Deadly Kids | Deadly Futures
2018-2019 Action Plan

Commitment

Deadly Kids, Deadly Futures is Queensland’s Aboriginal and Torres Strait Islander Child Ear and Hearing Health Framework 2016-2026. It was released in March 2016 by the Minister for Health and Ambulance Services and the Minister for Education. The 10 year framework is a collaborative health, early childhood development and education policy aimed to prevent and manage the impacts of conductive hearing loss due to middle ear disease for current and future generations of Aboriginal and Torres Strait Islander children and young people across Queensland.

A Public Health Priority

Conductive hearing loss due to middle ear disease is a priority health condition because it can lead to long-term developmental problems for Aboriginal and Torres Strait Islander children. The condition can affect school readiness, communication skills, learning abilities and educational outcomes. The impacts can be lifelong, affecting the trajectory of children’s lives into adolescence and adulthood.

Collaboration

Deadly Kids | Deadly Futures is supported by a collaboration of government and non-government agencies across the health, early childhood and schooling sectors - represented by the logos at the bottom of this page. These agencies are committed to working together to ensure Aboriginal and Torres Strait Islander children and young people in Queensland have healthy ears and can listen, learn and reach their full potential.

Implementation

Each year an Action Plan is released outlining what government and non-government service providers in Queensland will do to reduce the prevalence, severity and impacts of middle ear disease and associated hearing loss for Aboriginal and Torres Strait Islander children and young people. This 2018-2019 Action Plan is the third such annual plan to be released.

The 2017-2018 Action Plan priorities:

- **Service delivery improvements:** Enhance the services and support provided to children and families to manage the impacts of middle ear disease and associated hearing loss.
- **Workforce development:** Enable healthcare professionals and educators to provide appropriate support and services to children.
- **Health promotion and prevention:** Empower families, communities and local service providers to increase the protective factors and reduce the risk factors associated with middle ear disease.
- **Data collection and research:** Build the evidence base to improve the planning, delivery and effectiveness of services.
# 2018-2019 Actions

## Health projects

### Service delivery improvements

**Hearing Health Service Mapping.** Ear and hearing health services for Indigenous children in rural and remote communities are provided by a wide range of local, visiting and outreach providers. This can create uncertainty about what is available where and when, and about referral pathways between services. This project seeks to map health services (including ear and hearing health services) in North Queensland, building on an existing online platform which enables regular updates to service information. This will increase knowledge of service provision in Indigenous communities and support improved coordination and planning of services to address gaps in access.

**Improve ear and hearing health services in selected HHS regions.** Building on the survey of HHS ear and hearing health services carried out in FY2017-18, Deadly Ears will work with selected HHSs to develop proposals for improving the scope, scale, consistency and quality of ear and hearing health services in rural and remote regions of Queensland. The overarching objective is to improve implementation of the Best Practice Model of Care included in the DKDF framework document to include (for example) a higher proportion of Child Health Checks including age-appropriate otoscopy, tympanometry and audiometry.

**Develop audiology guidelines for management of conductive hearing loss.** Referral for hearing amplification is typically considered after medical management has occurred. Due to the limited availability of services and extended wait times, significant delays in the prescription of hearing amplification are a common occurrence. This project will establish a parallel referral pathway to allow Aboriginal and Torres Strait Islander children to be fitted earlier with hearing aids without requiring a prior medical assessment.

### Workforce development

**Increase the translation of hearing health training into practice improvement.** An increasing range of ear and hearing health training resources is being made available online, and a key challenge of face to face training is to ensure this knowledge can be translated into practice and better service quality. However, whilst there is an ongoing demand for ear and hearing health training, there is also evidence that training frequently does not result in behaviour change or practice improvement. This project will develop a new model of training provision that will include an assessment of potential organisational barriers to change that may need to be addressed to ensure that training can lead to practice improvement.

## Prevention and health promotion

**Healthy Housing.** Children living in homes with poorly functioning taps, toilets, laundries and other ‘health hardware’ are at increased risk of infectious diseases such as otitis media, respiratory conditions, gastrointestinal conditions and scabies. This project will explore the potential for an evidence-based pilot project in one or more discrete Aboriginal and Torres Strait Islander communities to improve the functionality of homes and support healthy living for families and children. To ensure sustainability, the approach would be a collaboration involving a range of stakeholders, including agencies at different levels of government, primary health care providers in the relevant communities, and of course the communities themselves.

**Coordinated community-based health promotion.** There is currently a wide variation in health promotion practices in Queensland to prevent middle ear disease. Health promotion materials tend to be provided to families inconsistently, and the promotion of ear health is often not prioritised even in areas where children are known to be at risk of ear disease and conductive hearing loss. This project will develop and trial a community- and evidence-based approach to ear and hearing health promotion that could be used as an exemplar for potential implementation in other communities across the state.

## Data collection and research

**National KPI for Indigenous Ear Health.** Queensland Health will lead a collaborative project to develop a national KPI for Aboriginal and Torres Strait Islander hearing health, including appropriate supporting and reporting mechanisms. Working through the Australian Health Ministers Advisory Council, the collaboration will include clinicians, specialists in data reporting, and governments agencies in relevant jurisdictions. The implementation of the resulting measure(s) will enable consistent data collection and reporting, and help develop the evidence base needed to support a more informed and coordinated approach to closing the gap in Indigenous hearing health.

## Education projects

### Workforce development

**Coordinating education sector training resources.** A wide range of resources is available to develop the knowledge and skills of schools and early years centres to support Aboriginal and Torres Strait Islander students with middle ear disease and associated hearing loss. Given the number and variety of these resources, even experienced educators can find it challenging to determine which will best meet school and centre needs. This project will collate the key workforce development resources for both sectors, make them available via a single online location, and provide educators with information about the intent and use of those resources. It will also explore methodologies for assessing the translation of knowledge into practice.

### Data collection and research

**Measuring educational outcomes.** This project will explore the feasibility of measuring the impact of conductive hearing loss on the educational outcomes of Indigenous children, including the processes of data capture and analysis. Like the development of the national KPI for the health sector, this work will help build the evidence base to improve the planning, delivery and effectiveness of services to manage the impacts of middle ear disease and associated hearing loss. Over time, it will also enable assessment of the impact of education sector work done under the DKDF framework as well as specific practices in schools to support children with hearing loss.