

New South Wales

# Otitis Media

Strategic Plan

for Aboriginal Children



## ACKNOWLEDGMENTS

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- NSW Department of Health
- NSW Department of Education and Training
- NSW Aboriginal Education Consultative Group including the Inter-Departmental Committee on Otitis Media
- NSW Aboriginal Early Childhood Services Support Unit
- Sydney University
- Division of General Practice
- NSW Board of Studies
- National Hearing Health

## NSW HEALTH DEPARTMENT

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## Executive Summary

Otitis Media cannot be viewed as solely as a health issue. Its implications are far greater, impacting on education and consequently employment, economic and social status.

The incidence of Otitis Media and associated hearing loss in Aboriginal communities has been identified and recognised for many years. Urban, rural and remote studies conducted in Aboriginal communities across Australia indicate alarming rates of Otitis Media, up to ten times the rates found in the general population.

The *NSW Otitis Media Strategic Plan for Aboriginal Children* is the NSW Government's commitment to improving the health and education status of Aboriginal people living in the State. Whilst the Plan encourages health and education services to continue to address Otitis Media and Conductive Hearing Loss in school aged children, it recognises that the key focus of service provision should be for Aboriginal families and children from birth to 5 years of age. Health, environmental, social and economic factors must be considered in the process of intervention and management.

The Strategic Plan specifically encourages the implementation of the "Guidelines on the Prevention and Control of Otitis Media and its sequelae in Aboriginal children". The Guidelines were printed in the *Australian Medical Journal*, 1996 and a "plain English" version was printed in the *Aboriginal Health Worker Journal*, 1997. The Strategic Plan should be implemented in conjunction with the guidelines.

The Strategic Plan addresses the urgent need for early intervention to manage and control Otitis Media and hearing loss in Aboriginal children. It proposes a holistic and collaborative approach to coordination and delivery of effective and culturally appropriate interventions to minimise the impact of Otitis Media and hearing loss. The Strategic Plan acknowledges that many Aboriginal communities still make effective use of traditional Aboriginal healing practices.

The Strategic Plan endorses the view of the *1989 National Aboriginal Health Strategy* that "health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community". The health of Aboriginal children is influenced by a broad range of family, social, educational, spiritual, environmental, economic, cultural and biological factors.

The Strategic Plan recognises that some health and education service providers are demonstrating their commitment to improved health outcomes for Aboriginal people and are working in partnership with key service providers, within existing budgets, to address Otitis Media. The Strategic Plan provides a framework for key health and education providers and Aboriginal communities to work in partnership, sharing existing knowledge, skills, expertise and resources. This will ensure coordinated, culturally appropriate Otitis Media and Conductive Hearing Loss programs and services are available for Aboriginal Children and their families.

It does not seek to prescribe techniques that should be used but provides for individual communities and stakeholders to create and implement programs to address local issues within the overall strategic framework.

The NSW Strategic Plan was developed in consultation with Aboriginal communities and organisations, and government and non-government agencies. It responds to, and incorporates, community needs and recommendations from key Otitis Media and Conductive Hearing Loss reports and conferences.

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## 1.1 Background to the NSW Otitis Media Strategic Plan

A contributing factor to the poor health and socio-economic status of Aboriginal people is the high incidence of Otitis Media and Conductive Hearing Loss. Research indicates alarming rates of Otitis Media and Conductive Hearing Loss in Aboriginal children, up to ten times that found in the general population.

The National Aboriginal Health Strategy [1989] (NAHS) states that "health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community". The NAHS identified ear disease as a priority in Aboriginal children's health and education and called for a reduction in the incidence and impact of ear disease and hearing loss in Aboriginal children.

NSW Health established a Working Group to develop guidelines specifically addressing the management of Otitis Media and Conductive Hearing Loss in Aboriginal children. This followed the release of the "NSW Aboriginal Health Goals" and was in response to the "Guidelines on the management of paediatric middle ear disease" and the Report on "Strategies to address the impact of Otitis Media and the education of Aboriginal and Torres Strait Islander children in NSW".

The NSW Otitis Media Strategic Plan for Aboriginal Children ('The Plan') has been developed with the specific goal of encouraging the implementation of the "Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children."<sup>1</sup> A "plain English" version was published in the Aboriginal and Islander Health Worker Journal, 1997. Both documents are to be read and implemented in conjunction with this Strategic Plan.

Since the Guidelines were originally developed, concerns have been raised regarding the emergence of drug resistant bacteria and viruses considered by many to be the result of excessive or long-term use of antibiotics.

The Plan addresses the urgent need for early intervention to manage and control Otitis Media and Conductive Hearing Loss in Aboriginal children. In keeping with the recommendations of the NAHS it proposes a holistic and collaborative approach to deliver effective and culturally appropriate intervention to minimise the impact of Otitis Media and Conductive Hearing Loss. The Plan also recognises that many Aboriginal communities still make effective use of traditional Aboriginal healing practices, with research encouraged and supported to determine the effectiveness of traditional healing practices. Traditional practices must not be underestimated in the treatment and management of Otitis Media.

<sup>1</sup> MJA, V164 Supplement, 20/5/96

The Plan provides a framework for collaboration between government services, non-government services and Aboriginal people in addressing the health and educational implications of middle ear disease and hearing loss. It endorses the view that the health of Aboriginal children is influenced by a broad range of family, social, educational, spiritual, environmental, economic, cultural and biological factors.

The Plan promotes the co-ordination of services and development of early intervention, health promotion and education strategies to address Otitis Media and Conductive Hearing Loss. It commits NSW Health to work co-operatively with Aboriginal Community Controlled Health Services (ACCHS), relevant Government Departments, non-government organisations, health and education professionals and communities to reduce the incidence of Otitis Media and Conductive Hearing Loss in Aboriginal children in NSW. Aboriginal community control is essential for the success of this Strategy. The Plan details strategies for the establishment of effective Aboriginal community based programs determined by the needs of the local Aboriginal community.

## 1.2 Guiding Principles and Goals

The guiding principles of the Strategic Plan include:

- Aboriginal Community control and self determination are essential to the development, implementation or evaluation of any programs addressing Otitis Media and Conductive Hearing Loss.
- Strategies to address Otitis Media and Conductive Hearing Loss should encompass both health and educational perspectives.
- Early recognition and intervention from health and education providers are essential to prevent, manage and control Otitis Media and Conductive Hearing Loss in Aboriginal children.
- Assessment and screening should be a routine part of primary health care for Aboriginal children.

The goals of the NSW Otitis Media Strategic Plan for Aboriginal Children 0-12 years are to:

- reduce the incidence of Otitis Media and Conductive Hearing Loss (particularly recurrent and chronic forms);
- reduce the impact of Conductive Hearing Loss on Aboriginal children, their families and communities;
- improve the provision of health and education services to Aboriginal communities to prevent, manage and control Otitis Media and Conductive Hearing Loss;
- ensure existing expertise, knowledge and resources are shared within Aboriginal communities as well as health and education agencies.

## 1.3 Policy Context

Key documents forming the background to the NSW Otitis Media Strategic Plan include:

- National Aboriginal Health Strategy (1989)
- NSW Health Aboriginal Health Goals (1993)
- NSW Health Aboriginal Health Partnership Agreement (1995)
- Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children MJA, V164 Supplement, 20/5/96
- NSW Aboriginal and Torres Strait Islander Early Childhood Education Policy (1993)
- NSW Department of Education & Training Aboriginal Education Policy (1995)
- NSW Board of Studies English Kindergarten to Year Six (6) Syllabus and Support Document (1992)
- NSW Aboriginal Health Information Strategy - Memorandum of Understanding
- NSW Aboriginal Health Information Guidelines
- Aboriginal Otitis Media: Some Major Problems, Issues and Solutions for Urgent Action in NSW (1991)
- A Report on Strategies to Address the Impact of Otitis Media on the Education of Aboriginal and Torres Strait Islander Children in NSW (1992)
- National Conference on the Education Implications of Otitis Media and Conductive Hearing Loss for Aboriginal and Torres Strait Islander Children (1994)

For details on these documents see Appendix 6.

## 1.4 Otitis Media/Conductive Hearing Loss and Aboriginal Children

### 1.4.1 Otitis Media/Conductive Hearing Loss

#### DEFINITIONS:

There are a number of types of Otitis Media:

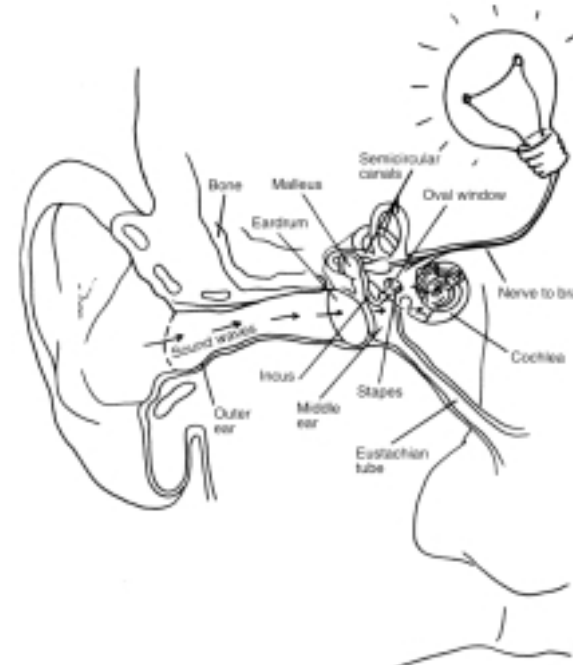
- **Acute Otitis Media (AOM):**  
The sudden onset of infection in the middle ear with an inflamed ear drum, often with pain and fever.
- **Recurrent Otitis Media (ROM):**  
Re-occurring bouts of AOM, as many as 4 to 5 episodes per year.

- **Chronic Otitis Media includes:**  
Otitis Media with Effusion (OME):  
The presence of fluid in the middle ear. When this persists the fluid can become thick and glue-like, thus the common term "glue ear".  
Chronic Suppurative Otitis Media (CSOM):  
A perforation (hole) in the ear drum with a purulent discharge. This is commonly called "runny" or "pus" ear.

Otitis Media is the general medical term for inflammation or infection of the middle ear. It may often be difficult to detect without examination.

Normal hearing relies on the middle ear being full of air. In a child who has Otitis Media the sensitive breathing passages become inflamed or infected and the Eustachian tube can swell and become blocked. This stops air entering the middle ear and fluid builds up in the middle ear cavity, preventing effective vibration of the eardrum (See Figure 2). There is reduction of the transmission of sound waves through the middle ear resulting in a Conductive Hearing Loss. The hearing loss can fluctuate creating difficulties in identifying chronic Otitis Media.

Figure



From "Otitis Media and Aboriginal Children, A Handbook for Teachers and Communities", Board of Studies, page 4.

## Risk Factors

Otitis Media cannot be viewed in isolation. Identified risk factors associated with Otitis Media include:

- a family history of OM, especially in siblings
- upper respiratory tract infections, colds, flu
- asthma
- teething
- Eustachian tube blockage
- inadequate nutrition levels
- exposure to pollutants and environmental health factors (inadequate housing, clean water, sewerage and waste disposal)
- swimming in polluted water
- exposure to cigarette smoke leading to respiratory problems
- access and availability of appropriate treatment services

### 1.4.2 Effect of Otitis Media and Conductive Hearing Loss on Aboriginal Children

Normal brain development in babies and children relies on stimulation and input from their senses. A hearing loss, even if only present for a short time and especially in the first three years of life, can affect learning development. This is the time children are most at risk of developing Otitis Media.

Hearing loss can affect:

- the development of speech and language, auditory processing and listening skills
- the ability to distinguish the soft sounds of speech
- word identification and comprehension skills
- development of an age-appropriate vocabulary
- short term auditory memory and the ability to follow verbal instructions
- reading and maths performance at school
- the ability to pick up contextual clues to meaning
- communication difficulties, leading to behavioural and social problems including annoyance, anger and frustration
- balance, co-ordination and consequently motor skill development

"Among Australian Aboriginal children, ear infections commence as early as one month of age and by 12-18 months 50%-80% of children have evidence of chronic Otitis Media in one or both ears."<sup>2</sup>

Aboriginal babies as young as 6-8 weeks of age can suffer from eardrum perforations and hearing loss as a result of Otitis Media and this can continue through developmental years.

Aboriginal children experience recurrent and chronic forms of otitis media and associated Conductive Hearing Loss from birth, often without an acute phase, and this can persist throughout childhood. A case study outlining the lifetime effects of Otitis Media and Conductive Hearing Loss on Aboriginal people can be found at Appendix 1.

Children experiencing chronic Otitis Media in infancy can show up to two years delay in reading and communication skills development, and that this delay can continue well into their educational years. The high numbers of Aboriginal children in need of specialised educational support at school reflects this.

Aboriginal children can be disadvantaged in the classroom, either through a current hearing loss, or the impact of an earlier hearing loss on their language and development of listening skills. Most classroom learning is based upon the ability to listen effectively and to use Standard Australian English, particularly when learning to read and write.

## 1.5 The Need for Action

The need to develop an Otitis Media Strategic Plan for Aboriginal Children was supported by a number of health, education and community agencies and led to the formation of a Working Party to develop the NSW Otitis Media Strategic Plan for Aboriginal Children.

The Working Party has close links with the NSW Interdepartmental Committee on Otitis Media (IDCOM), established in response to the key recommendations of the "Report on strategies to address the impact of Otitis Media on the education of Aboriginal and Torres Strait Islander children in NSW."<sup>3</sup>

Key stakeholders are identified at Appendix 2.

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<sup>2</sup> Aboriginal and Islander Health Worker Journal. Vol 21 No 1. Jan/Feb 1997, p19

<sup>3</sup> Sherwood, Office of Education and Youth Affairs and Aboriginal Education Consultative Group

## 1.6 Current Initiatives

### 1.6.1 Health

Aboriginal health workers in ACCHS and Area Health Services are key providers with a great deal of existing expertise and knowledge of Aboriginal primary health care issues. There are existing local community ear health programs for Aboriginal children in NSW.

The implementation of the National Hearing Health Strategy<sup>4</sup> began in NSW in 1995, including provision of basic audiometry equipment and education for ACCHS. It also involved establishing five pilot Child Health Hearing Project sites in NSW. Whilst some Aboriginal health workers have completed audiometry programs, education in Otitis Media and Conductive Hearing Loss issues is needed for all Aboriginal health service providers.

Australian Hearing (AH) provides a number of services including:

- paediatric hearing assessments for babies and infants
- full audiological assessments
- outreach services in some rural and remote areas
- amplification devices for children with ongoing hearing loss, and
- provision of sound-field amplification systems for classrooms.\*

### 1.6.2 Education

The Department of Education and Training currently employs a number of Itinerant Support Teachers (Hearing Impairment) with responsibility for Otitis Media and Conductive Hearing Loss. Itinerant Support Teachers provide in-service training for teachers and early childhood workers, co-ordinate community workshops and provide consultative support for the development of educational intervention programs for Aboriginal children. These teachers cover all areas of NSW. However, in isolated areas services are limited.

The NSW Aboriginal Education Consultative Group (AECG), the Aboriginal Early Childhood Services Support Unit and the Department of Education and Training have also raised awareness and implemented education-based programs to address Otitis Media and Conductive Hearing Loss in Aboriginal children.

A number of existing Otitis Media educational programs are being used by health and educational providers. These are further detailed at Appendix 9 and include the Blowing Breathing Coughing (BBC) program, "Can't Hear, Can't Learn" video and the Minimbah Preschool literacy nest program.

### 1.6.3 A Partnership Approach to Service Provision

The NSW Aboriginal Health Partnership Agreement (1997) provides the basis for NSW Health and ACCHS to work together to achieve improved health outcomes for Aboriginal people in NSW and promotes the development of local/Area partnerships between Area Health Services and ACCHS.

The commitment to a partnership approach in addressing ear disease in Aboriginal children will be reflected in Otitis Media and Conductive Hearing Loss strategies in Area Health Services' Strategic Plans.

The development of effective Otitis Media and Conductive Hearing Loss programs at local/Area levels needs to include:

- local co-ordinated action
- the provision of adequate resources and
- an increase in the level of skills and knowledge of Aboriginal communities and health professionals to address Otitis Media and Conductive Hearing Loss.

### 1.6.4 The Importance of Early Intervention

Due to the prevalence of Otitis Media and Conductive Hearing Loss in young Aboriginal infants and young children it is crucial that Aboriginal children under 5 years are screened, as failure to recognise and treat early infections leaves Aboriginal children at risk of developing chronic Otitis Media. Whilst the Plan encourages health and education services to continue to address Otitis Media and Conductive Hearing Loss in school aged children, it recognises that the key focus of service provision should be for Aboriginal families and children from birth to 5 years of age. Health, environmental, social and economic factors must be considered in the process of intervention and management.

All identified key stakeholders, detailed at Appendix 2, particularly early childhood, health and education services, need to work closely with Aboriginal communities and families to ensure early intervention and management programs are readily accessible. Awareness raising in Aboriginal communities must include the importance of:

- recognition of symptoms of and risk factors associated with Otitis Media and Conductive Hearing Loss
- maternal and infant health and nutrition, including breastfeeding.

<sup>4</sup> by the Commonwealth Department of Health and Family Services, Office of Aboriginal and Torres Strait Islander Health Services (OATSIHS)

\* these systems which have been specifically designed by AH for use with conductive hearing loss must be purchased

Key components of effective Otitis Media and Conductive Hearing Loss programs for Aboriginal children aged 0-12 years are detailed at Appendix 8 and include:

- Community awareness and participation
- Prevention
- Screening and assessment
- Educational support
- Treatment and referral
- Monitoring, review and follow up

Key features of effective programs include:

- partnerships with parents, families and communities to manage and control Otitis Media and Conductive Hearing Loss
- a partnership approach to action plan development and coordination of services between local key stakeholders and service providers (see Appendix 2)
- screening and referral clinics are held at readily accessible community venues, in Aboriginal Early Childhood Education Services, and in schools
- review and follow-up in all identified incidences of Otitis Media and Conductive Hearing Loss in Aboriginal children
- Regular meetings, workshops and interaction between health and education professionals including: Nurse Audiometrists, Early Childhood Nurses, Aboriginal Health Workers, Aboriginal Health Coordinators, Aboriginal Health Education Officers, General Practitioners, Ear Nose & Throat (ENT) specialists, Itinerant Support Teachers - Hearing Impairment (IST(H)) and Aboriginal Education Assistants (AEAs), Paediatricians, Community Audiologists, Australian Hearing
- cultural awareness and understanding of Aboriginal community control in program development and delivery
- the inclusion of Otitis Media program plans and targets in:
  - Local Aboriginal Health Plans and Area Health Services Strategic Plans
  - Aboriginal Early Childhood Education Services and schools' programs
- data collection and collation
- specific full-time or part-time Otitis Media or Aboriginal Early Childhood Workers to co-ordinate services, provide follow-up with caregivers, and raise awareness in Aboriginal communities
- on-the-job training for Aboriginal health service providers, and professional support from their mainstream health, medical and educational colleagues.

## 1.6.5 Time Frame for Implementation

The Plan will be co-ordinated and monitored over three years by the Otitis Media State Co-ordinator working in close collaboration with all key stakeholders and reviewed and evaluated

by assessing the performance indicators and key outcomes achieved at a state, regional and local level.

A long-term evaluation of the implementation of the Plan will be conducted by NSW Health. Key performance indicators will be used to monitor programs and outcomes.

## 1.6.6 Long Term Outcomes

After 5 years it is anticipated that Aboriginal child health and hearing education programs will be established and maintained in all Aboriginal communities in NSW.

A significant reduction in the incidence and duration of Otitis Media in Aboriginal children may take from ten to twenty years to achieve.

## 1.6.7 Resource Provision

Adequate resource allocation is essential for the success of the Strategic Plan. It is recognised that some health and education service providers are demonstrating their commitment to improved health outcomes for Aboriginal people and are working in partnership with key service providers, within existing budgets, to address Otitis Media.

NSW Health Department has allocated resources for implementation of the Plan over the next three years, including:

- the establishment of a NSW Otitis Media State Co-ordinator
- the establishment of 12 Aboriginal Otitis Media Area Co-ordinator positions
- funds to plan, design, develop and implement projects that meet community needs in addressing Otitis Media and Conductive Hearing Loss in Aboriginal children
- funds to implement, monitor and evaluate the Strategic Plan
- funds to produce an education/training and information resource kit for use in Aboriginal communities

The NSW Department of Education and Training addresses Otitis Media and Conductive Hearing Loss by:

- maintaining and monitoring specific Itinerant Support Teacher (Hearing Impairment) positions with responsibility for Otitis Media and Conductive Hearing Loss programs for Aboriginal children, and
- expanding the Aboriginal Education Assistant program in schools.

The Open Training Education Network (OTEN) and the NSW Department of Education and Training, (through their TAFE programs) will continue to develop and provide culturally sensitive and culturally appropriate courses for Aboriginal health and early childhood workers.

## 1.7 Summary of Strategic Directions

### STRATEGIC DIRECTION 1:

#### Co-ordinated Partnership of Service Provision

All key stakeholders need to work in partnership at a state, a regional and a local level to manage and control Otitis Media and Conductive Hearing Loss in Aboriginal children.

### STRATEGIC DIRECTION 2:

#### Available, Accessible and Culturally Appropriate Service Provisions

Service providers need to recognise the impact that past and present government policies have had in Aboriginal communities. It is imperative to ensure all services for Otitis Media and Conductive Hearing Loss are available, accessible and specifically culturally appropriate and sensitive to the local Aboriginal community.

### STRATEGIC DIRECTION 3:

#### Screening, Referral and Management of Otitis Media and Conductive Hearing Loss

Early intervention is important in managing and controlling Otitis Media and Conductive Hearing Loss in Aboriginal children. Screening, referral, medical and audiological management strategies need to be based on the protocols outlined in the "Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children."

### STRATEGIC DIRECTION 4:

#### Educational Support for Aboriginal Children

Otitis Media/Conductive Hearing Loss is not only a health issue. It has a significant impact on Aboriginal children's education. Consequently educational support for Aboriginal children must be an integral part of any Otitis Media and Conductive Hearing Loss program. This will be achieved through a continuation and expansion of the Aboriginal education and student support programs that address hearing loss in Aboriginal children.

### STRATEGIC DIRECTION 5:

#### Community Awareness and Prevention

It is imperative that community awareness and parent education about prevention and management of Otitis Media and Conductive Hearing Loss occurs. This will assist the process of community self-determination.

### STRATEGIC DIRECTION 6:

#### Training and Professional Development for Health and Education Professionals

Health and Education professionals must have training and professional development in the use of the "Guidelines on the prevention and control of Otitis Media and its sequelae in

Aboriginal children." Training in cultural awareness is essential for non-Aboriginal service providers so that service provision is culturally sensitive and meets local Aboriginal community needs. Aboriginal health service providers must have access to resources, accredited training and professional support in order to achieve equitable employment status with their health colleagues in Otitis Media and Conductive Hearing Loss and Aboriginal child health programs.

### STRATEGIC DIRECTION 7:

#### Monitoring, Evaluation and Research

The effectiveness of the NSW Otitis Media Strategic Plan for Aboriginal Children in implementing the "Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children" will be monitored through research studies, evaluative surveys and measurement of the success of the program against agreed indicators.

## 1.8 Rationale for the Development of Strategic Directions

**STRATEGIC DIRECTION 1:** State, regional and local partnerships are integral to the implementation of the strategic plan to ensure effective coordination of Otitis Media and Conductive Hearing Loss programs for Aboriginal communities. Implementation of the strategic plan will include the appointment of 12 Aboriginal Otitis Media Area Coordinators to facilitate coordination and implementation of the Strategic Plan within communities throughout the state.

**STRATEGIC DIRECTION 2:** This strategic direction ensures that culturally appropriate resources and services are provided to Aboriginal communities. Aboriginal people should feel comfortable when discussing their children's health and education needs with service providers. Key stakeholders, working in partnership with Aboriginal communities, will ensure that service provision and expertise is culturally appropriate, available and meets local needs.

**STRATEGIC DIRECTION 3:** Various factors such as inappropriate delivery of service, inaccessibility, institutionalised racism, inequity in health care and cultural and social factors, can prevent Aboriginal families from attending medical appointments. Culturally appropriate education, screening and intervention are essential for the detection and treatment of Otitis Media and Conductive Hearing Loss.

**STRATEGIC DIRECTION 4:** Audiological management protocols and processes are to be developed to ensure culturally appropriate education support is available and accessible to minimise the impact of hearing loss during a child's learning and development stage.

Educational support for Aboriginal children is vital where there is a chronic hearing loss. It is crucial that the itinerant support professionals have knowledge and understanding of issues relating to ear disease and that culturally appropriate resources are provided to ensure that itinerant support is received on a regular basis within schools.

Currently, most speech and language assessment processes used with Aboriginal children do not take into account the use of Aboriginal English and other communication styles. This effects the assessment of speech and language development for Aboriginal children, who can be disadvantaged by a lack of recognition of the cultural differences in learning and communication styles between the home and school environments. These difficulties can be carried through a lifetime unless culturally appropriate education, intervention, and support is received.

**STRATEGIC DIRECTION 5:** Community awareness is an integral component of the implementation of this plan. Local communities must be aware of and recognise the impact that Otitis Media and Conductive Hearing Loss has on quality of life including the impact on education and employment opportunities. Aboriginal people need to be involved throughout this process.

**STRATEGIC DIRECTION 6:** Professional development for education and health workers in Otitis Media should be encouraged, supported, and occur continuously to ensure awareness and management of Otitis Media and Conductive HearingLoss.

**STRATEGIC DIRECTION 7:** Monitoring of all strategic directions and the collection of data focusing on performance indicators is imperative to the success of this strategy. Research and evaluation of programs related to Otitis Media must be formulated through consultation and negotiation with Aboriginal and Torres Strait Islander communities and local Otitis Media Area Wide Advisory Committees.

## STRATEGIC DIRECTION 1: Co-ordinated Partnership of Service Provision

Strategy	Outcome	Responsibility	Target Date	Performance Indicator
1.1 Employment of a State Co-ordinator who will be responsible for facilitating the implementation, monitoring and evaluation of the OM Strategic Plan	Implementation of the NSW Otitis Media Strategic Plan for Aboriginal Children ('the Plan') is initiated	NSW Department of Health (DoH).	Dec 1998  At end of each financial year Dec 2001	<ul style="list-style-type: none"> <li>• Appointment made and an annual work plan developed</li> <li>• 70% achievement of annual work plans</li> <li>• Joint funding acquired</li> </ul>
1.2 Reconvene the NSW Otitis Media Working Party to work with and support the State Co-ordinator in: <ul style="list-style-type: none"> <li>• overseeing the implementation of the Strategic Plan</li> <li>• review the "Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal Children"</li> <li>• examine the research needed and make appropriate recommendations</li> </ul>	Support provided to the State Co-ordinator and oversee Implementation of the Strategic Plan	State Co-ordinator. NSW Otitis Media Working Party.	Ongoing	<ul style="list-style-type: none"> <li>• Terms of Reference redefined</li> <li>• Annual workplan developed</li> </ul>
1.3 Provision of professional support within the context of the Plan for Otitis Media Area Co-ordinators	Implementation of the Plan is initiated	State Co-ordinator.	Feb 2000	<ul style="list-style-type: none"> <li>• Support mechanisms have been developed for Otitis Media Co-ordinators</li> </ul>
1.4 Establish Area Wide Otitis Media Advisory Committees of local service providers including: <ul style="list-style-type: none"> <li>• Medical Practitioners (general and specialist)</li> <li>• Area Health Services</li> <li>• Community Health Staff</li> <li>• Ear, Nose &amp; Throat Services</li> <li>• Speech services</li> <li>• Paediatric services</li> <li>• Education service providers</li> <li>• ACCHS's</li> <li>• Division of General Practitioners</li> </ul>	<p>Improved communication and service deliver between all service providers working to prevent or manage Otitis Media and Conductive Hearing Loss</p> <p>Implementation of the NSW Otitis Media Strategic Plan at the local level is initiated.</p>	Local/Area partnerships. Otitis Media Area Co-ordinator.	Dec 1999	<ul style="list-style-type: none"> <li>• Area Wide Otitis Media Advisory Committees are established</li> </ul>

**STRATEGIC DIRECTION 1: Co-ordinated Partnership of Service Provision (cont'd)**

Strategy	Outcome	Responsibility	Target Date	Performance Indicator
1.5 Negotiate with service providers (health and education) to ensure community focused programs are established, which enable continuity of services to children and their families.	Improvement in the continuity of services to Aboriginal children and their families.	Local/Area partnerships. Otitis Media Area Co-ordinator.	June 2000 and at the end of each financial year	<ul style="list-style-type: none"> <li>• Baseline information concerning the number of community focussed programs obtained at local level</li> <li>• An increase in the number of community focussed programs</li> </ul>

**STRATEGIC DIRECTION 2: Available, Accessible and Culturally Appropriate Service Provision**

2.1 Establish twelve Aboriginal Otitis Media Area Co-ordinator positions.	Implementation of the Plan at the Area level will be initiated.	NSW DoH. Local/Area partnerships.	June 1999 and at the end of each financial year	<ul style="list-style-type: none"> <li>• 1 Generic Duty Statement</li> <li>• 12 appointments made</li> <li>• 12 adapted Duty Statements according to each area's need</li> <li>• an annual work plan for each Co-ordinator position</li> <li>• 70% achievement of each position's annual work plan</li> </ul>
2.2 Identify and address gaps in services focusing on prevention, identification and management of Otitis Media and Conductive Hearing Loss in Aboriginal children.	Improvement in the prevention, identification and management of Otitis Media and Conductive Hearing Loss.	Local/Area partnerships. Otitis Media Area Co-ordinators. Area Wide Otitis Media Advisory Committees.	December 1999 At the end of each financial year	<ul style="list-style-type: none"> <li>• Documented evidence re gaps in service delivery</li> <li>• Strategies documented that address the service delivery gaps</li> <li>• Achievement of 70% of the strategies</li> </ul>
2.3 Establish, maintain and support Hearing Health Clinics (static or outreach) in designated areas.	Available, accessible and culturally appropriate hearing health clinics.	Local/Area partnerships. Otitis Media Co-ordinators. Area Wide Otitis Media Advisory Committees.	At the end of each financial year	<ul style="list-style-type: none"> <li>• Hearing Health Clinics established</li> </ul>
2.4 Through the Divisions of General Practice, identify local medical practitioners who will support and participate in Otitis Media and Conductive Hearing Loss programs.	Available, accessible and culturally sensitive local medical practitioner's involvement in programs.	Divisions of General Practice. Otitis Media Area Co-ordinator. Local/Area partnerships. Area Wide Otitis Media Advisory Committees.	June 2000	<ul style="list-style-type: none"> <li>• Medical practitioners identified and included in the network</li> </ul>

**STRATEGIC DIRECTION 2: Available, Accessible and Culturally Appropriate Service Provision (cont'd)**

Strategy	Outcome	Responsibility	Target Date	Performance Indicator
2.5 Negotiate with ENT, paediatric and speech services to provide timely and culturally sensitive Otitis Media and Conductive Hearing Loss services	Aboriginal people have timely and culturally sensitive access to specialist services	Otitis Media Area Co-ordinator. ACCHS's, AHS's. Local/Area partnerships. Area Wide Otitis Media Advisory Committees.	June 2000 and at the end of each financial year	<ul style="list-style-type: none"> <li>Timely and culturally sensitive Otitis Media and Conductive Hearing Loss services established</li> </ul>
2.6 Otitis Media and Conductive Hearing Loss related transport issues are addressed in the NSW Aboriginal Health Strategic Plan	Aboriginal people have timely and culturally sensitive access to health services	NSW DoH., ACCHS's., AHS's. Local/Area partnerships. Area Wide Otitis Media Advisory Committees.	June 2000	<ul style="list-style-type: none"> <li>IPTAAS review completed</li> <li>An increase in the utilisation rates of IPTAAS</li> </ul>

**STRATEGIC DIRECTION 3: Screening, Referral, Review, Follow up and Management of Otitis Media and Conductive Hearing Loss**

3.1 Develop, review and implement early intervention programs and protocols for: <ul style="list-style-type: none"> <li>Prevention</li> <li>screening</li> <li>educational assessment</li> <li>monitoring</li> <li>treatment/management</li> <li>referral, and</li> <li>review/follow up</li> </ul>	Improvement in early intervention initiatives.	Otitis Media Area Co-ordinator. ACCHS's, AHS's. Local/Area partnerships. Area Wide Otitis Media Advisory Committees. Medical practitioners (general and specialist). Education agencies. Other relevant agencies	Feb 2000	<ul style="list-style-type: none"> <li>Early intervention programs/protocols developed.</li> <li>Documented evidence of existing programs and protocols</li> <li>Review results implemented</li> <li>An increase in the number of early intervention programs and protocols</li> <li>Documented data collected that monitors progress and effectiveness of programs and protocols</li> <li>Documented evidence that review/follow up assessments has occurred every 3 months to ensure benefit of interventions</li> </ul>
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### STRATEGIC DIRECTION 3: Screening, Referral, Review, Follow up and Management of Otitis Media and Conductive Hearing Loss (cont'd)

Strategy	Outcome	Responsibility	Target Date	Performance Indicator
3.2 Develop and implement referral protocols between local key stakeholders including: <ul style="list-style-type: none"> <li>• ACCHS's</li> <li>• AHS's</li> <li>• Australian Hearing Services</li> <li>• Medical practitioners (general &amp; specialist)</li> <li>• Early Childhood Services (health &amp; education)</li> <li>• NSW Department of Education (DET)</li> <li>• Other relevant agencies</li> </ul>	Improvement in the continuity of service for Otitis Media and Conductive Hearing Loss	Otitis Media Area Co-ordinator. ACCHS's, AHS's. Local/Area partnerships. Area Wide Otitis Media Advisory Committees.	Feb 2000	<ul style="list-style-type: none"> <li>• Documented evidence of referral protocols</li> <li>• Documented data collected that monitors progress and effectiveness of referral protocols</li> </ul>

### STRATEGIC DIRECTION 4: Educational Support for Aboriginal Children

4.1 Develop and implement educational provider protocols for referral, monitoring, assessment and management of children experiencing listening, language, speech and literacy difficulties that may be associated with Otitis Media and Conductive Hearing Loss	Aboriginal children receive appropriate educational support and intervention to address the impact of Otitis Media and Conductive Hearing Loss on learning.	NSW DoH, NSW DET. NSW Otitis Media Working Party. Otitis Media Area Co-ordinator. Other relevant agencies.	June 2000	<ul style="list-style-type: none"> <li>• Educational provider protocols developed</li> <li>• No. of training workshops held that inform on usage of protocols</li> <li>• Documented data collected that monitors progress and effectiveness of protocols</li> <li>• An increase in the no. of schools utilising protocols</li> <li>• Documented evidence that review/follow up assessments have occurred every 3 months to ensure benefit of protocols and interventions</li> </ul>
4.2 Develop and implement culturally appropriate educational assessment tools, procedures, programs and conducive hearing environments for delays or difficulties with listening, learning, speech and language. Incorporate review/follow up processes within educational agencies	Aboriginal children receive appropriate educational support and intervention to address the impact of Otitis Media and Conductive Hearing Loss on learning	NSW DoH, NSW DET. NSW Otitis Media Working Party. Otitis Media Area Co-ordinator. Other relevant agencies.	June 2000 December 2000 At six monthly intervals At the end of each financial year	<ul style="list-style-type: none"> <li>• Assessment processes developed</li> <li>• No. of training workshops held that inform on usage of processes</li> <li>• Documented data collected that monitors progress and effectiveness of process</li> <li>• An increase in the no. of schools utilising the BBC and other Otitis Media programs</li> <li>• Documented evidence that review/follow up has occurred every 3 months to ensure benefit of intervention</li> </ul>

**STRATEGIC DIRECTION 4: Educational Support for Aboriginal Children (cont'd)**

Strategy	Outcome	Responsibility	Target Date	Performance Indicator
4.3 Itinerant Support Teachers are supported and resourced to provide a range of support for educational staff, including awareness raising and skill development on managing hearing problems and developing specific learning material for children.	Educators working with Aboriginal children have the knowledge and resources to address the educational impact of Otitis Media and Conductive Hearing Loss in Aboriginal children	NSW DET, IDCOM. Itinerant Support Teachers. Otitis Media Area Co-ordinator.	December 2000	<ul style="list-style-type: none"> <li>Itinerant Support Teachers are adequately supported and resourced</li> <li>An increase in the number of awareness workshops regarding Otitis Media and Conductive Hearing Loss</li> </ul>

**STRATEGIC DIRECTION 5: Community Awareness and Prevention**

5.1 Develop and implement culturally appropriate awareness-raising initiatives for the prevention and management of Otitis Media and Conductive Hearing Loss in Aboriginal children	Aboriginal communities are aware of the impact Otitis Media and Conductive Hearing Loss on their children's lives and participate in the development and implementation of Otitis Media programs.	NSW DoH. NSW DET. IDCOM. Otitis Media Area Co-ordinator. ACCHS's. AHS's. Education agencies. Other relevant agencies.	June 2000 At the end of each financial year	<ul style="list-style-type: none"> <li>An increase in the number of sustainable, evidence-based community campaigns</li> <li>Documented evidence concerning the effectiveness of community awareness campaigns</li> </ul>
5.2 Promote and encourage Aboriginal communities and key stakeholders to use the Personal Health Record booklet.	Improvement in early intervention through the use of Personal Health Record booklet.	Area wide Otitis Media Advisory Committees. Local/Area partnerships. ACCHS's. AHS's. Education agencies. Divisions of GP. Other relevant agencies.	August 2000 At six monthly intervals	<ul style="list-style-type: none"> <li>Strategies developed at local level</li> <li>Documented evidence of effective strategies</li> <li>Documented information collected that monitors progress &amp; effectiveness of strategies</li> <li>Increase in the usage of the Personal Health Record Booklet.</li> </ul>

## STRATEGIC DIRECTION 6: Training and Professional Development for Health Professionals

Strategy	Outcome	Responsibility	Target Date	Performance Indicator
6.1 Develop and implement an Otitis Media Training and Information Kit and implement material through a Train the Trainer program.	Health and education professionals have an improved knowledge base regarding the impact and management of Otitis Media and Conductive Hearing Loss in Aboriginal children.	State Co-ordinator. NSW DoH. IDCOM NSW Otitis Media Working Party. Area wide Otitis Media Advisory Committees Local/Area partnerships	March 2000 At the end of each financial year At six monthly intervals	<ul style="list-style-type: none"> <li>• Training and Resource Kit developed</li> <li>• Train the Trainer Program developed and includes cultural awareness</li> <li>• An increase in the no. of OM workshops that include cultural awareness training, adopted to a local context and providing strategies to address hearing issues in Aboriginal communities</li> <li>• Documented information collected that monitors progress and effectiveness of strategies</li> </ul>
6.2 Develop and implement a continuing education program for medical practitioners	Professional development and training are provided enabling medical practitioners working with Otitis Media and Conductive Hearing Loss to implement the "Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children."	Divisions of GP. IDCOM. DoH. Education and other agencies	Dec 2000	<ul style="list-style-type: none"> <li>• Continuing Education Program developed.</li> <li>• An increase in the number of training sessions/workshops provided to medical practitioners</li> </ul>
6.3 Negotiate with universities and other tertiary education institutions for the inclusion of modules and competencies relevant to the management of Otitis Media and Conductive Hearing Loss in health and education related courses	Improvement in the knowledge base of undergraduate health and education graduates regarding the impact and management of Otitis Media and Conductive Hearing Loss in Aboriginal children	NSW DET. AECG. IDCOM. Educational institutions. NSW OM Working Party	June 2002	<ul style="list-style-type: none"> <li>• An increase in the number of health and education related tertiary courses which address Otitis Media and Conductive Hearing Loss issues</li> </ul>
6.4 Accredited, culturally sensitive and accessible education programs are developed and provided for Aboriginal health professionals working in the area of Aboriginal child health. Note: Area/Local partnership arrangements encourage and support Aboriginal participation in accredited training programs	Improved knowledge base regarding the impact and management of Otitis Media and Conductive Hearing Loss in Aboriginal children	State Co-ordinator. Education & other relevant agencies	June 2002	<ul style="list-style-type: none"> <li>• Details of existing accredited distance education programs collected and distributed</li> <li>• An increase in the number of accredited distance education training programs</li> <li>• Baseline information for the no. of Aboriginal health service providers accessing programs</li> <li>• An increase in the no. of Aboriginal health service providers accessing training programs</li> </ul>

## STRATEGIC DIRECTION 7: Monitoring, Evaluation and Research

Strategy	Outcome	Responsibility	Target Date	Performance Indicator
7.1 Apply the principles contained in the AH&MRC Ethical Guidelines in Aboriginal Health Research, NSW Aboriginal Health Information Guidelines and local area ethical guidelines when conducting research	Compliance with AH&MRC Ethical Guidelines in Aboriginal Health Research, NSW Aboriginal Health Information Guidelines and local ethical guidelines.	All parties involved in the implementation of this Plan and in research.	Ongoing	<ul style="list-style-type: none"> <li>Evidence of adherence to the AH&amp;MRC Ethical Guidelines in Aboriginal Health</li> <li>Research, NSW Aboriginal Health Information Guidelines and local ethical guidelines</li> </ul>
7.2 Conduct research deemed necessary and appropriate by local communities in areas including <ul style="list-style-type: none"> <li>the role bacteria, viruses and risk factors have in Aboriginal children, which will enable better treatment and prevention protocols</li> <li>effectiveness of various antibiotics and protocols in treating and preventing Otitis Media</li> <li>effectiveness of treatments for chronic Otitis Media in Aboriginal children</li> <li>effectiveness of traditional Aboriginal healing practices</li> <li>effectiveness of the Breathing Blowing Coughing (BBC) program in the prevention/management of Otitis Media</li> </ul>	An increase in research information and knowledge regarding the incidence, impact, reduction and management of Otitis Media and Conductive Hearing Loss, that informs better practices and planning.	All key stakeholders (Aboriginal families and communities and health and education providers).	Ongoing	<ul style="list-style-type: none"> <li>Instigation of research projects supported by Aboriginal communities which adhere to the AH&amp;MRC Ethical Guidelines in Aboriginal Health Research, NSW Aboriginal Health Information Guidelines and local ethical guidelines.</li> </ul>
7.3 Establish Area-wide baseline data and maintain data collection on the incidence and prevalence of the various forms of Otitis Media and Conductive Hearing Loss in Aboriginal children	Improvement in timely and accurate data that informs practices and planning collection processes for implementation of the "Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children."	Otitis Media Area Co-ordinator Local/Area partnerships.	June 2000	<ul style="list-style-type: none"> <li>Baseline data systems in place are timely, reliable and accurate</li> <li>The principles of the AH&amp;MRC Ethical Guidelines in Aboriginal Health Research and NSW Aboriginal Health Information Guidelines are applied</li> </ul>

**STRATEGIC DIRECTION 7: Monitoring, Evaluation and Research (cont'd)**

Strategy	Outcome	Responsibility	Target Date	Performance Indicator
7.4 Establish and maintain a centralised data base system for Otitis Media and Conductive Hearing Loss programs	Aboriginal communities and health service providers have timely access to information which will enable development of effective Otitis Media and Conductive Hearing Loss programs	NSW DoH. State Coordinator Local Area Partnerships Area-wide OM Advisory Committees	June 2000	<ul style="list-style-type: none"> <li>• Program monitoring system in place which is timely, reliable and accurate and included in Funding &amp; Performance Agreements</li> <li>• Evaluation conducted every 12 months.</li> </ul>
7.5 Evaluate the implementation of the Plan	The Plan for Aboriginal Children is implemented	NSW DoH	September 2000 At the end of each financial year	<ul style="list-style-type: none"> <li>• Evaluation report provided and includes findings and recommendations</li> <li>• Evaluation conducted every 12 months.</li> </ul>
7.6 Review the "Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children" and formulate recommendations	"Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children" are regularly reviewed and updated	State Co-ordinator NSW DoH IDCOM	At the end of each financial year	<ul style="list-style-type: none"> <li>• Report regarding the implementation of the Guidelines and recommendations for future directions presented to the State Partnership and disseminated to key stakeholders</li> </ul>

## Section 3: Appendices

APPENDIX 1:	Setting the Scene – a Case Study
APPENDIX 2:	Key Stakeholders and Service Providers
APPENDIX 3:	Important Contacts
APPENDIX 4:	Otitis Media Resource List
APPENDIX 5:	The Policy Context
APPENDIX 6:	National and State Reports and References
APPENDIX 7:	Quotations
APPENDIX 8:	Key Components of Effective Otitis Media Programs
APPENDIX 9:	Otitis Media Programs <ul style="list-style-type: none"> <li>- Breathing Blowing Coughing (BBC) Program</li> <li>- "Can't Hear, Can't Learn" Video</li> <li>- Minibah Literacy Nest</li> </ul>
APPENDIX 10:	Working Party Membership

## Setting the Scene – A Case Study

## APPENDIX 1

This case study describes the experiences of an Aboriginal boy who suffered from Otitis Media from early infancy. The name has been changed to ensure confidentiality.

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Jim has suffered from recurrent and chronic Otitis Media all his life. As a baby, Jim experienced lots of colds suffering a blocked nose and red, sore ears, which he would often pull and rub. Jim was prescribed antibiotics. However, repeated doses seemed to only work for a short time and the infection would return soon after the treatment stopped. These complaints were not considered unusual in Aboriginal children.

Jim began preschool when he was four years old. There were often times when Jim's ears were full of smelly pus. The Aboriginal Child Care worker at the preschool talked with Jim's grandmother about his ears and arranged for the community health nurse to visit Jim. The nurse cleaned Jim's ears and looked in his ear canal with the otoscope. The nurse found holes and scarring in both Jim's eardrums and Jim continued to see his doctor who prescribed different types of antibiotics. Jim was told that he shouldn't go swimming because of his ears, which he found hard to understand. Jim continued to play in the lake with the older children and each time he went swimming the water entered the holes in his eardrums and his middle ear, which made his infections worse.

A doctor referred Jim to an Ear Nose Throat Specialist who put grommets in Jim's ears. These helped to drain the pus out and allowed air into the middle ear, helping him hear. The grommets meant that Jim could not swim without earplugs and this was hard to remember. Sometimes the grommets became blocked and had to be regularly checked by a Doctor or a Community Nurse. As Jim was growing fast, the grommets would fall out after a while. Jim's infections continued and the grommets were replaced.

Jim was showing the signs of a child with a significant hearing loss and was often angry and frustrated as he did not understand what was happening. Other children would tease him and he was ashamed of his "bad ears". He would avoid going to preschool when he could; instead going off to play with the older children.

At preschool, Jim had a series of hearing tests at Australian Hearing Services and was found to have mild to moderate hearing loss. The test results changed each time he went for a test. It was not surprising people had problems talking to Jim; he could not hear well and his hearing kept changing with the health of his middle ear. Australian Hearing Services referred Jim's case to the Department of School Education.

An Itinerant Support Teacher who specialised in hearing problems was asked to work with Jim, his family, teachers and caregivers. Itinerant support continued as Jim went to Primary school.

Jim's speech, language and listening skills were very delayed. He would repeatedly ask "What?" as he couldn't hear and was often loud, disruptive and naughty in class. Teachers became frustrated with Jim as he would stop other children from working if he could not do the work. At other times Jim would withdraw and not talk to anyone. His peers would want to help, but Jim's limited hearing meant he misunderstood this. He thought the other children were talking about him or laughing at him when he couldn't hear what was said.

During these early school years Jim was hospitalised and put on a drip with intravenous antibiotics in an attempt to clear the infection from his body. When the holes in his eardrums healed, a permanent set of grommets was set in place.

Jim's continued illness and reluctance to attend school meant that he fell further behind in his education. When Jim was at school, he could not follow the class work. A School Counsellor tested Jim and found his learning was well below the level expected for his age.

The Special Education Teacher and the Itinerant support teacher worked with Jim and provided individual attention. Jim worked well in small groups of children who knew how to work with him and whom he trusted. He started to work in mainstream classes with specialist support, and at this time started to show his skill on the football field. His self-esteem began to improve.

Jim's attendance at school was still fluctuating due to his hearing and ear health. His presence around town, in the company of older children, during school hours, brought him to the attention of the local police.

By the time Jim reached high school, he had decided that he'd had enough of school and rarely attended. He felt that he had failed at school and it was not long before he was involved in petty crime with older children. He was brought to the attention of Juvenile Justice and placed in remand centres on and off during his high school years.

Local high schools were reluctant to accept Jim when he returned from detention centres. He was considered difficult to manage, even in a support class. He had missed so much school that the work was well beyond his ability, and he was ashamed to be doing work at an early primary level. Jim felt that the system had failed him and even when enrolment was possible, his probationary officers had difficulty keeping him at school.

Jim still has problems with his ears and hearing however, he now seeks appropriate services for himself. He has been involved in a Koori Youth Program, designed for Aboriginal youth not attending school. Jim hopes to complete his schooling at TAFE with tutorial assistance through the Aboriginal Tutorial Assistance Scheme. His goal is to get a traineeship and a job.

## Key Stakeholders and Service Providers

### HEALTH

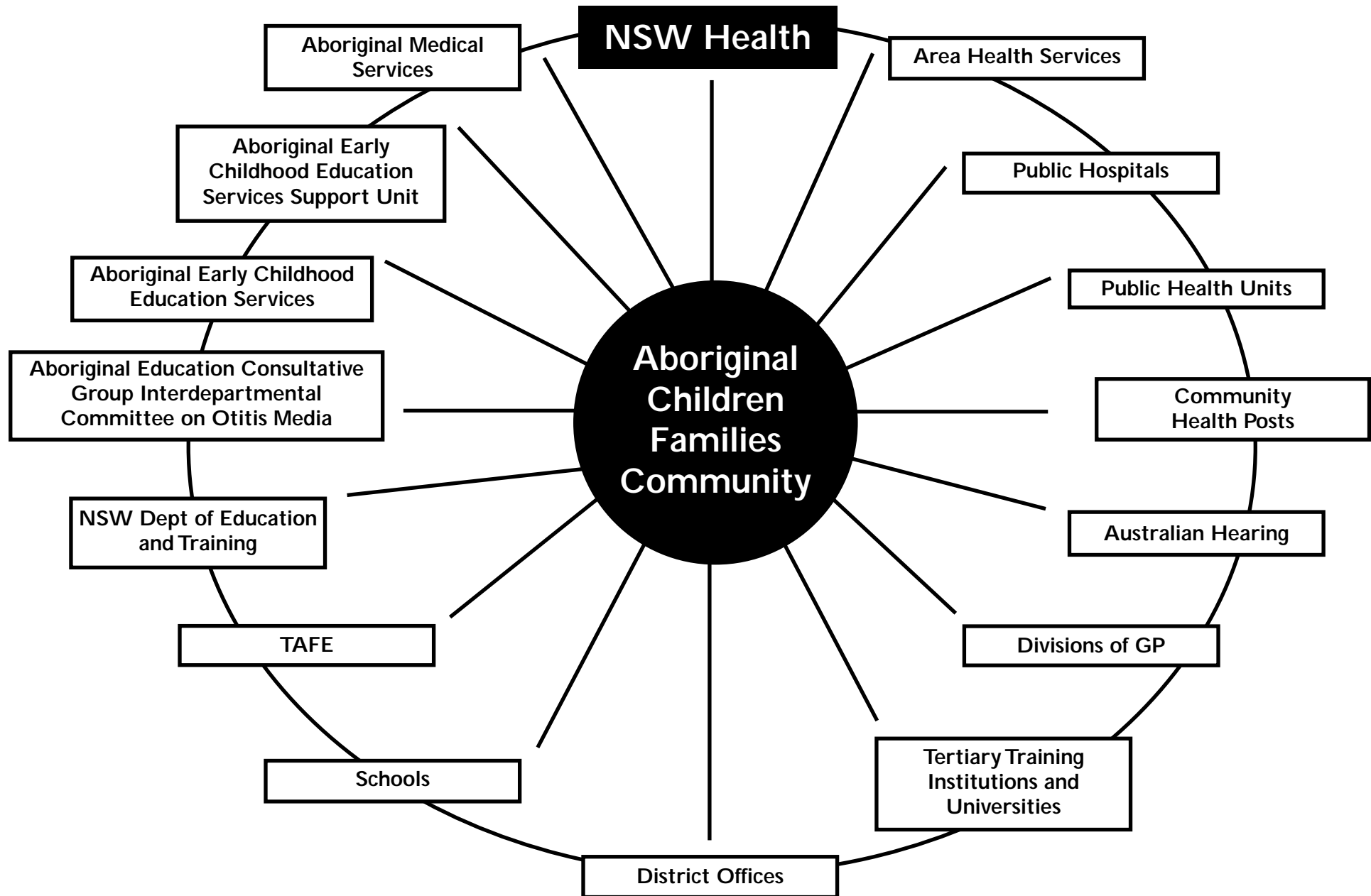
Aboriginal Medical Services  
 Aboriginal Health Workers  
 NSW Health Department  
 Area and Rural Health Services  
 Public Health Units  
 Aboriginal Health Co-ordinators  
 Public Hospitals  
 Emergency and Outpatients  
 Maternity staff  
 Aboriginal Hospital Liaison Officers  
 Community Health Posts  
 Community Health Centres  
 Aboriginal Health Education Officers  
 Early Childhood Nurses  
 Community Nurses  
 Nurse Audiometrists  
 Speech Therapists  
 Occupational Therapists  
 Office of Aboriginal and Torres Strait Islander Health  
 Divisions of General Practice  
 Other Health professionals  
 Doctors  
 Ear, Nose Throat specialist  
 Paediatricians  
 Australian Hearing

Other Services for Awareness Raising  
 Police  
 Ministers  
 Judges  
 Juvenile Justice systems

## APPENDIX 2

## EDUCATION

		Aboriginal Early Childhood Services Support Unit	<b>AECSSU</b>
		Aboriginal Early Childhood Education Services including:	
	<b>AMS</b>	Pre-schools, Mobile Services, Playgroups and Day Care	
	<b>AHW</b>	Teachers, Child Care Workers	
	<b>DOH</b>	Parents, Children and Families	
	<b>ARHS</b>	NSW Office of the Board of Studies	<b>BOS</b>
	<b>PHU</b>	Department of Education and Training	<b>DET</b>
	<b>AHC</b>	District Offices:	<b>DO</b>
		Aboriginal Community Liaison Officers	<b>ACLO</b>
		Aboriginal Education Consultants	<b>AEC</b>
	<b>AHLO</b>	Special Education Consultants	
	<b>CHP</b>	Student Services Managers	
	<b>CHC</b>	Schools:	
	<b>AHEO</b>	Principals, Teachers, Students	
	<b>ECN</b>	Aboriginal Education Assistants	<b>AEA</b>
	<b>CN</b>	Aboriginal Education Resource Teachers	<b>AERT</b>
	<b>NA</b>	Aboriginal Early Language Development	
	<b>ST</b>	Program Teachers	<b>AELDP</b>
	<b>OT</b>	Itinerant Support Teachers (Hearing)	<b>IST(H)</b>
	<b>OATSIH</b>	Support Teachers Learning Difficulties	<b>STLD</b>
	<b>DGP</b>	Home School Liaison Officers	<b>HSLO</b>
		Support Teachers (Intellectually Mild)	<b>IM</b>
	<b>GP</b>		
	<b>ENT</b>	Technical and Further Education	<b>TAFE</b>
		Open Training Education Network	<b>OTEN</b>
	<b>AH</b>	Aboriginal Student Support Parent Awareness Committees	<b>ASSPA</b>
		NSW Aboriginal Education Consultative Group	<b>AECG</b>
		Regional and local AECG's.	
		Inter Departmental Committee on Otitis Media	<b>IDCOM</b>
		Universities and tertiary vocational education institutions	



## Important Contacts

## APPENDIX 3

The following organisations are key stakeholders in the implementation of Otitis Media programs for Aboriginal children in NSW.

### HEALTH

#### ORGANISATIONS

Commonwealth Department of Health & Family Services  
Office of Aboriginal & Torres Strait Islander Health Services (DATSIH)

#### ADDRESSES

GPO Box 9848 Canberra ACT 2601  
Ph: (06) 289 5295 Fax: (06) 289 1413

#### INFORMATION

National Hearing Health Strategy

Department of Health & Family Services Office of  
Aboriginal & Torres Strait Islander Health Service

GPO Box 9848 Sydney NSW 2001  
Ph: (02) 9263 3560 Fax: (02) 9263 3579

Aboriginal Community Controlled Health/Medical Services  
OATSIH Project Officers Divisions of General Practice

NSW Health Department

Locked Mail Bag 961, 73 Miller Street  
North Sydney NSW 2059  
Ph: (02) 9391 9000 Fax: (02) 9391 9101

Area Health Services, Community Health Centres  
Public Health Units, Hospitals

NSW Health Department  
Aboriginal Health Branch

Locked Mail Bag 961, 73 Miller Street  
North Sydney NSW 2059  
Ph: (02) 9391 9499 Fax: (02) 9391 9480

Aboriginal Health Programs  
Aboriginal Health Officers

Australian Hearing Service Support Unit

Level 10, Castlereagh Street  
Sydney NSW 2000 PO Box A838  
Sydney South NSW 1235  
Ph: (02) 9267 4500 Fax: (02) 9267 4351

Regional Hearing Centres  
Amplification devices

### EDUCATION

NSW Department of Education and Training, Student Services

Private Bag 3A Smalls Road  
Ryde NSW 2112  
Ph: (02) 9886 7386 Fax: (02) 9886 7377

Student Services  
Location of Support Teachers

NSW Department of Education and Training, Aboriginal Education Unit

Level 14, 1 Oxford St  
Darlinghurst NSW 2010  
Ph: (02) 9244 5400 Fax: (02) 9244 5365

Aboriginal Education Programs  
Aboriginal Education Staff

NSW Office of the Board of Studies

117 Clarence St, Sydney NSW 2000  
Ph: (02) 9367 8111

Aboriginal Literacy Resources  
OM/CHL resources for schools.

NSW Aboriginal Education Consultative Group Inc

37 Cavendish Street Stanmore NSW 2048  
Ph: (02) 95505666 Fax: (02) 9550 3361

Regional AECG Contacts  
Interdepartmental Committee on Otitis Media

**Important Contacts (cont'd)****APPENDIX 3****EDUCATION****ORGANISATIONS****ADDRESSES****INFORMATION**

Aboriginal Early Childhood Services Support Unit	c/- Cleveland Street High School Cnr Park Road and Power Avenue Private Bag 501 Alexandria NSW 2015 Ph: (02) 9391 4800 Fax: (02) 9391 6105	Pre-schools Day Care Mobile Services Playgroup
Aboriginal Early Childhood Consultancy & Advisory Service	C/- Murawina Ltd. Redfern PO Box 1185 Redfern NSW 2016 Ph: (02) 9319 4566 Fax: (02) 9319 0446	Aboriginal Playgroups
Minimbah Pre-school	PO Box 356 Armidale NSW 2350 Ph: (02) 6772 4853 Fax: (02) 6772 2040	Literacy Nests
Open Training and Education Network (OTEN)	51 Wentworth Road Strathfield NSW 2135 Ph: (02) 9715 8000 Fax: (02) 9715 8111	Aboriginal Community Audiometry Course

## Otitis Media Resource List

## APPENDIX 4

The following list provides contact details for Otitis Media and Conductive Hearing Loss resources.

**Available from:** Ask for a catalogue of all the Otitis Media and Conductive Hearing Loss resources.  
The Co-ordinator  
NT Aboriginal Hearing Program Inc  
PO Box 40596 CASUARINA NT 0811

**Title:** **Ear Resource Book**  
**Description:** 130 photocopiable pages of awareness raising resources and activities for health workers and teachers.

**Title:** **Ears Hearing and Communication**  
**Description:** CD-ROM for use with computers. Information for parents, children and teachers. Great workshop and training resource.

**Available from:** Ask for a catalogue of all the Otitis Media and Conductive Hearing Loss resources.  
Deafness Resources Australia Ltd  
Locked Bag 5380 33 Argyle Street  
PARRAMATTA NSW 2150

**Title:** **Understanding Ear Infections (1992)**  
**Author:** Dr Peter Allen  
**Description:** Book of photos, illustrations and descriptions of ear infections.

**Title:** **Otitis Media: Coping with the Effects in the Classroom**  
**Author:** Dorinne S Davis  
**Description:** Teaching techniques and strategies for teaching children with a Conductive Hearing Loss.

**Available from:** NSW Board of Studies  
GPO Box 5300 SYDNEY NSW 2001

**Title:** **Otitis Media & Aboriginal Children**  
**Description:** A handbook for teachers and communities. Includes descriptions, checklists, networks and activities.

**Title:** **Aboriginal Literacy Resource Kit**  
**Description:** The kit includes four documents and seven children's stories

**Documents:** Otitis Media and Aboriginal Children - \$10  
Aboriginal English - \$15  
The Way We Speak - \$15  
The Way We Learn - \$ 15

**Title:** **Big Mob Books for Little Fellas**  
**Description:** Literacy resources for young children learning to read. 16 big and little books including one on ear health.

**Available from:** NSW Department of School Education, Aboriginal Education Programs  
Contact your Aboriginal Community Liaison Officer at the local Department of School Education District Office.

**Title:** **Can't Hear Can't Learn**  
**Description:** A video about Otitis Media and the BBC program. Filmed in Aboriginal Early Childhood Services and schools. Includes a song about Otitis Media.

**Available from:** University Co-operative Bookshop  
Cnr Codrington Street and Darlington Road  
Building G09 Sydney NSW 2000  
Ph: 02 9351 3705 Fax: 02 9660 5256

**Title:** **Childhood Ear Infection**  
**Author:** Dr Michael Schmidt  
**Description:** A book for parents and doctors. Prevention, home care and alternative treatment.  
**Publisher:** North Atlantic Books  
PO Box 12327 BERKELEY CA 94701  
ISBN: 1-55643-089-2

**Available from:** Queensland Education  
Aboriginal & Torres Strait Islander  
Education Support Centre  
PO Box 1467  
Aitkenvale Delivery Centre TOWNSVILLE QLD 4814  
Ph: 07 7756 055 Fax: 07 7243463

**Title:** **Kikiril Kura - Otitis Media Resources**  
**Co-ordinator:** Barry Riddiford  
**Description:** A database on disc and in booklet form of resources from around Australia about Otitis Media and Conductive Hearing Loss.

## The Policy Context

The following details policies which the NSW Otitis Media Strategic Plan has incorporated in its creation.

In 1989, *The National Aboriginal Health Strategy* identified ear disease as a priority for action in improving the social, emotional and physical health of Aboriginal people. It recognised the need for a partnership of both State Governments and ACCHS in co-operation with Australian Hearing Services to address the medical and audiological consequences of ear disease. It also called for co-operative action within the educational system to ensure all teachers have the skills and resources to address hearing loss in the classroom, including classroom acoustics and the need for amplification for children with hearing loss.

In 1993 *The NSW Aboriginal Health Goals* were developed and released by NSW Health. The goals recognise the urgent need to address the impact of Otitis Media and Conductive Hearing Loss in Aboriginal communities and call for a reduction in the incidence and consequences of ear disease and hearing loss in Aboriginal children under 12 years. Other priority areas relating to Otitis Media include respiratory disease, immunisation and nutrition.

*The NSW Aboriginal Health Partnership Agreement (1995)* was signed between the NSW Health Department and NSW Aboriginal Health Resource Co-operative (AH&MRC), the peak body for Aboriginal community controlled health organisations in NSW. It provides the basis for successful implementation of health programs for Aboriginal people in NSW and calls for a partnership approach in service provision between State Government health services and Aboriginal community controlled health organisations. The implementation of the agreement at a community level calls for the development of Local Aboriginal Health Plans that reflect NSW Aboriginal Health policy and strategic directions. This involves the continued development and implementation of the Aboriginal Health Strategic Plans at an Area level, developed through the Partnership Agreement and incorporating the Local Aboriginal Health Plans.

*The NSW Aboriginal and Torres Strait Islander Early Childhood Education Policy (1993)* was produced by the Aboriginal and Torres Strait Islander Early Childhood Sector Advisory Group. The policy recognises that health problems have an impact on education outcomes in Early Childhood. It specifically focuses on Otitis Media and gives strategies to address programs, training, education, screening and networking. The policy is in the process of being updated and will be redistributed in 1998

## APPENDIX 5

*The NSW Aboriginal Education Policy (1995)*, produced by the NSW Department of Education and Training, recognises that specific health issues, including Otitis Media and Conductive Hearing Loss, affect the education of Aboriginal children. It calls for collaboration with the NSW Health Department to address these issues, including co-operation with screening and treatment programs for Otitis Media and Conductive Hearing Loss. The Policy also recognises the importance of implementing effective teaching strategies to address the specific health and education needs of Aboriginal students affected by Otitis Media and Conductive Hearing Loss.

*The English K-6 Syllabus and Modules Support Document (1998)* was developed by the NSW Board of Studies for implementation in NSW schools and recognise the importance of addressing Otitis Media and Conductive Hearing Loss in Aboriginal students.

To support this, the NSW Board of Studies has produced literacy resource kits for young Aboriginal children, which include specific support documents, strategies and resources for managing Otitis Media and Conductive Hearing Loss in Aboriginal children.

## National and State Reports and References

## APPENDIX 6

The following reports and conference proceedings provided the basis for the development of initiatives to address Otitis Media and the associated Conductive Hearing Loss in Aboriginal children, including the development of the *Otitis Media Strategic Plan*. They are presented in chronological order.

National Aboriginal Health Strategy Working Party. *A National Aboriginal Health Strategy*(1989)

Gilder A, Nienhuys T, Westwater A (Ed.) *Proceedings National Conference on Aboriginal Otitis Media*. September 1990; Darwin. NT Government Printer. 1990

Perkins NG. *Aboriginal Otitis Media: Some Major Problems, Issues and Solutions for Urgent Action in NSW*. NSW Health Department, Aboriginal Health Promotions. 1991

Graham B. (Ed.) *Working Together to Combat Conductive Hearing Loss: Proceedings from the Conference Organised by Special Education Directorate for Teachers and other Professional in Conductive Hearing Loss Teams*. May 1992. Sydney. NSW Department of School Education. 1992

Sherwood J. *A Report on Strategies to Address the Impact of Otitis Media on the Education of Aboriginal and Torres Strait Islander Children In NSW*. Office of Education and Youth Affairs and NSW Aboriginal Education Consultative Group. 1992

NSW Health Department. *Aboriginal Health Goals for NSW*. Office of Aboriginal Health. 1993

Western Australia Otitis Media Group Inc. *Otitis Media in Childhood: Issues Consequences and Management. Conference Proceedings* 1993. Perth, WA. Copyspot Colour Graphics. 1993

NT Aboriginal Hearing Program Coordinating Committee Inc. *Otitis Media/Conductive Hearing Loss Amongst Aboriginal and Torres Strait Islander Children*. Yirrkala, NT: 1993. NT Aboriginal Hearing Program Coordinating Committee Inc. 1993

Sherwood J, *National Conference on the Education Implications of Otitis Media and Conductive Hearing Loss (OM/CHL) for Aboriginal and Torres Strait Islander Children: Proceedings, Strategic Directions, Best Practice and Resources*. August 1994; Alice Springs. National Federation of AECG. 1994.

Kathrine Scott. (Ed.) *Otitis Media - its Implications for Aboriginal and Torres Strait Islander People Conference*. August 1995; Sydney. NSW Department of Health, NSW Department of School Education and NSW Board of Studies. 1995

The following is a list of additional references relating to Otitis Media and Conductive Hearing Loss in Aboriginal children.

NSW Health Department Working Party on Ear Disease in Aboriginal Children. *Guidelines on the prevention and control of Otitis Media and its sequelae in Aboriginal children*. Med. J of Aust. May 1996 Vol 164 - Supplement.

Hayhurst B, Hondow M, Merry N, North C (Ed.) . *Ear Resource Book*. NT Aboriginal Hearing Program Inc. 1993.

The Aboriginal Health Program. *Audiometric Training Manual*. Queensland Health Department. Unpublished.

NSW Health Department. *The Last Report: Summary of the findings of the NSW Taskforce on Aboriginal Health, 1990*. Aboriginal Health Branch. 1990

Sherwood. J. *Guidelines for the Prevention and Control of Otitis Media in Aboriginal Children*. 1997. Aboriginal and Islander Health Worker Journal. 1997. Jan/Feb. Issue. Vol.21.No.1.

Howard D, Quinn S, Blakland J, & Flynn M. *Aboriginal Hearing Loss and the Criminal Justice System*. 1993. Aboriginal Law Bulletin. December 1993. Vol.3. No. 65.

*Royal Commission into Aboriginal Deaths in Custody National Report. Volume 2*. 1991. Australian Government Printing Service. Canberra. 1991

## Quotations

"It seems that middle ear disease in Aboriginal and Torres Strait Islander children follows a different course compared to European children. It does not follow the acute pattern, rather it seems to develop slowly, often without associated symptoms. So it is much harder to detect. Changes in hearing levels happen slowly making the problem difficult to notice." (Queensland Aboriginal Health Program Manual)

"Hearing problems in Aboriginal children are compounded by the effects of classroom noise, poor classroom acoustics, and the fact that many speak Aboriginal English at home, and Standard English is their second language." (Guidelines, MJA, 1996)

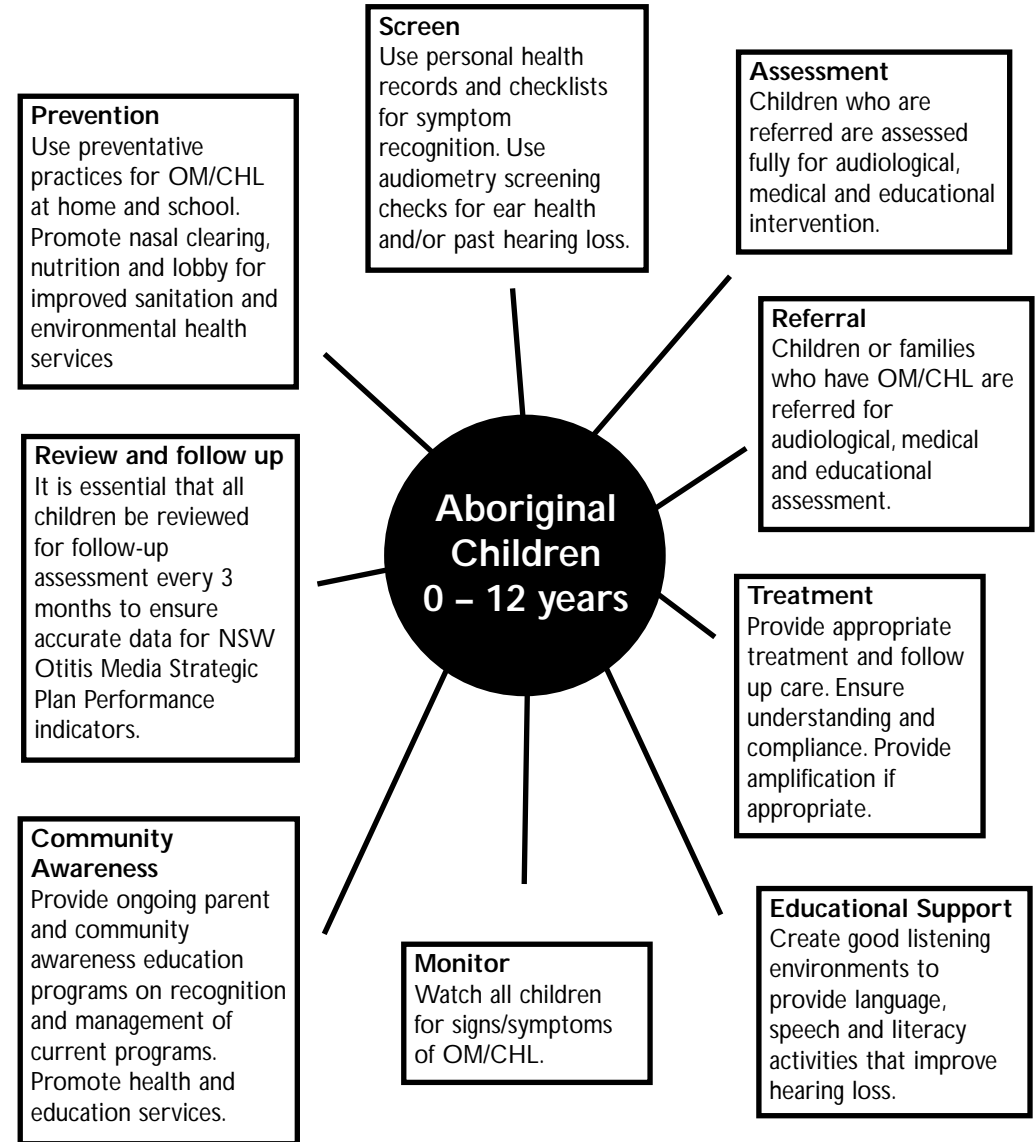
"Attendance at school is affected by chronic Otitis Media, and can contribute to reduced high-school retention rates and poor employment opportunities for Aboriginal youth. Case studies have shown a high incidence of hearing loss associated with Otitis Media in Aboriginal youth in the criminal justice system." (Royal Commission Into Aboriginal Deaths in Custody Report Vol. 2 1991; Howard et.al. 1993)

"Whilst many Aboriginal children have suffered from chronic and recurrent Otitis Media over many years, many adult Aboriginal people have been enduring the serious consequences of Otitis Media and hearing loss, such as poor educational development, no qualifications and no employment opportunities." (Perkins, NSW Health 1992)

"Addressing this disease in children is really far more cost effective than having to address the problems it promotes in adolescence and adulthood, which are enormous" (AEA; Griffith Public School, 1996)

## APPENDIX 7

## Key Components of Effective Otitis Media Programs



## APPENDIX 8

## Otitis Media Programs

## APPENDIX 9

### Blowing Breathing Coughing (BBC) Program

The BBC Program was developed by Ruth Barker, a physiotherapist from the Northern Territory, to help reduce the cases of Otitis Media by improving the health of the respiratory tract. Its popularity as a preventative strategy has become widespread in NSW schools and Early Childhood Services.

#### STEP 1: Blow - Clear the nose

- Everyone sits in a big circle with the tissues and bins in the middle of the circle.
- Talk about why its important to do the BBC Program
- Recite a fun catchy tune
- Blow the nose until it's clear
- Block one nostril and empty the other
- Take a deep breath through the nose to check if clear

"First I blow my nose. One side, then the other side".

"Then I check if it's empty".

#### STEP 2: Breathe - pop the ears

- Pinch nostrils (not too tightly) together
- Take a deep breath through your mouth
- Close your mouth tightly
- Try to push the air out through your mouth, but don't open your mouth
- Then your ears will pop

"Then I hold my nose and blow my nose to pop my ears".

#### STEP 3: Cough - clear the chest

- Take five deep breaths through the nose
- Have two big strong coughs to get the rubbish out

"Then I take 5 deep breaths and have 2 big strong coughs"

#### STEP 4: Exercise

- Do all sorts of different physical exercises such as star jumps, hops, jumping, hopping from one foot to the other, skipping, frog leaping and running

"I do 10 star jumps"

"Then I take 5 deep breaths and 2 big strong coughs again"

"I run around the big tree in the playground"

#### STEP 5: Blow again

- Make sure that your nose is clear by repeating Steps 1,2,3 and 4.

"Then, last of all, I empty my nose, I pop my nose and have a big cough. That's all"

#### STEP 6: Dispose of tissues and wash your hands

- To make sure dirty tissues are in the bin and your hands are clean, so germs are not passed on

### "Can't Hear, Can't Learn" Video

The NSW Department of Education and Training has produced a video called "Can't Hear, Can't Learn" which explains Otitis Media/ Conductive Hearing Loss, and demonstrates the benefits of the Breathing Blowing Coughing Program in pre-schools and primary schools. The video is available through Aboriginal Education Assistants and Community Liaison Officers in District Offices and in Aboriginal Preschools.

### Minimbah Pre-School, Armidale Literacy Nest

Minimbah Pre-school in Armidale has a "literacy nest". The idea is based on traditional methods and aims for the following outcomes:

- helping children to develop sound practical language skills
- exposing children to the enjoyment which can come from using language skills
- supporting and building on current skills so that the children will reach the literacy standards necessary for mainstream schooling.

All children attending Minimbah spend some time each day in the "literacy nest". Tests are used to assess listening, speaking and literacy skills. Children's community and family background is used in this process, and parents are encouraged to be involved whenever possible. The success of Minimbah's "literacy nest" program suggests that other communities may benefit from a similar program and that the concept should be more widely used.

## Working Party Membership

## APPENDIX 10

Christine Thorne	Chief Executive Officer, Walgett Aboriginal Medical Service
Steve Woods	Chief Executive Officer, Bulgarr Ngaru Aboriginal Medical Service
Jody Hunt	Health Worker, Walgett Aboriginal Medical Service
Richard Simpson	National Hearing Health Strategy Project representative
Elaine Bennett	NSW Board of Studies, Aboriginal Curriculum Unit
Juanita Sherwood	Koori Centre, Sydney University
Sharon Galleguillos	NSW Department of Education & Training, Aboriginal Unit
Jo Pender	Aboriginal Early Childhood Services Support Unit
Caroline Harvey	General Practitioner, Division of GP's
Maurice Shipp	NSW Health Department, Aboriginal Health Branch
Penny Britton	NSW Health Department, Aboriginal Health Branch
Iris Mcleod	Aboriginal Health Co-ordinator, Illawarra Area Health
Vicki Bradford	Aboriginal Health Co-ordinator, Central Coast Area Health
Bevellie Mullholland	Aboriginal Education Consultative Group Inc.
Kathrine Scott	Aboriginal Education Consultative Group Inc.
Tim Agius	NSW Health Department, Director, Aboriginal Health Branch
Carmen Parter	NSW Health Department, Aboriginal Health Branch
Stephanie Morrow	NSW Health Department, Aboriginal Health Branch