

Transcript of the Hearing Care Industry Association Parliamentary Breakfast 16 August 2017

DONNA STAUNTON:

Good morning. And thanks, everybody, for coming. I'll start by acknowledging the traditional owners of this land, Ngannawal and Ngambri peoples, and respect their Elders past and present.

It's a great pleasure to welcome you all here today - actually. It's an event that the Hearing Care Industry Association looks forward to every year during Hearing Awareness Week. And this year, we are delighted, actually, we're going to be launching the update of a pretty significant report in relation to the social and economic costs of hearing loss. So, thank you.

I would have started by welcoming Ken Wyatt, but I will do that when he arrives. He is currently being interviewed by media about the new report.

I will welcome Minister Laundy, thank you for coming. Craig has been coming to our breakfast for some time and we certainly appreciate it. Julie Collins, Shadow Minister Ageing and Mental Health, Welcome, Julie. Nola Marino, a Longtime Supporter of This Breakfast and Hearing impaired people, welcome again.

Rowan Ramsey, also somebody who has been turning up to these breakfasts for a while. Rachel Sievert, it's important we welcome Senator Rachel Siewert and Senator Claire Moore. They started this whole thing off, in my view in relation to looking at hearing health. They published a report in 2010, they made pretty significant recommendations.

Frankly, little has happened since then, so I am hoping that Trent Zimmerman and Steve Georganas, who are now the chair and co-chair of the current House of Representatives Select committee looking at hearing health, will pick up on the recommendations that were made many years ago and will publish a report which will look at service delivery and hearing provision and awareness campaigns and the things that we do need for hearing impaired people in Australia.

The Deafness Forum has long called for hearing to be a national health priority. We think it should be. We think it is time attention was paid to good policy relating to hearing health.

So, welcome Claire and Rachel. Let's hope we see your work finished.

Senator Patrick Dodson, we welcome you this morning. Warren Snowdon, again, has been somebody who has been interested in hearing health in this community for many many years.

Emma Husar, Chris Crewther, Ross hart, Senator Skye Kakoschke-Moore, Emma McBride, Rob Mitchell, Rowan Ramsay, Susan Templeton, thank you for coming. We have Wendy Black representing Minister Hunt, so, Wendy, thanks so much for coming. We appreciate it. And we have many other members here and we are very grateful for all of you getting up so very early.

The HCIA board is here. Just do a quick stand so we know where you are. There are four of them. If you haven't met them yet, do because they want to meet you.

We have special guests in Michael Wooldridge, former federal Minister for Health, who is going to speak about good evidence, policy and making a difference to people's lives.

We have Commander Wayne Shaw as our keynote speaker, and Wayne will speak as soon as breakfast is served, which should be happening about now. And Bev Gordon, who is Wayne's wife, who is here as well. And Bev, I'm sure, would be very happy to talk about what it's like to live with a hearing impaired person. And how difficult it can be for both the family as well as the person suffering from hearing loss.

I should also mention we have the members of the professional bodies here, Bill Vass, Tony Khairy and Tony Coles representing the profession of audiology and audiometry. It is a profession we know little about but we should know more.

I would also say thank you to the Office of Hearing Services for being here. Yvonne is sitting on table four and is representing Trisha Garrett who runs the Office of Hearing Services. When HCIA decided to update this report and pay for the updated report, we didn't think it was particularly prudent to ask government for money because we keep getting told they haven't got any. But the Department did provide a lot of data to Deloittes to make sure we have the right, or Deloittes had the right material, to complete the report.

One more person, Scott Mitchell is here. Scott is at the back of the room. Scott is the author of this report and did a pretty good job in my view.

Breakfast is coming now. Enjoy breakfast. I'm going to ask Wayne Shaw up in about 10 minutes to speak, then Mike will get up to speak about evidence-based policy.

I hope you enjoyed the breakfast. It was quite nice. Minister Wyatt is doing media interviews in relation to the HCIA report, which is excellent, so we can't complain. He is on his way but we will keep things going because some people have to leave earlier.

The first speaker's Commander Wayne Shaw. Wayne has been a member of the ACT Fire & Rescue for 30 years and has a lot of experience with fire services. His hearing loss, actually, comes as a result of his work experience. He's been

involved in fire operations, communications. Wayne has managed Platoons that have responded to many incidents over the course of his career. They include the Royal Canberra Hospital implosion, Thredbo landslide, Sydney hailstorms and, more recently, the Hazelwood Coal Mine fire, and the Diamant Hotel fire in Canberra where he was the Incident Controller.

He's been involved with the Multicultural Festival and the Royal Canberra Show. Also, Skyfire, National Folk Festival, the Anzac Day to name a few.

He is also the ACT Fire & Rescue liaison officer for the Aboriginal Tent Embassy which he visits regularly. He facilitated the approval of an exemption for the ceremonial fire under the Emergencies Act and provided fire prevention equipment and other items for the site.

Prior to that, he was a mechanic. He is a man of action. Outside of work, he is a fisherman. Three years ago, he walked the Kokoda Track.

We are also delighted that his wife, Bev, is here today.

CDR WAYNE SHAW:

Good morning – thanks for inviting me here this morning to share my story on what it is like to live with hearing loss – a topic that is not spoken about often - and one that has often been perceived as “an old person’s problem.”

I am 58 years old, Canberra born and bred and I've served with fire and rescue for 35 years. I've been wearing hearing devices for three years.

Prior to joining the Fire Service, I was a mechanic and spent my time in a range of work environments including a stint on a tuna boat. Also, I had a few years working at the Australian police motorcycle workshop.

My Fire Service work focused on prevention and it was not at the standards we enjoy today. My life in the Fire Service was and still is very noisy but there have been great technological advances in the equipment that is used.

It was not that long ago that the best piece of safety equipment for a firefighter was a brass helmet and there was certainly nothing like breathing apparatus.

Responding to incidents under urgent duty driving conditions means exposure to sirens and horns on every shift cycle and this along with exposure to pump noises on the fire ground where large volumes of water are pumped through a firetruck at each incident means that noise exposure is given for firefighters every day.

The first signs I had something wrong with my hearing was a few years back when I developed tinnitus, which is best described as noises or ringing in the ear with no external noise present.

I did some research to prepare for this morning and was surprised to learn that 20-30% of the Australian population suffer from tinnitus.

One of the solutions offered at the time was to wear what is called a masker at night. It can be relieved with constant background noise like the television or radio going and the masker provides relief similarly. I also spent a lot of time beach fishing on the New South Wales coast.

I can take my devices out and the surf action is quite soothing and provides relief from the constant ringing. Not to mention the whales, dolphins and great sunrises you can enjoy on the coast. The deterioration to my hearing continued. The devices continued to serve me well and social situations but when I started an office job, I realise my hearing loss was causing me problems.

I worked in an open plan office and being able to hear properly in meetings was more difficult than working on the fire ground. This created some real challenges in terms of communicating effectively in my role.

Needless to say, a hearing test three years ago threw up no surprises. I had not understood the full extent of my hearing loss but the result took me by surprise.

I had started to wonder how I would be able to keep working with my hearing the way it was. I was very fortunate that Comcare treated my hearing loss as an on duty injury and with support from the audiology centre I had hearing aids fitted and found the improvement to my quality of life to be significant and I can now hear what people are saying to me and don't get left behind and conversations.

Amazingly, I can operate my hearing devices on the smart phone. I adjust the volume to suit whatever situation. If I had not been fitted with hearing aids, I suspect I would have avoided more social situations.

I shudder to think how isolated I may have become because of this. My wife Bev will attest to the challenges of being married to somebody with hearing loss. I know that many times when we been in social situations, she has gently guided the situation back to the direction it first started.

I would not hear things properly and take the conversation on a completely different tangent, which often left friends with bewildered looks on their faces.

I can't stress strongly enough how having hearing aids fitted as improve my work performance and renewed my commitment and passion to my career with ACT Fire and rescue.

It has improved my working life and made a huge difference to my work and social interactions. As a senior officer with ACT Fire & Rescue, it's my responsibility to ensure the health and safety of the firefighters and make sure I keep a close eye on the use of personal protective equipment during fire and

rescue operations and I probably border on being an nag to ensure my firefighters using protective gear provided.

I often use my story as an example of the need to take workplace health and safety seriously and prevention is definitely better than cure because with some injuries there is no coming back.

I'm realistic about the fact that my hearing will probably get worse as I get older. I've had several failed attempts to learn the French language but I think there will come a time when I need to learn Auslan instead.

I'm grateful for the help and support I've received from Comcare and hearing specialists and I would strongly recommend anyone who thinks they have issues with their hearing to seek advice and treatment from a hearing professional. I can honestly say my life is better from having my hearing diagnosed and having my hearing devices fitted.

I would like to thank you this morning for asking me to speak and give you an insight into what it is like to live with hearing loss. Thank you.

(applause)

DONNA STAUNTON:

Thank you, Wayne.

It is now my pleasure to introduce our second speaker who will take a slightly different tilt.

Michael Wooldridge will talk about evidence-based policy and making a difference in people's lives. I don't know how many people remember Michael. He has been around for a while. He entered Parliament in 1987 at the age of 30.

He has served in a variety of portfolios in Opposition and Government and, most notably, was the Minister for Health for six years from 1996-2001.

Michael still holds the record as the longest serving Coalition Health Minister in over 40 years, Michael has unprecedented knowledge of government policy-making and funding processes.

He has detailed knowledge and understanding of healthcare, health policy, political and bureaucratic processes, culture and thinking that is unmatched anywhere in Australia and, for that reason alone, he is widely respected.

He is currently the Chair of Cooperative Research Centre in Mental Health Science, the Australian Institute for tropical health medicine and he's also a professor in the Department of Epidemiology in Monash University.

Michael is a man of many passions, one of which is his championship of evidence-based policy-making.

To explain what he means by this and to discuss hearing health for the nation, I asked him to speak. He was the Minister responsible for expanding the hearing services program from the government-run sector to the vibrant private sector it has become today. Thank you Michael.

DR MICHAEL WOOLDRIDGE:

Thanks, Donna. Ministers Wyatt and Laundy, ladies and gentlemen. I wouldn't dare lecture such a distinguished group about policy per se. Because you are all good at it. Perhaps one thing I have is perspective. Having been able to reflect now for a very long time on what might have worked, what might not have worked, what regrets I might have had when I was in this place or not.

I was a medico who just happened to stumble into politics. I was in Parliament 18 months after I joined the Liberal Party. So my background wasn't one of politics at all. And when I got in, I thought, I better learn this job.

And one of the things I did was I went around and talked to a lot of senior figures from the 70s, both Liberal and Labor, and asked them about being a Minister, and asked them what it was like and what to expect.

And the one moment I absolutely remember, it was a revelation to me – I won't embarrass the person by mentioning their name but it's a name probably everyone in the room would know a very respected figure from the 70s – I said to him, "When you think back on your time as a Minister, what is the thing of which you are most proud?" And he was absolutely gobsmacked. He had never thought of it, no one had ever asked him the question before, and frankly, there wasn't anything he could think of.

Now, he had been a good and competent Minister. But he had been a steward. Things happened around him, things didn't happen because of him. In fact, he was so upset by the question that he rang me two days later and said, "My God, I thought of something!" Clearly it had been playing on his mind for all that time.

And that made me really reflect that perhaps it is harder to make a difference than we think, if this person that I admired, that is much admired in the Australian community, if it took him two days to think of something. And it was actually something very trivial, but he said that because that was the thing that would not have happened had he not been there. He made the difference and made that happen.

So that was my first learning on coming into politics. I obviously thought I wasn't going to go through the time away from home and the scrutiny and everything else unless I could try and make a difference. And no one would ever guess the thing of which I get the most personal satisfaction from. And it all comes down to a meeting I had in my electorate office when I was Minister.

Now, sharp people will know that's quite a thing to say because not many ministers have time to see many constituents. And I had a fantastic system. I used to have what staff called four jumper days. I would go to the electorate once a month, take four changes of clothing, get four lots of photos done and put them up once a week to make it look like I was there more than I was.

I had a wonderful system of filtering ...so I didn't have to see every constituent.. But I remember this one woman, the staff said, "You just have to see her. It's guaranteed she will cry. If her husband comes with her and she'll get upset. But she will go to the press if she cannot get to see you."

So I sat down with this woman, her name was Kerry Carbone. I still remember her. She was in her early 30s. She was a mum, her husband was a storeman and Packer. A big, bruising guy with tattoos. And she had three children with phenylketonuria. That's the thing on the back of the coke and that they say not to drink. It's a very rare disease. About one in 40,000 people have it.

And the children, unless they live on an unbelievably restricted diet get profound mental retardation. Irreversible, it's a terrible genetic illness to have. So, in looking for money in 1996, we had actually taken away the child disability support pension for kids with PKU because they didn't actually have disabilities. It's just that if they got hold of the stuff, they got mentally retarded. So we got rid of that.

And then when we brought the GST on, they had highly specialised processed food and we made that much more expensive. Anyway, she and her husband came into my office and our staff were there and within 60 seconds, she started crying. At which point, her husband lost it. "People have been trying to fix this for 30 years! Why do you think you can fix it? I'm sick of doing this with you! Nothing ever happens!"

At that point, he could have reached over the table and hit me and stormed out. And at that point, I reached over and put my hand on his arm and said, "Give her a go, mate."

And I said, "So not only did we take away your pension, we made everything more expensive and took away all these things from your kids." And she said that was right.

Anyway, I was outraged at that. It was at a time in the ERC when those things went through and they probably hadn't considered it. Mary Monay was a wonderful person who used to fix things for me when I didn't know where to go. It took about six months, but it was one of the few examples where we persuaded all the states to take the GST off food, we got the disability support pension back. We funded the organisation for kids with fennel ketonuria and Kerry became a hero in her area.

She was rewarded with an AM for her work on fennel ketonuria. And when you think of all the things that you do as a Minister, it's one of the things I am most proud of because it made a profound difference to the lives of those families. An absolutely profound difference.

And it shouldn't have taken 30 years, but it does. One of my experiences as John Howard wisely put me on the ERC and I went through six budgets. There are only three other people who have done that or more, Peter Costello, Paul Keating and Wayne Swan.

And I mention that because it gave me an incredible insight into policy and how it comes up and what Finance and Treasury do to make sure no one ever gets any of their money.

Policy happens for three reasons - because you have to do it, because you want to do it or because there is a crisis. What you read in the textbooks on which I now lecture at University, it is completely unlike it. Policy happens in fits and starts, where there are opportunities, or from time to time.

And looking at what HCIA has done with this Deloitte report, there are some terrific ideas in it that would make a difference to the lives of ordinary people. The thing that jumps out to me is on page 46 – employability. Employability by age as to whether someone has got hearing loss or someone has not got hearing loss.

What Wayne talked about just before, they are staggering figures. And, no, it won't be able to be all implemented at any time. That is not how government works. But any one of you representatives in the room has the capacity to take some of the ideas in here, the evidence in here, to really make a difference to the lives of ordinary Australians.

HCIA has done a terrific job providing that evidence, dividing that base. My experience on the ERC is those things get up a much more those things that have an evidence base behind them where you can argue. It may not happen this year, it may not happen this electoral cycle, it may not happen the next electoral cycle, and Australia leads the world in hearing health. And if we are still going to do that in 10 or 20 years time, these ideas are the sorts of things that will take us through being best in the world now to still number one in 20 years time.

So congratulations to HCIA, well done on Deloitte, and thank you very much for having me.

(Applause)

DONNA STAUNTON:

I don't think I want to wait two electoral cycles, but on that, thank you, Michael. It was excellent.

Now I want to introduce our guest of honour who is, as I said, already been working very hard.

Just briefly, Ken hails from Western Australia. He is proud of the Noongar, Yamatji, Wangai and Wongi peoples. He trained as a teacher before he moved into education policy, and then became a Director of Aboriginal Health with the Department of Health.

In 1996, Ken was made a member of the Order of Australia for services to Aboriginal health. He received the Centenary medal in 2003 for his efforts and contribution in improving the quality of lives for Aboriginal and Torres Strait Islander peoples, and mainstream Australian society, in education and health.

Ken stood for Parliament in 2010 in the seat of Hasluck, for the Liberal party, he won the election and was made Minister for health in 2015 before being promoted in January 2016 as Minister for Indigenous Health and Aged Care.

Ken is the first indigenous member of the House of Representatives and the first indigenous Minister. And he has responsibility for hearing in this government.

To give an example of how active Ken is in his current role, in the last few months alone, he has issued a report on Tackling Indigenous Smoking program. He announced a new dementia program, he announced changes to My Aged Care services. He has welcomed the completion of new houses in the top end for renal dialysis patients and families. He has brokered a new agreement for the Council of Presidents of Medical Colleges and NACCHO to try and close the gap on indigenous health. He announced funding for the Australian indigenous health program.

He has championed the awareness to encourage all the donations and announce community awareness grants, he has launched initiatives into palliative care – I think that was in the last couple of weeks – but he is obviously a very active and dedicated Minister, and we are absolutely delighted he has responsibility for hearing and we are absolutely delighted he accepted our invitation to launch the report.

(Applause)

MINISTER KEN WYATT AM:

Can I say, it's a pleasure being here this morning. It's hard to follow Michael Wooldridge. As a young policy officer, I used to listen to some of his speeches and I was always impressed with the way he tackled some of the thorny issues that past ministers did not follow through on.

One of the challenges was that we make decisions and take a direction and implement them but what I found with you is that you followed it through to make sure they were implemented.

It's an unusual trade. It's easy as ministers to put policies and programs in place but not overview the importance of them, like the issue of hearing for Australians.

I see this as an absolutely critical area that we need to do much more on in having people focus on the impact of hearing loss because of gradation of noise or illnesses that impact on an individual's capacity to hear conversations around them. At the same time, they have to be engaged in a way that is critical and important to social construct and employment opportunities.

I have sidetracked from my original script. I got back to my script for a while and deviate again!

I'd like to acknowledge the traditional custodians of the land on which we meet today, the Ngunnawal and Ngambri people, their Elders past and present. We are on their land. I would like to thank Wayne for his speech. It was important in demonstrating for an individual for hearing loss.

In our worlds, we take for granted the long-term consequences of noise. You shared your story with us this morning. All of our wives at different times say, "You are not listening," but the beauty of that, and even my staff say to me, and I repeat the last sentence, but when it is an issue that you can't hear and it is problematic...

I also want to acknowledge Donna Staunton whose work is astounding in the sector. Her passion and commitment is exemplary. Ashley Wilson, Chairman of HCIA, chairman and the deputy chair of the representatives enquiry into hearing health, Trent Zimmerman, and also Craig Laundry. I also want to acknowledge Steve Georganas. Hearing loss has a huge impact.

This report highlights that one in seven of us currently suffer from hearing loss, lower than the 2006 rate of one in six, due to changes in the way that hearing loss is measured, but no less significant.

This equates to 3.6 million Australians and more than 90% of those are aged 50 or over with a large majority of these being males.

The report puts the total cost of hearing loss this year and \$33.3 billion divided most equally between direct financial losses and loss of well-being.

This report predicts that by 2060 the number of people with hearing losses will more than double due to population growth and finds that for people in their 50s and over, deafness is far from inevitable.

Everything about the nightclubs we used to gyrate in and enjoy a few drinks, the large noise of the music concerts we've been to, and areas using jackhammers, drills, having sound in confined spaces, the impact on a daily basis. In loud rooms, people look at your lips. They are reading your lips to hear the conversation.

I see that more and more in this place. When you talk to colleagues in a noisy room, you can see the degree of impact that hearing loss has had.

Let's project out to the future. When we think about earphones, we see young people, when you sit on a train, and I sat on a train recently in Sydney, a young person about five seats from me, I could hear the music they were listening to. The challenge there for all of us was, what is the long-term cost to the individual and to society?

In the Indigenous community, I had a meeting with Rio Tinto and I asked them about the rates of employment for young indigenous Australians and they said they were not significant given the majority of them failed the hearing testing.

They failed because of otitis media, the simple infection that hardens the eardrums for each preparation and they get to the point of two things happening to them.

One is repetitive episodes of OM, middle ear bones, and their hearing becomes compromised. Also, they cannot hear the warning signals from vehicles reversing.

Companies do not want to take that risk and that diminishes the opportunity for employment. The challenge is to look at even the simplest of childhood infections, hearing loss, and it was great being in New South Wales when they made the decision to screen all newborns to see if they had a hearing problem.

That gave us the opportunity to then talk with parents and give them some options. Cochlear implant is one of the greatest innovations this country has led the way in, but more importantly, this report, and you are right, Michael, we are not able to implement everything within the report but it will serve as a significant guide to the way in which I will give serious consideration as to some of the directions we have to consider in the context of looking after the hearing of all Australians, regardless of age.

We often reflect on watching older people within aged care institutions. You see people who use their hearing is but you also see some who do not because they cannot afford them so there is some work that I need to do and this report is invaluable in the sense that we have to think about think about the hearing of Australians from 0-100. One of the challenges created by the health system is that by having this division of 0-5-year-olds, childhood health, adult health, once you get to 60, seniors.

When you think about this, we compartmentalise funding. We have to think about who accesses services and if we think about life that continue through to 100, were more likely to reflect on the services that we provide across the continuum of a lifetime that somebody experiences.

When I read this report, I had a quick glance, I've not read it word for word, but I was impressed with the data that we had within this that I can use and you're right, Michael, the policy is often done because of pressure points.

On this particular one, hearing has been an issue that has been part of the lifetime of work that Rachel Siewert has done in terms of Senate enquiries.

The work that both of my House of Representatives colleagues are undertaking at the moment indicates that we've not shifted significantly from that 2007 report and that what they are finding is that the findings of that report are being paralleled in the pending report that they will table soon.

It means that they have not responded in a way that we should have. Looking forward to forming significant partnerships with the GPs, who play a critical frontline role in assessing hearing but, equally, schools, who have a role in terms of ensuring and identifying children with hearing losses and the hearing services provided by Australian Hearing.

I commend HCIA on producing a report that provides a level of detail that makes it easier for us to consider a range of issues. I am looking forward to the report that the House of Representatives committee will provide to me and, on that basis, it gives me great pleasure to launch this report, to acknowledge all of you whose been involved and to thank you for again highlighting the work that we still yet to do but acknowledging the work that we are doing but also creating the opportunities for the policy reforms that we need.

Congratulations to all of you. Thank you.

(applause)

DONNA STAUNTON:

Thank you, Minister. We very much appreciate your support in this area.

We only have a few minutes left, actually. If you want to ask...if there are any burning questions in the room for anyone sitting in the room from anyone in the room, there is a roving microphone somewhere out there. Other any questions for the minister, Wayne, anyone else?

Minister Laundy, do you want to say anything?

QUESTION FROM FLOOR:

(Inaudible) my young daughter Annaliese has bilateral hearing loss that was degenerative. I wanted, for you in the industry, on behalf of my family, I wanted to thank you.

My daughter was born before compulsory screening. The difference you make in my family's life on a daily basis is immeasurable and I want to say thanks.

(applause)

DONNA STAUNTON:

Thank you, Minister. I did not want to put you on the spot. He responded so well.

I will now invite Ashley Wilson, our chairman, to give you a vote of thanks and close the breakfast.

ASHLEY WILSON:

Thanks a lot, Donna. Good morning, everybody. My name is Ashley Wilson, and I'm the chairman of HCIA. Minister Wyatt, members and senators, Dr Wooldridge, Cdr Shaw, good morning one and all. I want to express thanks to all speakers today.

Firstly we heard from under Wayne Shaw who brought hearing issues to life for us, their families, their workmates and the broader community in which they participate.

Hearing is a critical faculty. Its loss can be prevented and its loss can be ameliorated.

We also heard from Dr Wooldridge, with his deep experience in science, medicine, business and politics. He spoke on how critical evidence is to the development of sound policy. And for informing action that makes an enduring difference.

We are all here to improve the quality of life as Australians, and as politicians, you all have the ability to make things happen. And we urge you to do so in relation to the hearing health sector.

Minister Wyatt, who launched the report – and I will digress from my notes for a minute here – he made some reference to people when early onset of hearing loss occurs tending to start to lip-read etc. I've been in hearing care for over 40 years, and after that period, you tend to think you have seen it all and you have heard it all.

I had an interesting learning experience a few months ago. I was in Dubai, and whilst there I visited some hearing clinics. I was speaking to one of the hearing professionals in one of the clinics and he made a very broad statement. He said, "Here in Dubai and in other areas of the Middle East, elderly males have more hearing issues than any other males in the world." And I thought that was a pretty significant statement and I have a clinical background so I immediately leapt to there was some genetic issue in that population, cohort or something.

So I asked a few questions and he said, "No. When people get the first signs of hearing loss, they tend to lip-read. And what do you think that means for males and a lot of people in the Middle East when they are listening to their partners?" And of course, a lot of the females in that part of the world wear the burqa so you

can't read their lips. And those of us with a science background know that sound does not travel around corners.

So that was a real learning away from Australia that I thought was significant and it brought home the message to me that for people in mainstream Australia, hearing loss is an invisible ailment and people don't understand or realise until they are personally connected with someone who has a hearing loss how significant it can be.

Back to my notes. Minister Wyatt, we thank you so much for officially launching the HCIA commissioned report from the Deloitte social and economic cost of hearing loss in Australia.

We all, I'm sure, agree that the key findings were sobering. Some of those being that over 1.3 million Australians are living with hearing loss that could have been prevented. Hearing loss is set to double by 2060 in Australia.

The current financial costs of hearing loss are estimated to be \$15.9 billion, which is significant. And \$12.8 billion in loss of productivity.

Recreational noise induced hearing loss is an increasing risk, especially for young people. There are cost-effective interventions possible. And they include broadening hearing screening assessments for those over 50. And extending the current excellent hearing aid voucher program for people in low income groups to help keep more people in work and for longer.

The evidence in our report demonstrates the targeted interventions will deliver returns far beyond their potential investments. So we thank everyone for being here today, and we encourage all in parliament to consider the report.

Please join me in applause for all of today's speakers.

(Applause)