



**TELECONFERENCE BOARD MEETING
NOTICE AND AGENDA**

Department of Consumer Affairs
2005 Evergreen Street, Donner Room
Sacramento, CA 95815
(916) 263-2666

San Francisco State University
Burk Hall, Room 101 and Room 104
1600 Holloway Avenue
San Francisco, CA 94132

200 UCLA Medical Plaza, # 540, Room 21
Los Angeles, CA 90095

28071 Bradley Road
Sun City, CA 92586

CSU Dominguez Hills
1000 Victoria, Welch Hall A 320B
Carson, CA 90747

Supertone Hearing Aid Center
6700 Fallbrook Avenue, Suite 294
Woodland Hills, CA 91307

5225 Canyon Crest Drive, Suite 400
Riverside, CA 92507

2521 Stockton Boulevard #7200
Sacramento, CA 95817

November 30, 2015 - 11:00 a.m.

(Alison Grimes, Board Chair-Dispensing Audiologist; Patti Solomon-Rice, Vice Chair-Speech-Language Pathologist; Rodney Diaz-Otolaryngologist/Public Member; Jaime Lee-Public Member; Deane Manning-Hearing Aid Dispenser; Dee Parker-Speech-Language Pathologist; Marcia Raggio-Dispensing Audiologist; Amnon Shalev-Hearing Aid Dispenser; Debbie Snow-Public Member)

- I. Call to Order/ Role Call / Establishment of a Quorum
- II. Public Comment for Items not on the Agenda
- III. Review and Approval Strategic Plan (final draft)
- IV. Discussion and Possible Support for Additional Audiology Doctoral Programs through the California State University System
- V. Adjournment

Agendas and materials can be found on the Board's website at www.speechandhearing.ca.gov.

Action may be taken on any item on the Agenda. The time and order of agenda items are subject to change at the discretion of the Board Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. The Board plans to webcast this meeting on its website at <https://thedcapage.wordpress.com/webcasts/>. Webcast availability cannot, however, be guaranteed due to limited resources. The meeting will not be cancelled if

webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at a physical location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 263-2666 or making a written request to Breanne Humphreys, Board Operations Manager, 2005 Evergreen Street, Suite 2100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

**Speech-Language Pathology
and Audiology
and Hearing Aid Dispensers Board**

2016-2020 Strategic Plan

Adopted: (insert date Board approved plan)

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Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board Members

Alison Grimes, Board Chair, Dispensing Audiologist

Rodney Diaz, Public Member, Otolaryngologist

Jaime Lee, Public Member

Deane Manning, Hearing Aid Dispenser

Dee Parker, Speech-Language Pathologist

Marcia Raggio, Audiologist

Amnon Shalev, Hearing Aid Dispenser

Debbie Snow, Public Member

Patti Solomon-Rice, Speech-Language Pathologist

Edmund G. Brown, Jr., Governor

Anna M. Caballero, Secretary, Business, Consumer Services and Housing Agency

Awet Kidane, Director, Department of Consumer Affairs

Paul Sanchez, Executive Officer, Speech-Language Pathology and Audiology and
Hearing Aid Dispensers Board

Message from the Board President



On behalf of the Speech Language Pathology, Audiology and Hearing Aid Dispensers Board (SPAHADB), I am pleased to present the ~~2014-2017~~2016 - 2020 Strategic Plan.

It is the vision of our Board that every Californian have access to communication, through diagnosis, treatment and related services of the highest quality.

The Board seeks to protect the health, safety and welfare of the people of California by requiring adherence to laws and regulations designed to ensure the qualifications and competence of providers of speech-language pathology, audiology and hearing aid dispensing services.

To fulfill these goals, we have identified in this document key issues, goals, and actions that we will take to protect and serve California consumers.

This Strategic Plan outlines our goals and identifies our challenges as we move forward to build our foundation for protection of, service to, and excellence in care, of consumers with speech, language and hearing impairments.

It is our hope that all stakeholders, particularly consumers, will take an active role by joining with the Board and Staff in these endeavors.

Alison M. Grimes, AuD
Board Chair
Board Certified, American Board of Audiology Director, Audiology and Newborn Hearing Screening
UCLA Health

About the Board

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board regulates the practices of speech-language pathology, audiology, and hearing aid dispensing in California by licensing those who meet minimum standards of competency. Among its functions, the Board promulgates laws and regulations; issues, renews, suspends, and revokes licenses; and imposes disciplinary sanctions, when necessary.

Mission

We protect the people of California by promoting standards and enforcing the laws and regulations that ensure the qualifications and competency of providers of speech-language pathology, audiology and hearing aid dispensing services.

Vision

Every person in the State of California has access to communication, diagnosis, treatment of communication disorders, and related services of the highest quality.

Values

CONSUMER PROTECTION

We make effective and informed decisions in the best interest, and for the health and safety of Californians.

Comment [DZ1]: I think it might read better if we added an "of" after interest. Thoughts?

EFFICIENCY

We diligently identify the best ways to deliver high-quality services with the most efficient use of our resources.

INTEGRITY

We are committed to honesty, ethical conduct and responsibility.

PROFESSIONALISM

We ensure that qualified, proficient and skilled staff provide services to Californians.

ACCOUNTABILITY

We accept personal responsibility for our actions, exemplifying high ethical standards and always striving to improve our effectiveness.

EFFECTIVENESS

We make informed decisions that make a difference and have a positive, measurable impact.

CUSTOMER SERVICE

We acknowledge all stakeholders as our customers, listen to them, and take their needs into account.

Strategic Goals

1 LICENSING

The Board ensures licensing standards that protect consumers while permitting reasonable access into the professions.

2 ENFORCEMENT

The health and safety of California's consumers is protected through the active enforcement of the laws and regulations governing the practices of speech-language pathology, audiology and hearing aid dispensers.

3 OUTREACH

Consumers and other stakeholders are educated and informed about the practices, laws and regulations governing the professions of speech-language pathology, audiology, and hearing aid dispensing.

4 LAWS AND REGULATIONS

The health and safety of California consumers is protected by the laws and regulations governing the speech-language pathology, audiology and hearing aid dispensing professions.

5 PROGRAM ADMINISTRATION

The Board efficiently **and effectively** utilizes resources and personnel to meet our goals and objectives.

Goal 1: Licensing

The Board ensures licensing standards that protect consumers while permitting reasonable access into the professions.

- | | |
|-----|--|
| 1.1 | Examine Evaluate licensing and examination requirements for all disciplines to ensure fairness in the licensing processes. |
| 1.2 | Shorten the licensing processing time (from application to issuance of the license) to better meet consumer and professional needs. |
| 1.3 | Complete and submit a Budget Change Proposal (BCP) to request additional licensing positions to increase the availability of services, reduce processing times, streamline processes and meet professional demand. |
| 1.4 | Increase the frequency and number of locations for the hearing aid dispensers examination in order to increase access to for applicants and more efficiently meet consumer demand for more licensed hearing aid dispensers. |

Goal 2: Enforcement

The health and safety of California consumers is protected through the active enforcement of the laws and regulations governing the practices of Speech-Language Pathology and Audiology and Hearing Aid Dispensing.

2.1	Decrease enforcement timeframes to protect enhance public the protection.
2.2	Inform interested parties regarding disciplinary actions to reduce the number of practitioner violations.
2.3	Implement annual Board member enforcement training to improve Board member knowledge.
2.4	Develop an ad-hoc Board member Enforcement Committee to discuss enforcement issues and review enforcement processes.
2.5	Document the Board's enforcement policies and procedures to maintain an enforcement knowledge base.
2.6	Assess staffing needs to determine whether staffing resources are adequate to manage current and anticipated workload.

Goal 3: Outreach

Consumers and other stakeholders are educated and informed about the practices, and laws and regulations governing the professions of Speech-Language Pathology and Audiology and Hearing Aid Dispensing.

- | | |
|-----|---|
| 3.1 | Require practitioners to post-display a consumer notice at the practitioner's point of service regarding the roles and responsibilities of the Board and how to file a consumer complaint. |
| 3.2 | Expand internet communication to encourage bi-directional communication to actively engage consumers, licensees and other stakeholders. |
| 3.3 | Encourage stakeholder participation at Board meetings to obtain feedback, increase transparency and education of stakeholders. |
| 3.4 | Complete and submit a BCP to request an additional outreach position to educate consumers, licensees, university ies faculty and staff, and along with other stakeholders about the practices, laws, and regulations governing Board professions. |
| 3.5 | Develop ready-to-use presentation materials for Board member use to cost-effectively disseminate information to consumers, licensees and students. |

Goal 4: Laws and Regulations

The health and safety of California consumers is protected by the laws and regulations governing the professions of Speech-Language Pathology, Audiology and Hearing Aid Dispensing.

4.1	Update Continuing Education (CE) requirements to facilitate the license renewal process, <u>and</u> improve ease of auditing and reduce confusion .
4.2	Complete and submit a BCP for a legislative analyst position to address the backlog of regulatory packages.
4.3	Develop a Board member Laws and Regulations Committee to prioritize regulations and facilitate legislative analysis at Board meetings.
4.4	Support legislative initiatives to address the shortage of audiologists and SLPs in California.
4.5	Advocate for additional university programs graduating audiologists and <u>Speech Language Pathologists (SLPs)</u> to address the shortage of professionals in California in the interest of consumer <u>access</u> protection.
4.6	Finalize existing regulation packages and proposals so that Board regulations remain <u>up-to-date with current practices</u> .
4.7	<u>Educate legislators on the importance of R</u> requiringe SLPs and audiologists who provide service in public schools to be licensed in order to improve consumer protection.
4.8	Develop regulations regarding the appropriate level of supervision for trainees, aides, and assistants to safeguard consumer protection <u>and seek statutory changes if necessary</u> .
4.9	Review examination regulations and make necessary changes <u>in order to reduce increase clarity for applicants, staff and stakeholders, confusion</u> .
4.10	Seek statutory authority to require hearing aid dispenser applicants to complete a traineeship under a licensed <u>H</u> earing aid dispenser in order to become eligible to take <u>the</u> practical exam in the interest of consumer protection.
4.11	Monitor federal regulation request for exemptions for online hearing aid sales in California to protect consumers and to improve clarity for licensees.

Goal 5: Program Administration

The Board efficiently utilizes resources and personnel to meet our goals and objectives.

5.1	Increase capacity for Board and Committee deliberations and progress in order to more effectively address more a greater number of Board-related issues in a timely manner.
5.2	Address staffing needs to determine whether staffing resources are adequate to manage current and anticipated workload.
5.3	Create, improve, and document all Board policies and procedures to streamline processes and maximize efficiency.
5.4	Implement training for staff, Board members, subject matter experts (SMEs), and expert witnesses to maintain consistent communication and practices.
5.5	Plan to m Map existing Board processes in accordance with DCA release schedule to prepare for the BreZE ¹ implementation.
5.6	Review (and update if necessary) Identify Board processes that can be conducted electronically in order to increase staff efficiency and stakeholder satisfaction.
5.7	Monitor and protect the Board's fund condition at the appropriate level to maintain the Board's fiscal structural needs.

Comment [DZ2]: I think we could remove the word "structural".

¹ BreZE will be the Board's new licensing and enforcement tracking system designed to replace the Board's existing legacy licensing system (ATS) and enforcement systems (CAS)

Strategic Planning Process

To understand the environment in which the Board operates and identify factors that could impact the Board's success, the California Department of Consumer Affairs' SOLID unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- ◆ Interviews conducted with eight members of the Board ~~completed~~ during the month of July 2015, to assess the strengths, challenges, opportunities and threats the Board is currently facing or will face in the upcoming years.
- ◆ Interviews conducted with the Executive Officer, ~~completed~~ in the month of July 2015, to identify the strengths and weaknesses of the Board from an internal perspective.
- ◆ An online survey of Board staff in July 2015, to identify the strengths and weaknesses of the Board from an internal perspective. Seven staff members participated.
- ◆ An online survey sent to Board stakeholders in July 2015 to identify the strengths and weaknesses of the Board from an external perspective. The survey yielded 368 qualitative and quantitative stakeholder responses.

The most significant themes and trends identified from the environmental scan were discussed by the Board during a strategic planning session facilitated by SOLID on August 21–22, 2015. This information guided the Board in the revision of its mission, vision and values, while directing the strategic goals and objectives outlined in this 2016-2020 strategic plan.



**PREPARED BY:
SOLID PLANNING SOLUTIONS
DEPARTMENT OF CONSUMER AFFAIRS**

**1474 N. Market Blvd, Suite 270 Sacramento, CA 95834 • Phone: 916.574.8316 • Fax: 916.574.8386
•SOLID@dca.ca.gov •**

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board in August 2015. Subsequent amendments may have been made after Board adoption of this plan.


THE CALIFORNIA STATE UNIVERSITY
 OFFICE OF THE CHANCELLOR

BAKERSFIELD

April 10, 2015

CHANNEL ISLANDS

Board of Directors
 California Academy of Audiology
 100 Meriam Drive
 San Rafael, California 94903

CHICO

DOMINGUEZ HILLS

EAST BAY

Dear Board of Directors:

FRESNO

Thank you for your letter describing the shortage of audiologists and audiology education programs in California. Past California State University (CSU) efforts to develop joint doctor of audiology (Au.D.) degrees with University of California (UC) included planned partnerships between CSU Northridge and UC Los Angeles, CSU Sacramento and UC Davis, and San Francisco State University and UC San Francisco, all of which would have followed the successful San Diego State University and UC San Diego joint Au.D. program. Plans for the additional programs did not move forward because we were not able to ensure the level of affordability and access that is central to the CSU mission.

FULLERTON

HUMBOLDT

LONG BEACH

LOS ANGELES

Still operating today, the joint San Diego program has graduated 61 audiologists since the 2007-08 academic year, the period during which the last remaining CSU audiology master's program closed its doors because the doctorate had become the entry-degree for practice. Thirty-seven students were enrolled in the three-year joint San Diego program in fall 2014, and 13 students graduated from the program during 2013-14 academic year. In 2012-13, California graduated six audiologists, only one percent of the 577 audiology degrees nationallyⁱ. As shown in the table below, the degree production in California's only public Au.D. program falls desperately below the projected need for audiologists in our state. From 2010 to 2020, for example, the number of audiology jobs is expected to grow 30 percent, with an average of 50 jobs open annuallyⁱⁱ.

MARITIME ACADEMY

MONTEREY BAY

NORTHRIDGE

POMONA

SACRAMENTO

SAN BERNARDINO

SAN DIEGO

SAN FRANCISCO

SAN JOSÉ

SAN LUIS OBISPO

SAN MARCOS

SONOMA

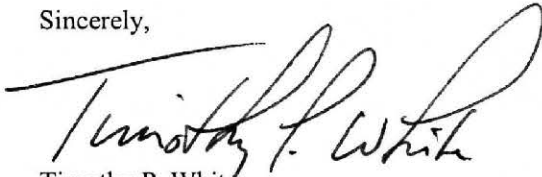
STANISLAUS

Joint SDSU-UCSD Doctor of Audiology	
Academic Year	Number of CSU Degrees Granted
2013-14	13
2012-13	6
2011-12	5
2010-11	5
2009-10	13
2008-09	10
2007-08	9

Board of Directors
California Academy of Audiology
April 10, 2015
Page Two

CSU Academic Affairs has retained a focus on audiology education, reaching out the University of California Office of the President and continuing to discuss existing CSU resources that could contribute to future Au.D. programs. As we move forward, we will be in contact with the California Academy of Audiology, seeking your advice and support in meeting the state's needs for more audiology practitioners.

Sincerely,



Timothy P. White
Chancellor

TPW/clm

- c: The Honorable Susan Bonilla, Chair, Assembly Business and Professions Committee
- The Honorable Jerry Hill, Chair, Senate Professions and Economic Development Committee
- The Honorable Carol Liu, Chair, Senate Education Committee
- The Honorable José Medina, Chair, Assembly Committee on Higher Education
- Dr. Ephraim P. Smith, Executive Vice Chancellor and Chief Academic Officer
- Dr. Ronald E. Vogel, Associate Vice Chancellor, Academic Affairs
- Ms. Karen Yelverton-Zamarripa, Assistant Vice Chancellor, Advocacy and State Relations

ⁱ American Speech-Language Hearing Association, retrieved from <http://www.asha.org/aud/Know-the-Facts/>.

ⁱⁱ State of California Employment Development Department "Occupation Profile Audiologist," retrieved from <http://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/occExplorerQSDetails.asp?searchCriteria=audiolog&careerID=&menuChoice=&geogArea=0601000000&soccode=291181&search=Explore+Occupation>.



CAA

California Academy of Audiology
Hear and Be Heard...

RECEIVED

MAR 27 2015

March 17, 2015

Timothy P. White, PhD
Chancellor
California State University
401 Golden Shore
Long Beach, CA 90802

Dear Chancellor White:

The California Academy of Audiology is writing at this time due to its concern regarding the lack of Audiology education in the state of California. The profession of Audiology involves diagnostic and rehabilitative care for individuals with hearing and balance disorders of all ages. To provide some history with regard to this problem, the American Academy of Audiology first proposed that a professional clinical doctoral degree (AuD) become the entry-level degree for this profession in 1991. The first AuD program opened at Baylor University in January of 1994. As you may know, Audiology education, historically, has been implemented on a number of California State University (CSU) campuses, with the first accredited program opening at San Francisco State University in 1948. At its height, the CSU system had seven Master of Science degree programs in Audiology. The last CSU master's program for Audiology ceased operation in 2007. The first AuD program in California was developed as a joint program between San Diego State University and the University of California, San Diego in 2003. A second, private Audiology doctoral program (University of the Pacific, UOP) is slated to open in 2015 in San Francisco. The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board mandated the clinical doctorate as the entry-level degree for licensure in 2008.

When the national academy made its decision to change the entry-level requirements to a clinical doctorate, the CSU programs closed their doors in anticipation of converting programs to meet the new requirements. However, as you know, the State of California's Master Plan for Higher Education only allows doctoral degrees to be awarded by the University of California (UC) system. Many attempts, over many years, were made to partner previous CSU Audiology master's programs with local UC campuses, but with little success. Further attempts to partner with private universities also were unsuccessful. In 2003, one program between CSU and UC was developed in San Diego with no further program development occurring throughout the state since its inception. Due to the clearly recognized need for these training programs, San Francisco State University and the University of California, San Francisco, as well as UCLA and CSU Northridge, were invited to submit a proposal for a joint Audiology doctoral program. These proposed joint programs won permission by both institutions to begin development in 2007. While negotiations between these two university systems were complex, and sometimes contentious, the programs were moving forward until the state's economic difficulties at the time resulted in a withdrawal of any funding for the programs. The situation has continued since that time with no further discussions being undertaken by either university system.

As you are likely aware, the population of California is nearly 39 million. The percentage of Californians aged 65 years and older is approximately 12.5% or nearly 5,000,000. According to the American Speech-Language-Hearing Association, the incidence of hearing loss in the US has doubled in the last 30 years (ASHA, 2015). Currently, 30 million Americans aged 12 and older have permanent, bilateral hearing loss. About 2 percent of adults aged 45 to 54 years have disabling hearing loss. The rate increases to 8.5 % for adults aged 55 to 64 years. Nearly 25 % of those aged 65 to 74 years and 50 % of those who are 75 years and older have disabling hearing loss (NIH, 2014). Since California represents approximately 12% of the US population, it would appear that nearly 4 million Californians have permanent, bilateral hearing loss.

Due to compelling evidence that children born with hearing loss demonstrate a significant delay in speech and language development, California passed legislation (2000, 2006) mandating that all infants born in California hospitals be required to undergo a newborn hearing screening. Centers for Disease Control (CDC) published national data demonstrating that 1.4 babies per 1000 live births will have a hearing loss. With over 500,000 live births in California each year, the California Department of Health Care Services has noted that more than 1200 infants (2.4 babies per 1000 live births) are identified annually as having permanent hearing loss. In addition, the CDC also has found a 31% increase in hearing loss among those between 12 and 19 years of age. Researchers note that this means nearly 20% of US adolescents now suffer some sort of hearing impairment.

The National Institute on Deafness and Other Communicative Disorders (2011) notes "the older population will burgeon between the years 2010 and 2030 when the 'baby boom' generation reaches age 65." In 2009, people over 65 represented 12.9% of the population; by 2030, they will represent 19.3%. The population of individuals over 65 is expected to double between 2008 and 2030 to a projected 72.1 million (Administration on Aging, 2011). The National Institute on Aging has estimated that by 2020, the need for audiologists to serve the older population will increase by 50%. With these startling statistics in mind, it should be appreciated that the 1500 Audiologists presently licensed and practicing in California are woefully unable to adequately serve its hearing impaired, both adults and children. Thus by 2030, California would need approximately 750 more Audiologists to meet the needs of California's hearing impaired.

The SDSU/UCSD program graduates approximately 8-10 Audiologists per year. The UOP program is planning to graduate 20 Audiologists per year, although that eventuality has not been proven since this program has not yet opened. However, even if both programs graduate as many students as planned, this number of new Audiologists will certainly not be sufficient to meet the needs of California's hearing impaired. In fact, at this point, each licensed Audiologist in California provides services for approximately 3300 hearing impaired people. That number would increase to more than 4900 patients by 2030 if the number of Audiologists remains constant. At present, Kaiser Permanente is the largest employer of Audiologists in California. Reportedly (SLPAHADB, 2013), Kaiser now "imports" 80% of its Audiologists from states other than California to meet its needs. In addition, the Veteran's Administration (VA) noted in 2012 that visits to VA Audiology clinics has increased to over 1.6 million or 36% since 2009. Due to the shortage of Audiologists, veterans are waiting up to a year to be seen for diagnostic evaluations and hearing aid fittings. At present, there are a large number of open Audiologist positions in California in all types of professional settings.

The magnitude of the problem of not educating and training enough professional Audiologists in California will continue to cause critical deficits in the hearing health care of Californians, both adults and children. As the statistics bear out, the need for Audiologists will continually increase in the years to come. The California Academy of Audiology asks that you consider this need and take steps to assist in the development of Audiology training programs on CSU campuses either by single programs or by consortia. As you know, clinical doctoral programs already exist within the CSU system (nurse practitioners, physical therapists), whose models could be amended or duplicated as appropriate. In addition, various models can be developed that use existing general fund faculty, colleges of extended learning, and hybrid programs of on-campus and online coursework that will reduce their potential costs

considerably. At present, the tuition and professional fees for the joint San Diego program are approximately \$84,000 for the four-year program (some financial aid available). The UOP program tuition is approximately \$105,000 for its three-year program (no financial aid available). It seems clear that the high costs of these existing, or soon to exist, programs could undermine the ability of this profession to train and educate students from diverse backgrounds who would be essential in providing these vital services to California's highly diverse populations. CSU has always provided affordable education. This is the time to allow that policy to continue for the education of highly trained Audiology professionals.

We look forward to hearing from you on this most important matter, and would be happy to provide and discuss any further information.

Sincerely,

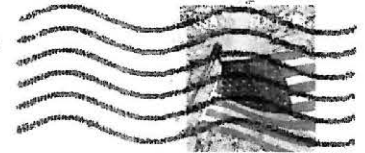
Board of Directors
California Academy of Audiology

Cc: Assembly Member Susan Bonilla, Chair, Assembly Business and Professions Committee
Senator Jerry Hill, Chair, Senate Professions and Economic Development Committee
Senator Carol Liu, Chair, Senate Education Committee
Assembly Member Jose Medina, Chair, Assembly Committee on Higher Education

CALIFORNIA ACADEMY OF AUDIOLOGY
100 Meriam Drive
San Rafael, CA 94903

SAN FRANCISCO CA 940

24 MAR 2015 PM 2 L



RECEIVED
MAR 27 2015

Timothy P. White, PhD
Chancellor
California State University
401 Golden Shore
Long Beach, CA 90802

90802427599





California Academy of Audiology
Hear and Be Heard...

August 7, 2015

Timothy P. White, PhD
Chancellor
California State University
401 Golden Shore
Long Beach, CA 90802

Dear Chancellor White:

The California Academy of Audiology would like to thank you for your response to our letter of March 17, 2015 noting our concern regarding the lack of audiology education in the state of California. As you will recall, in that letter, we described the history of audiology training in California, as well as the current, severe shortage of audiologists in California in the face of its significant hearing health care needs. In particular, we noted the growing number of Californians over the age of 65, and the increasing incidence of hearing loss in that and all populations. We also noted that California has mandated newborn hearing screening with an outcome revealing a higher incidence of permanent hearing loss in these infants than at the national level. As previously noted, these factors make it clear that the approximately 1500 audiologists presently licensed and practicing in California are unable to adequately serve its adults and children with hearing loss. In fact, by 2030, California would need approximately 750 more audiologists to meet the needs of Californians with hearing loss.

We also noted that the SDSU/UCSD audiology clinical doctoral (AuD) program graduates approximately eight to ten audiologists per year, and the new UOP program will be graduating approximately sixteen students per year (based on 2015 matriculation). We have since learned that the proposed University of California, Irvine (UCI) AuD program will be graduating six to seven audiologists per year. Therefore, the current estimate of the number of graduating audiologists (~32/year) falls significantly short of the 50-60 new audiologists required each year to fulfill the hearing health needs of Californians over at least the next two decades.

As you know, California's population is highly culturally and linguistically diverse with some minority cultures quickly taking on majority status. By 2020, ethnic minorities will constitute approximately 35% of the American population, and may be the majority by 2050 (*JAMA Intern. Med.*, 2014). In California, Latinos have already become the majority of the state's population (39%). In addition, California's demographers have projected that by now, the state's residents also include 38.8% white non-Hispanic, 13% Asian American or Pacific Islander, 5.8% black non-Hispanic, and ~1% Native American (Pew Research Center, January 2014).

Cultural competence in health care is a growing underpinning of successful professional training. That is, with the rapidly growing minority populations, soon to become the majority population nationwide, it is increasingly necessary for training programs to encourage growth in

the number of minority health care professionals. Unfortunately, this is not occurring (Sanchez, et al., 2015, Gonzalez, et al., 2014, Genao, et al., 2003). Thus, there is a growing cultural gap between patients and health care professionals. National Standards For Culturally and Linguistically Appropriate Services in Health Care, published in 2001, indicated the necessary changes required for culturally and linguistically appropriate services particularly for the needs of racial, ethnic, and linguistic population groups that may experience unequal access to health services (Tucker, et al., 2013). Ultimately, the aim of the standards was to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans (National Standards for Culturally and Linguistically Appropriate Services in Health Care, U.S. Department of Health and Human Services, Office of Minority Health, March 2001). Diverse medical personnel draw diverse medical populations, thus reducing health inequities and disparities that can occur due to the potential mistrust and misunderstandings between culturally diverse patients and their healthcare providers.

The current cost of audiology education in California impedes the growth of a more diverse population of audiology practitioners. At present, the tuition and professional fees for the joint San Diego program are approximately \$84,000 for the four-year program (some financial aid available). The UOP AuD program tuition is approximately \$110,000 for its three-year program (minimal financial aid available). The proposed UCI AuD program will likely have tuition, professional fees, and financial aid similar to that of San Diego. Another example of the cost of joint UC/CSU programs is the current tuition for the UCSF/SFSU Physical Therapy doctorate, which is approximately \$87,000 for a three-year curriculum. These high costs are inherently likely to undermine the ability of this profession to train and educate students from diverse backgrounds who would be essential in providing these vital services to California's highly diverse, hearing impaired population. On the other hand, judging by the tuition for the San Francisco State University stand-alone doctoral program in Education Leadership, the costs of CSU-based programs would be in the range of \$55,000 for a three-year program. The vast difference in the cost of these programs demonstrates that the CSU system would be able to provide training for these professionals at nearly half the cost of the other programs. In addition, this would be occurring in an institution with teaching acumen, experience, access to multiple medical facilities, and history in providing the most comprehensive education and training for the profession of audiology. Making this educational opportunity available within the CSU system, at a reasonable cost, would open the door to educating and training far more diverse professionals who better reflect the state's diverse population.

Since the CSU system has always provided comprehensive and affordable education, it is our hope that you will consider the pursuit of a CSU stand-alone clinical doctoral program in audiology. We believe that by making audiology training affordable, we will be able to draw the much-needed numbers of audiology trainees, particularly those who would bring essential diversity to the profession.

We look forward to hearing from you, and would be happy to provide and discuss any further information.

Sincerely,

Board of Directors
California Academy of Audiology

Cc: Assembly Member Susan Bonilla, Chair, Assembly Business and Professions Committee
Senator Jerry Hill, Chair, Senate Professions and Economic Development Committee
Senator Carol Liu, Chair, Senate Education Committee
Assembly Member Jose Medina, Chair, Assembly Committee on Higher Education

PUBLIC COMMENT – SLPAHADB MEETING - NOVEMBER 6, 2015

Requesting Board support for a bill for California State University (CSU) stand-alone AuD programs

Presented by Becky Bingea, President, California Academy of Audiology (CAA)

Summary: The CAA will be meeting with Assembly Member Kevin Mullin (D-San Mateo) on December 1st regarding the possibility of sponsoring a bill for a CSU stand-alone AuD program or programs. CAA would like the support of the SLPAHADB. Since there will not be another Board meeting until February, we are hoping to secure Board support prior to this meeting, and, if supported, a more formal endorsement (letter) by early January.

Background (see attached letter & response): CAA sent a letter to the CSU Chancellor Timothy White on March 17, 2015, which provided a request for the development of audiology training programs on CSU campuses, either by single programs or consortia.

- Background information was provided with acknowledgement that the California Master Plan for Higher Education only allows doctoral degrees to be awarded by the University of CA (UC) system.
- The history of attempts to establish additional state programs, including joint UC/CSU programs, was reviewed.
- Evidence was provided regarding the shortage of audiologists in CA to meet the increasing need in view of the aging population, particularly as relates to the Baby Boomer population, as well as the Newborn Hearing Screening population audiologists are mandated to serve.
- Stats were provided regarding the current number of audiologists in the state and the inadequate ability to meet CA needs with current numbers of audiologists and program graduates.
- Stats were provided regarding the current high costs of the two existing CA AuD programs, which would limit the number of graduates and their cultural diversity.
- The CSU Chancellor responded on April 10, 2015, acknowledging failure of past attempts to create new state audiology programs except for the existing USD/SDSU AuD program.
- The Chancellor noted that the CSU has retained a focus on audiology education and will continue to be in contact with the UC Office of the President and continue to discuss existing CSU resources, as well as seek the advice and support of the CAA in meeting the state's needs for more audiology practitioners.

Background update (see attached letter): CAA sent a second letter to CSU Chancellor White on August 7, 2015, reviewing the history of audiology training in CA and the current severe shortage of audiologists in CA.

- Also emphasized was the cultural diversity in CA and the growing cultural gap between patients and health care professionals, along with the need for training programs to encourage growth in the number of minority health care professionals.
- The cost of audiology education in CA impedes the growth of a more diverse population of audiology practitioners, given the tuition and fees for the 2 AuD programs in the state, as well as the proposed UC Irvine program.

- The CSU system has traditionally provided comprehensive and affordable education, and a stand-alone clinical doctoral program in audiology would make audiology training more affordable, would enable essential diversity to the profession, and would draw the needed numbers to help meet CA's shortage.

Additional justification:

- Initial precedent was set by the 2005 Jack Scott bill (SB 724), signed by the Governor, which was the first to allow an independent doctoral degree (EdD) by the CSU. Since then, the CSUs have offered the following two clinical doctorates since 2012: Doctor of Nursing Practice (DNP) and Doctor of Physical Therapy (DPT)
- Cost of current CSU doctoral programs* are significantly less (estimated 1/3-1/2 less) than current AuD programs in CA*: **EdD** ~\$55,000/3yrs, **DPT** ~\$77,000/3 yrs, **DNP** \$38,000/5 semesters) **vs.** ~\$110,000 (including fees) for the private University of the Pacific, San Francisco AuD/3 yrs (9 semesters) & \$86,250/4 yrs for the SDSU/UCSD AuD program.
- Projected CSU AuD programs vs. previous Master's programs:
 - Number of units would triple
 - Practicum hours would increase from 375 to ~1800.

*per current website information

If supported by the SLPAHADB, CAA is hoping that the Board will cc their letter to the following legislators:

The Honorable Carol Liu, Chair
Senate Education Committee
State Capitol, Room 2083
Sacramento, CA 95814

The Honorable Jose Medina, Chair
Assembly Committee on Higher Education
State Capitol, Room 5135
Sacramento, CA 95814

The Honorable Jerry Hill, Chair
Senate Business, Professions and Economic Development Committee
State Capitol, Room 5035
Sacramento, CA 95814

The Honorable Susan Bonilla, Chair,
Assembly Business and Professions Committee
State Capitol, Room 4140
Sacramento, CA 95814