



Speech-Language & Audiology Canada
Orthophonie et Audiologie Canada
Communicating care | La communication à cœur

**Written Submission for the Pre-Budget Consultations in
Advance of the 2023 Federal Budget
By: Speech-Language & Audiology Canada**

October 2022

Recommendation 1: *We call upon the federal government to invest in near-term and long-term recruitment and retention strategies for speech-language pathologists and audiologists.*

Recommendation 2: *To ensure the long-term resiliency of the healthcare sector, we ask the federal government to facilitate the collection of data about the workforce to identify and understand labour trends and challenges for speech-language pathologists and audiologists.*

Recommendation 3: *We ask the federal government to expand the provincial daycare deals to embed access to speech-language pathologists, communication health assistants and audiologists in early learning centers.*

Recommendation 4: *Provide funding to support the provision of comprehensive Early Hearing Detection Intervention programs for all provinces in Canada.*

Executive Summary

Speech-Language & Audiology Canada (SAC) is the premier National association in Canada representing over 7,500 [speech-language pathologists](#) (S-LPs), [audiologists](#) and [communication health assistants](#). Most importantly, through our work, we champion the needs of people with communication, swallowing, hearing and balance disorders. SAC advocates for communication as a basic human right and the need for appropriate access to speech-language pathology and audiology services across Canada.

Our members focus on the prevention, assessment and management of communication, swallowing, hearing, and balance disorders across the lifespan. Speech-language pathologists and audiologists, often assisted by communication health assistants, work in a range of settings including schools, hospitals, early years centers, long-term care facilities, private practices, and industrial settings.

Speech-language pathologists and audiologists are still struggling to recover from the challenges related to COVID-19 service interruptions and re-deployments. Our professions are facing retention issues related to burnout, mounting caseloads and workloads and staggering wait-lists resulting in a delayed access to services. The struggles of the health system and our professions cannot be solved through investments in physicians, nurses, and hospitals alone. SAC and other health professional groups have long insisted that our health system requires a wrap-around and multi-disciplinary care approach. Approximately one-third of Canadian healthcare is delivered privately. Canadians accessing these services do so through third-party insurance or out of their own pocket. While speech-language pathology and audiology services are provided through a combination of public, private, and school delivery, many Canadians still cannot access the care we provide.

Lack of or delayed access to our services can have a profound effect on the well-being of Canadians. Our services are integral to the care, dignity, and quality of life of people living in long-term care facilities due to the high prevalence of communication, swallowing, hearing, and balance disorders in seniors which is increasingly significant given our aging population. These difficulties heighten risk of loss of autonomy, isolation, depression, and changes to relationships including caregiver stress. As we can all attest, the ability to communicate effectively is integral to optimizing health and safety of residents and facility staff alike.

Our work in early childhood development is paramount as effective communication is foundational to a child's social, emotional and educational development. Research has shown that the first three years represent a critical period for speech, language, and auditory system development. Early identification of difficulties is key to ensuring timely access to appropriate interventions for long-term communicative

success. Learning is cumulative. Difficulties not addressed early are compounded in later years. Addressing communication health needs early has a decisive influence on later academic, vocational, and social/relationship outcomes, as well as general well-being and quality of life.

The current number of practicing speech-language pathologists and audiologists does not meet the needs of Canadians, particularly with an aging population. For example, although Canada's population totals approximately 12% of the US population, the number of Canadian S-LPs is roughly 3% of US S-LPs. This poses a capacity issue leading to challenges in providing timely and quality treatment to the large and growing number of people with communication and swallowing problems in Canada.

According to the **Canadian Occupational Projection System**, over the period 2019-2028, the number of job openings (arising from expansion demand and replacement demand) for **audiologists and speech-language pathologists** is expected to total **3,800**, while the number of job seekers is expected to total **2,800**.

Delayed intervention costs ten times more than if intervention was accessed early. Our recommendations for the 2023 budget are ones that can help support access to our professions as well as provinces recruiting and retaining speech-language pathologists and audiologists.

The following recommendations will work towards improving access to our services and support our professionals across the country.

Recommendation 1: *We call upon the federal government to address the healthcare human resources crisis by investing in near-term and long-term recruitment and retention strategies for speech-language pathologists (S-LP) and audiologists.*

Access to care is fundamentally dependent on the availability of health professionals to deliver the care as required. The following initiatives work towards improving retention and recruitment

Direct funding to provinces to establish support services for professionals practicing in rural and remote areas.

Canadians living in rural and remote areas have long struggled to access timely and consistent care. Recruitment and retention efforts of health professionals need to go beyond just financial incentives. Often healthcare professionals struggle with burnout due to higher caseload, workload, lack of professional support systems, and the demand on them to provide services to a more diverse clientele due to lack of specialty services. These issues plague not only physicians and nurses but other health professionals across the sector. In particular, S-LPs and audiologists struggle to find placements required to complete their training due to the lack of available clinical supervisors. This situation is particularly acute in areas where there already exists a shortage of professionals or in rural and remote communities.

We recommend the federal government fund initiatives with the provinces and territories to help support S-LPs and audiologists in rural and remote areas.

Include speech-language pathologists and audiologists in the Canada Student Loan forgiveness program.

The Ministerial mandate letters included a commitment to expand the list of eligible professions under the Canada Student Loan forgiveness program. We urge the government to move forward with this commitment by including speech-language pathologists and audiologists to ensure that communities' need for speech, language and hearing needs are met. Expanding access to this broader set of professionals would support the government's stated commitment to better serve rural and remote communities. Our professions require at minimum a master's level degree. A program to help support recent graduates with student loan costs would help incentivize more students to look towards practice in rural and remote areas, particularly for individuals coming from these areas.

Invest in the expansion of university programs in provinces lacking speech-language pathology and audiology degree programs so that Canadians do not have to move out of province or country to access education.

Many students who wish to study a health profession have to leave their home province or country to access a university degree for their health profession. This situation is more prominent at the master's level in the lesser populated provinces. For example, students who wish to study a Master's of Audiology in Alberta or Saskatchewan have no option within their province and opt to either attend a program in the United States or in provinces further away. It is easier for a recent graduate to establish themselves in their profession or find employment closer to their post-secondary institution. The list of [available speech-language pathology and audiology programs](#) in Canada highlights gaps in western and eastern provinces.

We urge the federal government to support post-secondary institutions to establish audiology and speech-language pathology programs to make them more accessible to rural or remote regions and to those already in the field. We also request additional funding to support the expansion of existing audiology and speech-language pathology programs that will result in training more professionals to help meet the current demand for services.

Recommendation 2: To ensure the long-term resiliency of the healthcare sector, we ask the federal government to facilitate collection of workforce data to identify and understand labour trends and challenges in both the public and private sectors for speech-language pathologists and audiologists.

Improved collection and analysis of healthcare workforce data is vital for the planning and coordination of health labour market functions such as training, management, recruitment, and retention. We recommend the government make significant and immediate investments to enhance the data infrastructure needed by provinces, territories, regions and training programs to better plan and support healthcare especially for professional services not covered by Medicare and about whom much less is known. The current information collected by the Canadian Institute for Health Information (CIHI) only

focuses on health professional per capita data. This data does not capture the essential information needed to support health systems hiring and recruitment such as:

- The amount per capita of professionals working in rural or remote settings
- Practice settings for professions such as within a hospital or private practice
- The rate of professionals leaving their professions and the reasons for leaving such as remuneration or caseloads, etc.
- The average age of healthcare professions and average age of retirement
- The average wait list of services in professions

Currently, there is no standardized approach to collecting and disseminating this detailed data across Canada. Regulators for speech-language pathologists and audiologists are only required to collect basic data which is not shared with those making hiring decisions. Detailed data tools are needed to make informed staffing decisions, to optimize contributions of the available workforce, and to enable safer workplaces.

Recommendation 3: *We ask the federal government to expand the provincial daycare deals to embed access to speech-language pathologists, communication health assistants and audiologists in early learning centers.*

When talking to their child’s health care providers, parents often report speech and language delays as a primary concern. Prevalence data suggest these difficulties are common: over 10% of children have speech, language and communication difficulties at school entry. Developmental Language Disorder (DLD) is one of the most common childhood disorders, affecting 7% of children. In the preschool population, acute otitis media or “middle ear infections” are extremely common affecting approximately 75% of children at least once before starting school. Chronic suppurative otitis media (CSOM) in early childhood can lead to increased risk of auditory processing disorders later in life.

Communication difficulties follow a child into their school years. A recent report indicated that there are insufficient speech-language pathologists working in Canadian schools to meet the needs of students who require their services.

Children who do not achieve optimal early language learning are not prepared, nor equipped, for compulsory formal education by age 5.

The federal government can invest in our services in early learning through the following methods:

- Invest for S-LP and audiologists to provide training to early childhood educators in order for them to better detect speech and hearing delays.
- Invest in existing public speech-language and audiology services for children so that those services reach children in early learning environments.

Recommendation 4: *Provide funding to support the provision of comprehensive Early Hearing Detection Intervention programs for all provinces in Canada.*

Detection of hearing health issues is critical in the very early stages of life yet access across Canada is inconsistent. Almost half of the provinces and territories received a failing grade on a [2019 Early Hearing Detection and Intervention \(EHDI\) report card](#).

We call on the Federal Government to incorporate Early Hearing Detection and Intervention (EHDI) programs across all provinces and territories to proactively address infant hearing health and include the following components:

1. Universal hearing screening of all newborns
2. Identification of babies with permanent hearing loss
3. Intervention services which include support for technology and communication development
4. Family support
5. Monitoring and evaluation of the program