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An innovative partnership aiming to embed clinical learning in regional WA

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“There is a crisis in Aboriginal ear and hearing health in Australia. Aboriginal people suffer ear disease and hearing loss at up to ten times the rate of non-Aboriginal Australians, and have arguably the highest rate of any people in the world”¹

Background

Aboriginal children suffer from the worst ear health of any population globally, with prevalence rates 10 times that of non-Indigenous children.¹ Aboriginal children in Australia experience an average of 32 months of middle-ear infections (Otitis media) between the ages of 0 and 5 years, compared to just three months for non-Indigenous children.²

Otitis media [OM] often results in an avoidable hearing loss in early childhood and children who can't hear, can't learn. The 2010 Senate Inquiry “Hear Us: Inquiry into hearing health in Australia”¹ recognised that OM-induced hearing loss could affect a child's life in many ways; poor educational outcomes (p.128), disengagement from education (p.129) and poor employment outcomes (p.121). Children with untreated OM can show up to 2 years' delay in reading and communication skills (a high number of Aboriginal children need on-going educational support). Inability to successfully engage with education has significant flow-on effects. Children unable to access education because of ear disease and hearing loss are denied their only realistic opportunity to escape settings of poverty and entrenched disadvantage, in turn perpetuating the living circumstances that result in middle ear infections.

Recurrent middle ear infection (OM) is the most common ear disease among Aboriginal children. It is typically caused by bacterial and viral pathogens. Research suggests that the viruses and bacteria were introduced from crowded European cities into previously isolated Aboriginal communities, and that Aboriginal people had no immunity to the viruses.³ Ear disease is a complex and multi-factorial condition; secondary causes include:

- poor health care (e.g. poor hand and face hygiene; limited access to primary care)
- **smoking**,
- **poor diet**, and
- **crowded and unhealthy housing** which facilitates transmission of bacteria.

Yet OM is a preventable and treatable condition. With effective treatment, children can avoid sustained hearing loss and have their opportunities to learn and succeed at school fully restored.

The need for capacity-building

Aboriginal Health Workers and Practitioners are an important asset in the Aboriginal health space. As a link to local families and communities, Aboriginal Health Workers and Practitioners input valuable information and knowledge around cultural safety and appropriate practice into the clinical space. In acting as a community liaison, the Health Worker bridges relations between clinics and families, empowering families to feel more confident to access services, enabling them to receive the clinical care they require.

Whilst Aboriginal Health Workers and Practitioners receive tuition in ear disease screening and treatments during their training, it is but one small element of their education and is not often coupled with extensive 'hands-on' opportunities to consolidate this specific area of knowledge. As a result, and due to the generalist style of work they perform, the health workers rarely have sufficient opportunities to put the training into practice, build confidence and clinical competence, and to develop independent diagnostic skills.

Adequately trained and clinically confident Aboriginal Health Workers and Practitioners can play a huge role in boosting local community capacity to manage ear disease in regional communities, especially those that do not have on-site or nearby access to primary health care. Knowing this, Earbus Foundation of WA and The Benchmark Group have sought to devise a project to target this cohort with meaningful learning and skill enhancement in the area of ear health.

The collaboration

The Benchmark Group is a Registered Training Organisation specialising in the development and delivery of nationally accredited clinical skills programs. Earbus Foundation of Western Australia [Earbus] is a multi-award winning WA-based children's charity that targets middle ear disease in Aboriginal and at-risk children in Western Australia.

Having been funded by the Australian Government Department of Health to deliver their Otitis Media Management training program in regional and remote Australia, the Benchmark Group felt more could be done to embed participants' learning beyond the classroom. While the training comprises a comprehensive full-day of theory and skills activities, when participants returned to work after having completed the training, there were occasions where students had limited opportunities to immediately put the training into practice. As a result, there was concern that the skills learnt may not always be embedded in a meaningful and practical way.

Earbus delivers full-service ear health clinics in regional WA and has been successful in reducing the incidence and impact of OM in the communities in which they work. While working in these regions, Earbus has consistently identified that more work needed to be done to build local capacity to identify and manage the disease in Aboriginal children between Earbus visits. While Earbus could treat and manage conditions when visiting regional and remote sites, there was a need to ensure that there was capacity locally to continue screening and treatments between visits and to identify for referral children in high need for the service.

In 2018 the Earbus Foundation of WA and the Benchmark Group came together to discuss these respective challenges and came to realise the synergy between their needs. From these discussions an innovative pilot project was devised, aimed at combining classroom learning with practical

experience in an attempt to tackle OM at a community level. The organisations have combined expertise and resources to create an enhanced learning curriculum for Aboriginal Health Workers working in regional and remote areas, with the initial pilot of the project occurring in the Pilbara in 2019. The first iteration of this project will involve Aboriginal Health Workers and Practitioners from a Port Hedland Aboriginal Medical Service. With philanthropic support secured by Earbus from 100 Women, a West Australian collective giving circle, Earbus is able to support the cost of the Health Workers' and Practitioners' attendance at the practical component of the training, while The Benchmark Group's funding arrangement will enable the training to be delivered at no cost.

Methodology

The Benchmark Group and Earbus Foundation have created a model of collaboration which initially sees Aboriginal Health Workers and Practitioners attend the Benchmark Group's Otitis Media Management Program. Following completion, participants then accompany Earbus in the field on-site at schools, delivering a day of clinics. This is intended to consolidate the learning through hands-on practical experience at one of Earbus' mobile ear health clinics with a cohort of Aboriginal children. Participants will receive direct at-elbow supervision and support from a Nurse with an extensive Aboriginal ear health background, a paediatric Audiologist, as well as GP and ENT Specialist input.

Participants will have the chance to put the theory into practice, as well as learn from a suite of clinicians. They will perform otoscopy and tympanometry under supervision, as well as gain experience in performing treatments. Given that Earbus sees a large volume of children per day of each clinical trip, and based on Earbus clinical data, it can be reliably predicted that participants will see a range of conditions in the field. In turn they will be exposed to a variety of treatments and clinical management plans. This is an opportunity to gain high intensity experience with exposure to a volume and range of conditions that the participants would not ordinarily encounter in their day to day role.

Measurement of outcomes

The expected short-term outcome is that participants will become more competent and confident in the diagnosis and management of ear health conditions. This will be measured through participant completion of a pre- and post-participation self-rated survey.

In the long-term the expected outcome is that that the project has an inherent multiplier effect, as participants use their enhanced skill set and experience to educate and support other regional colleagues. While this will be difficult to measure, it could be expected that a downturn in the instance of OM in that particular site could be attributed in part to the impact of the project.

Conclusion

The educational and professional value of this unique immersion in ear health is significant and long lasting. Following evaluation of the pilot, participant feedback will dictate actions required before future iterations occur. Whilst the scale if the project is initially small, it employs a practical and pragmatic approach that we anticipate can be instrumental in influencing the potential for systemic and long-lasting change.

References

1. Senate Inquiry of the 42nd Australian Parliament – “Hear Us: Inquiry into Hearing Health in Australia” 2010
2. Australian Bureau of Statistics, 2008, p134
3. www.CreativeSpirits.info, Aboriginal culture - Health - Ear health and hearing loss

Presenters

Emma Cahill currently manages the Earbus Foundation of WA’s outreach programs in the Pilbara and Goldfields regions of WA. Previously she worked in the not-for-profit sector alongside Aboriginal communities in the NT.

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