



Speech-Language Pathology and Audiology Services for First Nations Position Statement

Position

It is the position of Speech-Language & Audiology Canada that speech-language pathologists, audiologists and communication health assistants play an important role in supporting First Nations, their communities and organizations in ensuring equitable access to speech-language pathology and audiology services. Speech-language pathologists (S-LPs), audiologists and communication health assistants must respect First Nations' right to self-determination by working collaboratively to develop culturally and linguistically appropriate services responsive to the needs of First Nations children and adults.

Background

First Nations face serious health, education and social challenges, including higher rates of chronic diseases and lower levels of education attainment than the general Canadian population (Health Canada, 2014; Rotenberg, 2016). Speech and language difficulties are perceived to be one of the most prevalent developmental challenges for First Nations children (Findlay & Janz, 2012). In addition, the prevalence rates of otitis media (ear infections) in First Nations children are high, particularly in older children, and correspond to trends seen in other Indigenous populations (Bowd, 2002). Conductive hearing loss, which is often attributable to otitis media, can impact and delay the acquisition of speech and language (Tomblin et al., 2015).

System-wide changes are needed to address the many harms to First Nations resulting from colonial government policies including the residential school system, denial of First Nations' inherent and treaty rights and racism (Alan & Smylie, 2015; Assembly of First Nations (AFN), 2017). In 2007, the federal government adopted Jordan's Principle, a child-first principle intended to resolve jurisdictional disputes involving the care of First Nations children. Jordan's Principle seeks to provide First Nations children with equal and fair access to services that would be ordinarily available to other children in Canada. The principle states that disputes over payment for services should be resolved once the child has received the necessary service. In 2015, the Truth and Reconciliation Commission of Canada (TRC) made 94 calls to action, including a number specifically related to health and education, to redress the legacy of residential schools and advance the process of Canadian reconciliation.

Despite Jordan's Principle and the TRC's calls to action, First Nations continue to be disadvantaged by the current structure of health, education and social services. First Nations have voiced their concerns about the availability of speech-language pathology and audiology services, particularly for children with special needs living on-reserve (Vives, Sinha, Burnet, & Lach, in collaboration with Pinaymootang First Nation, 2017). Research has indicated that obstacles such as geography, jurisdictional confusion, funding disparities between provincial, territorial and federal government services, the complexity of the Non-Insured Health Benefits Program and a lack of professionals working in rural and/or remote communities prevent First Nations from accessing appropriate speech-language pathology and audiology services (Speech-Language & Audiology Canada (SAC), 2010; Vives et al., 2017).

S-LPs, audiologists and communication health assistants can contribute to the process of reconciliation by respecting First Nations' autonomy, including the right and responsibility to direct their own health and education programs. Communication health professionals should recognize the cultural, linguistic and geographical diversity of First Nations (SAC, 2010; Ball & Lewis, 2011; Ball, 2014; Ball & Lewis, 2014; Kay-Raining Bird, 2011; Eriks-Brophy, 2014; Hart Blundon, 2016) when developing services in partnership with First Nations communities and organizations (Ball & Lewis, 2011; Peltier, 2011; Zeidler, 2011). In order to appropriately support First Nations, communication health professionals should undertake cultural humility* and cultural safety training** (AFN, 2017), seek guidance regarding culturally safe practice (Kay-Raining Bird, 2011; Peltier, 2011; Eriks-Brophy, 2014) and develop speech-language pathology and audiology services specifically designed to meet the needs of First Nations (SAC, 2010; Ball & Lewis, 2011; Peltier, 2011).

In support of First Nations' right to self-determination and the TRC's calls to action, investments are urgently needed to increase the number of First Nations S-LPs, audiologists and communication health assistants. Additionally, there is an ongoing need for research into the communication health concerns of First Nations.

Definitions

*Cultural humility: "is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience" (First Nations Health Authority, para. 2).

**Cultural safety: "is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people can feel safe when receiving health care" (First Nations Health Authority, para. 1).

Committee Members

Penelope Bacsfalvi, PhD, S-LP(C) (Chair)

Veronique Brophy, MScS, S-LP(C)

Terri Gordon, M.Sc., CCC-SLP

Cheryl Messier, M.H.Sc(a), Aud(C)

Lynn McCurdy, AuD, Aud

Christine Santilli, M.Sc., Aud(C)

Sarah Sark, M.Sc., S-LP

Megan Stock, MSLP, S-LP

Chantal Kealey AuD, Aud(C) (SAC Audiology Staff Liaison)

Meredith Wright PhD, S-LP (SAC Speech-Language Pathology and Communication Health Assistants Staff Liaison)

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