Evaluation Strategy
Productivity Commission
LB2, Collins Street East
Melbourne Vic 8003

By email: indigenous.evaluation@pc.gov.au

Dear Mr Mokak

Re: Indigenous Evaluation Strategy

Audiology Australia (AudA) is the member association for the profession of audiology with over 2,900 members practising across Australia. Audiologists are experts in good hearing and ear health (hearing health). Using their specialist skills and knowledge, audiologists assess how people of all ages hear and, with the application of technology, re/habilitation and therapy, audiologists help people with hearing loss and related disorders with their learning and communication difficulties.

Audiologists – together with other health professions such as 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. They work to reduce the incidence of otitis media and the negative psychosocial impacts of otitis media and hearing loss across many different fields, including primary health, diagnostic assessment, specialist medical and rehabilitation services, research, health workforce development and service program management.

AudA welcomes the opportunity to comment on the Productivity Commission's (Commission) Issues Paper to develop an Indigenous Evaluation Strategy (the Strategy) for Australian Government policies and programs affecting Aboriginal and Torres Strait Islander peoples. We strongly support the idea that better evidence about what works and why is needed to improve policies and programs aimed at improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

In our submission, we wish to draw the Commission's attention to the importance of, and priority need to, evaluate hearing health initiatives to help improve health outcomes for Aboriginal and Torres Strait Islander peoples. In 2018, Audiology Australia created a position statement "[Hearing health of Aboriginal and Torres Strait Islander peoples](#)" about this important public health issue. Our submission to the Commission is based on the position statement.

Indigenous Evaluation Strategy

As part of the Strategy, the Commission will be developing an evaluation strategy for policies and programs affecting Indigenous Australians to be utilised by all Australian Government agencies.

AudA agrees with the Commission's view that the Strategy presents an opportunity to lead the way in evaluation of government policies and programs affecting Aboriginal and Torres Strait Islander peoples and to help improve policy making and outcomes. We also agree that the Strategy should represent a comprehensive approach to ensuring evaluation is embedded in the development and implementation of Australian Government policies and programs affecting Aboriginal and Torres Strait Islander peoples and be much more than a 'tick and flick' exercise for agencies.

We note that that the Commission considers a key element of the Strategy to be the identification of evaluation priorities given that not all policies and programs affecting Aboriginal and Torres Strait Islander peoples will justify a significant investment in evaluation, and the net benefits of evaluation are likely to vary materially across programs.

AudA strongly believes that the Commission should consider the hearing health of Aboriginal and Torres Strait Islander peoples to be a critical evaluation priority for several reasons.

One reason is the size of the hearing health problem amongst Aboriginal and Torres Strait Islander peoples and the extent of its impact on people's health and wellbeing across their lifespan and, in particular, its impact on children.

Otitis media is an inflammation of the middle ear typically caused by bacterial and viral pathogens. It is usually associated with a build-up of fluid, which may or may not be infected. Symptoms, severity, frequency and length of the condition vary from mild discomfort to severe pain, fluid discharge and serious loss of hearing (Darwin Otitis Guidelines Group et al, 2010).

Hearing loss among Aboriginal and Torres Strait Islander peoples and especially children and young people is widespread and much more common than for non-Indigenous Australians (Burns & Thomson, 2013) and is also characterised by earlier onset, greater severity and persistence (Jervis-Bardy et al, 2014). In 2014–15, 8.4% of Aboriginal and Torres Strait Islander children aged 0–14 years had a hearing condition - 2.9 times the rate for non- Indigenous children (Productivity Commission, 2016).

Several studies have found that children living in remote communities experience high rates of severe and persistent ear infections (Edwards & Moffat, 2014). As many as 90% of Aboriginal and Torres Strait Islander children in some remote communities can have otitis media or middle ear infections at any one time – rates of disease that are classified by the World Health Organization as an urgent public health problem.

Good hearing health is crucial to achieving positive educational, social and health outcomes. Hearing loss, especially in childhood, can lead to linguistic, social and learning difficulties and behavioural problems in school. Such difficulties may reduce educational achievements and have lifelong consequences for wellbeing, employment, income and social success, while potentially increasing

adverse contact with the criminal justice system. Otitis media is also associated with social determinants of health, including poverty and crowded housing conditions.

Evaluation of hearing health programs

Another reason AudA considers that the Commission should focus on the evaluation of hearing health programs is that – while evaluation is a key component of a targeted strategy to address otitis media – 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.

The Siggins Miller (2017) evaluation of Australian Government funded Indigenous Ear and Hearing Health Initiatives was initiated by the Government to assess the effectiveness, efficiency and appropriateness of hearing health activities nationally and identify opportunities to improve implementation, linkages and coordination of these programs and consider opportunities for additional Government activity.

The Siggins Miller report 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.

The Commission’s emphasis on the importance of evaluation also aligns with the 2019 *Hearing Health Roadmap* (the Roadmap), which was developed through a process led by the then Minister for hearing services the Hon. Ken Wyatt MP.

The Roadmap has a strong focus on improving the hearing health of Aboriginal and Torres Strait Islander peoples and one of the key Roadmap outcomes is evaluation and measurement of hearing health issues, including 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.

The Roadmap also identified the following key actions:

- In the short term (2 years), develop a national set of key performance indicators for Aboriginal and Torres Strait Islander ear and hearing health, with incentives to promote and encourage best-practice service delivery and data gathering by health service providers.
- In the medium term (5 years), continue to implement and improve the ear and hearing health education programs and gather data to evaluate its impact on both awareness and on behavioural responses.

As noted in the Issues Paper, since the introduction of the Closing the Gap framework in 2008, there has been extensive reporting on outcomes for Aboriginal and Torres Strait Islander peoples but less than 10 per cent of Indigenous-specific programs are evaluated.

This is consistent with the current experience in hearing health programs for Aboriginal and Torres Strait Islander peoples. Around Australia, there are a range of programs and services that address the hearing health needs of Aboriginal and Torres Strait Islander peoples. These include the Queensland Government's Deadly Ears Program, WA's 'Ear Bus' service and the Northern Territory's (NT) Hearing Health Program. The Commonwealth statutory agency Hearing Australia also provides rehabilitative hearing services to Aboriginal and Torres Strait Islander peoples aged under 26 years and over 50 years through its hearing centres and outreach program.

On the one hand, there has been some evaluation of individual programs that show that they are positively impacting otitis media incidence and chronicity and reducing hearing loss in children. For instance, data from the NT Hearing Health Program showed that, from July 2012 to December 2017, the percentage of children with ear disease decreased from 76% to 61% and the percentage of children with hearing loss decreased from 55% to 45%. The program also found that children aged 0-5 years who received audiology services were more likely to have improvements in hearing impairment and hearing loss over time compared with older children (AIHW, 2018).

Yet, data from and evaluation of hearing health programs that affect Aboriginal and Torres Strait Islander peoples does not occur on a widespread scale. As highlighted by the Commission, there is only limited data available on the burden of poor hearing health in Aboriginal and Torres Strait Islander children with current survey data limited due to the difficulty in obtaining reliable estimates for small populations. The Commission determined that more comprehensive and reliable data was required to enable the assessment of the type and severity of ear infections in Aboriginal and Torres Strait Islander children and any resulting hearing loss (Productivity Commission, 2016).

Critically there is also no specific target or measure for ear and hearing health in Closing the Gap program that would "coalesce disparate efforts across different providers of ear health services to achieve the necessary, systematic information collection" (Siggins Miller, 2017).

Without a comprehensive evaluation program, hearing health program potential successes or failures cannot be adequately measured. For example, the NT Outreach Hearing Health Program found that that children and young people who received outreach audiology services between July 2012 and December 2017, the proportion with a hearing impairment decreased from 40% to 27% and over time, there was a 50% to 64% decrease in those with no hearing impairment. The AIHW concluded that the large decrease in hearing impairment was more likely due to the increasing effectiveness of hearing health services and medical interventions than the natural progression of ear disease but "the effectiveness of these services can only be measured through an evaluation program", which was beyond its scope (AIHW, 2018).

On the basis of the above information, we urge the Commission to prioritise the evaluation of hearing health programs as a key component of its Strategy to help improve the overall health and wellbeing of Aboriginal and Torres Strait Islander peoples.

If you would like to discuss any aspect of this submission further, I can be contacted via Elissa Campbell, AudA's Advocacy and Policy Manager

Yours sincerely

Dr Jessica Vitkovic
President

References

Australian Institute of Health and Welfare (2018) Northern Territory Outreach Hearing Health Program: July 2012 to December 2017. Cat no. IHW 203. Canberra: AIHW

Burns J and Thomson N (2013) Review of ear health and hearing amongst Aboriginal Australians. Australian Aboriginal HealthInfonet 15

Darwin Otitis Guidelines Group (2010) Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal & Torres Strait Islander Populations

Edwards J & Moffat CD (2014) 'Otitis media in remote communities' Australian Nursing & Midwifery Journal 21(9): 28

Hearing Health Sector Committee. Roadmap for Hearing Health. July 2019

Jervis-Bardy J, Sanchez L & Carney A (2014) 'Otitis media in Aboriginal Australian children: review of epidemiology and risk factors' *The Journal of Laryngology & Otology*, 128 S1: S16-S27

Productivity Commission (2016) Overcoming Indigenous Disadvantage: Key Indicators 2016—Report

Siggins Miller (2017) Indigenous Ear and Hearing Health Initiatives: Final Report.