

FACT SHEET: *Deadly Kids, Deadly Futures: Queensland's Aboriginal and Torres Strait Islander Child Ear and Hearing Health Framework 2016-2026*

OVERVIEW

The 10 year framework outlines the commitment of the Queensland Government, the Aboriginal and Torres Strait Islander community controlled health sector and other government and non-government service partners to prevent and manage the impacts of middle ear disease for Aboriginal and Torres Strait Islander children and young people across the health, early childhood and education sectors.

Deadly Kids, Deadly Futures 2016-2026 is the second Aboriginal and Torres Strait Islander child ear and hearing health framework for Queensland. The previous framework expired in 2013.

Ear and hearing health is a priority health and education condition for Aboriginal and Torres Strait Islander children and young people

Aboriginal and Torres Strait Islander children and young people have a significantly different experience of middle ear disease (or otitis media) than most non-Indigenous children as it is characterised by:

- ☀ **earlier onset**—Aboriginal and Torres Strait Islander babies and infants acquire the disease at a younger age;
- ☀ **higher frequency**—the disease occurs more often and repeatedly;
- ☀ **greater severity**—more Aboriginal and Torres Strait Islander children experience the severest forms of the disease; and
- ☀ **persistency**—the disease lasts for longer periods of time.

Chronically diseased ears and hearing loss can lead to long-term developmental and learning problems for children, creating significant challenges in the educational and home environments. As children enter and progress through early childhood education and into schooling, the disease has ramifications for school readiness, communication skills, learning abilities and educational outcomes. And in the home environment, it can affect family relationships, social skills and contribute to perceptions of behavioural problems.

The impacts of middle ear disease and associated hearing loss have far-reaching social and economic consequences because they influence the trajectory of children's lives into adolescence and adulthood, including future employment outcomes. It can be defined as a chronic disease because the effects are life-long as children are unable to make the most of available opportunities as they are unable to hear.

Aboriginal and Torres Strait children and young people experience the disease differently to non-Indigenous children

There are a number of factors that help to explain why Aboriginal and Torres Strait Islander children suffer more severe, persistent and frequent forms of middle ear disease than non-Indigenous children. Middle ear disease is influenced by a combination of social and economic factors, with severe and chronic forms of the disease associated with poverty. These socio-economic factors influence the behaviours of individuals, families and the overall functioning of communities and include income levels, employment opportunities, access to healthcare services, the health literacy of parents and carers, access to housing, environmental health infrastructure, access to healthy affordable food and general living conditions. These factors are referred to as the 'social determinants of health' because they are the circumstances and conditions that shape and influence a person's health.

Middle ear disease is a serious health problem for Aboriginal and Torres Strait Islander people because they are the most economically and socially disadvantaged population group in Australia. The combination of multiple economic and social risk factors influences the severity, persistency and frequency of the disease. Similar to other health conditions, the risk factors associated with middle ear disease are linked to social and economic disadvantage, with higher rates of the disease corresponding to higher rates of disadvantage.

The new framework will address three priority areas over the next 10 years

Sustained and long-term improvements in ear and hearing health are dependent on the combined efforts of the health, early childhood and education sectors across three fundamental building blocks. These include:

- ☀️ **prioritising health promotion and disease prevention;**
- ☀️ **strengthening primary healthcare; and**
- ☀️ **implementing effective early intervention approaches.**

Prioritising health promotion and disease prevention	Promoting and protecting child ear and hearing health cannot be undertaken by the health sector alone. It is a responsibility shared by individuals, families, communities, community-based organisations, private health services and local, state and federal governments. Public and preventative health messages and environmental health approaches that reduce the risks associated with middle ear disease and associated hearing loss need to be actively promoted.
Strengthening primary healthcare	Increased effort is required to strengthen the primary healthcare sector to prevent, identify, treat and manage the impacts of middle ear disease and associated hearing loss as part of regular child health checks and opportunistic care, especially in the 0 to 4 age group. Ear and hearing health needs to become embedded as a routine component of all child health services across Queensland, with effective referral pathways established to access specialist healthcare.
Implementing effective early intervention approaches	Across and within every sector—health, early childhood and education—children and their families need access to effective services and support as early as possible to break the cycle of middle ear disease.

10 Year Implementation Plan

A ten year implementation plan has been developed and endorsed by a range of government and non-government service providers and partners in the health, early childhood and education sectors. The implementation plan outlines the goals, actions and performance targets to improve the ear and hearing health of Aboriginal and Torres Strait Islander children and young people.

Key features of the implementation plan include:

- ☀️ **36 actions** in the health, early childhood and education sectors related to health promotion and prevention, service improvements, workforce development and data collection and research; and
- ☀️ **8 performance targets** to track progress until 2026.

Governance and monitoring arrangements

Each year an annual action plan will be released outlining the specific activities service providers and partners will undertake. Progress will be monitored and published annually, and a

multi-sector steering committee will be responsible for implementing the framework across the health, early childhood and education sectors.

Key service partners in the implementation of *Deadly Kids, Deadly Futures 2016-2026* include:

- ☀️ Queensland Health
- ☀️ Department of Education and Training
- ☀️ Queensland Aboriginal and Islander Health Council
- ☀️ Institute for Urban Indigenous Health
- ☀️ Apunipima Cape York Health Council
- ☀️ Royal Flying Doctor Service
- ☀️ Queensland Catholic Education Commission
- ☀️ Independent Schools Queensland
- ☀️ CheckUP
- ☀️ Australian Hearing, and
- ☀️ Commonwealth Department of Health.