

**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:** *We call upon the federal government to establish a Primary Health Care Transition Fund to improve access to interdisciplinary community-based primary care, that includes the services provided by extended healthcare professionals.*

**Recommendation 3:** *That the federal government provide funding to support the provision of comprehensive Early Hearing Detection and Intervention programs for all provinces in Canada.*

**Recommendation 4:** *That the federal government introduce a sliding scale tax credit for eligible small, medium and large size employers to provide sufficient coverage for extended health care benefits for their employees.*

**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.*

**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 not only affect 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.

**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 a 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 Masters post-graduate 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<sup>1</sup> 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:** *We call upon the federal government to establish a Primary Health Care Transition Fund to improve access to interdisciplinary community-based primary care that includes the services provided by extended healthcare professionals.*

Healthcare systems across Canada are facing significant, persistent, and complex challenges including issues in trained workforce capacity, access to diverse and specialized care, and increased care needs (e.g., increasing new and chronic diseases in an aging population at home and in long-term care). Sustainable investment in primary healthcare systems, which includes appropriate staffing to include extended health professionals such as audiologists and speech-language pathologists, is urgently required to promote a person-centered, comprehensive system that is responsive to the population's care needs, reduces overall healthcare costs, and supports a focus on health prevention and promotion<sup>2</sup>.

An interprofessional, team-based primary healthcare model ensures a holistic approach that is more effective and efficient in meeting the needs of patients<sup>3</sup>. If implemented properly, it can reduce the number of hospitalizations, reduce wait times for emergent and surgical care due to earlier identification and treatment of illnesses. As the burden on family physicians is spread to a team, access to a physician and utilization of a physician's time will be improved to the benefit of the nearly 5 million Canadians who are currently without a family physician. This model can also help reduce burnout in health professionals.

Most primary healthcare systems currently employ a typical fee-for-service model (e.g., where a practice includes a solo or group of family physicians supported by a nurse and bills per service). Recently, there has been renewed focus on the benefits of an interprofessional, team-based practice with a blended remuneration model that allows for more timely access to a wider array of healthcare expertise and promotes better health outcomes, patient satisfaction, and links to community resources (e.g., Quebec [Groupes de médecine de famille], Ontario [Family Health Teams], and Alberta [Primary Care Networks] – see the College of Family Physicians of Canada's Patient Medical Home<sup>4</sup> for more).

We need to focus more efforts on the spread and scale of new, innovative and co-developed primary healthcare delivery models across the country to ensure a robust healthcare infrastructure. Doing so now prepares the country for the complex needs of an aging population and supports integrated training opportunities for a viable health workforce.

**Recommendation 3:** *That the federal government provide funding to support the provision of comprehensive Early Hearing Detection and Intervention programs for all provinces in Canada.*

Detection of hearing health issues is critical in the very early stages of life yet access to infant hearing screening via reliable EHDI programs 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<sup>5</sup>.

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. A comprehensive blood spot analysis for hearing loss risk factors including cytomegalovirus (CMV)<sup>6</sup>
3. Identification of babies with permanent hearing loss
4. Intervention services which include support for technology and communication development
5. Family support
6. Monitoring and evaluation of the program

**Recommendation 4:** *That the federal government introduce a sliding scale tax credit for eligible small, medium and large size employers to provide sufficient coverage for extended health care benefits for their employees.*

It is well known that many employers' health benefits packages are insufficient to cover the cost of services used by their employees. In particular, coverage for speech-language pathology and audiology services is well below the actual cost for recommended assessments and interventions. While it is difficult to provide an average cost for services since evidence-based treatment plans are individualized and dependent on many variables (e.g., underlying diagnosis/cause, severity, co-occurring issues), we offer the following examples of intervention costs:

- An adult who had a stroke and continues to experience difficulties in speech, language, and swallowing after discharge from the hospital will require ongoing speech-language pathology services. They will require an individualized assessment to create person-centered, functional goals and a tailored treatment plan typically involving a minimum of 20 therapeutic hours<sup>7</sup> with an estimated minimum cost of \$2,400.00 - \$3800.00 based on a fairly typical hourly rate of \$120-\$190/hour.
- The cost of an average set of hearing aids in Canada is \$2000. Hearing aids typically need to be replaced every 3–5 years and require the support of a registered audiologist. Most health benefit plans cover a maximum of \$0-700 every 5 years
- A child OR adult needing a one-time tinnitus, vestibular, or auditory processing assessment, which always includes a hearing test and perhaps cerumen management, is approximately \$1000/year.

While some governments have been working to improve or expand public coverage for select health services, such as dental and mental health, they are not acting quickly enough to address the fact that many people in Canada continue to pay out-of-pocket or go without care all together for other much needed services.

There is an opportunity for federal tax policy to support more equitable and effective health policy by incentivizing employers to do more.

Improved health benefits that align with the true cost of services can play a significant role in employee recruitment and retention, health and wellness, productivity, and facilitate a more successful and timely return to work after sick leave.

Based on the most recent available data, it is our understanding that small and medium-sized employers have smaller health benefits coverage compared to larger employers.<sup>3</sup> Recognizing these differences, we recommend that the federal government introduce a sliding-scale tax credit that would play a larger role in assisting small and medium-sized businesses than large employers.<sup>4</sup>

## References

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