

# Concept Document for Consultation: A Hearing Health Strategy for Aotearoa New Zealand

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## Contributing Member Organisations:



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# EXECUTIVE SUMMARY

## Purpose

To establish Aotearoa NZ's first national, co-designed strategy for hearing health, grounded in Te Tiriti o Waitangi, equity, prevention, and evidence-based practice.

## Overall Aim

System change that ensures **no person experiences preventable hearing loss**, and that those with hearing conditions can live well, supported by equitable, culturally responsive prevention, care, rehabilitation, and technology. The ultimate vision is:

***All people in Aotearoa NZ with hearing loss can achieve their full potential through access to services, rehabilitation, education and empowerment – delivered in culturally appropriate ways. No person experiences hearing loss due to preventable causes.***

## Why a Hearing Health Strategy is needed

- Hearing loss and related conditions affect **around 18–19%** of New Zealanders (≈880,000–1,000,000 people).
- Prevalence is rising due to **ageing, unsafe listening behaviours, and unmet need**.
- Impacts include **reduced employment, productivity loss, depression, falls, cognitive decline, and social isolation**.
- Māori and Pacific peoples experience a **disproportionate burden** due to **inequitable access**.
- Hearing loss imposes major economic costs; mitigation offers **high returns on investment** (hundreds of millions annually).

## Scope

The strategy covers all people in Aotearoa NZ from a prevention perspective, and for those who have hearing loss or who are hard of hearing because of:

- Congenital hearing conditions
- Age-related or illness-related hearing loss

- Sudden or trauma-related hearing loss
- Progressive hearing conditions
- Associated conditions (tinnitus, hyperacusis, APD, etc.)

## Foundations

The strategy is built on:

- **Te Tiriti o Waitangi partnership**, ensuring Māori-led design, delivery, and evaluation for Māori, by Māori
- **Pacific-led approaches** for Pacific communities
- **Community-led co-design** for all other cultural groups
- **Enabling Good Lives principles**
- **United Nations Declaration on the Rights of Indigenous Peoples**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **Continuous Quality Improvement (CQI)**
- WHO's **Hearing Health Report (2021)** including the **Integrated People/Whānau-Centred Ear and Hearing Care (IPCEHC)** model
- New Zealand national strategies relating to public health, hauora Māori, Pacific and Disabled wellbeing, and health services delivery.

## Strategic Approach

1. **Adopt and adapt the WHO's H.E.A.R.I.N.G. intervention package** to the Aotearoa NZ context.
2. **Engage a cultural advisor as the strategy is developed** to ensure we work in partnership under Tiriti o Waitangi.
3. **Collaborate across sectors** – community, NGOs, government, clinicians, academia, and business.
4. **Commission services and programmes** via a proposed new governance body (Hearing Health Alliance, who will commission programmes and projects based on the strategy).
5. **Embed continuous quality improvement** across all activities.
6. **Elevate hearing health as a public health priority.**

## Key Components: The H.E.A.R.I.N.G. Framework

Adapted for Aotearoa NZ, covering:

- **H:** Hearing screening & early intervention (newborns to older adults; workers; prisons, etc.)
- **E:** Ear condition prevention & management.
- **A:** Access to hearing and assistive technologies.
- **R:** Rehabilitation services, including multidisciplinary, whānau-centred, and aural rehabilitation.
- **I:** Improved communication (NZSL, captioning, accessible public alerts/signage).
- **N:** Noise reduction (safe listening standards, occupational programmes, venue regulations, behaviour change, acoustics).
- **G:** Greater community engagement and public health promotion (multi-channel public health campaigns stigma reduction; strengthening organisations).

## Governance: The Hearing Health Alliance

A new, independent entity that will:

- Set priorities
- Commission programmes and projects
- Oversee accountability and evaluation for the delivery of programmes and projects
- Report to funders and (where relevant) WHO
- Ensure Te Tiriti partnership, lived experience leadership, equity, and quality

## Outputs

- A National Hearing Health Plan
- Commissioned, culturally appropriate programmes
- Expanded screening and technology access
- Scaled rehabilitation and communication support
- Public health campaigns
- National Continuous Quality Improvement metrics and dashboards

## Outcomes

### Short term (1–2 years)

- Funding and establishment of the Hearing Health Alliance via central Government
- Increased screening and technology uptake
- Improved public awareness and prevention behaviours

### Medium term (3–5 years)

- Reduced unmet need (especially 65+)
- Improved Māori and Pacific equity
- Measurable productivity gains
- Safer listening environments

### Long term (to 2030+)

- Decline in preventable hearing loss
- Hearing health embedded as a public health priority
- Sustained social and economic benefits

## Economic Case (NZIER Findings 2023)

- **\$718–\$924m gain** in GDP per year from productivity improvements
- **\$408–\$527m** increase in household spending
- **\$1.26–\$1.63b** rise in industry output
- **\$478–\$956m** reduction in employment gap

## Key Objectives

- i. Establish the national strategy with sector-wide support
- ii. Embed a **Kaupapa Māori foundation**
- iii. Secure **funding** for implementation
- iv. Establish the **Hearing Health Alliance**
- v. Begin priority setting and commissioning **co-designed** programmes and projects
- vi. Integrate hearing health into **national public health priorities**

## Implementation Phases

1. Finalise content for the draft strategy (V2) as the basis for community and sector consultation
2. Launch consultation page and prepare business case
3. Establish the Hearing Health Alliance
4. Prioritise programmes and projects, establish Continuous Quality Improvement systems
5. Launch strategy (aiming for World Hearing Day, March 3) and publish annual reports

## Evaluation

External, independent evaluation of this Strategy and functional effectiveness of the Hearing Health Alliance at:

- 2 years
- 5-year intervals
- Criteria to include effectiveness, equity, efficiency, impact, sustainability, and evidence base.

# 1. CONCEPT

## 1.1 Introduction

Through collaboration and a united vision, New Zealand can make a real difference to the hearing health of our entire population. The positive impacts will be felt across the hearing health sector and Deaf, Turi Māori, tāngata whaikaha, whānau hauā, and disabled communities, improving individuals' well-being and productivity levels across society.

This concept document proposes the first national Hearing Health Strategy for Aotearoa New Zealand, drawing from the World Health Organisation's (WHO) Hearing Report of 2021<sup>1</sup>, and adapting its recommendations to the unique context of Aotearoa New Zealand in a manner informed by Te Tiriti o Waitangi; national legislation, strategies, and frameworks; and international disability and Indigenous rights agreements that New Zealand is a party to, along with evidence-based research<sup>2</sup> and stakeholder engagement already carried out within the hearing health sector, and community<sup>3</sup>. The proposal also draws on learning from the Australian Roadmap for Hearing Health, which has been successful in securing funding with a unified approach.

The National Foundation for the Deaf and Hard of Hearing (NFDHH), its nine member organisations, and partners representing the NGO sector, community, business, and government have collaborated in the design of this draft high-level strategy. We recognise that this is just a start to get the bare bones of a strategy ready for consultation and full engagement with the hearing health sector; Deaf, Turi Māori, tāngata whaikaha and hauā Māori, disabled community; and other stakeholders.

The strategy has been designed to be flexible and to learn from experience. This will ensure that it remains fit for purpose over the years in response to our changing sector and community needs, and that it can readily be updated to incorporate feedback from community and sector engagement.

***Think of this version as a working draft to support engagement and as a starting point for collaboration.***

Our aim is for a co-designed strategy to become embedded and implemented across all aspects of society, including health, education, within workplaces, and within social contexts. This will occur in phases over time.

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<sup>1</sup> <https://www.who.int/publications/i/item/9789240020481>

This report is evidence-based.

<sup>2</sup> See Appendix 1 for Research related to this strategy

<sup>3</sup> See Appendix 2 for information about stakeholder engagement undertaken

This strategy includes key objectives that support short, medium, and long-term improvements in hearing health for all people in Aotearoa NZ.

Separate programmes and projects will support the delivery of projects to implement this strategy. The programmes and projects will be co-designed<sup>4</sup> by the sector<sup>5</sup> and their communities of interest. This document sets out the high-level strategy and has information about implementation.

## **A note on language and models**

Over the past 10 years the D/deaf sector has made important strides towards collaboration for better access and participation in society. The tensions once found between the ‘medical model’ and the ‘cultural model’ are evolving, recognising that our sector is broad and that different approaches are required for people’s different needs. Each model has its place and specific requirements. This strategy wraps around the cultural model and the medical model and does not preference one above the other.<sup>6</sup>

We are also drawing on a range of different inputs and frameworks from across Deaf, disability, kaupapa Māori, medical, and allied health spaces. The language used in each of these spaces can vary significantly. We have aimed to use language that is clear and inclusive of all stakeholders and communities, recognising intersectionality. We have provided a glossary of terms at the end of this document to assist in interpretation. However, we recognise that terminology in some areas may be in conflict.

We welcome feedback as we continue to refine the strategy in collaboration with communities and the sector.

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<sup>4</sup> Co-design for this strategy and its implementation is key. This means it will be designed, owned and implemented by the sector. A partnership approach will be (has been) taken with Tangata Whenua in the design and implementation. The strategy is designed to be inclusive of diverse community needs which will be clear in the co-designed elements of the implementation or programmes and projects flowing from this strategy.

<sup>5</sup> The ‘sector’ is defined as: all New Zealanders who may experience ear health problems over the course of their lives; those who are Deaf; those who are deaf and hard of hearing; Māori who are Tangata Whenua and partners in Aotearoa NZ; Pacific Island Peoples and all others living and working in Aotearoa NZ who could benefit from hearing health support. The sector also includes health services, allied health services, clinicians, researchers, academics and private businesses offering hearing related products and services.

<sup>6</sup> A good example of this evolution is where the Hearing House & Deaf Aotearoa moved toward bridging the "medical vs. cultural" divide by co-running the First Signs playgroup in Auckland. This allows families to access both cochlear implant expertise and NZSL mentorship in a single environment. It offers a culturally, socially, and medically supportive environment for families with deaf children.

## 1.2 Scope Statement

This Strategy is dedicated to supporting the D/deaf and hard of hearing community in Aotearoa NZ. It includes all individuals regardless of the origin or progression of their hearing health. The scope includes:

- Congenital conditions present from birth
- Acquiring hearing loss resulting from aging or illness
- Sudden onset hearing loss caused by trauma or accidents
- Progressive conditions that change over time
- Auditory Processing Disorders

We are committed to providing accessible solutions that respect the diverse linguistic, cultural, and technological needs of all people navigating the full spectrum of hearing health.

## 1.3 Foundational Documents & Principles

Some key documents and principles provide the foundation for us to develop a strategy that is uniquely tailored to Aotearoa New Zealand. A summary is provided in the table below to guide in interpretation of this concept document and strategy, but more detailed information can be found throughout this concept document in sections most relevant to each.

Document	Description	Principles / Values	Application
Te Tiriti o Waitangi	We recognise the text of Te Tiriti o Waitangi - the 1840 agreement that forms the basis for tāngata Tiriti (non-Māori) to be in Aotearoa NZ, and enables our organisations to operate on this land. Honouring Te Tiriti requires us to respect Māori rights and tino rangatiratanga, pursue equity, and actively protect tāonga.	<ul style="list-style-type: none"> <li>• Tino rangatiratanga</li> <li>• Self-determination, choice and control</li> <li>• Equity</li> <li>• Active Protection</li> <li>• Options</li> <li>• Partnership</li> <li>• Whanaungatanga &amp; Relationship-building</li> <li>• Culture as a tāonga</li> <li>• Free Prior and Informed Consent (FPIC)</li> <li>• Co-design</li> <li>• Accessibility</li> <li>• Accountability</li> <li>• Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• We will actively engage with Turi Māori, tāngata whaikaha, whānau hauā, iwi, Kaupapa Māori organisations, and Iwi Māori Partnership Boards in a manner grounded in partnership and whanaungatanga throughout the design, development, and implementation on the Hearing Health Strategy (HHS)</li> <li>• Māori will self-determine their involvement in the design, development, and implementation of the HHS</li> <li>• Māori will self-determine their involvement in the Hearing Health Alliance (HHA)</li> <li>• The HHA will embed a partnership approach in its governance and decision-making</li> <li>• The HHA will be effective kaitiaki of the Strategy, and will ensure that equity for Māori - especially Turi Māori - are a joint responsibility for the Alliance as a collective</li> <li>• All mahi of the HHA and all aspects of the Strategy value and respect Māori &amp; Turi Māori culture as tāonga, and support their practice</li> <li>• Mātauranga Māori will be respected and protected throughout HHA and HHS mahi</li> <li>• Co-design will be used throughout to support Māori and particularly Turi Māori perspectives to shape the HHS and programmes and projects</li> </ul>
Whāia Te Ao Mārama 2018 – 2022: The Māori Disability Action Plan	While not yet to be updated, Whāia Te Ao Mārama provides a good foundation with many goals that are still relevant to achieve wellbeing for disabled Māori. Including that tāngata whaikaha will: <ol style="list-style-type: none"> <li>1. Participate in development of health and disability services</li> <li>2. Have control over their disability support</li> <li>3. Participate in Te Ao Māori</li> <li>4. Participate in their community</li> <li>5. Receive disability support services that are responsive to Te Ao Māori</li> <li>6. Have informed and responsive communities</li> </ol>		
Pae Tū: Hauora Māori Strategy	One of the Pae Ora (Healthy Futures) strategies that guides health entities to uphold Te Tiriti o Waitangi and achieve Māori health equity. 5 priority areas: <ol style="list-style-type: none"> <li>1. Enabling Māori leadership, decision-making and governance at all levels</li> <li>2. Strengthening whole-of-government commitment to Māori health</li> <li>3. Growing the Māori health workforce and sector to match community needs</li> <li>4. Enabling culturally safe, whānau-centred and preventative primary health care</li> <li>5. Ensuring accountability for system performance for Māori health.</li> </ol>		
Manatū Hauora Ministry of Health Te Tiriti o Waitangi Framework	A framework that guides the Crown to meet their Te Tiriti o Waitangi obligations within the health and disability system. It gives a high-level direction for meeting these obligations via 4 goals: <ol style="list-style-type: none"> <li>1. Mana whakahaere</li> </ol>		

	<ol style="list-style-type: none"> <li>2. Mana motuhake</li> <li>3. Mana tangata</li> <li>4. Mana Māori</li> </ol> <p>It recognises Te Tiriti principles articulated by the courts and the Waitangi Tribunal 2019 Hauora Report.</p>		<ul style="list-style-type: none"> <li>• The principle of Free Prior and Informed Consent (FPIC) will be applied in all our engagement with Māori, and with Turi Māori in particular</li> <li>• The HHS will be evaluated to ensure continued alignment with these commitments, and equitable health outcomes for Māori</li> </ul>
<p>The UN Declaration on the Rights of Indigenous Peoples (UNDRIP)</p>	<p>Requires states to honour the cultural rights of Indigenous Peoples, their self-determination, and to particularly pay attention to the rights of Indigenous persons with disabilities.</p>		
<p>Atoatoali’o – National Pacific Disability Approach</p>	<p>Atoatoali’o - National Pacific Disability Approach was developed with Pacific disabled communities and Whaikaha – Ministry of Disabled People to capture the aspirations of the Pacific disabled community ahead of the refresh of the New Zealand Disability Strategy. It has 6 priority areas:</p> <ul style="list-style-type: none"> <li>• Growing Pacific disabled leadership</li> <li>• Strengthening Pacific Health &amp; Disability workforce</li> <li>• Disability awareness within Pacific communities</li> <li>• Supporting Access &amp; Equity for Pacific disabled people</li> <li>• Stakeholder Data &amp; Insights collaboration</li> <li>• Enabling Good Lives principles</li> </ul>	<ul style="list-style-type: none"> <li>• Self-determination, choice and control</li> <li>• Equity</li> <li>• Culture as a tāonga</li> <li>• Anti-ableist awareness raising</li> <li>• Whanaungatanga &amp; Relationship building</li> <li>• Co-design</li> <li>• Accessibility</li> <li>• Beginning early</li> <li>• Person-centred</li> <li>• Ordinary life outcomes</li> <li>• Mainstream first</li> <li>• Mana enhancing</li> <li>• Easy to use</li> <li>• Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Support Pacific Disabled leadership and authority by ensuring their self-determination in how they engage with and are represented on the HHA</li> <li>• Support Pacific Disabled leadership through involvement in the development and implementation of the HHS</li> <li>• Ensure that programmes and projects and projects to implement the HHS improve awareness of services and support within Pacific communities</li> <li>• Ensure that services delivered as part of HHS implementation are culturally appropriate &amp; accessible, and co-designed to meet needs of Pacific Disabled community</li> <li>• Embedding an Enabling Good Lives (EGL) approach</li> <li>• The HHS prioritises prevention and health promotion</li> </ul>
<p>Te Mana Ola: The Pacific Health Strategy</p>	<p>One of the Pae Ora Strategies, which sets out how the health system can reduce health inequities and achieve best possible outcomes for Pacific whānau and communities. The 5 priority areas are:</p> <ol style="list-style-type: none"> <li>1. Population health, by working with communities to build, maintain and enable strong foundations for Pacific health and well-being</li> <li>2. Prioritising disease prevention, health promotion and good health and wellbeing throughout the life course</li> <li>3. Better understanding the needs of Pacific peoples and communities and enabling them to exercise authority over their health and wellbeing</li> <li>4. Ensuring that timely, high-quality services are reaching Pacific peoples, wherever they live</li> <li>5. Growing and supporting strong Pacific health leadership and a resilient health workforce that reflects the population it serves.</li> </ol>		

<p>Enabling Good Lives (EGL) Principles</p>	<p>Developed in Aotearoa NZ to shift power from government to disabled people and their families, and which emphasises disabled people having choice and control over their own lives, support, and wellbeing.</p>	<ul style="list-style-type: none"> <li>• Self-determination, choice and control</li> <li>• Beginning early</li> <li>• Person-centred</li> <li>• Ordinary life outcomes</li> <li>• Mainstream first</li> <li>• Mana enhancing</li> <li>• Easy to use</li> <li>• Whanaungatanga &amp; Relationship Building</li> <li>• Co-design</li> <li>• Accessibility</li> <li>• Anti-ableist awareness raising</li> <li>• Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Deaf, Hard of Hearing, Turi and tāngata whaikaha Māori, whānau hauā, and Pacific Disabled People, and wider Disabled community (“community”) will self-determine their engagement with the HHS development and implementation</li> <li>• Involvement in and representation on the HHA will be self-determined by community</li> <li>• Co-design with community will be integrated throughout the HHS development and implementation</li> <li>• Any programmes and projects developed in the implementation of the HHS should align with the EGL principles</li> <li>• Our ways of working, engaging, and communicating will be inclusive and accessible</li> <li>• Promotion of Hearing Health will be done in a way that respects the rights of Deaf, disabled, Turi and whaikaha Māori, and whānau hauā, and will not contribute to societal ableism and stigma.</li> <li>• All work will honour and uphold the cultural rights of Deaf, Turi Māori, tāngata whāikaha, whānau hauā, and disabled communities</li> <li>• The HHS and the programmes and projects and projects to implement it will meet the standards of article 25 of the UNCRPD</li> </ul>
<p>Provisional Health of Disabled People Strategy 2023 – 2033</p>	<p>One of the six health strategies required under the Pae Ora (Healthy Futures) Act 2022, to set the long-term direction for the New Zealand government to achieve equity in disabled peoples’ health. Its priorities are to:</p> <ol style="list-style-type: none"> <li>1. Embed self-determination of disabled people and their whānau as the foundation of a person and whānau-centred health system.</li> <li>2. Ensure the health system is designed by and accessible for disabled people and their whānau and provides models of care that suit their needs.</li> <li>3. Ensure the health system is part of a coherent cross-government system that addresses broader drivers of poor health and wellbeing.</li> <li>4. Build health workforce capacity and capability to meet the needs of disabled people and their whānau.</li> <li>5. Increase the visibility of disabled people in health data, research and evidence.</li> </ol>	<ul style="list-style-type: none"> <li>• Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons</li> <li>• Non-discrimination</li> <li>• Full and effective participation and inclusion in society</li> <li>• Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity</li> </ul>	<p>Applicable throughout the strategy, including:</p> <ul style="list-style-type: none"> <li>• We will ensure that Deaf and disabled people, tāngata Turi, whaikaha &amp; hauā are able to be self-determining in their engagement with the strategy</li> <li>• Our ways of working will be accessible</li> <li>• Promotion of Hearing Health will be done in a way that respects the rights of Deaf, disabled, turi and whaikaha Māori, and whānau hauā, and will not contribute to societal ableism and stigma.</li> <li>• The strategy, alliance, and resulting</li> </ul>
<p>The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)</p>	<p>Outlines the responsibilities of states to protect and promote a range of rights for disabled people, including:</p> <ul style="list-style-type: none"> <li>• Art. 8 – Awareness Raising that fosters respect &amp; combats stereotypes</li> <li>• Art. 9 – Accessibility, including of information and communications</li> <li>• Art 25 – That disabled people have the right to the highest attainable standard of health without discrimination, including early identification and intervention</li> <li>• Art. 30 – Participation in Cultural Life, including recognition and support of specific cultural and linguistic identity, including sign languages and deaf culture</li> </ul>	<p>Applicable throughout the strategy, including:</p> <ul style="list-style-type: none"> <li>• We will ensure that Deaf and disabled people, tāngata Turi, whaikaha &amp; hauā are able to be self-determining in their engagement with the strategy</li> <li>• Our ways of working will be accessible</li> <li>• Promotion of Hearing Health will be done in a way that respects the rights of Deaf, disabled, turi and whaikaha Māori, and whānau hauā, and will not contribute to societal ableism and stigma.</li> <li>• The strategy, alliance, and resulting</li> </ul>	<p>Applicable throughout the strategy, including:</p> <ul style="list-style-type: none"> <li>• We will ensure that Deaf and disabled people, tāngata Turi, whaikaha &amp; hauā are able to be self-determining in their engagement with the strategy</li> <li>• Our ways of working will be accessible</li> <li>• Promotion of Hearing Health will be done in a way that respects the rights of Deaf, disabled, turi and whaikaha Māori, and whānau hauā, and will not contribute to societal ableism and stigma.</li> <li>• The strategy, alliance, and resulting</li> </ul>

		<ul style="list-style-type: none"> <li>• Equality of opportunity</li> <li>• Accessibility</li> <li>• Equality between men and women</li> <li>• Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities</li> </ul>	<p>programmes and projects will meet the standards of article 25</p> <ul style="list-style-type: none"> <li>• All work will honour and uphold the cultural rights of Deaf, Turi Māori, tāngata whāikaha, whānau hauā, and disabled communities</li> </ul>
<p>NZ Disability Strategy 2026-2030</p>	<p>The NZ Disability Strategy gives direction to government agencies on issues affecting disabled people, with a vision of “New Zealand is an equitable and accessible place for all disabled people and their whānau - where disabled people thrive, contribute, and choose the lives they want to lead.” This iteration of the strategy focuses on 5 areas, reflecting an “action plan” approach on:</p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Employment</li> <li>• Health</li> <li>• Housing</li> <li>• Justice</li> </ul>	<ul style="list-style-type: none"> <li>• Self determination, choice and control</li> <li>• Equity</li> <li>• Accessibility</li> </ul>	<ul style="list-style-type: none"> <li>• Design and development of the HHS will be equitable, accessible, and inclusive</li> <li>• Programmes and projects and projects implementing the HHS will ensure that health journeys are equitable, accessible, and inclusive</li> <li>• Actions Plans and projects implementing the HHS will support self-determination and supported decision-making becoming standard practice in healthcare</li> <li>• Disability responsiveness and lived experience will be embedded in programmes and projects and projects implementing the HHS</li> </ul>

<p>New Zealand Health Strategy</p>	<p>The main Pae Ora strategy, which sets the direction for the New Zealand government to achieve health equity for diverse communities and improve health outcomes for all New Zealanders from 2023-2033. It is supported by 5 strategies targeting specific populations: Māori, Pacific, Disabled, Women, and Rural communities. Its priority areas are:</p> <ol style="list-style-type: none"> <li>1. Voice at the heart of the system</li> <li>2. Flexible, appropriate care</li> <li>3. Valuing our workforce</li> <li>4. A learning culture</li> <li>5. A resilient and sustainable system</li> <li>6. Partnerships for health and wellbeing</li> </ol>	<p>TBD – pending Māori Policy deep dive &amp; community engagement</p>	<p>TBC – pending Māori Policy deep dive &amp; community engagement</p>
<p>New Zealand Health Plan   Te Pae Waenga</p>	<p>Outlines actions to deliver better health outcomes for Aotearoa NZ, and sits alongside the Health New Zealand   Te Whatu Ora Health Delivery Plan. Gives effect to government priorities from the Government Policy Statement on Health 2024-2027 (GPS).</p>		<p>TBC – pending Māori Policy deep dive &amp; community engagement</p>
<p>Pae Ora (Healthy Futures) Act</p>	<p>The Pae Ora (Healthy Futures) Act 2022 is the main legislation governing the health system in Aotearoa NZ. It was introduced to put equity, Te Tiriti, and Māori leadership at the heart of the health system. The Act:</p> <ul style="list-style-type: none"> <li>• Replaced District Health Boards (DHBs) with the national Health New Zealand (Te Whatu Ora, HNZ).</li> <li>• Established the Māori Health Authority (Te Aka Whai Ora) which has since been disestablished – those functions now sit between HNZ and the MOH.</li> <li>• Iwi-Māori Partnership Boards (IMPBs)</li> <li>• Requires government to create 6 strategies, including those focused on Māori, Pacific, disability, women, and rural communities</li> </ul>		<p>TBC – pending Māori Policy deep dive &amp; community engagement</p>
<p>Code of Expectations – Health Quality &amp; Safety Commission Te Tāhū Hauora</p>	<p>The Code of expectations for health entities engagement with consumers and whānau mandates that NZ health entities meaningfully involve consumers, whānau, and communities in the planning, design, delivery, and evaluation of health services. It aims to ensure consumer voices are embedded at all levels to improve quality, safety, and equity, particularly for Māori, Pacific, and disabled people.</p>	<ul style="list-style-type: none"> <li>• Te Tiriti o Waitangi</li> <li>• Tino Rangatiratanga (Self-determination)</li> <li>• Oritetanga (Equity)</li> <li>• Whakamaru (Active protection)</li> </ul>	<p>This Code will be applied by the HHA and will be an expectation for all funded programmes and projects it commissions.</p>

		<ul style="list-style-type: none"> <li>• Kowhiringa (Options)</li> <li>• Patuitanga (Partnership)</li> </ul>	
<p>WHO World Report on Hearing 2021</p>	<p>Provides evidence-based guidance for states to drive actions for integration of quality ear and hearing care health services into national health plans, and which puts forward the H.E.A.R.I.N.G. package of interventions for Hearing Health.</p>	<p>Begin early / early intervention Prevention Accessibility Anti-ableist awareness</p>	<p>Provides the call to action to governments to act on hearing health as a public health priority Provides the H.E.A.R.I.N.G. framework, which we are adapting to the Aotearoa New Zealand context.</p>

## 1.4 Why we need a National Hearing Health Strategy

It is estimated that over 880,000 people in Aotearoa NZ live with some kind of hearing health issue<sup>7</sup>. When individuals who are Deaf/deaf or hard of hearing lack the support to engage fully in society, the consequences are widespread. They impact individuals, family/whānau, and the wider public across social, mental, and economic wellbeing spheres. . The rising risk of individuals being affected by hearing loss and its impact contributes a significant share of the Global Burden of Diseases and is responsible for over 35 million disability-adjusted life years annually.

However, the World Health Organisation (WHO) estimates that globally, ***half of all hearing loss cases can be prevented through public health measures.***

In addition to enhancing individual and collective well-being, there are significant economic benefits to be gained by reducing the effects of hearing loss on labour productivity and GDP growth. <sup>8</sup> Refer to ‘Investing in ear care and hearing health’ at page 20 of this document for the details about the return on investment that will be gained from preventing and addressing people’s hearing health needs.

The WHO released the World Report on Hearing in 2021 in response to the World Health Assembly resolution on the “*Prevention of Hearing Impairment*”, and the WHO Global Standard for Safe Listening Venues and Events was released in 2022. This report applies to all member states and is a call to action for policymakers worldwide. Member states are urged to adopt the report and adapt it to our own specific cultural situations.

To ensure that all world citizens can enjoy a state of optimum health and well-being, Ear and Hearing Care (EHC) services must be accessible to all. The WHO consider that adopting a people-centred approach that integrates ear and hearing health care into national health care systems as part of universal health coverage is the only way to confront this growing challenge.

The Report provides evidence-based guidance to drive actions for integration of quality ear and hearing care health services into national health plans and proposes the **H.E.A.R.I.N.G.** package as a comprehensive group of interventions to address all aspects of ear and hearing problems throughout the life course. The acronym H.E.A.R.I.N.G. stands for:

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<sup>7</sup> NZFHH Report

<sup>8</sup> The Economic Effects of Hearing Loss: A 2023 update, NZIER (New Zealand Institute of Economic Research), October 2023.

[www.nzier.org.nz/hubfs/Public%20Publications/Client%20reports/Economics%20of%20hearing%20loss%202023%20update.pdf](http://www.nzier.org.nz/hubfs/Public%20Publications/Client%20reports/Economics%20of%20hearing%20loss%202023%20update.pdf)

**Hearing screening & early intervention across the life course (newborns, school children, workers at risk, older adults).**

**Ear disease prevention<sup>9</sup> & management (e.g., otitis media) and education at community/primary levels and specialist care.**

**Access to technologies (hearing aids, cochlear implants, assistive listening devices, loops, FM/Bluetooth, safety alerts).**

**Rehabilitation services (multidisciplinary, whānau-centred, aural rehabilitation).**

**Improved communication (NZSL learning and interpreting; captioning; accessible public alerts/signage).**

**Noise reduction (safe listening standards, occupational programmes, venue regulations and practices<sup>10</sup>, behaviour change, acoustics).**

**Greater community engagement (multi-channel public health campaigns; stigma reduction; strengthening organisations).**

Along with showing the costs for not investing in ear and hearing health care, and the benefits and economic gains from doing so, the report further sets a global scale-up target for 2030 and outlines tracer indicators that can monitor global progress towards the target.

The WHO urges countries to assess their own requirements, prioritise the interventions most relevant to serving their population needs and integrate them systematically into their national health care plans using available resources.

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<sup>9</sup> For the purposes of this document we refer to the concept of prevention (and mitigation) as follows:

- **Prevention (Primary):** Actions taken to stop ear disease from starting. This includes keeping environments smokefree, promoting breastfeeding (3–6 months) to boost immunity, timely vaccinations (e.g., pneumococcal), keeping children's rooms warm and dry, and ensuring routine hearing checks (B4 School Check).
- **Mitigation (Secondary/Tertiary):** Actions to reduce the severity or impact of existing ear conditions and prevent progression to permanent damage. This includes prompt treatment of cold/flu, managing allergies (eczema/psoriasis), using earplugs to prevent swimmer's ear (otitis externa), and using oil to keep ears dry and clean.

<sup>10</sup> These practices include supply of ear plugs, quieter zones, warnings if levels exceed safe limits, etc.

## 1.5 Problem Statement / Needs

The Gaps Analysis at Appendix 8 will act as a first step for identifying priorities to address through implementation of this Strategy. The Hearing Health Alliance (a proposed new body to govern implementation of this strategy), will update the Gaps Analysis, set its priorities and commission programmes and projects to address them. We do know the following:

- There is a rising prevalence of hearing loss ( $\approx 10\%$  of population), increasing with ageing, and preventable hearing related conditions
- There is significant unmet need for interventions (e.g., hearing aids), particularly among people aged 65+.
- The economic and social impacts include reduced employment probability and productivity, absenteeism/presenteeism, lower household spending, and negative health outcomes (depression, falls, cognitive decline).
- There are inequities affecting Māori, Pacific peoples, Tamariki and children and kaumātua, with variable access to services and technologies.
- There are inequities affecting others who are vulnerable, including people with disabilities, people facing economic hardship.
- There is fragmented service delivery and limited public funding across prevention, early detection, rehabilitation, assistive technologies, and communication support.

## 1.6 Theory of Change

This section describes how Aotearoa New Zealand will move from the current state of fragmented and under-resourced hearing health services to an integrated, equitable system of ear and hearing health care that is prioritised in Government’s health agenda. It aligns with the World Health Organization’s Integrated People/Whānau-Centred Ear and Hearing Care (IPC-EHC) and the H.E.A.R.I.N.G. intervention package (aspects that are applicable to Aotearoa NZ), and is delivered through sector collaboration, commissioning through co-design, and continuous quality improvement (CQI).

**If we** build consensus and a demand for change within the hearing health sector and community

...and develop a Strategy for an integrated, equitable system of ear and hearing healthcare in Aotearoa

... **then** it will compel the government to prioritise hearing health

...and it will be easier for government to adopt and resource our pre-prepared Strategy than to develop their own plan for hearing health / than to continue to invest in the current system that is not working.

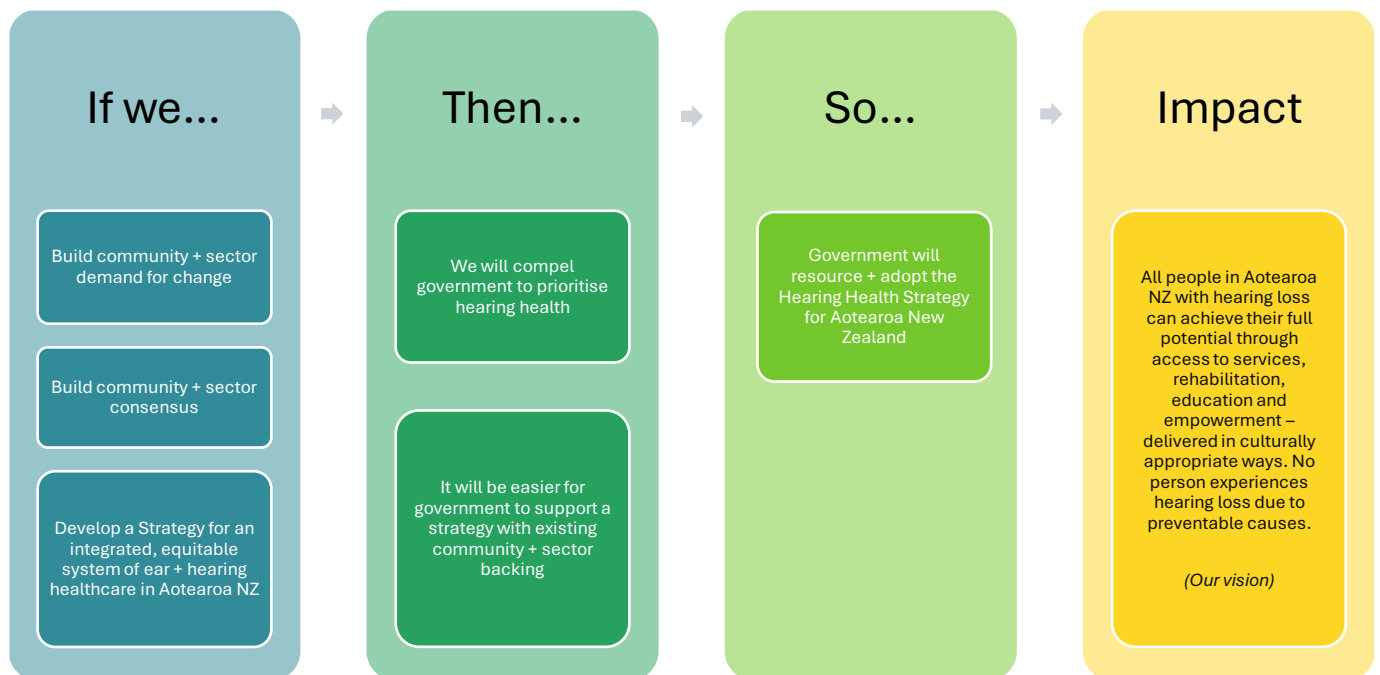


Figure 1: High level Theory of Change model for Hearing Health Strategy

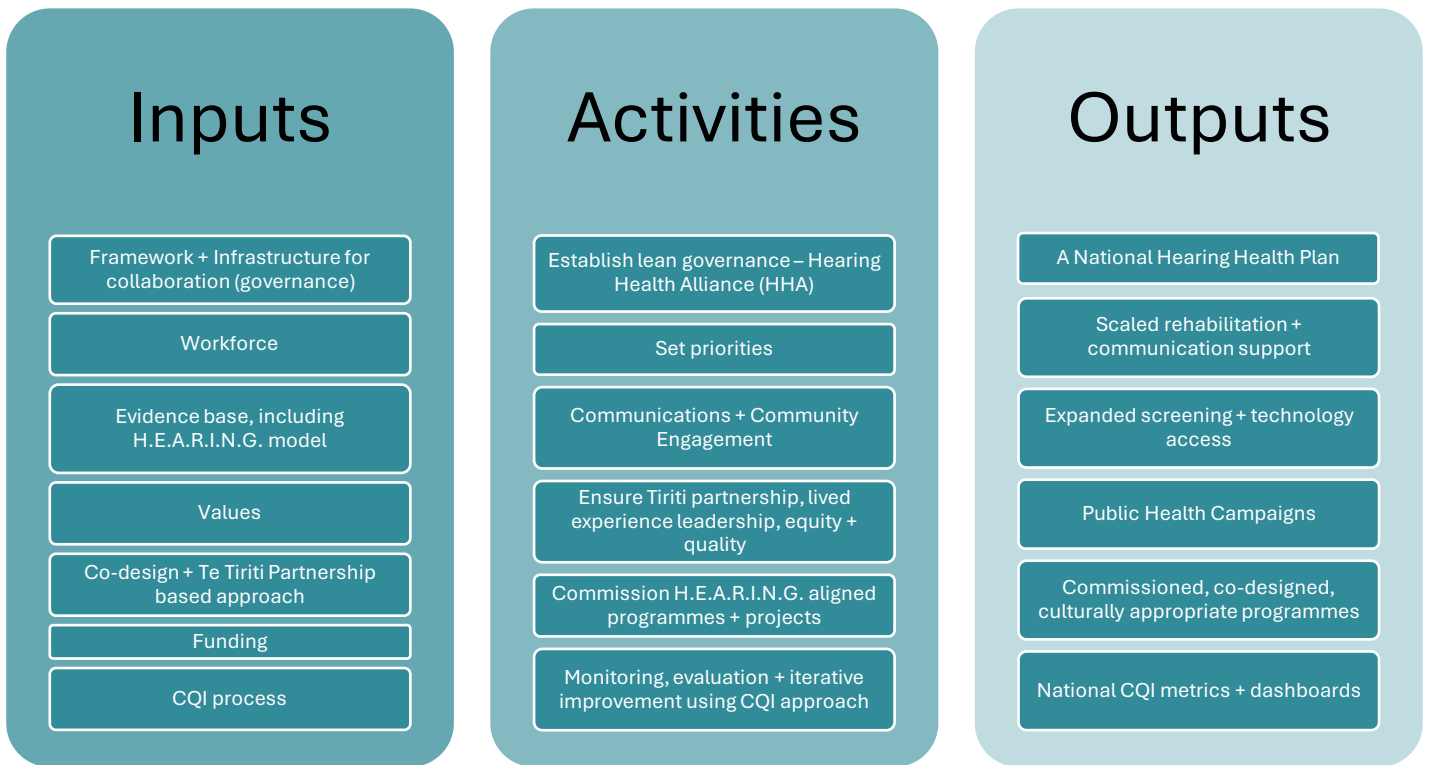


Figure 2: Theory of Change “If we...” detail: Inputs, Activities, and Outputs for the Hearing Health Strategy

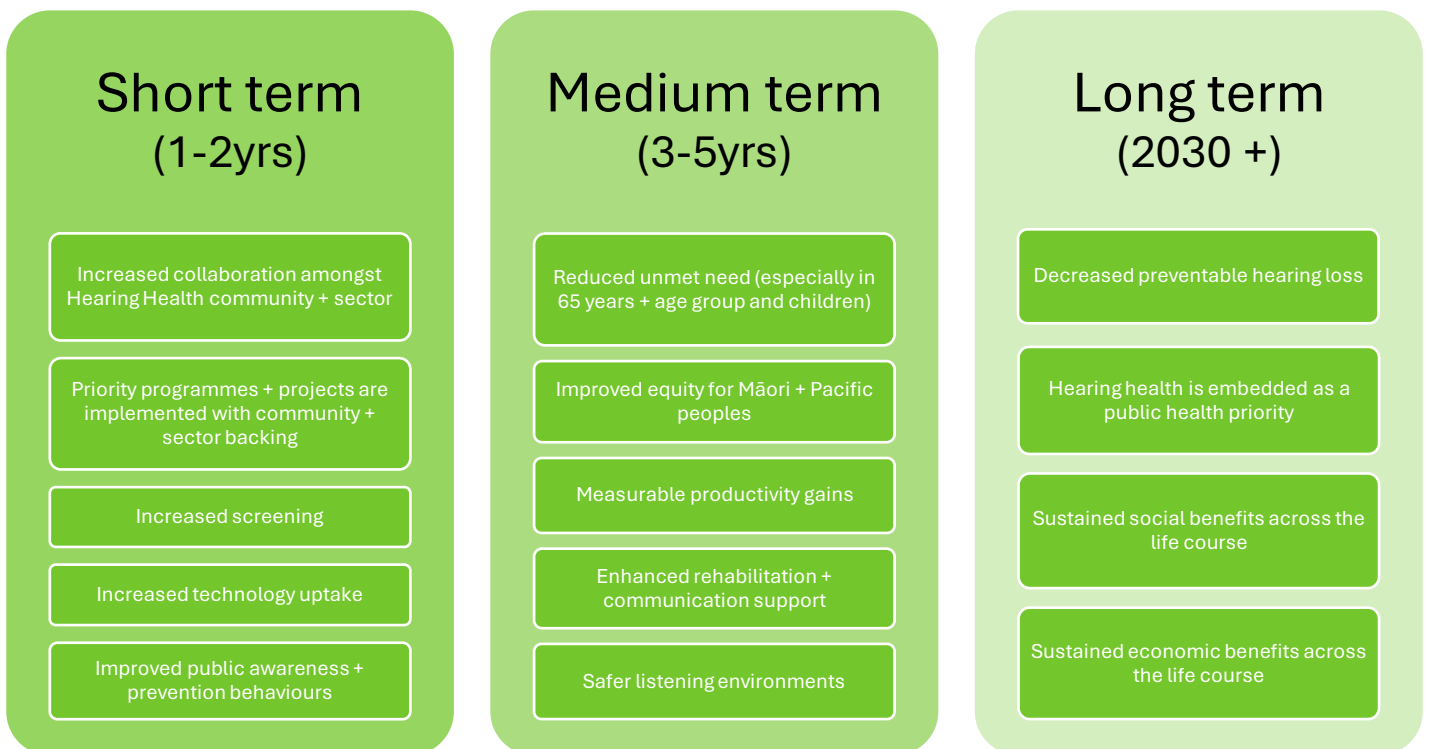


Figure 3: Theory of Change “So...” detail: Short, medium, and long-term Outcomes for the Hearing Health Strategy

# Impact

All people in Aotearoa NZ with hearing loss can achieve their full potential through access to services, rehabilitation, education and empowerment – delivered in culturally appropriate ways. No person experiences hearing loss due to preventable causes.

Figure 4: Theory of Change “Impact” detail: achieving the vision for the Hearing Health Strategy

## 1.7 The Business Case for Investing in Ear Care and Hearing Health

### Key NZIER Research Findings

The NZIER report *Economic Effects of Hearing Loss: 2023 Update* highlights the significant health, social, and economic impacts of hearing loss in Aotearoa New Zealand. Below is a summary of the key findings:

#### Prevalence and Projections

- Around **10% of New Zealand's population** experiences hearing loss.<sup>11</sup>
- Numbers are expected to rise sharply due to an ageing population, with those aged **65+ projected to grow significantly** in coming decades.

#### Economic and Social Costs

Untreated hearing loss imposes substantial burdens:

- **Employment Impacts**  
Hearing loss reduces employment probability, productivity, and increases absenteeism.  
*Estimated GDP gain if addressed: \$718–\$924 million annually.*
- **Social Impacts**  
Associated with depression, falls, and cognitive decline, particularly among older adults.  
*Social return on investment from mitigation: \$241 million–\$1.55 billion annually.*

#### Unmet Need

- In 2023, **128,823 people aged 65+** had an unmet need for hearing aids or other interventions.<sup>12</sup>
- This unmet need is particularly pronounced amongst Māori, Pacific, Deaf, and disabled populations.

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<sup>11</sup> This is lower than the figures quoted above because this 10% is thought to be those with moderate or greater hearing loss who are more likely to be affected by it and report it in surveys. The WHO estimate that 1.1 billion young people globally have music-induced hearing loss.

<sup>12</sup> This report does not specifically mention the unmet need across Māori and Pacific populations, but does note the higher prevalence among Māori children and kaumatua under Equity Issues. Access to services due to equity issues creates unmet need and this will be a priority under the Strategy and its programmes and projects.

- Addressing this gap could deliver **hundreds of millions of dollars in social benefits annually**.

### Benefits of Mitigation

Providing hearing aids and related support:

- Improves participation in society.
- Generates high social and economic returns.

### Equity Issues

Research shows **higher prevalence among Māori children and kaumātua**, and among **Pacific peoples**, highlighting inequities in access to care.

### Estimated Economic Gains from Mitigation

Impact Area	Annual Gain (NZD)
GDP Growth (productivity)	\$718–\$924 million
Household Spending	\$408–\$527 million
Export Volumes	\$177–\$227 million
Industry Output	\$1.26–\$1.63 billion
Employment Gap Reduction	\$478–\$956 million
Additional Household Spending	\$217–\$432 million
Additional Export Volumes	\$93–\$187 million
Additional Industry Output	\$670 million–\$1.34 billion

### Policy Recommendations

Based on their findings, the NZIER and the NZHIA advocate for several policy changes to address the burden of hearing loss in New Zealand:

- Ensuring adequate funding for hearing aids and specialist services.
- Removing the social stigma associated with hearing loss and hearing aid use.
- Considering a national hearing loss strategy.

More detailed information can be found in the full "Economic effects of hearing loss: 2023 update" report available on the [NZIER website](#).

This strategy integrates these recommendations that will be delivered by programmes and projects through a commissioning process.

## 2. DRAFT STRATEGY FOR REVIEW: THE HEARING HEALTH STRATEGY

### 2.1 Vision

*All people in Aotearoa NZ with hearing loss can achieve their full potential through access to services, rehabilitation, education and empowerment – delivered in culturally appropriate ways. No person experiences hearing loss due to preventable causes.*

### 2.2 Purpose

To support hearing health for all people in Aotearoa NZ through an integrated prevention, support and rehabilitation strategy that is embedded across health, education, workplaces and other contexts that impact hearing health.

### 2.3 Guiding Values

The values that guide this strategy are:

- **Tino Rangitiratanga** which in our context means a Te Tiriti o Waitangi based approach in partnership with tāngata whenua
- **Self-determination, choice and control** especially of affected communities
- **Equity** which means fair and just access to hearing health services for all New Zealanders
- **Active protection** which means we will actively protect the rights of affected communities at all levels of strategy development and implementation
- **Partnership** which means we collaboratively provide interventions and services across the life course
- **Whanaungatanga & Relationship-building**, which means that we prioritise relationships with community and stakeholders, fostering genuine collaboration throughout the process. We also recognise that health outcomes are achieved in community and relationship, as well as in individual interventions
- **Options** which mean evidence based and culturally appropriate interventions
- **Culture as tāonga**, including valuing and respecting Turi Māori, Deaf Culture, Māori, and Pacific cultures at all levels of strategy development and implementation
- **Free Prior and Informed Consent (FPIC)**, which means we take a non-extractive approach to community engagement, and we ensure that implementation

through programmes and projects that arise from the strategy uphold strong ethical standards

- **Co-design** (as described within this paper)
- **Accessibility**
- **Accountability**
- **Prevention** which means early identification and support for ear health challenges across education, workplace and social contexts
- **Continuous Quality Improvement** (as described in this paper)
- **Enabling Good Lives (EGL) Principles** (as described in this paper)

## 2.4 Foundations

### 2.4.1 Te Tiriti o Waitangi

We recognise the text of Te Tiriti o Waitangi - the 1840 agreement that forms the basis for tāngata Tiriti (non-Māori) to be in Aotearoa NZ, and enables our organisations to operate on this land. Honouring Te Tiriti requires us to respect Māori rights and tino rangatiratanga, pursue equity, and actively protect tāonga.

### 2.4.2 Manatū Hauora Ministry of Health Te Tiriti o Waitangi Framework

A framework that guides the Crown to meet their Te Tiriti o Waitangi obligations within the health and disability system. It gives a high-level direction for meeting these obligations via 4 goals:

- Mana whakahaere
- Mana motuhake
- Mana tangata
- Mana Māori

It recognises Te Tiriti principles articulated by the courts and the Waitangi Tribunal 2019 Hauora Report.

### 2.4.3 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

New Zealand is a party to UNDRIP, which requires state parties (amongst other obligations) to honour the cultural rights of Indigenous Peoples, their self-determination, and to particularly pay attention to the rights of Indigenous persons with disabilities.

#### **2.4.4 Whāia Te ao Mārama 2018 – 2022: The Māori Disability Action Plan**

While not yet updated, Whāia Te Ao Mārama provides a good foundation with many goals that are still relevant to achieve wellbeing for disabled Māori. Including that tāngata whaikaha will:

1. Participate in development of health and disability services
2. Have control over their disability support
3. Participate in Te Ao Māori
4. Participate in their community
5. Receive disability support services that are responsive to Te Ao Māori
6. Have informed and responsive communities

#### **2.4.5 Pae Tū: Hauora Māori Strategy**

One of the Pae Ora (Healthy Futures) strategies that guides health entities to uphold Te Tiriti o Waitangi and achieve Māori health equity. 5 priority areas:

1. Enabling Māori leadership, decision-making and governance at all levels
2. Strengthening whole-of-government commitment to Māori health
3. Growing the Māori health workforce and sector to match community needs
4. Enabling culturally safe, whānau-centred and preventative primary health care

Ensuring accountability for system performance for Māori health.

#### **2.4.6 Recognising Pacific Deaf perspectives**

Pacific people who are Deaf or hard of hearing navigate a unique intersection of identity. Achieving equity means moving beyond a ‘one size fits all’ approach; it requires a commitment to culturally responsive inclusion.

In practice this means that Pacific-led solutions for Pacific people, by Pacific people will be embraced in the implementation and evaluation of programmes and projects designed to reduce inequities for this population.

#### **2.4.7 Atoatoali’o - National Pacific Disability Approach**

Atoatoali’o - National Pacific Disability Approach was developed with Pacific disabled communities and Whaikaha – Ministry of Disabled People to capture the aspirations of the Pacific disabled community ahead of the refresh of the New Zealand Disability Strategy. It has 6 priority areas:

1. Growing Pacific disabled leadership
2. Strengthening Pacific Health & Disability workforce
3. Disability awareness within Pacific communities

4. Supporting Access & Equity for Pacific disabled people
5. Stakeholder Data & Insights collaboration
6. Enabling Good Lives principles

#### **2.4.8 Te Mana Ola: The Pacific Health Strategy**

Te Mana Ola is one of the Pae Ora Strategies, which sets out how the health system can reduce health inequities and achieve best possible outcomes for Pacific whānau and communities. The 5 priority areas are:

- Population health, by working with communities to build, maintain and enable strong foundations for Pacific health and well-being
- Prioritising disease prevention, health promotion and good health and wellbeing throughout the life course
- Better understanding the needs of Pacific peoples and communities and enabling them to exercise authority over their health and wellbeing
- Ensuring that timely, high-quality services are reaching Pacific peoples, wherever they live
- Growing and supporting strong Pacific health leadership and a resilient health workforce that reflects the population it serves.

#### **2.4.9 Recognising other cultural perspectives**

The concept of community-led co-design for community solutions is a key to this strategy and will become apparent in the implementation phase. Empowering specific cultural and social context means the solutions are more than just accessible, they are intuitively designed. This ensures high-impact results and long-term trust.

#### **2.4.10 United Nations Convention on the Rights of Persons with Disabilities**

Outlines the responsibilities of states to protect and promote a range of rights for disabled people, including:

- Art. 8 – Awareness Raising that fosters respect & combats stereotypes
- Art. 9 – Accessibility, including of information and communications
- Art 25 – That disabled people have the right to the highest attainable standard of health without discrimination, including early identification and intervention
- Art. 30 – Participation in Cultural Life, including recognition and support of specific cultural and linguistic identity, including sign languages and Deaf culture

#### **2.4.11 Enabling Good Lives (EGL)**

EGL was developed in Aotearoa to shift power from government to disabled people and their families, and which emphasise disabled people having choice and control over their own lives, support, and wellbeing.

#### **2.4.12 Provisional Health of Disabled People Strategy 2023 – 2033**

The Provisional Health of Disabled People Strategy is one of the six health strategies required under the Pae Ora (Healthy Futures) Act 2022, to set the long-term direction for the New Zealand government to achieve equity in disabled peoples' health. Its priorities are to:

- Embed self-determination of disabled people and their whānau as the foundation of a person and whānau-centred health system.
- Ensure the health system is designed by and accessible for disabled people and their whānau, and provides models of care that suit their needs.
- Ensure the health system is part of a coherent cross-government system that addresses broader drivers of poor health and wellbeing.
- Build health workforce capacity and capability to meet the needs of disabled people and their whānau.
- Increase the visibility of disabled people in health data, research and evidence.

#### **2.4.13 New Zealand Disability Strategy 2026-2030**

The NZ Disability Strategy gives direction to government agencies on issues affecting disabled people, with a vision of “New Zealand is an equitable and accessible place for all disabled people and their whānau - where disabled people thrive, contribute, and choose the lives they want to lead.” This iteration of the strategy focuses on 5 areas, reflecting an “action plan” approach on:

- Education
- Employment
- Health
- Housing
- Justice

#### **2.4.14 The New Zealand Health Strategy**

The main Pae Ora strategy, which sets the direction for the New Zealand government to achieve health equity for diverse communities and improve health outcomes for all New Zealanders from 2023-2033. It is supported by 5 strategies targeting specific

populations: Māori, Pacific, Disabled, Women, and Rural communities. Its priority areas are:

- Voice at the heart of the system
- Flexible, appropriate care
- Valuing our workforce
- A learning culture
- A resilient and sustainable system
- Partnerships for health and wellbeing

#### **2.4.15 The New Zealand Health Plan | Te Pae Waenga**

Outlines actions to deliver better health outcomes for Aotearoa NZ, and sits alongside the Health New Zealand | Te Whatu Ora Health Delivery Plan. Gives effect to government priorities from the Government Policy Statement on Health 2024-2027 (GPS).

#### **2.4.16 The Pae Ora (Healthy Futures Act)**

The Pae Ora (Healthy Futures) Act 2022 is the main legislation governing the health system in Aotearoa NZ. It was introduced to put equity, Te Tiriti, and Māori leadership at the heart of the health system. The Act:

- Replaced District Health Boards (DHBs) with the national Health New Zealand (Te Whatu Ora, HNZ).
- Established the Māori Health Authority (Te Aka Whai Ora) which has since been disestablished – those functions now sit between HNZ and the MOH.
- Iwi-Māori Partnership Boards (IMPBs)
- Requires government to create 6 strategies, including those focused on Māori, Pacific, disability, women, and rural communities

#### **2.4.17 Health Quality and Safety Commission Te Tāhū Hauora Code of Expectations**

The Code of expectations for health entities engagement with consumers and whānau mandates that NZ health entities meaningfully involve consumers, whānau, and communities in the planning, design, delivery, and evaluation of health services. It aims to ensure consumer voices are embedded at all levels to improve quality, safety, and equity, particularly for Māori, Pacific, and disabled people

#### **2.4.18 WHO World Report on Hearing 2021**

The WHO Report provides evidence-based guidance for states to drive actions for integration of quality ear and hearing care health services into national health plans, and puts forward the H.E.A.R.I.N.G. package of interventions for Hearing Health. The Hearing Health Strategy draws on the WHO Report, adapting its recommendations and the H.E.A.R.I.N.G. model to the Aotearoa New Zealand context using the other foundations outlined in this chapter.

## 2.5 Guiding Frameworks and Principles

### 2.5.1 Enabling Good Lives Principles<sup>13</sup>

We acknowledge and have incorporated the **Enabling Good Lives** principles of:

1. **Self-determination** – disabled people are in control of their lives and supports.
2. **Beginning early** – invest early in families and whanau to support them in being aspirational for their disabled child, rather than waiting for a crisis.
3. **Person-centred** – Supports are tailed to individual needs, goals, and strengths, taking a whole-life approach.
4. **Ordinary life outcomes** – disabled people are supported to live everyday lives in everyday places and are regarded as citizens with opportunities for learning, employment, and social participation.
5. **Mainstream first** – disabled people are supported to access universal services (like schools, transport, public healthcare) before specialist disability services.
6. **Mana enhancing** – The abilities and contributions of disabled people and their families are recognised and respected.
7. **Easy to use** – Supports should be simple, flexible, and easy for disabled people and families to navigate.
8. **Relationship building** – Supports should build and strengthen relationships between disabled people, their whanau and their community.

Enabling Good Lives is centred on the ‘person, their strengths and aspirations’, and it is an approach that works. It enables disabled people and their family/whānau to have much more choice and control over their own lives and the supports they receive.

The EGL vision and principles were developed in 2011 by the disability community to underpin a new approach to disability support. The vision since day one has been for disabled children and adults and their whānau to have greater choice and control over their supports and lives.

The key features of a transformed disability system based on the EGL approach are:

- **people are welcomed** into the system in multiple ways, and can then be provided with information, linked with a Connector, peer network, government agency or disability organisation
- **access to Connectors** who can walk alongside disabled people and whānau if they choose, to help them identify what they want in their life, how to build their life, and the range of supports available to live their life
- **easy to use information and processes** that meet the diverse needs of disabled people and their whānau

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<sup>13</sup> While the EGL Principles apply to people with disabilities, they also apply to people who do not identify as disabled.

- **seamless support across government**, with Government Liaisons supporting people in the background to access other government services (for example, benefit applications), and to build positive relationships with other parts of government (for example, learning support in school)
- **a straightforward process for accessing funding**, with flexibility about what can be purchased and how it can be administered, and easy reporting
- **capability funding** for disabled people and whānau
- **outcomes-based commissioning and contracting models**
- **greater system accountability to disabled people and their whānau** so that disabled people and whānau are involved in monitoring and evaluating the system and making recommendations to Ministers about changes to the system.<sup>14</sup>

## 2.5.2 Continuous Quality Improvement Framework<sup>15</sup>

System change comes from sector wide **continuous quality improvement (CQI)**, so we have woven this through the strategy and as an expectation in all programmes and projects developed under this Strategy. This aligns with the IPC-EHC approach as recommended by the WHO.

All sector stakeholders working with this Strategy and its implementation via the programmes and projects will be expected to adopt continuous quality improvement methodology. This will enable them to monitor and learn from their activities over time.

Key principles of CQI:

- **Data-driven:** CQI uses data to monitor performance and guide improvement efforts.
- **Commitment:** It requires ongoing commitment from an organisation and its team members to be successful.
- **Learning from failure:** Projects do not need to be "successful" in every iteration; learning from what didn't work is also a valuable part of the process.

Evaluation, collecting and analysing data, then adjusting will not only help this strategy and its implementation improve, but systems improvements will be ongoing and iterative.<sup>16</sup> Continuous quality improvement is not just a methodology for health. It can be applied to all facets of life where hearing health is important.

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<sup>14</sup> Information from <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/disability-system-transformation/enabling-good-lives.html>

<sup>15</sup> See Appendix 4 for definition.

<sup>16</sup> Te Tahu Hauora – the Health Quality and Safety Commission has training and resources available to assist with establishing a CQI approach across programmes of work. <https://www.hqsc.govt.nz/our-work/leadership-and-capability/tools-for-quality-improvement/>

## 2.6 Approach

### 2.6.1 Integrated People/Whānau Centred Ear and Hearing Care (IPC-EHC)

An IPC-EHC approach envisions all people have access to quality ear and hearing health care as part of health services based on their needs, across their life course. IPC-EHC respects social preferences; is coordinated across the continuum of care; is comprehensive, safe, effective, timely, efficient, and acceptable; and has a motivated, skilled workforce that operates in a kaitiaki-based (supportive) environment.

Adopting an IPC-EHC approach to care means that people with, or at risk of hearing loss, ear conditions, or hearing disorders will receive improved services that

- include health promotion, prevention, identification, management, and rehabilitation services;
- are delivered through a strengthened health system that has strong publicly funded hearing health care, and develops government policy and legislation to support this strategy;
- are made accessible through a reoriented model of care that prioritises service provision at whānau and community levels, and that are coordinated through efficient referral pathways;
- do not pose undue financial hardships to the people in need of services;
- are supported by suitable policies and governance mechanisms;
- address the barrier of knowledge and empower individuals, whānau and communities; and
- include links across health programmes and with non-health sectors i.e., Ministry of Education and Ministry of Social Development.

### 2.6.2 How the Values, Principles and Frameworks fit together

The **vision** is our north star. It orients all of us to drive for success and establishes the ultimate, long-term destination. It provides an inspiring and aspirational goal that unites and motivates all of us.

**Values** govern daily decisions about how we conduct ourselves and how we bring this strategy to life.

**Principles** can serve as a bridge between high-level values and practical action, providing rules for implementation.

**Frameworks** supply the structured, actionable processes and measurable objectives needed to execute the plan.

The **approach** indicates how we will achieve our vision.

By working together, these elements create a robust strategic roadmap, ensuring that all efforts are focused, coherent, and aligned with the overarching mission and ethical standards, to move the entire sector toward its intended future.

## 2.7 Achieving the vision

### 2.7.1 Adopt WHO World Report on Hearing package

To deliver the vision we will adopt the recommended WHO World Report on Hearing package of interventions and **adapt it to our specific cultural circumstances**.

The IPC-EHC approach applies across the life course of all those in need by ensuring access to evidence-based and culturally appropriate interventions that are delivered through a strengthened health system, relevant to the needs of the country and its populations. This package of interventions is called H.E.A.R.I.N.G.

### 2.7.2 Collaborate

A unique feature of this strategy is the sector collaboration across community, government, clinicians, allied health, research, academia and business. This fuses policy, commercial agility and local trust into a unified force. This collaborative approach will drive solutions that are fit for purpose, holistic and not fragmented, as is currently the case. This approach aims to secure the necessary resources, regulatory backing, and social buy-in needed to deliver equitable hearing health for the benefit of all New Zealanders.

## 2.8 Recommended Interventions

Recommended interventions are based on IPC-EHC for Aotearoa New Zealand, while integrating Kaupapa Māori approaches.

<p><b>H</b> HEARING SCREENING &amp; INTERVENTION</p>	<p>Includes hearing services, screening, research and early intervention programmes targeting:</p> <ul style="list-style-type: none"> <li>• new-borns and infants - pepi;</li> <li>• pre-school children and children in school – tamariki and rangatahi;</li> <li>• those exposed to noise or receiving ototoxic medicines;</li> <li>• musicians, audio engineers, venue and event participants</li> <li>• older adults.</li> </ul>
<p><b>E</b> EAR DISEASE PREVENTION &amp; MANAGEMENT</p>	<p>Includes addressing common ear diseases (e.g. otitis media) and other hearing health conditions through:</p> <ul style="list-style-type: none"> <li>• research into prevention;</li> <li>• early identification at community/primary level;</li> <li>• medical and surgical management.</li> </ul>
<p><b>A</b> ACCESS TO TECHNOLOGIES</p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>• access to affordable, high-quality hearing aids and cochlear implants, along with batteries and services for maintenance;</li> <li>• availability of hearing assistive technologies (e.g., loop systems);</li> <li>• access to assistive listening devices for those who are unable to use hearing aids;</li> <li>• technology such as FM, Bluetooth devices etc. to enable people to successfully undertake education and employment to enable them to have well paid work and satisfying lives;</li> <li>• technology to enable people to carry out tasks such as caring for a dependent person and to enable them to be safe at home and work (e.g., smoke alarms at home and work).</li> </ul>
<p><b>R</b> REHABILITATION SERVICES</p>	<p>Includes:</p> <ul style="list-style-type: none"> <li>• multidisciplinary, whānau-centred hearing and speech rehabilitation services for children with hearing loss;</li> <li>• aural Rehabilitation<sup>17</sup></li> </ul>

<sup>17</sup> see <https://www.asha.org/practice-portal/professional-issues/aural-rehabilitation-for-adults/>

	<p>Other auditory conditions – tinnitus, hyperacusis, APD and treatment services.</p>
<p><b>I</b> IMPROVED COMMUNICATION</p>	<p>Includes:                      sign language learning and interpretation services, especially in educational and healthcare settings;                      captioning services in professional and recreational settings.                      signage, e.g., in real time in public places (i.e., airports; public transport hubs, stations and stops; on public transport etc);                      alerting systems in public places, e.g., flashing lights for fire alarms in public places.                      venue warnings if levels likely to exceed safe limits                      other communication technologies</p>
<p><b>N</b> NOISE REDUCTION</p>	<p>Includes:                      • research;                      • occupational hearing conservation programmes in the workplace;                      • adoption of the global standard for safe listening devices (ITU-T H.8701) adapted for NZ conditions in line with evidence-based research and international noise regulations                      • regulations for safe listening venues;                      • targeted programmes to change listening behaviours among preadolescents (i.e., school aged children primary and beyond);                      • education about the impact of poor acoustics (e.g., in classrooms, workplaces, recreational places such as bars and cafes, activity spaces and dining areas in residential care facilities, and other public spaces; and measures taken to mitigate).                      • review noise metrics for evaluating neighbour annoyance and venue participant hearing management</p>
<p><b>G</b> GREATER COMMUNITY ENGAGEMENT</p>	<p>Includes:                      collaboration with stakeholders to identify and address the causes of stigma associated with ear conditions and hearing loss                      strengthening organisations and associations that represent those who are Deaf/deaf and hard of hearing                      a multi-channel communication strategy promoting healthy ear and hearing health care practices, and early intervention for hearing loss;</p>

## 2.9 Inputs

- **Governance:** Establish the Hearing Health Alliance with cross-sector representation and lived experience.
- **Commissioning capability and funding:** Outcomes-focused procurement of services, preventative education, workplace training, health and safety policy, and technologies across public and private sectors.
- **Evidence base:** WHO World Report on Hearing and H.E.A.R.I.N.G. package; NZIER economic analyses; local research.
- **Workforce:** Audiology, ENT, speech-language therapy, community connectors.
- **Continuous Quality Improvement (CQI) infrastructure:** Data, evaluation, and capability building via programmes and projects, sector partners and analysis from HQSC.
- **Partnership & values:** Te Tiriti-based partnership, equity, prevention, and Enabling Good Lives principles (with application to all).

## 2.10 Core Activities

### **A. Adopt and adapt H.E.A.R.I.N.G. interventions via commissioning:<sup>18</sup>**

- **Hearing screening & early intervention** across the life course (newborns, school children, workers at risk, people in prisons, older adults, etc.).
- **Ear disease prevention & management** (e.g., otitis media) and education at community/primary levels and specialist care.
- **Access to technologies** (hearing aids, cochlear implants, assistive listening devices, loops, FM/Bluetooth, safety alerts).
- **Rehabilitation services** (multidisciplinary, whānau-centred, aural rehabilitation).
- **Improved communication** (NZSL learning and interpreting; captioning; accessible public alerts/signage).
- **Noise reduction** (safe listening standards, occupational programmes, venue regulations and practices, behaviour change, acoustics).
- **Greater community engagement** (multi-channel public health campaigns; stigma reduction; strengthening organisations).

### **B. Collaborate sector-wide: Government, NGOs, private sector, academia, and communities.**

### **C. Continuous Quality Improvement: Data-driven monitoring, iterative improvement, and learning.**

### **D. Communication & Engagement: National campaign, World Hearing Day activation, professional training modules.**

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<sup>18</sup> Note that Aotearoa NZ already meets some of these recommended interventions. When sector engagement takes place, we will co-develop a chart outlining the recommendations from WHO alongside the actions we already do that meet those recommendations. This information will be used in the first report back to the WHO as well.

## 2.11 Outputs

- A National Hearing Health Strategy and programmes and projects to implement it
  - Commissioned culturally appropriate programmes and services focused on addressing inequities and aligned to H.E.A.R.I.N.G.
- Expanded screening coverage and referral pathways.
- Increased provision of affordable, high-quality hearing technologies and support.
- Rehabilitation and communication support scaled across settings (healthcare, education, workplaces, public spaces).
- National multi-channel awareness campaign and sector engagement platform.
- Continuous Quality Improvement (CQI) dashboards, evaluation frameworks, and reporting to funders/WHO.

## 2.12 Outcomes

### Short-term (1–2 years):

- Strengthened sector collaboration and governance; Hearing Health Alliance established and commissioning cycle in place.
- Increased screening and early identification; improved access pathways; increased uptake of hearing technologies.
- Improved public awareness; reduced stigma; training modules embedded; preventative education;

### Medium-term (3–5 years):

- Reduced unmet need (esp. 65+); improved equity for Māori, Pacific peoples, and children.
- Measurable productivity gains; reduced absenteeism/presenteeism; increased household spending and industry output.
- Enhanced rehabilitation and communication support; safer listening environments.

### Long-term (to 2030 and beyond):

- Preventable hearing loss declines; ear health embedded as a public health priority.
- Sustained economic and social benefits; improved wellbeing and participation across the life course.

## 2.13 Indicators and Measurement

- Coverage and timeliness: screening, referrals, and prevention interventions by age/region/ethnicity.
- Access and affordability: uptake of hearing aids/implants/assistive devices; wait times; cost burden.
- Quality and outcomes: rehabilitation participation, communication supports usage, patient-reported outcomes.
- Equity: disparities closed for Māori, Pacific peoples, and priority groups.
- Economic: GDP, employment probability and productivity, absenteeism/presenteeism, household spending, exports, industry output.
- Continuous Quality Improvement and governance: evaluation cycles (2-year, 5-year), contract performance, and continuous data collection and improvement logs.

## 2.14 Key Assumptions

- Sustained cross-sector collaboration and resourcing through the Hearing Health Alliance funded by central government.
- Commissioning model embeds co-design to enable outcomes-focused procurement across public and private sectors resulting in products and services fit for purpose.
- IPC-EHC/H.E.A.R.I.N.G. interventions are culturally adapted and implemented at whānau/community levels.
- Continuous Quality Improvement and independent evaluation improve programme effectiveness over time.

## 2.15 Change Pathway (If–Then chain)

**If** we establish strong governance and commissioning, adopt and adapt IPC-EHC/H.E.A.R.I.N.G. interventions, invest in prevention, early detection, technologies, rehabilitation, and communication supports, and continuously improve based on evidence-based data and lived experience, **then** screening and access will increase, unmet need and inequities will shrink, productivity and wellbeing will rise, and preventable hearing loss will decline — achieving the Strategy’s vision.

## 2.16 Governance and Accountability

### 2.16.1 The Hearing Health Alliance

Reflecting a collaborative, iterative, and co-designed approach, the Hearing Health Strategy should be held collectively, rather than “owned” by one single organisation. While a steering group will be needed to facilitate collaboration and to encourage government to adopt the strategy, it is envisaged that this will initially be lean and scalable. Funding that is received will be predominantly directed to projects and initiatives to give effect to the Hearing Health Strategy, rather than to overheads of the group. For ease of reference, we will refer to this group as the “*Hearing Health Alliance*” (HHA).

The structure and specific responsibilities of the Hearing Health Alliance will be developed in response to community and stakeholder consultation on this document, and in response to any engagement and interest from government. However, we anticipate this including:

- **Transparent, accountable, inclusive, collaborative, and effective decision-making**
- Responsive to the needs of the community by operating under a community-led development model
- Composition, processes, and values to align with those agreed in the Hearing Health Strategy
- Flexible, adaptable, and scalable
- Diverse representation, including people with lived experience/lived experience organisations, Turi Māori, clinicians, NGOs, private sector, academia, and other interests relating to hearing health in Aotearoa New Zealand.

## 2.17 Key Objectives

### 2.17.1 Establish Aotearoa New Zealand's first Hearing Health Strategy

Secure cross sector support for the strategy and its implementation. This includes government, non-government organisations, research and academia, and business interests.

### 2.17.2 The Hearing Health Strategy has a strong Te Tiriti o Waitangi and Kaupapa Māori Foundation, ensuring that services for Māori are by Māori

Te Tiriti o Waitangi establishes the relationship between Māori and the Crown, recognising the unique position of Māori as tangata whenua. Within the context of this strategy, we will uphold the text of Te Tiriti o Waitangi, and ensure partnership, participation, and protection for Māori - and for Turi Māori in particular - supporting their wellbeing, self-determination, and supporting them to thrive.

In practice, this means that a Kaupapa Māori approach will be embraced for the design of this strategy, and for its implementation and evaluation, as it relates to Māori. What this looks like in practice will be determined by Māori for Māori.

### 2.17.3 Cultural preferences are supported to ensure services are fit for purpose

Cultural preferences of Deaf, Hard of Hearing, Turi Māori, tāngata whaikaha and whānau hauā Māori, Pacific, disabled, older people, and other communities are supported to ensure that services are appropriate, acceptable, accessible, and fit for purpose.

Secure cross-sector support for the strategy and its implementation to facilitate this. This includes support from government, non-government organisations, research and academia, and business interests alongside community, Māori, and Disabled Peoples' Organisations.

### 2.17.4 Secure Funding

Secure funding for the Hearing Health Strategy and establish the Hearing Health Alliance so it can carry out its objectives through commissioning projects and programmes.

### **2.17.5 Establish the Hearing Health Alliance**

Establish a Governance Group, called the Hearing Health Alliance. This will comprise members of good standing from lived experience communities, Māori, NGO, clinical, private, government, and academic sectors. Equity and human rights considerations will inform the makeup of this governance group to ensure that it is fit for purpose, and aligned with our values, principles, and foundational documents.

### **2.17.6 Prioritise programmes and projects and activities using commissioning, co-design, and continuous improvement methodologies**

The Hearing Health Alliance will prioritise and commission programmes and projects that align with H.E.A.R.I.N.G. interventions above, current evidence-based research and needs assessments.

Priorities will be assigned as short term, medium term and longer-term depending on urgency and need.

The priority areas are:

- Equity issues
- Public health advocacy and communications programme
- Prevention and early intervention initiatives
- Research into Deaf/deaf and hard of hearing issues
- Venue and event hearing management initiatives
- Workforce development

### **2.17.7 Hearing Health is integrated as a Public Health priority across Aotearoa NZ**

As a result of this strategy and implementation through the Hearing Health Alliance, hearing health is integrated as a public health priority.

## 2.18 Approach for Success Includes

### 2.18.1 Investment and resources

Current investment in hearing health by the New Zealand Government includes:

0.04% of the health budget for cochlear implants; a \$511 per person per ear hearing aid subsidy, and the Hearing Aid Fund – funding for devices for children and adults who meet certain criteria available through Disability Support Services hearing aid services. Funding is also provided via the Well Child programme for Plunket to carry out hearing health checks as part of the B4 School Programme. Hearing Therapy Services funded by MSD/DSS and provided by Your Way Kia Roha.

Health New Zealand funds audiology and ENT expenditure, and ACC provides funding for ear related accident claims. These figures are not available as single line items in budgets but are included in wider health and ACC budgets. All other funding for hearing health services is private or provided through charities.

We will be seeking a specific commitment from government to operationalise this strategy which could happen in a phased manner.

### 2.16.2 Communication and Engagement

#### Communication Plan for the Strategy and engagement with the sector

An effective and engaging communication plan will be central to the success of this strategy. It is a priority that the diverse hearing health sector is supportive of the strategy and has had every opportunity to help to craft it. This draft was developed with inputs from previous consultations and close discussion with the NFDHH Council who represent a cross section of the hearing health community, including those with lived experience. The NFDHH Board was also involved in the development of this draft, and they have similar lived experience and sector expertise.

The NFDHH will host a web page dedicated to the development of this strategy from April 2026. This will be a platform to facilitate feedback and messaging across the sector about this Strategy and it will have a dedicated email address to send feedback and collaborative advice to.

Between April and June 2026, a comprehensive consultation will take place to ensure that the Strategy meets the needs of the sector and the community, and a broad agreement can be reached so it can get started for the benefit of our sector, and if we are to meet the 2030 target set by the WHO.

## Public Health Awareness Campaign

Addressing attitudes and stigma related to ear conditions, hearing loss, and other hearing conditions is a key action within the WHO Hearing report's calls to action.

States are requested to:

*Undertake awareness campaigns that address attitudes towards, and the stigma related to, ear diseases, hearing loss and other hearing conditions.*

That will require an implementation plan that has the following actions:

- Inform the public on the avoidable causes of ear conditions, hearing loss, and other hearing conditions, their impact, and the effectiveness of interventions across the life course while ensuring any campaigns and communications challenge societal stigma.
- Develop an effective communication strategy to change listening behaviours among those at risk of hearing loss due to unsafe listening practices.
- Use the advocacy opportunity provided each year by the World Hearing Day (March 3), to inform and educate the public on ear and hearing health care.
- Include modules on IPC-EHC in professional training courses, such as for ENT, audiology and speech therapy, to foster a public health approach among EHC professionals.
- Advocate with relevant government sectors for communication and education through the provision of sign language services and other means, such as captioning, and hearing related health and safety induction processes at venues and events.

Implementing this recommendation will be a priority for the Hearing Health Alliance when it has been established. This will be actioned through its commissioning programme.

The Public Health Campaign should align with other foundational documents and frameworks, such as The NZ Disability Strategy and the NZ Sign Language Strategy (NZSL). These key documents are implied and appended to this Strategy. In particular, the NZSL aims to facilitate widespread acceptance and understanding of the value of NZSL.

## 2.19 Risks and Mitigations

**Risk:** Funding constraints

**Mitigations:** phased implementation, diversified funding, strong business case using NZIER impacts.

**Risk:** Workforce capacity

**Mitigations:** training, recruitment, telehealth standards, rural workforce initiatives.

**Risk:** Prevention Delay

**Mitigations:** preventative education from primary school age through to workplace.

**Risk:** Fragmentation

**Mitigations:** central commissioning priorities, shared referral pathways, sector governance TOR.

**Risk:** Equity slippage

**Mitigations:** co-design with Māori and Pacific partners, targeted programmes, monitoring by ethnicity and deprivation.

**Risk:** Data gaps

**Mitigations:** common datasets, dashboards, tracer indicators aligned with WHO targets.

## 2.20 Measuring Success

### What does success look like?

- Hearing Health in Aotearoa NZ is established as a public health priority
- Agreement across our diverse sector has been reached for this strategy – Aotearoa NZ has a Hearing Health Strategy.
- Funding is secured to action the strategy - via the Social Investment Agency or another relevant government funding body
- The Hearing Health Alliance is established as an independent organisation to administer the funding and implement the Strategy
- The Hearing Health Alliance has strong representation from the D/deaf and Hard of Hearing community; Turi Māori; tāngata whaikaha & whānau hauā Māori; Māori, Pacific, disabled, older persons, and young people
- Māori - and particularly Turi Māori - self-determine their involvement in the Alliance, including tikanga for engagement and governance
- Key objectives are met
- WHO Recommendations relevant to Aotearoa NZ are adopted and reported on (by the Hearing Health Alliance)
- The Hearing Health Alliance, through the Hearing Health Strategy uphold the rights and commitments guaranteed by Te Tiriti o Waitangi, the United Nations Declaration on the Rights of Indigenous Peoples, the United Nations Declaration on the Rights of Persons with Disabilities, and other relevant human rights agreements.

## 2.21 Implementation & Next Steps

### 2.21.1 Phases & Key Deliverables

#### Phase 1

*Finalise content for the First Hearing Health Strategy Aotearoa NZ; obtain broad consensus to this strategy and approach across the sector;*

**Equity Milestone:** Develop the Hearing Health Strategy using a Tiriti o Waitangi Partnership approach, considering the feedback from earlier consultation.

**Owner:** NFDHH + Interim Governance Advisor

#### Phase 2

*Launch strategy web page; sector consultation; prepare business case; secure funding to action strategy.*

**Equity Milestone:** Ensure consultation materials are culturally adapted through co-design and accessible (NZSL, captioning).

**Owner:** NFDHH Comms + Policy Team (note Policy Team is 1 person working 2 days per week- in February 2026 we engaged a Māori Policy Lead to work in Partnership

#### Phase 3

*Establish Hearing Health Alliance governance body (as a non-profit corporate entity, TOR, membership).*

**Equity Milestone:** The Hearing Health Alliance comprises members who represent tangata whenua, Pacific people, those with lived experience, youth and aged populations.

**Owner:** NFDHH + Interim Governance Advisor

#### Phase 4

*Prioritise H.E.A.R.I.N.G. programmes and projects; issue RFPs; set up CQI dashboards.*

**Equity Milestone:** Embed equity indicators (Māori, Pacific, children) in commissioning criteria and CQI dashboards.

**Owner:** Hearing Health Alliance Programme Leads + Data/Evaluation Lead

#### Phase 5

*Draft policy briefs (safe listening standards, NZSL/captioning, occupational programmes etc.).*

**Equity Milestone:** Include targeted co-designed programmes for Māori and Pacific communities in briefs.

**Owner:** Hearing Health Alliance Policy team

#### Phase 6

*Launch strategy (aligned to world Hearing Day March 3); publish annual progress report;*

*embed reporting.*

**Equity Milestone:** Report on equity outcomes (closing gaps in screening, access to technologies, rehabilitation, etc.).

**Owner:** Hearing Health Alliance Secretariat

## 2.21 Evaluation

This strategy and its implementation will be evaluated by external, independent evaluators 2 years after it has been adopted, then in 5-year intervals.

### 2.21.1 Evaluation Criteria

Key criteria should include:

**Effectiveness:** Does the strategy and its programmes achieve intended short-term and long-term health outcomes and goals?

**Efficiency:** Are resources (budget, staff, technology) being used wisely in relation to the results achieved? This will require cost-benefit or cost-effectiveness analysis.

**Equity:** Does the strategy and its programmes address avoidable and unjust differences in health status or access to services among different populations? This will require particular attention to the outcomes and experiences of Deaf, Hard of Hearing, Turi Māori, disabled, tāngata whaikaha and whānau hauā Māori, and Pacific populations.

**Human Rights:** Does the strategy and its programmes meet the requirements of Te Tiriti o Waitangi, the United Nations Declaration on the Rights of Indigenous Peoples, the United Nations Declaration on the Rights of Persons with Disabilities, and other relevant international agreements and national legislation on human rights?

**Relevance/Appropriateness:** Is the strategy and its programmes addressing hearing health improvement in Aotearoa NZ, and are its activities and goals appropriate for the communities it serves? Special attention should be paid to populations with previously unmet hearing health needs.

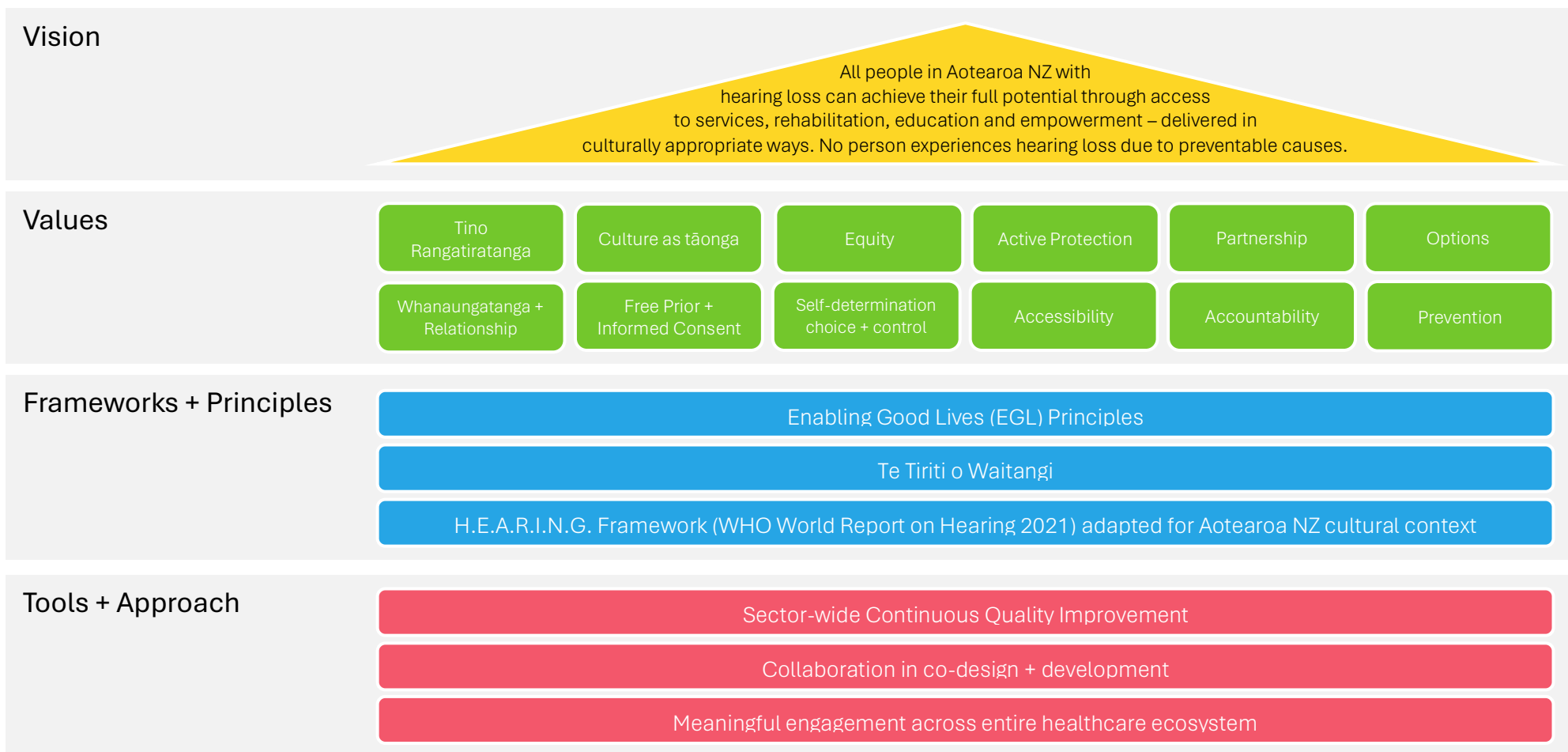
**Sustainability:** Does the strategy and its programmes have the financial and social capacity to continue addressing challenges in the medium and long term?

**Impact:** What are the wider effects of the strategy and its programmes on the communities it serves and wider society? Impact should include any unintended consequences.

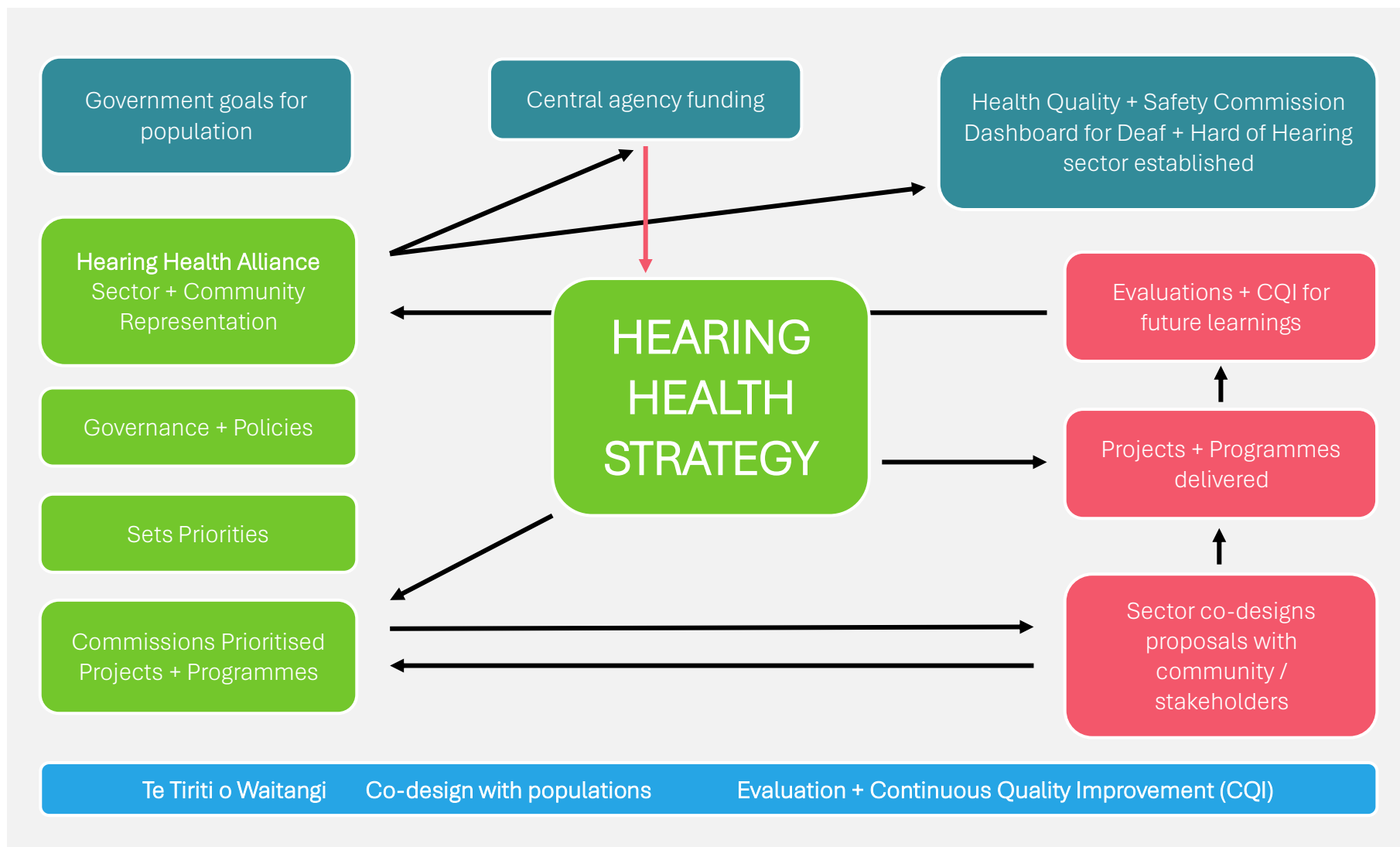
**Evidence-base:** Were the strategy and its programmes designed using existing best practices and supported by scientific evidence?

### 3. APPENDICES

#### Appendix 1 – Hearing Health Strategy summary diagram



## Appendix 2 – Concept Map for Implementation of Hearing Health Strategy



## Appendix 3 – Reference Legislation and Strategies

### Pae Ora Healthy Futures Act (2022)

Pae Ora (Healthy Futures) Act 2022 (Link as at 15 January 2026:

<https://www.legislation.govt.nz/act/public/2022/0030/latest/096be8ed82006836.pdf>

- Pae Ora (Iwi-Māori Partnership Boards) Order 2025 (SL 2025/317)
- Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024 (2024 No 45)
- Pae Ora (Disestablishment of Māori Health Authority) Amendment Acts 2024 (2024 No 5)
- Pae Ora (Iwi-Māori Partnership Boards) Order 2023 (SL 2023/156)
- Oae Ora (Iwi-Māori Partnership Boards) Order 2022 (SL 2022/334)

<https://www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx>

### Government Policy Statement on Health 2024 – 2027

Minister of Health. 2024. *Government Policy Statement on Health 2024 – 2027*.

Wellington: Ministry of Health

<https://www.health.govt.nz/system/files/2024-06/government-policy-statement-on-health-2024-2027-v4.pdf>

## Pae Ora Strategies:

### New Zealand Health Strategy 2023

<https://www.health.govt.nz/system/files/2023-07/new-zealand-health-strategy-oct23.pdf>

### New Zealand Health Plan

Health New Zealand. *New Zealand Health Plan | Te Pae Waenga 2024 – 2027*. Wellington: Health New Zealand

<https://www.tewhātuora.govt.nz/publications/new-zealand-health-plan-te-pae-waenga>

### Health New Zealand | Te Whatu Ora Health Plan

Health New Zealand | Te Whatu Ora. *Health New Zealand Delivery Plan March 2025 – June 2026*. Wellington: Health New Zealand.

<https://www.tewhātuora.govt.nz/publications/health-delivery-plan>

## **Pae Tū: Hauora Māori Strategy 2023**

Minister of Health. 2023. *Pae Tū: Hauora Māori Strategy*. Wellington: Ministry of Health. <https://www.health.govt.nz/system/files/2023-07/hp8748-pae-tu-hauora-maori-strategy.pdf>

## **Health of Disabled People Strategy**

Minister of Health. 2023. *Provisional Health of Disabled People Strategy*. Wellington: Ministry of Health.

<https://www.health.govt.nz/system/files/2024-08/provisional-health-of-disabled-people-strategy-jul23.pdf>

## **NZ Disability Strategy 2026-2030**

Minister for Disability Issues. 2025. *New Zealand Disability Strategy 2026-2030*. Wellington: Whaikaha – Ministry of Disabled People.

<https://www.whaikaha.govt.nz/about-us/our-work/new-zealand-disability-strategy-2026-2030>

NZ Disability Strategy Health Summary:

<https://www.whaikaha.govt.nz/assets/NZDS-26-30-Documents/NZDS-2026-30-Health-Summary.pdf>

NZ Disability Strategy Alternate Formats: <https://www.whaikaha.govt.nz/about-us/our-work/new-zealand-disability-strategy-2026-2030#scroll-to-1>

Te reo Māori full strategy and summaries: <https://www.whaikaha.govt.nz/about-us/our-work/new-zealand-disability-strategy-2026-2030#scroll-to-4>

## **Whāia Te Ao Mārama: The Māori Disability Action Plan**

Ministry of Health. 2018. *Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan*. Wellington: Ministry of Health

<https://www.health.govt.nz/system/files/2018-03/whaia-te-ao-marama-2018-to-2022.pdf>

## **Atoatoali'o National Pacific Disability Approach**

Whaikaha – Ministry of Disabled People. *Atoatoali'o: National Pacific Disability Approach*. Wellington: Whaikaha – Ministry of Disabled People.

<https://www.whaikaha.govt.nz/resources/strategies-and-studies/strategies/atoatoalio-national-pacific-disability-approach#scroll-to-2>

## **NZ Sign Language Strategy**

<https://www.whaikaha.govt.nz/about-us/our-work/new-zealand-sign-language-strategy>

## **United Nations Convention on the Rights of Persons with Disabilities**

<https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-articles>

## **United Nations Declaration on the Rights of Indigenous Peoples**

[https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)

## Appendix 4 – Research

Australian Road Map for Hearing Health (2021).

<https://www.health.gov.au/resources/publications/roadmap-for-hearing-health?language=en>

Gordon, Charlotte. "Hearing Loss & Social Isolation – the Silent Burden." *The Briefing*. Public Health Communication Centre Aotearoa, July 21, 2021.

<https://www.phcc.org.nz/briefing/hearing-loss-social-isolation-silent-burden>.

Esplin, J., and Wright, C. (2014). A Report Prepared for the Ministry of Health and Ministry of Education Auditory Processing Disorder: New Zealand Review. Ministry of Health | Manatū Hauora: Wellington.

[http://www.health.govt.nz/system/files/documents/publications/auditory\\_processing\\_disorder.pdf](http://www.health.govt.nz/system/files/documents/publications/auditory_processing_disorder.pdf)

Holt, E. A.-L., Koro, L., Langridge, F., & Nosa, V. (2024). **Worldviews of hearing health for Pacific peoples in Aotearoa New Zealand: a mixed methods study**. *Journal of Primary Health Care*, 16(3), 250-257. [CSIRO Publishing](#).

Keith, W. J., Purdy, S. C., Baily, M. R., & Kay, F. M. (2019). New Zealand Guidelines on Auditory Processing Disorder. New Zealand Audiological Society.

<https://www.audiology.org.nz/>

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## Appendix 5 – How this strategy was developed

This strategy reflects the WHO recommendations<sup>19</sup> and integrates extensive stakeholder consultation conducted in Aotearoa NZ between 2021 and 2026.

In December 2025 stakeholders were sent a letter about development of the draft Strategy advising them that they would receive a draft strategy in March 2026. They would be invited to engage with it through a consultation process planned for April until June 2026.

In February 2026 the NFDHH committed to working in partnership under Tiriti o Waitangi and in late February 2026 a Māori Policy Lead was engaged to work alongside the Tauwiwi Policy Lead who had designed the architecture of the strategy to that point.

The strategy was workshopped by the NFDHH Council and Board on 21 February 2026. After final changes, in March 2026 the NFDHH Council and Board approved this document for engagement with the wider sector.

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<sup>19</sup> WHO World Report on Hearing 2021; Integrated People Centered Ear Health Care Policy Brief 2021, and Deafness and Hearing Loss Fact Sheet February 2025.

## Appendix 6 – Acronyms, te Reo Māori, definitions and medical terminology used in this document

### Acronyms

*APD* stands for Auditory Processing Disorder. APD includes “*problems in one or more of the following auditory behaviours: sound localization and lateralization, auditory discrimination, auditory pattern recognition, temporal aspects of audition, and auditory performance decrements with competing acoustic signals and degraded acoustic signals.*” (Esplin & Wright - Sapere Report, 2014)

*H.E.A.R.I.N.G.* is the acronym developed by WHO to describe how to achieve an Integrated Person-Centred Ear and Hearing Care (IPC-EHC) approach.

**H** stands for **HEARING SCREENING & INTERVENTION**

**E** stands for **EAR DISEASE PREVENTION & MANAGEMENT**

**A** stands for **ACCESS TO TECHNOLOGIES**

**R** stands for **REHABILITATION SERVICES**

**I** stands for **IMPROVED COMMUNICATION**

**N** stands for **NOISE REDUCTION**

**G** stands for **GREATER COMMUNITY ENGAGEMENT**

*HHA* is the Hearing Health Alliance (working title) proposed by this concept document.

*HHS* is the Hearing Health Strategy (working title) proposed by this concept document.

*IPC-EHC* means Integrated People/Whānau Centred Ear and Hearing Care

*WHO* means World Health Organization.

### Te Reo Māori

*Hauora* means wellbeing.

*Turi Māori* means a Māori person who is Deaf/deaf

*Tāngata whaikaha* is an umbrella term to refer to Māori who are disabled. Whaikaha means to have strength, to have ability and to be enabled.

*Tāngata hauā / Whānau Hauā*

Hauā is a term used and reclaimed by some Māori who are disabled. Some prefer this terminology to the use of “whaikaha”. Whānau hauā signifies Māori disabled whānau

(extended family and kin relationships), recognising that these relationships can shape identity beyond the individual.

### *Tino rangatiratanga*

Tino rangatiratanga is a term that does not have a direct translation from te reo Māori to English. It is close to self-determination, absolute sovereignty, and autonomy, ensuring that Māori retain management of our own affairs. It is assured in Te Tiriti o Waitangi – the Māori language document signed by the majority of rangatira (chiefs), and is exemplified by He Whakaputanga o te Rangatiratanga o Nu Tireni (The Declaration of Independence, 1835).

### *Whānau*

Whānau is often translated as ‘family’ but its meaning is more complex, and extends beyond the nuclear family structure understood in Western contexts. Whānau includes physical, emotional and spiritual dimensions and is based on a Māori world view. This means that while whānau includes those of common whakapapa/ancestry, it can also include non-blood relatives who are close to a person and make up their support system.

## **Definitions**

*Deaf* spelt with a capital **D** refers to a person’s cultural and social identity as a member of the Deaf community.

*deaf* spelt with a lower-case **d** describes the audiological condition of not being able to hear.

### *Co-design*

Co-design is a term used widely in Aotearoa New Zealand to describe the involvement of people in the design of health-related processes, services, information, models of care, strategies, environments and policies that impact them. It may also be called participatory approaches, co-creation and co-production, each of which can be interpreted slightly differently.

**Co-design intentionally brings consumers, whānau, communities and staff together to understand their experiences and gather their ideas for improving the health system and achieving more equitable health outcomes for all New Zealanders.<sup>20</sup>**

Co-design has been adopted in other areas of New Zealand life to design services that meet the needs of the people they are intended for. In this way services become fit for purpose.

**Note:** Key aspects of co-design include that there must be power-sharing; a genuine opportunity for design to be influenced by community/consumer/whānau inputs; and an openness to the end outcome or form. Using the term co-design can create expectation in communities, particularly those who have faced marginalisation and exclusion, so transparency about scope and limitations are critical for co-design to be successful and not become tokenistic.

In practice, for the Hearing Health Strategy, this could look like:

- Partnering with Turi Māori, and supporting them to design the mechanisms that will best facilitate their participation in the HHS and HHA – including representation on the Hearing Health Alliance, and/or having their own strategy by and for Turi Māori, or any other ideas that meet their needs.
- Running hui where community are able to share their ideas for projects or initiatives that would give effect to the Hearing Health Strategy, and shape what these may look like. These projects could then be prioritised during the commissioning and implementation stages of the strategy

### *Continuous Quality Improvement (CQI)*

In New Zealand this is an ongoing, systematic process for improving healthcare services by using a structured approach to identify and address issues. Key elements include forming improvement teams, analysing data, and using iterative cycles like the [Plan-Do-Study-Act \(PDSA\) model](#) to make incremental and significant changes that lead to better outcomes, efficiency, and equity for patients and the community. Authorities like the [Health Quality & Safety Commission](#) and the [Royal New Zealand College of General Practitioners](#) support CQI initiatives to improve quality across the system.

## **Medical terminology**

*Hearing Loss* for the purposes of this strategy includes all hearing conditions that impact hearing health and result in hearing loss or becoming hard of hearing. This includes:

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<sup>20</sup> [Co-designing with consumers, whānau and communities | Health Quality & Safety Commission Te Tāhū Hauora](#)

- Congenital conditions present from birth
- Acquiring hearing loss resulting from aging or illness
- Sudden onset hearing loss caused by trauma or accidents
- Progressive conditions that change over time
- Auditory Processing Disorder

*Ototoxicity* is inner ear damage that develops as a side effect of taking certain medications. It can cause problems related to hearing and balance, functions that your inner ear controls. It may be helpful to think of ototoxicity's effects in terms of the word's origins:

- "Oto" means ear.
- "Toxicity" means poisoning.

Some medicines used to treat infections and cancer, among other conditions, can damage the sensory cells inside your inner ear that help you hear and keep your balance.<sup>21</sup>

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<sup>21</sup> <https://my.clevelandclinic.org/health/diseases/24769-ototoxicity>

## Appendix 7 – Code of Expectations – Health Quality & Safety Commission Te Tāhū Hauora 22

### Code of expectations for health entities’ engagement with consumers and whānau

#### Context

The code of expectations for health entities’ engagement with consumers and whānau (the code) sets the expectations for how health entities must work with consumers, whānau and communities in the planning, design, delivery, and evaluation of health services.

This code is required by the Pae Ora (Healthy Futures) Act 2022 and is underpinned by the health sector principles. All health entities must act in accordance with the code and are required to report annually on how the code has been applied.

The health sector principles incorporate Te Tiriti o Waitangi (the Treaty of Waitangi) principles identified by the Waitangi Tribunal in its Hauora Inquiry. These include the principles of tino rangatiratanga (self-determination); ōritetanga (equity); whakamaru (active protection); kōwhiringa (options); and pātuitanga (partnership).<sup>23</sup>

This code does not replace the Code of Health and Disability Services Consumers’ Rights (Code of Rights).<sup>24</sup> The Code of Rights specifies important rights that providers must uphold when delivering services directly to consumers, whereas this code sets requirements for how health entities must work with consumers, whānau and communities in the planning, design, delivery, and evaluation of health services.

#### Engagement expectations

##### 1. When engaging with consumers, whānau and communities, health entities must:

- 1.1 be guided by the health sector principles contained in section 7 of the Pae Ora (Healthy Futures) Act 2022
- 1.2 value and recognise the centrality and importance of whānau in te ao Māori and provide opportunities for Māori to exercise decision-making authority
- 1.3 value engagement: engagement is built on trust, authenticity, reciprocity, transparency, and a willingness to share and learn from each other. It is inclusive of all population groups and those with specific needs
- 1.4 share leadership: knowledge and expertise drawn from lived experience are valued equally alongside clinical and other knowledge. Consumers, whānau and communities are experts by experience, often holding solutions to make improvements to the health system

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<sup>22</sup> <https://www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/>

<sup>23</sup> Principles described in: Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575). URL: <https://waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry>.

<sup>24</sup> Health and Disability Commissioner. 1996. *Code of Health and Disability Services Consumers’ Rights*. Wellington: Health and Disability Commissioner. URL: [www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/](http://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/) (accessed 12 April 2022).

- 1.5 promote quality and safety: the experience of consumers, whānau and communities underpin health quality and safety, including cultural safety
- 1.6 promote equity: there is an imperative to engage with those with greater health needs, particularly Māori, Pacific peoples, and disabled people. This recognises that addressing equity is best achieved through involving consumers, whānau and communities.

**2. Health entities must apply these expectations by:**

- 2.1 co-designing with consumers, whānau and communities so there is collective development of organisational priorities, processes and evaluation, and consumers, whānau and communities are involved at all levels
- 2.2 using lived experience, including consumer experience data to inform improvements in health services with a focus on reducing health inequities, particularly for Māori, Pacific peoples, and disabled people
- 2.3 addressing the reduction of health inequities through cross-sector collaboration with other agencies and in partnership with consumers, whānau and communities
- 2.4 ensuring that information, resources, and engagement opportunities are accessible to all consumers, whānau and communities, and remove any barriers that may hinder full and effective participation and engagement<sup>25</sup>
- 2.5 resourcing consumers, whānau and communities to contribute and engage meaningfully and having policies to reflect this
- 2.6 ensuring that, when services are commissioned, they are set up to enable consumers, whānau and communities to engage at all levels as determined by the code.

**3. Review date**

- 3.1 July 2024

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<sup>25</sup> United Nations. 2006. United Nations Convention on the Rights of Persons with Disabilities. URL: [www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html](http://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html).

## Appendix 8 – Priorities for Aotearoa NZ

### Gaps and Actions as of April 2025

Gaps identified in current Hearing Healthcare	Potential Actions
<p><b>Sector and stakeholder engagement.</b></p> <p><b>Lack of sector wide and government engagement on a public health approach to hearing health care</b></p> <p><b>Ensuring that a Māori voice is meaningfully integrated into decision-making at all levels of design, planning, operational and governance components of the PHP.</b></p>	<p>Ongoing sector-wide engagement to understand current strengths and respond to gaps in hearing health care in Aotearoa New Zealand.</p> <p>Establish a parliamentary cross-party group to generate political support for the Deaf and hard of hearing community and a public health approach for hearing health care in Aotearoa New Zealand.</p> <p>Establish EHC work taskforce group to drive outcomes.</p> <p>Establishment of Māori and Pasifika EHC Advisory groups, to ensure meaningful engagement in the public health strategy and EHC outcomes for Māori and Pasifika communities.</p> <ul style="list-style-type: none"> <li>• Co-design programmes with iwi, hapū, and whānau to ensure interventions align with Māori aspirations and values</li> <li>• Increase recruitment of Māori and Pacific professionals into roles such as audiologists, ear nurses, and technicians to reflect the communities served.</li> <li>• Use culturally appropriate engagement methods, such as hui (meetings), talanoa (discussions), and whānau-based decision-making processes to ensure that stakeholders feel heard and valued.</li> <li>• Ensure that operational plans, governance structures, and recruitment processes prioritise cultural competence and reflect the needs of Māori and Pacific communities</li> </ul>
<p><b>Prevention and early Intervention</b></p> <p><b>Equitable access to early intervention at primary, secondary and tertiary levels of hearing health care.</b></p> <p><b>Screening services for at risk populations with appropriate</b></p>	<p>Improve community primary care to support screening and access to diagnostic testing and treatment pathways.</p> <p>Access to appropriate medication and advice at primary care level to reduce severity and prevalence of chronic ear conditions. Establish a regionally based targeted pilot to analyse expected benefits and share with RNZCGP, community and MoH.</p> <p>Screening for at risk groups – young people, elderly, employees in at risk workplaces etc.</p>

<p><b>follow up diagnostic and treatment referral pathways.</b></p>	<p>Note: NFDHH established the only adolescent screening program in NZ in 2019 and currently screens the hearing of Year 9 students across the country, in 2025 this program will be delivered at 85 secondary schools throughout Aotearoa. This program has ongoing ethics approval; a school screening advisory group overseeing the clinical aspects of the program and provides a referral pathway.</p> <p>NFDHH commenced a new program in 2023 targeting elderly residents in retirement villages to provide on-site hearing checks, a referral pathway, funding support for hearing aids and education on risk factors associated with dementia and supporting residents to seek appropriate help. In 2025 this program will be delivered to over 100 retirement villages nationwide.</p> <p>Evaluate options for strengthening legislation to reduce recreational noise levels in public venues (e.g., music concerts, raceways etc).</p> <p>Engagement programme at primary care level of the importance of hearing health and effect on other comorbidities and risks.</p> <p>Targeted educational programme to increase non-EHC worker awareness, especially in early primary school years, of hearing loss and its impact on development and social behaviour. Working with ACC, MOE on pilot in schools utilizing the Make Listening Safe WHO education programme for safe listening guidelines. Note: NFDHH established this programme in NZ in 2019 and currently provides information to whanau and teens as part of their Hearing Screening and Make Listening Safe Programme in secondary schools. In 2025, this programme will be delivered to 85 secondary schools throughout Aotearoa.</p>
<p><b>Models of hearing care service</b></p> <p><b>Culturally appropriate models of diagnostic and treatment services to reduce inequities in Māori and Pasifika communities.</b></p> <p><b>Sustainable and equitable health financing model and funding to support hearing care.</b></p>	<p>Development and delivery of culturally appropriate models of diagnostic and treatment services to reduce inequities in Māori and Pasifika communities.</p> <p>Continue to highlight disproportionate impact on Māori and Pacific communities.</p> <p>Advocating sustainable and equitable health financing model and funding - irrespective of financial situation/geography/ethnicity-for improving access to hearing healthcare services and hearing technologies (i.e. hearing aids, cochlear implants and other assistive technology).</p> <p>Evaluate availability of telehealth and e-health options for EHC service provision in rural communities.</p>

	<p>Equitable funding models for treatment services other than devices e.g., APD, tinnitus, hyperacusis, rehabilitation counselling</p> <p>Required targeted funding for hearing therapy and rehabilitation services for families and whanau dealing with deafness or hearing health issues.</p> <p>Evaluate alternative equity-based models of EHC rehabilitation funding in primary health services (including audiology).</p>
<p><b>Research</b></p> <p><b>Evidence based research to support development of hearing care for the New Zealand population</b></p>	<p>Evidence-based analysis of screening initiatives of at-risk populations</p> <ol style="list-style-type: none"> <li>1. Evaluate current situation.</li> <li>2. Assess areas of deficiency - based on feedback from diagnostic and rehabilitation services.</li> <li>3. Determine most effective age points for screening to be folded into the Public Health Programme.</li> </ol> <p>Research into the links between attention deficit disorder, APD and untreated ear conditions .</p> <p>Research findings on public health interventions (housing, nutrition, vaccines, social determinants of health) to reduce incidence and prevalence of ear conditions . Seek information about what is currently happening within MoH in these areas of interest.</p> <p>Understand the economic and health benefits of early intervention.</p>
<p><b>Support for Deaf and hard of hearing people in the community.</b></p> <p><b>Community services are resourced to support Deaf and hard of hearing people and their family and whanau in their communities.</b></p>	<p>Annual increases in the use of sign language in government agencies communication channels and in all schools/tertiary institutions.</p> <p>Increased government funding for captioning services and assistive technologies (e.g., media and loop services).</p> <p>Evaluate adoption of all or parts of existing Australia, USA, Canada, UK-based captioning legislation.</p> <p>WHO-ITU Make Listening Safe guidelines in place in all New Zealand secondary schools.</p> <p>Implementation of the WHO Global Standard on Safe Listening and Events.</p> <p>Inclusion of acoustics and audiology materials in University of Auckland, University of Canterbury and SAE teaching courses.</p>

<p><b>Community Awareness</b></p> <p><b>Improve the understanding and awareness of hearing care and hearing loss prevention in the community.</b></p>	<p>Delivery of a communications campaign that increases public awareness of:</p> <ol style="list-style-type: none"> <li>1. The links between school behaviour and ear conditions , particularly in primary and early teen school years.</li> <li>2. Impact of inequitable access to EHC;</li> <li>3. The benefits of early EHC intervention particularly for Māori and Pasifika.</li> <li>4. Correlation between untreated hearing loss and dementia risk.</li> </ol> <p>Delivery of Workplace Noise Reduction communication campaign that results in early intervention in reducing damage from workplace noise.</p> <p>Recreational youth-based Noise Protection Awareness programme.</p>
<p><b>Audiology Workforce</b></p> <p><b>Address critical supply-side pressures and improve diversity in the audiology workforce</b></p>	<p>Increase the size, skill set and cultural competencies of the EHC workforce.</p> <p>Improve workforce diversity – particularly the recruitment of Māori and Pasifika into the sector.</p>

## Appendix 9 - Hearing Statistics for Aotearoa NZ

In New Zealand, hearing loss and ear health conditions are significantly common, affecting nearly 1 in 5 people. Because our population is aging, these numbers are projected to grow substantially over the coming decades.

Based on the most recent health data and industry reports (as of 2025/2026), here is the breakdown of the impact:

### General Prevalence

**Total Affected:** Approximately 880,000 to 1,000,000 New Zealanders live with some form of hearing loss.

**Population Percentage:** This represents roughly 18% to 19% of the total population.

**Gender Split:** Men are statistically more likely to experience hearing loss than women, largely due to higher exposure to occupational noise (construction, farming, etc.).

### Common Ear Health Conditions:

While "hearing loss" is the broad category, specific conditions affect hundreds of thousands of New Zealanders

Condition	Estimated number of people affected	Notes
Age-related Hearing Loss	~985,000	The most common cause affects 1 in 3 people over age 65.
Tinnitus	~250,000	Persistent ringing or buzzing; often co-occurs with hearing loss.
Auditory Processing Disorder	~60,000	Primarily affects children's ability to process what they hear.

### Key Trends to Note:

**Youth Risk:** It is estimated that 34% of Year 9 students (aged 13-14) show some signs of abnormal hearing, often linked to "leisure noise" (loud music via headphones).

**Untreated Loss:** There is a significant ‘unmet need’ in Aotearoa NZ. Roughly 58% of people with hearing loss do not currently use hearing aids or assistive devices.

**Māori & Pasifika:** Studies show a higher prevalence of ear health issues (such as glue ear) among Māori and Pacific children compared to other ethnic groups, often due to barriers in accessing early healthcare.

**Data Sources:**

Deloitte – Social and Economic costs of hearing loss in New Zealand

NZFDHH – Research

Public Health Communication Centre – Hearing loss & social isolation – the silent burden

## **Appendix 10 - [New Zealand Guidelines on Auditory Processing Disorder \(2019\)](https://www.nfdhh.org.nz/_files/ugd/39736a_c03e7e3d9e324d6088a81cc997dc684f.pdf)**

[https://www.nfdhh.org.nz/\\_files/ugd/39736a\\_c03e7e3d9e324d6088a81cc997dc684f.pdf](https://www.nfdhh.org.nz/_files/ugd/39736a_c03e7e3d9e324d6088a81cc997dc684f.pdf)

## **Appendix 11 – Co-Design**

### **Co-design**

Co-design is a term used widely in Aotearoa New Zealand to describe the involvement of people in the design of health-related processes, services, information, models of care, strategies, environments and policies that impact them. It may also be called participatory approaches, co-creation and co-production, each of which can be interpreted slightly differently.

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**Note:** Key aspects of co-design include that there must be power-sharing; a genuine opportunity for design to be influenced by community/consumer/whānau inputs; and an openness to the end outcome or form. Using the term co-design can create expectation in communities, particularly those who have faced marginalisation and exclusion, so transparency about scope and limitations are critical for co-design to be successful and not become tokenistic.

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## Appendix 12 - Continuous Quality Improvement (CQI)

In New Zealand this is an ongoing, systematic process for improving healthcare services by using a structured approach to identify and address issues. Key elements include forming improvement teams, analysing data, and using iterative cycles like the [Plan-Do-Study-Act \(PDSA\) model](#) to make incremental and significant changes that lead to better outcomes, efficiency, and equity for patients and the community. Authorities like the [Health Quality & Safety Commission](#) and the [Royal New Zealand College of General Practitioners](#) support CQI initiatives to improve quality across the system.

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<sup>26</sup> [Co-designing with consumers, whānau and communities | Health Quality & Safety Commission Te Tāhū Hauora](#)