

Key points and findings from the NAL Report: Making a Noise About Hearing: Factors to consider when developing hearing health awareness messages for Australians

Context and overview of the report

- National Acoustic Laboratories (NAL) was commissioned by the Department of Health to provide a report to inform the development of a national hearing awareness campaign, aimed at raising the Australian public's awareness of ear and hearing health, particularly for at-risk groups. This follows strong evidence suggesting the need for a public awareness campaign coming from the recent parliamentary inquiry into Australia's hearing health, and key reports such as the 'Roadmap for Hearing Health', released last year.
- This report focuses on seven at-risk target groups from the Australian population: young children and caregivers, teenagers/young adults exposed to recreational noise, people with untreated or developing hearing loss aged 50-75 years, Aboriginal and Torres Strait Islanders, people exposed to occupational noise, farmers, and people living in rural and remote locations.
- This report outlines the specific hearing health issues, awareness gaps, information needs, and pain points facing each target group. It also provides recommendations for potential messages and strategies to help each group based on their unique context and needs, informed by relevant theoretical constructs from the fields of health promotion and behavioural science. We emphasise the importance of campaigns that provide Australians with the capability, opportunity, and motivation they need to engage with hearing health across the lifespan.
- We recommend that any government body or organisation looking to promote hearing health awareness
 and hearing loss prevention amongst these at-risk groups, or to the general public more broadly, look to
 the report to ensure their efforts to raise hearing health awareness and change health behaviours are
 fully informed.

Hearing loss problems facing Australians

- Hearing loss affects one in six Australians, a prevalence rate that is higher than all other national health priorities, with the exception of musculoskeletal diseases.
- It is estimated that around one-third of all hearing loss is preventable, and prevalence increases with age, with around 70% of 70+ year olds estimated to have significant hearing loss.
- The average age of first-time hearing aid users is 70 years. The majority of people live with hearing loss for around nine years before seeking help, with only one in three of those who would benefit from hearing aids having them.
- Much of this inaction can be traced back to a lack of awareness about hearing loss and its impacts, and lack of knowledge of the various treatment options available.

Costs of hearing loss in Australia

- The economic costs of hearing loss are substantial, approx. \$12 billion annually from healthcare expenditure, reduced workforce participation, and loss of productivity.
- As the population ages, and hearing loss continues to go untreated, the economic costs to society in terms of healthcare expenditure, reduced workforce participation, and loss of productivity will continue to grow.
- In adults, hearing loss negatively impacts communication and social engagement with others, which leads to poorer health and wellbeing. The psychosocial consequences of untreated hearing loss are complex, and include social isolation, loneliness, mental health problems, and reduced quality-of-life.
- Untreated hearing loss is associated with an increased risk of cognitive decline, dementia, falls, hospitalisation, and healthcare utilisation. Furthermore, hearing loss is the top modifiable risk factor for dementia.
- The societal costs of hearing loss will only increase as the population ages, and it is therefore critical that hearing loss is managed effectively to minimise the negative consequences for individuals and reduce the societal burden as well.

Why we need to raise greater awareness around hearing loss and hearing health in Australia

- Current levels of hearing health awareness and the risks of hearing loss are low across the community (including families, health practitioners, and educators), and so any campaign that places hearing into the public domain is likely to raise awareness and have positive impacts on engagement with hearing.
- At every stage of life, the focus should be on raising the profile of hearing health and awareness of positive strategies and behaviours to assist all Australians to protect, maintain, and celebrate their hearing health.
- Messages need to be developed alongside a careful consideration of the hearing and healthcare services available to different groups, so that they can receive the right help when motivated to act on it.

Why our farmers and agricultural workers are at a greater risk of experiencing hearing loss

- Hearing loss amongst farmers and agricultural workers is widespread. The most recent Australian statistics indicate that hearing loss is present in 65% of farmers aged between 15 and 75+ years.
- Compared to the general population, young farmers are around seven times more likely to have hearing loss than the general population of the same age. Farmers' average hearing-age profile is 10-15 years worse than the general Australian population. They develop hearing loss when they are younger, and their hearing loss tends to be more advanced at earlier ages.
- Almost 50% of farmers report tinnitus, of which half of this group experience it continuously.
- There is clear evidence that farmers' hearing loss is linked to their noise exposure. Australian farmers are exposed to noise that is up to 15 times the recommended exposure standard.
- Farmers exposed to noise from firearms, chainsaws, workshop tools, heavy machinery and tractors had significantly poorer hearing compared to non-exposed farmers.
- 35.7% of males and 17.8% of females employed in farming were exposed to noise exceeding the workplace limit on their last working day. This extrapolates to 73,339 male farmers and 14,374 female farmers at risk of noise-induced hearing loss.
- Almost all people employed in farming (93.5%) are exposed to ototoxic chemicals, which can cause hearing loss, and 34.8% are co-exposed to noise and ototoxic chemicals, which can compound hearing loss.
- Farmers and those working in agriculture need access to hearing screening, farm-specific education and communication support.

Hearing loss experienced by people living in rural and remote locations in Australia

- People living outside major cities are more likely to have hearing disorders than those who live in cities. This is partly due to these areas being home to an older population, with 40% of all Australians 70–74 years of age living outside Australia's capital cities compared with only 25% of people aged 25–29.
- One of the biggest contributors to the risk of hearing loss in rural and remote communities is noise exposure, most likely occurring at work. During an average workday, Australian men living in regional or remote locations are twice as likely than those in major cities to be exposed to noise levels higher than the permissible exposure limit. Women outside of major cities are also proportionately more likely to be exposed to these noise levels.

Health care issues facing farmers and people living in rural and remote locations

- According to the Farmsafe Australia, "access to hearing services in rural Australia is highly fragmented and variable, both in terms of scope of services and coverage."
- People with hearing impairment in rural and remote areas face barriers to accessing audiology services or ENT specialist services. In many cases, there are no local hearing services and people are required to travel to access them, costing the individual both time and money. As a result, many people living in the country go without hearing services and 'make-do' with what's available to them locally.
- Discontinuity of care is another issue in rural or remote areas. Because GP and health practitioner turnover is high, patients may find it difficult to sustain an ongoing relationship with a health practitioner. This can make it hard to move through a referral pathway and patients may not receive appropriate care based on their hearing health history.