



**SUBMISSION:**

**DRAFT NATIONAL PREVENTIVE  
HEALTH STRATEGY**

**20 APRIL 2021**

## SUBMISSION FORMAT

The Australian Government Department of Health's submission format for the National Preventive Health Strategy (NPHS) Consultation is an online survey consisting of a series of questions, as outlined in the [draft NPHS Consultation Survey document](#).

Audiology Australia's (AudA) submission directly addresses the Consultation Survey questions and will be submitted in line with the submission format.

AudA's response to each question is provided below.

## DRAFT NATIONAL PREVENTIVE HEALTH STRATEGY CONSULTATION SURVEY QUESTIONS

### 1. Do you agree with the vision of the Strategy?

Audiology Australia (AudA) is the peak member association for the profession of audiology, representing over 3,000 audiologists across Australia. Audiologists are hearing health practitioners who provide hearing services to individuals and the wider community. Audiologists help their clients preserve, manage, and improve their hearing and balance and their ability to process and understand sounds.

AudA agrees with the proposed Vision of the draft National Preventive Health Strategy (the Strategy). AudA considers the Vision of the Strategy to be inclusive of the health of all Australians and supports the Strategy's recognition that a wider set of factors shape the health and wellbeing of people.

However, AudA observes that whilst the Strategy's Vision includes the provision of better information to people, there is no mention of better access to health services.

We note that people with access to high quality, evidence-based and culturally appropriate information are able to make better informed decisions, however, without convenient access to the relevant health services, these decisions may not be easily actionable. This is particularly the case for Australians living in rural and remote regions, and those from culturally and linguistically diverse backgrounds.

AudA therefore suggests the following amendment to the Strategy's Vision:

"To improve the health of all Australians at all stages of life, through early intervention, better information **and access to health services**, targeting risk factors, and addressing the broader causes of poor health and wellbeing."

AudA strongly supports the Strategy's alignment with the commitments made under the new National Agreement on Closing the Gap and other key Aboriginal and Torres Strait Islander policy initiatives, including the National Aboriginal and Torres Strait Islander Health Plan. We also note that a whole-of-government Indigenous Evaluation Strategy was finalised by the Productivity Commission in 2020 and will be used by all Australian

Government agencies in the evaluation of policies and programs affecting Indigenous Australians.

## 2. Do you agree with the aims and their associated targets for the Strategy?

AudA agrees with the aims and associated targets for the Strategy.

AudA strongly supports the Strategy's approach in supporting holistic action across the wider determinants of health to prevent chronic conditions, injuries, and infectious disease across the life course. In particular, AudA highlights the increasing need to address hearing loss in mid-life in order to reduce the risk factor for age-related dementia.

AudA notes that dementia is now the second leading cause of death in Australia. A White Paper published by the Hearing Care Industry Association (2021) indicates that 1 in 10 Australians over 65 years of age have dementia, costing the economy more than \$15 billion. It is currently estimated that over half of all aged care residents in Australia have dementia (HCIA 2021). In addition, research indicates that Aboriginal and Torres Strait Islander people experience dementia at a rate three to five times higher than the general Australian population (AudA, *Hearing Health and Dementia* Position Statement 2020).

There is an increasing body of research highlighting the link between hearing loss and cognitive decline, with the risk of developing dementia increasing significantly with increasing hearing loss. In fact, unaddressed hearing loss was identified as responsible for more dementia among older adults than other risk factor including alcohol overconsumption, traumatic brain injury, obesity and hypertension combined (HCIA 2021).

Furthermore, hearing is linked to balance. Studies have demonstrated a strong association between hearing loss and accidental falls (Lin & Ferrucci 2012). Hearing loss can contribute to an increased risk of falls by reducing spatial and environmental awareness and increasing cognitive load as individuals must concentrate harder on interpreting speech and sound. As falls are the main cause of hospitalised injuries, individuals who may have hearing difficulties need to have this recognised promptly and referred appropriately for intervention.

As such, AudA considers adult hearing screening and early interventions for mid-life hearing loss to be extremely important and relevant to the Strategy given the strong links between hearing loss, dementia and the increased risk of falls. As outlined in AudA's *Hearing Health and Dementia* Position Statement, AudA highlights the importance of the audiology profession in assisting in the timely identification and management of hearing loss.

## 3. Do you agree with the principles?

AudA strongly agrees with the principles for the Strategy.

AudA notes that there are significant opportunities for the health workforce to be enabled to promote health and prevention across the health system by utilising the full scope of practice for all health professionals.

As an example, AudA highlights that audiologists are trained to offer a holistic rehabilitation hearing health plan, including the provision of individual and group aural rehabilitation, behaviour change counselling, and support and counselling (as needed) for individuals and their families to improve a person's ability to participate in activities.

Additionally, audiologists are able to provide emotional and psychosocial support and social skills training for people with and without hearing aids and/or assistive listening devices and at various stages of life. However, AudA notes that time and funding are two key barriers currently preventing audiologists from providing emotional and psychosocial support to their clients, including providing referrals to mental health professionals (Bennett et al. 2020).

Furthermore, AudA highlights that better training needs to be provided to general practitioners (GPs) on the associations of hearing loss with other chronic health conditions common in older adults, including cognitive decline, stroke, cardiovascular disease, balance issues, diabetes, osteoporosis, arthritis, and psychosocial health (Besser et al. 2018, Abrams 2017, Upala et al. 2016). AudA suggests that GPs who see patients presenting with conditions that are known to have a link to hearing loss advise patients to have their hearing tested. Increasing the overall community awareness of the linkages between hearing loss and other chronic conditions is also an important factor in addressing hearing loss and multimorbidity.

#### 4. Do you agree with the enablers?

AudA agrees with the enablers for the Strategy.

AudA highlights the importance of evaluating existing health programs in regard to the system enabler *Research and evaluation*. In the hearing health care sector, AudA notes that numerous reports – including the Siggins Miller (2017) Report into Australian Government funded Indigenous Ear and Hearing Health Initiatives – have urged the Government to improve the data gathering and evaluation of ear and hearing health programs.

Additionally, 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.

## 5. Do you agree with the policy achievements for the enablers?

AudA agrees with the policy achievements for the enablers.

## 6. Do you agree with the seven focus areas?

AudA agrees with the seven focus areas for the Strategy.

AudA highlights that consideration needs to be given to the increasing prevalence of dementia in Australia and suggests that efforts be prioritised to the focus areas which overlap with the potentially modifiable risk factors for dementia, as outlined below.

The *Dementia prevention, intervention, and care: 2020 report of the Lancet Commission* Report identified twelve potentially modifiable risk factors for dementia which, together, account for around 40% of worldwide dementias that could theoretically be prevented or delayed (Livingston et al. 2020).

The twelve potentially modifiable risk factors for dementia are as follows: less education, hypertension, hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, low social contact, excessive alcohol consumption, traumatic brain injury and air pollution. The Lancet Commission identified mid-life hearing loss as the greatest single modifiable risk factor to reduce the risk of dementia.

AudA notes that there are potentially modifiable risk factors for dementia which overlap with four of the focus areas in the draft Strategy. The four focus areas are: reducing tobacco use, improving consumption of a healthy diet, increasing physical activity and reducing alcohol. AudA believes that the Strategy also needs to consider a fifth focus area - *addressing hearing impairment* - given its importance in the dementia context and more broadly.

AudA highlights that dementia has been identified as the greatest global challenge for health and social care in the twenty-first century (Livingston et al. 2017). Audiologists, as hearing health practitioners, can encourage people with dementia and hearing loss to use hearing aids to treat hearing loss and to reduce the excess risk from hearing loss. AudA notes that the treatment of hearing loss can significantly improve the communication, social engagement and quality of life of people living with dementia (AudA, *Hearing Health and Dementia* Position Statement 2020).

## 7. Do you agree with the target for the focus areas?

AudA agrees with the targets for the focus areas.

## 8. Do you agree with the policy achievements for the focus areas?

AudA agrees with the policy achievements for the focus areas.

## 9. Do you agree with this section of the Strategy?

AudA strongly supports the component of the Framework for Action which acknowledges the current and ongoing work that is being undertaken by a wide range of prevention partners and the need to incorporate lessons learnt over time into current prevention activities.

**10. Please provide any additional comments you have on the draft Strategy.**

AudA would like to take this opportunity to highlight four additional issues for the Government's consideration in regard to the development of the Strategy.

**Prevalence of hearing loss**

One in seven Australians are affected by hearing loss. AudA notes that as the population ages, the prevalence of hearing loss is expected to rise to 7.78 million people by 2066, representing 18.2% of the total population (HCIA 2020). Due to the increasing scientific link between hearing loss and dementia, AudA considers that the addressing of hearing impairment should be considered as a national health priority.

**Indigenous ear and 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 general population and exceeds the 4% that the World Health Organization identifies as being a massive public health problem requiring urgent attention (Burns & Thomson 2013). AudA therefore strongly recommends that the Government prioritise Aboriginal and Torres Strait Islander ear and hearing health under the Strategy.

**Telehealth**

AudA notes that advances in technology are providing new and viable opportunities for the delivery of health services – especially in remote areas where access to health care is limited and significant inequality exists (Psarros et al. 2015). AudA considers that telehealth is an appropriate model of service delivery that has, and will continue to, shape the way that services are delivered to individuals and communities across Australia.

**Data**

The draft Strategy identifies the importance of having access to key data on diseases and risk factors, which includes understanding trends in how they may be evolving over time. To help inform policy and practice, AudA considers it essential that the Strategy is underpinned by a central, national repository that highlights epidemiological trends to direct resources, support the delivery of services and help inform policy decisions in the health priority areas, including hearing health care. Fragmented data, including information stored only at the state and territory level will only tell policy makers part of the story.

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