



# NSW Health policy directions relating to prevention and screening for otitis media and conductive hearing loss in Aboriginal Children

## **Purpose**

To provide background information to the Dubbo Family Referral Service, in response to concerns raised about screening and diagnosis of children with otitis media.

The brief provides information on current NSW Department of Health policy directions relating to otitis media and conductive hearing loss in Aboriginal children. This information was obtained through a telephone discussion with Paul Huntley, Senior Policy Officer, Evaluation, Monitoring & Reporting Unit, Centre for Aboriginal Health. New program guidelines on Aboriginal ear health have just been approved by the Minister but will not be publically available until around late March.

## **Background**

The NSW Aboriginal Affairs Plan: Two Ways Together included a target to screen 85% of NSW Aboriginal children aged 0-6 for otitis media and conductive hearing loss. The Aboriginal Otitis Media Screening Program was developed as a response to this target. The program supported free screening checks for Aboriginal children from 0-6 years of age, delivered by trained health workers in a number of organisations, including Area Health Services (AHS), Aboriginal Community Controlled Health Services (ACCHSs), and the Royal Institute for Deaf and Blind Children. The program was funded for \$2.49 million over four financial years, from 2004/2005 to 2007/2008.

Towards the end of this period, NSW Health commissioned an independent evaluation of the Aboriginal Otitis Media Screening Program to inform decisions about future approaches.<sup>1</sup> The evaluation found that the Program successfully increased the number of Aboriginal children aged 0-6 years in NSW being screened for otitis media and conductive hearing loss (although the achievement of screening targets varied markedly in the eight AHSs). However, the evaluation concluded that the near-universal approach adopted to screening was likely to be ineffective and unsustainable. Key concerns included:

- In order to achieve the screening targets, AHS otitis media funding resources became primarily focussed on screening rather than broader public health approaches that were recommended under the NSW Otitis Media Strategic Plan for Aboriginal Children.
- Where children were screened, there were a number of barriers to appropriate referral, treatment and support. For example, where screening was conducted in schools and preschools by AHS staff the contact and communication between screeners and parents was limited, creating the possibility that identification of problems did not lead to the child

receiving appropriate treatment. Screeners based in ACCHSs were more likely to be able to reach parents.

In summary, the evaluation recommended that the 85% screening target be abandoned, and:

- NSW Health provide support for a comprehensive public health approach to the problem of hearing loss in young Aboriginal children, including:
  - develop strategies to address environmental health risk factors and assist in improving social and economic circumstances in Aboriginal communities
  - raise awareness and understanding about otitis media and conductive hearing loss among Aboriginal parents, families and communities
  - advocate to incorporate screening into existing health programs for children including, for example, Personal Health Record Checks, and home visiting of new mothers through Aboriginal Child Health Checks run by Families NSW
  - develop strategies to increase the proportion of primary health care professionals working in community health services who have the skills to identify children with otitis media and conductive hearing loss
  - educate primary health care professionals to improve awareness of otitis media and conductive hearing loss in parents and provide appropriate treatment and referral according to established guidelines.
- NSW Health efforts to address otitis media in young children focus on pre-school aged children as it is during these years otitis media can be identified before chronic problems develop and before children suffer delayed language development.
- NSW Health and AHSs to work towards developing effective relationships between primary health care services and schools to facilitate adequate classroom and other support for children with otitis media related hearing loss.

### **Current policy directions**

Following the evaluation, NSW Health formed an Expert Advisory Committee to develop a broad public health approach to addressing otitis media and conductive hearing loss in Aboriginal children. New program guidelines have just been approved by the Minister for Health and will shortly be distributed to Area Health Services. The new approach has three strands – prevention, early identification, and treatment and support.

### **Prevention**

The biggest emphasis will be placed on prevention and trying to address modifiable risk factors that contribute to the high prevalence of otitis media in Aboriginal children. This is a new approach which has never been tried previously. The components of this approach will include:

- maternal education
- reducing smoking during pregnancy
- extending the duration of breastfeeding
- addressing environmental and housing health issues, for example by extending an existing successful program called Housing for Health, which looks at health and safety issues in

people's homes and makes free repairs; e.g. screening homes for insects and temperature controls

- education on nutrition and how to prepare affordable nutritious meals (to be delivered, for example, through the AMS 'Mums and Bubs' program).

NSW Health has received funding from the Commonwealth Government to develop health promotion resources on these issues.

### **Screening**

NSW Health now only has historical funding for Aboriginal child ear health, which provides for 11 Aboriginal otitis media coordinators across the state. As well as conducting screening, their role also includes the new prevention and education activities. In the Greater Western Area, the AHS has self-funded two positions to support the Area Coordinator (one located at Dubbo and one at Orange).

The emphasis will be on opportunistic and targeted screening. For example, where a family comes in to an Aboriginal health centre for something else there is an opportunity to also screen for hearing problems. GPs will be encouraged to use the Child Health Check which includes checking for hearing loss. There is an emphasis on trying (through the education process) to get people to be more proactive in identifying that a child needs to be checked.

The letter written by the Otitis Media Hearing Support Teachers at Dubbo Primary School raised concerns about long waiting times (3 months) where families do take their child to a community health centre for a hearing test. Paul Huntley indicated that families should be able to get an appointment at the Aboriginal Medical Service (AMS) within a week. If for some reason, a family does not wish to use the AMS, the situation could be discussed with the Area Coordinator.

### **Treatment**

NSW Health currently has a submission with the Commonwealth Government, which if successful will result in a substantial increase in funds available for clinical treatment.

### **Implementation of the new guidelines**

The Centre for Aboriginal Health will be holding a state-wide forum for Area Aboriginal Health Coordinators on the new policy guidelines. The area coordinators will then be holding workshops at area level with AHS staff; they will then hold forums with other sectors including education.

### **Discussion**

In the first instance, services could develop or strengthen relationships with the Aboriginal Otitis Media Coordinator in their Area Health Service and discuss any concerns relating to targeted screening of Aboriginal children. There may also be opportunities for collaborative prevention activities such as incorporating maternal education within UCCYPF programs, for example, Brighter Futures parenting programs, as well as the Aboriginal Maternal and Infant Health Strategy.<sup>2</sup>

Following the release of the new guidelines and the state election, services could consider writing to the Minister for Health to raise concerns relating to implementation of the new policy framework (whilst welcoming the increased focus on addressing the underlying issues that lead to high prevalence rates of otitis media in Aboriginal children). For example, we may wish to raise the need for better monitoring of how opportunistic and targeted screening is being implemented across AHSs.

## Further information

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## References

<sup>1</sup> ARTD Consultants, 2008, *Evaluation of the Aboriginal Otitis Media Screening Program, Final Report*, [www.health.nsw.gov.au/pubs/2008/otitis\\_report.html](http://www.health.nsw.gov.au/pubs/2008/otitis_report.html)

<sup>2</sup> See [www.health.nsw.gov.au/publichealth/mph/amihs.asp](http://www.health.nsw.gov.au/publichealth/mph/amihs.asp)