A Cooperative Outreach Program For The Elderly

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The hearing problems of the elderly have long been neglected by speech and hearing professionals. Not only are the services provided for this group, poor and or erratic, they are almost nonexistent. Also there has been a failure to educate other service-oriented personnel to the hearing problems of the elderly. This is somewhat remarkable since they constitute the largest percentage of the hearing-impaired population. For example, the incidence of hearing impairment is 129.4 per 1,000 in the 65-to-74 age group and 256.4 per 1,000 for persons 75 years of age and older as compared to 7.9 per 1,000 for persons in the under 25 age group.

In the Fall of 1973 the University of Illinois Speech and Hearing Science Department, in conjunction with the Champaign County Office on Aging, began to offer a lipreading program for the elderly. This program was originally funded by a grant from the Older Americans Act, Title III, to the Chicago Hearing Society. This grant provided monies to the professionals involved in training the teaching aides and also to the teaching aides to help defray the cost of materials and transportation. The grant monies were discontinued in June of 1974. However, even without funding the program has been maintained.

With the Office on Aging being responsible for informing the general public, hearing screening centers were set up at six different locations throughout the county. Public health nurses, who had been trained as audiometric technicians by the University's Audiology Staff, conducted the screenings. Individuals were considered to have failed the screening test if they did not respond at any two (octave) frequencies to a 30dB tone (re: Ansi 1969) in either one or both ears. A total of 240 adults were screened and of these, 183 were recommended to the program.

After this initial recommendation to the program, a series of lectures dealing with hearing were presented at various senior citizens meetings. Again, these lectures were publicized and arranged by the Office on Aging. The lectures were given by members of the University's Audiology Staff and included the following topics:

1. Discussions of the basic parts and functions of the ear—
   outer, midle, inner } transmission of sound
2. Types and causes of hearing loss—
   Conductive; colds, sinus, external otitis, otitis media, otosclerosis
   Sensorineural; exposure to noise, tumors, certain medicines (ototoxicity), virus infections, aging
   Mixed; blows to the skull, certain combinations of the above
3. Various types of remedial approaches that could be anticipated
   medication
   surgery
   amplification
   A.R. with and without amplification

Following this two-step process, 65 senior citizens were actually enrolled in the lipreading classes.

Concurrent with the lecture-series for the senior citizens, eight individuals from the community were receiving 17 hours of training which would enable them to function as instructors for the lipreading classes. These individuals had been recommended as potential teachers by the Office on Aging and their training was under the direction of John O'Neill. Their training consisted primarily of lectures and demonstrations dealing with the following topics:

1. Historical perspectives of lipreading—how long used, primary proponents.
2. Basic approaches to lipreading—analytic, synthetic, and combined. Which approaches have seemed most successful and why.
3. Basic organization of a lipreading lesson.
4. Lesson plans.
5. Sources of materials.
6. Types of materials.

Particularly stressed during these training sessions were three concepts:

1. That the clients use their residual hearing to the best of their ability.
2. The significance of adjusting materials and lessons to the basic skills of the "would-be" reader.
3. The manner in which to keep a lesson alive and moving. In general then, the lay teachers were given the fundamental tools necessary for conducting a lipreading session. In addition, thought and not literal translation was stressed (in order not to turn these sessions into a grinding or testing situation).

At least one graduate student from the University's aural rehabilitation practicum was assigned to each aide. Their duties consisted of:

1. Teaching every third lesson.
2. Providing additional resource material for the lay teacher.
3. And, in some instances, where an individual client was having particular difficulty, conducting a one-to-one therapy session.

Further, these students conducted threshold, pure-tone audiometry on each client in order to determine who might be a candidate for a complete audiologic evaluation and possible hearing aid evaluation.

As was previously stated, official funding for this program ended in June of 1974. Yet, through the co-operative efforts of Office on Aging and the University, four sites have remained open. The lay instructors have been evaluated once every other month and meetings with University personnel have been arranged to discuss problems, materials and so on, when deemed necessary by the teaching aides. A "refresher" course was held for the continuing lay teachers during March of this year. The contents of this refresher course were aimed primarily at the lay teacher's problem areas—such as adapting the materials to the clients various proficiency levels and involving all clients in the session.

This program has demonstrated definite strengths and weaknesses. Some of the particular areas of weakness are as follows:

1. Inability of University personnel to be at each meeting of each lipreading class. Because of this, the teaching aides have not become as proficient as they could have been if they had received both positive and negative feedback following each lesson.

2. The transiency of the lay teachers. In one instance this necessitated the University's assuming rull responsibility for the site. This particular site has now become a satellite training location for our students in speech (aphasia) as well as hearing.

3. Perhaps the greatest weakness lies in the fact that the program has emphasized a unisensory rather than multisensory approach. As a result, the clients are not utilizing their residual hearing as well as they could for they have not been trained to do so. Therefore, they are not necessarily integrating all sensory inputs which could be of value to them.

4. It was difficult to get many of the senior citizens to the third floor where our audiologic clinic is housed. The building is somewhat antiquated and has no elevator.

5. This program provided no money for the purchasing of hearing aids and many, actually most, of the people involved in this program could not afford to buy an aid on their social security benefits. A hearing aid bank was set up, however, the response has not been as good as expected. Further, many of the aids donated are so old that parts are extremely difficult if not impossible to obtain.

6. Since it was not possible to conduct thorough audiologic evalua-

tions on many of the senior citizens it was difficult to try and set up any groups that would have been homogeneous enough, and auditorily, to conduct any auditory training.

7. Again, there were no funds provided for any equipment which could have been used in conjunction with auditory training lessons. Since the classes were at six different locations throughout Champaign County it was very difficult to transport the University's auditory training units to these different locations.

Some of the particular advantages/strengths of this program are:

1. Student clinicians had the opportunity to be exposed to the hearing problems of the elderly and to obtain a "first-hand" account of the actual difficulties encountered.

2. Students had the opportunity to become involved in a "grass-roots" community project. This is the type of practicum rarely offered at the university level and yet it is this type of program the students may be expected to develop during their first year of professional employment.

3. A badly needed service was being provided to the community on a consistent basis. In other words, where previously there had been no services provided or where the services had been poor or delivered on an erratic basis, the senior citizens could definitely count on a weekly class.

4. And finally, but by no means least important, the senior citizens involved were not only learning a skill, but they were given the opportunity for added socialization and were exposed to people who had a sincere concern for their well-being.