

Deadly Kids | Deadly Futures

2019-20 Action Plan: Summary Report

Delivery Overview

The 2019-20 Deadly Kids: Deadly Futures (DKDF) work program comprised 9 projects involving 18 government and non-government agencies. Six of these projects continued work begun in the 2018-19 financial year, although most had revised scopes due to changing circumstances or lessons learned during the early stages of the projects' development.

The COVID-19 pandemic significantly limited the ability of agencies to deliver services after March 2020. However, pandemic has also driven innovation in models of care and the use of telehealth, and there is interest across the health system in embedding changes that improve service delivery into the 'new normal' of the post-COVID operating environment.

In the meantime, this Summary Report describes some of highlights in work conducted under the Action Plan during FY2019-20.

Prevention

Healthy Housing

This project has been assessing the potential for a project to reduce the impact of poor and unsanitary living conditions on the development, spread and chronicity of infectious diseases (including otitis media) in rural and remote Aboriginal and Torres Strait Islander communities. Following research and executive discussions that took place over 2018/19, work this year focused on developing a business case for investment. An initial meeting of a project group was held in March 2020 but work and the funding bid were impacted by the COVID-19 pandemic. Noting the broader importance of this work, it is expected that this project group will be re-established by the Aboriginal and Torres Strait Islander Health Division in the later part of 2020 to develop a way forward, including utilisation of any existing funding opportunities. The project remains on the Action Plan for 2020/21.

Service Improvement

Hearing Assessment Program – Early Ears (HAP-EE)

The HAP-EE is a national program designed to (1) provide diagnostic hearing assessment and follow-up treatment; (2) strengthen management of ear health in primary care; and (3) increase community awareness about the importance of ear and hearing health. The program is being led by Hearing Australia with assistance in Queensland from the Queensland Aboriginal and Islander Health Council.

HAP-EE began operating in July 2019 and since then has provided 2095 assessments to 1687 children in 72 locations throughout Australia. 641 (38%) of the children were seen in 31 locations throughout QLD. Nationally the program has referred 96 children to ENT specialists with many of these coming from QLD. In total, 447 (26%) of the children seen were 3 years of age or under; in QLD, 213 (33%) were 3 years of age or under. The proportion of children aged 3 years or under increased over the course of the program and is anticipated to increase further. This is a positive start because the 0-3 year old population is the one least targeted by other programs although it is the group in which early identification and treatment are likely to be most effective.

Of the children seen in QLD 30% have confirmed hearing losses of >25dB in one or both ears. Due to the difficulty in conducting audiology assessments in children under 3 years of age it was not possible to get definitive hearing thresholds in a further 30%. However, the program will be starting to use portable smart Visually Reinforced Orientation Audiometry (VROA) in the coming year and this should significantly improve its ability to obtain threshold results for young children.

HAP-EE outreach clinics ceased when the pandemic hit in March, but some telehealth services were delivered to children in Bowen, Innisfail and Tully. With the easing of travel restrictions, some services restarted at the end of June and community engagement is underway to plan for service reinstatement across the State.

Ear Health Clinical Specialist Positions

In FY2018-19 the North Queensland PHN (NQPHN) provided funding for two Ear Health Clinical Specialist positions in the Cape and the Torres Strait to identify strengths and weaknesses in primary ear health care, and to help build capability and capacity. The contracts for both positions ended in the second half of 2019 and a review was commissioned of their impacts in the two regions. All the primary health care clinicians interviewed by the reviewers reported an increase in their confidence and capability to screen children's hearing health, and they attributed this to the 'at elbow' mentoring provided by the Clinical Specialists. This supports the findings of a review of mentoring provided by the Deadly Ears program, and has implications for the 'wrap around' support that may be needed to maximise the value from formal training programs.

A second strategically important finding from the review was the small proportion of children who appeared to be having their ear and hearing health checked in primary care settings. No data on this was available electronically, but the services involved in the study audited the paper records of clinics in seven communities. Of the children aged 0-4 years whose records were audited, approximately 25-50% had not received their scheduled 715 Child Health Checks. Of those that had, only 30-50% had received all the necessary ear and hearing health checks.

This underlines the importance of the new Otitis Media Guidelines' recommendation on hearing health surveillance:

*"Regular OM surveillance from birth upwards would be preferred to pre-school or school entry screening, which occurs after the critical age for intervention for hearing loss...While screening activities are often disconnected from routine primary health care and parent/carer involvement, surveillance is a continuous process carried out by primary health professionals that can involve screening of hearing but is broader in scope. It takes into account parent/carer input, the context and history of the child, and links to advice, information giving and care....Surveillance can be undertaken at childhood immunisation visits, at well-baby and child health checks, and opportunistically at other clinical interactions."*¹

Ear Health Service Mapping

This project is the development of an online system to map specialist ear and hearing health services available in Indigenous communities in North Queensland. The system aims to capture all health services as well as community and social services, but ear health was selected as an 'test case' and the project received seed funding from NQPHN as a DKDF initiative. The objective of an online system is to enable better coordination between services and allow patients to be referred to specialists as quickly as possible and as close as possible to where they live.

The initial system platform (called Access My Health Care – AMHC) was completed in May 2019, and information on outreach clinic times and locations was subsequently uploaded from Deadly Ears and CheckUP. A number of other DKDF agencies have also noted their intention to share data and this engagement is ongoing. Meanwhile, the COVID-19 pandemic has spurred interest in virtual health and the use of technology to support service access. As a result, Queensland Health has agreed to fund the first two years membership of AMHC for five HHSs. It is hoped that this may accelerate uptake of the system and encourage uploading of ear and hearing health service data.

Workforce Development

Increase the translation of hearing health training into practice improvement

There is a growing body of evidence that training clinicians in the skills needed to conduct ear health assessments frequently does not result in sustained improvement in clinical practice (as indicated by the findings of the Clinical Specialist review reported above). The Deadly Ears Program and QAIHC have been collaborating to address this issue but

¹ Source: <http://www.otitismediaguidelines.com/#/tabs-page/g-u-i-d-e-l-i-n-e-s/guideline-section-page-main/3> Click on Guidelines; audiological assessment and management; Screening and surveillance: what is recommended?

implementation was dependent on confirmation of the new national provider of ear health training funded by the Australian Government. The provider (the NSW TAFE) was announced early in 2020, but collaboration on Queensland's new training model has been hindered by staffing resources in the health and education sectors being redirected due to COVID-19. All parties remain committed to that collaboration, and the project will continue under the 2020/21 Action Plan.

Data and Research

A National KPI for Indigenous Hearing Health

For the past two years work has been underway to develop a suite of 'key performance indicators' that will create a nationally consistent basis for the collection and reporting of data on the incidence and prevalence of otitis media and conductive hearing loss in Aboriginal and Torres Strait Islander children. To lead the work, a National Aboriginal and Torres Strait Islander Hearing Health Advisory Panel was formed comprising ear health experts, government agencies, community controlled health organisation representatives, and researchers. The Panel has been supported in its work by the Australian Institute of Health and Welfare.

The Panel has drafted a set of potential ear indicators plus a plan and a proposed timetable for implementation. Depending on the evolving pandemic situation it is anticipated that these proposals will be considered by the national Health Services Principal Committee in the second half of 2020.

Further Information

For further information on any of the projects in the 2018-19 DKDF Action Plan, please contact:

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