Utilization of Supportive Personnel in Hearing Rehabilitation

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I will give you some idea of how the audiometric assistant program came into being. I want you to know that neither NAHSA nor ASHA had anything to do with it. There were two proposals. One was by the American Academy of Opthamology and Otolaryngology (AAOO), to train the otologic associate. The reason that it was regarded as a lukewarm proposal is not because of any consideration by you as a profession, but rather because of a split within the medical profession to accept such an "animal." The Pediatric Associate, you may know, in Colorado is legal, and yet again, it is not accepted by some medical people and accepted by others. Someone wanted to propose audimetric assistants along medical lines because they had some very good audiometric assistants and technicians, and the AAOO wanted to use them much as they use the Medic program for medical technicians or medical assistants at the University of Washington.

The bigger threat was a proposal by junior colleges in the United States to train about a thousand audiometric technicians in two years of training on the two-year college level. The question was: "Are we going to do anything, or are either of these two proposals going to be accepted?" I think we made the right choice. We work together, and some people came to Washington for a committee meeting, including your late president, Dr. Jack Bangs. The outcome, we felt posed the least threat to the profession. That was what NAHSA submitted as an immediate proposal to train audiometric technicians. We did respond and we felt that a high school person with a high school degree could become an audiometric assistant. It was felt that this method would be the only way to keep the training within the speech and hearing profession. NAHSA received this grant of $175,000 to train audiometric assistants. That was the situation, and this is the situation, and this situation is by no means dead. As a profession, I have to label you politically naive, because you are not where the action is, and unfortunately you do not have any influence at this time about supportive personnel. In training audiometric assistants at the Colorado Hearing and Speech Center, we involved the total community. Everyone with rank in audiology had some part in this program in the Denver area. These people are governed by the audiologist—their loyalty is toward audiology—they are under the constant supervision of an audiologist. We made the arrangements. We would like to make the speech and and hearing profession a well-respected single discipline that will control the remediation of the hearing and speech impaired.

The way we have used supportive personnel has resulted in a step closer to solving this problem. We contracted with an industry to test a total of 8,500 people. There was not enough manpower around to screen this number of

people without supportive personnel. On the other hand, we used certified audiologists to go with them and supervise them on that job. The problem in the speech and hearing profession is that you are over-trained and under-utilized. You are over-trained because you do not need a Master's degree to do industrial screening. Yet, you do not have any provisions for anybody else to do it. Let me say to you that we fought a battle that lasted for five months and we did not fight against audiology. We fought against industrial nurses, plant physicians and automatic audiometry. Had we lost to industry, we would have gone out, from a pure business approach, of the total industrial screening process because they would have used automatic audiometry from then on and a plant physician, or someone they trained, would look at these audiograms and they would have called it an industrial audiometric hearing conservation program or whatever they wanted to call it.

Now that is where the threat is, and the threat I see is not in supportive personnel, especially if they are trained and used by professional audiologists, and that has to be the goal of any supportive personnel program that you consider. Now I believe that you have to do some more thinking because supportive personnel is not only an issue that may concern you; supportive personnel is an issue that concerns the whole health delivery system.

At this point you have one qualification for all students in audiology, and that is a problem. You do not recognize, officially, someone who does the screening tests in a doctor's office and that is why you have the largest unrecognized supportive personnel group that exists in the United States. From the industrial nurses to the acoustical engineers, to volunteers, to you name it—they all do some kind of hearing testing, and let me tell you that you are not in control of the situation. Any time you are not in control, you have to accept what somebody else tells you. I talked to management of a large company in Denver and they use industrial nurses after 2½ days of training; trained by your own people. We have used an approach where audiology is in full control, and the first hearing conservation program that we have with one industry is the first time that a large industry is going to listen to professional audiologists on what the hearing problem is and what should be done for the person who has a noticeable hearing problem. It does not go through the plant physician, it does not go through the industrial nurse, but it goes to the audiologist—direct management. Now I could not have done any more for you at this point for the simple reason that your profession has not recognized supportive personnel for its potential in the total field of hearing.

It is the same in speech pathology. Language and learning is "up for grabs" right now. Who is going to take it? I hope you will, and I hope you make every effort to do it. The last film I saw on NBC about language and learning disorders was strictly psychology from Harvard. Speech pathology was not mentioned. Yet, I feel that speech pathologists know more about the problem than anybody else. The same is true in audiology and industry. The acoustical engineers are running the show. They are writing the laws in the State of Colorado. I have been told by one out-of-state university director, "We have got the people—all you have to do is sell them." That is a fallacy, because you do not have the people. You do not have the people that are well-trained, for example, to take over audiology in industry. They do not know anything about the laws. They know little about hearing protection, noise engineering, all of these things; that

is what industry needs. Just a person to do a hearing screening tests in industry with a master's degree is not good enough. "Can supportive personnel do the job? I hope they can." Because when we take a high school graduate who is going to go through six-months training and he can do what you can do with six years of schooling, you better go back and get you college money back and do something else. No one will tolerate you over-training to that extent. When you can do something with much less training, certification does not mean a thing.

In the field of rehabilitation, the audiometric assistants we train can do nothing because rehabilitation is an area where you need much knowledge, training, and experience. Diagnostic audiology is the same in that you need considerable training. But one does not need a lot of training for screening tests. The same recognition is given right now by ASHA to the person who does a screening test and to the person who does a Bekesy. Now how do the two compare? The medical profession recognized a long time ago that giving a shot will not make them rich; that is why they let the nurses do it. The dentists recognized that cleaning teeth was not going to be their "Bag;" that is why they let their hygienists do it. Yet you insist on your own certification, where the only one who can do screening has to be certified in audiology. There is a gap in there and the earlier you recognize this gap, the better off you will be.

I cannot speak for utilization of supportive personnel in rehabilitaton because I do not know anything about it, and I think it is going to be a long time until the profession introduces supportive personnel on such a level.

I urge you to think along these lines, because if you do not do it, the American Association of Junior Colleges just might, and then you may sit in this room or somewhere else and talk about it. This will not help you. I can see, for example, supportive personnel loyal to you and trained by you. This is important—you train an industrial nurse, but she is going to show the audiogram to the physician. First of all, she thinks she can do it herself, and if she really gets in trouble she will show it to the plant physician. She will not consult you. After you train her, you lose her. She has no reason to communicate with you. She has no relationship with you. You trained her to do something, and she says, "He believes that audiology is about two and a half days of training." Now that is a terrible mistake. Any supportive personnel you train, you should control, the same way the dentists control the dental hygienists. Audiometric assistants will not replace you. They cannot replace you because you know more.

One of the main things to do is to make hearing and speech important, because you are only as important as the disorder is. If hearing and speech is not important, you are not going to be important. I saw a beautiful advertisement yesterday at the Dental Association about the importance of teeth. I have not seen one from you about the importance of hearing and speech. You somehow have a "hang-up" that telling the public that hearing and speech are important just may be unethical. Now if you want to stay unethical this way, then I think that the general public will replace you because they want to know about hearing and speech. They want to know how they can be helped. The average person who comes into our clinic has not heard about your profession.

The other big need is organized thinking for comprehensive services. You have at this point one of the weakest service systems that exists in the health field. I am talking about the service to the total human being in hearing and speech—total communication to these people. Perhaps you have 50 hearing and

speech clinics in universities that are any good. And then you have a few hospital programs and Easter Seal Centers, and so forth, but again you are not in control of those; they are administratively restricted. The decision on hearing and speech is not made by you but is made by a hospital administration. These are just about all of the service centers there are. The future needs in the health field are tremendous. I do not know what your needs are, because I have not read about them anywhere. But I know there are 35 to 40 thousand physicians needed over the next five years—150,000 nurses—75,000 dentists. In fact, the last booklet I got from the government on comprehensive health delivery systems did not mention your profession. Now if you do belong to the health field, I think you ought to make a stand. If you do belong to education, you ought to make a stand. But you ought to make a "dent" wherever you think you belong. Make it strong and become a leader in this field to serve people with communicative disorders because that is your duty, not your privilege.

The 1974 health budget is estimated to cost, with National Health Insurance coming in at the end of 1973 or 1974, some $1,200 to the average American family. Now what are you going to do when National Health Insurance becomes a reality? National Health Insurance is going to exist and you are included. You may take credit for that, because in all the bills I know, you are included.

How are you going to meet that challenge? The only reason many people are not coming to you right now is because they cannot afford to come to you. You are the only field I know of that has no third party payments, except occasional rehabiliation payments, a "couple of bones" here and there—that is all. Welfare pays a little, too. I would like to recommend to you to avoid obsolescence. Do manpower planning in the future and do it very well. This should include supportive personnel and this should put you into the driver's seat.

Licensing is very necessary. You are an important profession right now without any legal status. You do not have legal status nationally. I think you have to produce more meaningful and effective tests that mean something and are going to be a part of the whole circle that is going to revolve around the health manager, so that the health manager will have to have your services at his fingertips to provide to people.

I think there is a need for your services at this point in all areas—rural, urban, wherever. There are not enough people for service available. The reason that you get by and the reason that some of the people are unemployed is because hearing and speech is not important; it is a handicap many people can live with, and you are competing against the color television set that a person wants to buy before he gets his hearing taken care of. In dentistry, you go to other income classes, and the dental bills are strictly fillings and preventive dentistry. You go in the lower income brackets and the only thing you get is extractions—80 percent. And that is what we get right now, the small minority that really cannot do without us. We will do something without professional accountability in some way to help the person. I think we are doing a good job, but it has to be much better to make a "dent" on the national scene.

Services to the aged are going to be very important. Denver is one place I know—Washington, D.C. is another—where there is no service by your profession provided to older people. Yet, there will be 25 million more older people by 1975 than there are right now, and you have to provide some services

to them. Just like you can contract with industry to do hearing conservation programs, you can contract with nursing homes, and so forth, to provide that service there. But it has to be an organized approach—and the most important thing in your planning is to organize on all levels.

I would say, to conclude, that I think you have to continue communications with all groups that are concerned with health services.