8 September 2025

Via Online Submission

Re: Submission to the Productivity Commission: Draft Recommendation 3.1 – National Prevention Investment Framework

To the Commissioners,

Deafness Forum Australia welcomes the opportunity to provide input into the Productivity Commission's interim report and strongly supports the establishment of a National Prevention Investment Framework.

We commend the Commission's recognition that preventing a problem from developing is often a more effective and efficient use of public resources, and that well-designed prevention programs can deliver value far exceeding their costs. This is true across a range of sectors and conditions — including, but not limited to, hearing health.

While hearing health is our core focus, we recognise and support the broader value of a national prevention strategy that spans education, housing, justice, and family support. This cross-sectoral lens is critical to tackling the social determinants of health that shape outcomes for all Australians. Hearing loss, like many other chronic and preventable conditions, is deeply affected by these broader settings — from overcrowded housing contributing to ear infections in children, to workplace noise exposure and access to early screening in rural areas.

The Value of a National Framework

Our sector's experience shows that the benefits of prevention extend well beyond the health system. When prevention is properly funded and targeted, it can:

- Reduce demand on acute and aged care services.
- Improve workforce productivity through maintained health and wellbeing.
- Deliver better learning outcomes in children through early intervention.
- Address inequities in disadvantaged populations, including Aboriginal and Torres Strait Islander communities, CALD Australians, and people in rural and remote areas.

Hearing health is one compelling example. Affecting over 3.6 million Australians, untreated hearing loss significantly impacts education, workforce participation, cognitive decline, and social inclusion. Many causes are preventable or manageable with early action — yet, like other areas of prevention, investment remains fragmented and not aligned with long-term evidence on what works.

Importance of a Prevention Framework for Hearing Health

We support the Commission's emphasis on long-term, evidence-based investment in prevention as a way to deliver better outcomes and reduce future acute care expenditure. In hearing health, structured investment would:

- Reduce upstream risks such as unsafe recreational and occupational noise exposure, and preventable infections like Otitis Media through vaccination, early treatment, and public health initiatives.
- Promote education and awareness around other preventable causes of hearing loss, such as congenital cytomegalovirus (CMV), to support timely diagnosis and intervention.
- Support early detection to ensure children and adults access timely interventions, such as newborn screening, school hearing checks, and community-based audiology services.
- Invest in hearing health management — including hearing aids, cochlear implants, and rehabilitation — to minimise downstream care costs associated with untreated hearing loss (e.g., falls, dementia, mental health treatment).
- Deliver cross-sector gains, including better educational attainment, stronger workforce productivity, and a reduction in health and social inequalities.

Hearing loss also intersects with other chronic health conditions — such as diabetes,[1] cardiovascular disease,[2] and cognitive decline[3] — compounding disadvantage and increasing health system costs. The burden of hearing loss is not experienced equally; it disproportionately affects vulnerable groups, including Aboriginal and Torres Strait Islander peoples,[4] people from culturally and linguistically diverse backgrounds,[5] and those living in rural or socioeconomically disadvantaged communities.[6] A truly equitable prevention strategy must recognise and address these overlapping health and social inequities.

Tiered Approach to Prevention

We support the Commission's recognition that prevention requires a portfolio approach across primordial, primary, secondary, and tertiary strategies. In hearing health:

- Primordial prevention is essential to address risk factors at the population level, such as reducing exposure to harmful noise.
- Tertiary prevention must be prioritised because hearing loss is often irreversible, and timely interventions substantially reduce wider health costs.

While primary and secondary prevention remain important to ensure equitable access to screening, early identification, and community-level supports, it is primordial and tertiary prevention that offer substantial long-term returns — particularly in reducing the burden on aged care, mental health services, and the disability support system.

A balanced portfolio across all levels of prevention is vital, but in hearing health, primordial and tertiary prevention provide the highest return on investment. Global modelling of the World Health Organization's HEAR interventions found that hearing health investments deliver a return of nearly

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[1] Centers for Disease Control and Prevention, "Hearing Loss," last reviewed May 15, 2024, https://www.cdc.gov/diabetes/diabetes-complications/diabetes-and-hearing-loss.html

[2] Claire Jing-Wen Tan et al., "Association Between Hearing Loss and Cardiovascular Disease: A Meta-analysis," *Otolaryngology–Head and Neck Surgery* (2023), https://doi.org/10.1002/ohn.599

[3] Loughrey, D. G., Kelly, M. E., Kelley, G. A., Brennan, S., & Lawlor, B. A. (2018). "Association of Age-Related Hearing Loss with Cognitive Function, Cognitive Impairment, and Dementia: A Systematic Review and Meta-Analysis." *JAMA Otolaryngology–Head & Neck Surgery*, 144(2), 115–126. https://doi.org/10.1001/jamaoto.2017.2513

[4] Australian Institute of Health and Welfare. *Ear and Hearing Health of Aboriginal and Torres Strait Islander People 2024*. Canberra: AIHW, 2024. https://www.aihw.gov.au/getmedia/9e1ee6a7-3dd6-44ab-a4e8-653f058f95c1/ear-and-hearing-health-of-aboriginal-and-torres-strait-islander-people-2024.pdf

[5] Dumini de Silva, PhD student and audiologist, and Professor Piers Dawes. "Child Hearing Loss More Common in Culturally and Linguistically Diverse Families." *University of Queensland News*, July 9, 2025. https://news.uq.edu.au/2025-07-child-hearing-loss-more-common-culturally-and-linguistically-diverse-families

[6] National Rural Health Alliance. *Hearing Loss in Rural Australia*. Canberra: National Rural Health Alliance, November 2024. https://www.ruralhealth.org.au/wp-content/uploads/2024/11/NRHA-Hearing-Loss-in-Rural-Australia-Factsheet.pdf

US$15 for every US$1 invested—outperforming many other public health interventions.[7] These savings are achieved through a combination of reduced healthcare use, improved productivity, and better quality of life. In newborn screening alone, studies show a cost–benefit ratio of up to 1:7.5.[8] These findings clearly demonstrate that strategic, early, and sustained investment in hearing health prevention leads to high-impact, cost-effective outcomes.

This tiered model is equally relevant across other health and social issues highlighted in the interim report, such as obesity, chronic disease, and substance use. The framework should explicitly support balanced prevention pathways with a focus on long-term cost-effective outcomes.

Community-Based Programs

The Framework must also support smaller, community-based programs with demonstrated impact — particularly those reaching Aboriginal and Torres Strait Islander communities, ageing Australians, CALD groups, and high-risk workers.

These programs often operate with limited resources but are culturally appropriate, trusted, and embedded within their communities. To ensure their continued contribution, the Framework must offer:

- Multi-year funding that enables stability and growth
- Proportionate and realistic evaluation requirements
- Capacity-building support, especially for smaller organisations

This approach ensures scalable, grassroots innovation is not overlooked or underfunded.

Implementation Considerations

To be effective, the Framework must overcome known structural barriers and ensure coordination across governments and sectors. We support the Commission's analysis of current challenges — including siloed funding, short-termism, and limited evaluation.

We recommend that implementation be guided by the following principles:

- Ensure strong governance structures that prevent siloed funding, with mechanisms to assess and share cross-portfolio benefits — for example, recognising the downstream savings of hearing loss prevention in aged care and mental health.
- Recognise "second-round" fiscal effects — such as reduced cognitive decline and social service costs — within evaluation and policy costings, to more accurately reflect the long-term value of prevention.
- Provide long-term, multi-year funding (e.g., 5–10 years) to enable planning certainty, program sustainability, and continuous evaluation — especially critical in prevention, where benefits may take time to materialise.
- Support community-based programs that can demonstrate impact, particularly those serving disadvantaged groups such as Aboriginal and Torres Strait Islander communities, CALD communities, rural and remote areas, and individuals in high-noise industries.
- Design evaluation pathways that are inclusive of smaller organisations, with proportional requirements for data collection, allowance for qualitative and community-informed evidence, and capacity-building support for rigorous evaluation.
- Embed consumer and community involvement in the design, delivery, and evaluation of initiatives to ensure they are culturally appropriate, contextually relevant, and more likely to succeed in reaching and engaging their target populations.

[7] David Tordrup et al., "Global Return on Investment and Cost-Effectiveness of WHO's HEAR Interventions for Hearing Loss: A Modelling Study," The Lancet Global Health 10, no. 1 (January 2022): e52–e62.
[8] Ibid.

- Embed hearing health expertise within the Prevention Framework Advisory Board to ensure informed decision-making on sensory health and its cross-sector impacts, including education, aged care, disability, and mental health.

Conclusion

We commend the Commission for proposing a more stable and coordinated approach to prevention. The National Prevention Investment Framework has the potential to overcome longstanding barriers — including short-termism, fragmentation, and under-evaluation — and move Australia toward stronger, fairer, and more sustainable outcomes.

Hearing health offers a clear case for high-value, upstream prevention, but the structural reforms we propose have broad relevance across all areas of public health.

By embedding long-term investment structures, cross-portfolio recognition of value, and inclusive evaluation pathways, the Framework can deliver measurable improvements for all Australians — reducing future costs and building healthier, more resilient communities.

We would welcome the opportunity to contribute further to the framework's design and share evidence and case studies from our work in hearing health prevention.

Sincerely,

Jane Lee

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Deafness Forum Australia