

Canadian Association of Speech-Language Pathologists and Audiologists 2012

Pre-Budget Submission

1. Economic Recovery and Growth

Given the current climate of federal and global fiscal restraint, what specific federal measures do you feel are needed for a sustained economic recovery and enhanced economic growth in Canada?

In an era of fiscal restraint, government must focus on programs that improve social outcomes while also reducing long-term costs. Programs offering developmental or educational benefits for children and their families do exactly that. A 2006 Statistics Canada report found that approximately 78,240 school-age children have a speech disability. By acting early to identify and treat speech, language and hearing disorders, we can prevent undue harm during critical years of their intellectual, social and communication development. Early intervention also reduces the likelihood that individuals will need to draw on expensive social services in the future. The same 2006 report highlighted the difference in unemployment rates between non-disabled people (6.8% at the time) and those with hearing disorders (10.4%) and speech and language disorders (13.6%).

In Canada, the average child with significant hearing loss is not usually identified until approximately two and a half years of age; moderate hearing issues are unlikely to be identified until school age. This does not have to be the case. A non-invasive, highly-accurate test can quickly screen for hearing loss in newborns before they leave the hospital. Notably, in an era of costly medical diagnostics, this test is inexpensive, at about \$35. The U.S. already screens more than 95% of infants and this testing is a legislated requirement in at least 33 states. In Canada, programs vary and there are still provinces (AB, SK, MB and NL) that do not offer universal newborn hearing screening (UNHS). Canada must follow the lead of many other developed countries, like the US and the UK, in implementing UNHS as a standard of care.

Early development has strong and lingering effects on an individual's future social, academic and vocational success. Unaddressed speech and language disorders can cause or exacerbate serious and significant social and behavioural problems for affected children, especially for those with concomitant disorders including attention deficit hyperactivity disorder, aggressive behaviour problems and anxiety disorders.

Early identification and intervention can eliminate or reduce the negative effects of speech, language and hearing disorders; resulting in better outcomes for children and reducing government costs over the long-run.

2. Other Challenges

With some Canadian individuals, businesses and communities facing particular challenges at this time, in your view, who is facing the most challenges, what are the challenges that are being faced and what specific federal actions are needed to address these challenges?

(Please limit your response to 350 words)

As mentioned above, adequate programs for early identification and intervention of speech, language and hearing disorders are essential. These programs will not only improve educational, social, emotional and cognitive development outcomes, ensuring that our children are given every opportunity to succeed, but also reduce costs for the government in the future.

CASLPA is particularly concerned with access to these services in Canada's aboriginal communities. In 2010, with funding from Health Canada, CASLPA led a landmark research project examining the barriers to speech-language and audiology services in First Nations, Métis and Inuit communities for the 0-6 population. CASLPA found three general barriers to service access and use, the first being location. Practitioners often have to travel great distances at significant cost to communities that have no road or water access for much of the year. The second barrier is difficulties with service coordination. Aboriginal programs are often complicated because of their multi-jurisdictional nature and access to them is limited. Another study has suggested that only 10% of First Nations, Métis and Inuit children have access to Aboriginal Head Start Programs. Finally, CASLPA's study found a need for the development of and access to more culturally and linguistically appropriate tools and services, which are flexible to community needs. Such services must be provided by experienced practitioners in a culturally-sensitive manner that acknowledges the ethos of both practitioner and patient and considers what each can contribute to treatment. Traditional service delivery models generally fall short in this regard and can limit a family's comfort and use of services.

Although there are some signs of progress (e.g. As of January 2012, audiologists are now recognized prescribers of audiology equipment and services under the Non-Insured Health Benefits Program), more remains to be done. Additional research is needed on the incidence and prevalence of speech-language and hearing conditions in Aboriginal communities. We must collaborate with these communities to identify priorities for services and explore how audiologists and speech-language pathologists can best support the needs identified by the communities.

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