

National Foundation for the Deaf: Briefing paper to incoming Ministers of Parliament, 2008

RECOMMENDATIONS

1. Based on its impact on human health, and social and economic life, hearing loss should become a National Health Priority.
2. Hearing aids should be subsidised so that all who need them can afford them. The Ministry of Health is currently in phase two of the Hearing Aid Project that is investigating different options for improving access to hearing aid funding. Significant extra funding will be required to meet the goal of improved access
3. There should be a commitment to funding the development of appropriate facilities for the assessment and rehabilitation of infants and children newly diagnosed with hearing problems
4. The Ministry of Health should specify contractually what Audiology services must be provided by each District Health Board so that access is equitable throughout New Zealand.
5. Strategies need to be put in place urgently to maximise the recruitment and retention of public hospital based audiology staff in District Health Boards over the next 12 months.
6. New Zealand research into hearing loss needs to be actively encouraged and funded, particularly in those areas identified that can positively affect prevention or early detection, intervention and management of hearing loss.

Introduction

Author David Lodge in his recent novel *Deaf Sentence* shows how lonely deafness can be when his protagonist, Bates, hears a friend tell him: *that the pastime of the dance went to pot, "so we spent most of our time in our shit, the cows' in-laws finding they stuttered". This turns out to mean: the last time the friend went to France it was so hot they spent most of the time in their gite, cowering behind the shutters.*

Such painful isolation is rendered comic. Unfortunately this is the least of the impacts of deafness. The range of emotional problems associated with the loneliness that can accompany deafness includes low self-esteem, depression and social anxiety.

This briefing paper on hearing loss or deafness in New Zealand stresses at the outset that hearing loss in New Zealand is a major issue; and that reducing the rate and numbers of people impacted by hearing loss would significantly improve our country's educational performance, productivity and general health outcomes.

One of the key issues is that we lack quality research and data about the extent and impact of hearing loss in New Zealand in comparison to other OECD countries; for example to date there has been no definitive research on the full economic impact of hearing loss in New Zealand. Much more extensive data are available for Australia, and with the nature of hearing problems, and population similarities, there would need to be proof against transfer of their patterns to ours.

The key issues this paper emphasises are research, prevention, remediation, education and inclusion, with interrelationships between these.

Background to the paper

- New Zealand research indicates that hearing loss affects 10% of the New Zealand population, with 20% of adults aged 65 years plus having significant hearing loss¹. (Australian research estimates that hearing loss affects 17% of the Australian population: this figure is higher because of differing methods and thresholds. It is projected to rise to 25% by 2050 due to an aging population².)
- Australian economic analysis assessed the direct cost of hearing loss as 1.4% of GDP (nearly 50% of those with hearing loss in Australia are of working age, 15 to 64 years). This figure translated to New Zealand would be a loss of approximately \$2.5 billion with productivity loss related directly to hearing impairment accounting for well over 57% of the total financial cost. The cost of hearing aids is a small fraction of the direct cost of hearing loss.³
- Since New Zealand research data on hearing is sparse, and because of the ethnic and general population similarities, appropriate up-to-date Australian data are used with confidence until an informed case against them can be made.
- The percentage of adults with a hearing disability participating in the workforce continues to be considerably lower than that of the total adult population (41% compared to 67%), and it is estimated that 30 to 40% of those in prison have some form of hearing impairment.⁴
- Maori and Pacific Island populations have a much higher incidence of congenital hearing loss than other ethnic groups. Hearing loss is the most common disability for Maori aged 15-24 years with its prevalence in this group 3.5 times higher than for non-Maori. The Pacific Island population also has a much higher incidence of adult onset hearing loss, while Pacific Island children tend to be identified with hearing loss at a later age (only 50% by five years). Maori have been shown to have a lower uptake of hearing aid services; they are half as likely as non-Maori to use hearing aids or other assistive listening devices.
- Audiological services at District Health Boards are currently experiencing a large number of vacancies and high staff turnover with recruitment for audiologists difficult and time consuming. There are a number of District Health Boards with less than one audiologist per 100,000 people working in the public sector, and most of these DHBs also have insufficient funding to either improve salaries in the public sector and/or increase the number of audiologist positions.⁵ This is despite the situation of all District Health Boards being required to carry out the Universal Newborn Hearing Screening Programme (UNHSEIP) by July 2010.

¹ Greville, A. *Hearing Impaired and Deaf People in NZ: An update on population numbers and characteristics*. (2005)

² Access Economics Pty Ltd. *Listen Hear! The economic impact and cost of hearing loss in Australia*. (2006)

³ Access Economics Pty Ltd. *Listen Hear! The economic impact and cost of hearing loss in Australia*. (2006)

⁴ Greville, A. *Hearing Impaired and Deaf People in NZ: An update on population numbers and characteristics*. (2005)

⁵ Pokorny, M. *New Zealand Audiological Society Staffing and Resource Survey*. (2008)

- This poor public sector situation is critical for those in the lower-socio economic groups who cannot afford the services of audiologists in the private sector, and for babies and children for whom a lack of assessment and remedial care leads to long-term impacts. The introduction of newborn hearing screening will improve the average age of detecting hearing loss across all ethnicities, however, research is required to investigate the incidence of late onset or progressive hearing loss in Maori/Pacific Island children that may not be detected through the UNHSEIP.
- New Zealand research into the use of hearing aids in 2001/2002 indicated that they are worn by only 29% of people with hearing disability, with at least half again being in the position of needing them, of whom the majority cited affordability as a major issue.⁶
- The cost of a hearing aid has three components: assessment, the hearing aid itself and the actual fitting. The highest cost is the actual hearing aid which ranges from as low as \$400 up to \$4000 at wholesale plus a 25% to 50% retail mark-up (the hearing test assessment varies from \$50 to \$75 and the fitting from \$300 to \$500). The cost, to one or other individual, of hearing aids is dependant upon the nature and severity of their hearing loss. That is, not everyone can be effectively fitted with a "cheaper" hearing aid. Some District Health Boards only charge patients the wholesale cost of the hearing aids, whereas other District Health Boards add a small mark-up or fitting cost. The overall cost of hearing aids is lower in the public sector than in the private sector as would be expected.
- The government subsidy increased from \$198 to \$500 per hearing aid in October 2009 however, this is only for people with a Super Gold card (over 65 years old). The remainder of the population is entitled to the \$198 per hearing aid subsidy. The subsidy is available once every 5 years.
- The government also provides funding for hearing aids through the Equipment Management Scheme (EMS) administered by Enable and AccessAble. This funding eligibility includes those in fulltime work or employment or primary caregivers of children. The funding covers the wholesale cost of the hearing aids (but no retail mark-up) in the Southern and Central/lower North Island; and also includes a contribution towards the fitting costs for the northern North Island.
- People who access EMS funding are not able to also access the government subsidy. Unfortunately, those who are most likely to have difficulties accessing hearing aids financially (unemployed, multiple disabilities, congenitally deaf adults) are not able to access the EMS funding.
- The public sector provides a financially cheaper option for those that cannot afford hearing aids in the private sector. Unfortunately, levels of public services are varied across the country with some District Health Boards providing high levels of adult services, whereas other District Health Boards run long waiting lists (1- 2 years) and may not offer any or very limited (e.g. income tested or if multiple disabilities) adult services at all, depending on their staffing levels.
- Noise exposure accounts for up to a third of hearing loss, most of which is preventable. In addition, hearing disability is more common among certain occupations, notably trade workers, those in elementary occupations, and plant and machine operators/assemblers.

⁶ Greville, A. *Hearing impaired and deaf people in New Zealand: an update on population numbers and characteristics* (March 2005)

- Accident Compensation Corporation (ACC) distributes approximately \$50million annually for rehabilitation costs for hearing impaired workers with claims for workplace induced hearing loss steadily increasing (the current rate is approximately 6000 claims per year).
- The burden of disease (measured internationally in terms of DALYs – Disability Adjusted Life Years) is measured as: mild hearing loss comparable to mild asthma; moderate comparable to chronic pain from a slipped disc; severe comparable to ongoing pneumonia. (In Australia the burden of disease from hearing impairment is estimated as three times greater than that of three of the National Health Priority Areas – asthma, diabetes and musculoskeletal conditions.)
- A number of gaps in research have been identified in Australia in the areas of early intervention and management of hearing loss, including: prevention; access to, and continued use of, hearing aids; health effects, caring and productivity. As New Zealand is no better placed than Australia in terms of current research this situation will be similar here also.