Practical Guide to Humanitarian Missions for Improving Hearing Health
Introductions

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Outline for Conference

How can short term humanitarian trips in hearing health be useful? - Jim Smith

Panel Presentations:
  ◦ - Donna Carkeet
  ◦ - Jean Johnson
  ◦ - Debra Fried

Ask the Experts Panel: Q & A

Presentation of Best Practices Guidelines for humanitarian missions

How can we best suggest and distribute best practice guidelines?
Presenter Disclosure Slide

James D. Smith, MD
Nothing To Disclose
Making Short Term Hearing Health Humanitarian Trips Useful

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Outline

Worldwide need for building hearing health capacity
Changes in short term missions
Ethical and cultural considerations
Preparation for a short term trip
What are Some of the Needs in the World?

The most affluent one third
- Excellent health care
- Excellent education

The middle one third
- Want to improve medical education and training

The lower one third
- Aspire to reach a higher level
- Needs are overwhelming
The Need for Hearing Health Services in the Majority World

Hearing loss is the most common disability worldwide:

- 642 million with some degree of hearing loss
- 360 million classified as disabling hearing loss
- 80% from middle and low income countries
Incidence

Severe deafness – 1:1000 live births
Moderate deafness – 1-1000 live births
Genetic causes – 50%
Children born deaf – 90% have normal hearing parents
Incidence

Probably close to half are preventable

- Chronic OME
- Infectious diseases
- Meningitis
- Ototoxic drugs
- Noise exposure
What is the Scope of the Problem?

WHO estimates of the problem

- Of the 360 million with disabling hearing loss it is estimated 75% would benefit from a hearing aid
- In minority countries: only 30-40% who would benefit from a hearing aid, have one.
- In majority countries: less than 1%.
- Reasons: availability, cost, durability, batteries, molds and trained personnel to fit the hearing aids
Where Have All the Audiologists Gone?

Were there any to begin with?
- In the majority world there are very few if any training programs

Why are there so few?
- Lack of government funding
- Lack of awareness of the audiology profession
- Lack of awareness by the public for deafness and hearing loss
- Lack of education programs
- Emigration after training to the minority world (in India 70% of trainees leave within two years of completing their training)
How Far Would 20 Audiologists Go in the US?*

* Zimbabwe has one audiologist and about 8 ENT while Malawi has one ENT and no audiologist, both with a population of 15 million each
What are the Choke Points

Yearly production of hearing aids world wide is around 10 million and 75% are sold in the minority countries (total potential need 150-250 million)

Cost

Diagnosis
- Audiograms without a sound booth

Dispensing
- Time to fit a HA
- If a computer is needed to program digital aids
- **Lack of trained personnel**

Molds
- Custom molds
- Instant molds
The Big Debate

Does everyone need a 2-3 hour fitting session with an audiologist?

Should we concentrate on the patients with moderate, moderate-severe and severe hearing loss?
What is Changing in Medical Humanitarian Trips?

1960’s less than 1000 participants/year
Today – over 2 million
Why?
◦ Economical air travel
◦ Increased awareness of needs
Trip Emphasis

Clinical work and helping the individual patient

How many hearing aids can be dispensed or surgeries done?

Large organizations vs small 1-2 man NGO’s

Poorly organized or coordinated

No one really asked the National’s what they saw as their needs or what help they would like

Ego’s involved

Guilt money – Rwanda as an example
New Paradigm

Sustainable projects
- Operation Smile model
- Smile Train model
- Mercy Ship

Emphasis shifting to capacity building

Do not create dependency
The Key To Successful Short Term Teams

Teaching and Training

◦ Training of Trainers (TOT) so they can carry on and spread what you have started

Transfer of skills

Repeat trips

◦ Necessary to develop relationships and develop friendships
Can We Help?

Who decides what they need?
Partnership
Education
We can learn from our hosts
Who can do this?
How can we do this?
Thousands of organizations worldwide attempting to help alleviate some of these needs
Why Would We Want to Help?

Compassion – an inner feeling resulting in outward action

An internal desire to help

A major tenet of today's major religions (Judaism, Islam, Christianity, Hinduism, and Buddhism)
  ◦ All espouse helping the widows, orphans, poor and foreigners

Surgical experience

Travel and experience other cultures

Adventure

Other benefits
  ◦ Less depression
  ◦ Live longer
Why Education and Training?

Give a man a fish and you will feed him for a day, teach a man to fish and you feed him for a lifetime*

An opportunity to influence a generation of Hearing Health Care providers

Potential for upgrading the hearing health in a country

*Chinese proverb
Ethics for International Hearing Health Care – Some of the Issues

Who decides on what is needed?

We need to ask the National’s what they see as their needs or what help they would like

What care or training levels (standards) should we accept?

Testing without a soundproof booth

Dispensing hearing aids
  ◦ What is the follow-up?
  ◦ Are batteries available?
  ◦ Device reliability with no service available
What Do We Think Are The Needs?

Improved education for hearing health workers
- Changed teaching methods
- Better student/teacher ratios
- Modeling of education and training as a worthwhile career
- Being able to see the student as someone to be proud of, not as competition

Improved training for ancillary personnel

Standardization of training, qualifications and exams country wide (International?) not by institution or provincial level
What Do We Think Are The Needs for the Lower Third?

Capacity building
Appropriate technology
Sustainability
Do not create dependency
What are the Problems in the Middle One Third?

Technologies concentrated in the urban areas

Only the new middle class and old upper class can afford the care

Have they had proper instruction on using the new technology?

Education methods need updating

Poor reimbursement for Hearing Health personnel
Cultural Considerations

What can I do?
◦ Start small
◦ Ask a lot of questions
◦ Learn from and observe what your hosts do

Be sensitive to your hosts
◦ Respect their taboos
◦ Respect government prohibitions
Cultural Considerations

You may be viewed as a threat
“You are eating out of my rice bowl”
Cachet of being a foreigner
Losing face
Teaching may be acceptable
Kenya – What Have We Learned?

It’s not all about us!

Ask your hosts what they perceive as their needs

Very early ask your hosts to participate in giving the training and then turn it over to them

Your hosts may want to run the conference. Be willing to relinquish control
How Do We Know If We Are Doing Any Good?

Change will be in small steps and sometimes not very perceptible.

It may be frustrating to not see immediate tangible results like with patient care or surgery.

Develop trust and be truthful.

Acceptance and respect will come.
Preparations for the Trip

Travel needs
- Passport and visas
- Security
- Travel insurance
- Currency and money
- Licensure or Ministry of Health permission needed?
- Importation and customs rules
- Electrical current available and type of outlets
Preparations for the Trip

Medical needs
- Personal medications (be careful carrying narcotics)
- Immunizations –
  - Check with local travel clinic or CDC website
  - Hepatitis, polio, usual immunizations we use here
  - ? Typhoid, yellow fever
- Malaria prophylaxis
- Gastrointestinal – viral vs. bacterial
  - Prevention – If you can’t peel it and can’t cook it, don’t eat it
  - Water
- Prophylaxis – Pepto-Bismol
- Treatment- Imodium, cipro
Opportunities

Training needs
◦ Basic hearing health care workers
◦ Helping develop new training centers for audiology
  ◦ Examples – Singapore, Zimbabwe, Kenya

Short term Trips
◦ Educational trips to University settings
◦ Joining a team doing ear surgery or ear camps
◦ Dispensing hearing aids

Long term service
◦ Help set up comprehensive Hearing Health Care centers or Centers of Excellence
◦ Teaching in an audiology training program at a University
Recommendations

Find trips that are trying to be sustainable and do training

Look for opportunities to teach and train

Join an established team which works with the national Hearing Health Care workers

Be flexible and adapt to the unexpected
What Can We Do?

• “From everyone who has been given much, much will be required”*

• As caring Health Care Professionals I hope we will:
  • Stop!
  • Think!
  • And ask “How can I help?”

* Luke 12:48
The Dawning of a New Day
References

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Peter Van Buren: We Meant Well: How I helped lose the battle for the hearts and minds of the Iraqi people.