



## **Canadian Association of Speech-Language Pathologists and Audiologists Submission to**

### **The Senate Standing Committee on Social Affairs, Science and Technology**

### **Study Examining the Progress in Implementing the 2004, 10-year Plan to Strengthen Health-care**

#### **About CASLPA**

CASLPA is the national body that supports and represents the professional needs of over 5,900 speech-language pathologists, audiologists and supportive personnel who work to maximize the communication and hearing potential of the people of Canada.

CASLPA members are a key component of Canada's health-care and education teams, and work in collaboration with other health and education professionals to ensure that Canadians have access to the information and expertise they need to live successful and productive lives.

Speech-language pathologists and audiologists are uniquely trained to identify, assess and treat speech, language, swallowing, hearing and balance disorders. Speech-language pathologists are health professionals who have expertise in typical development and disorders of communication and swallowing, as well as assessment and intervention for these areas.

Audiologists are hearing health professionals who identify, diagnose and manage individuals of all ages with peripheral or central hearing loss, tinnitus (ringing in the ear) and balance disorders. Audiologists prescribe and fit hearing aids as well as other assistive devices such as cochlear implants. They are also involved in prevention, counselling and education services to clients, families, caregivers, other professionals and the public regarding all aspects of hearing and balance function.

This submission will highlight CASLPA's position on Canada's progress on the 10-year Plan to Strengthen Health-care, announced by the Prime Minister and premiers in 2004. It will focus on the need to foster the team-based approach to health-care; the problems of access to resources; the need to focus on prevention of illnesses and disorders; and a specific look at the effect of communication and hearing disorders.

#### **Team Health-care Approaches – and Working with the Right Players**

The 10-year Plan outlined an objective of increasing the role of multidisciplinary/interprofessional teams of health professionals, with the aim to have 50% of Canadians have 24/7 access to such teams by this year. This is the right direction: the time has long since passed when "health-care" meant just a visit to the physician's office to get some medicine. Modern best practice rightly draws on a number of other professionals, including, dietitians, psychologists, speech-language pathologists, audiologists, and others, to complement the work of primary care physicians. These teams work to do more than just treat illness, but look towards disease prevention and increasing health promotion. This is absolutely the right approach.

In studies, Canadians are tremendously supportive of this approach, with the majority wanting their physicians to operate as part of a team, with the impression being that they will get better outcomes<sup>1</sup>. Indeed, evidence suggests that these multidisciplinary/interprofessional teams improve health-care outcomes. Statistics Canada has found that Canadians with access to health-care teams were more likely to receive care aimed at disease prevention and health promotion. Access to health-care teams also resulted in improvements at reducing patients' unmet needs and improving the coordination of care, which ultimately reduces more costly treatment options such as emergency room visits. This improves care for Canadians, reduces reliance on more expensive treatment options, and improves overall confidence and satisfaction with Canada's health-care system.

It is important that government take a broad approach to which professions are included on health-care teams, including professionals such as speech-language pathologists and audiologists. Audiologists and speech-language pathologists play a critical role in identifying and treating communication and hearing disorders that can have long-lasting repercussions with wide-ranging effects, as this submission will outline further. Multidisciplinary/interprofessional teams are able to perform best when they include all relevant disciplines.

## **Ensuring Access**

The benefits to a multidisciplinary/interprofessional team approach to health-care are clear. A team approach to detecting and treating health challenges that impact hearing, balance, language, speech or swallowing disorders across the life span can be significantly more efficient and effective at reducing associated harm to the individual. While this improves patient care, it is also cost-effective for government, reducing the need for more expensive future care.

Too often there are prohibitive financial hurdles to accessing the services of key health-care practitioners. Services of experts such as speech-language pathologists and audiologists often have limited coverage from provincial health plans, and private insurance companies usually cover a very small amount, if any at all. As an example, the federal government's public service health care plan covers up to \$500 for services from a speech-language pathologist, which is usually only enough for a few visits. Audiologists' services are not covered at all. This means that those who will benefit from the services of these professionals must either pay out of pocket for ongoing treatment, a significant expense, or defer treatment altogether.

Universal access is a core principle of Canada's health-care system. As we move towards a system that embraces the expertise of other medical professionals to realize the full benefits, we must make sure that these services are accessible to all Canadians, regardless of financial ability. This will improve outcomes for patients and ultimately lead to reduced costs to government over the long term.

## **The Value of Prevention, Early Identification and Intervention**

The 10-year Plan to Strengthen Health-care rightly targets prevention and public health as a core goal. This strategy meets dual objectives of offering best health outcomes for Canadians, while using finite financial resources as efficiently as possible. As the old adage goes, a stitch in time saves nine. The plan most specifically focuses on better management options for chronic diseases, such as diabetes, hepatitis C, and HIV-AIDS; immunization programs; and an early childhood development initiative. It is in this latter area that CASLPA is particularly involved.

The early detection and intervention of childhood disorders can dramatically improve intellectual, social, and communication development. Investing in programs that offer developmental or educational benefits for young children and their families have the best possible outcomes and the greatest cost-benefit ratio. Acting early means that families and caregivers become aware of child development and their role in supporting positive development. When caring, responsive adults provide developmentally appropriate activities in supportive environments, some developmental delays can be prevented and the functional impact can be minimized. Therefore children affected with speech, language and/or hearing disorders are not unduly harmed during critical years of their intellectual, social and communication development while at the same time reducing the likelihood that they will need to draw on expensive government social services in the long-run.

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<sup>1</sup> See, for example, Khan et al "Primary Health Care Teams and Their Impact on Processes and Outcomes of Care", Stats Canada, July 2008

Early development is the foundation for future academic and life skills. It is during this period that a child's capacity to learn is largely established. On a physical level, as children age, their brains become much less malleable, making it more difficult for them to respond to potential intervention. In effect, acting later runs the risk of seeing parts of the brain "hardwired" in a fashion that makes improving the impairment difficult. On a less physical level, it is easier to teach children and their families appropriate strategies for dealing with their difficulties at the outset, before they need to "unlearn" ineffective ones. Similarly, skills are cumulative, meaning that difficulties mastering rudimentary skills will mean a corresponding difficulty with later ones that are more complex. With young children, communication is central to all social and academic skills development, therefore any problem in these areas will result in difficulties and delays in mastering the first building blocks of learning. Minimizing factors that hinder a child's ability to learn and develop will help ensure that they are on course to be as successful and productive as possible, meeting their full potential.

Waiting too long to begin intervention runs the risk of limiting the effectiveness of potential treatments. Long standing communication problems cannot be as easily remediated, and an early investment has a "multiplier effect." A dollar invested in addressing problems today will mean many more saved in the long term. Along the same lines, inaction carries with it very high long-term costs.

While government and society certainly benefit from avoiding such long-term costs – the cumulative costs of services for a child with hearing and communication disorders can easily be 10 times the cost of early intervention – the real costs of late intervention are borne by the children affected in this way. Children with communication and hearing problems often experience more difficulty in social, learning, and emotional environments. Acting early means that they can receive the support they need to minimize or avoid difficulties and challenges that their peers do not experience or understand.

## **Identifying Communication Disorders Early**

CASLPA strongly believes that Canada's health-care strategy must focus on preventing disease and treating illness early. As outlined above, we believe this improves outcomes and reduces costs to the public purse when considering action on childhood disorders. As experts in the field, CASLPA members believe it is imperative to underline the value of early identification and detection of hearing and speech-language disorders.

Speech-language disorders are much more common in Canada than most people are aware. Estimates indicate that eight to 12 percent of pre-school aged children have some form of language impairment. Most are not identified until well after they fail to begin speaking, generally when they are two or three years old. This is quite late, considering communication skills begin to develop at birth. This is, quite simply, too late, and means that communication development is unduly hindered, leaving them at an academic and social disadvantage.

Communication skills are central to a child's social, emotional and psychological development, and even the mildest impairment can have a negative effect. Early development has strong effects on future development, therefore, intervention is more effective and expedient when begun at as young an age as possible. A University of British Columbia study found that vocabulary strength at 18 months had implications for such strength at 27 months and at three years of age. Other studies have shown that when a child's treatment is delayed until their pre-kindergarten year, they usually do not have normal speech outcomes before they enter the first grade, and as many as 72% will still have speech-language impairments at age 12. Thus, delays in starting intervention prolong the process of addressing these disorders.

Untreated speech, language and hearing disorders can cause serious and significant social problems for affected children that, in addition to contributing to difficulties in learning, have negative effects on their lives and the lives of their families and society in general. Over half of the children with speech-language impairments at age five have some form of behavioural disorder, such as attention deficit hyperactivity disorder (ADHD). Aggressive behaviour problems are more common among children with speech-language impairments, as are anxiety disorders. Children with communication disorders have more difficulty making friends with their peers, and are at a greater risk of being bullied at school or elsewhere. Statistics also show high levels of speech-language and other communication difficulties among the young offender population.

As with speech and language disorders, in Canada the average child with significant hearing loss is not usually identified until they are nearly two and a half years old. For moderate hearing issues, problems are unlikely to be identified until much later, usually around school age. These delays are unnecessary. There are simple, non-invasive, accurate tests that can quickly screen for hearing loss in newborns and can be performed before they leave the hospital. More importantly,

in an era where medical diagnostics can present burdens on health budgets, these screening tests are inexpensive, costing about \$35 per infant screened. When measuring per case identified, it costs much less than a number of other existing newborn tests, such as for phenylketonuria (PKU)<sup>2</sup>. Moreover, as outlined above, this reinforces the idea of spending now to save later, as any upfront expense will be more than offset by reducing the need for specialized education and other support programs later on.

The advantages to identifying hearing loss early and implementing early intervention are clear: infants with hearing loss that are identified and begin intervention by the age of six months perform 20 to 40 percentile points better on school-related measures, such as vocabulary, articulation, intelligibility and behaviour, than those that are identified later. Identification and intervention by six months also lead to much better language scores than for those identified later, an advantage that holds true even when controlling for a multitude of other usual predictive factors, including gender, racial background, or the presence of other disabilities. By acting early, children with hearing disorders need not suffer unduly. Early identification leads to early intervention, which is the key to the most effective treatment.

The United States already screens more than 95% of infants, and this testing is a legislated requirement in at least 33 States. Canada should follow this lead and implement a universal newborn hearing screening program. Such a program should aim to have all newborns, not just those deemed “high risk”, screened in the first month of life (preferably before leaving the hospital), with any necessary diagnostic testing completed by three months and intervention beginning no later than six months of age. This goal reflects CASLPA’s position paper (2010), as well as the aims of many other organizations such as the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA, 2008), the American Joint Committee on Infant Hearing (JCIH, 2007), the American Academy of Pediatrics (1999) and the National Institutes of Health (NIH, 1993). These advocate for access to early identification and intervention of hearing issues.

Current Canadian practice for newborn hearing screening is inconsistent. There is no coordinated national approach to this issue, and in most cases there is no dedicated funding for newborn hearing screening. Ontario and New Brunswick have offered newborn hearing screening since 2002, whereas others, such as Manitoba, Saskatchewan, Newfoundland, and Alberta have no universal programs (only some regional offerings). In those areas without universal newborn hearing screening programs, there is often no equipment or expertise to conduct hearing screening of newborns at birthing hospitals; parents do not have the option of having their babies screened. A coordinated, national approach will ensure that all babies born in Canada have equal access to hearing screening, which can identify hearing difficulties at a very early age.

In summary, communication and hearing problems that remain unaddressed, at best, leave children at a developmental and educational disadvantage. Delays in treatment result in a longer and more difficult process to overcome these challenges. The added difficulties with learning and socializing deny children opportunities to be as successful as their peers. Additionally, these problems can lead to a series of frustrations that may cause them to act out in ways that are destructive to themselves and others, and are sometimes criminal.

Communication and hearing disorders in children is a specific area where there is a need for national leadership and direction, setting standards for identification, evaluation, and treatment. There is little additional cost to government in setting up such systems, yielding plenty in long-term savings. More importantly, a national program to address these issues would ensure that our children have access to the tools that they need to allow them to reach their full potential.

## **Conclusion**

Health-care is a core priority for Canadians, consistently ranking amongst the most important services that government offers the general public. In 2004, Canada’s First Ministers outlined a decade-long plan to strengthen health-care by reducing wait times and improving access to the particular care that Canadian patients need. Closer to the end of this term, it is appropriate to look ahead by examining how things have progressed and what next steps should be taken.

This submission has outlined a number of areas of continued or new priority. CASLPA believes that a multidisciplinary/interprofessional approach to health-care, where patients have access to a group of medical experts

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<sup>2</sup> PKU can cost over \$60,750 per case identified as compared to \$14,400 for hearing loss (per case identified)

that can best address their particular needs, is critical. Government progress on this issue is promising, but it is important to ensure that these teams include as broad a range of relevant health professionals as possible, including audiologists and speech-language pathologists. It is also important that systems be developed to ensure that those who need these services are able to access them, regardless of financial ability. The key to improving health-care outcomes, as well as controlling cost, is to focus on prevention and health promotion as well as early detection and intervention. This pays particular dividends on communication and hearing disorders amongst children. In these situations, problems that are allowed to persist have a long-term and cascading effect that can hinder social and educational development as well as future vocational success. This is an area where there is a need for direction from a renewed national strategy.

CASLPA's members play an important part on Canada's health-care teams, providing expertise in the diagnosis and treatment of conditions that affect our most basic abilities to communicate. As Canada further considers health-care for 2014 and beyond, we look forward to working with governments and other stakeholders to build a system that offers the best outcomes at the best value for the people of Canada.

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