

Better Hearing Australia (National) Inc



2016/2017 Annual Report
Better Hearing Australia (National) Inc



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NATIONAL PRESIDENT'S REPORT 2016-2017

Since 1932, BHA has been an active enabler of people with hearing loss. We have always been person-centred, empowering and focussed on better hearing outcomes. Supporting the community ensures people with a hearing loss have more opportunities.



I am proud of the achievements of our national board, with diversity, breadth and depth, we have achieved so much of the strategic intent we launched a two years ago. A primary goal of this plan was improve our public relations and form mutually beneficial strategic relationships.

Over the last 2 years, we developed branch resources and have raised BHA's profile as a leading consumer voice for people with hearing loss and tinnitus in a range of forums including, government, media, ACCC, academia and other health organisations.

Some of our recent achievements include;

6th February 2017 - Australia's first Tinnitus Awareness Week, and the launch of Tinnitus Australia, and important international relationships,

5th March 2017 - World Hearing Day, the ACCC launched its findings from an investigation into the Hearing Aid industry. BHA was delighted to be a partner in developing key messages as part of the report's release.

1st May 2017 - Members of the BHA National Board, Dr Tom McCaul, Mrs Joan Belle, Mr Andrew Bush and Ms Michele Barry presented at the Commonwealth's Parliamentary Inquiry into hearing health and well-being. Our submission was prepared by Tony Whelan and Andrew Bush was well received. Support from Mirella Prasad and Jeannette Waters ensured our presentation was poised and confident. A great team effort.

8th June 2017 – BHA was featured as part of well the well-respected ABC "The Checkout."

7th and 8th Jun 2017 - Preliminary strategic planning meeting, for robust evaluation and challenge the status quo and plan future options to discuss with BHA member branches. Mirella Prasad lead a challenging agenda to kick start vital conversations.

Our challenge ahead will take courage and a new approach to tackle the challenges of supporting emerging populations with hearing related conditions. The current model must change to support the wider population, influence policy and promote the needs of supporting 1 in 6 people with hearing loss.

It is time for change. No longer can the impact of unsupported hearing loss be ignored.

I thank our wonderful National Board, and our branches for impact on the daily lives of many Australians.

Michele Barry

National President

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NATIONAL BOARD

Thank you to all of the members of the BHA Board, without your support, hard work and dedication these achievements would not be possible.

I thank all elected Board Directors and new members of our Board of Management

The 6-person National Board elected at the AGM comprised;

National President	Michele Barry, Victoria
National Vice President	Mirella Prasad, Brisbane
National Secretary	Andrew Bush, Sydney
National Treasurer	Jeannette Durlak, Victoria
National Director	Joan Belle, Geelong
	Bob Belle, Geelong

Current Board of Management



Michele Barry, Victoria

National President

Mirella Prasad, Brisbane

National Vice President

Andrew Bush, Sydney

National Secretary

Jeannette Waters, Victoria

National Treasurer

Joan Belle, Geelong

National Director

Bob Belle, Geelong

National Director

Tony Whelan, Brisbane

National Director Elected March 2017

Tom McCaul, Victoria

National Director Elected May 2017



ACCC AUSTRALIAN COMPETITION AND CONSUMER COMMISSION - REPORT

Hearing Aid Sector

Better Hearing Australia National commends the Australian Competition and Consumer Commission (ACCC) report into the hearing aid sector.

The ACCC launched its report in the hearing aid sector on World Hearing Day - 5th March. We thank the ACCC for this investigation and confirm that the findings are consistent with the experience of many BHA clients across the country.

The report highlights the following:

1. Sales may be driven by commission and other incentives rather than consumer need
2. Cost/performance of hearing aids
3. Treatment of vulnerable consumers

A major concern of the ACCC is that commissions, incentives and other mechanisms used to drive sales in hearing clinics can create a conflict with clinical independence, professional integrity and the clinician's primary obligation to consumers. This is especially troubling given that consumers who require hearing aids are often disadvantaged or vulnerable due to their hearing loss, age, other medical conditions, disability or income level, and may be susceptible to persistent sales techniques.

"Not being able to hear well can mean not being able to communicate or participate in activities of choice. People with unsupported hearing loss are denied full participation in our community which adversely impacts on their wellbeing," said Michele Barry, National President of BHA National.

"There are many great audiologists and hearing practitioners who are amazing in supporting people to manage hearing loss - the right device with the right expertise enables many to get on with life."

As raised in the report, it is also our experience that some people are not receiving good audiological care.

Barry agrees, "Many people tell us stories of high pressure sales techniques and a lack of follow up care. This is not in line with the principles of patient-centred care."

BHA would like the launch of this report to be an opportunity to discuss the need for client centred approaches for all hearing health care. All hearing providers should be accountable for hearing outcomes via external evaluation. Ideally, the sector should be able to demonstrate the outcomes it achieves and have an independent rating.

The ACCC have produced a two page set of guidelines for hearing health consumers.

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TINNITUS AWARENESS WEEK - #TAW2017

A joint partnership between the British Tinnitus Association, the American Tinnitus Association and Better Hearing Australia.

This is the first time that a focus on this condition has been addressed in Australia under a network of collective medical and allied health organisations. The British Tinnitus Association directly approached BHA (VIC) to be involved and we are thrilled that we can all be part of this global effort with three branches hosting events.

As part of the Tinnitus Awareness Week launch, a Tinnitus Australia alliance has been formed, as well as a website to house support information and advice for sufferers. (tinnitusaustralia.org.au) This is a great opportunity for Better Hearing Australia to be associated as leading the way in tinnitus awareness and use the brand advantage of our long-standing national entity. Congratulations to everyone behind the scenes for creating important national/international alliances and being part of the Australia's first Tinnitus Awareness Week.



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NATIONAL ENQUIRY INTO HEALTH AND WELLBEING

On Monday May 1st 2017, National BHA was invited to present at the Inquiry into hearing health and wellbeing in Australia. It was a wonderful opportunity to share the lived experience of many Australians.

As you will see from the transcript, BHA delivered a presentation that highlighted opportunities for change. In preparation for this presentation, Joan Belle and Andrew Bush conducted a survey of BHA members to highlight their daily challenges.

A summary of these findings can be found at

http://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/HearingHealth/Report_1

A big thank you to my fellow board members: Mirella Prasad - Vice President, Andrew Bush – Secretary, Jeannette Waters – Treasurer, Joan Belle, Bob Belle, Tony Whelan and Tom McCaul – Directors.



Michele Barry

On September 13 - Trent Zimmerman tabled a report in Parliament, titled – **Waiting to be heard**, where the following recommendations were tabled.

Better Hearing Australia is delighted that Mr Zimmerman has investigated and tabled a range of interventions. In particular, BHA is delighted that the need for hearing health contractors to be accountable for hearing outcomes is noted, and not just the distribution of hearing aids.

A majority of hearing loss is acquired, although mentioned in the report, we would have liked a focus on addressing the rehabilitation needs of supporting someone with acquired hearing loss. Devices alone will not address supporting hearing loss in a range of situations, including employment, education and leisure activities. Without support many Australians remain isolated, and left out of the conversation.

BHA looks forward to working with decision makers to ensure hearing health consumers are supported and able to fully participate in the community.

Recommendation 1

The Committee recommends that the Department of Health, in collaboration with Australian Hearing, the Department of the Prime Minister and Cabinet, states and territories, Aboriginal and Torres Strait Islander health organisations, and local communities, develop a national strategy to improve hearing health in Aboriginal and Torres Strait Islander communities aimed at:

- coordinating Commonwealth, state and territory services to ensure they are complementary and delivered in a coordinated manner;
- developing a nationally consistent data reporting framework to record data on the prevalence of ear health conditions and the provision of services, including a treatment outcomes tracking method;
- regular monitoring and evaluating of programs to ensure they are meeting their objectives; and
- funding further research into Aboriginal and Torres Strait Islander hearing health issues.

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Recommendation 2

The Committee recommends that the Department of Health and Australian Hearing significantly increase the resources devoted to providing hearing health services in regional and remote Aboriginal and Torres Strait Islander communities. The mobile outreach services of the Deadly Ears Program should serve as a best practice example for national implementation. This program should focus on expanding access to hearing health services in regional and remote locations and reducing the waiting lists for Aboriginal and Torres Strait Islander children requiring hearing health treatment.

Recommendation 3

The Committee recommends that the Department of Health together with the Department of Education and Training create a hearing health support fund for Aboriginal and Torres Strait Islander students. This fund should be responsible for the progressive installation of soundfield amplification systems in the classrooms of all regional, rural, and remote schools with a significant Aboriginal and Torres Strait Islander student population; and provide support to deaf Aboriginal and Torres Strait Islander children to learn sign language and access interpreters where necessary.

Recommendation 4

The Committee recommends that the Department of Social Services include audiology and audiometry as eligible services for access to the Free Interpreting Service, delivered by the Translation and Interpreting Service.

Recommendation 5

The Committee recommends that the Office of Hearing Services review the provision of hearing services to residents in aged care facilities. This review should consider issues including:

- the use of assistive listening devices for aged care residents;
- service provision for deafblind Australians in aged care facilities; and
- the education of aged care facility staff.

Recommendation 6

The Committee recommends that the Department of Health, in consultation with state and territory counterparts and key stakeholder groups, develop and implement an education and awareness raising campaign focussed on national hearing health. The campaign should:

Promote safe noise exposure practices in the workplace. (The department, in partnership with Safe Work Australia, should focus on encouraging businesses to enact measures to eliminate or isolate sources of noise rather than relying on personal hearing protection.)

Build on existing projects such as HEARsmart and Know Your Noise to promote safe listening practices in the music industry and among young people.

Encourage people who may be experiencing hearing loss to seek assistance and encourage general practitioners and other relevant medical practitioners to actively enquire about the hearing health of their patients, particularly those aged 50 years and over.

Include messaging aimed at destigmatising hearing loss and educating the public on the challenges faced by deaf and hearing impaired Australians.

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Recommendation 7

The Committee recommends the Department of Health develop a national hearing loss prevention and treatment program for agricultural communities. Effective interventions piloted in the National Centre for Farmer Health's Shhh Hearing in a Farming Environment project should serve as the basis for the development of the program. Specifically, the program should include:

- The provision of education on farm-based sources of noise exposure and how the risks to hearing health from these noise sources can be minimised.
- Hearing screening services targeted at workers in agricultural industries and referrals to treatment services for people found to have a hearing loss.
- The promotion of communication techniques to assist people with hearing loss regardless of whether they choose to use hearing devices.

Recommendation 8

The Committee recommends that the Hearing Services Program and the National Acoustic Laboratories prioritise funding for research which focuses on:

- The causes of balance disorders and potential treatment options;
- Genetic and stem-cell based treatments for hearing impairment; and
- Longitudinal research on the experiences of adults undergoing treatment for hearing impairment.

Recommendation 9

The Committee recommends that the Australian Government add hearing health services delivered via the internet to the Medicare Benefits Schedule. These services should include: audiology; ear, nose, and throat consultations; early intervention listening and spoken language therapy; and speech pathology.

Recommendation 10

The Committee recommends a review be undertaken of Australian Hearing's commercial operations to ensure it is undertaking a competitively neutral approach to its participation in the Hearing Services Program Voucher Scheme.

Recommendation 11

The Committee recommends that the Community Service Obligations program be extended to provide hearing services to hearing impaired Australians aged 26 to 65 years on low incomes or who are unemployed and qualify for lower income support or the Low Income Superannuation Tax Offset.

Recommendation 12

The Committee recommends the Australian Government's Hearing Services Program prohibit the use of commissions or any other similar sales practices likely to undermine the ability of audiologists and audiometrists to provide independent and impartial clinical advice. The Committee also recommends that:

Australian Hearing cease the use of commissions and similar sales practices as soon as is feasible.

The Department of Health amends contracts with service providers operating under the Hearing Services Program Voucher Scheme to prohibit the use of commissions and similar sales practices as soon as is feasible.

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If necessary, changes be made to the Hearing Services Administrative Act 1997 (Cwlth), and any other relevant legislation or regulation, to enable the prohibition of commissions and similar sales practices as described above.

Recommendation 13

The Committee recommends that the Australian Government pursue the registration of the audiology and audiometry professions under the Australian Health Practitioner Regulation Agency framework with the Council of Australian Governments.

Recommendation 14

The Committee recommends that audiological services for children aged zero to five years remain under the Department of Health's Community Service Obligations program, with Australian Hearing retaining its role as the sole provider of these services.

Recommendation 15

The Committee recommends that the Office of Hearing Services fund the creation of a national 'guided pathway' system, based in Australian Hearing, to assist parents in choosing expert early intervention services for their children.

Recommendation 16

The Committee recommends the Council of Australian Governments:

- establish a universal hearing screening program for children in their first year of school, with the aim of having all children tested within the first 60 days of the school year; and
- investigate the use of an evidence based online screening program, to deliver a cost effective screening process.

Recommendation 17

The Committee recommends the Department of Health establish a system of automatic referral to a paediatric audiologist, which can be bulk billed, following identification of a hearing impairment at a school screening program.

Recommendation 18

The Committee recommends that states and territories be required to report against the 'National Performance Indicators to Support Neonatal Hearing Screening in Australia', and that the Standing Committee on Screening coordinates the monitoring and reporting in this area.

Recommendation 19

The Committee recommends that the National Disability Insurance Agency undertake modelling to determine the likely demand for Auslan interpretation services following the introduction of the National Disability Insurance Scheme, and the capacity of existing services to meet this demand.

Recommendation 20

The Committee recommends the Government work with states and territories to ensure that Auslan interpretation services are available for interactions with medical, law and other essential services.

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Recommendation 21

The Committee supports the decision not to privatise Australian Hearing and recommends that Australian Hearing be retained in government ownership.

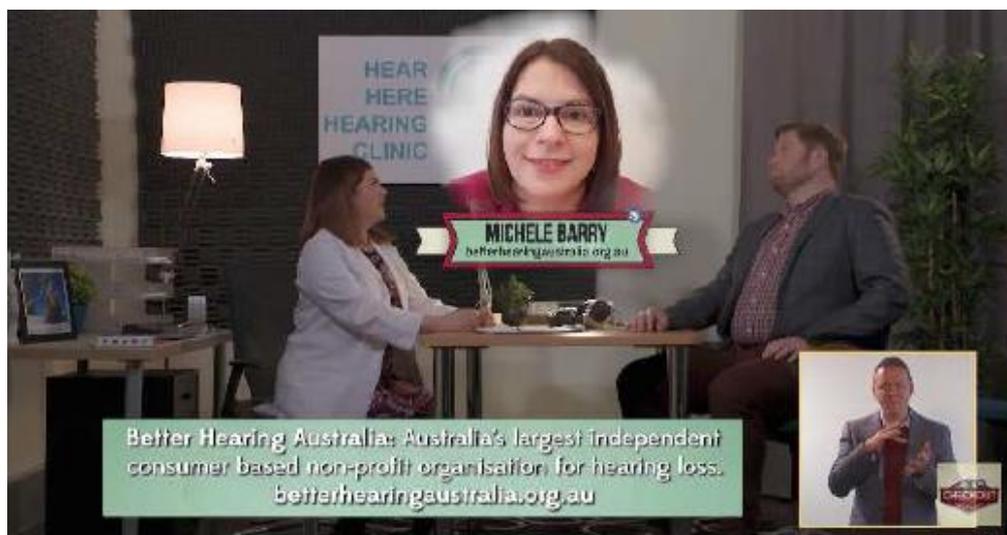
Recommendation 22

The Committee recommends that hearing health is made a National Health Priority Area.

“THE CHECKOUT”

Better Hearing Australia was invited to be part of The Checkout on ABC, which aired on June 8th. ‘Had it up to Hear’ highlighted the challenges that consumers face when addressing hearing issues in the retail market. It incorporated some great key messages and we hope it will empower consumers to ask questions when seeking hearing support.

A copy of this episode has been placed on the home page of the BHA National website or can be found on You Tube titled “Hearing Clinics: Had it up to Hear”.



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2016-2017 ANNUAL AWARDS

The **Illingworth Award**, for the most outstanding volunteer of the year, was awarded to a very worthy volunteer in 2016. The winner was Shona Fennell from the Adelaide Branch.

Shona Fennell, Adelaide

Shona joined BHA Adelaide in 2003, and from the time she joined, she has held various offices. She's been Vice-President, Secretary, head tutor, training tutor and counsellor, newsletter editor, graphic artist and guest speaker for community groups. She's also been an initiator of many exciting programs in the community. She's been on the committee since 2005 and was a member of the Organising Committee for the National Better Hearing Australia Conference in Adelaide which was in 2005 as well.

Shona has trained five tutors and has been instrumental in persuading the branch committee to hold coffee mornings in Adelaide now, which they do. Shona's been involved in running the organisation for the South Australian High Achiever Award, and she's been a judge for that as well. She's also organised the lipreading competitions and applied for financial grants on behalf of Adelaide. She's also set up a hearing loss presentation that included sort of like a fun theatrical version of a GP's discussion, which apparently they have been using in universities over there to train doctors. Its always been a pleasure to see Shona at the national conferences which Shona generally attends. Congratulations to Shona Fennell from Adelaide, a very worthy recipient.

The 2017 Illingworth Award winner will be announced at the 2016/2017 AGM.

The **Maree Green Newcastle Membership Award** is presented to the BHA Branch with the highest percentage increase in membership. Canberra Branch received the Award in 2016.

The 2017 Maree Green Newcastle Membership Award will be presented at the 2016/2017 AGM.

Financial Report – For the year ended 30 June

TREASURER'S REPORT

The expenditure for 2016-2017 Financial year has remained minimal and there were no projects. With cash resources remaining stable in this financial year the future for BHA National remains positive.

The ongoing decline of memberships and closure of branches continues to impact the overall income of Better Hearing Australia (National). Expenditure is limited.

Funds were used predominantly for travel and meeting attendance.

It has been agreed that the Scholarship will once again be offered in the 2017/2018 financial year for an amount of \$1,000 per semester (\$2,000 for the year).

A donation of \$2,000 was made to the Deafness Forum for the Break the Sound Barrier campaign.

A big Thank you to Michele Barry and the National Board. The members work tirelessly to promote the services of Better Hearing Australia Federally. Without the National Board we would not be offered the opportunity to speak at forums.

Note: The Better Hearing Australia National Board have been given a donation of \$27,500 which will be reported in the 2017-2018 Financial Year however it provides ongoing capability for BHA National to continue doing a great job.

Regards

Jeannette Durlak Waters

Treasurer

Better Hearing Australia (National) Inc.

Financial Report – For the year ended 30 June

BETTER HEARING AUSTRALIA (INC) ABN 86 906 024 101
Statement by Members of the Committee
For the year ended 30 June 2017

The committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the Financial Statements.

In the opinion of the committee the Profit and Loss Statement, the Balance Sheet, Members' Statement and Notes to the Financial Statements;

1. Presents fairly the financial position of Better Hearing Australia Inc as at 30 June 2017 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee.



President – Mrs Michele Barry



Treasurer – Ms Jeannette Durlak

Financial Report – For the year ended 30 June

Profit and Loss Statement

July 2016 to June 2017

Better Hearing Australia Inc

5 High Street

Prahran VIC 3181

ABN 86 908 024 101

	2017	2016
Income		
Capitation Fees	6,830	7,397
Dividends Received	386	386
Interest Received	-	-
Magazine Sales / Advertising	-	-
Stock	126	327
Total Income	7,342	8,110
Expenses		
Audit Fees / Accounting Banking and Bookkeeping	113	100
Advertising / Promotions / Marketing	-	18,731
Computer Expenses	89	-
Conference Expenses	-	5,680
Conference Grants and Awards	225	100
Accommodation	155	1,749
Travel	3,536	2,837
Donation	2,000	-
Honorarium – Editor	2,200	3,000
Filing Fees	-	54
Insurance	945	945
Printing and Stationery	252	2,386
Postage	95	306
Telephone / Internet	300	262
Scholarship	-	1,000
Website	575	2,742
Lip Reading Competition	-	-
Subscriptions	135	122
Board of Management Training / Meeting expenses	696	1,347
Total Expenses	11,316	41,366
Operating Profit	(3,975)	(33,256)
NET PROFIT / (LOSS)	(3,975)	(33,256)

Financial Report – For the year ended 30 June

		Better Hearing Australia Inc	
		5 High Street	
		Prahran VIC 3181	
		ABN 86 908 024 101	
Balance Sheet			
July 2015 to June 2016			
		2017	2016
Assets			
Cash at Bank		28,550	32,408
Trade Debtors		635	13
Provision for Taxation		-	-
AFI Shares – Illingworth		6,000	6,000
	Total Assets	35,185	38,221
Liabilities			
GST Liability		(538)	(2,092)
	Total Liabilities	(538)	(2,092)
	Net Assets	34,647	40,313

		Better Hearing Australia Inc	
		5 High Street	
		Prahran VIC 3181	
		ABN 86 908 024 101	
Members Funds			
July 2016 to June 2017			
		2017	2016
Members' Funds			
Accumulated surplus (deficit)		34,647	40,313
	Total Members' Funds	34,647	40,313

Notes to the Financial Statement

1. Better Hearing Australia uses a Cash based accounting system.