

Aboriginal Cant' Hear? hard to learn

Greater Southern Area Health Service

In Partnership with

Katungul Aboriginal Medical Service

The Children's Hospital at Westmead



Presenters Introduction

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RATIONALE

- ✦ Otitis media in Aboriginal communities affects up to ten times more than the 4% that the World Health Organisation considers a massive public health problem (AIHW, 2005). In NSW, the rate of hospitalisation for otitis media is lower for Aboriginal than non-Aboriginal children however the prevalence of otitis media in Aboriginal communities is significantly higher, with more severe impacts. The Aboriginal Can't Hear? Hard to Learn program was designed and implemented by the Aboriginal Health staff of Greater Southern Area Health Service and Katungul Aboriginal Medical service to address the issue of Otitis Media in Aboriginal children in the Eurobodalla, Bega Valley, Monaro and Southern Tablelands Clusters.

Nature and Extent of Problem

- ✦ Otitis media has been highlighted as a major health and social problem for Aboriginal communities, especially young people which in turn have a high impact on educational outcomes. Further to this many Aboriginal families continue to face barriers in accessing appropriate hearing health and specialist medical services to address Otitis Media.
- ✦ Cant' Hear? Hard to Learn is an innovative program that encompasses regular ear health screening for Aboriginal children, education for parents and caregivers, hearing health training for Aboriginal Health workers and has led to the establishment of an Ear Nose and Throat outreach clinic at Goulburn that operates four times per year. The clinic treats up to 24 children in the clinic and 8 children having surgical procedures.

Strategic Importance

- ✦ The program has strategic importance and is directly related to:
- ✦ The NSW Otitis Media Strategic Plan for Aboriginal children (NSW Health 2000)
- ✦ The Recommendation for Clinical Care Guidelines on the management of otitis media in Aboriginal children and Torres Strait Islander Populations (Morris et al. 2001).
- ✦ The National Aboriginal Community Controlled Health Organisation (NACCHO) Management of Middle Ear Infection in Aboriginal and Torres Strait Islander Populations (NACCHO 2001)

Planning & Implementing

- ◆ A team approach is used for the 'Cant' Hear? Hard to Learn' program, made up of a number of agencies including:
 - ◆ Greater Southern Area Health Service workers and Nurse Audiometrists,
 - ◆ Greater Southern Area Health Service Management: Aboriginal Health, Community Health, and Nurse Unit Managers.
 - ◆ Katungul Aboriginal Medical Service Staff
 - ◆ Ear Nose and Throat Specialist from Westmead
 - ◆ Goulburn Base Hospital Theatre staff

Implementation

- ◆ The major innovation of this program is the establishment of an outreach clinic at Goulburn Base Hospital, which is regularly attended by an Ear Nose and Throat specialist from Westmead Children's Hospital. The program now provides.
- ◆ Assessment of children's ear health and referrals to the outreach clinic if necessary.
- ◆ Appropriate management and treatment of ear disease including surgery
- ◆ Regular follow-up and monitoring of children identified as otitis media prone
- ◆ Education for parents and Teachers and children with ear disease
- ◆ Cultural Awareness training for non- Aboriginal health workers that are involved in the program

Outcomes & Evaluation

- ✦ The Aboriginal 'Can't Hear? Hard to Learn' program incorporates the existing screening and education program conducted by the Aboriginal Health Workers and Nurse Audiometrists for Aboriginal Children and their families.
- ✦ Statistics of Otitis media screening in the Greater Southern Area Health Service for 2005 -2006 indicate that the Otitis Media screening target of 1614 clients was exceeded with 2147 being screened, which represents 93% of eligible clients. The outreach clinic and screening is continuing in 2006-2007.

Impact & Target Group

- ✦ The 'Cant' Hear? Hard to Learn' program has both positive clinical and social outcomes for the Aboriginal children who visit the outreach clinic.
- ✦ Clinical Outcomes that are evident are:
 - ✦ Improving the access of Aboriginal children to specialist services through addressing and reducing barriers.
 - ✦ Establishing a culturally appropriate health service for Aboriginal Children
 - ✦ Improving the opportunity for Aboriginal children to access early intervention and receive early treatment for ear disease
 - ✦ Improve children's hearing and learning
 - ✦ Improve the health status of children
 - ✦ The diagnosis and appropriate treatment of potentially life threaten conditions in Aboriginal children

Impact

- ✦ From a social perspective Aboriginal Health Workers and non- Aboriginal workers and parents note that many children have had positive behaviour changes and are happier, communicating better interacting better with others and coping better with surrounding environment as a result of accessing the program. Parents reported a numbers of issues such as:
- ✦ Previously many Aboriginal children were misdiagnosed as being 'SLOW' learners, when in actual fact they had to condition of otitis media and after treatment of ear problems their development has been corrected. Children now can hear and communicate with families
- ✦ Parents don't have to wait lengthy periods and watch their children suffer and fall behind at school
- ✦ Parents feel that the program staff have given them a high level of understanding and satisfaction that they have not received from other mainstream services