

POLICY OPTIONS

HEALS (Hearing EAr health Language and Speech services) project

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Policy context

Given the persistent disparities between Aboriginal and non-Aboriginal health outcomes, implementing programs that enable greater healthcare access is likely to be an effective strategy to help Close the Gap. However, there are relatively few examples of how service delivery can be enhanced, particularly in urban settings where most Aboriginal people live. Theoretically, Aboriginal families have equal access to publically funded healthcare in Australia, but they face multiple barriers leading to under-utilisation of services despite greater need. Some of the barriers include: insufficient, often inconsistent funding for community health services; economic hardship; limited access to culturally appropriate health-care; discrimination; communication and language barriers; lack of transport; and other socio-economic barriers.

Otitis Media (OM) is a common childhood illness with 80% of Australian children experiencing at least one episode of OM by the age of three years. However in Aboriginal children OM occurs younger, more severely and for longer periods than non-Aboriginal children. This early-onset, more severe and recurrent OM seen in Aboriginal children results in higher levels of hearing loss, speech and language impairment, and other complications such as chronic perforations and chronic suppurative otitis media. Suffering from hearing loss and speech delay during the key early schooling years makes learning difficult and these children are unable to reach their full potential.

Data generated through the CRE and the Study of Environment on Aboriginal Resilience and Child Health (SEARCH) showed that urban Aboriginal children in NSW endure a high burden of middle-ear disease with 30% of the children experiencing OM at the time of assessment. For both Aboriginal and non-Aboriginal people living in New South Wales (NSW), waiting times for Ear, Nose, and Throat (ENT) surgery and speech-language pathology services routinely exceed six months and frequently exceed one year.

To address this need, the Hearing, EAr health and Languages Services (HEALS) project was established as a collaboration among multiple healthcare agencies that was built on research partnerships founded through the CRE and SEARCH to provide ENT and speech/language pathology services for Aboriginal children and managed by one of the partners, the Sydney Children Hospital Network (SCHN). During 2013-14, the Federal Government and the NSW Ministry of Health provided \$1.7M to SCHN to deliver ENT and speech-language pathology services for Aboriginal children who were identified with middle ear disease and speech and/or language impairment, attending five Aboriginal Community Controlled Services (ACCHSs) linked to SEARCH and one urban Aboriginal clinic in NSW. The project upholds the research guidelines advocated by the Aboriginal community, including the principles of close community consultation, capacity-building and the philosophy of “no research without service”.

Following the successful implementation of the HEALS project, the perspectives of healthcare providers and children's caregivers towards HEALS' impact within the recipient Aboriginal communities were assessed. The outcomes of this project can be used to inform healthcare delivery and develop strategies for reducing healthcare barriers for the Aboriginal community in other settings and with other conditions.

Policy options

Barriers to specialist healthcare such as Ear, Nose and Throat (ENT) and speech pathology services are particularly concerning for Aboriginal children for whom ear disease and subsequent hearing loss is highly prevalent during developmentally crucial years. This, in turn, may exacerbate the risk of poorer developmental outcomes and the adverse downstream health consequences that ensue throughout the lifespan of Aboriginal people. To date, programs specifically designed to make specialist ENT services more accessible for Aboriginal people have largely targeted rural and remote communities, with few implemented in metropolitan locations where most Aboriginal people live.

During 2013-14 HEALS enabled rapid delivery of specialist health services to Aboriginal children including:

- > **2013:** 3,008 speech sessions (N=271 children), 94 ENT operations
- > **2014:** 2,814 speech sessions (N=269 children), 100 ENT operations

CONSIDERATIONS FOR POLICY INCLUDE:

- > Health interventions can be strategically targeted to community needs identified through research.
- > The strategic delivery of health services for Aboriginal people can be leveraged through established programs built on pre-existing relationships between the Aboriginal community (ACCHSs), research partners and service providers
- > With proper funding, efficient management, and a dedicated and collaborative team consisting of Aboriginal and non-Aboriginal partners, health services needed to help Close the Gap can be made more accessible to Aboriginal families through the ACCHSs
- > The role of the ACCHSs in coordinating local healthcare specialist services, sharing culturally appropriate knowledge and providing personalised services that addresses barriers faced by the community is critical to the success of Aboriginal healthcare interventions
- > Intervention models such as HEALS can strengthen and augment clinical networks, providing opportunities for new health services based on new partnerships established through the intervention.
- > A large number of Aboriginal families, particularly those who were reluctant to attend non-ACCHS specialist services, can successfully access specialist treatment through such a unique model of care
- > Providing recurrent funding to health intervention models such as HEALS would ensure sustainability over the long term. Such models of care could be rolled out to all ACCHSs, and expanded to address multiple Aboriginal health concerns on a national scale.

Key findings

A case study of enhanced clinical care embedded in Aboriginal health research: the Hearing, Ear health and Language Services (HEALS) project

- > delivered rapid and effective specialist healthcare services through existing research collaborations with five ACCHS as part of the SEARCH program
- > provided services for 860 Aboriginal children, including 6637 speech-language pathology sessions and 269 Ear, Nose and Throat (ENT) procedures
- > demonstrated that, with proper funding, efficient management, and a dedicated and collaborative team, health services needed to help Close the Gap can be made more accessible to Aboriginal families.
- > Cooperation from local health service providers, and effective community engagement were key to the success of HEALS.

Health professional and community perspectives on reducing barriers to accessing specialist healthcare in metropolitan Aboriginal communities: a semi-structured interview study

- > contributed a potential framework by which health interventions can be strategically targeted to community needs identified through research
- > success strengthened and augmented clinical networks, providing opportunities for new health services using partnerships established through the intervention
- > services raised community awareness of ear and speech problems, as well as allowing a large number of Aboriginal families to access specialist treatment, in a culturally appropriate and supportive environment.
- > The major threat to the success of the program is its sustainability, particularly due to lack of recurrent funding. Such a program could be rolled out to all ACCHSs, and expanded to other chronic illnesses where there are blocks in routine service delivery.

Note: The HEALS project is ongoing and additional funds have been received from the NSW Ministry of Health to continue providing ENT surgery and Speech pathology services to Aboriginal children at the existing HEALS participating sites.

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