



Aboriginal and Torres Strait Islander Services: 2017/18 in review

Ear infection and hearing loss occur more often for Aboriginal and Torres Strait Islander people than for non-Indigenous Australians. Approximately three in every hundred Aboriginal children experience moderate or greater hearing loss. Persistent ear infection is the main cause of hearing loss for Aboriginal children. Past or ongoing ear infection, noise and ageing contribute to high rates of hearing loss among Aboriginal and Torres Strait Islander adults.

Aboriginal and Torres Strait adults and children access Australian Hearing’s services in a wide range of locations: in Hearing Centres, visiting sites and in urban, regional and remote communities through the Outreach program.

Services to Aboriginal and Torres Strait Islander Adults

‘Indigenous Eligibility’ clients represent the majority of Aboriginal and Torres Strait Islander adult clients. They include adults aged over 50 years and remote community participants in the Community Development Program.

In 2017/18, 5,448 Indigenous Eligibility adults were seen nationally. Over the last five years, there has been an average annual increase in this client group of 13.6%, suggesting an increasing number of Aboriginal and Torres Strait Islander adults are taking up hearing aid use. **See Figure 1.**

In the past, a greater proportion were seen at Outreach locations, but now, just over half of these clients attended our Hearing Centres, or a combination of Outreach and mainstream sites. This increase in clients attending mainstream sites may reflect an increasing sense of cultural safety at these locations.

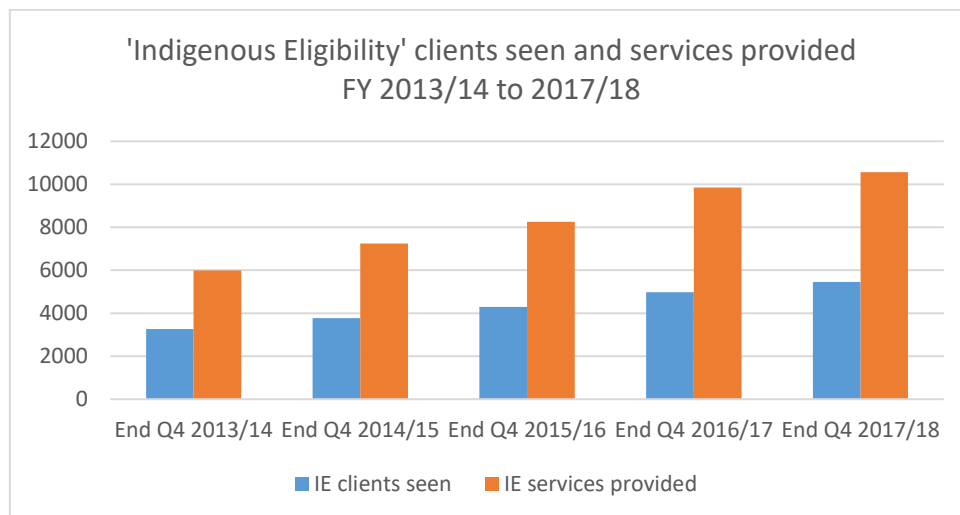


Figure 1: Numbers of Adult clients seen and services provided over the period 2013/14 to 2017/18.

Services to Aboriginal and Torres Strait Islander Children and Young Adults

In 2017/18, Australian Hearing audiologists saw 4,799 Aboriginal and Torres Strait Islander children and young adults aged under 26. This represents 9.2% of the total number of children and young adults who received services from Australian Hearing during the year.

In community Outreach locations there is often reduced access to the diagnostic services whose role it is to evaluate children’s hearing and refer those who may need hearing aids and related services to Australian Hearing. Although we actively support communities to find alternative services or methods for assessing the hearing of these children,

Australian Hearing audiologists still see a high number of children who are not candidates for amplification. In Outreach locations, two thirds of children seen are not aided.

Nationally, across all locations, there was a 5% decrease in the total number of Aboriginal and Torres Strait Islander children seen in 2017/18, and a 3% increase in the number of aided children seen. This continues to indicate that our referrers are doing better at targeting children appropriately for referrals. Over the last few years, we have seen a steady increase in the proportion of children that go on to get a hearing aid: see **Figure 2**.

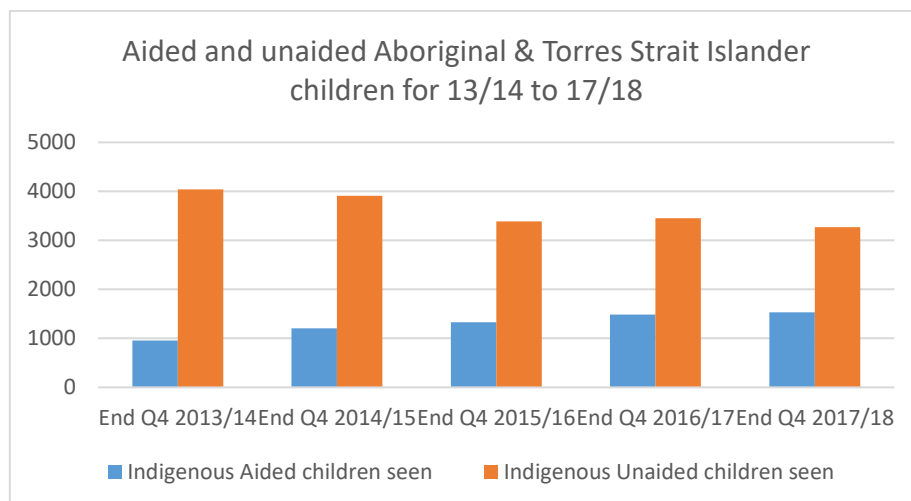


Figure 2: Aboriginal & Torres Strait Islander Aided and Unaided children over the last 5 years

TeleFUP

In April 2017, we launched a six month trial of TeleFUP, a video follow up service for children fitted for the first time in remote communities. The purpose is to reduce time between fitting and first follow up, currently around three months, and to strengthen support available from within the community during this key time.

TeleFUP relies on a family-nominated Hearing Helper to facilitate the video follow up. The Hearing Helper is usually employed by a service within the community: the health service, early childhood centre or school, and who already has a relationship with the child & family. A second, key role of the Hearing Helper is to provide practical and psychosocial support to the child & family to help optimise hearing aid help to embed it in daily life.

Through TeleFUP, children and families appear to be getting more focussed support through the Hearing Helper. Hearing Helpers attending the video follow ups have observed the child closely and are able to talk in detail about how the child is going. Feedback from Hearing Helpers indicates that they feel this model is 'very' or 'extremely' useful for both themselves and the family. Several of the children have had more than one TeleFUP. Time between fitting and follow up is averaging 21 days.

Children aged five years and younger

The age of first hearing aid fitting for Aboriginal and Torres Strait Islander children is improving but continues to be of concern. This indicator reflects how well the pathway from newborn hearing screening or from primary health is functioning. Hearing loss caused by early ear disease can be established by 6-18 months. The optimal window for aiding for children is before the end of the critical window for language and communication learning at 3.5 years.

In 2008, the average age of first aid fitting for Aboriginal children was 8 years of age. Analysis of fitting trends for the period 2008-2017 shows that the average age has reduced to six years: see **Figure 3**. In 2008, one in ten Aboriginal children received their first aids before the age of five years. In 2017, this had reduced to one in four. 77 Aboriginal & Torres Strait Islander children were fitted before turning four in 2017, compared with 21 in 2008.

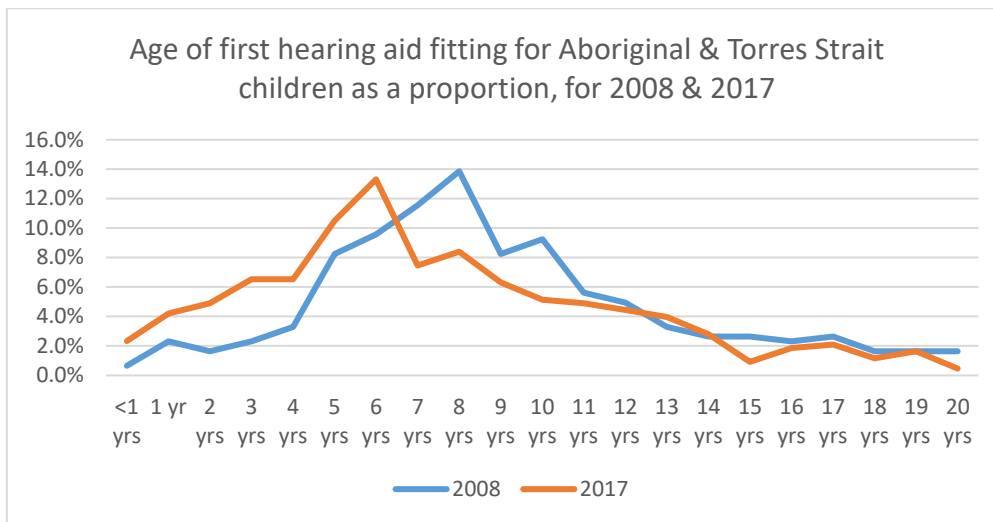


Figure 3: Age of first hearing aid fitting for Aboriginal & Torres Strait Islander children, 2008-2017

TeleFIT

TeleFIT, a tele-audiology program aimed at reducing the time between referral from secondary hearing service and first fitting of devices for remote children aged five years and younger, entered its third year in 2017.

TeleFIT is a partnership program, with the target partner services being diagnostic hearing services servicing Aboriginal communities in an outreach capacity. TeleFIT was trialled in 2015 with the Deadly Ears Program in QLD, became business as usual in 2016 and expanded in 2017. We are looking for partners in other locations.

Using this approach, families are identified for referral to Australian Hearing and given the choice of waiting for the next Australian Hearing visit or attending a video consult that week with both the Australian Hearing and diagnostic audiologist. So far, all families but one have opted for the video appointment.

Outcomes included a tripling in the number of children aided before school age and a decrease of children aided after school age, both through face to face Australian Hearing services and TeleFIT. This may relate to increase in community awareness around the benefits of early aiding, and stronger connections to early childhood and child health staff.

The success of TeleFIT depends continuity of diagnostic audiologists, and the diagnostic agency being willing for their audiologist to allocate up to a half day in community for this activity.

Social research

The findings of the social research carried out by CIRCA Research for us in 2017 have been invaluable in helping us develop a better understanding of what parents/carers know and believe about hearing loss and hearing aids for children aged five years and younger. Aboriginal researchers conducted mini group discussions & in-depth interviews with 43 parents/carers in eight urban, regional and remote locations.

Key findings include that families in low socioeconomic communities, whose children are also more likely to experience chronic ear trouble, are more likely to normalise behaviours associated with hearing loss, less likely to be engaged with health services, more likely to believe that teachers are best placed to pick up hearing loss, and that hearing aids are not appropriate before school age.

Importantly, families talked about risk to participation in family and community life, and to cultural transmission from hearing loss as motivating factors for aid use.

'I want them to be able to learn their culture so they can pass it on'

These are important learnings for us. The full report is available [here](#) on our website.

The Outreach program

Through the Outreach program, we deliver rehabilitative hearing services in urban, regional and remote communities. These services are individually negotiated with each community. The Outreach service overcomes a range of barriers that can impede access to Hearing Services, including distance, language and cultural safety.

In 2017/18, 110 audiologists took part in the Outreach program. One of our Outreach Audiologists is Yidinji. In Hearing Centres with large Outreach programs, specialist Administrative staff are a key contact for communities and carry responsibility for arrangements for trips. One of our Administrative staff is Aboriginal.

Through the Outreach program, we visited 243 communities in 2017/18. We are seeing steady growth in number of communities visited annually. See **Figure 4**. The average number of visits made to each community per year is 4.5 visit. In the 2017/18 financial year, 61% of communities visited were remote, 21% rural, and 18% urban.

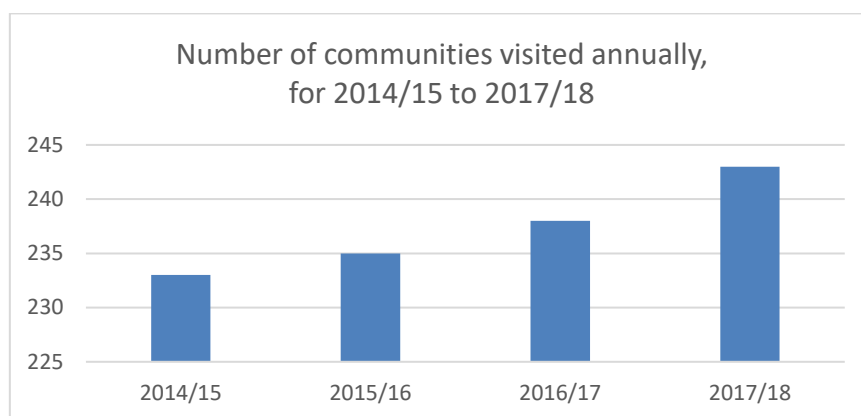


Figure 4: Number of urban, regional and remote communities visited annually, by financial year.

Hear for School

Hear for School is our professional development program for teachers in schools with high numbers of Aboriginal and Torres Strait Islander students with ear trouble. It starts with a self-assessment, to reduce the likelihood of duplicating the work of our partner hearing services and Hearing Advisory Teachers.

Sixty teachers, predominantly from the NT and QLD, have provided feedback. Half felt they knew 'a little' about the topic prior to the session, indicating that there is a need for support in this area. All teachers agreed that the module will improve their ability to support all students to hear well. For information on the program, click [here](#).

Tympanometry refresher training for primary health staff

The Otitis Media Clinical Care Guidelines promote tympanometry as a key tool for primary health services in detecting and diagnosing otitis media, and we strongly support that. During the year we uploaded a refresher tympanometry module to our website. The module refreshes practitioners on what tympanometry does, why and how to use it, and how to interpret the results. There are ten questions to help test understanding.

Seventeen primary health practitioners have provided feedback. Twenty five percent already use tympanometry regularly. 82% reported that completing the module had improved their knowledge 'quite a bit' or 'a lot'. Of the respondents who did not use 'often', 27% didn't have access to one, and 45% indicated they would start using it. To access the module, click [here](#).

Masters of Audiology Scholarships for Aboriginal and Torres Strait Islander graduates

There are fewer than five Aboriginal Audiologists in Australia and this is a figure we would like to see grow. Australian Hearing and three universities have signed contracts to provide a Masters of Audiology scholarship for Aboriginal and Torres Strait Islander graduates. Each scholarship is to the value of \$15,000, and includes the opportunity to join one of our remote Outreach trips in the student's second year of study. For more information, click [here](#).