

**Written Submission for the Pre-Budget Consultations  
in Advance of the 2022 Federal Budget**

**By: Speech-Language & Audiology Canada**

**August 2021**

## Recommendations

- **Recommendation 1:** That the federal government invest in affordable, high speed internet infrastructure as a means of improving access to speech-language pathology and audiology services particularly in rural and remote communities, including Indigenous communities.
- **Recommendation 2:** That the government provide funding in the amount of \$500,000 over 3 years to support an advisor position to work with the provinces and territories to promote the inclusion of speech-language pathology services in early learning and childcare programs.
- **Recommendation 3:** That Canada's public reporting of healthcare outcomes includes indicators about speech-language pathology and audiology services for seniors living in the community as well as in long-term care.
- **Recommendation 4:** That the government provide funding to support the development of a national hearing strategy to ensure all people in Canada have access to hearing care regardless of location and economic status.

## Submission

**Recommendation 1: That the federal government invest in affordable, high speed internet infrastructure as a means of improving access to speech-language pathology and audiology services particularly in rural and remote communities, including Indigenous communities.**

Only 5% of speech-language pathologists (S-LPs) and 2% of audiologists live in rural and remote communities. Presently, employers in rural and remote communities, including Indigenous communities, report difficulty recruiting S-LPs and audiologists, as well as the communication health assistants who support them. Like other health care services, those seeking speech-language pathology and audiology services in rural and remote communities often find it difficult to access specialists in their community. Consequently, people living in rural and remote communities often travel long distances to receive care or professionals must travel to rural and remote communities to provide care.

S-LPs and audiologists have increasingly turned to virtual care over the course of the COVID-19 pandemic when in-person care is either not permitted or safe. Speech-Language & Audiology Canada (SAC) has long supported the use of virtual care as a means of improving access to speech-language pathology and audiology services, especially for patients and clients in rural and remote communities (SAC, 2006). Virtual care for audiology services is both reliable and effective across ages and patient populations (Hayes et al., 2012; Swanepoel & Hall, 2010). Similarly, S-LPs have broadly applied virtual care in the treatment of neurogenic communication disorders, fluency disorders, voice disorders, dysphagia and childhood speech and language disorders (Mashima & Doarn, 2010).

However, many people in Canada do not have access to affordable, high speed internet necessary for virtual care service delivery. By investing in high speed internet infrastructure, Canada can improve access to speech-language pathology and audiology services particularly in rural and remote communities.

**Recommendation 2: That the government provide funding in the amount of \$500,000 over 3 years to support an advisor position to work with the provinces and territories to promote the inclusion of speech-language pathology services in early learning and childcare programs.**

In the first five years of life, children from disadvantaged backgrounds fall behind other children in cognitive, social and emotional development. Like other cognitive skills, the development of speech, language and communication skills is affected by social disadvantage, with children from disadvantaged backgrounds being at higher risk of developmental speech and language disorders than their peers (Bradbury et al., 2011). Lack of language stimulation, limited access to resources such as books and toys, housing problems and maternal mental health issues all impact the language development of children.

Good language skills form an essential foundation for learning to read, subsequent academic and social success as well as emotional well-being (Parsons et al., 2009). The shift away from manual employment towards “communication focused” jobs creates special challenges for people with speech, language and communication disorders. Leaving school without the skills required for employment in a labour-market increasingly reliant on technology and higher levels of education predisposes children to a life on the economic and social margins. Nearly one quarter of people with a communication disability live in poverty in Canada (the highest poverty rate of all types of disabilities) (Council of Canadians with Disabilities, 2013). Additionally, children with speech, language and communication difficulties are at higher risk of developing behavioural, emotional and social difficulties which, in the most extreme cases, can lead to young people entering the criminal justice system (Bryan et al., 2007).

Early intervention makes a difference. Although a much higher proportion of children in lower socio-economic status families have speech, language and communication disorders, the largest number of children with communication difficulties is found in the middle class. To improve child speech and language developmental outcomes *across the population* and flatten the social gradient overall, early learning and child care starting in the first few years of life should incorporate a public health program to improve the speech, language, hearing and communication learning experiences. A federal advisor

would create a consistent approach for all young children in Canada, with specific interventions targeted at the most vulnerable. The UK's Sure Start initiative is an example of a federally-led program that has brought together education, childcare, health and family support and incorporated speech-language pathology preventative services to support children from disadvantaged backgrounds (Fuller, 2010).

**Recommendation 3: That Canada's public reporting of healthcare outcomes includes indicators about speech-language pathology and audiology services for seniors living in the community and long-term care.**

Canada needs to improve its approach to seniors care. Our current healthcare system is ill-equipped to address the communication needs of seniors, the fastest growing segment of our population. SAC continues to call on the federal government to prioritize seniors' health by recognizing the importance of publicly funded speech-language pathology and audiology services in the community and long-term care.

With aging comes a high prevalence of stroke and chronic, degenerative conditions such as Parkinson's disease, Alzheimer's disease and other dementias. Consequently, communication, hearing, balance and swallowing disorders (dysphagia) are common among the elderly (Clavé & Shaker, 2015; Guthrie et al., 2018; Kempler & Zelinski, 1994; Sapir et al., 2001). S-LPs and audiologists have expertise in addressing the functional, emotional and social consequences of many chronic health conditions related to aging. It is important that the contribution of S-LPs, audiologists and communication health assistants to seniors care is recognized by including community and long-term care speech-language pathology and audiology services in the public reporting of healthcare outcomes.

**Recommendation 4: That the government provide funding to support the development of a national hearing strategy to ensure all people in Canada have access to hearing care regardless of location and economic status.**

Access to hearing and communication services are essential across the lifespan, however the ability to obtain hearing care services varies across Canada. Interventions to address hearing loss are cost-effective and include hearing technology, support services and rehabilitative therapy (Bagatto et al, 2020; WHO, 2021).

The prevalence of hearing loss among people in Canada is high. In 2016, around 2.7 million Canadians between the ages of 45-85 years of age had at least a mild hearing loss (Mick et al, 2021). The majority of long-term care residents have hearing loss which often co-occur with other sensory impairments such as vision or balance concerns (McGilton et al, 2017; Deal et al 2019). Between one and three of every 1000 babies in Canada are born with hearing loss. Untreated hearing loss results in linguistic, cognitive, academic, social and emotional delays in the developing child, however access to early hearing detection and intervention programs is not sufficient in 7 of 13 provinces and territories (Bagatto et al, 2020).

There are also significant differences in hearing aid assistance programs across province and territories, and few hearing services are provided through publicly-funded universal health care programs (CHHA, 2021; Mick et al., 2021). Timely hearing loss prevention, identification and intervention is essential so that people with hearing loss can retain full engagement in the community.

Other challenges to effective hearing care in Canada include stigma regarding hearing loss, reduced access to care in rural and remote communities, lack of support for access to sign language and assistive technology for the Canada's Deaf community, and a lack of awareness for the public and other stakeholders regarding the importance of ear and hearing care.

All people in Canada deserve access to timely and cost-effective hearing care. The development of a national hearing strategy will support person-centred ear and hearing care across the lifespan, empowering all people in Canada to achieve their full potential.

*Speech-Language & Audiology Canada (SAC) is the premier national association for the professions of speech-language pathology and audiology, representing over 6,400 speech-language pathologists, audiologists and communication health assistants.*

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