



**American Speech-Language-Hearing Association**  
**Statement for the Record for the**  
**Senate Committee on Health, Education, Labor and Pensions Hearing on**  
**“COVID-19 Recovery: Supporting Workers and Modernizing the Workforce**  
**Through Quality Education, Training, and Employment Opportunities”**  
**April 27, 2021**

Chair Murray and Ranking Member Burr:

The American Speech-Language-Hearing Association (ASHA) thanks you for the opportunity to submit this statement to the Committee on the “COVID-19 Recovery: Supporting Workers and Modernizing the Workforce Through Quality Education, Training, and Employment Opportunities.” My name is A. Lynn Williams, PhD, CCC-SLP, ASHA’s President for 2021.

ASHA is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

### **Overview**

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Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids and cochlear implants. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive disorders. Audiologists and SLPs work in health care facilities such as hospitals, residential and nonresidential facilities, and private practice. They also work in educational settings including schools, early childhood providers, and universities.

Audiologists and SLPs also diagnose and treat issues that may be linked to Coronavirus Disease 2019 (COVID-19), such as tinnitus (i.e., ringing in the ears) and swallowing disorders resulting from intubation.

### **Disparities in Health Care**

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As the Committee works to prepare our nation for the post-pandemic recovery, we must anticipate what is required for a thriving and diverse health care workforce to address the long-term effects of the virus. The Centers for Disease Control and Prevention notes an increased “risk for severe COVID-19 illnesses and death for many people in racial and ethnic minority groups.”<sup>1</sup> The health care workforce must evolve to mirror the makeup of the population. The Institute of Medicine raised concerns about the diversity of the health care workforce in their 2004 study, *In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce*.<sup>2</sup> Racial and ethnic minorities receive a lower quality of health care than non-minorities.<sup>3</sup> Overall, increasing diversity in the allied health care workforce will lead to improved access to care, greater patient choice and satisfaction, and better education experiences for health profession students, among many other benefits.<sup>4</sup> In particular, a diverse health care workforce can help to address both preexisting health disparities among the population as well as those disparities exacerbated by the COVID-19 pandemic.

A more diverse health care workforce is critical because patients who receive care from members of their own racial and ethnic background generally have better outcomes, and health professionals from underrepresented and minority backgrounds are more likely to practice in medically underserved areas.<sup>5,6</sup> Members of minority groups also disproportionately reside in areas with provider shortages.<sup>7</sup>

## Opportunities to Increase Workforce Diversity

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Bridging the diversity gap in our nation's health care systems requires multiple actions. ASHA recommends creating a workforce development program specifically to increase diversity in the audiology, speech-language pathology, and other allied health professions. ASHA supports creating a program at the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services modeled after the Title VIII Nursing Workforce Diversity program, which has successfully increased the percentage of racial and ethnic minorities pursuing careers in nursing. This new program will help strengthen and expand the comprehensive use of evidence-based strategies proven to increase the recruitment, enrollment, retention, and graduation of students from underrepresented and disadvantaged backgrounds in the professions of audiology, speech-language pathology, physical therapy, occupational therapy, and respiratory therapy.

During the 116th Congress, ASHA supported legislation (S. 2747, the Allied Health Workforce Diversity Act) introduced by Senators Casey and Murkowski, which would have created this new program within HRSA. We urge the HELP Committee to work with Senators Casey and Murkowski to include such a program in any legislation to modernize and diversify the health care workforce and address health disparities highlighted by the COVID-19 pandemic.

## Conclusion

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Thank you for the opportunity to provide input on how to support, modernize, and improve workforce training programs. ASHA welcomes the opportunity to work with the Committee to achieve these goals and would be happy to provide any additional information you need as the Committee develops legislation in this area. For more information, contact Eric Masten, ASHA's director of federal affairs for education, [emasten@asha.org](mailto:emasten@asha.org).

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<sup>1</sup> Centers for Disease Control and Prevention. (2021). *COVID Data Tracker Weekly Review, Interpretive Summary for April 2, 2021* <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>.

<sup>2</sup> Institute of Medicine. (2004). *In the nation's compelling interest: Ensuring diversity in the health care workforce*. Washington, DC: National Academy Press. <https://pubmed.ncbi.nlm.nih.gov/25009857/>.

<sup>3</sup> Institute of Medicine. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academy Press. <https://pubmed.ncbi.nlm.nih.gov/25032386/>.

<sup>4</sup> Institute of Medicine. (2004). *In the nation's compelling interest: Ensuring diversity in the health care workforce*. Washington, DC: National Academy Press. <https://pubmed.ncbi.nlm.nih.gov/25009857/>.

<sup>5</sup> Ibid.

<sup>6</sup> Cooper-Patrick, L., Gallo, J. J., Gonzales, J. J., Vu, H. T., Powe, N. R., Nelson, C., & Ford, D. E. (1999). Race, gender, and partnership in the patient-physician relationship. *JAMA*, 282, 583–589.

<sup>7</sup> Reyes-Akinbileje, B. (2008, February 7). *Title VII health professions education and training: Issues in reauthorization*. Washington, DC: U.S. Congressional Research Service.