
The Deadly Ears Program

Initiative Type

Model of Care

Status

Sustained

Added

07 December 2018

Last updated

12 April 2023

URL

<http://staging.clinicalexcellence.qld.gov.au/improvement-exchange/deadly-ears-program>

Summary

Aboriginal and Torres Strait Islander children experience the world's highest rates of middle ear disease and conductive hearing loss. The associated impacts of the disease - especially hearing loss - are substantial and affect childhood development and educational outcomes. These impacts alter a child's trajectory into adolescence and adulthood and contribute to long-term disadvantage. The Queensland Government responded by establishing the state-wide Deadly Ears Program. This

unique program combines the delivery of frontline services across Queensland (including ENT clinic and surgery) with leadership of the state-wide "Deadly Kids, Deadly Futures" policy. The Deadly Ears Program consists of three teams:

1. The Primary Health team supports local communities with professional development and health promotion. This ensures local services are regularly conducting ear and hearing checks, prioritising 0-4 year olds, treating children in accordance with clinical guidelines, and making appropriate referrals to the program's ENT team.
2. The ENT Outreach team delivers clinic, surgery and audiology in remote communities to children with significant ear disease and hearing loss.
3. The Allied Health team supports children with significant hearing loss and associated impacts, and works closely with local services to address children's early development and education needs.

The Deadly Ears Program also leads the implementation of "Deadly Kids, Deadly Futures", a state-wide policy jointly owned by both the Departments of Health and Education and governed by a multi-agency steering committee. This policy is unique in Australia. It has driven substantial state-wide changes to key aspects of the health, early childhood development and education sectors.

Key dates

Jan 2010

Jan 2019

Implementation sites

The Torres Strait, Northern Peninsula Area, Hope Vale, Wujal Wujal, Palm Island, Mornington Island, Doomadgee, Normanton, Mt Isa, Woorabinda, Cherbourg.

Partnerships

Queensland Department of Education.

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Aim

Reduce the rates and impacts of middle ear disease and conductive hearing loss for Aboriginal and Torres Strait Islander children across Queensland.

Benefits

- community consultation and engagement
- workforce development
- habilitation support through partnerships with local and district services
- provides access to specialist services - whole team approach

Background

Aboriginal and Torres Strait Islander children currently have one of the highest rates of otitis media or middle ear disease in the world. Ear and hearing health is a major public health concern as hearing loss affects how a person interacts, understands and communicates with the world around them.

Evaluation and Results

Outcomes have played out across several domains: **Improved Ear and Hearing Health**

- The rate of children in the critical 0-4 age group who have attended clinic and accessed audiology has increased from 53 per cent in 2014 to 94 per cent in 2018.
- Obtaining a hearing diagnosis in very young children (especially 0-2 years old) can be extremely difficult. Since 2016 the program has developed a range of resources to assist hearing diagnosis for these children. The rate of children able to have a hearing diagnosis in the crucial early years age group increased from 49 per cent to 65 per cent in 2018.
- [Early hearing diagnosis has enabled the program to establish links with local early intervention services for these children. Over 89 per cent of referrals made by the program in 2017 have been actioned or accepted by local allied health services.](#)
- The "Telefit" project - involving the Deadly Ears Program and Australian Hearing - saw a dramatic increase in the number of Indigenous children under 5yo who were able to be fitted with a hearing aid. Pre-Telefit, the proportion of first fittings for Indigenous children in the critical 0-3 age group was 16 per cent. Post-Telefit the figure is 28 per cent. For children aged 4-5 years, the proportion of all first fittings pre-Telefit was 27 per cent, and post- Telefit it is 42 per cent.
- The number of children seen at clinic with bilateral chronic ear disease has decreased from 106 in 2012 to 58 in 2018 (caution must be exercised: this is clinic presentation data. Local Primary Health services need to be conducting surveillance on all children and referring high needs children to the Deadly Ears Program).
- The number of children in remote locations requiring surgery from the Program's ENT Outreach service has decreased from 216 in 2013 to 112 in 2017 (caution must also be exercised here: this is partially due to the Program seeing larger numbers of 0-4yos, many of whom are not yet ready for surgery).

Consumer Engagement and Satisfaction The Deadly Ears Program exemplifies a culturally appropriate workplace. It employs Indigenous staff in its Primary Health, Allied Health and ENT Outreach teams. The Program routinely engages with families who have accessed clinic. To date, the Program has a 98 per cent positive rating in answer to "Did we treat you well?". Importantly, the Program also engages with families who "fail to attend" clinic, in order to understand if its service can improve. This engagement with its clients has led to important service changes in 2017-18:

- Development of an explanatory "clinic findings" resource to assist families in understanding outcomes from clinic and post-clinic care; and
- A change to the Program's clinic protocol, requiring ENT specialists to use a video otoscope to enable families to see live video of a child's ear canal and ear drum during clinic.

Development of a National Key Performance Indicator The Deadly Ears Program led the successful push to develop a national KPI for middle ear disease and conductive hearing loss in Indigenous children. In December 2017 COAG approved the development of a national KPI. This was the result of a collaboration between the Deadly Ears Program and the Qld Department of Health, involving a review of hearing health activity and data collection across states and territories. This national KPI will ensure there is consistent data collection at the primary health level. In turn, this will enable improved understanding of population prevalence and the targeting of resources to high needs communities. **Improved Educational Outcomes** In Aboriginal and Torres Strait Islander children, the early onset of the hearing loss associated with middle ear disease means that the impacts play out in early childhood development and education. The state-wide Deadly Kids, Deadly Futures framework was jointly launched in 2016 by the Queensland Departments of Health and Education. This framework recognises that improving ear and hearing health for Indigenous children will close the gap in both health and education. The Program worked with the Queensland Department of Education to develop Deadly Kids Can Listen and Learn. This training package helps

teachers deliver better learning outcomes for Aboriginal and Torres Strait Islander children who experience conductive hearing loss as a result of otitis media. The course was published online in July 2018. Uptake so far has been significant. By the end of August 2018, 220 state school teachers had enrolled on the course, with 368 uses of the module by teachers outside the state school system.

Further Reading

[Deadly Ears Program](#) [Deadly Ears - ENT Outreach Referrals](#) [Deadly Ears - Facebook](#)

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