



Albuquerque Area Indian Health Board Audiology Meeting

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Addressing the Audiology Needs in Indian Country

By

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Good Morning. Thank you for that kind introduction, Jim. I am pleased to have this opportunity to say a few words on an often overlooked, but very important, aspect of health care in Indian Country. The work that all of you do, day in and day out, contributes significantly to our goal of elevating the health status of American Indian and Alaska Native people, and eliminating the health disparities that have challenged our people for far too long.

Having served as a health care professional for many years in the field, I have always had an appreciation for the importance of all health care services in Indian Country, and the difficulties involved in providing these services. However, I recently gained a deeper appreciation and understanding of the breadth and difficulties of providing audiology services in Indian country after I read an article written by an Albuquerque Area Indian Health Board audiologist, Leslie Hinshow. He tells about his team of four audiologists, two audiology technicians, and a program manager who see to the hearing needs of some 60,000 Native Americans living in 25 mostly rural reservation communities, plus another 25,000 Native Americans in the Albuquerque urban areas. This hard-working team services about 400 regularly scheduled clinics each year. In 2004, they saw more than 3,000 patients and screened the hearing of about 5,250 school children. In addition to scheduled clinics, they go where and when the Indian communities call them, to deliver whatever kind of audiology service is needed, whether diagnostic, rehabilitative, educational, or industrial. Their day may include meeting with patients, running diagnostic tests, educating, counseling, fitting hearing aids, consulting with physicians, advocating for hearing conservation, doing paperwork, and making presentations.

The story is about the same for a typical IHS audiologist, who serves about 15 patients a day for similar services, including diagnostic evaluation, hearing aid fitting and repair,

consulting in the ER and in-patient units, and myriad other audiology-related duties. In FY 2005, there were over 40,000 documented direct audiology outpatient visits in the IHS.

Obviously, you are a hard working group of professionals, and the work you do is important to the health and wellness of Indian people. And your profession is not only one you can be proud of, it is also one that apparently brings a good deal of personal and professional satisfaction. In fact, Audiology was named by *U.S. News and World Report* as one of the most “excellent career choices for 2006.”

As many of you here today are aware of, I have established three initiatives for the Indian Health Service to address the current and emerging health issues that are the primary cause of health disparities in Indian country. Audiology has a role to play in all three of these Initiatives—Health Promotion and Disease Prevention, Behavioral Health, and Chronic Disease Management.

Certainly, in the health promotion arena, audiology has a prime role. The need for your services is great, and growing as our population ages. Studies have shown that over 60% of elders aged 70 and older have some hearing impairment. Deficits in hearing have been linked to other health issues, including increased risk of depression, isolation, and falls. One specific type of hearing impairment, central auditory processing difficulty, has been linked to increased risk of dementia. The United States Preventive Services Task Force recommends that those aged 65 and older be screened for hearing impairment once a year, and these recommendations have been incorporated into the IHS Preventive Care Guidelines for the Elderly.

Our focus, as we address the needs of the elderly, is on function. Functional hearing is vital to allowing our elders to remain active and engaged in the life of their family and community. We need our elders healthy and able to communicate their wisdom to us.

Screening for hearing deficit in newborns is a vital first step in addressing hearing impairment and related functional and health consequences. Community education about hearing protection in youth and adulthood is also important for preventing hearing loss.

Behavioral and mental health issues are also a concern in relation to hearing loss. Diagnosing and treating hearing impairment is critical if we are to avoid the social isolation and depression that accompanies untreated hearing impairment.

The IHS chronic care initiative is focused on achieving the optimal care for chronic conditions. The chronic care model is based on the principle that quality health care includes an empowered patient, evidence-based protocol driven care, and a care system designed to minimize barriers to care and maximize the use of all of the team members providing care. Audiologist care exemplifies this principle. It is the standard of care for Audiologists to spend the time necessary to educate their patients on the use of their increasingly sophisticated and effective hearing aids. Audiologists select the best device for each person through the skillful use of evidence-based protocols. Finally, audiologists are famous for going where the patient is, whether that is the school, the hospital, or the Senior Center, encouraging referrals from all sources, and breaking down the barriers that block access to care.

Since funding for audiology services, like most health funding, is more limited than we like, we must continually seek innovative and cost-effective ways to expand services. One way is to identify and make use of outside resources and partnership efforts. Another is to encourage active collaborations between the IHS, tribal health programs, and tribal organizations to pool our resources and efforts in such areas as screening elders for hearing impairment and provision

of appropriate treatment, so that our elders can continue to play their vital, necessary role in our families and communities.

As in almost all IHS health service delivery programs, access to audiology services is an issue. Patients have to travel long distances, often arriving late or not at all for their appointments, causing difficulties with scheduling and with receiving appropriate care. One possible partial solution for this, which the IHS is looking at in relation to many health issues, is telemedicine. Telemedicine service to American Indians and Alaska Natives in rural communities is not only possible—it is already occurring. The IHS and Tribal facilities report experience with over thirty different types of telemedicine clinical service. Tele-radiology, tele-retinal screening, tele-dermatology, tele-mental health, and tele-cardiology are leading clinical telemedicine applications in Indian health. Opportunities for expanded service delivery are also under development. These opportunities include new clinical telemedicine applications as well as project development for cost-effective and quality-focused Virtual Centers of Excellence. And a unique partnership in South Dakota between the Rosebud Sioux Tribal Veterans Program, the Rosebud IHS Indian Hospital, the Hot Springs Veterans Affairs Medical Center, the Denver VA Medical Center, and the Center for Native American TeleHealth and TeleEducation at the University of Colorado Health Sciences Center provides weekly tele-mental health treatment and counseling services for Northern Plains American Indian veterans struggling with post-traumatic stress disorder.

Audiology telepractice may offer a solution for service gaps in rural or underserved urban areas. Using telepractice, audiologists in regional clinics could offer sophisticated hearing tests to infants, children, and adults in rural communities. Aural rehabilitation, digital hearing aid programming, and cochlear implant programming or mapping also could be achieved through telepractice technology with few software modifications.

An effective audiology telepractice program could further promote a family-friendly atmosphere as well as continuity of services for people of all ages. Specifically, telepractice technology could provide a link between the records at client medical homes and clinicians providing hearing health care services from a distant location. Information that could be shared via telepractice includes relevant case history information, scheduling, and client treatment plans.

The benefits of telepractice are very real, but many issues central to audiology telepractice need to be resolved. Issues such as connectivity, accessibility to telepractice systems, convergence of technology, and clinician acceptance illustrate the current state of practice — and the challenges that remain. But we have faced, and overcome, many more daunting challenges in the history of Indian health, and I am confident that, with the help of all of you, we will find innovative and cost-effective ways to expand our provision of high-quality audiology services throughout Indian country.

And progress is being made. In partnership with Tribes and Indian organizations such as the Albuquerque Area Indian Health Board, the IHS has made significant strides in serving the hearing needs of Indian people. The IHS Audiology Program was established in 1970 to address the prevention and treatment of otitis media, which in the early 1960s was the most frequently reported disease affecting Indian children. Since then, the incidence of otitis media has been reduced to a level of about 2.5%, which is consistent with that of the general population. We have also established appropriate rehabilitation measures for those suffering from the impact of otitis media or other hearing loss, including adults, especially the elderly. As part of our overall holistic approach to health care, we are also actively addressing the social, economic, cultural,

and environmental factors associated with the prevalence of the disease — for instance, providing support for breastfeeding and encouraging the avoidance of bottles being given to babies in a supine position, which can allow milk to be forced into the middle ear cavity, providing a breeding ground for bacteria. Recently, Audiologists have become a part of routine diabetes clinics as the link with sudden hearing loss in the diabetic population is being studied.

We have come a long way. And with your help, we will continue to make progress in improving the health and lives of the people we serve. Thank you for your attention, and thank you again for the great work you do on behalf of American Indian and Alaska Native people.