



Special Olympics
New Zealand

3 November 2008

The Honourable David Cunliffe
Parliament
Wellington

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Dear David

Special Olympics Healthy Athletes Screening

Attached is an example of the shameful reality of the lives of some New Zealanders today. We all need to urgently do something that changes this reality. Special Olympics will conduct another major screening in December 2009 at our National Games in Palmerston North. It will provide the same results unless there is change in what we are doing.

Special Olympics Healthy Athletes currently screens athletes in more than 90 Special Olympics Programmes around the world. More than 76,000 health professionals and students have volunteered at Healthy Athletes events since 1997. Special Olympics has conducted screenings for more than 690,000 athletes at more than 3,000 events during that time. This enables the results of screenings of New Zealand athletes to be benchmarked against others. The results for New Zealand are **appalling** and are now much worse than the international average.

At our recent meeting at Parliament the members of the Social Services Select Committee were unanimous in their support of the efforts made to date but equally acknowledged that it was not enough. We need all parties to commit to changing the outcomes that we are measuring.

Yours sincerely


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Chairman
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SPECIAL OLYMPICS NEW ZEALAND - HEALTHY HEARING SCREENING Final Data for Auckland, October 18/19th 2008

(by Jeanine Doherty, Doctor of Audiology, in conjunction with Kim Wise, MAud and Sally Coote, MAud)

Total seen (Athletes only) N = 160

Overall Pass rate

38% (61) passed screening as a whole and **62% (99)** did not pass.

The International pass average range is **62-68%** (Europe 5 year study) while at the 2005 Special Olympics New Zealand National Summer Games in Christchurch **59%** passed hearing screening.

Ear canal check

83/160 (52%) had cerumen (wax) 'block' or 'partial block' results and saw the ear nurses for clearance before further testing.

None of the passing athletes had any remaining wax/canal health issues.

16/160 (10%) were recommended to have further ear nurse or primary health care for ear canal health issues e.g. irremovable wax blockages or ear canal skin infections.

For athletes not receiving a pass result, **14%** had partial or complete blockages.

Incomplete data

5/160 athletes had incomplete results due to their not being able to stay for their full test or their having medical conditions that precluded testing e.g. packing in the ear canal from ENT Surgeon intervention.

COMMENT

1. Our pass rate for screenings nationally (2005) is **below world average** by up to **19%** but for regional screenings is **markedly below world average** by up to **30%**.

The International Journal of Audiology (IJA, 2008) article tells us that the Special Olympics population is un-served (i.e. hearing losses are not tested for and so not detected as early as within general populations) and also under-serviced (i.e. if a loss is present then hearing aids are not fitted, nor maintained as well, as occurs for the general population with hearing loss).

- 1) **Cerumen/ earwax/outer ear infection** is a big issue for our athletes – at initial screening the refer rate was **52%** in Auckland (October 2008) and **57%** in Palmerston North (May 2008). At the 2005 Special Olympics New Zealand National Games it was **45%**. This is in comparison to the 2005 Special Olympics World Winter Games initial wax refer rate of **39 %** and the 2008 Special Olympics Belgium National Games rate of **26%**.

Post de-waxing care was needed by **10%** in Auckland versus **0.06%** at the Special Olympics Belgium National Games.

*The International Journal of Audiology (IJA, 2008) tells us that the incidence of wax blockages in the general population is up to **6%** versus our Special Olympics New Zealand rate of **45-57%**.*

*The athletes at regional games may not be as 'able' as athletes who reach national and world games levels of performance and have geographic mobility to attend Special Olympics games – I have based this thought on the numbers of athletes unable to be taught to respond for pure tone testing (**10%** in Auckland and **21%** in Palmerston North versus other limited data from overseas of **5-7%**).*

These less able athletes may have a greater number of tiny ear channels as associated with Down syndrome, or other significant cranio-facial conditions with allied cognitive disorder.

*Our national games wax refer result was **6%** higher than at the World Summer Games and **19%** higher than the Special Olympics Belgium National Games result. These regional Auckland and Palmerston North results are **26%** and **31 %** higher than the overseas rates for referral for de-waxing.*

2) Permanent hearing loss possibly requiring hearing aids

6/160 (3.75%) had hearing aids, although 1 athlete had left them at home and another had malfunctioning hearing aids. A further **28/160 (17.5%)** had hearing loss of apparent significance that indicated the potential for hearing rehabilitation to be useful.

The World Summer Games literature tells us that around **4%** of Special Olympics athletes had the potential need for hearing aid use but only **1/3** of these had already had hearing aids fitted. Our figures of **6/34** that appear to be able to benefit from hearing aids, actually having hearing aids, means that we have only a rate of **17%** versus the international **33%** figure.

The literature reports that there is a greater incidence of permanent and non-permanent hearing loss among the Special Olympics population than among the non Special Olympics population at the same ages. It is estimated to be 2-3 times greater for the Special Olympics population aged under 50 years and to increase at higher rates with age than it does for the general population (IJA, 2008).

SUMMARY

New Zealand's Special Olympics athletes are **significantly more likely** than the general population and the international Special Olympics population **to have ear health problems** necessitating ear suction for de-waxing and/or treatment for outer ear infection. As the Special Olympics athletes' ear canals are generally smaller than average size, ear suctioning by Ear Nurses, ENT Specialists, or GP ear suction providers is recommended over the ear syringing method common to most primary health care providers. Funding for this service, on an annual basis at least, would be recommended.

New Zealand's Special Olympics athletes are **un-served and under-served** with regard to **hearing rehabilitation**. Primary health-care workers and the athletes' care-givers need to have awareness raised of the psychosocial and learning implications of untreated hearing loss.

Scheduled Special Olympics games, with the help of Healthy Hearing volunteers, provide a most useful resource for athletes to have their hearing status checked and to provide ongoing tracking and hopefully facilitation of treatment.

The voluntary service provided by the Ear Nurses at the Auckland event saved the overall pass rate for these athletes from being even lower than that recorded.

Some of the **83** athletes they served would no doubt have otherwise failed their hearing screen purely because of wax problems.

Sinha, A K, Montgomery, J K, Herer, G R and McPherson, D L. Hearing screening outcomes for persons with intellectual disability: A preliminary report of findings from the 2005 Special Olympics World Winter Games. *International Journal of Audiology*, 2008; 47: 399-403.