Enlisting the help of non-specialist personnel to prevent hearing loss

Non-specialist personnel (i.e. not trained in ear and hearing care or EHC), as well as community members, can be trained to contribute to the prevention of hearing loss. Indeed, this can help overcome several obstacles to the prevention of hearing loss, such as the lack of information on ear diseases and hearing loss,[1] the important gaps in the availability of EHC personnel, particularly in low- and middle-income countries,[2] as well as the delays in identification and intervention caused by a lack of EHC services at primary and community levels.[3]

The following two case studies, along with the article on pages 5–7 of this issue, illustrate how task-sharing can contribute to the prevention of hearing loss.

CASE STUDY

Training non-specialists in Primary Ear and Hearing Care (PEHC) to help prevent hearing loss

Diego J Santana-Hernández
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We have trained many different kinds of non-EHC specialists, not all of them health workers, but all able to contribute to the prevention of hearing loss. These include:

- Primary Health Care workers
- Other non-EHC health workers, e.g. paediatricians, physiotherapists, geriatricians, obstetricians, etc.
- Community workers
- Social workers
- Coordinators of Development projects
- Personnel from Organizations of Persons with Disabilities
- Policy-makers and community leaders
- Industry personnel and occupational health staff
- Members of the general community interested in EHC (professionals, parents, students, etc.).

We always use the World Health Organization's PEHC training resources (Basic, Intermediate and Advanced levels).[4] The content of our workshops depends on the audience's background and their level of training, but attendees can be taught:

- To understand and know how to raise awareness about the impact of hearing disability for the individual, their family and society.
- Basic knowledge about the growing number of persons living with hearing loss and its main causes.
- To understand and promote daily habits and general measures to prevent hearing loss.
- How to identify common EHC conditions, the importance of early referral, and whom to refer patients to.
- How to diagnose and practically manage simple EHC conditions at Primary Health Care level.

Impact on the prevention of hearing loss

There are many signs that PEHC workshops have a positive impact, for example in Latin America, where a total of 2,330 persons in 9 countries (Bolivia, Cuba, Dominican Republic, El Salvador, Guatemala, Mexico, Nicaragua, Paraguay and Peru) received training in PEHC between 2006 and 2015.

- In Bolivia, after 5 years of delivering training of trainers in PEHC, the number of persons in the community whom the CBM programme had to screen for EHC conditions started to decrease, due to the implementation of EHC screening activities within the local health system (8,598 in 2006 to 7,227 in 2011). The number of assistive consultations for EHC services, however, continued to increase (13,519 in 2006 to 18,335 in 2011).
- In the Trinidad-Beni project of Bolivia, the number of self-referred patients with EHC complaints increased yearly (4,921 in 2006 to 11,108 in 2011), as did the proportion of self-referred patients amongst the overall total composed of self-referred patients and those referred by EHC screening personnel (22% in 2006 to 43% in 2011).
- There is a growing demand for replication of the training in the region of the Americas. For example, in Guatemala, a total of 24 replica courses were delivered between 2013 and 2016, reaching a total of 606 participants.

Challenges

- Balancing cost and wide impact: courses are much more effective when participants work in disadvantaged/remote communities, but travel and accommodation increase costs. One solution would be to de-centralise training.
- Difficulties in locating and communicating with some participants six months after training, which makes long-term follow-up more difficult.
- Lack of equipment necessary to put into practice what was learnt during the course. One solution would be to include basic EHC diagnostic equipment in the training package.
- Lack of official commitment to embed this training programme within the national curriculum for training Primary Health Care Workers and to equip healthcare centres with basic EHC instruments and materials.

Conclusion

It is worth investing time, effort, and resources into training non-specialists in Primary EHC. PEHC training is the most essential component of any sustainable EHC programme and an excellent tool to raise awareness and advocate for EHC as a key area of health systems and services.

References

[1] World Health Organization. World Report on Hearing. Geneva: WHO, 2021. Page 139. https://www.who.int/publications/i/item/world-report-on-hearing

[2] Ibid: 161–178.

[3] Ibid: 155.

[4] World Health Organization. Primary Ear and Hearing Care Training Resources: https://bit.ly/3kZ3gff

DIEGO J SANTANA-HERNÁNDEZ

Primary EHC workshop participants learning to make a dry mop. INDIA

CASE STUDY

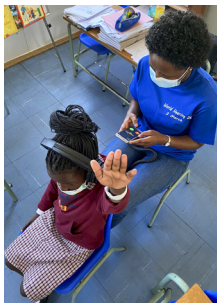
"The success of our programmes is largely attributable to the use of non-specialists from the communities we serve"

Tersia De Kock
Audiologist & Project Lead, hearX Group; Director, hearX Foundation, Cape Town, South Africa

An interview with Tersia De Kock

What are the reasons that made you decide to enlist the help of non-specialist personnel to prevent hearing loss?

- Due to the limited number of audiologists in South Africa, especially in the public health sector, we needed to enlist non-specialist personnel to aid in our newborn hearing as well as preschool hearing screening programmes to grow our coverage rates.
- We always recruit non-specialists from the specific community where we implement the prevention programme as they can speak the local language, have cultural sensitivity and can easily navigate themselves in the community.
- Cost-effectiveness is another reason: as hearing loss prevention aims to reach a large number of people (i.e. universal coverage of newborns or pre-schoolers), employing audiologists to fulfil this role would not be cost-effective. Using non-specialists thus decreases programme costs and enhances scalability.



TERSIA DE KOCK

Training participant practising hearing screening on a schoolchild.
SOUTH AFRICA

Which non-specialist personnel did you train and what tasks did you want them to perform?

We trained lay persons from low-income communities; we have also trained nurses/nursing assistants in obstetric units and primary healthcare clinics for newborn screening.

We trained them to do the following tasks:

- Newborn hearing screening
- Preschool hearing screening
- Elderly hearing screening
- To facilitate our EARS Teacher Training Programme that equips teachers with the knowledge to play an active role in the identification of hearing difficulties in children
- To be able to conduct community awareness and prevention talks
- To visit/contact families (individually), when they do not attend appointments after we have identified a child with hearing loss.

Our training methods include:

- Workshop style (theoretical training)
- Role-play using scripts and step-by-step guides
- Practising new skills on one another in the training environment
- Observation of a professional performing the task and then doing it under supervision
- In-service training
- Regular refresher and feedback sessions.

During training, participants practise hearing screening on each other.
SOUTH AFRICA

TERSIA DE KOCK

Which challenges did you encounter during and after training and which solutions did you find helpful?

As programme manager, one is always concerned about programme quality remaining high despite the use of non-specialist staff. The mHealth (mobile health) equipment we now use has built-in quality indicators that allow us to track the accuracy with which screening tests are conducted. This has been helpful to know when intervention is necessary.

Training of non-specialists always needs to include hands-on 'in-service training'. We spend a lot of time with them in the field to make sure they feel competent with all possible scenarios that might pop up.

We have also learnt that regular 'refresher' sessions are good to implement – just to highlight key tasks or scripts that are important to maintain (as we all tend to fall into the trap of finding our own way of saying things or shortcuts). Often the refreshers also relate to administrative processes that are critical to the success of the programmes (or integral in tracking impact).

What happened afterwards? Did you notice a positive impact, e.g. on your work, on the community, on the prevention of hearing loss?

The success of our programmes is largely attributable to the use of non-specialists from the communities we serve (most of our work is with the Khayelitsha, Mitchell's Plain and Mbekweni communities in Cape Town). We would not be able to do any of the work we do without them. Besides the tasks we train them to do, non-specialists contribute their own helpful knowledge and skills, for example:

- When a family does not attend diagnostic or intervention appointments, the non-specialists often have much greater success in speaking to the family to explain the situation in lay terms and to address any cultural resistance etc.
- On a more practical note, they know where the different community sites are, know how to look out for safety aspects and can navigate home visits. In the communities where we work the address system is very poor and you often need to find the homes based on landmarks and by asking around.

It is incredible to see how the non-specialists truly become ear and hearing advocates in their communities. They are so invested and passionate about what they do. We feel very privileged to witness their transformation and to work alongside them towards greater awareness and prevention of hearing loss in our communities.