

Aboriginal Health Outcomes and Hearing Loss

by Dr Damien Howard



Health practitioners and providers are usually aware that cultural and linguistic factors can be an obstacle to communication with Aboriginal clients. However, they often have little knowledge or understanding of the ways in which the widespread and usually unidentified hearing loss among their Aboriginal clients can affect communication and health outcomes.

Conductive hearing loss is widespread among children and adults from disadvantaged backgrounds. Children who live in crowded housing, who have poor nutrition, and who may have limited access to health care, often experience repeated severe episodes of middle ear disease (otitis media).

Studies have shown that 60 per cent of Aboriginal adults and up to 85 per cent of children in remote Aboriginal communities have some degree of hearing loss.

This does not mean most of these people are 'deaf' (have a severe to profound hearing loss). Most have mild to moderate levels of hearing loss. However, this can have a detrimental effect on communication and impact on health outcomes.

People with hearing loss have poorer health

Research among non-Aboriginal adults has shown that hearing loss is associated with a greater risk of chronic disease (diabetes, elevated blood pressure and heart attack), and with a greater risk of mental health problems (psychiatric disorders, affective mood disorders and poorer social relations).

Studies with non-Aboriginal populations have also shown that people with hearing loss know less about health issues than other people, and people with hearing loss who come from a minority culture know least about health issues.

There is also evidence that people with hearing loss find it more difficult to access health services, and harder to communicate with health practitioners.

Frustration, anxiety and avoidance

As a general rule, people with hearing loss tend to experience more frustration and anxiety than other people do, in comparable situations.

Aboriginal people with hearing loss often find it difficult to understand what is said or asked of them when the person talking to them, the subject matter, or the language that is being used are unfamiliar.

With Aboriginal clients, health consultations are often with people the clients do not know well, because the turnover of non-Aboriginal health practitioners is high and the number of Aboriginal Health Workers is declining. The subjects discussed during health consultations are often unfamiliar ones, being based on culturally unfamiliar Western concepts of health. And English, or the kind of English spoken by non-Aboriginal health practitioners, is usually not be the language that the majority of Aboriginal clients know best.

Another important consideration, one that compounds the adverse effects of hearing loss on

communication, is the level of background noise.

A background noise level that is comfortable for someone who hears well may also be one that presents significant problems for someone with hearing loss. Clients with hearing loss may find that communication is very difficult in noisy reception areas, consulting rooms and hospital wards.







Hearing loss compounds the effects of the communication problems associated with cultural and linguistic differences. Faced with cultural, linguistic and listening difficulties, *Aboriginal clients with hearing loss often maintain a confused silence, respond to questions in an erratic way, or simply avoid health consultations.*

Hearing loss also contributes to difficulties in learning English as well as developing an understanding of Western world views. This means that the Aboriginal clients who are most likely to have a hearing loss are those who speak English least well, and who appear particularly shy when dealing with non-Aboriginal practitioners.

Aboriginal clients with hearing loss may also:

- have difficulty understanding what is said during medical consultations,
- have poor compliance with treatment,
- have difficulty providing their medical history,
- miss appointments - especially specialist appointments and
- make greater use of after hours services.

Communication problems that adversely affect health outcomes for Aboriginal clients with hearing loss can arise in the following situations:

-  When dealing with new nurses or doctors, and especially when the practitioners have little experience of communication with Aboriginal clients.
-  When there are no Aboriginal Health Workers available.
-  When background noise levels are high.
-  When clients are referred to others and to other places for specialist treatment.
-  When treatment outcomes rely on effective communication - for example, the management of chronic disease or maternal and child health.
-  When communication involves any combination of; unfamiliar people, unfamiliar subject matter, a noisy environment.

Training is available to help improve communication with Aboriginal clients with hearing loss in a range of options:

- face-to-face or
- tele-training programs.

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